

# Universal Child Health Services Child Health Information Link (CHIL) Hub

## Proposal for Change Survey Results



## Introduction

The Northern Region DHBs are implementing the National Child Health Information Platform (NCHIP) in 2019. NCHIP is an IT system that takes information on a child's progress through the 29 pre-school health milestones and collates it into a single integrated data set. The project to implement NCHIP has developed following several years of planning and consultation with stakeholders throughout the Northern Region.

Waitematā and Auckland DHBs recognise the importance of Te Tiriti o Waitangi and believe it provides a framework for developing high performing and efficient health systems that honour the beliefs and values of Māori patients, is responsive to the needs and aspirations of Māori communities, and achieves equitable health outcomes for Māori and other high priority members of our communities.

This proposal outlines Auckland and Waitematā DHBs' plan to implement a shared coordination service, the Child Health Information Link (CHIL) Hub, to support the NCHIP platform. A survey was developed to gain an understanding from providers of the universal child health milestone services about how the proposed change will enhance services provision, help inform implementation plans and minimise any unintended consequences.

Thirty-six responses were received. The consultation period was extended from four to six weeks following stakeholder requests for more time. Ten new and two revised responses were received in the extension period.

Further opportunities for feedback were held with two groups whose service would be most impacted by this proposal for change. Firstly, the Primary Health Care organisations represented by the Alliance Partnership Leadership Group (APLG) and Alliance Leadership Team (ALT) which includes senior managers from Primary Health Organisations and Auckland and Waitematā DHBs. Secondly, Te Puna Manawa HealthWEST the organisation which is currently contracted to provide the National Immunisation Service (NIR) and Outreach Immunisation Services (OIS) across Auckland and Waitematā DHBs.

As a result of these additional steps, release of the Summary of Feedback to Stakeholders was postponed to July 2019. It was previously scheduled for the week of 11<sup>th</sup> March 2019.

The survey results and consultation session discussion are presented in this paper. In alignment with the purpose of the consultation, the results will help to inform implementation plans and enhance service provision.

Lastly, we would like to acknowledge all stakeholders who provided feedback, both in writing and verbally, on the consultation document.

## Consultation method

The survey was circulated directly to the network of organisations providing the universal child health services in Auckland and Waitematā DHBs' areas and on Auckland and Waitematā DHBs' websites. A question and answer session was held in the week of 14 January 2019 and 21 people attended. All written information and comments were collated by two reviewers and a thematic analysis was completed. The themes were further developed and agreed by a moderation group.

There is likely to be some bias in the survey result due to it only being delivered online through existing Auckland and Waitematā DHB networks. However, this was considered the most appropriate method to reach those providers most interested in the proposed change. Furthermore, the consultation documents were published on Auckland and Waitematā DHB websites, hence any interested member of the public could make a submission.

The survey was available between 10 January and 15 February 2019 and received 36 responses of which 13 were from organisations and 23 from individuals. There were 29 survey submissions and a further seven written submissions. Data from the survey question results are presented in the graphs below.

Some comments on broader issues about Primary Care access were also provided but these sit outside the scope of the consultation.

## Consultation respondents

Individual submissions were made by 23 people. Responses were anonymous but people were asked which of the following grouping best identified them.

Individual submissions	N = 23
Lead maternity carers	1
Well Child Tamariki Ora providers	3
Registered Nurses	3
Administrator/Managers	5
Other child health service providers	2
District Health Board staff members	4
Others	3
Parent/caregiver/member of the public	3

The following types of organisations made submissions:

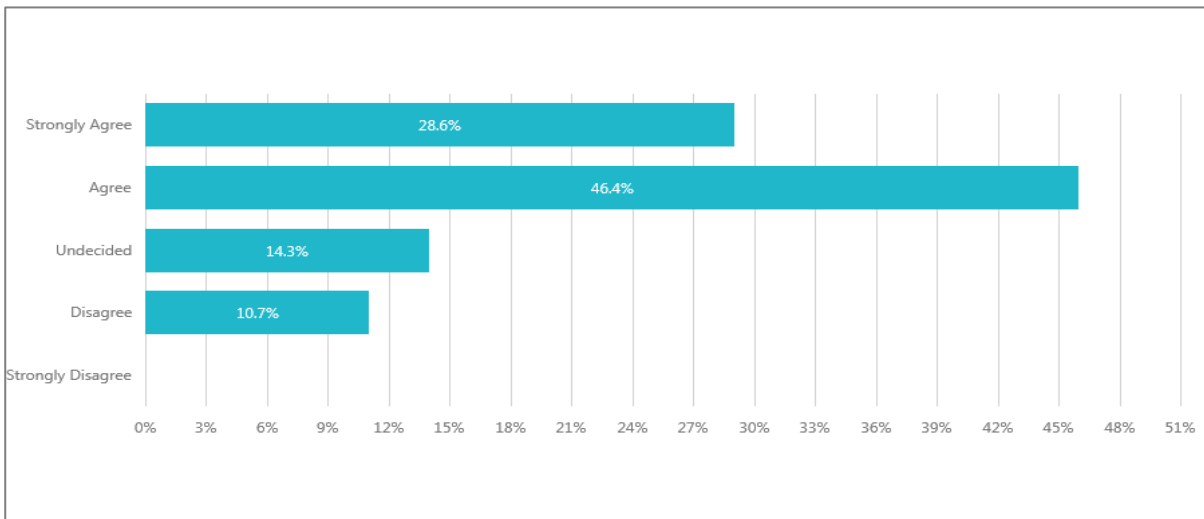
Organisational submissions	N= 13
Māori Health Provider (NGO)	1
DHB Treaty Partner	2
Maternity Organisation	3
Primary Health Care Organisation	6
Secondary/tertiary child health care provider	1

## Feedback – Survey

Stakeholder responses to questions are presented below. Additional feedback from the moderating group is in blue font and italics.

