

Well Child Tamariki Ora Review

Hamilton Symposium
Thursday 14 November 2019



Well Child Tamariki Ora Programme



Well Child Tamariki Ora Programme

The Well Child Tamariki Ora (WCTO) programme is the programme of health and development services (including the B4SC), available to all children aged 0 – 5 years and their caregivers.

It's about protecting and improving children's health so they can reach their full potential, in the context of their families and whānau.

For more information please go to <https://www.health.govt.nz/your-health/pregnancy-and-kids/services-and-support-you-and-your-child/well-child-tamariki-ora-visits>

Purpose of the Well Child Tamariki Ora (WCTO) Review

To review and redesign a WCTO programme that:

- Contributes to improved and equitable outcomes for tamariki and whānau
- Supports tamariki and whānau at important points across the lifecourse
- Delivers an accessible and integrated service offering to support tamariki and their whānau
- Has the right supports to delivery a high quality and sustainable programme

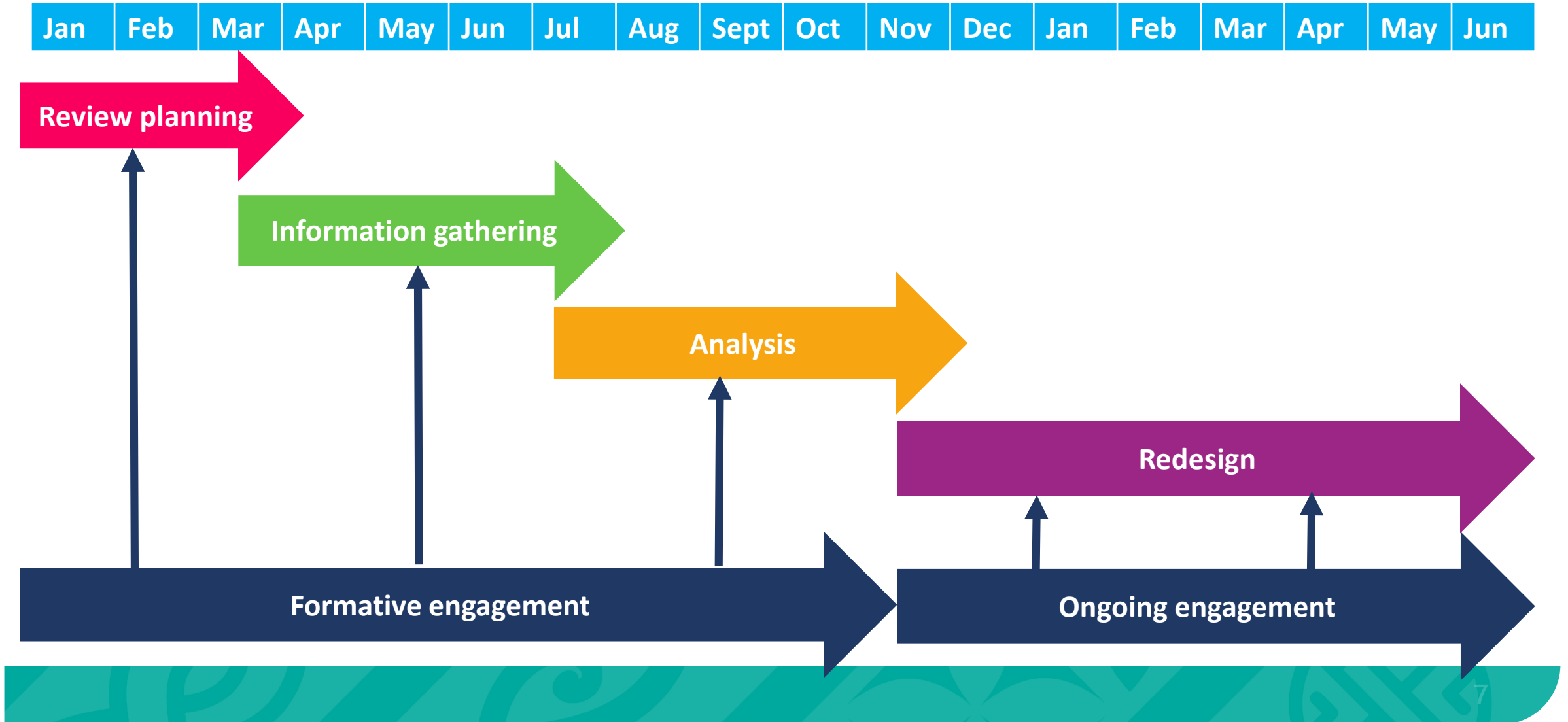
Why a WCTO Review is underway

