



Waitemata
District Health Board
Best Care for Everyone

Community and Public Health Advisory Committees Meeting

Wednesday, 20th July 2016

2.00pm

Venue

**Waitemata District Health Board
Boardroom
Level 1, 15 Shea Tce
Takapuna**

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind

As we seek to be of service to those in need.

Give us the courage to do what is right and help us to always be aware

Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.



**AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES (CPHAC) MEETING
20 July 2016**

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna

Time: 2.00pm

<u>COMMITTEE MEMBERS</u>	<u>MANAGEMENT</u>
Gwen Tepania-Palmer – Committee Chair (WDHB and ADHB Board member)	Dale Bramley - WDHB, Chief Executive
Lester Levy - ADHB and WDHB Board Chair	Ailsa Claire - ADHB, Chief Executive
Max Abbott - WDHB Board member	Debbie Holdsworth - ADHB and WDHB, Director Funding
Jo Agnew - ADHB Board member	Simon Bowen - ADHB and WDHB, Director Health Outcomes
Peter Aitken - ADHB Board member	Naida Glavish - ADHB and WDHB Chief Advisor, Tikanga
Judith Bassett – ADHB Board member	Peta Molloy - WDHB, Board Secretary
Chris Chambers - ADHB Board member	
Sandra Coney - WDHB Board member	
Warren Flaunty - Committee Deputy Chair (WDHB Board member)	
Lee Mathias - ADHB Deputy Chair	
Robyn Northey - ADHB Board member	
Christine Rankin - WDHB Board member	
Allison Roe - WDHB Board member	
Elsie Ho - Co-opted member	
Rev Featunai Liuaana – Co-opted member	
Tim Jelleyman - Co-opted member	

Apologies: Lester Levy

AGENDA

KARAKIA

DISCLOSURE OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

Items to be considered in public meeting

2.00pm (please note agenda item times are estimates only)

	1 AGENDA ORDER AND TIMING	
	2 CONFIRMATION OF MINUTES	
2.05pm	2.1 Confirmation of Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 08/06/16.....	7
	Matters Arising from Previous Meeting.....	15
	3 DECISION ITEMS	
	4 INFORMATION ITEMS	
pm	4.1 Child, Youth and Women's Health	16
pm	4.2 Community Engagement and Participation Update for Auckland and Waitemata DHBs	34
	5 STANDARD REPORTS	
pm	5.1 Planning, Funding and Outcomes Update.....	45
pm	6 GENERAL BUSINESS	

**Auckland and Waitemata District Health Boards
Community and Public Health Committees
Member Attendance Schedule 2016**

NAME	FEB	MAR	APRIL	JUNE	JULY	SEPT	OCT	NOV
Gwen Tepania-Palmer (ADHB / WDHB combined CPHAC Committees Chair)	✓	✓	✓	✓				
Warren Flaunty (ADHB / WDHB combined CPHAC Committees Deputy Chair)	✓	✓	✓	✓				
Dr Lester Levy (ADHB and WDHB Chair)	+	+	+	+				
Max Abbott	✓	✓	✘	✓				
Jo Agnew	✓	✓	✓	✓				
Peter Aitken	✓	✓	✘	✓				
Judith Bassett	✓	✓	✓	✓				
Chris Chambers	✓	✓	✓	✓				
Sandra Coney	✓	✓	✓	✓				
Lee Mathias (ADHB Deputy Chair)	✓	✓	✓	✘				
Robyn Northey	✓	✓	✓	✓				
Christine Rankin	✘	✘	✓	✓				
Allison Roe	✓	✓	✘	✓				
Co-opted members								
Elsie Ho	✓	✓	✘	✓				
Rev. Featunai Liuaana	✘	✓	✓	✘				
Dr Tim Jelleyman	✓	✓	✓	✓				

- ✓ *attended*
- ✘ *absent*
- * *attended part of the meeting only*
- ^ *leave of absence*
- # *absent on Board business*
- + *ex-officio member*

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Lester Levy	Chair – Auckland District Health Board Chairman – Auckland Transport Chairman – Health Research Council Independent Chairman – Tonkin & Taylor Chief Executive – New Zealand Leadership Institute Professor of Leadership – University of Auckland Business School Trustee - Well Foundation (ex-officio member) Lead Reviewer - State Services Commission, Performance Improvement Framework	03/02/16
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean - Faculty of Health and Environmental Sciences, Auckland University of Technology Patron - Raeburn House Advisor - Health Workforce New Zealand Board Member - AUT Millennium Ownership Trust Chair - Social Services Online Trust Board Member - The Rotary National Science and Technology Trust	19/03/14
Jo Agnew	Professional Teaching Fellow - School of Nursing, Auckland University Trustee Starship Foundation Casual Staff Nurse - ADHB	01/03/14
Peter Aitken	Pharmacist Shareholder/Director, Consultant - Pharmacy Care Systems Ltd Shareholder/Director - Pharmacy New Lynn Medical Centre	15/05/13
Judith Bassett	Nil	09/12/10
Chris Chambers	Employee - Auckland District Health Board (wife employed by Starship Trauma Service) Clinical Senior Lecturer- Anaesthesia Auckland Clinical School Associate - Epsom Anaesthetic Group Member - ASMS Shareholder - Ormiston Surgical	20/04/11
Sandra Coney	Elected Member - Chair: Waitakere Ranges Local Board, Auckland Council	12/12/13
Warren Flaunty	Member - Henderson - Massey and Rodney Local Boards, Auckland Council Trustee (Vice President) - Waitakere Licensing Trust Shareholder - EBOS Group Shareholder - Green Cross Health Owner – Life Pharmacy North West Director - Westgate Pharmacy Ltd Chair - Three Harbours Health Foundation Director - Trusts Community Foundation Ltd	25/11/15
Lee Mathias	Chair - Counties Manukau District Health Board Chair – Unitec Director – Health Innovation Hub Director – healthAlliance Director – New Zealand Health Partnerships Managing Director - Lee Mathias Ltd Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Director - Pictor Ltd Director - John Seabrook Holdings Ltd Chair - Health Promotion Agency	03/02/16
Robyn Northey	Project management, service review, planning etc - Self-employed Contractor Board member - Hope Foundation Northern Region Trustee - A+ Charitable Trust	18/07/12

Register of Interests continued...

Christine Rankin	Member - Upper Harbour Local Board, Auckland Council Director - The Transformational Leadership Company	15/07/15
Allison Roe	Member - Devonport-Takapuna Local Board, Auckland Council Chairperson - Matakana Coast Trail Trust	02/07/14
Gwen Tepania-Palmer	Chairperson - Ngatihine Health Trust, Bay of Islands Life Member - National Council Maori Nurses Alumni - Massey University MBA Director - Manaia Health PHO, Whangarei Board Member - Auckland District Health Board Committee Member - Lottery Northland Community Committee	10/04/13
Co-opted Members		
Elsie Ho	Associate Professor - School of Population Health, University of Auckland Member - Waitemata DHB Asian Mental Health and Addiction Governance Group Member - Problem Gambling Foundation of New Zealand Advisory Board Trustee – New Zealand Chinese Youth Trust	03/09/14
Rev Featunai Liuaana	Chairperson – Congregational Christian Church Samoa Sandringham Trust Board Trustee – Congregational Christian Church Samoa Trust Chairperson – Mothers and Daughters Health – HVAZ and Alliance Health Plus Committee Member – Working Group for Pacific Health Action Plan (ADHB and WDHB) Deputy Chairperson – Working Group Pacific Family Violence (ADHB and WDHB) Member – MIT Pasifika Students Forum Secretary - Negotiation Committee – EFKSNZ Trust Secretary – EFKSNZ Trust	29/04/15
Dr Tim Jelleyman	Clinical Chair - Child Health Network, Northern Regional Health Plan Honorary Clinical Lecturer - Faculty Medicine and Health Sciences, University of Auckland President elect – Paediatric Society of New Zealand Member-Board of Kaipara Medical Centre Community Paediatrician, Waitakere Hospital Member – ASMS	18/01/16

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 08th June 2016

Recommendation:

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 08th June 2016 (including the public excluded minutes) be approved.

Note: the public excluded minutes of the above meeting are included under separate cover. It is suggested that, unless there are any issues which require discussion, approval of the public excluded minutes could be incorporated in the above resolution, without moving into public excluded session.

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 08 June 2016

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna,
commencing at 2.00p.m.

Part I - Items considered in Public Meeting

COMMITTEE MEMBERS PRESENT:

Gwen Tepania-Palmer (Committee Chair) (ADHB and WDHB Board member)
Lester Levy (ADHB and WDHB Board Chairman (present from 2.22pm)
Max Abbott (WDHB Board member) (present from 2.08pm)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Judith Bassett (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Warren Flaunty (Committee Deputy Chair) (WDHB Board member)
Robyn Northey (ADHB Board member) (present from 2.15p.m)
Christine Rankin (WDHB Board member)
Allison Roe (WDHB Board member)
Tim Jelleyman (Co-opted member)
Elsie Ho (Co-opted member)

ALSO PRESENT:

Dale Bramley (WDHB Chief Executive Officer)
Ailsa Claire (ADHB Chief Executive Officer)
Debbie Holdsworth (ADHB and WDHB, Director Funding)
Simon Bowen (ADHB and WDHB, Director Health Outcomes)
Andrew Old (Chief of Strategy, Participation & Improvement)
Tim Wood (ADHB and WDHB, Funding and Development Manager, Primary Care)
Peta Molloy (WDHB, Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams, Auckland Womens Health Council
Tracy McIntyre, Waitakere Health Link
Wiki Shepherd-Sinclair, Health Link North

WELCOME: The Committee Chair gave a warm welcome to all those present.

KARAKIA: The Committee Chair led the meeting in the Karakia.

APOLOGIES: That apologies be received and accepted from Lee Mathias and Rev Featunai Liuaana, together with an apology for late arrival from Lester Levy.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no declarations of interests relating to the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda except for agenda item 5.2 which was discussed before item 5.1.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 27th April 2016 (agenda pages 7-16)

Resolution (Moved Jo Agnew/Seconded Judith Bassett)

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 27th April 2016 be approved.

Carried

Matters Arising

The Committee Chair summarised the matters arising. It was requested that the website link with regard to Breast Cancer Screening be emailed to CPHAC members.

3 DECISION ITEMS

There were no decision items.

4 INFORMATION ITEMS

There were no decision items.

5. STANDARD REPORTS

5.2 Planning, Funding and Outcomes Update (agenda pages 31-47)

Simon Bowen (Director, Health Outcomes) introduced the report. He noted that both the ADHB and WDHB Annual Plans along with the Maori Health Plans had been submitted to the Ministry of Health. Feedback from the Ministry of Health is expected in June. He also noted that the draft Waitemata DHB Primary and Community Services Plan was submitted to the Waitemata DHB Board in May and work continues on the plan.

Simon also noted the update on Auckland Regional Public Health Services (page 9 of the agenda).

Ruth Bijl (Funding and Development Manager - Child, Youth and Women's Health) and Dr Karen Bartholomew (Public Health Physician) presented the Child, Youth and Women's Health section of the report. Matters included in discussion and responses to questions included:

- Despite all the hard work towards meeting the immunisation health target, it unfortunately will not be met at either Auckland DHB or Waitemata DHB. There have been a number of factors in not reaching the target, including the flu season and negative publicity in general towards immunisation. There is a strategic focus on ensuring the message is received earlier (when pregnant). Work is underway with general practices to support practitioners in having discussions with couples who are finding the decision to immunise difficult to make.
- The work being undertaken on prioritising child health was noted and highlighted in a diagram (page 33 of the agenda) representing the DHBs universal services and additional priorities.
- In response to a question about the regional business case for the National Child Health Information Platform, it was noted that the business case is a few months away yet. It was also noted that a plan is in place in the Waikato/Midlands region.

In response to a question from Sandra Coney about the Ministry of Health's Bowel Screening Programme roll-out and the implications on the Waitemata DHB Bowel Screening pilot programme, it was noted that:

- The Waitemata DHB pilot was extended to now conclude December 2017. The pilot was extended on the basis of the results meeting outcomes as anticipated.
- The Waitemata DHB has consistently reported results and external evaluations have been undertaken on the pilot.
- There is a reduction in the age range (to be from 60 to 74 years) for the Ministry of Health's programme roll out.
- The Waitemata DHB would seek information from the Ministry of Health on the business case to roll-out the Bowel Screening programme and the impact it may have on Waitemata DHB's pilot programme. This information will be reported back to the Waitemata DHB.

In response to a question from Allison Roe about a recent news story on the HP vaccine for boys, it was noted that the Ministry of Health had recently advised of its

decision to extend the vaccination programme to boys and that this was in line with advice around the forms of tongue, throat and lip cancer. The Immunisation Governance Group is supportive of this decision. It was also noted that there will be a shift from three doses to two doses, this results from studies demonstrating that two doses are sufficient. Further information on the HPV vaccination for boys will be provided at the next Committee meeting.

Tim Jelleyman noted the update from the Auckland Regional Public Health Service (ARPHS) who advised that the BCG vaccine supply expired on 31st May 2016 with a new supply of vaccine unlikely to be available until 2017. It was requested that ARPHS provide an update on the risk associated with this.

Debbie Holdsworth introduced Trish Palmer who has commenced in her role as the Funding and Development Manager for Mental Health and Addiction Services. Trish has joined the DHBs from Northland DHB.

