

## Aotearoa Tamariki ora/Child Health National Network

### A Strawperson

#### PSNZ Executive Summary

1. We propose a network **programme** recognising that:

- Child Health is a Pae Ora priority<sup>1</sup>
- There is a huge opportunity from a Te Tiriti o Waitangi and Equity perspective
- Without specific focus tamariki get 'lost' in the system
- Child Health contains almost all the subspecialties that sit in adult medicine

The programme will be led using a partnership approach; tamariki centred, whānau experience and clinical expertise.

The programme will evolve to become a definitive national view of child health delivery and thus build on and incorporate:

- PSNZ networks
- National services
- Starship and other tertiary and quaternary services
- Other networks eg National Child Cancer Network (NCCN)

2. We propose a Governance Group with a Co-Chair model

3. The programme of networks would include the following elements;

- Networks
- Improvement workstreams
- Reporting and leadership
- Strong linkage with any other child health activity across the system including Primary Care, Commissioning and other Strategic sector

4. The initial focus will be on specialty services in child health, noting the network programme will also have core role within the wider ecosystem and needs to include primary and secondary child health services

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## Background

A hui was held in Auckland on the 30 August 2023 to discuss the development of the Child Health National Clinical Networks. 37 people attended from across the motu (see Appendix 1) and discussed the opportunity presented by the plan to develop the Child Health network further as part of the Te Whatu Ora/Te Aka Whai Ora led National Clinical Networks.

This meeting was co-hosted by Te Kāhui, Mātai Arotamariki o Aotearoa, the Paediatric Society of New Zealand (who currently support a series of Te Whatu Ora funded child health clinical networks) and Starship Child Health.

The hui included discussions on:

- Current landscape (presentations attached)
  - National Clinical Network programme
  - PSNZ clinical network programme
  - Starship services
  - Other child health networks
- Scope
  - Ensuring we have appropriate focus on national and supra-regional services
  - Breadth of scope (eg into community child health and population health)
- Operational effectiveness
- Future roles
- Key connections
- Strategic Design Networks and Kahu Taurima
- Regional child health 'networks'
- "Adult" networks

The full information from the hui is included in Appendix 2.

We have synthesised these discussions below and suggest a way forward.

### Key principles for establishing Clinical Networks include:

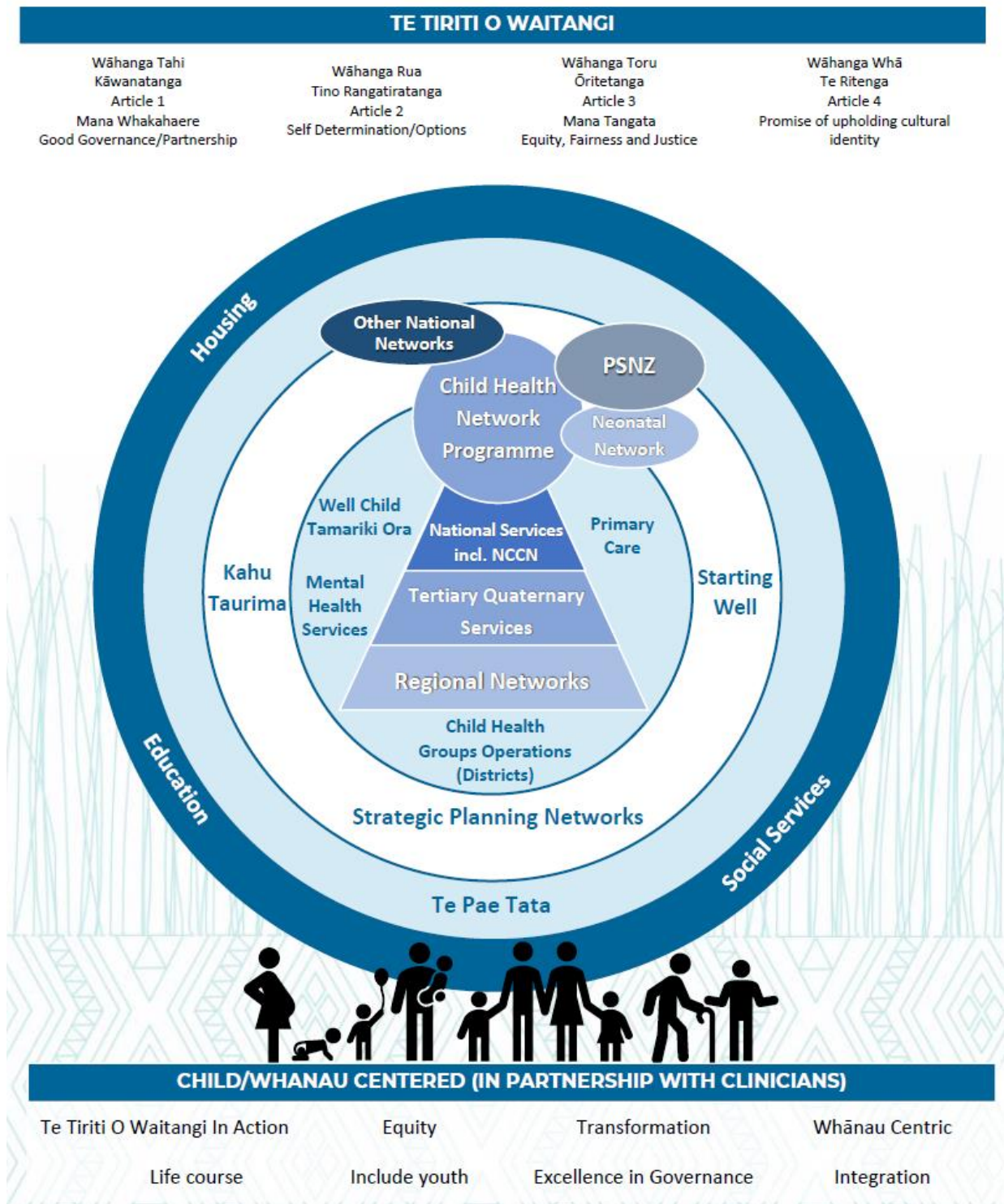
1. Te Tiriti o Waitangi in action – emphasising the voice of Māori
2. Equity – selection of networks and their activity aligned with equity targets
3. Be transformative
4. Whānau centric
  - Must use life course with link to hapu māmā and adult - whakapapa
  - Must empower whānau and strengthen relationships
  - Must include youth
5. Excellence in Governance
  - Communicate well
  - Lead the sector
  - Purpose and strategy
  - Facilitate (not micro-manage)
6. Data informed
7. Integration
  - With other networks, with regions, with funders and commissioning, with primary and secondary care, with prevention.