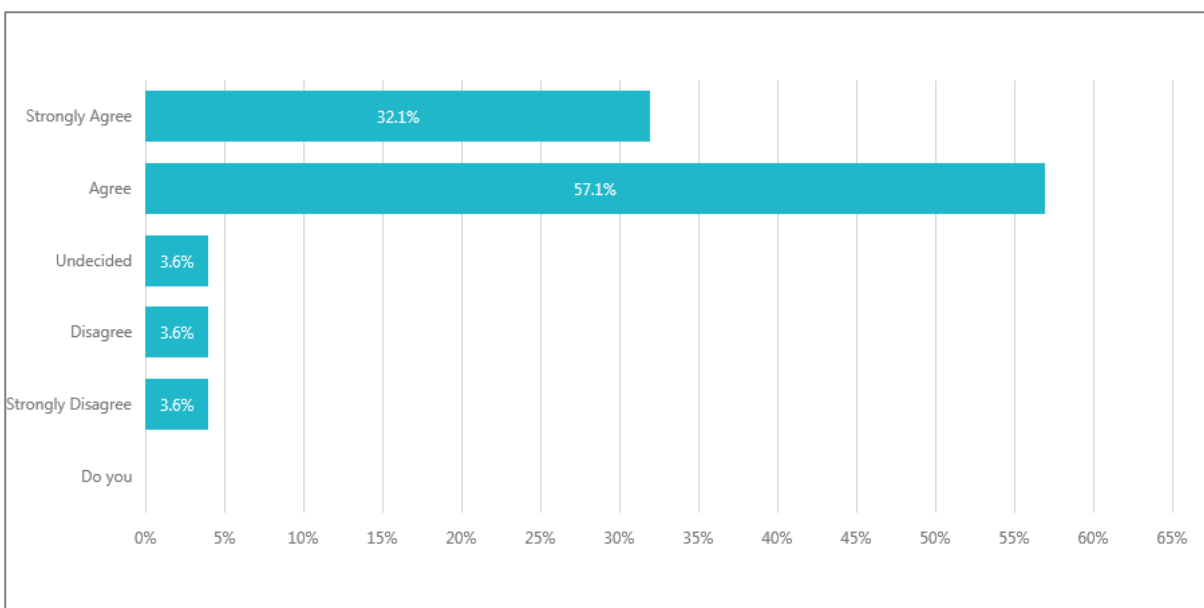
**Do you agree that providing a single view of a child’s milestones status at the point of care will be helpful in your care of a child?**

- 75% of respondents agreed or strongly agreed that it will be helpful to have a shared view of child health milestones at the point of care



**Do you agree that knowing which other health care providers are involved with a child will be helpful in your care of a child?**

- 89% agreed/strongly agreed that knowing which other health providers are also involved would be helpful in their care of a child

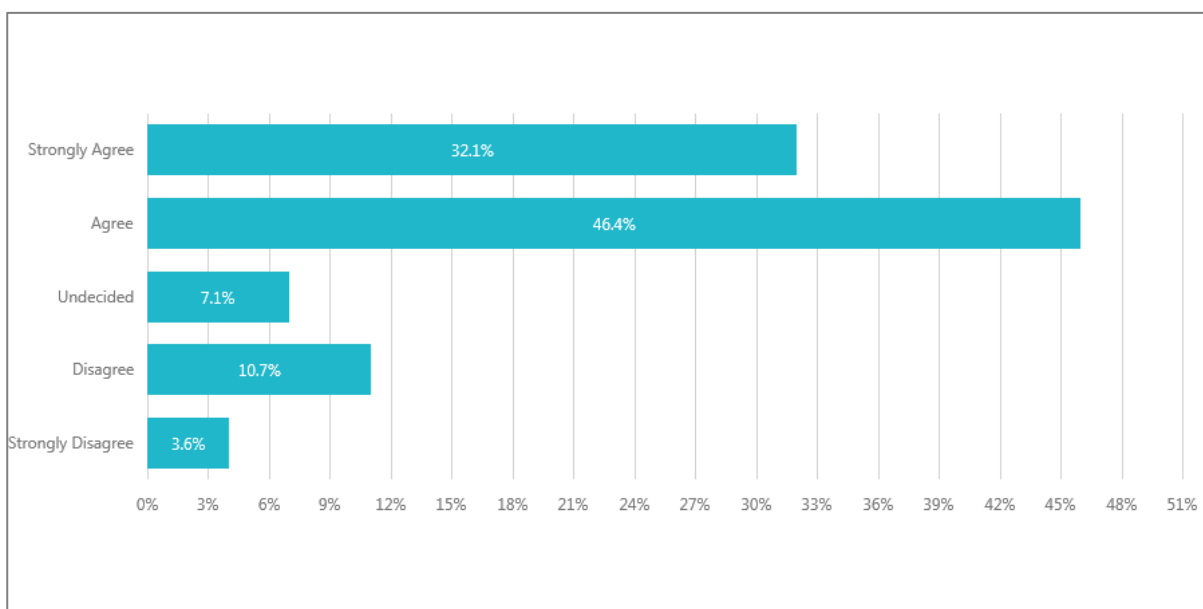


Other responses have been summarised as follows:

- ensure linking maternity information systems and home births are included
  - *implementation planning is underway to include all births*
  - *information on antenatal care milestones is a broader issue and outside the scope of this consultation*
- request to link DHBs' social workers in with the overall systems
  - *for consideration in implementation phase*

**Do you agree that providing an aggregated view of milestone status for all the children in your care will be helpful for your service planning?**

- 79% agreed/strongly agreed that providing an aggregated view of milestone status for all the children in their care will be helpful for their service planning

