

Child Health Nurse Co-ordinator Service Specification

Introduction

The *Child Health Strategy* (1998) represents the collective wisdom of the child health sector on what is required to improve child health services and ultimately the health status of New Zealand children and young people up to 2010. It provides a high-level framework for planners, funders, providers and policy makers, and therefore is the appropriate guide in the development of service specifications for children and young people.

The Strategy comprises a set of nine principles, six future directions, and four priority populations:

- Tamariki Maori and young people
- Pacific children and young people
- children and young people with high health and disability support needs
- Children and young people from families with multiple social and economic disadvantages.

1. Service Definition

This service specification outlines the co-ordination of services that you will provide by the Child Health Nurse Co-ordinator for (*provider organisation*). It is important to ensure an integrated continuum of care as well as an efficient use of professional resources. Thus this service recognises the importance of an integrated continuum of care as well as an efficient use of professional resources.

2. Service Objectives

2.1. General

The general objective of the Child Health Nurse Co-ordinator Service is to continue developing an innovative approach to improving the health status of children in the Waikato DHB District. The role covers the co-ordination of services recognising and advising ways to address gaps. Implementation of continued quality improvement process. Information monitoring and sharing across all PHO's, other community providers and intersectoral agencies where appropriate.

2.2. The service

You will employ a 0.5 FTE Child Health Nurse Co-ordinator who will provide child health services to enrolled or registered patients in Waikato and to unaligned practices. This nurse will be registered and hold a practicing certificate under Section 51 of the Nurses Act 1977 and have proper credentials. The services will be provided 20 hours per week at no cost to the patient.

2.3. Services to be provided

The services you provide, through the Child Health Nurse Co-ordinator will include (but are not limited to):

- a) Co-ordinating child health services delivered by your practitioners and practice nurses;
- b) Focusing on health promotion, prevention and early intervention in the area of Child Health in **Hamilton & Tokoroa**;
- c) Implementing continuous quality improvement processes as developed by you, producing baseline information and monitoring standards in an ongoing, systematic manner;
- d) Implementation of Kidslink as it is operationalised in your practices
- e) Working collaboratively with Intersectoral Agencies to identify and establish initiatives to enhance Child Health in the **Hamilton & Tokoroa**;

- f) Agreeing appropriate working relationships between the local District Health Board provider and existing providers of child health services in the Waikato DHB district including other Primary Care Organisations and Primary Health organisations;
- g) Monitoring indicators of child health status and recommending actions to address issues where appropriate;
- h) Liaising with those involved in the delivery of child health services in the Waikato DHB district ensuring a comprehensive co-ordinated service;
- i) Assisting with the continuing education of your practitioners in the area of child health services and the development of educational programmes for parents in the management of common illnesses in the home;
- j) Maintaining close links with the other Well Child service providers, practice nurses and District Health Board paediatricians to achieve educational back up, information sharing and professional support of those working in the child health area including implementation of paediatric disease management guidelines/protocols;
- k) Monitoring admissions of children to the paediatric ward and arranging educational follow up with families as appropriate to ensure continuity of care (both your practitioners as well as those without an identifiable provider in the Thames/Coromandel & Hauraki district area);
- l) Identifying Child Health issues and the development and establishment of joint projects between primary and secondary services agreed between the parties.
- m) Working collaboratively in the development of guidelines for the management of common childhood illnesses for parents and guardians of young children;
- n) Immunisation co-ordination for your enrolled and registered patients and those of the unaligned practitioners, and supporting practices in the follow up of those who are not responding to recall for immunisations in the Thames/Coromandel & Hauraki district;
- o) Participation in Strengthening Families local management committees and case management where appropriate.

2.4. Maori Health

Tamariki Maori are one of the four priority populations identified in the Child Health Strategy. Tamariki Maori are almost twice as likely to be hospitalised as other NZ children. Child and young people specific services must meet the special needs of Tamariki Maori and encourage their families / whanau or caregivers to participate in care as much as possible.

By targeting extra services to children, young people and families in the high-need category it is expected that there will be a greater contribution to improving outcomes for Maori. An estimated 35 percent of New Zealand children live in NZDep.96 8–10 areas, of which 42.5 percent are Maori. These children and young people are growing up in circumstances that may limit development of their potential, compromise their health, impair their sense of self, inhibit educational achievement and generally restrict their chances of successful lives.

The Maori Health Strategy *He Korowai Oranga (2002)* is referred to, and Maori Health requirements are outlined, in the General Terms and Conditions and Provider Quality Specifications.

Health providers, with reference to He Korowai Oranga – the Maori Health Strategy and Whakatataka – Maori Health Action Plan are expected to contribute to improvements in “Whanau Ora” and to the reduction in Maori health inequalities. Specific Māori health priorities are outlined in the strategy under Māori health and disability priorities.

