

The Henry Review Implementation Plan

Review of health services for children,
young people and families in the
NSW health system



NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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SHPN (HSP) 220490
ISBN 978-1-76023-243-6

July 2022

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Foreword



I am pleased to now share with you the Implementation Plan which will drive our response to recommendations emerging from the *'Review of health services for children, young people and families in the NSW health system'* ('The Henry Review').

This Implementation Plan is our commitment to address long-standing system challenges, and positively shape the experiences of children, young people and their families in the NSW health system.

The Plan details how NSW Health will achieve the overall intent and vision of the Henry Review, building on current evidence about what works in the delivery of services for children, young people and families.

The Plan will be guided by the following principles:

- Working with consumers, carers and the community to improve consumer-centred care.
- Delivering value-based healthcare that improves
 - health outcomes that matter to patients,
 - experiences of receiving care,
 - experiences of providing care and
 - effectiveness and efficiency of care.
- Improving the health of vulnerable individuals and communities
- Striving to make continuous improvement to workplace culture, by progressing NSW Health CORE values of collaboration, openness, respect and empowerment.

Meaningful engagement with patients, carers and clinicians is central to effective implementation. This is a Plan which will support genuine stakeholder partnerships to ensure quality improvement and changes are consistently applied over time, as determined by the needs of children, young people and their families. We will strive to embed a culture of continuous learning across the system, and seek to optimise the benefits of new models of care and digital technology to deliver on the vision of the Henry Review.

I encourage you to keep track of this Implementation Plan as it grows and changes, always keeping front of mind the delivery of personalised, high-quality care for children, young people and their families, now and into the future.

Susan Pearce
Secretary, NSW Health

The Henry Review

In February 2019 the Minister for Health commissioned an independent review of health services for children, young people and families within the NSW Health system (the Henry Review). The Review, conducted by Emeritus Professor Richard Henry AM, focused on the strategic delivery of health services to children, young people and families within the NSW Health system and the sufficiency of current governance arrangements to ensure safe, effective and high-quality care across NSW.

Purpose of the review

The purpose of the review was to provide strategic advice and recommendations about the status of delivery of services for children, young people and families in the NSW Health system and areas for improvement.

This included:

- how current services are delivered;
- the current governance arrangements in place in NSW Health;
- how well health services and partners work together to achieve the shared goal of delivering healthcare in NSW that is safe, effective, integrated, high quality and continuously improving; and
- the integration of care into the community including linkages with the primary health care sector.

The Review Terms of Reference¹ required provision of recommendations on:

- future governance to enable provision of system direction and guidance on planning and delivery of health care services for children, young people and families to 2024, and
- effective communication and sufficient support across the system to deliver outcomes.

The findings of the review were based on a range of activities including over 250 stakeholder consultations, local health district site visits, and a range of submissions, previous reports and documentation.

Outcomes of the Henry Review

The Henry Review Report was released in January 2020.

The Review made 77 recommendations. Key recommendations focused on strengthened leadership, governance, system-wide integration, outcome measurement and accountability. The Henry Review also made several recommendations about specific parts of the service system including community paediatrics, child and youth health, and mental health. Professor Henry also identified many examples of good practice and opportunities to improve and strengthen the alignment of governance and clinical practice to deliver NSW Health's strategic priorities.

All recommendations of the Henry Review have been accepted by NSW Health. (Appendix 1).



¹ Henry, R. (2019). Review of health services for children, young people and families within the NSW Health system. Sydney: NSW Government. p. 97

Implementing the Henry Review Recommendations

The Henry Review described the NSW Health system which deliver services to children and young people as “a complex and diverse network of services with many interdependent parts.”²

Across NSW, hospital and community-based health services for children and young people are delivered by eight local health districts (LHDs) covering the greater Sydney metropolitan region, and seven LHDs covering rural and regional NSW, the Sydney Children’s Hospitals Network and John Hunter Children’s Hospital, Newcastle.

Five Pillar agencies, the Agency for Clinical Innovation (ACI), Health Education and Training Institute (HETI), Clinical Excellence Commission (CEC), Bureau of Health Information (BHI), and the Cancer Institute NSW support the system, providing guidance across a range of areas including developing new models of care, improving and standardising clinical care, and safety and quality.

As manager of the NSW Health system, the Ministry of Health sets policy direction, allocates resources and monitors system performance.

The Henry Review covered a diverse range of care settings, priority focus areas and system enablers within this system, that support service delivery for children, young people and families to meet the varying care needs of people as they move through different life stages. The report’s recommendations cover a broad range of issues and identify the steps required to strengthen systems so that Local Health Districts, managers and clinicians have what they need to provide safe, effective and reliable care for children and young people.

Henry Review Implementation Planning Committee

In July 2020 NSW Health established the Henry Review Implementation Planning Committee, a time-limited committee, to design the Henry Review Implementation Plan and drive, monitor and oversight early actions in response to the Review recommendations. The Committee also:

- provided expert advice and information to inform planning, and align implementation strategies with existing and planned activity;
- put in place a sustainable approach to regular communications; and
- agreed the long-term governance arrangements that will ensure effective implementation of the full suite of review recommendations, over the longer term.

This Committee was co-chaired by the Deputy Secretary, Health System Strategy and Planning, Ministry of Health and the Executive Director, Children, Young People and Families, Hunter New England LHD. Committee members included clinicians, consumers and senior representatives from metropolitan and rural local health districts, the Sydney Children’s Hospitals Network, primary health care networks, the Ministry of Health, the ACI and the CEC. The Committee met five times between August 2020 and October 2021. Details of Committee membership are provided in Appendix 2.

Children, Young People and Families Executive Steering Committee

In September 2020, the Henry Review Implementation Planning Committee agreed to establish the Children, Young People and Families Executive Steering Committee (CYPFESC). CYPFESC is the new state-wide committee which will provide leadership to strengthen the provision of NSW Health services for children, young people and families and provide greater focus and direction for the system in an ongoing way.

² Henry, R. (2019). p. 25.

The Deputy Secretary, Health System Strategy and Planning, Ministry of Health and the Executive Director, Children, Young People and Families, Hunter New England LHD are co-chairs of CYPFESC, providing continuity with the previous committee. Members are drawn from across the health system, including representatives from the NSW Advocate for Children and Young People, a parent and a young person. CYPFESC will meet on a bi-monthly basis and will report to the Secretary, NSW Health. CYPFESC Terms of Reference are contained in Appendix 3.

Implementation of the Henry Review recommendations transitioned to CYPFESC from its inaugural meeting which occurred on 5 February 2022.

Approach to implementation

The Henry Review presents an opportunity to address long-standing system challenges and positively shape NSW health care services for children, young people and their families to produce lasting benefits for children, young people and their families, now and into the future.

In acknowledgement of the complexity and dynamic nature of the NSW Health system, the overarching high-level Review Implementation Plan seeks, where possible, to align recommendations to work that is either already underway or planned, and to seek expert information to inform analysis where there are implementation gaps. Broad engagement and consultation will occur as appropriate to inform the work undertaken for each recommendation.

The Implementation Plan is based on the following principles:

- Working with consumers, carers and the community to improve consumer-centred care.
- Delivering value-based healthcare that improves
 - health outcomes that matter to patients,
 - experiences of receiving care,
 - experiences of providing care and
 - effectiveness and efficiency of care.
- Improving the health of vulnerable individuals and communities
- Striving to make continuous improvement to workplace culture, by progressing NSW Health CORE values of collaboration, openness, respect and empowerment.

Good consumer engagement is central to effective implementation. Children, young people and their families will be engaged at all stages of the reform. Successful implementation also requires stakeholder partnerships to ensure quality improvement and changes are consistently applied over time. Implementation will strive to embed a culture of continuous learning across the system to optimise the benefits of new models of

care and digital technology and to develop fit for purpose infrastructure to improve service access for children, young people and their families.

Implementation leadership and management

To ensure effective governance and accountability all Henry Review Implementation Plan Priorities, Action Areas and Activities have an Executive Sponsor, Project Manager and Project Partners.

Executive Sponsors come from many different parts of NSW Health and Pillar partners. This signals that the quality of health care services for children and young people is everybody's business and highlights the interconnectivity of the work required over the next 3-5 years.

Project Managers, who will ensure appropriate engagement of partners and broader consultation when needed, will lead implementation and delivery of the recommendation in collaboration with Project Partners.

Progress to date

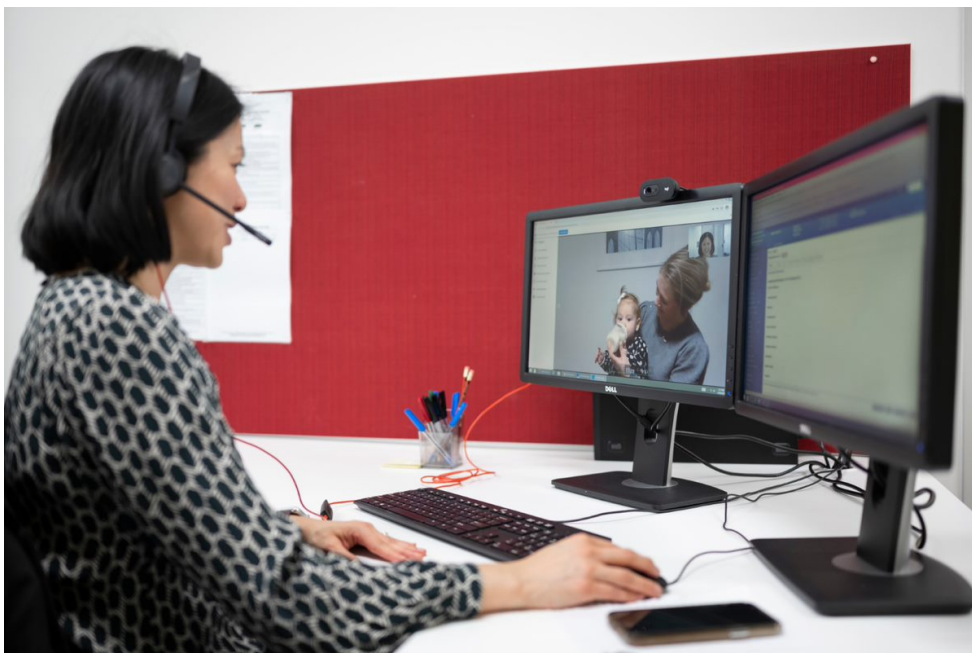
Executive Sponsors and their teams have been focused on the Henry Review recommendations since February 2020 and progress has been made on many of the issues identified in the Review report.

Four recommendations have been completed and are therefore not included in the Implementation Plan. These are:

- Establishment of the Children Young People and Families Executive Steering Committee (CYPFESC) as the state-wide committee overseeing the provision of NSW Health services for children, young people and families (Recommendation 9);
- Clarification of issues related to the structure and governance of the Sydney Children's Hospital Network and commencement of SCHN strategic planning. SCHN has continued to implement a broad program of work of organisational improvement oversight by the People and Culture Directorate and supported by robust governance. (Recommendations 6, 34, 37, 38, 39 and 40);
- Clarification of Neonatal and paediatric Emergency Transfer (NETS) clinical decision making to ensure that NETS decisions are based on best location for patient care informed by the child's needs, location and service capacity (Recommendation 36);
- The role of the Chief Paediatrician has been reviewed to ensure that the scope of the role aligns with Henry Review Recommendations. The Chief Paediatrician will be a member of CYPFESC. (Recommendations 3, 5, 10, 11 and 12).

Additionally, work has been undertaken in a range of areas to establish a foundation for initiatives to address priorities contained in the Implementation Plan, including:

- Agreement between Deputy Secretary, Health System Strategy and Planning, Ministry of Health and Chief Executives of Central Coast and Hunter New England LHDs to realign the Central Coast LHD to the Children's Healthcare Network Northern (Action Area 1.5)
 - Establishment of a Small Baby Neonate and Paediatric Transport Governance Committee to ensure implementation of *Tiered Networking Arrangements for Perinatal Care PD2020_014*, including local operational plans and compliance. (Action Areas 2.2 and 4.1)
 - Commitment of \$7.7 million by the NSW Government to trial a new model of care and management for children with behavioural issues and/or attention-deficit hyperactivity disorder (ADHD) in regional NSW. The pilot program will give children and young people greater access to vital services closer to home including diagnostic services and telehealth support; paediatric psychiatry; as well as transition care and management. (Action Area 4.4)
 - Consultation by the Deputy Secretary, Health System Strategy and Planning, Ministry of Health with Chief Executives of Rural LHDs on the feasibility of appointment of paediatric Medical Leads in all LHDs. (Action Area 5.6)
- Identifying opportunities to address findings of the Productivity Commission report into the role of improving mental health to support economic participation and enhancing productivity and economic growth (November 2020). The report is closely aligned with the NSW Government's strategic directions for mental health and the Premier's priority to reduce the suicide rate. The NSW Government welcomed the report and is already delivering against the key recommendations – one of which we hold responsibility, and partially for another 14. (Action Area 2.5)
 - Establishment of a health care provider, carer and consumer working group to support improvements in mental health care of children and young people. The Working Group was a collaborative group that included representation from all districts and specialty health networks, PHNs, NGOs, consumers, and carers. It developed resources and guidance and informed six project grants to improve the mental health service to children and young people (Action Area 2.5)
 - Commitment of \$46.8 million over four years (2020-21 to 2023-24) to expand the Wellbeing and Health In-reach Nurse (WHIN) Coordinator program, establishing 100 Wellbeing Nurse positions to support the health and wellbeing needs of school students and their families living in vulnerable communities. The 100 Wellbeing Nurse positions are in addition to six pilot positions that commenced in 2019 (Action Area 2.3).