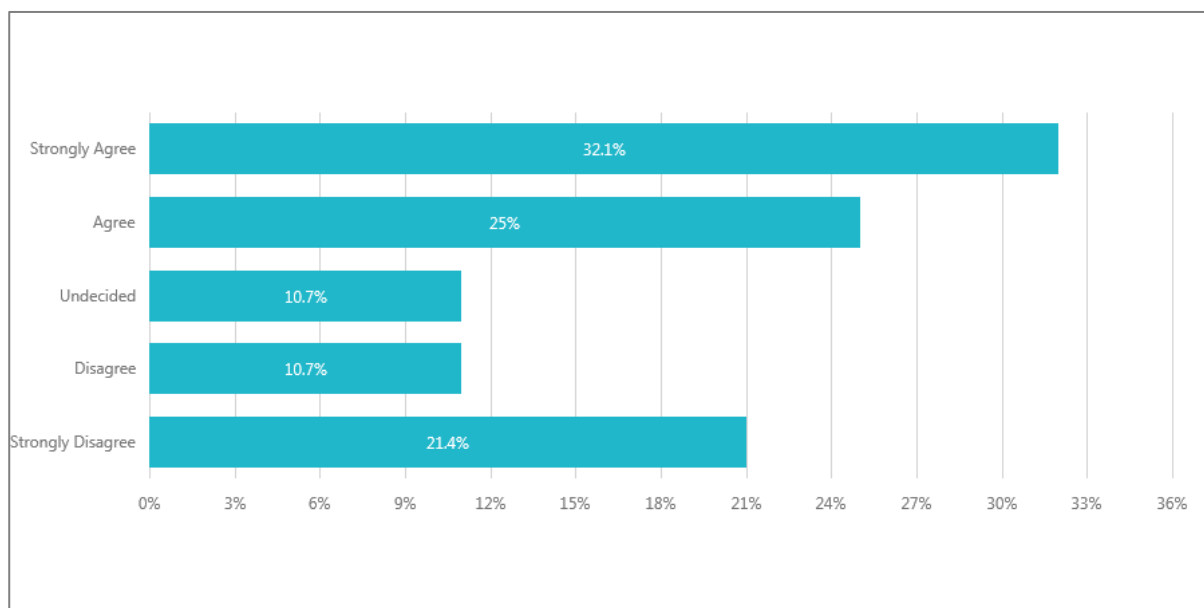


Other responses have been summarised as follows:

- request to include breast feeding data
  - *for future consideration*
- request to share information on which children have learning difficulties
  - *could be considered under clinical to clinical information sharing protocols*
- request to consider adding rheumatic fever administration, patient engagement and finding
  - *for future consideration*

## Do you agree that the three register service components should be brought together (NCHIP, NIR and Kainga Ora-Healthy Housing)?

- 57% agreed/strongly agreed that the NCHIP, NIR and Kainga Ora-Healthy Housing services should be brought together



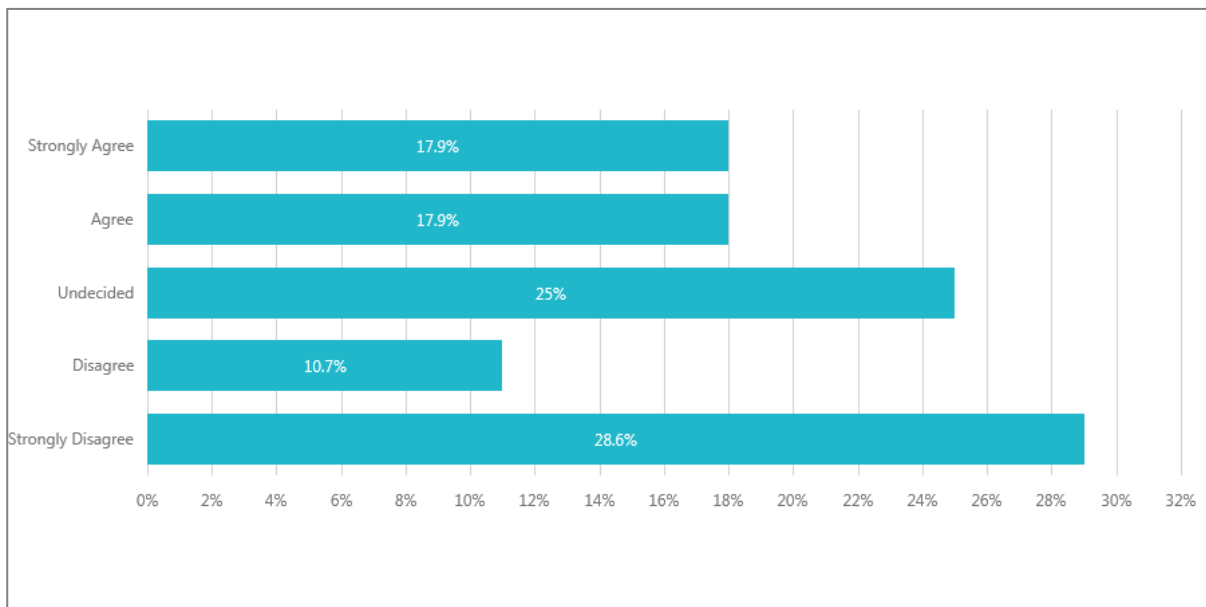
There are strongly held opinions in this section ranging from strongly supportive to disagreeing. Points raised include:

- provider sustainability for the current NIR/OIS provider is an issue
  - *the DHBs' Māori Health Gain Team is working with the provider*
- potential to lose long-established existing relationships and institutional knowledge
  - *a known risk that will require careful planning and follow-up*
- the timeline is overly ambitious
  - *the intention is for a soft launch of NCHIP initially which will include testing followed by a staged rollout with increasing complexity, bringing additional providers on-stream in a staggered rollout*
  - *timelines for establishing the full CHIL Hub team and repatriating the NIR will only be developed following the conclusion of the consultation*
- whether sufficient resources/funding are available for the approach
  - *funding to support community services does exist for example, funded PHO/GP visits for under-5 year olds, funded Well Child Tamariki Ora core checks and additional checks, funded oral health care for all children*
- clinical oversight is alluded to but not described
  - *how clinical oversight will be structured will be developed in the planning and implementation phases*
- some providers felt the change of locations from West Auckland to Central Auckland would be a geographical stretch
  - *the coordination hub's purpose is to support local teams and providers with timely, coordinated information and not replace service delivery*
- 'if it's not broken – why fix it' (immunisation)

- *the proposal for change does not imply performance concerns regarding HealthWEST's management of the NIR/OIS service*
- *the goal of the project is focused on improving health outcomes for tamariki Māori, Pacific and Q5 infants. Current evidence consistently indicates an equity gap where these groups are least likely to receive all universal child healthcare and less likely to be engaged with primary care providers*

