

**ACTION PLAN-SUMMARY OF ACTIVITY
YEAR ONE 2008/09**

1. Improving the journey for the child and family	Description	August 2009 STATUS			
Actions	Most health and social services are designed for adults, and do not necessarily function with the particular needs of children, and their whanau in mind. The journey can be enhanced at any point in the system, and relates to where services are delivered (in hospital or community), and what happens when the child and his or her family has contact with services. This is particularly important for children with disabilities and children with long term conditions, who have frequent contact with health services.	Completed/up and running	Underway	Deferred	Not done
1.1	Identifying barriers to services for families- work with our intersectoral partners to identify barriers to access and what we can do to address access issues		X Under sixes access at A&M Strengthening families survey on barriers to health services		
1.2	DNA project- identifying causes of did not attend at child health service outpatient clinics. Look at practical ways to improve attendance	X			
1.3	Increasing the number of clinics at Kenepuru – make access to outpatient clinics easier, especially for the high needs Porirua population.	X			
1.4	Consult liaison service- psychological support, case management and planning to help children and young people adjust to long term illness			X No funding identified this year	

2. Collaboration and Coordination	Description	August 2009 STATUS			
Actions	<p>Services that work together and that are aware of the boundaries/barriers between services and agencies, and can work together to deliver services as seamlessly as possible for the child and his or her family. This is particularly important for children with disabilities and long term conditions who have multiple contacts with different services.</p> <p>Certain mechanisms make collaboration and coordination easier. We can improve collaboration and coordination through a multi-agency approach to planning and delivering services.</p> <p>This means clarity about the range of services children and their family receive and includes clear information about health services and how to access them.</p>	Completed/up and running	Underway	Deferred	Not done
2.2	Central information point- Healthpoint- Capital and Coast DHB is developing a web based information system on health services.		X		
2.3	Scope Keyworker project- key contact/health worker for high needs and complex children		X		
2.4	Scope systematic handover project from child to adult services		X		
2.5	MDT sessions available for outpatients- times created for clinicians to discuss child and adolescent patients they share.	X			
2.6	Work towards a multi agency approach for child protection		X		

3. Improving information, monitoring, evaluation	Description				
Actions	Sound analysis of child health data (including data on priority population groups that include Pacific) so that we have solid information about child health status in our District, how services are working and what can be done to enhance them.	Completed/up and running	Underway	Deferred	Not done
3.1	New Zealand Child and Youth Epidemiology Reports purchased	<p style="text-align: center;">X</p> <p>This provides us with a baseline of information to track our progress over time. Useful data on which to base TLA based analysis</p>			

.4. Reducing obesity through improved nutrition and physical activity	Description				
Actions	Nutrition and physical activity are vital to growing healthy children. We know that an increasing number of children suffer from poor nutrition and lack sufficient physical activity. The most obvious symptom and result of this is overweight and obese children. However, eating well and exercising has flow on effects to mental health, oral health, chronic disease, and health status in adulthood. We know that solutions to obesity are multifaceted; with funding and initiatives through Healthy Eating, Healthy Action (HEHA) the time is ripe to focus on nutrition and physical activity, how we can work together to keep children and their families well, impact on the social determinants that influence food choices, link to HEHA programmes, embrace whanau and the wider community and build on strengths based approaches.	Completed/up and running	Underway	Deferred	Not done
4.1	HEHA Stocktake -				X Decided not to pursue, stocktakes are quickly out of date
4.2	Work to implement HEHA strategy	X			
4.3	Community gardens- gardens developed in high needs communities to provide access to fruit and vegetables.		X This initiative is underway through the nutrition fund		
4.4	Build on Grx		X Underway a part of HEHA funding		

5. Improving wellness outcomes for children and youth	Description				
Actions		Completed/up and running	Underway	Deferred	Not done
5.1	Stocktake				X Decided not to pursue, stocktakes are quickly out of date
5.2	Linkworker role			X No funding identified this year	
5.3	Reduce CAMHS wait times	X Currently no waiting list			
5.4	Bridging gaps between child and adolescent services (see 2.4 above)		X		
5.5	Expand youth mental health clinics- incl eating disorder service		X Adolescent physician now		

			0.2FTE at C&CDHB		
5.6	Consult liaison service (see above 1.4)		X		
5.7	Working with other agencies (see 7.2 below)		X		

6. Improve rates of preventable illness (esp for Maori and Pacific)	Description				
Actions		Completed/up and running	Underway	Deferred	Not done
6.1	Improve immunisation rates - Mythbusting about immunisation		X Midwife training day in September 09		
6.2	Reduce costs of prescriptions	X Central government funding changes reduces cost of hospital prescriptions			
6.3	Improve access to after hours services	X Funding rolled out			
6.4.	Make Wellchild 'opt off'		X Have raised this as a national issue with the MoH		
6.5.	Work to improve seamless handover from LMC to primary care		X		
6.6	Strategies to improve DNA rates (see 1.2 above)		X		

7. Reducing rates of intentional and unintentional injury	Description				
Actions	<p>Children need safe and secure environments in which to grow and develop. However, for many reasons, our environment is not always safe for them. Injury is the consequence; it can be intentional (through deliberate abuse, self harm, or neglect) or unintentional (through accident). Injuries are the first and third most common reasons for hospitalisation of children in our district, and contribute significantly to deaths, and disability as well as long term effects on mental and physical health.</p> <p>Arguably, all injuries are preventable. A range of strategies can be used to reduce all injuries, from safety campaigns (pool fencing, cycle helmets) to initiatives to reduce family violence. Action in a range of settings, can manage safety against children's need to take positive risks and have fun. Similarly, a range of actions and interventions is needed to prevent intentional injury; the key to this is intersectoral action.</p> <p>The diagram on the next page is an intervention logic for the CHS. It explains the reasons behind the strategy's development</p>	Completed/up and running	Underway	Deferred	Not done
7.1	Stocktake				<p>X Decided not to pursue, stocktakes are quickly out of date</p>
7.2	Multi agency approach to child protection		<p>X Strengthening our relationship with Police and CYFs</p>		
7.3	Advocate around road safety		<p>X</p>		

			Submissions on Safer Journeys document with Ministry of Transport		
7.4	Advocate around built environment		X		
7.5	Respite services		X		
7.6	Improve secondary services response to family violence		X Policy and FV coordinator in place		