

Memo: Data collection changes for sleep space services

A letter from the Ministry of Health to DHB Child Health Leads is expected to be sent this week explaining **changes to data collection requirements** for sleep space services. My letter to you all was to follow that, but we are running out of time and you need to know what to expect starting 2019, so here is a brief outline and I will forward the Ministry letter when available.

Data reporting changes

To avoid duplication with the new Ministry of Health requirements, Change for our Children will no longer require programme data as a default from 1st January 2019. It will, instead, offer a simplified **data support service** on an 'opt-in' basis to those DHBs wanting **timely and useful feedback** on their services for quality improvement purposes. The modified programme database will be available from January 1st and data forms, matching online entry, will be included in bedding packs for all new orders of those DHBs opting in. The revised database will be in the same place on the website.

It will be a 'one stop shop' approach where you can decide what data you want for your service:

- just **Ministry of Health** required data
- Ministry data plus a reduced set of **distribution** data
- Ministry and distribution data as well as a reduced set of **impact** data
- Just distribution
- Just distribution and impact data
- No data

Change for our Children will report quarterly to participating providers on all their entered data.

Regions have contributed a collective 15,000 records during the eight years of the development phase of the sleep space programme, and enabled the monitoring of equitable access and accountability. We are in the situation of centrally funded services today, because of your commitment to collecting, entering and reporting programme data. I thank you.

Intervention fidelity in infant sleep space services

The Ministry of Health acknowledges that the sleep space programme, as developed by Change for our Children over the past eight years, is more than the issue of devices; that a carefully designed change programme has been developed to support the uptake and spread of safe sleep knowledge and practice within priority populations. The programme also supports implementation teams with programme-specific training, web-based materials, data reporting and the meeting of standards.

Intervention fidelity refers to the degree to which an intervention or programme is delivered as intended. It is important in achieving successful outcomes. Now that sleep space services are funded and monitored centrally, the Ministry of Health would like to facilitate their high quality implementation. The letter to DHBs addresses this and I will pick this up with you in the New Year.

Changing infant mortality

New Zealand is the first country in the world to supply infant sleep spaces as part of a national strategy to prevent infant deaths. Total infant mortality rates continue to fall, and in the 12 months to October 2018, were the **lowest on record** at 3.64 per 1000 live births (4.03 for Māori). In 2010 and before the scaled use of sleep spaces, Total and Māori infant mortality rates were 5.18 and 7.15 per 1000 live births, respectively. (Source: Statistics NZ). This network is a key part of this change.