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| Victorian Maternal and Child Health Advisory Group |

 

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| Project Scope and Governance |

# Purpose

The Victorian Maternal and Child Health (MCH) service is under significant pressure due to a range of programmatic, cost, workforce, service system, population and pandemic pressures.

At times, these pressures are impacting MCH service delivery and resulting in inequities for children and families in their access to critical health, wellbeing, safety, learning and developmental support.

The Department of Health (DH), Safer Care Victoria (SCV) and Municipal Association of Victoria (MAV) have agreed to partner with the sector and consumers to identify the highest priority short term (implementable within 6-12 months) and medium to long-term solutions to maintain high quality and safe MCH service delivery for mothers, children, and families in the face of these pressures.

## Aim

To bring together key partners, consumers and stakeholders through a whole of Victorian MCH service and sector view to:

* build a shared understanding of current and emerging MCH service and workforce pressures
* generate implementable solutions on agreed and shared priorities to alleviate these pressures
* apply a quality, safety and evidence-based clinical perspective to support the best outcomes for children from birth to school age, and their families.

## Scope

To identify pressures, opportunities and priorities and apply a solutions-based approach to MCH service demand and workforce issues as identified and experienced through the lens of Local Government, Aboriginal organisations, Community Health MCH providers and other key stakeholders.

This may include:

* Identifying current MCH demands and workforce challenges
* Identifying existing MCH service delivery and workforce levers and opportunities for improvement
* Providing a creative forum to share strategies and generate innovative solutions that build upon existing foundations and successes
* Developing state-wide or place-based responses to address workforce pressures and shortages
* Developing an action plan of most urgent priorities with solutions that can be implemented in the short, medium, and long-term
* Partnering to enhance service, workforce and public health/health promotion integration, linkages and interfaces.
* Leading and driving priority stakeholder engagement, consultation, including system wide communication.

## Governance

### Membership

Leads:

* DH: Director MCH and Early Parenting
* MAV: Manager Community Services
* SCV: Principal MCH Nurse Advisor

Members:

* Department of Health, Maternal and Child Health and Early Parenting Unit (Secretariat)
* MAV MCH Policy Advisor
* ANMF Victoria Branch
* University representative (MCHN Post Graduate Nursing)
* MCH Coordinator (from Exec MCH Coordinators Inc.)
* MCH/Early Years Strategy Group representative
* Member Victorian Association of MCH nurses (VAMCHN)
* Metro MCH nurse clinician
* Rural/ Regional MCH nurse clinician
* Aboriginal MCH nurse or service representative
* MCH Consumer Group representative (pending establishment of SCV MCH consumer group)

**Member role and accountabilities**

Membership will be for a two-year term, commencing January 2023. The following collective roles and accountabilities apply to all members to drive the work to get best results:

* be the individual and collective strategic leaders to enable quality, efficient and flexible MCH service delivery
* be accountable for strategic priorities and actions under the Action Plan to drive change, including through regular reporting
* create strategic alignment with relevant MCH governance groups

The group and its members may consult with expert stakeholders and invite them to meetings to contribute to discussions.

Key stakeholders for consultation:

* DH - Priority Population Groups and Communities
* DFFH – Supported Playgroup, Orange Door/Child FIRST and Child Protection
* DET – Kindergarten and School Nursing Program
* Research groups – i.e. Murdoch Children’s Research Institute (MCRI)
* SCV - Clinical and Professional Leadership Unit and Centres of Clinical Excellence
* Local Government MCH Director/Manager
* Aboriginal Early Years Health Advisory Group representative
* Early Parenting Centre representative
* Victorian MCH Coordinators Group
* Raising Children Network
* Vic Health
* CDIS reference group
* Midwifery representatives (SCV Senior Midwifery Advisor and DH Maternal Health, Priority Population Groups and Communities)
* Maternity services (hospitals)
* University Lecturers of MCH Post Graduate Nursing Program

### Meetings

Meeting frequency will be discussed and agreed with members during the establishment stage of the Advisory group. The meeting frequency may be adjusted dependent upon identified and agreed requirements.

The secretariat for the group will be provided by DH, MCH and Early Parenting Unit. Minutes and actions will be recorded and distributed within five working days of the meeting.

## Background context

**MCH services and workforce**

The MCH service is led and delivered by qualified MCH Nurses. There are over 1800 qualified MCH Nurses in Victoria with approximately 1500 being employed by councils or council contracted MCH Services. MCH nurses are required to be registered as both a nurse (division 1) and midwife and hold post graduate qualifications in child and family health nursing.

The expansion of both the enhanced and universal MCH services, as well as recent public health directions to reduce COVID transmission in the community, have placed additional pressures on MCH services and the recruitment and retention of the MCH workforce. The Department and councils have put in place strategies address these issues, including funding levers and workforce levers such as scholarships for MCH nursing students, and incentives for hard to staff areas.

A strategic alignment of the current initiatives and exploration of targeted solutions is required to ensure the sustainability and equity of high quality MCH services in the future.

Additionally, over the last five years MCH services have experienced significant service system change associated with the implementation of the *Early Childhood Reform Plan* from 2017/18, whole of government legislative changes associated with Family Violence and Child Information Sharing Schemes from 2018, the *More Help for Mums and Dads* initiative from 2018/19, Mental Health reform from 2021, COVID-19 pandemic (2020 and ongoing) and Child Link (2022).

Key changes have included:

* Expansion of the Enhanced MCH (EMCH) program (commenced in 2018 and was fully rolled out in 2021)
* Expansion of the MCH Line (2017/18)
* Implementation of the Family Violence Consultation (2017/18)
* Trauma informed professional development to respond to complex family needs – MERTIL (2017/18)
* Family Violence Information Sharing Scheme (FVISS), Family Violence Multi- Agency Risk Assessment and Management Framework (MARAM) and the Child Information Sharing Scheme (CISS) (2018)
* Implementation of MoSAIC assessment at the 12, 18month and 2-year KAS schedule (2019)
* Implementation of the ‘Sleep and Settling Model of Care (2018/19)
* Universal Three-Year-old Kindergarten (2018/19)
* Expansion of the Early Parenting Centres (2018/19)
* Expansion of Aboriginal MCH services through Aboriginal Community Controlled Organisations (2018/19) and 2022/23 initiatives
* COVID-19 impacts and service delivery changes including use of telehealth consultations/groups
* Royal Commission into Victoria’s Mental Health System (2021)
* Implementation of Child Link (2022/23)