Press Release

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Release reads:

Although the Paediatric Society is encouraged that many District Health Boards have recognised the importance to Child and Youth health according to its third District Health Board scorecard, there are some really significant issues that are of concern across the country and many of these are outside of the control of DHBs.

“Our findings last year showed marked differences in performance between boards. This year we are delighted that some of the smaller DHB’s have shown that they can mix it with the big ones,” Dr Baker, President of the Society said today.

The aim of the scorecard is to promote equity and to increase the quality of child and youth health care across NZ

The DHB scorecard was born to evaluate progress towards implementation of Ministry of Health strategies and review systems in place to support the development of excellent child and youth health services within DHBs. No attempt has been made to review actual quality of care as this is subject to clinical audit.

We are very encouraged to see some District Health Boards are clearly grappling with the issues and have made significant advances since last year, Dr Baker said.

However, it is deplorable that services and supports for children with special needs are chaotic and unfair. Too often parents caring for these children receive services based on the child’s diagnosis, or where they live, rather than the needs of the child and family. There is no national consistency, and funding differs in each area being based on history not population or needs. Parents and children may be eligible for services but the services do not exist or parents are expected to recruit and train their own caregivers. These families are frequently already in crisis through lack of support and relief. It is like requiring a drowning man to build his own life boat!” Because of the different approaches across the country sometimes you would think the children are living in different countries or continents, not two different DHBs.

Equally disturbing is children’s access to specialist services. If an adult requires a specialist service they can usually access it in their home DHB. Because of the specialist nature of children’s services, children are often unable to access the services they need because of where they live. There is a no mechanism in the current health structure to plan these services to ensure that children have access to them and are not discriminated against simply because of where they live.
It is up to the DHBs to deliver these services but the Ministry of Health needs to provide leadership to resolve this issue.

The Society sent a questionnaire to all 21 District Health Boards. The questionnaire was based on

- Implementation of Child Health Strategy
- New Zealand Health Strategy
- Government expectations of District Health Boards
  - to improve, promote and protect the health of communities
- Disability Strategy
- Paediatric Specialty Services Review - “Through the Eyes of a Child”
- SNZ HB 8134.4:2004 Health and Disability Sector Standards (Children and Young People) Audit Workbook
- Standards for Wellbeing of Children and Young People Receiving Healthcare (Draft) - PSNZ

Formal responses were received from 20 of the 21 District Health Boards and the rankings of the Boards were sent to them last week to consider prior to release to the media.

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Some Highlights from the Scorecard Results.

The DHB scorecard was born to evaluate progress towards implementation of Ministry of Health strategies and review systems in place to support the development of excellent child and youth health services within DHBs. No attempt has been made to review actual quality of care as this is subject to clinical audit.

The aim of the scorecard is to promote equity and to increase the quality of child and youth health care across NZ by:

- Comparing and contrasting DHB structure and function in child and youth health
- Highlighting inequalities in care
- Providing direction for future service development
- Supporting networking between DHB’s to reduce inequalities in care

Annual plans from DHB’s this year appear to have many more specific initiatives within them to improve child and youth health. We hope these good intentions are turned into action and an identifiable section of the Annual Plan dedicated to them.

A continuing theme from last year is that national policies and strategies are formulated but the implementation is frequently left to individual DHB’s. Some boards are working hard to put them into action while others are making no efforts. Local implementation is dependent on DHB’s assigning funding if they consider them a priority. Inevitably inequity is increasing.

**Child and youth advisory committees:** Children and youth access services in many different ways and the services are fragmented and uncoordinated: this creates difficulties for parents and children and makes it particularly difficult for communication and seamlessness. One mechanism for planning and implementing child health services is to mandate a child and youth committee that has an overview of all services. We are very pleased to note that more DHBs have recognised this and have or are planning such a committee. However, we struggle to understand the rationale for one DHB to disband their committee. This is totally against the national trend.

**Information to Reduce Inequalities**
Reducing inequities in health status is a key government objective. Last year we were very alarmed to find that very few DHB’s were collecting the information needed to know the current levels of inequity. All DHB’s are collecting data on children’s health. This year we were pleased that there was an improvement in the way that this information was provided to us, but the quality and presentation of the data overall is a key concern. Comparison of this sort of population information is potentially a very powerful tool to assess what is working and what is not. There is a clear need for a national epidemiology service which can collect child and youth information and analyse it. This would reduce the duplication of resources and effort across DHB’s. Comparisons would be much easier and allow evidence based service development responding to true need to occur.

**Children’s Audit Tool Workbook**
An audit tool work book has recently been released which will hopefully assist DHBs to address some of the issues relating to the health and wellbeing of children and
young people receiving healthcare. The workbook interprets the Generic Health and Disability Standards for children and young people
We hope that we see the results of this guidance in next year's scorecard. There are many areas that require attention and this workbook provides the guidance for DHBs as to what is expected.

**Care of children in hospital:** It is a real concern that in many DHB’s children and adults are cared for in the same wards. This has been recognised as bad practice for at least 50 years. It is very disappointing that it continues to happen as a matter of course in some areas.

We are pleased with the increase in **community paediatrician** numbers. It is important that these individuals have time allocated to improving the health status of the whole community of children – Population Child and Youth Health. It is hoped that community paediatricians can work as part of a service that will have strong links with PHO’s and Public Health Units. It was striking how infrequently the vital links to PHO’s were mentioned in the responses to all areas of the scorecard.

**Child and Youth Mortality Review:** We must know how children are dying and how we can prevent them dying. There are now excellent systems in place centrally but to be effective there must be local systems within each DHB. Although significant advances have been made in some places this is dependent on DHB’s finding the funding within their resources.

**Nursing:** Children need well trained and experienced nurses. There are clear inconsistencies in planning for continuing professional development and recording of current qualifications. Many DHB’s had no clear plan for continuing education of child and youth nursing staff and systems to fund this were also poorly developed.

**Youth Health Action Plan:** It is now more than 2 years since this was released by the Ministry of Health and it is concerning that many DHBs seem to have forgotten that it exists. Attention to youth services is consistently poor across New Zealand and that is the group that has made the least health gain in recent times. No DHB had a system that worked to ensure every young person with a chronic health problem was supported in transition to adult services.

**Family Violence Intervention Guidelines:** Family Violence Intervention Strategy and Training has national focus funding and a planned roll out across the country. 2 DHBs used to have a coordinators position and this has now been disestablished because there is no funding. The roll out appears to be faltering and service retraction is occurring in some areas.