



ACT Child and Adolescent Clinical Services Plan

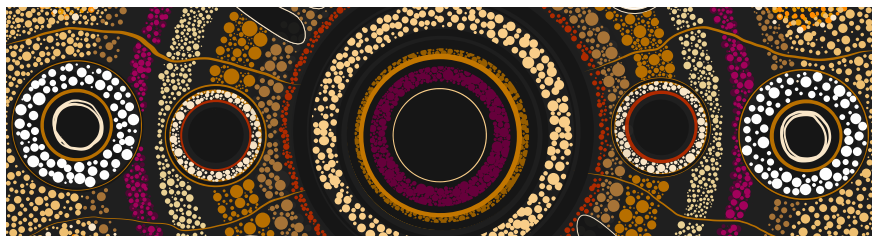
2023–2030

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Acknowledgement of Country

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

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Foreword

The ACT Government is committed to delivering health and wellbeing services for children, adolescents and their families where and when they need them. We know the early years are vital in determining life outcomes. Continually improving our health services for children and adolescents also supports the development of a healthy and productive ACT community into the future.

While we have been growing our investment in child development, paediatric and youth services in recent years, we recognise there is more to do. The **Child and Adolescent Clinical Services Plan 2023-2030** sets out a vision that children have access to a high-quality health system in the ACT that enables them to live their best and healthiest lives, now and in the future.



The Child and Adolescent Clinical Services Plan 2023-2030 sets out a holistic roadmap for children's health services funded by the ACT Government. This plan builds on work across the ACT's health and early childhood systems to improve and strengthen existing services and programs for children, adolescents and their families.

This plan is a key deliverable of the ACT Health Services Plan 2022-2030 and brings together recent reviews and ongoing initiatives to ensure ACT health services are delivering high-quality and age-appropriate clinical care and associated supports.

In late 2022, I established a Child and Adolescent Clinical Services Expert Panel to help the Government prioritise strategies to deliver better outcomes for children in Canberra and the surrounding region.

The expert panel has worked with stakeholders across the ACT's health and community services to deliver the Child and Adolescent Clinical Services Plan with four key objectives:

1. Improve care in ACT public hospitals
2. Improve care and services for children with chronic and complex conditions, including shared care with the Sydney Children's Hospitals Network
3. Improve care in outpatient and community settings
4. Enable the health system to respond to the needs of children and families.

The outcomes and priorities identified in this plan complement other plans including the *Best Start for Canberra's Children: The First 1000 Days Strategy*, *Maternity in Focus: First Action Plan 2022-2025*, *ACT Health Services Plan 2022-2030*, *Mental Health Services Plan (in development)*, and *Healthy Canberra: the ACT Preventive Health Plan 2020-2025*.

Together with the ACT Government's continued investments in our health services, these strategies and plans ensure a comprehensive approach to strengthening the healthcare provided for children and adolescents – from birth to young adulthood.

I would like to acknowledge the significant work of the expert panel to support future planning for health care delivery for children, adolescents and their families.

Thank you to everyone who took time to contribute and provide feedback. You have all helped shape the future of public health care for children and young people in the ACT.

Rachel Stephen-Smith MLA
Minister for Health



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

To see children, adolescents and their families have easy access to a caring, inclusive and high quality health system in the ACT that enables them to live their best and healthiest lives... now and in the future

Many of the good things that are expected of health systems for children, adolescents and their families exist or have commenced in the ACT and building on these current 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 ACT public health services, such as public hospitals, public outpatient clinics, public community health services and Walk-in Centres.

Traditional age definitions are based on theoretical developmental stages, levels of dependency within an age group or from legal definitions.ⁱ For the primary 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. It is acknowledged that adolescents have specific health needs which may continue through until their mid twenties. This extended age group is not fully addressed in this plan.

As such, the Child and Adolescent Clinical Services Plan (CACSP) considers that a flexible approach to the age cohort is needed. For example, there can be variances in developmental age for individuals and this may influence transitions from paediatric to adult care. Similarly some of the data available for this planning may not always align with a precise age range. This has been accepted by the planning panel.

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 children and adolescents, 0-16 years plus, whatever carer relationship exists around them. For the purposes of the plan these varied individuals and supports will be referred to as children and their families.

The CACSP focuses on ACT Government funded clinical services for children and adolescents. Separate planning is underway for mental health and other government led services acknowledging there is overlap with services traditionally delivered through paediatric and child health services, especially in education and community services directorates. Every effort has been taken to consider these other portfolios and to strengthen the interaction and integration of services around the family unit.

It is imperative that this plan also considers the interaction with other child health providers operating within this region including general practitioners, Winnunga Nimmityjah Aboriginal Health and Community Services, private paediatricians and other clinicians, the many non-government organisations, and condition specific support organisations.