Trish Palmer was present for the Mental Health and Addictions section of the report. Matters included in discussion and responses to questions included:

- The information requested from the April 2016 CPHAC meeting regarding Aged Related Residential Care and the mix of beds in each DHB was noted.
- With regard to the pilot of an on-line training tool 'QPR' (question, persuade, refer) for screening, the Ministry of Health has allocated 400 licences to access the online training tool. It was noted that the ADHB and WDHB completion rate was high. The Committee requested that it receive an evaluation of this training tool in due course.
- Following a recent media story about seclusion within mental health facilities, Robyn Northey queried the matter of seclusion in the Auckland region. It was noted that people cannot be held under the mental health act for non-specific reasons, it is not a clinical decision, but a judicial one and care needs to be taken with what is projected in the news media and actual. It was noted that matters regarding the mental health services for both Auckland DHB and Waitemata DHB are reported to the Hospital Advisory Committee. Further information will be requested on the matter of seclusion within the Auckland DHB and Waitemata DHBs mental health facilities (including dementia patients within the hospital wards) and the Auckland region; this information will be reported back to each Hospital Advisory Committee respectively.

The Committee Chair welcomed Trish Palmer to the DHBs and the CPHAC meeting.

Debbie Holdsworth noted the work underway with regard to the Maori Health Plan and the Pacific Health Action Plan. She also noted the work underway with Asian students and the campaign being run to educate students about the New Zealand Health system.

Elsie Ho requested a copy of the Asian International Benchmarking Report, Simon Bowen advised that the report is in the process of being drafted and when completed will be presented to the Committee.

With regard to the Maori Health Gain update and the 'Healthy Babies Healthy Futures' programme, Chris Chambers requested information on how the targets are

set and enrolments required for a lasting impact. Aroha Haggie will provide Chris with the information directly.

In response to a query from Chris Chambers about the Building Pools Amendment Act, Simon noted that the report included a summary of the DHB-ARPHS issues and recommendations and the revised bill (page 44 of the agenda). Chris then queried whether the information was shared with groups like the Child, Youth and Mental Health Review Committee, coroners, the Commissioner of Children and the like, Simon Bowen will advise on the distribution directly to Chris Chambers.

The Committee Chair thanked those that presented the report for their contribution and work.

Resolution (Moved Max Abbott/Seconded Peter Aitken)

That the report be received.

Carried

5.1 Primary Care Update (pages 17-30)

Debbie Holdsworth introduced Jagpal Benipal (Senior Programme Manager, Primary Care) and Daniel Tsai (Programme Manager, Community Pharmacy) to the Committee, who were present for this item.

Daniel Tsai updated the Committee on the community pharmacy influenza services. Matters highlighted and responses to questions included:

- That this service is being trialled at 15 community pharmacies and is a fully subsidised service for eligible people aged 65 and over.
- The service is funded from a portion of the quality improvement fund.
- The overall aim of the pilot is to improve access and uptake. To date 60 people have been immunised since March 2016. In response to a question about whether the uptake was low, it was noted that this is an initial pilot and there was no comparison of data. An evaluation will be completed at the end of the pilot.
- In response to a question from Warren Flaunty about funding for the community pharmacy influenza services, Daniel Tsai noted that the portion of funding for quality improvement on a population based funding formula was approximately 10 per cent for each DHB. With 15 pharmacies in the pilot each received a small portion of approximately \$500 for per pharmacy.
- Tim Jelleyman queried whether the population are aware of their local pharmacy as a place to receive immunisation (he noted the uptake for rheumatic fever was very low in pharmacies as well). In response Daniel noted that as part of the pilot they will review this and look at options for promoting this service at pharmacies. The Board chair noted the importance of strong change management processes and robust pilots in order for services like this to be successful; the community need to be aware of the service. Appropriate support needs to be given to the pharmacies to ensure this promotion occurs.
- It was noted that historically the lack of privacy in pharmacies was an issue for people; this matter has been addressed as each of the pharmacies participating

all have a consultation room. The option of a consultation room was provided as part of the innovation funding, a number of the participating pharmacies utilised this option.

Jagpal Benipal summarised other key points in the report, responses to questions included that:

- The Ministry had recently streamlined its contract around pharmacies and the quit smoking programme. Both Auckland DHB and Waitemata DHB submitted an RFP, which were unfortunately not successful.
- There have been some issues with the data provided when reporting diabetes checks. This matter is being investigated with healthAlliance and the outcome of that will be reported back to the Committee.
- An explanation was given on the definition of quintile 5, noting that it is the most deprived population group (approximately 20 per cent of the population).

The Committee Chair thanked Jagpal and Daniel for their attendance.

Resolution: (Moved Robyn Northey/Seconded Judith Bassett)

That the report be received.

Carried

6. GENERAL BUSINESS

No matters were raised.

7 RESOLUTION TO EXCLUDE THE PUBLIC

3.13pm - Tim Jelleyman and Elsie Ho retired from the meeting.

Resolution: (Moved Jo Agnew/Seconded Peter Aitken)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following item, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Minutes of the ADHB and WDHB Community and Public Health Advisory Committees Meeting with Public Excluded 27/04/16	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
2. Co-opted member appointments	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]

Carried

3.13pm – 3.14pm: public excluded session

The Committee Chair thanked those present for their participation in the meeting.

The meeting concluded at 3.14pm.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA
DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY
COMMITTEES HELD ON 08 JUNE 2016

CHAIR

**Actions Arising and Carried Forward from Meetings of the
Community and Public Health Advisory Committees as at 13th July 2016**

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 16/03/16	5.1	Regional After Hours Services – the Boards to be kept informed on what approach the PHOs support, when that is known.	Tim Wood		Still under consideration by DHB CEOs (as at 30 May 2016).
CPHAC 20/06/16	5.2	Planning Funding and Outcomes update – that an evaluation of the online training tool ‘QPR’ be provided to the Committee in due course.	Trish Palmer		See update in item 5.1 of this agenda.
CPHAC 20/06/16	5.2	Planning Funding and Outcomes update – that Chris Chambers be provided with information on how targets are set and enrolments required for a lasting impact on the ‘Healthy Babies Healthy Futures’ programme.	Aroha Haggie		Underway.
CPHAC 20/06/16	5.2	Planning Funding and Outcomes update – that Simon Bowen speak to Chris Chambers on the possible distribution of the submission to the Building Pools Amendment Act to groups such as the Child, Youth and Mental Health Review Committee, coroners, the Commissioner of Children and the like.	Simon Bowen		Simon Bowen to speak with Chris Chambers prior to the CPHAC meeting on 13/07/16.

4.1 Child, Youth and Women's Health

Recommendation

That the report be received.

Prepared by: Ruth Bijl (Funding and Development Manager - Child, Youth and Women's Health), Natalie Desmond (Senior Programme Manager - Child Health), Pam Hewlett (Senior Programme Manager - Women's Health), Dr Tim Jelleyman (WDHB Community Paediatrician), Dr Alison Leversha (ADHB Community Paediatrician), Dr Karen Bartholomew (Public Health Physician).

Endorsed by: Dr Debbie Holdsworth (Director Funding) and Simon Bowen (Director Health Outcomes)

Glossary

ARDS	- Auckland Regional Dental Service
BPS	- Better Public Service
CPHAC	- Community and Public Health Advisory Committee
CYF	- Child, Youth and Family
DHB	- District Health Board
HEEADSSS	- Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety
HPV	- Human Papilloma Virus
ISP	- Independent Service Providers for cervical and breast screening
LMC	- Lead Maternity Carer
MACSAG	- Metropolitan Auckland Cervical Screening Advisory Group
MQSP	- Maternity Quality and Safety Programme
NCSP	- National Cervical Screening Programme
NHI	- National Health Index
NIR	- National Immunisation Register
NMMG	- National Maternity Monitoring Group
NSU	- National Screening Unit
PHO	- Primary Health Organisation
RhF	- Rheumatic Fever
SBHS	- School Based Health Service
WCTO	- Well Child Tamariki Ora

1. Summary

This report presents information on significant health outcomes for children, youth and women. The report is in the form of a scorecard. The indicators cover the life-course of maternity, child and youth health, as well as women's health. All indicators are presented as a total with separations by Māori, Pacific and Asian ethnicity. The narrative presents highlights, key issues and discussion in relation to items that are not on track.

2. Highlights and key issues for Child, Youth and Women's and Scorecard

Health and Better Public Service Targets

- The immunisation health target has not been achieved this quarter. In part, this may reflect an effect of negative messaging by anti-immunisation advocacy groups. We have implemented a social media campaign targeting areas where there are higher decline rates.
- The new national obesity target was launched in Waitemata DHB by the Prime Minister and Minister of Health on 30 June 2016 at the Plunket clinic in Birkenhead Library. The Prime Minister described the delightful four year old who had her check as part of the launch as “awesome”. She really was. Our thanks and admiration goes to Elati and her mum Edna.
- The focus for Rheumatic Fever is continuing to shift towards housing, with an extension of the Healthy Housing Initiative announced. We are in discussion with the Ministry about the extension of the programme and the model going forwards. Auckland and Waitemata continue to progress slowly towards achievement of the Rheumatic Fever target.

Immunisation - proposed schedule changes

- As requested by CPHAC, we provide an update on the proposed immunisation schedule changes in this report.

Maternity

- As reported to the Waitemata Board on 29 June, consultation for an urban primary maternity unit in Waitemata has been completed. The community were most supportive of an urban unit provided by the DHB in the community or a unit sited on the Waitakere Hospital campus but in a purpose built ‘homely’ unit separate from the main hospital. The Board approved progressing to business cases on all four of the originally proposed options.
- As previously requested by CPHAC, we provide the Ministry's response to CPHAC's question regarding the Breast Feeding target at 6 months. Their response is attached as Appendix 1. We have also invited Plunket to talk to CPHAC about the services they provide and their approach to achieving targets.

Launch of the new national obesity target in Waitemata DHB:



L to R: Hon Dr Jonathan Coleman, Prime Minister John Key and CEO Dr Dale Bramley



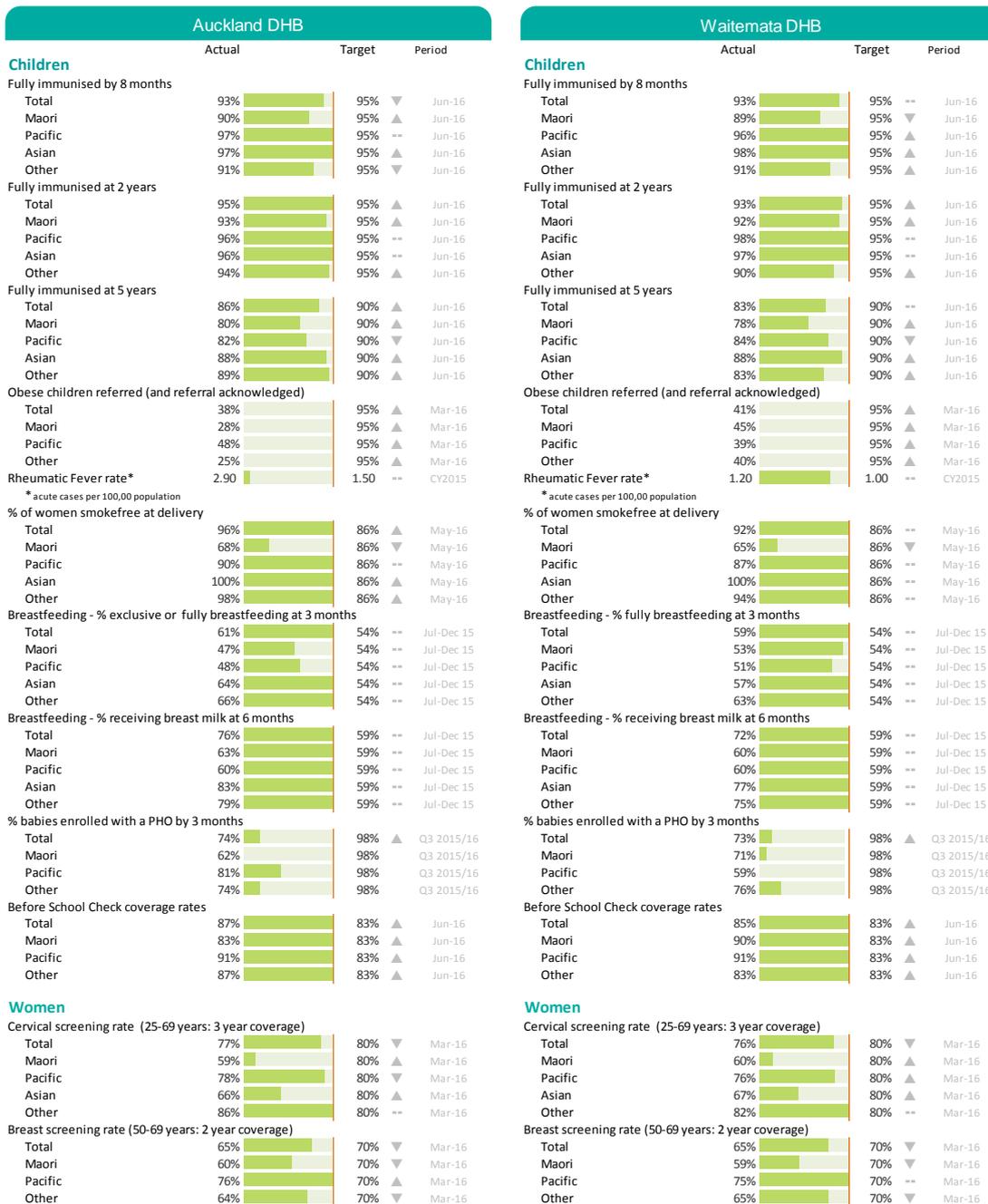
L to R: Prime Minister John Key, CEO Dr Dale Bramley and Director of Funding, Dr Debbie Holdsworth



Launch of the new national obesity target by Prime Minister John Key with Hon Dr Jonathan Coleman

Auckland and Waitemata DHBs Child, Youth and Women's Health Scorecard

July 2016



How to read

Indicator Title 85% 100% ▲ ← Performance compared to previous result

Actual Performance Target

DHB performance achieving at or above the target will display as a solid green line.

