



Our Healthy Children

Auckland City
Child Health Improvement Plan
2006–2011

Our Healthy Children. Our Community. Our Vision.

He aha te mea nui o te ao
He mokopuna, he mokopuna, he mokopuna

The greatest gift on earth
Our children, our children, our children

Our Healthy Children. Our Community. Our Vision.

Our Healthy Children has been developed by Auckland District Health Board working with others from across the child health and related sectors.

The plan relates to children aged from 0 to 14 years in line with the NZ Child Health Strategy. A future plan will focus on the needs of young people aged 15 to 24 years.

Our vision is of Auckland City as a place that builds healthy children, with clean air and water, good food, quality physical activity, less disease and safer environments and where:

Children are supported by a health system that helps families to help themselves and nurture their children to achieve their full potential.

Children and their families are supported by universally available health services which are accessible and co-ordinated.

Children from vulnerable families receive targeted support so their health is not disadvantaged by their economic and social situation.

Children who suffer illness and accidents are treated promptly with quality care. Health and social services work closely together to help those children with complex and long term conditions.

Children with disabilities have the help they and their families need to have quality life and to participate in, and contribute to, society.

Children enjoy better health as a foundation for successful lives

This is our vision for 2011.

Making this plan work will require effort, time and resources. We are already part of the way there. We are committed to the rest of the journey. We are committed to the health of our children.



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Approved by the Auckland District Health Board on 6 April 2006.

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For electronic copies of the ADHB Child Health Improvement Plan go to:

www.adhb.govt.nz

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We will ...

1. Work with others in supporting stronger and more resilient families and communities - as integral to improving child health.
2. Ensure that all children receive Well Child care and are enrolled with a Primary Health Organisation (PHO).
3. Build on the Well Child framework to maximize child health outcomes.
4. Support pre schools and schools to become health promoting environments.
5. Improve the rate of children fully vaccinated by age 2.
6. Improve the oral health of Auckland children.
7. Introduce newborn hearing screening.
8. Improve the responsiveness of health services to the needs of high risk children and to the diverse cultural make-up of Auckland District.
9. Build powerful leadership and advocacy for child health with the establishment of a sector-wide Child Health Advisory Group.
10. Listen to what children say about what makes them healthy.
11. Improve childhood fitness and activity.
12. Reduce respiratory disease and skin sepsis – especially for Maori and Pacific children.
13. Improve the co-ordination of services for children with chronic health care needs and those with disabilities.
14. Reduce the rate of child traumatic injuries both unintentional and intentional.
15. Support secondary and tertiary level services (hospitals) and primary care (general practice) to work more closely to build clinical expertise.
16. Continue to provide secondary and tertiary health services for the child population of ADHB.
17. Continue to provide tertiary services for the children of other DHBs as required by them.
18. Encourage primary health care providers to deliver a quality health service.

Executive summary

Our Vision: Healthy children, healthy families/whanau and healthy communities.

Our Healthy Children is a plan that provides a framework and direction for actions to improve health outcomes for children aged 0 to 14 years in Auckland City.

The plan covers the time period 2006 – 2011.

The planning process and the proposed actions have been informed by a wide group of stakeholders. The plan incorporates many of the comments and suggestions provided by a range of people during consultation on the draft plan. It is acknowledged that there are already many services and projects in Auckland city which are achieving positive outcomes in child health. *Our Healthy Children* charts a path for the future for all child health providers in Auckland district, not just for Auckland District Health Board (ADHB).

Our Healthy Children focuses on six key outcome areas, five of which align with ADHB's broader long-term whole-system planning process *Our Health 2020*. The outcome areas are:

- Improve healthy lifestyles and environments
- Reduce the incidence and impact of long term conditions
- Reduce inequalities in health outcomes
- Achieve NZ Primary Healthcare Strategy system change
- Support appropriate use of hospital services
- Support strong and resilient families/whanau so that children achieve their full potential.

The sixth outcome area was identified by stakeholders and focuses on the importance of strong and resilient families as central to the health and wellbeing of children. The plan supports the development of increased knowledge and capability for families to care for children through existing contact with the health sector and social services. Maori concepts of wellness and the 'whole child' concept support a broad approach to health and wellbeing, and a focus on family/whanau strength.

The development of *Our Healthy Children* has included a policy review, needs analysis, review of evidence, stocktake of current child health services, a child's journey approach to reviewing health systems, and expert input from clinical and community representatives.

The systems analysis confirmed that there are improvements needed to universal structures, which support the development of healthy children, structures that respond to acute health events and systems that support children with complex needs.

The needs analysis undertaken identified the following child health priority areas:

- Respiratory disease – including acute (e.g. bronchiolitis) and chronic (e.g. asthma and bronchiectasis) disease
- Injuries
- Hearing
- Immunisation
- Nutrition/obesity
- Skin sepsis
- Oral health

The systems review identified that many of the existing quality issues and gaps in service challenge general practices to take a greater role in co-ordinating access to care, especially for high needs children. It was also identified that general practices can play a greater role in population health and in the management of chronically ill children, but will require support to increase capability to undertake these tasks. However, there are also challenges posed to secondary hospital services and to all parts of the wider health sector to improve collaboration.

The plan proposes a series of concrete actions in each of the outcome areas to improve child health. It also introduces a measurement framework which with further development will track performance of the whole health system to ensure it is meeting the defined outcomes. *Our Healthy Children* proposes ambitious improvements to the way the health system performs for children. Delivering the plan will require commitment and a willingness to change from many parts of the health sector as well as improved co-ordination of services.

Implementation of *Our Healthy Children* will be through annual implementation plans. Immediate activities in the first part of 2006 will include the establishment of a Child Health Advisory Group and setting priority actions.

Developing Our Healthy Children

Context - Lifting the Health of the People of Auckland City

One of Auckland District Health Board's (ADHB's) key strategic goals is to 'Lift the Health of the People of Auckland City'. This goal is being implemented through a district-wide planning process called *Our Health 2020*.

Our Health 2020 supports a whole system/whole society view of health and it takes a long term approach, seeking to set in place the foundations for improved community health and quality healthcare.

Our Health 2020 has defined five key outcomes to focus activity in the medium term. These are:

- Improve healthy lifestyles and environments
- Reduce the incidence and impact of long term conditions
- Reduce inequalities in health outcomes
- Achieve NZ Primary Healthcare Strategy system change
- Support appropriate use of hospital services

Within this context, five areas have been identified as priorities for action:

- Child health
- Cardiovascular disease/diabetes
- Mental health
- Health of older people
- Cancer control

A Health Improvement Plan is being developed in each of these areas. These will involve a detailed planning process that includes stakeholders from across the health sector as well as from a range of other areas e.g. local government, Housing NZ, Ministry of Education, Ministry of Health, Ministry of Social Development, University of Auckland and other tertiary education institutions.

Each Health Improvement Plan is charged with achieving whole system improvement and achieving measurable gains in health outcomes for Aucklanders.

ADHB is sponsoring the development of the Child Health Health Improvement Plan. However, the plan is seen as providing vision and direction for the whole health sector, not just ADHB activities.

Process – whole-sector collaboration

Work for *Our Healthy Children* began in early 2005 and its development has involved detailed analysis and the design of improvements, with guidance from a broad stakeholder group that has met over a period of many months. (See

appendix 2 for list of stakeholders). Inputs into the developmental process of the plan are outlined below.

National environment review – a review of relevant national policies, legislation, guidelines and priorities that impact on child health. Of particular note are the NZ Health Strategy, NZ Disability Strategy, He Korowai Atawhai, NZ Maori Health Strategy, the NZ Child Health Strategy and the NZ Primary Health Care Strategy.

Needs analysis - a detailed child health needs analysis for Auckland District, which identified health and service priorities.

Stocktake – a stocktake of current child health services provided within the ADHB area was undertaken.

Stakeholder group - an engagement process brought together stakeholders from a wide range of organisations involved in child health, and also education, housing and social services. This group met throughout the development of the plan, to provide advice on scope, direction, and problem areas.

Expert advisory group - a number of child health experts provided detailed advice on particular areas of the plan and evidence for interventions or actions, including Maori and Pacific child health.

Identifying outcomes – outcomes for *Our Healthy Children* were identified and aligned with those for the broader *Our Health 2020* strategic initiative. A set of critical success factors was identified to monitor progress towards the outcomes.

Systems review – a working group took a ‘child’s eye’ view (a hypothetical child in a high need family/whanau) of the health system in relation to accessing universal child health services, specific services following an illness event and services to support children with a disability or chronic illness.

Child’s perspective – a research project commissioned from the University of Auckland will provide information on children’s views on health.

Design of improvements – a set of improvements was designed, taking into account the needs analysis, evidence, advice of experts and stakeholders and the identified systems gaps.

Building capability and actions – implementing the improvements requires system change and service enhancements. Resource requirements and service capacity have been identified in areas such as skills, information technology, strategic partnerships, system performance and evaluation.

Principles and underlying concepts

The following principles, underlying concepts and priorities have emerged from stakeholder discussions, expert advice, the needs analysis and the evidence base.

Principles

- Focus on the importance of early life (including pregnancy care) and life course determinants
- Incorporate a holistic health & wellness model – whare tapa wha which comprises whanau aspects (family & community health), hinengaro aspects (mental & emotional health), wairua aspects (spiritual health) and tinana aspects (physical health).
- Focus on the determinants of child health and health inequality.
- Focus on the 'whole child' and ensure that the needs, rights and interests of children are incorporated.
- Use a population health approach to maintain and improve the health status of children and promote wellness to reduce the burden of disease and the impact of illness in the lives of children and their families/whanau. The aim is to maximise health benefits within available resources and with consideration of equity.

Underlying concepts

- Population health
- Health inequalities
- Determinants of health
- Life course approach
- Whole system change
- Outcomes approach
- Whole child approach and resilient families

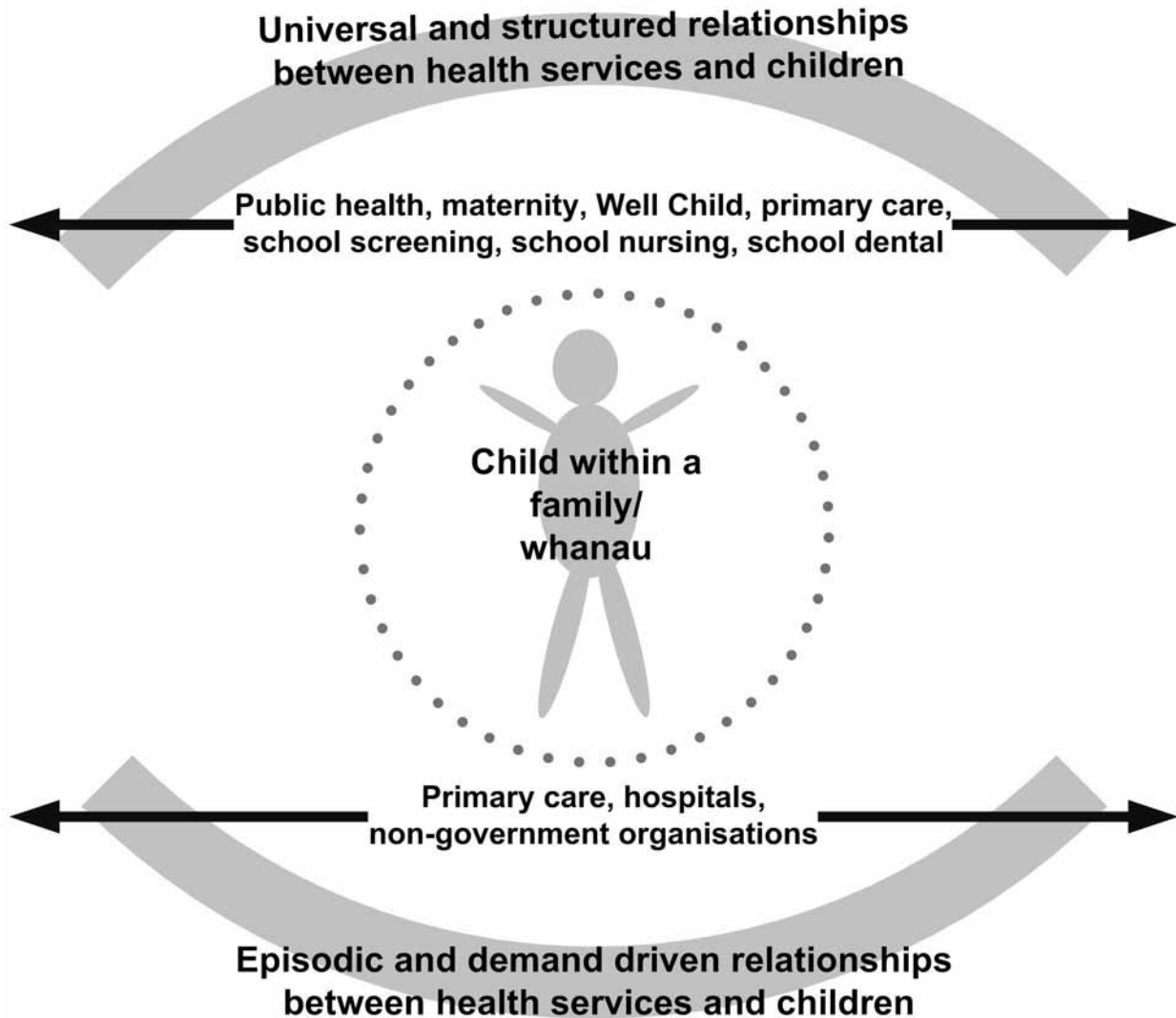
Key issues for stakeholders

A workshop session held at an initial stakeholder meeting also helped to frame a way of looking at child health and posed a series of questions that have provided guidance for the development of this plan.

