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Office of the Associate Minister of Health

Cabinet Social Wellbeing Committee

Review of Well Child Tamariki Ora: Findings and next steps

Proposal

- 1 This paper reports back on the findings of the Well Child Tamariki Ora Review (the Review) [CAB-18-MIN-0515.02 refers] and seeks approval to develop options and costings for broader transformative change to the delivery of child health, development and wellbeing services, to better support Māori and Pacific whānau and all New Zealand tamariki.

Relation to government priorities

- 2 The Review is a key health action under the Child and Youth Wellbeing Strategy 2019 along with the redesign of maternity services. The Health and Disability System Review Report, which is currently being considered by the government, recommends priority should be given to incorporating the commissioning of WCTO and maternity services into local networks.
- 3 There are also critical linkages for the delivery of child health, development and wellbeing services to a range of strategies and action plans from across the health and disability, early childhood education and social service systems.

Executive Summary

- 4 In October 2018 Cabinet noted a review of WCTO was to take place and invited the Minister of Health to report back with the final review report [CAB-18-MIN-0515.02 refers]. WCTO is New Zealand's key programme supporting the health, development and wellbeing of all tamariki from birth to five years, and their whānau. The programme is delivered by Whānau Āwhina Plunket (Plunket) and over 60 other predominantly Māori and Pacific non-government organisations (NGOs).
- 5 The WCTO programme is a long-standing part of New Zealand's landscape of support for tamariki and whānau. While it has been developed with good intent, over time it has become outdated with its schedule and a one-size fits all approach to population-level health surveillance. Our society, population and health needs have changed over time, with increasing complexity of need for our whanau (including the impact of poverty, drug use, mental health challenges, housing and family situations). The programme is not well integrated with other health, social and early learning services, has gaps in programme-wide infrastructure (IT, workforce, governance) and does not enable equitable health outcomes.
- 6 A comprehensive review was completed by the Ministry of Health over 2019 and 2020. The overarching finding from the Review is that while the current

INCONFIDENCE

programme contributes to the health and wellbeing of many tamariki, changes are needed to the design, delivery and resourcing to achieve equity and to fully support tamariki and whānau who are Māori, Pacific, are living with disabilities, in state care and/or have high needs.

- 7 This means enabling the delivery of intensive services that build on whānau strengths and are whānau led, while retaining and strengthening the universal components of WCTO to support the health and development of all New Zealand tamariki.
- 8 The review found that transformative change is needed to develop a responsive system that delivers evidence-based prevention, early intervention, integrated support services, meets the needs of all tamariki and whānau, is whānau centred and achieves health equity for Māori and other priority populations.
- 9 Short-term improvements are being progressed to sustain and strengthen current WCTO services for tamariki and whānau.
- 10 Alongside this, agreement is being sought to develop options and costings for transformative change to child health, development and wellbeing services to better support Māori and Pacific whānau and the health and wellbeing of all New Zealand tamariki.

Background on WCTO

Current WCTO programme

- 11 WCTO is New Zealand's key programme supporting tamariki health, development and wellbeing. It is offered to all tamariki from birth to five years, and their whānau.
- 12 The current WCTO programme is a universal proportionate model based around 13 scheduled core contacts at ages where evidence confirms it is important to assess and monitor growth and development. Whānau care and support and health education are also provided. Additional contacts are provided in response to higher needs with opportunity for early intervention by referrals to other primary, specialist or intensive health, early education and social services.
- 13 WCTO is based on international frameworks for child health and wellbeing, growth and development, assessment and surveillance programmes. These are critical universal aspects of the programme that must be sustained, updated and strengthened, and which can be improved through actions in the short-term.
- 14 Alongside this, transformative change is needed to design and deliver a responsive system that delivers evidence-based prevention, early intervention, integrated support services, meets the needs of all tamariki and

INCONFIDENCE

whānau, is whānau centred and achieves health equity for Māori and other priority populations.