For most indicators, 70% achievement is required to trigger the green bar (80% for HTs)

*"Other" represents all ethnicities not otherwise specified. Generally this means NZE and all non Maori, Pacific and Asian ethnicities (depending on level of data available).

3. Activity in detail

3.1 Health and Better Public Service Targets

3.1.1 Immunisation

As previously signalled, neither Auckland nor Waitemata DHB will achieve the Immunisation Health Target of 95% of 8 month old infants fully immunised in Q4 2015/16. As of 18 June 2016, both Auckland DHB and Waitemata DHB achieved 93%. High coverage rates have been maintained in both Pacific and Asian communities (96% - 98%). However, equity gaps have re-emerged for Maori infants with only 89% - 90% fully immunised by 8 months of age.

By 12 months of age, at least 95% of these infants are fully vaccinated in both Auckland and Waitemata. This suggests delays and declines remain a significant challenge.

In terms of numbers of children, the following table sets out the breakdown of those immunised (on time) compared with those not immunised, declined or opted off the register. Both the decliners and the opt-off groups remain in the population denominator and have had contact with the primary care health system and outreach immunisation service. Note the slight difference in numbers between is that table 1 uses the known cohort turning 8 months between April – June 2016 whereas the scorecard uses the data for the 3 months ending 18 June 2016. We will provide final quarter data verbally to the Committee.

Table 1: Immunisation status of children turning 8 months April-June 2016

Cohort and immunisation status	Auckland DHB	Waitemata DHB
Number of infants turning 8 months in the quarter (April – June 2016)	1,428	1,971
Immunised on time	1,335 (93.4%)	1,818 (92.2%)
Declined	32 (2.2%)	72 (3.7%)
Opt off	9 (0.6%)	11 (0.6%)
'Missed'	52 (3.6%)	70 (3.6%)

The new action plan identifies the need to connect earlier – to engage during pregnancy so women have time to consider immunisation earlier and to help predict decliners/hesitant families earlier. The 'Protecting Baby Starts in Pregnancy' promotional campaign is underway via radio and social media particularly in West Auckland, where the decline rate is most significant. Laboratories throughout the region have placed promotional posters.

To address the significant decline/opt off rate, we are working with PHOs to refine and embed best practice in immunisation process across all General Practices. Joint DHB/PHO education sessions are underway for primary care practice staff and lead maternity careers (LMCs) across the Auckland region and we are working with PHOs to support practices in localities with high decline rates.

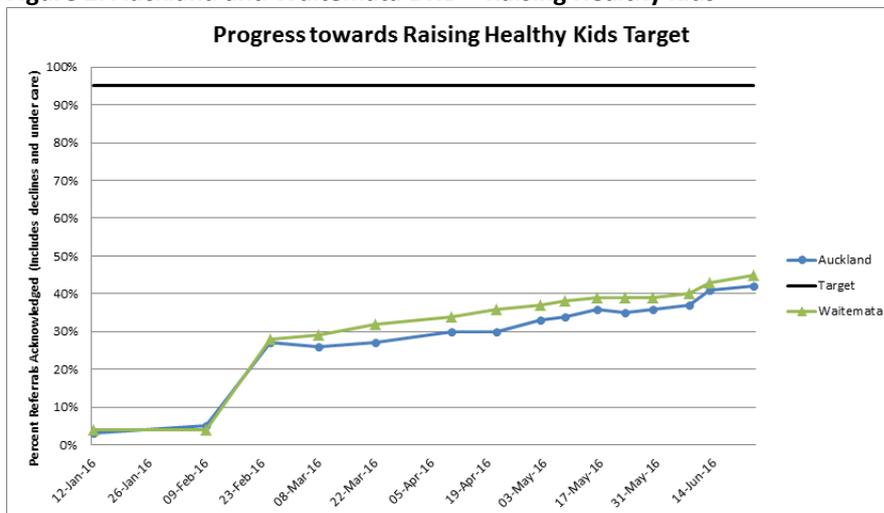
Specifically for Māori infants, case review groups led by the Community Paediatrician in each DHB explore reasons where an infant has passed the milestone and is not fully immunised. This involves looking at all touchpoints in the health system and linkages between LMCs, primary care, well child and secondary care services. A Public Health Physician will be analysing findings and making recommendations based on the WDHB group. The ADHB group has started more recently and may be seeing a range of different dynamics.

3.1.2 Childhood Obesity

The Ministry of Health formally launched the National Health Target – *Raising Healthy Kids* on 30 June 2016 at Birkenhead library with the support of Waitemata DHB and Plunket. The Prime Minister and Minister of Health had the opportunity, along with Waitemata DHB CEO, Dr Dale Bramley and Director of Funding, Dr Debbie Holdsworth, to see a B4 School Check first hand. We are extremely grateful to the family for allowing this – and coping with the pressure so admirably. Elati must have made her mum Edna proud as she showed Plunket nurse, Lee, her skills with shapes, colours and actions. As Prime Minister Key stated, Elati was “awesome”.

The obesity target requires the B4 School Check to establish whether a child is over the 98th BMI percentile, refer the child/family to the GP, and receive acknowledgement of the referral within 30 days. Early results suggest a solid start towards the target with both Auckland and Waitemata performing considerably above the national average of 21%. In Auckland DHB, 38% and in Waitemata DHB, 41% of eligible children referred have been acknowledged by General Practice providers. There has been considerable and steady improvement over the course of 2016 (see Figure 1).

Figure 1. Auckland and Waitemata DHB – Raising Healthy Kids



The Health Target is still under development nationally and the definitions continue to be refined. Recently the Ministry set a lower BMI threshold for referral, and shorter 30 day period (down from 60 days) for general practices (GPs) to acknowledge referrals from the B4SC team. Work is underway to increase B4SC referral capacity, up-skill the B4SC providers and develop appropriate referral pathways.

Auckland and Waitemata DHBs have commissioned a first phase service with the Plunket Before Schools Check (B4SC) programme to implement a screening, brief intervention and referral programme for children identified as >98th percentile BMI in the 2016/17 year. From 2017/18 MoH funding is expected for family-based community programmes.

In the past six months, up-skilling has largely been delivered by Plunket, who are committed to achieving the target. Referrals to health professionals for four year olds above the 98th percentile have increased substantially to the point where additional staffing is now required to manage the follow-up of referrals within the new 30 day period. Advice and support is in addition to referral to GPs or paediatricians. GP consultations are free for families following the introduction of free under 13 care.

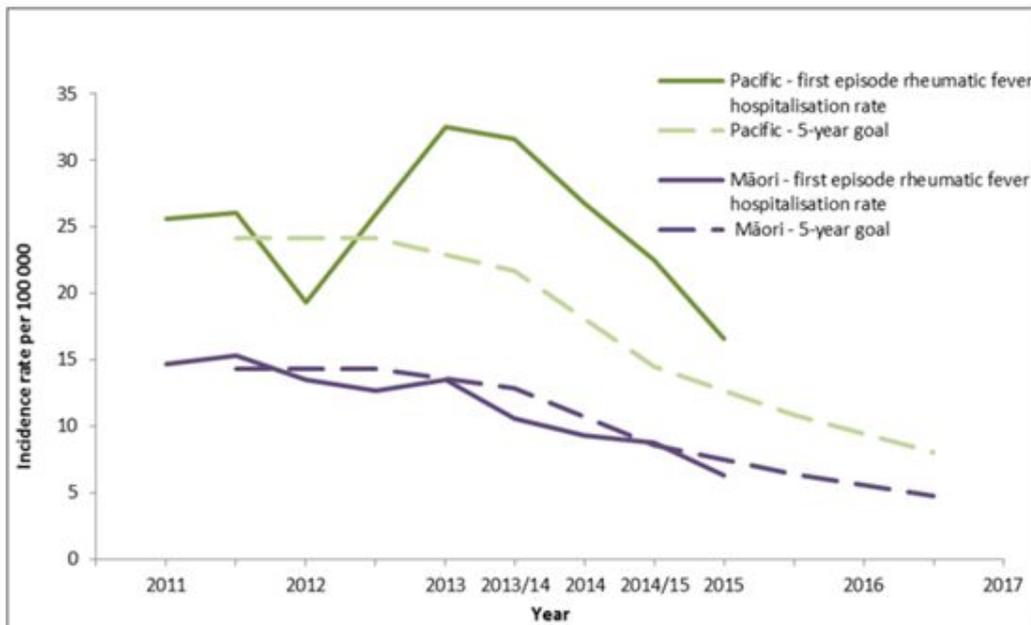
Referral pathways are currently being defined by the Northern Regional Clinical Pathways working group and the draft is expected to be released for clinical consultation in July 2016.

We are making solid progress against this important new health target and will continue to report progress routinely to CPHAC through this scorecard.

3.1.3 Rheumatic Fever

Despite a number of interventions being implemented, Rheumatic Fever rates across Auckland and Waitemata DHBs are not yet achieving the MoH target. While we are tracking better for Māori, Pacific rates continue to be a concern. There has been a reduction for Māori of approximately 50 percent since the programme began in 2011 (refer to Figure 2).

Figure 2:
First episode rheumatic fever hospitalisations, annual rate per 100,000, Māori and Pacific people, 2011–2015



Research shows that there is no clear single intervention that will completely reduce the rate of Rheumatic Fever. Research regarding our current position indicates that environmental factors including seasonal differences, unhealthy housing including overcrowding, genetic predisposition, access to health services, and the need for targeted promotion of health services (school-based and rapid response clinics). The need for consistent and appropriate messaging to the targeted population has also been identified as a potential contributing factor, particularly through research undertaken with young people that have rheumatic fever.

The current actions to reduce the incidence of Rheumatic Fever include:

- Healthy Homes Initiative
- School-based sore throat management Programme (in identified schools)
- Rapid response throat swabbing (dedicated clinics offering free throat swabbing for target populations- including Māori and Pacific)
- Community engagement (youth, community and sector)
- Governance restructure, including the development of the RhF Governance Group and Clinical and Operations Group

- Ongoing Māori key stakeholder meetings
- National and DHB communications strategy
- PHO Quality Improvement plan
- Appointment of RhF Champions across Auckland and Waitemata DHBs
- Development of a communications plan using a variety of media which incorporates national and local health promotion strategies.

As previously reported, the Ministry of Health funding for the RhF programme is decreasing, while DHBs are expected to maintain a commitment to a range of evidence-based interventions. The Ministry is also shifting some of the focus (with additional funding) to the Healthy Homes Initiative. Specifically, this element of the programme is being expanded and, in addition to the Rheumatic Fever criteria, will now include:

- Those aged 0-5 hospitalised for an indicator condition (RhF, lower respiratory tract infections, group A strep disease)
- Priority population of 0-5s where families have at least 2 markers of vulnerability (CYP finding of abuse or neglect; caregiver with a Corrections history; mother with no formal qualifications; long term benefit receipt).
- At risk pregnant women/new mothers.

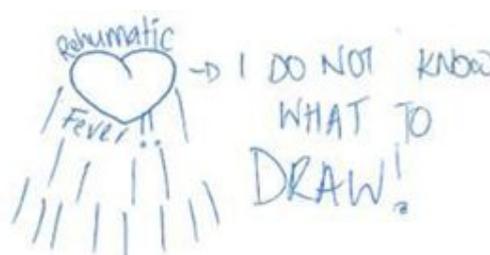
Discussions have begun with the Ministry of Health with the metro Auckland DHBs on the expansion of the Healthy Homes Initiative model. Discussions will continue over the next two months with the expectation that a final plan will be agreed with the Ministry by the end of August. (The Ministry has been informed that the DHBs may not be able to make formal commitments due to the DHB election period). An estimated additional 900 families in ADHB and 1,100 families in WDHB have been estimated by the MoH as meeting the new housing eligibility criteria. Estimates are being further refined.

While the Ministry of Health plans to contribute some funding for this initiative, it is clearly signalling that DHBs will be expected to contribute to the expanded programme. Options are currently being explored, including the tailoring of appropriate whanau support to meet individual needs such as public health nurses, Māori, Pacific and social work teams. In relation to interventions, in addition to identifying eligible families, undertaking a housing assessment and advocating for families with MSD, Housing New Zealand and with private landlords, various interventions are being offered. Some interventions being offered around the country include providing beds and bedding, paying power bills and installing carpets and curtains. We expect to bring a paper to the DHB Audit and Finance Committees regarding these initiatives when we have sufficient information.

In addition to the work on RhF prevention, there is an ongoing programme of quality improvement in disease management for RhF and Rheumatic Heart Disease. Activities include:

- Regular meetings of an ADHB disease management group which reviews all hospital admissions for RhF (management across primary and secondary care, consistency with the NZ Heart Foundation Guidelines, notification to ARPHS, etc.)
- Ongoing development of a Fight the Fever app using a sprint series of co-design workshops with a group of young people with RhF. Phase one is complete and the initial pilot is due to begin. Subsequent improvements and additions (such as development of peer support) as well as formal evaluation will be dependent on future research funding.
- Re-development of the Auckland Regional Rheumatic Fever Register. Current IT project, funded by ADHB, to enable regional provision of a disease database, secondary prophylaxis prescribing, and monitoring of bicillin adherence.
- Complete system review of RhF management and bicillin delivery within the community nursing service.

- Further development of the heart animations to support understanding on how RhF affects the heart (working with the Design and Wellbeing Hub).
- Planned summer studentship to work on a transition initiative for young people with RhF.
- Successful community workshop for young people with RhF and RHD: HYPE 2106: Health Youth Priority Event. Over 100 young people attended the event in Glen Innes, 66 of them have had Rheumatic Fever; 35 were young people with friends or whanau with RhF. The programme consisted of a leadership workshop, an in-depth and personal session on Rheumatic fever with local RhF champions and info-tainment sessions. An evaluation is underway to help inform organisation of HYPE17. Feedback from young people indicates that the event was highly successful. Following the event, the students spoke about the importance of maintaining their bicillin programme and ways that they will be able to ensure this happens.
- Exploration of young people's understanding of how RhF affects their heart and planned improvements in resources. Knowledge regarding RhF and heart health was variable even in the young people attending HYPE with personal experience of RhF. A Q and A session with doctors and nurses provided an opportunity for questions to be asked anonymously.