1. Inequity in outcomes, coverage, access, funding and resources
2. Lack of information on the outcomes, services and delivery wanted by parents/whānau
3. Need for alignment with new evidence and current government direction
4. Need for improved integration services and delivery between other social, health and education services as well as data and insights
5. Changing population and demography
6. Quality and sustainability concerns across the programme

WCTO Review Questions

1. What outcomes should a WCTO programme contribute to for tamariki and whānau?
2. What services should be delivered within the WCTO programme to support tamariki and whānau across the lifecourse?
3. How should the WCTO Model of Care be delivered to best support tamariki and whānau?
4. What are the critical enablers to deliver a high quality and sustainable WCTO programme?

Overview of WCTO Review



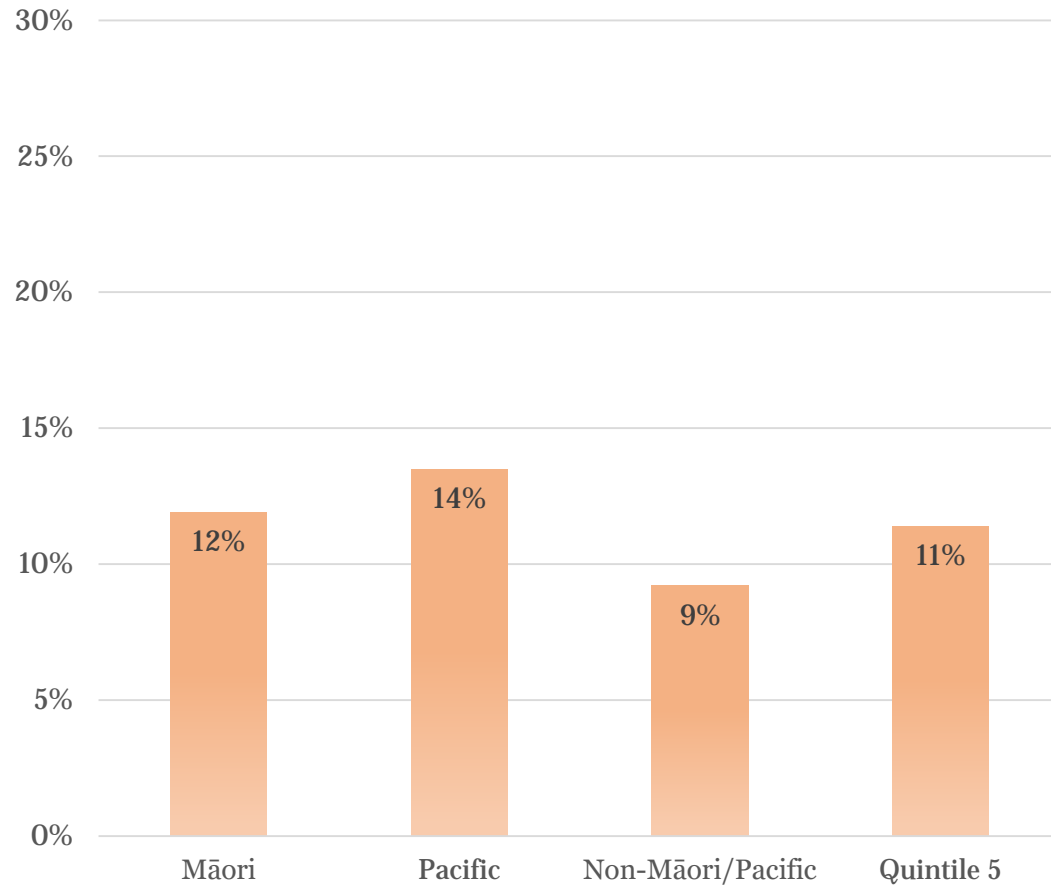
WCTO Review Workstreams

1. Strategic Intent (Line of Sight/Future Direction)
2. Accountability (Outcomes Framework, indicators)
3. Schedule
4. Model of Care
5. Information systems
6. Funding and contracting
7. Engagement and communications

