

Our reference: ACTHDFOI23-24.13



Dear [REDACTED],

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Tuesday 12 September 2023**.

This application requested access to:

'I would like to request the draft document of the Child and Adolescent Clinical Services Plan that the Minister refers to in the Paediatric Services in the ACT – Assembly Resolution of 21 September 2022 and 12 October 2022, page 9 under Update on Paediatric Services in the ACT (on the 29th of June).'

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Wednesday 25 October 2023**.

I have identified one document holding the information within scope of your access application.

Decisions

I have decided to grant full access to one document. The document released to you is provided as Attachment A to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act

within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely,



Jacinta George
Executive Group Manager
ACT Health Directorate

11 October 2023



ACT Health

DRAFT

The ACT Child and Adolescent Clinical Services Plan 2023 – 2030



May 2023

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Consultation DRAFT

Foreword

Statement from the Minister for Health

Consultation DRAFT

Children and adolescents are our future. Health and wellbeing in early life contribute towards a full and rich life in adulthood. Improving the access families have to quality, timely and family friendly health services supports the development of a healthy and productive community.

Our Vision

Children, adolescents and their families have easy access to a caring and high quality health system in the ACT that helps them to live their best and healthiest lives.

Many of the good things that are expected of health systems for children and their families exist or have commenced in the ACT and building on these health services is essential. We know there are areas and services where further development is needed. Health services for children and their families and/or carers can be strengthened through strong commitments in the planning and delivery of services. This plan is for all children supported by the ACT public health services.

For the purposes of this plan, children are aged 0-16 years however we know that occasionally older adolescents will still receive services planned for younger people until they have successfully transitioned to adult health services. Additionally, where 'family' is used, this includes carers who have a parenting role and where the 'parent' is Child and Youth Protection Service (CYPS) or other provider having a statutory responsibility to support children and families requiring a care or justice response. This plan is for all those children and adolescents, 0-16 years plus, in whatever carer relationship exists and for the purposes of the plan they will be referred to as children and their families.

The Child and Adolescent Clinical Services Plan focuses on ACT Government funded clinical services for children and adolescents.

Our commitment to how we will plan for services

The ACT public health system will provide services for children that:

- Have the child and family as part of the care team, with all services being child centred and integrated and where care is child safe, child friendly and child aware.
- Are evidence-based and informed by a learning health system where research drives optimal health and wellbeing for children.
- Create the best possible health outcomes, through values driven high quality care that is easy to access.
- Are inclusive and culturally appropriate and safe for all children, especially those with complex health and social needs.
- Are sustainable and based on need and efficient use of resources.

Canberra's children – a snapshot

Children in the ACT and surrounding district: population

Children aged 0-14 years make up 18% of the ACT population (approximately 83,000 children).

2,677 (30 per cent) Aboriginal and Torres Strait Islander people in the ACT are aged 0-14 years.

Children aged 0-14 make up 17.5% of the Southern NSW population (approximately 38,051 children).

Based on the birth rate and migration, the number of ACT children aged 0-14 years is expected to increase by 1.5 per cent per annum to 112,676 children in 2041. Belconnen, Gungahlin and Tuggeranong will have the largest numbers of children in this age group.

Some children may have additional needs

Some children have additional barriers to accessing health services due to broader health and social complexities. The socio-economic determinants of health, like poverty and disability, can influence children's health. Aboriginal and Torres Strait Islander children can face stigma or trauma in accessing health care. Refugees and migrant children from different cultures and speaking languages other than English can face barriers to access. Some children suffer discrimination because of their sexual or gender orientation. There are other children and families who lack access to things like private transport or consistent parenting. There are children who are unable to live with their families, who are homeless, have dependencies on alcohol or who are drug dependant, or are involved in the justice system.

The health needs of all children and families who may experience health and social complexities, require a specific focus for health services. If their health is not well looked after, their socio-economic disadvantages can increase as they get older and their health outcomes can be compromised. Information on people in these groups is not complete in the reported data, so sometimes they are invisible'.

In 2020-2021 there were **690 ACT resident children living in out of home care**. In that year, 9.38 per cent of these children were from Aboriginal or Torres Strait Islander background, a figure significantly disproportionate to the population ratio in the wider ACT community. That percentage continues to grow (9.98 per cent in 2021-22).