3.2 Children

3.2.1 Proposed Immunisation Schedule changes

In May 2016, Pharmac released two consultation documents seeking advice and feedback to proposed changes to the National Immunisation Programme for 2017. The DHBs feedback on specific points is available on the PHARMAC website. Overall, the proposed changes are welcomed and will significantly improve protection from vaccine preventable diseases.

Significant changes signalled include:

- Human papillomavirus (HPV) vaccine from 1 January 2017
 - Funding for males as well as females
 - Eligibility extended to 26 years of age
 - Change from 4-valent to 9-valent vaccine
 - 2-dose regime for those 9-14 years of age, 3-dose 15-26 years of age
- Chicken Pox (Varicella) Vaccine
 - Funding starts from 1 July 2017 for 1-dose at 15 months of age with a 'catch-up' dose available at 11 years of age.
- Rotavirus vaccine
 - Change from 3-doses to 2-doses which must be completed by 24 weeks of age.
- Pertussis Tetanus, Diphtheria vaccine
 - Continue funding vaccine for pregnant women
- Pneumococcal Vaccine
 - Changes from 13-valent to 10-valent for universal programme
 - Re-introduces 13-valent for children with high-risk medical conditions
- Influenza vaccine

- Move from the tri-valent to quadrivalent vaccine that will cover more influenza strains.

Other changes proposed include changes to vaccine brands, but no other significant schedule changes are proposed for 2017. Some of the changes will have a significant operational impact on the DHBs.

HPV vaccine

Since the introduction of the HPV vaccination internationally, a number of studies have been completed comparing a two-dose schedule with the three-dose schedule and found that the two dose schedule offers similar protection for younger women. Evidence now shows that younger women (aged 9 – 14 years) have a naturally stronger immune response than their slightly older sisters (15 – 26 year olds). As a result, with the additional evidence regarding this particular vaccine, PHARMAC has now approved moving from a three dose, to a two dose schedule for the younger women. However, the older group still appear to need three doses.

Other countries that have already changed from a three-dose to a two-dose schedule include the UK, Switzerland, the Netherlands and Quebec. Immunisation rates may improve with a two-dose regime compared to the current three-dose regime. Nationally, 58% of 12 year old girls have received three doses of HPV vaccine whereas other countries have 70-80% coverage.

The Subcommittee also noted that there was also strong evidence that the HPV vaccine was effective for boys and men (Giuliano et al. N Engl J Med. 2011; 364:401-11). Australia began including boys in its vaccination programme two years ago. HPV is common in both males and females. HPV can cause cancers of the anus, mouth, tongue, throat (oropharynx) and penis in males. Cases of anal cancer and cancers of the mouth/throat are on the rise.

The Subcommittee reported that there are no new safety concerns relating to the HPV vaccine since it was listed and considers that the HPV vaccine has a good safety profile. Members considered that the vaccine may provide long acting immunity, similar to the hepatitis B vaccine.

Other National Immunisation Programme Updates

BCG vaccine

Global shortages of BCG vaccine have affected supply in New Zealand with the result that BCG vaccination is currently not available for high risk infants until further notice (not before 2017). There are no other options for sourcing the vaccine at this time.

Additional vaccines for Special Groups

From 1 March 2016, PHARMAC extended the National Immunisation Schedule to increase eligibility for additional funded vaccines for some special groups of people with conditions which predispose them to significant sequelae from vaccine preventable diseases. This includes people having transplants, who are HIV positive, have a cochlear implant, kidney disease, asplenia, or primary immunodeficiency.

More details can be found at the Immunisation Advisory Centre website:

<http://www.immune.org.nz/sites/default/files/resources/ProgrammeScheduleChanges20160301V01Final.pdf>

3.2.2 Oral Health

The oral health of children, particularly Māori and Pacific, is a concern across the region with significant inequities in access and outcomes. A review of service delivery and outcomes for ARDS is

being led by Linda Harun, with input from a steering group, expert advisory group and external peer review. A full report will be completed by late August, early September.

Causes of high caries rates in children include issues such as access to transport, lack of understanding about the importance of dental cleaning, diets high in sugary drinks/food and access to toothbrushes and toothpaste.

The Ministry of Health is leading a national oral health project which will include giving tooth brushes and tooth paste to young children and babies. The roll-out is planned to run along-side a multi-media campaign about the importance of oral health care. The Health Promotion Agency is leading the communications campaign. The key messages in the first year are:

- Baby teeth matter
- Brush twice a day with fluoride toothpaste.

In Auckland and Waitemata, work is occurring to develop a multi-enrolment process with oral health being the first service to participate. This project is planned to start on 1 August 2016 when parents on the post natal ward will be given an information sheet on the free health services their babies are eligible for including immunisation, new-born hearing screening, oral health and Well Child/ Tamariki Ora. In the first phase of the project we will raise the profile of oral health enrolment with parents/caregivers.

To improve caries free rates in children the following actions are being taken:

- A focus on seeing children for the first time before they turn one year age to provide oral health promotion and undertake an oral health risk assessment
- Training Well Child Tamariki Ora providers on the 'lift the lip' programme and other oral health messages
- Improving Māori engagement/access to service
 - Diagnostic vans are being converted to treatment vans for use at low decile schools
 - A supportive treatment Pathway Pilot to start in July 2016 - to provide additional support for high risk patients/whanau to access the ARDS service
 - Extended late night hours and Saturday clinics
 - Employing more Māori dental therapists and assistants
 - Patient-centred dental appointments
 - Text message reminders for parents/caregivers
- Focusing on preventive treatments such as
 - Hall technique - a treatment type that reduces bacterial load in the mouth and reduces risk of broken fillings
 - Fluoride varnish is applied when clinically indicated
 - High risk children are seen six monthly
- Preschool coordinators are
 - Focusing on early enrolment
 - Working with kohanga reo and kura to promote the service
 - Facilitating access to the service for high risk Māori & PI families
 - Working with Plunket nurses, Public Health Nurses, PHOs, Māori trusts and other related health services.

3.3 Youth

At the time of reporting, the School Based Health Services HEEADSSS data for term two had not been received. We will give the Committee a verbal update on coverage by ethnicity.

Waitemata and Auckland DHBs, with support from Counties Manukau DHB, the Ministry of Youth Development and the Ministry of Pacific Affairs hosted **HYPE16: Fight the Fever** event. HYPE is a movement to empower young people to take leadership of health issues that directly affect them and their peers. Each year, a new kaupapa/ health priority will be identified for young people within the Auckland and Waitemata DHB regions. The HYPE concept was developed following the RhF Youth Engagement Strategy which identified an interactive forum as the most effective means of delivering key messaging to young people. For 2016, the focus was on Rheumatic Fever.

3.4 Women

3.4.1 Maternity

Breastfeeding

The Obesity Plan has identified increasing breastfeeding rates as key priority. To achieve this, we are exploring options for implementing the Le Leche League Breastfeeding Peer Counsellor Programme. We are learning from other providers currently running the programme, including CMDHB, particularly in relation to what has worked well and what could be done better. Their programme is currently run by community providers. The aim of the programme is to increase breastfeeding rates at three months of age and beyond. We expect to have a programme for ADHB and WDHB started in early 2017.

The community Lactation Consultant is now established in Auckland DHB. The service delivers support from community locations (Ngati Whatua and Mt Roskill Union) as well as providing a home visiting service. The key focus for the service is providing additional breastfeeding support in the first 6 weeks following the birth. A service has been in place in WDHB for some time.

As requested by CPHAC, we have sought feedback from the Ministry of Health regarding the breastfeeding target. Their response is attached as Appendix 1. We have also asked Plunket to attend the meeting during which they will speak to the services they provide.

Implementation of the National Gestational Diabetes Guidelines

The Ministry of Health (MoH) has required all District Health Boards (DHBs) to implement the new Gestational Diabetes Guidelines by June 2016. A report outlining the implementation is due by July 2016. Both Auckland DHB and Waitemata DHB have implemented the majority of the recommendations. The recommendation that requires further research to inform practice is the care of women with a first trimester HbA1c of 41-46mmol/L. Currently there are some cohort and observational studies published that suggest these women may be at higher risk and benefit from treatment. The guidelines recommend that only dietary and lifestyle advice be provided and then an oral glucose test be performed at 24-28 weeks. Auckland DHB is participating in the Pre-diabetes in Pregnancy, can Early Intervention Improve Outcomes (PINTO) trial to inform the most appropriate care.

To comply with the guidelines further education is planned for primary care to ensure women receive appropriate interventions early in pregnancy, including the provision of evidence based lifestyle and dietary advice. Systems also need to be developed to ensure all women have the recommended follow up at 3 months' post-partum and yearly thereafter.

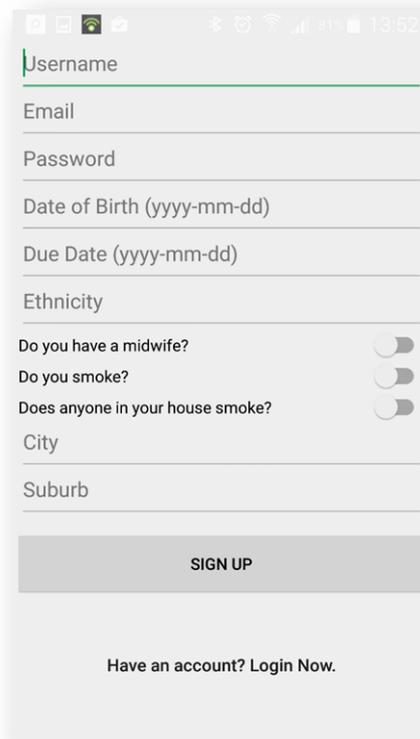
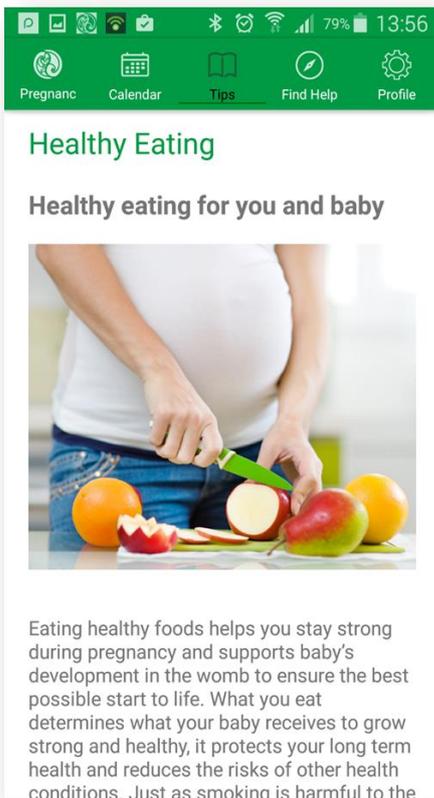
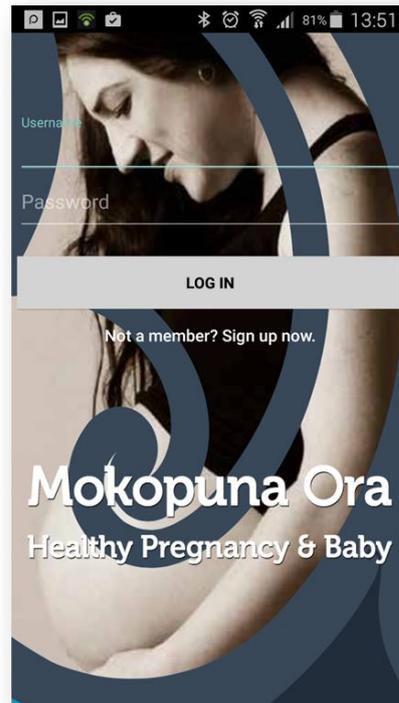
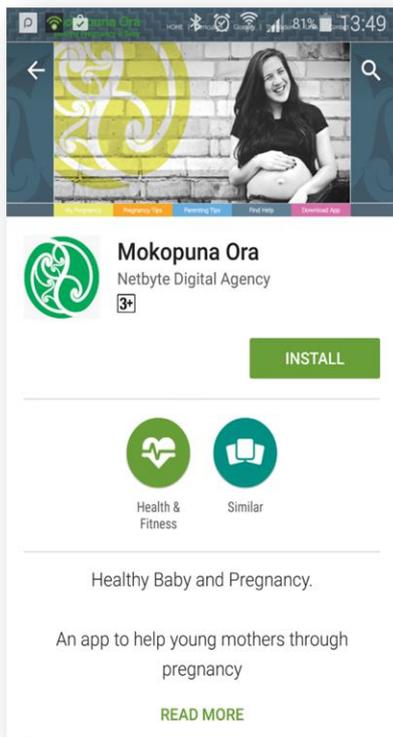
Pregnancy and Parenting Information and Education

Auckland DHB has implemented the revised Pregnancy and Parenting Service. A key feature of the new service is the availability of evidenced based pregnancy and parenting information via an App and Website (www.mokopunaora.nz) commissioned from the University of Auckland. The content is

linked, so updates made to the website automatically populate on the App. A range of information is provided on the website as indicated in the screen shot below.



This new resource provides women and their family and whanau information including how they can access pregnancy and parenting education including on-line booking for more traditional antenatal classes. The following images are taken from the app and show that a woman can enter her pregnancy details and then receive information relevant to the stage of her pregnancy which includes reminders regarding actions such as ensuring she has a midwife. Messages are framed as positive encouragement to action.



