|  |  |  |
| --- | --- | --- |
|  | **All District Health Boards** | |
| **SERVICES FOR CHILDREN AND YOUNG PEOPLE –**  **Health Services for Tamariki and Rangatahi in Oranga Tamariki Care and Protection and Youth Justice Residences**  **TIER TWO SERVICE SPECIFICATION** | | |
|  | |  |
| **STATUS:**  Approved to be used for mandatory nationwide description of services to be provided. | | **MANDATORY** |
| **Review History** | | **Date** |
| First Published on NSFL | | July 2012 |
| Updated: | | August 2015 |
| Amendment: Reporting added word ‘directly” | | September 2015 |
| Amendments: Administration review, minor editing and formatting, updated links, references and language etc. | | June 2021 |
| Consideration for next Service Specification Review | | Within five years |

Note: Contact the Service Specification Programme Manager, Planning and Accountability, Ministry of Health, for queries about these service specifications at nsfl@health.govt.nz.

Nationwide Service Framework Library: http://www.nsfl.health.govt.nz/.

**SERVICES FOR CHILDREN AND YOUNG PEOPLE –**

**Health services for Tamariki and Rangatahi in Oranga Tamariki Care and Protection and Youth Justice ResidenceS**

**TIER TWO SERVICE SPECIFICATION**

**COCH0026**

**(June 2021)**

# Background

There are eight Oranga Tamariki Care and Protection facilities and Youth Justice residences across New Zealand in six DHB districts see Table 1.

A Care and Protection facility is for tamariki and rangatahi who are unable to live at home, or who are at risk if they remain in the community.

A Youth Justice residence or community remand home is for tamariki and rangatahi who are detained in the custody of Oranga Tamariki due to offending or alleged offending. Community remand homes are excluded from this service specification.

Tamariki and rangatahi may not always be placed in a Residence close to where they live. Following admission, they are provided with a range of programmes, including the Service, to meet their individual needs. Transition Planning is undertaken by the Service and Oranga Tamariki to support transition back to the community or other Residence.

This service specification applies to the following Residences:

**Table 1: Residences in districts and number of tamariki/ rangatahi per residence**

| **Residence** | **DHB** | **Potential number of tamariki/rangitahi in residence** | |
| --- | --- | --- | --- |
| **Care & Protection** | **Youth Justice** |
| Whakatakapokai | Counties Manukau | 5 | 15 |
| Korowai Manaaki | Counties Manukau |  | 46 |
| Te Au Rere a te Tonga | MidCentral |  | 40 |
| Epuni | Hutt Valley | 10 |  |
| Te Puna Wai o Tuhinapo | Canterbury |  | 40 |
| Te Oranga | Canterbury | 10 |  |
| Puketai | Southern | 8 |  |
| Te Maioha o Parekarangi | Lakes |  | 30 |

# 1. Service Definition

The role of the Service is to deliver comprehensive primary health care services to tamariki and rangatahi in Oranga Tamariki Care and Protection residences and Youth Justice residences.

The Service will ensure a comprehensive range of health, development, and disability services are provided to meet the needs of tamariki and rangatahi which operate as a continuum of care in partnership with key stakeholders across multi-agencies.

Tamariki and rangatahi who enter a residence often have had limited or no active contact with primary health services or subsequent referral for specialist health care. They often have high levels of unmet health needs particularly in the areas of mental health, developmental concerns, disability, oral health, and hearing and vision impairment.

The Service will deliver services for tamariki/rangatahi to:

* identify and address their presenting health conditions and developmental needs
* provide primary health care services, including diagnosis and treatment, health education (including self-management), counselling, disease prevention and screening.

Service delivery will:

* be strengths based, child and youth specific, inclusive, and deliver culturally and developmentally age appropriate services based on the needs of the tamariki/rangatahi
* be competent and proactive in providing services that support positive youth development
* be delivered in the best interests of the tamariki/rangatahi[[1]](#footnote-1) with their informed consent[[2]](#footnote-2), and whenever practicable and appropriate involve their whānau
* work as part of a multi-disciplinary/multi-agency team in partnership with the tamariki/ rangatahi to provide effective service delivery. The Service will participate in the Oranga Tamariki multi-agency planning meetings and will work alongside the Oranga Tamariki site social worker, Residence staff, education providers, and other relevant agencies as and when appropriate to ensure seamless transfer of care and information.

# 2. Service Exclusions

The following are excluded from these Services:

* Tamariki and rangatahi not currently resident in an Oranga Tamariki Care and Protection or Youth Justice residence and staff in the residences.
* Tamariki and rangatahi who are resident in Oranga Tamariki Care and Protection community homes or Youth Justice remand homes.