Monitoring implementation and performance

The Henry Review stressed the importance of monitoring and reporting systems to ensure that the actions described in the Plan remain appropriate and continue to address the identified issues over time.

Leverage existing reporting mechanisms

The CYPFESC will not replicate the functions of other governance groups or establish parallel processes to monitor Henry Review Implementation. For example, key performance indicators and measures included in

LHD Service Agreements will continue to be monitored in accordance with the NSW Health Performance Framework, and initiatives with effective governance arrangements (e.g., PARVAN; First 2000 Days) will continue to be monitored as agreed by stakeholders.

Data availability and usage

Increased data availability and usage will support strategic and operational decision-making for children, young people and family focused healthcare services and address Recommendations 74, 75, 76 and 77 in the Henry Review.

A wide variety of child health and wellbeing data is already collected, either by NSW Health or at the national level. The Australian Institute of Health and Welfare's 2019 discussion paper, *Scoping enhanced measurement of child wellbeing in Australia*³ provides an overview of the national data and indicators available to report on child wellbeing. The paper identifies national gaps and outlines opportunities to improve data collection and linkage for reporting and measurement.

Drawing on AIHW principles outlined in this discussion paper, Health and Social Policy Branch has commissioned a project to map and analyse the adequacy of available data and identify additional data collections required to enable NSW Health to commence measurement of outcomes. The project will also deliver a set of recommendations to inform longer term planning for data collection and analysis to increase NSW Health's capacity to measure performance of children, young people and family health services.

The project, *Measuring Progress: Health services for children, young people and families in the NSW Health System Project*, is due to commence in June 2022 and is anticipated to be complete by September 2023.

Development and implementation of a long-term plan to address data gaps may be undertaken at the conclusion of the project.

Implementation progress and performance monitoring

The CYPFESC will regularly assess implementation progress. It may request updates and facilitate strategic discussion at key points in a project, for example when the delivery of recommendation outcomes or key milestones are due, when there are interdependencies with other work or when a recommendation is reported as complete.

As part of its performance monitoring role, CYPFESC may call upon the experience and expertise of clinicians or other relevant committees, including consumer committees and networks; delegate responsibility for delivery to other parts of the Children, Young People and Families governance structure; or identify issues requiring escalation to other state-level executive decision-making groups within NSW Health.

Health and Social Policy Branch, NSW Health, will support CYPFESC implementation monitoring using a range of tools including:

- A high-level Implementation Plan dashboard, regularly updated based on bi-monthly implementation progress reports provided by lead agencies
- Risk management tools
- Other program management tools.

Reporting on implementation

CYPFESC will submit an annual report on progress of the Implementation Plan and other identified priorities to the Secretary, NSW Health.

³ Australian Institute of Health and Welfare 2019. *Scoping enhanced measurement of child wellbeing in Australia: discussion paper*. Canberra: AIHW.

Into the future

It is important that children, young people and families receive best practice, patient-centred care and treatment that is right for them, as close to home as possible. The Henry Review Implementation Plan is only the beginning of NSW Health's work to achieve continued improvement in the health and wellbeing of all children, young people and their families, including those in our community who are most at risk, vulnerable or have special health needs.

CYPFESC is committed to providing leadership and accountability for improving health outcomes for children, young people, parents and families. These improved outcomes must be embedded and demonstrated centrally and locally throughout the NSW health system and delivered in partnership with primary care providers, the not-for-profit and private health and social care sectors, children, young people, parents and families.

While in 2022, CYPFESC will be focused on implementing the Henry Review recommendations, this is only one aspect of the Committee's work. In the coming years CYPFESC will oversee and influence agreed system priorities to strengthen our modern, connected and responsive health system.

The Committee will particularly focus on the following areas:

Emerging and important issues

CYPFESC will identify and analyse strategically important projects and initiatives for children, young people and families in the NSW health system to support continuous improvement. It will also consider intersecting, emerging, or new strategic issues referred by the Health System Strategy Group; Senior Executive Forums; Ministry Executive Meetings; Chief Executives of LHDs and Pillar agencies; or the Secretary.

CYPFESC will also support relevant Networks and Committees from within the children, young people and families governance structure, by providing direction, guidance and support, and by responding to issues escalated by Network or Committee Chairs.

Planning

CYPFESC will agree, communicate and oversee delivery of the annual action plan detailing the priority initiatives for children, young people and families in the NSW health system. It will provide direction and leadership to ensure the achievement of outcomes committed to in the action plan and review and report on health outcomes data to inform future planning and decision making.

Advocacy

CYPFESC sees part of its role to advocate for children, young people and family focused services and outcomes at all levels of the service system, including interjurisdictional settings.



Health services for children and young people

A key priority for the NSW Health system is the design and delivery of high quality, effective and safe healthcare services for children and young people from conception until 18 years of age, and their families. Young adults with chronic or complex needs transitioning to adult services receive care until age 24.

Across NSW, hospital and community-based health services for children and young people are delivered by 15 LHDs, eight covering the greater Sydney metropolitan region, and seven covering rural and regional NSW, as well as The Sydney Children's Hospitals Network and John Hunter Children's Hospital, Newcastle. These services work alongside other Government and non-government services, Aboriginal Community Controlled Organisations, General Practice and a wide range of private providers and specialised services.

Maternity and Neonatal Services

Maternity services include birthing services provided in hospitals and multi-purpose facilities and home-based services (e.g. publicly funded homebirth services, postnatal midwife visits, community and outreach services including services targeting specific population groups). Hospital-based services for newborns include high-dependency care and Neonatal Intensive Care Units for babies 0-28 days in age, and special and low-dependency care.

Paediatric healthcare

Paediatric medicine and surgery services deliver hospital-based acute care to infants, children and adolescents requiring inpatient care. They also provide multidisciplinary care across the lifespan of children with chronic conditions and/or disabilities. These services are provided by The Sydney Children's Hospitals Network (through the Children's Hospital at Westmead and the The Sydney Children's Hospital, Randwick) and by local public hospitals, multipurpose services and private facilities.

Maternal and Child Family Health Services

Maternal and Child Family Health services provide community-based healthcare and support for families with children from birth to 5 years of age. They are provided by multidisciplinary health professionals including paediatricians, nurses, allied health staff. Specific services and programs include:

- Statewide Infants Screening Hearing Program (SWISH-H)
- Universal Health Home Visiting (UHHV) and Sustaining NSW Families (Sustained Home Visiting)
- Family Care Centre services and Tresillian and Karitane Residential Services
- Developmental diagnostic Assessment Services
- Statewide Eyesight Preschooler Screening (StEPS)
- Immunisation programs

Aboriginal Maternal and Child Health programs

Aboriginal Maternal and Child Health programs provide culturally appropriate maternity and child and family health services in partnership approach with the Aboriginal community and key service providers. Specific programs include:

- Aboriginal Maternal and Infant health services
- Building Strong Foundations for Aboriginal Children, Families and Communities
- NSW Aboriginal Ear Health Program

Youth Health Services

Youth Health Services are specialist services providing multidisciplinary, primary health care to young people, particularly those from vulnerable and disadvantaged groups, in relaxed and comfortable youth-friendly environments.

Mental Health Programs

Child and Youth Mental Health Services (CYMHS) and Specialist Perinatal and Infant Mental Health Services (PHIMS) Mental Health provide services for children and teens who need mental health support, and their families. Other specialist services include:

- Services for Children of Parents with a Mental Illness (COPMI)
- School Link
- Getting on Track In Time (Got-IT)
- Whole Family Teams

Domestic Violence, Sexual Assault and Child Protection services

Domestic violence, sexual assault and child protection services incorporate responses to domestic and family violence, child protection and wellbeing, sexual assault, Aboriginal family wellbeing and violence prevention, Out-of-Home Care Program Pathway as well as a range of cross-government and interagency programs.

The Henry Review Implementation Plan in detail

This Implementation Plan is the blueprint for translating the recommendations from the Henry Review into action and outcomes. The Implementation Plan is divided into six Priorities, each with a series of Action Areas and related Activities, which deal with relevant recommendations from the Henry Review.

Priority	Focus	Action Areas
1. System governance	This priority is concerned with the NSW Health system oversights child and family health services. This includes implementation of frameworks and monitoring of outcomes; high level clinical leadership; issues escalation and management of enhancement funding.	<ul style="list-style-type: none"> 1.1 Governance refresh 1.2 NSW Children's Healthcare Network Review 1.3 Expansion of Children's Healthcare Network Northern 1.4 Enhancement funding
2. System integration and synergies	<p>This priority is concerned with ensuring that all the parts of the health system work together well.</p> <p>Collaboration and partnership, is required across agencies and service providers both within and outside the NSW Health system so that children, young people and families receive timely, safe and appropriate care that supports good health and wellbeing.</p>	<ul style="list-style-type: none"> 2.1 Sydney Children's Hospitals Network 2.2 Transport and rural outreach 2.3 Care navigation 2.4 Functional and safe facilities for children and young people
3. Strategic frameworks	This priority area is concerned with strengthening the implementation of overarching Strategic Frameworks. These Frameworks set direction and provide guidance and support for the provision of services to infants, children, young people and their families across the different parts of the health system. Importantly, these frameworks clarify priorities and explain how implementation challenges are understood and addressed. Implementation plans and progress monitoring and reporting are essential accountability and communication tools to demonstrate achievement.	<ul style="list-style-type: none"> 3.1 Brighter Beginnings – First 2000 Days 3.2 Paediatric Services Capability Framework 3.3 Surgery for Children
4. Programs and services	This priority area is concerned with the implementation of policy directives to improve service arrangements, communication and coordination between parts of the health system providing services for infants, children, young people and their families. This underpins a continuous improvement cycle to ensure health services are accessible, responsive to needs and provided equitably.	<ul style="list-style-type: none"> 4.1 Neonatal care 4.2 Universal Health Home Visiting 4.3 Developmental assessment 4.4 Attention Deficit and Hyperactivity Disorder 4.5 Paediatric Rehabilitation 4.6 Child Protection and Domestic Violence 4.7 Mental Health Safeguard Teams
5. Workforce capacity and capability	This priority area is concerned with building capacity and capability of health professionals to best meet the complex health needs of children and young people through increased access to training and upskilling opportunities, workforce planning and strengthened clinical leadership. In turn this improves the capacity of the health system to provide developmentally appropriate care that contributes to immediate and long-term health outcomes.	<ul style="list-style-type: none"> 5.1 Allied Health workforce capacity 5.2 Professional development in Mental Health 5.3 Professional development in Nursing 5.4 Service providers working with young people 5.5 NICU and SCU professional development 5.6 Clinical leadership
6. Measuring progress	This priority is concerned with the information required to oversee the performance of the child and family health system. This includes feedback mechanisms for children, young people and families; specific data collection processes and tools; and performance monitoring systems.	<ul style="list-style-type: none"> 6.1 Feedback from children, young people and their families 6.2 Existing data systems 6.3 Monitoring outcomes and performance

Guiding NSW Health Frameworks

This Henry Review Implementation Plan is linked to statewide strategies developed by the Ministry of Health to support planning and delivery of care. The *NSW State Government and Premier's Priorities, Future Health Strategy 2022-32* and annual *NSW Health Strategic Priorities* provide the system, partners and stakeholders with an overview of NSW Health's target outcomes. Additional plans and frameworks focus on groups of people with particular needs, including people living with mental health issues, people with disability, carers, people living in rural areas or whose age, gender or sexual orientation shapes their experience of care. These include:

- *NSW Rural Health Plan: Towards 2021*
- *NSW Aboriginal Health Plan 2013-2023*
- *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025*
- *NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023*
- *NSW LGBTIQ+ Health Strategy 2022-2027*
- *NSW Disability Inclusion Action Plan*
- *NSW Carers Strategy*

Activities in the implementation plan are also guided by:

- *Health Workforce Plan 2021-2031*
- *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*
- *NSW Virtual Care Strategy 2021-2026*

A group of NSW Health frameworks and programs guide the provision of care for children, young people and families and are therefore integral to this Implementation Plan. These include:

- *First 2000 Days Framework and Implementation Plan 2020-25*, which outlines the importance of the first 2000 days in a child's life (from conception to age 5) and what action people within the NSW Health System need to take to ensure that all children have the best possible start in life.
- *NSW Paediatric Service Capability Framework and Companion Toolkit*, provides guidance and support for Local Health Districts in the provision of paediatric medicine and surgery for children services for admission, escalation and back transfer.
- *NSW Youth Health Framework 2017-24*, which supports healthcare that is responsive to the needs of young people, including targeted approaches for young people at higher risk of poor health, youth-friendly services, access for young people, and workforce capacity;

- *NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026*, which provides strategic direction and guides practical action to strengthen the public health system's role in preventing and responding to domestic and family violence.
- *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*, which provides a comprehensive planning, service and policy roadmap for NSW Health from preconception to 24 years of age.
- *NSW Service Plan for People with Eating Disorders 2021-2025*, which provides a framework for Health Professionals to support delivery of treatment and care for people with or at risk of developing an eating disorder and the lives of their families, carers and communities.