**Do you agree that the Outreach Immunisation Service should not be integrated with the CHIL Hub coordination services at this time?**

- 36% agreed/strongly agree, 25% were undecided and a further 40% disagreed



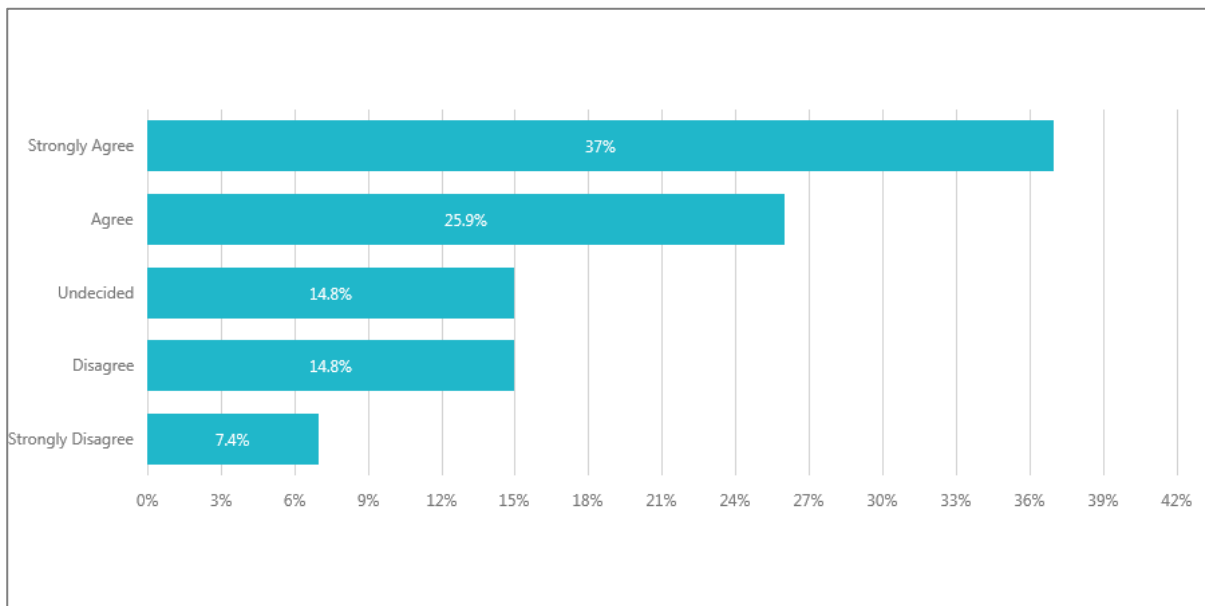
Other responses have been summarised as follows:

- the OIS and NIR need to be closely linked and work in tandem to be effective
  - *noted - this will continue to be reviewed over time. In terms of the overall system, it is considered best not to repatriate the OIS services at this time*
- feedback was that OIS is currently more than 1.9 Full Time Equivalent Registered Nurse and 1.9 Full Time Equivalent Child Health Worker
  - *For further consideration.*



**Do you agree that adult screening register-based services should not be integrated with the CHIL Hub coordination services, at this time?**

- 63% agreed/strongly agreed that adult screening services should not be integrated at this time

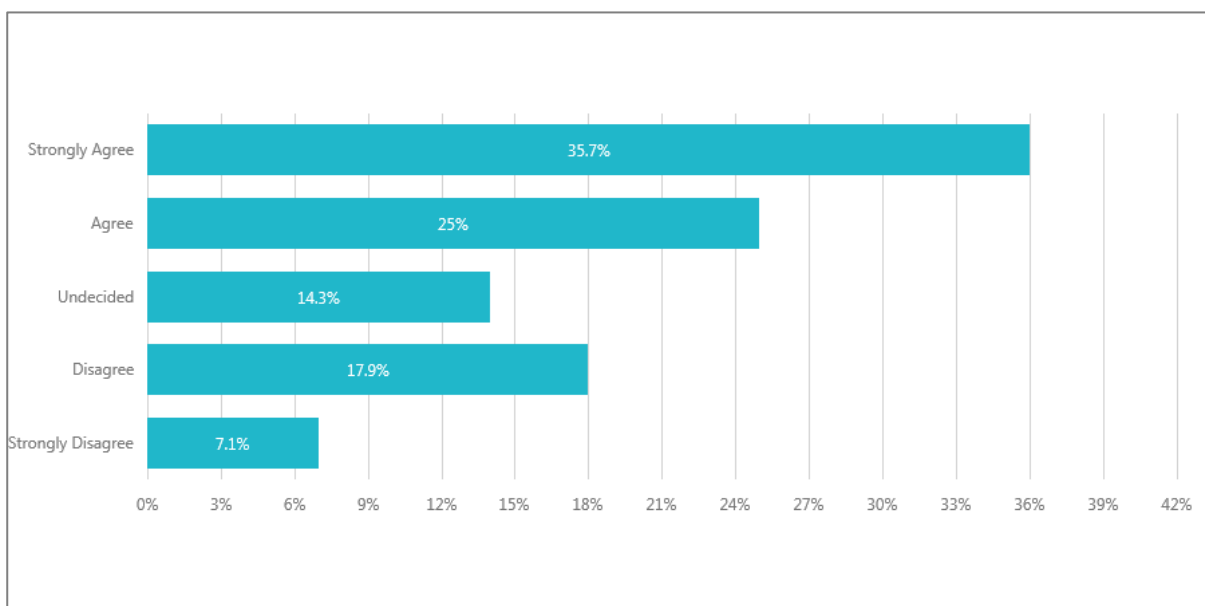


Other responses have been summarised as follows:

- more appropriate to consider expansion for older children and youth before expanding to adult services
  - *for future consideration*

**Do you agree that a single CHIL-Hub service should be provided across Auckland and Waitematā DHBs?**

- 61% agreed/strongly agreed that Auckland and Waitematā DHBs should provide a joint service