The key points of the workshop are captured in the graphic below.

1. We need to think of the child within the context of family/whanau as the key to understanding risk and protective factors that impact on health.
2. Child health services can be seen as being universally available to all children, regardless of their health status, as services that primarily respond to disease, ill health or injuries, or as services that respond to the needs of children with complex chronic conditions or disabilities. All types of service will need to improve if we are to make significant changes to child health.
3. There are a number of questions that we should be asking ourselves about how we can leverage more out of the system. Central issues for stakeholders related to health services doing more to:
 - work with other agencies to strengthen families to support child health,
 - support access to appropriate services (*every door is the right door*),
 - take a holistic view of health and wellness,
 - link to other social support services and other sectors and
 - incorporate a Maori view of health.

Relationship between health services and children



1 Can we improve the health sector's understanding of itself and commitment to co-ordinated activity so that where-ever a child/family seeks help they are referred to the most appropriate service?

2 Can we leverage more out of the linkages between health and other sectors in terms of child outcomes and family/whanau strength and resilience?

3 Can we leverage more out of the existing contact the health sector has with all children and family/whanau to support family strength and resilience?

4 Can we improve outcomes through support for Maori health concepts of Tinana, Wairua, Whanau and Hinengaro?

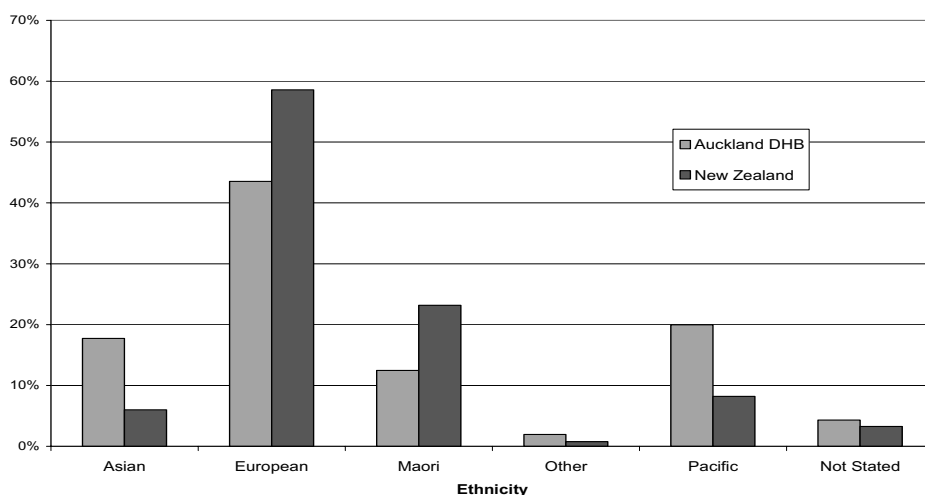
Identifying the problems

[Note- please refer to www.adhb.govt.nz/healthneeds for detailed needs analysis.]

A profile of children in Auckland city

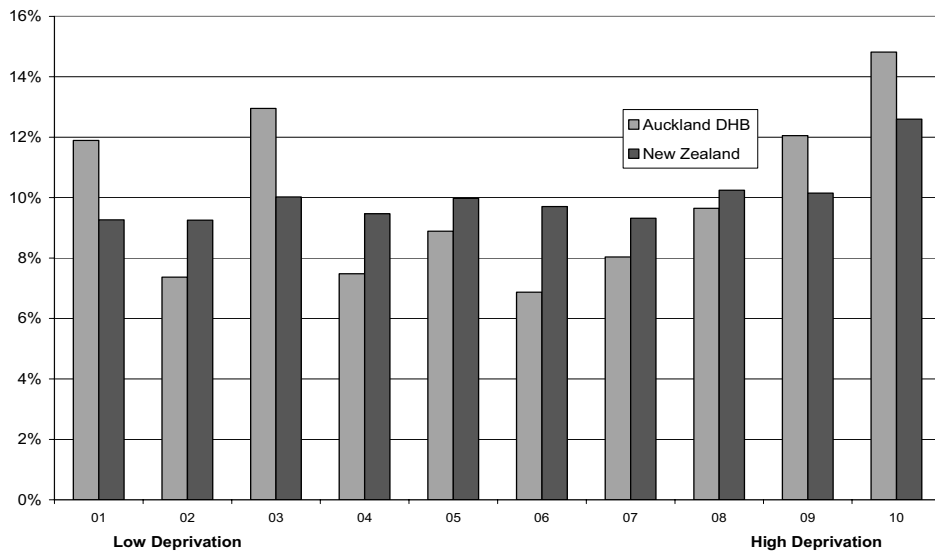
At the time of the 2001 Census there were 72,405 children usually resident within the Auckland District Health Board boundaries. Of these 31,521 were European, 9,030 were Maori, 12,828 were Asian/Indian and 14,472 were Pacific people. Figures 1 and 2 show the number and proportion of Auckland children aged 0-14 by ethnicity compared to New Zealand overall at the 2001 Census. Auckland has comparatively high numbers and proportions of both Pacific and Asian/Indian children, with lower proportions of European and Maori children.

Figure 1: Proportion of Children by Major Ethnic Group, 2001 Census



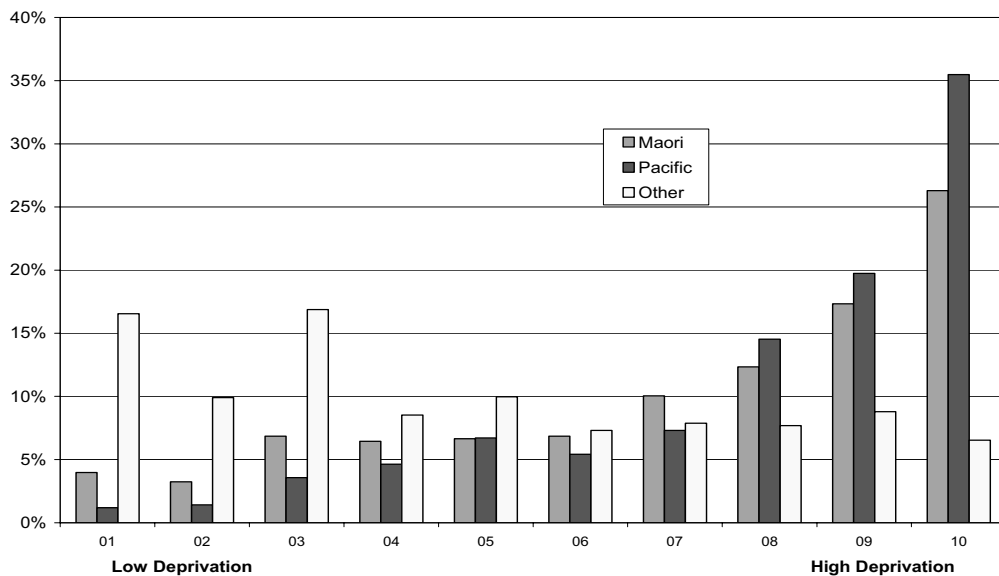
As shown in figure 2 (below), Auckland DHB children also have more diversity in terms of socio-economic deprivation, with higher proportions of children living in both low and high deprivation areas, and lower proportions living in the mid deprivation areas.

Figure 2: Distribution of Children 0-14 Years by NZ Deprivation Index Decile, 2001 Census



Very high proportions of Pacific children and Maori children live in high deprivation areas, with 70% of Pacific children living in NZDep deciles 8-10 along with 56% of Maori children. Correspondingly much lower proportions of Maori and Pacific children live in both the low and middle deprivation deciles. The pattern is reversed, though less pronounced, for 'other' ethnicity children with higher proportions living in low deprivation areas and only 23 % living in the three highest deprivation deciles.

Figure 3: Proportion of Auckland DHB by Ethnic Group and Deprivation, Census 2001



Health priorities for our children

The following child health priority areas were identified through a Health Needs Analysis (www.adhb.govt.nz/healthneeds) and through a process of engagement with health practitioners.

Respiratory disease – including acute e.g. bronchiolitis and chronic e.g. asthma and bronchiectasis

Respiratory illnesses, including asthma, bronchiolitis, pneumonia, and bronchiectasis, are one of the leading causes of admission to Starship hospital. In 2001-03 they accounted for 16% of admissions for Auckland District children, with hospital discharge rates highest for Pacific and Maori children.

Injuries

Unintentional injury is the leading cause of death for children aged from one to 14 years in New Zealand, accounting for between 35 and 43 percent of all deaths in this age group. Deaths due to trauma from motor vehicle crashes are the single largest cause of injury related death in this age group and falls are the leading cause of injury related hospital admission for children 0-14 years. Children are also injured as a result of child abuse.

Hearing

Hearing loss in infants and young children can be split into three basic types; conductive hearing loss, sensorineural hearing loss and auditory processing disorders. Hearing loss may be permanent or temporary. Hearing loss in children has broad ranging effects, from impaired speech and language development, social and cognitive development to reduced vocational choice, decreased mental health and increased unemployment. Hearing loss may lead to disability and the need for educational support services. In addition, hearing is a Maori health gain priority area.

Immunisation

International evidence shows that immunisation is one of the most cost-effective and successful health interventions. Coverage rates are a key child health indicator, often reflecting the adequacy of and access to primary health care. New Zealand has not achieved its target of 95% of children being fully vaccinated by the age of 2 years and inequalities exist, with estimated coverage rates being lower for Maori and Pacific children.

Nutrition/obesity

Obesity during childhood is a major risk factor for many diseases which affect children's health and wellbeing, both in childhood and on into adulthood, including Type 2 diabetes, cardiovascular disease, stroke and cancer. Data is limited on the levels of obesity in Auckland children, however the available evidence suggests that obesity is increasing in children. Obesity rates among Auckland children vary with ethnicity and are higher among Pacific and Maori children than European children. Nationally, childhood obesity rates increase significantly with increasing levels of deprivation. Both nutrient excess resulting in

obesity and deficiencies including iron, vitamin D, zinc and vitamin B12 are significant health issues for young children.

Skin sepsis

Skin sepsis, frequently referred to as cellulitis, is a major contributor to the burden of avoidable hospitalization experienced by children. During 2001-2003, cellulite/skin sepsis was one of the top three reasons for admission to Starship by ADHB children. Rates of skin sepsis are disproportionately experienced by Maori and Pacific children.

Oral health

Poor oral health in children has been linked to poor child development and poor general health, both in childhood and in later adulthood. In addition, adult oral health inequalities have their origins in childhood inequalities. Dental caries is an almost entirely preventable disease.

Identifying how the system can work better for children

An important part of the review undertaken of the current system was to view the health sector from the perspective of the client – in this case the example of a child with a respiratory illness was used - and to analyse issues of system performance and gaps.