More information on these and other relevant NSW Health policies, plans and frameworks are available in Appendix 4. They can be found at www.health.nsw.gov.au

Timeframes

Start and expected completion dates have been established by reviewing the Henry Review's categorisation of short, medium, and long-term recommendations although some implementation timelines do not match those proposed due to operational factors and interdependencies. Enhancement opportunities, risks and the need for further consultation and engagement on specific strategies were also considered when deciding timeframes.

Communication and publication

The Henry Review Implementation Plan will be published externally, and a briefing pack made available to support communication about the plan and how it will drive change. Regular communiqués will continue to be developed to update the system about progress and the work of the CYPFESC. The implementation plan, communiqués, and update reports will be published on the [Henry Review web page](#).

The following tables provide details of each Priority, its Action Areas and Activities and note the Henry Review Recommendations which each Action Area addresses.

Priority 1: System governance

Priority 1: System governance

Action Area 1.1: Governance refresh. This Action Area puts in place clear mechanisms that provide focus and direction for the current Committee and Networks arrangements for children, young people and family in the NSW Health system. These mechanisms will strengthen broader governance systems, support decision making about service priorities and enable monitoring of achievement across all parts of NSW Health. They will support communication and transfer of information to the various components of the system and provide clear pathways for issues escalation. (Henry Report Recommendations 1, 7, 8, 12, 13, 14, 15 and 16)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
1.1.1	Refresh children, young people and families statewide governance to ensure all relevant Committees have established terms of reference, clear purpose, reporting lines, escalation and evaluation process are in place.	Children Young People and Families Executive Steering Committee	Director Disability Youth and Paediatric Health Ministry of Health	ACI CEC LHDs SHNs	Dec 2021	July 2022	The Governance Refresh paper was endorsed at the last CYPFESC meeting. HSPB will drive implementation of the recommendations from the paper.
1.1.2	Review existing mechanisms and processes for issues management and escalation, including to CYPFESC, in relation to system-level initiatives, issues and projects and strengthen where needed.	Deputy Secretary Health System Strategy and Planning	In scope committees and networks	Context dependent	April 2022	Ongoing	Issues management and escalation process for existing committees is included in Governance Refresh paper (see 1.1.2). This approach was discussed and confirmed at the last CYPFESC meeting.

Priority 1: System governance

Action Area 1.2: NSW Children's Healthcare Network Review. This Action Area focuses on strengthening the NSW Children's Healthcare Network including paediatric networking arrangements. (Henry Report Recommendations 19 and 20)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
1.2.1	Review the purpose, function and effectiveness of the NSW Children's Healthcare Network [CHN] to examine the network's role and operations and advise on how best to support and strengthen future paediatric networking arrangements.	Deputy Secretary Health System Strategy and Planning	Director Disability Youth and Paediatric Health	SCHN LHDs ACI CAHO Chief Paediatrician	Dec 2021	September 2022	A project to consider the long-term approach for the Children's Healthcare Network has commenced. Consultant engaged, consultation period has begun.

Priority 1: System governance

Action Area 1.3: Expansion of Children’s Healthcare Network Northern. This Action Area considers expanding the Children’s Healthcare Network Northern to include the Central Coast LHD (currently in Children’s Healthcare Network Western) to ensure high quality clinical care is available as close as possible to home for children living on the Central Coast. (Henry Report Recommendations 17 and 18)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
1.3.1	Analyse population, patient flow and service demand data to inform the planned realignment of the Central Coast LHD to the Northern Children’s Healthcare Network.	Chief Executive, CCLHD Chief Executive, HNELHD	Executive Director, CYPF HNELHD SCHN	Finance System Reform and Planning SCHN	Dec 2021	Sept 2022	A project to consider the long-term approach for the Children’s Healthcare Network has commenced. Consultant engaged, consultation period has begun
1.3.2	Assess the resource allocation and staffing implications of realigning CCLHD to Northern Children’s Health Care Network.	Chief Executive, CCLHD Chief Executive, HNELHD	Executive Director, CYPF HNELHD	Finance System Reform and Planning SCHN	Feb 2022	June 2022	Not commenced
1.3.3	The Chief Executives at HNELHD and CCLHD will work together to realign the Central Coast LHD to the Children’s Healthcare Network Northern.	Chief Executive, CCLHD Chief Executive, HNELHD	Executive Director, CYPF HNELHD	Finance System Reform and Planning SCHN	Dec 2020	June 2022	The Chief Executives of HNELHD and CCLHD have agreed to realign the Central Coast LHD to the Children’s Healthcare Network Northern Correspondence with new Chief Executive of CCLHD prepared, outlining current situation and future alignment.
1.3.4	Develop a formal agreement and timeframe for realignment of the Central Coast LHD to the Northern Children’s Healthcare Network.	Chief Executive, CCLHD Chief Executive, HNELHD	Executive Director, Children Young people and Families HNELHD	Finance, System Reform and Planning SCHN	July 2022	Sept 2022	Dependent on outcome of previous Activities

Priority 1: System governance

Action Area 1.4: NSW Children’s Healthcare Network Review. This Action Area ensures that enhancement funding is allocated by the Ministry of Health to areas where there is evidence of, or commitment to, shared services between SCH and CHW, or SCHN and at least one LHD. (Henry Report Recommendations 41)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
1.4	Lead a system approach to negotiate growth funding for child, young people and family services and identify other opportunities for enhancement.	Deputy Secretary Health System Strategy and Planning	Executive Director Health and Social Policy Branch	LHD SHN PESP	Oct 2020	April 2022	Complete. Heads of agreement have been established between SCHN and Local Health Districts in South Eastern, South Western and Western Sydney and with ACT.

Priority 2: System integration and synergies

Priority 2: System integration and synergies

Action Area 2.1: Sydney Children's Hospital Network. This Action Area is for a new strategic vision for the Sydney Children's Hospitals Network to be developed that includes a strategy and implementation plan which will facilitate increased cooperation and collaboration all parts of the SCHN including CHW, NETS, Poisons Information Centre and the Western and Southern regions of the Children's Health Network. (Henry Report Recommendation 39 and 42)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
2.1.1	Develop the SCHN Strategic Plan following the release of the updated NSW Strategic Priorities 2019-2020.	Chief Executive SCHN	Director Strategy & Innovation	Wide consultation	Mar 2021	Dec 2022	Development of the SCHN Strategic Plan is progressing with themes developed and consultation is in progress. Anticipated that development will conclude at the end of 2022.

Priority 2: System integration and synergies

Action Area 2.2: Transport and rural outreach. This Action Area will improve seamless access to appropriate and reliable transport to higher level services and return transfers; and consider how to reduce cost of travel for patients and their family including use of telemedicine to assess and review more children closer to home. The Henry Review Implementation Planning Committee recognised that addressing barriers for children, young people and families living in rural and regional communities may require a range of strategies and solutions. These include exploring models of care for rural outreach, and opportunities to strengthen access care closer to home via virtual care/telehealth. (Henry Report Recommendations 24, 25, 26 and 27)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
2.2.1	Develop a NETS Strategic Outlook and Functional Design Plan including future directions and a review of patient mix.	Director of Clinical Operations SCHN	Director Medical Services & Clinical Governance	Wide consultation	Nov 2020	April 2022	Completed. The Neonatal and paediatric Emergency Transport decisions are based on best location for patient care informed by the child's needs.
2.2.2	Review and update paediatric transport policies: <ul style="list-style-type: none"> • PD2010_030 Critical Care Tertiary Referral Networks • PD2021_031 Children and Adolescents – Inter Facility Transfers • PD2005_157 Emergency Paediatric Referrals 	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	SMB ACI Maternity & Neonate N/W SCHN NETS	Jan 2022	June 2022	Liaison with newly formed Neonatal, Small Baby and Paediatric Transport Governance Committee established. Dependency with Neonatal and paediatric intensive care services Implementation Working Group and link to eHealth accelerator.
2.2.3	Include safe use of virtual care in the treatment of children with acute and chronic medical problems as the paediatric focus area for the eHealth and ACI Telehealth accelerator project.	Executive Director CATALYST (ACI)	CATALYST (ACI)	Virtual Care Accelerator partners ACI MOH Virtual Care Strategy	May 2022	December 2022	Yet to commence. Linkage with Virtual Kids (SCHN) to be explored.

Priority 2: System integration and synergies

Action Area 2.3: Care navigation. This Action Area supports LHDs and SHNs to initiate, progress or scale projects focused on care navigation and integration for children and young people with complex needs via the Paediatric Priority Funding Strategy which replaces Paediatric Innovation Funding. (Henry Report Recommendation 29)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
2.3.1	<p>Fund time-limited projects to support care navigation, with \$2.5m invested over three years and evaluate outcomes</p> <p>https://www.health.nsw.gov.au/kidsfamilies/paediatric/Pages/paed-healthcare-fundedprojects.aspx</p>	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	As listed with each project	July 2021	June 2024	<p>Four projects have been funded under Paediatric Priority Funding 2021-24. These will focus on care navigation and integration for children and young people with complex needs. The funded projects are:</p> <ul style="list-style-type: none"> • Connecting and coordinating care for kids with chronic health needs (led by Hunter New England Local Health District, in partnership with Central Coast and Mid North Coast LHDs). • Who are the people in your health neighbourhood? (led by Mid North Coast LHD). • Providing enhanced access to health services (PEACH) (led by Sydney Children's Hospitals Network (SCHN) in partnership with South Eastern Sydney and Western Sydney LHDs, with input from Murrumbidgee LHD to consider regional perspectives). • Rural Kids GPS (led by SCHN in partnership with Southern NSW LHD, Murrumbidgee LHD, Western NSW LHD, Northern NSW LHD and University of NSW).

Priority 2: System integration and synergies

Action Area 2.4: Functional and safe facilities for children and young people. This Action Area will ensure that NSW Health delivers child friendly and child safe multidisciplinary health care in hospital and community-based facilities appropriate to the needs of children and young people. (Henry Report Recommendations 32 and 33)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
2.4.1	Strengthen facility planning processes to align delivery of health infrastructure with local service needs for children and young people as well as requirements of Ministry of Health and Australasian Health Facility Guidelines.	Deputy Secretary Health System Strategy and Planning	Executive Director Strategic Reform and Planning Branch	LHD SHNs Health Infrastructure Regional Health Division	Jan 2020	June 2023	Hospital planning processes and guidelines are being reviewed
2.4.2	To increase visibility of compliance, monitor and report on implementation of: <ul style="list-style-type: none"> • PD2010_033 Children and Adolescents -Safety and Security in NSW Acute Health Facilities • Safety and Security of Children and Adolescents in NSW Acute Health Facilities -Clinical Practice Guideline 	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI CEC LHDs SHNs	June 2022	Dec 2022	Alignment of policy and Paediatric Services Capability Framework will be explored

Priority 2: System integration and synergies

Action Area 2.5: Mental Health internal and external engagement. This Action Area will ensure meaningful engagement between internal and external health care providers to establish a collaborative approach to mental health and mental illness in children and young people, with particular focus on early intervention and prevention services for young people diagnosed with early psychosis. (Henry Report Recommendations 65 and 69)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
2.5.1	Establish MoU with Department of Education to establish guiding principles and governance of joint work.	Deputy Secretary HSPP Deputy Secretary PPHD	Executive Director Mental Health Branch Executive Director Centre for Population Health	Department of Education	Jul 2020	Dec 2020	Complete. NSW Ministry of Health and NSW Department of Education have signed the Supporting Student Health and Wellbeing Memorandum of Understanding (MOU), formalising the partnership between the two agencies to improve student health and mental wellbeing.
2.5.2	Based on the MoU, establish annual workplans for 2021 and following years.	Deputy Secretary HSPP Deputy Secretary PPHD	Executive Director Mental Health Branch Executive Director Centre for Population Health	Department of Education	Term 1 2021 and annually	Term 4 2021 and annually	The MOU has guided the development of a shared annual workplan for 2021 which has influenced the work of LHDs/SHNs in schools. A progress report against initiatives within the 2021 workplan has been prepared. The annual workplan for 2022 was discussed at the first meeting of the Health/Education Strategic Governance Group 3 rd March 2022.
2.5.3	Establish a statewide network to strengthen early psychosis services through workforce development, joint projects and a statewide model of care.	Executive Director Mental Health Branch	Director Mental Health Children and Young People	ACI LHDs SHN	Aug 2020	Dec 2021	Complete. A new statewide network to strengthen early psychosis services meets regularly to collaborate, share practices and provide a state-wide network.
2.5.4	Investigate current resources and arrangements in mental health support for paediatricians: hospital consultation liaison and advice and clinical consultation in outpatient and community settings.	Executive Director Mental Health Branch	Director Mental Health Children and Young People	HSPB MHB LHD SHN	Feb 2021	Aug 2021	The Health Education Training Institute (HETI) is collating training courses and resources that can be used to build paediatric workforce.