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## Child Health Network Programme in a wider system view

This diagram brings together the feedback into a one page view of Clinical Network programme within a broader ecosystem, underpinned by Te Tiriti o Waitangi. This not a picture of the health ecosystem but a Child Health Network centric view. There was a strong message from participants that all child health need to be considered across the continuum of service delivery. Whānau experience being an important consideration for any quality improvement.

It was noted that significant system change is occurring and the Clinical Network programme would need to be able to adapt to and integrate with this changing landscape.



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## Future Scope

The following table describes a proposed Network Programme scope, with a range of roles depending on the group or activity.

Child Health Network Programme						
Programme role	Managed by	Governance	Reports in	Programme contributes to	Programme provides leadership in	Programme connects to
<b>Interaction with</b>						
Clinical Networks						
NCCN						
National Services						
Tertiary/Quaternary services						
Tertiary Service planning						
HSS Workforce planning						
Regional 'Networks'						
Child Health Group Operations (Districts)						
Neonatal network						
Kahu Taurima						
Strategic planning network						
Child advocacy						
"Adult" networks						

Network Programme doesn't include directly:

- Operational delivery
- Workforce delivery – but does have a role in identifying need, but is not responsible for actions/delivery (People)

Network Programme does include paediatric surgical services unless included in another network

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## **National Child Health Clinical Network Future Governance Group Structure to include:**

Suggestions for membership of a Governance Group

- PSNZ x 2 or 3 (non-Starship)
- Starship x 3
- Te Aka Whai Ora
- Consumer x 2
- Primary care x 2
- 4 regional 'network' leads/ reps – unless duplication of above
- Pacific

Must include:

- at least 5 Māori
- at least 4 non-physicians

Establish a Co-chair role

Reports to Te Whatu Ora/Te Aka Whai Ora as per other networks

Leave PSNZ Network Governance Group in place

Leave National Child Cancer Clinical Network Governance Group in place

Needs support from Te Whatu Ora enabling functions including System Improvement and Innovation, Data and Digital, Workforce.

Need a link to Manatu Haurora – this may be via Kahu Taurima

## **Proposed themes to consider as the Network Programme is established**

Themes that are important to consider:

- Visibility
- Outcome focussed network deliverables
- Quality and Safety outcomes – should consider a Child Health Quality and Safety network as part of network programme
- Responsive, agile, helpful
- Selective and thus effective
- Data support
- Develop models of care and guidelines
- Must do specialty services – no-one else will
- Must use indigenous knowledge systems
- Regional and local services must have up and down connection
- Reduce duplication and internal competition - Be cohesive so tamariki get more from system
- Using existing whānau information (KidsHealth)
- Use a pathway approach rather than a service model
- Volume/outcome relationships must be considered
- Use others work – international
- Shared care models

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## Proposed - Next Steps

Feedback from the hui has been positive. The day provided a first step for people to engage and consider people's ideas about how Aotearoa Tamariki ora/Child Health National Networks will function in the future.

