Child and Youth Health

Strategic Plan 2006 – 2012

SOUTHLAND DISTRICT HEALTH BOARD

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Lake Hawea
Albert Town
Wanaka
Luggate
Milford Sound
St Bathans
Cardrona
Glenorchy
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Oturehua
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Frankton
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Cromwell
Omakau
Clyde
Alexandra
Te Anau Downs
Kingston
Fruitlands
Te Anau
Garston
Roxburgh Hydro
Athol
Roxburgh
Manapouri
Ettrick
Mossburn
Waikaia
Lumsden
Beaumont
Monowai
Heriot
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Dipton
Riversdale
Waikaka
Kelso
Tapanui
Lawrence
Waitahuna
Mandeville
Nightcaps
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Gore
Pukerau
Clifden
Orawia
Winton
Browns
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Otautau
Mataura
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Orepuki
Wallacetown
Kaka Point
Riverton
Woodlands
Colac Bay
Owaka
Otatara
Invercargill
Pounawea
Waimahaka
Fortrose
Tokanui
Papatowai
Greenhills
Bluff
Waikawa
Halfmoon Bay

Abbreviations

ACC	Accident Compensation Corporation
ADHD	Attention Deficit Hyperactivity Disorder
ADON MCH	Associate Director of Nursing for Maternity and Child Health
CAFS	Child and Adolescent Family Services
CDS	Child Development Service
CME	Continuing Medical Education
CPHAC	Community and Public Health Advisory Committee
CVD	Cardiovascular Disease
CYFS	Child Youth and Family Services
CYHAC	Child and Youth Health Advisory Committee
CYHS	Child and Youth Health Strategy
CYHSP	Child and Youth Health Strategic Plan
CYMRC	Child and Youth Mortality Review Committee
DAP	District Annual Plan
DHB	District Health Board
DSP	District Strategic Plan
ENT	Ear, Nose and Throat
GP	General Practitioner
GSE	Group Special Education
HBDHB	Hawkes Bay District Health Board
HEHA	Healthy Eating-Healthy Action
HR	Human Resources
LMC	Lead Maternity Carer
MenzB™	Meningococcal B Campaign
MoE	Ministry of Education
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSD	Ministry of Social Development
NGO	Non-Government Organisation
NIR	National Immunisation Register
NZDS	New Zealand Disability Strategy
NZHS	New Zealand Health Strategy
NZPHCS	New Zealand Primary Health Care Strategy
OIS	Outreach Immunisation Service
PACT	Patients' Aid Community Trust
PHN	Public Health Nurse
PHO	Primary Health Organisation
PHS	Public Health South
PN	Practice Nurse
PI	Pacific Island
PPDF	Pacific Provider Development Fund
SBAG	Southland Breast Feeding Advocacy Group
SDHB	Southland District Health Board
SIA	Services to Improve Access
SIT	Southern Institute of Technology
YOSS	Youth One Stop Shop

Key Stakeholders

The Project Manager, Project Sponsors and team who worked to complete this Strategic Plan would like to acknowledge the valued relationships held with other organisations in the health and wider sectors committed to improving health outcomes for children and young people.

The individuals and organisations listed below are not only key stakeholders of Southland District Health Board but provided in-depth and valuable input into the production of this strategy either through individuals meetings with the Project Manager, by attending community consultation workshops of by preparing written submissions to the draft strategy. Again we thank you for your time, commitment and passion to child and youth health.

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Adventure Development
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Alison Morris
Anna-Leah Shaw
Awarua Social and Health Services
Barnardos Southland
Capital and Coast District Health Board
Child Youth and Family Services (CYFS)
Community Networking Trust
Community Sector Taskforce
Diabetes Youth Southland
Family Planning Association
Family Start Invercargill
Family Works Southland
Group Special Education (GSE)
Hokonui Horizons (Eastern Southland Healthy Communities initiative)
Hokonui PHO
Hummingbird Natural Health Ltd
Invercargill – Te Ara a Kewa PHO
Jenni Ngahooro
Lakes District Hospital (SDHB)
Ministry of Education (Southland branch)
Ministry of Health
Ministry of Social Development
Nadine Goldsmith
Nelson Breastfeeding Network
Nelson Marlborough DHB
NZ Police
New Zealand Association of Adolescent Health and Development (NZAAHD)
Oraka Aparima Health and Social Services
Otautau Community Charitable Trust
Otautau Community Health Trust
Pacific Island Advisory and Cultural Trust
Public Health South
Queenstown Lakes Family Centre
Roxburgh Children's Health Camp
Royal New Zealand Plunket Society
Rural Southland Youth Trust
Salvation Army
Southland District Health Board Community and Public Health Advisory Committee (CPHAC)
SDHB Child and Youth Health Advisory Committee (CYHAC)
SDHB Allied Health service
SDHB Child Adolescent and Family Services (CAFS)
SDHB Child Development Service
SDHB Child Protection/Family Violence Coordinator
SDHB Diabetes Nurse Educator
SDHB Emergency Department
SDHB Immunisation and Outreach
SDHB Mental Health
SDHB Nursing
SDHB Oral Health
SDHB Paediatric Department
SDHB Planning and Funding
SDHB Psychology
SDHB Sexual Health
SDHB Smoking Cessation
SDHB Social Work
SDHB Te Korowai Hou Ora (Maori Mental Health)
SDHB Well Child
Supporting Families (SF Southland)
Southern Institute of Technology
Southland Fetal Alcohol Advisory Group
Southland Healthy Eating Healthy Action Programme (HEHA)
Southland Hospital Senior Management
Southland Primary and Community Nursing Advisory Group
Southland Youth One Stop Shop Trust
Sport Southland
Strengthening Families
Suicide Volunteer Group

Takitimu PHO
Timeout Carers Southland Trust
Transition to Work Trust
Venture Southland
Waiau Health Trust
Waihopai Runaka
Wakatipu Abuse Prevention Network
Wakatipu District Youth Trust
Wakatipu PHO
Well Child Working Group
Winton Health Trust
YMCA
Young people who participated in the youth focus group

EXECUTIVE SUMMARY

The aim of this Strategic Plan is to engage all key stakeholders in a strategic vision of health care for children and young people in Southland that enables effective forward planning for child and youth health services in the district.

The focus of the plan is on services provided by Southland District Health Board (SDHB), or other providers contracted and funded by SDHB. It cannot address all issues for children and youth, that is beyond its brief, but it will propose mechanisms for better inter-sectoral collaboration of the health sector with other sectors, in order to contribute to meeting the wider needs of children, young people and their families.

In 2005, SDHB presented the second District Strategic Plan (DSP) [2005-2010]. Child and Youth Health is one of the eight priority areas in this plan, while the three priority themes are:

- Reducing health inequalities
- Healthy lifestyles
- Minimising the impact of chronic disease

The DSP acknowledged that child and youth health services are fragmented and under resourced, and that there is a clear need to improve services. To this end, a commitment was made to develop a Child and Youth Health Strategic Plan (CYHSP), and in May 2006 Dr Sue Jenkins was contracted to assist SDHB with development of the strategy. The time for completion of the strategy was February 2007, and the first draft became available for consultation in October 2006.

SDHB provides a wide range of services for children, young people and their families in the district, both directly through the SDHB Provider Arm, or by contracting with a number of other providers. In addition, there are a number of other agencies and community organisations providing health and social care to children and families, which interact to provide a wider support network of services available. This report provides an overview of health service provision, with the main focus on those services directly or indirectly funded by SDHB.

The services funded by SDHB are:

SDHB Provider Arm
- Maternity and Neonatal Services
- Paediatric Inpatient, Outpatient and Child Development Service (CDS)
- Public Health Nursing
- Child, Adolescent and Family Service (CAFS) – Mental Health Service
- School Dental Service
- Emergency Department

Community and NGO Providers
- NZ Royal Plunket Soceity
- Awarua Health and Social Services
- Patients' Aid Community Trust (PACT)
- Adventure Development
- Private Dentist's

Primary Care
- Primary Health Organisations (PHOs) – General Practitioners (GP's), Lead Maternity Carers (LMC) Practice Nurses (PN's) and Nurse Practitioners

A range of organisations are currently contracted to deliver the above services and programmes.

In the past two decades, changing family, social and economic circumstances have been associated with deteriorating indicators of child health and wellbeing. The pattern of illness and morbidity in childhood has changed from predominantly acute and infectious disease to the diagnosis of more chronic disorders and a marked increase in mental health problems. These include:

- high rates of Attention Deficit Hyperactivity Disorder (ADHD), other mental disorders, behaviour problems and conduct disorders
- increased reporting of child abuse and neglect
- high rates of depression and youth suicide
- increased abuse of drugs and alcohol, and at increasingly younger ages
- increased rates of maternal depression, both post-natal and in the early years, with major implications for child health and development
- rates of chronic disease rising, particularly obesity and diabetes
- rising prevalence of sexual health disorders
- accidents remain a major cause of death among children and young people

The review of SDHB services indicated a number of key issues for child and youth health services, which can be predominately grouped into three areas; fragmentation of services, management structures and leadership, and access and inequalities.

Some of the issues around access are summarised below:

- the challenge of 'hard to reach' families; some are hard to access due to socio-economic deprivation, transience, drugs, alcohol and gambling issues
- there can be reluctance to visit the GP for fear of incurring a fee (visits for children under six years are not always free). Outstanding debt with the practice or fees charged for older children are a major deterrent for many families
- there is a lack of public transport in rural areas and unstable petrol prices are a barrier to families in lower socioeconomic areas
- many services are centralised and there is limited access to outreach services in rural areas
- quite specific and unique barriers to access exist for youth. These can include knowledge of available services; perceptions and attitudes to youth by service providers; fear by youth of information not remaining confidential; issues around cultural safety; waiting lists; difficulty in accessing a GP; and location of services
- there are long waiting times for some services (such as paediatric surgery, and speech therapy)
- some services are available only on a regional basis (that is Otago/Southland) such as residential and/or long term drug and alcohol detoxification programmes (these are located in Dunedin); limited respite care facilities for children and young people, and termination of pregnancy
- the Southland region has access to very few qualified Maori staff and currently there are no Maori Public Health Nurses
- the level of cultural competencies held by clinical and support staff

Following an extensive process of consultation and assessment, seven goals have been developed with the intent of providing a sustainable and clinically appropriate model of child and youth health services in Southland that meets community needs throughout the region.

The Vision

All Southland children and youth have the opportunity to develop to their full potential in a healthy environment that encompasses the Whare Tapa Wha model of health that recognises the importance of physical/tinana; mental/hinengaro; spiritual/wairua; and family/whanu health.

Principles

To achieve the vision, services need to be co-ordinated across all sectors, and underpinned by a set of core principles which are set out below.