About the WCTO programme

- 15 The WCTO programme is a long-standing part of New Zealand's landscape of support for tamariki and whānau. In 1907, the Royal New Zealand Plunket Society was established with the intention of improving population-level infant nutrition and survival rates. In the 1980's and 1990's existing kaupapa Māori and Pacific social service providers began to deliver WCTO services in response to the need and aspirations of their communities.
- 16 In 2002, the first national framework for WCTO services was introduced roughly based on the Plunket model with the aim of improving consistency in the services delivered within the WCTO programme. Since then there have been minor improvements and additions made to the framework and services, but the overall design of the programme has not fundamentally changed. While additional services and assessments have been added overtime, this has been without the additional infrastructure and resourcing required to support them.
- 17 Over time Aotearoa New Zealand's population has changed significantly. The Growing Up in New Zealand study notes shifts in the demography and dynamics of today's whānau, including an increasing proportion of whānau who are Māori, Pacific or of mixed ethnicity. There is also increasing complexity experienced by whānau due to poverty, access to housing, and the impacts of mental health and addictions, increased variation in employment and relationship status within families and households.
- 18 The landscape of other health and social services has also shifted significantly. WCTO is one of five early years health services available to tamariki and whānau alongside maternity, general practice, immunisation and community oral health. For the most part these services are contracted and delivered separately from the WCTO programme, however there are good examples of this integration within some Māori and Pacific providers. There are opportunities to expand this integration to support smoother transition between services and equity of outcomes.
- 19 The collective impact of the WCTO programme's development over time, is a programme that is based on an outdated schedule, and a one-size fits all approach to population-level health surveillance that is not well integrated with other services and supports. The addition of further screening and surveillance elements over time has resulted in whānau and providers experiencing the programme more as a check box exercise rather than a support system.

Importance of investing in the first 1000 days of life

- 20 There is substantial evidence showing that investment in mother and whānau antenatally and in the first 1000 days of life effects the greatest benefit to lifelong health, wellbeing, education and social outcomes. Most brain

development happens in the early years and is influenced by the environment in which tamariki are nurtured.

- 21 Prevention, early intervention and support services delivered at this critical stage of development are both less costly and more effective at improving health and development outcomes for tamariki and their whānau than interventions later in life.
- 22 Current service effectiveness can be improved by adopting recent scientific developments in neuroscience, epigenetics, adverse childhood experiences and resilience.
- 23 As the majority of experiences in the early years of life are mediated by parents and wider whānau, positive home and community environments are critical to achieving good health and development outcomes. Promoting positive and supportive home and community environments is therefore a key point of impact for the WCTO programme.

The need for a review of WCTO: Building the picture

Current investment in WCTO does not support full delivery of service

- 24 Current total funding for the WCTO programme, including the Before School Check (B4SC) for the 2020/21 year is \$91.6 million. Of this, \$61.6 million is centrally commissioned to the largest WCTO provider, Whānau Āwhina Plunket (Plunket), and \$30 million is provided to district health boards (DHBs) through Crown Funding Agreement (CFA) variations for local commissioning of WCTO and B4SC services.
- 25 DHBs commission WCTO services for around 15 percent of the population from over 60 predominantly Māori and Pacific NGOs. Around 70 percent of these providers are iwi-owned or Māori-led organisations. DHBs commission a range of providers to deliver B4SC services including Plunket, PHOs and public health.
- 26 From 2013 to 2020, whānau preference in provider type has shifted. The number of new baby enrolments with Plunket decreased by 6-7 percent while the number of new baby enrolments with DHB funded WCTO providers increased by 3 percent.
- 27 WCTO funding does not cover the full cost of all tamariki accessing all elements of the programme to which they are entitled. Funding increments have not kept up with the increasing complexity of service delivery required as tamariki and whānau health need has changed. Funding distribution has not responded to changes in population distribution between providers. As such, current funding and fragmented commissioning are contributing to a widening equity gap.

Widening equity gap reflected in WCTO service coverage

- 28 There has been an overall decline in coverage of new baby enrolment rates in WCTO services from 91 percent in 2013/14 to 87 percent in 2019/20. There has also been a widening equity gap for Māori, Pacific and whānau living in

high deprivation areas with coverage decreasing from 87-88 percent in 2013/14 to 79, 83 and 82 percent respectively in 2019/20.

- 29 Māori and Pacific whānau are experiencing unmet need with programme coverage being lower than for other population groups. Around 60 percent of Māori and around 57 percent of Pacific tamariki receive all core contacts compared to 75 percent for non-Māori and non-Pacific. Analysis of other measures of service timeliness and completeness over this time have also shown reduced performance and widening of equity gaps across the programme.

Cabinet mandate to review WCTO

- 30 In October 2018 Cabinet noted that the Ministry of Health was to review and redesign WCTO and invited the Minister of Health to report back with the final review report [CAB-18-MIN-0515.02 refers].
- 31 The range of concerns leading to the Review included:
- 31.1 persistent inequity in access and outcomes across WCTO, health, education and social systems for Māori and Pacific tamariki and whānau, as well as those with disabilities, in state care, living in high deprivation areas and/or with higher needs
 - 31.2 the programme is unsustainable on current levels of funding. It does not cover the full cost of all children accessing all elements of the programme to which they are entitled, and it does not resource providers to adequately respond to whānau with more complex needs
 - 31.3 gaps in infrastructure (funding and commissioning, information and technology, workforce, governance and quality), impact on service quality, integration and whānau experience.

