

# Child Health Integrated Response Pathway



For all Tamariki and their whānau, who are experiencing **behavioural, neuro-developmental or mental health** concerns to experience timely, responsive and integrated care that matters to them.

The  
problems  
we are  
trying to  
solve

- Confused pathways to access support
- Long waiting lists (3D/Paeds/CDS up to 18months)
- Duplication of service response
- Service gaps
- No clear pathway to a coordinated multi-agency response
- Inequity of access
- Inconsistent diagnostic pathways
- Diagnosis delays
- Not capturing demand/unmet need across the population
- Services no longer configured to meet the growing demands of the population
- Fragmented and siloed approaches to service delivery
- Service centred rather than tamariki/whanuau centred
- Acute/crisis presentations that could have been avoided with earlier proactive intervention

# What we are trying to achieve

- Easy access to request care and support
- To deliver care that is centred around the needs of Tamariki/whānau
- Timely and responsive support
- To deliver preventative care and reduce the risk of acute/crisis presentations
- An integrated centre of excellence for all Tamariki with neuro developmental, mental, or behavioural presentations
- Earlier diagnosis, assessment and intervention
- Equity of access
- Shared learning environment for staff
- Collaborative, positive and supportive workforce experience.

# Child Health Integrated Response Pathways (CHIRP)



Nathan Toms & Anja Theron 2021

Child Health Integrated Response Pathways (CHIRP) is the DHB's answer to children bouncing between services and falling between gaps. To the left, CHIRP is visualised as a model for Child Development Services, Child Mental Health, and Paediatrics but this is just a starting point. The model recognizes the unique contribution each team makes to the care of children and whānau. The model also recognizes spaces where services can work together to address complex needs, as well as where services could reconfigure to address needs which more than one team could manage on their own.

Currently there are children under the age of 12 with different developmental needs being referred to Child Development Services, Child Mental Health, and Paediatrics. For example a school may refer a child with possible ASD to Child Development Services, Paediatrics, and Child Mental Health at the same time as different services respond to different needs. The coordination of care becomes very complex with children often left waiting in multiple queues.

The CHIRP vision would be to create a child at the centre model. This will mean that young people will be assessed by a team of professionals consisting of members from the different child facing services and that their needs would be addressed by the best clinician rather than the best department. This will mean a significant reduction in waiting time, more efficient care and coordination by reducing overlap and debate, and improved access to services that can't be provided in silos, for example a child accessing CDS won't require another referral to access Mental Health.