The more traditional face to face sessions remain and are available at a variety of community locations including Glenn Ines, Mt Roskill, Parnell and Avondale. Women can access information regarding the service and register for classes on-line via the website, Healthpoint.

Additional information sessions are also being provided within the Greenlane maternity clinics and the inpatient antenatal and postnatal wards at Auckland Hospital. This is proving to be a positive opportunity to increase access to information for priority women.

An evaluation of the Waitemata DHB and Auckland DHB Service is currently being commissioned. The evaluation will be specifically tasked to review the implementation, reach, effectiveness and maintenance of the current Waitemata DHB Service and the new Auckland DHB Service.

3.4.2 Cervical screening

There has been a slight improvement in cervical screening coverage since our last report for Māori women in both DHBs. Waitemata DHB has seen an increase of just over 2% and Auckland DHB an increase of nearly 1%. Coverage for Asian women has also increased across both DHBs 1% in Auckland and 2% in Waitemata. Coverage for Pacific women has increased by 3% in Waitemata DHB but decreased by 4 % in Auckland DHB.

As of 1 July 2016, cervical screening is no longer an incentivised target under the Integrated Performance and Incentive framework (IPIF) which has the potential to impact on PHO engagement to increase coverage. For the 2016/2017 year cancer screening sits as one of the contributory measures under the system level measure of Amenable Mortality. This system level measure is the only measure not to be incentivised financially.

The metro Auckland Coordination service has focussed on supporting PHOs to interpret the monthly NSU data match lists and to translate them in to easily interpretable lists for practices. The lists ensure practices can invite and recall women who are unscreened and under screened and prioritise by ethnicity.

There has also been a focus on supporting and promoting alternative smear takers such as Well Women and Family Trust and Family Planning as it is known the cost at General Practice can be a significant barrier for women. The DHBs are currently waiting for the outcome of the NSU review of the Independent Service Providers (ISP). When this is announced the DHBs will work with the chosen ISP or ISPs to identify new strategies to support priority women to access screening.

Table 2: Three year cervical screening coverage

Ethnicity	Auckland DHB	Additional women to screen to reach 80%
Māori	59.1%	2,020
Pacific	77.7%	282
Asian	66.1%	5,845
European/Other	85.7%	
Total	76.9%	

Source: National Screening Unit (NSU) March 2016

Ethnicity	Waitemata DHB	Additional women to screen to reach 80%
Māori	59.7%	2,555
Pacific	76.2%	354
Asian	66.6%	4,716
European/Other	81.6%	
Total	76.1%	

Source: National Screening Unit (NSU) March 2016

Cervical Screening HPV Self-Sampling

Auckland and Waitemata DHBs have two projects approved to provide access to cervical screening Human Papilloma Virus (HPV) self-sampling to priority group women over the next three years. The intention of both projects is to clarify the participation rate for priority women using self-sampling in order to inform national policy as the National Cervical Screening Programme (NCSP) moves to changing the screening test from a pap smear to an HPV test in 2018. HPV self-sampling is not currently included in the NCSP programme change; however the NCSP is very supportive of research evidence to inform further policy development.

1. A HPV self-sampling feasibility and acceptability project for 200 Māori women in West Auckland, commencing in August 2016 (DHB led project; a partnership between Māori health, women's health, Te Whānau O Waipariera, primary care, colposcopy service, laboratory, and HPV experts).
2. A HPV-self sampling study comparing mail-out and clinic-based invitation strategies with usual care across both Auckland and Wellington, for Māori, Pacific and Asian Women (Massey University led project with DHB partnership, recently announced funding by the Health Research Council). Anticipate start of recruitment September 2017.

The feasibility project has recruited a Māori smear-taker nurse and is in the process of recruiting a project manager. One PHO has approved participation in the project and two further PHOs have agreed to participate in principle. Health Literacy New Zealand has been commissioned to localise the information for women and to develop an education package for providers. Project documentation is being prepared for approval by the ethics committee and local research committees, with an anticipated start to recruitment of women in August 2016.

3.4.3 Breast screening (50-69 years: 2 year coverage)

The Auckland coverage has largely remained stable across all ethnicities. Coverage has dropped slightly for Māori (1%) but there has been a slight increase for Pacific (0.5%) from Q2 to Q3 data. Waitemata coverage has decreased across all ethnicities, Māori by 2%, Asian by 2% and Pacific by 3% for Q3.

The identification of unscreened and under screened women through NHI data matching remains the key strategy, both at PHO and national level. The DHBs have offered to work with BreastScreen Aotearoa (BSA) to support a NHI national data match project, following a successful pilot run between BSA and the Waitemata Lead Provider.

Collaborative activity to provide joint health promotion for cervical and breast screening has also been pursued, this activity has also incorporated smoking cessation messaging and Green Prescription activity.

Table 3: Two year breast screening coverage

	Ethnic Group	Eligible women	2 year coverage 50-69 years %	2 year coverage actual number of women	Number of women needed to reach 70% target
Auckland	Māori	3,373	60.3%	2,034	327
	Pacific	4,498	75.9%	3413	
	Other	42,408	64.1%	27,204	2481
Waitemata	Māori	4,340	58.5%	2538	500
	Pacific	3,280	74.7%	2,451	
	Other	59,775	65.3%	39,040	2803

Source: National Screening Unit (NSU) December 2015 Quarterly Report. BreastScreen Aotearoa only report coverage by Māori, Pacific and Other (including New Zealand European).

Appendix 1: Response from Ministry of Health regarding breast feeding targets



18 May 2016

No. 1 The Terrace
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New Zealand
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Ms Ruth Bijl
Funding and Development Manager (Women, Children and Youth)
Auckland DHB

Dear Ruth,

Thank you for your letter regarding breastfeeding targets, which followed on from the recommendations of the Community Public Health Advisory Committee meeting of October 2015. The letter was discussed by a subgroup of the Maternity, Child and Youth Committee at the Ministry recently.

Firstly we wished to congratulate Waitemata DHB on their progress with achieving and maintaining high breastfeeding rates in the district. This is a great achievement, and should make a substantial difference to the wellbeing of children.

We believe that the Ministry's current advice regarding introduction of solids in our current policy document is reasonable in our current environment, and practical for most parents. The advice states: *"Exclusively breastfeed your baby until your baby is ready for and needs extra food – this will be at around six months of age."*¹

In reality most babies in New Zealand are receiving solid food at six months of age, and the recent Health survey² suggests that up to 14% of infants are commenced on solids before 4 months. There is also clear evidence that for some infants at high risk of allergy, starting highly allergenic foods (e.g. peanuts) between 4-6 months of age significantly reduces the risk of later allergy. There is a high rate of allergy and atopy in New Zealand children, so early introduction of solids to prevent the development of allergy would affect a substantial number of children.

In light of this we would not support increasing the target at 6 months to 75%, as we believe it would be unachievable. However we are very interested in initiating a discussion about a bold target for 3 months of age, and would be interested in your support for this. The Health survey indicates that, although still too high, the rate of provision of solids to 4 month child has been falling, and with the recent introduction of 16 weeks paid parental leave we believe the time is right to push for a high target, perhaps even 80-90% for exclusive and full breastfeeding of 3 month old infants.

I look forward to your response, and would be happy to meet with the CPHAC Committee to discuss this letter if they wish.

Yours Sincerely

Dr Pat Tuohy
Chief Advisor - Child and Youth Health

¹ <http://www.health.govt.nz/publication/food-and-nutrition-guidelines-healthy-infants-and-toddlers-aged-0-2-background-paper-partially>

² <http://www.health.govt.nz/publication/annual-update-key-results-2013-14-new-zealand-health-survey>

4.2 Community Engagement and Participation Update For Auckland and Waitemata DHBs

Recommendation:

That the report be received.

Prepared by: Carol Hayward (Community Engagement Manager WDHB), Wiki Shepherd-Sinclair (Health Link North), Tracy McIntyre (Waitakere Health Link), Camille Gheerbrant (Service Improvement Manager, ADHB), Natasha Williams (Rheumatic Fever Community & Sector Engagement Facilitator), Theresa Rongonui (Youth Health Programme Manager) and Alison Leversha (Community Paediatrician, ADHB)
Endorsed by: Simon Bowen (Director Health Outcomes)

Glossary

Auckland DHB	- Auckland District Health Board
Waitemata DHB	- Waitemata District Health Board
CABs	- Citizen Advice Bureaux
FEDS	- Friends of Emergency Departments
MoH	- Ministry of Health
PEW	- Patient Experience week
RF	- Rheumatic Fever
VSS	- the Volunteer Stroke Service

1. Executive Summary

This report provides an update on strategic developments and activities being undertaken at both Waitemata and Auckland. Activities that have been highlighted within this report include:

- An action plan for the Waitemata DHB Engagement Strategy has been drafted and will be presented to the Board shortly.
- The joint Auckland and Waitemata DHB policy on engagement and consultation financial recognition has been updated to provide further clarity and it is hoped that this policy will be adopted by other DHBs within the Northern Region to provide regional consistency.
- A regional consumer workshop on Electronic Health Records which indicated support for their introduction
- A review of Waitemata DHB volunteers to consider what measures are needed to better co-ordinate and manage the volunteer programme
- An update on Waitemata DHB signage and wayfinding activities
- An update on the Tāmaki Mental Health & Wellbeing initiative
- An update on Rheumatic Fever community and sector engagement
- A report on recent Youth health expos in Warkworth and Wellsford

2. Strategic Alignment

Community, whanau and patient centred model of care	This paper provides a number of updates on how patients, whanau and community have been involved in improving patient experience and in designing services and activities being carried out by the DHBs. It also covers strategies and processes to better support their ongoing involvement.
Intelligence and insight	This paper provides intelligence and insight gained from the community to inform decisions and activities being undertaken or considered by the DHBs.

3. Introduction / Background

This report is an update of current community engagement activity within Auckland and Waitemata DHBs, including current information from Health Link North and Waitakere Health Link. A wide range of consumer and community engagement activity is being undertaken at both DHBs.

4. Progress/Achievements/Activity

4.1 Strategy update

The Waitemata DHB's Engagement Strategy Action Plan has been drafted and will be presented to the Board for feedback and endorsement shortly. The NZ Health Strategy and the Health Quality and Safety Commission's Consumer Engagement Framework have been referred to in the development of the Action Plan to identify work that is already underway and where there are any gaps.

4.2 Engagement and Consultation Financial Recognition

Auckland and Waitemata DHBs have had a joint financial recognition and payments policy since 2013. Consumer and staff feedback indicated that further clarity was needed to reduce confusion in how to apply the policy and this provided an opportunity to seek a regionally consistent approach to consumer reimbursement.

The new payment arrangements that have been recommended are:

1. Consultation events which have an open invitation to attend – no payment to consumer or community representatives. Expenses are generally not covered but support can be provided where needed for people who may not otherwise be able to attend or participate (eg: mobility taxi). Providing refreshments for consultation events is suggested as an important way of showing respect and appreciation to those who participate.
2. Personalised invitation to one-off events such as forums or focus groups – travel expenses should be covered based on the distance travelled and it is suggested that a koha can also be provided to acknowledge people's contributions.
3. Ongoing participation in reference, advisory, working or governance group. This should be an hourly rate, connected to the tasks the consumer representatives are asked to carry out, including acknowledgement that participation at a governance level requires a broader perspective and more experience than participating as a user of a specific service. This would be payable on invoice and would be taxable.

This policy is being considered by Auckland, Counties Manukau, Northland and Waitemata DHBs as well as the Northern Region Alliance.

4.3 Northern Electronic Health Records

Auckland, Counties Manukau, Northland, Waitemata District Health Boards, Mercy Ascot and Primary Care providers are investigating the possibility of introducing an electronic health record (EHR) to replace many of their current systems. The aim of this is to create a healthier population across the northern region by improving the way healthcare providers share information in a way which is centred around the patient.

To support the project team in identifying what the benefit might be to our communities, the types of information the system might include and how it might work, a consumer forum was held in May with attendees from the four DHB areas. Feedback included:

Perceived benefits - "Interconnected – is what I need in my life"

- Scheduling of appointments
- Notifications
- Medications Information
- Improved accessibility to real time information
- Improved communication with care teams

Barriers - "There is so much information that clinicians will have on hand – how will they make effective decisions?"

- Technology removing face to face contact with clinicians/care providers
- Socio economic issues – affecting access/affordability
- How will care providers handle access to all this information 24/7 – will it be overwhelming and lead to error?
- Clinicians need to learn to write in plain English/remove jargon when typing notes into record

Sharing information - "I want control over what is shared and I need to know that my information is secure"

- Concern about other agencies accessing the information – i.e police, however saw a benefit potentially in places like WINZ having access to disability information to assist with gaining approvals etc.
- Desire to select what information they were sharing
- Also want to know how consent is provided or is it assumed?

Other key points - "The transition needs to be seamless"

- Interests in how people will be trained
- Incentives for GPs/community care to use
- Integration with other health applications

4.4 Community and Primary Services Plan

An online survey was open for feedback from 6 April to 8 May to provide community insights during the development of the Waitemata DHB Community and Primary Services Plan. A total of 301 responses were received.

