## COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING (CPHAC)
### Wednesday, 4 July 2018

**Venue:** Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland  
**Time:** 9.00am

### Committee Members
- Colleen Brown – Committee Chair  
- Dr Ashraf Choudhary – CMDHB Board Member  
- George Ngatai – CMDHB Board Member  
- Dianne Glenn – CMDHB Board Member  
- Katrina Bungard – CMDHB Board Member  
- Apulu Reece Autagavaia – CMDHB Board Member  
- John Wong – Community Representative

### CMDHB Management
- Dr Gloria Johnson – Acting Chief Executive  
- Benedict Hefford – Director Primary Community & Integrated Care  
- Margie Apa – Director Population Health & Strategy  
- Jenny Parr – Director of Patient Care, Chief Nurse & Allied Health Professions Officer  
- Dr Campbell Brebner – Chief Medical Advisor, Primary Care  
- Vicky Tafau - Secretariat

## AGENDA

### PART I – Items to be considered in public meeting

<table>
<thead>
<tr>
<th>Time</th>
<th>Section</th>
<th>Page No.</th>
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<tbody>
<tr>
<td>9.00am</td>
<td>1. COMMITTEE ONLY SESSION</td>
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<tr>
<td>9.30am</td>
<td>2. AGENDA ORDER AND TIMING</td>
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<td>9.30am</td>
<td>3. GOVERNANCE</td>
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<td>9.30am</td>
<td>3.1 Apologies</td>
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<td>9.30am</td>
<td>3.2 Register of Interests</td>
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<tr>
<td>9.30am</td>
<td>3.2.1 Does any member have an interest they have not previously disclosed?</td>
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<td>9.30am</td>
<td>3.2.2 Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?</td>
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<td>9.40am</td>
<td>3.3 Confirmation of Public Minutes of the Community and Public Health Advisory Committee Meeting – 23 May 2018</td>
<td>006</td>
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<td>9.45am</td>
<td>3.4 Action Items Register</td>
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<td>9.45am</td>
<td>3.4.1 Response to Action Item re Youth One Stop Shop Evaluation</td>
<td>015</td>
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<td></td>
<td>3.4.1.1 Ministry of Health’s Youth One Stop Shop Evaluation</td>
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<td><strong>Morning Tea (10.00am – 10.05am)</strong></td>
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<td>10.05am</td>
<td>4. BRIEFING PAPERS</td>
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<td>10.05am</td>
<td>4.1 Child Health Policy Considerations (Carmel Ellis, Dr Philippa Anderson)</td>
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<td>10.05am</td>
<td>4.1.1 Letter to Dr Pat Tuohy from Debbie Holdsworth &amp; Benedict Hefford</td>
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<td>10.05am</td>
<td>4.1.2 Response from Dr Pat Tuohy</td>
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<td>4.1.3 Major Review of Health System Launched (Media Release)</td>
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<td>10.05am</td>
<td>4.1.3.1 Draft Terms of Reference – Health &amp; Disability Review</td>
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<td>11.00am</td>
<td>4.2 After Hours Urgent Care Update (Kathryn de Luc)</td>
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<td>11.00am</td>
<td>4.2.1 Access to subsidised after hours care doubled for Counties Manukau (Media Release)</td>
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<td>11.30am</td>
<td>5. PRESENTATION</td>
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<td>11.30am</td>
<td>5.1 Mangere/Otara Community Health Hubs Presentation (to be tabled) (Alan Greenslade)</td>
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<td><strong>6. RESOLUTION TO EXCLUDE THE PUBLIC</strong></td>
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**Next Meeting:** Wednesday, 15 August 2018
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<tr>
<th>Name</th>
<th>Jan</th>
<th>21 Feb</th>
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<td>Colleen Brown (Chair)</td>
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<td>Ashraf Choudhary (Deputy Chair)</td>
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<td>Dianne Glenn</td>
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<td>George Ngatai</td>
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<td>Katrina Bungard</td>
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<td>Rabin Rabindran (Board Chair)</td>
<td>Apologies</td>
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<td>Apulu Reece Autagavaia</td>
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<td>John Wong - External Appointee (appointed 13/9/17)</td>
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## CPHAC MEMBERS
### DISCLOSURE OF INTERESTS
#### 4 July 2018

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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<tbody>
<tr>
<td><strong>Colleen Brown</strong></td>
<td>• Chair, Disability Connect (Auckland Metropolitan Area)</td>
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<tr>
<td>(CPHAC Chair)</td>
<td>• Chair, Rawiri Residents Association</td>
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<td>• Member, Advisory Committee for Disability Programme Manukau Institute of Technology</td>
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<td>• Member, NZ Down Syndrome Association</td>
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<td>• Husband, Determination Referee for Department of Building and Housing</td>
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<td>• Director, Charlie Starling Production Ltd</td>
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<td>• Member, Auckland Council Disability Advisory Panel</td>
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<td>• Member, NZ Disability Strategy Reference Group</td>
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<td>• District Representative, Neighbourhood Support NZ</td>
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<td><strong>Dr Ashraf Choudhary</strong></td>
<td>• Board Member, Otara-Papatoetoe Local Board</td>
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<td>(CPHAC Deputy Chair)</td>
<td>• Member, NZ Labour Party</td>
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<td>• Chairperson, Advisory Board Pearl of Island Foundation</td>
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<td>• Co-Patron, Bharatiya Samaj Charitable Trust</td>
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<td><strong>Dianne Glenn</strong></td>
<td>• Member, NZ Institute of Directors</td>
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<td>• Life Member, Business and Professional Women NZ</td>
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<td>• Life Member, Business and Professional Women Franklin</td>
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<td>• Member, UN Women Aotearoa/NZ</td>
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<td>• President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust</td>
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<td>• Life Member, Ambury Park Centre for Riding Therapy Inc.</td>
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<td>• Member, National Council of Women of New Zealand</td>
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<td>• Justice of the Peace</td>
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<td>• Member, Pacific Women’s Watch (NZ)</td>
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<td>• Member, Auckland Disabled Women’s Group</td>
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<td><strong>George Ngatai</strong></td>
<td>• Director, Transitioning Out Aotearoa</td>
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<td>• Director, The Whanau Ora Community Clinic</td>
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<td>• Chair, Safer Aotearoa Family Violence Prevention Network</td>
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<td>• Huakina Development Trust (Partnership Clinic)</td>
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<td>• Community Organisation Grants Scheme (Auckland)</td>
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<td>• Lotteries Community (Auckland)</td>
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<td>• Board Member, Counties Manukau Rugby League Zone</td>
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<td>• Member, NZ Maori Council</td>
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<tr>
<td>Name</td>
<td>Positions and Memberships</td>
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<tr>
<td>Katrina Bungard</td>
<td>Chairperson MECOSS – Manukau East Council of Social Services.</td>
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<td>Deputy Chair Howick Local Board</td>
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<td>Member of Amputee Society</td>
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<td>Member of Parafed Disability Sports</td>
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<td>Member of NZ National Party</td>
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<td>Apulu Reece Autagavaia</td>
<td>Member, Pacific Lawyers’ Association</td>
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<td>Member, Labour Party</td>
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<td>Trustee, Epiphany Pacific Trust</td>
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<td>Trustee, The Good The Bad Trust</td>
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<td>Member, Otara-Papatoetoe Local Board</td>
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<td>Member, District Licensing Committee of Auckland Council</td>
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<td>Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation</td>
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<td>John Wong</td>
<td>Board member, Asian Family Services (a subsidiary of Problem Gambling Foundation of NZ)</td>
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<td>Chair and Trustee, Chinese Positive Ageing Charitable Trust</td>
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<td>Founding member and council member, Asian Network Incorporation (TANI).</td>
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<td>Board member, Auckland District Police Asian Advisory Board</td>
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<td>Board member, Older People Advisory Group of the Accident Compensation Corporation.</td>
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<td>Board member, Chinese Mental Health Consultation Service Trust</td>
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<td>Member, AUT Centre for Active Ageing Advisory Group.</td>
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<tr>
<td>Director having interest</td>
<td>Interest in</td>
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<tr>
<td>Ms Margie Apa</td>
<td>Item 3.1 on the CPHAC agenda – Aged Related Residential Care Overview</td>
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<tr>
<td>Mr Reece Autagavaia</td>
<td>Item 4.1 on the CPHAC agenda – New Government’s health Policies &amp; Priorities</td>
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Minutes of Counties Manukau District Health Board
Community and Public Health Advisory Committee

Held on Wednesday, 23 May 2018 at 9.00am – 12.00pm
Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

PART II – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Chair)
Dr Ashraf Choudary
Dianne Glenn
George Ngatai
John Wong

ALSO PRESENT

Dr Gloria Johnson (acting Chief Executive)
Benedict Hefford (Director Primary, Community and Integrated Care)
Jenny Parr (Director of Patient Care, Chief Nurse & Allied Health Professions Officer)
Margie Apa (Director, Population Health & Strategy and Acting GM, Maaori Health)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present at this meeting.

APOLOGIES

Apologies were received and accepted from Katrina Bungard and Apulu Reece Autagavaia, George Ngatai for lateness and Jenny Parr for an early departure.

NOTE

This meeting commenced with a Tour of Community Central and then moved directly into Public Excluded at 9.30am. Please see Public Excluded minutes.
RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved: Colleen Brownn/Seconded: Ashraf Choudhary)

That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Mental Health &amp; Addictions Update</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&amp;D Act 2000 Schedule 3, S32(a)]</td>
<td>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]</td>
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Carried

RESOLUTION TO INCLUDE THE PUBLIC

Resolution (Moved: Colleen Brownn/Seconded: Ashraf Choudhary)

Carried

WELCOME

The Chair welcomed all those present to the meeting.

DISCLOSURE OF INTEREST/SPECIFIC INTERESTS

The Disclosures of Interest amendments were noted. Ms Tafau to amend items for Ms Glenn.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 11 April 2018.

Resolution (Moved: Dianne Glenn /Seconded: Dr Ashraf Choudhary)

That the minutes of the Community and Public Health Advisory Committee meeting held on 11 April 2018 be approved.

Carried
2.2 Action Items Register/Response to Action Items

Noted.
Mr Hefford to send Pat Tuhoy letter to Ms Tafau for dissemination to CPHAC
CPHAC would like a further B4 School Update (regional concern) Ministry of Health so we can
have a discussion around concerns. Mr Hefford is to ask for a more substantive response
from the Ministry of Health.

