Community and Public Health Advisory Committees Meeting

Wednesday 31 August 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
31 August 2016

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna **Time: 2.00pm**

COMMITTEE MEMBERS	MANAGEMENT
Gwen Tepania-Palmer – Committee Chair (WDHB and ADHB Board member) Lester Levy - ADHB and WDHB Board Chair Max Abbott - WDHB Board member 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) 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	Dale Bramley - WDHB, Chief Executive Ailsa Claire - ADHB, Chief Executive Debbie Holdsworth - ADHB and WDHB, Director Funding Simon Bowen - ADHB and WDHB, Director Health Outcomes Naida Glavish - ADHB and WDHB Chief Advisor, Tikanga Peta Molloy - WDHB, Board Secretary

Apologies: Ailsa Claire

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 meeting held on 20/07/16

Matters Arising from Previous Meeting

3 STANDARD REPORTS

2.10pm 3.1 Primary Care Update

2.40pm 3.2 Planning, Funding and Outcomes Update

3.00pm **4 GENERAL BUSINESS**

Auckland and Waitemata District Health Boards

Community and Public Health Committees

Member Attendance Schedule 2016

NAME	FEB	MAR	APRIL	JUNE	JULY	AUG	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 20 July 2016

Recommendation:

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 20 July 2016 be approved.

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 20 July 2016

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 2.01pm

Part I - Items considered in Public Meeting

COMMITTEE MEMBERS PRESENT:

Gwen Tepania-Palmer (Committee Chair) (ADHB and WDHB Board member)
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)
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)
Rev Featunai Liuaana (Co-opted member)

ALSO PRESENT:

Dale Bramley (WDHB Chief Executive Officer)
Debbie Holdsworth (ADHB and WDHB, Director Funding)
Simon Bowen (ADHB and WDHB, Director Health Outcomes)
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:

Shobna Singh, Plunket
Caro Watts, Plunket
Lisa May Gray, Plunket
Maureen Wood, Waitakere health Link
Tracy McIntyre, Waitakere Health Link
Elizabeth Buswell, Waitemata PHO
Gaylene Sharman, Te Puna Manawa, HealthWest

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

PRAYER: At the invitation of the Committee Chair, Rev. Featunai Liuaana provided an opening prayer.

APOLOGIES:

Resolution (Moved Judith Bassett/Seconded Jo Agnew)

That apologies be received and accepted from Lester Levy, Sandra Coney and Ailsa Claire.

Carried

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.

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 08 June 2016 (agenda pages 7-14)

Resolution (Moved Christine Rankin/Seconded Allison Roe)

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.

Carried

Matters Arising (agenda page 15)

The Committee Chair summarised the matters arising. It was noted that matter relating to regional after hours services had been deferred to the meeting on 31st August; the DHBs Audit and Finance Committees have been updated on this matter.

3 DECISION ITEMS

There were no decision items.

4 INFORMATION ITEMS

There were no decision items.

4.1 Child, Youth and Women's Health (agenda pages 16-33)

Ruth Bilj (Funding and Development Manager – Child, Youth and Women's Health), Natalie Desmond (Senior Programme Manager – Child Health), Dr Karen Bartholomew (Public Health Physician) and Dr Allison Leversha (ADHB Community Paediatrician) were present for this item.

Ruth Bilj acknowledged the Plunket New Zealand representatives in attendance: Caro Watts, Lisa May Gray and Shobna Singh. The Plunket representatives will present to the Committee later in the meeting.

Ruth Bilj introduced the report. Matters that she highlighted included:

- The percentage of infants turning 8 months in the quarter (April – June 2016) who were immunised on time was 94% for Auckland DHB and 92% for Waitemata DHB.
- The response from the Ministry of Health regarding breast feeding targets was note. A copy of the letter was included as Appendix one of the report (page 33).
- That the statistics for before school checks (Pacific 98% Auckland DHB and 99% Waitemata DHB; Maori 91% Auckland DHB and 97% Waitemata DHB) reflects the coordination of services and engagement in the community. Plunket was acknowledged for their work in this area.
- Progress is being made School Based Health Services assessments with a significant shift upwards for Waitemata DHB.
- The rheumatic fever work undertaken by Dr Allison Leversha in relation to quality improvement was acknowledged. Positive changes are being seen with regards to process. A successful youth event was recently held with approximately 100 youths attending, of which 65 had rheumatic fever. Those with rheumatic fever receive injections every 28 days to manage that. In response to a question about the cost of maintaining the App for rheumatic fever, Dr Leversha advised that she will seek clarification on the costs. To date there has only been a small test group of five to ten young people who were disengaged with their rheumatic fever injections and have now re-engaged and assisting with the co-design of the app has been a positive way to re-engage. The App includes feedback on nurses as well. It was also noted that a Facebook page has been created for those with rheumatic fever.
- That discussions have started with the Ministry of Health on the expansion of the healthy Homes Initiative model, it is anticipated that a final plan will be agreed with the Ministry by the end of August 2016.
- That the Auckland DHB's new Pregnancy and Parenting Service also includes the availability of an APP and Website (commissioned from the University of Auckland) – www.mokopunaora.nz

Matters covered in discussion and responses to questions included:

- That with regard to the HP vaccine for boys, that evidence continues to emerge and demonstrate that more and more disease is being prevented. It was also noted that there has been a shift from three doses to two doses as a result of studies demonstrating that two doses are sufficient.

- That many families cannot afford housing in Auckland and are moving into one dwelling together. Rev Liuaana noted that he had recently viewed a four bedroom household with 15 children under the age of 12 years living there; this could pose a health risk.
- That with regard to DHB involvement in ensuring healthy homes it was noted that in 2007 as part of its childhood strategy the Waitemata DHB had a specific programme around insulation 'warm and well' which was targeted at families that had been referred by the community or that the DHB had seen. The Waitemata DHB Board invested directly into the programme and gained grants from other entities including ECA. Waitemata DHB concluded the programme when other agencies became much more involved as it is not core DHB business. It was noted that interagency meetings about housing were held by the appropriate Ministry departments' and that the DHBs reported statistics around health matters such as rheumatic fever to the Ministry of Health.
- That with regard to antibiotic resistance and the use of antibiotics in animals Dr Dale Bramley noted that he had recently had the opportunity to attend the WHO's World Health Assembly where there was a focus on antimicrobial resistance. He noted that there is an international plan on the use of antibiotics in animals to action. A report will be provided to the Committee on this matter and note the Ministry of Health's involvement.

The Committee Chair acknowledged the work that had been undertaken and the achievements made, particularly with immunisation, rheumatic fever and obesity.

Ruth Bijl invited the representatives from Plunket to present to the Committee. Caro Watts introduced Lisa May Gray and Shobna Singh to the Committee and noted apologies from Linda Biddle who could not attend the meeting.

Caro Watts gave an overview of Plunket's breastfeeding support and circulated a handout prepared by the 'Plunket Northern Region – Central Team (20 July 2016).' The support outlined the benefits for 'pepe, mama and whanau.' Areas of support highlighted by Caro Watts and Lisa May Gray included:

- Close collaboration with the lead maternity carer at the time of referral.
- Peer counsellor support programme – Auckland DHB and Waitemata DHB.
- Family centres and lactation consultants in the West, St Lukes and Meadowbank.
- Requests for a lactation consultation. Plunket NZ aims to have all Plunket nurses trained to assist with breastfeeding.
- That in the Waitemata district Plunket had established a Whanau Ora team to assist breastfeeding. The benefits of the team are to achieve: seamless support for mama and pepe; early support for breastfeeding challenges through breastfeeding team approach; increased education for mama's on benefits of long term breastfeeding and improve breastfeeding rates or fully breastfed pepe at three months.
- Other areas of support noted were healthy eating, smoking cessation and SUDI (sudden unexpected death in infancy) principles.

Matters covered in discussion and responses to questions regarding the presentation from Plunket included:

- Lee Mathias asked about breastfeeding targets for Plunket. Caro Watt noted that the Plunket northern region targets match those of the DHB, however, Plunket has increased their target by one per cent. Many of the DHB statistics are obtained from the Plunket database. There is no penalty in place for the Plunket northern region team not reaching the target, but the results is a reflection on what the team is doing; clarification will be sought and reported back on the contractual target requirement for the Plunket New Zealand national contract.
- Allison Roe queried about the evidence of introducing allergenic foods (for example, peanuts) between 4-6 months while breastfeeding; this was stated in the letter (referred to earlier in the meeting) from the Ministry of Health regarding breastfeeding targets. In response Tim Jelleyman noted that the matter would need to be referred to a colleague who specialised in allergies for response directly to Allison Roe.
- Rev Liuaana noted the comment made about the gap between theory and practicing breastfeeding and asked what is being done in this regard. Caro Watt advised that the gap mentioned is about Plunket nurses learning what is needed to support a new mother when breastfeeding.
- The Committee Chair asked how the Plunket team responds to the populations' diversity. Shobna Singh noted that there is a mixed ethnic team at Plunket; opportunities are created for different ethnic groups to apply for nursing positions and Plunket is very flexible about where staff are based.

The Plunket team was thanked for their presentation and taking the time to attend the Committee meeting.

Chris Chambers asked a question about why the rate of enrolment of Pacific babies detailed in the scorecard was 81% for Auckland DHB and 59% for Waitemata DHB. Natalie Desmond noted that new born enrolments in the PHO environment is a challenging space and the team is monitoring the enrolments to determine what the barrier is. Work is being undertaken with the PHO staff and with GP practices directly.

The report was received.

4.2 Community Engagement and Participation Update for Auckland and Waitemata DHBs (agenda pages 34-44)

Carol Hayward (Community Engagement Manager, Waitemata DHB), Maureen Wood (Chair, Waitakere Health Link), Tracy McIntyre (Waitakere Health Link) and Wiki Shepherd-Sinclair (Health Link North) were present for this item.

Simon Bowen (Director Health Outcomes) welcomed the Health Link representatives to the meeting. He noted that this is a combined report covering work across both Auckland DHB and Waitemata DHB. In attendance today were representatives from the Waitemata district health link teams.

Carol Hayward introduced the item and matters covered highlighted and responses to questions included:

- A review of the Auckland and Waitemata DHBs joint financial recognition and payments policy was underway; the review is to reduce confusion in how to apply the policy and also confirm a regional approach to the policy.
- The work of the two Waitemata district Health Links around the package of support for consumers and mentoring for consumer representatives was acknowledged. A training pack for representatives will be developed.
- Two youth health expos were recently held in the Rodney District (Warkworth and Wellsford) to raise awareness of mental health and sexual health services available. A further expo is now being proposed and discussions are underway with Te Runanga o Ngati Whatua to hold a similar event in Helensville with Kaipara College.
- The volunteer work undertaken at both Auckland DHB and Waitemata DHB was noted, with a focus to be placed on Waitemata DHB volunteer work over the coming year.

Maureen Wood noted the Waitakere Health Link brochure 'Babies Out West.' The brochure is updated every 18 to 24 months and the most recent is the fourth edition. It was noted that due to funding restrictions the pamphlet has not been translated.

Allison Roe thanked the Health Links for the great work they do in the community. She noted the Well Foundation may be able to assist with possible fundraising aspects for the Health Links.

The Committee Chair agreed with Allison Roe's comments on the work undertaken by the Health Links in the community and thanked them also.

The report was received.

5. STANDARD REPORTS

5.1 Planning, Funding and Outcomes Update (agenda pages 45-55)

Simon Bowen, Debbie Holdsworth, Trish Palmer (Funding and Development Manager for Mental Health and Addiction Services), Aroha Haggie (Manager Maori Health Gain), Dr Karen Bartholomew (Public Health Physician) and Craig Heta (Portfolio Manager, Funding and Planning) presented this report.

Simon Bowen (Director Health Outcomes) introduced the report. He noted that the second draft of both the Auckland DHB and Waitemata DHB Annual Plans are currently with the Ministry of Health for review. Development of the Auckland and Waitemata DHBs' 2015/16 Annual Reports has commenced. The second draft of the Waitemata primary and Community Services Plan was submitted to the Waitemata DHB Board meeting on 29th June with a further iteration to be presented at its August Board meeting.

Debbie Holdsworth (Director Funding) noted that Pasifika Integrated Healthcare (PIHC) was placed into liquidation and that all PIHC providers were seamlessly

transferred to new providers. All PIHC staff members were employed by other providers. Dr Holdsworth also noted that the Salvation Army is selling its home and community support services in Waitemata to Vision West Community Trust, an existing Waitemata DHB Provider.

Trish Palmer noted that following questions from the Committee at its last meeting, a further update on the Question Persuade Refer (QPR) training has been included in the report (page 48).

Aroha Haggie, Karen Bartholomew and Craig Heta summarised the Maori health Gain section of the report which included: the cancer evaluation Maori and Pacific Faster Cancer Treatment pilot ADHB 2014/15; cervical screening HPV self-sampling; the Kaumatua action plan; the 2016/17 Maori Health Plans and the Waitemata Abdominal Aortic Aneurysm Pilot.

Debbie Holdsworth summarised the Pacific Health Gain and Asian, Migrant and Refugee Health Gain sections of the report.

Simon Bowen summarised the Auckland Regional Public Health Services section of the report, noting in particular the shortage of the BCG vaccine availability and that there is no indication of when this may be resolved.

In response to a question from Chris Chambers regarding the Auckland Regional Public Health Service (ARPHS) and access to the submissions submitted, it was noted the submissions are available on the ARPHS website – a link to the website will be sent out to Committee members.

Robyn Northey noted the Healthy Auckland Together and congratulated the team that prepared it. The pamphlet was distributed by Auckland DHB as part of its welcome day.

The report was received.

6. GENERAL BUSINESS

There were no items of general business.

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

The meeting concluded at 3.35pm.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 20 JULY 2016

_____CHAIR

Actions Arising and Carried Forward from Meetings of the Community and Public Health Advisory Committees as at 25th August 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). The ADHB and WDHB Audit And
CPHAC 20/07/16	4.1	Breastfeeding targets – advise of the contractual target requirement for the Plunket New Zealand national contract.	Ruth Bijl		Update to be provided via email.
CPHAC 20/07/16	5.1	Link to submissions on the ARPHS website to be sent to Committee members.	Peta Molloy		Actioned 25/08/16.

3.1 Primary Care Update Quarter 4, 2015/16

Recommendation

That the report be received.

Prepared by: Tim Wood (Deputy Director and Funding and Development Manager - Primary Care, Waitemata and Auckland DHBs), Dr Stuart Jenkins (Clinical Director – Primary Care, Waitemata and Auckland DHBs) and Trish Palmer (Funding and Development Manager, Mental Health and Addictions)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Simon Bowen (Director Health Outcomes).

Glossary

ALT	-	Alliance Leadership Team
ASH	-	Ambulatory Sensitive Hospital Admissions
ATD	-	Access to Diagnostics
CT	-	Computerized Tomography
CVD	-	Cardiovascular disease
DAR	-	Diabetes Annual Review
DSLA	-	Diabetes Service Level Alliance
DSME	-	Diabetes Self Management Education
DHB	-	District Health Board
DUMP	-	Dispose of Unused Medicines Properly
GPs	-	General Practitioners
IPIF	-	Integrated Performance Incentive Network
MACGF	-	Metro Auckland Clinical Governance Forum
MoH	-	Ministry of Health
MRI	-	Magnetic Resonance Imaging
NZCMHN	-	New Zealand College of Mental Health Nurses
NHT	-	National Health Target
PHO	-	Primary Health Organisation
POAC	-	Primary Options for Acute Care
RFQ	-	Request for Quotes
SLMs	-	System Level Measures
VDR	-	Virtual Diabetes Register

Summary

This report provides an update on specific primary care activities across the Auckland and Waitemata District Health Boards (DHBs), which have shown variance during the fourth quarter (Q4) of the 2015/16 financial year.