Key findings:

The 'cost of appointment' was a significant barrier to accessing services for the respondents, with nearly half (46.8%) stating that this prevented them from using healthcare when they needed it. The

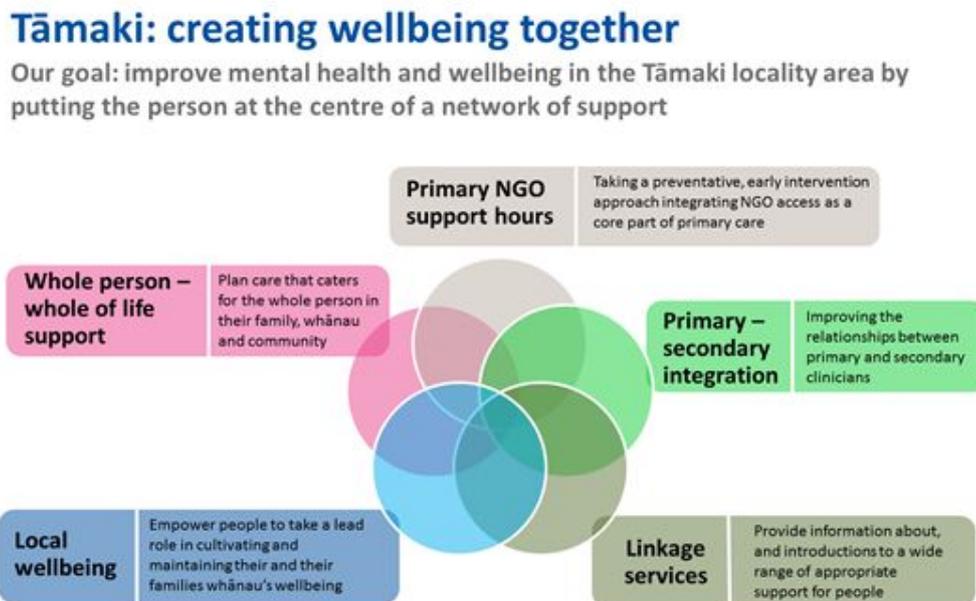
‘inability to make an appointment at a suitable time’ was also a strong theme (36.6%) and 28.8% stated ‘they were too busy with work or family commitments’.

There was strong support for the ability to access electronic health records (44.0%) and being able to use technology to communicate and consult with health professionals (37.9%). Both were the most significant factors that respondents stated would help them improve their health.

Over half of respondents (58.5%) stated the DHB needed to address waiting times followed by developing more services outside of hospital (41.8%). A stronger focus on preventive medicine with the DHB playing a more active role in promoting healthy lifestyles and lowering the cost were also raised.

4.5 Tāmaki Mental Health & Wellbeing

The Tāmaki Mental Health & Wellbeing initiative carried out extensive community engagement. A co-design process early on helped identify the programme’s goal and five workstreams:



As the programme progresses, we aim at increasing its outreach in the community through:

- Making our Human Centred Design / co-design skills available for community led initiatives (e.g. Breathing spaces led by Heart parenting)
- Making our lab space in Panmure available to peer support groups (Peerzone and WRAP) and working with Toi Ora with community members to work on a mural and photography project.
- Equipping community networks working on issues related to mental health (e.g. family violence or substance abuse) with ways to detect early signs of mental health issues and the knowledge to navigate people to the relevant support through MH101
- Exploring hiring a campaign manager to work on: identify bright spots, launch and drive specific initiatives in partnership with the community
- Adhering to the TIES (Tāmaki Inclusive Engagement Strategy) way of working

4.6 Signage and Wayfinding

Signage and wayfinding relates to directional information to assist patients, public and staff identify the correct site entries, buildings, facilities and departments and gain access in a supportive way.

Definitions:

Way finding	Encompasses all the ways in which people orient themselves in physical spaces and navigate from place to place. Good way finding design is user-led.
Way finding factors	<ul style="list-style-type: none"> • Pre-visit information • Architecture • Toponymy – giving names and numbers to places and functions
Information hierarchy	<p>Information that connects one tier to the next is expressed in signage to meet user immediate way finding needs.</p> <ul style="list-style-type: none"> • Information applied consistently across DHB sites • Site entry hierarchies – alphabetical • Building entry hierarchies – numerical

Work has been underway at Waitemata DHB to develop an agreed approach to signage and wayfinding. Principles have been identified as:

1. Public and visitor focused - a first time users perspective
2. Text kept simple, concise and legible
3. Consistent across the patient journey
4. Easy to understand for patients
5. Evidence-based
6. A staged approach to guide the patient’s journey through hospital sites

In early 2016, an external consultant was appointed to support work on developing a programme to review and replace external signage. Feedback on wayfinding issues from volunteers, the Asian Health team, Health Links and the Youth Advisory Group has helped to inform this process. During May, consultation took place with staff and these groups on a proposed approach. Information on this was recently presented to the board who gave support to proceed with the proposal for improvement. Further discussions about the overarching wayfinding strategy will take place later this year.

4.7 Volunteers

Waitemata DHB currently has volunteers working in a number of different areas, for example: Green Coats and front-of-House at WTH, Friends of Emergency Departments (FEDS), from St John within the Emergency Department, Meals on Wheels (Red Cross), the Volunteer Stroke Service (VSS) and the women’s auxiliary. These are all managed in different ways and there is currently no centralised and consistent way of supporting them.

A review has taken place over the last few months with volunteers and with staff who manage volunteers to gain a better understanding of where people are working, what is working well and what needs to be improved.

There are approximately 360 volunteers currently involved with the DHB who work across both sites. The work they do is very much appreciated by the DHB but the review identified a number of areas of improvement including a demand for more volunteers, a need for greater diversity of age groups and ethnicities within our volunteers as well as a need to provide opportunities to bring our volunteers together more often and make them feel more appreciated and a valued part of the DHB.

Work is currently underway to appoint a new volunteer co-ordinator and to develop a strategy for improving current systems and processes as well as expanding the programme. This would provide better support to existing areas and provide new opportunities to improve patient experience, for example delivering the friends and family tests, help in accessing wifi and providing greater companionship for hospital patients.

Workshops will also take place to discuss the review findings with volunteers and to work with them to identify ways of managing issues that were identified during the review process.

4.8 Rheumatic Fever Community and Sector Engagement

Appointments were made to two new positions to drive rheumatic fever community and sector engagement in August 2015. This has included face to face engagement with Māori and Pacific whānau and organisations across Auckland and Waitemata through workshops, awareness events, education sessions as well as training to frontline staff working directly with Māori and Pacific whānau.

The team have been reinforcing the key Rheumatic Fever (RF) campaign messages and promoting an understanding of entitlement to free sore throat treatment in the hope to reduce the RF rates for the target population of Māori and Pacific whānau aged between 4 – 19 years old in Auckland and Waitemata.

The RF key campaign messages were:

- To have every child's sore throat checked, every time
- Localities of free sore throat clinics, no appointments necessary, no need to enrol or see the doctor as it is nurse led and no charge for Maori and Pacific 4-19 years old.

Achievements:

- 245 localised engagements, RF workshops and RF awareness events
- 4530 participants predominantly Māori (29%) and Pacific (62%)
- 55% of the activity was in the Waitemata DHB region including a focus on Ranui, Kelston, Kaipara, Henderson and Massey
- 45% in the Auckland DHB region with a focus on Glen Innes, Onehunga, Oranga, Otahuhu, Panmure, Pt England and Te Papapa
- Participation in HYPE: 2016: The inaugural Health Youth Priority Event. This year the focus was on rheumatic fever, both actions to prevent RF and chronic care self-management to prevent worsening heart disease. Attended by more than 60 college students with Rheumatic fever and Rheumatic heart disease from across the region.



HYPE 2016 - Rheumatic Fever

Barriers and issues:

- Some free sore throat clinics have not been responsive to Māori and Pacific whānau aged between 4 – 19 years old
- Some free sore throat clinics are charging Māori and Pacific aged between 4 -19 years old when they have checked their sore throat and also charged for the prescribed antibiotics
- Greater awareness about importance of sore throat symptoms and location of sore throat clinics and their purpose needed within target populations
- Housing conditions in Auckland seem to be deteriorating and homes are becoming more overcrowded. Low decile primary schools in Auckland have experienced roll growth, without additional availability of homes. Unhealthy housing has a direct consequence on the health of the whānau
- The Rheumatic Fever rates for Auckland and Waitemata have not reached the MoH target for 2015/16.

Next steps

Funding has been continued for the 2016/17 year for a Rheumatic Fever Community and Sector Engagement Lead (1FTE). This position will be responsible for the ongoing delivery of this programme. In addition, the delivery of key messaging to target populations will be a focus. A communications plan will be developed to identify key mechanisms for dissemination of messaging within Auckland and Waitemata DHBs. This programme will be delivered alongside the national MoH communications strategy. The RF Community and Sector Engagement Lead will be responsible for oversight of the implementation of the Communications Plan.

4.9 Consumer representatives

An Auckland metro regional consumer representative forum was held on Friday 11 March as part of Patient Experience week (PEW). This was co-designed in partnership with consumer representatives and was an opportunity to consider what the three DHBs could be doing better, and particularly, what alignment or co-ordination is needed at a regional level. Key actions identified by consumer representatives included:

- hold forums at least annually but possibly half yearly or quarterly – at least as part of PEW regularly;
- provide a platform of growth and development;
- build awareness of the health and disability system;
- connect consumer representatives with each other;
- consider opportunities to work together more regionally – eg Reo Ora Health Voice (online community panel currently managed by Auckland DHB but will be relaunched to include Waitemata DHB community over the next few months), improve consistency and reduce duplication.

It is expected that regional consumer representative forums will take place annually as part of Patient Experience Week. Other actions are being considered by individual DHBs but where possible, activities will be carried out or aligned regionally.

4.10 Framework for Consumer Participation

The Waitemata DHB values patients, families and communities' feedback, input and participation. One way of involving communities is through Consumer Representatives who participate in decision-making bodies with a specific duty to represent the perspective of health consumers.

Waitakere Health Link and Health Link North are working in partnership to develop, monitor and implement a new framework for ongoing support, mentoring and evaluation of Consumer

Representatives. The framework will cover recruitment and selection process, co-design of training for Consumer Representatives and providing regular communication and networking opportunities.

The framework will also support Waitemata DHB Project Managers to access Consumer Representatives and provide information on how to be inclusive and empower Consumer Representatives to contribute effectively to projects.

4.11 Youth Health Expos

Health Link North lead the planning of two youth health expos that took place 1 April in Warkworth and 27 May in Wellsford. This followed the successful expo in Wellsford in 2015 which particularly focused on helping youth to understand what mental health and sexual health support and services were available for them.

The purpose of the 2016 Youth Expos was tri-fold:

1. to raise awareness with Youth, their parents, and the community, of the health services available to youth in their region;
2. to provide an opportunity for youth to express their concerns, access issues, and barriers they experience in engaging with Health and Social Services in their region; and
3. to give youth opportunities to seek understanding of health and wellbeing through asking questions and engaging with participating agencies and providers.

The expos were held in partnership with the local colleges to facilitate significant youth involvement. Sandra Skipwith, Health Promoting Schools Kaiarahi, provided the initial contact and communication with the schools. A working group made up of Youthline, Marinoto, Waitemata DHB, Healthwest and Springboard youth workers offered extra support with organising the expos. Staff and students from both colleges had input into the planning and co-ordination of the events. Parents and other community members were invited to attend the expo during lunchtime and at the end of the school day.

The expos were a mixture of stall holders, interactive activities /music/drama performances, a panel discussion and at Rodney College a text service was provided for students to ask questions around more sensitive issues during the expo. Discussions are underway with Te Runanga o Ngāti Whātua to work in partnership to hold a similar event in Helensville with Kaipara College.



Supporting attendees-Smoothie cycles



Active teens –Harbour sport was a hit



Family planning-exploring healthy relationships



SPARX-top tips if feeling down



Q&A Panel where students questions around mental & sexual health and relationships were answered



Waitemata DHB Careers advice proved particularly popular with older students





How well the expos worked:

- Having smaller groups (one year at a time) at Rodney College and a longer time than last year worked well (including being open during the lunch break). This enabled the students to really take their time and get the most from the sessions (last year's expo was held at the Rodney Community College and the students had an hour at the expo with two years attending at once)
- Being on the school grounds meant that groups came and went without any hassles
- Space was well utilised and enabled the students to move freely between service providers
- Providing a texting service for the Q&A session was a great idea and well used by the students. Gave students an opportunity to think about the questions they really wanted answered
- Schools fully supporting the expo- before and after the event with value added activities
- Service providers getting out of their "comfort zone" to relate to the students

What the students got out of it:

- Text service for Q&A allowed for anonymity as well as the opportunity to ask difficult questions around issues of concern
- Opportunity to speak face to face with services around their concerns
- Clearer understanding of what support and services are available
- Freedom to check out what interested them
- Learnt new information
- Engagement with interactive activities

Feedback from the schools

- Principals and staff remarked that the expos had a really good feel about them
- Students were really engaged with the service providers
- Positive comments were fed back to the Principal by the community, as a result of students having conversations with family members about the expos
- Students requested the expos be held more frequently
- The expos were well organised
- Communication was clear and frequent between the working group and the school

Recommendations for the future:

- Services to continue to deliver support to students/schools by looking for ways to work collaboratively
- Continued engagement with schools and mentoring of student leaders through health promoting schools Kaiarahi
- Ensuring creative and innovative ways of connecting with youth are built into delivery of annual expos

4.12 Babies Out West Brochure Reprint

Waitakere Health Link secured partial funding to support the reprint of 10,000 copies of the popular Babies Out West Brochure. This print run will be the fourth time the brochure has been updated and printed which continues to be in high demand throughout West Auckland.

The Babies Out West brochure provides information about services from pregnancy and childbirth to counselling and parenting education available in West Auckland. We continue to receive positive feedback on this brochure:

- “We find your brochure on, Babies Out West, incredibly helpful as it covers so much of what families are requiring. It is helpful for us as we have a paediatric area here in the Emergency Department, so it keeps us up to date with the latest information and available supporting services in the community. We hope this service will always be available for the families out west.”
- “I think it is an awesome resource and will be useful to the mothers we work with.”
- “Love the new ‘Babies Out West’ brochures, such an awesome resource!”