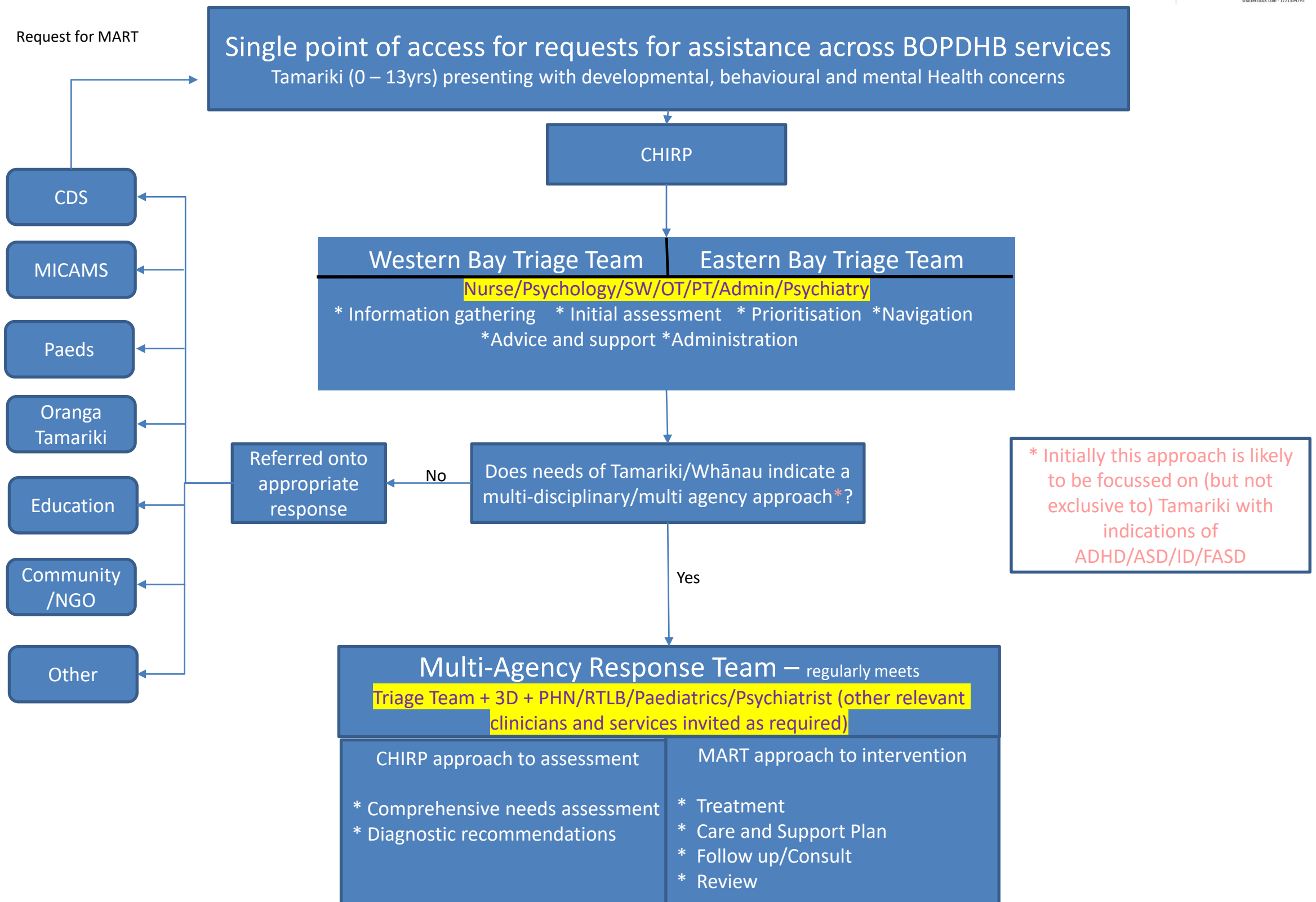
There will always be children who only require one team's support for their needs to be met. For CDS this may be feeding plans for school-aged children, or for Child Mental Health this may be therapy following trauma.

There are also children with more complex needs who require our services to weave together to give them a good start in life. Open lines of communication mean that our teams can provide the best quality of care by being fully informed of a family's situation.

# Child Health Integrated Response Pathway



BOP DHB Child Health Services that are Delivered in the Community



# Stakeholders

## Reporting to

- DHB executive
- Manager of the Portfolio team

## Working Closely With

- Paediatricians East and West
- Voyagers
- Child team – MICAMHS
- Child Development Services East and West
- Child and Adolescent Psychiatrists East and West
- Kahui Ako
- Public Health Nurse
- Te Pare ō Toi
- Service User Representative
- Consumer Representative
- Support Net
- IT/Clinical applications
- GPs and Primary Care

## Keeping Updated

- Emergency Department
- Police
- Oranga Tamariki
- Midwives
- Primary Health Organisations
- Non-Government Organisations
- Hauora
- BOP DHB staff who work with this age group
- Senior Management (Nurse leader, clinical lead and business lead) for:
  - Women Child and Family
  - Mental Health and Addictions

## Keeping regularly informed and updated

- Education – Schools, Early childhood centres, Ministry of Education Resource teachers learning and behaviour
- Adolescent Mental Health Services
- Well Child / Tamariki Ora providers
- Family Start
- Unions

# Steering group and Project team

## Steering Group – Meet 6/8 weeks

Executive Sponsor	Sarah Mitchell
Cultural Assurance / Equity	Stewart Ngatai
Consumer representative	Beth Hughes
Consumer representative	Erika Harvey
Clinical Assurance	Dianne Lees
Data Analyst	Nathan Toms
P & F representative	Rozi Pukepuke
SMO representative	Dr David Jones
Primary Care representative	