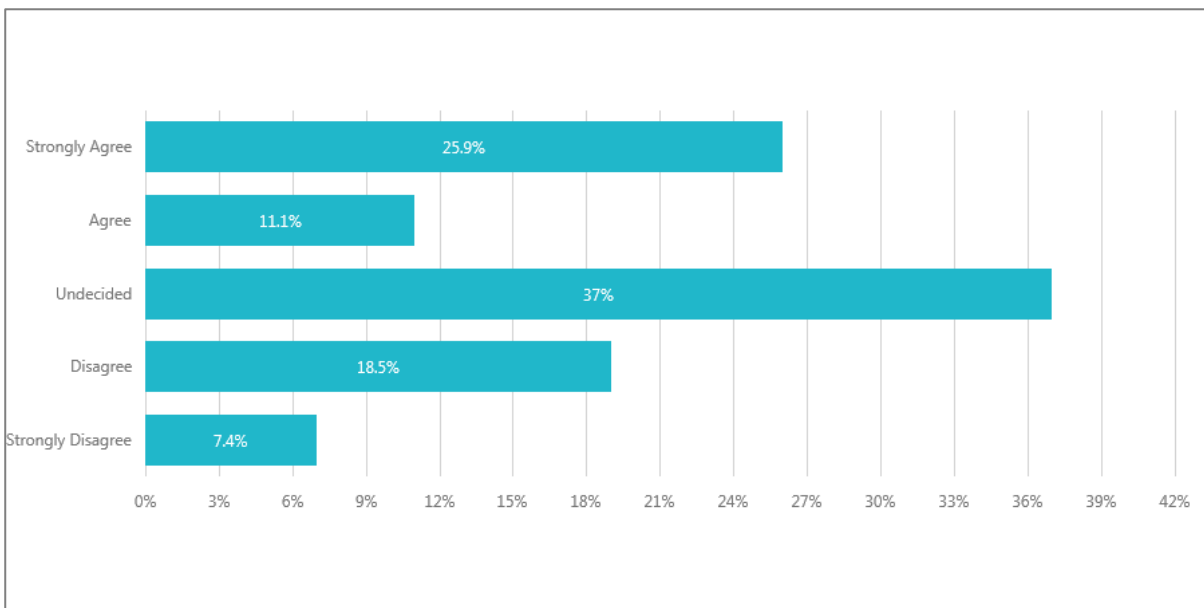


Other responses have been summarised as follows:

- several respondents said that including Counties Manukau would add more benefit
  - *Counties Manukau Health (CMH) has decided not to invest in the NCHIP solution at this stage but has agreed to make data on CMH children available to NCHIP*
- some suggestions for a single hub service for the Northern region
  - *The Hub services will connect closely across the Northern Region and maintain consistent business rules where feasible. A regional governance structure is planned.*

### Do you agree that the high level benefits can be realised through the new service model?

- The majority of respondents (37%) are undecided if the high level benefits will be realised



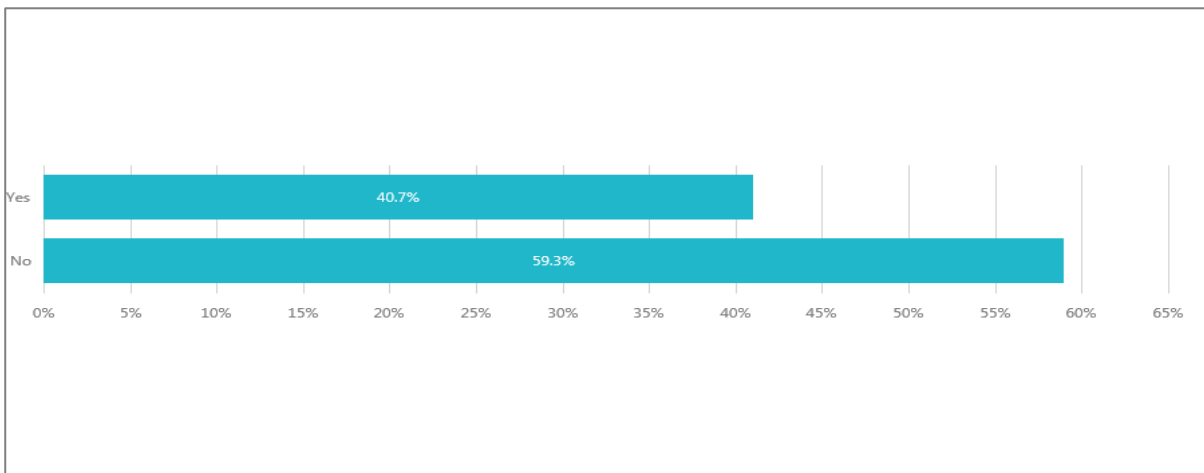
Other responses have been summarised as follows:

- need for further training on the system
  - *training sessions are being planned for the roll out phase of the system*
- data accuracy and quality are essential and complex to maintain
  - *this is noted and the DHBs agree. Detailed planning will be undertaken to fully understand the complexity of the data prior to implementation and a continuous data quality monitoring programme will be implemented should the change proceed.*
- some community based organisations did not support moving services from community-based (Māori) provider to DHB provider
  - *this proposal takes a broad community health view and offers a method to link and utilise information existing in disparate databases. It recognises that the DHBs have a legislative responsibility for protecting the health of all children domiciled in their catchments. As such, a large population health database such as NCHIP becomes a strategic asset. The goal is to prioritise service delivery for the highest-needs populations, regardless of a child's enrolment status with any single provider*

- *while the consultation is essentially about back office administration functions, the intent of the change is to free up administration time for front line staff. For example, by reducing duplication of effort through sharing the most up-to-date information held across multiple child health services and professional groups.*