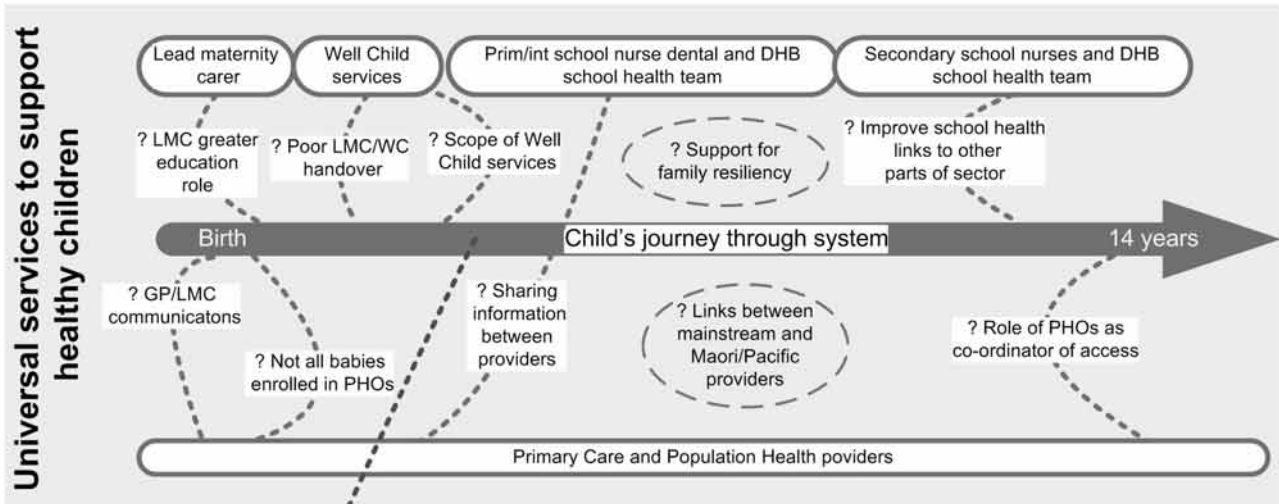
A working group followed a hypothetical child from a high need family, who suffers from disease and complications, through the health system.

This 'child's eye' view of the health system identified three overlapping systems:

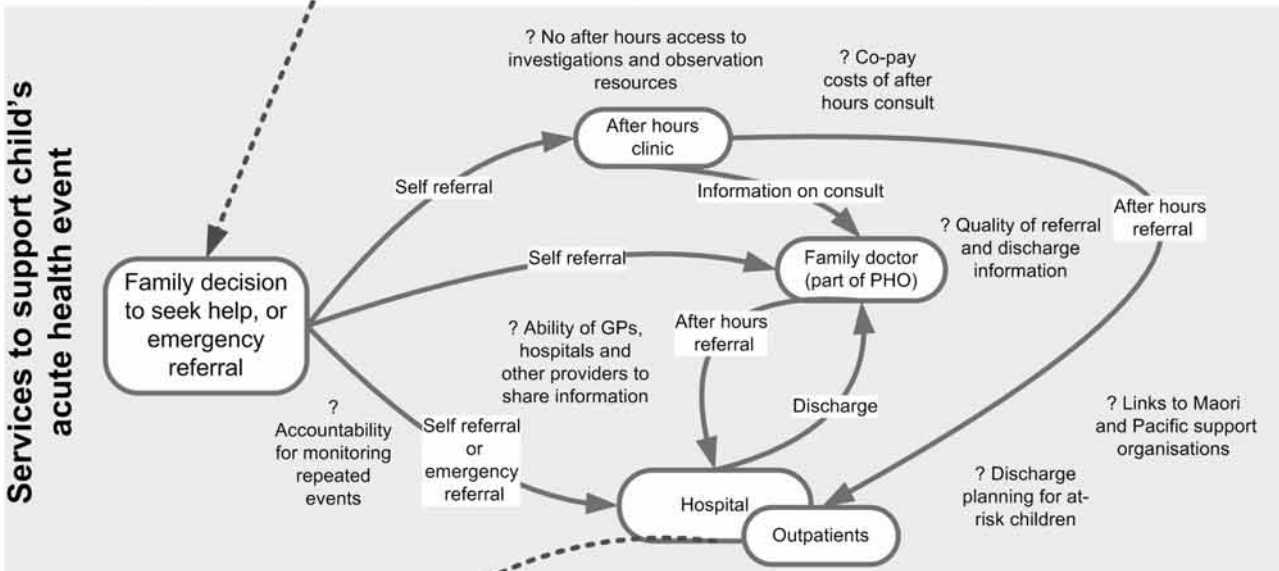
- universal child health services available to all children,
- acute and demand-driven services following an illness event, and
- services for those with complex support needs due to chronic conditions and/or disability.

A summary of gaps and quality issues in relation to these services is outlined in the graphic below, which follows a child through the system and depicts the support provided by various health sector services.

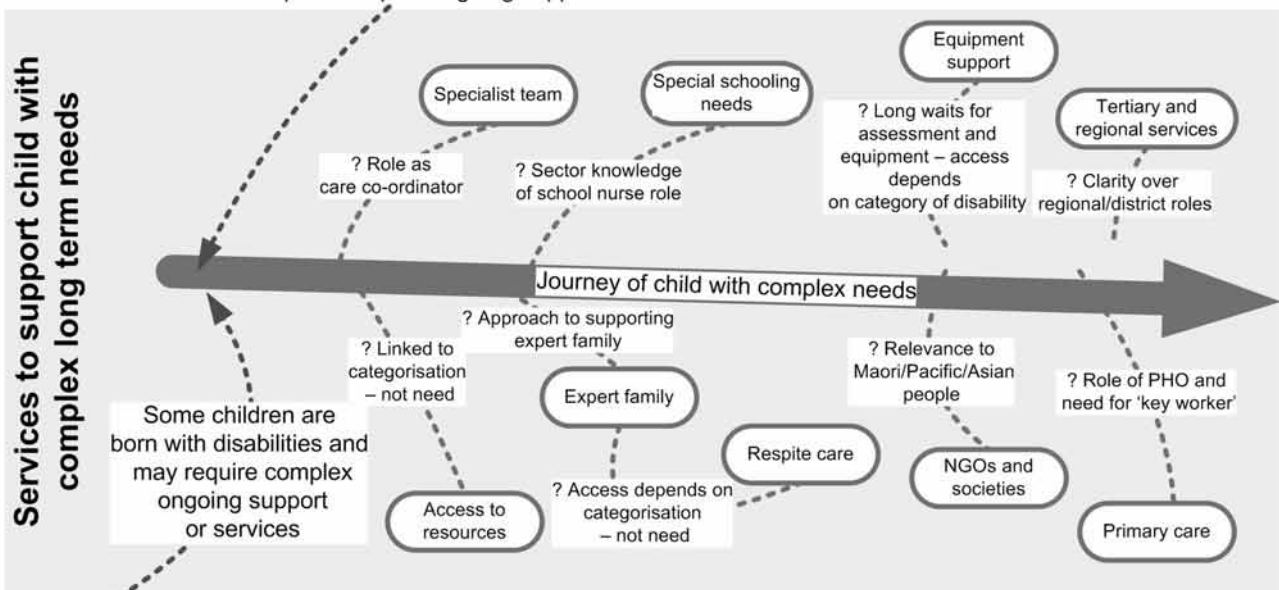
Child health systems and issues maps



Some children will experience acute illness or trauma



Some children through injury or illness require complex ongoing support



The review identified a number of issues related to gaps, quality and a lack of co-ordination that point to areas for improvement.

Universal health services; Summary of issues identified

- 1 Many children exposed to multiple risks for respiratory disease – damp housing, overcrowding, and smoking in the home.
- 2 Mothers – especially at risk mothers – may not have timely access to a Lead Maternity Carer (LMC) and so miss out on quality ante natal care and education.
- 3 The role of the LMC has opportunity for more emphasis on how to access health sector services and parenting skills for young mothers – especially at-risk populations.
- 4 Ensuring that all children are enrolled in a PHO (for example, only 44% of Maori children aged under 5 years are enrolled according to one report).
- 5 Points of 'hand-over':
 - a) LMC to general practice and to Well Child provider – there is a need for increased teamwork.
 - b) Secondary and tertiary hospital services to primary care (general practice) – there is a need for increased support by secondary services to primary care.
- 6 Do service providers support a 'family skills and resiliency' focus in their interactions with the child? Query linkage to other government agencies and service providers.
- 7 There is a need to ensure that the Well Child framework and assessment tools reflect the child health concerns of central Auckland.
- 8 There is not a systematic relationship between school health services and general practice, leading to both GPs and school services having incomplete information on management of at-risk children and the potential for duplication of services.
- 9 Lack of easy access by general practices to some diagnostic services can result in a referral into secondary services which may not otherwise be required.

Acute and demand-driven services: Summary of issues identified

- 1 Currently after hours services are 'outside' the PHO environment, leading to issues around costs of access (high cost to patients), lack of clinical governance, and capitation payments tensions with PHOs.
- 2 Acute health care services tend to see the child in the context of their acute illness using a medical model rather than in the context of their broader health, social and family situation.
- 3 No after hours services access to observation and/or investigations to manage children out of hospital, therefore children are referred to the Emergency Department (ED).
- 4 Referral information and ability to share data is often of poor quality and leads to double testing.
- 5 Effective discharge planning could improve understanding of family and environmental context – especially in high risk environments.
- 6 Unclear channels for GPs and hospital doctors to share information about quality issues – i.e. when a quality failure is identified.

Complex needs system: Summary of issues identified

- 1 Multiple funding streams (personal health, disability, mental health and ACC) create barriers to children being able to access equitable and adequate resources to meet their needs.
- 2 There is a need for 'key workers' or 'care co-ordinators' to ensure co-ordination of services and care between different health services – primary care, secondary services and NGOs as well as different sectors – education, housing. This particularly applies to children with complex chronic conditions. This role should sit in most cases with PHOs.
- 3 The role of school health services needs to be better understood and co-ordinated.
- 4 The role of the 'expert family', particularly in chronic care management, needs to be better understood and supported.
- 5 Children with disabilities often face long waiting times for needed equipment. Eligibility differs according to whether or not a child meets the Ministry of Health definition of disability – should be based on need. Children with a disability as a result of a disease process are not eligible for disability funding.

Some of the issues require relatively straight forward changes or enhancements to resolve – others challenge fundamental roles and responsibilities in the health system.

The more complex issues have subsequently been workshopped with cross-sector stakeholders to identify what the core change requirements are.

As a result of the workshops and input from other stakeholders the following key issues were identified. (It is noted that these issues are broader than respiratory disease and child health, and indeed may apply across the four Health Improvement Plan areas. Many of the substantive areas related to the role of general practice.)

Core systems issues and opportunities for improvement

Determinants of health

Issue: Many of the determinants of health are outside the direct responsibility of the health sector and relate primarily to economic conditions and circumstances as well as to family situations, schooling, housing etc. The ability of the health sector alone to impact on these broader determinants is limited.

Opportunity: The broad network of child health leaders and other accountable organisations that has formed to support the development of *Our Healthy Children* should continue and become an ongoing leadership forum that provides advocacy for child health issues across Auckland District and guidance for the implementation of this plan.

Complication: Maintaining focus and motivation from a group of people from diverse organisational and professional backgrounds will be challenging. Clarity of purpose is essential as are mandate and accountability.

Population prevention

Issue: In terms of overall child health, addressing public health issues will make the biggest impact. How can we enhance the role of PHOs to deliver health promotion/advocacy and other public health services to support the health of their enrolled populations? PHOs are taking steps through 'Services to Increase Access' funding and 'Health Promotion' funding to improve their contribution to public health. However, overall there remains considerable room for increasing PHO advocacy and action on behalf of populations.

Opportunity: PHOs take a more vigorous leadership role on public health issues, particularly in relation to local issues. There may be opportunities for the Auckland Regional Public Health Service to further support upskilling of PHO leaders in this aspect of activity. Opportunities for other ways of cross-fertilisation should be explored, for example, health service students undertaking practical placements in PHOs.

Complication: Enrolled populations are different from geographic populations – so this reduces the ability of PHOs to undertake traditional settings based interventions and to advocate on local issues.

