

Northern Queensland First 2,000 Days Framework Implementation Plan

Year three: 01 July 2025 – 30 June 2026





First 2,000 Days Framework Deliverables

Category	Framework Area	Key focus area	Actions	Measure	Lead	Timeframe	
Α	Preconception	Preconception Health Promoting Activities and Settings for Women and Families	 A1.1 Preconception campaign (final stage following co-design in 2024-2025). Content creation for social media campaign including a website, social media content, links to local social prescribing/local supports. Health professionals' suite of resources in preconception health care. 	 Communication and engagement plan developed. Health Practitioner stakeholder engagement. 	HWQld	Jun 26	
			A1.2 Health promotion activities on sexual health. ✓ School – based education programs aimed at promoting healthy sexual relationships.	Recruitment of permanent CH, RN and HW.Summary report.	NWHHS	Jun 26	
			 A1.3 GP education sessions on sexually transmitted infections (STIs). In conjunction with NQPHN, MHHS Sexual health unit will include education sessions to enhance the knowledge and skills of General Practitioners (GPs) regarding the prevention, diagnosis, and management of STIs, improving patient care and public health outcomes. 	Educational materials and resources.Evaluation.	NQPHN/MHHS	Jun 26	
В	Perinatal	Screening, Support and Education To develop and implement a comprehensive Healthier Pregnancy Initiative that addresses smoking in pregnancy and gestational diabetes, in alignment with the Putting Queensland Kids First Strategy. The initiative aims to improve maternal and child health outcomes by reducing risks associated with these conditions during pregnancy. B1.2 Syphilis detection and treatment in pregnancy. To enhance syphilis screening, early detection, and timely treatment for pregnant women to prevent adverse pregnancy outcomes and congenital syphilis. B1.3 Healthier pregnancy initiative. Embed preventative health practices for women across the antenatal, birthing and postpartum period, including integration with child health and other services. A new Clinical Midwife Consultant position to work collaboratively on the statewide healthier pregnancies' initiative. Clinically safe and culturally appropriate Develop and implement a action plan for maternity service reform at NWHHS.	To develop and implement a comprehensive Healthier Pregnancy Initiative that addresses smoking in pregnancy and gestational diabetes, in alignment with the Putting Queensland Kids First Strategy. The initiative aims to improve maternal and child health outcomes by reducing risks associated with these	Monitoring and evaluation report.Recruitment.	NWHHS/CHHHS	Jun 26	
				 To enhance syphilis screening, early detection, and timely treatment for pregnant women to prevent 	 Revised screening and treatment guidelines. Training programmes and materials for healthcare workers. Monitoring and reporting systems. Public awareness campaign materials. 	MHHS	Jun 26
			 Map local services to identify priorities Baseline audit of current preventative health practices, systems and processes. Implementation plan 	TCHHS/THHS	Jun 26		
				Steering Committee establishedImplementation plan.	NWHHS	Jun 26	
			 B2.2 Establish a low-risk birthing site within the community by 2027. To establish a safe and accessible low-risk birthing site within the community by 2027, improving maternal and infant health outcomes by providing women with an alternative to hospital-based births. The provision of a dedicated culturally appropriate space for First Nations women to birth. 	 Operational facility for low-risk birthing. 	MHHS	Jun 27	



