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To: Community & Public Health Advisory Committee

Through: Margot Mains

Date: 29 April 2004

Subject: Discussion paper – Maternity/Child health

1. ORIGIN OF REQUEST

The purpose of this paper is to offer CPHAC the opportunity to comment and provide guidance on proposed service development with regard to maternal and child health.

This paper is a component of the CPHAC work programme and follows an “issues paper” presented to CPHAC on 21 January 2004. At this meeting, CPHAC:-

1. Noted the process, timeframe and initial scan of issues that will inform a discussion paper on maternal and child health to be presented in 2004 following the Child Health Summit to be held at Pataka in April 2004.
2. Requested that management resubmit points already made in May 2003, and that Drug and Alcohol issues should also be incorporated.

Relevant child health issues identified in the May 2003 CPHAC meeting were -

- obesity in children
- the relevance of the determinants of health to the health of children
- the need to develop models of care based on whanau ora
- the importance of Pacific health as an area of health improvement
- the importance of integration across the continuum of community/primary/secondary care.

In February 2004, the Board noted that there had been an increase in the number of neonates admitted to hospital due to a range of factors including increasing rates of caesarean sections, increase in fertility drugs and women giving birth later in life. The Board requested that information on these maternity issues be incorporated into a maternity paper due to go to CPHAC. A further update on neonate volumes and trends would be provided in the March CEO Report.

At the Board meeting on 3 March 2004, the Board noted that a hardcopy of the document, "Draft Maternity Services in C&C DHB - Working towards a Maternity Strategy" would be circulated to Board members. The following note was also documented in the draft minutes of Board meeting held on 7 April 04:-

"1537 Maternity Services (Item 1492)

The Board noted the Maternity Strategy papers would be discussed in public."

2. BACKGROUND

The process leading to development of this discussion paper spans two years, beginning with input from an advisory group and consultation on maternity issues in 2002. This year, two reports^{1,2} (attached) have been prepared incorporating information from a range of local and national reports, the Paediatric Society survey reports, public health reports and the results of discussions with key stakeholders in meetings, through submissions, and through the recent Child Health Summit. This paper summarises key health issues and priorities identified from these sources. A draft 3-5 year plan is proposed to manage these priorities.

3. LINKAGES TO KEY STRATEGIES

The areas of maternity and child health are an integral part of national strategic documents such as:

New Zealand Health Strategy
He Korowai Oranga – Maori Health Strategy
Pacific Health and Disability Action Plan
New Zealand Disability Strategy
Achieving Health For All
Child Health Strategy

The Child Health Strategy published in 1998, followed a review of child health programmes and resulted in a Strategy that focused on preventative interventions, increased legislative and regulatory provisions, further research and review, including the development of a child mortality review system. It identified priority population groups: tamariki Maori, Pacific children, children with high health and disability support needs and children from families experiencing multiple social and economic disadvantage. The principle that children/tamariki should have their needs treated as paramount was endorsed in this Strategy.

There are relevant sections in C&CDHB strategic documents:

C&CDHB District Strategic Plan and the health needs analysis accompanying this.
Te Plan
C&CDHB Pacific Action Plan
C&CDHB Implementation Plan for NZ Disability Strategy
Regional Public Health Strategic Plan

In the interests of brevity, there is no attempt to summarise all the relevant sections of these documents. Taking a broad perspective, almost all sections of the DHB plans listed above are relevant to healthy societal and family/whanau functioning which

¹ C&CDHB. 2004. *Maternity services in Capital and Coast District Health Board – working towards a maternity strategy*. Wellington: C&CDHB.

² C&CDHB. 2004. *The health of children in Capital and Coast District Health Board – a background document*. Wellington: C&CDHB.

clearly impacts on health outcomes for children. The documents are available on C&CDHB's website or on request.

4. DISCUSSION

Two reports have recently been prepared collating specific information on maternity services and the health of children in C&CDHB. The Maternity report focuses on pregnant women and babies from conception to 6 weeks postnatally, while the Child Health Report focuses on children 0-14 years. The overlaps between maternal, neonatal and child health and also youth health and family health/whanau ora are recognised. A youth health needs analysis was undertaken in 2002 and a parallel workstream supporting youth health and development, youth participation, improved health service options and intersectoral action is also in progress.