After hours access to urgent services

Issue: Private Accident and Medical clinics essentially sit outside the NZ Primary Health Care Strategy. They are not part of PHOs, are not associated with enrolled populations, are not part of DHB/PHO-led clinical governance processes and charge high fees for all presenting populations. Current fee rates mean that families may be presenting inappropriately (in a clinical sense) to the hospital Emergency Department for minor ailments. Accident & Medical clinics also do not have the ability to undertake minor investigations and observations that may reduce demand on Emergency Departments. There is questionable communication between Accident & Medical clinics and GPs.

Opportunity: Accident & Medical clinics need to become part of 'the system'. PHOs and Accident & Medical clinics need to develop more formal relationships relating to fees for enrolled populations, clinical quality/governance and care co-ordination. Accident & Medical clinics may need to have access to funding to support patient observation and some investigations.

Complication: There is considerable complexity related to aligning the funding structures of Accident & Medical clinics and PHOs. Expanding the after hours Accident & Medical clinic role may not be efficient in terms of total resources as hospital Emergency Departments require a critical mass of activity to support safe and efficient staffing levels.

Transfer (hospital admission/discharge) of children

Issue: Hospitals manage discharge processes. Primary health care has concerns about lack of involvement in discharge decisions (particularly discharge back to risk situations, without the benefit of GP and other community health agency

family knowledge) and poor communication that may lead to poor outcomes and un-necessary readmission.

Opportunity: Increase hospital: primary health care communication over management of high risk children (view discharge as community re-admission). There is a question over whether primary health care should have more influence over staff involved in discharge/transfer processes to support improved whole system planning and co-ordination.

Complications: Many discharge processes are fairly straight forward and it may not be efficient to develop a more involved process for most children. What are the criteria when more attention and primary health care involvement in discharge are required?

Facilitation of access to other health services

Issue: Currently there are system quality issues (especially for high risk families) for example:

- some mothers are accessing a Lead Maternity Carer too late in the pregnancy.
- high risk babies (especially Maori) not enrolled in PHOs. A significant number of children (approximately 40% of Maori children aged under 5 years in ADHB) are not enrolled in a PHO. This group is likely to miss out on scheduled immunisations and may not access Well Child services. They may utilise Accident & Medical centres or 'shop around' as casual general practice patients.
- co-ordination around hand-over (from LMC) and enrolment in Well Child care for high risk children.

Should general practice have a greater role in, and accountability for, co-ordinating access to other services?

Opportunity: PHOs and practices take on greater accountability for facilitation and assurance that children (especially high risk children) are enrolled in and accessing appropriate universal health services i.e. Well Child services. Increasing general practice outreach capability and capacity would facilitate this. PHOs essentially become the central point for systems quality assurance and the door opener for families who are not accessing appropriate services. Some LMCs are aligning themselves to PHOs, which should be encouraged.

Complication: Many of the systems failures may not be the PHOs accountability – e.g. handover from LMC to Well Child care, drop out from Well Child care. How do PHOs know who and where the non enrolled children are? How can the DHB and Ministry of Health support PHOs to have more influence in local quality assurance, and ability to address local system failures?

Equitable access to services based on need

Issue: Currently access to services is on the basis of eligibility to a funding stream rather than on the basis of need. A child with a disability as a result of an accident

will generally be able to access Accident Corporation funding while a child born with a disability will access disability funding from the Ministry of Health. Similarly, a child with a mental health problem will be able to access mental health funding if they meet specific criteria. However, a child with a disability as a result of a disease process can access none of these sources of funding and there may be no clear funding stream available. The level of funding will also differ according to the funding category. This situation is confusing and a source of considerable anxiety and tension for families as well as for health workers trying to ensure that a child's needs are met.

Opportunity: ADHB should advocate for children to receive the same level of assistance based on need whatever the funding source. This is consistent with a child focused approach.

Complication: There is currently no incentive or driver for change to occur. Disability and mental health funding streams are ring-fenced within the Ministry of Health and although there may be good reasons for this, it does create a barrier to change. In addition, the different funders would be likely to be resistant to relinquishing any control over their budgets.

Management of chronic disease

Issue: The responsibility for case management of chronic disease is confused. Does it sit with hospital or general practice? Children with complex chronic diseases require the integration of information from hospital, non government providers, schools and general practice to support informed decision making about clinical and whole life issues. The principles of chronic care support an informed patient (and in this case, expert family) interacting with a proactive health service (Wagner – www.improvingchroniccare.org). There is currently no agreement over who has responsibility for the care co-ordination of a chronically ill child and for many children, particularly those with chronic health care needs or disabilities; there is no specified care coordinator or key worker.

Opportunity: Evolve the system towards general practice as the explicit point of co-ordination/case management for children with chronic or long term conditions (with some exceptions such as low volume/high acuity or complexity e.g. paediatric oncology), which includes integration of information from multiple sources and facilitation of access to appropriate services.

Complication: There is currently no incentive for general practice taking the co-ordination role. A general practice business model based on high volume, low-servicing, reactive, episodic-based interventions is perfectly viable (and in fact may be more profitable) than a practice model that supports the NZ Primary Health Care Strategy objectives.

Skills transfer and upgrading general practice clinical capability

Issue: If the systemic changes outlined above were to take place, primary care may require greater organisational and clinical capacity. Some of this capacity

exists within the ADHB provider arm, which has high level of medical, nursing and allied health skills but there are currently no incentives to make these more available to primary care.

Opportunity: ADHB provider arm supports the development of a more vigorous 'preventive paediatrics' concept from within Starship as it relates to the ADHB population. This re-orientation aligns with the 'Our Health 2020' strategic initiative and would see Starship clinicians taking a greater leadership in population health issues and guidance for, and development of, whole system capacity, including explicit capability development for general practice.

Complications: The proposed direction is a significant departure from the traditional role of hospitals and may meet resistance. However, support for outward focussing preventive paediatrics and whole system clinical leadership exists within Starship. A second complication is the potential resistance from GPs to having hospital clinicians more closely associated with community strategies.

Building resilient families

Issue: A strong and supportive family/whanau is central to the health of a child. Often health services focus on the individual child's health issues and do not support the family to grow in its knowledge and skill to care for the child. Family resiliency has been defined as "the capacity to identify risks to family well-being and provide more focused support for those at risk or in situations of vulnerability" ("Families Outcomes Hierarchy", Family Services National Advisory Council, August 2004). Strong and resilient families are more able to respond positively and appropriately to challenges and help themselves - and to reduce dependency on external agencies.

Opportunity: All health sector organisations that work with children should re-orientate their service so that they proactively support the development of family strength and family resiliency. Strategies include the development of multi-disciplinary teams and processes within primary, secondary and tertiary health care, including Allied Health staff, and a greater level of participation in the existing Strengthening Families programme. Supporting and building family resiliency would be an important strategy in preventing family violence including child abuse and neglect. This approach is closely aligned with the strategic direction of the Ministry for Social Development.

Complications: Services are already very busy with their core business and will find it difficult to introduce the family resiliency activity. Some health providers may see this approach as 'not their business'. Health services on the whole do not currently have skills in developing and/or supporting family resiliency. Capacity development programmes for the health sector would need to be introduced and funded.

Reducing inequality

Children from families with low socio-economic status tend to have poorer health than average. Also, children from families with a low level of support, tend to be more at risk. The previous section of this report outlined a number of opportunities for changes to the health system that would lead to improving the determinants of health and support for vulnerable children – and so reducing inequalities.

Children from ethnic minority groups also have poorer outcomes than average. The issues here are often socio-economic but can also relate to cultural and language barriers that stand in the way of effective access to health services.

Improving the health of Maori, Pacific and some new migrant children, in particular those from refugee backgrounds is a priority to reduce the inequality of health outcomes.

Maori health

Improving Maori health outcomes requires addressing many of the same issues as for the general population – determinants of health, primary care performance, primary/secondary integration, increasing enrolment and care co-ordination, improving data collection and understanding of sector performance, with a focus on strong whanau as a core to healthy children.

However, the situation for Maori is more complex as the mainstream system is currently failing many Maori children and whanau. There is some evidence that approximately 40% of Maori children aged less than 5 years are not enrolled with a PHO, so a critical short term objective must be to ensure Maori children are enrolled with a PHO and thus connected with the health system.

There is also a call from Maori for some significant changes to the health sector to focus on the whanau, not the individual, and to take a broader, more holistic view of health than the medical model.

Improving Maori child health will require a greater investment in targeted programmes delivered by the primary and community health care sector, the ongoing development of Maori provider and workforce capacity and a more supportive and responsive mainstream health system. Accessing isolated and often fragmented Maori populations in urban Auckland requires the creation of a “sense of community” through the development of a range of Maori opinion leaders.

ADHB has a Memorandum of Understanding with Te Runanga O Ngati Whatua and its health operational arm Tihi Ora MaPO. There is also a strong Maori-led PHO in Auckland District and a number of effective Maori health and social service providers. Maori providers and key Maori health workers should be supported and encouraged to take a greater Maori community leadership role and to trial new service designs that are effective for Maori, especially in relation to whanau-based care and building resilient whanau.

Pacific health

Improving Pacific health outcomes requires addressing the determinants of health, the performance of mainstream health services and the development of Pacific health providers. Pacific people also wish to see health services take a whole family approach. There is also an increasing desire from Pacific communities and health planners to take a settings-based approach to health services, focusing on the particular communities where a high proportion of Pacific people live and to work more strongly through the church environment as a way of supporting improved health knowledge, access to health services and lifestyle choices.

The settings-based approach is manifest in the Healthy Village Action Zone concept that is being developed by the ADHB Pacific Health Team. The action zones aim to support increasing Pacific community leadership in improving the determinants of health and in the responsiveness of health services.

New Migrant health

- **Children from 'refugee' backgrounds**

Auckland has the highest number of resettled people from refugee backgrounds and they tend to have high health needs as well as problems in accessing the NZ health system. 'Refugee' is a legal status conferred on entry to a country and is often erroneously equated with ethnicity. People entering NZ as refugees come from a range of ethnic backgrounds and cultures and often have had similarly traumatic experiences, which have impacted on their physical and mental health.

- **Asian health**

All people from the continent of Asia (in effect from the Middle East to Indonesia) are bundled together under the term Asian in health analysis and planning. This is not a useful definition as there are diverse backgrounds and health issues related to the various ethnicities that make up the current definition of 'Asian'.

A better understanding of health issues for the various sub-groups of Asia will help improve health planning and the responsiveness of services.

There is also a need to clarify the expectations of new immigrant families regarding their responsiveness to New Zealand health institutions and New Zealand cultural norms.

Improving health outcomes of our children

Developing an outcomes framework

Developing outcomes helps to focus all parts of the health sector, other aligned services and communities themselves on our collective goals. Outcomes define measures so we know if we are making progress.

Our Health 2020 has developed a framework to help shape thinking around outcomes and has proposed five key areas where improvements need to be

made – across all health issues: (Improve healthy lifestyles and environments, reduce the incidence and impact of long term conditions, reduce inequalities in health outcomes, achieve NZ Primary Health Care Strategy system change, support appropriate use of hospitals).

The 'Our Healthy Children' stakeholder group reviewed these outcome areas and wanted another added that focused on supporting families and emphasised the role functional families play in our children's healthy future. The key outcome areas are described below:

Outcome area	Rationale
1. Strong and resilient families and whanau to support healthy children	Strong families/whanau are vital for healthy children. All parts of the child health sector should also support strong and resilient families.
2. Improve healthy lifestyles and environments	Changing lifestyle and environmental risk factors will make the greatest impact on child health in the long term.
3. Achieve NZ Primary Health Care Strategy system change	Government strategy and community requirements result in increased demand on primary health care. All parts of the sector need to work to support better health care in the community.
4. Reduce inequalities in health outcomes	Our health needs analysis has shown some children as being far worse off than others. For some, their opportunities in life have been forever reduced through preventable disease. We want to invest in a way that reduces inequalities, while improving the health of all.
5. Support appropriate use of hospitals	Sometimes children are taken to hospital when they don't need to go and conversely there are times when children in need don't get to hospitals. Hospital care is very expensive. Savings in hospital costs can be reinvested in preventing disease.
6. Reduce impact and incidence of long term conditions	Long term conditions lead to huge costs to individual children and their families and also drive about 70% of health care costs. We can manage them better.

Making real change happen across the sector

The actions described in this section form the core of *Our Healthy Children*. The actions align to the outcomes framework.