The costs of services delivered by other providers. Where private health services need to be accessed, or co-payments apply for publicly funded services, Oranga Tamariki will consider funding the service as appropriate to their role (refer to Appendix One Table 6)

After hours urgent or acute care. This is accessed through Accident and Medical Services as appropriate (refer to 4.1).

# 3. Service Objectives

## 3.1 General

The objective of the Service is to achieve optimal health and wellbeing for tamariki/rangatahi by:

* providing them with a comprehensive primary health care service in collaboration with specialist Mental Health and Addiction Services, Māori/Iwi providers and other relevant services
* supporting them to improve their understanding of their own health needs, including self-management and how to access available health services
* providing them with support (by both Oranga Tamariki and the Service) to access and engage with health services in the Residence and on discharge from the Service
* providing effective transition of care to ongoing primary health care service. The Service will provide referral(s) to other relevant services (eg, secondary health services, oral health services) as/when tamariki/ rangatahi leave the Residence to their new place of residence.

## 3.2 Māori health objectives

The Service will align with Te Tiriti o Waitangi obligations and be responsive to the unique needs of Māori tamariki and rangatahi to enable Māori tamariki and rangatahi to flourish and contribute to a reduction of health inequities. Māori tamariki and rangatahi are to be supported by the Service to help achieve their maximum health and wellbeing consistent with the directions set in key strategic health documents, such as**:**

Whakamaua: Māori Health Action Plan 2020-2025[[3]](#footnote-3) is the implementation plan for He Korowai Oranga, New Zealand's Māori Health– it supports providers to achieve better health outcomes for Māori by setting the government’s direction for Māori health advancement over the next five years.

Whakamaua is underpinned by the Ministry of Health’s new [Te Tiriti o Waitangi Framework](https://www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi) [[4]](#footnote-4) that provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

The Service must 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. Services must build on the current investment and innovation in Māori programmes and services and develop effective models of service delivery that are responsive to Māori and contribute to whānau ora.

The Service must offer an integrated service that includes developing and maintaining relationships with other primary and specialist health, education and social services that influence Māori health outcomes.

## 3.3 Pacific health objectives

The Service must link delivery and outcomes to the improvement of Pacific health outcomes, particularly for regions that have significant Pacific populations.

The Service must meaningfully acknowledge the diversity of Pacific cultures and support Pacific tamariki and rangatahi to be confident in their own cultural identity. Many Pacific children and young people have shared Māori whakapapa and the Provider will acknowledge this cultural link with Te Ao Māori in its Service design and delivery. Moreover, Pacific people must be consulted to ensure Pacific values inform the design and delivery of the service. Consistent with the Māori health objectives, the service must offer an integrated approach that includes developing and maintaining relationships with other primary and specialist health, education and social services that influence Pacific health outcomes.

Where appropriate the service would be delivered by Pacific health professionals or non-Pacific health professionals who have the cultural training and understanding to appreciate Pacific values and cultural practices and use these in service delivery.

Overall, the Provider will support initiatives that build upon current Pacific peoples’ programmes and services and develop effective models of service delivery for their Pacific tamariki and rangatahi that are responsive and aligned to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025.[[5]](#footnote-5)

## 3.4 Agreement on strategies to achieve the objectives

Within three months of signing the Service Agreement, the Provider will consult with the Residence Manager to develop and agree an operational protocol that sets out the approach to delivering the Service to achieve the objectives set out in this clause 3. The protocol will be reviewed annually and must include:

* priorities in respect to the Services of both the parties’ and the tamariki/rangatahi
* the Service’s staffing plan for the Service (including role of Oranga Tamariki in recruitment, refer 7.1)
* the Service’s approach to delivering the Service and working with residence staff regarding:
  + meeting health service needs of the tamariki and rangatahi
  + after hours protocols described in clause 4.1
  + collaboration to deliver the components of the Services described in clause 5
  + achieving the quality requirements described in clause 7, including protocols for confidentiality and consent
  + medication management as per the National medication guideline.
  + reporting requirements for National reporting to the District Health Board and the Residence Manager.

# 4. Access

## 4.1. Hours of operation

The Service is provided during agreed business hours[[6]](#footnote-6). The Service is not provided after hours, or on weekends or public holidays. The Service will agree the appropriate protocols with the residence to access generic after hours primary health care and emergency services.

## 4.2 Entry

The Service will commence when a tamariki/rangatahi enters an Oranga Tamariki Care and Protection residence or a Youth Justice residence.

Wherever appropriate and possible the Service is invited to pre-entry admission meetings.

The Service makes best use of available health data sources (eg, ACC, National Immunisation Register (NIR), previous primary health care provider records).

## 4.3 Exit criteria

The Service will be discontinued following discharge of the Service User from the Residence, or transfer to another Residence.