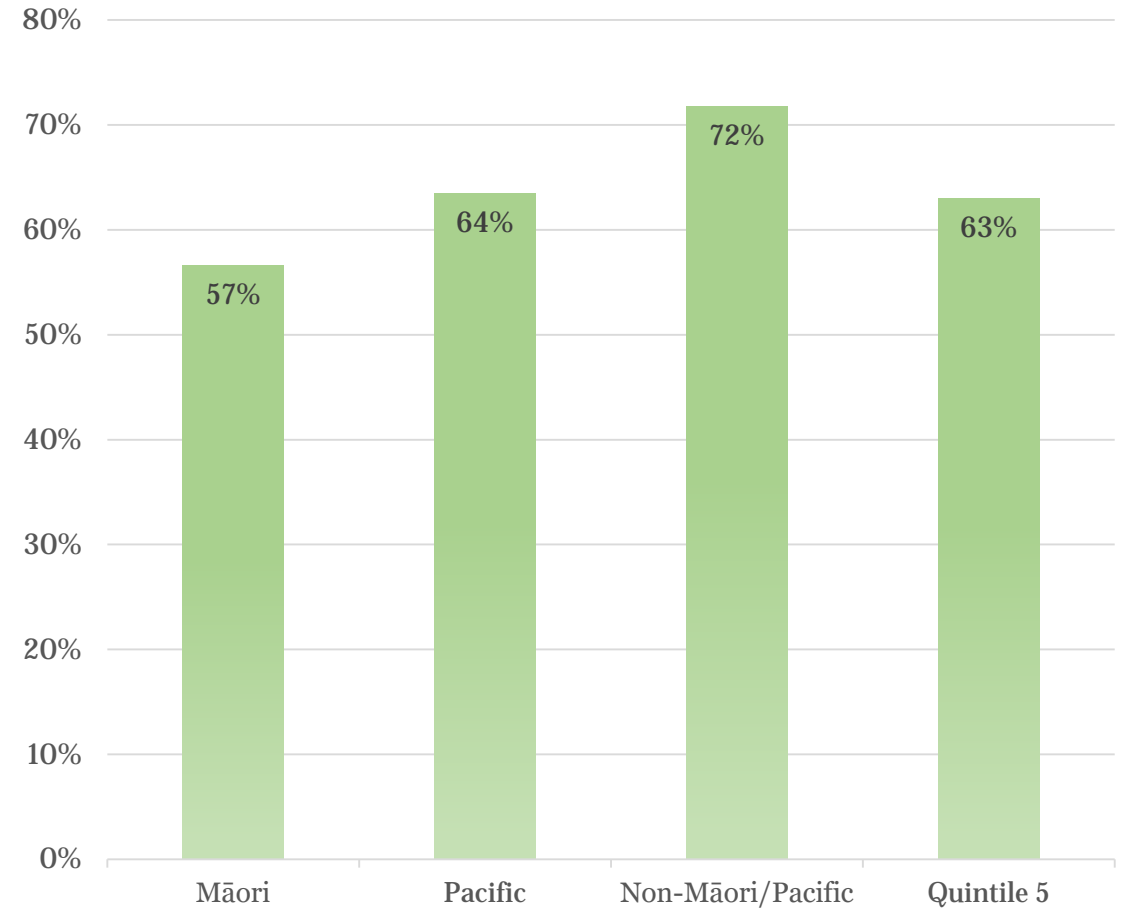
Summary of Analysis

Coverage/access for new babies

Percentage of babies not receiving any contacts 2017/18

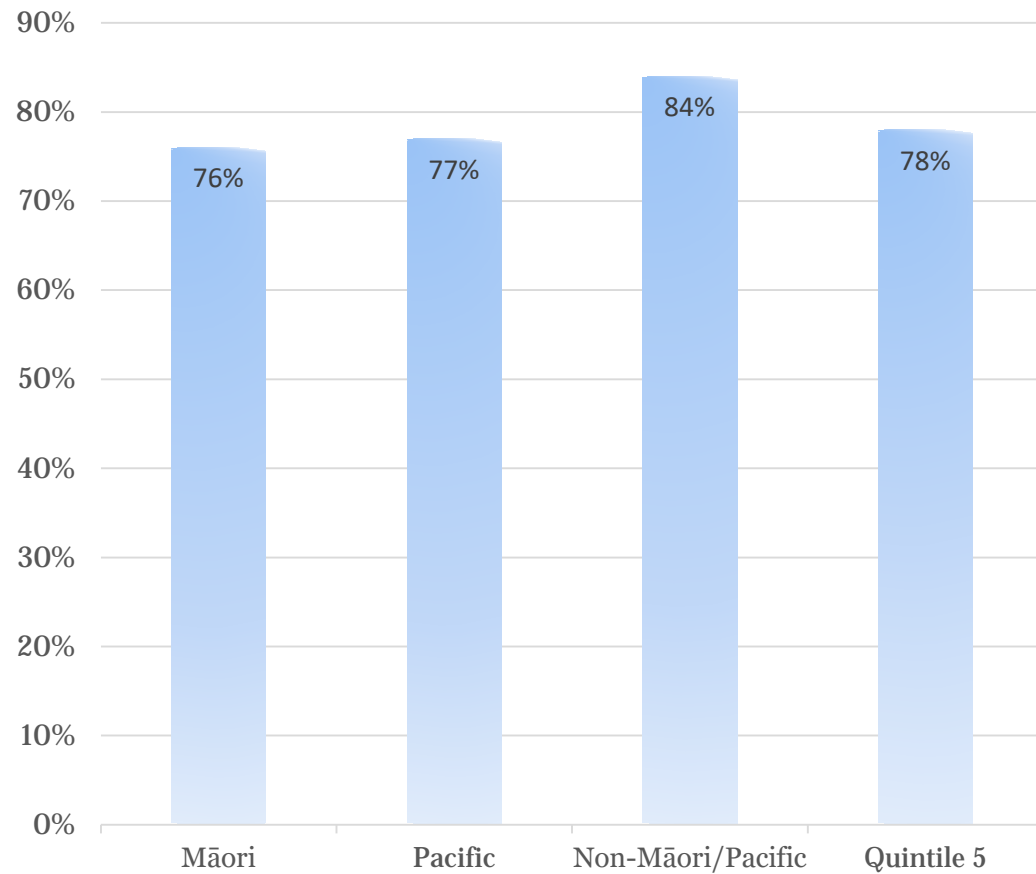