Developing the action points has required integrating learnings from the needs analysis, evidence base, systems review, and expert and stakeholder advice. The actions will form the basis of implementation programmes.

The child health priority areas identified through the Health Needs Analysis (respiratory disease injuries, hearing, immunisation, nutrition/obesity, skin sepsis and oral health) share many common service issues, risk factors, and potential solutions. They have therefore been addressed across the six core outcome areas.

Each section includes actions and also a proposed set of indicators. These indicators are intended as markers for whole system performance. Together the indicators will create a critical success factor framework for *Our Healthy Children*.

1. Health system supports the development of strong and resilient families/whanau so that all children are supported to achieve their full potential

- 1.1 Support the availability of and access to effective parenting skills programmes.
 - Work with the Ministry of Social Development and ADHB Well Child providers to pilot "Toddlers without Tears", a proposed new universal parenting programme.
- 1.2 Establish an ADHB Child Health Advisory Group which includes representation from across the health sector, Maori, Pacific, refugee and new migrant communities as well as intersectoral representation.
 - Oversee implementation of the ADHB Child Health Improvement Plan
 - Provide ongoing advice to ADHB regarding child health emerging trends and issues.
 - Consider ADHB involvement in the national Child and Youth Mortality Review process
- 1.3 Implement the Well Child Framework so that children and families access Well Child services which meet their needs and also:
 - Promote implementation in all general practice Practice Management Systems of an automatic system prompt regarding well child actions including enrolment in dental services and hearing status.
 - Implement newborn hearing screening to reduce age of detection of permanent congenital hearing loss.
 - Consider implementation of HIV screening of pregnant women.

- Ensure that the assessment and management of childhood immunisation is evidence-based and consistent across primary, secondary and tertiary care.
- All health service interactions with children include a check of immunisation status (via the NIR) and follow up, including recall and referral to outreach immunisation services if appropriate.
- Ensure that families have an understanding of the benefits and risks of immunisation and their entitlements under the Well Child schedule.
- Incorporate oral health promotion in all Well Child services.
- Promote early enrolment of children with the Auckland Regional Dental Service particularly those known to be at risk of dental disease.
- Auckland Regional Dental Service enrolls children from Maori, Pacific and new migrant backgrounds, and those living in low decile areas about the age of one.
- Work with Auckland Regional Dental Services to implement an evidence-based system for the provision of dental care, according to need, based on a risk assessment model.
- Ensure that all places that children access early childhood services e.g. child care centres, language nests and Te Kohanga Reo receive regular ear caravan visits.
- Consider the development and implementation of an enhanced 'school readiness' check by age 5 years, and another at entry to high school, which includes growth, weight, hearing, vision, oral health, immunisation status and resiliency factors.
- Ensure effective and timely communication and co-ordination between LMCs and Well Child providers, PHOs and general practice particularly at care transition points.
- Advocate to the Ministry of Health that s88 arrangements include increased incentives for timely LMC handover to general practice and Well Child providers and promotion of immunisation and Well Child care.
- Well Child providers educate families about the link between recognised risk factors (e.g. mosquito/flea bites) and skin infections.

- 1.4 Health sector providers (primary, secondary, and tertiary) actively participate in the Auckland City Strengthening Families programme.
- 1.5 Support the development of multidisciplinary health service provision in primary, secondary and tertiary health services.
- 1.6 Develop a referral pathway for accessing appropriate services for families under socio-economic/family/emotional stress.
- 1.7 Work with the Ministry of Education and the Ministry of Health to develop a co-ordinated approach to school health services and the health curriculum.

- 1.8 Support the implementation of Family Violence Intervention processes in primary health care and continue to promote the Family Violence Intervention processes operating within secondary services.
- 1.9 Ensure that health care staff understand the concept of family resiliency and are trained and supported to work with families in a way that promotes and supports the development of resiliency.
- 1.10 Undertake a research project to ascertain children's views on what makes them healthy and their experience of the health system and implement a process for incorporating the perspective of children in future child health service planning and delivery.
- 1.11 Ensure that the particular needs of children from high need groups including Maori, Pacific, Asian and other new migrant populations are consulted on and taken into account in service planning and delivery.

Critical success factors for strong and resilient whanau could include:

1. Improved capability of the health sector to work with the whole family/whanau – not just individuals
2. Increased proportion of high risk and first time parents participating in parenting skills programmes
3. Increased proportion of children enrolled with Well Child provider (and decrease ethnic disparities)
4. Increased proportion of scheduled well-child visits completed
5. Newborn hearing screening is implemented
6. Increased proportion of formal referrals from LMC to Well Child and primary care providers at care transition point
7. Increased proportion of primary health care services using family violence intervention guidelines as part of their desktop practice software
8. Increased proportion of children enrolled with PHOs.

2. Achieve healthy lifestyles and environments for children

- 2.1 Initiate strategies to promote achievement of Ministry of Health Breastfeeding targets (2002).
 - Maternity facilities achieve and maintain 'Baby Friendly Hospital Initiative' accreditation.
 - Work with the Auckland City Council to promote and support the implementation of the 'Baby Friendly Community Initiative' (2005)

- 2.2 Reduce the incidence of smoking by all health professionals asking about smoking status at any health care contact, supporting information systems which facilitate the response across services and educating individuals about the harmful effects of second hand smoke on children.
- Implement the use of a brief intervention tool by appropriate trained health professionals to address smoking.
 - Work with Auckland Regional Public Health Service to design and implement effective health promotion programmes aimed at preventing and reducing smoking behaviour.
 - Ensure the availability of effective smoking cessation programmes.
 - ADHB works with the Auckland City Council to actively promote Smokefree environments throughout the Auckland community.
- 2.3 Support the increased roll out of the Health Promoting Schools programme in ADHB schools.
- 2.4 Work with Housing NZ, the Energy Efficiency and Conservation Authority (EECA), the Auckland City Council and Auckland Regional Public Health on reducing the number of children living in overcrowded and/or damp housing.
- Implement a joint project with EECA, the Starship Foundation and ProCARE Network Auckland to insulate the housing of families of children with chronic respiratory conditions.
 - Promote the expansion of the Healthy Housing project to high needs groups e.g. children with chronic respiratory illness.
 - Raise awareness amongst health professionals and the general public of the importance of adequate housing in ensuring good respiratory health.
 - Develop a referral pathway for children and their families/whanau living in crowded and/or damp housing.
- 2.5 Formalise links with other sectors, e.g. Ministry of Social Development, Ministry of Education, CYFS, and Housing NZ to develop joint ventures and align strategic planning.
- ADHB supports and works with Regional and Local Authorities as well as Housing NZ, Auckland Regional Public Health, Safekids, Transit New Zealand and NZ Fire Service to implement environmental strategies to minimise injury, with a focus on road, footpath and housing design.
- 2.6 Initiate intersectoral projects to reduce the intake of low nutrient, energy dense foods and sugary beverages in schools and early education centres and to promote the consumption of breakfast before school.
- 2.7 Promote the importance for children of key micronutrients and their sources specifically vitamin A, vitamin D, iron, zinc and iodine for prevention of conditions including skin infections, anaemia, respiratory illness, and rickets.

- 2.8 Improve availability of community paediatric dietary services.
- 2.9 Work with Sport Auckland, Regional Sports Trusts, Health Promoting Schools programme and schools to promote and encourage increased physical activity at lunchtime and after school.
- 2.10 Promote messages in schools regarding prevention of the spread of infection including:
 - The importance of hand washing in schools to prevent the spread of bacteria from skin infections.
 - Staying home from school if sick.
- 2.11 Achieve the Ministry of Health immunisation target of 95% of children fully immunised by age 2.
- 2.12 Implement a child car seat and booster seat policy for children being discharged from ADHB inpatient services in collaboration with community health providers.
- 2.13 Work with Auckland Regional Public Health Service to advocate for the inclusion of maximum pedestrian safety infrastructure in roading projects in Auckland city and support by providing evidence on child trauma rates.
- 2.14 Initiate a multi-agency approach (City Council, Auckland Regional Public Health, Ministry of Education, Land, Transport, Safety Authority and the Police) to road safety around schools.

Critical Success factors for healthy lifestyles and environments could include:

1. Increased proportion of babies breastfeeding (exclusive / fully) rate at 3 months
2. Decreased proportion of people who smoke
3. Decreased proportion of families in unhealthy homes
4. Increased proportion of schools with healthy nutrition practices
5. All schools support additional daily exercise for all students
6. Increased proportion of children fully immunised at age 2, and at school entry

3. Achieve NZ Primary Health Care Strategy system change

- 3.1 Initiate strategies to ensure that all children are enrolled with a primary care provider and a Well Child provider of their choice.

- Children (particularly those aged under 5 years) attending Starship Emergency Department and Outpatients have their enrolment (PHO and Well Child) checked as well as their immunisation status.
- 3.2 Closely align specified ADHB community health services with PHO services with a view to eventual organisational integration.
- Work with ADHB Starship community child health services and PHOs to plan an integrated model within a PHO environment.
- 3.3 Work with primary health care, schools, Ministry of Education, School Dental Service, Starship Children's Health (including Community Child Health & Disability Service and the Endocrinology and Diabetes Team), and Audiology to investigate building on and developing existing models e.g. Mana Clinic, AIMHI and First Point of Contact to deliver effective health services in schools (one stop shops).
- 3.4 Ensure that the current Community Paediatrician resource is appropriately aligned with the needs of ADHB primary and secondary services and develop as indicated.

Critical success factors for primary health care system change could include:

1. Increased enrolment in PHOs of Auckland children, and reduce inequalities in enrolments.
2. Increased number of children enrolled with a Well Child provider.

4. Reduce inequalities in health outcomes for children

- 4.1 All health professionals have timely access to key information e.g. immunisation status, Well Child checks, most recent health contact, medical alerts, primary care provider.
- Implement the Child Health Information Strategy.
- 4.2 Services are prioritised for those with the greatest health need and capacity to benefit.
- Ensure that all health providers record ethnicity data accurately and fully.
 - The National Prioritisation Tool and the Health and Equity Assessment Tool are used in planning for health services.
 - Identify how the Pacific Healthy Village Action Zone Framework can be utilized in the development and delivery of services to Pacific children.
 - Investigate and support the ability of primary health care to provide interpreting services to those for whom English is a second language.

- 4.3 Work with PHOs and Maori and Pacific providers and tertiary education providers to initiate and support appropriate workforce development programmes for Maori and Pacific health professionals.
- 4.4 Implement evidence-based protocols for investigation and management of children with hearing impairment and recurrent ear infections.
- 4.5 Nutrition and physical activity interventions are developed which specifically target Maori, Pacific, immigrant children, children from refugee backgrounds and those attending low decile schools and early education centres.
- 4.6 Work with local authorities to ensure all children have access to fluoridated water supplies.
- 4.7 Work with Lead Maternity Carers and the Ministry of Health to ensure that pregnant women receive appropriate and timely ante-natal care that screens at risk women, for example adolescent, refugee, Indian, vegan women for nutritional deficiencies such as Vitamin B12, iron and Vitamin D.
- 4.8 Work with the Ministry of Health to promote and implement information system developments e.g. a Well Child system able to link with general practice, use of a common unique identifier across sectors (education sector) to facilitate an integrated approach.
- 4.9 All providers of health services to children are encouraged to implement the NZ Disability Strategy and their progress in doing so is monitored.
- 4.10 Cultural Competencies are developed and implemented for all health care staff working with children and families.

Critical success factors for reducing inequalities in health outcomes could include:

1. Reduced immunisation coverage gaps between ethnic groups
2. Decreased ethnic inequalities in access to oral health service and dmft (decayed, missing, filled teeth) outcomes
3. Fluoridation in Auckland water supplies is retained, and extended to Onehunga
4. Increased antenatal screening for nutritional deficiencies in high risk groups

5. Support appropriate use of hospitals and primary care

- 5.1 Improve continuity of care and reinforce general practice as the healthcare co-ordinator:
- Initiate a project to investigate the feasibility of arrangements with after-hours services for observation and short term investigation as an alternative to hospital admission.
 - Promote the introduction of clinical audit and clinical governance in Accident and Medical clinics.
 - Implement effective and well co-ordinated discharge planning processes including follow up care involving primary care and community organisations.
- 5.2 Provision of advice and consultation by tertiary and secondary service clinicians to general practice in a partnership model and align funding signals.
- Monitor waiting times for outpatient assessments (and elective procedures) for secondary/tertiary paediatric consultations.
- 5.3 Ensure a collaborative approach is taken between research, public health, primary and secondary providers to injury prevention initiatives and actions.
- 5.4 Continue to provide hospital tertiary services to children resident in ADHB and to children resident in other DHB areas by agreement with those DHBs.
- Work with the Ministry of Health to develop an appropriate funding model for the provision of national and quaternary hospital services.