WCTO Review findings

- 32 The Ministry of Health completed a comprehensive review of WCTO over 2019 and 2020. The Review included sector engagement hui; provider interviews; online surveys; consumer insight reviews; rapid evidence reviews; analysis of access and outcomes data; reviews of local and international research; and reviews of key policy settings.
- 33 The overarching finding from the Review is that while the current programme contributes to health and wellbeing outcomes for many tamariki, change is needed to the design, delivery and resourcing to achieve equity and fully support tamariki and whānau who are Māori, Pacific, are living with disabilities, in state care and/or have high needs.
- 34 This means enabling the delivery of intensive services that build on whānau strengths and are whānau led, while retaining and strengthening the universal components of WCTO to support the health and development of all New Zealand tamariki.

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- 35 A responsive, integrated system that delivers evidence-based prevention, early intervention and support services, meets the needs of tamariki and whānau and achieves equity is required. To achieve this, the Review found that the following transformative changes are needed:
- 35.1 A shift from a stand-alone programme to a whānau centred system of integrated services and support. For example, shifting from focusing on completing a hearing check to an integrated screening, intervention and support pathway that provides treatment and support through primary health care and learning services for a child with hearing loss.
 - 35.2 A local evidence base informing the future design of the WCTO system that reflects Te Ao Māori and Pacific worldviews of health and wellbeing, as well as international evidence. This will allow for differentiated models of care based on relevant research and evidence with appropriate resourcing.
 - 35.3 Devolved commissioning, as recommended by the Health and Disability System Review, will allow greater integration of early years services and enable local decision making to achieve outcomes that matter to Māori, Pacific people and local communities.
 - 35.3.1 Devolved commissioning will also allow greater support for a wider range of kaupapa Māori services, which is a key purpose of the proposed Māori Health Authority.
 - 35.3.2 Simplified commissioning approaches across the social sector would also allow providers to flexibly respond to both the universal and more intensive health care and social support required within communities.
 - 35.4 Meaningful partnership with Māori embedded across governance, design, delivery and monitoring functions. Leadership by Pacific, those with lived experience of disability, living in state care and those with higher needs to ensure the unique needs of these groups are met.
 - 35.5 Te Tiriti o Waitangi responsibilities being upheld with Māori as co-designers of transformative change and exercising tino rangatiratanga and mana motuhake over the wellbeing of their tamariki.
 - 35.6 Investment to address gaps in critical infrastructure (information and technology, workforce, quality, governance and accountability) at a system level and at a service level to support equity, quality and integration. This need has been further highlighted by COVID-19.
- 36 The expected collective impact of these changes are improvements in equity of access and engagement, and improvements to the quality and effectiveness of both universal and more intensive support services. The health gains expected are improved early childhood health, development and wellbeing outcomes, which provides the foundation for lifelong health and wellbeing.

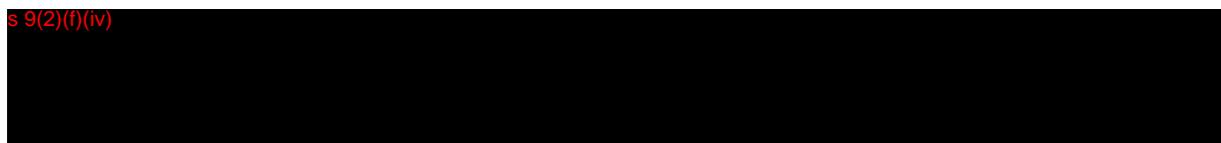
Areas for action to sustain and transform WCTO

- 37 To address the Review findings, both short-term improvements and investment in transformational changes are needed. The Review has identified six interdependent areas for action: governance; models of care; funding and commissioning; quality, monitoring and evaluation; information and technology and workforce.
- 38 Design and delivery of both short-term improvements and transformative systems change will require investment using a whole-of-system approach. This will be co-designed and undertaken in partnership with iwi, hapū and whānau as a Tiriti-based partnership, as well as with sector-wide partners and stakeholders.
- 39 In a transformed system, early years services and support for whānau will be better integrated making them easier for whānau to access and navigate. The system will enable providers to meet both the universal and more intensive support needs of their local communities through a combination of national standards and frameworks and local commissioning.