- Primary Care Highlight – Community Pharmacy Waste Management Service has been implemented successfully and work is under way to develop a community campaign regarding appropriate disposal of unwanted medicines.
- National Health Targets (NHT) – Both the Better Help for Smokers to Quit and the More Heart and Diabetes Check targets were achieved.
- The Diabetes Service Level Alliance (DSLA) is making progress across a wide range of areas with a number of reviews close to completion. The reviews will enable us to improve access to retinal screening and podiatry services and improve patient outcomes.

Work on improving reporting is on track. We are also working on developing a model of care more responsive to Maori and Pacific people with diabetes.

- Integrated Performance Incentive Framework (IPIF) – This framework is now being replaced by the System Level Measures (SLMs) Framework. Primary Health Organisations (PHOs) and DHBs across Metro Auckland are working collaboratively to develop an Improvement Plan for submission to the Ministry of Health (MoH) for 20th October 2016.
- A contract is in place with Waitemata PHO for the primary care nurse mental health credentialing programme. Last year's programme was extremely successful and we are continuing this programme for at least another two years.

1. Primary Care Highlight (Q4), 2015/16 Annual Plan

1.1 The Metro Auckland DHBs Community Pharmacy Waste Management Service

Background

In the past, community pharmacies were paid a monthly fee to support the on-going management and disposal of pharmaceutical and sharps waste received from consumers. This arrangement was considered costly and ineffective as each pharmacy had to commission an individualised waste management supplier which resulted in a patchy and inconsistent service for our population. A study by Braund et al. (2009)[1] showed that in New Zealand approximately 70% of respondents disposed of unwanted medicinal waste into the domestic waste system (via the toilet or sink) or through the general household waste collections which end up in a landfill. These disposal methods have detrimental impacts on our environment and allow for pharmaceutical residues to build up in our waterways. Inappropriate disposal of unused/expired medicines and sharps are also related to unintentional harm and needle-stick injuries that may transmit diseases.

New Service Model

The three Metro Auckland DHBs (Auckland, Counties Manukau and Waitemata DHBs) have implemented a regional medicinal waste collection and disposal service for all community pharmacies starting from 1st February 2016. The service was developed to mitigate the risks identified above and to ensure the safe disposal of unused/expired medicines and sharps wastes. A procurement process was completed to find a single provider and International Waste Limited was awarded the contract.

This fully funded service includes the distribution and collection of waste disposal bins to approximately 360 community pharmacies in the Metro Auckland region. It also includes the proper disposal of three distinct types of medicinal waste:

- **Pharmaceutical** - non-controlled, unutilised and expired pharmaceutical products (e.g. tablets and capsules)
- **Sharps** - medical 'sharps' (e.g. used needles and syringes)
- **Cytotoxic pharmaceutical** - non-controlled, unutilised and expired cytotoxic pharmaceutical products (e.g. tablets and capsules) and cytotoxic containers (i.e. containers that have been used to carry cytotoxic medicines).

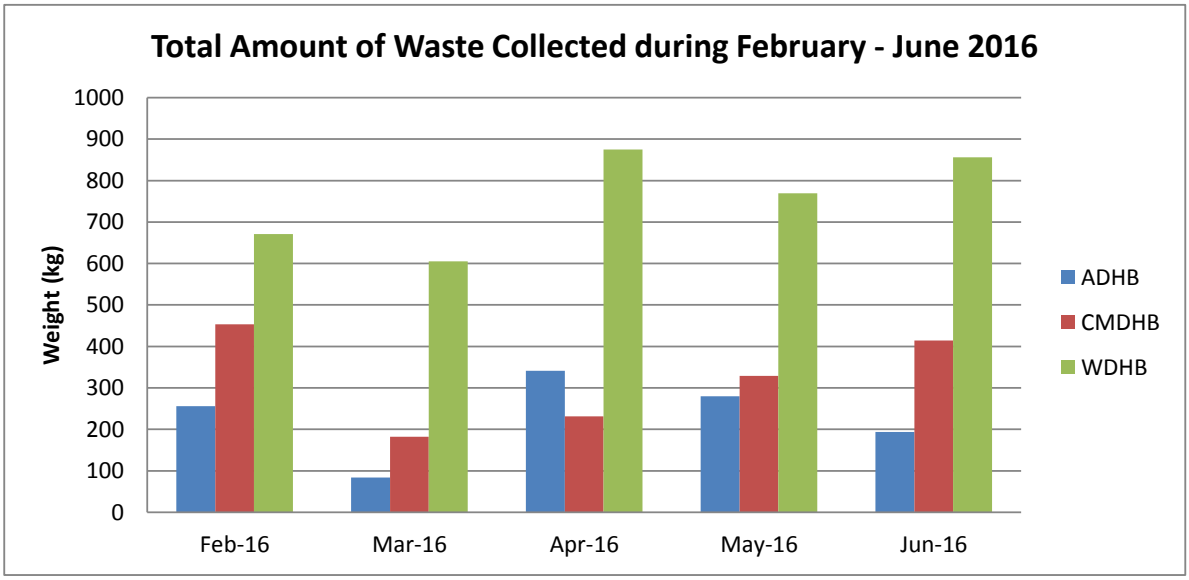
As a part of this service, community pharmacies receive three types of waste bins to meet the requirements of the specific types of waste. This service is free to all consumers, and they can drop

[1] Rhiannon Braund, Barrie M. Peake, Lucy Shieffelbien, Disposal practices for unused medications in New Zealand, Environment International, Volume 35, Issue 6, August 2009, Pages 952-955, http://dx.doi.org/10.1016/j.envint.2009.04.003

off any expired or unused medicines at any community pharmacy for disposal. It is important to note the waste management service excludes both collection and disposal of controlled pharmaceutical products as current legislation prevents the off-site disposal of Class B controlled drugs.

Since the launch of this service (1st February 2016 to 30th June 2016), Auckland, Counties Manukau and Waitemata DHBs have collected approximately 1,155 kg, 1,609 kg and 3,776 kg of waste respectively (Figure 1). Overall, about 80% of the total waste collected can be attributed to consumers disposing of sharps or needles. Discussions with Diabetes NZ (Auckland Branch) occurred during the development of the service and messaging was communicated through their regular newsletters to inform consumers about bringing all sharps waste back to their local pharmacy. This is the reason for sharps being such a high proportion of all waste collected.

Figure 1: Metro Auckland DHBs - Total weight (kg) of waste collected at community pharmacies during February and June 2016



The current waste disposal volumes are well below the projected volumes as the proposed patient education campaign has not yet commenced. The campaign was delayed to give pharmacists time to become familiar with the new service. Therefore, the lack of community awareness about the service is likely to have resulted in the variability in utilisation (Figure 1).

Patient Education Campaign

The Metro Auckland DHBs are in the process of developing a regional patient education campaign to raise awareness about the safe and proper disposal of medicinal waste. Another aspect of this campaign will also ensure that all health professionals provide consistent messaging to consumers, and refer consumers to community pharmacies for medicinal waste disposal. As a part of this campaign, the Metro Auckland DHBs are considering the running of a D.U.M.P. (Dispose of Unused Medicines Properly) campaign encouraging the public to bring their expired medication from their homes to the pharmacy. Auckland City Council has agreed to support the D.U.M.P. campaign by providing assistance to market the campaign. Further consideration of the logistics and costs of such a campaign are being given.

Overall, this service has received positive responses from both the pharmacy sector and other organisations, such as Auckland City Council.

1.2 Auckland Waitemata Alliance

The Auckland Waitemata Alliance is a key forum for the DHBs and PHOs to discuss significant issues, agree common work programmes and investment decisions. The Alliance has membership of the two DHBs, our two Treaty partners (Ngati Whatua and Waipareira) and of six PHOs (Alliance Health+, Auckland, National Hauora Coalition, ProCare, Total Healthcare, Waitemata). It is noted that while Total Healthcare is not a PHO that formally operates in either DHB boundary they have been invited to participate considering their primary care coverage of high needs communities.

To date the Alliance has agreed to joint PHO/DHB funding of the clinical pathways work programme. Further we have a joint approach and work programme for improving diabetes care, see the Diabetes Service Level Alliance (DSLA) update later in this paper.

The Alliance also oversees the work programme of the Metro Clinical Governance Forum (MACGF), the System Level Measures work, Tamaki mental health initiative and various service level Alliances including; Pregnancy and First Year of Life, Rural, Youth, and After Hours.

Further it has oversight of the Metro Auckland Data Sharing work programme.

Until now overview of the flexible funding pool has not been part of the Alliance focus. However, recently it was agree to enter in to a process to improve transparency of flexible funding pool allocations.

2. National Health Targets

The Primary Care Scorecard (Figure 2) is a standardised tool that is used by both Auckland and Waitemata DHBs to internally review and track performance against a range of measures including the National Health Target (NHT). The Scorecard shows for each measure the actual performance of both DHBs during Q4 2015/16, against the NHT.

Figure 2: Auckland & Waitemata DHB Primary Care Scorecard (Q4)

Auckland and Waitemata DHB Quarterly Performance Scorecard

Primary Care Outcome Scorecard
July 2016
2016/17

Health Targets - Auckland DHB

	Actual	Target	Trend
a. Better help for smokers to quit - primary care	91%	90%	▲
More Heart & Diabetes Checks - Total	93%	90%	▲
More Heart & Diabetes Checks - Māori	90%	90%	▲
More Heart & Diabetes Checks - Pacific	92%	90%	▲
More Heart & Diabetes Checks - Other	93%	90%	--

Health Targets - Waitemata DHB

	Actual	Target	Trend
a. Better help for smokers to quit - primary care	91%	90%	▲
More Heart & Diabetes Checks - Total	91%	90%	--
More Heart & Diabetes Checks - Māori	87%	90%	▲
More Heart & Diabetes Checks - Pacific	90%	90%	▲
More Heart & Diabetes Checks - Other	92%	90%	▲

Best Care - Auckland DHB

Improving outcomes	Actual	Target	Trend
Diabetes annual checks - Total	82%	N/A	▼
Diabetes annual checks - Māori	72%	N/A	▼
Diabetes annual checks - Pacific	114%	N/A	▲
Diabetes annual checks - Other	72%	N/A	▼
Diabetes management - Total	65%	75%	▼
Diabetes management - Māori	55%	75%	▼
Diabetes management - Pacific	46%	75%	▲
Diabetes management - Other	76%	75%	▼

Best Care- Waitemata DHB

Improving outcomes	Actual	Target	Trend
Diabetes annual checks - Total	55%	N/A	▲
Diabetes annual checks - Māori	67%	N/A	▲
Diabetes annual checks - Pacific	59%	N/A	▲
Diabetes annual checks - Other	53%	N/A	▲
Diabetes management - Total	69%	75%	▼
Diabetes management - Māori	54%	75%	▼
Diabetes management - Pacific	57%	75%	▼
Diabetes management - Other	73%	75%	▼

Service Delivery - Auckland DHB

Enrolment	Actual	Target	Trend
PHO enrolment - Total	88%	95%	--
PHO enrolment - Māori	78%	95%	▲
PHO enrolment - Pacific	108%	95%	▼
PHO enrolment - Asian	76%	95%	▲
PHO enrolment - Other	92%	95%	▼

Service Delivery- Waitemata DHB

Enrolment	Actual	Target	Trend
PHO enrolment - Total	94%	95%	--
PHO enrolment - Māori	82%	95%	▲
PHO enrolment - Pacific	101%	95%	--
PHO enrolment - Asian	86%	95%	▲
PHO enrolment - Other	98%	95%	--

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result small variations perceived to be large.

a. Source DHBSS report. From 1 July 2015 the definition has changed.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team:** victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitemata DHB

Note that the Pacific figures are greater than 100% in Figure 2. This is because different sources are used to calculate the numerator and denominator. The numerator for this indicator is the number of diabetic annual reviews carried out by General Practices in a quarter, regardless of their DHB of residence. The denominator, which comes from the Virtual Diabetes Register, is an estimate of the number of diabetics in a DHB's resident population at a point in time. In addition, though the indicator uses 25% of the VDR estimate as the quarterly denominator, it is not a phased target. Thus, the reported volume of diabetes annual reviews could be higher than the VDR estimated prevalence in a given quarter, especially at ethnicity level where the volumes could be low thereby possibly exaggerating any variance.

2. 1 Better Help for Smokers to Quit

Target: 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

The 'Better Help for Smokers to Quit' result is reported both as a NHT and at PHO level within the IPIF (see Section 3). Both Auckland and Waitemata DHBs have successfully achieved the primary care 'Better Help for Smokers to Quit' health target in Q4. Based on the results released by the MoH, only five DHBs across the country achieved the NHT in Q4. The results rank Auckland DHB as the third highest performing DHB and Waitemata DHB as the fourth highest.

A key factor in achieving the target has been the engagement of leadership of the Primary Health Organisations (PHOs). All of the PHOs have had a strong focus on achieving the target and have tasked dedicated project teams to ensure that people who smoke receive advice and help to stop smoking. Auckland PHO, Alliance Health Plus (AH+), National Hauora Coalition (NHC) and ProCare have all exceeded the target. Waitemata PHO narrowly missed reaching the target by 1.1 percent.

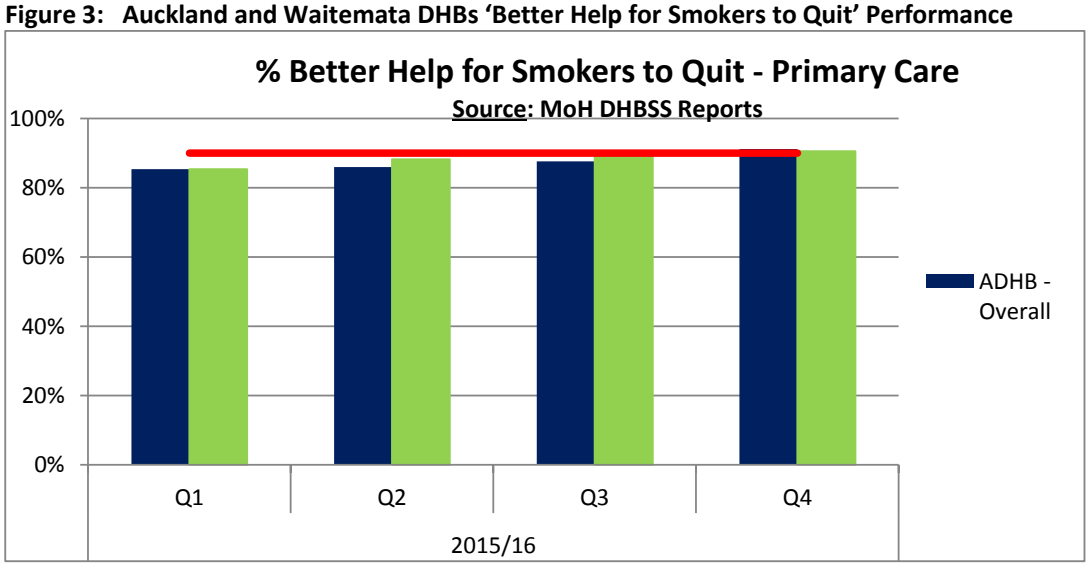
Both the DHB and PHOs have worked in collaboration to maintain consistent performance over 2015/16. All PHOs are likely to achieve the target for Q1 2016/2017.

The DHBs is also working with PHOs towards improving the recording and reporting of ethnicity based data. We envisage this data to be available to the DHBs in Q1 2016/2017.

The results are also shown in the Scorecard under Health Targets as well as in Figure 3 below:

- Auckland DHB - 91.2 %, ↑3.6% from the previous quarter; and
- Waitemata DHB – 90.6% ↑1.1% from the previous quarter.

