

# **C&C DHB CHILD HEALTH STRATEGY UPDATE**

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Group**



## **CCDHB's Child Health Strategy 2008**

- Build on the existing good work
- To bring Child Health services in the C&C DHB District under one umbrella and programme of activity
- Create consensus on priority actions, so we're all going in the same direction



# The Child Health Strategy 2008

- Determined 7 priority actions areas
  - How we work (3)
  - Priority Areas (4)



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## **Child Health Strategy: Action pathways- How we work**

- Improving Journey for children and their families
- Collaboration and coordination
- Improving information, monitoring and evaluation



## **Child Health Strategy: Action pathways – priority areas**

- Improving nutrition and increasing physical activity
- Mental wellness
- Reducing rates of preventable illness
- Reducing rates of intentional and unintentional injury



## Our People

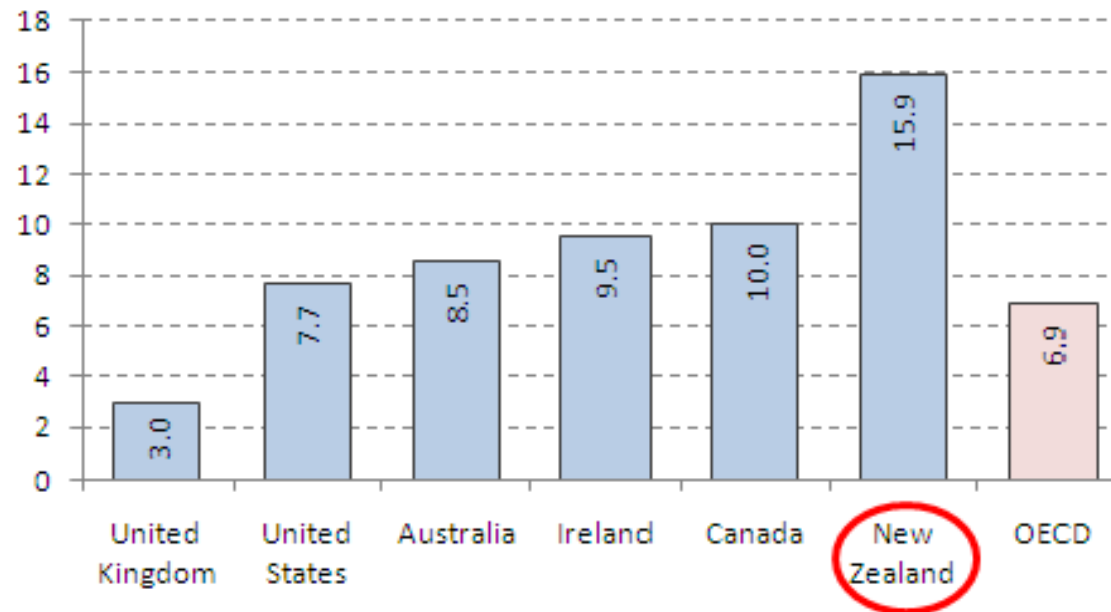
- 214,742 adults
- 51,921 children (0-14 years) → 20% population
- 42,339 youth (15-24 years)  
→ Children and Youth: 35% population
- Child Health Service look after children and young people until 16 years  
(sometimes until 18 years if have chronic illness/disability) ie ~ upto 25% pop and many Tertiary patients from other DHBs  
→ Yet we only get 8% of CCDHB funding