All services to children, young people and their families/whanau delivered or funded by SDHB should have the following characteristics:

- support parents, caregivers and whanau to be resilient and have confidence in nurturing and caring for their children/tamariki and young people/rangatahi so they may develop to their full potential
- adopt a respectful and strengths-based approach to service delivery
- have an emphasis on prevention and early intervention
- be accessible to the client group in terms of cost, information, location and timing of service
- be culturally safe and appropriate
- promote service system integration and collaboration between agencies, both within and external to SDHB
- foster strong local co-ordination of services where appropriate to meet local need
- be evidence based, of high quality and cost effective
- involve children, young people and families in services development and review
- ensure staff have appropriate knowledge, skills and attitude to work flexibly with families, and have opportunities for professional development
- have mechanisms in place for continual review and improvement within an outcomes orientated framework

Strategic Goals

The seven strategic goals below apply to all child and youth health services. They are all inter-related, and in totality will help to ensure that children, young people and their families have access to high quality responsive health services in the future.

Strategic Goal 1	Reduce inequalities and barriers to access in order to improve health outcomes
Strategic Goal 2	Improve health and wellbeing outcomes for tamariki, rangatahi and whanau (whanau ora)
Strategic Goal 3	Focus on promotion of healthy lifestyles, prevention of chronic disease and illness and early intervention to ensure the best possible outcomes for children and young people and their families
Strategic Goal 4	Improve intra-sector and cross-sector collaboration to provide better health outcomes by effectively working together
Strategic Goal 5	Improve the quality of services in order to better meet the needs of children, youth and their families
Strategic Goal 6	Ensure the child and youth health workforce is robust and sustainable
Strategic Goal 7	Health Services are planned, developed and managed in a way that ensures leadership and sound management from the top down

The initiatives will be implemented over the next five years. They involve specific actions by SDHB, which range from the management of structural changes to the development of systems to monitor and evaluate child and youth health care outcomes for the Southland District.

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Reduce Inequalities and Barriers to Access in Order to Improve Health Outcomes
Improve Health and Wellbeing Outcomes for Tamariki, Rangatahi and Whanau (Whanau Ora)
Focus on Promotion of Healthy Lifestyles, Prevention of Chronic Disease and
Illness and Early Intervention to Ensure the Best Possible Outcome for Children
And Young People
Improve Intra-sector and Cross-sector Collaboration to Provide Better Health
Outcomes by Effectively Working Together
Improve the Quality of Services in Order to Better Meet the Needs of Children,
Young People and their Families
Ensure a Robust and Sustainable Health Workforce in Southland
Health Services are Planned, Developed and Managed in a Way that Ensures
Leadership and Sound Management from the Top Down

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1.0 INTRODUCTION

The aim of this Strategic Plan is to engage all key stakeholders in a strategic vision of health care for children and young people in Southland that enables effective forward planning for child and youth health services in the district.

The focus of the plan is on services provided by SDHB, or other providers contracted and funded by SDHB. It cannot address all issues for children and youth, that is beyond its brief, but it will propose mechanisms for better inter-sectorial collaboration of the health sector with other sectors, in order to contribute to meeting the wider needs of children, young people and their families.

For the purposes of this plan, the definition of 'child' is taken to be from birth to 12 years, while 'youth' is taken to be from 13-24 years. It is important to note however that the age range for paediatric and child mental health services is normally birth to 18 years, and that young people with chronic conditions would normally be transferred to adult services around the age of 18.

The Strategic Plan endorses the provisions of:

- The Treaty of Waitangi (1840)
- The United Nations Convention on the Rights of the Child (1989)
- The Code of Health and Disability Consumer Rights (1996)
- The Ottawa Charter for Health Promotion (1986)
- Te Whare Tapa Wha (1994)
- The New Zealand Health Act (1956)
- Children, Young Persons and their Families Act (1997)
- Te Pae Mahutonga (1999)
- Care of Children Act (2004)

The Child and Youth Health Strategic Plan will also work within the framework of the following key documents setting out national and local strategic policies and build on and complement work currently being undertaken through a number of key strategies:

- Through the Eyes of a Child – National Review of Paediatric Tertiary Services (1999)
- New Zealand Health Strategy [NZHS] (2000)
- New Zealand Disability Strategy [NZDS] (2001)
- Primary Health Care Strategy [PHCS] (2001)
- Reducing Inequalities in Health (2002)
- Youth Development Strategy Aotearoa (2002)
- He Korowai Oranga - Maori Health Strategy (2002)
- Well Child Framework (2002)
- Youth Health – A Guide to Action (2002)
- New Zealand Cancer Control Strategy (2003)
- Healthy Eating-Healthy Action (HEHA): Oranga Kai-Oranga Pumau Strategy (2003)
- Healthy Eating-Healthy Action: Oranga Kai-Oranga Pumau Implementation Plan (2004)
- Te Tahuhu – Improving Mental Health (2005-2015)
- Whakatataka Tuarua: Maori Health Action Plan (2006-2011)
- Good Oral Health, for All, for Life: The Strategic Vision for Oral Health for NZ (2006)
- Our Way Southland (2005)
- SDHB Health Profile (2005)
- SDHB District Strategic Plan [DSP] (2005-2010)
- SDHB District Annual Plan [DAP] (2006/07)

2.0 SOUTHLAND'S CHILD AND YOUTH HEALTH STRATEGIC FRAMEWORK

2.1 Background

In 2005, SDHB presented the second District Strategic Plan (DSP) [2005-2010]. Child and Youth Health is one of the eight priority areas in this plan, while the three priority themes are:

- Reducing health inequalities
- Healthy lifestyle
- Minimising the impact of chronic disease

The DSP acknowledged that child and youth health services are fragmented and under resourced, and that there is a clear need to improve services. To this end, a commitment was made to develop a Child and Youth Health Strategic Plan (CYHSP), and in May 2006 Dr Sue Jenkins was contracted to assist SDHB with development of the strategy. The time for completion of the strategy was February 2007, and the first draft became available for consultation in October 2006.

The first stage of the project was completed in September 2006, following Dr Jenkins' two visits to Southland from 15 May 2006 to 2 June 2006 and from 28 August 2006 to 22 September 2006.

The Draft Strategy was distributed for consultation in October 2006, followed by public consultations during November 2006. The strategy was subsequently revised in the light of both verbal and written comments received.

2.2 Review of Services – Methodology

The first task in developing a CYHSP was to review current service delivery for children, young people and their families in order to gain an overview of services, identify gaps and duplication in services, and explore barriers to accessing services. Also to gather the views of stakeholders on the main issues affecting children, young people and their families, and to identify areas they would like to see addressed in the strategy.

While the main focus of the review was on services delivered or funded by SDHB, services provided by the major Non-Government Organisations (NGOs) were included. Discussions were also held with other sectors with a view to exploring where services might work more closely together in order to better support families and communities and achieve better outcomes for children and families.

The following methods were used to gather information:

- meetings with key managers and service providers both SDHB and non-SDHB
- attendance at SDHB Advisory Group meetings (Community Public Health and Advisory Committee [CPHAC] and Child and Youth Health Advisory Committee [CYHAC])
- field visits with Well Child service providers
- review of relevant documents of national and regional significance
- analysis of quantitative and qualitative data from service providers
- visits to child health services in Nelson-Marlborough (a district of comparative population size)
- discussion with staff at the Ministry of Health [MoH] (Wellington)
- survey of views of GP's, PN's and Rural Nurse Specialists
- meetings with young people to explore their views on issues and services

Throughout the strategic review period, the consultant worked closely with the Project Team Leader (General Manager, Planning and Funding), senior paediatric, mental health and nursing specialists, and the Planning and Funding team. A background document, Strategic Review of Child and Youth Health Services in Southland, was completed for SDHB in November 2006. A summary of the main issues raised in this review is given below, while the main recommendations have been incorporated into the Strategic Plan. Currently, this Review of Services document is an internal document to the SDHB Executive Management Team.

2.3 Demographic Profile

The total projected population of Southland at June 2004 was 107,735 people, with 48% of the population living in Invercargill City[1].

Data from the 2001 census showed 28,746 children and young people aged 0-18 years, plus 7,032 young people aged 19-24 years living within the SDHB boundaries. In total, children and youth make up 34.6% of SDHB's population. The population breakdown by ethnicity for children and youth is as follows:

European	Maori	Asian/Indian	Pacific Island	Other
78%	17%	2%	2%	1%

The birth rate for Southland is lower than that observed nationally, and the number of births declined slightly between 1996 and 2002 from 1,513 to 1,348, but has since remained steady. Fertility rates vary significantly by ethnicity, with Maori and Pacific women having both higher birth rates and lower average maternal age than women of European origin.

National population projections from 2001(base)–2026 show that while the overall population in New Zealand is likely to increase, the percentage of children aged 0-14 years is likely to drop from 20% (2006 projected figure) to 16% by 2051[2]. Statistics New Zealand also predicts that both nationally and regionally the number of Maori, Pacific and Asian residents is likely to significantly increase from the 2001 data to 2021. Nationally, the Maori population is predicted to increase by 29%; Pacific 59%; and Asian 145%[3].

These changes will not only impact on the provision of health services at a national level but are likely to have significant influence at a regional level when the Maori population is projected to increase by 17% in Invercargill City and by 15% in Southland District[4].

2.4 Key Issues for Children and Young People

Many health indicators for children and young people in New Zealand and other Western countries have shown significant improvement over the past two decades, such as falling perinatal and infant mortality rates, reduction in deaths from causes such as leukaemia and road trauma, along with increases in life expectancy. However, there is concern that changing family, social and economic circumstances have been accompanied by deteriorating indicators of child health and wellbeing in most developed countries. Family patterns are changing, with the 2001 census showing that nationally some 30% of families are headed by a single parent/caregiver, more mothers are now in the workforce, and support from extended families is not as strong as in previous generations. Internationally there is concern that children and young people are spending increasing amounts of time in

[1] Statistics New Zealand. (2004)
[2] Statistics New Zealand. (2004). National Population Projections
[3] Statistics New Zealand. (2005). National Ethnic Population Projections
[4] Statistics New Zealand. (2005). Sub-national Ethnic Population Projections

front of television sets and computers, and that this correlates with both the rise in obesity and behaviour disorders[5]. The pattern of illness and morbidity in childhood has changed in the past two decades from predominantly acute and infectious disease to the diagnosis of more chronic disorders and a marked increase in mental health problems. Issues of concern include:

- high rates of ADHD, other mental disorders, behaviour problems and conduct disorders
- increased reporting of child abuse and neglect
- high rates of depression and youth suicide
- increased abuse of drugs and alcohol, and at increasingly younger ages
- increased rates of maternal depression, both post-natal and in the early years, with major implications for child health and development
- rates of chronic disease rising, particularly obesity and diabetes
- rising prevalence of sexual health disorders
- accidents remain a major cause of death among children and young people

All of these health issues are strongly associated with social disadvantage and ethnicity, with New Zealand statistics showing that children and young people from Maori and Pacific Island communities are still most at risk, sometimes with double the rates of disease or death compared to New Zealand European rates[6].