Participants at the hui worked in groups to develop their ideas and give feedback to inform this document. Appendix 2 provides a summary of all the working sheets.

Next steps include broadly circulating this document for feedback. This will include the following:

- Networks programme leadership - Te Whatu Ora and Te Aka Whai Ora
- Participants at the Hui
- PSNZ Council
- Existing Clinical Network leads
- Paediatric leaders – HoD, Nursing Manager/Director
- Primary Care leadership
- Consumers including those in existing PSNZ Networks

Further iterations will be considered alongside feedback and that this straw person will be discussed with national leaders in network development.

## Existing Clinical Networks and National Service Networks (September 2023)

<b>NZCYCN Child and Youth</b>	<b>Te Whatu Ora Commissioning</b>	<b>Te Whatu Ora Hospital and Specialist Services (Tranche 1)</b>	<b>Other Child and Youth Clinical Networks</b>
Allergy	Palliative Care whole of life	Stroke - Adult	<b>Regional Networks</b>
Child Protection	Family Violence	Cardiac - Adult	<b>National Child Cancer Network</b> Funded by Te Whatu Ora – Hosted by Te Toka Tumai
Diabetes	Starting Well	Trauma	<b>National services</b> - Paediatric Cardiology - Metabolic - Rheumatology
Eczema	Rheumatic Fever	Renal - Adult	
Gastroenterology	Mana Ake		
Newborn	Maternity		
Neurology	SUDI prevention		
Neurodevelopment (includes cerebral palsy)			
Palliative Care			
Respiratory & Sleep (combined)			

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## Appendix 1: Attendees at the 30 August Hui

ATTENDEES	
Ailsa Tuck	Te Whatu Ora - Northern
Amanda Lyver	National Child Cancer Network – Te Waipounamu
Bridget Farrant	NZCYCN Governance Group / Uni of Auckland/Te Whatu Ora - Northern
Cass Byrnes	NZCYCN Respiratory Network / University of Auckland, Te Whatu Ora - Northern
Christine McIntosh	NZCYCN Governance Group / GP Liaison Child Health
Clare Doocey	Te Whatu Ora - Te Waipounamu
Dan Gotz	Te Aka Whai Ora, NZCYCN Governance group
David Graham	Te Whatu Ora - Te Manawa Taki
David McNamara	NZCYCN Resp / Starship Child Health, Te Whatu Ora - Northern
Emma Maddren	Starship Child Health, Te Whatu Ora - Northern
Hazel Dobinson	Te Whatu Ora - Central
Jamie Duncan	Te Whatu Ora - Central
Jason Mareroa	Starship Child Health, Te Whatu Ora - Northern
Jess Patten	Starship Child Health, Te Whatu Ora - Northern
John Beca	Starship Child Health, Te Whatu Ora - Northern
Justin Wilde	Te Whatu Ora - Te Manawa Taki
Karen Magrath	NZCYCN Governance Group / Plunket
Karyn Sanson	NZCYCN – Network Support Manager
Kat Kirchmann	NZCYCN Administrator
Leonie McCormack	Te Whatu Ora – Population Health, Governance Group member
Loren Mooney	NZCYCN Governance Group / Te Whatu Ora - Central
Malcolm Battin	NZCYCN Newborn Network / Te Whatu Ora - Northern
Mary Roberts	NZCYCN Governance Group / Moana Research
Michelle Sutherland	Te Whatu Ora - Te Manawa Taki
Mike Shepherd	PSNZ / Starship Child Health, Te Whatu Ora - Northern
Nicola Austin	NZCYCN Governance Group Chair / Te Whatu Ora – Te Waipounamu
Owen Sinclair	PSNZ / Te Whatu Ora - Northern
Pam Henry	PSNZ – Programme Director
Peter MacIntyre	University of Otago, Te Waipounamu
Philippa Anderson	Te Whatu Ora - Northern
Rachael Hetaraka-Gotz	NZCYCN Governance Group / Kahu Taurima
Stephen Laughton	National Child Cancer Network
Tim Jolleyman	Manatu Hauora / NZCYCN Governance Group / Te Whatu Ora - Northern
Toni Shepherd	Starship Child Health, Te Whatu Ora - Northern
Toriana Hunt	NZCYCN Governance Group / Te Whatu Ora - Te Waipounamu
Turid Peters	Te Whatu Ora - Te Waipounamu

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## Appendix 2: Hui working group notes

### What do good clinical networks look like?

Summary of workshop group activity documented on noting sheets (themed):