Requirements for discharge planning and transition of care are detailed under 5. Service components- Health transition planning.

# 5. Service Components

|  |  |
| --- | --- |
| ***Service component*** | ***Description*** |
| **Primary health care services, treatment and referral** | The Service will be provided using a comprehensive, strength-based and holistic approach. This will include, but not be limited to:   * primary health care services * assessment * referral for laboratory screening and diagnostic services * prescription for pharmaceuticals * sexual and reproductive health screening and treatment * provision of, or referral to, vision and hearing screening services * alcohol and other drug assessment and treatment * immunisation services according to the NZ National Immunisation Schedule[[7]](#footnote-7) * primary mental health services for tamariki and rangatahi with mild to moderate mental health and/ or addiction issues and/ or behavioural disorders * health education * appropriate accessing of disability support services * appropriate accessing of ACC funded services including for sensitive claims and traumatic brain injuries. |
| **Referral** | The Service is responsible for coordination, referral and follow up including, but not limited to these services:   * dental services, as required * universal screening services * secondary health services.  Timeliness of referrals and health care appointments Due to the limited time tamariki/rangatahi are in the Residence the Service will work with Oranga Tamariki and key stakeholders to facilitate and support timely external appointments as/when required.  The Service has responsibility for working with the local DHB to ensure referrals recognise the high health needs of the tamariki and rangatahi, and that the referrals are appropriately, timely, efficiently and effectively prioritised.  Refer also to 6 Service Linkages, below. |
| **Assessment** | |
| Triage assessment on admission | Each tamariki/rangatahi will receive a triage health assessment within 24-48[[8]](#footnote-8) hours of entry into the Residence. This will identify and prioritise their immediate health needs and the appropriate action or treatment required. The assessment will usually be undertaken by a registered nurse and will incorporate checks for communicable diseases, infection, immunisation status, fractures, lacerations, infestations, suicide and self-harm risk and medication requirements. (to ensure the tamariki/rangatahi has access to their regular medication). |
| HEEADSSS and nursing assessment | Triage assessment on admission is followed up by a comprehensive nurse-led age and development assessment using the HEEADSSS assessment or equivalent tool at the clinically determined time. Ongoing, clinically indicated nursing assessments will be undertaken by a registered nurse/nurse practitioner. |
| Medical assessment | The tamariki/rangatahi will be examined by a registered medical practitioner within one week of being admitted to the Residence, as indicated in the Oranga Tamariki Regulations[[9]](#footnote-9).  A registered medical practitioner/ nurse practitioner will undertake ongoing medical assessment, as appropriate. |
| Health Summary | The Service will provide the Residence staff, including the case social worker, with an Admission Health Summary that includes the health information from the Triage and Medical Assessments within two working days of admission |
| **Self-Management and Wellness Education** | The Service will work with the tamariki/rangitahi to help them improve their understanding of their own health needs, self-management and how to access available health services outside of the residence. |
| **Health education/promotion** | The Service will collaborate with residence staff and other agencies to develop and deliver appropriately prioritised health promotion initiatives for the tamariki/rangatahi. |
| **Health transition planning** | The Service and Oranga Tamariki Residence staff will collaborate to support health transition plans for tamariki/rangatahi and ensure that the appropriate referrals and follow up occur. Health transition planning will support equitable and sustainable proactive outcomes for tamariki/rangatahi and their whānau. The health transition plans will also be recorded in the medical record in the Residence’ patient management system[[10]](#footnote-10).  A Discharge Health Summary, including the health transition plan will be provided to the Residence, the tamariki/rangatahi’s Oranga Tamariki social worker, the nominated Primary Care Provider, Prison Medical Officer and/or clinical staff in the subsequent residential placement. Refer to clause 7.2.2 on consent.  If the tamariki/rangatahi is discharged to the community the Service will transition their care to an existing or nominated primary health care provider in the tamariki/rangatahi’s place of residence. As appropriate, the new primary health care provider or the Oranga Tamariki social worker is asked to follow up and encourage and assist the tamariki/rangatahi to engage with any health service provider to which they have been referred.  If the tamariki/rangatahi does not have a primary health care provider, the Oranga Tamariki Social Worker will support the tamariki/rangatahi to enrol with a primary health care provider as per the Oranga Tamariki regulations[[11]](#footnote-11). |
| **Support and Training of Residence staff** | The Service will provide support and training to Residence staff to allow them to manage the day-to-day health and wellbeing of tamariki and rangatahi. This will include relevant information where appropriate to better manage the tamariki/rangatahi’s health condition eg, diabetes.  The Service will work with their local community pharmacy and the Residence Manager/key staff to ensure that all Residence staff are trained to administer medications to rangitahi as prescribed.  A national guideline for medication management, procedures, and protocols; audit processes; and escalation pathways will be developed by the Ministry and Oranga Tamariki and supported by community pharmacy, the Service and Residence managers and will be reviewed at least 3-yearly. |

## 5.1 Support Services

Interpreting services (including NZ sign language), if required, will be provided by Oranga Tamariki.