Priority 3: Strategic Frameworks

Priority 3: Strategic Frameworks							
Action Area 3.1. Brighter Beginnings – First 2000 Days. This action area will ensure ongoing engagement and investment across a wide range of stakeholders and other government agencies in the implementation of the First 2000 days Framework and Implementation Strategy 2020-2025 (Henry Report Recommendation 71, 72, 73)							
Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
3.1.1	Deliver the First 2000 Days Implementation strategy, including: establishing a cross-government initiative and developing evidence and GP training resources to ensure curricula recognises the lifelong importance of the First 2000 days.	Deputy Secretary HSSP	Director Maternity, Child and Family	LHDs SHNs CPH DPC DoE DCJ DCS	Feb 2020	Feb 2021	<p>The First 2000 Days Framework and Implementation Strategy 2020-2025 have been released. The implementation strategy includes development of GP resources. An evidence video and new evidence summary have been published on the NSW Health First 2000 Days website and continue to be promoted through a Roadshow (conducted virtually throughout the COVID pandemic).</p> <p>Two HETI modules are in development, with a view to them also being made available to General Practice when complete (RACGP contributed a SME to develop the modules).</p> <p>Brighter Beginnings: the First 2000 Days of Life whole of NSW Government initiative was launched in October 2020 by the lead minister for Brighter Beginnings, Minister for Education. A cross-government website for parents and professionals has been launched, and a workplan has been initiated. Cross-government leadership of the initiative has passed from DPC to the Department of Education as Brighter Beginnings has become established.</p>
3.1.2	Collaborate with professional colleges about how best to incorporate the evidence of the importance of the First 2000 Days into curricula and practice.	Deputy Secretary HSSP	Director Maternity Child and Family	Faculty Deans WPTD NaMO CAHO	Jan 2021	June 2023	The Deputy Secretary is seeking to engage with the professional colleges.

Priority 3: Strategic Frameworks

Action Area 3.2: Paediatric Services Capability Framework, which provides guidance and support within a safety and quality framework for the provision of paediatric medicine and paediatric surgery services at site specific levels. These service levels are determined using the Role Delineation of Clinical Services Part D Child and Family Health Services. Role delineation provides a framework that describes the minimum support services, workforce and other requirements for clinical services to be delivered safely.

Each service standard has up to six levels of service in ascending order of complexity. Not all services start at level one.

This Action Area focuses on strengthening use of the Paediatric Services Capability Framework. This will be achieved by enabling strong, visible clinical leadership at the highest level provided by the Chief Paediatrician and stronger accountability for use of framework by LHDs and the SCHN to inform service planning and continuous improvement. It also ensures that level four paediatric facilities have the capacity and capacity to provide non-acute outpatient services, as specified in the Paediatric Service Capability Framework. (Henry Report Recommendations 2, 3, 4 and 23)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
3.2.1	Review and update the Paediatric Services Capability Framework to ensure clarity and ease of use, and include the three specialist children's hospitals, so services capability planning can be incorporated into LHD clinical services planning or other planning process.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI CEC LHDs SHNs	Nov 2021	Dec 2022	Project planning has commenced. Interdependency of project timeframes with the review of Role Delineation of Clinical Services Part D Child and Family Health Services.
3.2.2	Support reporting on implementation progress by developing and overseeing an implementation approach (including annual reporting) that embeds the framework as a tool that supports service development.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI CEC LHDs SHNs	Jan 2023	Oct 2023	Not due to commence until Paediatric Services Capability Framework is updated.
3.2.3	Ensure scope of the revised Role Delineation and Paediatric Service Capacity Framework reflects the broader scope of responsibilities and role.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI CEC LHDs SHNs	April 2022	Dec 2022	Not due to commence until Paediatric Services Capability Framework is underway.
3.2.4	Review existing service arrangements to understand the challenges and opportunities for Level 4 paediatric facilities to take a greater role in both, outpatient and community services.	Chief Executive Agency for Clinical Innovation	Paediatric Network Medical Lead	WPTD HSPB LHDs	Dec 2022	Oct 2023	Interdependency of project timeframes with the review of Role Delineation of Clinical Services Part D Child and Family Health Services.

Priority 3: Strategic Frameworks

Activity Area 3.3: Surgery for Children. This activity area will address the significant variability in paediatric surgery undertaken across LHDs and SCHN through the implementation of the Surgery for Children in Metropolitan Sydney Strategic Framework. This Framework provides clear guidance around emergency surgery, planned surgery and the appropriate level of paediatric medicine service to support the surgical service. (Henry Report Recommendation 28)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
3.3.1	Review the Surgery for Children in Metropolitan Sydney strategic framework and explore ways to expand the scope to regional and rural areas.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI Surgical Taskforce LHDs SHNs Regional Health Division	Jan 2023	Jun 2023	Interdependency of project timeframes with the review of the Paediatric Services Capacity Framework. Potential for alignment to be explored.
3.3.2	Review current data to understand practice and understand alignment with existing Service Agreement measures.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI Surgical Taskforce LHDs SHNs	Dec 2022	Feb 2023	Interdependency of project timeframes with the review of the Paediatric Services Capacity Framework. Potential for alignment to be explored.
3.3.3	Support implementation and monitor performance.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	ACI Surgical Taskforce LHDs SHNs	July 2023	Dec 2023	Interdependency of project timeframes with the review of the Paediatric Services Capacity Framework. Potential for alignment to be explored.

Priority 4: Programs and Services

Priority 4: Programs and Services							
Action Area 4.1: Neonatal care. This Action area will improve operational governance and coordination linkages between NICUs and SCUs to ensure transfers of care are managed efficiently across the system to achieve better continuity of care, patient safety and patient flow. This action is in line with the requirements of the <i>NSW Tiered Networking Arrangements for Perinatal Care in NSW</i> policy and focuses on important interfaces such as obstetrics with general practice, as well as neonatal services with specialist paediatric services in children's hospitals and LHDs. (Henry Report recommendations 43, 44, 46)							
Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.1.1	Undertake a review of the Maternity and Neonatal Capability Framework including the development of additional guidance for 'back transfers'	Executive Director Health and Social Policy Branch	Director Maternity, Child and Family	The steering group includes SRPB (authors of the Role Delineation guidance), CEC, ACI, districts.	Jan 2020	Jun 2022 Return Transport Service due to commence October 2020	ACI has established the Maternity and Neonatal Network. The Maternity and Neonatal Service Capability Framework is under review. It will include guidance about back transfers for neonates.
4.1.2	Finalise and implement the revised Maternity Care Policy. Once finalised this policy will replace the current NSW Health policy directive Towards normal Birth in NSW	Executive Director Health and Social Policy Branch	Director Maternity, Child and Family	The steering group has representatives from districts, NaMO, CEC, ACI	Jan 2020	Jun 2022 (publication) Implementation plan will follow publication	There has been a delay in progressing this work as we were unable to seek final consultation with Districts until November 2021 due to the COVID-19 response required by the health system.
4.1.3	Consolidate and align professional networks and their governance to improve communication and planning	Executive Director Health and Social Policy Branch	Director Maternity, Child and Family	ACI, CEC and LHD representatives	Dec 2020	Jun 2022	The ACI has established the Maternity and Neonatal Network. The MoH is leading and collaborating with the ACI and CEC to formalise a governance structure to ensure alignment of system priorities.

Priority 4: Programs and Services

Action Area 4.2: Universal Health Home Visiting (UHHV). This Action Area will ensure the continued development and promotion of the UHHV program in line with the requirements of the Maternal & Child Health Primary Health Care Policy. This will ensure a consistent statewide approach to the provision of primary health care and health home visiting to parents expecting or caring for a new baby is implemented by NSW Health throughout NSW, including effective handover arrangements from a maternity services midwife to the child and family nurse in all LHDs. The policy identifies a primary health model of care for the provision of universal assessment, coordinated care, and home visiting, by NSW Health's maternity and community health services, for all parents expecting or caring for a new baby. This will help to identify those most vulnerable and at risk who will need further visits. (Henry Report Recommendations 47, 48)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.2.1	Undertake a Review of the NSW Health Supporting Families Early Policy Package.	Executive Director Health and Social Policy Branch	Director Maternity, Child and Family	LHDs SHNS SRPB	Feb 2020	Feb 2021	Guidance on effective handover processes will be included in the package, commencing with a revised SAFESTART guideline which is in draft and anticipated for release in early 2022.
4.2.2	Develop a Local Health District Service Agreement KPI for UHHV.	Executive Director Health and Social Policy Branch	Director Maternity, Child and Family	LHDs SHNS SRPB	Dec 2020	Jul 2021	A new key performance indicator for Local Health Districts' 1-4-week child health check has been developed and is now included in Service Level Agreements with local health districts.

Priority 4: Programs and Services

Action Area 4.3: Developmental Assessment. This Action Area is for the design and implementation of a model of care for the provision of developmental assessments, including clear referral pathways for children who need treatment and individual management plans to address developmental delay. The Ministry of Health will keep the NDIS, Department of Education and other key partners informed about any developments that intersect with their need for health reports to determine service eligibility in their systems, and explore co-design approaches where appropriate. (Henry Report Recommendations 51, 52, 53)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.3.1	Examine current processes, develop and provide guidance on intake, referrals, GP pathways and providing functional assessment reports for NDIS.	Executive Director CATALYST	ACI Paediatric Network Manager, HSPB Clinical Advisor	GRB LHD SHNs PHNs CEC	Feb 2022	Dec 2022	ACI have engaged a Developmental Paediatrician to commence as a clinical lead with the ACI to support this work

Priority 4: Programs and Services

Action Area 4.4: Attention Deficit and Hyperactivity Disorder (ADHD). This Action Area is about the development of a different delivery system of care for the management of ADHD. The current NSW approach which relies on paediatricians being responsible for all aspects of stimulant medication prescribing and monitoring is inefficient, and alternatives need to be considered. (Henry Report Recommendations 56, 57 and 58)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.4.1	Review pilot studies currently underway in a selection of LHDs where GPs write repeat prescriptions for stimulant medication. Also review approaches in other Australian and international jurisdictions (including nurse led models) to compare different service delivery mechanisms of care for assessment and management of ADHD.	Chief Executive Agency for Clinical Innovation	Paediatric Network Manager ACI	RACGP ADPA NBPSA EM MoH Stimulant Committee	June 2022	November 2023	A project to develop safe and effective systems to co-prescribe stimulant medications is underway in Hunter New England Local Health District. It will engage project leads in HNELHD, NBMLHD, SLHD in early 2022 to provide advice on their projects. Next stage will be to gather information, research evidence and data to inform a scalable model.
4.4.2	Design and deliver a new model of care for management of children and young people with behavioural issues and/or ADHD in two regional NSW locations.	Executive Director Health and Social Policy Branch	Director Disability Youth and Paediatric Health	LHDs ACI Regional Health Division	January 2022	June 2023	The first stage of the project is to work with two regional LHDs to design the new model of care and support implementation of the approved model. Also, to work in collaboration with the ACI to develop resources to support families and to enable a broader workforce to deliver services for children and young people with behavioural issues and/or ADHD.

Priority 4: Programs and Services

Action Area 4.5: Paediatric Rehabilitation. This Action Area will about better coordination of paediatric rehabilitation services across NSW. (Henry Report Recommendation 50)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.5.1	Explore options and opportunities for rehabilitation services to be provided in LHDs in partnership with the Paediatric Rehabilitation Services (PRS) at SCHN and HNELHD	Chief Executive Agency for Clinical Innovation	Trauma, Pain and Rehabilitation Stream Manager ACI	LHDs PRS (SCHN & HNE) ACI NGOs	Jul 2021	December 2022	ACI have employed a project manager and established the Paediatric Rehabilitation Steering Committee (PRSC).
4.5.2	Using the principles of the PRS Paediatric Rehabilitation Model of Care, investigate opportunities for integrated care, improved workforce capability, and development of infrastructure and resources within Level 4 facilities.	Chief Executive Agency for Clinical Innovation	ACI	LHDs PRS (SCHN & HNE) ACI NGOs	Jul 2021	December 2022	ACI have conducted a scoping exercise with LHDs to determine gaps and identify opportunities for improved coordination of services Minimum standards have been validated and reviewed through a series of workshops

Priority 4: Programs and Services

Action Area 4.6: Child Protection and Domestic Violence. This Action Area is about ensuring domestic violence routine screening is accompanied by resources that assist women and their children and improve coordination and support for clinicians working in paediatric forensic medical services. (Henry Report Recommendations 54 and 55)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.6.1	Pilot domestic violence routine screening and responses in six Emergency Departments in three LHDs.	Deputy Secretary Health System Strategy and Planning	Executive Director Government Relations Branch	LHDs CEC eHealth ECAV Melbourne University	Jul 2019	Jun 2022	Pilot period ended in October 2021. Pilot evaluation underway. Final evaluation report anticipated in mid-2022. Aligns with NSW Health Domestic and Family Violence Strategy 2021-26.
4.6.2	Develop and pilot a service model for a 24-hour, integrated psychosocial, medical and forensic domestic and family violence crisis response then deliver statewide.	Deputy Secretary Health System Strategy and Planning	Executive Director Government Relations Branch	NSW Police FASS LHDs ECAV NGOs	Jul 2019	Dec 2024	The development of the service model will support rollout of a consistent 24/7 integrated psychosocial, medical and forensic crisis response to people who have experienced domestic and family violence, based on best practice evidence.
4.6.3	Provide additional support for clinicians through new Education Centre Against Violence (ECAV) training in adult sexual assault and a new Child Abuse & Sexual Assault Clinical Advice Line (CASCAL).	Executive Director Government Relations Branch	Director Prevention and Response to Violence Abuse and Neglect	LHDs SHN ECAV CHNs Child Protection SIG	Jan 2020	Dec 2023	The Child Abuse and Sexual Assault Clinical Advice Line (CASCAL) went live in February 2019 and provides advice 24/7 to doctors and nurses across NSW undertaking medical and forensic responses to children who have or may have experienced child abuse and neglect or sexual assault.
4.6.4	Provide additional support to clinicians responding to children who have experienced sexual assault through new ECAV training.	Executive Director Government Relations Branch	Director Prevention and Response to Violence Abuse and Neglect	LHDs SHN ECAV CHNs Child Protection SIG	Jan 2020	Dec 2023	ECAV is continuing to review and refine delivery of the Graduate Certificate in the Management of Adult Sexual Assault, with annual delivery to 30-40 participants. ECAV also delivers an online introductory course to Adult Management of Sexual Assault 3 times per year. ECAV has developed a short Course in Management of Child Sexual Assault, aimed at general hospital paediatricians and doctors working in sexual assault services. The Course was delivered for the first time in August 2021 and is scheduled for ongoing annual delivery.
4.6.5	Develop a project plan and scoping paper for Child Physical Abuse and Neglect program of work.	Executive Director Government Relations Branch	Director Prevention and Response to Violence, Abuse and Neglect	LHDs SHN HSPB CEC DCJ NSW Police	Aug 2020	Dec 2024	Prevention and Response to Violence, Abuse and Neglect (PARVAN) has commenced a program of work to improve the quality and consistency of responses to child physical abuse and neglect across the state.