3. BRIEFING PAPERS

3.1 Auckland Regional Public Health Service Briefing (William Rainger/Jane McEntee)

The report was taken as read:

Points to note included:
- Mumps – ARPHS has been managing a mumps outbreak in the Auckland region since
  January 2017. The community spread of mumps is established both in the Auckland region
  and other parts of New Zealand. As at 27 April 2018, 1253 confirmed and probable
  mumps cases have been notified to ARPHS. However, volumes are decreasing
- From 1 August 2017 to 27 April 2018, 206 confirmed and probable dengue cases have
  been notified to ARPHS. The majority of cases (91%) reported recent travel to the Pacific
  Islands, particularly Samoa (124), Tonga (40), Fiji (21) and French Polynesia (2). 146 cases
  (71%) have been hospitalised, mostly for severe dengue (fever or bleeding disorders), and
  the ethnic groups commonly affected identified as Samoan (n=121) and Tongan (n=36).
- ARPHS opposed a new application for an off-licence (bottle shop) in Takanini on the
  grounds of outlet density. Approval of the application would have meant there were four
  off-licences within a 1km radius. Takanini, which has high socioeconomic deprivation and
  Māori population, already experiences high levels of alcohol-related harm compared to
  other areas. The new store would have exacerbated this further. After communicating its
  concerns to the District Licencing Committee, ARPHS was commended by the community,
  particularly the Māori Wardens, for being the first agency (to their knowledge) to give the
  Māori community a direct voice. ARPHS’s opposition to this application was in line with its
  newly developed regulatory protocol, which provides an evidence based framework of
  public health concern priorities.
- WAI Auckland: The three Auckland DHBs have committed funding of $150,000 per annum
  over three years to a tap water project, titled “Wai Auckland”. The DHBs have requested
  ARPHS to redevelop the Wai Auckland business case to reflect the reduced level of funding
  ($250,000 p.a. from each DHB had been requested).
- ARPHS has been informed an aerial 1080 operation will be undertaken by Auckland
  Council in the Hunua Ranges this winter. ARPHS recently met with Council about this
  year's operation, which follows the first aerial 1080 operation in the Hunua Ranges in
  winter 2015. The 2015 operation was the first aerial 1080 operation in Auckland in a
  decade, and Council correctly anticipated that pest numbers (rats, possums, stoats) would
  need to be addressed on a 3-5 yearly basis with repeating operations.
- Undercover operations in Mangere were disappointing with three retails outlets selling to
  underage people.
- Provisional Local Alcohol Policy appeals: ARPHS will be required to review submissions
  from the various parties, prepare evidence and/or legal submissions and attend hearings
  in order to continue to support Auckland Council to arrive at a reasonable and effective
  LAP that contributes to reduced alcohol related harm within the Auckland region.
- Flu vaccination: watching flu trends but the usual spike hasn’t yet appeared, warmer
  weather is helping with that.

Mr George Ngatai arrived at 10.55am
Auckland being a major entry into the country sees more unlikely diseases than around the rest of the country. ARPHS works with mult-agencies with airport and marine ports. CM Health are involved with Auckland Airport in particular.

In relation to dengue, these are introduced cases, but we don’t want the vector to take hold. This is a downside of the unseasonably warm weather. Disease vectors (mosquitos) won’t flourish in our current temps, but with climate temps increasing generally, an eye is kept on this. Resourcing in this area is key.

Resolution
The Community & Public Health Advisory Committee:

Received this update from Auckland Regional Public Health Service on key pieces of work that are underway and/or completed since our last update and asked ARPHS to return in 6 months time.

Moved: Dr Ashraf Choudhary /Seconded: Dianne Glenn
Passed: Unanimously

3.2 System Level Measures Framework (Kate Dowson)

The report was taken as read.

Key areas of note are:

- Although CMH has not yet achieved our ASH 0-4 milestone, our rates have improved over time. This is of note given that ASH is a very challenging measure to influence as it is closely related to socio-economic deprivation. Related to this, the number of hospitalisations for skin infections has dropped and this is most noticeable in Pacific children.

- We have made significant progress towards achieving the Māori Acute Hospital Bed Days milestone and are 8 ‘bed days’ per 1000 off our target.

- The Patient Experience of Care milestone for Primary Health Care Patient Experience Survey has been met.

- We are very close to achieving the in-patient experience survey target (achieving a score of 8.4 where the goal is 8.5) for this quarter and likely will achieve it by the end of the year.

- Counties Manukau Health has already achieved the Amenable Mortality target for this year. As part of this measure, we have the highest Cardiovascular Risk Assessment rate in metro Auckland.

- We are still working with the Ministry of Health to get accurate data for the Youth and Babies in Smokefree Households SLMs. We anticipate this will provided by the end of quarter four, which will enable us to move forward with planning for the next year.

As we near the end of the 2017/18 year, we have begun planning for next year’s plan. This has included a number of consultation meetings with consumers (e.g. CMH Consumer Council) including mana whenua and Pacific peoples. Next year’s plan is likely to include a smaller number of activities which are focussed on improving equity (in line with CM Health’s strategic goals) and making meaningful change across the region.

Resolution
The Community & Public Health Advisory Committee:

Noted the quarterly reporting on the 2017/18 Metro Auckland System Level Measures Improvement Plan.
Moved: Dr Ashraf Choudhary/Seconded: Dianne Glenn
Passed: Unanimously

4. PRESENTATION

4.1 Kootuitui ki Papakura Overview (Julia Burgess Shaw)

Ms Burgess Shaw introduced Mr Lee Orten and other attendees from the Kootuitui strands.

Kootuitui ki Papakura supports the wellbeing and positive lifelong outcomes of children and young people in Papakura. The Trust delivers an integrated programme of activities focused on health, homes and education. This includes the delivery of:

- The Manaiakalani Outreach Programme based on 1:1 digital immersion in schools;
- Comprehensive school-based health services; and
- Work with volunteer whaanau to support whaanau-led programmes such as warm, dry homes, money skills and chromebook literacy.

The overall aim of the programme is to support the wellbeing of children in Papakura and their ability to reach their potential. Five primary schools and one high school are participating in the programme; Edmund Hillary School, Red Hill Primary, Kereru Park Campus, Park Estate School, Papakura Central School and Papakura High School.

The Papakura Kootuitui Trust was established in 2015 to support the community of Papakura and to oversee delivery of the three strands of the programme. “Kootuitui” means interweaving and connecting together.

The Trust is associated with the following key delivery partners:

- Middlemore Foundation for Health Innovation;
- Counties Manukau Health;
- Manaiakalani Education Trust;
- National Hauora Coalition;
- Papakura Marae;

The Trust is in service to the kaupapa of the schools and is guided by Te Tiriti o Waitangi and the principles of participation, partnership and protection.

Education Strand Outcomes

- Learners in Kootuitui start school at 5 years old well below the national norm, but by 6 years old they have caught up to the norm for Letter Identification and Concepts about Print and are very close to the norm for Word Reading but below the norm for Writing Vocabulary.
- While still achieving below the national norm, Kootuitui learners on average have made accelerated progress in Writing.

Health Strand Outcomes

- The most significant improvement in health outcomes has been improved access to sexual health services (particularly contraception) and a subsequent reduction in teenage pregnancies (from 23 in 2012 to 2 in 2017).
- An increase of ~ 42% in the number of young people and whanau accessing the nursing service;
- An increase of ~ 54% in the number of young people and whanau accessing the GP service;
- Delivery of educational sessions around sexual health, healthy lifestyles, hygiene, oral health and how to access health services when young people leave school;
Within the primary school programme, here’s an example of the outputs achieved:
100% of children who had a GAS positive throat swab received antibiotic treatment. 80% of children who received treatment reported good adherence on completion.
In Term 1 2018, a total of 245 skin assessments were completed. The three most prevalent skin conditions children presented with were injury, impetigo and eczema.

Homes Strand Outcomes
A co-design methodology is being used to implement a whaanau-led approach and the Warm, Dry Healthy Homes prototype was developed.
Whaanau engagement and participation, eg engagement with 12 whaanau represented 51 school-age children, with 32 of these in 1:1 digital classes.
Whaanau facilitating workshops for other whaanau in use of chromebooks, accessing children’s learning, Money Skills courses and Warm, Dry, Healthy Homes.

Future direction of the programme
Going forward, the Kootuitui ki Papakura seeks ongoing, sustainable funding. The Trust intends to focus on:
- Further design and implementation of the Homes strand;
- Continuing to build local networks;
- Increasing the number of schools participating in the programme;
- Broadening the scope of the programme, e.g., moving into employment and sport and recreation opportunities.

Implications for Counties Manukau Health
Counties Manukau Health currently funds a portion of the health services in the primary schools and the high school. Without further additional funding, these services will not be able to continue in their current form from 1 July 2018.

CPHAC thanked Mr Orten and the other attendees from the various Kootuitui strands for their continued efforts in the Papakura Community advising that this programme is transformational and inspirational. CPHAC wished Kootuitui ki Papakura well for their current funding applications.

Resolution
The Community & Public Health Advisory Committee:

Noted that the Kootuitui ki Papakura programme comprises three strands; education, health and housing.

Noted that Kootuitui ki Papakura is in the final stages of the pilot, in conjunction with the Middlemore Foundation for Health Innovation, and is developing its own funding streams to continue into 2019 and beyond.

Moved: Dr Ashraf Choudhary/Seconded: Dianne Glenn
Passed: Unanimously
The meeting concluded at midday.


Colleen Brown
Committee Chair
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

### Community & Public Health Advisory Committee Meeting – Action Items/Resolution Register – 4 July 2018

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
</tr>
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<tbody>
<tr>
<td><strong>Standing Items</strong></td>
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<tr>
<td>19.8.15</td>
<td>19.8.15</td>
<td>Locality Updates: Otara/Mangere Franklin Eastern</td>
<td></td>
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<td>Item 5.1 on 4 July</td>
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<td></td>
<td>4 July</td>
<td>Kathryn de Luc</td>
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<td></td>
<td>26 September</td>
<td>Kathryn de Luc</td>
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<td></td>
<td>5 December</td>
<td>Penny Magud</td>
<td></td>
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<tr>
<td>14.6.17</td>
<td>ARPHS – six-monthly update.</td>
<td></td>
<td>5 December</td>
<td>Benedict Hefford</td>
<td></td>
</tr>
<tr>
<td>29.11.2017</td>
<td>Population Health Plans (Asian, Pacific &amp; Maaori) – <strong>quarterly update</strong> including a local picture as well as national data on the Healthy Mums &amp; Babies target.</td>
<td>15 August</td>
<td>Margie Apa</td>
<td></td>
<td></td>
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<tr>
<td>29.11.2017</td>
<td>17/18 Metro Auckland SLM Improvement Plan – quarterly report.</td>
<td>26 September</td>
<td>Benedict Hefford</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.11.2017</td>
<td>3.1</td>
<td>Every 5 Counts – Project team to present an update on this project.</td>
<td>26 September</td>
<td>Sarah Sharpe</td>
<td></td>
</tr>
<tr>
<td>29.11.2017</td>
<td>4.1</td>
<td>School Based Health Services Invite the Papakura Initiative to present on the Papakura Kootuitui Initiative Undertake an investigation into a model for a ‘one-stop’ shop in Mangere/Otara and report back.</td>
<td>23 May</td>
<td>Benedict Hefford/Carmel Ellis</td>
<td>Item 6.1 on 23 May</td>
</tr>
<tr>
<td></td>
<td>4 July</td>
<td>Benedict Hefford</td>
<td>4 July</td>
<td>Benedict Hefford</td>
<td>Item 3.4.1 on 4 July</td>
</tr>
<tr>
<td>6.9.2017</td>
<td>3.1</td>
<td>Owning my Gout – the project team were asked to return in 6 months’ time to update the Committee on their progress, particularly how they have got on</td>
<td>15 August</td>
<td>Trevor Lloyd/Benedict Hefford</td>
<td></td>
</tr>
</tbody>
</table>
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
<th>COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.2.2018</td>
<td>3.1</td>
<td>Green Prescriptions in Counties Manukau - The CPHAC committee would like Ms van Paauwe to return in the latter half of year to provide an update on progress.</td>
<td>7 November</td>
<td>Carmel Ellis</td>
<td></td>
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<tr>
<td>21.2.2018</td>
<td>21.2.2018</td>
<td>Mental Health - CPHAC has asked Ms Tess Ahern (General Manager, Mental Health) to look at how we can provide Mental Health &amp; Addiction services to the homeless.</td>
<td>23 May</td>
<td>Tess Ahern</td>
<td>Item 3.1 on 23 May (Public Excluded agenda)</td>
<td>✓</td>
</tr>
<tr>
<td>11.4.2018</td>
<td>4.1</td>
<td>Primary &amp; Community Nursing - Mr Hefford to advise Ms Donna Baker (Communications Manager) that CPHAC are looking for some good news stories. Ms Jenny Parr and Ms Karyn Sangster to please email nurses on behalf of CPHAC expressing their thanks and appreciation. CPHAC to visit Community Central to view their base of operations. Commence meeting on 23 May 2018 at Community Central for a half hour look at their operations.</td>
<td>23 May</td>
<td>Benedict Hefford</td>
<td>Jenny Parr/ Karen Sangster</td>
<td>✓</td>
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<tr>
<td>11.4.2018</td>
<td>4.2</td>
<td>Letter sent to Chief Health Advisory, MoH. Mr Hefford to send letter to Ms Brown for her information.</td>
<td>4 July</td>
<td>Benedict Hefford</td>
<td>Item 4.1.1 on 4 July</td>
<td>✓</td>
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<tr>
<td>23.5.2018</td>
<td>2.2</td>
<td>CPHAC would like a further B4 School Update (regional concern) Ministry of Health so we can have a discussion around concerns. Mr Hefford is to ask for a more substantive response from the Ministry of Health.</td>
<td>15 August</td>
<td>Benedict Hefford</td>
<td>Dr Pat Tuohey has tentatively accepted an invite to attend the August CPHAC meeting. He unfortunately had to cancel his attendance at the July meeting.</td>
<td>✓</td>
</tr>
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</table>
Counties Manukau District Health Board
Community & Public Health Advisory Committee
Response to Action Item