General principles that arise from the two background reports are as follows:-

- Acknowledging the intimate connection of child health and wellbeing with family health/whanau ora
- The need for a "whole child/whole family" approach providing an integrated continuum of care
- The need for service delivery centred on the best outcomes for children. This involves integration across public health, primary health care, maternity services, tamariki ora/Well Child, secondary services, mental health and disability services.
- Acknowledging the social, economic, cultural and environmental determinants of child health
- Acknowledging the need to involve children and families/whanau in service redesign and in the development of strategies to improve child health.

Maternity Services

The key issues arising from analysis of the health needs of mothers and children are as follows:-

- An increasing rate of caesarean sections and operative deliveries
- Smoking in pregnancy, particularly among Maori, and the need for more coordinated smoking cessation services for women who are pregnant
- The need for more coordinated care for women managed by the Maternal-Fetal Medicine/"High risk" Team
- A high rate of teenage pregnancy in Porirua
- Improved access to contraception and choice of sterilisation procedures
- Support services for whanau/families in Porirua, which may reduce low birth weight babies, improve breastfeeding and improve early neonatal outcomes
- Services which provide additional support for women with high and complex needs
- The need for improved collaboration between providers, the Women's Health Service and community agencies
- The need for more publicly-funded pregnancy and parenting education and particularly those attractive to Maori women and whanau, Pacific women/families and teenagers
- The need for Pacific maternity support services
- Access to primary ultrasound scans at no cost to the consumer
- Increased access to community-based breast feeding support
- Local maternity information to consumers on how to access a Lead Maternity Carer, pregnancy and parenting courses and antenatal and postnatal support services in the community.

Child health

Analysis of child health issues in C&CDHB supports prevention and early intervention through effective public health action and accessible, effective primary health care as a priority. Maori and Pacific children have an increased incidence of avoidable conditions such as rheumatic fever, meningococcal disease, hearing loss, poor oral health and increased admissions to hospital with asthma. Compared to children of other ethnicities Pacific children have the highest rate of avoidable hospitalisation.

Other key issues identified in the report include:-

- A low rate of immunisation in some groups
- Childhood obesity
- Cellulitis
- Admission to hospital for unintentional injury
- Family violence
- Pacific children and C&CDHB mental health services

In addition to health services, child health is strongly influenced by improvements in the determinants of health, for example employment, income, education and housing. Thus, there is a continued need to work across sectors to strengthen families and address child poverty.

The way forward

Some areas of service development cost little, or are already in progress, while others are new areas of service development and will rely on DHB funding, or negotiation of funding with the Ministry of Health. Many of the most effective interventions relate to social policy and intersectoral action by government agencies and local government.

Furthermore, the views of children, families/whanau need to be part of all developments. Consultation with children nationally resulted in a call on Ministry of Health and health care providers to:-

- “Implement fully the child health and suicide prevention strategies that exist
- Make sure that services are child and youth friendly and have a holistic approach
- Recognise that health services begin pre-conception and that the first three years are very important
- Provide health services to schools and fund peer support services
- Teach nurses and health professionals about children’s rights”³

5. THREE TO FIVE YEAR PLAN FOR MATERNITY AND CHILD HEALTH SERVICES

A three to-five Year Plan for maternity and child health services is provided overleaf. It is necessarily indicative and summarised. Actions in each area are complex, involving developing an evidence base, planning and consultation, prioritisation, funding processes, contracting processes and evaluation. Operational aspects are not described in this discussion paper. It is a strategic document, signalling planning direction and inviting comment.

³ Office of the Children’s Commissioner. 2004. “Children” A Newsletter from the Office of the Children’s Commissioner. April.