Priority 4: Programs and Services

Action Area 4.6: Child Protection and Domestic Violence. This Action Area is about ensuring domestic violence routine screening is accompanied by resources that assist women and their children and improve coordination and support for clinicians working in paediatric forensic medical services. (Henry Report Recommendations 54 and 55)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.6.6	Development of Child Physical Abuse and Neglect Clinical Guidelines including a review of how the Suspected Child Abuse and Neglect Medical Protocol (GL2014_012) is used.	Executive Director Government Relations Branch	Director Prevention and Response to Violence Abuse and Neglect	LHDs SHN HSPB CEC DCJ NSW Police	Aug 2020	Dec 2024	Development of Child Physical Abuse and Neglect Clinical Guidelines is underway.
4.6.7	Develop a clinical pathway for identification and responses in LHDs and SHNs	Executive Director Government Relations Branch	Director Prevention and Response to Violence Abuse and Neglect	LHDs SHN HSPB CEC DCJ NSW Police	Aug 2020	Dec 2024	PARVAN is considering options for a consistent statewide clinical pathway and service model for integrated child physical abuse and neglect responses.
4.6.8	Establish a statewide Violence, Abuse and Neglect Health Pathway to improve guidance for GPs and primary health care responses to domestic and family violence, sexual assault, child physical abuse and neglect and children and young people displaying problematic or harmful sexual behaviour	Executive Director Government Relations Branch	Director Prevention and Response to Violence Abuse and Neglect	PHNs LHDs	May 2021	Sept 2022	Lead Primary Health Network engaged to develop VAN HealthPathways. This work has commenced, and the development of VAN HealthPathways aligns with: NSW Health Domestic and Family Violence Strategy 2021-26; Integrated Prevention and Response to Violence, Abuse and Neglect Framework; and the 2017-19 Domestic Violence Death Review Team Report.
4.6.9	Establish a PARVAN Serious Incident Review committee in partnership with the Clinical Excellence Committee to improve the quality and safety of NSW Health responses to violence, abuse and neglect, including child protection and wellbeing issues	Executive Director Government Relations Branch	Director Prevention and Response to Violence Abuse and Neglect	CEC	June 2021	Ongoing	The PARVAN Serious Incident Review Committee's first meeting was held in September 2021. Reporting to the NSW Health Clinical Risk Action Group the sub-committee reviews and analyses violence, abuse and neglect related Serious Adverse Event Review reports, and other relevant VAN data, to identify emerging risks, key trends or issues and learnings that have statewide implications. The Sub-Committee membership brings a diverse range of policy and clinical expertise across the VAN, Emergency Medicine, AOD, Mental Health and Patient Safety fields. Aligns with Integrated Prevention and Response to Violence, Abuse and Neglect Framework; Domestic Violence Death Review Team Report 2013-2015; and NSW Ombudsman in the Report on Reviewable Deaths in 2014 and 2015: Volume One Child Deaths.

Priority 4: Programs and Services

Activity Area 4.7: Mental Health – Safeguard Teams. This Activity Area is focused on improving access to mental health services for children and teenagers with moderate to severe mental health issues, and their families and carers. Twenty-five ‘Safeguard’ Child and Adolescent Mental Health Teams will be rolled out across NSW. \$109.5 million (over four years) was allocated in the 2021-22 State Budget. (Henry Review Recommendation 68)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
4.7.1	<p>Establish Safeguard Teams in all LHDs which complement current LHD Child and Youth Mental Health (CYMH) services.</p> <p>There is an opportunity to support CAMHS to refocus their services as the safeguard teams are rolled out as part of the implementing Recommendation 68.</p>	Senior Clinical Advisor, Child and Youth Mental Health	Director Mental Health Children and Young People	LHDs	July 2021	June 2024	<p>Ongoing discussions with MHB about Safeguard team rollout and CAMH service redesign.</p> <p>25 Safeguard Teams have been funded in the 2021/22 NSW State budget.</p> <p>The teams will be rolled out over 3 years starting with 11 in 2021/22 FY.</p> <p>The introduction of a Safeguards team will free up more time for CYMHS clinicians to focus on longer-term therapy and support for children and adolescents.</p>

Priority 5: Workforce Capacity and Capability

Priority 5: Workforce capacity and capability

Action Area 5.1: Allied Health workforce capacity. This Action Area aims to address staff shortages and inequities in distribution and availability of allied health disciplines across NSW Health services. Complexity of allied health services and the limited number of allied health professionals in leadership roles in services for children, young people and families are factors that will be considered. (Henry Report Recommendation 49, 68)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
5.1.1	Assess current structures, waitlists, service gaps and clinical practice of allied health staff working with children to identify the clinical demand on allied health services, including a review of allied health components of the NSW mental health workforce framework and implementation plan.	Chief Allied Health Officer	Chief Allied Health Officer	Allied Health Educators MHB GRB HSPB WPTD	July 2021	December 2022	Project Proposal – Implementation of recommendations relating to Allied Health Review of health services for children, young people and families within the NSW Health System has been agreed to by Deputy Secretary HSSP. Proposal to be referenced at the CYPFESC meeting in February 2022.
5.1.2	Assess current staffing and governance of allied health working with children, identify workforce supply and demand drivers, using the information gathered in the review of allied health services for children, young people and families, to inform an Allied Health Workforce Plan.	Executive Director Workforce Planning and Talent Development	Allied Health Advisor Workforce Planning and Talent Development	Chief Allied Health Officer	June 2022	December 2022	Workforce plan will be tabled with the CYPFESC for consideration.

Priority 5: Workforce capacity and capability

Action Area 5.2: Professional development in mental health. This Action Area aims to ensure paediatricians and paediatric nurses have appropriate training, knowledge and experience to provide safe and appropriate care for children and young people with acute behavioural disorders or mental illness. (Henry Report Recommendation 66, 67)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
5.2.1	Liaise with the RACP, RACGP and RANZCP Medical Colleges to explore opportunities for training and guidelines for collaboration between mental health services and paediatrics to identify ways to increase uptake of available learning.	Executive Director Mental Health Branch	Director Mental Health Child and Youth Programs	HETI WPTD NaMO HSPB RACP RACGP RANZCP	Oct 2021	Oct 2022	The Deputy Secretary Health System Strategy and Planning will communicate with the Medical Colleges in relation to the workforce issues raised in the Henry Review and future collaborative opportunities.
5.2.2	Investigate options to encourage increased accessibility and uptake of HETI courses in mental health for paediatricians. The first step is to explore current content and need for adaptations.	HETI	HETI	HETI WPTD HSPB ACI Paediatric Network Colleges	Feb 2021	August 2021	HETI Mental Health Portfolio and HETI Higher Education has a range of new and current formal mental health education units suitable for GPs including courses which focus on working with children and adolescents (Lifespan, Perinatal and Child Units).
5.2.3	Investigate options to encourage increased accessibility of HETI courses in mental health for GPs and targeted workshops in child and adolescent health, new micro learning modules, and overlaps between the paediatric and mental health pathways.	Executive Director HETI	HETI MHB	PHNs HSPB GPs RACGP	Oct 2020	Oct 2021	The Health Education Training Institute (HETI) has completed a review and collated training courses and resources that can be used to build general practice workforce capacity. (As detailed above)
5.2.4	Investigate access to existing courses on working with children with acute and/or complex behavioural disorders and with mental illness, for paediatric nurses with a view to increased participation.	HETI	HETI	NaMO MHB HSPB LHDs SHN HETI	Feb 2021	August 2021	HETI is working with ACI and SCHN. HETI's work to date has been to undertake a review of courses currently available in My Health Learning, broader courses offer by SCHN as well as tertiary courses currently provided through scholarships. Mapping work has been completed by HETI to be presented to the Paediatric and Neonatal Clinical Care Taskforce in December 2021A detailed report is pending.
5.2.5	Investigate opportunities for Project ECHO (Extension for Community Healthcare Outcomes) to increase GP skills. Project ECHO is an evidence-based model which places healthcare providers from diverse settings in direct contact with subject matter experts, empowering them to provide best practice care for their local communities.	Executive Director Mental Health Branch	Mental Health Executive Director, SLHD	PHNs		June 2021	Completed. Project ECHO in the Sydney Local Health District is a collaboration between SLHD, Project ECHO™, Central and Eastern Sydney Primary Health Network (CESPHN) and Health Pathways Sydney. Inside Out: Institute for Eating Disorders is a partner in the eating disorders Project ECHO.

Priority 5: Workforce capacity and capability

Action Area 5.3: Professional development for Nursing staff. This Action Area aims to address the challenges faced by many district hospitals to provide the level of care required to meet the NSW Health Role Delineation of Clinical Services Guide for paediatric wards and special care nurseries (level 4). This will be achieved by increasing opportunities for nursing staff to develop their capability to support the management of children with complex care needs through access to ongoing education and skill development. (Henry Report Recommendations 30, 31)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
5.3.1	Determine the reach of Advanced Paediatric Life Support (APLS) and Paediatric Life Support (PLS) training and identify existing education links. Identify the number of nurses who have opportunities for clinical exchange to build skills to provide evidence of need.	Chief Nursing and Midwifery Officer	NaMO	LHDs SCN HETI	July 2021	Nov 2021	The Nursing and Midwifery Office is in discussion with HETI about HETI leading this work to support access to appropriate courses by NSW Health staff including determining the best modes of delivery.
5.3.2	Review current and best practice models that could be utilised to support nurses working within Paediatric clinical areas to access ongoing education and skill development, both internal to LHDs and in collaboration with SCHN.	Chief Nursing and Midwifery Officer	NaMO		July 2021	Jan 2022	Nursing and Midwifery Office is in discussion with HETI about HETI leading this work (together the Paediatric Network and Workplace Planning and Talent Development) to support access to appropriate courses by NSW Health staff including determining the best modes of delivery.
5.3.3	Review existing capabilities, available training and existing models and resources for training nurses working in more complex environments and develop tools and resources to support training including skill development pathways, toolkits (e.g. simulation and virtual education) based on need.	Executive Director HETI	HETI	CNC N/W ACI SCHN JHCH NaMO	Aug 2021	Dec 2022	HETI has completed 'A Scoping Review of Paediatric and Neonatal Education and Training NSW Health - Actions to Support the Henry Review (November 2021). This is statewide review of relevant education resources currently available within NSW Health as well as universities which will support consideration of this action. The Review report was referenced at the February 2022 CYPFESC meeting.

Priority 5: Workforce capacity and capability

Action Area 5.4: Service providers working with young people. This Action Area seeks to build capacity and capability within the NSW Health and private sector workforce to enable young people to continue to access quality health care as their health and associated developmental needs change with age. (Henry Report Recommendation 59, 63).

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
5.4.1	Ensure basic paediatrician training in accredited sites is continued and explore funding options to establish new advanced training positions.	Executive Director Workforce Planning and Talent Development	Medical Advisor Workforce Planning and Talent Development	HSPB	Ongoing	Ongoing	RACP determines requirements for basic and advanced training in paediatrics. Basic curriculum implementation was updated in 2022. Advanced training curricula being updated in stages, with paediatric cardiology in Stage 1 planned implementation in 2023. Four new paediatric anaesthetic training positions established in SCHN to address paediatric anaesthetic training bottleneck
5.4.2	Work in partnership with RACP and RANZCP to explore opportunities to develop a formal certificate/diploma program for paediatricians on safe care of children with developmental and mental health issues, including processes, requirements and best practice for transitions from paediatric to adult services.	Executive Director Workforce Planning and Talent Development	Medical Advisor Workforce Planning and Talent Development	HSPB	Dec 2020	June 2022	Action also relates to mental health training 5.4.3 below. RACP has introduced a mandatory period of Developmental and Psychosocial (D&P) Training for all trainees. Trainees complete a six-month psychosocial training position. Allowed rotations: Child and adolescent mental health, Child protection, Community paediatrics, developmental and behavioural paediatrics, Disability/rehabilitation paediatrics, Palliative medicine.
5.4.3	Explore options and promote opportunities for nurses to access training in adolescent and young people's health and make information available to nurses in the NSW health system.	Chief Nursing and Midwifery Officer	Principal Advisor, Nursing Workforce Planning and Strategy	HETI LHDs SHN	Nov 2020	Feb 2021	There are several existing generic scholarships available that can support attendance.