Recommendation

It is recommended that the Community & Public Health Advisory Committee:

Note a response to the request to undertake an investigation into a model for a ‘one-stop’ shop in Mangere/Otara and report back.

Prepared and submitted by: Julia Burgess Shaw, Service Development Manager, Youth Health on behalf of Benedict Hefford, Director of Primary, Community & Integrated Care

Purpose

This paper provides a response to the request to undertake an investigation into a model for a ‘one-stop’ shop in Mangere/Otara and report back.

Response

The current focus for youth health services is in the school domain, with the Labour Government’s election manifesto committing to $40m per annum to provide School Based Health Services (SBHS) in all public secondary schools. The coalition agreement with NZ First also included providing free health checks for all Year 9 students, something that is currently offered to Year 9 students in Deciles 1-4 secondary schools in Counties Manukau DHB catchment.

The Youth 2012 survey (a health and wellbeing surveys of New Zealand secondary school students) has shown that SBHS has contributed to improvements in youth health and wellbeing over time, including substance use (cigarette use, marijuana use and binge drinking), risky driving behaviours (going without a seat belt, drink driving and being driven dangerously) and violence (being hit or harmed by someone on purpose). SBHS also offer good value for money.

In contrast, there is little literature that evaluates youth specific health services that are not school based (i.e., community-based youth health services such as Youth One Stop Shops (YOSS)). The Ministry of Health report conducted on YOSS in 2009 also identified the paucity of robust evidence surrounding ‘one stop shop’ approaches and the difficulty in assessing their effectiveness and in comparing different YOSS across the country. Anecdotally, it is noted that YOSS are comparatively expensive to run compared to SBHS and often lack a sustainable funding source. A successful YOSS also requires significant buy in and engagement from young people in its set up and delivery and without this will not be successful. A previous attempt to trial a YOSS in Counties Manakau some years ago was not successful for some of the reasons outlined above.

At the present time, it is not recommended that CMDHB commence an investigation into a one-stop-shop in Mangere-Otara. Any new investment in youth health should focus on the government’s 2018-19 budget priorities.

Attached for your information is the Ministry of Health’s Evaluation of Youth One Stop Shops.
Synopsis Report

Evaluation of Youth One Stop Shops
Version 1.1

New Zealand Ministry of Health

23rd November 2009
# Table of contents

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Recommendations ..............................................................................................12  
Commendations and Acknowledgements ...........................................................19  
Appendix 1 – Features of a ‘Model’ for Youth One Stop Shops .......................20
Introduction

Purpose

The purpose of this report is to provide the Ministry of Health with a summary of the results of an evaluation of twelve community based youth health services, collectively referred to in this report as the Youth One Stop Shops. A full report on this evaluation is also available.

Report content

This report outlines the current place of Youth One Stop Shops in the health sector and provides an overview of how they provide health services for New Zealand youth aged between 10 and 25 years. A brief description is given of the evaluation context and approach along with a summary of the key findings and a number of recommendations.

Context of the evaluation

Adolescence brings with it an opportunity for the successful development of children into healthy and fully contributing adult members of our community. However it is also a time of vulnerability, change and experimentation where teenagers make many important life choices which have long term consequences. While youth are commonly believed to be healthy, it is recognised that in order to provide the best opportunities for development and optimise healthy choices, it is important to provide for the specific health and social needs that adolescence brings.1

New Zealand youth have higher rates of mental illness, suicide, teen pregnancy, abortion and suffer more injuries than their counterparts in other OECD (Organisation for Economic Co-operation and Development) countries.2 This knowledge focuses the need to address the factors that contribute to poor youth health. One such factor is a lack of access to care that is both appropriate and acceptable to youth. A challenge for the health sector is to configure services to respect the needs of youth, to address their concerns about privacy and confidentiality, to provide youth specific healthcare and to promote healthy development choices.3 4

A number of community youth health organisations have been established in New Zealand over the past 15 years. These have been set up by passionate and motivated health workers in response to a need for healthcare specifically targeted at New Zealand youth.

The population serviced by Youth One Stop Shops is aged predominantly between 10 and 25 years. This demographic traditionally seeks less mainstream care and youth often fall through gaps between child and adult services. Youth specific services have evolved in response to local demand as well as to opportunities for growth, supported by relationships with funders and other providers. As such each service has developed independently in its own setting. However as a group they are united by a common goal which is to promote access to healthcare and social services for youth.

Continued on next page

Introduction, Continued

There are now at least fourteen such “Youth One Stop Shops” across the country which provide a range of accessible, youth-friendly health, social and other services in a holistic ‘wraparound’ manner at little or no cost to young people. While other Youth One Stop Shop-type services were not part of this evaluation, it is recognised that such organisations have and continue to contribute significantly to the youth development sector.

The Ministry of Health contracted Communio to evaluate twelve Youth One Stop Shops “to gather baseline information and to provide an informed assessment of their health-related activities”. The Youth One Stop Shops selected by the Ministry on the basis of their health-specific focus were:

- Whai Marama Youth Connex, Hamilton
- Rotovegas, Rotorua
- Café for Youth Health, Taupo
- Directions, Hastings
- Waves, New Plymouth
- Youth Services Trust (YST), Wanganui
- YOSS, Palmerston North
- Kapiti Youth Support (KYS), Paraparaumu
- Vibe, Hutt
- Evolve, Wellington
- 198 Youth Health, Christchurch
- Number 10, Invercargill.

Each District Health Board is required to have a youth health plan as part of their responsibilities for the health of their catchment population. The Youth One Stop Shops all receive significant proportions of their funding directly from the District Health Boards or through Primary Health Organisations that are themselves funded by the DHBs. Additional funding is provided through a multitude of other sources, ranging from private donors and city councils to the Ministries of Social and Youth Development. The exact configuration of these funding streams, and the certainty and continuity of each stream, is different for each individual Youth One Stop Shop.

It is in this dynamic and uncertain setting that the Youth One Stop Shops successfully provide a range of specialised, integrated health and social care services for the youth of New Zealand.

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7 Request for Proposals (RFP) Evaluation of Youth One Stop Shops, Ministry of Health December 2008
Introduction, Continued

The evaluation used a triangulated approach that comprised a literature review, four electronic surveys, an extensive document review, a series of face to face meetings and several focus groups.

Three main surveys were administered to Youth One Stop Shop managers, clients and stakeholders respectively. Site visits were undertaken and included meetings with managers, staff and stakeholders and focus groups with clients. Youth One Stop Shops identified, contacted, and in many cases arranged meetings and focus groups with stakeholders and clients on behalf of the evaluation team. Additional stakeholders were identified during the course of the evaluation. Selected stakeholders were interviewed by telephone if a face to face interview was not possible. Youth One Stop Shop staff, key stakeholders and youth representatives attended two verification workshops which were facilitated to verify the interim findings and to develop recommendation themes. Finally, a brief verification survey was sent to the service managers to clarify a number of key points consistently. All evaluation data were collected between May and July 2009.

Table 1 below identifies the total number of participants in the evaluation.

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
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<tbody>
<tr>
<td>Managers survey</td>
<td>12</td>
</tr>
<tr>
<td>Client survey</td>
<td>252</td>
</tr>
<tr>
<td>Stakeholder survey</td>
<td>106</td>
</tr>
<tr>
<td>Meetings with managers and staff</td>
<td>Approx. 50 people</td>
</tr>
<tr>
<td>Focus groups with clients</td>
<td>63 people</td>
</tr>
<tr>
<td>Meetings/focus groups with stakeholders</td>
<td>Approx. 60 people</td>
</tr>
<tr>
<td>Verification workshops</td>
<td>26 people</td>
</tr>
</tbody>
</table>

Table 1: Number of evaluation participants by group
Summary of findings

The findings of the evaluation are arranged and summarised in eleven key topic areas. These topic areas are used throughout the evaluation report:

1. The range of services provided
2. The client group
3. Rangatahi Maori
4. Giving effect to the key strategy documents
5. Links between Youth One Stop Shops and other services
6. The place of Youth One Stop Shops alongside other providers
7. Effectiveness
   a. Effectiveness in improving access
   b. Effectiveness in improving health
   c. Effectiveness in transitioning clients
8. Governance and business models
9. Funding arrangements and sustainability
10. Staffing and capability
11. Health outcomes and research capacity

1. The range of services provided

- Youth One Stop Shops provide access to a range of services in youth-friendly settings, including health, social, education and/or employment services with the ability to refer to secondary or tertiary services as required.
- Some Youth One Stop Shops offer outreach, mobile and satellite services and/or evening clinics to increase access opportunities for young people.
- The most common health services provided include general health/primary care, sexual and reproductive health, family planning and mental health services.
- Six provided some form of secondary services on site, most commonly sexual and reproductive health, mental health and alcohol and other drug services.
- Secondary services are provided by directly employed staff or by external providers working on-site.
- Health and disability work accounts for more than 85% of their business.
- Services are available at little or no cost to clients, are centrally located and provide a safe and welcoming environment. In some cases, transportation to assist access is provided.
- Services wrap around the client to ensure their individual needs are addressed in a seamless and coordinated way.
- Consideration is given to the young person’s needs in the wider context of their family and community/whanau, hapu and iwi.
- Services are delivered in a manner that is non-judgmental, culturally appropriate and respectful to young people. This promotes trust and the perception of confidentiality and safety for youth. Services are holistic and strengths-based, focused on improving health and wellbeing and encourage long-term independence.
- Youth One Stop Shops are more likely to provide targeted or configured programmes for subsets of the community within which health inequalities are most significant.
- Programmes targeted or configured for rangatahi Maori were provided where Youth One Stop Shops perceived the need in their client populations.
- Some efforts are made to reach Pacific young people and recent migrants and refugees, particularly in areas with larger populations of these young people.
- Resources such as funding, staff and time impacted on their ability to provide targeted programmes.
- There are presently no formal standards for youth health services in New Zealand.
- The demand for services exceeds capacity, especially for counselling and other mental health services, including alcohol and other drug services.
- Approximately 137,000 occasions of service were provided in the previous year.