ⁱ Australian Institute of Health and Welfare 2019. Australia's children. Cat. no. CWS 69. Canberra: AIHW. Accessed 03 February 2020, <https://www.aihw.gov.au/reports/children-youth/australias-children>



Our commitment to how we will plan for services

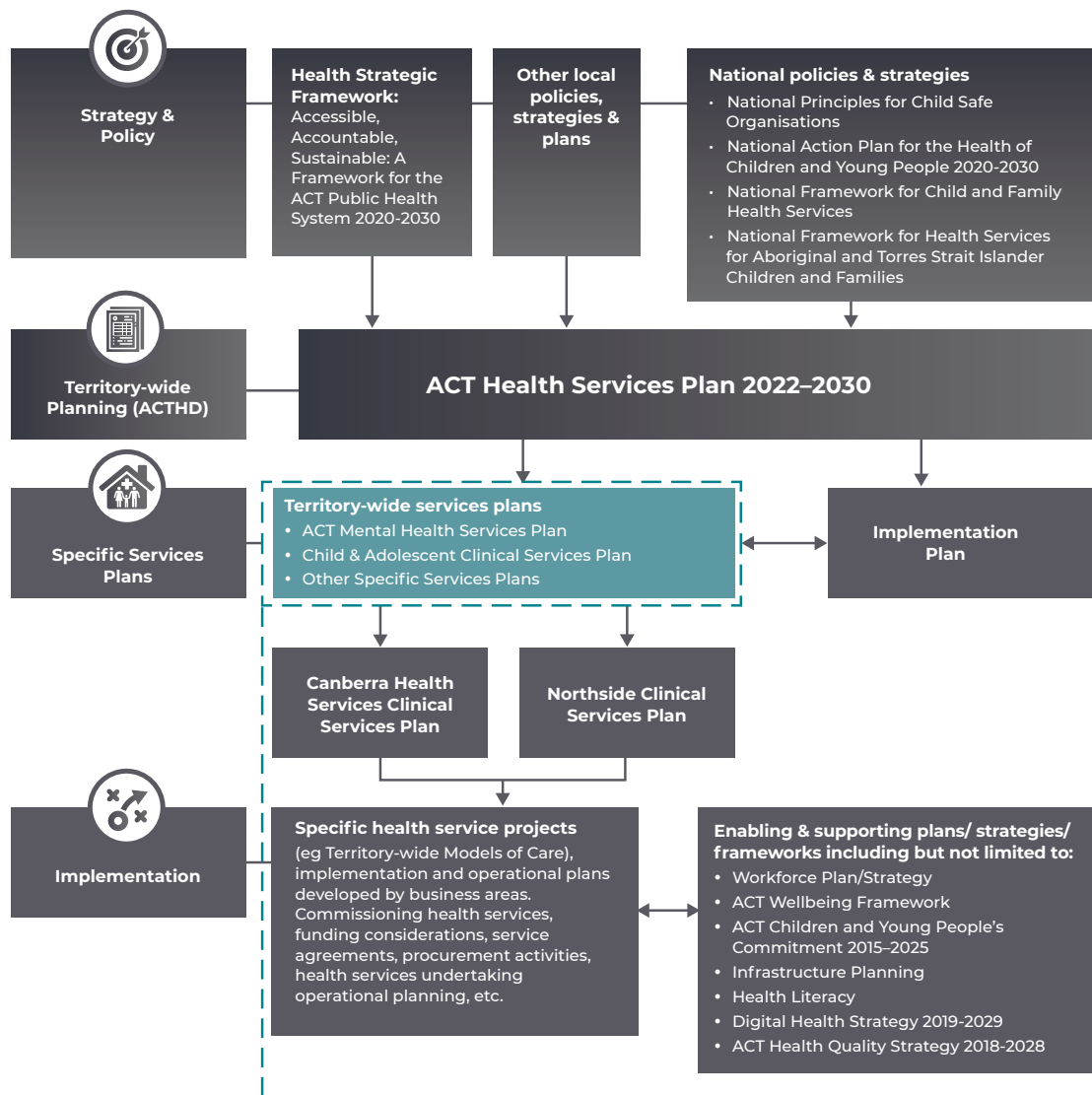
The CACSP is the outcome of research and analysis as well as engagement with health services, partner organisations in the community, consumers and carers. It draws upon research, best practice and targeted consultation along with recognised areas of need. It is intended to shape the delivery of health services over the next seven years to provide the health outcomes that matter to children and their families.

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 and family 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 value 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.

The CACSP was developed in the context of other planning processes presented in the following diagram:



Child & Adolescent Clinical Services Plan Context

The Child & Adolescent Clinical Services Plan (CACSP) focuses on the health needs of children and adolescents living in Canberra and the surrounding regions. To develop the future vision and strategies of health care to children and adolescents the planning process included:


- An assessment of the local and national strategic, policy and operational context including research and horizon scanning to assess future directions in models of care.
- Population and demographic profiles and current health service activity utilisation.
- Current challenges across the Territory identified by community-based services, consumers, non-government organisations and clinical services.
- Child and Adolescent Clinical Services Expert Panel overseeing development of this Plan.
- Targeted engagements with key clinical service leaders and executives, clinical staff at both Canberra Health Services (CHS) and North Canberra Hospital and the Health Care Consumers' Association.
- Consideration of current and proposed future capacity and capability of public hospitals and community services across the ACT to support the needs of the population in a safe and sustainable way.
- Review of a wide range of ACT Health policies and plans.