# Youth Suicide

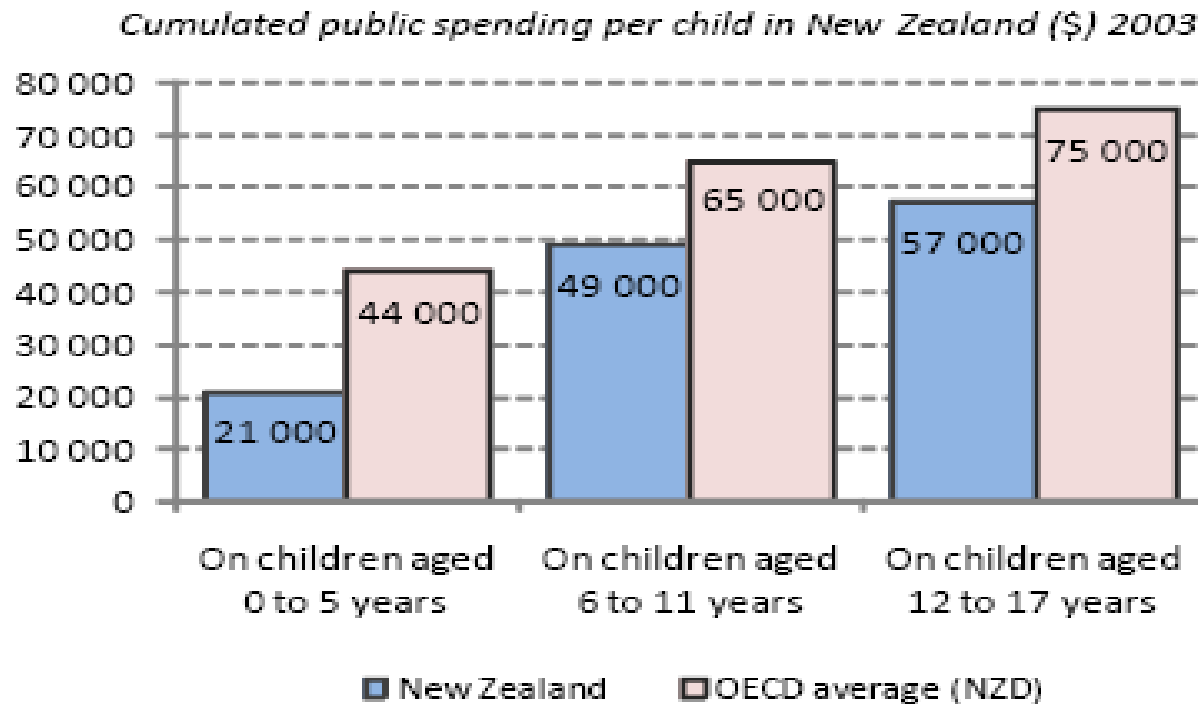
New Zealand has the highest rates of youth suicide in the OECD

*Suicides per 100,000 youth aged 15-19 (most recent data)*



# NZ Government spending on children

Early childhood spending in New Zealand is half of that spent in later stages, 2003





# **CCDHB CHILD HEALTH STRATEGY:**

## **PROGRESS OVER THE LAST YEAR 2009-2010**



## Action pathways- How we work

- Improving the Journey for children and their families
- Collaboration and coordination
- Improving information, monitoring and evaluation



## Improving the Patient Journey

- Clinic reminder phone calls and texts, reducing DNA rate
- Consult Liaison service
  - ongoing expansion in capacity (total 0.9FTE), includes 0.2 FTE Child Psychiatrist (still more needed to bench mark with comparable DHBs)
- Child Protection paediatrician position available: 0.5 FTE
- Improved LMC booking information and newborn discharge to go to GP to ensure timely immunisation, 6 week check, family violence screening etc



## Improving the Journey

- New, larger outpatient area lower GNB opened end of 2009, most paediatric clinics can now be held here and some specialised facilities
- New Children's Hospital planned for 4-5 years time (2015)
- In meantime refurbishments of current wards planned within next 12 months to ensure safe and adequate facility until then, including expansion of the Acute Assessment unit



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## Action pathways- How we work

- Patient Journey
- Collaboration and coordination
- Improving information, monitoring and evaluation



- Child Health Advisory Group meets monthly and the Annual Hui
- Fortnightly hospital MDT meetings
- Transition to adult services: ongoing meetings
- Porirua Kids Project:
  - work underway between GPs, RPH, Well child and Child Health to develop programme of strategies to reduce Rheumatic Fever, respiratory and skin infections for Porirua East



- Child Protection Services:
  - Discussions ongoing re a regional approach with the 3 DHBs
  - Police District Child Protection Team, March 2010
  - Appointment of a CYF liaison social worker 0.4 FTE, plans to expand to full time
  - National Alert system and national MOU health/CYFS/Police pending
- Talks with Hutt and Masterton DHB's for a Regional Child Health Service



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## Action pathways- How we work