Priority 5: Workforce capacity and capability

Action Area 5.5: NICU and SCU professional development. This action area will ensure the provision of consistent education and training specific to critical care for NICU and SCU staff to support system capacity, capability and safety of patients. (Henry Report Recommendation 45)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
5.5.1	Undertake environment scan of existing model and resources to inform training, develop skill development pathways including courses and practical experience for ICU	Chief Executive Agency for Clinical Innovation	HETI ACI	LHDs SHN JHCH NICUs HETI WPTD CEC HSPB	June 2022	Dec 2023	HETI to lead initial scan. Potential to engage universities offering neonatal post-graduate courses. HETI is working with ACI and first stage identification of suitable courses. Results of planning phase and endorse next steps will be tabled at the CYPFESC.

Priority 5: Workforce capacity and capability

Action Area 5.6: Clinical Leadership. This Action Area aims to establish sufficient clinical leadership including appointment of paediatric Medical Leads in all LHDs to ensure quality planning, delivery and monitoring of paediatric services locally including a minimum number of paediatricians on the on-call roster. (Henry Report Recommendations 2,3, 23 & 50)

Plan No	Activities	Executive sponsor	Project Manager	Partners	Start Date	End Date	Update
5.6.1	Request LHD confirmation of appointment and role of medical lead, and staff on call roster arrangements.	Deputy Secretary Health System Strategy and Planning	Director Disability Youth and Paediatric Health	LHD Chief Executives	Feb 2021	Jun 2022	Ministry of Health is contacting Chief Executives to confirm medical leads and on call roster arrangements.
5.6.2	Consult with the Rural Chief Executives on feasibility of implementation.	Deputy Secretary Health System Strategy and Planning	Director Disability Youth and Paediatric Health	LHD Chief Executives	Oct 2020	Feb 2021	Rural Chief Executives confirmed feasibility of implementation.

Priority 6: Measuring progress

Priority 6: Measuring progress							
Action Area 6.1: Feedback from children, young people and their families. This Action Area will ensure both parents and young people are able to provide meaningful feedback from about their experience of the health system and outcomes of care. (Henry Report Recommendations 64)							
Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
6.1.1	Review feedback mechanisms for children, young people, and their families, including <ul style="list-style-type: none"> • admitted Children and Young People Survey, • current data capture mechanisms and • existing documentation to inform enhancements, implementation and adoption of PRMs. 	Chief Executive Agency for Clinical Innovation	ACI Clinical Information & Design	BHI ACI Clinical N/W SCHN JHCH Patient Experience	Dec 2021	Sep 2022	A working group has been established to review existing methods for young people and parents to provide feedback, alongside guidance for how to operationalise this feedback in a safe and ethical way. The working group is currently developing a paper describing principles for how children and young people can be enabled to provide feedback. Engagement with broader stakeholder groups will occur early in 2022.

Priority 6: Measuring progress

Action Area 6.2: Existing data systems. This Action Area will ensure services for children, young people and families have robust data collection systems to monitor key performance indicators and outcome measures; measure progress and success; and facilitate an evidence-based approach to strategic and operational improvements. (Henry Report Recommendations 74, 75, 76 and 77)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
6.2.1	Identify existing data and tools that will support use of data to inform and monitor health service provision and impacts for children, young people and families.	Executive Director Health and Social Policy Branch	Directors Disability Youth and Paediatric Health and Maternity Child and Family	CEE SIA BHI ACI CEC AA LHDs SHNs eHealth	May 2022	Sep 2023	<p>The Measuring Progress: Health services for children, young people and families in the NSW Health System Project is being commissioned and will commence in May 2022.</p> <p>This Project will deliver:</p> <ul style="list-style-type: none"> • Data map/matrix outlining indicators, metrics and data elements in the following categories: <ul style="list-style-type: none"> –available (including source) –in development (including source and timeline where known) –desirable, but not yet available • Guides, tools and resources as required to support data access and utilisation • Data reports, dashboards and/or visuals using available data • Report and recommendations on how to achieve medium-long term data objectives
6.2.2	Develop a long-term plan for filling data gaps and improving use of data to drive outcomes.	Executive Director Health and Social Policy Branch	Directors Disability Youth and Paediatric Health and Maternity Child and Family	CEE SIA BHI ACI CEC AA LHDs SHNs eHealth	Sep 2023	Sep 2024	To be developed on completion of Measuring Progress: Health services for children, young people and families in the NSW Health System Project.

Priority 6: Measuring progress

Action Area 6.3: Monitoring outcomes and performance. This Action Area will ensure all frameworks specific to children, young people and family health care will have an accompanying implementation, monitoring and evaluation document containing outcomes measures. These frameworks will be monitored by CYPFESC which will receive regular data reports to allow it to measure progress with achieving desired outcomes and identify and target communities in greater need of focus. (Henry Report Recommendations 1, 9, 75 and 77)

Plan No	Activities	Executive Sponsor	Project Manager	Partners	Start Date	End Date	Update
6.3.1	Liaise with Corporate Governance and Risk Management to ensure new statewide frameworks identify performance and outcome measures and how these can be reported.	Executive Director Health and Social Policy Branch	Directors Disability Youth and Paediatric Health and Maternity Child and Family	System Management, Corporate Governance and Risk Management	Feb 2022	Dec 2022	HSPB has made initial contact with Corporate Governance and Risk Management.

Acronyms

AA	Analytics Assist
ACCHS	Aboriginal Community Controlled Health Service
ACI	Agency for Clinical Innovation
ACT Health	Australian Capital Territory Health
ACYP	Advocate for Children and Young People
ADHD	Attention Deficit Hyperactivity Disorder
ADPA	ADHD Professionals Association
AEDC	Australian Early Development Census
AEDI	Australian Early Development Index
AOD	Alcohol and Other Drugs
AYAM	Adolescent and Young Adult Medicine
BHI	Bureau of Health Information
CAHO	Chief Allied Health Officer
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CASCAL	Child Abuse and Sexual Assault Line
CATALYST	Care Across the Lifecycle and Society (ACI)
CATALYST	Care Across the Lifecycle and Society (Part of ACI)
CEC	Clinical Excellence Commission
CEE	Centre for Epidemiology and Evidence
CHC N/W	Children's Health Care Network
CHW	Children's Hospital Westmead
CCLHD	Central Coast Local Health District
CPH SE	Centre for Population Health Stakeholder Engagement
CYMHS	Child and Youth Mental Health Service
CYPFESC	Children, Young People and Families Executive Steering Committee
DCJ	Department of Communities and Justice
DCS	Department of Community Services
DoE	NSW Department of Education
DY&PH	Disability, Youth and Paediatric Health
ED	Emergency Department
ECAV	NSW Health Education Centre Against Violence
EM	Emerging Minds
FASS	Forensic and Analytical Science Service
Got-It!	Getting on Track in Time
GP	General Practitioner
GRB	Government Relations Branch
HETI	Health Education and Training Institute
HNELHD	Hunter New England Local Health District
HSPB	Health and Social Policy Branch
HSSP	Health System Strategy and Planning
ICU	Intensive Care Unit

InforMH	Information for Mental Health (a unit of the System Information and Analytics Branch)
IPTAAS	Isolated Patients Travel and Accommodation Assistance Scheme
JHFMHN	Justice Health and Forensic Mental Health Network
JJ	Juvenile Justice
JHCH	John Hunter Children's Hospital
LHD	Local Health District
MCF	Maternal Child and Family
MH	Mental Health
MHB	Mental Health Branch
MNCLHD	Mid North Coast Local Health District
MoH	Ministry of Health
NaMO	Nursing and Midwifery Office
NETS	Neonatal and paediatric Emergency Transport
NICU	Neonatal Intensive Care Unit
NGO	Non-Government Organisation
NSW MoH	NSW Ministry of Health
NWPS	Nursing Workforce Planning & Strategy
OOHC	Out-of-home care
PARVAN	Prevention and Response to Violence, Abuse and Neglect
PCLI	Pathways to Community Living Initiative
PESP	Patient Experience and System Performance Division
PICNIC	Perinatal Intensive Care Neonatal Intensive Care
PIMHS	Perinatal and Infant Child Mental Health Service
PHN	Primary Health Network
PICU	Paediatric Intensive Care Unit
PRM	Patient Reported Measure
PREM	Patient Reported Experience Measure
PRS	Paediatric Rehabilitation Services
RACP	Royal Australasian College of Physicians
RACGP	Royal Australian College General Practitioners
RANZCP	Royal Australia and New Zealand College of Psychiatrists
SIA	System Information and Analytics
SCHN	Sydney Children's Hospitals Network
SCH-R	Sydney Children's Hospital Randwick
SESLHD	South Eastern Sydney Local Health District
SAER	Serious Adverse Event Review
SHN	Speciality Health Network
SLA	Service Level Agreement
SMB	System Management Branch
SNSWLHD	Southern NSW Local Health District
SWSLHD	South Western Sydney Local Health District
SRPB	Strategic Reform and Planning Branch
UHHV	Universal Health Home Visiting
VAN	Violence and Neglect
WSLHD	Western Sydney Local Health District
WDPT	Workforce Planning and Talent Development

Appendix 1:

Henry Review Recommendations

System-wide governance and accountability

Recommendation 1: The development of every framework be accompanied by an implementation plan, by outcome measures and by monitoring of both implementation and outcomes.

Recommendation 2: The implementation of the Paediatric Service Capability Framework be incorporated as a key performance indicator in the Service Level Agreement of each Local Health District (LHD).

Recommendation 3: The Chief Paediatrician work with each LHD to support implementation of the Paediatric Service Capability Framework.

Recommendation 4: An annual report be made to the Deputy Secretary Health System Strategy and Planning, via the Executive Director Health and Social Policy on the strengths, vulnerabilities and opportunities in the implementation of the Paediatric Service Capability Plan for each LHD.

Recommendation 5: The role of the Chief Paediatrician be expanded to include a broad overview of paediatrics and child health. This would make it clear that the Chief Paediatrician has a role in working with others to improve healthcare in areas including (but not limited to) assessment and management of community paediatric issues such as behaviour disorders, developmental delay, as well as long term vital initiatives, for example the First 2000 Days.

Recommendation 6: The current situation be clarified and reinforced that SCHN is not responsible for overall governance of paediatrics across NSW. In parallel, SCHN should not be held responsible for failure of implementation for matters for which it has neither authority nor budget.

Recommendation 7: Although LHDs have flexibility about how paediatric objectives are achieved, they should not have flexibility about whether paediatric objectives are achieved. NSW Health requires a system that monitors the achievement of paediatric objectives across all LHDs.

Recommendation 8: The MOH recognise that some paediatric decisions (outside the scope of those classified as supra-regional specialities) need to be considered across LHDs and the SCHN. These decisions should be referred to the NSW Paediatrics Executive Steering Committee for discussion and resolution.

MOH structures and governance

Recommendation 9: The current NSW Paediatric Executive Steering Group be reconfigured to function as the peak decision-making committee across child, young people and family services in NSW to oversee new models of care, development of standardised guidelines and processes, statewide policy and planning, and monitoring of outcomes. Community representatives should be part of the membership.

Recommendation 10: The Chief Paediatrician be given a key role in taking advice from MOH, LHDs and SCHN about the best way forward for paediatric decisions that need to be considered across LHDs and SCHN.

Recommendation 11: The Chief Paediatrician present the issues, options, and any *Recommendations*, to the NSW Paediatric Executive Steering Committee.

Recommendation 12: The NSW Paediatric Executive Steering Committee consider and agree *Recommendations* from the Chief Paediatrician and escalate committee decisions to the Deputy Secretary Health System Strategy and Planning.

Recommendation 13: The Deputy Secretary Health System Strategy and Planning present relevant committee decisions to the senior executive team for approval.

Recommendation 14: Relevant decisions from ACI or from CEC be referred to the NSW Paediatric Executive Steering Committee for advice and subsequent approval by the senior executive team (in line with the process outlined in *Recommendations 12 and 13* above).

Recommendation 15: Existing systems and processes for communication and transfer of information between and across committees/networks, system managers and operational managers be refined to support efficient information flows, decision making, implementation and monitoring.

Recommendation 16: All committees develop clear terms of reference that are updated at least biennially and include a clear purpose and functions, reporting lines and measures of effectiveness to periodically evaluate performance.

Children's healthcare networks

Recommendation 17: The Children's Healthcare Network Northern region be expanded to include the Central Coast LHD.

Recommendation 18: Future subspecialty paediatric appointments to HNELHD consider a fractional component shared with CCLHD.

Recommendation 19: Future subspecialty appointments to the SCHN be shared with a Metropolitan Paediatric Level 4 (MP4) or Regional Paediatrics Level 4 (RP4) hospital.