The patterns of morbidity described above are similar for children and young people in Southland, and discussions during the scoping stage of the project confirm that the above issues are those that are of most concern to all service providers.

International research clearly shows that the causation of most later health and social problems lies in infancy and early childhood. Poor child health and development in the early years has an adverse impact, not only on later health but also on broader social outcomes including earning capacity, crime and unemployment[7]. Services therefore need to prioritise interventions that support and equip families with knowledge and skills from pregnancy into early childhood in order to influence and stimulate infant brain development and have maximum benefit for later health and social outcomes.

It is striking that two out of five deaths each year in New Zealand are due to nutrition related risk factors[8] that could be addressed if effective parental knowledge and skill-based early intervention programmes were available for families/whanau. It is also increasingly recognised that in order to make a difference to the health, development and behavioural outcomes for children and young people, all sectors must work together, with strong cross-sector collaboration and in partnership with parents and communities, to address the issues. High level collaboration is needed at a national level through whole of Government policies and strategies, as well as at the regional level from District Health Boards (DHBs) and local Government, with clear mechanisms in place for local planning to meet local needs. It is recognised that building strong healthy communities is the best way to support families/whanau in bringing up healthy resilient children and young people[9].

[5] Palmer, S. (2006). Toxic Childhood. London:Orion Publishers
[6] New Zealand Health Strategy. (2000). Wellington: Ministry of Health; He Korowai Oranga: Maori Health Strategy. (2002). Wellington: Ministry of Health; Roper, E. (2006). Maori Health Priorities: A paper prepared for SDHB Kaitiaki Hauora Governance Group, September 2006.
[7] Keating, D. and Hertzmann, C. (1999). Developmental Health and the Wealth of Nations. New York: Guildford Press.
[8] MoH. (2004). Healthy Eating-Healthy Action: Oranga Kai-Oranga Pumau. Implementation Plan: 2004-2010
[9] Ministry of Social Development. (2002). New Zealand's Agenda for Children. Wellington: Ministry of Social Development

2.5 Health Service Provision for Children and Young People in Southland

SDHB provides a wide range of services for children, young people and their families in the district, both directly through the SDHB Provider Arm, or by contracting with a number of other providers. In addition, there are a number of other agencies and community organisations providing health and social care to children and families, which interact to provide a wider supportive network of services available. This report provides an overview of health service provision, with the main focus on those services directly or indirectly funded by SDHB.

The services funded by SDHB are:

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- Paediatric Inpatient, Outpatient and Child Development Service (CDS)
- Public Health Nursing
- Child, Adolescent and Family Service (CAFS) – Mental Health service
- School Dental Service
- Emergency Department

Community and NGO Providers
- Royal New Zealand Plunket Society
- Awarua Health and Social Services
- Patients' Aid Community Trust (PACT)
- Adventure Development
- Private Dentist's

Primary Care
- Primary Health Organisations (PHOs) – General Practitioners, Practice Nurses, Lead Maternity Carers (LMC) and Nurse Practitioners

A range of organisations are currently contracted to deliver the above services and programmes.

2.6 Addressing the Challenges: Achievements to Date

SDHB has addressed some of the child and youth health issues through the following initiatives in the past three years:

- Child and Youth Health Advisory Committee (CYHAC) established in 2003
- ensuring implementation of the Well Child Framework in Southland
- advocating and supporting breast feeding through the Southland Breast Feeding Advisory Group (SBAG), lactation consultant service, Well Child/Tamariki Ora Services
- appointment of a part-time Family Violence/Child Protection Co-ordinator
- active involvement in Strengthening Families and Family Start Programmes
- successful implementation of the Meningococcal B (MenzB™) Programme and National Immunisation Register (NIR)
- service development for Child, Adolescent and Family Services (CAFS)
- development of the SDHB Southland Maternity Strategy (2005-2010)
- setting up of Youth Consumer Advisory Group for CAFS in 2006
- Suicide Prevention Working Group Report in 2006, with recommendations currently being implemented

3.0 STRATEGIC REVIEW OF SERVICES: SUMMARY OF ISSUES

3.1 Issues

The review of SDHB services indicated a number of key issues for children and youth health services, which can be predominately grouped into three areas; fragmentation of services, management structures and leadership, and access and inequalities.

3.2 Fragmentation of Services

There are a wide range of health services for children and young people in Southland delivered by a diverse range of providers. The fragmented nature of services for children and families makes it hard for providers to know what other providers are offering, and is extremely confusing to families/whanau when knowing who to access services through. The fragmentation reflects both historical models, and the way many funding streams flow for specified and narrow components of services. Existing services are often poorly promoted, both to families and to other service providers, hence it is difficult to provide a seamless service for those needing access to health and social care. Even the best intentions of initiatives such as Strengthening Families, set up to help co-ordinate the diversity, have had limited success.
This fragmentation is depicted in Figure 1 (Illustration of Fragmentation of Services).

3.3 Management Structures and Leadership

Within SDHB provided services, integration across primary and secondary care services is limited. There is no unified management structure for child and youth health services across the tiers of service. Nurses working in primary and ambulatory care services for children and youth have varying reporting arrangements (see Figure 2: Nursing Services Provider Structures – Child and Youth Health [Community]). The Paediatric Department has dual accountability and budget lines.

The lack of unified management mitigates against development of a shared strategic vision and purpose for child and youth health services, and hinders both advocacy and development of a seamless service. With no clear focal point for leadership, there has to date been minimal management support and advocacy for child and youth health issues, and fragmented support for developing a Community Paediatric Service.

Addressing all the fragmentation issues is clearly beyond the scope of this Strategy, and guidance from the MoH may help address the fragmentation around Well Child services following the national review due for completion in December 2007. This Strategy will focus on streamlining services within SDHB, improving the interface between primary, secondary and tertiary health services, as well as improving mechanisms for better collaboration and strategic planning between sectors in Southland. It is only by all sectors and services working together both strategically and operationally that better health and development outcomes for children and young people in need will be achieved.

It is imperative that the child and family/whanau remains the central point of focus for all child and youth services. Services that operate within the context of a strong and supportive environment is also key to improving health outcomes (see Figure 3: A Model of Inter-Sectoral Collaboration)

3.4 Access and Inequalities

Other major challenges for SDHB include the need to improve access to services, particularly for young people and families who are living in lower socio-economic areas, who live in rural communities, and for Maori and Pacific Island peoples. Available data shows that children and youth from both Maori and Pacific Island communities have poorer health

outcomes than non-Maori and non-Pacific young people on a number of health indicators, and there are more barriers to access for these communities.
Some of the issues and barriers around access are summarised below:

- the challenge of 'hard to reach' families; some are hard to access due to socio-economic deprivation, transience, drugs, alcohol and gambling issues
- there can be reluctance to visit the GP for fear of incurring a fee (visits for children under six years are not always free). Outstanding debt with the practice or fees charged for older children are a major deterrent for many families
- there is a lack of public transport in rural areas and unstable petrol prices are a barrier to families in lower socioeconomic areas
- many services are centralised and there is limited access to outreach services in rural areas
- quite specific and unique barriers to access exist for youth. These can include knowledge of available services; perceptions and attitudes to youth by service providers; fear by youth of information not remaining confidential; issues around cultural safety; waiting lists; difficulty in accessing a GP; and location of services
- there are long waiting times for some services (such as paediatric surgery, and speech therapy)
- some services are available only on a regional basis (that is Otago/Southland) such as residential and/or long term drug and alcohol detoxification programmes (these are located in Dunedin); limited respite care facilities for children and young people, and termination of pregnancy
- the Southland region has access to very few qualified Maori staff and currently there are no Maori Public Health Nurses
- the level of cultural competencies held by clinical and support staff

In order for SDHB to ensure that the CYHSP addresses these inequalities, the Health Equity Assessment Tool (HEAT) has been applied throughout the development of this strategy and in listed in appendix 1.

3.5 Population Health

There is an increasing focus on the importance of viewing health in the broader context of population health and population health messages. It is vital that SDHB aligns itself and grows expertise in this area to ensure the best possible outcomes for children and youth.

Southland currently, is achieving above national rates in one public health area – immunisation, which has clearly been as a result of team work, creativity and an effective information collective system. Considerable work is still required to ensure other public health messages and initiatives have the same success to improve the health of Southland's young people and their families.

The initial review of services highlighted areas where gaps in service provision exist and where development would improve the quality of services provided. The areas of immediate concern are around child protection and the development of a Community Paediatrics Service. Specific recommendations regarding these services are outlined in the strategic goals in Section 6.

4.0 ACKNOWLEDGEMENTS

The Project Manager, Dr Sue Jenkins, and Project Sponsors, Ms Christine Miller, former General Manager, Planning and Funding, on behalf of SDHB, and Mr Chris Fraser, Regional General Manager, Planning and Funding, would like to acknowledge the contribution of the Southland community in the development of this plan, which was truly a collaborative process. The key stakeholder group, which was established early in the process, consisted of a wide range of providers, service consumers and their representatives. Many had to travel long distances and gave much of their time to attend advisory meetings in Invercargill.

Key paediatric, mental health and executive management staff played major roles in advising and supporting the process. Many individual health service providers and SDHB management staff also contributed, particularly during the data-gathering phase and development of the draft plan.

Many constructive comments, both written and verbal were received during the consultation stage (October/November 2006); these were extremely helpful in revising the strategic plan, and thanks are due to all those who took the time to attend the public consultation workshops or who provided written submissions.

5.0 SOUTHLAND'S CHILD AND YOUTH HEALTH STRATEGIC PLAN

This section sets out SDHB's strategic vision for child and youth health services in the Southland region.

Following an extensive process of assessment, seven goals have been developed with the intent of providing a sustainable and clinically appropriate model of child and youth health services in Southland that meets community needs throughout the region.

The Vision

All Southland children and youth have the opportunity to develop to their full potential in a healthy environment that encompasses the Whare Tapa Wha model of health that recognises the importance of physical/tinana; mental/hinengaro; spiritual/wairua; and family/whanau health.

Principles

To achieve the vision, services need to be co-ordinated across all sectors, and underpinned by a set of core principles which are set out below.

All services to children, young people and their families/whanau delivered or funded by SDHB should have the following characteristics:

- support parents, caregivers and whanau to be resilient and have confidence in nurturing and caring for their children/tamariki and young people/rangatahi so they may develop to their full potential
- adopt a respectful and strengths-based approach to service delivery
- have an emphasis on prevention and early intervention
- be accessible to the client group in terms of cost, information, location and timing of service
- be culturally safe and appropriate
- promote service system integration and collaboration between agencies, both within and external to SDHB
- foster strong local co-ordination of services where appropriate to meet local need
- be evidence based, of high quality and cost effective
- involve children, young people and families in service delivery and review
- ensure staff have appropriate knowledge, skills and attitudes to work flexibly with families, and have opportunities for professional development
- have mechanisms in place for continual review and improvement within an outcomes orientated framework

Strategic Goals

The seven strategic goals below apply to all child and youth health services. They are all inter-related, and in totality will help to ensure that children, young people and their families have access to high quality responsive health services in the future.

