Waitematā
District Health Board

Best Care for Everyone

Community and Public Health Advisory Committee Meeting

Wednesday 18 August 2021

10.00am

Venue

Waitematā 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.

WAITEMATĀ DISTRICT HEALTH BOARD
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC) MEETING
18 August 2021

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna **Time: 10.00am**

COMMITTEE MEMBERS	MANAGEMENT
Kylie Clegg – Committee Chair (WDHB Board member) Warren Flaunty – Committee Deputy Chair John Bottomley - WDHB Board member Chris Carter - WDHB Board member Sandra Coney - WDHB Board member David Lui - WDHB Board member Judy McGregor – Ex-officio as WDHB Board Chair Allison Roe - WDHB Board member Renata Watene - WDHB Board member cc: All Board Members BOARD OBSERVERS Amber Paige Ngatai Wesley Pigg	Tim Wood – Exec Director, Community and Commissioning Services Debbie Holdsworth –Director Funding Karen Bartholomew - Director Health Outcomes Murray Patton – Director, Specialist Mental Health and Addiction Services Deanne Manuel – Committee Secretary

Apologies:

AGENDA

KARAKIA

ACKNOWLEDGEMENTS

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?

PART I – Items to be considered in public meeting

	1.	**AGENDA ORDER AND TIMING**
	2.	**CONFIRMATION OF MINUTES**
10.00am	2.1	Confirmation of Minutes of the meeting held on 26/05/21 Actions Arising from previous meetings
	3.	**STANDARD REPORTS**
10.05am	3.1	Planning, Funding and Outcomes Update - Planning - Primary Care - Health of Older People - Child, Youth and Women - Mental Health and Addictions - Pacific Health Gain - Māori Health Gain - Asian, Migrant and Refugee Health Gain
10.45am	3.2	Specialist Mental Health and Addictions Services Update
11.10am	**4.**	**GENERAL BUSINESS**
11.15am	**5.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitematā District Health Board

Community and Public Health Advisory Committee

Member Attendance Schedule 2021

Member	March	May	August	November
Kylie Clegg (Committee Chair)	✓	✓		
Warren Flaunty (Deputy Committee Chair)	✓	✓		
John Bottomley	✓	✓		
Chris Carter	✓	✓		
Sandra Coney	✓	✓		
David Lui	✓	✓		
Judy McGregor (Ex-officio as Board Chair)	✓	✓		
Allison Roe	✓	✓		
Renata Watene	✓	✓		

✓ attended
✗ apologies
** attended part of the meeting only*
^ leave of absence
 # absent on Board business

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Kylie Clegg (Committee Chair)	Contract with Ministry of Health for services relating to Seat at the Table DHB Governance Development Programme Trustee – Well Foundation Director – Auckland Transport Trustee and Beneficiary – Mickyla Trust Trustee and Beneficiary, M&K Investments Trust (includes shareholdings in a number of listed companies, but less than 1% of shares of these companies, includes shareholdings in MC Capital Limited, HSCP1 Limited, MC Securities Limited, HSCP2 Limited, Next Minute Holdings Limited). Orion Health has commercial contracts with Waitematā District Health Board and healthAlliance.	11/08/21
Warren Flaunty (Committee Deputy Chair)	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Director – Trusts Community Foundation Ltd Trustee – Hospice West Auckland (past role)	05/02/20
John Bottomley	Consultant Interventional Radiologist – Waitematā District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Sandra Coney	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust Member – Cartwright Collective	16/12/20
David Lui	Director – Focus on Pacific Limited Board Member – Walsh Trust (MH provider in West Auckland that has contracts with WDHB) Chairman – Henderson High School BOT Executive Member – Waitakere Health Link (holds a contract with WDHB)	22/05/21
Judy McGregor (Board Chair)	Chair – Health Workforce Advisory Board Minor Shareholder – Sky TV New Zealand Law Foundation Fund Recipient Consultant – Asia Pacific Forum of National Human Rights Institutions Media Commentator – NZ Herald Patron – Auckland Women's Centre Life Member – Hauturu Little Barrier Island Supporters' Trust	19/05/21
Allison Roe	Acting Chairperson and Deputy Chair Matakana Coast Trail Trust Member, Wilson Home Committee of Management (past role)	07/04/21
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member - NZAO Member- Te Pae Reretahi (previously Toi Ora Advisory Board) Professional Teaching Fellow, University of Auckland Optometry Department	17/02/21
Wesley Pigg (Board Observer)	Employee (physiotherapist) – Waitematā DHB	14/10/20
Amber-Paige Ngatai (Board Observer)	Employee (nurse) – Waitematā DHB	14/10/20

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2.1 Minutes of the Community and Public Health Advisory Committee meeting held on 26 May 2021

Recommendation:

That the draft Minutes of the Community and Public Health Advisory Committee held on 26 May 2021 be approved.

DRAFT Minutes of the meeting of the Waitematā District Health Board

Community and Public Health Advisory Committee

Wednesday, 26 May 2021

held at The Fono, 411 Great North Road (Boardroom, Level 1), Henderson
commencing at 10.03am

BOARD MEMBERS PRESENT:

Kylie Clegg (Committee Chair)
Warren Flaunty (Committee Deputy Chair)
Judy McGregor (ex-officio, Board Chair)
John Bottomley
Chris Carter
Sandra Coney
Allison Roe – via video conference
Renata Watene

ALSO PRESENT:

David Lui (Board Member)
Wesley Pigg (Board Observer) (until 12.10pm, item 5.2)
Dale Bramley (Chief Executive Officer)
Tim Wood (Executive Director, Tier 1 Community Services)
Debbie Holdsworth (Director Funding) – via video conference
Karen Bartholomew (Director Health Outcomes)
Peta Molloy (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:

Tracy McIntyre – Waitakere HealthLink (until 11.30am, item 4.1)

KARAKIA:

A Karakia was led by David Lui.

WELCOME:

The Committee Chair welcomed everyone present.

APOLOGIES:

There were no apologies received.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

There were no interests declared that might give conflict with a matter on the agenda.

1 AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda, except item 5.3 was discussed after item 4.2.

2 PRESENTATION

The Fono: COVID-19 response and Pacific Community Engagement

Tevita Funaki (Chief Executive, The Fono), Frank Koloi (Marketing and Communications Manager), Kasalanaita Puniani (Public Health Manager), Jennifer Tupou (Chief Financial Officer), Renee Richards-Berry (Manager Mental Health), Sally Dalhousie (Chief Operating Officer) and Janet Maso-Hundal (Executive Assistant) were in attendance for this item.

Tevita Funaki welcomed those in attendance and provided a health and safety briefing for the site.

Tevita gave a Powerpoint presentation to the Committee, outlining The Fono's history, vision, strategy, organisation structure and COVID-19 response (including the recently opened vaccination centre at Westgate).

Matters covered in discussion and response to questions included:

- There are three Pacific or Māori dentists currently working with The Fono.
- The Fono led COVID-19 vaccination centre at Westgate is vaccinating all community members who attend the centre.
- The Fono's work undertaken during the COVID-19 pandemic response, including mobilising people to achieve good results, was acknowledged and a query was raised about how these leadership learnings are being used going forward. Tevita noted the fast pace of work during COVID-19. He also advised that there are a number of research projects and key advisory forums that The Fono is part of and remain important. The whānau ora based model of care, in terms of delivery, works with a strong cultural and caring process.

The Board Chair, Dr Judy McGregor, thanked The Fono for their presentation.

10.55am - The Fono representatives retired from the meeting.

3 BOARD AND COMMITTEE MINUTES

3.1 Minutes of the Community and Public Health Advisory Committee meeting held on 03 March 2021 (Agenda pages 7- 11)

Resolution (Moved Renata Watene/Seconded Sandra Coney)

That the draft Minutes of the Community and Public Health Advisory Committee held on 28 October 2020 be approved.

Carried

Actions arising from previous meetings (Agenda page 12)

The updates were noted by the Committee and no issues were raised.

In response to a question regarding the cost of cervical screening following the budget announcement, Karen Bartholomew noted that advice had not yet been received and at this time targeted consultation is being undertaken. The DHB has expressed an interest in being involved in this area of work.