## 5.2 Settings

The Service, clinical and coordination services, (where possible) will be based within the Residence.

Considerations in determining appropriate settings should include, but not be limited to accessibility, cultural competency, safety and responsiveness[[12]](#footnote-12), workplace and physical safety of both the health practitioner and tamariki/rangatahi, and the effective and efficient use of resources.

Health services will be provided on site where this is able to be negotiated. When this is not possible, consultations/appointments will be made at offsite facilities in collaboration with Oranga Tamariki residence staff.

Offsite appointments will be attended as arranged with Oranga Tamariki escorts who are responsible for the tamariki/rangatahi. The Service will support the offsite provider to provide a tamariki/rangatahi friendly and non-judgemental environment where possible.

## 5.2.1 Facilities

Oranga Tamariki will provide safe, confidential and clinically appropriate medical facilities (office and medical rooms) for the provision of the Service within the Residence.

## 5.2.2 Equipment

The medical facility will contain all relevant agreed office equipment and IT Technology, including appropriate furniture, a computer, internet connection and a printer/scanner, which are maintained and serviced to the required standards by Oranga Tamariki.

The suite of appropriate relevant clinical equipment required will be at the discretion of the Service and the cost will be met by the Service.

The Service is responsible for:

* providing clinical equipment that enables the provision of the Service and complies with current clinical standards and codes of practice, for use by the health staff
* consumables used in the Residence
* training their staff in the patient management system.

# 6. Service Linkages

The Service will focus on engagement and effective working relationships with other services/agencies (refer tables 2 and 3) that reflect the size and scope of the relationship they have with each organisation and the degree of cooperation required between them. These linkages will facilitate open communication, continuity of care, smooth referral, follow-up and discharge processes to ensure that the following principles are acknowledged:

* a continuum of care and seamless service delivery, including those services funded via other funding streams
* safety for at-risk tamariki/rangatahi through linkages with Police, Oranga Tamariki, and DHBs (refer to Memorandum of Understanding -children admitted to hospital with suspected abuse or neglect)[[13]](#footnote-13)
* strengths based and supporting positive youth development
* intersectoral linkages with social, education and voluntary services involved in the care and support of the tamariki/rangatahi and their family and whānau
* clinical consultation and referral to services that support clinical pathways
* sharing of timely and appropriate information will support the overall wellbeing of the tamariki/rangatahi.

Appropriate linkages will be made with some or all of the agencies in Table 2.

The costs of liaison and linkage with these services are included within this Service.

**Table 2: Service Linkages with Health Services/Agencies**

| **Service Need** | **Provider** |
| --- | --- |
| After Hours Services / Accident and Medical Services | Any after-hours medical centre |
| Oral health Services | Mobile Dental Services or School Dental Clinic |
| Any DHB contracted community dental practice (Combined Dental Agreement for the provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents) |
| Services for dental trauma are funded by ACC |
| Private dentist |
| Pharmaceuticals | Any DHB contracted community pharmacy |
| Laboratory tests and other diagnostic services | Any DHB contracted community laboratory/diagnostic provider |
| Moderate to severe mental health and addiction problems | DHB funded specialist mental health and addiction providers |
| Mild to Moderate mental health and addiction problems | Ministry funded youth specific primary mental health and addiction services |
| Sexual health | DHB funded Sexual Health Services, Youth One Stop Shops or Ministry of Health (The Ministry) funded Family Planning clinics |
| Termination of Pregnancy services | DHB funded |
| Drug and Alcohol issues | DHB Alcohol and other Drug (AOD) Services |
| Other medical/surgical specialist hospital services) | DHB Hospital specialist services |
| Maternity Services | Lead Maternity Carer, DHB Community Midwives or Secondary Maternity services |
| Immunisation | Authorised non-medical vaccinator |
| Well Child/Tamariki Ora Services | Providers who are publicly funded by the DHBs/Ministry |
| Māori Health Service, Whānau Ora Service  Māori support and advocacy services | Services funded by the DHB, Ministry or other Government Agency |
| Pacific Health Service, support and advocacy services | Services funded by the DHB |
| Public health services eg smoking cessation, nutrition and physical activity | Services funded by the DHB or Ministry |
| Disability Support Services | Disability support service and Needs Assessment Service Coordination (NASC) funded by Ministry |