Strategic Goal 1	Reduce inequalities and barriers to access in order to improve health outcomes
Strategic Goal 2	Improve health and wellbeing outcomes for tamariki, rangatahi and whanau (whanau ora)
Strategic Goal 3	Focus on promotion of healthy lifestyles, prevention of chronic diseases and illness and early intervention to ensure the best possible outcomes for children, young people and their families
Strategic Goal 4	Improve intra-sector and cross-sector collaboration to provide better health outcomes by effectively working together
Strategic Goal 5	Improve the quality of services in order to better meet the needs of children, youth and their families
Strategic Goal 6	Ensure the child and youth health workforce is robust and sustainable
Strategic Goal 7	Health services are planned, developed and managed in a way that ensures leadership and sound management from the top down

The initiatives will be implemented over the next five years. They involve specific actions, which range from the management of structural changes to the development of systems to monitor and evaluate child and youth health care outcomes for Southland District. SDHB will implement the Strategic Plan through the Provider Arm, through contracts with PHO's, other contracted providers, and in collaboration with other Government and non-Government sectors.

5.1 Reduce Inequalities and Barriers to Access in Order to Improve Health Outcomes

Reducing inequalities in health is a key Government priority as set out in the New Zealand Health Strategy (NZHS) [2000], the New Zealand Disability Strategy [NZDS] (2001) and the New Zealand Primary Health Care Strategy [NZPHCS] (2001). Inequalities in health are not random – people from lower socio-economic groups have poorer health, greater exposure to risk factors and poorer access to health services[10]. In particular, those with lower socio-economic status, and Maori and Pacific Island peoples, have consistently poorer health outcomes in comparison with the rest of the population. As noted previously, 17% of the 0-24 year old population in Southland identify as Maori.

Evidence from mortality and morbidity statistics show significantly higher death rates among Maori, in Southland and nationally, from cardiovascular disease (CVD) and cancer, while

[10] MoH. (2002). Reducing Inequalities in Health.

rates of obesity, diabetes, and smoking are consistently higher than among non-Maori[11]. These health issues are all related to poor nutrition, with patterns predominantly laid down in early childhood. Southland data shows higher rates of referrals from vision and hearing testing at school entry among both Maori and Pacific Island children. There is also evidence of higher rates of teen pregnancy among Maori women than non-Maori in Southland, and lower rates of breast feeding.

There are also significant differences in Southland in oral health status of children, with those from non-fluoridated areas, Maori families and low socio-economic groups having the highest rates of decay[12]. Promotion of fluoride to regions of Southland without fluoridated water would be an effective population health strategy to reduce inequalities in dental health and improve dental health as a whole.

It is clear that many barriers remain to accessing appropriate care for Maori and Pacific Island peoples and those from lower socio-economic groups, which need to be tackled in this Strategic Plan as well as the broader DSP (2005-2010). Holistic models of health should be recognised, encouraged, learnt from and the principles applied to service delivery[13]. It is also important to develop robust mechanisms to involve communities, families and young people in planning and reviewing health services.

Young people face particular barriers in accessing health services (see 3.4) and specific strategies are needed to address these. These include ensuring services are 'youth friendly' and developing specific creative initiatives such as the proposed Youth One Stop Shop (YOSS).

Related strategies include the PHCS (2001), Healthy Eating-Healthy Action: Oranga Kai-Oranga Pumau Strategy (2004) and Implementation Plan (2004), He Korowai Oranga: a Strategic Framework (2002), Whakataka Tuarua Action Plan 2006-2011.

5.2 Improve Health and Wellbeing Outcomes for Tamariki, Rangatahi and Whanau (Whanau Ora)

As already discussed, regionally and nationally Maori have poorer health outcomes than non-Maori and non-Pacific peoples' and children and youth are no exception. The CYHSP supports the principles of He Korowai Oranga-Maori Health Strategy (2002) and the overall aim of whanau ora. It also intends to achieve the objectives under each strategic goal through the pathways of community development, Maori participation, effective service delivery and by working across sectors[14].

Maori children and youth make up a significant percentage of Southland's community and the success of this strategy will greatly depend on the involvement of Maori at all levels of implementation. Working with Maori service providers and health professionals, Runaga, iwi and kaumatua as well as the Maori community will go a long way in ensuring that the health of tamariki, rangatahi and whanau is improved.

Working to increase access for Maori to primary care through Services to Improve Access (SIA) funded initiatives as promoting messages around breastfeeding, immunisation and smoking cessation will be essential in improving the health of tamariki. Providing appropriate access for rangatahi to mental health, sexual health pregnancy counselling and smoking cessation services is also vital.

[11] MoH. (2004). HEHA Implementation Plan: (2004-2010)
[12] SDHB. (2005). Southland Health Profile
[13] MoH. (2006). Taonga Tuki Iho: Treasures of our Heritage – Rongoa Development Plan
[14] MoH. (2002). He Korowai Oranga – Maori Health Strategy.

A reorientation of the way that services for Maori are planned and delivered is also important as until the model of Whare Tapa Wha is embraced by mainstream services, health gains for Maori are likely to be limited. Providing opportunities for primary and secondary mainstream services to increase cultural capacity will assist in reducing inequalities as will providing opportunities for Maori to lead their communities in developing 'by Maori for Maori' services. This will require investment to support and improve the capacity and infrastructure of existing Maori providers and the Maori workforce in Southland.

5.3 Focus on Promotion of Healthy Lifestyles, Prevention of Chronic Disease and Illness and Early Intervention to Ensure the Best Possible Outcome for Children and Young People

The health of children and young people is influenced by a number of factors including income, employment, housing, education, social cohesion, ethnicity and culture and the settings in which children live, play and interact. Although many of these determinants fall outside the direct responsibility of the health sector, (and our ability alone to impact on these determinants is limited), health services must take all these factors into account when planning what services are needed and how and where they should be delivered.

A population health approach is needed, with an increasingly important role for multidisciplinary teams in primary care settings. There is now increasing evidence on effective interventions across a range of child health areas, with a shift in emphasis from acute hospital services to community-based services focused on health promotion, prevention and early intervention[15]. Issues of particular concern and the current focus for health promotion spending include addressing obesity, injury prevention, chronic disease and family violence/child protection.

The Paediatric Department at Southland Hospital has maintained high standards of care for children despite a significant increase in workload over the past decade with no increase in staffing. The department is highly valued by colleagues in primary care, as evidenced by a recent survey of GPs and nurses[16]. However, the workload of the Consultants has been a barrier to developing initiatives with PHOs to improve the primary/secondary interface and better support for children, young people and families in primary care settings.

The development of a Community Paediatric Service and the appointment of a Community Paediatrician would facilitate a population-based approach to service planning and delivery and would bring the Paediatric service in line with national standards. The role of community paediatrics has been described in some detail by the Paediatric Society of New Zealand[17] but ultimately the role would facilitate the development of multidisciplinary community paediatric services and would focus on promotion, prevention and early intervention. Improving the linkages and collaboration with PHOs and practices, as well as with other sectors, would be a key component of this service.

Rates of notifications of suspected child abuse are continuing to rise in New Zealand as in other western countries. In Southland, significantly fewer referrals to CYFS come from the health sector compared to national referrals, reflecting a lack of recognition, poor understanding of legal responsibilities, lack of confidence and possibly unwillingness to report suspected cases. This could be addressed through developing a multidisciplinary Child Protection Team that would build a body of skills throughout the organisation by leading training and providing ongoing support for front line health staff. The team could be

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[15] MoH. (1998). Child Health Programme Review
[16] SDHB. (2006). Survey conducted by Dr Sue Jenkins as part of the Review of Services process
[17] Paediatric Society of New Zealand. (2006). Community Paediatric Service: Notes for Purchasers.

modelled on national best-practice models such as the Hawkes Bay District Health Board (HBDHB).

The numbers of children and young people with behavioural and mental health problems are rising, both in New Zealand and other developed countries. The majority are managed by GPs and schools, while a percentage are referred to Paediatricians or specific programmes. Only those with moderate to severe disorders can access ongoing intervention from CAFS, as defined in their service specifications[18]. There is a recognised need for CAFS to provide consultation, support and training to other service providers to ensure appropriate early intervention so that families get the best possible support for their children and young people in need[19].

This consult/liaison function of CAFS is already developed with many organisations but needs to be further developed to address the need in Southland. It is also recommended that CAFS develop a service initiative to meet the needs of families where a parent has a mental illness, to improve the resiliency of the children concerned.

Work also needs to be done in conjunction with Public Health South (PHS), PHO's, NGO's and other providers to identify the key health promotion priorities for children and youth, involving key staff in initiatives to address these. Closer collaboration with Accident Compensation Corporation (ACC) would be a key step in developing more initiatives to address injury prevention outside the home.

5.4 Improve Intra-sector and Cross-sector Collaboration to Provide Better Health Outcomes by Effectively Working Together

Services need to be arranged around meeting the needs of children, families and communities, rather than around meeting the needs of services and health professionals. Currently, Health and Disability services are fragmented and poorly co-ordinated, causing confusion from a family's perspective.

The emphasis historically has been on the co-ordination of care for sick children, hence there are good referral protocols between secondary and tertiary providers, and tertiary specialists visit Southland regularly to see children. Shared care arrangements with tertiary services work well, such as for children with cancer, who can still receive most of their care at Southland Hospital. However, the majority of care for unwell children occurs at home or in primary health care settings, and this is where better co-ordination and linkages are needed, both between primary care providers and between primary and secondary health care[20].

Fragmentation of the Well Child/Tamariki Ora Service, LMC's and other PHO services is not in the best interests of children and families and is the subject of a current review by the MoH[21]. In the meantime, discussion in Southland can start to look at how these services could work in closer collaboration, building on the work of the existing Well Child Group. There are opportunities to develop good models of primary care teamwork, particularly in rural areas; where co-location of services is a possibility in some areas. Figure 4 illustrates improved linkages and co-ordination between levels of health service providers.

There is also potential for improved co-ordination between the different Kaupapa Maori providers in planning and delivering services to ensure that the needs of families, whanau and communities are met.

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[18] MoH. (2001). Child Adolescent and Youth Mental Health Service Specifications.
[19] MoH. (1998). New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand.
[20] MoH. (2001). New Zealand Primary Health Care Strategy.
[21] MoH. (2006). Well Child Framework Implementation Survey.