The key plans and policies informing the CACSP are:

- *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*, which provides a common vision for the strategic, policy and planning activities that will shape the future direction of the ACT Health Services over the next decade.
- *ACT Health Services Plan 2022-2030 (ACTHSP)* which establishes system wide priorities for service development and redesign of publicly funded health services in the ACT over the next 8 years.
- *The Best Start for Canberra's Children: The First 1000 Days Strategy*.
- *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028*.
- *Consumer and Family Experiences and Expectations of Accessing Interstate Specialist Care: The Kids Interstate Shared Care Project – Health Care Consumers' Association (HCCA)*.
- Other ACT Government-published documents and plans such as the *Maternity in Focus: The ACT Public Maternity System Plan 2022-2032 and A Healthy Canberra: the ACT Preventive Health Plan 2020-2025*.
- Specific health service plans being developed by ACT Health Directorate, including the ACT Mental Health Services Plan, ACT Disability Health Strategy and the Northside Clinical Services Plan.

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**).¹

 **Children aged 0-14** make up **17.5%** of the Southern NSW Local Health District population (approximately **38,051 children**).³

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



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.⁴



Some children may need additional support

Some children and their families have additional barriers to accessing health services due to broader health and social complexities. The socio-economic determinants of health, like poverty and homelessness, can influence children's health. Aboriginal and Torres Strait Islander children can face stigma or trauma in accessing healthcare. Refugees and migrant children from different cultures and speaking languages other than English can face barriers to access. Some children experience discrimination because of their sexual or gender orientation. Families with children with disabilities or where children are carers for other family members with disabilities can face barriers accessing healthcare and may require reasonable adjustments to be implemented. There are children and families who lack access to things like private transport which can pose a barrier to accessing care. There are children who are unable to live with their families, who are homeless, have dependencies on alcohol or who are drug dependant, are affected by family violence or are involved in the justice system which can also impact access to healthcare.

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 and social needs are not addressed, their socio-economic disadvantages can increase as they get older, and their health and wellbeing outcomes can be compromised. Therefore, these issues need to be considered and addressed for children in these priority groups for planning and delivering health services. Information on children and families in these groups is not complete in the available reported data. This means that even where a need is recognised, it can sometimes be invisible in reported data.

On 30 June 2022⁵ there were **690 ACT resident children** in the care of the Territory, but **more than 800 children** were in **at least one out-of-home placement during 2021-22**. Of these, around **30 per cent** are Aboriginal and Torres Strait Islander children.



Estimates in the 2021 Census indicate that **3% (2,572)** of **ACT people aged 0-14** have a profound or **severe core activity limitation** and need assistance in their daily activities.⁶



For those aged **0-14 years**, **6% per cent were born overseas** and **25% per cent** of those **spoke a language other than English** at home.⁷



What is the data telling us about children in the ACT and surrounding districts

Children's current use of health 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.

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

Of the total outpatient activity, **18 per cent of services 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.

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;