**Are there any other benefits you see for children, whānau, and health professionals in the proposed service model?**

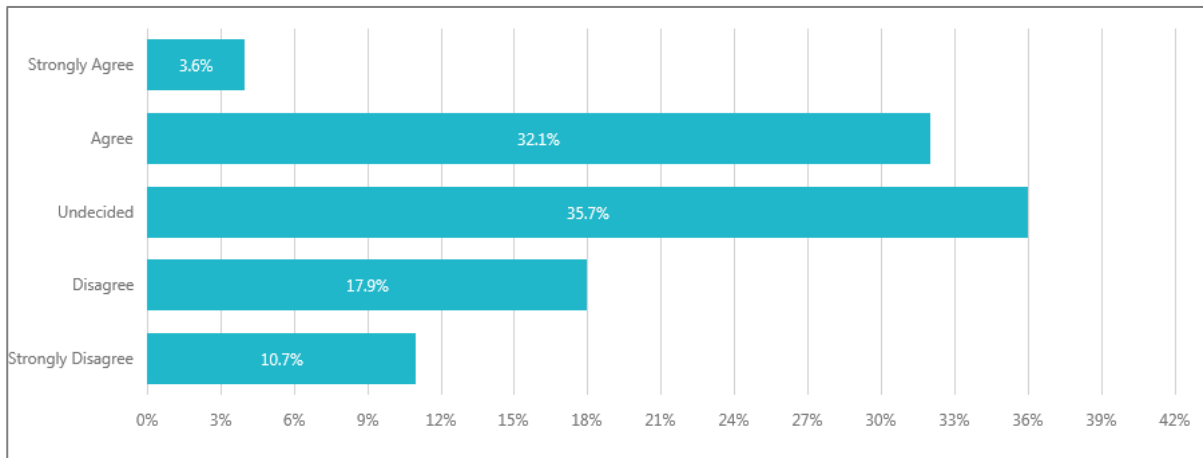
- Some respondents (40.7%) suggested additional benefits over and above those already described in the proposal.



- There is an express need to protect individuals' privacy and ensure all inquiries for information are auditable.
  - *Privacy protection is embedded in all stages of the system and proposal. Clear communication will be the key.*
  - *The office of The Privacy Commissioner reviewed the Privacy Impact Assessment at the rollout of NCHIP in the Midlands region. The Regional Privacy Advisory Group (RPAG) is overseeing the revision and updated of the Privacy Impact Assessment for the implementation of NCHIP in the Northern Region DHBs.*

**Do you consider that the information contained in the CHIL Hub will help improve service planning and re-direction of resources?**

- Respondents were undecided if the proposal would improve service planning and re-direction of resources. 36% agreed or strongly agreed, 36% were undecided and 29% disagreed.

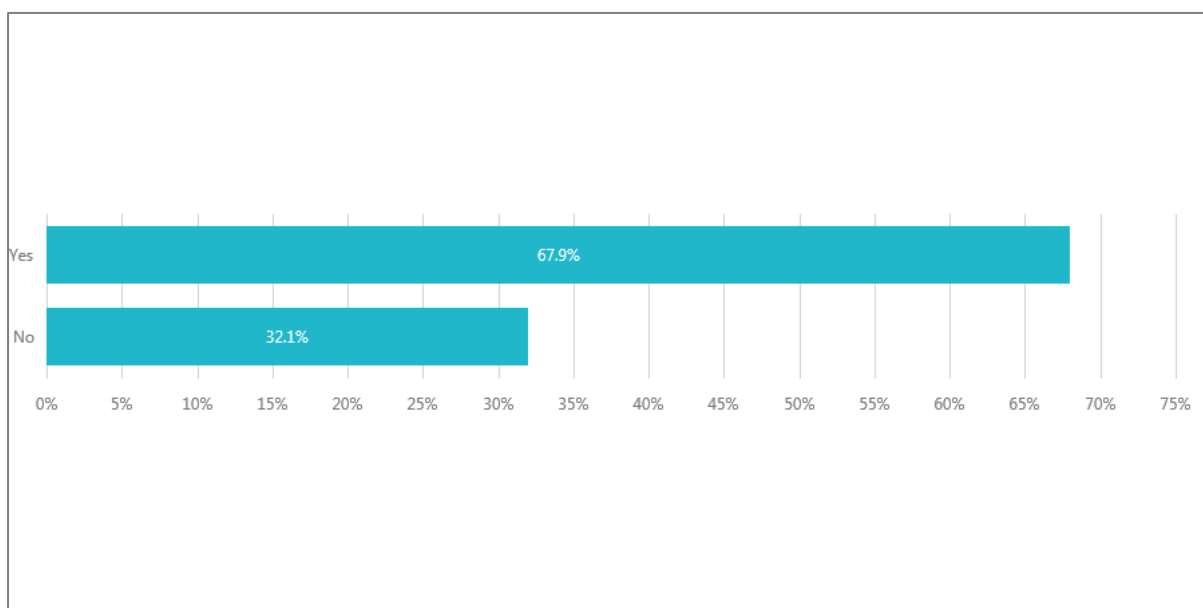


Other responses have been summarised as follows:

- PHOs are generally satisfied with the current provider of the NIR/OIS services and would prefer it to remain in place
- other child health service providers welcomed the shared information approach and noted – ‘if done well, whānau will have access to more health information and better follow-up’
- suggestions for consultation from additional clinical advisory groups.

**Are there any gaps in the proposed model that we have not considered or areas that you do not understand?**

- 68% of respondents identified additional areas for consideration in the proposal



Other responses have been summarised as follows:

- PHOs and practices value Imms Net/Mohio as an electronic reminder/feedback system for immunisation – how will that be continued/ replaced?
  - *A plan would be developed to address this need as part of the transition to the new service model, should the change proceed.*
- opportunity for PHO/GP to locate missing children and re-engage them needs to be further developed
- consider introducing automated GP/PHO enrolment business rules as per Midlands
- specific references were requested to the following documents:
  - Treaty of Waitangi (*this is referenced in the online introduction for all DHB consultation documentations*)
  - Child and Youth Wellbeing Strategy (*refer page 6 of consultation document*)
  - Health and Disabilities sector review
  - Waitangi Tribunal claim Wai2575
  - MoH NIR strategy