In order to improve outcomes for children, young people and families, SDHB, with PHO's, need to work closely with other sectors, particularly Ministry of Social Development (MSD), Ministry of Education (MoE), Police and the non-Government sector, to address the needs of vulnerable children and those with chronic illness. Better use should be made of local case management through initiatives such as Strengthening Families, and SDHB should work more closely with Group Special Education (GSE) and schools in planning to meet the needs of children and young people.

Closer working relations with CYFS and NZ Police would clearly be beneficial, and it is proposed that SDHB continues to support the ongoing development of a Child Protection/Family Violence Network to ensure improved support services for the most vulnerable families and children, as well as more comprehensive professional development for all staff in the field of family violence and child protection.

At a strategic level, the CYHAC is an advisory group to the Planning and Funding team of SDHB and reports through to Community and Public Health Advisory Committee (CPHAC), advising on service provision and gaps, and on any new child and youth health funding initiatives. Expansion of the membership of the committee would improve cross-sector collaboration and enable better strategic planning to meet the needs of children and young people in Southland.

5.5 Improve the Quality of Services in Order to Better Meet the Needs of Children, Young People and their Families

Focusing on quality improvement leads to better outcomes than a focus on quality assurance activities alone[22]. The vision is children, young people and their families receiving people-centred, safe and high quality services that continually improve and that are culturally competent. The Paediatric Society of New Zealand, with Standards New Zealand, has developed Health and Disability Sector Standards (services for Children and Adolescents) Audit Workbook, which provides standards to measure against for effective service delivery.

Clinical audit is currently undertaken in most child and youth health services (within SDHB Provider Arm) however, the co-ordination of the audit process could be improved to ensure better outcomes across the spectrum of child and youth services. This issue is in part due to pressure of professional staff workloads, but more importantly the lack of systematic infrastructure support for audit activities, which need to be backed by administrative and clerical input, and valued and supported by management. There is, however, opportunities for all child and youth health services to jointly develop a framework for collaborative, robust clinical audit that provide outcomes to improve service delivery and will link to the clinical board mandate.

The Child Development Service (CDS) in Southland supports families and children with known or suspected disabilities, in their own home wherever possible, and in close collaboration with education and other support services. Services are currently under-resourced, limiting the therapeutic service available, particularly for speech therapy and psychology. Improved teamwork between CDS, paediatrics and CAFS would strengthen the quality of services families receive. A detailed review of this service is needed, with recommendations to bring the service in line with national benchmarks and quality standards.

There are about 60 children and young people with diabetes mellitus cared for by the Southland Paediatric Service. These children almost all require insulin therapy, and it is

[22] MoH. (2003). Improving Quality (IQ): A systems approach for the New Zealand Health and Disability Sector.

essential for good glycaemic control to be established in order to prevent complications in later life. It is probable that control of patients in Southland may be less than optimal by the best New Zealand and international standards, due to the high cost of the most recent technology for blood sugar control. Addressing this issue would be cost-effective in the mid to long-term, as it would reduce the heavy burden of late complications which include chronic renal disease, (retinopathy).

Health and Disability services also need to be able to meet social and cultural needs. Providing culturally sensitive and responsive services is a key first step to reducing health inequalities. Respect for cultural beliefs and practices are critical if Maori, Pacific Island and other minority cultures are to engage with health services. Ensuring cultural safety is an essential part of a high quality service for Maori, Pacific Island and recent immigrant groups; hence all staff should be trained and confident in cultural competency.

The establishment of mechanisms for parents and young people from all communities to be involved in planning and reviewing services would also be a significant step forward in ensuring SDHB services are accountable and responsive to the people they serve. This is particularly important for Maori and Pacific Island communities, whose health outcomes are significantly worse than other groups. Useful guidelines on involving children in decision making have been developed by the MSD[23].

5.6 Ensure a Robust and Sustainable Child and Youth Health Workforce in Southland

Children have unique needs; they are developmentally and physiologically different from adults and are dependent on their families/whanau or caregivers for access to services. All those who work with children and families/whanau need to have special training and skills, including knowledge of normal child development, family focused care, and team work skills. They also need to understand the social and community context in which children live. Clearly, workforce planning and the quality of the services offered are important in order to achieve improved health outcomes.

Youth also have unique needs, and those working with adolescents need to understand the developmental challenges and changes that occur at this stage of life. Young people will not access services if they feel patronised or judged, or if they do not feel listened to, and parental support may not be welcomed. The most successful models of service are where young people are respected, the focus is on resilience rather than deficit, and there is active participation of young people[24]. The development of youth friendly services is critical to improving access for this group, and hinges on staff having the appropriate skills to engage with young people.

Workforce development plans are key tools in ensuring an evolving, competent and stable workforce, with opportunities and funding provided for ongoing professional development. Fundamental to workforce development is a health workplace environment that engages staff in decision making, and has a culture that promotes teamwork, effective communication, innovation and inclusion[25]. Creating such an environment requires action across SDHB, but it can and should be fostered within all child and youth focused services.

[23] MSD. (2003). Involving Children – A guide to engaging children in decision making
[24] Australian Youth Research Centre and the Centre for Adolescent Health. (2003). Application of enabling state principles in the delivery of youth services. University of Melbourne.
[25] Health Workforce Advisory Committee. (2003). The New Zealand workforce future directions. Recommendations for the Minister of Health.

Given the recurrent crises with junior medical staff in the paediatric and neonatal units, and the broader community need, consideration should be given to active exploration of the role of the nurse practitioner in child and youth health services. Strong multidisciplinary teams in primary care, as envisaged in the PHCS (2001), can address community needs as well as going some way to address the shortage of GPs

5.7 Health Services are Planned, Developed and Managed in a Way that Ensures Leadership and Sound Management from the Top Down

Planning and management for child and youth health services is complex, requires a strategic vision and leadership, and a systems approach to promotion, prevention and early intervention. Effective linkages need to be made with other key local and national strategies, and partnerships built with other agencies delivering services to children and families.

Having a unified management structure for maternal and child health with a single child health service manager working alongside the clinical team, would be a significant first step.

Resources are also needed for policy development, analysis of child health information, research, monitoring and auditing provider services, and support to community organisations for quality improvement.

Resources within SDHB for development of child health services are likely to be limited, however there is potential for exploring other avenues of funding, including charitable organisations, for services that would improve the outcomes for children and families/whanau. It is also important to recognise there are a number of successful initiatives already in operation in the region and by working together more effectively these gains can be even greater.

Implementation of this Strategic Plan will require drive, creativity and commitment over a sustained period of time. The development of an Implementation Plan outlining implementation responsibilities, timeframes and resource requirements will be the first priority of the SDHB Planning and Funding team. In addition to this, setting up an implementation team, led by SDHB Planning and Funding, with clearly defined terms of reference will also be key to the successful implementation of this Strategy.

6.0 ACTION PLAN

STRATEGIC GOAL 1: REDUCE INEQUALITIES AND BARRIERS TO ACCESS IN ORDER TO IMPROVE HEALTH OUTCOMES	
Improve health outcomes and reduce barriers to access for children and young people living in areas of high deprivation	• maintain promotion of immunisation as a free service
	• encourage health professionals to attend training on the determinants of health to gain better understanding of health inequalities
	• SDHB to support the work with other sectors (predominately MSD) to address the determinants of health such as housing and income
	• encourage PHOs to participate in the 'Very Low Fees Access' initiative
	• explore the role and linkages of the Outreach Immunisation Service (OIS) team to facilitate other aspects of Well Child management
Improve health outcomes and reduce barriers to access for children and young people living in rural communities	• explore existing funding streams and community initiatives to provide transport opportunities for those in rural communities
	• increase the range and number of locations of outreach services, including exploring the use of mobile clinics/services
	• encourage collaborative linkages between children's services (DHB funded and others) and PHO's, including exploring possibilities for co-location
	• support the development of data base and directory of services for children, youth and their families
	• promote fluoride to those regions without fluoridated water supplies
Improve health outcomes and reduce barriers to access for Maori and Pacific Island children, young people and their families	• support mainstream and Maori providers to identify and address barriers to access
	• support mainstream and Pacific Island providers to identify and address barriers to access
	• support the provision of Maori and Pacific Island healing practices
	• support the use of Maori models of health practice
	• investigate options for development of ethnic specific child protection initiatives
Improve health outcomes and reduce barriers to access for youth	• SDHB to provide strategic support and guidance to the Southland YOSS Trust for the YOSS initiative
	• encourage PHOs to develop youth friendly services
	• work with Southland Institute of Technology (SIT) to further develop student health services
	• explore possibilities of developing the concept of youth triage workers
	• set up mechanisms to involve young people in planning and reviewing health services
Improve health outcomes and reduce barriers to access to secondary and tertiary services for children, young people and their families	• access to surgery for children (paediatric, general, ENT) in maintained through SDHB in line with national elective service performance indicators (ESPI)
	• SDHB to provide timely and appropriate access to secondary medical services such as diabetes, asthma and chronic conditions
	• SDHB to facilitate the provision of timely and appropriate access to tertiary services provided in other DHB regions

STRATEGIC GOAL 2: IMPROVE HEALTH AND WELLBEING OUTCOMES FOR TAMARIKI, RANGATAHI AND WHANAU (WHANAU ORA)	
Improve health outcomes and reduce barriers to access for tamariki (0-five years) and their whanau in primary health care settings	• develop strategy to increase PHOs enrolments for all tamariki and their whanau • promote the uptake of Services to Improve Access (SIA) initiatives that reduce barriers to access to Well Child care in primary care settings (e.g. Immunisation) • SDHB to support the establishment of Maori lactation and breast feeding initiatives • support Well Child providers and vision and hearing technicians to increase hearing screening rates in tamariki
Develop initiatives focused on promotion, prevention and early intervention based on Te Whare Tapa Wha model of health	• develop health promotion services that are by Maori for Maori that focus on the promotion of breastfeeding, immunisation, reducing drug and alcohol use, sexual health, mental health, and smoking cessation to whanau • encourage whanau involvement in all stages of care and treatment of tamariki and rangatahi to ensure taha wairua, taha hinengaro, taha tinana and taha whanau • ensure SDHB funded sexual health services provide culturally appropriate services to rangatahi
Provide mainstream primary and secondary services to Maori that are culturally safe, are based on best practice and are developed in consultation and partnership with Maori	• SDHB to develop Tikanga best practice guidelines to ensure that whanau principles, values and spiritual beliefs are recognised in both primary and secondary care settings. Service design and delivery takes into account the Principles of the Treaty of Waitangi • ensure PHO Maori Health plans make provisions for the delivery of culturally safe services to tamariki, rangatahi and whanau • support the continuing development of inter-sectorial relationships between Maori and mainstream providers that offers wrap-around care for tamariki, rangatahi and whanau
Tamariki, rangatahi and whanau have access to quality services that are led and developed by Maori and implemented through strong Maori leadership	• Mental health services are well planned, appropriate and delivered in a culturally safe environment acceptable to rangatahi and their whanau • issues impacting on the health of tamariki and rangatahi are raised and discussed with the mana whenua through Kaitiaki Hauora • action plans are to be developed that outline initiatives to improve the health of tamariki, rangatahi and whanau specific to the areas of smokefree environments, childhood obesity, child and adolescent oral health (in the short term), immunisation, breast feeding, teenage pregnancy and hearing screening (in the long term) • services are to be regularly audited against relevant standards and reviewed to ensure responsiveness when dealing with Maori health issues • explore options for a Kaupapa Maori Rangatahi drop-in health facility
Ensure Southland tamariki, rangatahi and whanau have access to a competent and robust Maori workforce	• support SDHB staff professional development in the Principles of the Treaty of Waitangi and Maori models of health • SDHB to lead the development of a Maori workforce development plan to attract Maori child and youth health professionals to the area and support ongoing staff training and development • support training opportunities for SDHB staff and fund providers to develop professional skills and competencies of Maori personnel in line with best practice

