

| Domicile | Counties Manukau | Auckland | Waitemata | Total |
|---|------------------|----------|-----------|------------|
| • Total active cases at CfYH | 100 | 99 | 130 | 329 |
| • Male | 42 | 61 | 86 | 189 |
| • Female | 52 | 32 | 38 | 122 |
| • Non-Binary | 2 | 2 | 4 | 8 |
| • Gender exploring | 4 | 4 | 2 | 10 |
| Total aged under 18 years (at 30 June 2020) | 47 | 60 | 87 | 194 |
| Total aged over 18 years (at 30 June 2020) | 53 | 39 | 43 | 135 |

Table.1 Data Source CfYH as at 30/06/2020

2. How many youth under 18 in your DHB have a diagnosis of gender dysphoria and have been prescribed puberty blockers within the past 12 months?
 - How many of these youth were biologically female?
 - How many of these youth were biologically male?

Data on all individual treatment plans for those cases under the care of CfYH (including identifying a subset prescribed puberty ‘blockers’) is not systematically coded. Providing this would require a clinician to manually review individual medical files for all active cases. As CfYH sees more people for gender-affirming care, this is becoming a more substantial collation process..

As we advised you in a similar response in 2019, we do not believe that it is feasible for us to provide this manual collation of data, without adversely impacting clinical service provision. We are therefore declining this element of your request, under Section 18(f) of the Act – requiring substantial collation or research.

3. How many under 18 year olds were referred by their primary health provider to endocrinology with a diagnosis of gender dysphoria the past 12 months?
 - How many of these youth were female [transitioning away from female]?
 - How many of these youth were male [transitioning away from male]?

As noted in response to question 1, Centre for Youth Health provides the regional specialist care for gender diverse young people, so in the metro Auckland Region, public referrals for gender health care are usually referred to CfYH, not endocrinology. Table 2 details the referrals received by CfYH (from all sources) for young people aged under 18 years from 1 July 2019 to 30 June 2020.

| Domicile | Counties Manukau | Auckland | Waitemata | Total |
|--|------------------|-----------|-----------|-----------|
| Gender Health Referrals for <18 years age 01/07/19- 30/06/20 | 23 | 31 | 44 | 98 |
| • Male | 11 | 14 | 22 | 47 |
| • Female | 9 | 10 | 20 | 39 |
| • Non-Binary | 0 | 1 | 0 | 1 |
| • Gender exploring | 3 | 6 | 2 | 11 |

Table 2. Data Source CYfH as 30/06/2020

4. How many youth under 18 in your DHB had a diagnosis of gender dysphoria and were prescribed either testosterone, or oestrogen and progesterone, between 1 January 2018 and the end of December 2018?
 - How many of these youth were female [transitioning away from female]?
 - How many of these youth were male [transitioning away from male]?
5. How many youth under 18 in your DHB had a diagnosis of gender dysphoria and were prescribed either testosterone, or oestrogen and progesterone, between 1 January 2019 and the end of December 2019?
 - How many of these youth were female [transitioning away from female]?
 - How many of these youth were male [transitioning away from male]?

For both **questions 4 & 5**, as with question 2 - data on all individual treatment plans for those cases under the care of CfYH (including identifying a subset prescribed hormones) is not systematically coded. Providing this would require a clinician to manually review individual medical files for all active cases. As CfYH sees more people for gender-affirming care, this is becoming a more substantial collation process, providing this level of information will take more time to collate.

As we advised for question 2, we do not believe that it is feasible for us to provide this manual collation of data, without adversely impacting clinical service provision. We are therefore declining this element of your request, under Section 18(f) of the Act – requiring substantial collation or research.

6. Over the past 12 months, how many females under 24 with gender dysphoria has your DHB provided - hysterectomies - oophorectomies and/or - double mastectomies for?

| Financial Year | Number of Patients |
|----------------|--------------------|
| FY19/20 | 15 |

Table 3. Data Source Health Intelligence and Informatics as at 30/06/2020

- How does this compare to the previous 12 months?

| Financial Year | Number of Patients |
|----------------|--------------------|
| FY18/19 | 9 |

Table 4. Data Source Health Intelligence and Informatics as at 30/06/2019

Data source Table 3&4 Health Intelligence and Informatics: Please note that there have been several major service disruptions in FY19/20, including COVID-19. We recommend not to use that fiscal year as an indication of trend, or use the volume as an expected activity level in normal circumstances.

If you are unable to access retrospective data in regards to anything above, please provide current information.

7. Approximately how many females have presented to emergency room(s) within your DHB and declared themselves victims of domestic violence by males between 1 January 2019 and the end of December 2019?
8. Approximately how many females have presented to emergency room(s) within your DHB and declared themselves victims of domestic violence by males between 1 January 2020 and July 1 2020?

In response to **questions 7 & 8**, as per your previous OIA request in 2019, we cannot retrospectively identify Emergency Care Presentation reasons at the level of detail you are seeking; particularly those that do not require an admission.

Clinical coding will usually code the nature of injury, illness or presenting problem, but not the reasons for that, except detail noted in the individual patient files. (For example, a fractured bone may be caused by a variety of situations, but will be coded as a fracture. In addition, we are not always informed of the cause of injuries seen in the Emergency Department).

We do screen all women presenting in Emergency Care, Women's Health and Kidz First, as a part of the Family Violence Intervention Programme. Following disclosures of Intimate Partner Violence (IPV), a Preliminary Risk Assessment form is completed, and safety planning initiated. That process incorporates a more detailed assessment, and then referral pathways are used for agencies. The DHB have a current MOU's with Women's Refuge and Victim Support, who respond to immediate safety planning for women and children. We have on average 450-500 positive disclosures annually; this is in the context of over 118,000 Emergency Department presentations each year.

There is an ongoing focus on supporting our Emergency Department staff in managing any disclosure of family harm or violence, and responding to Child Protection statutory requirements including improving routine enquiry rates, inter-agency collaboration and ensuring comprehensive completion of documentation and referral pathways.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Fepulea'i Margie Apa', written in a cursive style.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health