Percentage of babies referred from maternity to WCTO by 28 days 2017/18

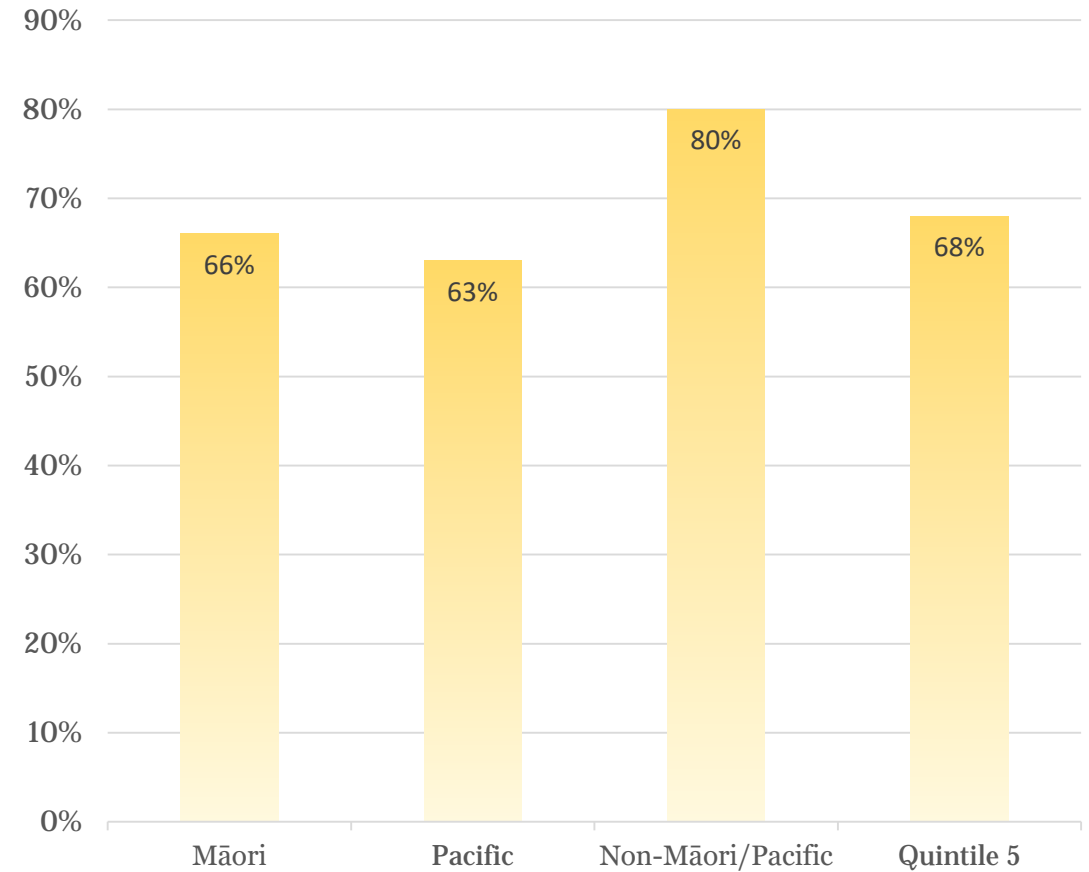


Timing and Completeness of Core Contacts