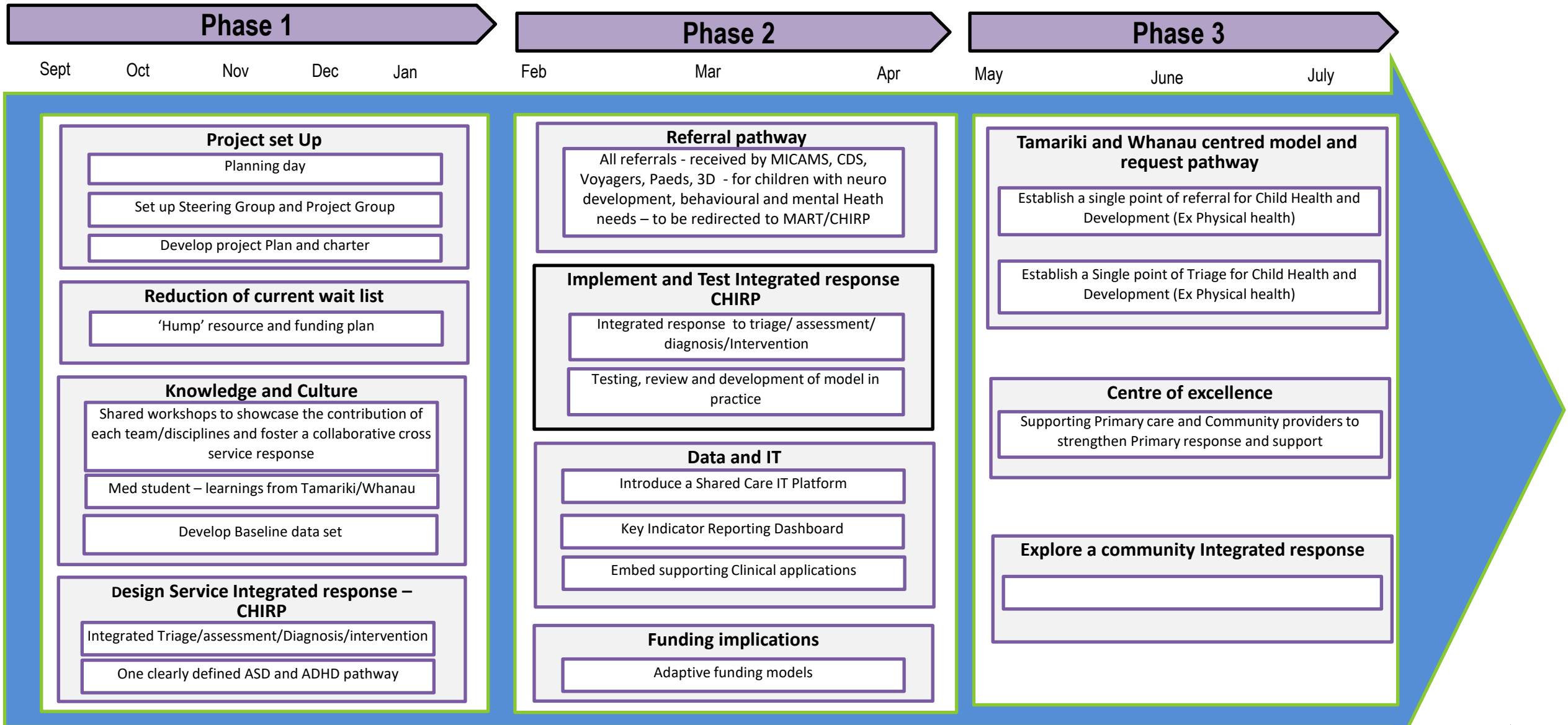
## Working Group – Meet Fortnightly

Glenda Gillgren - Team leader Voyagers  
Dr David Jones/ Dr Sarah Moll - Paediatricians for the Western BOP  
Dr Stephen Robinson Paediatrician for the Eastern BOP  
Dr Mike Gudex – Child and Adolescent Psychiatrist for East and West BOP  
Judie Smith – Child team leader – MICAMHS  
Chris McAlpine – Psychologist for East and West BOP  
Heather Stewart – Team leader Child Development Services West BOP  
Hayley Every - Team leader Child Development Services East BOP  
Vicky Collinge - 3D coordinator



Anja Theron – Project Change Manager  
Kim Blair – Project Manager  
Nicola Chadwick – Project Support

# Child Health Integrated Pathway - 12 Month View September 2021 – June 2022 (WORKING DRAFT)



## Co-location Project – Anja Theron and Nicola Chadwick

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## One Clearly defined ASD and ADHD pathway though an Integrated response