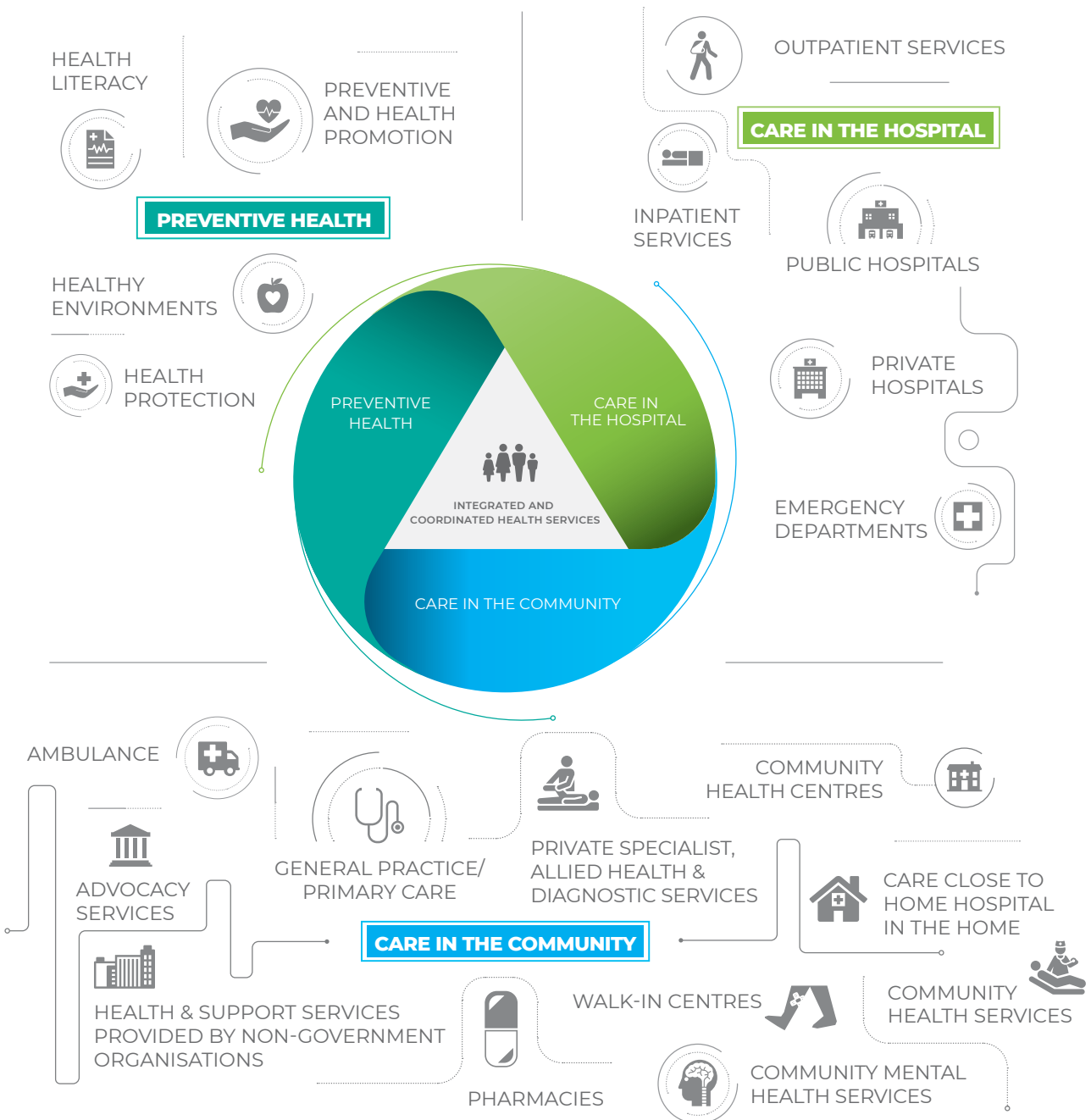
 **95.7 per cent** of five-year old children are fully immunised

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 5-17 are above their most healthy weight, and this is well above the national average for overweight and obesity.

Service system context



The plan also considers areas for collaboration with health services in the ACT that are funded by the Australian Government, private health and hospital services, general practice, nurse practitioners, pharmacists, allied health providers and health services in the surrounding NSW communities.

Future health services for children

High quality health services aim to continually improve to better meet the needs of those requiring their care. 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 (SCHN). Rather the ACT should make the provision of these interstate services easier for children and families to access and use as needed. There should also be seamless links between the two health systems such as through the sharing of data and communication pathways.

Where child health services are able to be safely carried out in the ACT, as will be the case for the majority of children, these should be easy to access, timely and child and family friendly.

Recommendations in the CACSP 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 to:

1. Improve care, access 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, access and processes for children using ACT public hospitals, including seriously unwell children

Actions:

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| 1.1 | Establish an acute clinical care child network for urgent presentations for children | <ul style="list-style-type: none"> » Establish a clinical network of acute child health services across the Canberra region that is collaborative, coordinated and use common assessment tools, protocols, care pathways and educational activities. » The formal network will include at minimum, the two hospital emergency departments (EDs), the multiple Walk-in Centres, general paediatrics (public and private) and general practices (GPs), Winnunga Nimmityjah and other community based acute care providers, in consultation with other stakeholders such as operators of phone advice lines and ambulance services. » Implement strategies to have the sickest of these children preferentially directed to, and managed in, Canberra Hospital Paediatric ED by identifying them early, no matter where they present, and transferring them when safe to do so to Canberra Hospital site. This may include a campaign to promote taking very unwell paediatric patients directly to the Canberra Hospital Paediatric ED. |
| 1.2 | Enhance the Canberra Health Services Paediatric Emergency Department and ensure a hub/spoke relationship is established with paediatric services at the North Canberra Hospital Emergency Department | <ul style="list-style-type: none"> » Expand on the existing paediatric streamed service at Canberra Hospital to establish a separate Paediatric ED in the new Critical Services Building (opening in 2024), inclusive of a separate paediatric waiting room, triage, assessment and treatment areas (while maintaining close collaboration and proximity to the adult ED) with paediatric trained medical, nursing and allied health staff. » Upskill local paediatric and ED staff and improve processes to deliver coordinated child- and family-centered care. » Further support paediatric specific training opportunities for staff in the North Canberra Hospital ED to assess and locally manage lower risk presentations and to stabilise more seriously unwell children prior to transfer to the Canberra Hospital. » The North Canberra Hospital ED to operate as a satellite spoke to the paediatric ED (hub) at Canberra Hospital with shared/rotating staffing, education and protocols. |
| 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 in the context of the introduction of the Digital Health Record (DHR) and lessons learned from on-going research into the effectiveness of such systems in practice. » Strengthen the Call and Respond Early (CARE) program for children and promote awareness of it so parents and carers know they can call for help if they are worried about their child. |