2021 Census estimates that **3% (2,572)** of ACT people aged 0-14 have a profound or severe core activity limitation.

For those aged 0-14 years **6% were born overseas** and **25% per cent** spoke a language other than English at home.

Children's current use of public hospital services

Admissions to hospital in 2020-2021, 0-16 years

There were **33,407** presentations to ACT Emergency Departments

69 per cent to Canberra Hospital and **31 per cent** to Calvary Public Hospital

9,654 children were admitted for public hospital care in the ACT

814 ACT children were cared for in an inter-state hospital, primarily in hospitals in the Sydney Children's Hospitals Network.

There were **3,022** operations performed in ACT public hospitals (mostly orthopaedic, general surgery, ear nose and throat (ENT) and urology surgery).

Appointments for outpatient services in 2021-22, 0-16 years

There were **235,543** paediatric outpatient appointments (or service events) provided by Canberra Health Services.

Approximately **69 per cent** of appointments were provided in the hospital setting, with the remainder occurring at a community health setting.

Of the total outpatient activity, **18 per cent** were provided in medical consultation clinics, **34 per cent** by Allied Health and/or Clinical Nurse Specialist interventions, **22 per cent** in procedure clinics, and **26 per cent** were diagnostic services.

Covid-19 vaccinations, Covid-19 related diagnostic services and Covid-19 response activities accounted for **48 per cent** of total outpatient services.

There were **17,187** Walk-In-Centre (WiC) visits for children aged 2 to 16 years.

Avoidable risk factors for poorer long term health outcomes

In the ACT we are generally doing better nationally at minimising avoidable health risk factors for children;

95.7 per cent of five-year old children are fully immunised

94.7 per cent of women giving birth in the ACT did not smoke during pregnancy

However, in the ACT, **29.4 per cent** of children aged 5-7 are above their most healthy weight, and this is well above the national average for overweight and obesity.

A profile of current ACT Health Services for children



Hospital Services and Role Delineation Level 2023

Level 6	Level 5	Level 4	Level 3	Level 2	Level 1
<p>Interstate care through the NSW Sydney Children's Hospital Network for highly specialised services such as:</p> <ul style="list-style-type: none"> • Children's cancer services • Organ transplant • Cardiothoracic Surgery 	<p>Canberra Hospital</p> <ul style="list-style-type: none"> • Neonatal • Paediatric medicine 	<p>Canberra Hospital</p> <ul style="list-style-type: none"> • Surgery for children • Youth health • Child protection 	<p>Calvary Public Hospital Bruce</p> <ul style="list-style-type: none"> • Neonatal 	<p>Calvary Public Hospital Bruce</p> <ul style="list-style-type: none"> • Paediatric medicine • Surgery for children 	



Home Based Services

Palliative Care

Hospital In The Home (HITH)

Virtual Care



Community Based Services provided by CHS

Walk-in Centres (WiCs)

Community Health Centres, e.g. Molonglo location has a focus on child and family health

Maternal and Child Health (MACH)



Health services and support services provided by NGOs

- Aboriginal Community Controlled Health Services in the community
- Cancer support services
- Community assistance programs
- Consumer and carer advocacy support services
- Primary Healthcare services – after-hours GP services, services for diverse and vulnerable groups and youth health
- Alcohol and other drugs – community and residential support
- Queen Elizabeth II Family Centre
- Sexual health and blood borne viruses services
- Mental health services – counselling and support
- Women's and children's services including breastfeeding and supports for new parents
- Peak body services to support the provision of best practice services



Other care providers

Primary Care

- The Capital Health Network (CHN) funds a wide range of primary care services across the Territory

Private Providers

- Private allied health providers
- Private hospitals

Fee for service

- University of Canberra: Health Hub – Allied health services are provided for a small fee
- General Practice

Other sector services

- Australian Government funds disability services through the NDIS for people with a disability

Future health services for children

High quality health services aim to continually improve and refine delivery to better meet the needs of those who need their services. Continuous improvement is a core component of all good health systems. While many parts of our health system are good, we must continue to strive for improvements where possible.

Many treatments require a reasonable number of patients to meet safety and quality thresholds. Highly specialised services require a specialist skillset that can often only be met in large states such as NSW. Accordingly, it should not be a goal of the ACT to aspire to offer a comprehensive range of locally based, subspecialty services in place of well-established specialist services at Sydney Children's Hospitals Network.