4 STANDARD REPORTS

4.1 Planning, Funding and Outcomes Update (agenda pages 13-34)

Ruth Bijl (Funding and Development Manager Women, Children and Youth), Shayne Wijohn (Acting Funding and Development Manager, Primary Care and Māori Health Gain Manager) were present for this item.

Debbie Holdsworth introduced this item, noting the year-end planning cycle with annual planning for the coming year is underway. The team has also been involved in the implementation of the largest vaccination programme (COVID-19) in current history. Data for the month of April has now been received by the Ministry of Health. Credit was given to the Māori Health pipeline work being undertaken by Karen Bartholomew and the team.

Karen Bartholomew gave an update on the Māori Health pipeline work, noting the HPV self-testing announcement. The Northland AAA screening pilot is progressing in Northland. The Hepatitis C programme is progressing well.

Matters covered in discussion and response to questions included:

- Noting the immunisation data for Māori, work will be undertaken regionally on increasing immunisation rates, it is not a Waitematā specific issue. Pacific data is also being reviewed. Data is routinely reviewed and presented to the Committee.
- Querying whether diabetic screening being undertaken by community optometrists has been explored; it was noted that existing providers have been approached to increase retinal screening capacity. The software platform used for diabetic screening is being upgraded and will then have capacity for external providers.
- Noting the reference to 100 per cent of obese children being identified in the B4SC programme and querying the outcome of referrals to health professionals. In response it was noted that it is a 'raising healthy kids' target; identifying obese children at 4-years of age can be too late and more focus may be needed in working with pregnant women.
- Noting that in 15 practices enough health improvement practitioners were available to-date.

4.2 Specialist Mental Health and Addiction Services Update (agenda pages 35-46)

Stephanie Doe (General Manager, Mental Health) and Murray Patton (Clinical Director, Mental Health) were present for this item.

Matters covered in discussion and response to questions included:

- Work is underway to consolidate and look at additional resource to increase some areas of work in mental health services.

- The Ministry of Health leads the model of care for specialist mental health and addictions. A draft of services was recently received; work is underway to ensure alignment. Resource (three FTE) has been provided to meet the work plan needed.
- Noting the workforce update (page 43 of the agenda); the work is underway, but not on track to meet the timeframe.
- Noting the Supporting Parents, Healthy Children programme (COPMIA) (page 42 of the agenda) and that work continues in this area to identify general practices to participate in the programme. The programme in the northern region is successful, with up to 60 per cent coverage. The DHB works with general practices with high need populations, such as rural areas.

5 INFORMATION ITEMS

5.1 Evaluation of Kaimaanaki programme (agenda pages 47 - 53)

This item was considered after item 5.3.

Shayne Wijohn (Manager, Maori Health Gain, Planning Funding and Outcomes Unit) was present for this item.

The Committee Chair acknowledged the paper. Shayne Wijohn summarised the paper, matters covered in discussion and response to questions included:

- There is interest in possible credentialing for the Kaimaanaki role.
- Specific issues identified (detailed in the report) were largely the result of underlying issues; the impact of the COVID-19 pandemic provided an avenue to respond to the issues.
- Three barriers to overcome/develop include: developing a more expansive and holistic view looking into whānau; having a workforce to navigate the mechanics in the community and ensure a workforce training pathway for a future in healthcare; and thirdly, funding for specific services.

The Committee Chair thanked Shayne.

5.2 Office of the Director of Mental Health and Addiction Services Annual Report 2018 and 2019 (agenda pages 54 - 156)

The report was taken as read.

The Committee expressed concern at the data reported on the use of electro-convulsive therapy (ECT), particularly as it relates to women and Māori and Pacific people. It was also noted that Māori and Pacific people are three times more likely to be under a compulsory treatment order which is concerning. It was requested that the previous analysis of compulsory treatment orders under the previous Māori Health Plan be provided.

It was noted that the Mental Health and Wellbeing Commission had recently been reformed and the Committee's concerns could be submitted to the Commission.

5.3 Auckland Region Public Health Service Update (agenda pages 157-175)

This item was considered after item 4.2.

Dr William Rainger (Director, Auckland Regional Publish Health Service) and Jane McEntee (General Manager, Auckland Regional Public Health Service (ARPHS)) were present for this item.

Dr Rainger summarised the report. Matters covered in discussion and response to questions included:

- Noting the reference to the HELL Reading Challenge (page 167 of the agenda) and a complaint made by Healthy Auckland Together, this was not upheld by the ASA Complaints Board. It was suggested that either ARPHS or Healthy Auckland Together discuss concerns around the challenge with Local Boards and/or the Auckland Council and it was requested further background information on this issue be provided to Sandra Coney
- In response to a question about the involvement of a consumer and community voice in the work ARPHS is undertaking, it was noted that this area is beginning to strengthen after the constraints of COVID-19. There is a lot of work with DHBs, who have community engagement.
- There is shared concern related to the use of vaping; there needs to be similar tobacco regulations for vaping, while factoring in the potential use as a smoking cessation tool.

6 GENERAL BUSINESS

The Committee Chair acknowledged the work of the staff responding to the COVID-19 Alert levels.

The meeting concluded at 12.37 pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE HELD ON 26 MAY 2021.

_____COMMITTEE CHAIR

Actions Arising and Carried Forward from Meetings of the Community and Public Health Advisory Committee as at 12 August 2021

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back/ Update
26/05/21	5.2	Office of the Director of Mental Health and Addiction Services Annual Report 2018 and 2019 Provide analysis of compulsory treatment orders under the previous Māori Health Plan	Murray Patton/ Stephanie Doe	Completed
	5.3	Auckland Region Public Health Service Update Provide background information on the complaint made by Healthy Auckland Together in reference to the HELL Reading Challenge	Karen Bartholomew	Completed

3.1 Planning Funding and Outcomes Update

Recommendation:

That the Community and Public Health Advisory Committee notes the key activities within the Planning, Funding and Outcomes Unit.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding and Development Manager Women, Children & Youth), Meenal Duggal (Funding & Development Manager, Mental Health and Addiction Services), Leani Sandford (Portfolio Manager, Pacific Health Gain), Raj Singh (Project Manager, Asian, Migrant and Former Refugee Health Gain), Shayne Wijohn (Acting Funding and Development Manager, Primary Care and Māori Health Gain Manager)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Dr Karen Bartholomew (Director Health Outcomes)

Glossary

AAA	-	Abdominal Aortic Aneurysm
AF	-	Atrial Fibrillation
ARC	-	Aged Residential Care
ARDS	-	Auckland Regional Dental Service
B4SC		B4 School Check
CASA	-	Clinical Advisory Services Aotearoa
CPHAC	-	Community and Public Health Advisory Committee
CVD	-	Cardiovascular Disease
DHB	-	District Health Board
ESBHS	-	Enhanced School Based Health Services
GP	-	General Practitioner
HBHF	-	Healthy Babies Healthy Futures
HCSS	-	Home and Community Support Services
HEEADSSS	-	Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety
HPV	-	Human papillomavirus
IMAC	-	Immunisation Advisory Centre
LARC	-	Long Acting Reversible Contraception
MELAA	-	Asian & Middle Eastern Latin American and African
MMR	-	Mumps, Measles and Rubella
MoH		Ministry of Health
MSD	-	Ministry of Social Development
NA-HH		Noho Āhuru – Healthy Homes
NCHIP	-	National Child Health Information Platform
NCSP	-	National Cervical Screening Programme
NGO	-	Non-Governmental Organisation
NIR	-	National Immunisation Register
NRHCC	-	Northern Region Health Coordination Centre
PFO	-	Planning, Funding and Outcomes
PHO	-	Primary Health Organisation
WCTO	-	Well Child Tamariki Ora
UR-CHCC		Uri Ririki - Child Health Connection Centre

1. Purpose

This report updates the Waitematā DHB's Community and Public Health Advisory Committee (CPHAC) on Planning and Funding and Outcomes (PFO) activities and areas of priority.

2. Planning

2.1 Annual Plans

The 2021/22 Statement of Performance Expectations was completed, submitted to the Ministry of Health (MoH) and published to the Waitematā DHB website – as legislatively required – by 30 June 2021.