THREE-FIVE YEAR PLAN FOR MATERNITY AND CHILD HEALTH SERVICES

ISSUE	ACTION WORK PROGRAMME	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09
Integrated models of care	Integrated models of care that support mothers, pepi and their whanau as part of a service continuum are explored	✓	✓			
Community lactation support services	Review options for community lactation support services	✓				
	Upskill existing workers (LMCs and staff working in Maternity Support Services contracts) in lactation	✓	✓	✓		
Readmission to hospital for lactation-related problems	Community lactation support services in Wellington, Porirua and Kapiti		✓			
	Appropriate breastfeeding health promotion programmes at high school and in the community, and appropriate health education material available for use by health professionals.		✓			
Maternity ultrasound	Explore funding support to ensure primary maternity ultrasound scans are at no cost to clients	✓				
	Explore funding options for ultrasound for termination of pregnancy with the Ministry of Health	✓				
Pregnancy and Parenting Education	Increase access to publicly-funded pregnancy and parenting programmes in C&CDHB	✓				
	Support innovative approaches to parenting education and support for Maori families, Pacific families and teenagers.		✓			
Maternity information services	Explore options for local coordination of Maternity Support Services to ensure women are aware of LMCs, pregnancy and parenting courses, and the range of antenatal and postnatal support services available	✓				
	Ask LMCs and pregnancy and parenting programmes to update the Ministry of Health 0800 MUM 2 BE with contact details	✓				
	Ensure updated information on the range of community services is given to women antenatally and postnatally	✓				
Improved collaboration between providers	Workshop between LMCs, Women's Health Service, PHOs, Well Child, Tamariki Ora and consumer groups	✓				
	Explore options for improved collaboration such as child health advisory group	✓				
An increasing rate of intervention in labour	A working group is established to review the rate of intervention in C&CDHB and provide recommendations	✓				
The need for more coordinated care for women managed by the MFM/"High Risk" Team	Service options are explored with the Women's Health Service and community-based providers	✓				

ISSUE	ACTION WORK PROGRAMME	04/	05/	06/	07/	08
		05	06	07	08	/0 9
Smoking cessation	Review district-wide smoking cessation services	✓				
	Develop an increased number of community-based smoking cessation services		✓	✓		
	Facilitate a smoking cessation seminar for LMCs		✓			
Maternity support services for Pacific women	Develop community-based maternity support services for Pacific women		✓	✓	✓	
Social work issues	Improve early referral to appropriate social support for pregnant women/families with high and complex needs	✓				
	Social work referral protocols are provided to LMCs	✓				
Support women, children and families with high and special needs	LMCs are updated with the range of community support services available, in particular Strengthening Families, Family Start, disability support and information services	✓	✓	✓		
Maternal mental health	Improved availability of support services for women, children and families with high and special needs			✓		
Postnatal depression	Explore with LMCs better identification and support of women at risk of postnatal depression.	✓	✓	✓	✓	✓
Reduce rate of termination of pregnancy and teenage births	Improve access to free contraceptive services		✓			
	Improve reproductive health education and contraceptive advice/availability to young people, through a range of youth friendly approaches.	✓	✓	✓		
Termination of pregnancy	Explore funding options that provide couples with a choice of sterilisation procedures.	✓				
Alcohol and drug use in pregnancy	Develop health promotion initiatives relating to use of alcohol and other drugs in pregnancy		✓	✓		
	Explore options for more coordinated services for women with drug and alcohol problems		✓			
Interpreting services used in the community by LMCs	Explore options for funding for interpreting services for use by LMCs	✓				
LMC workforce	In collaboration with the Ministry of Health C&CDHB monitors LMC workforce issues	✓	✓	✓		
	C&CDHB supports mechanisms to increase the numbers of Maori, Pacific and Asian LMCs in the district and strengthens cultural competency of the workforce		✓	✓	✓	
Maternity information systems	Explore options to support reporting and better information on quality		✓			
Consumer and provider input into maternity and child health services	C&CDHB considers options for ensuring that ongoing input from consumers and maternity providers is able to be included in DHB planning.	✓	✓	✓	✓	✓