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

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| 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 dedicated area in the Intensive Care Unit (ICU) for the care of sick children who meet agreed criteria using an agreed referral pathway. Any paediatric patient admitted to the ICU, if not admitted under a paediatrician, is to have a paediatric consultation within 4 hours. » A complementary Close Observation Unit (COU), under the leadership of the paediatric service on the paediatric ward, will be established and have an agreed referral pathway. ICU will be kept regularly informed of the COU activity including any child who may be deteriorating. » Strengthen the existing links between the Canberra Hospital ICU and Sydney Children's Hospitals Network (SCHN) ICUs to enhance staff education, the sharing of protocols and quality improvement initiatives and the streamlining of transfers in collaboration with Neonatal Emergency Transport Service. » Maximise the paediatric critical care skills available across Canberra Health Services, especially across the ICU and the Paediatric COU, through: <ul style="list-style-type: none"> - Rotation of staff between ICU and Paediatric COU. - Appointment of an appropriate paediatric critical care leadership team (paediatric intensivist, neonatal intensivist, paediatric critical care nurse educator, lead paediatrician, allied health etc) who will oversee the relevant education design and delivery, quality improvement, the development of clinical protocols/ guidelines and interface with SCHN Paediatric Intensive Care Units (PICUs) (including the systems in place while awaiting transfer). - Create a clear compact on the responsibilities of all participants in the critical care service (including on-call and support mechanisms through paediatric anaesthesia and so forth). » The above Paediatric Critical Care Leadership team (paediatric intensivist, neonatal intensivist, paediatric critical care nurse educator, lead paediatrician, allied health etc) will 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. » Establish a dedicated support line for GPs and other clinicians to contact public hospital based paediatricians for clinical advice. |

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

Recommended success indicators; short term within 2-3 years, medium term within 4-5 years and long term within 6-8 years

- » The formal Acute Clinical Care Child Network including the two hospital EDs, the multiple Walk-in Centres, GPs, other acute primary care providers like Winnunga Nimmityjah and the general paediatric services is established (short term).
- » The Paediatric Emergency Department (ED) is operational at Canberra Hospital (short term) and is operating seamlessly with North Canberra Hospital ED in the recommended hub/spoke model (medium term).
- » The Paediatric Critical Care leadership team is established (short term).
- » Data demonstrates the optimal detection and management of children who are very unwell or rapidly becoming more unwell, auditing for completion and escalation compliance completed by early recognition of the deteriorating patient governance processes (Standards committees) (medium term).
- » Families report consistent, timely and better coordinated treatment and outcomes through Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) (medium term).
- » GP Support Line established (short term).

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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| 2.1 | Enhance shared care partnership between ACT health services and Sydney Children’s Hospitals Network, and shared care arrangements in the ACT | <ul style="list-style-type: none"> » Effective implementation of the formal agreement with Sydney Children’s Hospitals Network (SCHN) which clearly articulates the respective roles of both ACT and SCHN in the delivery of shared care models focusing on improving continuity of care and the best interests and needs of children. » Work with GP liaison units and 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, education and training are shared between ACT public health services, SCHN and where appropriate CHN and the NSW Child Health Networks. » Enhance the coordination of care between sites and possibly the shared appointment of more staff across ACT public health services and SCHN, or opportunities for temporary rotations between services to build skills and relationships. |
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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)

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| 2.2 | The continued implementation of all recommendations arising from the Health Care Consumers' Association Kids Interstate Shared Care report | <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 (CHS) for children with defined complex conditions. » Monitor and continue collaboration between HCCA and, ACT Health and CHS on the implementation of the Kids Interstate Shared Care Report recommendations. » Expand multidisciplinary rehabilitation and disability related services and improve referral pathways from and to interstate hospitals and NDIS. |
| 2.3 | Optimise the transition of adolescents with chronic and complex conditions to adult services in collaboration with ACT clinical staff | <ul style="list-style-type: none"> » The adolescent transition services operating within NSW and SCHN, such as Trapeze, are implemented locally and supported in the shared care partnership agreements with ACT health services. |

Recommended success indicators short term within 2-3 years, medium term within 4-5 years and long term within 6-8 years

- » The shared care partnership agreement, between ACT health services and SCHN, is in place and effectively being implemented (short term and ongoing).
- » The Paediatric Liaison and Navigator Service (PLaNS) is evaluated (short term) and if appropriate, considered for wider implementation in the community (medium term).
- » Completion of the implementation of the Kids in Interstate Shared Care Report (short term and ongoing).
- » Adolescents with chronic and complex conditions report seamless transition from child and adolescent services in ACT and SCHN to adult services in the ACT (medium term).
- » Shared access to clinical information is available within ACT (short term) and across jurisdictions (medium term).
- » Children with chronic and complex conditions have demonstrated preferred access to ED and outpatient services (medium term).
- » Children with disabilities have a demonstrated clear and seamless pathway from public health services to NDIS (medium term).
- » Children in need of complex and long term rehabilitation have demonstrated optimal access to local ACT services, especially those being transferred from SCHN (medium term).