The bulk of the brochures are distributed through Waitakere Hospital maternity, midwives, and Plunket, but available at all health and social service organisations in the west and CABs, Libraries, GPs, kindergartens, day cares etc.

5. Conclusion

This report has been developed to inform the committee of a range of community engagement activities occurring across both Waitemata DHB and Auckland DHB and provide updates on work in progress.

5.1 Planning, Funding and Outcomes Update

Recommendation

That the report be received.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Trish Palmer (Funding and Development Manager Mental Health and Addiction Services), Kate Sladden (Funding and Development Manager Health of Older People), Aroha Haggie (Manager Maori Health Gain), Lita Foliaki (Manager Pacific Health Gain), Samantha Bennett (Manager Asian Health Gain) and Jane McEntee (General Manager Auckland Regional Public Health Service)

Endorsed by: Dr Debbie Holdsworth, (Director Funding) and Simon Bowen, (Director Health Outcomes)

Glossary

AAA	- Abdominal Aortic Aneurysm
ARRC	- Aged Related Residential Care
ARC	- Aged Residential Care
ARPHS	- Auckland Regional Public Health Service
ASA	- Advertising Standards Authority
CED	- Children's Emergency Department
CHP	- Community Housing Provider
CPHAC	- Community and Public Health Advisory Committee
CSP	- Community Services Plan
DHB	- District Health Board
ESR	- Environmental Science and Research Ltd
HAT	- Healthy Auckland Together
HCSS	- Home and Community Support Services
HPV	- Human Papilloma Virus
IRRS	- Income Related Rent Subsidy
IY	- Incredible Years Programme
MoH	- Ministry of Health
MRRC	- Mangere Refugee Resettlement Centre
NASC	- Needs Assessment Service Coordination
NCSP	- National Cervical Screening Programme
NZTA	- New Zealand Transport Agency
PHAP	- Pacific Health Action Plan
PHEIC	- Public Health Emergency of International Concern
PIHC	- Pasifika Integrated Healthcare
QPR	- Question; Persuade; Refer
RHANZ	- Rural Health Alliance Aotearoa
SPAC	- Suicide Prevention Advisory Committee
SPIWG	- Suicide Prevention Inter-Agency Working Group
SPPPAP	- Suicide Prevention and Postvention Action Plan

1. Executive Summary

This report updates the Community and Public Health Advisory Committee (CPHAC) on Auckland and Waitemata District Health Boards' (DHB) planning and funding activities and areas of priority, since its last meeting on 08 June 2016. It is limited to matters not already dealt with by other Board committees or elsewhere on this meeting's agenda.

2. Planning

2.1 Annual Plans

The second drafts of both the Auckland and Waitemata DHBs' Annual Plans are currently under review by the Ministry of Health. These are being updated as feedback is received. We are working towards Ministerial sign off this month.

2.2 Annual Reports

Development work has commenced on both Auckland and Waitemata DHBs' 2015/16 Annual Reports. First drafts are being prepared for initial audit review in July.

2.3 Waitemata Primary and Community Services Plan (CSP)

The second draft was submitted to the 29 June Waitemata DHB Board meeting for further review and feedback. Work will continue to finalise the CSP with continued engagement with key stakeholders. This will go back to the next Waitemata DHB Board meeting in August.

3. Health of Older People

3.1 Home and Community Support Services (HCSS)

Waitemata DHB has had some changes, with more to come, in the makeup of its HCSS providers. Pasifika Integrated Healthcare (PIHC) was placed in liquidation on 23 May 2016. Planning and Funding and the Needs Assessment Service Coordination (NASC) team worked to ensure all 130 clients were transferred to other HCSS providers by 30 May and approximately 30 of the 35 support workers employed by PIHC also took up the offer to transfer to these providers and continue to service their existing clients. Management of the liquidation was a streamlined process and we endeavoured to ensure that services to clients were not interrupted and consideration was given to the PIHC workforce.

We have also received notification that the Salvation Army is selling its HCSS business in Waitemata to Vision West Community Trust, an existing Waitemata DHB provider. The assignment of contracts is likely to occur at the end of July. This means there will be four HCSS providers contracted by Waitemata DHB for Health of Older People during 2016/17.

National work is continuing around the process to achieve a regularised HCSS workforce; this would incorporate guaranteed support worker hours, staff training and safe staffing ratios. We expect to receive more details on these requirements over the next month.

3.2 Aged Related Residential Care (ARRC)

A fundamental change to the ARRC Agreement for 2016/17 is an amendment so that it applies to all needs assessed residents. This aligns the Agreement with the intent of the Social Security Act. Many of the provisions in the ARRC Agreement were inconsistent with the statutory regimen set out in the Social Security Act in that it could be interpreted that it applied to subsidised residents only. Therefore, throughout the Agreement, with a few exceptions, the term "subsidised resident" has been replaced with "resident".

4. Mental Health and Addictions

4.1 OIA requests for MHA services for both Auckland and Waitemata DHBs

Steady number of Official Information Act requests have been received and responded to in the last month for both Auckland and Waitemata DHBs as follows:

- Access criteria to Mental Health support services – completed
- Reviews of Mental Health services completed within last 6 months - completed
- Funding and access to Maternal Mental Health services- completed
- Since 2008 any exited contracts for Maori Providers of mental health service with services that have been transferred to non-Maori providers - completed
- Funding for suicide prevention services and details about exclusive male only services provided – current and in progress
- Mental Health Funding information related to an identified ring fence, actual funding applied and population based funding formulas – current and in progress

4.2 Auckland DHB provided MH services

Dr Clive Bensemman has resigned as Clinical Director Mental Health and will leave his role during July with active recruitment in place. Alison Hudgell is Acting General Manager for this service. Funder team are co-locating one day per week with Mental Health Directorate at Auckland Hospital Centre from July.

4.3 Waitemata DHB provided MHA services

Ian McKenzie resigned from General Manager Position and left his role on 10 June 2016 with active recruitment in place into this vacancy and Alex Craig is Acting GM during this time. Alex is the Head of Division – Nursing.

4.4 Waitemata High and Complex Needs Service Development

The NGO Provider, Goodwood Park Health Group Ltd, has established two interim services in Kumeu and Ranui. Currently seven people have been transferred into this service and other potential service users are in the process of being assessed for eligibility.

4.5 Suicide Prevention and Postvention Action Plan for Auckland and DHBs

The current Suicide Prevention and Postvention Plan for Auckland and Waitemata DHBs have a range of strategies for high risk and vulnerable population groups. A number of staff both at Auckland and Waitemata DHB and within NGO contracted services working in suicide prevention as part of their role and accountabilities with a shared focus on identifying risk, building resiliency and protective factors for suicide prevention with service users.

A programme of workshops and training have been and are going to be provided as free community-based health programmes aimed to help families and professionals to become more confident in their ability to identify and support individuals at risk of suicide and refer them to agencies that can help. The following is a table of programmes available as a multipronged approach to Waitemata and Auckland regions to address identified suicide prevention and postvention strategies:

Programme	Funded Programmes	Description	Locations and Male Membership/Attendance
WAVE Facilitator Training	One workshop trained 8 WAVE Facilitators (2016)	The purpose of WAVES is to help people through a group facilitated process learn more about grief and suicide, find meaning in their experiences, learn to manage emotions, reduce stigmatisation and feelings of isolation and assist them to move forward. This training is provided by Skylight.	8 Frontline community workers from DHB and NGO services have been trained as WAVE facilitators, with a referral pathway for the community to access this support being developed currently.
SafeTALK to Rural area Workshops (WDHB)	2015/16 – 4 out of 5 workshops provided to date	In response to the impact of mental wellbeing of rural communities by on-going climate and economic pressures, the MoH and Rural Health Alliance Aotearoa (RHANZ) fund workshops across NZ. These workshops aim at up skilling health and social service professionals in suicide risk assessment and prevention strategies. Dr Annette Beautrais has delivered these workshops. Dr Beautrais is Adjunct Professor at the University of Canterbury and Suicide Prevention Coordinator at South Canterbury DHB.	SafeTALK workshops have been delivered at Kumeu, Warkworth, Wellsford and Great Barrier Island. The Four SafeTALK to Rural Areas has attracted 71 participants with a good mix of primary care staff, allied health services and support service workers.
SafeTALK to family and whanau	5 workshops planned.	Following on from SafeTALK to rural areas, five workshops are scheduled to be delivered to family and whanau. These are to be facilitated by Lifeline. These workshops aim at up skilling family and whanau in suicide risk assessment and prevention strategies.	Two workshops have been delivered at Helensville (Maori community) and at Glenn Innes (Pacific Community). 76 participants have attended these workshops. With further workshops organised for Grafton (Asian Community) and at Newmarket and Orewa. It is estimated that these five workshops will attract 200 people.
Question; Persuade; Refer (QPR) Training	Ministry of Health has funded 400 licenses for community health workers across Waitemata and Auckland DHB.	Online training tool for screening for risk of suicide. The tool is QPR which targets community health workers, social support services, staff, families and whanau, hapu, iwi and community members to help identify and support individuals at risk of suicide and refer them to agencies that can help. The training includes information for increased awareness and knowledge related to screening for suicidal thoughts and behaviours as well as practical skills training regarding when and how to ask the “suicide question”.	The licences were divided up amongst our health services throughout the two districts and a significant number of frontline community workers engaged in this training. Approximately 74% of people have completed the online programme, with a further 20% partially completing the programme and 5% not completing QPR beyond gaining license access. The DHB is working with QPR providers to identify ways to support more people to programme completion.

5. Maori Health Gain

5.1 Cancer evaluation Māori and Pacific Faster Cancer Treatment pilot ADHB 2014/15

The Māori health team are working with the Auckland Cancer and blood service to evaluate the Māori and Pacific Faster Cancer Treatment pilot undertaken in 2014/15. The pilot was funded through Ministry of Health Faster Cancer Treatment project funding via the Northern Regional Alliance Cancer Network. The intent of the pilot was to deliver a Māori and Pacific Cancer Navigation based services to improve timeliness and ease of access, reduce DNAs and improve health literacy. The evaluation seeks to understand the effectiveness of the implementation and operationalisation of the pilot and whether it was able to improve performance against faster cancer treatment indicators and reduce DNAs. It is expected that we will be able to take these learnings and inform future practice, service improvements and investment. A final report is expected to be completed by 30 June 2016.

5.2 Cervical Screening HPV Self-Sampling

Auckland and Waitemata DHBs have two projects approved to provide access to cervical screening Human Papilloma Virus (HPV) self-sampling to priority group women over the next three years. The intention of both projects is to clarify the participation rate for priority women using self-sampling in order to inform national policy as the National Cervical Screening Programme (NCSP) moves to changing the screening test from a pap smear to an HPV test in 2018. HPV self-sampling is not currently included in the NCSP programme change, however, the NCSP is very supportive of research evidence to inform further policy development.

1. A HPV self-sampling feasibility and acceptability project for 200 Māori women in West Auckland, commencing in August 2016 (DHB led project; a partnership between Māori health, women's health, Te Whānau O Waipareira, primary care, colposcopy service, laboratory, and HPV experts).
2. A HPV-self sampling study comparing mail-out and clinic-based invitation strategies with usual care across both Auckland and Wellington, for Māori, Pacific and Asian Women (Massey University led project with DHB partnership, recently announced funding by the Health Research Council). Anticipate start of recruitment September 2017.

The feasibility project has recruited a Māori smear-taker nurse and is in the process of recruiting a project manager. One PHO has approved participation in the project and two further PHOs have agreed to participate in principle. Health Literacy New Zealand has been commissioned to localise the information for women and to develop an education package for providers. Project documentation is being prepared for approval by the ethics committee and local research committees, with an anticipated start to recruitment of women in August 2016.

5.3 Kaumatua Action Plan

The Kaumatua Action plan was signed off in 2015 and the first year of activity is currently being implemented. The current Kaumatua Action plan was developed by the DHBs as a mechanism that would support the improvement of older Māori health and well-being while also addressing the inequities that still exist between older Māori and Non-Māori within health. These inequities and the rapid growth of the older Māori population will have a significant impact on the health sector in the near future. We know this because the costs of health and disability support services increase significantly with age (Health of Older people Strategy, 2002) and therefore developing alternative approaches to delivering services to older Māori that are efficient and cost effective is essential. In order to achieve this we are working on and have completed the following:

Project	Progress
1. Collaborate with Te Rūnanga o Ngāti Whātua to develop Tikanga Best Practice Guidelines for Aged Residential Care (ARC) that align with the District Health Boards ARC Quality Framework	<ul style="list-style-type: none"> • Draft version of Tikanga Best Practice Guidelines for Aged Residential Care (ARC) completed • Review process underway
2. Work in partnership with ADHB Rapid Response Team to link Māori clients with Māori services within the community	<ul style="list-style-type: none"> • Developed information package for Māori providers detailing services available, referral pathways and main contacts within the services • All Māori providers within the ADHB region now have this package • We will follow up with Rapid response services and Māori providers to gauge the uptake.
3. Complete a comprehensive analysis of the Māori workforce within Health of Older people provider arm services	<ul style="list-style-type: none"> • Completed an analysis of Māori workforce and Māori clients 65 plus across both DHBs • Information will be supplied to the Māori workforce development consultant to help inform specific areas of need within the Health of older persons workforce development area

Further work is needed to continue to build on these activities which can be sustained through the continual implementation of the Kaumatua Action plan. However there have been some factors outside the control of the project that have impacted on the progress of some activities (ie. Notification to DHBs to roll over HCSS contracts for the 2016/17 year).

5.4 Waitemata Abdominal Aortic Aneurysm Pilot

On Friday 10th of June in Wellsford, the Waitemata Abdominal Aortic Aneurysm (AAA) screening pilot was officially launched with a hui jointly organized by Te Ha Oranga and Coast to Coast (one of the three participating practices). This pilot is exploring the feasibility of AAA screening by measuring the prevalence of this disease in Māori men aged 55-74 and Māori women aged 60-74. It is also testing a primary care-based delivery model for the screening. The pilot aims to screen approximately 500 eligible Māori enrolled with Coast to Coast, Waitakere Union Health Centre and Te Puna Hauora practices.