Percentage of babies that receive WCTO Core 1 by 50 days 2017/18

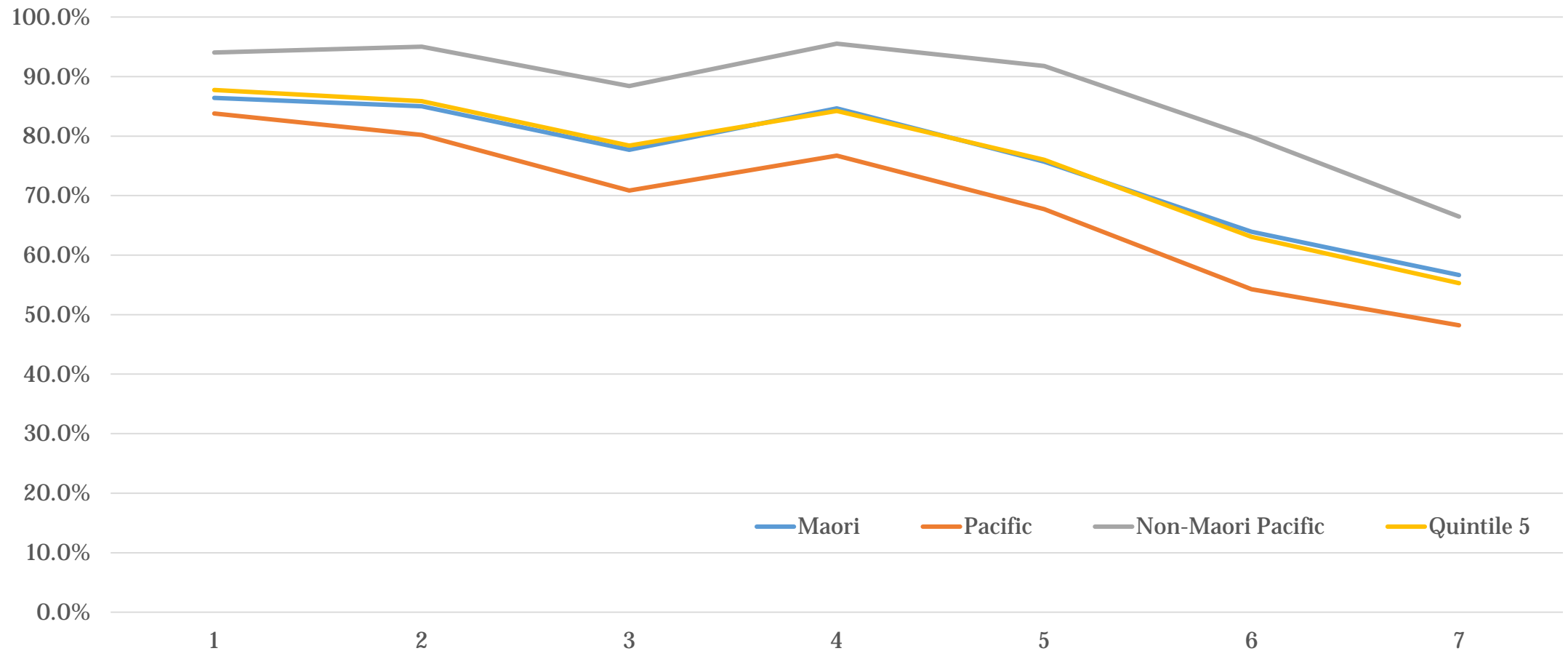


Percentage of infants that receive all core contacts in the first year of life 2017/18