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В		Breast Feeding	 B3.1 Support Torres and Cape CHHS facilities to become 'baby friendly' through breastfeeding initiatives and education for staff. Develop a bespoke accreditation model with the Australian College of Midwives and the Australian Breastfeeding Association. MGP facilities BHFI accredited. 	 Stakeholder engagement completed. Training programs and educational materials distributed. Breastfeeding Policies established. Accreditation achieved. Monitoring and evaluation processes established. 	BHNQ/TCHHS	Jun 26
		Continuity of Care	B4.1 Palm Island Maternity Services: Implementation of the codesigned continuity model of care (MoC). ✓ The midwifery co-design MoC report will be disseminated to all relevant stakeholders upon completion. If the revised model identifies a need for additional midwifery staffing, an Expression of Interest (EOI) will be submitted to appropriate funding bodies. Subject to successful funding, the updated MoC will be finalised and operationalised.	 Endorsement of MoC. Successful EOI (if required). Develop operational plan. Implement new MoC. 	THHS	Jun 26
			 B4.2 Midwifery Group Practice (MGP): Recruitment and service expansion. Recruitment of a Maternity Unit Manager (MUM) and a dedicated team of midwives to strengthen the MGP model, enhancing relational maternity care for all women attending Cairns Hospital. Expand MGP services by stabilizing and increasing staffing levels to accommodate more women. This initiative aims to increase access to woman-centred, culturally safe pregnancy care. Since the MGP model currently serves only low-complexity pregnancies, efforts are also underway to improve continuity of care for women requiring more complex antenatal and birthing needs. 	 MUM recruited. Midwives recruited. CoC model operating. 	CHHHS	Jun 26
			 B4.3 Improve Continuity of Care for Women Birthing in Cairns from Torres and Cape: Initial scoping phase. Identify key stakeholders and initiate conversations to better understand the current challenges and opportunities in providing continuous, culturally safe care for women from Torres and Cape birthing in Cairns. 	 Identify key stakeholders Initial scoping Consumer engagement Identify next steps 	TCHHS	Dec 25
		Social and Emotional Wellbeing Support	 B5.1 Integrated services to support social and emotional wellbeing during mother crafting education. To integrate child health nurses and mental health nurse into the mother crafting education program, fostering social and emotional wellbeing for mothers during pregnancy and post- birth. 	 Integrated service model 	мннѕ	Jun 26
			B5.2 External evaluation of commissioned Social and Emotional Wellbeing programs delivered in Aboriginal Community controlled Healthcare Organisations (ACCHOs). ✓ To conduct an external evaluation of the effectiveness, impact, and sustainability of commissioned Social and Emotional Wellbeing programs delivered by ACCHOs, ensuring that these programs meet the needs of Aboriginal and Torres Strait Islander communities and improve health outcomes.	 Evaluation report and recommendations. 	NQPHN	Jun 26
			 B5.3 Integrate iCOPE and KWWMS mental health assessment tools withing maternity services. Integrate iCOPE (a digital perinatal mental health screening tool) into routine maternity care to enable early identification, referral, and support for perinatal mental health concerns. 	Summary report.Data on referral rates.	CHHHS	Jun 26



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С	Children up to 5 Years	hildren up to 5 Child Health and	 C1.1 Child Development Service: Dedicated resources and service expansion. To enhance and expand the Child Development Service by providing dedicated resources and increasing the capacity to support the growing demand for early childhood development services. The goal is to improve access to high-quality services, tailored support, and early intervention for children with developmental delays or disabilities. 	 Resource funding secured. Restructured and integrated service implementation plan (links with C2.1) New Model of Care documents. Data collection following service implementation. 	NWHHS	Jan 26
			 C1.2 Tracking Cube (Griffith University): Supporting ACCHOs to localise, implement and pilot the Fetal Alcohol Spectrum Disorder (FASD) tool. To support two ACCHOs in localising, implementing, and piloting the Griffith University Fetal Alcohol Spectrum Disorder (FASD) screening tool, improving early detection, diagnosis, and support for children affected by FASD in Aboriginal and Torres Strait Islander communities. 	 Pilot implementation report with data on usage and outcomes. 	NQPHN	Jun 26
			 C1.3 Sustained Health Visiting (SHV) Program: Support for vulnerable families. To provide ongoing, proactive health visiting services to vulnerable families. This program aims to offer continuous, tailored support, including health education, developmental monitoring, and early intervention referrals to improve child and family wellbeing. Gradual increase of the client cohort. 	Data Monitoring.Evaluation.	THHS	Jun 26
		 C1.4 Sustained Health Visiting (SHV) Program: Support for families. An initial planning discussion will be conducted with Torres and Cape Hospital and Health Service (TCHHS) to collaboratively design a service model tailored to the unique needs and circumstances of the Torres and Cape region. C1.5 Child Youth & Family and Child Development Services: Referral pathways review. Conduct a comprehensive review of referral pathways to ensure timely, efficient, and integrated services. This review will focus on ensuring seamless, timely, and coordinated transitions of care for families, enabling early identification and connection to appropriate health, developmental, and family support services. 	 An initial planning discussion will be conducted with Torres and Cape Hospital and Health Service (TCHHS) to collaboratively design a service model tailored to the unique needs and circumstances of the 	 Consultations conducted between SHV trainers and T&CHHS. Development of a region specific model underway. 	TCHHS	Jun 26
			 Business case developed and submitted. 	СНННЅ	Jun 26	
		Integrated models of paediatric care	 C2.1 Restructuring of paediatric services. Conduct a review and realign services to establish integrated models of paediatric care linking with C1.1 Child Development service expansion. 	 Service implementation plan (links with C1.1). New pathways established. 	NWHHS	Jun 26
			 C2.2 General Practitioners (GPs) with a specialist interest in paediatrics: Review of current numbers and potential models of care for implementation. Conduct a review to assess the current availability of General Practitioners (GPs) with a specialist interest in paediatrics in North Queensland and to explore potential models for increasing their presence, training, and support in the region. This review will help identify existing gaps in the workforce, as well as viable strategies to address the shortage of paediatric-specialist GPs and improve paediatric care in rural and remote communities. 	 Recommendations report. 	BHNQ	Jun 26