Figure 3: Auckland and Waitemata DHBs 'Better Help for Smokers to Quit' Performance



2.2 More Heart and Diabetes Checks

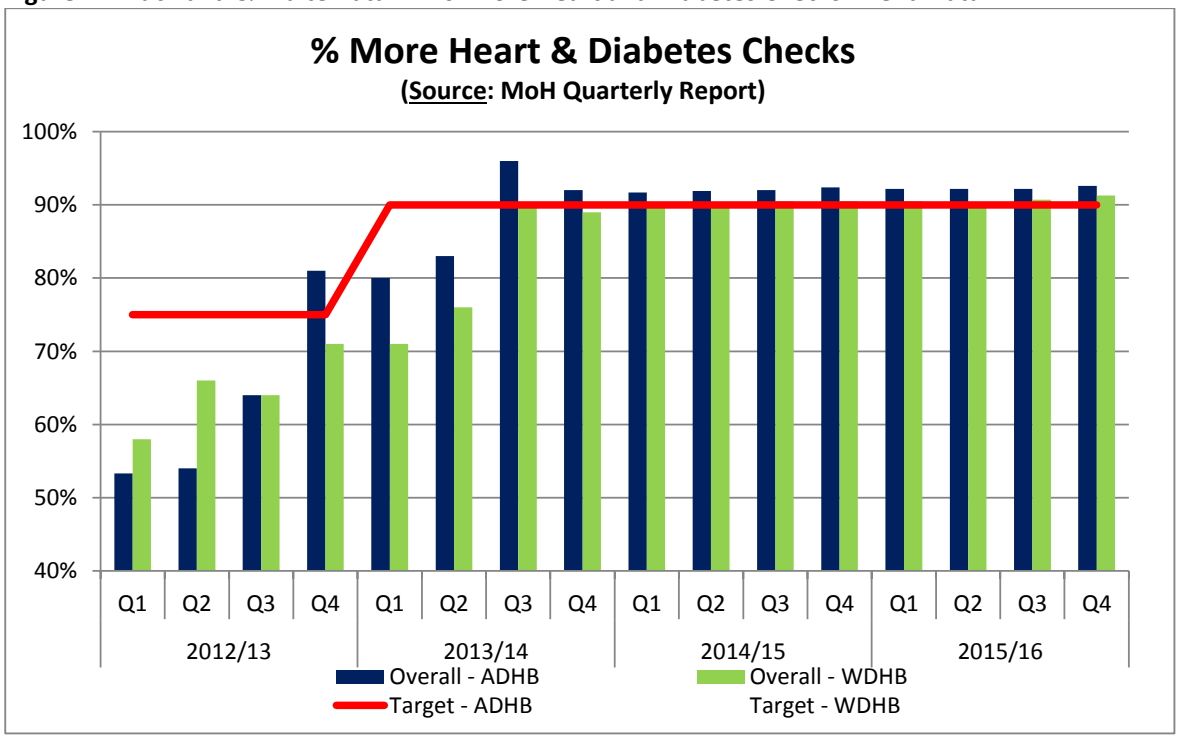
National Health Target: 90% of the eligible adult population will have had their Cardiovascular Disease risk assessed in the last five years by July 2014.

Based on the preliminary results from the MoH, both Auckland and Waitemata DHBs have met the 'More Heart and Diabetes Checks' NHT in Q4, with Auckland and Waitemata DHBs having achieved 92.6% and 91.3% respectively (see Figure 4). Auckland DHB ranks first and Waitemata DHB ranks sixth in the country (as at 30th June 2016).

All PHOs within Auckland and Waitemata DHBs have reached the 90% target. In Auckland DHB, 89.5% of the eligible Maori population and 92% of the eligible Pacific population have had a 'More Heart and Diabetes Check' in the last five years. The corresponding percentages for Waitemata DHB are 86.9% and 90.3% respectively.

From 1 July 2016 'More Heart and Diabetes Checks' is no longer a national health target. PHOs will continue to offer More Heart and Diabetes Checks to the eligible population and overall incorporate this activity as business as usual.

Figure 4: Auckland & Waitemata DHBs 'More Heart and Diabetes Checks' Trend Data



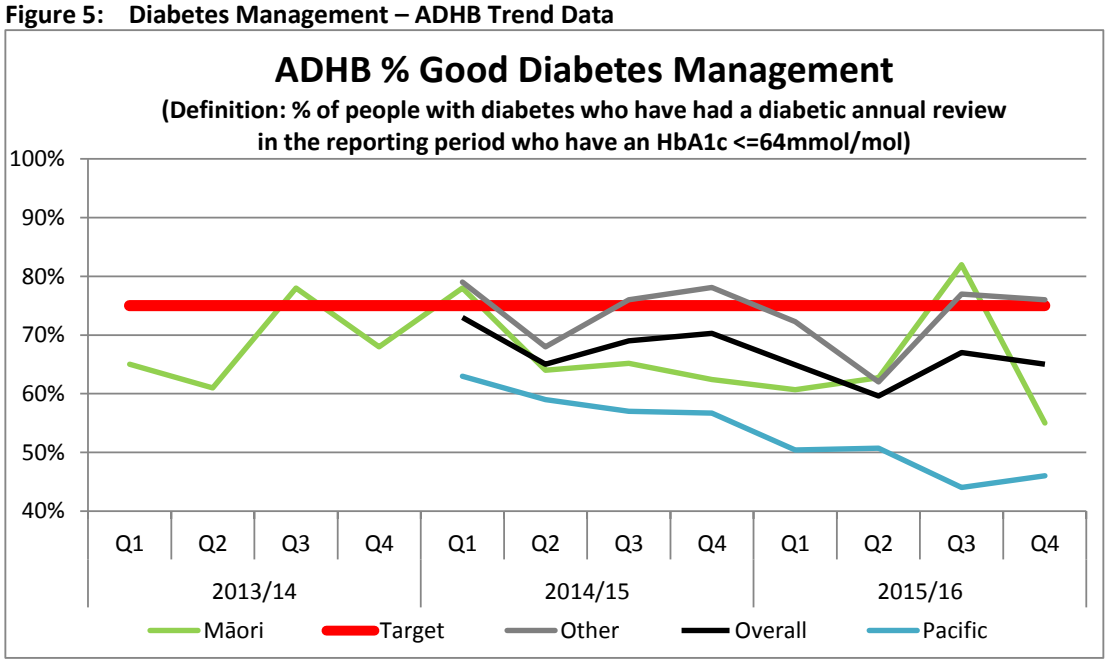
2.3 Improving Population Health - Diabetes Management

DHB Target: A minimum of 75% of people who have had a Diabetes Annual Review (DAR) will have an HbA1c of <= 64mmol/mol.

In Auckland DHB, overall 65% of those who have had a Diabetes Annual Review (DAR) in Q4 2015/16, showed 'Good diabetes management' (see Figure 5). This is 10% below the target. However the good management rate in 'non-Maori and non-Pacific' had met the target having achieved 76%. Thus the 10% variance is potentially due to the lower rates in Maori and Pacific being 55% and 46% respectively.

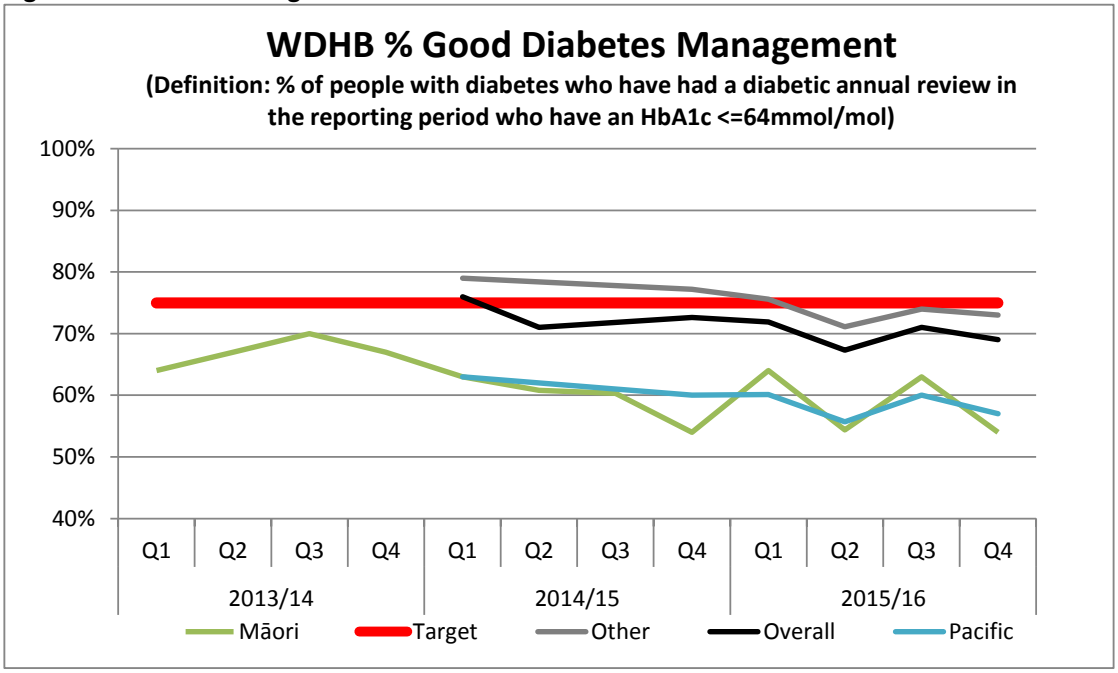
It is of note that the Maori and Pacific good diabetes management rate in Auckland DHB has shown an overall decline during the 2015-16 year. The Diabetes Service Level Alliance (DSLA) Work Programme (see below) has been developed to identify and implement specific initiatives targeted at improving diabetes related clinical outcomes in high needs populations. A specific working group has been set up to drive this work and report to the Diabetes Alliance (see below Workstream 2).

Figure 5: Diabetes Management – ADHB Trend Data



In Waitemata DHB, overall 69% of those who have had a DAR in Q4 2015/16 showed 'Good Diabetes Management' (see Figure 6). This is 6% below the target. However the good management rate was 73% in non-Maori and non-Pacific. Thus the variance of 6% is likely to have been caused by lower rates in Maori and Pacific (being 55% and 57% respectively). As noted above, the DSLA Work Programme (see section 2.4), has been developed to identify and implement specific initiatives targeted at improving diabetes-related clinical outcomes in high needs populations.

Figure 6: Diabetes Management – WDHB Trend Data



2.4 Diabetes Service Level Alliance Update

The Waitemata Auckland District Alliance Leadership Team (ALT) identified Diabetes as a key area of focus. It therefore commissioned the DSLA to develop, oversee and advise the ALT on an appropriate work programme and investment decisions required to achieve the agreed outcomes for people living with type 2 diabetes (particularly Maori, Pacific and Quintile 5 population groups).

The vision of the DSLA is that people living with diabetes are enabled to be leading partners in their own care within systems that ensure they can manage their condition effectively with appropriate support from proactive care teams. Late last year the DSLA developed a Work Programme which was endorsed by the ALT. The DSLA Work Programme has the following components:

- *Workstream 1: Systems Redesign*
  To create a 'system' that is patient-centred, better integrated, accountable, and maximises outcomes
- *Workstream 2: Optimising Clinical Management including Care Planning*
  To implement a range of strategies targeted at improving medical management of diabetes in general practice.
- *Workstream 3: Self-Management Support including Diabetes Self-Management Education*
  To review the effectiveness of the current models as well as identify, and explore and address the current barriers to access
- *Workstream 4: Workforce Development*
  To adopt a systems approach to get the right people, in the right jobs, with the right skills, at the right time to improve the health and wellbeing of people with diabetes.
- *Workstream 5: Mana Tu*
  To explore the opportunities around the Mana Tu approach (addressing social determinants) to Diabetes as proposed by NHC.

It is of note that the Systems Redesign is considered as the overarching workstream. However, for the ease of planning and assigning responsibilities the Work Programme has been structured under the five workstreams.

2.4.1 Workstream 1 - Systems Redesign

Codesign Procurement

The aim of the codesign work is to capture the 'lived' experiences of patients, carers, families and staff to inform future service planning. An open and contestable procurement process using a 'Request for Quotes' (RFQ) approach was undertaken to identify a suitably qualified Design Expert to successfully lead and coordinate the DSLA Codesign process. Contract negotiation with the successful supplier is in progress. Expected commencement: September 2016.

Review of Retinal Screening Services

The purpose of this review is to take stock of the existing retinal screening services across both DHBs and make recommendations to inform future service planning and delivery such that a high quality, equitable, efficient, effective, sustainable and patient centred screening programme is delivered to all people with diabetes. Expected completion: October 2016.

Review of Diabetic Podiatry Services

The purpose of the review is to assess the current podiatry services and make recommendations for changes that could improve the quality of experience and health outcomes for people with diabetes who have, or are at risk of developing active diabetes-related foot disease. Expected completion: October 2016.

2.4.2 Workstream 2 - Clinical Optimisation Workstream including Care Planning

This workstream's priority is to implement the five regionally agreed and ALT approved diabetes/cardiovascular disease (CVD) indicators across both DHBs.

The group is currently reviewing the PHO level reports submitted to the Metro Auckland Clinical Governance Forum and the regional reports generated by the Northern Region Alliance (NRA). These reports do not provide patient identifiable data, however having access to PHO and practice-level information could be a powerful tool to drive improvement in clinical outcomes in general practice. They also provide better visibility around the variation that exists between practices and PHOs and could be the basis for collaborative learning. The PHO practice support teams will use these reports as a benchmarking and monitoring tool. Expected completion: March 2017.

The group's scope of work extends beyond the reporting and includes the development and implementation of a range of strategies to optimise clinical management of diabetes in general practice.

2.4.3 Workstream 3 - Self-Management Support including Diabetes Self-Management Education (DSME)

This workstream is reviewing the effectiveness of the current models of care as well as identifying, exploring and addressing the current barriers to access. The group is also exploring potential technology based solutions. Expected completion: March 2017

2.4.4 Workstream 4 - Workforce Development

This workstream envisions an integrated workforce for diabetes across the two DHBs. The initial focus is on workforce development for practice nurses and GPs. In the next phase this will extend to allied health and unregulated workforce. The group is finalising a stocktake of diabetes education that is currently available for practice nurses and GPs. The development of a workforce capability

plan is underway. Expected completion: October 2016.

2.4.5 Workstream 5 - Mana Tu

This workstream has been set up to develop a business case to seek approval from the Alliance Leadership Team to prototype a rapid deployment model called 'Mana Tu' as proposed by National Hauora Coalition PHO. The model would address the wider social determinants of diabetes-related outcomes and is based on a similar approach used in the PHO's Mana Kidz Programme for rheumatic fever. It is envisaged that Whanau Support Workers - Kaimanāki would work with individuals, whanau, practices and services for better outcomes. The mandate for this workstream has been extended to people with pre-diabetes.

The working group has commenced work on developing the business case to be presented to the Alliance Leadership Team in November 2016 for approval to proceed to prototyping. If approved, the model would be deployed across a limited number of NHC practices. Formal evaluation will be undertaken. Expected Completion: November 2016.

3. Integrated Performance Incentive Framework (IPIF)

The Integrated Performance and Incentive Framework (IPIF), is a quality improvement programme that will support the health system to address equity, safety, quality, access and cost of services. The IPIF results for Q1 - Q4 for each of the Auckland and Waitemata PHOs are shown in Tables 1 to 5. Note that any updates to the cervical screening and immunisation activity will be reported in the Women Children and Youth scorecard at the next CPHAC meeting.