Med student input - regional/national/private pathways

Map existing pathways – Nicola Chadwick

Work with Support  
Net regards diagnosis and access to support

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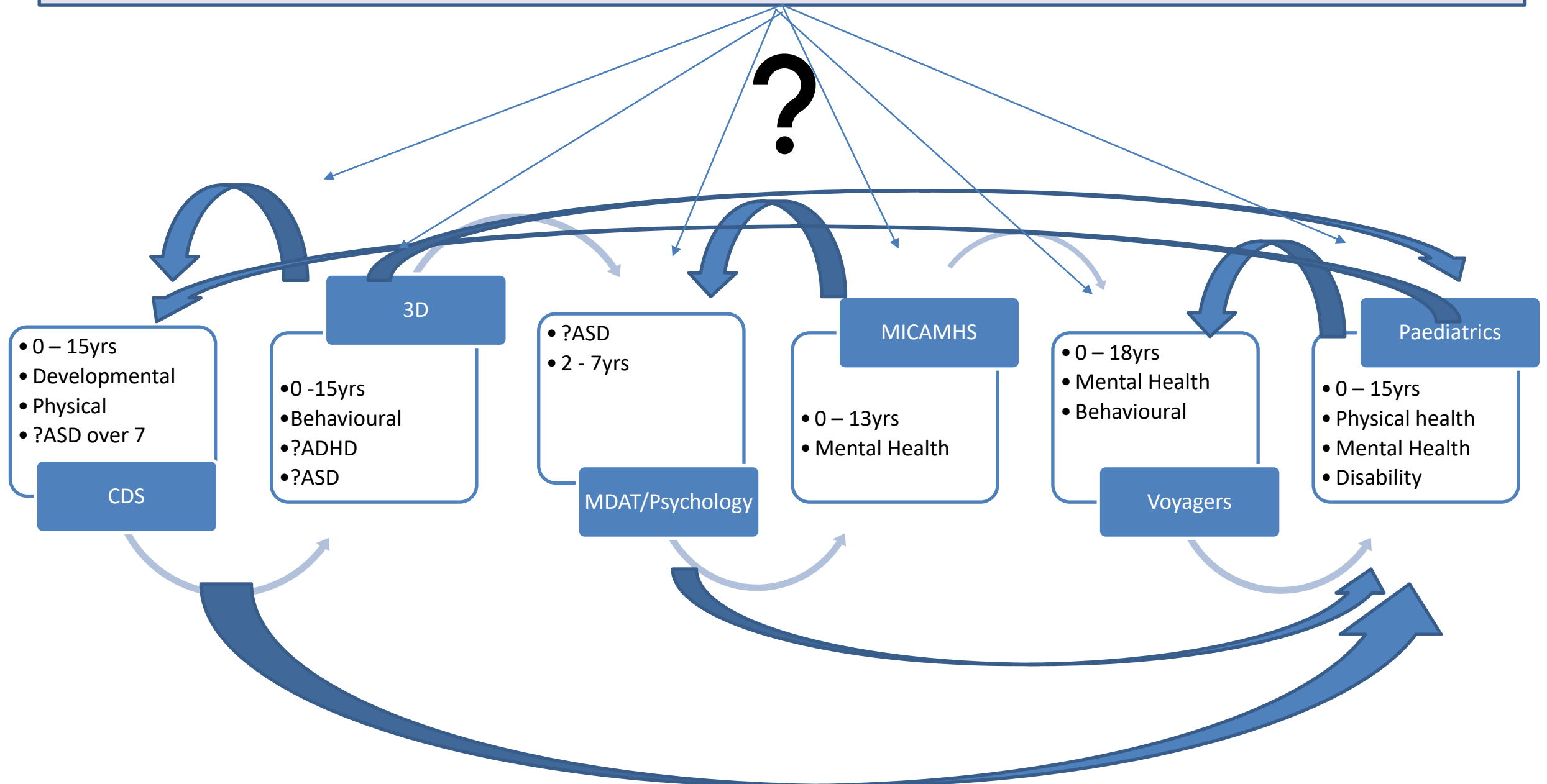


## Phase 1 – Current State

For children experiencing neuro developmental, behavioural and mental Health concerns referrals come predominately from G.P's but can also come from a range of community, primary, education and specialist services including self-referrals. They may go direct to any of the below services, or a number of services at the same time. Referrals may bounce between services, be duplicated between services, and some will receive a multi-disciplinary from more than one service.