**Table 3: Service Linkages with Non-Health Agencies**

|  |  |  |
| --- | --- | --- |
| ***Agency*** | ***Nature of the Linkage*** | ***Accountabilities*** |
| Oranga Tamariki | Liaise and work with Oranga Tamariki Residence and Community social work staff | Work as part of an effective multidisciplinary/multi-agency team with respect to tamariki and rangatahi and provide information, education, advice and support to Residence and community staff including support for discharge planning |
| Ministry of Education, including Special Education providers, and other organisations responsible for assessing learning disabilities | Refer or liaise re individual Tamariki and rangatahi as appropriate | Work with other relevant professionals whenever there are concerns relating to a Service User |
| Interagency Co-ordination (Strengthening Families; Home Interactions Programme for Parents and Youngsters Families) | Attend or instigate interagency co-ordination meetings as appropriate | Work as part of a multidisciplinary/multi agency team with respect to Tamariki and rangatahi and provide information, education, advice and support including support for discharge planning |

# 7. Quality Requirements

## 7.1 Staff requirements

The Service will provide their staff with professional support and supervision. The Service will ensure that Oranga Tamariki have the opportunity to engage in the recruitment process for new staff for the Service.

The Service’s staff must:

• be screened as required by the Children’s Act 2014

• be appropriately trained and skilled in child and adolescent health and development, including normal adolescent development to identify trauma, neurodevelopmental disability, and complex health issues

• be appropriately trained in cultural competency

* have had training alongside Oranga Tamariki around the sharing of information and the appropriate legislation that supports that

• provide care within their authorised scope of practice and competence.

Where necessary, standing order arrangements (eg, for vaccinations) will be in place and regularly reviewed.

## 7.2 Acceptability

The Services must meet the following:

**7.2.1 Confidentiality of Personal Health Information**

Personal health information of the tamariki/rangatahi will be kept securely and confidentially by the Service.

Access to health data[[14]](#footnote-14) will be managed by the Service according to nationally consistent protocols (agreed with Providers, clinicians and Oranga Tamariki) that meet legislative and regulatory requirements, such as the Health Information Privacy Code 2020**[[15]](#footnote-15)**. Such protocols will be clearly described, practised and auditable.

In consultation with the Service and Privacy Commissioner, and in accordance with the Health Act 1956, and Health Information Privacy Code 2020, Oranga Tamariki is responsible for developing and maintaining policies and procedures that ensure health information contained in the patient management system (Medtech) and not required for the records is required to be kept under Part 6 of the Regulations, is kept confidential to the Service, and is not available to any Oranga Tamariki staff unless there is a legal or safety obligation for this to occur[[16]](#footnote-16).

**7.2.2 Effective Communication and Informed Consent**

Wherever possible and practicable, when clinical information about a tamariki/rangatahi is to be transferred to a third party, the tamariki/ rangatahi should be involved in the consent process. (See also regulation 58 of the Oranga Tamariki Regulations[[17]](#footnote-17)). Information can only be disclosed in accordance with the Privacy Act 2020, Oranga Tamariki Act 1989, Health Act 1956, Health Information Privacy Code 2020.

* No tamariki/rangatahi will be required to undergo any medical or dental examination or treatment without the tamariki/ rangatahi consent[[18]](#footnote-18), exceptwhere another person is authorised to make that decision on behalf of the tamariki/ rangatahi[[19]](#footnote-19). Where the tamariki/ rangatahi is assessed as not being competent to grant consent[[20]](#footnote-20), their guardians must be involved in decisions about health services.
* Parents, guardians and caregivers will be informed about decisions that significantly affect the tamariki/rangatahi[[21]](#footnote-21).

**7.2.3 Maintenance of Clinical and Medication Records**

The Service will maintain appropriate clinical records using the electronic patient management system (MedTech[[22]](#footnote-22)) provided by Oranga Tamariki and make these records available to other health practitioners caring for the Service User at the Residence. Appropriate summary records will be available for Residence staff in a timely manner.

The Service will ensure all appropriate health information is transferred via the MedTech practice management system to the new provider.

**7.2.4 Compliance with Legislation and Standards**

Services provided will be delivered in compliance with the appropriate health and disability sector standards including the Health and Disability Sector (Safety) Act 2001, the Code of Health and Disability Services Consumers’ Rights, and the Health Information Privacy Code 2020, Health and disability Standards[[23]](#footnote-23). As well as in compliance with appropriate Oranga Tamariki legal framework, including Oranga Tamariki Act 1989, Oranga Tamariki (Residential Care) Regulations 1996, and Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018.