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С		Promoting health, nutrition, physical activity and emotional growth in children	 C3.1 Promote the role of child health nurses and improve knowledge about the importance of developmental milestones. Work with early childcare providers and community based services (in the Far North Early Childhood Network) to promote the role of child health nurses and the importance of health and development checks, including how to navigate allied health pathways. 	 Data on providers engaged. Baseline data on number of checks increases. 	BHNQ/NQPHN	Jun 26
		Education and support to empower families	 C4.1 Establish a Men's Group with a mental health and connectedness focus. To establish a supportive and engaging Men's Group focussed on mental health, emotional wellbeing, and fostering a sense of connectedness within the community. 	 A functioning Men's Group with regular meetings and activities. Monitoring and evaluation report. 	MHHS	Jun 26
			 C4.2 Childhood Obesity Prevention: Early Intervention and Community Engagement. Review suitable and culturally tailored early childhood obesity prevention programs that promote healthy eating and active lifestyles from infancy through early childhood. This includes parenting support, nutrition education, collaboration with local services (e.g., childcare, schools), and community-led initiatives to create supportive environments that reduce risk factors for obesity. 	 Mapping of available programs. Data collection. Report and recommendations. 	BHNQ	Jun 26
		Support Immunisation	 C5.1 Al Voice: Childhood immunisation health literacy campaign (GoShare, Healthily) To improve childhood immunisation health literacy using Al voice technology, through digital platforms GoShare and Healthily, aiming to increase understanding and awareness of the importance of immunisation among parents and caregivers, particularly in underserved communities. 	Data on campaign reach and effectiveness.Summary report.	NQPHN	Jun 26
			 C5.2 Nurse Practitioner Immunisation Outreach model – pilot. To map, scope, and design a Nurse Practitioner (NP) Immunisation Outreach model aimed at improving childhood immunisation rates by delivering mobile, community-based immunisation services. This phase will focus on identifying target populations, assessing community needs, and developing the framework for implementation, particularly in underserved or remote areas, with the pilot scheduled for rollout in Year 4. 	 Service delivery model framework Implementation plan 	NQPHN	Jun 26
		Promoting resilience and wellbeing in children	C6.1 Family and Domestic Violence pilot: Outreach primary care services in temporary accommodation and women's and children's shelters. To provide accessible, trauma informed primary care services to individuals in temporary accommodation and shelters for women and children affected by family and domestic violence.	 Established partnerships with shelters and accommodation services. A mobile healthcare team operational in shelters. Monitoring and evaluation report. 	NQPHN	Jun 26
			 C6.2 Enhance staff capability in trauma -informed care. Design and implement a trauma-informed care framework and training program within TCHHS to equip staff with the knowledge and skills needed to provide culturally appropriate trauma-informed care. 	 Completion of trauma-informed framework document. Identification of suitable trauma-informed training resources. Rollout plan for staff training. 	TCHHS	Jun 26
		Hearing and vision screening for children	C7.1 Community Hearing Screening program for children who have concerns regarding hearing, speech/language or understanding. HHSs (supported by PQKF) to develop localised models for targeted hearing screening. TCHHS to receive funding for an Audiologist for their universal screening model.	 Baseline data collection. Staffing uplift/funding secured. Staff trained (e.g. Allied Health Assistants). 	HHSs	Jun 26



