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**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**CANBERRA HEALTH SERVICES 2021-22 ANNUAL
REPORT – CORRIGENDUM**

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Minister for Health
March 2023**

CORRIGENDUM
CANBERRA HEALTH SERVICES
2021-22 ANNUAL REPORT – PART B SCRUTINY SECTION

ACT Auditor-General Report		
Report Number	7/2019	
Report Title	Management of Care for People Living with Serious and Continuing Illness	
Link to Report	https://www.audit.act.gov.au/__data/assets/pdf_file/0006/1380192/Report-No.-7-of-2019-Referral-processes-for-the-support-of-vulnerable-children-website-version.pdf	
Government Response	Auditor-Generals-Report-No-7-2019-Referral-processes-for-the-support-of-vulnerable-children-Government-response.pdf (act.gov.au)	
Date Tabled	October 2019	
Recommendation	Update	Status
Recommendation 1 Canberra Health Services should identify opportunities to improve take-up of the universal first ‘home’ visit offered by the Maternal and Child Health (MACH) service by: a) Improving communication and coordination with maternity services and privately practicing midwives in the ACT to promote the referral of babies born with a registered ACT address to the Maternal and Child Health service. This could also be through earlier antenatal engagement or engagement at the hospital; and b) Seeking information on, and analysing, reasons for non-take-up in order to identify and remove any potential barriers to accessing the service.	Maternal and Child Health (MACH) at Canberra Health Services (CHS) prioritises the initial home visit for all families in the ACT. a) Communication and coordination with maternity services and private midwives are embedded in MACH workflows. b) Non-take-up of first home visit. Data is kept at point of referral to MACH Liaison. Main reasons include being non-eligible and not wishing to pay for the service, preferring to see their GP, and being unable to contact. c) No data is available for the non-take-up reason clients choose not to access MACH services overall. d) If a client declines a home visit or the environment poses a safety risk for the nurse to visit, women will be offered a clinic appointment. The <i>Best Start Strategy</i> released in November 2022 consulted parents and caregivers, frontline workers including Maternal and Child Health (MACH) nurses, early childhood educators and family support service providers through a series of focus groups and interviews to determine what is helpful and challenging during the first 1000 days. The <i>Best Start Strategy</i> outlines key goals to continue improving access to information and services that support the first 1000 days. This work intersects with the <i>Maternity in Focus: The ACT Public Maternity System Plan 2022-2032</i> and actions outlined in the <i>Maternity in Focus: First Action Plan 2022-2025</i> to increase individual and family supports through enhanced service provision and information for women and families. A key action in <i>Maternity in Focus</i> is to improve access to evidence-based postnatal care that will commence with a review	In progress

of current community-based postnatal care to improve health and wellbeing of the woman, birth person and baby through long-term supports.

The new Digital Health Record (DHR) went live across ACT public health services in November 2022. It will further support communication, information sharing and referrals across public maternity and community health services. Access to a person’s digital health record is also facilitated through the MyDHR functionality that further enables consumers to see details about their health interactions with ACT public health services. DHR does not currently provide access to privately practicing midwives.

Recommendation 2

Canberra Health Services should identify opportunities to improve take-up of the health and development checks offered by the Maternal and Child Health service by seeking and analysing reasons for non-take-up in order to identify and remove any potential barriers to accessing the service.

At the start of the COVID-19 pandemic, in response to the initial lockdown, MACH stood up the Early Pregnancy and Parenting Support (EPPS) line. The EPPS line has been effective in providing timely support for parenting concerns, including child health and development, and enables MACH nurses to book families into clinics to see the child face to face where there are concerns regarding development.

In progress

MACH nurses anecdotally note increased complexity in social determinants of health in those families that attend face to face. A Quality Improvement project commenced in 2022 to explore the benefits and opportunities of MACH clinics to run alongside Immunisation clinics. This is intended to increase the presence of MACH and provide opportunistic health promotion and support for all families including vulnerable families access the immunisation service. A pilot program will commence in February 2023.

Recommendation 3

Canberra Health Services should develop administrative and procedural guidance for the Maternal and Child Health service for the referral of children and their families to other programs and services, including:

- a) Communication protocols with other programs and services, particularly external agencies; and
- b) Guidance for follow-up of referrals, including mechanisms to identify the take-up rate of referrals and ongoing service response.

MACH operates according to their Model of Care (MoC) that outlines communication and referral protocols. MACH nurses and midwives use clinical assessment and professional judgement to identify vulnerable infants or infants within families that may be part of a population group known to experience barriers in accessing services.

Commenced/
Delayed

A dedicated framework and service delivery model in the MoC allows for the MACH nurses and midwives to offer short-term intervention to support and intervene early to mitigate the family’s vulnerability, allowing for the continued interaction with universal services to be sufficient to meet their social and healthcare needs.

Further work on review of the MoC and improving communication protocols and follow up of referrals has been delayed by the impact on services of the health response to COVID-19.

The new Digital Health Record (DHR) went live across ACT public health services in November 2022 that enables communication within services and enhanced workflows for information sharing and referrals across public health and community services to monitor and track referrals and ongoing service responses.