Table 1: Q1, Q2, Q3 and Q4 2015/16 IPIF Target vs. Actual for Auckland PHO

Indicator	Q1 IPIF Result	Q2 IPIF Result	Q3 IPIF Result	Q4 IPIF Result	Quarterly IPIF Target Achieved for APHO	Q4 Target - National Target
More Heart and Diabetes Checks	93%	92%	92%	93%	**Yes**	90%
Better Help for Smokers to Quit	93%	93%	92%	91%	**Yes**	90%
Increased Immunisation – 8 Month Olds	93%	94%	95%	93%	**No**	95%
Increased Immunisation - 2 Year Olds	93%	94%	92%	Data not yet released by MoH	-	95%
Cervical Screening	83%	82%	83%	Data not yet released by MoH	-	80%

Table 2: Q1, Q2, Q3 and Q4 2015/16 Target vs. Actual for ProCare

Indicator	Q1 IPIF Result	Q2 IPIF Result	Q3 IPIF Result	Q4 IPIF result	Quarterly IPIF Target Achieved for ProCare	Q4 Target - National Target
More Heart and Diabetes Checks	92%	92%	92%	93%	**Yes**	90%
Better Help for Smokers to Quit	85%	88%	90%	92%	**Yes**	90%
Increased Immunisation – 8 Month Olds	95%	95%	94%	95%	**Yes**	95%
Increased Immunisation - 2 Year Olds	94%	94%	94%	Data not yet released by MoH	-	95%
Cervical Screening	80%	81%	81%	Data not yet released by MoH	-	80%

Table 3: Q1, Q2, Q3 and Q4 2015/16 Target vs. Actual for Waitemata PHO

Indicator	Q1 IPIF Result	Q2 IPIF Result	Q3 IPIF Result	Q4 IPIF Result	Quarterly IPIF Target Achieved for WPHO	Q4 Target - National Target
More Heart and Diabetes Checks	90%	90%	91%	91%	**Yes**	90%
Better Help for Smokers to Quit	87%	89%	89%	89%	**No**	90%
Increased Immunisation – 8 Month Olds	93%	96%	94%	93%	**No**	95%
Increased Immunisation - 2 Year Olds	92%	92%	91%	Data not yet released by MoH	Yes/No	95%
Cervical Screening	82%	82%	82%	Data not yet released by MoH	Yes/No	80%

Table 4: Q1, Q2, Q3 and Q4 2015/16 Target vs. Actual for Alliance Health Plus (hosted by CMDHB)

Indicator	Q1 IPIF Result	Q2 IPIF Result	Q3 IPIF Result	Q4 IPIF Result	Quarterly IPIF Target Achieved for AH+	Q4 Target - National Target
More Heart and Diabetes Checks	91%	92%	92%	92%	**Yes**	90%
Better Help for Smokers to Quit	85%	86%	86%	92%	**Yes**	90%
Increased Immunisation – 8 Month Olds	96%	95%	95%	95%	**Yes**	95%
Increased Immunisation - 2 Year Olds	92%	95%	95%	Data not yet released by MoH	-	95%
Cervical Screening	74%	74%	74%	Data not yet released by MoH	-	80%

Table 5: Q1, Q2, Q3 and Q4 2015/16 Target vs. Actual for National Hauora Coalition (hosted by CMDHB)

Indicator	Q1 IPIF Result	Q2 IPIF Result	Q3 IPIF Result	Q4 IPIF Result	Quarterly IPIF Target Achieved for NHC	Q4 Target - National Target
More Heart and Diabetes Checks	90%	91%	91%	92%	**Yes**	90%
Better Help for Smokers to Quit	82%	80%	80%	91%	**Yes**	90%
Increased Immunisation – 8 Month Olds	96%	96%	96%	94%	**No**	95%
Increased Immunisation - 2 Year Olds	94%	95%	96%	Data not yet released by MoH	Yes/No	95%
Cervical Screening	75%	75%	75%	Data not yet released by MoH	Yes/No	80%

3.1 Systems Level Measures Framework

In March 2016, the Minister of Health announced the move from the IPIF to System Level Measures (SLMs). The SLMs are intended to provide a system-wide view of performance. It is the Minister's expectation for DHBs to work jointly in alliances to agree a set of contributory measures and to develop and implement.

The four new SLMs implemented from 1 July 2016 are:

1. Ambulatory Sensitive Hospital Admissions (ASH) rates per 100,000 for 0-4 year olds
2. Acute hospital bed days per capita
3. Patient Experience of Care
4. Amenable mortality rates

The following two SLMs will be developed during 2016/17. Implementation is planned for 2017/18:

5. Number of babies who live in a smoke free household at six weeks post natal
6. Youth access to and utilisation of youth appropriate services.

3.1.1 Implementation of SLMs in Metro Auckland

The Metro Auckland DHBs and PHOs have established an overarching SLM Steering Group to guide the implementation of the SLMs across Auckland. In addition, four working groups have also been established to develop the indicators and interventions that will eventually make up the Improvement Plans that will be approved by the Counties Manukau Health District Alliance and the Auckland and Waitemata Alliance.

A more detailed progress report regarding the SLM Framework will be provided at a subsequent committee meeting.

4. Progress Against the 2015/16 Annual Plan Deliverables

4.1 Primary Mental Health

4.1.1 Stepped Care Model

The Primary Mental Health services delivered by the PHOs are based on the stepped care model, as articulated in *Rising to the Challenge* (the Mental Health and Addictions Service Development Plan, 2012–2017). These services, with the exception of the Prime Minister's Youth Mental Health Initiative, are targeted to Maori, Pacific and quintile 5 populations. Auckland and Waitemata DHBs use similar service specifications for the adult primary mental health Agreements with the PHOs, and apply the available funding to the PHOs weighted towards the Maori, Pacific and quintile 5 populations.

Additional funding provided by the MoH to target alcohol screening and brief interventions in primary care settings has transitioned to DHB baseline funding for 2015/2016. This funding continues to support and extend brief interventions that are already in place as part of existing primary mental health initiatives.

4.1.2 Auckland DHB

The Primary/Secondary Integration Strategic Group and the linked Tāmaki Locality Mental Health Project continue to look at opportunities for increased integration between primary and secondary

mental health services. Additionally, the Youth Alliance, led by ProCare, provides primary mental health interventions to youth (aged 12 to 19 years).

The Q1, Q2, Q3 and Q4 volumes for Auckland DHB are shown in Table 6.

Table 6: ADHB Primary Mental Health Initiatives, 2015/16

	Auckland PHO				Procare				AH+				NHC				Youth Alliance			
Ethnicity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NZ European	190	111	55	81	2437	2158	2392	2723	82	99	174	80	86	65	54	40	219	161	126	333
Māori	40	35	42	43	482	450	452	394	46	32	78	31	16	12	10	7	67	59	52	66
Pacific Island	24	23	24	30	419	351	439	392	102	48	166	71	6	11	9	6	70	110	80	115
Asian	43	35	35	29	660	582	733	709	200	191	227	331	41	32	17	27	72	59	65	80
Other	55	38	36	30	130	120	136	139	90	69	63	46	6	6	46	0	29	20	17	16
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**352**	**242**	**192**	**213**	**4128**	**3661**	**4152**	**4357**	**520**	**439**	**708**	**559**	**155**	**126**	**136**	**80**	**457**	**409**	**340**	**610**
Expected Volume	**84**	**84**	**84**	**84**	**352**	**352**	**352**	**352**	**115**	**115**	**115**	**115**	**79**	**79**	**79**	**79**	**104**	**104**	**104**	**104**

4.1.3 Waitemata DHB

In previous years, Waitemata DHB has funded PHOs by enrolled population. For 2014/15 Waitemata DHB has moved to funding by enrolled Maori/Pacific and quintile 5 populations (using the same methodology as used by Auckland DHB). Due to the consequential changes in PHO funding, Waitemata DHB agreed to phase this funding change over 2014/15 and 2015/16.

The Waitemata DHB Board has approved the initial business case for the 'Our Health in Mind' Action Plan (2016-2021); this includes additional funding for Primary Mental Health Initiatives. The Our Health in Mind Governance Group is currently reviewing how this additional funding will be applied to achieve the greatest benefit in 2016/17.

HealthWest provide primary mental health interventions to youth (aged 10 to 24 years), as part of the Waitemata DHB Youth Health Hub. Raeburn House provides 12 group programmes per annum with access prioritised to GP referrals. Group programmes offered include Mindfulness, depression and anxiety. The Q1, 2, 3 and 4 volumes for Waitemata DHB are shown in Table 7.

Table 7: WDHB Primary Mental Health Initiatives, 2015/16

	Waitemata PHO				Procare				HealthWest				Raeburn House			
Ethnicity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NZ European	260	387	243	383	1788	1536	1680	1820	286	175	246	339	68	63	54	62
Māori	38	47	50	94	505	542	664	619	137	52	97	167	2	1	3	6
Pacific Island	15	30	12	23	234	359	397	354	57	26	34	64	1	0	7	1
Asian	17	55	10	39	316	253	298	203	14	5	18	29	19	20	19	30
Other	10	29	17	31	86	70	98	103	22	7	19	34	5	6	8	17
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**340**	**548**	**332**	**570**	**2929**	**2760**	**3137**	**3099**	**516**	**265**	**414**	**633**	**95**	**90**	**91**	**116**
Target	**348**	**348**	**348**	**348**	**547**	**547**	**547**	**547**	**357**	**357**	**357**	**480**	**N/A***	**N/A***	**N/A***	**N/A***

4.1.4 Metro Auckland Collaborative for Training Primary Care Nurses in Mental Health and Addictions

Metro Auckland DHBs and PHOs have formed a Collaborative to provide a regional mental health and addictions credentialing programme for primary health care nurses based on Te Ao Māramatanga New Zealand College of Mental Health Nurses (NZCMHN), Primary Care Nursing Mental Health and Addiction Credentialing Framework. A Collaborative approach has been undertaken to:

- Directly respond to the Government's priority agenda of integration and mental health needs of our communities
- Foster positive cross-working and joint-working approaches to provide one programme of learning to the primary health care nursing workforce
- Endeavour to provide a service delivery model which can be sustained over the next 2-5 years as an example of innovative integration to both serve community need and support workforce gaps.

An initial 'pilot' credentialing programme for primary health care nurses has been completed with 27 practice nurses graduating in late February 2016. The programme has been independently evaluated to assess the programme of learning, the model of service delivery and future programme sustainability. The key findings of the draft evaluation have been distributed amongst stakeholders. These findings demonstrate that the credentialing process was found to be very valuable by participants, and stakeholders rated the programme's relevance, efficiency of implementation, effectiveness, and value for money as very good to excellent.

Auckland, Counties Manukau and Waitemata DHBs have agreed to fund the programme for 2016/17, with up to 60 Practice Nurses to be enrolled in the mental health and addictions credentialing programme. Waitemata DHB has agreed to lead this initiative which started on 1st July 2016.

4.1.5 Tāmaki Mental Health and Wellbeing Initiative

The Tāmaki Mental Health and Wellbeing initiative primary care/NGO integration pilot began in September 2015. This pilot, which links three NGOs with two GP practices, has led to significant learning and further Tāmaki practices requesting to join the trial.

Discussions are progressing on the expansion of the primary care/NGO integration within Tāmaki and into other Auckland DHB localities. During Q2 of 2016 a further six to eight General Practices and up to three NGOs were included in this initiative. By June 2017, the initiative is seeking to have over 10% of Auckland DHB practices involved.

4.2 Regional Primary Options for Acute Care Services

The Primary Options for Acute Care Services (POAC) service provides responsive coordinated acute care in the community, with an aim to reduce acute demand on hospital services and allowing patient care to be managed closer to home. Funded by the three Metro Auckland DHBs, POAC offers a safe and effective alternative to a hospital presentation or admission. Clinical pathways and policies support consistent practice and drive greater safety and quality of care.

The annual target of POAC referrals is 6,042 for Auckland DHB, 6,520 for Waitemata DHB and 12,320 for Counties Manukau DHB. 85% of POAC interventions will avoid the patient needing to go to hospital. Table 8 below shows the actual volumes. Waitemata DHB has consistently over the four quarters increased services provided through POAC. Auckland and Counties Manukau DHBs have maintained a steady utilisation under the target volume.

The DHBs performance in Q4 2015/16 is as follows:

- The total number of Metro Auckland POAC referrals in Q4 (April - June 2016), was 5,354 (17% below the target, see Table 8). Counties Manukau DHB is 34% below budget; Auckland DHB is 26% below, and Waitemata DHB 18% above budgeted volumes
- Overall, the total referrals increased by 9% compared with the same period in the previous year of 4,912 (Auckland DHB >11%; Counties Manukau DHB >1%; Waitemata DHB >17%)
- The average cost is higher than previous period for Auckland and Waitemata DHBs. This can be attributed mostly to the increase in the more complex nature of cases being managed (home based support/social services), as well as the increase in requests for some more costly urgent investigations (CT, MRI, ECHO), to assist in early discharge or to avoid referral to Emergency Department. These are approved on a per case basis with appropriate endorsement, where hospital is under capacity pressure
- In Counties Manukau DHB, 86% of patients were safely managed in the community and avoided hospital presentation with 87% in Auckland DHB and 88% in Waitemata DHB.

Table 8: Total Number of Metro Auckland POAC Referrals - Trend data (Q1 -Q4)

	Waitemata DHB				Auckland DHB				Counties Manukau DHB			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Actual number of POAC referrals *(target number of referrals)*	2,440 (1,630)	2,020 (1,630)	2,049 (1,630)	2,223 (1,630)	1,337 (1,510)	1,337 (1,510)	1,051 (1,510)	1,111 (1,510)	2,401 (3,080)	2,401 (3,080)	1,840 (3,080)	2,020 (3,080)
Average cost per referral (excl. GST), budget $200.00	$150.70	$145.44	$188.12	$192.02	$156.64	$147.90	$159.88	$210.42	$186.00	$168.30	$212.96	$206.97
Referrals by ethnicity												
Maori	7%	7%	7%	6%	8%	9%	8%	10%	16%	16%	14%	17%
Pacific	6%	8%	6%	6%	14%	13%	13%	11%	18%	19%	19%	18%
Asian	8%	6%	9%	8%	14%	13%	15%	14%	11%	11%	11%	11%
Other	79%	79%	78%	80%	64%	56%	65%	65%	55%	54%	56%	54%

Table 9: Metro Auckland DHBs - POAC Clinical Costs (2015/16, Q1-Q4)

DHB	POAC Clinical Costs
Primary Options for Acute Care – Waitemata DHB Clinical Costs	$1,508.582.00
Primary Options for Acute Care –Auckland DHB Clinical Costs	$1,212,788.00
Primary Options for Acute Care – Counties Manukau DHB Clinical Costs	$2,464.000.00

Note Waitemata DHB approved an increase of $200,000 at end of Q2 for clinical costs for the POAC service until 30th June 2016. POAC clinical costs across the Metro Auckland DHBs are as shown in Table 9.

The review of the POAC and Access To Diagnostics (ATD) initiatives within the Metro Auckland area has been endorsed by the MACGF, and is progressing well. A stakeholder forum was held in August 2016 and information gained from this will inform the review.

3.2 Planning, Funding and Outcomes Update

Recommendation

That the report be received.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Trish Palmer (Funding & Development Manager Mental Health & Addiction Services), Kate Sladden (Funding & Development Manager Health of Older People), Ruth Bijl (Funding & Development Manager Child, Youth & Women's Health), 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

AOD	-	Alcohol and Other Drugs
ARPHS	-	Auckland Regional Public Health Service
ASA	-	Advertising Standards Authority
CAYAD	-	Community Action Youth and Drugs Auckland City Council
CED	-	Children's Emergency Department
CHP	-	Community Housing Provider
CPHAC	-	Community and Public Health Advisory Committee
CSP	-	Community Services Plan
CWF	-	Community water fluoridation
DHB	-	District Health Board
DNA	-	Did Not Attend
GP	-	General Practitioner
Hapai	-	Hapai Te Hauora
HAT	-	Healthy Auckland Together
HCSS	-	Home and Community Support Services
IRRS	-	Income Related Rent Subsidy
MoH	-	Ministry of Health
NZTA	-	New Zealand Transport Agency
PHAP	-	Pacific Health Action Plan
PHO	-	Primary Healthcare Organisation
RFP	-	Request for Proposal
RGG	-	Regional Governance Group
SFEA	-	Smoke-free Environments Act
SLM	-	System Level Measures
The Fono	-	West Fono Health Trust
TLA	-	Territorial Local Authorities
WSN	-	Waitemata Stakeholder Network
WWTP	-	Wastewater Treatment Plant

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 20 July 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

Both draft 2 Auckland and Waitemata DHBs' Annual Plans are currently under review by the Ministry of Health. Updated financial information has been submitted to the Ministry and other feedback responded to. We are working towards Ministerial sign-off shortly.