Objective 3: Improve care and processes 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 (CHS) 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 the community setting. » Establish ambulatory models of care that are currently being safely and effectively implemented in other sites and jurisdictions. Priority should be given to the immediate establishment of a paediatric Hospital in the Home service and an acute outpatient paediatric review clinic. » ACT health services further develop new opportunities in virtual care resulting from the implementation of the Digital Health Record (DHR) and future virtual care strategies, especially those appropriate to reduce the need for patients travelling interstate, unless essential. » Review the model of paediatric palliative care in line with recommendations in the 2018 Australian Commission on Safety and Quality in Health Care - National Palliative Care Strategy and ensure parents and children are promptly supported at this difficult time. |
| 3.2 | Reduce waiting times in community and developmental paediatrics | <ul style="list-style-type: none"> » Improve collaboration and coordination between community based services, such as CHS Enhanced Health Services and the Community Service Directorate (CSD) Child Development Services (inclusive of child health services, mental health and CSD), with the aim to reduce service barriers to accessing timely care and waiting times. » Embed a multidisciplinary, triaged and streamlined approach to reduce the delays in assessing and supporting children with mild developmental and/or behavioural concerns. Over time gradually expand on the early intervention therapy services for NDIS ineligible children up to 6 years of age. » Establish a single ACT multidisciplinary team that specialises in assessing children with severe and/or progressive developmental delays and especially for those where a potentially preventable, reversible or genetically significant diagnosis is being investigated. » Identify the heterogeneous reasons for long waiting lists across all paediatric community and outpatient services and act to address these. » Reduce waiting times to within clinically recommended timeframes in the public outpatients and community settings for assessments and interventions with a priority for vulnerable children with minimal alternative options, including ENT, paediatric surgery and other subspecialty waitlists. » Develop integrated and shared models of care that enable information sharing between services. |

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

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| 3.3 | Strategically located, community based, child and family networked services, that are shared between health, community services and other providers, are developed and reflect best practice models of care | <ul style="list-style-type: none"> » Continue to plan for the future design and development of child safe, child friendly, child and family aware facilities to support the delivery of co-located, integrated, multidisciplinary services across health and community services. » Provide interdisciplinary models of care that ensure coordinated, collaborative and child and family – centred assessment, monitoring and care are provided. » Continue to build on services provided by CHS at sites such as the CHS at Molonglo centre to support further child health services and models of care for the South Tuggeranong, Inner South, North Gungahlin and West Belconnen Health Centres. » Develop integrated and shared models of care aligned around the child and family, with supported navigation, coordinated responses and efficient referral between services as outlined in the Maternity in Focus: First Action Plan 2022-2025 and Best Start for Canberra's Children: The First 1000 Days Strategy. » Administration of child and family community health centres should be integrated across health and community services and focused on the collective desire for positive outcomes of children. » 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 set of outcome measures that contribute to wellbeing measures of the children in the ACT. This will include a focused improvement in ACT's Australian Early Development Census (AEDC) scores. » Families should be readily able to access information about available community and health services for their children in a way that works for them – eg. web based information, publications, someone to talk to about this information eg. navigators. |
| 3.4 | The current child protection service models delivered by health services be restructured and formal links with SCHN child protection services be established | <ul style="list-style-type: none"> » Establish a specialist multidisciplinary health service under the governance of paediatrics that provides assessment, support and referral for children who have experienced child abuse and/or neglect. » Strengthen the CHS response to meet the needs of children referred for an urgent medical forensic assessment relating to child abuse. » Enhance the interface between CHS, ACT Policing and CYPS 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. » In the agreement between SCHN and ACT include provision of support and clinical supervision for CHS staff by SCHN child protection services. |
| 3.5 | Children affected by disadvantage are identified and given priority access to public health services | <ul style="list-style-type: none"> » A strong commitment to the inter-agency vision outlined in the Best Start for Canberra's Children: The First 1000 Days Strategy 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. A robust process of identifying at risk is established in order to prioritise these patients. |