Continued on next page
2. The client group

- The age range for services was usually 10-25 years with the majority of clients accessing services aged between 15 and 24 years (more than half were aged between 15-19 years).
- Anecdotal evidence estimates 20-25% of service utilisation is by males.
- A range of ethnicities accessed the Youth One Stop Shops nationally. Information from managers suggests that 64% of clients are New Zealand European, 30% Maori and 3% Samoan. The remaining 3% self-identified as Tongan, Cook Island Maori, Niuean, Chinese, African and/or Middle Eastern.
- In some Youth One Stop Shops, a higher percentage of Maori clients access services than are represented by proportion in the local population.
- Almost 14% (28 of 252) clients surveyed said they access health services solely from Youth One Stop Shops. These clients commonly had higher health and/or social service needs.
- The level of knowledge of PHO enrolment of registered clients was limited amongst both clients and managers.
- The top reasons young people use Youth One Stop Shops relate to cost, service flexibility and confidentiality, convenient location and perceptions of non-judgmental, welcoming and safe staff who know about youth related issues.
- Advantages of the service delivery model as described by young people included having access to range of different services in one place and reduced stigma due to non-specific signage (e.g. mental health services).
- Young people are known to ‘snack’ or ‘graze’ on services according to their present situation and needs and are less likely to follow up on referrals made between services. Youth workers provide active support to link young people into the services they require and to facilitate proactive and progressive independent service utilisation.

3. Rangatahi Maori

- The most common health services accessed by Maori clients who responded to the survey were sexual and reproductive health, followed by general health/primary care and counselling.
- Most Maori clients surveyed considered the Youth One Stop Shops to be effective at providing access to the health services they need and improving their health and wellbeing.
- Most have links of some description with iwi-based or Maori organisations; particularly in areas highly populated by Maori, and demonstrated commitment to the principles of Te Tiriti o Waitangi, for example, through increased Maori involvement in service management, delivery, planning and governance.
- Interventions specifically targeted or configured for rangatahi Maori were provided by some, but not all, Youth One Stop Shops.

4. Giving effect to the key strategy documents

- All services demonstrated an awareness of the key strategy documents.
- The strategy documents given most effect across all Youth One Stop Shops were the *Youth Health: A Guide to Action* and the *Youth Development Strategy Aotearoa*.
- The extent to which the Youth One Stop Shops gave effect to the *Primary Health Care Strategy* and *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan* was relative to the specific interventions each service provided.

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5. Links between Youth One Stop Shops and other services

- All Youth One Stop Shops have established formal and informal links with many other organisations inside and outside the health and disability sector.
- These include PHOs, DHBs, Maori health providers, child and adolescent mental health services, women’s health centres, sexual health clinics, family health centres, dental health services, various Ministries, Child Youth and Family, the NZ Police, local city councils, schools and groups such as the Alcohol Advisory Council, New Zealand Aotearoa Adolescent Health and Development, Family Planning and the YMCA, to name a few.
- The Youth One Stop Shops that participated in this review identified links with many different organisations. Of the 94 that participated in the evaluation, 25% were funders, 20% received referrals from Youth One Stop Shops, 45% made referrals to them, 10% provided services through the One Stop Shops and 2% provided staffing.
- Each of these links required a different relationship and varying combinations of formal and informal information exchange.
- Other types of links included sharing accommodation or co-location of services; collaboration on youth health or youth development community projects and events and in the development of resources; providing training to, or receiving it from Youth One Stop Shops; seeking advice from Youth One Stop Shop staff as clinical experts in the field; and acting as community advocates for youth.
- Overall, relationships with stakeholders were positive and functional.

6. The place of Youth One Stop Shops alongside other providers

- The evaluation identified a number of gaps and overlaps in service provision.
- Overlaps with services offered by other providers included general practitioner services, sexual health and family planning services as well as some mental health and counselling services.
- While there are some service overlaps, the ability for youth to exercise choice is a key factor in accessing a range of services which amount to a comprehensive care package.
- It was identified that youth could access all services using a number of other providers other than the Youth One Stop Shop. However, these services are either:
  - insufficient to meet demand or
  - geographically separated requiring transport between them or
  - they were not youth focused and therefore were not being accessed by youth.
- Gaps in services exist for youth-specific primary mental health services because providers outside the One Stop Shops are funded to have a greater focus on secondary mental health.
- Other gaps include timely access to counselling services (both alcohol and other drug, and for clients with special needs), access to emergency and short term accommodation, youth transition services, maternity/teen pregnancy support and culturally appropriate services, particularly for refugee and migrant groups.
- The way in which Youth One Stop Shops provide services is unique and highly valued by other providers in the sector. While the Youth One Stop Shops do not provide any services that are not available elsewhere, the integrated and youth-specific model of care increases access by youth, particularly those who have higher need.

Continued on next page
Summary of findings, Continued

7a. Effectiveness in improving access

- The effectiveness of Youth One Stop Shops in improving access was not able to be quantified. No pre and post Youth One Stop Shop implementation figures were available.
- All Youth One Stop Shops work to reduce access barriers that young people experience.
- Access enhancement strategies include:
  - Youth friendly opening hours to accommodate study and work commitments.
  - Service facilities being located centrally and close to public transport and other areas of interest to youth.
  - Outreach or mobile services and Youth One Stop Shop vehicles that allowed services to engage with youth in other settings away from the main facility.
  - Culturally appropriate service provision and staff development in cultural competency.
  - Youth friendly settings where facilities were designed to be attractive to youth (e.g. provision of couches, pool tables and music).
  - A range of services is provided with the ability to refer to secondary or tertiary services as required.
  - Individual needs of young people being identified and services being ‘wrapped around’ or integrated in a seamless and coordinated way.
  - Youth workers provide active support to link young people in to the services they require.
  - Services being available at little or no cost to the client.
  - Some services being able to offer recreational and other facilities, such as computers with internet access or an indoor skate ramp.
  - Services offer a variety of innovative programmes and workshops related to art, music, dance, personal health, esteem building and sexual diversity which attract a diverse range of young people into the service and enable them to be linked into other services they may require.
  - A strong emphasis on privacy and confidentiality for clients so that trust in the service is established.
  - Automated text reminders for appointments.
  - Youth friendly staff who are skilled in interactions with their clientele and receptive to their needs. This includes having Youth Peer Support Workers who add to the welcoming environment and Youth Workers, who facilitate access to the wide range of services available.
  - Involvement of youth in service evaluation and decision making processes in order to increase youth participation and development as an inherent component of the service.
  - Young people being supported when transitioning to other / adult services.

7b. Effectiveness in improving health

- Comprehensive, longitudinal health status measurement is complex and not routinely undertaken by any of the Youth One Stop Shops.
- Health measures are debated by the sector and there is no consensus on the best method for evaluating effectiveness.
- Measures of determinants of health are often used as proxy measure to reflect health status.
- Despite this lack of available evidence managers are strongly of the belief that their services are effective in improving the health and wellbeing of their clients. 89% of stakeholders surveyed and 94% of clients surveyed agreed.

Continued on next page
Summary of findings, Continued

7c. Effectiveness in transitioning clients

- Most One Stop Shops are able to transition clients to mainstream services well.
- This is achieved through a combination of the following:
  - Early electronic flagging of clients as they turn 24 years to prompt transition planning. Sometimes clients who had not accessed the service in a while were contacted regarding the need to move across to a standard GP primary care service.
  - Using network knowledge to guide choices for clients on appropriate services.
  - Facilitating contact between clients and new providers if support was needed.
  - Education of other providers about the types of services needed by clients leaving Youth One Stops Shops.
- Options for high needs youth are limited in mainstream services.
- Barriers to transitioning people from Youth One Stop Shops include:
  - An inability to access GP services (due to “closed GP registration books”).
  - Some GPs placing hurdles in the way of accepting clients from the Youth One Stop Shops as the perception was that they were “difficult patients”.

8. Governance and business models

- Seven Youth One Stop Shops listed themselves as charitable trusts, three were incorporated societies and two were listed as being both.
- All of the Youth One Stop Shops have a governance board or a board of trustees.
- The majority of the members of these boards are community members who volunteer their time; some provision was made for representation/input by youth and by Māori.
- All Youth One Stop Shops have a defined organisational structure which describes the different roles of the board and management.
- There is variation in understanding of roles and expectations of board members which can lead to blurring of the line between management and governance.
- All services recognise quality as an importance governance issue. Four Youth One Stop Shops have voluntarily undertaken external quality assurance audits.
- There were examples of achievements and recognition in business, including one service winning the 2008 small business of the year award in their region.

9. Funding arrangements and sustainability

- In general, funding for Youth One Stop Shops is tenuous.
- Funding models for Youth One Stop Shops vary across the country, which leads to inequalities in youth access to services.
- All current funding models are complex and fragmented and all services have multiple funding streams.
- In the 2008-09 financial year, total funding for the Youth One Stop Shops was $6,857,600 (ranging between $200,000 to $1,350,000), of which the total for health funding was $4,783,600.
- All Youth One Stop Shops received funds from a DHB; ten services also received funds from a PHO; eight received funds from other government agencies and five from various non-government agencies.
- Short term funding cycles lead to reduced certainty, sustainability and a lack of ability to proactively plan services.
- A lack of funding allocation for administrative support and staff development reduces investment in staff skill and growing the service.
- Several services are moving to capitation funding for their enrolled populations.
- The majority of funding decisions for these services are based on goodwill and good relationships developed between individuals in the One Stop Shop and the funding body and not on policy or legislative requirements.
- Funding can be ceased by the funder at any time and on little notice.

Continued on next page
Summary of findings, Continued

10. Staffing and capability

- Managers describe staff as Youth One Stop Shops’ greatest strength; staff have youth specific expertise; provide high quality services, provide education and support to the wider sector and are recognised as subject matter experts.
- Youth One Stop Shops experience difficulty in attracting, retaining and developing skilled youth health staff because of the issues listed below.
  - Lack of pay parity compared with DHB staff
  - No clear pathways to support career progression within youth health.
  - All services experience difficulties in releasing staff for professional development
  - Heavy reliance on the good-will of key staff.
- There are large numbers of part-time staff in One Stop Shops
- Services depend on a large proportion of volunteer staffing
- Geographic isolation of some services results in staff having reduced access to peer support and shared expertise
- Combining senior clinical and managerial roles often results in a tension between managing the business needs of the organisation and maintaining clinical service delivery.
- A shortage of GPs and a specific shortage of youth specialist GPs make service development and continuity of service provision difficult.
- Personnel shortages can result in staff working beyond their job descriptions.