2.2 Annual Reports

Development work continues on both Auckland and Waitemata DHBs' 2015/16 Annual Reports. First drafts have been provided for audit review.

2.3 Waitemata Primary and Community Services Plan (CSP)

A successful stakeholder forum was on held 15 August. The plan was largely supported. Work continues to finalise the CSP with input from all key stakeholders.

3. Health of Older People

3.1 Home and Community Support Services (HCSS)

To progress the commitments on regularising the HCSS workforce, the national Working Group has proposed that the pragmatic way forward it to conduct two pilots; one in Auckland DHB and one in Taranaki DHB to trial a form of guaranteed hours for HCSS support workers. We are involved in initial discussions with the Providers, Unions and the MoH to determine the structure of this pilot. The In-between Travel Settlement Agreement states that 'it is intended that a regularised workforce will provide the majority of workers with guaranteed hours and workloads, and the that the workforce is paid a wage as opposed to the current workforce which is paid on piecemeal basis as assignment workers. The wages will be paid based on the required level of training of the worker. Training will enable level 3 NZ Certification qualifications within two years of commencing work consistent with the service needs of the population."

The HCSS providers at both DHBs have agreed to participate in a trial for an in-home strength and balance exercise programme as part of the DHB's Community Falls Prevention Programme, which is being undertaken jointly with ACC. The trial will determine if it is feasible, and acceptable to clients, to deliver this service through HCSS and whether it is effective in preventing injurious falls. Delivering such a programme through HCSS would be more cost effective than traditional in-home exercise programme such as the Otago Exercise Programme and could be delivered for a more sustained period.

3.2 Day programme Review

We are undertaking a review of our Health of Older People contracts for day activity programmes and dementia day care; a number of these contracts are historical and were devolved from the MoH. The review will examine the aims, populations served and service delivery of existing contracts. It will also encompass a review of the evidence and define possible aims for the funding and prioritise these.

3.2 Health of Older people Strategy

The draft health of older people Strategy has been released for consultation, which closes on 7 September.

4. Child, Youth and Women's Health

4.1 Immunisation Health Target

Our coverage for Q4 2015/16 for all infants fully immunised at 8 months of age is:

- ADHB 94% Total, 89% Maori, 97% Pacific, 97% Asian, 85% Other
- Waitemata DHB 92% Total, 88% Maori, 95% Pacific, 98% Asian, 90% Other

As previously advised, neither Auckland nor Waitemata DHB achieved the end of quarter target in July 2016. Achieving the target for all ethnicities is an on-going challenge. Recent work is focusing on promoting early immunisation particularly in the antenatal period. Pregnant women attending Waitakere Hospital antenatal clinics can now receive pertussis and influenza immunisations for free on-site. We are working with the Maori Health Gain Team to develop an Action Plan to reduce the equity gap for Tamariki Maori. The out-reach immunisation service has revised their processes and introduced an additional early referral point for babies overdue their 3 month immunisation.

4.2 Rheumatic Fever and Housing

Development work on the expanded Healthy Housing Initiative continues. We are working in partnership with Auckland Council who has been facilitating co-design work and on-going conversations with community housing organisations regarding how we can work together. Within the DHBs we are exploring current processes for accessing housing support for families and looking at how these can be enhanced.

4.3 Childhood Obesity

Our current focus is to develop Primary Care understanding and capability to support children referred for weight management under the Raising Healthy Kids criteria. Each PHO has identified a Health Target Champion who will lead the work within their region. The dietetics departments in Auckland and Waitemata are rolling out a one-to-one training programme with general practices. This includes supporting resources to promote healthy eating and activity appropriate for pre-school aged children.

4.4 Youth

Waitemata DHB has released the Request for Proposal for the Integrated Youth Primary Health Services. This RFP covers three key components in Waitemata DHB: school based health services, primary care level youth clinics and primary mental health and well-being services. Each of these strands contains elements of sector leadership, clinical consultation and liaison and youth engagement and youth development.

4.5 Women

Auckland DHB Pregnancy and Parenting programme has developed strategies to engage priority women through maternity clinics, inpatient wards and home visiting. Work is continuing with community groups and key stakeholders to develop these strategies further, with a focus on Maori, Pacific and teen women and their whanau.

We have commissioned Synergia to undertake an evaluation of the Waitemata and Auckland DHBs' pregnancy and parenting services. The evaluation will commence August 2016.

5. Mental Health and Addictions

5.1 Waitemata Stakeholders Network Mental Health & Addiction Strategic Plan 2015-20

The Waitemata Stakeholder Network (WSN) was established in 2005 with the primary purpose to ensure firstly that services are developed to be locally relevant and responsive; and secondly that issues relevant to Waitemata DHB are addressed appropriately. The WSN membership has mandated representation from various Waitemata stakeholder groups (including service users, family and whānau, Shared Vision, PHO, NGO, Provider Arm and the Funder).

In November 2014 the WSN began the development of the second five year strategic plan with a large sector wide consultation day that was attended by 130 stakeholders, including service users, whānau members and cross sector agencies (e.g. Police, Education, and Work & Income). Following the consultation day the WSN Strategic Plan was developed through the WSN steering group and regular meeting structures, supported by a number of workshops and focus groups. The final draft WSN Strategic Plan was presented back to stakeholders and ratified in November 2015.

Based upon the success of the first WSN Strategic Plan six work streams have been established, and these are:

- Child and Youth
- Adult
- Older Adult
- Māori
- Pacific
- Asian

Each work stream has high level priorities and actions which are mapped under the key themes of the consultation day. These themes are the delivery of Seamless and Integrated services, Staffed by a Compassionate and Supported Workforce, Making the Best Use of Technology with Clear Accountability (for more information please refer to Resource Centre): Waitemata Stakeholder Network Mental Health and Addiction Strategic Plan 2015 – 2020). Work streams are accountable to the WSN and are required to formally report on all current priorities and actions taken on a quarterly basis. Reports are used to inform Ministry of Health Reporting (PP26) and Funder updates to the Waitemata DHB Board and Board Committees.

5.2 Look Up Event

Look Up 2016 which focused on Youth wellbeing around Alcohol and Other Drugs (AOD) was a huge success on Thursday 11 August 2016. There were 110 young people who came with their teachers (17) from a wide range of Auckland schools. In addition there were 53 professionals and 50 service providers and volunteers. In total 230 people attended the event, designed by young people for young people. The Youth outnumbered the teachers and providers. There was a palpable feeling of community, enthusiasm and engagement at the event with young people from about 12 different schools mixing together in the workshops designed to be reflective and explore some of the challenges young people face with wellbeing around AOD. Workshops covered five themes from "Brave Conversations" with Altered High and Odyssey House, "Know Better do Better" with Auckland Sexual Health and St John Youth, "Balance and Connect" with Toi Ora Live Art Trust and Youthline Auckland and "Making a difference" with a Youth Panel of young leaders and CAYAD (Community Action Youth and Drugs Auckland City Council). In the central thorough fare area there were 12 NGO and Community Providers each with an interactive stand delivering key messages around wellbeing. For example Youth got to experience the impact of drinking on walking and skate board skills by wearing "alcohol impairment simulation goggles" which had many phone videos

taken as it was funny to watch in safe environment, there was a serious message delivered at the same time that AOD consumption impacts judgment and control.

The day finished with a Providers Forum of 50 providers staying on to reflect on the day's events and start to brave conversation of "what and how would we do things differently?". The forum had two further presentations with Kate Duder of CAYAD presenting the results of the Knowing Someone Cares research of young people's experience with AOD. This report was written in May 2016 based on the insight into the experiences of young people at greater risk from alcohol and other drug related harms in West Auckland. The key learning from the research was that it isn't enough for young people to just have someone who cared; they needed to know someone cared about them. The second presentation was an extension of Kate's work with Jane Strange presenting co-design model of service development where service users and their whanau are in the design centre with cross-sector collaboration approaches to create radical, system level solutions to seemingly intractable social and economic problems. The provider forum was lively and broad ranging with suggestions to how planning approaches need to be different for this sector and highlighted the necessity of strengthening the youth voice in health planning and funding processes.

The day was a success with the support of the Providers, Volunteers, Youth Action Team and the Look Up Steering Group with their collective commitment to make a difference to young people through a public health promotion event. The Youth Action team worked hard juggling their other commitments to make it happen – a youth run and led event.

One school's feedback summed up the event: "Thank you for today. Our students came away very inspired and encouraged. They came away with lots of information and great ideas for their future. We appreciate all that you do for our students and young people in general."

6. Primary Care

6.1 After-Hours

The Sapere report has been received and presented to Regional Governance Group (RGG). Further work is required to assess affordability. Communication has been sent to PHOs with draft minimum standards for extended GP clinics and after hours advice line. No feedback has been received.

6.2 Rural Alliance

GP members have an expectation that the DHBs will fund implementation costs of both point of care testing and ultrasound. Capital costs are significant.

7. Maori Health Gain

7.1 Auckland and Waitemata District Health Board joint DNA Strategy

The Māori Health Gain Team led the development of the Auckland and Waitemata District Health Board joint Did Not Attend (DNA) Strategy. The Strategy was developed at the request of both DHB Board members. The Strategy provides an evidence-based strategic framework and a roadmap of activities to reduce inequalities in clinic DNA rates. The Strategy has been endorsed by the Māori Health Gain Advisory Committee and the Auckland and Waitemata DHB Hospital Advisory Committees. The Māori Health Gain Team will support the Provider Arm of Auckland and Waitemata DHBs to implement the recommendations and monitor performance.

7.2 Māori Health Plan

We have received informal sign-off from the Ministry of Health for the Māori Health Plans for both Auckland and Waitemata DHBs. We are waiting for official confirmation via letter.

8. Pacific Health Gain

8.1 Renewing Pacific Health Action Plan (PHAP)

Consultation with the community regarding the PHAP has been completed. Six meetings were held. The online version of the consultation is open till 31st August. Meantime consultation with organisations and other government agencies is underway. Meetings have been held with the senior management team of Alliance Health Plus, ProCare's Pacific Advisory Group, Ministry of Social Development, Ministry of Pacific People's, Auckland Council's Pacific Advisory Panel, Waitakere Healthy Families and Catholic Social Services. Meetings will also be held with the Early Childhood Education part of the Ministry of Education, Housing NZ, Tamaki Regeneration Co. and the Mental Health Foundation. The consultation will be completed by 31st August.

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

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

The parenting education and *Living Without Violence* programmes are being offered to churches / groups.

The Ministry of Social Development (MSD) is currently providing family violence intervention training for Samoan practitioners and community leaders. The HVAZ/Enua Ola programme manager is participating in this training. We will continue to work with MSD to align the programme that we are providing with that which MSD is delivering.

8.3 PHAP Priority 2 –Pacific People are smoke-free

West Fono Health Trust (the Fono) is the new Pacific provider of quit smoke services along with Procare. We have contracted with the Fono to undertake focus group meetings with Tongan men as to more effective ways of engaging them in quit smoke services, as the group with the highest smoke rates in the Pacific population. Similar work will be done with Cook Is women and Samoan people.

8.4 Priority 3 – Pacific people are active and eat healthy

Work towards the 4th Aiga Challenge is currently being done.

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

The *Fanau Ola* Integrated Services contract with AH+ has been renewed till 31st December 2016 with the same service specifications including price/volume schedule. The data that AH+ has collected in the past 12 months is not robust enough to base a review of the price/volume schedule on. We agreed that AH+ will continue to work on cleaning/confirming data from its providers in the current quarter, and on the basis of this, we may be able to review the price/volume schedule.

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

The Pacific GM for Hospital Services reports on this priority.

8.7 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 considered as important. It was agreed to retain this in the new proposed Plan and to seek the community's views through consultation.

The initial result of the community consultation is that housing is considered a very high priority. This is no surprise, but the challenge remains as to what the DHBs can realistically do about this issue.

9. Asian, Migrant and Refugee Health Gain

9.1 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 plan to bring this to the next CPHAC meeting on 12 October 2016.

9.2 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% (Auckland DHB) and 85% (Waitemata DHB) targets by 30 June, 2017 (current rates 74% (Auckland DHB) and 83% (Waitemata DHB) as at April, 2016)

Indicator: Reducing acute flow to Auckland City Hospital's Children's Emergency Department (CED)
The 'Healthcare- where should you go?' campaign was aimed at promoting 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. The campaign ran for 8 weeks and ended 31 August. Evaluation on the effectiveness of the campaign will be undertaken to guide planning of a broader campaign roll-out to new migrants and students across the Auckland DHB as phase 2 in Q3 2016-17.

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, delivered on 'refugee youth mental health' on 24 August
- receptionists cross-cultural training to frontline primary health staff, planned for 19 Oct

10. Auckland Regional Public Health Service (ARPHS)

10.1 Auckland Council's Smokefree Policy review

Auckland Council is reviewing its existing Smokefree Policy, which was first adopted in 2013. The existing policy is non-regulatory in that it encourages people to refrain from smoking in certain public places and at public events. Council's review is seeking to specifically assess whether the non-regulatory approach to the Smokefree Policy has been effective in achieving its objectives to date, and whether a bylaw would help to improve the overall policy effectiveness.

In September 2015, ARPHS and the Cancer Society commissioned a legal report seeking advice on the options available to the Auckland Council that would strengthen and support more smokefree spaces in the region. The report noted that Council's current policy has had limited success. It also reaffirmed that the implementation of a bylaw in specific spaces, along with commercial arrangements requiring smokefree compliance were realistic options for the Council to adopt. These recommendations formed the basis of the collaborative positions taken by ARPHS, the Cancer Society and Hapai Te Hauora (Hapai).

In March 2016, ARPHS and Cancer Society met with Council staff and subsequently provided initial feedback to the review, recommending:

- a region-wide smokefree bylaw targeting high density public places, confined public spaces, and areas frequented by children and young people
- mandatory smokefree conditions in Council's commercial arrangements
- a centrally-led implementation process by which Council requires minimum standards from all local boards in relation to signage and communication, supported by a central budget allocated to ensure local boards meet these requirements.

On 4 August 2016 the Smokefree Policy review was discussed at the Auckland Council's Regional Strategy and Policy Committee meeting. Prior to the committee meeting, several meetings and conference calls were held between ARPHS, the Cancer Society and Hapai to align messaging, and ensure the presentation of a realistic and feasible proposition to Council. All three organisations addressed the Committee, advocating for a targeted bylaw.

To progress the policy review the Committee agreed to commence the statutory process for investigating a draft smokefree bylaw to complement the Council's smokefree policy, along with investigating whether council contracts, leases, licences, events and grants stipulate a smokefree requirement. This was a fantastic decision that represents a significant step forwards in strengthening the control of smoking in outdoor public places.

10.2 Community water fluoridation

The Government is introducing legislation to transfer the decision-making for community water fluoridation (CWF) from territorial local authorities (TLAs), to DHBs. The aim of this change is to increase the proportion of New Zealanders with access to fluoridated water.

The majority of the reticulated water in the Auckland region is already fluoridated. Currently, 96% of Aucklanders on a reticulated supply receive fluoridated water. The non-fluoridated parts of the region are typically the satellite towns and Onehunga.

The Cabinet Paper recently released indicates that the Ministry of Health will create standardised tools to assist DHBs in the decision-making process. However, the documents do indicate that DHBs will 'have to decide which community water supplies are fluoridated in its area. The DHB will:

- collect and review local data on community oral health
- apply national tools developed by the Ministry of Health to generate information about water supplies and affected population groups and communities, and
- consider this information and direct water suppliers to fluoridate or not to fluoridate community water supplies as appropriate.'