The second draft of the 2021/22 Annual Plan was submitted to the MoH on 2 July 2021. Feedback on the second draft was received on 26 July from the MoH and further work is proceeding with key contributors responding to meet the requirements contained in the latest Planning guidance. We submitted a final, Board Chair and Deputy Chair signed version back to the MoH, in time to be included in the first tranche of plans to be submitted for Ministers' approval.

2.2 Annual Reports

We continue to work with Audit NZ to complete the 2020/21 Annual Report.

3. Primary Care

3.1 Response to COVID-19

Our team remain heavily involved in the primary care roll-out of the COVID-19 vaccination.

The primary care approach led by the Northern Regional Health Coordination Centre (NRHCC) is to enlist a number of practices across metro Auckland that meet a set of agreed criteria, and work with these practices to start vaccinating their enrolled and neighbouring non-enrolled population as per national sequencing. This will give us an idea of how, operationally, safely and logistically, vaccinating will work in this sector. In addition to general practices, similar process is being undertaken with community pharmacies. It is expected that once both general practice and pharmacy are vaccinating, they will account for 12% of all COVID-19 vaccinations in the region.

As at 30 July 2021, there were 45 general practices and six community pharmacies offering COVID-19 vaccinations across metro Auckland with 13 general practices and one community pharmacy in the Waitematā DHB catchment area. This includes cover for some of our most isolated communities with selected practices on Waiheke and Great Barrier Islands. Additionally, the two pharmacies in Auckland DHB have provided the majority of outreach vaccinations to older populations living in age-related residential care (ARC) facilities and retirement villages in the Waitematā DHB catchment area.

A further six community pharmacies selected in the first tranche are working towards going live. The NRHCC Pharmacy Implementation team are working to identify the second tranche of up to 40 community pharmacies. The second trance pharmacies will have good geographical spread across the Auckland region – including areas such as Waiuku, Waimaukau and Warkworth.

The DHBs and NRHCC have worked collaboratively with Clinical Assessments Limited to develop a seamless and responsive payment mechanism to ensure that providers are paid the week following

their vaccination activity. This payment system will be in place until payments to providers can be made through the COVID-19 Immunisation Register.

3.2 Diabetic Retinal Screening

Diabetes retinal screening work programme
There is an extensive work programme underway across both Auckland and Waitematā DHBs to improve equity of access and coverage as well as patient experience when utilising diabetic retinal screening services.

The work programme is taking a whole of system approach and includes the following activities:

- Retinal screening data match - This project aims to identify those not know to the diabetic retinal screening services and for primary care to refer them into the diabetic retinal screening programmes, focusing on referring those at highest risk of developing diabetic eye disease first. Risk is identified using a regionally agreed upon triaging tool
- Increasing the numbers of diabetic retinal screens purchased in Waitematā DHB - This significant investment in diabetic retinal screening will double the number of screens undertaken each year and will allow us to screen those who are currently overdue and in subsequent years allow us to screen those who are not known to the diabetic retinal screening service
- Implementation of the regionally agreed upon prioritisation framework to manage demand safely and equitably
- Diabetic retinal screening redesign - This project will implement a new model of diabetic retinal screening across both Auckland and Waitematā DHBs.
- Upgrade the patient management system used for diabetic retinal screening - This will allow for a regionally consistent patient management system
- Review and identify how to incorporate AI technology into the diabetic retinal screening model of care - This will improve grading efficiency and release workforce.

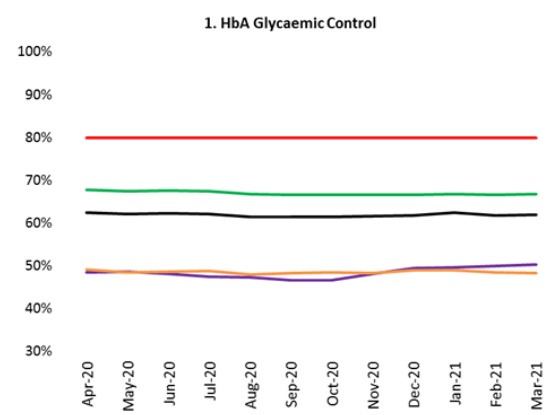
Board approval of additional diabetic retinal screens in Waitematā DHB
The Primary Care team continue to work with diabetic retinal screening providers to develop an appropriate model of care to facilitate the delivery of the additional diabetic retinal screens for our community. It is anticipated that the additional volume will start to be delivered in late 2022.

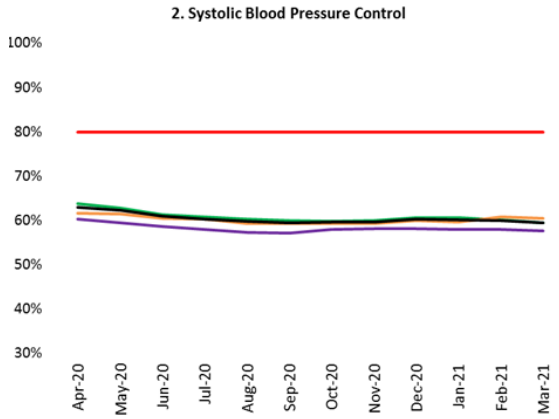
Current provider changes
In July 2021, a provider has given notice they will no longer be providing diabetic retinal screening in West Auckland from early August 2021. This is a significant clinical risk for our Diabetic Retinal Screening programme and the Primary Care team are working with providers to identify solutions to ensure our highest risk patients receive diabetic retinal screens in a timely manner.

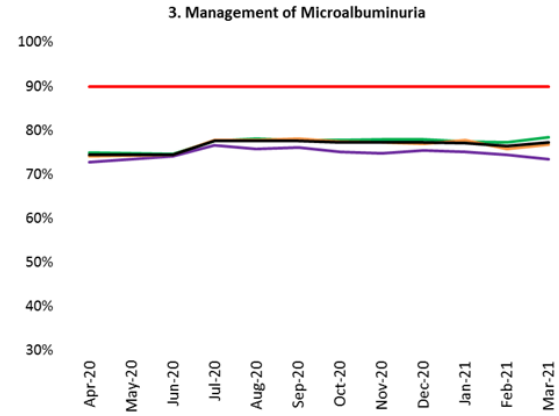
Metro Auckland Diabetes and CVD Clinical Indicator Update
The following are some key facts from the latest (March 2021) diabetes quarterly report for Waitematā DHB. At the end of quarter three 2020/21 the following can be noted:

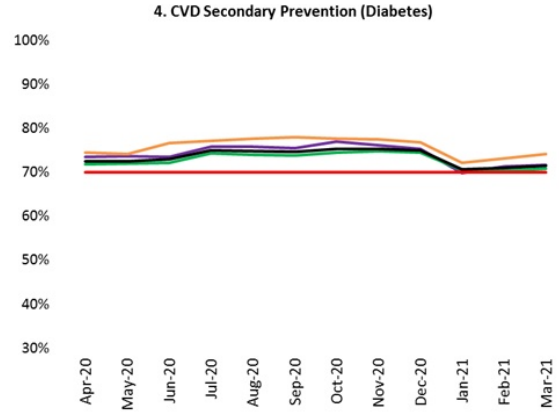
- Despite COVID-19 performance against all of the five indicators have remained within +/-4% of their March 2020 result.
- Performance against the diabetes control (HbA1c) indicator remains consistently poor with stark inequities for HbA1c. However, across metro Auckland Waitematā DHB has the highest percentage of patients that have good HbA1c glycaemic control (62%) and management of microalbuminuria (77%) and the equal highest percentage (with Auckland DHB) for CVD secondary prevention for patients with diabetes (71%).