11. Health outcomes and research capacity

- Very little robust evidence of health outcomes for service users exists.
- All Youth One Stop Shops report on outputs, such as throughput data supported by staff narrative and client feedback.
- The existing outcome data relate to illness or disease indicators, such as youth suicide and the incidence of sexually transmitted infections, which is contrary to strength based principles and a youth development focus.
- There are limitations in being able to establish causal links between outcomes and the services provided.
- Management of services to achieve better outcomes is difficult when these outcomes cannot be measured.
- Variability in reporting across services hinders aggregation of data and makes it difficult to compare and communicate outcomes and prove cost-effectiveness.
- All Youth One Stop Shops are aware of the issue and motivation to address this shortcoming is high.

Features of a ‘model’ Youth One Stop Shop

The best and most successful features of the Youth One Stop Shops, as identified throughout the evaluation, have been described in order to provide a broad and nationally applicable model for these services. The features (see Appendix 1) are based on an analysis of the best and most effective practices in the current services and identified in the literature. These ‘optimal’ characteristics could assist Youth One Stop Shops to capitalise on their current configuration and development to better achieve their service and business goals and provide high standards of care. The aim of doing this was to celebrate the many positive features currently demonstrated and to build on them with suggestions for how New Zealand Youth One Stop Shops could develop and be supported to offer world class services for their clientele.
The following seventeen recommendations have been arranged under four broad subject categories in order to improve accessibility for readers.

**Links and Relationships**

The youth health workforce is small, highly specialised and is geographically widespread. Professional isolation of Youth One Stop Shop staff and youth health workers in general is an issue that can hinder development of individuals and services, sharing of resources and ideas, collegial support as well as governance and peer review processes. Support and collaboration networks have already been established to address this issue, however their supporting resource allocation and functionality needs to be further developed.

**Recommendation 1**

Resources be allocated for a professional network to support collaboration, communication and resource sharing amongst the Youth One Stop Shops.

**Service and funding business development**

Youth One Stop Shops currently operate in a complex, dynamic environment of varied and changing funding opportunities. The skills of staff are primarily focused on care provision and to a lesser extent the strategic pursuit and securing of funding and service growth opportunities. In addition, knowledge and resources of how to go about this are often not shared between the services. Development of the current Youth One Stop Shops and establishment of new services relies on the successful recognition of need and gaps in provision of services as well as the ability to seek and develop funding and support relationships.

**Recommendation 2**

Youth One Stop Shops collaborate to develop their capacity to recognise and respond to opportunities for funding and service development.

*Continued on next page*
Recommendations, Continued

Service structure

Workforce development

Sustainable provision of high standard and responsive health and social services for youth relies on having a well-trained, skilled and dedicated workforce. This specialised workforce is currently presented with a number of challenges including limitations in the provision of development opportunities. A significant body of work already being undertaken within the youth health sector has identified specific areas for action, including recommendations for intersectoral collaboration on policy, funding and guidelines, education and training opportunities, leadership, recruitment and retention, career pathway development, research and evaluation. \(^\text{12}\)

Competencies and standards for effective practice have been developed by the sector, with involvement from Youth One Stop Shop staff, for disciplines including nursing\(^\text{13}\), medicine and youth workers.

**Recommendation 3**
Existing work, such as that mentioned above, be used to guide sector development in approaches to addressing evaluation findings including:
- limited career pathways in youth health
- limited opportunities for training, education and supervision for staff
- limited ability to provide youth specific education to the wider sector
- reliance on voluntary workers.

Central reporting

Current health-related mandatory reporting requirements for the Youth One Stop Shops are often tied to individual funding streams. These streams are decided on by the Ministry of Health and administered by the DHBs. There is significant repetition of requirements from the Ministry of Health Sector Services (ex-HealthPAC) for reporting on each of the numerous funding streams, which becomes an onerous task to complete. The Youth One Stop Shops and the DHBs indicate that the reporting information required measures outputs, and not the processes or outcomes of the services provided. As such, this information is not seen to be valuable by those submitting the data. By the same token, feedback is not provided to the sector in a way that is meaningful and useful for managing the services or for improving service configuration or delivery.

**Recommendation 4**
Reporting to funders and the Ministry of Health be consolidated and supported so that the function provides:
- valuable information
- consistent information across providers
- mechanisms for feedback
- automated reporting from clinical management IT systems


### Governance and quality improvement standards

There is no single suite of standards or a framework that is uniformly applied to all Youth One Stop Shops to guide and ensure high quality service delivery. The absence of this framework leaves the services with a lack of clarity on how to uniformly ensure robust clinical governance. Significant work has already been undertaken within the youth health sector to establish a set of draft standards for Youth Health Services. Development of standards for Youth One Stop Shops could build on these and provide an effective mechanism against which Youth One Stop Shops can measure and improve performance, ensure effective service development and be measured to provide external accountability.

**Recommendation 5**

A national set of youth health governance and quality standards be developed in partnership with the sector including:
- service standards
- core service specifications for Youth One Stop Shops.

### Engagement in quality improvement activities

Governance, quality assurance and quality improvement activities are inconsistent across the Youth One Stop Shops. Apart from having no core set of measures against which services can be assessed, there is no explicit requirement to carry out quality improvement activities, nor is there funding to support this. While all the services recognise the importance of quality improvement, and some have made significant investments to undertake regular audit, there is variable engagement in formal quality assurance and improvement activities across the Youth One Stop Shops.

**Recommendation 6**

Youth One Stop Shops be required and supported to demonstrate participation in quality improvement activities that measure against the aforementioned standards.

### Organisational governance

All Youth One Stop Shops are either Incorporated Societies or Charitable Trusts. As such their governance is supported by the structure and processes outlined for non profit, non government organisations in the Charitable Trusts and Incorporated Societies Acts. They rely significantly on community volunteers and strive to include youth in their governance arrangements in order to adhere to their core principles of youth involvement and development. The professionalism of these arrangements is generally very high but many services report difficulties at times with recruiting and maintaining board membership and adequate skill mix. Defining clear expectations for the roles of board or trust members and increased capacity to conduct strategic planning will contribute to robust accountability and governance of the Youth One Stop Shops.

**Recommendation 7**

A plan for increasing capacity for Youth One Stop Shop governance be developed to address the following evaluation findings:
- inconsistent youth involvement in governance
- inconsistent involvement in governance by Maori
- unclear Board member roles and expectations
- inconsistent ability for strategic planning.

*Continued on next page*
**Recommendations, Continued**

**Outcome measurement**

Measurement of outcomes for health and social services is an expectation for all publically funded services in New Zealand. Attribution of outcomes to multi-factorial interventions in complex social settings is difficult. The challenge for Youth One Stop Shops is to demonstrate their value by measuring positive consequences for their target population which result from their interventions. The youth development approach to this issue is to observe positive choices, markers of resilience and indicators of wellbeing among youth, which are associated with long term positive outcomes. The sector would benefit from the development of a series of outcome measures that remain consistent with the values and aims of youth health services and positive youth development, as well as measure long term positive outcomes. Contribution to the development of a set of easily gathered, widely agreed measures by the sector would allow for consistent gathering of data and the ability to aggregate and compare outcome information across the country.

**Recommendation 8**

A nationally consistent and applied set of outcome measures be developed in conjunction with the youth health and development sector to collect a minimum dataset of outcome information.

**Evaluation**

The evaluation of services and interventions within Youth One Stop Shops will add to their ability to prove their effectiveness. Sound evaluation processes and the capacity to carry these out were not consistently demonstrated among the Youth One Stop Shops. In order to make informed decisions about services, the Youth One Stop Shops must be able to gather sound information and use robust methods to make judgements about the success or otherwise of their interventions.

**Recommendation 9**

A Youth One Stop Shop evaluation framework be developed that is consistent with the recommendations made in the Auckland Youthline report.14

**Clients and services**

**Secondary care services**

The model of care provided in Youth One Stop Shops promotes youth access for primary care. A need to refer outside of the Youth One Stop Shop for extended care increases barriers to access. Improved access already demonstrated in the Youth One Stop Shops could be extended to secondary services if these services were provided through the Youth One Stop Shop. Currently, youth services have different capacities to and varying relationships with their respective DHBs with regard to providing secondary care services. Exploration of the types of secondary services needed the resources needed to provide them and provision of these resources would capitalise on increased access already demonstrated in the Youth One Stop Shops and use this to increase access to secondary care in a community setting.

**Recommendation 10**

Secondary care service needs for youth be identified and options to increase access to these services, by providing them through Youth One Stop Shops, be considered.

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Recommendations, Continued

Service gaps
Specific gaps in the services provided for youth have been identified during the course of the Youth One Stop Shop evaluation. In particular, the provision of primary mental health care, alcohol and other drug services and services specifically targeted or configured for rangatahi Maori need addressing as these are high needs areas which account for higher levels of the burden of disease in the population aged between 12 and 24 years. Youth workers are seen as “nice to have” providers within the youth health sector and yet youth workers contribute significantly to the primary aim of youth health services, which is to facilitate access and to assist each individual to learn to navigate the complex array of health and social care services. In particular, high needs youth with the most complex issues are those who require most help to become independent users of public services and have the most to gain from assistance by youth workers.

Recommendation 11
Gaps in youth specific service provision be addressed for:
- the provision of Primary Mental Health in the community
- the provision of Alcohol and Other Drug services in the community
- specific services and programmes for rangatahi Maori
- access and coordination of client-centred care by youth workers

Client-centred care
Youth One Stop Shops demonstrate the principle of client-centred care which is a core feature of a quality health service. The Youth One Stop Shops demonstrated a commitment to assessing the individual needs of the client and subsequent referral or provision of a package of care suited to the individual needs of the client. Centrally designed service specifications and funding models based on disease or risk specific interventions do not always complement this model of client-centred care if they do not provide the full spectrum of likely care needed by the individual in a way that is relevant for the individual.

Recommendation 12
A client-centred model of care, where youth are placed at the centre and services configured around them, be supported by service specifications and funding streams.

Intra government cooperation
A significant number of factors impact on youth health and wellbeing. Influences such as levels of education, social connectedness, employment, economic wellbeing and adequate housing all contribute to the physical, psychological and social wellbeing of individuals. Responsibility for provision of services to address issues in these different areas sits within different parts of the social and health care sectors and within different jurisdictions of central government. An holistic approach to youth health requires collaboration between these sections of government to ensure complementary policy, funding and strategy which pull together in the same direction.

Recommendation 13
A whole of Government approach be used to address the health and social needs of youth including through:
- policy development
- effective and efficient funding mechanisms
- strategy development.

Continued on next page
Youth utilise health services in different ways from other sections of the population. Youth often choose to access services from a number of different providers depending on the type of care required, personal preference, geographical access and convenience. Youth are sometimes transient and they often prefer to use different providers from their family for health issues which they feel are sensitive. Youth like to access care independently yet are often restricted by their transport options. Low cost service options are also preferred as young people are often not financially independent. Because transport and convenience are significant determinants of access, youth focused services provide opportunistic care by providing many services at the same time in the same place. Ultimately youth will not access services at all if they don’t feel safe or if they perceive their needs will not be met.

These utilisation patterns lead to problems for youth with the current New Zealand primary care PHO/GP model of care, where it is expected an individual will enrol with a single provider and then use this provider for the majority of their primary care. GP practices will often not provide a number of services in the one setting and unwittingly introduce barriers to access when needing to refer to another provider in another place. This often results in an increased need for travel and greater opportunity to be “lost in the system”. The PHO model does promote an holistic, population health approach to primary care yet it does not account for the service “grazing” and the need for multiple services in the one place often required by youth.