As well as:

- 'assess the oral health of its communities and the water supplies serving its population
- consider the scientific evidence about the benefits and risks of fluoridation of community water supplies to the relevant levels
- decide whether specific water supplies in its community should be fluoridated, and
- if appropriate, direct water suppliers to fluoridate community water supplies.'

The Bill is unlikely to become an Act until sometime in 2017 at the earliest, and could be amended during the Select Committee process. Implementation would occur in 2018. Much of the process for implementation still needs to be determined. If the Bill is passed as appears to be proposed, it is likely to generate increased interest in DHB elections.

In the future, lobbying, and any legal challenges, previously directed at TLAs are likely to be focused on DHBs. The New Zealand courts have declared that CWF is not medication, does not breach the bill of rights, and even if it did, it would still be permissible as it is both highly effective, and safe. Recent court decisions have narrowed the possibility of further legal action by anti-fluoride groups.

ARPHS has provided Counties Manukau Health CPHAC a community water fluoridation update and they have proposed ARPHS take a regional role to inform and support the implementation of the legislation.

10.3 Healthy Auckland Together (HAT) update

Following its submission to the Advertising Standards Authority (ASA), HAT was invited as one of six health organisations to meet with the Select Committee panel to respond to questions. The panel were open to HAT's viewpoints and are developing recommendations over the next three months.

HAT partners were involved in the development of the national district health boards and Ministry of Health's healthy food and beverage environments policy. This was signed off in July 2016 and will support national consistency for the DHBs food environment.

Healthy Families Manukau, Manurewa-Papakura (partner of HAT) announced the removal of sugar sweetened beverages from vending machines at the leisure centres Council operates. This is a positive step in the right direction and shows Auckland Council is serious about the health and wellbeing of its people. HAT supported this by attending the announcement and writing a supportive media release, which was picked up by NewsHub and World TV.

HAT is presenting to a range of Auckland Council committees and local boards. For example, HAT presented to the Sports, Parks and Recreation Committee, where it advocated for Council to implement a healthy nutrition policy in its facilities. HAT is encouraging these groups to endorse the HAT Plan 2015-2020, and consider actions they could adopt that support the plan. These

presentations are being well received, with positive discussions on how these groups can engage with HAT.

10.4 Dust emissions from unsealed roads

The New Zealand Transport Agency (NZTA) has assessed the health impacts of exposure to dust emissions from unsealed roads. The NZTA's primary purpose of the research was to improve its understanding of the impacts that dust emissions from unsealed roads have on people and investigate dust mitigation measures. Golder Associates (NZ) Limited was contracted by NZTA to undertake the research. The project's key research objectives were:

1. Characterise the dust and quantify the impacts of dust from unsealed roads on people
2. Determine the effectiveness and cost of dust mitigation measures
3. Estimate the costs of the health impacts of dust and estimate the benefits of mitigating the dust
4. Propose a methodology to support decision making about mitigation options.

A two month road dust monitoring campaign was undertaken on a section unsealed road in the Far North District, during February, March and April 2015.

The monitoring results indicated that adverse human health impacts might occur due to the dust discharged from unsealed roads. Applying a dust suppression product to a section of road reduced the dust discharge and PM_{10}[1] concentrations. Costs were estimated at $15,000 per km.

The researchers developed a methodology to assess the health risk associated with an individual unsealed road. This should help Councils to decide whether to mitigate road dust for a particular section of road. Traffic, receptor and site characteristic factors are considered.

The full report titled, *RR 590 – Impacts of exposure to dust on unsealed roads*, is available on NZTA's website.

Submissions

ARPHS completed and submitted three submissions in July 2016.

Date	Topic	Brief note
1 July	***Housing for Older people – Auckland Council***	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 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 undertake refurbishment of the council's current portfolio over time to improve its quality. Legal ownership will remain with the Council, who will provide a $32.5 million capital grant to the CHP for renewal maintenance. ARPHS recommended that Council include a clause in the proposed service agreement that requires all housing managed under the contractual agreement to meet and maintain the rental Warrant of Fitness standard.

[1] PM_{10} means particulate matter that is less than 10 micrometres in aerodynamic diameter. The health effects of these particles for prolonged periods are predominately respiratory and cardiovascular related.

Date	Topic	Brief note
29 July	***Standardised Tobacco Products and Packaging Draft Regulations (Ministry of Health)***	Feedback is sought on the draft Regulations for the Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill currently progressing through Parliament. Tobacco product design, appearance, packaging and labelling, improved graphic warnings, and standardised pack quantities are all to be set out in the Regulations. ARPHS's submission recommended use of dissuasive sticks, the inner surface of cigarette packs matching the proposed outside colour of the pack, restrictions on the ability of tobacco companies to use misleading variant names and slogans, and standardising shisha product packaging.
29 July	***New Zealand Health Research Strategy (Ministry of Health)***	New Zealand's first health research strategy is being developed, which will guide decisions on the health research and innovation system over the next ten years. The discussion document outlined a proposed vision, mission and guiding principles, as well as strategic priority examples. ARPHS's submission supported the intent of the Strategy, but outlined what may be some underlying challenges including, workforce instability and funding uncertainty. ARPHS suggested more emphasis could be placed on how particular aspects of the health research and innovation system will work, and advocated for a greater research focus on preventative health measures and the wider social determinants of health.

Upcoming submissions

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

Due Date	Topic	Brief note
22 August	***Watercare Services Limited (Watercare) – Proposed new Wastewater Treatment Plant at Snells Beach/Algies Bay (resource consents lodged with Auckland Council)***	Watercare propose to construct a new wastewater treatment plant (WWTP) to provide ongoing service to the communities of Warkworth, Snells Beach, Algies Bay and Martins Bay, while also providing for growth over the coming decades.
9 September	***Ethnicity Data Protocols for the Health and Disability Sector (Ministry of Health)***	The Ministry is seeking feedback on the draft refresh of the Ethnicity Data Protocols for the Health and Disability Sector. Consultation includes whether coding ethnicity data at Level 2 changes to Level 4, and for electronic systems to have the capacity to store up to six ethnicities (previously three).
9 September	***Policy Options for the Regulation of Electronic Cigarettes: A consultation document (Ministry of Health)***	The Ministry of Health is consulting on policy options for the regulation of e-cigarettes, including possible amendments to the Smoke-free Environments Act (SFEA). Proposed amendments would mean that all e-cigarettes (with and without nicotine) would be available for sale and supply lawfully in New Zealand, but age and advertising restrictions would apply, and the use of e-cigarettes would be prohibited in areas defined as smokefree in the SFEA.

Waitemata District Health Board

Best Care for Everyone

Waitemata Stakeholder Network Mental Health and Addiction Strategic Plan 2015 – 2020

Executive Summary Document

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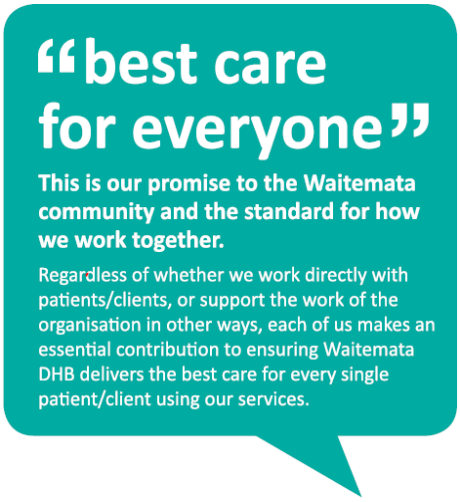
1. Waitemata Mental Health and Addiction Stakeholder Network Commitment

"We will focus not just on reducing symptoms of illness, but also on all the factors that contribute to good mental health, such as housing, employment, education, family relationships and their wider social networks".

The Waitemata Mental Health and Addictions Stakeholder Network (WSN) seeks to offer the people of Waitemata high quality mental health and addiction services that are available where and when needed. To help people achieve a sense of mental well-being, we will work together with service users and their families/whanau, specialist services, primary care, community agencies, and other social service providers to create an integrated total health care system.



Collectively we are aiming to meet the following eight high level key commitments, which are to:

1. Ensure that we deliver the Waitemata DHB promise of **'best care for everyone'**
2. Partner with Māori
3. Enable healthier, resilient people who actively contribute to their families and communities
4. Help build more resilient communities, with a specific focus on improving the wellbeing of 'at risk' populations in our community, including those groups with specific cultural needs
5. Provide services close to where people live and work , building a "neighbourhood" focus
6. Enable people to both prevent and live well with long term conditions, including mental health conditions
7. Constantly improve the quality, accessibility and responsiveness of services
8. Develop and support an inter-disciplinary mental health and addictions workforce.

We will focus not just on reducing symptoms of illness, but also on all the factors that contribute to good mental health, wellbeing and resilience, such as housing, employment, education, family relationships and widening social networks. A range of services will be coordinated to bring specialist expertise in each of these areas.

These commitments form a broad overarching framework that still allows for flexibility at individual, cultural and service levels to ensure services are delivered in the best way to meet the people and populations we serve. This Summary document will be widely available to the Community, and is also supported by associated workplans that describe our priorities and actions in further detail.

2. Purpose

"The plan acknowledges the value of all providers, and aims to give them a clear direction for working together. It also recognises the key role that open, transparent and trusting relationships play in the planning and delivery of high quality and effective services".

This WSN Strategic Plan (2015-2020) builds on the previous foundations that shaped the 2009-2015 document signaling our intent to work together. We acknowledge that there were a number of positive outcomes and gains in service planning & delivery achieved by the six identified workstreams from the previous period. We are also focused on using these learnings to deliver a strategy for further enhancing and developing services for the growing and changing populations we serve.

This document is based on ideas shared at the sector-wide visioning day (24 Nov 2014) that was attended by more than 130 stakeholders including:

- Service Users
- Family and whanau
- Staff from the Waitemata DHB Provider Arm
- Non-Government Organisations (NGOs)
- Primary Health Organisations (PHOs)
- Cross sector agencies and services (e.g. Police, Education, WINZ).

Building on this work, the framework has been further developed in partnership with the Waitemata Stakeholder Network[1] (WSN), Waitemata DHB District Annual Plan (DAP) and targeted workstreams with broad cross sector, stakeholder and community representations. We have also ensured alignment and congruence with national policy directions. (Refer Appendix Two). The plan acknowledges the value of all providers and the community, and aims to give us all a clear direction for working together. It also recognises the key part that open, transparent, collaborative and trusting relationships play in the planning and delivery of high quality and effective services. We took into account strategic themes and principles articulated in a range of key policy documents. We have also been influenced by responses from service users and family/whānau, and been informed by a range of consultation processes, including workshops and focus groups.

This summary document should be seen as an overview, explaining the planning processes followed, our vision for the next five years. It is supported by more detailed workplans that have been developed by the six groups representing different workstreams (Child and Youth, Adult, Older Adult, Maori, Pacific and Asian) which describes the key objectives, priority actions and activities they each will focus on over the next 5 years.

[1] Refer to Appendix One for Membership

3. Population Health Profile – 2015

Waitemata DHB serves the North Shore, Rodney and West Auckland areas. It has the largest population amongst the 20 DHBs in NZ

Demographics

- **Population:** 582,765 in 2015/16
- **65+ population**: will increase from 13% in 2014 to 20% in 2034, doubling in number
- **Ethnicities**: 9.7% Māori, 7.3% Pacific, 20% Asian
- **Migrants**: 37% born overseas, compared with 25% nationally; 3.5% of total population do not speak English well

Deprivation

- 8% live in poorest two deciles (20% nationally)
- Third least-deprived DHB in NZ

Income, Education, Employment

- **Income**: fourth highest amongst DHBs
- **Education**: 84% leave school with a qualification, compared with 79% nationally
- **Employment**: 6.9% unemployed, 7.1% nationally

Housing

- **Over-crowding**: 9.6% live in a household with a deficit of one or more bedrooms, compared with 10.1% nationally
- **Affordability:** Auckland region is the least affordable for house purchase in NZ

Modifiable Risk Factors

- **Smoking**: 12% are regular smokers, down from 17% in 2006, lower than national average of 15%. Higher rates amongst Māori (27% - down from 49%) and Pacific (20% - down from 33%)
- **Obesity**: 23% of adults are obese and a further 32% are overweight. In children, 7.6% are obese and 18% overweight
- **Diet**: 55% eat enough vegetables, 57% eat enough fruit, better than national average but declining.
- **Physical activity**: 45% meet guidelines for physical activity, fewer than in 2006

- **Alcohol**: 16% overall drink in a hazardous manner, but 25% of men.

Health Status

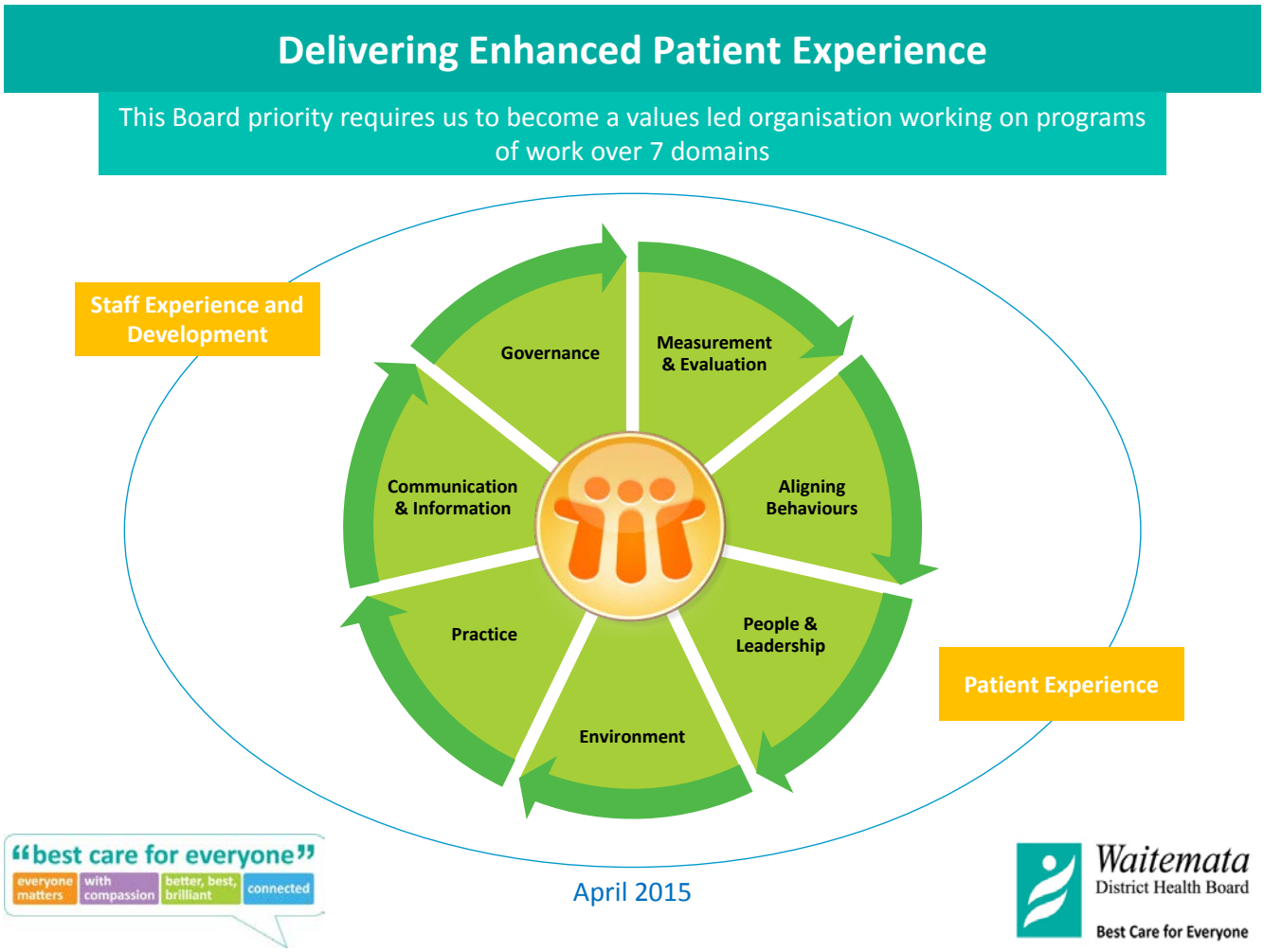
- **Life expectancy**: 85.1 years overall (highest in the country), 2.4 years higher than the NZ average.
- **Mortality**: leading causes of mortality: Cancer, cardiovascular disease, respiratory diseases
- **Cancer**: leading cause of death, however lowest rates in the country; mortality is decreasing slowly. One-year survival rate is 82%, highest in NZ
- **CVD**: second highest cause of death, however lowest rates in the country; mortality is decreasing; 58% with IHD are on triple therapy; Māori and Pacific have higher rates of mortality
- **Diabetes**: 31,000 people (5.5%) have diabetes; Māori, Pacific, Indian ethnicities are particularly affected; 34% well-managed (HbA1c level <64)
- **Mental health**: 53 suicides per year (2015); 12% of the population have a common mental disorder, lower than the national average of 16%