STRATEGIC GOAL 3: FOCUS ON PROMOTION OF HEALTHY LIFESTYLES, PREVENTION OF CHRONIC DISEASE AND ILLNESS AND EARLY INTERVENTION TO ENSURE THE BEST POSSIBLE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES	
Promote the importance of a healthy mind, body and spirit for our children, young people and their families.	• SDHB through PHS, ACC and other resources to work collaboratively with NGOs, PHOs and health promoters to identify and address health promotion priorities for children and young people
	• SDHB to take the lead role in the promotion of healthy eating messages and provision of initiatives to prevent obesity and chronic disease
	• SDHB to continue to work in partnership with Education, Sport Southland, PHS and other NGOs to promote healthy lifestyle messages through the vehicle of HEHA
	• promotion of CAFS services to the community and health professionals to overcome social stigma of mental illness
	• SDHB to expand the consult/liaison function of CAFS, particularly to primary and secondary care providers, CYFS and the education sector
	• continued promotion of breast feeding messages, especially to Maori and Pacific Island women as outlined in SDHB Maternity Strategy and HEHA Implementation Plan (2004-2010)
	• support the establishment of a Breast Feeding Peer Support Programme
Develop initiatives that focus on long-term behavioural changes to prevent child and youth health problems, building on national programmes and initiatives	• work with other sectors to develop effective strategies to address youth drug and alcohol abuse and sexual health issues
	• investigate opportunities to further develop Southland based smoking cessation initiatives including but not limited to cessation services for pregnant women
	• promote MoH guidelines on alcohol abstinence in pregnancy through all providers and communities
	• be active in prevention and education for Family Violence and Child Protection and explore the possibility of expanding this role to 1.0 full-time equivalent (FTE)
Develop and build on programmes and initiatives that allow for and focus on early intervention and ongoing support to children, young people and their families.	• investigate opportunities for developing a multi-disciplinary child protection team
	• investigate development of early screening/prevention initiatives for ante and post-natal maternal depression
	• SDHB to develop policy on opportunistic immunisation at Southland Hospital – Paediatric and Emergency Departments
	• ensure oral health services have a strong prevention focus
	• develop a SDHB Community Paediatric Service focused on health promotion, prevention and early intervention
	• investigate the development of initiatives focused on children and young people who have a parent with a mental illness

STRATEGIC GOAL 4: IMPROVE INTRA-SECTOR AND CROSS-SECTOR COLLABORATION TO PROVIDE BETTER HEALTH OUTCOMES BY EFFECTIVELY WORKING TOGETHER	
Provide Well Child services (under five years) that are co-ordinated, collaborative and ensure seamless provision for families	• continue to improve communication and handover from LMC's to Well Child Providers in Southland, consistent with service specifications
	• encourage closer collaboration between PHOs, Well Child Providers and Public Health Nurses
	• develop protocols for opportunistic immunisation and additional Well Child checks to be completed by SDHB Well Child Service
Primary and secondary services are working together to provide the best outcomes for children, young people and their families	• develop protocols and forums for regular information sharing between Primary and Secondary services on child and youth health matters
	• ensure open communication between SDHB and PHOs to ensure GPs are informed of services available to them and criteria for referrals
	• build on existing service linkages between Paediatrics Department and CAFS, including expansion of the consult/liaison role
	• ensure linkages between primary and secondary clinical services are appropriate at every level to ensure effective family centred service delivery
	• support SDHB services involvement in the development of the YOSS
SDHB primary and secondary services have strong links with other Government agencies, Social Service agencies and NGOs	• support the continued development of a Child Protection/Family Violence network with SDHB services (Paediatric, CDS, CAFS) and other agencies namely CYFS and NZ Police
	• SDHB and PHOs to explore with MoE joint initiatives to improve health services to secondary schools, that recognises and builds on existing models of good practice
	• develop inter-sector Memorandums of Understanding (MoU) for child and youth services to include protocols for information sharing
	• SDHB to continue to actively participate in Strengthening Families at a strategic level through Regional Management Groups
	• improve co-ordination of services for those with chronic health care needs and disabilities
Children's services have a strong focus on early years initiatives, to ensure optimal health and wellbeing outcomes for children and young people	• SDHB to work with MSD (Family and Community Services), Education and NGOs to support further development of programmes focused on the early years, including family support and evidence-based parenting programmes

STRATEGIC GOAL 5: IMPROVE THE QUALITY OF SERVICES IN ORDER TO BETTER MEET THE NEEDS OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES	
Ensure services are adequately meeting the needs of the target population	• support the establishment of a Community Paediatric Service
	• conduct a review of SDHB funded Sexual Health Service
	• conduct a review of CDS services and linkages (including respite care) in relation to need and national benchmarks
	• identify gaps in service provision in collaboration with community and community-based agencies on an ongoing basis
Services to strive for improvements using evidence-based or best practice models	• SDHB funded services to provide routine clinical and management audits on at least an annual basis
	• establish Child and Youth Mortality Review Committee relating to National Child and Youth Mortality Review Committee
	• establish mechanisms for SDHB to develop parent and youth advisory or reference groups
Services are culturally responsive and acceptable to iwi, Pacific Island and migrant communities	• cultural safety to be mandatory in all SDHB staff inductions for those working in child and youth health services, with regular updates
	• strengthen Maori and Pacific Island participation in planning, development and review of child and youth health services
	• regular audit and review to determine staff responsiveness to dealing with health issues facing Maori and Pacific Island children, young people and their families

STRATEGIC GOAL 6: ENSURE A ROBUST AND SUSTAINABLE CHILD AND YOUTH HEALTH WORKFORCE IN SOUTHLAND	
Develop a child and youth health workforce that is respected, valued, and knowledgeable	• provide structured, formal and regular funded opportunities for health professionals to advance their knowledge and skills in their area of expertise
	• provide ongoing staff training and support for all staff in cultural competency
	• ensure all staff are trained through recommended professional development including but not limited to Family Violence and Child Protection
	• explore potential for role of nurse practitioners in child and youth health services and primary care
Attract qualified and enthusiastic health professionals to Southland to work in the areas of child and youth health	• develop a Recruitment and Retention Strategy focused on the child and youth health workforce in Southland
	• address capacity issues including succession planning around Paediatrics, Dental, Child Psychology and Sexual Health
	• develop stronger linkages between Southland health service providers, tertiary education providers and Universities to encourage service-orientated research, particularly from a Maori and Pacific Island health perspective
	• work with SIT, universities and tertiary education providers to explore initiatives around workforce development and recruitment
	• encourage medical practitioners in both primary and secondary care to have expertise and training in child and youth health
Maori and Pacific Island professionals have the same opportunities to access training and development opportunities as those working in mainstream services	• ensure ongoing professional and cultural support for Maori and Pacific Island health professionals working with children and young people, through Human Resource (HR) planning processes
	• develop an organisational culture that encourages Maori and Pacific Island health professionals to the region
	• support and fund opportunities for Maori and Pacific Island health professionals to spend time in other regions to observe best practice models
	• SDHB to advocate to MoH on behalf of Pacific Island workforce and community for the continuation of Pacific Provider Development Funding (PPDF) past June 2008

STRATEGIC GOAL 7: HEALTH SERVICES ARE PLANNED, DEVELOPED AND MANAGED IN A WAY THAT ENSURES LEADERSHIP AND SOUND MANAGEMENT FROM THE TOP DOWN	
Policies are developed that are centred on the needs of children, youth and their families.	• support adequate resource allocation for structural development, planning and research at a strategic level
	• develop a management structure for maternal and child health services that provides responsiveness, visionary leadership and streamlined communication
	• provide strategic assessment and input into the National Review of Well Child Services conducted by MoH during 2006/07
Adequate resources are provided to ensure that services are meeting the needs of the community in a safe and timely fashion	• investigate options for employment of an additional SDHB Paediatrician with focus on community role and developing multidisciplinary community paediatric service
	• continue to explore opportunities for CAFS to support primary care providers with interventions in the early years
	• maintain community oral health resource to better meet the demand for child and adolescent services consistent with the MoH Oral Health Strategic Plan (0-18 years)
Management work together to ensure SDHB services are engaging in effective communication within and across the sector	• regular and consistent communication between services
	• regular and meaningful communication and collaboration at a strategic level between SDHB services and other government departments, social service organisations and NGOs
	• where appropriate, enter into formal agreements or arrangements (e.g. Service Level Agreements (SIA)/MoU) between SDHB and other service providers to strengthen and align management structure and functions

