

Overview of group activity

Following the presentation of the key elements, two group discussions took place. Group one focused on family-centred service delivery and considerations for service integration and group two focused on evidence-based service delivery and partnership approaches.

The purpose of the discussion was to:

- Unpack each key element; and
- Provide information on “what’s missing” from the key elements and if there were any other key elements that needed to be considered.

Feedback was then provided by each group, followed by a question and answer session.

Group 1

a. Discussion points

Key elements		Discussion Points
Family centered	<p>Response-based approach positions the client (i.e. family) as the expert</p> <p>Services are accessible and culturally safe for all families and children</p>	<ul style="list-style-type: none"> • This response-based approach forms the basis of child and maternal health. • There are opportunities for services to engage the community in the development of a model. • Co-design is critical to build capacity. • Parents feel empowered when they understand the needs of their family. • Establishment phase required with ongoing engagement and consultation. • Using language as appropriate- family vs person-centered. • Knowing the best approach for evaluation. • One bad experience with a health services can limit access by vulnerable people.

Key elements		Discussion Points
Service integration	<p>Improves equity of outcomes for vulnerable children and families by contributing to large-scale change</p> <p>Contributes to service system integration, builds sustainable service models</p>	<ul style="list-style-type: none"> • Service looks at a systemic approach to improve low birth weight e.g. integration, access to care (timely). • There is an opportunity to include social determinants and the use of a social and medical model e.g. Social Prescribing. • Recognition that alongside service delivery there is a capacity building element in the model. • There is a need to understand how hospitals work alongside primary care and community health. • It is important to demonstrate access to care postnatally. • It is important to know the needs of the target group so that impact is meaningful. • Engaging partners is important (if appropriate) • Time to measure outcomes due to two-year funding period is challenging. • Need to consider antenatal roles of Hospitals and primary health services • Capturing data from primary care can be a challenge. • Identifying the number of unborn children and pregnant women in community settings is time intensive. • Challenges regarding how services adapt to community and how services will be sustained beyond the life of the program. • Important to engage hospitals and GPs clinics to be part of the development

b. Feedback

- General thoughts are that these are valid elements for a service delivery model.
- Consideration needs to be given to refinement of these elements if possible.
- Engage community so they inform the service model to support accessibility.
- Service – focus on system improvement, capacity building, more choice for women. Service access could be in more than one location.
- Discussion around how to target groups and keep them engaged in a meaningful way.

Group 2

a. Discussion points

Key elements		Discussion Points
Evidence-based	<p>Identifies causes and social determinants of high rates of low birth weight outcomes</p> <p>Delivers improved low birth weight outcomes / key indicators</p> <p>Supports innovation and adaptation to emergent, dynamic realities through developmental evaluation</p>	<ul style="list-style-type: none"> • Antenatal and childbirth education for women/families is important. • Consider unique needs of Aboriginal communities and women from culturally diverse backgrounds. • Be specific i.e. data needs to be targeted due to limited resources. • Lived experience to inform service model as using data and evidence only is not enough and does not tell the full picture. • Be realistic about what can be achieved. • Experience from service providers needs to be considered • Think about how success will be measured. • Think about how knowledge will be transferred.
Partnership	<p>Generates collective impact through collaborative, evidence-based, community-generated and locally targeted responses</p>	

b. Feedback

- Need time to take deeper dive into the data, check own assumptions around data, lived experience can support data and evidence
- Partnerships need to include planning and data sharing
- Avoid practicing in isolation and consider referral mechanisms.

Points raised on “what’s missing”

- lived experience
- Evaluation methods- reducing rates of low birthweight as an outcome may be challenging in a two year funding period however there is a need for proximal indicators, suggesting service model is contributing to achieving outcomes.

Question and answer session

Q1	Can the PHN provide additional resources around low birth weight data?	<ul style="list-style-type: none"> • Key evidence for low birth weight was developed through the Better Health Plan for the West partnership. • This evidence will be made available with tendering documents
Q2	Melton South and Wyndham have been identified as the sites for the activity. Does the activity need to be implemented in either of both sites?	<ul style="list-style-type: none"> • The tender will provide the applicant with an opportunity to select whether the activity will be implemented at either or both sites.
Q3	Does the activity have to be implemented in Melton South only? Can it be extended to the rest of Melton?	<ul style="list-style-type: none"> • The activity can be extended to the whole of Melton, rather than just Melton South provided the need is demonstrated. The Request for Tender documentation will reflect this.
Q4	What is the budget for this activity?	<ul style="list-style-type: none"> • \$900,000 • This is for a two-year funding period, with the contract looking to commence March 2020