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			 C7.2 Ensure equitable access to vision screening for children across North Queensland. Upskill nursing staff to facilitate effective and accessible vision screening services across the Torres Strait Islands and the Northern Peninsula Area. All children to have access to routine vision screening. 	 Baseline data collection. Staff upskilled. Vision screening commenced in Torres Strait Island and the Northern Peninsula Area. 	TCHHS	Jun 26
		Promoting children's oral health	 C8.1 Promote equitable access to oral health promotion and services for children under five across North Queensland. Conduct a comprehensive review of existing oral health services and promotion activities across North Queensland, including service availability, geographic coverage, and workforce capacity. Collect and analyse data on service access, wait times, and resource allocation to identify gaps and inform targeted improvements. 	 Mapping of services. Data collection. Report and recommendations. 	BHNQ/HHSs	Jun 26
D	System enabler	Child safe organisations	 D1.1 Embedded National Principles for Child Safe Organisations across all HHSs to ensure systems and processes that prevent harm to any child. HHSs to review the <u>guidelines</u> for adopting the 10 Child Safe Standards, complete the <u>self-assessment tool</u> and begin implementation to become child safe. 	 All HHSs have completed the self- assessment tool. HHSs implementation activity commenced. 	HHSs/BHNQ	Jun 26
		Skilled and diverse workforce	D2.1 Support upskilling of Health Workers through facilitation of conversations between HHS Health Equity Units and Education providers. Support (if required) the reintroduction of the certificate IV in child health and development for IHPs. Support the development of micro credentials in child health and development for IHWs.	 Cert IV child health and development unit developed by QAS and delivered in the U-Mee Koola Pilot. Cert IV child health and development unit and micro credentials in child health and development developed by TAFE. 	BHNQ	Jun 26
			 D2.2 Child and family health promotion workforce training package. Design and develop training to improve capacity and capability to engage parents and families effectively and proactively in preventative health. Pilot and refine training for launch by July 2026. 	Training package developed.Pilot phase completed.	HWQLD	Jun 26
			 D2.3 Graduate Certificate in Diabetes Education (including Gestational Diabetes): JCU bursaries for AHPRA registered Aboriginal and Torres Strait Islander Health Practitioners. To provide bursaries for AHPRA-registered Aboriginal and Torres Strait Islander health practitioners to pursue the Graduate Certificate in Diabetes Education at James Cook University (JCU). This initiative aims to build local expertise in diabetes management and education, improving health outcomes within Indigenous communities. 	 Summary report on number of enrolments and completion rate. 	NQPHN	Jun 26
		 D2.4 Recruitment of a multidisciplinary team for child and family care. To provide coordinated care to children and families through the recruitment of skilled professionals across nursing, midwifery, social work and Indigenous health workers. 	D2.4 Recruitment of a multidisciplinary team for child and family care. To provide coordinated care to children and families through the recruitment of skilled professionals	Successful recruitment.Summary report.	THHS	Dec 25
			 D2.5 Develop a formal Transition to Practice Child Health pathway. ✓ Scope the development of a fully functional transition to practice program within TCHHS to support those on the child health transition to practice pathway. ✓ Promote access to the Child Health scholarships. 	 Scoping report and recommendations. 	TCHHS	Jun 26



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		Integrated	D3.1 Care on Country project to enhance localised care and integration of primary and tertiary services.	 Integrated care pathways 	NQPHN	Jun 26
		community based	 To improve access to healthcare services by enhancing localised care and integrating primary and tertiary 	between primary and tertiary		
		delivery	healthcare systems, ensuring culturally appropriate and sustainable care for rural and remote	services.		
			communities.	Monitoring and evaluation report.		