## Referrers

G.P / Midwife / Self / Hauora / Schools / Private / Specialist / Community / Primary Health / NGO

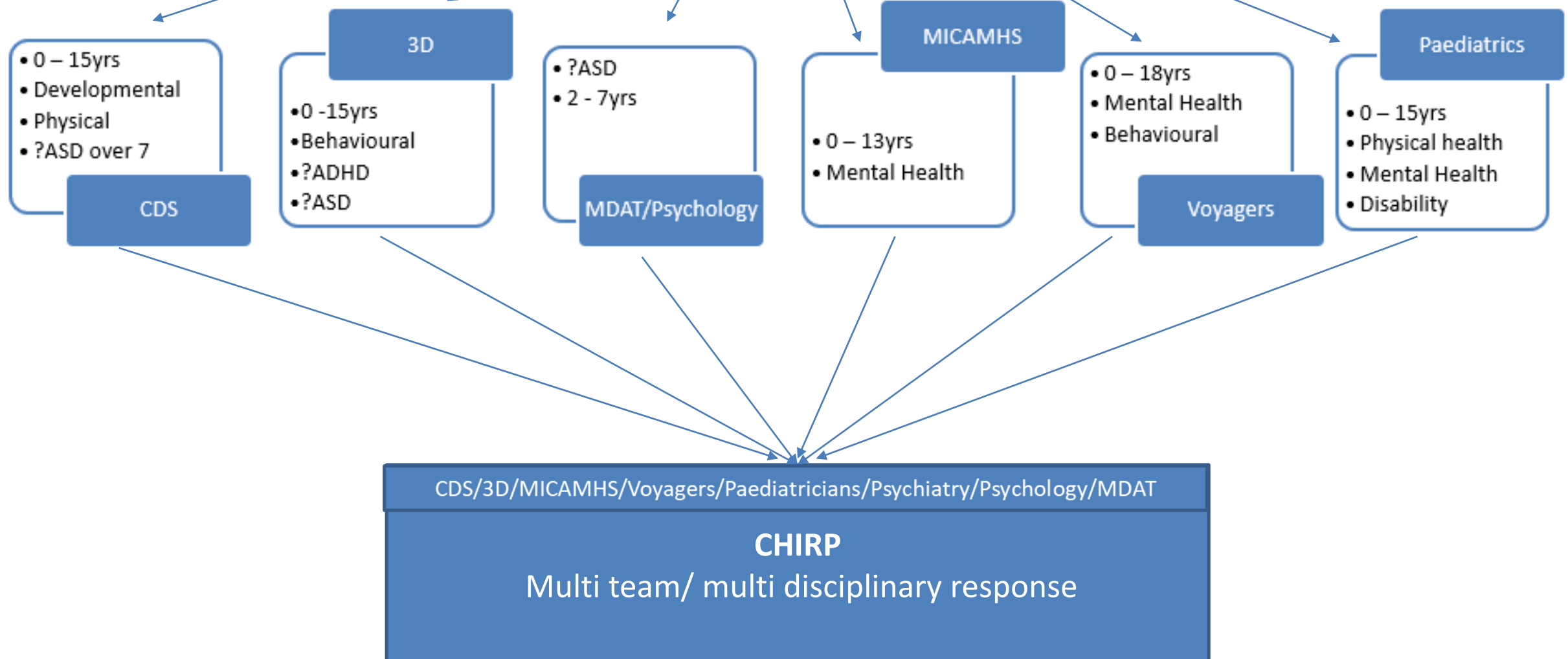


## Phase 2

Referral Pathways will remain unchanged for referrers. However the services receiving referrals for children experiencing neuro developmental, behavioural and mental Health concerns will redirect them into CHIRP. – where they will receive an integrated and multi-disciplinary approach to triage, assessment, diagnosis and treatment.

## Referrers

G.P / Midwife / Self / Hauora / Schools / Private / Specialist / Community / Primary Health / NGO



## Phase 3

Children experiencing neuro developmental, behavioural and mental Health concerns can be referred direct to CHIRP. CHIRP will also provide a centre of shared excellence and expertise to support Primary Care and other community services

### Referrers

G.P / Midwife / Self / Hauora / Schools / Private / Specialist / Community / Primary Health / NGO

CDS/3D/MICAMHS/Voyagers/Paediatricians/Psychiatry/Psychology/MDAT

### CHIRP

Multi team/disciplinary response

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