ISSUE	ACTION WORK PROGRAMME	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09
Immunisation	Establish the National Immunisation Register	✓				
	Improve the uptake of immunisation at birth for eligible babies	✓	✓	✓		
	Establish School-based meningococcal vaccination programme in C&CDHB		✓			
	90% of children 0-5 years are immunised with meningococcal vaccine			✓		
Well Child	Work with Ministry of Health and relevant providers to improve information to support planning towards full implementation of Well Child Framework.	✓				
	Improve Well Child/Tamariki Ora coverage in C&CDHB.	✓	✓	✓		
	Support a range of Well Child, Tamariki Ora and Pacific providers to implement the Well Child Framework	✓	✓	✓		
Tamariki Maori	Develop an approach to obesity prevention for children - implement in partnership with relevant agencies.	✓	✓	✓		
	Improve access to primary care and increase Maori provider capacity	✓	✓	✓	✓	✓
	Implement Maori integrated maternity/tamariki ora/whanau ora project.	✓				
Joint planning of RPH activities	Joint planning in all areas including School Health Oral Health Vision/hearing Injury prevention Health protection Social environments Nutrition and physical activity Health Promotion Maori specific programmes and workforce Pacific specific programmes and workforce	✓	✓	✓	✓	✓
Pacific child health	Improve uptake of immunisation/Well Child	✓	✓	✓		
	Reduce infectious disease	✓				
	Reduce injury rate	✓				
	Improve access to health services	✓	✓	✓	✓	✓
	Healthy environments/nutrition/physical activity	✓	✓			
	Pacific provider capacity mental health	✓				
	Develop Pacific provider capacity and Pacific-led initiatives	✓	✓	✓	✓	✓
Childhood obesity	Fund a community-based programme that provides one-to-one support and intervention to obese children		✓	✓		
Healthy and supportive environments and reducing disparities	Increase number of Health Promoting Schools in C&CDHB	✓	✓	✓		
	Joint project with Work & Income NZ to improve income through income support and employment	✓	✓			
	Joint action with local government in Wellington, Porirua and Kapiti to reduce inequalities through local initiatives and policies. Input into long term community planning.	✓	✓	✓	✓	✓

ISSUE	ACTION WORK PROGRAMME	04/	05/	06/	07/	08/
		05	06	07	08	09
Whanau ora	Fund innovative health service and whanau/iwi/Maori community developments to reflect strengths-based paradigm of He Korowai Oranga.	✓	✓	✓	✓	✓
	Strengthen and increase Maori health service delivery.	✓	✓	✓	✓	✓
	Implement actions for tamariki and whanau as per 'Te Plan'.	✓	✓	✓		
Better coordination and collaboration between health and social services, schools and communities	Improve integration of Well Child/tamariki ora with primary care services through PHOs.	✓	✓			
	Strengthen relationships between maternity services, postnatal and breastfeeding support, primary care and social services through PHOs.		✓	✓		
	Support innovative approaches to improve child/family health in PHOs.		✓	✓		
Children living with disabilities	Work with the Ministry of Health Disability Services Directorate to ensure their input is included in DHB planning.	✓	✓	✓	✓	✓
Mental health promotion and healthy social environments	Support expansion of mentally healthy schools programme.		✓	✓		
	Joint initiatives with public health, schools, local government, whanau and communities.		✓	✓		
Secondary child health services	Review neonatal care capacity	✓				
	Increase acute assessment services	✓	✓			
	Increase ambulatory (home-based) care	✓	✓			
	Improve linkages with primary care and reduce avoidable admissions	✓	✓	✓	✓	✓
	Increase opportunistic immunisation	✓				
Mental health services for children and families	Identify key issues and service gaps		✓			
	Increase access to mental health services for children			✓	✓	
Injury prevention	Identify main causes of injury for children.	✓		✓		
	Support initiatives that will reduce childhood injury. Work with relevant agencies in joint approaches.		✓		✓	
Unintentional injury	Health promotion initiatives to reduce hospitalisation for unintentional injury.		✓	✓	✓	✓
	Scope coordinator role to support coordinated health sector support for children investigated for or having experienced abuse.	✓				
Oral health	Implement a Maori and Pacific oral health promotion programme.		✓	✓	✓	✓
	Increase enrolments with dentists in Year 9.		✓	✓	✓	✓
Hearing loss	Work with RPH, Community ENT services, primary care, secondary care to enable optimal treatment of ear infections, earlier diagnosis of children with hearing loss, timely interventions, particularly in Maori and Pacific children		✓			
Child mortality review	Improved ability to support local investigation and reporting	✓	✓			
At risk families	Update health providers on Strengthening Families.	✓				
	Implement family Violence Guidelines and support prevention/early intervention	✓	✓			