Health and disability service providers need to recognise the cultural values and beliefs that influence the effectiveness of services for Māori and must consult and include Māori in service design and delivery

3. Service Users

All children from before birth and up to the age of 14, and young people up to the age of 18 years, are eligible for these services. Young people between the age of 14-18 years of age who require assessment or treatment for a medical or surgical condition or are in transition to adult services (especially those with chronic conditions or disability) must be able to access developmentally appropriate services.

4. Service Linkages

Appropriate linkages need to be made with the following providers and agencies. Consideration should be given to developing a memorandum of understanding with these providers where this is considered necessary and particularly if there has been a history of communication of referral issues.

General and community paediatric services are required to establish working arrangements or protocols that reflect the size and scope of the relationship they have with each organisation and the degree of co-operation required between them. The nature of these relationships will continue to be developed overtime and reported annually.

Services are expected to maintain linkages with:

- PHOs
- Unaligned GP's
- Well Child / Tamariki Ora Providers
- Plunket
- General Practitioners and their staff
- Secondary Services, Paediatric Ward
- Paediatricians
- Child and Adolescent Community Centre
- Waikato DHB
- Other local health care providers e.g., Public health nurses, District nurses, etc
- Other local Maori Health Providers
- Local Strengthening Families initiatives e.g. Family Start

Where appropriate

- Local Children Young Persons and their Family Agency (CYPFA)
- Local Special Education Services (SES)
- local providers of social and community services e.g. local schools and Kohanga Reo where appropriate

5. Exclusions

- Well Child services such as those provided by GP's, Plunket or similar community based organisations.
- Other community based services such as those provided through PCO or PHO contracts, Maori health providers or other community groups.

These services, however, do not exclude support for and access to the above Well Child and other community based services.

6. Quality requirements

The service is required to comply with existing Contract General Terms and Conditions and the appropriate components of the Child Health Nurse Co-ordinator requirements.

The following specific quality requirements apply:

- Staffing – the service will be led by registered nurses with current New Zealand practising certificate. Competencies of the staff will include:
 - Cultural competence within the community they are working with
 - Appropriately qualified in child health, growth and development
 - Demonstrated ability and/or experience of child growth and development and ability to promote good health care practices
 - Ability to identify and effectively respond to a complex range of issues i.e. health, education and welfare related, presented by a whanau/family
 - Ability to operate effectively within local health, education and welfare provider systems
 - Excellent networking skills and experience (both within the community, and between health care providers)

6.1 Key Performance Indicators

You will:

- a) Assist in the development and maintenance of a monitoring mechanism for child health within the Waikato DHB district;
- b) Provide ongoing support, education and resources for general practitioners and practice nurses in the area of child health;
- c) Monitor and evaluate your existing programmes and services.

6.2 Use your best endeavours to:

- a) Integrate services between your practitioners and the District Health Board's Provider arm Child and Adolescent Community Centre and other providers of child health care in the Waikato DHB district;
- b) Identify gaps in services for children and their families/whanau and liaise with appropriate organisations to assist in addressing these;
- c) Plan for future projects with the secondary care provider to enable more timely access to service and information;
- d) Assist practices with referrals to agencies by liaising with all parties involved, including families/whanau;
- e) Assist in the promotion of child health through health promotion, prevention and early intervention in the Waikato DHB district;
- f) Continue to assist practices in achieving immunisation goals and improving coverage rates.

7 Acceptability

Both parties agree to review the scope of the services regularly it is intended that the service will have acceptability across all relevant health providers and other agencies within **Hamilton & Tokoroa**.

8 Purchase Units

The following purchase units apply to this service.

PU Code	PU Description	PU Measure	Reporting Requirements	
			Frequency	Reporting Unit
COOC0001	Child Health Educator	FTE	Quarterly	All Reporting through CMS

9 Reporting Requirements

You will report in accordance with the following schedule.

Data required demonstrating achievement of KPI's

9.1 Six Month Report

Within seven months of the contract start date, you must provide a report to the Waikato DHB which describes the progress of the service during first six months. This report must cover the detail pertaining to the Key Performance Indicators within clauses 6.1 and 6.2.

9.2 Annual Reporting Requirements

- 9.2.1 Within one month of each anniversary of the contract start date, you must provide a narrative report which describes the progress of the service over the previous year. This report must cover the detail pertaining to the Key Performance Indicators within clauses 6.1 and 6.2.
- 9.2.2 The nature and extent of your relationships with other key providers in the area. Include outcome of relationships established, summaries of agreements and/or protocols developed and agreed.
- 9.2.3 Brief report outlining general issues/highlights and concerns etc.