Critical success factors for supporting appropriate use of hospitals could include:

1. National standards for waiting times for outpatient consultation and elective procedures achieved.
2. Improved management and discharge of hospital frequent attendees and children with chronic health care and disability needs.
3. Reduced avoidable admissions, particularly ambulatory sensitive admissions (as defined by MoH based on ICD codes) for all ethnicities.
4. Improved ability of general practice and secondary care clinicians to be supported by the same clinical decision support systems.
5. Financial barriers/incentives that support the public accessing hospital services inappropriately are identified and modified.
6. A system for provision of dental care according to need is implemented.

6 Reduce the incidence and impact of long term conditions

- 6.1 Ensure the assessment, diagnosis and management of respiratory illness (acute and chronic) is evidence-based and consistent across primary, secondary and tertiary care.
 - Implement the NZ Paediatric Society guideline: “Cough and wheeze in children under one year of age”.
 - Implement the NZ Paediatric Society guideline: “Asthma”.
- 6.2 ADHB works with appropriate clinical and research experts to improve the prevention, detection, early intervention and treatment for any chronic childhood illness, in line with the principles of the chronic care model (Wagner - www.improvingchroniccare.org).
- 6.3 Ensure that families with a child with injury, recurrent or chronic illness have an understanding of the natural course of the disease and of when and where to seek further help.
 - Promote the use of & access to the Starship Family Information Centre.
 - Promote the use of appropriate educational resources and websites.
 - Promote the “Does your child cough” resources developed by the Starship Respiratory Service and the Asthma and Respiratory Foundation of New Zealand.
 - Injury prevention education and support.
- 6.4 Ensure that pregnant women with problems associated with drug and alcohol use receive the appropriate intervention/service e.g. mental health services, ADHB Maori midwife.
- 6.5 Support and work to ensure that there are sufficient respite care options available for disabled children and their families.
- 6.6 Work with other DHBs and the Ministry of Health (Disability Support Directorate) to ensure that all children with support needs, regardless of cause are able to access the necessary supports.
- 6.7 Explore options for improved case co-ordination and management for children with multiple chronic health and/or disability needs so they have a lead professional linking them and their family with multi-agency support.
- 6.8 A joint project between PHOs and Starship Children's Health Endocrinology & Diabetes Service is established to develop and implement guidelines for the management of childhood obesity.
 - The ADHB Starship Children's Health Endocrinology & Diabetes Service works with PHOs to establish an education and advice service to primary care on the assessment and management of

childhood obesity, Type 2 diabetes and childhood metabolic syndrome.

Critical success factors for reducing the incidence and impact of long term conditions could include:

1. Increased proportion of general practice services using paediatric society respiratory guidelines as part of their desktop practice software.
2. Percentage of children with obesity is reduced.
3. Number of children admitted to hospital with respiratory conditions is reduced.

Putting the plan into action

Building the capability of the system to deliver for children

Auckland District already has a well developed child health infrastructure with New Zealand's largest children's hospital, an effective and well developed primary health care sector, mature and competent public health providers, an effective non-government sector and a community that is motivated to improve the health of our children.

We do not underestimate the challenge ahead but we start this plan from a position of strength.

Implementation of the actions outlined in the previous section of this plan will require the development of further capability across the whole health system.

Details of the implementation will be addressed in annual implementation plans that will follow this strategic overview. However, the strategic picture must provide a clear picture of the capability development that is required as this is what drives resource issues.

The list below outlines the core capability or 'enabler' components that will need to be proactively managed if implementation is to be successful.

Component	Rationale
Inclusive Governance	This is a plan for the district. Multiple organisations have a role to play in implementation, some are outside the health sector. Ownership and leadership of the vision for child health needs to sit with a broad group of committed leaders.
Project management	The plan outlines an ambitious agenda of programmes and system change. While multiple organisations will be responsible, a strong central group with excellent project management skills will be required to support overall co-ordination and drive the programme forward.

Evaluation, learning and performance	An evaluation strategy needs to be developed that works in parallel to the implementation. The aim of the evaluation is to provide a learning framework to support continuous quality improvement and to independently assess achievements against expectations.
Strategic funding	Funds will be required to support the implementation. However, new funds should be used as a catalyst for change – as the biggest benefit will come from re-orienting existing resources, not from limited new resources. Resources are available from both DHB and PHO funding streams to support child health initiatives.
Clinical leadership	Many of the initiatives in the plan require clinical leadership – whether at the level of technical issues or at the level of process redesign. Clinician time will need to be made available to focus on the detailed work-up and introduction of many significant system changes.
Enhanced public health activity	A number of the proposed interventions require enhanced public health services. In some areas it is enhancing existing activity, while in others it is asking public health services to take on new roles and leadership in the system.
Enhanced general practice activity	This plan expects much more of general practice. It proposes quite a radical expansion of general practice accountabilities and the role of primary care in the system. These expectations are, however, clearly in line with the New Zealand Primary Health Care Strategy. To deliver on the plan, PHOs will have to invest in practice team competencies and in their own co-ordination and population management skills. ADHB management and clinical leaders will be required to support the enhancement of general practice capability, particularly in the area of workforce skills and integrated information management.
Workforce Development	Successful achievement of many of the system changes, enhancements and new ways of working outlined in this plan will be dependent on practitioners upskilling and learning new ways of working. A workforce development strategy will be necessary.
Communications	Implementing a comprehensive plan requires a high level of communications proficiency. Communications will need to be effective in order to maintain informed, aligned and motivated health providers and also to support the focus on family knowledge.
Information	Information systems enhancements are required in a number

systems	of the programme areas. Some of these are already under development but focus is required to ensure that the IT developments meet the needs of the programmes.
Community leadership	Any significant change to child health status will require community leadership. Community leaders advocate for change and influence social and cultural norms that impact on health. This plan must foster and support community leadership particularly in areas where there are inequalities of outcome, such as the Maori, Pacific and Refugee communities.
Relationships	Achievement of the actions proposed in this plan will rely on positive relationships being established and maintained across all involved sectors.

How are we going to do it?

The issues that need to be addressed to improve child health, the scope of the proposed changes and the requirements for capability development illustrate the complexity of the task ahead of us.

The complexity is increased further by the fact that three other Health Improvement Plans are currently being developed by the Auckland District Health Board and there may well be areas where similar structural issues need to be addressed especially in primary care and the primary care/hospital interface.

The approach taken to implementation of the plan will be to maintain a clear long term vision but to focus on highly practical and achievable actions.

Clearly detailed, annual implementation plans will be required to co-ordinate activity and ensure resources are effectively allocated.

Effort will be required initially to set up structures and relationships, such as governance, project management and evaluation, which create the platform for a sustainable initiative.

ADHB is in the process of setting in place funding mechanisms, which will provide a committed envelope of funding to support the core leadership functions of the initiative and some operational investment. Individual interventions will be funded when they have been developed in detail and can provide evidence of clear benefit and sound investment.

Proposed interventions will be prioritised and introduced in a phased manner so that they are effectively managed.

Appendix 1

ADHB Child Health Improvement Plan Steering Group members:

Dr Denis Jury, Chief Planning and Funding Officer, Project Co-Sponsor
Kay Hyman, General Manager, Starship Children's Health, Project Co-Sponsor
Dr Allan Pelkowitz, Clinical Leader, Planning and Funding
Aseta Redican, General Manager, Pacific Health
Kris MacDonald, General Manager, Maori Health
Taima Campbell, Executive Director, Nursing and Midwifery
Dr Allison Leversha, Community Paediatrician, Starship Children's Health
Dr Sara Bennett, Population Health Manager, Planning and Funding (to July 2005)
Dr Richard Hoskins, acting Population Health Manager, Planning and Funding (August – December 2005)
Tracy Walters, CEO, Tihi Ora MaPO
Carol Stott, Planning and Funding Manager, Project Leader

ADHB Child Health Improvement Plan Project Team members:

Carol Stott, Planning and Funding Manager, Project Leader
Louisa Ryan, Pacific Health Planning and Funding Manager
Gail Wilson, Maori Health Planning and Funding Manager
Dr Alison Leversha, Community Paediatrician, Starship Children's Health
Dr Sara Bennett, Population Health Manager, Planning and Funding (to July 2005)
Dr Richard Hoskins, acting Population Health Manager, Planning and Funding (August – December 2005)

Appendix 2

ADHB Child Health Improvement Plan Stakeholder Group:

Dr Alison Leversha, Starship Children's Health, ADHB
Dr Allan Pelkowitz, Planning & Funding, ADHB
Alistair Matheson, Auckland Regional Public Health Service
Angelina Brown, National Audiology Centre, ADHB
Ann Weaver, Safekids, ADHB
Ann Yates, National Women's Health, ADHB
Anna Bailey, Healthstar Pacific
Anna Redican, Ministry of Health
Annette Mortensen, Auckland Regional Public Health
Aroha Sinclair, Maori Health, ADHB
Aseta Redican, Pacific Health, ADHB
Barbara Lusk, Ministry of Health
Barbara Stevens, Auckland PHO
Barbara Taunton-Clark, Birthcare Ltd
Barry de Geest, Renaissance Consulting, Board member
Bonny Manley, Maori Women's Welfare League
Catherine Gilhooly, Auckland City Council
Cathy Hanlon, National Audiology Centre, ADHB
Charlotte Esser, Housing NZ
Dr David Knight, Starship Children's Health, ADHB
Dr Denis Jury, Planning and Funding, ADHB
Diane Guild, Ministry of Education
Elaine MacFarlane, Plunket Society
Elaine McCall, Starship Children's Health, ADHB
Elizabeth Wood, Starship Children's Health, ADHB
Felise Naufahu, Taikura Trust
Gail Wilson, Maori Health, ADHB
Gilli Sinclair, Planning & Funding, Counties Manukau DHB
Grace Hinder, Starship Children's Health, ADHB
Graham Bodman, Housing NZ
Grant Taylor, What's Up
Dr Greg Williams, Ministry of Health, Wellington
Dr Guy Naden, Tamaki PHO
Dr Ian Hassall, Institute of Public Policy, AUT
Dr Innes Asher, University of Auckland
Jane Stone, Auckland City Council
Janet Campbell, Starship Children's Health, ADHB
Janet Chen, Auckland Regional Public Health Service
Jenny Woodley, National Women's Health, ADHB
Dr Jessica Berentson, Auckland Regional Public Health Service
Johan Vendrig, Information Systems, ADHB
Judy King, Ngati Whatua O Orakei Health Services

Julie Chambers, Safekids, ADHB
Katherine Clarke, Hapai Te Hauora
Kerry Price, Auckland Regional Public Health Services
Kris MacDonald, Maori Health, ADHB
Lee Mathias, Birthcare Ltd
Linda Boughton, ProCare PHO
Dr Liz Craig, NZ Paediatric Society
Lorraine Fox, National Audiology Centre, ADHB
Lorraine Knutsen, Starship Children's Health, ADHB
Louisa Ryan, Pacific Health, ADHB
Madeleine Sands, Starship Children's Health, ADHB
Margaret Scott, Piritahi Hauora
Margareth Broodkoorn, Nursing, ADHB
Michelle Burrows, Ngati Whatua O Orakei Health Services
Dr Nikki Turner, Immunisation Advisory Centre
Penny Wilson, Starship Children's Health, ADHB
Rebecca Chandra, Immunisation Advisory Centre
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Appendix 3

List of people who made written submissions on the draft Plan

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Appendix 4

Stocktake of Children and Young Persons Health Services in the Auckland District Health Board 2005