Community and Hospital Services

- **GPs**: 62 per 100,000 population, lower than the national average of 74; 76% of population have visited a GP in the past year; 22% report unmet need for GP services; 14% report cost as barrier
- **Hospitals**: acute demand is rising; access to elective surgery is similar to the national average; lowest hospital mortality rate in country; high performance across health targets and quality and safety metrics

4. Waitemata District Health Board Vision

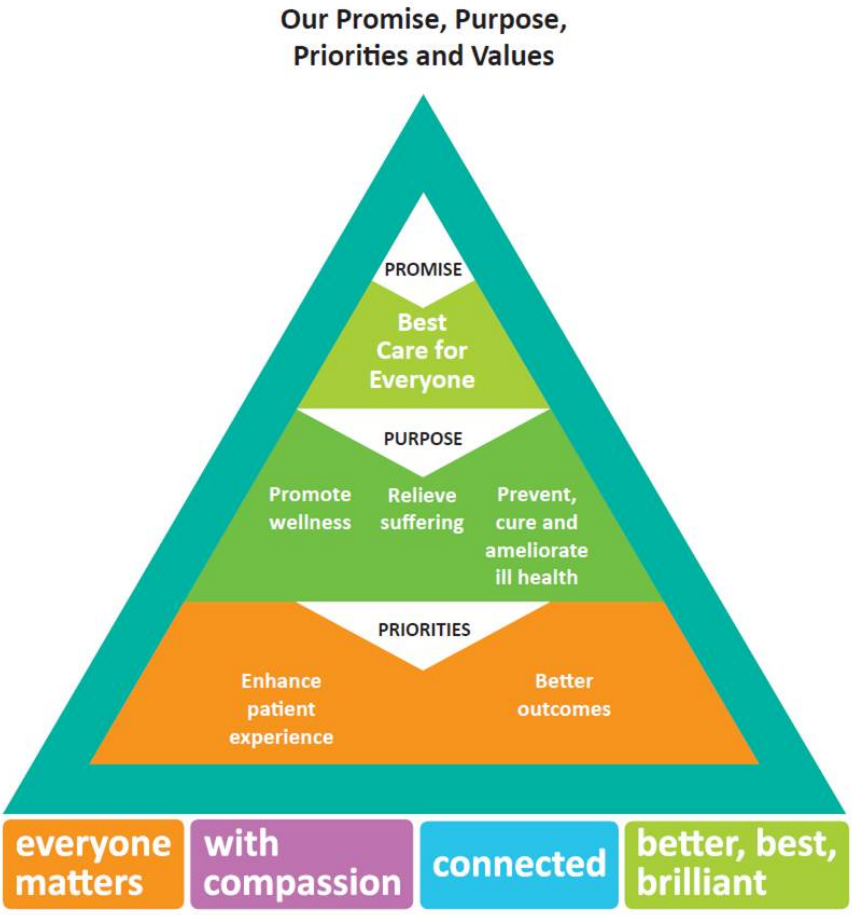
The Waitemata DHB Board, in April 2015, identified seven fundamental domains that will shape their future as a values led organisation delivering enhanced Patient experience. This should influence the way that the Health Board, and the wider health sector, should operate:



This vision is further supported by Waitemata DHBs Promise, Purpose, Priorities and Values.

Best care for everyone

Our promise, purpose, priorities and values are the foundation for all we do as an organisation. Our **promise** is that we will ensure we deliver the **'best care for everyone'**. This is our promise to the Waitemata community and the standard for how our staff will work together. For us that means striving to offer the best care possible to every single person and their family engaged with our services. This requires us to continue to develop an organisation-wide culture that puts patients first, is relentless in the pursuit of fundamental standards of care, and ongoing improvements that are enhanced by strong clinical leadership.



Our **purpose** defines what we strive to do and achieve, and focuses us on delivering the 'Best Care for Everyone'. Our **purpose** is to:

- Promote wellness
- Prevent, cure and ameliorate ill health, and
- Relieve suffering of those entrusted into our care.

Our two **priorities** which we will focus on for the next 3 years are:

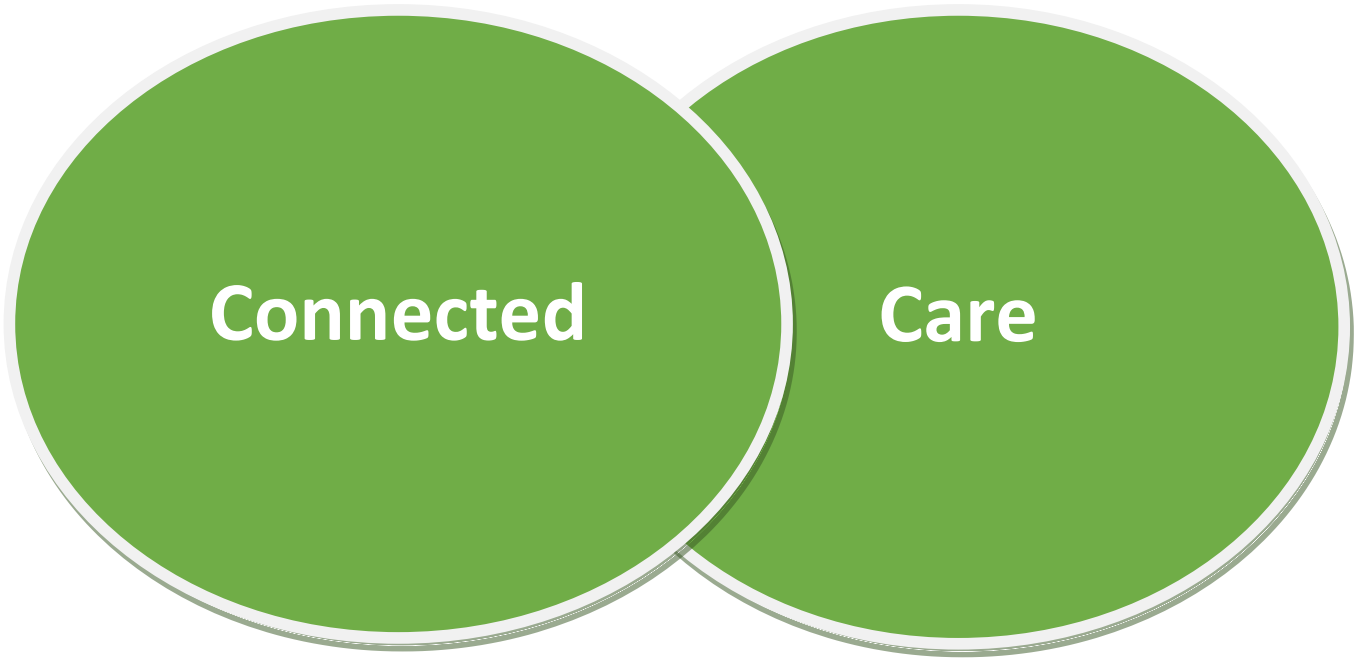
- **Better outcomes** (for patients, whānau, clinicians, our staff, and our population)
- Enhance patient experience

Our values and behaviours reflect our purpose and describe the internal culture we strive for. They will shape:

- The way our staff plan and make decisions
- The way our staff behave and interact with patients, service users, whānau and with each other
- How the DHB recruits, inducts, appraises and develops staff
- How the DHB measures and continues to improve everyone's experience

5. Waitemata Mental Health and Addiction Stakeholder Vision

Our Vision for 2020 is “Connected Care”. This means providing accessible and seamless service that is integrated with other services and provides the best care and best possible outcomes for the Waitemata population.



- ***Connected*** – People feel part of a community that embraces and celebrates their unique strengths, supports them through challenging experiences, and enables them to thrive in well-being and inclusion
- ***Care*** – People are served by a cohesive system of care staffed by a compassionate and supportive workforce that strives to promote wellness

6. Waitemata Mental Health and Addiction Stakeholder Core Themes

From the visioning day, the key themes across the workstreams are that WSN delivers seamless and integrated services, staffed by a compassionate and supported workforce making the best use of technology with clear accountability.

In practice this means:

- ***Seamless and Integrated*** – Deliver services that are seamless and integrated, both within and across organisations. Services will be easy to access and navigate and connected to other services such as Primary Care, Not for Profits, the Police, Schools, Housing, Migrants and Refugees.

Activity in this area will look at ways to:

- ✓ Improve the way care is delivered, such as systems and processes involved in access, assessment, entry, care and shared care and discharge
- ✓ Improve connectivity to other organisations, such as consent-based information sharing, networking and collaboration.

- ***Supported Workforce*** – Support the workforce to deliver the best possible care and health outcomes. The workforce will be of sufficient capacity with ongoing up-skilling.

Activity in this area will look at ways to:

- ✓ Ensure there is enough trained, competent and appropriately skilled staff to ensure the best possible services are delivered
- ✓ Actively acknowledge, value and support the important role that families/whanau, carers and peers undertake, and how that positively contributes to the best possible care and health outcomes for their loved ones.

- ***Best Use of Technology*** – Make the best use of technology to deliver the best possible care and health outcomes. The people using services and the people delivering services will be well served by technology.

Activity in this area will look at ways to:

- ✓ Utilise a co-designed approach to improve information sharing and delivery of care, such as user-owned shared health records, online approaches and apps.

- ***Clear Accountability*** – Ensure that services are accountable to the Waitemata community. Waitemata DHB promises the best care for everyone, and to meet this promise, services take responsibility for their contributions to this.

Activity in this area will look at ways to:

- ✓ Improve effective information sharing with stakeholders, quality improvement feedback mechanisms and clear reporting.

7. High Level Workstream Workplans/Strategic Actions – What will be different in five years and how will we achieve this??

Six workstreams have been established, and building on themes elicited from the Visioning Day and Sector consultation, workplans to focus activity over the next 5 year horizon have been developed. A high level summary is noted below, with the detailed workplans found in Appendix Three. Details of contributors to each workplan are acknowledged at the end of each chapter.

Each workplan is mapped against the 4 Core themes, and describes

- Proposed actions and activities
- How progress against these will be measured
- Who will lead this work
- The timeframe for achieving these prioritised actions, and
- Key Implementation Indicators
  - ✓ A = Able to be provided within existing resource
  - ✓ P = Partial implementation within existing resources
  - ✓ R = Some services are available but could be extended or reconfigured
  - ✓ N = New funding required prior to delivery

The Workstream Leaders are

- Child and Youth (Tracy Wadsworth/Toni Bowley)
- Adult (Rob Warriner)
- Older Adult (Rob Butler/Margaret Ross)
- Asian (Sue Lim)
- Maori (Charles Joe)
- Pacific (Epenesa Olo-Whaanga)

High level Workstream Priorities & Actions

	Seamless & Integrated	Supported Workforce	Best Use of Technology	Clear Accountability
Child &Youth	Extend community based services within the Rodney area, including mental health, addictions, NGO and Primary care. Review and update current information available regarding Child & Youth services across the Waitemata DHB area. Geographical service boundaries and age criteria are flexible (where appropriate) so that children, young people & their families can access the right services at the right time (e.g. Marinoto North, West and Rodney). Develop standardised assessment and support packages which can be shared between providers. Actively engage and participate in the Auckland Regional Health Pathways group.	Capture updated information on workforce needs via regular audit and data analysis, health needs analysis & community consultation. Continue to build workforce capability by identifying recommended core training requirements and sharing resources & training. Prioritise skill acquisition in the following areas • Infant mental health • COPMIA • CALD • CEP • EDS • Youth Forensic Metabolic screening and physical health care for children & young people prescribed psychotropic medication. Infant, child and youth services are committed to building a culturally responsive workforce.	Introduce telemedicine into CAMHS services & addictions. E-referral Project.	Developing networks & strengthening Infant, Child & Youth stakeholder relationships so that we advocate for children, young people and their families/whanau to improve services and the wellbeing of this population group. Promoting involvement of all service providers in national iCAMHS KPI activity. Service planning and accountability is managed through consistent and regular review of action plans, priorities and resources. Actively participate in and fully implement the Real Time feedback project across all iCAMHS services to inform service delivery, responsiveness and quality.

High level Workstream Priorities & Actions

	Seamless & Integrated	Supported Workforce	Best Use of Technology	Clear Accountability
Adult	Improve access to mental health services so that there is a shared understanding and responsibility across providers of services; the experience of access needs to be easy and timely for people seeking to use services. Improve the employment status of people who experience mental illness in the Auckland/Waitemata DHB regions. Continued integration between services / sectors.	Develop and implement an orientation of mental health services that gives greater priority to social determinants of health and well-being. (*These may be indicated by housing and employment status, and by improved physical health - measured by weight, activity levels, blood pressure, diet, diabetes, nicotine, drug and/or alcohol use, improved life expectancy).* Maximise our capacity to support people who experience mental illness into sustainable housing.	We will utilise web based technology to encourage and support people's understanding of medications in use across the Waitemata / Auckland region. Improve mental health literacy to support people's awareness of emotional and mental well-being, and their capacity for self-care.	For each of the components of mental health services we will consistently know "what they might offer my "family/whānau"; "how much have they done?"; "how well did they do it?", and "is anyone better off?"
Older Adult	Capitalise on opportunities to develop collaborative relationships and integration across older adult health, aged care and social services sector. Deliver a wider range of integrated services. Extend the service provided by MHSOA (this objective also aligns with early intervention).	Build a workforce that is diverse, culturally responsive and recovery /restoration/quality of life focused.	Improve access to information about services that are older adult specific and culturally relevant. Improve information systems & technology. Continue to develop new service delivery initiatives.	Effectively obtain & incorporate service user feedback into service planning & evaluation. Develop a plan for the establishment of consumer and family/whanau led services for older adults. Widen the availability of a range of key performance indicators & outcome measures.

High level Workstream Priorities & Actions

	Seamless & Integrated	Supported Workforce	Best Use of Technology	Clear Accountability
Maori	**Whakawhirinaki** Whanau ora is an inclusive approach to providing mental health and addiction services to families as well as focusing on the needs of an individual member.	**Whanake** Support the current Waitemata DHB Workforce Development Strategy. Workforce trained to identify at risk whanau experiencing forms of depression, social isolation & receive mental health and addiction information and advice. Support the "Everyone's Business" Employment strategy – youth focused mental health & addiction. Support the Prime Minister's Youth Programmes for young people aged 14 – 17 years old from Auckland.	**Whakapakari** Full use of websites and e-portal to provide mental health information & pathways to whanau.	**Whakatutuki** TPHO establishes itself as a network collective focused on delivering and identifying gaps in achieving of Whanau Ora goals.