Recommendation 20: A long term approach be considered for the Children's Healthcare Network Western and Southern regions to be combined in a sector linked to the SCHN. An early priority be cross credentialing of staff involved in outreach activities.

Local leadership, governance and operations

Recommendation 21: Each LHD appoint a Medical Lead in paediatrics. In some LHDs, there will be a co-lead from nursing and in some cases the leadership will be across both paediatrics and child health. The overarching aims and functions of the role are described in the Framework.

Recommendation 22: The on-call roster for a level 4 paediatric facility be no more onerous than 1 in 4. The usual way to achieve this will be through a minimum of 5 paediatricians on the roster.

Recommendation 23: Level 4 paediatric facilities have an essential role in providing both acute and non-acute outpatient services. This might encompass activities such as offering care in the home. The responsibilities of paediatricians reflect this broad role, rather than a more limited focus on acute inpatient care.

Recommendation 24: Increase the clarity of protocols for consistent access to appropriate transport for sick children to higher level services and return transfers to local facilities. This will require engagement with Newborn and paediatric Emergency Transport Service (NETS) and NSW Ambulance.

Recommendation 25: Develop and implement protocols for reliable access to appropriate transport for children who need to be seen at a specialist children's hospital.

Recommendation 26: In order to facilitate outreach clinics to rural areas, a reverse Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) be developed, where the cost of sending health care workers to a rural centre be funded, analogous to patients and their families being funded for the costs of travelling to a tertiary centre for assessment and care.

Recommendation 27: Clinicians and administrators develop and implement agreed guidelines for the safe use of telemedicine in the treatment of children with acute and chronic medical problems to avoid the need for transfer.

Recommendation 28: The Surgery for Children in Metropolitan Sydney Strategic Framework (2014) be implemented, measured and monitored.

Recommendation 29: Innovation funding be provided by the Paediatric Healthcare Team to LHDs for 2 years of funding of Care Navigator positions, conditional upon LHDs providing ongoing funding after the initial funding period provided that pre-determined agreed outcomes are achieved.

Recommendation 30: LHDs provide funding for nurses to attend APLS and PLS training courses.

Recommendation 31: LHDs and SCHN implement systems for nurses to be upskilled by working in more complex clinical environments and by use of outreach education.

Recommendation 32: Hospital planning recognise the need to construct facilities to enable the operation of multidisciplinary clinics for children and young people.

Recommendation 33: LHDs implement the requirements for child friendly and child safe health facilities.

SCHN governance

Recommendation 34: The Secretary of Health makes it clear that both CHW and SCH will be comprehensive specialist children's hospitals with tertiary and quaternary services on each site.

Recommendation 35: The Paediatric Intensive Care Units at CHW and SCH operate as a single service on 2 sites.

Recommendation 36: NETS transfers ensure that SCH receives a similar mix of the sickest children as CHW.

Recommendation 37: The Sydney Children's Hospital and the Children's Hospital Westmead remain in the SCHN.

Recommendation 38: The Chief Executive and the Board of the SCHN be made accountable for ensuring that these *Recommendations* are implemented within 12 months.

Recommendation 39: The Chief Executive and Board of SCHN develop and implement a plan to increase cooperation between the two campuses. This will include acknowledging the cultural differences between the two hospitals.

Recommendation 40: The MOH convenes a meeting between key staff at SCHN and SESLHD to decide the principles and details of the costs of shared services at the Randwick campus. The resolution of these longstanding contentious issues will help to ensure that the focus of discussions between SCHN and SESLHD is around improving patient care, rather than who pays what share of the cost of delivering services.

Recommendation 41: Future enhancement funding be directed to areas where there is clear evidence of, and ongoing commitment to meaningful shared services between CHW and SCH, or shared services between SCHN and at least one LHD. This would include but not be limited to fractional appointments on more than one site. Cardiac services may need to develop in parallel due to irreconcilable conflict between CHW and SCH.

Recommendation 42: The Chief Executive and the Board of SCHN develop a new strategic plan that includes a vision, a strategy and an implementation plan for both CHW and SCH, as well as NETS, the Poisons Information Centre and the Western and Southern regions of the CHN.

Neonates

Recommendation 43: In addition to the model of tiered neonatal networks, the plans for future governance need to provide coordination across the whole system to connect NICUs and SCNs.

Recommendation 44: The plans for future governance need to ensure that back transfers from NICUs to SCNs are managed across the whole system.

Recommendation 45: Training and upskilling of staff caring for newborns in both SCNs and NICUs requires a statewide approach.

Recommendation 46: The plans for future governance need to focus on the interfaces which can be problematic in the current system, such as interfaces between midwife and child and family nurse, obstetric services and general practice, and between neonatal services and specialist paediatric services in children's hospitals and LHDs.

Community paediatrics and child health

Universal Health Home Visiting (UHHV)

Recommendation 47: Universal Health Home Visiting continue to be promoted, together with identification of those who need further visits. *Recommendation 48:* Each LHD ensure an effective handover of the family from the midwife to both the child and family health nurse and the general practitioner.

Recommendation 48: Each LHD ensure an effective handover of the family from the midwife to both the child and family health nurse and the general practitioner.

Allied Health services

Recommendation 49: The Ministry of Health recognise that the demand for allied health services for children, young people and families far exceeds supply and adopts a long-term strategy to address the staff shortages. Targets for investment include initiatives for the First 2000 Days, for mental health and for interventions for domestic violence.

Paediatric Rehabilitation

Recommendation 50: The Ministry of Health works with specialist children's hospitals and LHDs to better coordinate paediatric rehabilitation services across NSW.

Developmental assessment and services

Recommendation 51: Intake systems for diagnostic assessment services should determine whether a detailed assessment is what is required. In particular, if a functional assessment for NDIS purposes is needed, a general paediatrician would be able to provide the report.

Recommendation 52: ACI undertake a project to determine the most efficient and effective way both to perform developmental assessment and to focus on increasing the capacity of families to adjust to and optimise management of their child's disability.

Recommendation 53: MOH initiate interagency discussions with areas such as Education and NDIS to clarify and simplify the assessment and information required for eligibility for services to support children with developmental needs.

Child Protection and Domestic Violence

Recommendation 54: The commitment to screening for domestic violence be accompanied by resources to assist women and their children.

Recommendation 55: The Ministry of Health works with the specialist children's hospitals and LHDs to better coordinate paediatric clinical forensic services across NSW. One component is that reports relating to alleged physical assault should not be submitted until they have been peer reviewed.

Attention-Deficit Hyperactivity Disorder (ADHD)

Recommendation 56: Pilot studies across NSW implement ways for general practitioners to write repeat prescriptions for stimulant medication for ADHD.

Recommendation 57: If pilot studies are successful, general practitioners be allowed to receive prior general approval (known as Patient-Class Approval) to write repeat prescriptions for stimulant medication for ADHD.

Recommendation 58: A group of clinicians experienced in management of children with ADHD consider whether a trial should be conducted to compare different service delivery mechanisms of care for assessment and management of ADHD.

Young people

Recommendation 59: The Ministry of Health support Royal Australasian College of Physicians (RACP) tier 1 and 2 training requirements in Adolescent and Young Adult Medicine (AYAM) for all general paediatricians/ community child health/behavioural paediatricians.

Recommendation 60: The Ministry of Health build capacity among the AYAM workforce through funding of advanced training opportunities in adolescent medicine at the specialist children's hospitals and in metropolitan, rural and regional locations with appropriate supervisory arrangements.

Recommendation 61: The Ministry of Health work with relevant groups to develop training pathways and competency frameworks for clinical nurse consultants in AYAM, through dedicated clinical qualifications that provide more breadth and depth than the existing workshops and resources.

Recommendation 62: LHDs and SCHN provide dedicated training opportunities and ongoing support for nurses in adolescent inpatient and outpatient units and youth health centres.

Recommendation 63: The Ministry of Health work with primary health providers to identify opportunities for training and ongoing support for those working with young people.

Recommendation 64: The Patient Reported Experience Measure (PREM) be modified so that both parents and young people can provide feedback, rather than one or the other.

Mental health

Recommendation 65: The Ministry of Health oversees meaningful engagement between health care providers who are both inside and outside the mental health system to develop and implement a collaborative approach to addressing both mental health and the mental illness needs of children and young people.

Recommendation 66: Training programs be developed to provide paediatricians with a minimum standard of capability and qualifications to safely care for children and young people with acute behavioural disorders and with mental illness.

Recommendation 67: Training programs be developed for paediatric nurses to provide qualifications for managing children and young people with acute behavioural disorders and with mental illness.

Recommendation 68: The MOH recognise that the demand for allied health professional services in mental health far exceeds current supply and develops a targeted strategy to address the issue.

Recommendation 69: This Review welcomes the findings in the Draft Report from the Productivity Commission on Mental Health and commends the Draft Report to the MOH. One area to highlight is the need for early intervention in young people diagnosed with psychosis.

Recommendation 70: The MOH supports projects implementing and evaluating models of care increasing the skills of GPs in managing complex behavioural and mental health problems in children.

First 2000 Days

Recommendation 71: Health and Social Policy Branch in the MOH continue to develop the opportunities for the Centre for Population Health/Public Health Units and Primary Health Networks to engage fully with implementation of the First 2000 Days.

Recommendation 72: The Secretary, NSW Health engages with Secretaries of Departments such as Education and Communities and Justice to ensure high level cooperation and accountability across sectors responsibility for successful implementation of the First 2000 Days.

Recommendation 73: The Ministry of Health engages with Faculties of Health and Medicine and other educational bodies to ensure that the broad medical, nursing and allied health curricula recognise the lifelong importance of the First 2000 Days for the physical, cognitive, social and emotional health of the population.

Measuring progress

Recommendation 74: NSW Ministry of Health develop robust key performance indicators and outcome measures using a similar template to the State of Child Health Report 2017 from the Royal College of Paediatrics and Child Health, United Kingdom. Part of this process should be a data mapping exercise to identify both what is required and what is currently available.

Recommendation 75: The Australian Early Development Census (AEDC) be used as a key outcome measure of the First 2000 Days.

Recommendation 76: HbA1c levels in children and young people with type 1 diabetes be used as a key outcome measure in LHDs and SCHN.

Recommendation 77: NSW Ministry of Health adopt a survey such as the Middle Years Development Index as a key measure of health, development and well-being of adolescents and guide comprehensive approaches to intervention programs.

Appendix 2:

The Implementation Planning Committee

The Implementation Planning Committee was responsible for driving implementation of the Henry Review recommendations. The key tasks of the committee were to:

- Oversee the development of the implementation plan for approval by the Secretary.
- Provide expert advice to inform the development and implementation of the plan including:
 - Additional contextual information relevant to the recommendations
 - Further information to inform planning, including alignment with existing and planned activity

Membership

Paul Craven (Co-Chair)	Executive Director, Children, Young People and Families Hunter New England LHD
Nigel Lyons (Co-Chair)	Deputy Secretary, Health System Strategy and Planning, Ministry of Health
Tish Bruce	Executive Director, Health and Social Policy Branch, Ministry of Health
Vanessa Clements	A/Executive Director, Strategic Reform and Planning
Cathryn Cox	Chief Executive, Sydney Children's Hospitals Network
Jacqui Cross	Chief Nursing and Midwifery Officer, Ministry of Health
Andrew Davison	Chief Allied Health Officer, Ministry of Health
Richard Griffiths	Executive Director, Workforce Planning and Talent Development, Ministry of Health
Elizabeth Geddes	Chair, Family and Consumer Advisory Council, Hunter New England LHD
Jenny Martin	Director Allied Health and Oral Health, Central Coast LHD
Elisabeth Murphy	Senior Clinical Advisor, Child and Family Health
Matt O'Meara	NSW Chief Paediatrician, Ministry of Health
Amanda Larkin	Chief Executive, South Western Sydney LHD
Jean-Frederic Levesque	Chief Executive, Agency for Clinical Innovation
Jill Ludford	Chief Executive, Murrumbidgee LHD
Michael Morris	A/Chair SCHN Families and Consumer Council
Carrie Marr	Chief Executive, Clinical Excellence Commission
David Pearce	Executive Director, Mental Health Branch, Ministry of Health
John Preddy	Co-Chair, ACI Paediatric Network Executive State-wide Committee
Michelle Quinn	Senior Director, Strategic Commissioning -WentWest PHN
Geraldine Wilson-Matenga	Executive Director, Centre for Aboriginal Health, Ministry of Health

Appendix 3:

Children Young People and Families Executive Steering Committee (CYPFESC) Terms of Reference

Vision

A key priority for the NSW Health system is the design and delivery of high quality, effective and safe health care services for children, young people and families, from 0-18 years of age.⁴

We recognise that it is important that children, young people and families (CYF) receive best practice, patient-centred care and treatment that is right for them, as close to home as possible. NSW Health works in partnership with primary care providers, the not-for-profit and private health and social care sectors, children, young people, parents and families to achieve this vision.

Our aim is to achieve continued improvement in the health and wellbeing of all children, young people and their families, including those in our community who are most at risk, vulnerable or have special health needs.

We are committed to providing leadership and accountability for improving health outcomes, and that this is embedded and demonstrated throughout the system – centrally and locally.