Public health services must address health differentials that arise from socio-economic disadvantage, particularly in relation to Aboriginal and Torres Strait Islander children. Similarly, where children's health and wellbeing is affected by disability or chronic conditions, meeting their health service needs and those of their families early and promptly is a priority.

Recommendations in this Plan are set out in four objectives and relate to the commitments above. All four objectives are linked and need to be considered together. The objectives are:

1. Improve care and processes for children using ACT public hospitals including seriously unwell children.
2. Improve care and services for children and families of children with chronic and complex conditions, where care is shared with Sydney Children's Hospitals Network.
3. Improve care and processes for children and their families requiring local outpatient and community based services.
4. Enable the health system to better respond to the needs of children and their families.

Objective 1: Improve care and processes for children using ACT public hospitals, including seriously unwell children

Actions:

- 1.1 Establish an Acute Care Child Network for urgent presentations for children
- Establish a network of child health services across the Canberra region that are coordinated and use common assessment tools, protocols, care pathways and educational activities.
 - The formal network should include the two hospital Emergency Departments, the multiple Walk-in Centres, General Paediatrics and General Practitioners.
 - Increase collaboration across services such as the two hospital Emergency Departments, the multiple Walk-in Centres, General Practitioners, ambulance and the general paediatric review clinics to ensure the best outcomes for children requiring emergency health care.
 - Implement strategies including a public campaign for clinicians, and parents and ambulance services, to promote taking very unwell paediatric patients directly to Canberra Hospital Paediatric Emergency Department.
-
- 1.2 Enhance the Canberra Health Services Paediatric Emergency Department and ensure a hub/spoke relationship is established with paediatric services at the Calvary Public Hospital Bruce Emergency Department
- Expand on the existing paediatric streamed service at the Canberra Hospital to establish a separate paediatric Emergency Department in the new Critical Services Building (opening in 2024), inclusive of a paediatric waiting room, triage, assessment and treatment areas (whilst maintaining close collaboration and proximity to the adult Emergency Department) with paediatric trained medical, nursing and allied health staff.
 - Upskill local paediatric and Emergency Department staff and improve processes to deliver coordinated child- and family-centered care.
 - Further support training opportunities for staff in the Calvary Public Hospital Bruce Emergency Department to assess and locally manage low risk presentations and to stabilise more seriously unwell children prior to transfer to Canberra Hospital.
 - The Calvary Public Hospital Bruce Emergency Department operates as a satellite spoke to the paediatric Emergency Department (hub) at Canberra Hospital with shared/rotating staffing, education and protocols.
-

Objective 1: Improve care and processes for children using ACT public hospitals, including seriously unwell children

Actions:

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|--|---|
| 1.3 Ensure early detection of seriously unwell or deteriorating children across all parts of the child health services | <ul style="list-style-type: none">• The current paediatric Early Warning System is evidence based but as with all learning organisations it needs to be continually monitored and reviewed especially with the recent introduction of the Digital Health Record.• Strengthen the Call and Respond Early (CARE) program for children and promote it so parents and carers are empowered to escalate care when concerned. |
| 1.4 Optimise the response to a very sick or deteriorating child | <ul style="list-style-type: none">• In the Canberra Hospital new Critical Services Building (opening in 2024), establish a paediatric Close Observation Unit (also known as a High Dependency Unit) under the leadership of the paediatric service and collocated with the Intensive Care Unit.• Maintain a strong paediatric anaesthetic service and grow paediatric skills within the Intensive Care Unit.• Ensure safe and appropriate care for very unwell children waiting to be transferred outside the ACT.• Review the model being used to initially respond to a very sick or deteriorating child in the Canberra Health Services environment to ensure all members of the response and treating teams are trained and clear on their respective roles. |
| 1.5 Continue to roll out the new coordination and priority access options for children with chronic and complex conditions | <ul style="list-style-type: none">• Provide enhanced access to children with chronic and complex conditions who will likely have better outcomes if they are seen sooner or have their care better coordinated through a specific easy identification process and access to the Paediatric Liaison and Navigation Service. |

Possible Success Indicators

The formal network including the two hospital Emergency Departments, the multiple Walk-in Centres, the General Practitioners and the general paediatric services is established