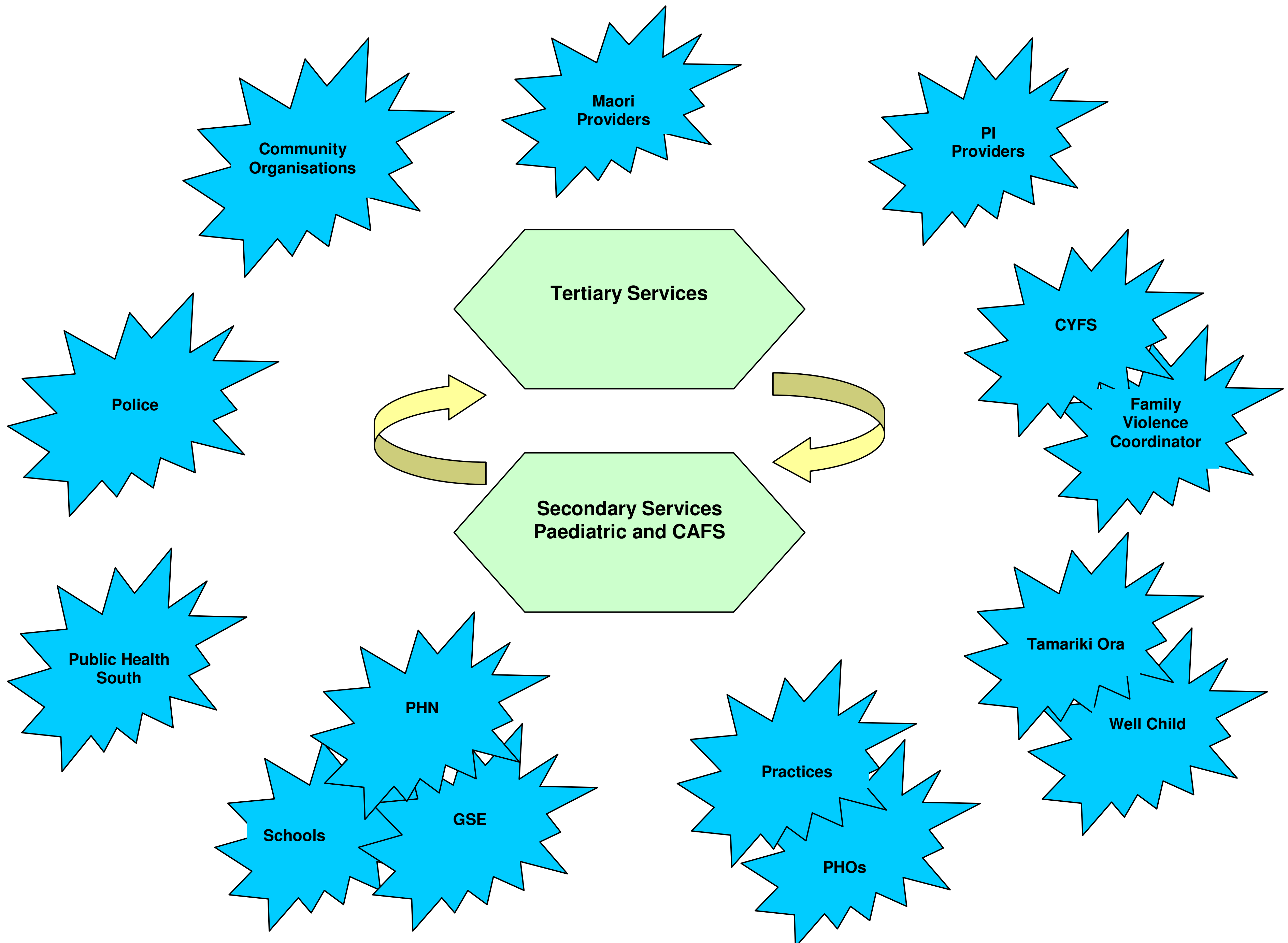

Figure 1: Illustration of the Fragmentation of Child and Youth Services

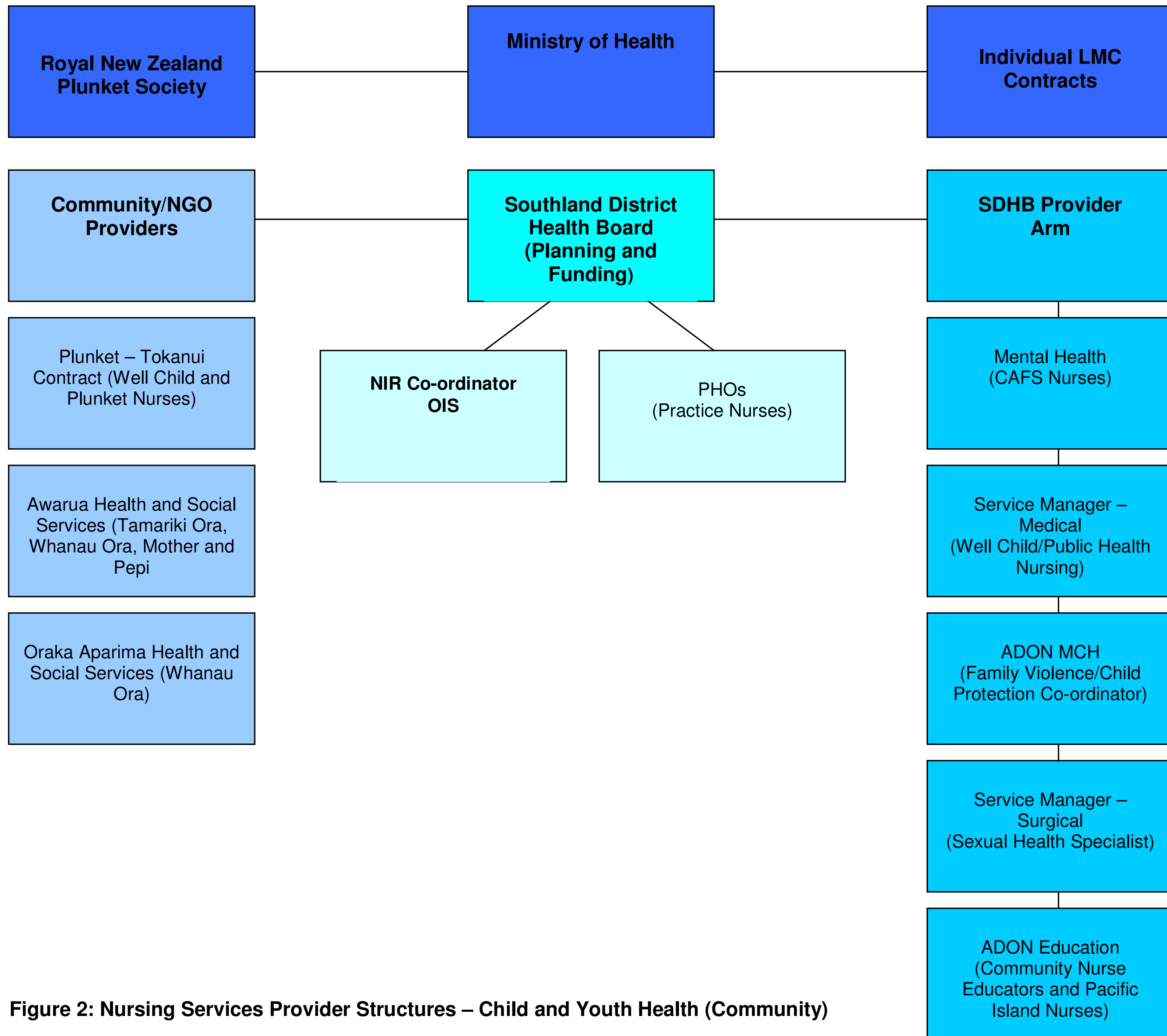

Figure 2: Nursing Services Provider Structures – Child and Youth Health (Community)