Given the tremendous shortage of qualified sonographers in New Zealand, the project decided to train its own AAA ultrasound technician. As part of the training process, the AAA team is inviting Māori WDHB employees in the eligible age range to be screened when our trainee ultrasound technician is supported by a highly experienced vascular sonographer from Waikato DHB. This initial screening has taken place on the 8th, 9th and 10th of June with a very encouraging service uptake: 85% of people invited have made an appointment for the ultrasound. The team has been surprised and very happy with the response so far and is delighted to be able to provide a practical demonstration of the organisation's value "everyone matters". This Waitemata AAA Screening Pilot was sponsored by CEO Dale Bramley, who attended one of the staff screening sessions in an outpatient clinic at North Shore hospital to show his support for this initiative and the inclusion of our Māori workforce. Māori men and women appear to have a higher incidence of AAA than non-Māori and they develop this condition at a younger age (on average 8 years earlier than non-Māori). In the past, screening programmes have been designed that do not work well for Māori.

Community screening started in Coast to Coast Wellsford on Monday 20th of June. Coast to Coast has received a great response to the hui and invitation letters and had 35% of eligible people booked in for an ultrasound without the need for a follow up call.

The AAA screening programmes hopes to serve as an example for other screening programmes by achieving unprecedented participation rates among Māori through detailed and innovative system design.

5.5 2016/17 Māori Health Plans

The finalised 2016/17 Māori Health Plans for Auckland and Waitemata DHB were submitted to the Ministry of Health on 30 June 2016.

6. Pacific Health Gain

6.1 Renewing Pacific Health Action Plan (PHAP)

The working group set up to review the current PHAP has had four meetings. The group is chaired by Rev Featuna'i Liua'ana and it has five other community members, of Samoan, Cook Island, Tongan, Niuean and Fijian ethnicities. It also has representatives from West Fono Health Trust, AH+ and ProCare. It has recommended that the six priorities of the current Plan continues in the new plan as well as added focus on health of older people and mental health. Consultation with the community will start in July and a minimum of six meetings will be held, with three meetings in the ADHB area, Samoan, Tongan and English language meetings, two meetings in West Auckland and one on the North Shore. Smaller meetings may also be held to attract younger adults and youth if that age group is not well represented in the general meetings.

The implementation of Pacific Health Action Plan 2013 - 2016 (PHAP) is on target for Priorities 1 – 5.

6.2 PHAP Priority 1 – Children are safe and well and families are free of violence

Negotiations are under way with Wai Health and the Werry Centre for the Triple P parenting programme to be delivered to Pacific communities in West Auckland instead of the *Incredible Years* (IY) Programme. A number of Pacific facilitators have been trained. The PHAP Working Group agrees with this, as Triple P can be run in eight weeks (rather than the 14 weeks that is required by the IY programme). The IY programme will continue to be delivered on the North Shore and the ADHB area.

The second training for *Living Without Violence* facilitators was held on 10th and 11th June in the Onehunga area and 35 people participated. This will allow the programme to be implemented in more groups/churches in the current financial year.

6.3 PHAP Priority 2 –Pacific People are smoke-free

The new provider/s of quit smoke services have still not been formally announced by the Ministry of Health but we are progressing with the decision to hold focus groups with Tongan men to begin with. An initial meeting with a small group of Tongan men to ask their views as to whether focus groups with Tongan men, smokers and non-smokers will be useful, resulted in their advice that we should progress whether there is funding or not. They have taken it upon themselves to start this work.

6.4 Priority 3 – Pacific people are active and eat healthy

An initial meeting with *Healthy Families* West Auckland has resulted in an agreement to explore the option of WDHB working with Healthy Families and Pacific Early Childhood Education Centres in West Auckland to ensure that the Centres are healthy environments.

The results of the survey of Aiga Challenge participants who lost and maintained weight loss over three years have been completed. One of the stand-out learnings is that the majority of these participants were aged 45 years and over. Reaching young people in the child bearing age remains a challenge. The results will be disseminated to the Enea Ola and HVAZ groups and the engagement of young people/adults will be an important part of the discussion for the new Pacific Plan.

6.5 PHAP Priority 4–People seek medical and other help early

We are continuing to work with AH+ to gain an in-depth understanding of the input and the outcomes achieved by the Fanau Ola Integrated Services.

The Samoan language Stanford Chronic Disease Self-Management Education Programme Leader's Manual was launched on 3rd June. The translation team included Samoan linguists, a Samoan physician from Samoa, Samoan SME Master trainer and Rev Liua'ana. Alfred Ngaro, National MP was present at the launch, as well as the Chief Adviser Pacific Health, MOH, Procure management and many members of the Samoan community. A challenge was put forward to Alfred Ngaro and to the bureaucrats present, to have the Manual translated into Cook Is Maori, for use not only in the Cook Is community in NZ but also in the Cook Islands. Alfred Ngaro indicated that he would follow this up.

6.6 PHAP Priority 5 - Pacific people use hospital services when needed

The Pacific GM for Hospital Services reports on this priority.

6.7 PHAP Priority 6 – That Pacific people live in houses that are warm and are not over crowded

Discussion was held by the PHAP working group as to whether this priority should remain in the new Pacific Plan. One view was put forward, that because this is an area that the DHB Pacific Team can do very little about, that it should not be part of the new Plan. The other view put forward was that if housing is not part of the new Plan, that that can be interpreted as housing not being important. It was agreed to retain this in the new proposed Plan and to seek the community's views through consultation.

7. Asian, Migrant and Refugee Health Gain

Key projects driving efforts towards the goal of increasing health gain in targeted Asian, migrant and/or refugee populations where health inequalities impact on their health status in the Auckland DHB are:

7.1 Increase the DHBs' capability and capacity to deliver responsive systems and strategies to targeted Asian, migrant and refugee populations

The Final draft of the Asian International Benchmarking Report has now been completed and is currently going through internal review processes before final sign off. We will bring this to the next CPHAC meeting.

7.2 Increase Access and Utilisation to Health Services

Indicator: Increase by 2% the proportion of Asians who enrol with a Primary Health Organisation (PHO) to meet 76% (ADHB) and 84% (WDHB) targets by 30 June, 2016 (current rates 74% (ADHB) and 83% (WDHB) as at April, 2016)

The 'Healthcare- where should you go?' campaign has rolled out to promote culturally appropriate messaging about enrolling with a family doctor and the benefits of it to students and new migrants living in the Auckland City Centre and inner city suburbs.

A Hindi video on the NZ health & disability system has been finalised and will be added to the suite of online English and Mandarin resources available on the revamped Your Local Doctor website www.yourlocaldoctor.co.nz

Indicator: Reducing acute flow to Auckland City Hospital's Children's Emergency Department (CED)

We are engaging with Plunket and targeted Central Auckland libraries to reach out to Asian parents (Chinese, Indian and Other Asian) about the role of a family doctor and benefits of primary care for their family.

Indicator: Increase opportunities for participation of eligible refugees enrolled in participating general practices as part of the Refugee Primary Care Wrap Around Service funding

The Refugee Primary Care Wrap Around Service Agreements with PHOs have been reviewed for the 2016-17 financial year. Professional development opportunities for primary health and the frontline workforce to upskill them on the soft skills and cultural competencies required to support refugee families at the practice level include:

- A refugee health network forum to primary health professionals will be planned on refugee youth mental health for 23 August
- Receptionists cross-cultural training to frontline primary health staff was delivered on 29 June

8. Auckland Regional Public Health Service (ARPHS)

8.1 BCG vaccine availability update

2,633 babies were vaccinated between 14 March and 31 May 2016, during which period the limited supply of BCG vaccine that expired on 31 May 2016 was used. The vaccine distributor Seqiris is unable to provide any information regarding future BCG vaccine supply, and it appears unlikely that a new supply of vaccine will become available in New Zealand before 2017. The Ministry of Health has communicated to DHBs and Lead Maternity Carers about this shortage. ARPHS followed this up with the release of its own health professional advice.

8.2 Zika update

Zika continues to be a Public Health Emergency of International Concern (PHEIC). The number of notifications received is now low, with no notifications nationwide for the week of June 8-14. For the year to date (1 January-14 June 2016), national data continues to show that cases diagnosed are mainly women (aged between 24-44 years), and in people who have a history of travel to the Pacific (approximately 87% of all notifications). The Ministry of Health (MoH) continues to keep a watch on this via their Zika Technical Advisory Group and their weekly Zika surveillance reports (produced by the Institute of Environmental Science and Research Ltd (ESR)).

With the Rio Summer Olympic Games approaching, the MoH is providing advice to the New Zealand Olympics Committee on the Zika virus. The advice is in keeping with current recommendations on the MoH's webpage.

8.3 New Refugee Health Centre

The new Mangere Refugee Resettlement Centre (MRRC) was officially opened by Prime Minister, John Key, on 18 June 2016. This opening was combined with a dawn blessing service, and celebrations for World Refugee Day. Staff moved into the new building on 24 June 2016. The move will bring about a significant change as all MRRC agency service providers will now be based in the one administration building. To support the increase in refugee quota to 1,000 each intake is now around 170 refugees.

8.4 Tobacco control

A licensed Auckland premises has been under investigation for alleged breaches of the Smokefree Environments Act 1990. ARPHS's Smokefree Enforcement Officers spent the past year gathering evidence before submitting a file to the Ministry of Health for consideration of prosecution. The case has been accepted, and charges lay before the District Court. A trial date is still to be confirmed. Crown solicitors will present the case, and ARPHS will assist where required.

97 tobacco retailers across the Auckland region were tested using under age volunteers to ensure compliance with the Smokefree laws. The volunteers (aged 14-15) were instructed to attempt the

purchase of cigarettes. Staff at three premises sold cigarettes to a volunteer, and infringement fines of \$500 were recommended for all three retailers. Further testing of these stores will take place in the next twelve months.

8.5 Healthy Auckland Together (HAT) update

Since lodging its submission to the Advertising Standards Authority (ASA) review of its Code for Advertising to Children and the Children’s Code for Advertising Foods, HAT has been invited as one of six health organisations to meet with the ASA Children’s Code Review panel on 4 July to answer specific questions on its submission.

HAT received confirmation that the Waitemata Local Board will integrate the transition to healthy food options at Pt Erin and Parnell Baths as part of the Auckland Councils actions for HAT project 5.8. *- reinforce health promotion messages by ensuring facilities, clubs and recreation and sport opportunities have appropriate health promotion policies.*

The New Zealand Transport Agency (NZTA) has become a HAT partner. NZTA was attracted to the HAT model, and is keen to use this forum to consider the health impacts associated with congestion, active transport, harm minimisation and transport flows.

HAT completed its first Project Status updates for projects being implemented in Year One of the plan. Of the 56 projects currently being implemented, 5 are complete and 38 are on track.

8.6 Submissions

ARPHS completed and submitted two submissions in May and June 2016.

Date	Topic	Brief note
27 May	<i>Asbestos: WorkSafe draft Code of Practice for Management and Removal</i>	The Ministry of Health was contacted to make sure ARPHS’s submission aligned. Overall ARPHS’s submission linked up with existing agreements to reinforce protocols and responsibilities amongst agencies. It also highlighted key issues such as the protection of neighbours.
23 June	<i>Healthy Homes Guarantee Bill</i>	Warm dry healthy homes provide a basis for health and wellbeing. ARPHS had previously submitted on the proposed amendments to the Residential Tenancies Act (and associated Regulations). This private members Bill sets out to require minimum standards for heating and insulation for rental properties. MBIE would set the standards. ARPHS’s submission (endorsed by the three regional DHBs) supports the concept of the Bill but recommends more comprehensive measures, including the introduction of a Residential Tenancy Warrant of Fitness regime.

Upcoming submissions

The table below reflects anticipated submissions, which may change as our scanning and screening of opportunities continues.

Due Date	Topic	Brief note
1 July	<i>Housing for Older people – Auckland Council</i>	<p>Auckland Council owns 1,412 units across Auckland, providing homes for older people with a housing need. The Council is proposing to partner with a third party social housing provider (potentially The Selwyn Foundation) to form a new Community Housing Provider (CHP). The new CHP will have expert input from the chosen partner and will be entitled to access the government Income Related Rent Subsidy (IRRS). It will also consider and undertake refurbishment of the council's current portfolio over time to improve its quality.</p> <p>ARPHS is using this submission opportunity to suggest to Council that it formalise its commitment to the Warrant of Fitness rental standards through the inclusion of relevant clauses in its contractual arrangements with the CHP and development provider.</p>
29 July	<i>New Zealand Health Research Strategy</i>	<p>The Ministry of Health is developing New Zealand's first health research strategy, which will guide decisions on national health research over the next ten years. The Ministry envisions the strategy will align with the New Zealand Health Strategy and other key strategic documents. The discussion document released outlines a proposed vision, mission and guiding principles, and the Ministry is seeking feedback on whether this framework will ensure a more cohesive and connected health research and innovation system. The strategy will also include a number of strategic priorities and supporting actions that will inform policy settings and government investment in the health research and innovation system.</p>
29 July	<i>Standardised Tobacco Products and Packaging Draft Regulations</i>	<p>The Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill is currently progressing through Parliament, and will create the regulatory powers to bring in standardised tobacco products and packaging. The Government has not yet made any final decisions on these detailed regulatory requirements and the Ministry of Health is now seeking feedback on draft Regulations for the Bill. The detailed requirements for tobacco product design, appearance, packaging and labelling, improved graphic warnings, and standardised pack quantities are all to be set out in the Regulations.</p>