**Recommendation 14**
Funding models for Youth One Stop Shops be matched to service utilisation patterns of youth.

**Funding consistency and stability**

There is inconsistency in the ways that the Youth One Stop Shops are funded across the country. Differing funding models contribute to variable service delivery and inequalities in access to youth health services. Furthermore a general lack of stability in funding limits the ability of many Youth One Stop Shops to plan ahead and provide efficient, stable services for their clients. Recurrent or ongoing funding in many cases relies more on positive relationships with funding organisations than on contractual agreements and formal options for renewal. One, two and three year funding cycles are the norm for many Youth One Stop Shops. These relatively short funding cycles prevent the services from longer term strategic planning and service development. Short term funding cycles can also present problems with maintaining stable staffing and taking advantage of cheaper long term facility and equipment lease arrangements. Specific short term funding streams based on particular risks or diseases can result in discontinuity for service users and providers.

**Recommendation 15**
Nationally consistent funding be provided with greater certainty to enable equitable service delivery and strategic service development.

*Continued on next page*
Recommendations, Continued

Consultative decision making about funding

The evaluation findings demonstrate that the Youth One Stop Shops are aware of how different funding models impact on service delivery and what this means for their clients. They are also cognisant of current gaps in service provision and can offer useful suggestions about funding options to address these gaps. Consultation with the service providers by policy makers and funders would lead to client focused, pragmatic, informed funding decisions.

Recommendation 16
Funders and policy-makers consult with Youth One Stop Shops when they are making decisions about funding.

Funding provision for service support activities

Youth One Stop Shops are funded primarily to provide health or social services. However the successful ongoing delivery of services and maintenance of service quality relies on key “back office” support functions being in place. Service growth and development, contributions to research and evaluation and the development of new interventions or improved facilities and tools require the Youth One Stop Shops to allocate scarce resource to these functions, many of which do not receive adequate investment because it would happen at the expense of service delivery. Youth One Stop Shops do not receive funding for these service support functions and as such, allocation for these vital support functions is minimal.

Recommendation 17
Funding supports activities essential for quality service delivery including:
- service management
- administration
- infrastructure (e.g. IT systems)
- quality improvement
- governance
- evaluation and measurement
Commendations and Acknowledgements

Commendations
A number of examples of high standards of care, innovative activity or exceptional management and delivery of a service were noted during the evaluation. The Youth One Stop Shops shared many attributes which could be showcased as examples for the wider sector on how to go about delivery of specialised services for a demographic group with particular needs. The following attributes caught the attention of the evaluation team who felt they were worth highlighting.

- The positive links and relationships between Youth One Stop Shops and other sector stakeholders and their clients
- Efforts to facilitate youth involvement at all levels of the organisation from imaginative efforts to collect user feedback to youth participation in board governance
- Responsiveness to youth need when designing and delivering services
- Concerted efforts to reduce the barriers to access for young people
- Service engagement in wider community activities which attempts to “take the service” to youth. This engagement in positive activities with youth embraces a youth development philosophy which values youth for the contribution they make to their own community
- Provision of integrated client-centred primary health and social care in a community health setting based on the needs of the individual
- Staff hold collective youth-specific expertise and contribute to the provision of high quality care for their clients
- Staff act as subject matter experts and offer education opportunities for the wider sector to increase choice for young people of youth-friendly services
- Staff have a passion and commitment to improving outcomes for young people
- Enthusiastic engagement with the evaluation process.

Acknowledgements
The evaluation team would like to thank the managers and staff of the Youth One Stop Shops for participating in the evaluation; assisting in gathering information, organising meetings and focus groups with stakeholders and clients; and for their hospitality, honesty and openness during the site visits and throughout the project. Similarly, we extend our gratitude to the range of stakeholders who participated in the process and especially to the young people for sharing their experiences and their time.

A special thank you is extended to Dr Sue Bagshaw, Ms Trissel Mayor, Dr Tania Pinfold and Ms Raechel Osborne for the valuable additional resources that were provided during the course of this body of work. We extend a final note of thanks to the staff of Evolve, Wellington and Café for Youth Health, Taupo, for organising and hosting the evaluation verification workshops.
Appendix 1 – Features of a ‘Model’ for Youth One Stop Shops

Introduction
Youth One Stop Shops provide specialised services to a client group with specific and special needs. This model for service delivery aims to provide a range of integrated community-based health and other services, using a holistic model of care which is responsive to the needs of young people and the communities served. The goal of this service model is to support young people to achieve and maintain wellness, increase resilience and promote positive decision-making. A model service reduces barriers such as cost, is youth-focused, strengths-based and delivers care in a manner that gives rise to trust, safety and confidentiality.

A range of elements of success of the Youth One Stop Shops was identified during the evaluation, some of which were demonstrated by the services themselves while other elements were identified in the literature. Most of the Youth One Stop Shops demonstrated some (often many) of these elements, however no one single service provided them all. This proposed optimal model is based on these elements.

There is no suggestion that Youth One Stop Shops without one or more of the features described provide services of any less value. This description has been developed to provide a vision of possible future directions and a reference of good practice as a benchmark for Youth One Stop Shops.

Service goals
The following discussion describes these ‘optimal’ characteristics which could assist Youth One Stop Shops to optimise their ability to achieve their service and business goals and to provide high standards of care for New Zealand youth. The characteristics are applicable nationally and allow flexibility to consider local context and ensure local responsiveness as it is important that the development of new or existing services is responsive to local youth needs and aligned with the overall strategic direction for youth health services.

Provision of Services
Youth One Stop Shops are ideally placed to be responsive to the health and social needs of clients and to integrate primary and secondary care for young people. This can be achieved through co-location and coordination of primary and secondary services. An optimal service provides a combination of health and other services in the one place to encourage access and utilisation. Services include doctor and nurse-led primary care/general health, sexual and reproductive health, mental health, alcohol and other drug, counselling, smoking cessation, family planning and health promotion and education services. Other services provided include social services, assistance with education and training, employment and income support, accommodation assistance, violence and aggression management, legal advice, parenting and youth transition services. Access to all of these services is facilitated by youth workers who are able to provide a communication bridge between young people and the services they need. Youth workers reduce barriers and facilitate access to the right services for the individual and then go on to assist in coordinating care to optimise outcomes. Innovative youth health and development programmes are offered and may include art, music, dance, personal health, esteem building and/or sexual diversity workshops. These programmes, and youth workers, attract a diverse range of young people into the service and enable them to be linked into other services they may require. Mentoring programmes provide a higher level of ongoing support for young people in need and encourage positive growth and development as they transition to adulthood.

Continued on next page
Appendix 1 – Features of a ‘Model’ for Youth One Stop Shops, Continued

Provision of Services (continued)

Services are designed to address health inequalities between population groups by addressing the particular needs of the most deprived. Socially vulnerable young people with multiple disadvantages and rangatahi Maori currently bear the largest burden and require specific and targeted interventions to access and utilise services. The specific needs of Pacific young people, recent migrants and refugees are also addressed. Well managed recreational facilities are offered to further encourage access.

Services are provided free or at a very low cost to clients. A combination of walk-in and appointment-based sessions is available. Services are strengths-based, youth friendly and holistic so that young people are viewed in the wider context of their family and community or whanau, hapu and iwi.

Configuration of services

Services are community-based and located centrally in a safe area close to public transport routes. Access is further facilitated through the provision of mobile, outreach and satellite services that are available at times and in locations which suit local youth. These include school-based services.

Services provide a safe and relaxed atmosphere. Youth are consulted about and contribute significantly to the interior design of the building in which services are provided. In fact, the facility is a canvas for the art of the clients, and as such appeals to and is highly valued by young people.

Structures and staff

All staff are specially trained as youth health providers. They are responsive to young people’s needs and deliver high quality services in a non-judgmental manner that engenders trust and confidentiality. Service delivery teams are multidisciplinary and include doctors, nurses, youth workers and mentors, counsellors, peer support workers and psychologists. Staff are paid at market rates for the equivalent level of expertise in other health settings. Staff have access to professional development opportunities and supervision and are recruited in consideration of the local youth demographic and national youth health priorities (i.e. rangatahi Maori). Young people are employed as part of the team and appropriately paid in recognition of their valuable contribution. Youth-specific career pathways are developed to attract skilled and motivated youth-friendly staff. Dedicated, financially literate and appropriately experienced management and administrative staff are employed and adequately remunerated to provide high standard support services for the multidisciplinary delivery teams. These dedicated support staff participate and contribute to, and possibly lead, strategic service development.

Governance and funding

Services are governed by a board whose members are interested in young people, are supportive of the Youth One Stop Shop, are of good standing in the community and contribute to an effective skill mix. All members of the board have a high level of education in governance and the responsibilities of board members. Youth are represented on the board and are supported to do so. Maori are also represented at the governance level.

Continued on next page
### Governance and funding (continued)

Services engage in a planning process that results in an agreed, robust, client-centred and locally appropriate service delivery plan. The plan timelines are consistent with timeframes established for other relevant health services organisations (e.g. the local DHB). This plan will have been endorsed and appropriately funded to enable delivery of the planned services for the specified period. Representatives of the service management team meet regularly with funders and policy makers and are consulted during decision making processes which affect their services.

Funding includes an administrative component, and is not just for service delivery. The funding is assured for the duration of the services’ plans and requires a high level of accountability for the efficient and effective use of the allocated funds. The metrics that are reported are meaningful and used for managing the service as well as reporting on performance to the funder(s).

### Links and relationships

Staff are active participants in a network of Youth One Stops Shops that has been established to promote sharing of ideas, policy, expertise and collegiality with other youth health experts. Effective relationships with funders, primary and secondary service providers, and other community based services, iwi providers and Maori organisations are set up and nurtured. The relationships help to coordinate care for youth and to ensure the smooth transition of youth to any service they may need. Community links are fostered and opportunities, such as participation in special events, are taken to promote and increase service access.

Specialist staff are released to develop and provide education and training programmes to mainstream and other services. This helps to increase sector responsiveness to youth needs and possibly to add to the income stream for the Youth One Stop Shop.

### Measurement and Quality

The service is an accredited organisation that values good systems, measurement and evaluation and continuous quality improvement of care and services. Compliance with a consistent set of youth health standards is measured, managed and reported on regularly to the Board. Service growth and development is supported by these service standards as well as standards for governance and quality. Individual service level agreements are based on nationally consistent (core) service specifications for Youth One Stop Shops.

A robust and user friendly information and clinical data system is used daily to collect all information that is required to manage and improve the services. The system allows the production of a number of useful reports. A nationally consistent shared dataset includes measures for short, medium and long-term outcomes and is reported on regularly. Capacity for self-evaluation will have been developed and quality improvement activities are a component of “business as usual” and a standard agenda item at team meetings.