Objective 3: Improve care and processes for children requiring local outpatient and community based 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 which supports commitment to the Healthy Canberra: ACT Preventive Health Plan 2020–2025. | <ul style="list-style-type: none">» Improve access to evidence based health services for children with changing and existing need eg. children above their most healthy weight, ENT conditions, children with eating disorders, allergy disorders, asthma and suspected and confirmed genetic disorders. This includes the interface between those with mental health concerns and living with domestic and family violence.» Increase capacity of health services providing care for children (including allied health clinicians, maternal and child health nurses and school based health services) to identify and support consumers and/or families to manage risk factors for chronic disease in children such as being above their most healthy weight and lack of physical activity so children can be supported to have good health.» Develop new models of care for children and adolescents with gender concerns and/or those born with variations in sexual characteristics to support access to appropriate multidisciplinary services. |
| 3.7 | Implementation of the “Together, Forward” Action Plan and Next Steps for Our Kids 2022–2030 related to Aboriginal and Torres Strait Islander children | <ul style="list-style-type: none">» The action plan of the ‘Together Forward’ report relevant to children is monitored and outcomes measured to support Aboriginal and Torres Strait Islander children to improve their health and wellbeing.» Aboriginal and Torres Strait Islander children are supported at every interaction with public health services through a strengthened interface between children and family services and hospital based services.» Evaluate requirements to re-establish outreach paediatrician services to Winnunga Nimmityjah Health and Community Service and Gugan Gulwan Youth Aboriginal Corporation.» Strengthen approaches to address long standing hearing issues in Aboriginal and Torres Strait Islander children.» Develop a subplan to outline Health’s role to reduce the current high rates of children in out of home care for ACT’s Aboriginal and Torres Strait Islander population. |



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

Recommended success indicators short term within 2-3 years, medium term within 4-5 years and long term within 6-8 years

- » 50% reduction of delay to providing assessment and support for children with mild developmental and/or behavioural concerns is achieved (medium term).
- » A cross directorate coordinated, integrated, multidisciplinary early intervention service for children with developmental and/or behavioural concerns who are ineligible for NDIS is operational across 0-6 age range (medium-long term).
- » A consumer-friendly document mapping current community services on offer for children in the ACT is available in multiple formats and languages (medium term).
- » The paediatric Hospital in the Home (HITH) service and an acute paediatric review clinic are operational (short term).
- » All children requiring palliative care are managed by an appropriate local multidisciplinary team with the guidance of paediatric palliative care specialty input (medium term).
- » Multidisciplinary services for children are co-located providing single point of entry into a range of services (long term).
- » All community paediatric services deliver care that is measured by a shared set of outcomes across health and community services (medium term). This will include the relevant components of the early childhood development scores (AEDC scores).
- » Within the health setting, child abuse and/or neglect is identified and assessed early to enhance child safety and wellbeing (short term).
- » Feasibility of health or development checks has been investigated for three-year old children to identify children's needs and ensure schools have the supports in place to meet them- regardless of their starting point (medium term).
- » Children experiencing vulnerability with high risk of poor outcomes are identified on referral to the health system (short term).
- » Children experiencing vulnerability with high risk of poor outcomes have priority access to public health services (medium term).
- » 50% reduction in the outpatient hospital waiting times is achieved for all children deemed to have enhanced vulnerability of a poorer outcome (medium term).
- » A multi-agency approach demonstrates reduction in obesity rates, commencing during the first 1000 days, continuing into childhood and adolescence (medium term).
- » 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 asthma (medium term).
- » Children and adolescents with gender concerns and variations in sex characteristics have access to appropriate multidisciplinary services through new models of care (medium term).
- » The recommended health subplan to reduce the current high rates of children in out of home care is operational and having the desired impact (long term).
- » The Action Plan of the 'Together Forward' report relevant to children is monitored and outcomes measured to support Aboriginal and Torres Strait Islander children to improve their health and wellbeing (long term).

Objective 4: Enable 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 and child health care | <ul style="list-style-type: none"> » Paediatric and child health 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) » Paediatric and child health trained clinicians are optimally responding to the detection and care of seriously unwell children. (Action 1.3 and 1.4) » Paediatric and child health trained clinicians are an integral part of the response team for the assessment of children exposed to child abuse and neglect, and identify and respond to those experiencing domestic or family violence. (Action 3.4) » Paediatric and child health trained clinicians are an integral part of the teams providing culturally specific needs of Aboriginal and Torres Strait Islander children and families. (Action 3.7) » Paediatric and child health trained clinicians are highly skilled to work with children and their families who are experiencing disadvantage. (Action 3.5) » Paediatric and child health trained clinicians are highly skilled to provide trauma informed care for all children. (Action 3.4 - 3.7) |
| 4.2 | Establish a consistent process of review for children with uncommon or rare conditions requiring expertise from the SCHN or elsewhere | <ul style="list-style-type: none"> » Develop an arrangement with the SCHN to access their clinical protocols for uncommon or rare conditions or diagnoses. » Develop a consistent process of review for children with uncommon or rare conditions requiring expertise from the SCHN or elsewhere. |
| 4.3 | With family and/or adolescent consent, the sharing of information between SCHN 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 (SNSWLHD) and SCHN 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. |