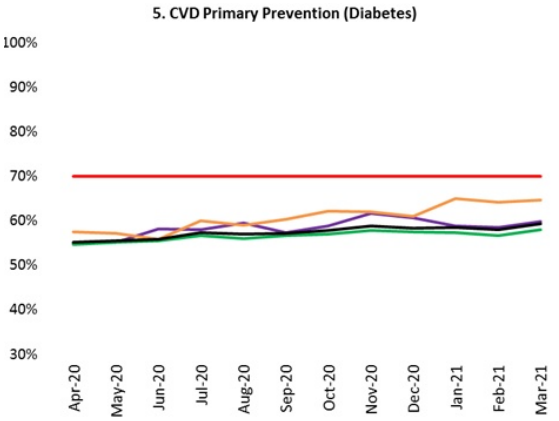
- Waitematā DHB has the lowest percentage for systolic blood pressure control (59%), CVD primary prevention for both patients with diabetes (59%) and the total CVD population (48%) and CVD Secondary prevention for the total CVD population (61%)
- The improving outcomes for people with diabetes co-design project, which aimed to transform care for a group of high risk/need people with type 2 diabetes has been halted due to workforce constraints both at a DHB and primary care level. The Diabetes Service Level Alliance are currently reviewing its work plan to look at the best options for improving diabetes clinical outcomes in our district











4. Health of Older People

4.1 Aged Residential Care

The COVID-19 outreach vaccination programme to ARC facilities in Waitematā completed all first and second dose visits in mid-July and a third 'mop-up' visit is available. The outreach programme comprising of four outreach teams set up by the metro Auckland DHBs working in partnership with two community pharmacies has worked well and provided vaccinations to all 181 facilities in the region. The outreach teams have received positive feedback from facilities after their vaccination days. Both residents and staff could receive their vaccinations from the outreach teams; staff members have also had the option of attending a community vaccination centre.

There is an emerging significant national issue for ARC as nursing shortages begin to affect facilities' ability to operate. There have been reports across the country of restrictions on admissions, temporary bed closures and the possibility of facility closures; all these have the potential to impact DHBs both with extended hospital stays and as a provider of last resort. Driving the nursing shortages are nurses leaving for better pay in DHBs or as vaccinators supporting the COVID-19 vaccination rollout. This situation is exacerbated by constraints on the number of nurses available to fill such vacancies with the usual immigration workforce closed off. There are also some delays with MIQ requirements and access to MIQ. The seriousness of the situation has been escalated at a national level with the relevant authorities.

4.2 Home and Community Support Services

Preparation continues to enable Waitematā to transition to the new restorative Home and Community Support Services (HCSS) model. The model uses a casemix methodology to group people with similar levels of assessed needs together and enables services to flex up and down to respond to real time client needs. In order to understand fully the implications of this transition, including financial implications, it is critical that the casemix representation of the HCSS client population is accurate. Currently approximately 800 clients are waiting for comprehensive interRAI assessment, which is required to assign the casemix. PFO undertook an Expression of Interest to identify a provider that could undertake these outstanding assessments for the DHB. We have received five applications and are currently reviewing them.

5. Child, Youth and Women's Health

5.1 Immunisation

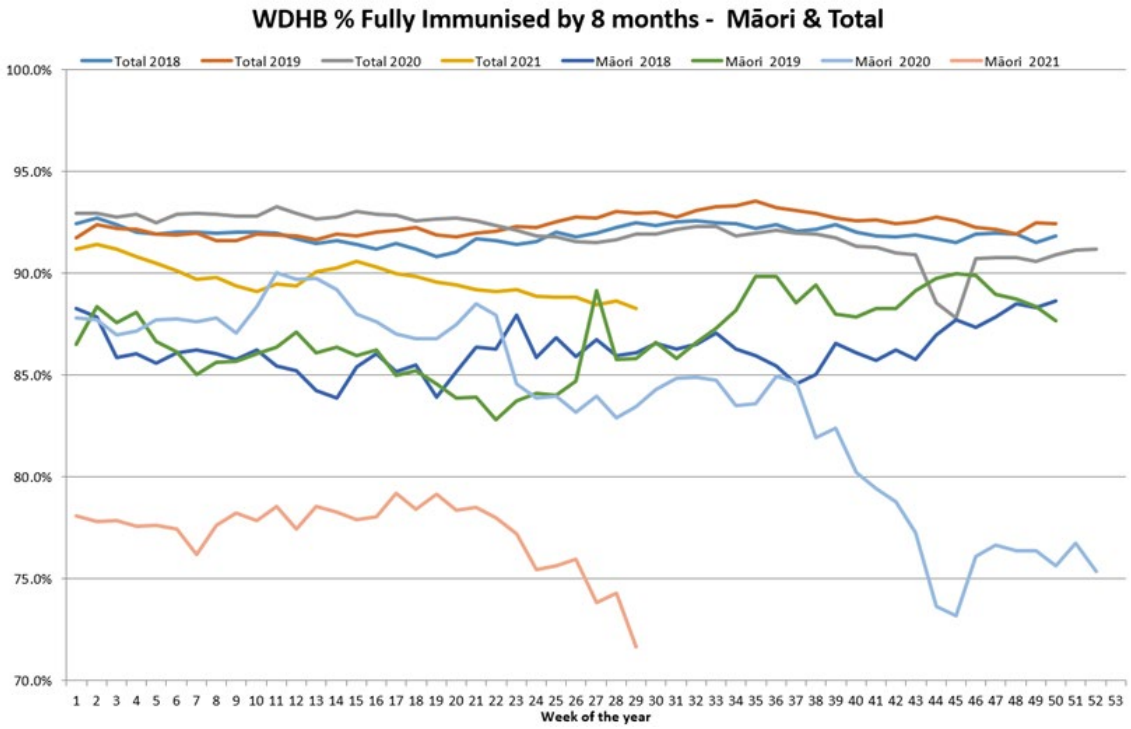
5.1.1 Childhood Immunisation Schedule Vaccinations

As previously reported, COVID-19 has had an impact on immunisation coverage. . 89% of the total population and 74% for tamariki Māori arefully immunised at 8 months. At the same time last year, coverage was 91% for the total population and 80% for tamariki Māori.

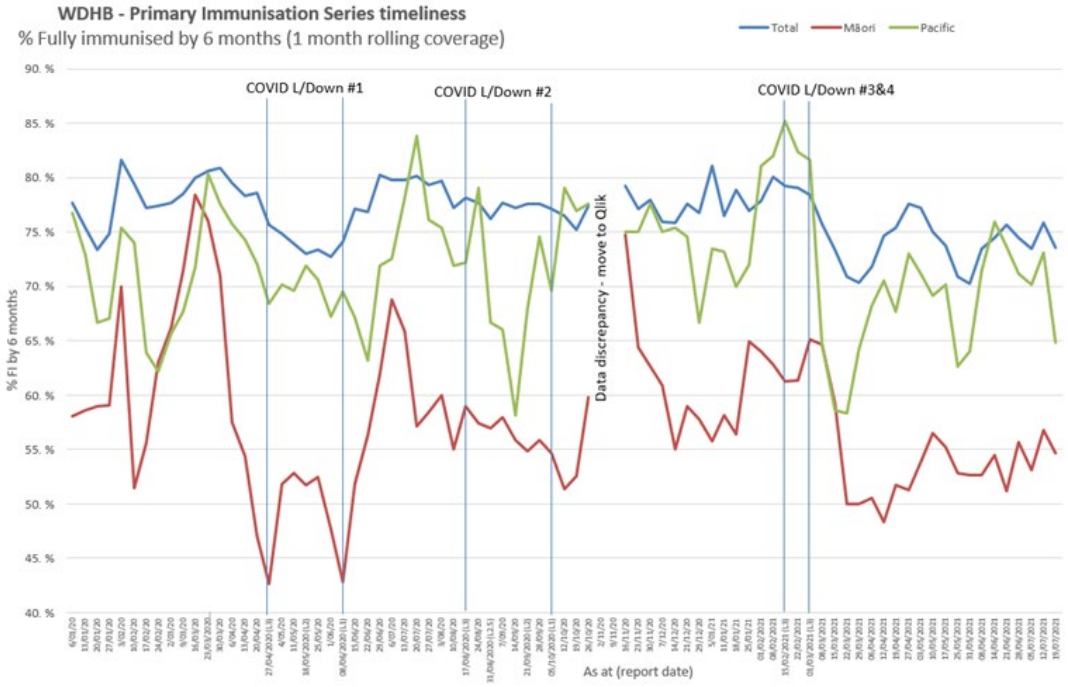
The falling immunisation coverage and widening equity gap is of concern both locally and nationally and Waitematā DHB is taking immediate action. We are developing a recovery plan in consultation with the Māori and Pacific Health Gains teams and PHOs on strategies to improve immunisation and reduce decline rates for Māori and Pacific. One possible contributing factor raised by PHO colleagues is the workforce pressures due to competing demands of COVID-19 lockdowns and vaccination programmes.