### Conclusion

The features, as described, of a model for Youth One Stop Shops are a culmination of the best and most successful elements demonstrated by the evaluated services and identified in the literature. It is not necessary for all the elements to be present within a Youth One Stop Shop in order for that service to provide high quality care. However, the potential exists for Youth One Stop Shops to increase their ability to make positive differences for young people by adopting aspects of a ‘model’ service, as described.
16 October 2017

Dr Pat Tuohy
Chief Advisor – Child and Youth Health
Ministry of Health

Via email pat_tuohy@moh.govt.nz

Dear Pat

We are writing on behalf of the Metro Auckland community paediatric clinical leaders. The Well Child Service has been the bedrock of well child care in New Zealand for decades and remains an important vehicle for the delivery of high quality early intervention and health promotion. We understand there is a formal review of this service and would like to take this opportunity to collectively support this process and identify some issues we would like to see considered in this review. The Before School Check (B4SC) was recently discussed in depth at CM Health’s Community and Public Health Advisory Committee and many of our suggestions are regarding the B4SC, however, we acknowledge the B4SC must be seen in the context of the wider Well Child framework.

We would encourage the Ministry of Health to take the opportunity to review both the components of the Well Child framework (including the B4SC) as well as the way the current contract drives provider practice. In addition, collecting data in a way that can provide timely, local insights into Well Child provision would be valued by the District Health Boards. Ideally the data collected would be such that it could meaningfully provide information about the impact of the service on longer term child health and wellbeing outcomes.

Issues that the metro Auckland District Health Boards would particularly like to see considered include;

1. **Effective Engagement**: Well Child staff need to have the skills and capability to build and maintain relationships with whaanau in order to maintain engagement in a Well Child service. This valuable skill is required across all DHBs and providers, and ideally would be a locally-led and centrally-mandated initiative.

2. **Improving Developmental Literacy**: The Well Child workforce needs to be up skilled to ensure quality child development assessments are undertaken and concerns appropriately articulated to parents and secondary services. In addition, staff should be able to effectively encourage, in very practical ways, parents’ ability to support normal development.

3. **An increased focus on Infant Mental Health**: A stronger focus on working with whaanau around parenting, attachment and social and emotional health of the infant (and mother).
4. **The timing of the B4SC:** The current timing at 4 years of age is later than is ideal for identifying developmental issues. This impacts on the time period available to engage in intervention services prior to starting school (and while still eligible for early intervention). Conversely the check is too early for many children to appropriately complete the hearing and vision components of the check resulting in the need for rescreens for Hearing and Vision or referral to a secondary service. Consideration should be given to splitting the timing of these components, including changing the 8th well child check to an earlier age. Ideally there would be a process by which issues identified and referrals made at the final core check are reviewed and a formal handover is provided to primary health care.

5. **Funded six week post natal check in primary care for mother.** There is an opportunity to consider funding a Primary Care visit for the mother at the same time as the six week check for the infant. This would enable a review of the mother’s contraception and mental health status.

6. **The developmental screening tool and pathway:** The percentage of children with potential problems identified in the parental evaluation of developmental status (PEDS) is surprisingly low compared with international norms. For example in CM Health PEDS identified 3.4% children as pathway A (needs referral) compared to 9% in Australia and 11% in the US. This varies only slightly by ethnicity and deprivation. This raises the question about the validity of the tool in our population. In addition, if a child is identified as having a potential issue (pathway B), a second screen is supposed to be offered to help clarify if there is an issue or not. The Ministry of Health does not currently include the second screen as part of the funded programme. The advantage of a second check (such as Ages and Stages: ASQ) is that it avoids over referral of children (no need to refer those who pass the second check) as well as providing additional information to secondary services on those who do require referral. This enables secondary services to prioritise those most in need of intervention. In our vulnerable populations, it also identifies children who do have developmental problems requiring further assessment yet are considered the same as all other children in the community (it is ‘normal’ to be delayed in many disadvantaged communities). ADHB is introducing the ASQ for all WCTO checks for the DHB-funded well child service, not only those in pathway B. We recommend a review of suitability of the PEDS and the pathway for developmental screening.

7. **Validity of Strengths and Difficulties Questionnaire (SDQ):** There remains a question about the validity of the Strengths and Difficulties Questionnaire (SDQ) in Maaori and Pacific children. While research commissioned by the Ministry of Health identified concerns with the validity of the tool in Maaori children, the findings of that work have not been accepted by the Ministry of Health and this issue has not been resolved.

8. **Behavioural pathway:** There is no nationally agreed pathway for what services should be offered to children who have an abnormal SDQ/require behavioural interventions.

9. **Eligibility:** The process by which eligibility for publically funded Health services is established needs reviewing. This is currently a barrier for some families and a national solution to this issue should be sought.

10. **Quality of the screening programme:** A considerable amount of data is collected, yet is currently not examined in a systematic way as are other screening programmes that are under the auspices of the NSU. Both Auckland and Counties DHBs have examined their data, however, the cross boundary issues and lack of ease of looking at national data makes it problematic. Local data identifies the B4SC may be increasing inequities: the children at the highest risk of poor health outcomes are less likely to be identified and referred, and if they are referred, the families are less able to navigate the
system to receive timely appropriate follow up prior to school entry. We recommend development of more specific indicators and targets by ethnicity and by level of deprivation so that equity is at the forefront of service delivery. We also recommend more specific detail and action be documented for onward referrals.

11. **A National IT system**: An integrated national IT system i.e. includes Well Child, National Immunisation Register, B4SC, Newborn Hearing Screening, VHT and Dental care would improve service provision and outcomes for all children, but particularly the most vulnerable.

We appreciate you consideration of the issues raised. We look forward to the opportunity to contribute constructively to the Well Child review in order to improve the outcomes for tamariki and their whaanau.

Yours sincerely

Dr Debbie Holdsworth
Director Funding
Auckland and Waitemata DHBs

Benedict Hefford
Director Primary, Community & Integrated Care
Counties Manukau Health

Cc

Jill Lane - Director Service Commissioning
Leonie McCormack - Senior Advisor Child and Family Programmes
Dr Phillipa Anderson - Public Health Physician, Population Health, Counties Manukau Health
Dr Allison Leversha – Community Paediatrician, Auckland District Health Board
Dr Tim Jelleyman - Community Paediatrician, Waitemata District Health Board
Hi Anna,

Thanks for forwarding the thoughtful letter from Debbie Holdsworth and Benedict Hefford. The letter raises a number of issues for the WCTO programme, some of which have already been identified, and some new ones, which have implications for service design, delivery and coordination at both the Ministry and DHB level. I will discuss the letter with the Child Health team at the Ministry and come back with a considered response as soon as possible.

Regards

Dr Pat Tuohy
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This email is being sent out on behalf of Dr Debbie Holdsworth, Director Funding:

Dear Pat

Please find attached correspondence regarding Well Child Service review from Dr Debbie Holdsworth and Benedict Hefford, Director Primary & Integrated Care – Counties Manukau Health.

Kind regards

Anna Micallef
Executive Assistant to Dr Debbie Holdsworth, Director Funding
Simon Bowen, Director of Health Outcomes
Planning, Funding & Outcomes Unit
Waitemata and Auckland DHBs
Corporate Office, Level 2, 15 Shea Terrace, Private Bag 93-503, Takapuna
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Legal Disclaimer [attachment “P Touhy Well Child Service 16-10-17.pdf” deleted by Pat Tuohy/MOH]
29 May 2018

**Major review of health system launched**

![Hon Dr David Clark](image)

Health Minister Dr David Clark has announced a wide-ranging review designed to future-proof our health and disability services.

“New Zealanders are generally well served by our health services, particularly when they are seriously unwell or injured. Overall we are living longer and healthier lives - but we also face major challenges,” says David Clark.

“The Review of the New Zealand Health and Disability Sector will be wide-ranging and firmly focused on a fairer future. It will look at the way we structure, resource and deliver health services – not just for the next few years but for decades to come.

“We need to face up to the fact that our health system does not deliver equally well for all. We know our Māori and Pacific peoples have worse health outcomes and shorter lives. That is something we simply cannot accept.

“We also need to get real about the impact of a growing and aging population, and the increase in chronic diseases like cancer and diabetes. Those issues in turn create pressure on services and the health workforce that need to be addressed for the long term sustainability of our public health service.

“The Review will include a strong focus on primary and community based care. We want to make sure people get the health care they need to stay well. Early intervention and prevention work can also help take pressure off our hospitals and specialist services.

“People rightly have high expectations of our public health service. As Health Minister I want to ensure we can meet those expectations now and into the future,” says David Clark.

The Review will be chaired by Heather Simpson, who is perhaps best known as Chief of Staff to Helen Clark from 1999-2008 but also has a background in health economics. The Review will provide an interim report by the end of July 2019 and a final report by 31 January 2020.

NOTE: Draft Terms of Reference are attached.
Draft Terms of Reference

Review of New Zealand Health and Disability Sector

Purpose
The Government has established a Review into the New Zealand Health and Disability Sector to identify changes that could improve the performance, structure, and fairness of the sector. The overall purpose of the review is to provide recommendations to the Government for an equitable, sustainable public health service that delivers the healthcare that New Zealanders expect and deserve. In particular, the review should examine the impact of demographic and inflationary pressures on the health service and the resources required, as a result of those pressures, to deliver services into the future.

Background
The New Zealand health and disability system has many strengths, particularly in the areas of acute illness and injury, and is generally well regarded, both domestically and by international comparisons. Overall, New Zealanders are living longer and healthier lives. However, it is also clear that our health service is not serving all people equitably. In reviewing the Health and Disability Sector there is opportunity to address the pervasive inequities that exist across our health system. More must be done to improve equity of access to services, and health outcomes across the population.

The system is also under increasing pressure. We have an ageing population and an increasing prevalence of chronic disease (i.e. diabetes and cancer) – both consistent with international trends for developed nations. This is leading to increased demand for health services. Addressing these trends and ensuring the ongoing sustainability of the health system requires a greater focus towards primary and community-based care, while also maintaining our world-class tertiary care services. Given the rapid pace of technological change in the health sector, there are also many exciting and potentially transformative opportunities to prevent, rather than wait to cure, illness in the future.

But for now, we are seeing demand, and resources directed to secondary services grow faster than primary services. Current incentives within the health system are causing many people, particularly those on low incomes, to wait until they are sick, instead of accessing the care they need to stay well. The rapidly changing global, societal and technological context within which New Zealand’s health and disability system operates makes a review timely.

Current system
The Government has identified its priority as building a strong, effective and equitable public health service. Mental health and addictions, primary care, and the relationships between the Ministry of Health and broader sector have been identified as areas to be strengthened. However, as international evidence shows, increased expenditure alone does not equate to improved access and outcomes.

The current devolved health system has a complex mix of governance, ownership, business and accountability models and arrangements. This complexity can get in the way of ensuring public money is spent to invest in, and provide healthcare to the public in a coherent and smart way.

Scope of review
The Government’s starting position is that the guiding principle for the New Zealand health system – namely, a public health service that delivers good health outcomes for all New Zealanders – is sound. We need the review to be very explicit and provide evidence around where the system is not achieving this core goal. This includes meeting with a diverse range of New Zealanders, identifying who is missing out, why and how we need to improve the health system.
The review would culminate in a report to Government, including recommendations, on:

- How the health system can improve accessibility and outcomes for all populations
- Whether the health system promotes the right balance between availability of services, (particularly tertiary services) population density and proximity
- Whether the current system is well-placed to deal with environmental challenges such as climate change, antibiotic resistance and technological advances
- Whether there are changes that can be made to the health system that would make it fairer, more equitable and effective
- How the technological and global healthcare context is evolving, what opportunities and risks this rapidly-evolving context presents, and whether there are changes that would support the health system to adapt effectively given the rapid changes underway.