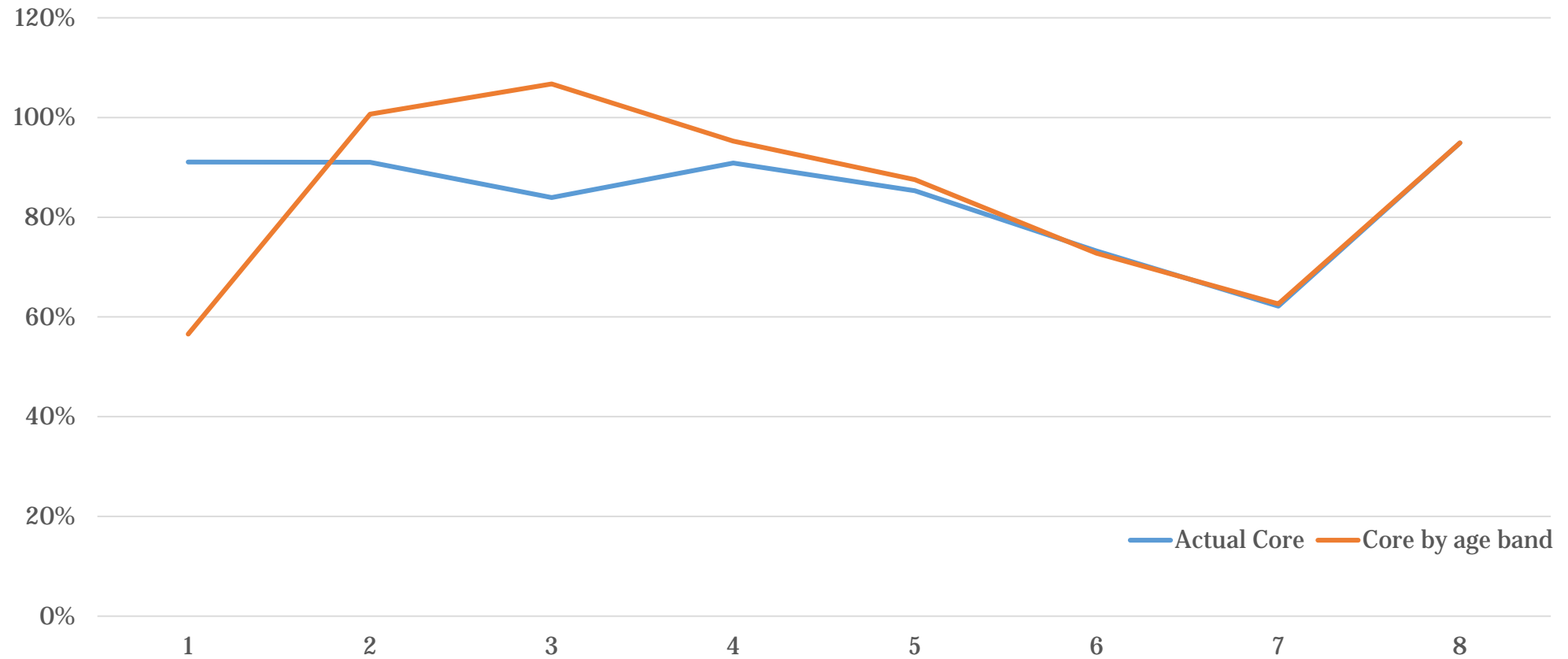
Coverage of Core Contacts

Core coverage by ethnicity and deprivation 2017/18



Core Contact Timing

Core coverage by actual vs age band 2017/18

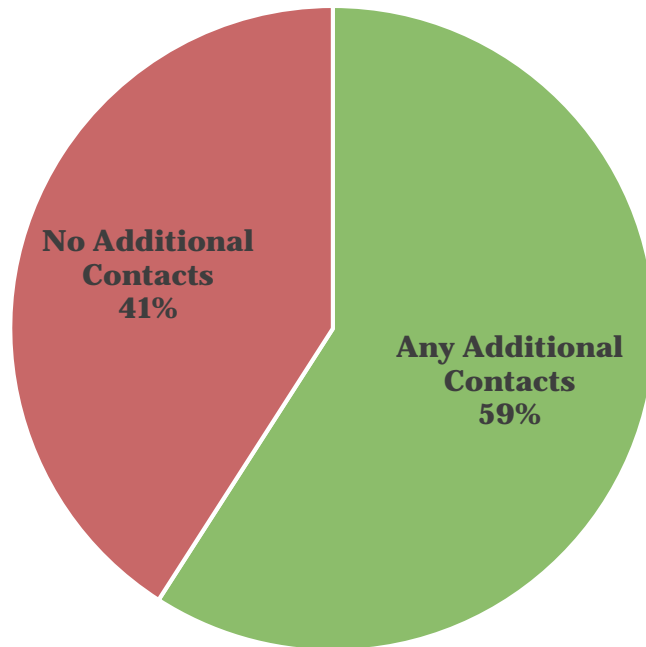


Core Assessments and Referrals

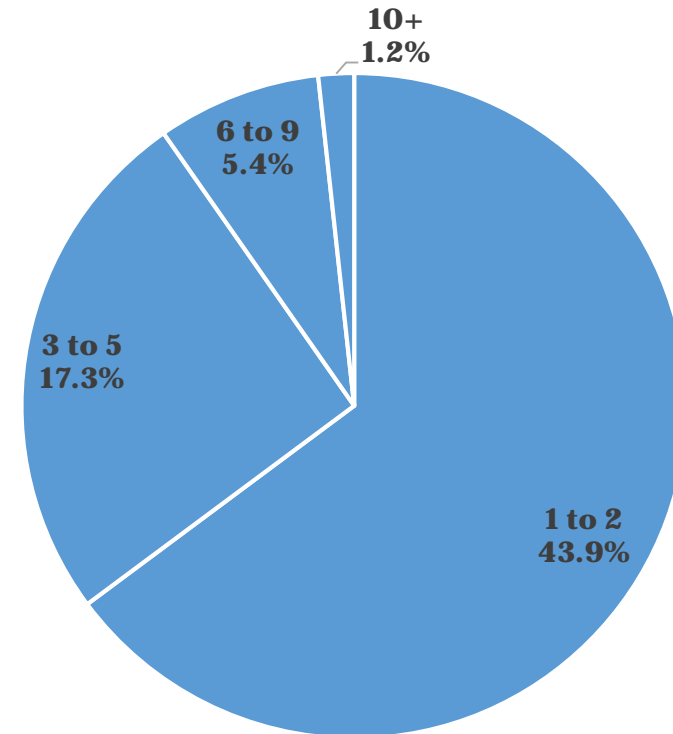
Area	% completed	% referred
Congenital Hip Dysplasia	96.3%	2.1%
Breastfeeding	97.2%	4.7%
Undescended Testes	91.1%	0.5%
Growth	90.5%	2.0%
Immunisation	89.5%	6.2%
Oral Health	86.8%	4.3%
Vision	85.7%	0.4%
Smoking	81.5%	0.9%
Hearing	77.4%	0.2%
SUDI	68.6%	-
Postnatal Depression	66.5%	-
Injury Prevention	66.5%	-
Family Violence	57.2%	-
Parenting Support	56.5%	1.0%
PEDS	53.0%	0.6%