<b>Equity</b>	<ul style="list-style-type: none"> <li>• Te tiriti focussed</li> <li>• Equity is central</li> <li>• Te Pae Tata principles are embedded</li> <li>• Voice of Māori included</li> <li>• Activity of the network aligns to equity targets</li> </ul>
<b>Whānau focussed</b>	<ul style="list-style-type: none"> <li>• Inclusion of consumer voice</li> <li>• Whānau centric / empowering</li> <li>• Tamariki are viewed in the context of their community</li> <li>• Life course continuum</li> <li>• Tatai (linkages) to hapu māmā and adult care (whakapapa protected)</li> <li>• Inclusion of child and youth</li> <li>• Engagement – strengthening relationships</li> </ul>
<b>Good Governance</b>	<ul style="list-style-type: none"> <li>• Governance vs working groups (? being independent)</li> <li>• Representation – right people around the table</li> <li>• Communication</li> <li>• Leadership in the sector</li> <li>• Clear purpose, strategy and vision</li> </ul>
<b>Programme Structure</b>	<ul style="list-style-type: none"> <li>• Outcome focussed - sustainable, measurable, auditable</li> <li>• Adaptable, agile, responsive</li> <li>• Priorities</li> <li>• Do a few things well</li> <li>• Transforming – challenge the way things are currently</li> <li>• Improved outcomes</li> <li>• Seen as a resource</li> <li>• Positive Impact</li> <li>• Advocacy</li> <li>• Achievable programme of work</li> <li>• Visible</li> <li>• Contributing to broader outcomes</li> <li>• Coordinating and disseminating “best practice” nationally</li> </ul>
<b>Population health</b>	<ul style="list-style-type: none"> <li>• Data informed</li> <li>• Workforce reflects population</li> <li>• Intentionally growing the workforce (to meet ethnicity of the population)</li> <li>• Community to tertiary</li> <li>• Robust framework</li> </ul>

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<b>Resourcing</b>	<ul style="list-style-type: none"> <li>• Digital enabled</li> <li>• Programme management</li> <li>• Resource key functions “back room”</li> <li>• Administrative support</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• Across national networks</li> <li>• Strong regional networks</li> <li>• Influence with funders / providers</li> <li>• Connected doors – no wrong door</li> <li>• Cross sectoral links</li> <li>• Enabling life course continuum</li> </ul>

**What is the scope of an Aotearoa Child Health Network and how could it be structured?**

Summary of workshop group activity documented on noting sheets (themed):

Participant responses to the scope of an Aotearoa Child Health Network:	
<b>1a. In scope</b>	<ul style="list-style-type: none"> <li>• Intentionally prioritising equity</li> <li>• Sustainability</li> <li>• Advise – machinery of government</li> <li>• Guidelines</li> <li>• Models of care – aspirational</li> <li>• Service design</li> <li>• Advocacy at edges</li> <li>• Structure and funding model</li> <li>• Paediatric specialty services</li> <li>• Mandate regional voice</li> <li>• Bring primary care, data and digital together – national mandate</li> <li>• Oversight – prioritisation, regional links</li> <li>• Development focus – ages and stages</li> <li>• Strong regional direction to feed UP to national team</li> <li>• Youth – transition</li> <li>• Project management</li> <li>• Workforce promotion</li> <li>• Prioritisation framework</li> <li>• Removing competition</li> <li>• One voice</li> <li>• Cycle: Plan -&gt; do -&gt; study -&gt; act</li> <li>• indigenous knowledge systems</li> <li>• Service design</li> <li>• Primary care in scope – but need to figure out how</li> <li>• Quality improvement framework</li> <li>• Elevating whanau and workforce voice</li> </ul>

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<b>1b. Out of scope</b>	<ul style="list-style-type: none"> <li>• Service delivery</li> <li>• Workforce employment / staffing</li> <li>• Implementation</li> <li>• Quality gaps</li> </ul>
<b>1c. Overlap</b>	<ul style="list-style-type: none"> <li>• Whānau experience</li> <li>• Localities</li> </ul>

What structure would cover the range of services that are in scope?	
<b>2. Structure</b>	<ul style="list-style-type: none"> <li>• Flexible / different methodologies</li> <li>• Interface Primary Care - Two way influence</li> <li>• Influence / interface / advocacy</li> <li>• Cross relationships – adult and other paediatrics</li> <li>• Look at national and international models to refine ours</li> <li>• Strategic network – collective with framework for sub-networks</li> <li>• Nationally planned → regionally coordinated → locally delivered</li> <li>• Patient and whānau led – location / timing / modality (of service)</li> <li>• NCCN as the template for how to run a network successfully</li> <li>• Identify common issues across networks</li> <li>• Groupings of services – patient pathway approach (needs-based)</li> <li>• Paediatric networks defined and prioritised, with links to adult health</li> <li>• Volume/safety/equity as driver of where and who delivers services (ie, adults vs paed)</li> <li>• Prioritisation against agreed criteria</li> </ul>