As immunisation is prone to seasonal fluctuation, a comparison of the week on week changes since 2018 are shown below. The graph demonstrates the drop in coverage is often timed around periods of COVID-19 lockdowns, with the impact being stark for Māori tamariki. This data suggests that while

some communities can catch-up missed immunisations, the loss of access-to-service is not easily recovered for tamariki Māori and may be compounding over time.



As previously described, PFO continues to monitor the impact on “on-time” immunisation as measured at 6 months of age, particularly the rolling 1-month coverage which demonstrates the “real time” coverage although is more prone to fluctuation due to smaller population size. As demonstrated by the graph below, coverage has fallen during the lockdowns, with some recovery as we have moved into level 1, however the drop in coverage is more sustained for tamariki Māori. Another drop occurred around the festive season, which fits the usual seasonal pattern and the result of competing family priorities and practice closures. There had been recovery until the third COVID-19 lockdown. When looking at the more stable 3-month coverage (not graphed), we are seeing coverage improving towards pre-COVID -19 levels for Pacific and the Total, but Māori coverage has not recovered.



We are working with our Māori Health Gain team colleagues on an analysis of the factors impacting immunisation coverage. The ethnicity insights from the Qlik platform demonstrate the 8-month total population opt-off and decline is stable at 4.7%. Vaccine hesitancy rates for tamariki Māori are currently considerably higher at 11.6%.

Review of other DHBs reflects that we are not alone with high Māori decline rates-. We have requested assistance from the MoH at a National level to promote immunisation. We are also working on hosting a hui of Māori child health providers to identify the factors for vaccine delay, and strategies to address these – now planned for August.

We continue to support our PHO colleagues with the move to the Qlik reporting platform. The MoH have agreed to our request to reinstate operational reports used for data cleaning, such as merging multiple NHIs and correcting dates of birth.

Work is underway to merge the three Metro Auckland Region DHB's immunisation Operations Group. A change process for each PHO to report on coverage and share learnings from their top performing clinics will be implemented.

We are working with PHOs and Immunisation Advisory Centre (IMAC) colleagues on a fridge magnet concept, with support from Waitematā DHB communications. The concept is that the magnet will be sent out with the "welcome to NCHIP/NIR" letter to all newborns, providing a visual reminder of the upcoming immunisations. This resource is being translated into Te Reo, Samoan and Tongan.

We have also implemented a birthday card concept for 4 year olds to remind families/whānau of the various health checks due at 4 years of age. Initially this will be sent to Māori children turning 4 years of age each month. We will then expand to Pacific and Q5 children. The card includes the Uri Ririki - Child Health Connection Centre (UR-CHCC) phone number for parents to contact if they require assistance. The team will check contact details and refer the children to the relevant service to book appointments.

We were delighted that the SMILE resource, which promotes antenatal immunisation as part of healthy pregnancy messages, won the Excellence in Innovation category at the recent Waitematā Health Excellence Awards. This resource continues to be in high demand from antenatal care providers, and all resources (leaflet, poster and antenatal immunisation reminder cards) have now been translated into Te Reo Māori, Samoan and Tongan.

5.1.2 Measles

Work continues as part of the national Measles Mumps and Rubella (MMR) catch-up focused on 15 to 30-year olds, particularly Māori and Pacific, with the Waitematā strategy to increase awareness of the need to be immunised and increasing access to the vaccine.

We are unable to report coverage as there is currently no population register to be able to measure this however we have seen a significant positive upswing in vaccinations as the school and tertiary institutes components of the programme have been rolled out. Since the campaign was launched by Minister Genter in July 2020, 1,923 MMR doses had been recorded on the NIR for Waitematā DHB 15 to 30 year olds. Of these 217 were to Māori and 272 to Pacific. Family Planning and the Regional Sexual Health clinic are now contracted to provide MMR alongside routine services, with 24 MMR given to WDHB residents via this mechanism.

The DHB MMR team have given 1,193 MMR doses across the Auckland and Waitematā settings, taking a holistic approach and offering a catch up of Boostrix (pertussis, 404 vaccines) and HPV (631 doses) in schools and meningococcal (73 doses) in tertiary residential facilities. To date, 192 Counties DHB domiciled patients will also have been immunised by the Auckland DHB/Waitematā DHB MMR project in both schools and tertiary locations. A further 40 people have been immunised by the Auckland DHB/Waitematā DHB MMR team in the tertiary setting where their records have them as domiciled outside of Metro Auckland, which is common in tertiary settings.

5.1.3 COVID-19 vaccine

The NRHCC continues to lead the COVID-19 vaccine roll-out across Metro Auckland with the support of the DHBs. The vaccination programme and outcomes are reported elsewhere.

5.2 Uri Ririki – Child Health Connection Centre

The UR-CHCC and National Child Health Information Platform (NCHIP) is starting to deliver real and tangible results.

The service is delighted to have won the Waitematā DHB Health Excellence Award for Excellence in Health Outcomes 2021. The presentation focused on the regional objective of ‘Knowing every child’ and supporting connection between service providers and whānau with tamariki under six years old. The priority focus is for Māori and Pacific children, quintile 4-5, children missing or overdue multiple milestones and children “lost to service”.

Connecting people is at the heart of the UR-CHCC service so involving whānau, providers, and staff in the design has been a foundation principle. Focus groups held with young Māori and Pacific mothers in 2017 identified that whānau find the child health services complex to navigate and they do not like having share their information repeatedly with health services.

Gaining a social mandate to share contact details occupied the first year of work. Concept testing with young mothers gave us a clear mandate to introduce an opt-off access to services. New information flyers were developed and tested with Lead Maternity Carers as well as mothers in the birthing units. The flyer is given to every mother in the four Northern DHBs now. This socialisation of information enabled the Auckland Regional Oral Health Service to introduce electronic enrolments for babies right across metro-Auckland.

There is a suite of Key Performance indicators to monitor where the service can make a difference. Throughout the process of the business case development and implementation there has already been a series of positive outcomes with services adjusting their model of operation to make access easier for whānau. The gains are only expected to accelerate as we become more familiar with the data sets and move beyond the first three months of life.

Highlights so far include:

- Supporting new-born automatic electronic enrolments for Oral Health
- Implementing 'Lost to Service' pathway with Ministry of Social Development (MSD)
- Identification and vaccination of babies who were not on the NIR
- Improved connection for every new-born and Well Child Tamariki Ora (WCTO) providers within first weeks of life
- Introduced rapid communications with all providers for deceased infants
- A pathway to child health providers for children returning to NZ under COVID-19
- Integration with the regional clinical portal gives point-of-care access to UR-CHCC information for paediatric services in Waitematā and Auckland DHBs

As at 30 June 2021, Waitematā DHB received 1,668 referrals to Noho Āhuru – Healthy Homes (NA-HH). This included 6,524 family members getting access to healthier home interventions. Of the referrals received, 691 (41%) were for families with a newborn baby or hapu woman.

A series of initiatives to promote the service and increase referrals from a range of sources such as Well Child Tamariki Ora (WCTO), primary care, hospital services and community services has been planned and are being implemented by the team.

5.3 Well Child Tamariki Ora (WCTO) and B4 School Check

Recent data as shown in the table below is for three WCTO providers in Waitematā DHB (Te Whānau o Waipareira, Te Puna and Te Ha). The data shows that there has been progressive catching up of those tamariki that had missed their core checks during the lock downs. Overall, for Q4 of 2020/21, the three WCTO providers in Waitematā DHB delivered 865 core checks compared to 357 for the same period of 2019/20. Waitematā DHB continues to work closely with the providers to make sure that there are no outstanding core checks.

WCTO Core checks Q4 2020/21 and Q4 2019/20

	Asian	European	Māori	Pacific	Other	Unknown	Total
Q4 2020/21	30	106	461	117	6	145	865
Q4 2019/20	6	65	204	33	4	45	357

The WCTO core checks in the table above do not include Plunket. The MoH funds Plunket directly, however, Waitematā DHB is working closely with Plunket to establish a sustainable process of data sharing.