6. EVALUATION

Evaluation of the work programme has been built into the 3-5 year plan. Six-monthly DHB reports include indicators with trend analysis and individual portfolio areas include additional evaluation components. In addition, there are DHB specific national reports evaluating progress in child health.

7. RISKS

While providers recognise the need for a realignment of resources and programmes, there may be resistance to implementation of any process involving change. However, consultation with key stakeholders in the process of preparing the two reports and undertaking the Child Health Summit identified there is good will and a wish to work together collaboratively to improve the health of women and children in the district.

Expectations are raised through the development of plans and processes. Prioritisation is necessary to allow adequate workforce development, expand services in an effective way and within constraints of available funding. Any prioritisation carries political risk as all areas of maternity and child health are important.

Attention to structural determinants and strategic objectives requires a focus beyond service delivery and the day to day issues of providers. Gains in child health will be evident in the medium term from such interventions. There are service and political risks associated with decisions that prioritise action with longer timeframes and more complex planning. To mitigate this risk, communities and providers need to understand the evidence and frameworks supporting prioritisation and reallocation to 'upstream' measures. Gains in child health need to be evident through monitoring and reporting of relevant indicators.

8. IMPLICATIONS FOR OTHER COMMITTEES

The strategy has been developed in conjunction with the strategies for Maori and Pacific, with key projects being undertaken in common. Hospital maternity and child health services are part of the stakeholder group consulted to provide the reports and discussion paper. A focus on children with disability, including support for optimum participation and development is a key area of development in the operational planning.

9. COMMUNICATIONS STRATEGY

As a discussion paper, this will be circulated through DHB networks to relevant stakeholders and further comment sought. A particular focus on maternity and child health issues in C&CDHB publications and communications will be developed to support this.

Implementation of the plan will be undertaken by direct involvement of health service providers, relevant community agencies, Regional Public Health and relevant sectors of the HHS.

10. RECOMMENDATIONS

CPHAC is asked to

- **Note** that the discussion paper is based on a thorough and extensive process including formal review and two years of stakeholder input. This discussion paper will be circulated for further input before a decision paper is presented to the Board in September 2004.
- **Note** the draft 3-5 year plan for maternal and child health
- **Note** that there are national prices for secondary (hospital) services, and national contracts for many services (including most community-based maternity services) and there is a need to work within these constraints and opportunities.

Approved for release:

WIN BENNETT

Director Planning & Funding

Capital & Coast District Health Board

MARGOT MAINS

Chief Executive Officer

Capital & Coast District Health Board

APPENDIX ONE

ANALYSIS OF THE THREE TO FIVE YEAR PLAN FOR MATERNITY AND CHILD HEALTH SERVICES

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/ integration	Prevention/ health promotion
Integrated models of care	Integrated models of care that support mothers, pepi and their whanau as part of a service continuum are explored	✓	✓		✓	
Community lactation support services	Review options for community lactation support services	✓ Will prioritise Maori and Pacific services and Porirua	✓			
Readmission to hospital for lactation-related problems	Upskill existing workers (LMCs and staff working in Maternity Support Services contracts) in lactation		✓			
	Community lactation support services in Wellington, Porirua and Kapiti		✓			
	Appropriate breastfeeding health promotion programmes at high school and in the community, and appropriate health education material available for use by health professionals.	✓				✓
Maternity ultrasound	Explore funding support to ensure primary maternity ultrasound scans are at no cost to clients	✓				
	Explore funding options for ultrasound for termination of pregnancy with the Ministry of Health	✓ Young and low income women are unable to afford				
Pregnancy and Parenting Education	Increase access to publicly-funded pregnancy and parenting programmes in C&CDHB	✓ Low income women unable to afford	✓			
	Support innovative approaches to parenting education and support for Maori families, Pacific families and teenagers.	✓	✓			

