

NSW Ministry of Health Paediatric Priority Funding Funding Strategy

Health and Social Policy Branch
Health System Strategy and Planning
September 2020

Project Data

Branch	Health and Social Policy Branch
Unit	Disability, Youth and Paediatric Healthcare
Project Name	NSW Ministry of Health: Paediatric Priority Fund
Proposed timeframe	October 2020 - June 2023
Key Contacts	Lisa Quirk Principal Policy Officer, Paediatric Health
Cost Centre	HSPB: 127162

Acronyms

Agency for Clinical Innovation	ACI
Clinical Excellence Commission	CEC
Local Health Districts	LHD
Specialty Health Networks	SHN

Background

The Paediatric Priority Funding (PPF) initiative (formerly known as Paediatric Innovation Fund) provides time limited grant funding to deliver projects that support quality improvement initiatives to strengthen paediatric patient outcomes.

Grants support projects in paediatric services that aim to improve the delivery of health services and/or improve health and wellbeing of children and young people.

Historically this funding has been distributed in a competitive process to enable small scale projects focused on a range of paediatric priority areas. This round of funding will be directed to a known priority area where there is a need to build further capacity across the NSW Health System: care coordination and integration for children and young people with complex needs.

Local Health Districts and Specialty Health Networks can apply for funding to trial a new model or adapt, consolidate or scale existing models that build capacity to address the priority. Project implementation should be in partnership with the relevant Children's Health Network (CHN).

Total funding available is \$2,580,000 over 3 financial years (\$860,000 per annum between 2020/21 and 2022/23). Projects that require between \$50,000 and \$300,000 per annum will be considered. Funding allocation will be based on assessment of the project's alignment with, and capacity to deliver on the priority. Year two funding release will be dependent upon achievement of year one project milestones. Year three funding release will be dependent upon achievement of year two project milestones and confirmation of sustainability strategy.

Purpose and objectives

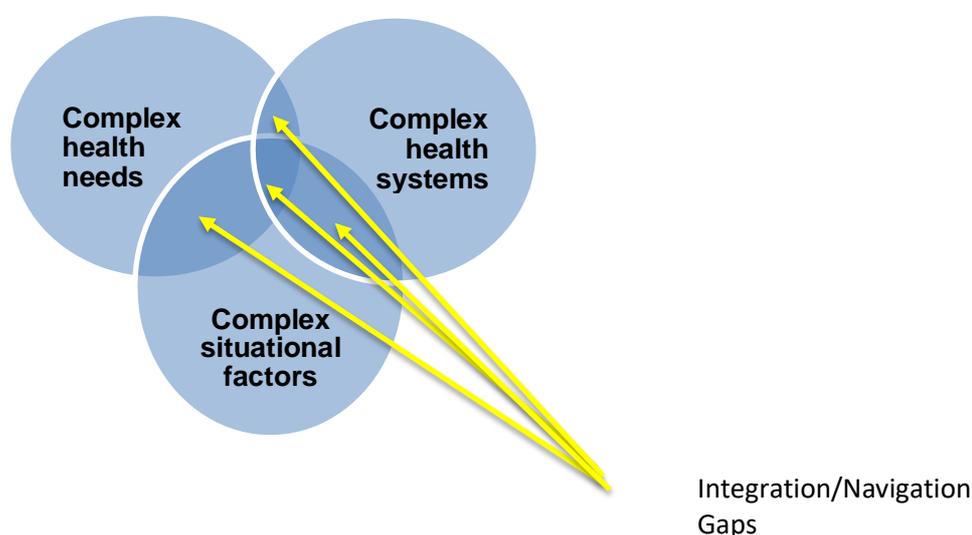
The purpose of the PPF is to harness NSW Health capacity to use evidence to improve:

- processes within the health system
- patient outcomes and population health
- wellbeing for children and young people in NSW.

Scope

The funding approach aligns with the recommendations from the *Review of health services for children, young people and families in the NSW Health system* (2019) (The Henry Review).

Healthcare is a complex system. When there are layers of complexity, children and young people, their families, and sometimes their treating teams can find it difficult to access the right care at the right time, in the right place, as close to home as possible.



The Henry report recognised that the health system needs more enablers to support system navigation (p.8). The effective and timely integration of health services and health service delivery can empower and enable children and young people with complex care needs, and their families to obtain the support they need.

