

## Child and Youth Health Workstream Work Plan 2020-21

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Best start to life / First 1,000 days	Develop and implement a Maternity Work plan in consultation with Māori and the wider community to identify priority areas. (EOA*).	Q2: Work plan developed and implementation under way.  80% of women (all ethnicities) are registered with and Lead Maternity Carer (LMC) by 12 weeks of pregnancy.	<ul style="list-style-type: none"> <li>▪ Improved Environment supports health and wellbeing.</li> <li>▪ Building population health capacity &amp; partnerships</li> <li>▪ Protective factors enhanced</li> </ul>
	Implement an evidence informed breastfeeding action plan focused on improving equity for Maori, Pacific, CALD, Rural and high deprivation populations (EOA).	Q1-Q4: Action Plan implemented.  Increase in the babies fully/exclusively breastfed at 3 months of age. MOH target = 70%	
	Evaluate the current model of pregnancy and parenting programmes to ensure it better meets the needs of all Māmā and Papa with a specific focus on Māori and Pacific. (EOA).	Q4: Evaluation complete. Response to findings initiated.	
2. Childhood health and wellbeing	Continue to explore the expansion of LinKIDS to achieve better connection and coordination between different components of early childhood child health service delivery (EOA).	Q1-Q4: Improved coordination of LMC, Well Child Tamariki Ora (WCTO) and child primary health services through linkage and use of shared data.	<ul style="list-style-type: none"> <li>▪ Access to care improved</li> <li>▪ Multidisciplinary approach</li> <li>▪ Building population health capacity &amp; partnerships</li> </ul>
	Continue development of an integrated approach between child mental health, paediatric services including child development, child disability support services alongside education / Ministry of Education.	Q1-Q4: Implementation of agreed direction for an integrated approach.	
	Review youth access to sexual health services with a focus on high risk populations. This will include service utilisation at general practice, pharmacy, School-based health services and Family Planning to identify any gaps or opportunities to improve access.	Q4: Gaps in Youth Sexual Health service provision and changes in service model to improve access / address any service gaps identified.	
3. Vulnerable children and families	Collaborate with Oranga Tamariki to ensure the joint focus on vulnerable children and young people is maintained during the transition of Children's Team into new model(s) of early intervention over the year (EOA).	Q1-Q4: Support for vulnerable children and families is maintained pending the establishment of early intervention systems.	<ul style="list-style-type: none"> <li>▪ Improved Environment supports health and wellbeing.</li> </ul>
4. Health and wellbeing in adolescence / early adulthood	Promote the transition of young people to adult health services that meet the needs of 16 to 25-year olds with complex care needs (medical, disabilities) by implementing the transition guidelines (EOA).	Q2: Recommendations of the paediatric collaborative transition group and Ministry of Health mental health service transition guidelines progressed.	<ul style="list-style-type: none"> <li>▪ Access to care improved</li> <li>▪ Multidisciplinary approach</li> </ul>
	Develop suitable health pathways in	Q2: All young people with care experience	

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	conjunction with VOYCE (voice of young people with care experience) to improve access to dental health, mental health and sexual and reproductive health.	enrolled in health care relevant to their specific needs.	
Actions towards monitoring progress			
5. Understand our Child and Youth and variance in access to services or health outcomes in particular for Maori, Pacific and other high-risk populations	Develop a Child and Youth Health data dashboard, so we can better monitor and measure utilisation of current services, by our Maori, Pacific and high deprivation populations and monitor progress on agreed priority work plan actions (EOA).	Q1-Q4: Dashboard developed and shared quarterly.	<ul style="list-style-type: none"> <li>▪ Understanding our population</li> <li>▪ Resources matched to need</li> </ul>
Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance			
Description of metric			Data Source
1. B4SC reports.			MoH reporting (Bridget)
2. Utilisation data from Youth Sexual Health Services across Canterbury general practices to ensure equity of access.			Primary Health Team (Rachel)
3. Violence Intervention Programme (VIP) quarterly reports.			ISR governance reports Sandy McClean
4. Integrated Safety Response data on Family Violence Pilot, to support a rapid response from government and social agencies to the needs of people and families affected by family violence (EOA).			VIP/ISR reports (Pene Kingsford)
5. University of Otago Child and Youth Epidemiology annual reports.			NZCYES
6. SLM Quarterly Reporting.			TBD
7. Safe Sleep Device Quarterly Reporting.			TBD
8. Outcomes of Mana Ake review and evaluation.			Mana Ake (Clare Shepherd)
9. Regular updates from the DSG (Disability Steering Group) on issues relating to child and youth health and disability support services.			Kathy O'Neill

The 2020-21/22 CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).