The MoH review into WCTO services was published on 13th July 2021. This review report identifies that changes are needed to the design, delivery and resourcing of WCTO to achieve equity and to fully support tamariki and whānau who are Māori, Pacific, living with disabilities, in state care, and/or have high needs. Waitematā DHB WCTO providers are actively participating in the regional and national hui scheduled for this quarter.

B4 School Check

COVID-19 alert levels continued to affect B4 School Check (B4SC) services. Staff shortages have also had an impact on service delivery. Staff and client sickness have led to a rise in cancellations of checks. COVID-19 has made everyone aware of the importance of staying home when feeling unwell.

The DHB did not meet the 90% target for Q4 2020/21, however, the performance was better than that of Q4 2019/20. The provider is currently prioritising Māori, Pacific children and Q5 families in addition to children turning five years old who missed their B4SC check due to COVID-19.

It is positive to note that despite COVID-19 lockdowns, the table below shows that the B4SC coverage for the high deprivation, Māori, Pacific peoples and the overall for Q4 2020/21 was much higher than that of Q4 2019/20.

B4SC Comparison Waitematā DHB Q4 2020/21 and Q4 2019/20

Percentage of Eligible Population Checked	High Deprivation	Māori Coverage	Pacific Coverage	Overall Coverage
Q4 2020/21	86.2%	81.4%	86.0%	77.6%
Q4 2019/20	67.5%	69.9%	66.9%	67.8%

Raising Healthy Kids

Waitematā DHB has continued to achieve the Raising Healthy Kids Target with 99% of obese children identified in the B4SC programme being offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions in Q4 of 2020/21.

The MoH has discontinued funding for the Raising Health Kids contract and this may have an impact on meeting this target in the future. The service providers have been notified and Waitematā DHB is in the process of considering options.

5.4 Rheumatic Fever

During the period January to June 2021, three new/suspected cases of acute rheumatic fever were identified. This is a low number,less than half compared with recent years for the same period.

A review into previous rheumatic fever prevention campaigns and recommendations for future awareness campaigns was completed this period. Planning for upcoming campaigns has commenced. An educational video on rheumatic fever in pregnancy is being planned, with filming planned for August.

5.5 Oral Health

The Auckland Regional Dental Service (ARDS) is the provider of universal oral health services for pre-school and school age children across metropolitan Auckland. There are approximately 280,000 children enrolled with the service. Services are delivered from 83 clinics, which are primarily located in schools. The majority of children are seen while they are at school, without a parent or caregiver present.

Key highlights include:

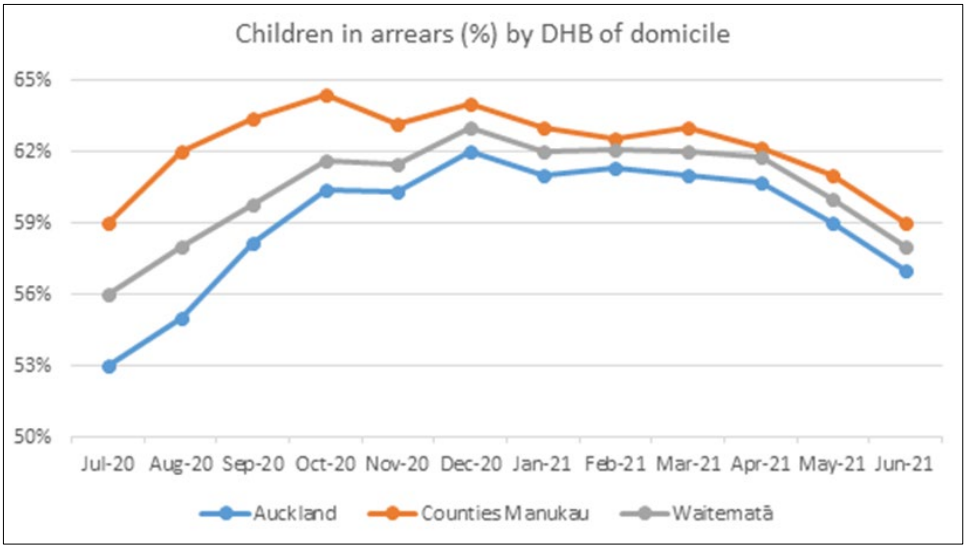
- 4,334 less children are in arrears compared to April 2021
- The number of longest waiting children reduced by 703 children
- Teams continue to make steady progress to see Year 8 students before they leave the service by the end of 2021, with 35% (n=7,256) seen so far
- Non-attendance rate is reduced across all ethnicities with 10% for WDHB. *ARDS* has developed an *Equitable Access Strategy* to address the inequities in attendance for Māori and Pacific children

Arrears

The table below outlines the percentage of children in arrears by ethnicity for WDHB.

DHB	Māori	Pacific	Asian	Other	Total
Waitematā	58% (8263)	60% (6452)	55% (15353)	58% (31487)	58% (61555)

The graph below demonstrates the percentage of children in arrears over time by DHB of domicile.



The overall number of children who are in arrears dropped by 2% (n=4,334). This downtrend was shown in all ethnic groups; 1% decrease for Māori, 2% decrease for Asian, and 3% decrease for other ethnicities.

Long waiting children

The volume of long waiting children, those who last attended ARDS prior to 2018, across metro Auckland has reduced by 703 over the last month. The service continues to prioritise children who are most overdue. In addition, the Discharge Management Process is now well established in ARDS. Currently, there are 2,675 long waiting children in Waitematā DHB.

Children <2-years seen

The table below shows the percentage of children aged between 12-23 months old who have attended an appointment with the service as of 30 June 2021.

DHB	Māori	Pacific	Asian	Other	Total
Waitematā	16% (165)	16% (127)	30% (712)	24% (823)	21% (1827)

Less children aged 12-23 months attended an appointment with ARDS this month (n=484). This is because the dedicated Centralised Booking Team was used in the ARDS test for change Service Improvement Project and was not available to book this age group.

ARDS Service Improvement Initiative

To address critical issues affecting service delivery, ARDS is reviewing its operating model in order to maximise productivity and operational efficiency, while not perpetuating oral health inequities.
Key deliverables for this project include:

- Develop more flexible facility options to ensure services can be provided most efficiently in areas with the highest need (by August 2021).
- Review of ARDS operating model to ensure it is fit for purpose and supports equitable oral health outcomes (by September 2021)
- Creation of a workforce development plan to ensure that the service has the culture, capability and capacity to operate and deliver equitable oral health outcomes (by October 2021)

- Develop an agreed future state and a 'road map' to transition to the new operating model (by December 2021)
- Develop a five year Clinical Services Plan to guide future service development and provision (by June 2022).

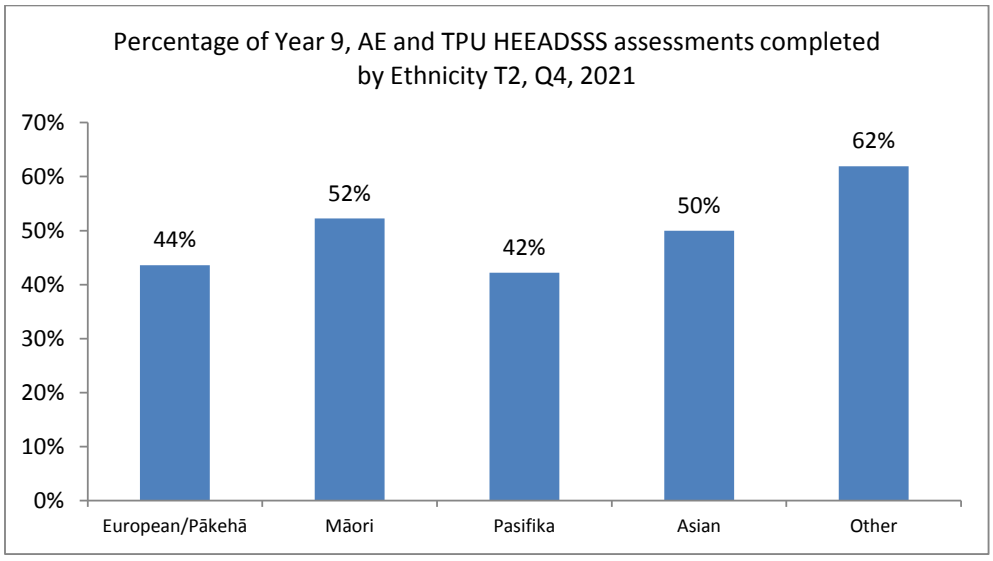
5.6 Youth Health - Enhanced School Based Health Services

The Enhanced School Based Health Services (ESBHS) programme is delivered in ten mainstream secondary schools, Alternative Education settings and the Teen Parent Unit. The programme provides youth friendly, confidential, and easy to access health services – the nurse is available at school every day, supported by a visiting general practitioner. About 9,330 secondary school students have improved access to primary healthcare in Waitematā DHB through the ESBHS programme.