Short-term improvements underway to sustain current programme

- 40 Short-term improvements are already underway to sustain and strengthen the current WCTO programme for tamariki and whānau while transformation is underway. These include actions to:
 - 40.1 update the clinical tools in the service delivery schedule, supported by workforce training and development. For example, the current tool for vision screening is no longer supported by evidence, and new technologies are emerging that enable faster and more accurate vision screening. New technologies are also available for screening for hearing loss at a younger age, and with improved reliability. The current developmental surveillance tool, PEDS (Parents' Evaluation of Developmental Status), is not working as it should, and may be increasing inequity. The options for alternative screening tools for childhood vision, hearing and development are being considered by Technical Advisory Groups
 - 40.2 establish a collective to support sustainability, leadership and the workforce of smaller WCTO providers
 - 40.3 increase the flexibility and duration of provider contracts, cost-model services to support future commissioning and review the allocation of funding across providers to support sustainability and equity
 - 40.4 improve information systems, provider technology and access to coverage data and streamline reporting requirements

s 9(2)(f)(iv)



- 40.6 improve active monitoring of newborn enrolments with WCTO providers using existing IT systems, to enable more frequent and timely access to newborn enrolment information. Current enrolment data is only received every six months; therefore, these changes will enable the Ministry to identify gaps and risks in coverage and to support DHBs and providers to address these
- 40.7 build on existing connections across child health services. For example, support improved oral health by utilising WCTO providers as a network to distribute free toothbrushes and toothpaste to whānau.

Phased transformative change proposed in response to the Review findings

- 41 Alongside these short-term improvements, transformational change is needed. A transformed system will be experienced by tamariki and whānau as led by them, easy to access, simple to use and navigate, seamless and tailored to the specific needs of the whānau and the local community.
- 42 A three-phase approach to transformative change over the next three years is proposed as follows:
 - 42.1 Set the foundations (2020 to 2021) – agree co-design principles; put in place governance structures; commission an outcomes framework; and establish baseline data on funding, workforce, quality systems and information system need
 - 42.2 Co-design the future (2021 to 2022) – co-design the outcomes framework, models of care and a funding and commissioning model; develop the requirements for workforce, quality and information systems; develop options and cost modelling for progressing transformed WCTO design
 - 42.3 Implement transformation (2023 onwards) – transition to transformed co-designed models of care that are supported by an appropriate funding and devolved commissioning model and implement the supporting changes to quality systems, workforce and information systems.

Enhanced support pilots – opportunity to model transformative change

- 43 As a first step towards transformative change, changes to the model of care are being tested via the Budget 19 enhanced WCTO support pilots in Lakes and Counties Manukau DHBs and Hauora Tairāwhiti.
- 44 Based on a local adaption of the Nurse-Family Partnership model, the pilots are designed to contribute to improving equity and health outcomes for Māori and Pacific, by delivering whānau-centred, relationship-focused intensive support to young parents with mental health support needs, and their whānau, until their child is two years old (including after a stillbirth).
- 45 They will receive mental and social wellbeing support, led by a key worker as their primary point of contact. The key worker will engage early with whānau

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during the antenatal period, build strong relationships, have a low case load, be supported by a multi-disciplinary team and work in collaboration with other health and community agencies as needed.

- 46 There will be a dual focus on delivering both the universal WCTO schedule while at the same time supporting the holistic wellbeing of tamariki and their whānau through:
- 46.1 a strengths-based approach to whānau care and support
 - 46.2 use of culturally appropriate models of care
 - 46.3 an intensive and trusted relationship with a key worker with the support of a multi-disciplinary team
 - 46.4 support for whānau to achieve their own parenting goals and aspirations.
- 47 The pilots aim to improve child health outcomes for whānau participating, including:
- 47.1 improved health, development and learning outcomes for tamariki
 - 47.2 increased parental and whānau understanding of child development, the role of parenting, and increased confidence in their own parenting skills.
- 48 The pilots provide an opportunity for testing WCTO integration with maternity services earlier in the pregnancy and with broader whānau health and social support, including maternal mental health. There is opportunity for these pilots to be delivered more widely, subject to future funding decisions.
- 49 Insights from the evaluation of these pilots, as examples of intensive, tailored models, will inform the transformation and future design of WCTO.

Proposed next steps

- 50 s 9(2)(f)(iv)
The initial work on the short-term improvements and to set the foundations for boarder transformation is being funded from within baseline.
- 51 Further work will also be completed to develop options and costings for broader transformative change to the delivery of child health, development and wellbeing services, in the context of an early years system. This is subject to Budget or future funding decisions.