Of specific relevance are:

regulation 35 of the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018; particularly how the services outlined will address/are relevant to the specific obligations on the CE of Oranga Tamariki to ensure that support is provided to address the health needs of a young person in care or custody (eg. includes ensuring the young person has access to an annual health check;

regulation 13: ensuring young person has access to a health practitioner with the same knowledge and experience of cultural values and practices as required when the young person’s health needs are assessed etc).

**7.2.5 Audit**

The Service will be subject to audits as required by the DHB and Oranga Tamariki.

## 7.3 Relationship between the Service, DHB and OT

Staff providing the Service will report to their own management.

Any disputes are to be resolved through local negotiations in the first instance and by acting in good faith. The DHB’s portfolio manager for this service and Oranga Tamariki General Managers Youth Justice and Care and Protection at National Office are to be advised of any problems in writing within 10 working days if the dispute is unable to be resolved through these reporting lines.

# 8. Purchase Unit Codes and Reporting Requirements

Purchase Units (PU) codes are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following PU code applies to this Service.

| **PU Code** | **PU Description** | **PU Definition** | **PU Unit of Measure** |
| --- | --- | --- | --- |
| COCH0026 | Health Service OT residences | Primary care health service, including health assessment, self-management guidance and how to access available health services for tamariki and rangatahi in Oranga Tamariki (OT) care and protection and youth justice residences. Includes the coordination of a range of health services to meet the tamariki and rangatahi’ needs. The service is provided by doctors, nurses or allied health clinicians. | Service |

| **Unit of Measure** | **Unit of Measure Definition** |
| --- | --- |
| Service | Service purchased in a block arrangement or uniquely agreed at a local level. |

## 8.1 Data Collections and Reporting Requirements

## 8.2 Quarterly Reporting

The reporting information is to be reported as per the requirements under 8.2.1 and in table 5. It is used by the DHB Funder to monitor the scope and quality of service delivery.

Unless otherwise specified in the agreement, the reporting will be sent to:

The Performance Reporting Team, Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email: [performance\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

and to:

Oranga Tamariki National Office  
PO Box 546  
Wellington  
New Zealand

Email: Denise.tapper@ot.govt.nz

Quarterly reporting is due on the following dates:

|  |  |
| --- | --- |
| **Reporting Period** | **Report Due** |
| 1 July – 30 September | 20 October |
| 1 October – 31 December | 20 January |
| 1 January – 31 March | 20 April |
| 1 April – 30 June | 20 July |

**8.2.1 National Health Index based data reporting**

NHI level data [[24]](#footnote-24) will be reported in the quarterly reports in a non-identifiable way to show the number of residents in the Residence:

* NHI
* Date of birth (age)
* Sex (gender)
* Ethnicity (to Level 2) following the HISO 10001:2017 Ethnicity Data Protocols [[25]](#footnote-25)
* Address (Domicile by DHB on admission)
* Average length of resident stay in each Residence (rolling average)

**Table 5: Quarterly Report Requirements**

| **Quarterly Report** | |
| --- | --- |
| Quarterly Summary | Number of admissions |
| Number of discharges |
| Admissions by age, gender and ethnicity (Level 2) |
| Admissions with a Nurse Assessment within 48 hours of admission (Number and %) [Reasons for exception to 100% completion and the mitigation strategy to be reported in the Narrative Report] |
| Admissions with a Medical Assessment within one week of being admitted (Number and %) [Reasons for exceptions to 100% completion and the mitigation strategy to be reported in the Narrative Report] |
| Number of Nurse Consultations[[26]](#footnote-26) |
| Number of Medical Consultations |
| Consultations by other members of the health care team |
| Referrals by Service Type   * Publicly funded specialist services – specified by type eg. Allied Health, Medical, Surgical, Paediatric, Mental Health and addiction, Sexual Health, Alcohol and Other Drugs. * Dental * Vision Hearing Testing * Disability Services * Privately-funded health services (identify what services were funded) * Other services not outlined above. |
| Narrative Report | Summary for the quarter:   * Exception Reporting for nursing or medical assessments outside the required admission timeframes, including mitigation strategies * Human resources (number, FTE, and designation of Service staff) * Successes, initiatives, opportunities, issues (eg, medication administration errors), risks, barriers, emergent trends, lessons learnt in delivering the Service. |

**Appendix One: Funding**

## Funding Responsibility

Table 6 itemises funding responsibility for various aspects of care, to clarify funding responsibilities between the Service, publicly funded health service and Oranga Tamariki. Oranga Tamariki is responsible for private consultations and co-payment charges.