High level Workstream Priorities & Actions

	Seamless & Integrated	Supported Workforce	Best Use of Technology	Clear Accountability
Pacific	Aligning services to provide seamless and integrated care (i.e. Any door is the right door, so there is early intervention rather than waiting for mental health & addictions to worsen. Everyone is a Navigator. Develop & increase Pasifika peer support workers in the NGO sector. Investigate Day programme provision viability (compare to CMDHB). Ease of access and exit from services Improve social indicators of health. Improved integration with Primary Health.	Increase placement opportunities for Pasifika students from senior high school to tertiary institutions. Career progression for Pasifika staff including into management positions and other areas that Pasifika are not represented (e.g. Quality, Planning & Funding, Research). Well supported and trained workforce to identify early distress and support and/or refer on. Share and disseminate available resources on each WSN provider's websites. Promote culturally responsive service for mainstream services.	App for Pasifika service users. Continue with Shared Training Calendar between DHB/NGO.	Continue to use Real Time Feedback and collate and report Pasifika consumers and significant others feedback. Consider using standardised Exit interview to elicit accurate & timely feedback (compare to Emerge pilot). Shared Vision – continue to engage Pasifika community. Northern Regions Pasifika Consumer and Family Forum continue to engage Pasifika communities. Explore potential of using governance models of 5C's approach.

High level Workstream Priorities & Actions

	Seamless & Integrated	Supported Workforce	Best Use of Technology	Clear Accountability
Asian	Enhanced Asian MHA Community awareness through intersectorial collaboration and connection with Asian communities to address issues related to stigma and discrimination in mental health, in order to raise awareness of mental health services that results in early identification and engagement with services and improves mental health literacy for the Asian population in the greater Auckland region. Better support for Asian clients who have dependent children (COPMIA). Improved access to Employment specialist support for Asian clients. Enhanced social inclusion for Asian people with mental illness. Have systems and programmes in place to support mental health and addictions services to improve engagement and support for Asian mental health clients.	Developed Asian bi-lingual cultural workforce to work as clinical cultural consultants for the provision of direct and indirect consultation for Asian clients and the provision of Asian mental health case discussions for Waitemata DHB primary, secondary & NGO mental health and addiction clinical workforce. Primary, secondary and NGO MH&A workforce are trained in cultural competency to provide services that are responsive to the culturally and linguistically diverse (CALD) population from Asian backgrounds. Clinical workforce are provided validated language and culturally appropriate screening tools and resources to improve assessment and screening processes for CALD groups. Asian Mental Health Cultural Support Coordinators are supported with ongoing therapy training and supervision to improve access for Asian clients to language appropriate stepped care level two therapy services. Interpreter workforce are supported with ongoing professional development to improve their skills working in MHA providers.	Increased Asian consumer participation in the Real Time Feedback survey. Utilising websites or e-portal to provide mental health information and pathways to Asian communities.	Guidance from the Asian Mental Health and Addiction Governance Group. Workstream progress report to Asian communities/stakeholders (Reference to WSN Annual Forum). Responsiveness to consumers and families by collating feedback from Asian consumers and families via Real Time feedback and the Asian Mental Health Service consumer surveys.

8. Approach for Review/Monitoring & Evaluation

We are committed to ensure we are transparent and sharing our progress in measuring success in the delivery of activity and projects against our priorities and identified actions over the next 5 years. As a result, each workstream will provide quarterly progress reports back to the Waitemata Stakeholder Network (refer o Appendix Four for the Reporting Template), and we will hold annual community workshops as part of our accountability back to the community.

9. Summary and Intent

This WSN Strategic Plan (2015-2020) builds on the previous foundations that shaped the 2009-2015 document signaling our intent to work together. We acknowledge that there were a number of positive outcomes and gains in service planning & delivery achieved by the six identified workstreams from the previous period. We are also focused on using these learnings to deliver a strategy for further enhancing and developing services for the growing and changing populations we serve.

This document is based on ideas shared at the sector-wide visioning day. Building on this work, the framework has been further developed in partnership with the Waitemata Stakeholder Network (WSN), Waitemata DHB District Annual Plan (DAP) and targeted workstreams with broad cross sector, stakeholder and community representations. We have also ensured alignment and congruence with national policy directions.

The plan acknowledges the value of all providers and the community, and aims to give us all a clear direction for working together. It also recognises the key part that open, transparent, collaborative and trusting relationships play in the planning and delivery of high quality and effective services. We took into account strategic themes and principles articulated in a range of key policy documents. We have also been influenced by responses from service users and family/whānau, and been informed by a range of consultation processes, including workshops and focus groups.

This summary document should be seen as an overview, explaining the planning processes followed, our vision for the next five years. It is supported by more detailed workplans that have been developed by the six groups representing different workstreams (Child and Youth, Adult, Older Adult, Maori, Pacific and Asian) which describes the key objectives, priority actions and activities they each will focus on over the next 5 years.

10. Glossary

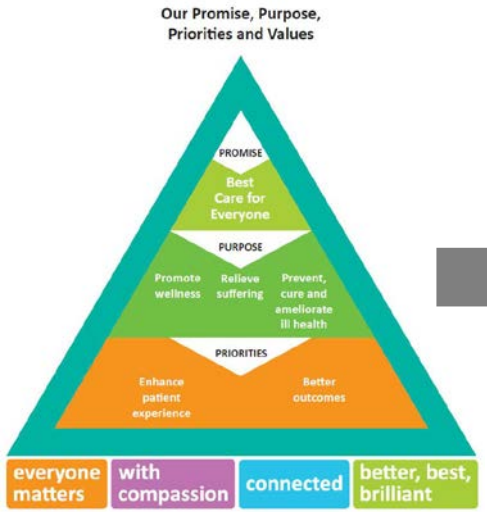
CALD	Culturally & Linguistically Diverse
CAMHS	Child & Adolescent Mental Health Services
CEP	Co-existing Problems
COPMIA	Children of Parents with Mental Illness
DHB	District Health Board
EDS	Eating Disorder Services
GP	General Practitioner
iCAMHS	Infant, Child and Adolescent Mental Health Services
HOP	Health of Older People
MHSOA	Mental Health Services Older Adults
MOH	Ministry of Health
NGO	Non-Government Organisation
PEG	Provider Executive Group
PHO	Primary Health Organisation
TPHO	Te Pae Herenga Ora
WINZ	Work and Income NZ
WSN	Waitemata Stakeholder Network

Appendix One: WSN Membership and Representations

	MEMBER	Representing	Email Contact
WSN Executive	Ruth Williams (Chair)	Shared Vision Rodney	Ruth.Williams@connectsr.org.nz
	Ian McKenzie	Waitemata DHB Provider Arm	Ian.McKenzie@waitematadhb.govt.nz
	Lee Reygate	Planning & Funding	Lee.Reygate@waitematadhb.govt.nz
	Murray Patton	Waitemata DHB Clinical Leadership	Murray.Patton@waitematadhb.govt.nz
Workstream Leaders	Charles Joe	Maori/Te Pou Herenga Ora	Charles.joe@waitematadhb.govt.nz
	Epenesa Olo-Whaanga	Pacific/Soalaupule	Epenesa.Olo-Whaanga@waitematadhb.govt.nz
	Sue Lim	Asian	Sue.lim@waitematadhb.govt.nz
	Kelly Feng	Asian	Kelly.Feng@waitematadhb.govt.nz
	Margaret Ross	Older Adults	Margaret.Ross@waitematadhb.govt.nz
	Rob Butler	Older Adults	Rob.Butler@waitematadhb.govt.nz
	Rob Warriner	Adults	rwarriner@walsh.org.nz
	Toni Bowley	C&Y/ Addictions	Toni.Bowley@waitematadhb.govt.nz
	Tracy Silva Garay	C&Y	Tracy.SilvaGaray@waitematadhb.govt.nz
WSN Members	Jan.Gordon-Walters	Consumer	Jan.GordonWalters@waitematadhb.govt.nz
	Jean-Marie Bush	Planning & Funding	Jean-Marie.Bush@waitematadhb.govt.nz
	Johnny Dow	Addictions	johnnyd@higherground.org.nz
	Kieran Moorhead	Consumer	kieran@changingminds.org.nz
	Manu Foto	Pacific Funding & Planning	Manu.fotu@waitematadhb.govt.nz
	Megan Jones	Quality, Mental Health Services	Megan.Jones@waitematadhb.govt.nz
	Naomi Cowan	NGO	naomi.cowan@equip.net.nz
	Neil Kemp	Primary Care	Nkemp@waitematapho.health.nz
	Noeline Te Pania	Family	Noeline.TePania@waitematadhb.govt.nz
	Sue Skipper	Older Adults	Sue.skipper@waitematadhb.govt.nz
	Will Ward	Shared Vision West	wward@walsh.org.nz

Appendix Two: Strategic Alignments that influenced the development of the WSN Strategic Plan

The Waitemata Community



Waitemata DHB 2014/15 Strategic Plan

- Whole of system integration and responsiveness
- Intervening early to promote reliance and self-management
- Understanding and addressing inequities
- Participation in regional activity
- NGO sustainability

WSN Vision
"Connected Care"

WSN Core Themes
- Seamless & Integrated
- Supported Workforce
- Best Use of Technology
- Clear Accountability

Rising to the Challenge – Government priorities
- Youth Mental Health Project
- Vulnerable Children's Workstream
- Drivers of Crime Work Programme
- Youth Forensics Services Development
- Suicide Prevention Action Plan Implementation
- Whanau Ora Initiatives
- Welfare Reforms

Rising to the Challenge – Goals
- **A**ctively using our resources more efficiently
- **B**uilding infrastructure for integration between primary & specialist services
- **C**ementing & building gains in recovery & resilience for:
  - People with low prevalence conditions &/or high needs
- Maori
- Pacific/Refugees/disability & other
- **D**elivering increased access for:
  - Infants/children & youth
- Adults with high prevalence conditions
- Growing older population

Blueprint II – How things need to be & Making change happen – Strategic priorities

- Providing a good start
- Positively influencing high risk pathways
- Supporting people with severe needs
- Supporting people with complex needs
- Promoting wellbeing, reducing stigma & discrimination
- Providing a positive experience of care
- Improving system performance

Summary of National key documents to inform WSN Strategic Plan

The mental health and addiction sector is in a very different place now and there are new challenges to face. In the current financially constrained environment, the focus has shifted to ensuring current resources are being used most effectively to offer support and interventions to more people while ensuring that the sector continues to build on gains to date and improve outcomes for people with low prevalence conditions and/or high needs.
In 2012, three key national documents were released that set out the direction for the next five to ten years for the mental health and addiction sector. *Blueprint II: How things need to be* along with the companion document *Blueprint II: Making change happen* (MHC, 2012) and *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017* (MoH, 2012).

The overarching vision for *Blueprint II* is that 'Mental health and wellbeing is everyone's business' and takes a broad view considering not only health but the role of social services (MHC, 2012). It refers to DHB planners and funders as the 'architects' of our system and critical to making change happen as the sector is shaped by the types of services purchased and how these are purchased.

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017 sets the direction for mental health and addiction service delivery across the health sector. The Plan outlines key priority actions aimed at achieving further system-wide change to make service provision more consistent and to improve outcomes. It also includes consideration of a planning and funding framework to support effective use of resources.

Rising to the Challenge
Rising to the Challenge, Mental Health and Addiction Service Development Plan 2012-2017 (MoH, 2012) is the strategic policy document for the sector and outlines prioritised goals over a five year period. It was approved in Cabinet and published in December 2012.

Rising to the Challenge aims to see the following results:

- Increased value for money;
- Enhanced integration;
- Improved client mental health and a wellbeing, physical health and social inclusion;
- Expanded access and decreased waiting times.

Rising to the Challenge's primary focus is to:

'Assist health services across the spectrum, from health promotion through primary care and other general health services to specialist mental health and addiction services, to collectively take action to achieve four overarching goals' (MoH, 2012 p.5)

Rising to the Challenge focuses its actions towards four population groups which span the life course, but also considers the 'specific additional needs of groups most disadvantaged by disparities in outcome' (MoH, 2012). It also highlights the opportunities to implement a stepped care approach to better integrate primary and specialist services.

Table One: The ABCD overarching goals and desired results (MoH, 2012)

Rising to the Challenge - Overarching goals	Results we wish to see	Aligned to WSN Core themes
A Actively using our current resources more effectively	Increased value for money	• Seamless and Integrated • Supported Workforce • Best Use of Technology
B Building infrastructure for integration between primary and specialist services	Enhanced integration	• Seamless and Integrated • Clear Accountability • Best Use of Technology
C Cementing and building on gains in resilience and recovery for: i. people with low-prevalence conditions and/or high needs (psychotic disorders and severe personality disorders, anxiety disorders, depression, alcohol and drug issues or co-existing conditions) ii. a) Māori b) Pacific peoples, refugees, people with disabilities and other groups	Improved mental health and wellbeing, physical health and social inclusion Disparities in health outcomes addressed	• Seamless and Integrated • Clear Accountability
D Delivering increased access for: i. infants, children and youth ii. adults with high-prevalence conditions (mild to moderate anxiety, depression, alcohol and drug issues or co-existing conditions, and medically unexplained symptoms) iii. our growing older population	Expanded access and decreased waiting times in order to: • avert future adverse outcomes • improve outcomes Support their positive contribution in the home and community of their choice	• Seamless and Integrated • Supported Workforce • Clear Accountability

Blueprint II is comprised of two documents, the first *How things need to be* sets out the broad view of the changes that are needed within the mental health and addiction sector, and the second *Making change happen* is directed more at people working in the sector, providing a more practical guide at implementing the changes, provision of an initial framework by which to measure the changes as they occur, and an overview of the roles across all areas of the *Blueprint II* from family/whānau to all of government. There are eight priority actions identified within *Blueprint II* set out to achieve the vision which are outlined in Table Two.

Table Two: Blueprint II Priorities (MHC, 2012)

Priority	Description	Aligned to WSN Core themes
Providing a good start	Respond earlier to mental health and addiction issues in children and young people to reduce lifetime impact	• Clear Accountability • Seamless and Integrated • Supported Workforce
Positively influencing high risk pathways	Provide earlier and more effective responses for youth and adults who are at risk or involved with social, justice, or forensic mental health and addiction services.	• Clear Accountability • Seamless and Integrated • Supported Workforce
Supporting people with episodic needs	Support return to health, functioning and independence for people with episodic mental health and addiction issues.	• Clear Accountability • Seamless and Integrated • Supported Workforce
Supporting people with severe needs	Support return to health, functioning and independence for people most severely affected by mental health and addiction issues.	• Clear Accountability • Seamless and Integrated • Supported Workforce
Supporting people with complex needs	Support people with complex combinations of mental health issues, disabilities, long term conditions and/or dementia to achieve the best quality of life.	• Clear Accountability • Seamless and Integrated • Supported Workforce
Promoting wellbeing, reducing stigma and discrimination	Promote mental health and wellbeing to individuals, families and communities and reduce stigma and discrimination against individuals with mental illness and addictions.	• Clear Accountability • Seamless and Integrated • Supported Workforce
Providing a positive experience of care	Strengthen a culture of partnership and engagement in providing a positive experience of care.	• Clear Accountability • Seamless and Integrated
Improving system performance	Lift system performance and reduce the average cost per person treated while at the same time improving outcomes.	• Best Use of Technology • Supported Workforce • Clear Accountability

Appendix Three: Quarterly Reporting Template

PROJECT DETAILS – WSN STRATEGIC PLAN REPORTING TEMPLATE			
Workstream			
Project Lead			
Workstream members			
Reporting period			
Date Completed		**Completed by**	
Core theme: xx **Objective/Pathway:** xx			
Key Activities (including linkages with other projects/initiatives)		**Status/Comments**	
PROJECT PROGRESS			
Project at [*add in date*] is:			
❑ On schedule ❑ On budget	❑ Ahead of schedule ❑ Underspent	❑ Behind schedule ❑ Overspent	
Milestones achieved since last report (as against key activities)			
Issues and/or risks (e.g. time, financial, barriers etc.)			
Work planned for next period			