Public release of the WCTO Review Report

- 52 The 'Well Child Tamariki Ora Review Report 2020' (the Review Report) is attached.
- 53 I plan to publicly release the Review Report by publishing it on the Ministry of Health website.

Financial Implications

- 54 There are no financial implications arising from this paper.
- 55 Further work will also be completed to develop options and costings for broader transformative change to the delivery of child health, development and wellbeing services.

Legislative Implications

- 56 There are no legislative implications arising from this paper.

Population Implications

Population group	How the proposal may affect this group
Children and young people	<p>Investing in WCTO services has the potential to positively impact health and wellbeing outcomes at every stage of life and reduce the need for additional health, education and justice intervention in later years.</p> <p>The proposal to develop transformative change will help achieve equity and fully support tamariki who are Māori, Pacific, are living with disabilities, in state care and/or have high needs.</p>
Māori	<p>The Review has identified change is needed to deliver services that are more responsive to the unique needs of these tamariki and whānau.</p> <p>Transformation to a holistic, integrated wellbeing system of services and support for tamariki and whānau wellbeing designed in partnership with Māori is proposed. This will improve equity in access and outcomes for tamariki and whānau Māori and enable Māori to exercise tino rangatiratanga and mana motuhake over the wellbeing of their tamariki.</p>
Pacific peoples	<p>All aspects of the redesign of the WCTO programme must be resourced to deliver culturally safe services that meet the needs of Pacific children and their families.</p> <p>Addressing these areas, as proposed, will improve engagement with the WCTO programme, integrate Pacific models of care, support Pacific leadership and promote workforce development.</p>
Women	<p>Most caregivers of young children are women, so improving the support provided to whānau will significantly affect women. However, the increased focus on whānau-centred service delivery will also ensure that all caregivers and whānau members, regardless of gender, will be included.</p>
People with disabilities	<p>The proposed change makes the WCTO programme more accessible and effective for children with disabilities and their whānau. The proposed redesign will expand the programme's focus on wellbeing, thus supporting disabled children and their parents' wellbeing in physical, emotional, social and behavioural domains.</p> <p>The redesign will support the vision of the New Zealand Disability Strategy for disabled children and whānau to have the highest attainable standards of health and wellbeing without discrimination.</p>

Human Rights

- 57 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. The proposed redesign of the WCTO programme supports New Zealand's commitment to the United Nations Convention on the Rights of the Child as it will further activate children's rights to the best possible health, development and learning.

Consultation

- 58 The Ministry of Health prepared this paper. The following agencies were consulted in the development of this paper: Te Puni Kōkiri; the Ministries of Education, Social Development and Pacific People; Office of the Children's Commissioner; Accident Compensation Corporation; Oranga Tamariki; The Treasury; the Department of the Prime Minister and Cabinet.

Communications

- 59 The WCTO Review Report will be published on the Ministry of Health website.

Proactive Release

- 60 I propose to proactively release this Cabinet paper in line with the Government's proactive release policy.

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Recommendations

The Associate Minister of Health recommends that the Committee:

- 1 note that Well Child Tamariki Ora (WCTO) is New Zealand's key programme supporting the health, development and wellbeing of all tamariki from birth to five years, and their whānau;
- 2 note that in October 2018 Cabinet noted that the Ministry of Health was to review and redesign WCTO and invited the Minister of Health to report back with the final review report [CAB-18-MIN-0515.02 refers];
- 3 note that a Review of WCTO (the Review) was undertaken by the Ministry of Health in 2019 and 2020 and a Review Report on the findings will be published on the Ministry of Health website;
- 4 note short-term improvements are being progressed to sustain and strengthen the current delivery of WCTO including actions to:
 - 4.1 update clinical tools supported by workforce development
 - 4.2 support the sustainability, leadership and workforce of smaller WCTO providers
 - 4.3 increase the flexibility and duration of provider contracts, cost-model services and review the allocation of funding across providers to support sustainability and equity
 - 4.4 improve information systems, provider technology and access to coverage data and streamline reporting requirements.
- 5 agree, subject to Budget or future funding decisions, to the development of options and costings for broader transformative change to the delivery of child health, development and wellbeing services, to better support Māori and Pacific whānau and all New Zealand tamariki;
- 6 note that in upholding responsibilities under Te Tiriti o Waitangi, the design and delivery of both short-term improvements and transformative systems change will be co-designed, and undertaken in partnership, with iwi, hapū and whānau as well as with sector-wide partners and stakeholders.

Authorised for lodgement

Hon Dr Ayesha Verrall

Associate Minister of Health

Appendix

Well Child Tamariki Ora Review Report 2020

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