The model involves a contract between the DHB and school to fund and employ appropriately qualified nurses and set expectations, such as all Year 9 students having a bio-psychosocial HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) assessment to identify unmet health needs.

HEEADSSS completed by ethnicity

The graph below shows the percentage of completed HEEADSSS assessments by the end of Term 2 in Waitematā DHB funded schools. In total 47%, Year 9 students received have had their assessments.



5.7 Contraception

Continuation of funding for targeted provision of long-acting reversible contraception (LARC) services in the community for 2021/22 and 2022/23 has been confirmed by the MoH.

While there has been a steady increase in the numbers of providers of LARCs by primary care providers, some high needs geographic locations require greater focus in 2021/22. Accordingly, we will continue to promote the opportunity to provide funded LARC services in the community.

Within maternity services, improved access to LARCs has included improved access to service provision postnatally, provided by staff midwives and improved contraceptive counselling during the antenatal period. Service provision in youth settings continues in ESBHS across decile 1-4 schools and via Youth Health Hub services in Waitematā DHB.

MoH is leading efforts to clarify training expectations and pathways for the provision of LARCs. We are participating in and supporting this initiative. Online training modules from New Zealand Family Planning National Contraception Training Service are available to New Zealand clinicians, including a module for contraception counselling as well as modules for theory, practical training and assessments for intrauterine and implant contraception. We understand that other e-learning modules will become available more widely and we will promote their uptake.

5.8 Cervical Screening

Cervical Screening coverage across New Zealand including Waitematā DHB is below the national performance target of 80%. In the Waitematā DHB area, 69.8% of eligible women aged 25 to 69 years were screened in the three years ending 31 May 2021. The coverage rate remains inequitable for Māori at 58.1%, a 22.9% difference from the performance target. Coverage for Pacific and Asian women also remains inequitable at 60.7% and 62.5% respectively (noting that there is currently no outcome inequity for Asian women, however this remains for both Māori women and Pacific women).

To support an equitable return to cervical screening among Māori and Pacific women in the wake of COVID-19 restrictions, the MoH has notified of two planned initiatives: additional funding to provide free and accessible cervical screening for Māori and Pacific women, including women who have never been screened or have not been screened for five years or more, and a campaign to increase screening uptake. For Waitematā DHB, the MoH has provided funding for 3,165 free screens for Māori and Pacific women in both 2021/22 and 2022/23. An additional fund of $40,200 has been allocated to Waitematā DHB and this figure was based on composition of the eligible population by ethnicity, areas with the highest assessed COVID-19 impact on screening coverage and areas with the highest pre-COVID-19 equity gap. The screening campaign will be developed in collaboration with a sector advisory group and it will build on the Start to Screen campaign.

We welcome the Government announcement on the funding for human papilloma virus (HPV) primary screening, including HPV self-testing, to be launched in July 2023. Waitematā DHB and Auckland DHB have led two trials of HPV self-testing which have contributed to the evidence base for decision-making, and will continue to contribute to the implementation planning.

A communications plan and workforce development are in development. Communications will focus on encouraging women aged 25 to 69 years to continue to follow the current cervical screening programme rather than waiting for the implementation of the programme changes in 2023. An online education forum will support health care providers with information about the new programme to ensure they are confident to advise patients about the impending changes.

Implementation and evaluation of an 'incentives' trial is planned for 2021/22.

6. Mental Health and Addictions

6.1 Suicide Prevention and Postvention

Work in collaboration between the Youth Clinical Governance Group and Suicide Prevention Governance Group started, with actions developed to explore opportunity to provide training to school based nurses specifically on suicide prevention. When school based nurses are trained, they will be able to support school counsellors to deal with youth in distress in the school environment. A business plan has been developed to seek funding to deliver training to school based nurses.

Development of training programme specifically for suicide prevention and postvention for ED and ICU is progressing well. Summaries of surveys of ED and ICU workforce have been analysed and presented to working group which informed the designing phase of potential trainings and support framework. Gaps in knowledge and skills for suicide prevention and postvention were identified.

Family Connections is a 12-week programme for whānau supporting someone with severe emotional dysregulation and/or Bipolar disorder and delivered by DHBs and NGOs in both DHBs. The coordination of this programme in Mental Health Services carried by whanau advisor. There have been two groups delivered in Waitematā DHB area and two groups delivered in Auckland DHB with more groups planned for the future.

Clinical Advisory Services Aotearoa (CASA) was supported to deliver Aoake Te Ra training for potential providers in Waitematā and Auckland DHBs. This training was attended by a number of local providers that potentially can deliver this suicide postvention counselling service to the whanau bereaved by suicides.

Whānau support for those bereaved by suicide update

- The Whānau Support Coordinator has now been in this position for nearly nine months
- Review of the notification pathway. In addition to this, taking on the lead role for coordination of support for whānau following a suicide; this progressed to be trialed, although this is dependent on the relationship and information sharing across the network by Victim Support.
- Working through the trauma investigation process in Waitematā DHB, the Whānau Support Coordinator is now a part of the investigation process in Waitematā DHB and working well to connect whānau through the investigation process.
- Engaging with external stakeholders to engage better with whānau after a suicide and develop referral pathways for whānau, this includes NZ Police, Asian Family Services, Marae, Mental Health Foundation, Consumer/family advisor network leaders, Youth in transition, Church groups
- Engaging with CASA regarding contagion identification and establishment and promotion around Aoake Te Ra. Supporting the roll-out of registration of professionals across the Auckland region.
- Engaging with the wider stakeholder group in response to a contagion identified across the region. Stakeholders came together through a facilitated process to wrap a support package around the whānau.
- Creation of a service model of care for the Whānau Support Coordinator role. This position would like to lead a KIND response to the bereaved and lead with direct contact with whānau, providing a Koha with a no-obligation offer of support (this is still in the process of being developed and funded). The service is a kaupapa Māori base tautoko service and was gifted a name of Hapaitia.
- Working alongside and in partnership with Kenzie's gift (bereavement support for children) that already distributes whānau booklets after bereavement, these were very useful and very well received by the whānau and the children in the whānau.
- Over the past three months, 18 separate visits were made to NGO partners across Auckland to meet and greet and inform them about the role of the Whānau Support Coordinator.
- Working with the quality lead of Waitematā District Health Board to review the content of the bereavement packs that are currently sent out after notification of a death by suicide. One of the main focuses is reviewing the cultural appropriateness and age specific information as a priority.

- Working together with the prevention project manager and the workforce development manager at Waitematā DHB hospital to increase support and education to nurses of ED and ICU through a bereavement by suicide and how they can assist the whanau to access support.
- Attended the National Suicide Office meeting of all Suicide prevention and postvention coordinators as well as Kia Piki Te Ora organisations across New Zealand.
- Whānau supported over this quarter are:
  - 18 whānau referrals to the Whānau Support Coordinator
  - 27 adults, supported together or one-on-one
  - 12 children in whānau households
  - Referrals made to Aoake Te Ra, Grief support Centre, Tu tangata Tonu, Kenzie's Gift, Asian mental health services, funeral homes and funeral directors, local peer support services.