In examining the points above, the review would consider the following:

- Demographic impacts – what the predicted population changes are, their potential impacts upon service demand, workforce availability and risks that may need to be managed
- The international landscape – what New Zealand might learn from examining where health systems are heading internationally and what the impacts are, including input from relevant international organisations such as the OECD, World Health Organisation and the Commonwealth Fund
- Decisions around distribution of healthcare resources, capacity of the health system to deliver care and clinical effectiveness (quality and safety) – e.g. how does the current geographic distribution of services help or hinder the system as a whole
- Funding – how financial resources applied to health funding could be altered to provide greater flexibility in allocation, better transparency of return on investment, better support innovation in service mix/design and investment in key enablers, and reduce inequities through targeting those in need
- Investment practices – providing a nation-wide view of how much infrastructure will be needed, over what timeframe and the balance to be struck across service provision and delivery
- Ways to support the increasing priority of the role primary care and prevention has within the wider health service
- Potential opportunities and risks associated with rapidly emerging technological advances and the implications for, including but not limited to, clinical tools and settings, communication and transport
- Institutional arrangements – roles and responsibilities, funding, accountability and delivery arrangements.

In considering the matters above, the review should consider the overall structure, governance of the health system and distribution of resources to ensure it is fair, better balanced towards primary prevention, equitable and effective, as well as simple for people to access and navigate. The scope of the review explicitly includes primary care, instead of having a separate review, as has been previously discussed publicly.

The Government has already established an Inquiry into Mental Health and Addictions and a Ministerial Advisory Group on Health. The Waitangi Tribunal also has the WAI 2575 Health Services and Outcomes Kaupapa Inquiry underway. The Government expects that the review would give due regard to the outcome and information generated through these inquiries and reviews when they become available.
The following areas are outside the scope of the review:

- the ACC scheme itself (although the relationship between the health sector and the ACC scheme is within scope)
- PHARMAC
- Private health insurance (although its interaction with demographic drivers of healthcare need is within scope)
- Disability System (noting the Enabling Good Lives prototype for transforming the disability system is underway).

**Timing**

The expert review panel will be supported by a secretariat of officials from Treasury and the Ministry of Health, and it will be able to seek independent advice and analysis on any matter within the scope of its Terms of Reference. The expert review panel will be expected to engage with DHBs, primary care and health professionals as well as the public in developing its recommendations.

The expert review panel should have its first meeting no later than August 2018, issue an interim report to the Minister of Health no later than 26 July 2019, and a final report to the Minister of Health no later than 31 January 2020. These dates may be varied with the consent of the Minister of Health.
Counties Manukau District Health Board
Community & Public Health Advisory Committee
Metro Auckland Urgent Care After Hours Procurement: Update

Recommendation

It is recommended that the Committee:

**Note** that negotiations with the preferred providers have now been concluded and 120,000 patient visits per annum will now be subsidised for low income patients at clinics spread across the localities, with a maximum co-payment of $39 for adults in the target group, and free access for all under 13’s until 11pm.

**Support** communications to the public and other interested parties of the new arrangements, which represent a doubling of access to subsidised urgent after hours care in Counties Manukau.

**Prepared and submitted by** Benedict Hefford, Director of Primary, Community and Integrated Care

**Purpose**

This briefing provides an update to the Committee regarding the outcome of the regional Urgent Care After Hours procurement process.

**Background**

In 2017, the Auckland, Counties Manukau, and Waitemata DHBs developed and released a joint Request for Proposal (RFP) for ‘after hours’ (5pm to 8pm) and ‘overnight’ (8pm to 8am) urgent care services.

On 28 February 2018, the CMH Board considered the outcome of the regional procurement negotiations and subsequently agreed to endorse finalisation of agreements for ‘after hours’ urgent care services in CMH, and establish an arrangement for ‘extended hours’ urgent care services to mitigate affordability issues identified through the RFP process. It was also agreed that all reasonable attempts to mitigate the budget pressures would be taken, including further price negotiations with providers, approaching PHOs to re-start their funding contributions, and, if necessary, potentially reducing service coverage. The Minister of Health’s office and Ministry of Health have been kept regularly updated of progress.

**Progress**

Subsequent to Board approval we have concluded negotiations with the preferred providers. As part of these negotiations, the three DHBs kept some key elements in common across the region, including:

- Subsidised population groups targeting equity (High User Health Cards or Community Services Cards, low income residents, and people aged 65 or over);
- $39 maximum co-payment for the subsidised population groups;
- Free after hours care for under 13 year olds;
• Attainment of urgent care accreditation standards, and
• Appropriate data collection to support the on-going performance and quality framework of the Auckland Regional After Hours Network.

There are however some differences across the region. As previously agreed by the Board, we have not proceeded with the overnight component (8pm to 8am) and have instead established an interim solution with four providers (one in each locality) to provide extended hours services from 8pm to 11pm. The extended hours services will remain consistent with the common after hours elements described above. Commencing 1 July 2018, we will have subsidised urgent care services for high needs groups at the following clinics:

<table>
<thead>
<tr>
<th>After Hours Clinics: 5pm till 8pm</th>
<th>Co-payments for children under 13 years</th>
<th>Co-payments for other subsidised patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHC Mangere</td>
<td>$0</td>
<td>$37.50</td>
</tr>
<tr>
<td>ETHC Dawson Rd</td>
<td>$0</td>
<td>$37.50</td>
</tr>
<tr>
<td>ETHC Browns Rd</td>
<td>$0</td>
<td>$37.50</td>
</tr>
<tr>
<td>ETHC Bairds Rd</td>
<td>$0</td>
<td>$30</td>
</tr>
<tr>
<td>Counties Medical Takanini</td>
<td>$0</td>
<td>$35</td>
</tr>
<tr>
<td>Counties Medical Papakura</td>
<td>$0</td>
<td>$35</td>
</tr>
<tr>
<td>East Care Howick</td>
<td>$0</td>
<td>$39</td>
</tr>
<tr>
<td>Urgent Care Franklin</td>
<td>$0</td>
<td>$39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extended Hours Clinics: 8pm till 11pm</th>
<th>Co-payments for children under 13 years</th>
<th>Co-payments for other subsidised patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHC Bairds Road</td>
<td>$0</td>
<td>$30</td>
</tr>
<tr>
<td>Counties Medical Papakura</td>
<td>$0</td>
<td>$39</td>
</tr>
<tr>
<td>East Care Howick</td>
<td>$0</td>
<td>$39</td>
</tr>
<tr>
<td>Urgent Care Franklin</td>
<td>$0</td>
<td>$39</td>
</tr>
</tbody>
</table>
These clinics are in the following locations:

![Map of Auckland with clinic locations marked]

**Funding**

In the paper presented to the Board on 28 February, an estimated cost for both the after-hours and extended hours services was presented. The paper also maintained that whilst the negotiation team would continue to work with providers to reach an agreement that remains within the parameters of the budget, that prices submitted via the RFP were based upon assumptions around hours and attendance volumes, and that changes to these parameters may impact the pricing if there are impacts on economies of scale.

At the conclusion of the negotiations we have agreed a final cost below the maximum estimated level (with a slightly higher than expected estimated volume level also). The following table presents the previous estimates in comparison to final agreed price and estimated volumes.

<table>
<thead>
<tr>
<th></th>
<th>Previous Estimated Price ($000’s)</th>
<th>Previous Estimated Volumes</th>
<th>Final Price ($000’s)</th>
<th>Final Estimated Volumes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$5,050-$5,700</td>
<td>118,612</td>
<td>$5,324</td>
<td>120,465</td>
</tr>
</tbody>
</table>

It is worth noting that the increased investment by the Board (~ $2 million) has:

- More than doubled the current access, with subsidised visits now available at eight clinics, up from three, and
• The number of patient visits subsidised each year has increased by 140%, from a previous 50,000 subsidised volumes to 120,000.

The main change from current service provision is that Eastcare will only receive funding until 11pm for subsidised visits by high needs patients. However, Eastcare - with support from Easthealth PHO - has decided to continue their overnight service utilising clinicians delivering Hospital in the Home services in the Eastern Locality. Hospital in the Home allows treatment to be delivered within a patient’s own home or community based locations, and supports the transition of care from hospital. An Advanced Paramedic will be based at the Botany Superclinic to provide overnight clinical cover for both Hospital in the Home and urgent care patients. This partnership model allows both Eastcare/Easthealth and CMH to meet our shared objectives of delivering care closer to home, reducing demand on hospital services (by reducing length of stay and supporting admission avoidance), and improving transitions of care. The initiative will also support the development of an innovative new workforce and model of care in collaboration with St. John’s Ambulance Trust.

Communications

The new arrangements are now in place and the clinic locations and hours and costs of access will now be communicated via media releases, social media, locality networks and other channels.
Access to subsidised after hours care doubled for Counties Manukau

More visits will be subsidised as part of a plan by Counties Manukau Health (CM Health) to provide greater access to urgent after hours care across the district.

Counties Manukau Health Director of Primary, Community and Integrated Care, Benedict Hefford says contract negotiations with providers have been completed and plans that come into effect on 1 July will also extend opening hours in clinics across the district and provide free after hours care for young people under the age of 13.

“We have been working with providers to ensure that we can concentrate our services better where they are needed. For Counties Manukau, it means focusing on a service that will best support the needs of people in our community who are on low incomes” he says.

“The CM district health board’s increased investment of $2 million means that twice as many after-hours visits will be subsidised for low income residents, from 50,000 to 120,000 and care will be available at eight clinics, rather than the current three - twice as many clinics across the district.

“The new service provision will see eight after hours clinics open from 5pm to 8pm, with four of the providers - in Howick, Otara, Papakura and Franklin - also offering extended after hours services, from 8pm up to 11pm.

“One of the other key aspects for the board, was the importance of clinics being ACC accredited and achieving urgent care accreditation standards, to ensure a consistent best practice approach across the district.

“It will also enable us to audit and review the performance of the clinics to support the ongoing performance and quality framework for our after hours care approach.”

The subsidy caps the fees for after-hours visits by older people and adults with Community Services Cards or high health needs at $39.

Mr Hefford says whilst the subsidies will only operate until 11pm, Eastcare in Howick has decided to continue providing an overnight service. “Eastcare has decided, with the support of the local Easthealth Primary Health Organisation, to continue their overnight service in the Botany/Howick area” he adds.

“The work to ensure that people get better access to after hours care across the Counties Manukau district underpins the importance of providing for our community’s needs.”
Clinics that will provide after hours services: 5pm-8pm

- East Tamaki Health Care (ETHC) Mangere
- ETHC Dawson Rd
- ETHC Browns Rd
- ETHC Bairds Rd
- Counties Medical Takanini
- Counties Medical Papakura
- East Care Howick
- Urgent Care Franklin

Clinics that will provide Extended Hours: 8pm-11pm

- East Care Howick
- ETHC Bairds Rd
- Counties Medical Papakura
- Urgent Care Franklin

-ends-
### 6.0 Resolution to Exclude the Public

**Resolution:**
That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
</tr>
</thead>
</table>
| 2.1 Minutes of Public Excluded Meeting, 23 May 2018 | That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&D Act 2000 Schedule 3, S32(a)] | **Commercial Activities**  
The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)] |