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

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| 4.5 | A new Child and Family Continuous Improvement Network will bring together operationally focused networks to drive the required changes and improve outcomes for children and adolescents in the ACT (see next section for more detail) | <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 a new Child and Family Continuous Improvement Network (including an advisory group of parents and where appropriate children or adolescents with lived experience of services) 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. - 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. » Key areas for focus and improvement across the system may include service improvements to: <ul style="list-style-type: none"> - Outcomes of the management of seriously unwell children (Action 1.3 and 1.4). - Evidence to confirm improved access for children, especially those with identified vulnerabilities, to clinical assessments and interventions (Action 3.4, 3.5, 3.6 and 3.7). - Evidence to confirm enhancement for assessment of children who may have been exposed to child abuse and/or neglect and improved provision of support for families at risk (Action 3.4). - Data to support services to meet the culturally specific needs of children and families, including Aboriginal and Torres Strait Island and culturally and linguistically diverse families. - Progress of the Best Start for Canberra's Children: The First 1000 Days Strategy implementation (Action 3.5). |
| 4.6 | Health service locations are child and family friendly and safe | <ul style="list-style-type: none"> » Review all locations where children go to access health services and ensure they meet the National Safety and Quality Health Service Standards User Guide for Acute and Community Health Service Organisations that Provide Care for Children (safetyandquality.gov.au). » Embed National Principles for Child Safe Organisations across health services providing services to children and families. » Monitor the experiences of families to ensure delivery of consistent, timely and better coordinated treatment through defined Patient Reported Experience Measures and Patient Outcome Measures. |

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

Recommended Success indicators: Short term within 2-3 years, medium term within 4-5 years and long term within 6-8 years

- » 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 Aboriginal and Torres Strait Islander peoples (long term).
- » Recognition and response to seriously unwell children occurs within the appropriate timeframes (medium term).
- » Relevant health information is appropriately shared between treating teams and accessible across services in ACT and across jurisdictions beyond ACT (medium term) and in real time (long term).
- » Staff working with children and families have improvement science capability (long term).
- » The new Child and Family Continuous Improvement Network is established (short term).
- » The newly established Child and Family Continuous Improvement Network demonstrates improved health outcomes for children and adolescents in the ACT (medium term and ongoing).
- » Locations in which assessment or care for children is delivered have been assessed against the National Safety and Quality Health Service Standards guidelines for suitable, safe and friendly environments (medium term).



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

Success and sustainability of the work proposed in the CACSP 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 (CFCIN), as a model which is collaborative and inclusive of all stakeholders including the important ongoing relationship with the Sydney Children's Hospitals Network. This model will bring together operationally focussed networks to improve outcomes for children.

A CFCIN 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). It has also been used in the co-design process for the Paediatric Liaison and Navigation Service (PLaNS).

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.”

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 are 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 are embedded and sustained. 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 Strategy](#).

ACT Health (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, Education 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, North Canberra Hospital, Infrastructure, Communication and Engagement Division, ACTHD, and other Health partners.

The ACT Government and the SCHN 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.

The heads of agreement 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.

Implementing the CACSP

The ACT Health Services Plan 2022-2030 provides strategic direction to the Child and Adolescent Clinical Services Plan. 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. Recommended success indicators have been identified and loosely clustered into deliverable timeframes (short term: 2-3 years, medium term: 4-5 years and long term: 6-8 years). Local management will be required to adjust these indicators and timeframes as priorities change and services develop but with the expectation that the plan continues to guide and deliver improved health care for children.

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



References

- 1 Australian Bureau of Statistics. Regional Population by age 2021: Australian Capital Territory [Internet]. Canberra (ACT): Commonwealth of Australia; 2022.
- 2 Australian Bureau of Statistics. Regional Population by age 2021: Australian Capital Territory [Internet]. Canberra (ACT): Commonwealth of Australia; 2022.
- 3 State of New South Wales and Department of Planning and Environment (2022). 2022 NSW Common Planning Assumption Projections- Local Health Districts. NSW Ministry of Health, Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney [Internet]. [cited 2020 April 20]. Available from: http://www.healthstats.nsw.gov.au/Indicator/dem_pop_lhnmap/dem_pop_lhnmap?filterValueId=18409&LocationType=Local per cent20Health per cent20District&name=Population&code=dem_pop
- 4 Chief Minister Treasury and Economic Development Directorate. (2022) CMTEDD population forecast 2021 to 2060.
- 5 Commonwealth of Australia. Productivity Commission: Report on Government Services 2023, Part F, Section 16 Child Protection Services [Internet] [data cube 16A]. Available from: <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>.
- 6 Australian Bureau of Statistics (2022). Census of Population and Housing- Australian Capital Territory 2021.
- 7 Australian Bureau of Statistics. 2021 Census- Snapshot of Australian Capital Territory: Australian Capital Territory [Internet]. Canberra (ACT): Commonwealth of Australia; 2022.



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