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/ integration	Prevention/ health promotion
Maternity information services	Explore options for local coordination of Maternity Support Services to ensure women are aware of LMCs, pregnancy and parenting courses, and the range of antenatal and postnatal support services available		✓		✓	
	Ask LMCs and pregnancy and parenting programmes to update the Ministry of Health 0800 MUM 2 BE with contact details		✓		✓	
	Ensure updated information on the range of community services is given to women antenatally and postnatally		✓	✓	✓	
Improved collaboration between providers	Workshop between LMCs, Women's Health Service, PHOs, Well Child, Tamariki Ora and consumer groups		✓		✓	
	Explore options for improved collaboration such as child health advisory group		✓		✓	
An increasing rate of intervention in labour	A working group is established to review the rate of intervention in C&CDHB and provide recommendations		✓			
The need for more coordinated care for women managed by the MFM/"High Risk" Team	Service options are explored with the Women's Health Service and community-based providers		✓		✓	
Smoking cessation	Review district-wide smoking cessation services		✓		✓	✓
	Develop an increased number of community-based smoking cessation services	✓ Maori and Pacific focus	✓			
	Facilitate a smoking cessation seminar for LMCs		✓			✓

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/integration	Prevention/health promotion
Maternity support services for Pacific women	Develop community-based maternity support services for Pacific women	✓	✓			
Social work issues	Improve early referral to appropriate social support for pregnant women/families with high and complex needs	✓	✓	✓	✓	
Support women, children and families with high and special needs	Social work referral protocols are provided to LMCs	✓	✓		✓	
Maternal mental health	LMCs are updated with the range of community support services available, in particular Strengthening Families, Family Start, disability support and information services	✓	✓	✓	✓	✓
	Improved availability of support services for women, children and families with high and special needs	✓	✓			
Postnatal depression	Explore with LMCs better identification and support of women at risk of postnatal depression.		✓			✓
Reduce rate of termination of pregnancy and teenage births	Improve access to free contraceptive services	✓	✓			✓ creating supportive environments
	Improve reproductive health education and contraceptive advice/availability to young people, through a range of youth friendly approaches.	✓	✓			✓ developing personal skills
Termination of pregnancy	Explore funding options that provide couples with a choice of sterilisation procedures.		✓	✓		✓
Alcohol and drug use in pregnancy	Develop health promotion initiatives relating to use of alcohol and other drugs in pregnancy					✓
	Explore options for more coordinated services for women with drug and alcohol problems		✓		✓	
Interpreting services used in the community by LMCs	Explore options for funding for interpreting services for use by LMCs	✓	✓			

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches		
LMC workforce	In collaboration with the Ministry of Health C&CDHB monitors LMC workforce issues		✓			
	C&CDHB supports mechanisms to increase the numbers of Maori, Pacific and Asian LMCs in the district and strengthens cultural competency of the workforce	✓	✓			
Maternity information systems	Explore options to support reporting and better information on quality including ethnic-specific information	✓	✓			
Consumer and provider input into maternity and child health services	C&CDHB considers options for ensuring that ongoing input from consumers and maternity providers is able to be included in DHB planning.		✓			
Immunisation	Establish the National Immunisation Register		✓			✓
	Improve the uptake of immunisation at birth for eligible babies	✓	✓		✓	✓
	Establish School-based meningococcal vaccination programme in C&CDHB		✓		✓	
	90% of children 0-5 years are immunised with meningococcal vaccine					✓
Well Child	Work with Ministry of Health and relevant providers to improve information to support planning towards full implementation of Well Child Framework.	✓ Affects Maori and Pacific providers.	✓			
	Improve Well Child/Tamariki Ora coverage in C&CDHB.		✓			✓
	Support a range of Well Child, Tamariki Ora and Pacific providers to implement the Well Child Framework	✓	✓			
Tamariki Maori	Develop an approach to obesity prevention for children - implement in partnership with relevant agencies.		✓	✓	✓	✓
	Improve access to primary care and increase Maori provider capacity	✓	✓			
	Implement Maori integrated maternity/tamariki ora/whanau ora project.	✓	✓		✓	