Area	Contract Dollars ADHB Pop Other (IDFs)	Type	Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
National / Regional / District		ADHB Personal	ADHB Newborn Services	0-3 months	All	Auckland City Hospital	<ul style="list-style-type: none"> ▪ Newborn Services – regional neonatal service providing care of premature and sick babies. National provider for babies with known cardiac anomalies. Services include: <ul style="list-style-type: none"> ▪ Level 2 and 3 neonatal cots ▪ Care of babies pre and post surgical procedures, pre and post ECMO, care of babies with cardiac lesions ▪ Paediatric care in postnatal wards ▪ Paediatric OPD ▪ Newborn home care services ▪ Child development Unit – follow up of babies with birth weight less than 1500 grams (see below) ▪ Dysmorphology and geneticist specialist ▪ Neonatal emergency transport services ▪ Specialist lactation management ▪ Supervision of siblings while mothers/parents attend outpatient, NICU, or related services at NWH. ▪ Service may pick up developmental, abusive or other situation from observation of child at play.
Regional / District		ADHB Personal \$ MoE \$	ADHB Clinical Specialty Services	0-10 years	All	Auckland City Hospital	<ul style="list-style-type: none"> ▪ Services offered include a range of secondary, tertiary and quaternary services for children's medical and surgical care in hospital & community - to facilitate the diagnosis &

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop	Other (IDFs) Type					
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	treatment of acute, sub-acute and chronic conditions. Services for children must address emotional, spiritual, social and physical needs. <ul style="list-style-type: none"> Oncology/Haematology <ul style="list-style-type: none"> Service for upper half North Island plus Matched Unrelated Donor Bone Marrow Transplants for New Zealand and Waikato. Provide outreach clinic services to Northland.
Regional		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<u>Endocrinology</u> including Diabetes Service for Auckland Region for children with Types 1 & 2 diabetes.
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<u>Gastroenterology</u> District service for Auckland region plus Liver Transplant service for New Zealand.
District / Regional		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<ul style="list-style-type: none"> <u>General Paediatrics</u> including <ul style="list-style-type: none"> <u>Dermatology</u> District service for Auckland Central plus >24 hours stay for Waitemata District Health Board (as from 1/7/05).
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<ul style="list-style-type: none"> <u>Immunology</u> District service for Auckland region plus referrals from other parts of New Zealand. <ul style="list-style-type: none"> <u>Infectious Diseases</u> District service for Auckland region plus referrals from other parts of New Zealand.
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<u>Neurology</u> Service for Auckland region plus referrals from other parts of New Zealand. Provide outreach clinic services. National referral centre for consideration for epilepsy surgery.
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<u>Respiratory</u> Service for Auckland region plus referrals from other parts of New Zealand.
							<u>Renal</u>

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop	Other (IDFs) Type					
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	Regional service and provide outreach clinics. National support service for children receiving dialysis.
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<ul style="list-style-type: none"> Rheumatology Service for Auckland region plus referrals from other parts of New Zealand. Infectious Diseases District service for Auckland region plus referrals from other parts of New Zealand.
Regional / National		ADHB Personal	ADHB Medical Services	0-15	All	Auckland City Hospital	<ul style="list-style-type: none"> Paediatric Surgery District service for Auckland region. Referrals from other centres in New Zealand. Outreach clinics and day surgery.
Regional / National		ADHB Personal	ADHB Surgical Services	0-15	All	Auckland City Hospital	Neurosurgery Service for New Zealand including Craniofacial surgery.
Regional / National		ADHB Personal	ADHB Surgical Services	0-15	All	Auckland City Hospital	Orthopaedics Service for ADHB, WDHB and some CMDHB children. One of three scoliosis providers for New Zealand. Provide national gait lab service.
Regional / National		ADHB Personal	ADHB Surgical Services	0-15	All	Auckland City Hospital	<p>ORL District service plus some regional service for WDHB and SMDHB. Services on referral from other DHB's.</p> <ul style="list-style-type: none"> Paediatric Cardiac Paediatric specialist medical and surgical cardiac services to those children whose condition is of such severity or complexity that it is beyond the capacity and technical support of the referring service.
National		ADHB Personal	ADHB Paediatric Cardiac and Congenital Services	0-15	All	Auckland City Hospital	Consult Liaison Provides support to inpatient children and their families.
		ADHB Personal	ADHB Surgical Services	0-15	All	Auckland City Hospital	Palliative Care Provides palliative care support for children
		ADHB	ADHB Surgical Services	0-15	All	Auckland City Hospital	

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop (IDFs)	Type					
District / Regional / National	(funded from other service lines)	Personal	ADHB Cardiac and Intensive Care	0-15	All	Auckland City Hospital	and advice for other providers throughout the country <ul style="list-style-type: none"> Paediatric Intensive Care unit Provides intensive care support to all Starship services and intensive care support for children from NW who require .48 hours ventilatory support.
District		ADHB Personal	ADHB Medical Services	0-15	All	Homes - Outreach Services based out of Auckland City Hospital	Home care support for children discharged from Starship.
Regional (& national advisory)		ADHB Personal	ADHB Medical Services	0-17	General	Multi-Agency Centre 99 Grafton road Auckland	Secondary/Tertiary services <ul style="list-style-type: none"> 24 hour-a-day, 7 day-a-week consultancy service for health care professionals, & an after hours service for groups & organisations with statutory responsibilities for child protection & family support Assessing, investigating & treating difficult or complex cases of child abuse or neglect Regional co-ordination and facilitation with Sub Regional development for primary secondary interface. 24 hour service Support for regional services
Regional		ADHB Personal	ADHB Children's Health Services: Pacific Family Support	0-17	Pacific	Auckland City Hospital	Pacific Family/fono support services
District		ADHB Personal	ADHB Children's Health Services: Community & Medical – Early Childhood Health Team	0-5 years Well Child and Pre -School	All	Homes, pre-schools, Marae and other community locations	Well Child Services <ul style="list-style-type: none"> Team provides Well Child services to children aged 0-5 years focusing on complex or 'hard to reach' e.g. refugees. Multi-disciplinary services include well child checks, immunisation, health education, support and referral services and dietetic services. Home visiting service. The aims are to reduce the incidence of childhood vaccine preventable diseases; SIDS/SUDI; preventable hospital

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop	Other (IDFs) Type					
							<p>admissions; hearing failure rate at school entry; and assist in the reduction of dental caries in the pre-school years.</p> <ul style="list-style-type: none"> Well Child Services include: core well child services (the universal entitlement); episodic care; facilitation services; and. Family and whanau care and support.
District		ADHB Personal	ADHB Children's Health Services: Community & Medical – Child & Youth Health Team	5-18 years School aged	All	Schools, homes and other community locations.	<p><u>School Health Services</u></p> <ul style="list-style-type: none"> The focus is the identification of health needs of children, including acuity and capacity to benefit. Intensity of service provision will be higher to those schools with the lowest decile rating. Service is complementary to any service provided by other health providers or by the education and welfare sectors. Improve the health of individual children who attend schools. Multi-disciplinary services include: assessment and referral services; case management services; links with other services; strengthening families; adolescent clinics and self-referral clinics; and Year 7 Immunisations.
District – decile 1 schools		ADHB Personal	ADHB Children's Health Service: Community & Medical – Child & Youth Health Team	5-12 years Decile One schools	All	Mana Clinic, Wesley School and homes.	<p><u>Extra Decile One School Funding</u></p> <p>Additional School health services provided to the most disadvantaged children in decile one schools. Comprises nursing assessment, treatment & referral for individual children with health problems & support for their families/whanau to assist them to access other health services if indicated.</p>
District and Regional (Refugee Community Health Work)		MoH – Public Health \$	ADHB Children's Health Services: Community & Medical – Child & Youth Health Teams	0-18 years	All	Community, early childhood settings, schools.	<p><u>Health Promoting Schools</u></p> <ul style="list-style-type: none"> Working in partnership with pre-schools, schools and communities to promote social & physical environments that improve the health & well-being of children & young people thereby reducing barriers to learning. Refugee Community Health –

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop (IDFs)	Type					
District		ADHB Personal	ADHB Children's Health Service: Community & Medical – Early Childhood Health	0-5 years	Refugee & New Migrant	Homes and other community locations.	access to child health services Outreach immunisation service to refugee and New Migrant populations.
District		MoH Disability	ADHB Children's Health Service: Community & Medical – Child Development	0-18	All	Homes and 9 Manukau Rd, Newmarket	Child Development Team Therapy services for children with a disability provided in their own homes or other community venues. Some services provided on site.
National		ADHB Personal	ADHB Specialist Paediatric Cardiothoracic services	0-15	General	Starship service is to patients outside of Northern region	Specialist Cardiothoracic Services A national referral and outreach service for investigation, catheter intervention and surgical treatment of children with heart disease. Children with conditions which require a comprehensive cardiac specialist service include those with congenital heart defects; those needing heart valve surgery, e.g. acute or chronic rheumatic fever, and those with cardiac arrhythmias. Paediatric cardiologist consultation is available for assessment of heart murmurs, acquired heart disease e.g. Kawasaki Disease, infective endocarditis, acute rheumatic fever, and for all of the above conditions in a shared care role with general paediatricians.
Regional		ADHB Personal	ADHB Domiciliary Home Oxygen	0-17	General	Home delivery service based out of Greenlane Clinical Centre	Domiciliary Home Oxygen Regional service. Oxygen therapy is initiated by respiratory consultants and administered in the home setting by nurse specialists. Home visits are provided to ensure compliance with treatment, education to families, liaison with other services and review of clinical status.
National		ADHB Personal	ADHB Ventilatory Support	0-17	General	Starship	Ventilatory Support Service Children with sleep disordered breathing requiring non-invasive ventilation receive investigation, diagnosis and treatment.
National			ADHB Ambulatory Services - National Audiology Centre	0-15 years	All	Pre-schools, other community locations,	Hearing and vision screening services for pre-and school aged children.

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop (IDFs)	Other Type					
		ADHB Personal				clinics.	<ul style="list-style-type: none"> Maori and Pacific community health workers /screeners for children at language nest pre-schools. NZ cochlear implant programme.
District		ADHB Personal	ADHB Ambulatory Services - National Audiology Centre	0-15 years	Pacific	Pre-schools and other community locations.	<ul style="list-style-type: none"> Hearing Screening – particularly focused in pre-school language nests. Family/fono support – monitoring of child through screening and referral processes.
Regional Services		ADHB Personal	ADHB Ambulatory Services - Sexual Health Service	10 years and older	General	Auckland Hospital, Henderson, Glenfield, Manukau City	<p>Sexual Health Services</p> <ul style="list-style-type: none"> Assessment, screening, diagnosis and treatment for sexual health problems Specialist referral centre for STIs and HIV Sexual abuse care Individual sexual health counselling, & guidance Contact tracing for STIs & HIV Telephone advice service for medical practitioners & other health professionals
Regional Services		MoH Public Health \$	Ambulatory Services – Sexual Health Service	School aged	General	Schools	<p><u>Peer Sexuality team</u></p> <p>A peer sexuality adviser training and support service in schools; provide advice & support to peer advisers; regular visits & liaison.</p>
Primary Care and Community Services							
National		MoH Personal CCDHB \$	Plunket	0-5 years	General	National , Regional and District Services	<p>Provision of Well Child/Tamariki Ora Services to children:</p> <ul style="list-style-type: none"> support information and advice, and regular health checks as the child grows and develops. <p>Immunisation covered by s51. Service also provides health education, referral services to DHB or GPs.</p>
Regional			Auckland Asthma Society	0-18 and above	General	Auckland Region	<ul style="list-style-type: none"> Provision of information and training in

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop	Other (IDFs) Type					
		MoH Personal					<ul style="list-style-type: none"> asthma management to individuals and care givers. Disease State Management – Asthma for caregivers and individuals. Little relationship or linkage with secondary/primary services.
Regional Services		MoH Personal Hutt Valley DHB \$	NZ Family Planning Association	10 -24	General	Community clinics, high schools	<p><u>Sexual Abuse Services</u></p> <ul style="list-style-type: none"> - Assessment, diagnosis, treatment, medical & care, support & referral for counselling for young people who have suffered or are suspected of having suffered sexual abuse - An info & consultancy service for primary & secondary care providers re adolescent sexual abuse, sexual health & sexuality issues. <p><u>Outreach Clinic</u></p> <ul style="list-style-type: none"> - An outreach service for 'at risk' young people. <p><u>School-linked Clinics</u></p> <ul style="list-style-type: none"> - Facilities in or close to schools <p><u>Outreach sexual health promotion services</u></p> <ul style="list-style-type: none"> ▪ <u>Clinical Services</u>
Regional Services			The NZ Family Planning Association	Unspecified	General		<ul style="list-style-type: none"> ▪ Includes - Contraception; post-coital interception; cervical smears; breast examination; menopause; menstrual problems; advice on sexuality; STD testing & advice; pregnancy testing; pre & post termination advice; initial screening for infertility problems & referral; urinary infections & vasectomies at selected centres ▪ <u>Contraceptive services</u> ▪ <u>Counselling Services</u> <p>Advice on sexual dysfunction; relationship difficulties; unplanned pregnancy; sexual abuse &/or rape; grief related to miscarriage, infertility & abortion</p> <p>In addition FPA provides:</p>