Table 6: Funding Responsibility

| **Service** | **Example** | **Oranga Tamariki funded** | **Explanation** |
| --- | --- | --- | --- |
| After hours visits (when the GP/nurse is not normally present at the residence) | After hours medical consultation | Yes | Oranga Tamariki is responsible for full charges associated with visiting a primary health care provider who is not the Service contracted by the DHB to provide services in the Residence – ie, is treated as a casual patient. |
| Consultations with Specialists, including mental health services | DHB outpatient services | No | There is no charge for public hospital outpatient visits or services as an inpatient. |
| Private clinic consultation | Yes | Unless specified and agreed in the contract between the DHB and provider, Oranga Tamariki is responsible for specialist consultations in the private sector.  ACC will fully subsidise a consultation with a specialist if the health issue is covered by ACC. |
| Counselling | ACC | Part | ACC covers the costs for approved sexual abuse counselling. |
| Non-ACC | Yes | Publicly funded primary or specialist mental health services are covered by DHBs. Oranga Tamariki is responsible for the cost of private counselling. |
| Medications | Prescription part charges | Part | Oranga Tamariki is responsible for prescription co-payments and any part charges (for children under 14 years of age there is no co-payment).  Oranga Tamariki is responsible for medicines that are not listed on the Pharmaceutical Schedule. |
| Over the counter medications for use by tamariki/rangatahi– eg, paracetamol, acne and sun block cream, vitamin and mineral supplements | Yes | Oranga Tamariki is responsible for over the counter medications provided to or used by tamariki and rangatahi. |
| Blister packaging | Yes | Oranga Tamariki is responsible for the costs of compliance packaging. |
| Consumables | Wound care, examination and chronic illness consumables | No | Consumables used by the Service are the responsibility of the Service.  ACC will cover the costs of equipment for wound dressings (up to a certain level). The Service can claim on this from ACC (refer to the ACC Guidelines). |
| First aid equipment  eg, slings, dressings, saline | Yes | Oranga Tamariki is responsible for the cost of general first aid equipment used by staff. |
| Equipment to help people manage medical conditions | Orthotics, asthma spacer, crutches | Part | Public health funding (refer to the Service Coverage Schedule) or ACC meets the cost of some devices. Oranga Tamariki is liable for part-charges. Oranga Tamariki is responsible for co-payments and any part charges.  If crutches are supplied by the DHB they are at no cost. Oranga Tamariki is responsible for any additional costs outside of this. |
| Physiotherapy, Chiropractic, Osteopathy, Acupuncture, Podiatry | ACC part charges | Part | Oranga Tamariki is responsible for any part charges. |
| Non-ACC | Yes | Oranga Tamariki is responsible for services that are not publicly-funded. |
| Dietitian | Public | No | Publicly-funded services provided by a DHB dietitian do not incur a charge  Oranga Tamariki is responsible for private services. |
| private | Yes |
| Interpreting | For interpreting in languages other than English. | Yes | Face to face or telephone interpreting services including NZ sign language. |
| Laboratory | Part charges | Part | Oranga Tamariki is responsible for part charges (if any). |
| Diagnostic Imaging | ACC part charges | Part | Oranga Tamariki is responsible for part charges for private diagnostic imaging if the injury is covered by ACC. |
| Non-ACC | Yes | Diagnostic Imaging services undertaken in a publicly funded DHB are at no cost. Oranga Tamariki is responsible for part charges in the private sector. |
| Dental | Routine oral health services | See explanation | Up to 18 years of age there is no charge to access publicly funded basic/routine oral health services – either through the Community Oral Health Services or a community dentist contracted by a DHB to provide services under the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents (commonly known as the ‘Combined Dental Agreement’ or CDA.  Routine dental services from a DHB’s hospital dental service are only available for people with a special dental or medical condition, disability or need for special management facilities that prevents them from accessing a dental in the community. |
| ACC part charges | Part | ACC meets the cost of dental consultations associated with injuries, but there may be a part charge. |
| Orthodontic care | See explanation | Requires prior approval by Oranga Tamariki. Hospital Dental Services provide orthodontic treatment for the correction of severe congenital craniofacial abnormalities and malocclusions. |
| Optometry (glasses) | Charges over health’s limit | See explanation | Refer to the Service Coverage Schedule or Ministry guidelines for subsidies for children’s glasses and vision tests. [www.health.govt.nz/your-health/conditions-and-treatments/disabilities/vision-loss/subsidy-childrens-glasses-and-vision-tests](http://www.health.govt.nz/your-health/conditions-and-treatments/disabilities/vision-loss/subsidy-childrens-glasses-and-vision-tests) |
| Vision Hearing Testing (VHT)  Audiology (hearing) | Part charges | See explanation | DHBs provide publicly funded VHT and audiology services. Oranga Tamariki is responsible for private services. Refer to the Service Coverage Schedule nsfl.health.govt.nz/accountability/service-coverage-schedule and Ministry’s Guidelines on Hearing Aid Funding Scheme. [www.health.govt.nz/publication/guide-getting-hearing-aids-hearing-aid-funding-scheme](http://www.health.govt.nz/publication/guide-getting-hearing-aids-hearing-aid-funding-scheme) |