Initially we are focused on implementing the Henry Review recommendations, but this is only one aspect of our work. Additionally, we will oversee, and influence agreed system priorities to strengthen our modern, connected and responsive health system.

1. Purpose

The Committee is responsible for providing system leadership and advice to MoH to strengthen the provision of NSW Health services for children and young people and families.

2. Functions and Responsibilities

The Committee will:

- 2.1 Agree, communicate and oversee delivery of the annual action plan detailing the priority initiatives for children, young people and families in the NSW health system
 - 2.1.1 In the first year, the workplan will be shaped by the Henry Review Implementation Plan due to the scope and significance of this work
- 2.2 Provide direction and leadership to ensure the achievement of outcomes committed to in the action plan
- 2.3 Consider intersecting, emerging or new strategic issues referred by the Health System Strategy Group, Senior Executive Forums, Ministry Executive Meetings, Chief Executives of LHDs and Pillar agencies or the Secretary
- 2.4 Provide direction, guidance and support to the children and young people and families health system committees, including by responding to issues escalated from the chairs of relevant networks or committees from within the children, young people and families governance structure
- 2.5 Consider periodic deep dive analysis of strategically important projects and initiatives for children, young people and families in the NSW health system to support continuous improvement within and across these priority areas
- 2.6 Review and report on health outcomes data to inform planning and decision making
- 2.7 Regularly communicate on progress and report annually on achievements in delivering the action plan.
- 2.8 Advocate for children, young people and family focused services and outcomes at all levels of the service system, including interjurisdictional settings.

⁴ Young adults with chronic/complex needs transitioning to adult services in scope until age 24. In all other situations scope of the committee includes services for children and young people aged 0-18 years.

3. Membership and Term of Office

Committee membership will reflect the clinical, operational, experiential and procedural expertise required to provide adequate oversight and direction to the system. This includes NSW Health senior executives, clinicians, managers, consumers and partners. The members are:

Central System Focus	Clinical Focus
Deputy Secretary (Standing)	Medical (Appointed)
Chief Executive ACI (Standing)	Allied Health (Appointed)
Chief Paediatrician (Standing)	Nursing (Appointed)
Executive Director HSPB (Standing)	Aboriginal Health (Appointed)
Local System Focus	Consumer Focus
LHD Chief Executive metro (Appointed)	Consumer focused organisation (Appointed)
LHD Chief Executive rural (Appointed)	Consumer 1 (Appointed) (Parent)
Chief Executive Sydney Children's Hospitals Network (Standing)	Consumer 2 (Appointed) (Young Person)
Executive Director John Hunter Children's Hospital (Standing)	

Committee members will be provided with access to any resources they reasonably required to fulfil their duties as a member.

The Committee may invite other people/groups to join meetings to provide opinion or expertise as required.

Terms of office

Appointed members' term of office will be determined by the Committee. It will not exceed two years plus two years (four years in total). Completion of terms will be staggered to support continuity. All other members' term of office is for the duration they occupy their role.

Members can send a nominee when unable to attend a meeting or nominate a standing nominee with delegated authority.

4. Co-Chairs

The Co-Chairs are:

- Deputy Secretary Health System Strategy and Planning (first two years)
- Clinical Co-Chair (elected by the Committee biennially)

5. Confidentiality of Information

The Committee may be required to read, share and discuss sensitive and confidential information. The Committee will adhere to all requirements of NSW privacy and records management legislation and departmental policy, as appropriate.

6. Conflict of Interest

Committee members must declare any real, perceived or potential conflict of interest they may have with any item on the Committee's agenda.

If the Co-Chair or Committee deems a member to have a conflict of interest in a matter before the Committee, the member may be excused from Committee discussions and deliberations on that matter or may be asked to leave the meeting when the Committee considers that matter.

7. Reporting

The Committee reports to the Secretary NSW Health.

The subcommittees that report to the Committee will be agreed and confirmed by the Committee. These subcommittee will be responsible for informing and delivering the annual action plan. In addition, other committees supporting children, young people and families may also provide reporting to the committee, including established clinical networks.

8. Secretariat

The Health and Social Policy Branch will provide Secretariat support for the Committee for the first year. The Secretariat is responsible for:

- coordinating and scheduling meetings
- developing and circulating agenda papers, action items, minutes, communiqué and reports
- supporting the Committee to monitor and report on delivery of the action plan
- liaising with members as required.

9. Meetings

The Committee will meet bi-monthly with a minimum of 5 meetings per year. Committee meetings may be held face-to-face, by telephone, videoconference, or by other electronic means.

Committee decisions can be made at a committee meeting or through confirmation out of session. The Co-Chairs are responsible for confirming decisions and authorising the Secretariat to communicate them.

Quorum

The quorum for a committee meeting is 50% of the membership, plus one.

When there is not a quorum, the meeting may be adjourned until a time the Co-Chairs determine or continue without authority to make decisions. Any matters for decision when the meeting is inquorate must be subsequently ratified by the Committee out of session or at the next Committee meeting, before they are actioned.

10. Agenda and Minutes

Agendas and associated documentation will be distributed at least 3 working days before a committee meeting.

Minutes and a communiqué will be prepared following each meeting.

11. Evaluation and Review

The Committee will undertake an annual self-assessment of its performance against these terms of reference.

12. Purpose

To provide system-wide strategic advice to strengthen the provision of NSW Health services for children and young people and families and to oversee the implementation of the Henry Review recommendations.

Membership

Appointed committee member	Role
Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning, Ministry of Health	Co-Chair
Dr Paul Craven Executive Director, Children, Young People and Families, Hunter New England Local Health District	Co-Chair
Mr Rhys Hughes, Youth Advisory Council Hunter New England Local Health District	Consumer perspective
Ms Mae Rafraf, Consumer Council, Sydney Children's Hospitals Network	Consumer perspective
Ms Zoë Robinson, Advocate, Office of the Advocate for Children and Young People	Consumer perspective
Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District	Local Health District representative
Mr Mark Spittal, Chief Executive, Western NSW Local Health District	Local Health District representative
Ms Cathryn Cox, Chief Executive Sydney Children's Hospitals Network	Sydney Children's Hospitals Network representative
Dr Jean-Frederic Levesque, Chief Executive, Agency for Clinical Innovation	Agency for Clinical Innovation representative
Ms Jenny Martin, Director Allied Health, Central Coast Local Health District	Allied Health representative
Dr John Preddy, Director Paediatrics, Murrumbidgee Local Health District	Medical representative
Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health, Northern NSW Local Health District	Nursing representative
Associate Professor Karen Zwi, Department Head, Community Child Health, Children's Hospital, Randwick	Aboriginal Health representative
Dr Matt O'Meara, NSW Chief Paediatrician, Ministry of Health	Child and paediatric health representative
Ms Tish Bruce, Executive Director, Health and Social Policy Branch, Ministry of Health	Health and Social Policy Branch representative

Appendix 4:

NSW Health Child, Youth and Family Frameworks and Guidelines and Policy Documents

Title	Description
Statewide documents	
NSW State Health Plan Towards 2021	The NSW State Health Plan provides the strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone.
NSW Health Secretary's Strategic Priorities 2019-20	The annual Strategic Priorities outline how all parts of the health system works together to achieve its core objectives. It builds on and complements the State Health Plan: Towards 2021 as well as directly aligning with the NSW State Government and Premier's Priorities.
NSW Aboriginal Health Plan 2013-2023	This ten-year Aboriginal Health Plan aimed at improving the health and wellbeing of Aboriginal communities was developed in partnership with the Aboriginal Health and Medical Research Council of NSW. The Plan is an acknowledge of the significant health disparities between Aboriginal and non-Aboriginal people in NSW and reflects the NSW Government's commitment to closing this gap.
NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025	Provides important overarching strategies for action for NSW Health services over the next five years, shifting the way NSW Health engages with Aboriginal staff, services, consumers, carers, families and communities to achieve the goals of holistic, person and family-centred care and healing; culturally safe, trauma-informed, quality care; and connected care.
NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023	Is a statewide policy to ensure people of culturally and linguistically diverse backgrounds have equitable access to health care services that are culturally responsive, safe and high quality?
NSW Rural Health Plan: Towards 2021	Aims to strengthen the capacity of rural health services to provide world class connected and seamless care for people living in regional, rural and remote NSW.
Strategic Framework for Integrating Care (2018) (Update in development)	Aims to improve health outcomes individuals and families, the experiences of receiving and providing care, and the effectiveness of care by placing people at the centre of our decision making.
A statewide initiative for diabetes management	Is being developing by the NSW Ministry of Health and the Agency for Clinical Innovation (ACI) in collaboration with Local Health Districts, Primary Health Networks, Aboriginal Controlled Community Health Organisations, Diabetes NSW & ACT and other partners a statewide initiative to improve health outcomes and experiences for people with diabetes.
Oral Health 2020: A Strategic Framework for Dental Health in NSW	Outlines the goals for oral health services NSW into the next decade. and the high-level actions that will be pursued, to improve the oral health of the population.
NSW Service Plan for People with Eating Disorders 2021-2025	Aims to improve the health and wellbeing of people with or at risk of developing an eating disorder and the lives of their families, carers and communities.
Corporate Governance & Accountability Compendium for NSW (2020)	Outlines the governance requirements that apply to those organisations that form part of NSW Health and sets out the roles, relationships and responsibilities of those organisations.
Guide to the Role Delineation of Clinical Services (2019)	Planning tool used in health service and capital developments, which describes the minimum support services, workforce and other requirements for the safe delivery of clinical services.

Title	Description
Child, youth and family focused Frameworks, Plans and Policies	
First 2000 Days Framework (PD2019_008) and Implementation Plan 2020-25	Outlines the importance of the first 2000 days in a child's life (from conception to age 5) and what action people within the NSW Health System need to take to ensure that all children have the best possible start in life.
Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014–24 (NSW Kids and Families)	A 10-year strategic health plan for all children, young people and families which provides a comprehensive planning, service and policy roadmap from preconception to 24 years of age, including pregnant women, babies, children, young people and families.
Maternal & Child Health Primary Health Care Policy (PD2010_017)	One part of the NSW Health/Families NSW Supporting Families Early package. The package contains policies and guidelines for the identification of vulnerable families from a universal platform of primary health care services.
NSW Health Violence, Abuse and Neglect Health Redesign Program	Will enhance the capacity of the NSW public health system to provide 24-hour trauma-informed and trauma-specific integration psychosocial, medical and forensic responses to sexual assault (adult and children) domestic and family violence; child physical abuse and neglect; children and young people with problematic sexual behaviour.
Integrated Prevention and Response to Violence, Abuse and Neglect Framework (PD2019_041)	Provides a strategic platform for all of NSW Health to respond to violence, abuse and neglect emphasises the need to mobilise NSW Health at the system, service and practice levels to support integrated service responses to victims and families.
NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026	Provides strategic direction and guides practical action for NSW Health over the next five years to strengthen the public health system's role in preventing and responding to domestic and family violence.
Domestic Violence Routine Screening Program	Is an early identification and intervention strategy to promote awareness of the health impact of domestic violence.
NSW Paediatric Service Capability Framework and Companion Toolkit	Provides guidance and support for Local Health Districts in the provision of paediatric medicine and surgery services (at site specific levels) for admission, escalation and back transfer.
NSW Maternity and Neonatal Service Capability Framework	Provides guidance and for the provision of maternity and neonatal services at site specific levels. For admission, escalation and back transfer.
Surgery for Children in Metropolitan Sydney Strategic Framework	Facilitates and guides the delivery of appropriately selected surgical procedures for children as close to home as possible.
Children and Adolescents-Safety and Security in NSW Acute Health Facilities (PD2010_033) and Clinical Practice Guideline	Assists the development of local policies/procedures by Local Health Districts to address the safety and security of children and adolescents whilst in NSW acute health facilities and/or during inter-facility transfers.
NSW Youth Health Framework 2017-24 (PD2017_019)	Supports healthcare that is responsive to the needs of young people, including targeted approaches for young people at higher risk of poor health, youth-friendly services, access for young people, and workforce capacity.
NSW Health Premier's Priority Childhood Overweight and Obesity Delivery Plan	Is a comprehensive whole-of-government plan which outlines enhanced and new actions that build on the existing <i>NSW Healthy Eating Active Living Strategy 2013–2018</i> .

Title	Description
Workforce Documents	
Health Professionals Workforce Plan 2012-2022 (Revised 2015)	Provides a high-level framework detailing the strategies that need to be implemented to ensure NSW trains, recruits and retains Doctors, Nurses and Midwives, Oral Health practitioners, Paramedics and Allied Health professionals to meet the future needs of the community.
NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022	Sets the direction and strategic actions for NSW Health to reshape mental health service delivery and work more collaboratively to improve care for people with mental health issues, families, kinship groups and carers.
Youth Health Competency Framework	Provides a key to identifying the essential skills and knowledge required to effectively communicate with young people and manage the often-challenging issues which can emerge, from developmental and psychosocial factors to medico-legal issues and risk-taking behaviours.
Tiered Network Arrangements for Perinatal Care (PD2020_014)	Provides guidance for Local Health Districts (LHDs), Sydney Children’s Hospitals Network and services in the ACT on the structure, functioning and governance of Tiered Perinatal Networks (TPN) to support pregnancy and birth care, appropriate to patient need and a ‘whole of health’ approach to the management of demand.