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/ integration	Prevention/ health promotion
Joint planning of RPH activities	Joint planning in all areas including School Health Oral Health Vision/hearing Injury prevention Health protection Social environments Nutrition and physical activity Health Promotion Maori specific programmes and workforce Pacific specific programmes and workforce	✓				✓
Pacific child health	Improve uptake of immunisation/Well Child	✓	✓			
	Reduce infectious disease	✓				✓
	Reduce injury rate	✓		✓		✓
	Improve access to health services	✓	✓			
	Healthy environments/nutrition/physical activity	✓		✓		✓
	Pacific provider capacity mental health	✓	✓			
	Develop Pacific provider capacity and Pacific-led initiatives	✓				
Childhood obesity	Fund a community-based programme that provides one-to-one support and intervention to obese children		✓			

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/integration	Prevention/health promotion
Healthy and supportive environments and reducing disparities	Increase number of Health Promoting Schools in C&CDHB					✓
	Joint project with Work & Income NZ to improve income through income support and employment	✓		✓		✓
	Joint action with local government in Wellington, Porirua and Kapiti to reduce inequalities through local initiatives and policies. Input into long term community planning.	✓	✓	✓		✓
Whanau ora	Fund innovative health service and whanau/iwi/Maori community developments to reflect strengths-based paradigm of He Korowai Oranga.	✓	✓	✓		
	Strengthen and increase Maori health service delivery.	✓	✓			
	Implement actions for tamariki and whanau as per 'Te Plan'.	✓	✓			
Better coordination and collaboration between health and social services, schools and communities	Improve integration of Well Child/tamariki ora with primary care services through PHOs.	✓	✓		✓	
	Strengthen relationships between maternity services, postnatal and breastfeeding support, primary care and social services through PHOs.		✓		✓	
	Support innovative approaches to improve child/family health in PHOs.		✓	✓	✓	✓
Children living with disabilities	Work with the Ministry of Health Disability Services Directorate to ensure their input is included in DHB planning.		✓			
Mental health promotion and healthy social environments	Support expansion of mentally healthy schools programme.					✓
	Joint initiatives with public health, schools, local government, whanau and communities.			✓		✓

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/ integration	Prevention/ health promotion
Secondary child health services	Review neonatal care capacity		✓			
	Increase acute assessment services		✓			
	Increase ambulatory (home-based) care		✓			
	Improve linkages with primary care and reduce avoidable admissions		✓		✓	
	Increase opportunistic immunisation		✓		✓	
Mental health services for children and families	Identify key issues and service gaps		✓			
	Increase access to mental health services for children		✓		✓	
Injury prevention	Identify main causes of injury for children.					✓
	Support initiatives that will reduce childhood injury. Work with relevant agencies in joint approaches.			✓		✓
Unintentional injury	Health promotion initiatives to reduce hospitalisation for unintentional injury.					✓
	Scope coordinator role to support coordinated health sector support for children investigated for or having experienced abuse.					✓
Oral health	Implement a Maori and Pacific oral health promotion programme.	✓	✓			
	Increase enrolments with dentists in Year 9.	✓	✓		✓	
Hearing loss	Work with RPH, Community ENT services, primary care, secondary care to enable optimal treatment of ear infections, earlier diagnosis of children with hearing loss, timely interventions, particularly in Maori and Pacific children		✓		✓	✓

ISSUE	ACTION WORK PROGRAMME	Reducing disparities	Service Improvement	Intersectoral approaches	Service coordination/ integration	Prevention/ health promotion
Child mortality review	Improved ability to support local investigation and reporting	✓	✓			
At risk families	Update health providers on Strengthening Families.	✓		✓		
	Implement Family Violence Guidelines and support prevention/early intervention	✓			✓	✓