Project Information

The priority funding in 2020/21 - 2021/23 will be directed to projects and initiatives that focus on enablers that support the Local Health Districts and Specialist Health Networks to deliver coordinated and integrated outcomes for children and young people with complex health care needs. Projects must target patients aged 0-18 years but may include patients aged 18-24 where this is an associated need.

LHDs/SHNs can consider pilots, adaptations of existing projects for paediatric or adolescent patient groups or opportunities to scale existing effective paediatric systems. This may include:

- developing or expanding integrated practice within health systems and/or with other health and social care or Aboriginal community-controlled agencies/providers, to support children and families and Aboriginal children and families with complex health care needs
- projects focused on the development of health literacy, self-efficacy, self-advocacy or engagement with vulnerable communities, Aboriginal communities and priority groups
- new or expanded use of technology to support access and integration, for example virtual health.

Existing Models of Care

Existing models such as those listed below could be considered:

- The *Kids Guided Personalised Service* (KidsGPS) (**Appendix A**) is an established program delivered by Sydney Children's Hospital's Network (SCHN), that works with treating teams to identify opportunities to integrate and share care, streamline appointments and avoid unnecessary admissions. It supports coordination until the team is self-sustaining.
- A proposed *Paediatric Care Coordination Model of Care* (**Appendix B**) has been adapted from KidsGPS by the Paediatric Nurse Consultant Group in partnership with the Integrated Care Project at the SCHN, and the Children's Healthcare Network.
- The *Integrated Service Response Model* (**Appendix C**) has demonstrated that investment in integrated and coordinated service delivery can lead to better outcomes for children and young people with complex health care needs when there are important intersections with and between other agencies and providers.

The Ministry is also supportive of local innovation or adaptation of other initiatives.

Reporting

Successful LHDs/ SHNs must identify how they will assess the effectiveness of the project/initiatives implemented. This will form part of the reporting requirements to the Ministry.

In addition to a project plan, project teams will be required to submit progress reports quarterly, plus a final report in July 2023 that includes final outcomes achieved and 'where to next'.

Information, learnings and outcomes will be shared across the system.

Sustainability

The Paediatric Priority Fund is a fixed term funding initiative. Issues of sustainability must be considered during the planning phase of each project.

Whilst each LHD/SHN will determine its own strategy, options may include, but are not limited to:

- end of funding will coincide with completion of the project
- initiative is a proof of concept and if effective, will be delivered through or replace existing model of care
- learnings from the project are embedded in existing services
- ongoing activity will be undertaken within existing resources as confirmed by the LHD/SHN.

Release of year three funding will be subject to written commitment from LHDs/SHNs to sustain/embed or adapt effective systems/processes beyond June 2023.

Out of Scope

1. Research
2. Clinical trials
3. Project or patient groups where other specific funding sources are available
4. Projects that do not have a clear outline.

Project Proposal

A maximum 5-page project proposal (see page 8) must include the following components:

1. Summary description of the project that will be implemented
2. Systems gap(s)/blockage(s) that will be addressed
3. Concept(s) or model(s) that will be tested or scaled
4. Target populations
5. Project timelines
6. LHDs/ SHN participating in the project
7. How the project(s) will build deliver coordinated and integrated outcomes for children and young people with complex health care needs
8. Method(s) of delivery
9. Process to measure outcomes and/or impact, including whether using existing or new data sources
10. Strategy that will be used to sustain outcomes, if the project(s) is/are effective
11. LHDs/SHNs may consider an individual or combined project to achieve economies of scale¹. Pooled budget submissions should address the following additional criteria:
 - a. outline of agreement to share, cross subsidise, scale or expand activities
 - b. governance arrangements
 - c. shared licensing arrangements, where applicable
 - d. approval by all involved organisations.

¹ This may include pooling funding with another part of the Australian health system or other key stakeholder(s).

Funding Allocation Strategy – Expression of Interest

LHDs/ SHN are invited to submit one or more project proposals, with maximum budget allocation of \$300,000 per annum for three years per proposal.

The Ministry of Health will convene a panel to review each submission and make recommendations to the Executive Director, Health and Social Policy about the projects that should be funded and approved by the Deputy Secretary, Health System Strategy and Resources. Recommendations will be based on the merit of each proposal (ranking) and the funding available.