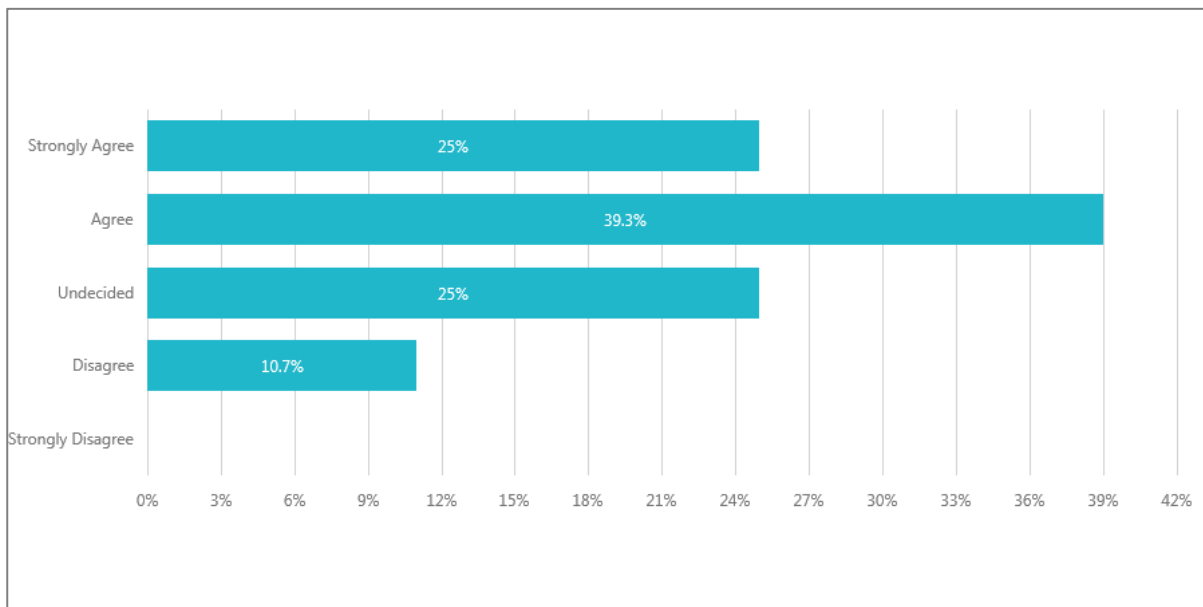
Additional implementation issues raised include:

- clarify expectations that clinicians will not need to do any additional data entry
- how will referrals be allocated to NGOs for those Tamariki not enrolled in community services – e.g. Well Child Tamariki Ora?
  - *A plan would be developed with the key providers involved to address this need as part of the transition to the new service model, should the change proceed.*
- the proposal does not describe how business rules will be amended

**Do you agree or disagree that a performance framework should be formed to inform continuous improvement of service delivery for universal child health services over time?**

*The moderating group agreed to consider other tools and frameworks to support our focus on equity during the implementation phase. These included the Health Equity Assessment Tool (HEAT) and Kapasa tool.*

- 64% agreed or strongly agreed that a performance framework should be used



Other responses have been summarised as follows:

- include patient experience feedback
- KPIs should include qualitative as well as quantitative measures
- include outcomes measures such as follow-up – e.g. was hearing aid provided for child identified via milestone check.

## Responses outside the scope of the consultation

- the resources required to adequately ensure that every child and whānau ‘has enough supports in place to enable access and uptake of the full package of health services’ are not detailed, costed or fully described
- some providers may lack capacity to receive the increased referrals
- how preferences for messaging via electronic or social media will be achieved
- how primary health care out of hours will be addressed, how long wait times at general practice will be eliminated

## Additional specific feedback

- Point of clarification to PHOs ALPG and ALT
  - It is the NIR that is proposed to move in to the Hub. Outreach Immunisation Service will remain with HealthWEST in the proposal.
  - The team acknowledge the ImmsNet importance to the overall functionality of the system. Thus, the intent is to either continue with this tool or develop and have in place an alternative.
  - Further, we also acknowledge the importance of integration of NCHIP in to the PMS of general practice. This will be looked at to see how and when such integration could be undertaken.

Additional key points raised by HealthWEST in face-to-face meeting:

- integration of the NIR and OIS has been fundamental to the success of the existing NIR/OIS services. HealthWEST NIR/OIS services are co-located and fully integrated. Staff have split roles which results in better service delivery. The people working on the NIR are fully invested in the whole process and the communities they serve. They understand all the factors that come into play and have clear discussions with clients. Staff who work in the community, have relationships and network and know the geographic issues. Being in the homes with nurses, they have built relationships and made connections.
- HealthWEST raised the following items as perceived deficiencies in the summary. That there was:
  - no case for change in the consultation documentation
  - no detailed plan for moving NIR
  - no risk assessment
  - no examination of the pros and cons of combining NIR with NCHIP
  - no analysis of whether NIR can in fact be done separately from NCHIP
  - no assessment of pros and cons of combined OIS and NIR services
  - no assessment of timeframes to ensure they are realistic
  - inappropriate comparisons used in benchmarking

*The DHBs note that the document HealthWEST was responding to was a description of the feedback provided by various stakeholders. Its intent was not to present a case or detailed assessments weighing pros and cons. Final details of a coordination service model will be informed in part by the outcomes of the consultation. A detailed change management plan including timeframes, risk management and communication plan would be developed in any future implementation phase, pending Board decisions.*

# Appendix one

## Consultation question and answer session

A total of 21 people, representing four organisations attended the consultation question and answer session which was held on 18 January 2019. The session was opened with a mihi whakataua and closed with a karakia.

A summary of the proposal key points was presented and attendees were invited to ask their questions. Attendees were also asked to provide any key feedback in written format.

The following table summarises the questions from participants at the meeting as well as the responses provided at the time.