1. Oranga Tamariki Act 1989 section 6 [↑](#footnote-ref-1)
2. See section 7 [↑](#footnote-ref-2)
3. www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025 [↑](#footnote-ref-3)
4. www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi [↑](#footnote-ref-4)
5. [www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025](file:///\\WMNTFP\Group\Jane%20Craven\Service%20Specifications\Child%20and%20Youth\Health%20services%20in%20CYFS%20residencies\www.health.govt.nz\publication\ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025) [↑](#footnote-ref-5)
6. These hours are negotiated between the Provider and the Residence, and the DHB of Service. [↑](#footnote-ref-6)
7. www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule [↑](#footnote-ref-7)
8. This timeframe excludes weekends and public holidays. [↑](#footnote-ref-8)
9. **reg 14(2) Oranga Tamariki (Residential Care) Regulations 1996** - Every child or young person in a residence is entitled to be medically examined by a medical practitioner within 1 week after the child or young person is admitted to the residence. [↑](#footnote-ref-9)
10. **reg 35(3) of Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 –** duty on CE of OT to “ensure that a record of the child’s or young person’s health history is maintained.”

    **reg 53(2)(f)** **Oranga Tamariki (Residential Care) Regulations 1996 –** personal file of young people in residences must include name, address and contact phone number of medical practitioner, dentist, and optometrist attending the child or young person; any psychologist treating the child or young person; and **reg 53(2)(g)** particulars of any illness or injury currently suffered by the child or young person and the prescribed treatment for it. [↑](#footnote-ref-10)
11. **reg 35 of the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018** –obligations on the Chief Executive of Oranga Tamariki to ensure health support is provided. [↑](#footnote-ref-11)
12. **reg 35(1)(c) Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 –** Chief Executive of Oranga Tamariki must take reasonable steps to ensure that the child or young person has access to a health practitioner with the same knowledge and experience of cultural values and practices as required under [regulation 13](https://www.legislation.govt.nz/regulation/public/2018/0111/latest/link.aspx?search=sw_096be8ed81a0f7b3_medical_25_se&p=1&id=LMS56080#LMS56080) when the child’s or young person’s health needs are assessed. [↑](#footnote-ref-12)
13. <https://nsfl.health.govt.nz/service-specifications/current-service-specifications/child-and-youth-health-service-specifications> under Downloads [↑](#footnote-ref-13)
14. Rule 11 Health Information Privacy Code 2020 - *A health agency that holds health information must not disclose the information unless the agency believes, on reasonable grounds* that one of the listed exceptions applies. See link in next footnote. [↑](#footnote-ref-14)
15. www.privacy.org.nz/assets/Codes-of-Practice-2020/Health-Information-Privacy-Code-2020-website-version.pdf [↑](#footnote-ref-15)
16. Under Part 6 of the Oranga Tamariki (Residential Care) Regulations 1996 (the Oranga Tamariki Regulations) Oranga Tamariki has a duty to maintain certain records including certain health information in relation to tamariki and rangatahi. There should be consideration of whether there is legal authority to share the health information with another agency [↑](#footnote-ref-16)
17. www.legislation.govt.nz/regulation/public/1996/0354/latest/DLM225697.html [↑](#footnote-ref-17)
18. Consent in Child and Youth Health: Information for Practitioners www.moh.govt.nz/notebook/nbbooks.nsf/0/F4F8A3899527E75B4C25670B0005C7B0 [↑](#footnote-ref-18)
19. Regulation 14 (3) – Oranga Tamariki (Residential Care) Regulations, 1996. [↑](#footnote-ref-19)
20. A tamariki/rangatahi who is competent to give consent will be young persons aged 16 years or older and those who are assessed as able to understand the explanations given about procedures/treatment/consequences and assessed as able to make informed decisions. [↑](#footnote-ref-20)
21. Section 8 – Oranga Tamariki Act 1989. [↑](#footnote-ref-21)
22. The Medtech system is likely to be updated during 2021/22 and at this time the reporting requirements are likely to change. [↑](#footnote-ref-22)
23. The Health and disability standards are currently under review. Until the 2021 version is approved the previous standards will apply. [↑](#footnote-ref-23)
24. the NHI includes only information needed to identify healthcare users, such as name, address (including domicile code), date of birth, sex and ethnicity. [↑](#footnote-ref-24)
25. www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols [↑](#footnote-ref-25)
26. Person working within a nursing scope of practice [↑](#footnote-ref-26)