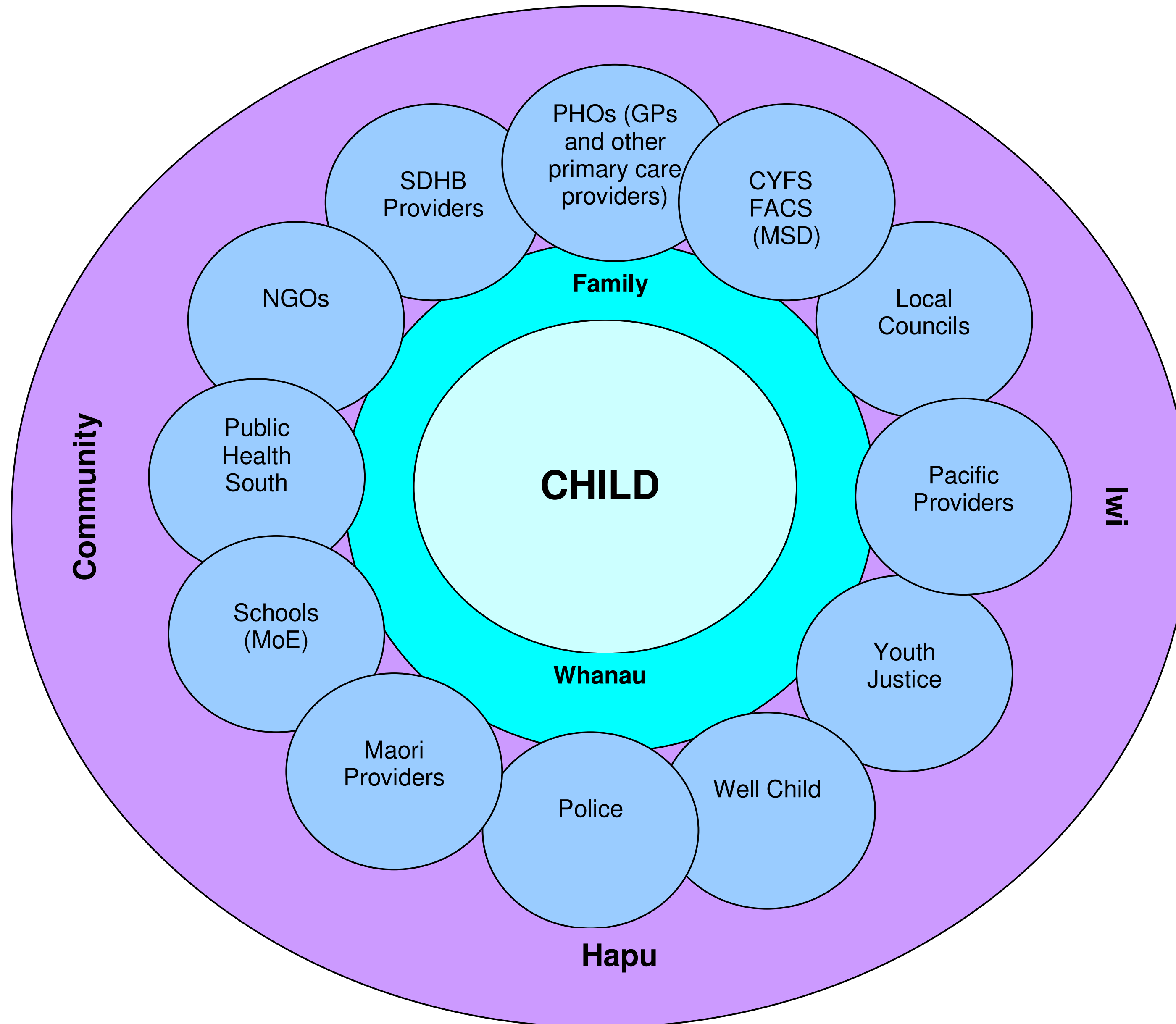

Figure 3: A Model of Inter-Sectoral Collaboration

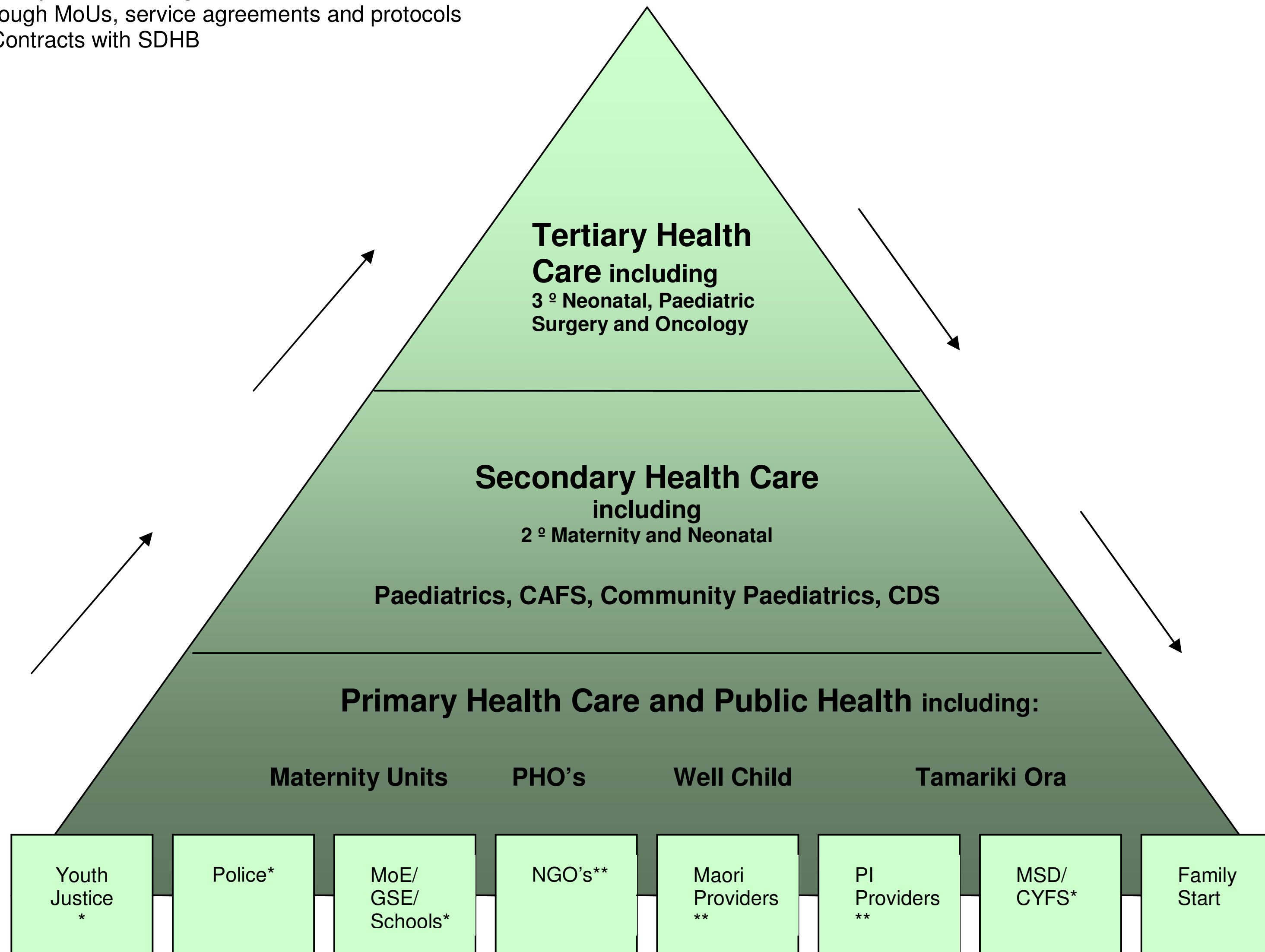

Figure 4: A Model of Inter-Sectorial Collaboration

Appendix 1

Health Equity Assessment Tool [HEAT] (Equity Lens) for Tackling Inequalities in Health[26] as Applied to the SDHB Child and Youth Health Strategic Plan

1. What health issue is the policy/programme trying to address?

The vision of the SDHB CYHSP is that:

"all Southland children and youth have the opportunity to develop to their full potential in a healthy environment that encompasses the Whare Tapa Wha model of health that recognises the importance of physical/tinana; mental/hinengaro; spiritual/wairua and family/whanau health".

Current SDHB funded and non-funded services were met with to determine what issues the policy needed to address. As a result of this consultation with SDHB, the CYHSP aims to address the specific issues of

- fragmentation of child and youth health services
- management structures and leadership of child and youth health services
- access to SDHB funded child and youth health services

Refer to page 13 of the CYHSP.

2. What inequalities exist in this health area?

Currently in the provision of health services for children, youth and their families, inequalities exist predominately for:

- children, youth and their families living in areas of high deprivation
- children, youth and their families living in rural communities
- Maori children, youth and whanau
- Pacific Island children, youth and their families

Refer to page 24 of the CYHSP.

3. Who is most advantaged and how?

Within the current provision of primary and secondary health care services for children, youth and their families, those at most advantage include:

- children, youth and their families living in areas of low deprivation
- children, youth and their families living in urban areas, predominately Invercargill
- New Zealand European or non-Maori non-Pacific children, youth and their families
- children and youth who have parents with high education levels (post-school qualifications)

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[26] A HEAT (Equity Lens) for Tackling Inequalities in Health (May 2004)

4. How did the inequality occur? (What are the mechanisms, by which this inequality was created, is maintained or increased?)

- fragmentation of service has occurred at a national level through lack of alignment of priorities of Government departments and lack of alignment of service specifications. This trickles down to influence local services
- introduction of Population Based Funding Formula (PBFF)
- centralisation of secondary care services to larger urban areas
- risk taking behaviour of youth
- small Maori and Pacific Island workforce in Southland
- minimal availability of after hours primary care
- availability of primary and secondary services in rural areas – such as mobile units and outreach clinics
- under development of child and youth specific services
- in the past, the focus has been on the medical model of health care as opposed to promotion and prevention

5. What are the determinants of this inequality?

There are various determinants of health that impact on the inequalities facing children, young people and their families in accessing health services. These include:

- individual Lifestyle Factors – that is the lifestyle that families choose for themselves such as smoking, diet and other risk taking behaviours such as wearing a seat belt
- Social and Community Factors – that is aspects of the society and community that the family lives in such as the socioeconomic status of that community and importantly the services available in that community, especially if the family lives in rural Southland
- living and working conditions – that is the impact that living and working conditions have on the health of children, young people and their families. Availability and level of employment by the parent or caregiver will greatly determine health outcomes for the children in that family. Low income, poverty and income distribution are closely linked with poorer health outcomes
- feneral socioeconomic, environmental and cultural conditions – these are the wider determinants of health that contribute to the inequalities that exist in terms of child and youth health services. These wider determinants include income, housing, education, social cohesion and ethnicity or culture

6. How will you address the Treaty of Waitangi in the context of the New Zealand Public Health and Disability Act 2000?

In addressing the Treaty of Waitangi and the New Zealand Public Health and Disability Act 2000, the following will or has taken place:

- SDHB staff involved in the development of the strategy have undergone training on the Treaty of Waitangi
- staff involved in the development of the strategy have public health training
- the Maori Health Goal (goal 2) was developed in partnership with attendees of a public hui during the consultation phase of the strategy

- the strategy and Maori Health goal has been presented to the mana whenua for their guidance and support
- the strategy and Maori health goal has been presented to the SDHB Maori Governance Group (Kaitiaki Hauora) which contains representatives from the mana whenua
- the wider Maori community was represented at Murihiku Marae during the public consultation on the draft strategy
- provisions in the action plan of the strategy have been made to address
  - Maori healing practices
  - Maori models of health
  - reducing barriers to accessing Well Child and primary Care services
  - culturally appropriate primary and secondary care services
  - development and enhancement of 'by Maori for Maori' services
  - Maori workforce development

7. Where/how will you intervene to tackle this issue? Use the MoH Intervention Framework to guide your thinking

Health will be improved through a number of interventions including:

Structural
- SDHB guided by MoH documents and strategies such as the NZ Health Strategy (refer to page 10 of the CYHSP for a complete list)
- SDHB investigation into gaps and issues in child and youth health service provision
- SDHB development of CYHSP

Intermediate Pathways
- service providers met with to discuss service gaps and issues – inclusion of non-SDHB funded services as part of this review
- public consultation workshops held on the draft CYHSP in various locations, including Marae and rural communities
- Maori community involvement in development of the added Maori health goal (added after community consultation)
- consultation with SDHB advisory groups and statutory committees

Health and Disability Services
- ongoing consultation and involvement of service providers
- willingness to reorientate SDHB funded services and to fund new services to achieve outcomes

Impact
- SDHB development of CYHSP
- SDHB to further develop Implementation Plan including timeframes and budgetary requirements

8. How could this intervention affect health inequalities?

The CYHSP could impact on health inequalities by:

- reducing barriers to access
- improving health and wellbeing outcomes for tamariki, rangatahi and whanau
- focusing on health promotion and early intervention to prevent chronic disease and illness
- improving intra-sector and cross-sector collaboration
- improving the quality and child and youth health services
- ensuring a sustainable and robust child and youth health workforce
- assisting with the planning, development and leadership of child and youth health services

9. Who will benefit most?

It is the intention that the strategy will overall improve the health of all children, young people and their families in Southland. More specifically however, the strategy aims to provide the most benefit specifically to those living in areas of high deprivation, rural communities and Maori and Pacific children, young people and their families

10. What might the unintended consequences be?

Some of the unintended consequences may include:

- those already accessing services become ‘over serviced’
- money is taken from other funded health services to improve the quality, accessibility and capacity of child and youth health services
- changes to requirements to improve quality may increase pressure on current resources
- if other agencies and the general public are more aware of the services available then demand may increase referral

11. What will you do to make sure it does reduce/eliminate inequalities?

SDHB will take the following measures to reduce or eliminate inequalities by:

- establishing a Community Paediatrics Service
- ongoing monitoring of the currently collected relevant data such as immunisation data, teenage pregnancy rates and breastfeeding rates
- ongoing monitoring of ambulatory sensitive admissions
- ongoing monitoring of the numbers of children presenting at ED with non-accident related injuries
- monitoring of service utilisation of the YOSS
- monitoring of Maori involvement and uptake of health services
- provide additional opportunities to increase the capacity of the Maori and Pacific Island workforce
- entering into formal agreements (MoUs or SLA) between SDHB and other service providers

12. How will you know if inequalities have been reduced/eliminated?

We will know that inequalities have been reduced or eliminated when:

- more GP practices are involved in the ‘very low fees access’ initiative and development of further SIA initiatives
- all Southland water supplies are fluoridated
- Maori feel that they are involved, valued and protected in the development and evaluation of health services
- SDHB staff are confident in their knowledge of cultural competency
- the rates of obesity and Type II diabetes have reduced and physical activity increased in children and young people
- breastfeeding, immunisation, hearing and screening rates have improved
- family violence rates have decreased
- regular, structured and constructive information sharing occurs across sectors and intra and cross sector collaboration is evident
- ambulatory admissions for children and young people have decreased
- feedback received from consumers and youth and parent advisory or reference groups