- Data demonstrates the optimal detection and management of children who are very unwell or rapidly becoming more unwell
- Families report consistent, timely and better coordinated treatment
- Safe and more sustainable service to Canberra's children including those waiting for transfer interstate for care

Objective 2: Improve care and services for children and families with chronic and complex conditions, where care is shared with Sydney Children’s Hospitals Network (SCHN)

Actions:

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|--|---|
| <p>2.1 Enhance shared care partnership between ACT Health and Sydney Children’s Hospitals Network, and shared care arrangements in the ACT</p> | <ul style="list-style-type: none"> • Development of a formal agreement with Sydney Children’s Hospitals Network that clearly articulates the respective roles of both ACT and Sydney Children’s Hospitals Network services in the delivery of shared care models focusing on improving continuity of care and the best interests and needs of children. • Work with the Capital Health Network to strengthen the role of GPs in shared care arrangements. • The treatment team, irrespective of their location, has shared access to clinical information relevant to any individual child. • Clinical protocols and education and training is shared between ACT public health services, Sydney Children’s Hospitals Network and where appropriate Capital Health Network. • Enhanced coordination of care between sites and possibly the shared appointment of more staff across ACT public health services and Sydney Children’s Hospitals Network, or opportunities for temporary rotation between services to build skills and relationships. |
| <p>2.2 The continued implementation of all recommendations arising from the HCCA’s Kids Interstate Shared Care report</p> | <ul style="list-style-type: none"> • Evaluation of the first 12 months of the Paediatric Liaison and Navigator Service recently established in the ACT, which is intended to ensure timely treatment and improved family/patient experience in shared care situations. • Review of priority access arrangements to Canberra Health Services for children with defined complex conditions. • Expand multidisciplinary rehabilitation and disability related services and improve referral pathways from interstate hospitals. |
| <p>2.3 Optimise the transition of adolescents with chronic and complex conditions to adult services in collaboration with ACT clinical staff</p> | <ul style="list-style-type: none"> • The adolescent transition services operating within Sydney Children’s Hospitals Network are supported in the shared care partnership agreement with ACT Health. • Shared care partnership agreement between ACT Health and Sydney Children’s Hospitals Network, including consideration of the ACTs role with Southern NSW Local Health District. |

Possible Success Indicators

- Shared care partnership agreement, between ACT Health and Sydney Children’s Hospitals Network, including consideration of the ACTs role with Southern NSW Local Health District, is in place and effectively being implemented
- The Paediatric Liaison and Navigator Service (PLaNS) improves timely treatment and family/patient experience with monitoring and evaluation occurring through a range of qualitative and quantitative mechanisms.
- Adolescents with chronic and complex conditions report seamless transition from adolescent services in Sydney Children’s Hospitals Network to adult services in the ACT

Objective 3: Improve care and services for children requiring local outpatient and community based services

Actions:

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|--|---|
| 3.1 Canberra Health Services to dedicate resources to benchmark its casemix activity with like services across Australia and NZ | <ul style="list-style-type: none">• Benchmark Canberra Health Services paediatric casemix and consider the suitability of more ambulatory models of care in the ACT context, particularly where inpatient services can be better delivered in a non-inpatient setting.• Establish ambulatory models of care that are currently being safely and effectively implemented in other sites. Priority should be given to the immediate establishment of a paediatric Hospital in the Home service and an acute outpatient paediatric review clinic.• Canberra Health Services further develop new opportunities in virtual care resulting from the implementation of the Digital Health Record and future virtual care strategy.• Review the model of paediatric palliative care. |
| 3.2 Reduce waiting times in community and developmental paediatrics | <ul style="list-style-type: none">• Establish a collaborative approach by all services to reduce waiting times in the community, including Paediatric Services, Mental Health and Community Services Directorate.• Build on the multidisciplinary approach to reduce the delays in assessing and managing children with mild developmental delays as well as behavioural, growth and conduct disorders.• Establish a single ACT multidisciplinary team that specialises in and manages children with more severe developmental delays and especially those with an uncertain diagnosis. |

Objective 3: Improve care and services for children requiring local outpatient and community based services

Actions:

- 3.3 Strategically located, community based, child and family networked services that are shared between Health and Community Services and other providers are developed
- Build on the Canberra Health Services at Molonglo centre to support further child health services and models of care for the South Tuggeranong, Inner South, North Gungahlin and West Belconnen community-based facilities.
 - Co-locate child and family services to provide one stop shop services for children and their families.
 - Administration of Child and Family Community Health Centres should be integrated and focused on the desired outcomes of children collectively.
 - Services will be aligned around the child and family with a single point of entry to all parts of the service provided on each site.
 - Services collectively deliver against a single set of outcome measures that are wellbeing measures of the children in the ACT.
 - Ways to improve the ACT early childhood development scores should be developed and implemented within Health and across other related areas of Government responsibility.
 - Families should be readily able to access information about available community and health services for their children and to support the family in a way that works for them – eg web based information, publications, someone to talk to about this information.
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- 3.4 The current child protection services supplied within health be refreshed and formal links with Sydney Childrens' Hospitals Network Child Protection services be established
- Enhance Canberra Health Services response to meet the needs of the most severe cases of child abuse who require a forensic assessment.
 - Establish a multidisciplinary team and service that operates 24/7 and has paediatric expertise clinically and, in collaboration with adult services, forensically.
 - In the agreement between Sydney Children's Hospitals Network and ACT include support and supervision of ACT staff aligned with one of the Sydney Children's Hospitals Network Child Protection services to provide a sustainable service that achieves the desired outcomes quickly.
 - In parallel, review the interface with the Community Services Directorate to ensure each element of their respective roles is documented in an appropriate Memorandum of Understanding (MOU) and the services meet regularly to ensure those combined goals are being met.
-

Objective 3: Improve care and services for children requiring local outpatient and community based services

Actions:

- Where Child Protection Services (inclusive of CYPS and SACAT) requests a medical or forensic assessment in their work with children and families, including mental illness or drug and alcohol concerns, this will be provided through specialist medical or forensic assessment as part of their determination of risk.
-
- 3.5 Children affected by disadvantage are identified and given priority access to public health services
- A strong commitment to the inter-agency vision outlined in the [Best Start for Canberra's Children: the First 1000 days](#) should apply for all children.
 - Children affected by disadvantage with higher risk of poor outcomes are identified on referral to the health system and have priority access to public health services.
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- 3.6 Additional efforts taken for children and adolescent health services to address existing areas of concern or areas of growth
- Undertake research to better understand what health services and evidence-based approaches are required to support children with changing and existing need eg children above their most healthy weight, ENT conditions, children with eating disorders, allergy disorders, genetic disorders and gender related conditions.
-
- 3.7 Implementation of the "Together Forward" Action plan related to First Nations children
- The Action Plan of the 'Together Forward' report relevant to children is monitored and outcomes measured to support First Nations children to improve their health and wellbeing.
 - First Nations children are supported at every interaction with public health services.
 - Strengthen approaches to address long standing hearing issues in First Nations children.
 - Develop a subplan to outline Health's role in reducing the current high rates of Out of Home care in the ACT's First Nations population.
-

Possible Success Indicators

- Reduced delay in assessing and managing children with mild developmental delays and behavioural, growth and conduct disorders
- A single ACT multidisciplinary team that specialises in and manages children with more severe developmental delays and especially those with an uncertain diagnosis is established
- A consumer-friendly document mapping current community services on offer for children in the ACT is available in multiple formats and languages
- Multidisciplinary services are co-located providing single point of entry into a range of services

Possible Success Indicators

- All community paediatric services deliver care that is measured by one set of outcomes
- Severe cases of child abuse are identified and managed early to be kept safe and well
- Child Protection Services provide high quality and timely care
- Vulnerable children and adolescents with high risk of poor outcomes are identified on referral to the health system
- Vulnerable children and adolescents with high risk of poor outcomes have priority access to public health services
- A multi-agency approach is enhanced to mitigate the growing obesity rates
- Condition specific plans improve timely and appropriate care in fields of existing need and changing requirements eg related to eating disorders, allergy disorders, genetic disorders and gender related conditions
- The Action Plan of the 'Together Forward' report relevant to children is monitored and outcomes measured to support first nations children to improve their health and wellbeing
- The ACT early childhood development scores are improved

Objective 4: Enabling the health system to better respond to the needs of children and their families

Actions:

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|---|---|
| 4.1 Priority development of nursing, medical and allied health skills in Paediatric care | <ul style="list-style-type: none">• Paediatric trained clinicians are optimally responding to the detection and care of seriously unwell children. (Action 1.3 and 1.4)• Paediatric trained clinicians are an integral part of the response team for the assessment of children exposed to child abuse and neglect (Action 3.4)• Paediatric trained clinicians are an integral part of the teams providing culturally specific needs of children and families of First Nations people. (Action 3.7)• Paediatric trained clinicians are highly skilled at working with children who are experiencing disadvantage and their families. (Action 3.5)• Paediatric trained clinicians are highly skilled in assessing and managing acutely presenting children no matter which part of the Acute Child Network they present (Action 1.1) |
| 4.2 Establish a consistent process of review for children with uncommon conditions requiring expertise from the Sydney | <ul style="list-style-type: none">• Develop an arrangement with the Sydney Children's Hospitals Network to access their clinical protocols for uncommon or rare conditions or diagnoses. |

Objective 4: Enabling the health system to better respond to the needs of children and their families

Actions:

Children's Hospitals Network or elsewhere	<ul style="list-style-type: none">• Develop a consistent process of review for children with uncommon or rare conditions requiring expertise from the Sydney Children's Hospitals Network or elsewhere.
4.3 With family and/or adolescent consent, sharing of information between Sydney Children's Hospitals Network and ACT health service providers should be facilitated	<ul style="list-style-type: none">• Enable digital technology and virtual care to support shared care models where any clinician involved in a child's care can access relevant health information in a timely manner. This includes both Southern NSW Local Health District and Sydney Children's Hospitals Network as a priority.• The involvement of families and children in their care should be facilitated through the use of face-to-face group meetings, telehealth and video conferencing to ensure that everyone is "on the same page" and knows what is happening or should happen now and in the future.
4.4 Diagnostic information such as medical imaging and EEGs are automatically and readily available to care team members wherever they are located	<ul style="list-style-type: none">• Enable treating clinicians across services within the ACT and where treating team members are interstate, from their interstate location, to access digital diagnostic information when required and without delay.
4.5 A new Child and Family Continuous Improvement Network will drive the required changes and improve outcomes for children and adolescents in the ACT	<ul style="list-style-type: none">• Design and deliver a learning health system that draws on quality planning and engagement with children, their families, clinicians, academics and executives, best available data and application of improvement methods to deliver measurably better outcomes for children and their families.• This will be achieved through the establishment of the new Child and Family Continuous Improvement Network aimed at improving the outcomes for children and their families by tackling variation in care by:<ul style="list-style-type: none">– Provision of data and evidence that identifies and tracks performance of the system over time.– Ensuring that the new models of care are well evidenced, focused on outcomes that are meaningful to the person as well as the clinician, and have measurable impact.– All staff working with children and their families have improvement science capability to deliver sustainable improvements across the health and social care system that supports this population.

Objective 4: Enabling the health system to better respond to the needs of children and their families

Actions:

- Key areas for focus and improvement across the system may include:
 - Management of seriously unwell children (Action 1.3 and 1.4).
 - Assessment of children exposed to child abuse and neglect (Action 3.4).
 - The culturally specific needs of children and those of First Nations people (Action 3.7)
 - Best start for children (Action 3.5).
-
- 4.6 Health service locations are child and family friendly
- Review all locations where children go to access health services and ensure they meet the Children’s Healthcare Australasia Guidelines for suitable, safe and friendly environments.
 - Monitor the experiences of families to ensure delivery of consistent, timely and better coordinated treatment.

Possible Success indicators

- Nursing, medical and allied health staff have received advanced training to respond to seriously unwell children, children presenting acutely, the assessment of children exposed to child abuse and neglect, the culturally specific needs of children especially the most disadvantaged and those of First Nations people
- Recognition and response to seriously unwell children occurs within the appropriate timeframes
- Important health information is shared and accessible to treating teams in real time
- Important health information is shared and accessible across services in ACT and across jurisdictions beyond ACT
- All staff working with children and families have improvement science capability
- The newly established Child and Family Continuous Improvement Network demonstrates improved health outcomes for children and adolescents in the ACT

Bringing people and groups together to improve child and adolescent health in the ACT

Success and sustainability of the work proposed in this clinical services plan requires a commitment to working together. We must recognise that the children and their families require a connected system and that they are partners in the outcomes achieved. We must also recognise that health, education, community services, justice and others must also be deeply engaged in the continuous improvement journey.