Additional Contacts

Percentage of children receiving any additional contacts 2017/18



Numbers of additional contacts delivered per child 2017/18



Current state of Programme Enablers



	LMC Contacts	WCTO Contacts	B4SC
Contacts	4 Cores plus postnatal contacts	7 Cores plus additional contacts	1 Check
Workforce	Midwives	WCTO nurses and kaiawhina	B4SC nurses
Organisations	Mostly self-employed, some work for practices/DHBs	Plunket and 63 Tamariki Ora providers	Mixed model across general practice, WCTO and Public Health
Total funding	\$39.6 million	\$73.7 million	\$11.3 million
Contract method	Section 88	National contract (Plunket); CFA variation (DHB-WCTO)	CFA variation
National Information system	National Maternity Collection and NMR	WCTO NHI reporting (no system)	B4SC IT system
Quality	MQSP	WCTO QIF	WCTO QIF

Overarching issues

- Inequality and inequity in outcomes, coverage, access, funding and resources
- Lack of information on outcomes, services and delivery wanted by parents/whānau
- Change in focus required based on evidence and Government direction
- Need for greater alignment of WCTO outcomes, services and delivery across between services and cross-agency

What we've heard to date - Outcomes

- Need to address social determinants and growing complexity
- Clarity on programme scope required
 - Birth to five years or Conception to Transition to Adulthood
 - Delivery of both screening/assessment and education/support outcomes
- No agreed outcomes framework or intervention logic
- Difficult to measure contribution of WCTO to population outcomes

What we've heard to date - WCTO Schedule

- Core contact timing, content and assessment tools need reviewing
- Consider including other services in the Schedule
- Concern about availability of referred services
- Additional visit assessment, intensity, timing and content need reviewing
- Parent Education and Whānau Support elements not clearly defined or resourced

What we've heard to date – Model of Care

- Programme is too one-size fits all and not proportionate enough to need
- Programme needs improved focus on relationships and being whānau-centred
- Need to improve cultural responsiveness and access to kaupapa Māori and Pacific services
- More choice needed in service hours, models, delivery modes and settings
- Service handovers not well supported
- Increased cultural and multidisciplinary diversity in workforce needed

What we've heard to date – Service Delivery

- Programme is too one-size fits all and not proportionate enough to need
- Programme needs improved focus on relationships and being whānau-centred
- Need to improve cultural responsiveness and access to kaupapa Māori and Pacific services
- More choice needed in service hours, models, delivery modes and settings
- Service handovers not well supported
- Increased cultural and multidisciplinary diversity in workforce needed

What we've heard to date – Programme Enablers

- Funding & Contracting
 - pressure, complexity, funding formula needed
 - outputs vs outcomes, mixed models, short term rollovers
- Workforce
 - multidisciplinary, professional development sustainability
- Quality
 - no consumer or workforce measures, minimal monitoring
- Information and Monitoring
 - shared IT platform, better quality data
- Infrastructure
 - clinical governance, coordination, standardised guidelines and referral pathways

What are your thoughts?

Current state

- What is or isn't working in the current programme?

Future state

- What could the future programme look like?

Solutions

- What is needed or needs to change to get from the current to future programme?

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Kia ora rawa atu

Many thanks