- Patient Journey
- Collaboration and coordination
- Improving information, monitoring and evaluation



## Improving information, monitoring and evaluation

- Annual NZCYES report CCDHB, 3y cycle:
  - Health Outcomes (2008)
  - Health Determinants (2009)
  - Disability and Chronic conditions (2010)
- Local CYMRG- mortality review group (Aug 2009):
  - Multiagency review of all deaths to ascertain if there are any systemic issues that could be addressed to prevent or minimise the risk of similar death, by local interventions
- Local Level Domicile info re ASH and Admissions for Porirua and South Wellington to be regularly produced for CHAG, together with a series of targeted indicators



## Action pathways – priority areas

- Improving nutrition and increasing physical activity
- Mental wellness
- Reducing rates of preventable illness
- Reducing rates of intentional and unintentional injury

## Improving nutrition and increasing physical activity

- Maintenance of funding for Active Families programme, despite the government withdrawal of some HEHA funding
- Nutrition fund: improve school and ECE's capabilities to support healthy eating



## Action pathways – priority areas

- Improving nutrition and increasing physical activity
- **Mental wellness**
- Reducing rates of preventable illness
- Reducing rates of intentional and unintentional injury



- Ongoing improved access to first assessment with CAMHS
- Early interventions:
  - Expansion of Incredible Years parent programmes run by CAMHS, GSE etc
- Appointment of a Community Paediatric Social worker for Porirua and Kapiti



## Action pathways – priority areas

- Improving nutrition and increasing physical activity
- Mental wellness
- Reducing rates of preventable illness
- Reducing rates of intentional and unintentional injury

## Reducing rates of preventable illness

- Porirua Kids Project – Collaborative project with goal to reduce rates of Rheumatic Fever, Respiratory and serious skin infections
  - include Linen Bank / Laundry Access Project
  - Improving access to Child Health Services for all Children including after hours
- Nurse Practitioner role:
  - improved management of eczema and recurrent skin infections
- Midwifery:
  - paediatric study days
  - work to improve the handover from LMC to Well child and GPs

## Reducing rates of preventable illness

- Government housing insulation and heating subsidies
  - Curtain bank (Sustainability Trust)
- Universal newborn hearing screening
  - Since start of 2009: 3447 babies screened
  - 108 referred to Audiology: 14 confirmed hearing loss (4/1000)
  - Referrals: ENT (6), MOE (2), Hearing aids (4) and cochlear implants (1)



## Action pathways – priority areas

- Improving nutrition and increasing physical activity
- Mental wellness
- Reducing rates of preventable illness
- Reducing rates of intentional and unintentional injury

## Reducing rates of intentional and unintentional injury

- WCC plans to reduce speed limits to 40km/hr in some urban areas (already in Newtown)
- Child Protection Services: a regional approach been discussed
- Ongoing education facilitated by CP and FV coordinators for child health, emergency, other hospital staff, PHOs etc
- Parenting programmes: eg Incredible Years, Family Start, PAFT, Triple P etc
- Increased collaboration between Health and Drug and Alcohol Services, CYF and Police around high risk pregnancies



## **Housing Quality and Overcrowding**

- In partnership with EECA and Energy Trust C&CDHB provided funding for a further 80 houses to be insulation retrofitted in 2009/10.
- In total our program has contributed to 240 Low Income Porirua Houses insulated in past 3 years.
- 86% have children domiciled within them.



## **Housing Quality and Overcrowding**

- Work underway to build on the insulation program with support to improve healthy and efficient heating initiatives in 2010
- Housing New Zealand Corporation continue to renovate Porirua Housing Stock
- Reconfiguration of Housing Stock HNZC's key mechanism for reducing overcrowding



## Where to from here?

- Environment of a recession, health subject to reduction in staffing levels and services
- Significant impact of the recession, unemployment, rising costs of living and increasing poverty on the social and physical well being of many children
- Need more than ever to work smarter, focus on early intervention (more gain) and deliver services to the most in need



## Where to from here?

- What are our 5 key priorities in respect to improving child health in our district?
- How can we deliver more/the same for less?  
Is there a different way to deliver the services that might be more efficient / effective?



- Nga Tamariki Nga Taonga
- Our children are our gift and our future