Panel members will be from the Agency for Clinical Innovation, Clinical Excellence Commission, rural, regional and metropolitan LHDs, and reflect medical, nursing and allied health perspectives.

Project Governance

The Ministry's Paediatric Healthcare Team will oversee initial grant distribution. Assistance with project delivery, monitoring and reporting will be provided by the Ministry with support from the Agency for Clinical Innovation (ACI) through the ACI Paediatric Network.

Governance	Details	Roles and responsibilities
Project Sponsor	Tish Bruce, Executive Director, Health and Social Policy Branch	Approve funding allocation strategy Approve funding distribution
Project Owner (Allocation – phase 1-2)	Sarah Morton Director, Disability Youth and Paediatric Health	Approve key project and delivery decisions Review project progress and risks
Project Owner	Lisa Quirk, Principal Policy Officer	Approve key project and delivery decisions Oversee project delivery and reporting Review project progress and risks Stakeholder engagement
Project Administration	Deb Heenan, Policy Officer, Paediatric Health Care Team	Monitor project progress and risks Provide updates to the Project Owner
Project Analysis	ACI Paediatric Network	Capture and share learning and results ²

² To be defined and agreed between MOH and ACI

Project phases activities and timeframes

Project Phase		Project Activities	Estimated Completion
1. Project Initiation	1.1	Funding strategy and invitation to submit	September 2020
	1.2	Project outlines submitted	13 November 2020
2. Allocation	2.1	Funding allocation endorsed	4 December 2020
3. Finalisation of grants	3.1	Funding schedules; governance and reporting process in place. Successful LHDs notified	17 December 2020
4. Establishment	4.1	Project Establishment	January 2021 – March 2021
5. Implementation	5.1	Implementation Reporting (quarterly)	April 2021 – April 2023
	5.2	Governance and risk mitigation	May – June 2022
	5.3	Sustainability	
6. Transition and Close	6.1	Consolidate project learnings	April – June 2023
7. Report	7.1	Final report	July 2023

Project deliverables

	Key Deliverable	Date
1	Funding Allocation Strategy Finalised	Sept. 2020
2	Network communications	Oct. 2020
3	Grant allocations finalised and approved	Dec. 2020
4	Funding distribution and project start dates	Jan. 2021
5	Periodic reporting begins (quarterly)	April 2021
6	Annual Review – year two funding released	July 2021
7	Periodic reporting continues (quarterly)	Sept. 2021
7	Network discussions with LHDs/SHNs regarding funding transition/ sustainability	May - June 2022
8	Annual Review – year three funding released	July 2022
9	Periodic reporting continues (quarterly)	Sept. 2022
10	Analysis of results	April - June 2023
11	Projects close	June 2023
12	Project reports and show case outcomes/learning	July 2023

Project Proposal

Children's Health Network			
Principal LHD/SHN			
Project Contact (name and role)		Contact Details:	E: T:
Endorsing Officer (name and role)		Contact Details:	E: T:
Combined Project?	Yes /No	<i>If yes, please attach:</i> <ul style="list-style-type: none"> •evidence of approval by a delegated officer •contact for each LHD/SHN or other partner involved in this project • response to item 11 (below). 	
Project Name			

1. **Project Summary:** *What is/are the problem(s) being addressed?*
2. **Project Model(s)/Concept(s):** *What approach(es) will be implemented/tested? How will this deliver coordinated and integrated outcomes for children and young people with complex health care needs?*
3. **Project Timeline(s):** *When will the project(s) start and end?*
4. **Target Population(s):** *Age, geography, vulnerability, priority population, Aboriginal, CALD etc.*
5. **LHDs/SHNs leading / participating in the project.** *List any other partners.*
6. **Approaches:** *What methodology(s) will be used?*
7. **Expected Outcomes:** *What results/outcomes do you expect to see?*
8. **Measurable Outcomes:** *How will the results/outcome be measured?*
9. **Sustainability:** *How will project sustainability be addressed beyond the funding period?*
10. **Budget:** *What budget is requested and how will this be used?*
11. **Combined projects:** *How have/will shared resources and project deliverables be agreed, managed and governed?*