Feedback/Questions	DHBs' response
<b>NCHIP is awesome, supports information coming through and being able to access up-to-date contact details. But, concerned about job security as the consultation document references harnessing FTE from NIR.</b>  HealthWEST has staff with CVs ready to move on.	<ul style="list-style-type: none"><li>Appreciated that there are people with great skills and this is an unsettling time but there will still be various roles going forwards.</li></ul>
<b>ImmsNet is a HealthWEST product used in ADHB &amp; WDHB practices. What will happen with it?</b>	<ul style="list-style-type: none"><li>No decisions made about ImmsNet but it is important to note this issue. Identifying options for communicating with practices going forward will be a component of future service design.</li></ul>
<b>As a Māori nurse, cares deeply about immunising babies – Māori and Pacific babies are currently missing out. The system sounds great but will have teething problems. Example given of Mum having baby in hospital, baby known of but what happens if mum never presents to a GP or anywhere? Lots of Māori won't go to a GP. What happens to finding baby?</b>	<ul style="list-style-type: none"><li>NCHIP and the coordination hub will work to make linkages with other healthcare providers already working with families or whānau who live near-by to help locate babies who are not attending GP appointments. The hub will look at what else the baby is missing out on, which providers are in the area, and who is best positioned to try to engage with the family</li><li>NCHIP gives a clearer view of who is missing out. It operates across health providers and also has access to contact information from MSD and MoE. The Māori Case Review groups were created to enable sharing of information between providers in the community. The hub is like that but wider - including government agencies.</li></ul>



<p>Thanked the DHBs for the opportunity to come. Recognises that the project is in a consultation phase so there may be questions that cannot be answered at this time and not enough time to ask all the questions they have. Acknowledged that staff working in NIR/OIS service will have questions. Intends to raise questions to help manage risks.</p> <p>Cannot knock the idea of a system that tracks 0-6 year olds. The concept is fine, aspirational and something that needs to be done in time.</p> <p>Have seen presentations about NCHIP around the country – lots of work to be done, complex, with rewards if you get it right, risks if you don't. Observes that NCHIP isn't fully functional in the other DHBs and there are PHOs and GP practices that have opted off.</p> <p>HealthWEST will be the most impacted by this. Review of OIS several years ago found the colocation of NIR/OIS as preferred option. HealthWEST also provides other services including Kainga Ora, and Healthy Babies services which we try to integrate.</p> <p>Have written reports with recommendations of what could be done better in the immunisation sector. The Ministry, DHB, PHOs, NGOs have targets. Notes there is only a paragraph or two about each option considered but the only place where health targets were mentioned was under the analysis under HealthWEST option – this is misleading as the targets are a shared responsibility.</p> <p>HealthWEST has demonstrated a commitment to quality and to Māori and will commit to making a difference.</p> <p>Is NCHIP compulsory? HealthWEST knows of providers not using NCHIP in other areas.</p>	<ul style="list-style-type: none"> <li>• The DHB's proposal does not imply performance concerns regarding HealthWEST's management of the NIR/OIS service. It is recognised that delivery of immunisations to all children requires a system which includes many parts.</li> <li>• No, NCHIP is not compulsory - it is a tool.</li> </ul>
<p>Notes the objective of CHIL to improve outcomes, especially for Māori and Pacific.</p> <p>Notes that inputs can be measured, however outcomes harder to do. NHC have just published findings of Mana Kids. NHC would like to acknowledge link between Mohio (data capture and collection) and outcome measures shown through Mana kids. Is there a system like Mohio that can be considered?</p>	<ul style="list-style-type: none"> <li>• NCHIP is being built to include systems for measuring outcomes.</li> <li>• The consultation document specifically requests feedback on appropriate KPIs. The DHBs want to learn from what is out there.</li> </ul>
<p>Is there a charge for GPs to have NCHIP?</p>	<ul style="list-style-type: none"> <li>• No, there is no charge – it's a system that will be embedded within the PMS.</li> </ul>
<p>Are there plans to integrate OIS into the hub?</p>	<ul style="list-style-type: none"> <li>• At this time, OIS stays where it is with HealthWEST. HealthWEST knows the community it is working with. Can't comment on any future considerations.</li> </ul>
<p>If OIS is separate to NIR how will bookings be coordinated for OIS?</p>	<ul style="list-style-type: none"> <li>• Need to wait for consultation feedback and decision to be made but OIS will be represented in implementation process planning.</li> </ul>

<p><b>Can you explain what other services there are for the 0-6 group? Aware of the success of Mana Kids and seen data in another role. Auckland and Waitematā don't have similar services.</b></p> <p><b>Can be frustrating to hear term "hard to reach" = Sometimes know where there are there isn't a service. Gave the example of Te Kura Kaupapa Māori O Hoani Waititi Marae – services there for the teenagers but no one going there for the children.</b></p>	<ul style="list-style-type: none"> <li>• The NCHIP system will make it easier to do the easy things, so more time is available to do the harder things. Will find children that are known but not being seen freeing up time to invest in connecting with families.</li> </ul>
<p><b>HealthWEST have made suggestions about stopping safety net referral process so practices are held accountable. The consultation document reads as if NIR held accountable. Other providers will read it that way and think that HealthWEST is not performing.</b></p>	<ul style="list-style-type: none"> <li>• Statements in the consultation document acknowledge HealthWEST as being a well-regarded provider. It is not the intent of the paper to imply otherwise and DHB staff apologise if this is how it is read. This meeting has been a very useful reflection of how written information is received and the DHBs will take these comments on board. The intent of the NCHIP system is to provide better tools and enablers to support providers doing wonderful work.</li> </ul>
<p><b>Counties has implemented different system and maintains in-house services. Important concepts of how we re-orientate a range of universal services. Recognise HealthWEST is the organisation most affected. What would the change mean? NCHIP is a good system improving outcomes for children.</b></p>	
<p><b>Within the sector, contracts need to be clear about roles and responsibilities. Consultation is a start. Once real conversations happen, will see opportunities.</b></p>	
<p><b>An NIR administrator expressed thanks for the opportunity to be part of the discussions for the project under consultation and thanked HealthWEST managers for their support. Stated a desire to be part of the project and to be kept in the loop of what is going on.</b></p>	
<p><b>NCHIP is a fantastic idea for everyone.</b></p> <p><b>Communication is important.</b></p> <p><b>Noted - HealthWEST immunises 2000 children a year, compared to GP practices who don't immunise as many.</b></p>	