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop (IDFs)	Other Type					
							<ul style="list-style-type: none"> ▪ Community services to improve & protect the health of young people ▪ Assistance to schools in the Auckland region in the planning & provision of sexuality education ▪ Assistance with the development of Maori sexual health Programmes ▪ Training services to Family Life Education Pasifika (FLEP) in support of the Pacific Islands Sexual Health regional Pilot ▪ Services to improve & protect the health of children, including promotion of parenting support & skills for communication, prevention of child abuse & skills relating to sexuality issues & sexual & reproductive health
Regional Services		MoH \$	Youthline Youth Counselling Services (Child Services)	10-24	General		<ul style="list-style-type: none"> ▪ Freephone Crisis Line ▪ Face to Face Family Therapy ▪ Pregnancy Crisis Counselling service
District		ADHB Personal	Onehunga High School	12-18	General	Onehunga High	<p><u>First Point of Contact service</u></p> <ul style="list-style-type: none"> ▪ Physical, psychological, social & emotional needs identification; ▪ Assessments & referrals ▪ Co-ordination of care; ▪ Liaison between students, families, school & health workers; ▪ Facilitation of health info & education programmes to students of Onehunga High School
District		ADHB Personal	Penrose High School	12-18	General	Penrose High	<p><u>First Point of Contact service</u></p> <ul style="list-style-type: none"> ▪ Physical, psychological, social & emotional needs identification; ▪ Assessments & referrals ▪ Co-ordination of care; ▪ Liaison between students, families, school & health providers; ▪ Facilitation of health info & education programmes to students of Penrose High School

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop	Other (IDFs) Type					
District		ADHB Personal	Tamaki College	12-18	General	Tamaki College	<p><u>First Point of Contact service</u></p> <ul style="list-style-type: none"> Physical, psychological, social & emotional needs identification; Assessments & referrals Co-ordination of care; Liaison between students, families, school & health providers; Facilitation of health info & education programmes to students of Tamaki College.
District		ADHB Personal	Western Springs College	12-18	General	Western Springs College	<p><u>First Point of Contact service</u></p> <ul style="list-style-type: none"> Physical, psychological, social & emotional needs identification; Assessments & referrals Co-ordination of care; Liaison between students, families, school & health providers; Facilitation of health info & education programmes to students of Western Springs College.
District /Islands		ADHB Personal	Waiheke Island High School	10-18	General	Waiheke Island High School	<p><u>First Point of Contact service</u></p> <ul style="list-style-type: none"> Physical, psychological, social & emotional needs identification; Assessments & referrals Co-ordination of care; Liaison between students, families, school & health providers; Facilitation of health info & education programmes to Waiheke youth/Ranagatahi
Islands/district		ADHB Personal	Waiheke Health Trust	0-18	General	Waiheke, Browns and Motapu Islands	Provision of community nursing, mental health and primary health care services – Well Child to children 0-18 years of age.
Island/district		ADHB Personal	Aotea Health Care	0-18	General	Great Barrier Island	Provision of community nursing, mental health and primary health care services – Well Child to children 0-18 years of age.
National		MoH Public Health	Family Planning Association and Te Puawai Tapu	Unspecified	Maori and General		To provide national sexual & reproductive health services for the general population.
Regional		MoH	Taikura Trust	0-16	All	Homes, schools	Needs Assessment and Service Co-ordination

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop (IDFs)	Other Type					
Regional		Disability MoH Disability	Accessibility	0-16	All		for children with a disability. Wheelchair and Seating Services
MAORI HEALTH – PRIMARY CARE							
District		ADHB Personal	Ngati Whatua O Orakei Health Clinic	0-5 years	Maori	Community Clinic, homes, Marae, other community locations.	<ul style="list-style-type: none"> ▪ Tamariki Ora (Well Child) services including: ▪ Facilitation Services (Community Support Worker) ▪ Whanau Support Services (Registered Nurse).
District		ADHB Personal	Ngati Whatua O Orakei Health Clinic - Dental	0-5 years	Maori	Community clinic, homes, Marae, other community locations.	<ul style="list-style-type: none"> ▪ Dental Health Educator services including: ▪ Identification of children not likely to access dental health.
PACIFIC HEALTH – PRIMARY CARE							
Local		ADHB Personal	Health Star Pacific	First Year of Life	Pacific	Homes - Glen Innes/Pt. England/Panmure	Home visiting support services to mother and newborn
Local		ADHB Personal	Health Star Pacific	0-5 years	Pacific	Homes, pre-schools	Well Child Facilitation: Family/Fono Care and Support
Local		ADHB Personal	Health Star Pacific	5-13 years	Pacific	Schools, homes	School based nursing
District		ADHB Personal	Health Star Pacific	Children and Youth	Pacific	Homes, pre-schools, schools	Asthma Disease Management
District		MoH Public Health \$	Health Star Pacific	0-14 years	Pacific	Community locations, pre-schools, schools - Central Auckland	Health Promotion
District		ADHB Personal	Tongan Health Society	5-13 years	Pacific	Schools, homes	School Based nursing
District		ADHB	Tongan Health Society	0-5 years	Pacific	Clinic, homes, pre-schools	<ul style="list-style-type: none"> ▪ Well Child Facilitation: Family/Fono Care and support.

Area	Contract Dollars		Provider	Target Age	Ethnic Group	Service Delivery Locations	Service Specifications
	ADHB Pop (IDFs)	Other Type					
District		Personal	Tongan Health Society	PCO	Pacific	Community clinics - Central Auckland	<ul style="list-style-type: none"> ▪ Dental Educator
District		ADHB Personal	Tongan Health Society	Child/Youth /Family	Pacific	Homes, community locations	Primary Care GP & Nursing Mobile Nursing Local
District		ADHB Personal	Tongan Health Society	Child / Youth	Pacific	Homes, pre-schools, schools	Asthma Disease State Management

Note: School Dental Services – regional service provided by Waitemata DHB
Burns and Plastic surgery services – regional service provided by Counties Manukau DHB

Appendix 5

Glossary

Accreditation	A set of performance standards that ensure providers of health care have effective quality systems in place.
Acuity	Acuteness, having a short and relatively severe course.
Capitation	PHOs and their general practices are paid according to the number of people enrolled not the number of times they see patients. This sort of system, which has been used for years in some overseas countries, is generally called 'capitation' since it is based on a payment per capita (per head) rather than the number of times they see patients.
Chronic care model	This model provides an organisational approach to caring for people with chronic disease in a primary care setting. The system is population-based and creates practical, supportive, evidenced-based interactions between an informed, activated patient and a prepared, proactive practice team. The Chronic Care Model summarises the basic elements for improving care in health systems at the community, organisation, practice and patient levels for chronic illnesses such as diabetes.
Clinical governance	A framework through which health care organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. (G Scally and L J Donaldson, ' <u>Clinical governance and the drive for quality improvement in the new NHS in England</u> ' BMJ (4 July 1998): 61-65)
DHB	District Health Board established under section 19 of the NZ Public Health & Disability Act 2000.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.
Enrolled population	The number of people who have enrolled as a patient with a Primary Health Organisation as their provider of primary care services.

Evidence based	Clinical decision making based on a systematic review of the scientific evidence of the risks, benefits and costs of alternative forms of diagnosis or treatment.
Health & Equity Assessment Tool (HEAT)	There is considerable evidence of significant inequalities in health between socioeconomic groups, ethnic groups, people living in different geographical regions and males and females. (Howden-Chapman and Tobias 2000). The poorer you are, the worse your health. The HEAT is a set of questions developed to assist in considering how particular inequalities have come about, and where the effective intervention points are to tackle them.
Health Needs Assessment	A process designed to establish the health requirements of a particular population.
Health promotion	The process of enabling people to increase control over, and to improve, their health. It is a comprehensive social and political process.
Health outcomes	A change in the health status of an individual, group or population that is attributable to a planned programme or series of programmes, regardless of whether such a programme was intended to change health status.
Inequalities	Difference relative to the local community or wider society to which an individual, family or group belongs.
Lead Maternity Carer	An Authorised Practitioner who is a General Practitioner with a Diploma in Obstetrics (or equivalent), a Midwife or an Obstetrician who has been selected by a woman to provide her Lead maternity Care.
Life course approach	A life course approach emphasises a temporal and social perspective, looking back across an individual or cohort's life experiences or across generations for clues to current patterns of health and disease, whilst recognising that both past and present experiences are shaped by the wider social, economic and political context. (Kuh and Ben-Shlomo, 1997).
Mainstream	The services or activities representing the prevalent attitudes, values, and practices of the prevailing group in a society.

Micronutrients	Micronutrients are vitamins and minerals. They are needed by the body only in minute amounts, but play leading roles in the production of enzymes, hormones and other substances, helping to regulate growth, activity, development and the functioning of the immune and reproductive systems.
Medical model	The medical model focuses primarily on the individual person and may not take into account interactions of people with their environment. The medical model is focused primarily on the treatment of disease, not the prevention of illness.
Outreach	Outreach services focus on those whom services have traditionally failed to reach. Services focus on facilitation of access to services or provide services in the community.
Population Health	The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as economic status, or cultural criteria such as whanau.
Primary care	Primary care can be defined as the point of first contact or the entry point into the health care system (Stanhope and Lancaster, 1996, p.1100) and is regularly used to denote the general practice (GP) environment.
Primary health care	<p>Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.</p> <p>It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. (International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978)</p>

Primary Health Organisation (PHO)	A group of health providers whose job it is to provide primary health care to all the people enrolled with them. The group will always include a General Practitioner and may also include some or all of nurses, Maori providers, Pacific providers, health promotion and public health workers, pharmacists, dietitians, mental health workers, community health workers, dentists and others – often working in teams. PHOs are the local provider organizations through which District Health Boards will implement the NZ Primary Health Care Strategy.
Provider	An organization or individual providing health and disability services.
Public Health	The science and art of promoting health, preventing disease and prolonging life through the organized efforts of society.
Quaternary care	Highly specialized care provided in one hospital location for the whole country.
National Prioritisation Tool	A tool used to assist with decision making about what health and disability services or interventions to fund within the resources available.
Respite care	Care that may be provided in a residential care facility, day care or in a private home to provide 'time out' for family, whanau or carers.
Resiliency	The ability to bounce back from social adversity.
Secondary care	Specialist care that is typically provided in a hospital setting.
Stakeholders	Stakeholders are those people directly or indirectly impacted by the performance of your organisation.
Strengthening Families Programme	Strengthening Families is a cross-sectoral, whole-of-government initiative which uses a structured process of government agencies and community organisations working together to improve outcomes for vulnerable families. Both government and non-government/community organisations participate in Strengthening Families. Co-ordinated support is provided for families who are working with more than 2 agencies. Agencies and the family work together to develop joint solutions, rather than each agency dealing with 1 part of the problem and never seeing the bigger picture.

Tertiary care	Very specialized care often only provided in a small number of hospitals.
Universal	Means targeted to the whole population. Usually referred to in relation to preventive strategies or interventions.
Well Child provider	Term used to describe providers of activities, undertaken in the primary health care setting, and described in the Well Child Tamariki Ora National Schedule that promote health and prevent disease for children and their families and whanau.
Whanau	Extended family including kaumatua, pakeke, rangitahi and tamariki. Whanau is recognized as the foundation of Maori society.
Whole child approach	This is an approach which ensures that in the development of policy and services, the needs, rights and interests of children and young people are taken into account. Where possible, children and young people are involved in policy-making and decision-making processes, and that policies contribute to the healthy development and wellbeing of all children.
Whole system change	An approach to change that considers all components of a delivery system as they function as a whole. (Denis Jury 2006) There is a unifying theme and a coordinated approach throughout the 'system'.