BHNQ Business as Usual Activities

	Framework Area	Key focus area	Actions	Measure	Lead	Timeframe
D	D System enabler	Advocacy	 D4.1 Inform and support funding proposals/business cases. Where health and service needs in the First 2,000 Days are identified through the 2025 JRNA, support members funding application processes, through the identification of evidence based or best practice models that could be transferable. 	 Applications supported and submitted. Summary report on advocacy activities. 	BHNQ/NQPHN	Jun 26
		Communication and engagement	 D5.1 Ensure alignment of the NQ First 2000 days of life Framework with related strategies and initiatives. Ensure alignment with related strategies and initiatives through ensuring a representative(s) nominated by the NQ First 2,000 Days of Life Steering Committee is tasked with direct engagement with key agencies leading this work and/or as a member of other regional or statewide governance groups. 	 Quarterly review of relevant new strategies reported to Steering Committed. 	BHNQ	Jun 26
			 D5.2 Implementation of communication and engagement activities with First 2000 Days' stakeholders. Develop and maintain stakeholder relationships through quarterly newsletters, regular engagement meetings and attendance at networking groups and events. 	Engagement activities reported to Steering Committee.Quarterly newsletter issued.	BHNQ	Jun 26
			D5.3 Link into established consumer groups to ensure awareness, engagement and focus on the first 2,000 days. Establish working groups with local membership that meet purposefully, based on shared objectives.	 Existing HHS/NQPHN consumer groups identified, and engagement commenced. 	BHNQ/NQPHN/HW QLD	Jun 26
		Funding/Governance	D6.1 Demonstrate the return on investment to secure ongoing funding from Better Health NQ member organisations for the Program Manager position, which supports the Framework's implementation across North Queensland and advocates statewide. Very BHNQ specific actions identified and progress evidenced — monitored through the FISC. Very Coordinate and oversee governance processes to support Framework delivery. Provide quarterly reports to FISC. Submit an end of year report summarising achievements and challenges. Develop and monitor the Framework implementation plan.	 Quarterly FISC reports. Annual report. Approved implementation plan. 	BHNQ	Jun 26

Queensland Health Activities that Align to the NQ First 2,000 Days Framework Implementation Plan and Enhance NQ Services and Supports (supported by BHNQ)

Framewor	k Area	Key focus area	Actions	Measure	Lead	Timeframe
B/C	Perinatal/ Children up to 5 years	Maternal Health Screening, Support and Education	Expansion of Connecting2u: Under PQKF the Connecting2u program will be expanded to include antenatal messaging. The expansion of the C2u program to include antenatal messaging will benefit expectant parents across North Queensland by offering accessible, evidence-based and culturally appropriate health information. By working with the C2u project team, by promoting and monitoring program uptake, and by measuring the effectiveness of this expansion through engagement metrics and health outcomes, Better Health NQ will ensure that the C2u program is both relevant and impactful for improving maternal and child health across the region.	 Active promotion and inclusion of the C2u program in NQ BAU maternal health screening and support. Access data on reach and engagement. Access PQKF evaluation findings. 	CHQ	June 2026



D	System enabler	Co-Designing Services with Communities	 Engagement and communication with multicultural communities. Co-design in partnership with the multicultural and refugee communities and the healthcare workforce in Cairns and surrounding areas, communication materials and resources for healthcare workers to enhance their understanding of multicultural patients and improve culturally responsive care. Co-design in partnership with the multicultural and refugee communities and the healthcare workforce in Cairns and surrounding areas, community-facing resources and communications about how to navigate the local health system including but not limited to emergency triaging, accessing local services, and how to call an ambulance. 	 Co-design completed. Resources developed and shared. 	MHPT, Qld Health	Jun 26
		Skilled and Diverse Workforce	 U-me Koola pilot for clinical upskilling of Indigenous Health Workers. A three-year training programme commencing in June 2024 in partnership with QAS that will result in AHPRA registration as clinicians. The course is delivered through on the job training with an onsite, HW 8 employed by the program to support, deliver, and assess competencies. 	IHWs increased and working at top of scope.Cert IV unit developed.	Qld Health/THHS	2024-27