Recommendation 4.5 proposes a child and family continuous improvement network, as a model which is collaborative and inclusive of all stakeholders. And indeed, there is importance of an ongoing relationship with the Sydney Children's Hospitals Network.

New Continuous Improvement Network

A Child and Family Continuous Improvement Network uses a Learning Health System model. This model was raised in the ACT Health system strategic plan for research entitled [Better together: A strategic plan for research in the ACT health system 2022-2030](#) (2022).

A learning health system “builds on real-time access to evidence to guide health protection, promotion, prevention and care while simultaneously capturing information about the consumer experience to improve policy, initiatives, services and health outcomes, built on effective partnerships between clinicians, consumers and other stakeholders.” (p.7.)

The Network will use a continuous learning loop, using real time data when possible. This allows change to be tracked over time when unwarranted variation in care occurs, changes are made to align to best practice, models of care developed and purposeful improvement programs implemented. This allows faster change and continuous improvement over time.

A whole of system response will be coordinated through the Child and Family Continuous Improvement Network. This work will be evidence driven and collaborative. The Network will involve clinicians, children and their families, researchers and health service leaders focused on improving outcomes for this population. Capability will need to be built in improvement science in order to ensure that the new models and best practice is embedded and sustained ongoing. These approaches are necessary to deliver the quality improvement and innovation required within and across Health, Community Services, Education, Justice and Community Safety and community partners.

The Network would focus in the first instance on the actions identified in the Child and Adolescent Clinical Services Plan and the [Best Start for Canberra's Children: the First 1000 days](#).

Collaboration with the Sydney Children's Hospitals Network

The ACT Government and the Sydney Children's Hospitals Network are committed to working together to support shared care and improved transitions of care for ACT children and families. This will include a focus on governance arrangements, data sharing and service level standards.

A Memorandum of Understanding (MOU) between the services will drive greater collaboration and service improvements to the benefit of shared patients and their families, not only in health outcomes but with other social and financial benefits to all involved.

Making it happen

Bringing people and groups together to co-design services with children and their families, whilst using a learning health system approach will lift the health outcomes for children through targeted and deliberate improvement efforts. The new Child and Family Continuous Improvement Network (Network) will deliver the outcomes outlined in this plan.

The ACT Health Directorate (ACTHD) via the Health System Planning and Evaluation (HSPE) Division, Canberra Health Services (CHS) and Community Services Directorate (CSD) will jointly lead and deliver this plan through existing governance mechanisms. CHS and CSD will lead the operational aspects of this plan whilst ACTHD will lead the remaining deliverables. CHS, CSD and ACTHD will provide the required support to the Child and Family Continuous Improvement Network.

This plan is a cross-agency and cross-portfolio approach, where ACTHD, CHS and CSD all have collective responsibility and are jointly responsible for delivery. Stakeholders who have been consulted in the development of this plan includes CHS; CSD; Calvary Public Hospital Bruce; Infrastructure, Communication and Engagement Division, ACTHD; and other Health partnerships.

The ACT Health Services Plan 2022-2030 provides strategic direction to the Child and Adolescent Clinical Services Plan therefore implementation, monitoring and evaluation of this Plan will take place as part of the overall framework of the ACT Health Services Plan. This will include public reporting on progress every two years – in 2024, 2026, 2028 and 2030.

Health service planning is a continual process. Flexibility will be needed to respond to changing circumstances, to ensure government priorities are aligned with the changing needs of the community and planning outcomes remain achievable. As new local and national policies are endorsed, or new evidence and technologies emerge, the ACTHD will ensure the directions and actions in this plan remain relevant through a regular process of review and evaluation of outcomes.

The Government will align annual budget priorities, operational plans, workforce planning and infrastructure planning to support the implementation of the important actions outlined in this Child and Adolescent Clinical Services Plan.

This Clinical Services Plan is underpinned by supporting information and research available on request from healthservicesplanning@act.gov.au

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Ngunnawal people as traditional custodians of the land and recognise any other people or families with connection to the lands of the ACT and region. ACT Health wishes to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

ACCESSIBILITY

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