7. Pacific Health Gain

7.1 Pacific Regional response to COVID-19

The Pacific team is working on a range of NRHCC Pacific COVID-19 response initiatives to support and strengthen Pacific community engagement, increase access to COVID-19 vaccinations, and achieve equity of Pacific health outcomes. The Fono Trust in collaboration with NRHCC established and is operating a Pacific locality vaccination centre at Westgate, Henderson. The Westgate vaccination centre promotes a warm and engaging Pacific atmosphere supported by clinical and non-clinical staff from a range of different Pacific nations. The centre has received an increasing number of Pacific and non-Pacific people booking to have their vaccinations at the centre, including group bookings which has suited a number of Pacific community and church groups. Meetings have been held with Pacific church communities to convey key vaccination messages and to address vaccine hesitancy and concerns.

Further work to promote and support Pacific communities to access the Westgate Pacific locality vaccination centre and other vaccination sites are being planned. This will include promotion by Pacific community navigators.

7.2 Pacific Mobile service

The Fono Pacific Mobile service continues to work with individuals and families to ensure they can access primary care services during this period while Auckland remains at Alert Level 1. The service is providing general primary care to vulnerable families and is ready and available to provide additional capacity for COVID-19 testing for the NRHCC when required. Discussions have started about whether the mobile services can also be utilised to support COVID-19 vaccinations, in addition to primary care and COVID-19 testing if required. Further discussions will be held in the coming weeks.

7.3 MMR Vaccination plan

Discussions are underway to explore an opportunity for a Tongan Youth Group to champion a MMR catch-up campaign with Tongan youth and communities. If successful, the approach could be adapted to connect and promote MMR to other diverse Pacific youth populations via different youth channels and platforms. Discussions are underway with the Samoan Youth Group.

7.4 Immunisations

The Pacific Team is supporting the Immunisation work by providing advice and feedback to the Immunisations Plan for Waitematā DHB for July 2021 onwards. The team is also sharing and promoting key immunisation messages through a variety COVID-19 Pacific community engagements to increase awareness and encourage parents and families to get their families immunised.

Discussions have been held with Pacific health providers about the utilisation of COVID-19 Pacific Community Navigators to support and encourage vaccination uptake and to follow-up on the Pacific enrolled populations requiring child, youth and adult immunisations

8. Māori Heath Gain

8.1 Māori Mobile Units

Te Puna Manawa HealthWEST has continued to deliver this kaupapa Māori, nurse led service in Waitematā DHB. This year the service has seen 1,382 patients to date. The majority of interventions delivered has been health education and advice (1,206 patients received this), however, the following services have also been delivered:

- 70 patients for skin infections
- 644 strep throat swabs
- 299 wellbeing assessments
- 1167 patients requesting tikanga/cultural support
- 28 injuries
- 18 flu vaccinations
- 539 for general health/other interventions
- 83 referrals to Primary Healthcare services
- 11 Mental health referrals
- 3 Child health service referrals
- 26 referrals to Māori Providers'
- 3 referrals to other agencies

The service has had positive feedback from whānau attending, many have commented how much it means to them being able to visit a comfortable space, or be seen in their home, by a service that has a Te Ao Māori approach.

We have recently contracted another provider to expand the capacity of this service, with Te Ha Oranga standing up a unit from 1 July 2021. Both units are contracted through to 21 November 2021.

8.2 Kia Ū Ora Breast Screening Mobile Unit

The Māori Health Gain Team has been providing leadership and direction on development of the creative illustration of the new look mobile breast screening unit for the Kia Ū Ora service for the central Auckland region. The key driver for this work has been to improve engagement of Māori wāhine and their whānau, through creating imagery that draws on Māori values and traditional Māori pūrākau (legends) that is vibrant and engaging. The official blessing and launch of the unit with its design will take place in August with our kaumātua and kuia from He Kāmaka Waiora leading the tikanga for the ceremony, there will be invited guests and the Kia Ū Ora team.

8.3 Māori Pipeline Projects

The Pipeline is one of the three prioritised areas of focus for Kōtui Hauora. The Pipeline is currently expanding in terms of project scale and staff.

8.3.1 Māori Health Plan Acceleration Projects

Breast Screening Data Match: The original project is complete and the report provided to the National Screening Unit. To support the ongoing equity focus of the new BreastScreen Auckland Central (BSAC) lead provider the Pipeline team are undertaking a repeat match to provide the most

up to date data, and have also undertaken a hospital match. The service is considering scaling up the contact centre to optimise the availability of data to contact women.

Cervical Screening High Grade Project: This project is complete and a project report sent to the National Cervical Screening Programme. A high grade component within the HPV self-testing programme has been included. An aligned project is being supported with the Child, Women and Youth team evaluating incentives for cervical screening.

8.3.2 New Services

Te Oranga Pūkahukahu Lung Cancer Screening Research Programme: This is a large-scale collaborative project with Otago University, Waitematā DHB and Auckland DHB, led by Professor Sue Crengle and supported by a Māori-led steering group. A Māori nurse has recently been appointed to support the programme, starting with training in primary care and working on clinical pathways and the data collection tools. She will be supported by senior Māori nurses in cancer and respiratory services. The study protocol and documentation have received provisional ethical approval. A shared decision making document has undertaken substantial development work, working closely with Health Literacy NZ. The survey results are being developed for publication. The team are supporting MidCentral DHB with roll-out of the survey in their area, which will provide useful comparison with Auckland and Northland DHB. The Consumer Advisory Group Te Ha Kōtahi recently considered the range of issues with biobanking and how this might fit into a future programme, and will visit the Auckland Regional Tissue Bank in the near future. The team were pleased to recently welcome the HRC announcement of funding of $1.2M to incorporate COPD into the lung cancer screening programme, in addition to the $1.9M HRC Global Alliance of Chronic Diseases (GACD) grant for the lung cancer screening trial. Incorporating COPD allows a more holistic 'lung health' approach to be taken.

AAA/AF Screening: Approvals for the data to support the completion National Hauora Coalition practices is being finalised, and the Pacific AAA/AF trial is progressing well with fewer than 100 participants now required to reach the 750 participant target. A junior doctor on community placement has joined the team to collect further information on Atrial Fibrillation (AF) follow up for the Māori study participants, based on the audit work undertaken to date. The further data collection will focus on anticoagulant medication and vascular risk assessment. The team are further progressing discussions in Northland DHB about a pilot in two rural areas, and further development work to adjust the model for rural settings. The opportunity for workforce development in Northland is also being supported. Grant funding applications are being finalised to support this work.

8.3.3 New Models of Care

Kapa Haka Pulmonary Rehabilitation: This project seeks to use Kapa Haka as an intervention to improve respiratory fitness and determine whether it can on its own, or augmented, be used as pulmonary rehabilitation. The project developed out of Dr Sandra Hotu's PhD studies. An ethics application is being prepared.

Hepatitis C: This project is a datamatch and re-offer of treatment to those with known Hepatitis C in the Northern Region. The project focuses on elimination for Māori first and is led by a Māori GP, supported by a Māori pharmacist. The clinical pathway has been finalised with Subject Matter Experts, and has been endorsed by the Metro Auckland Clinical Governance Forum. The engagement coordinators have both started, one Māori and one Pacific, and are currently being trained. They will undertake a small number of service user interviews before the project is started to check that the planned pathway is fit for purpose. The national datamatch has been completed and we await the final approval to receive the data. Local approvals for data augmentation and clinical information systems support have been granted.

HPV Self-Testing Implementation Studies: Waitematā DHB and Auckland DHB have had a research programme for HPV self-testing for cervical screening since 2016. The new implementation research programme intends to focus on specific areas relevant to the national implementation of HPV primary cervical screening planned for 2023. Four interlinked studies are included, working closely with primary care for the largest study which examines a specific training process, an opportunistic offer in primary care, telehealth service with results management and later a mail-out option. The programme includes a sub-study with people who have had a history of a high grade abnormality on previous screening, and also includes a study on those not enrolled in primary care. Provisional ethics approval has been granted and the projects discussed with the National Screening Unit.

8.4 Healthy Babies Healthy Futures

The Healthy Babies Healthy Futures (HBHF) programme has achieved the overall targets for both TextMATCH and CLP programme for the 2020/2021 contractual year.

- The MoH confirmed at the Roopu Kaitiaki Hui (28/5/21) that the programme will continue to be funded for the 2021/2022 funding year.
- The Asian Network Incorporated (TANI) applied and was awarded funding ($57,526) on behalf of the community providers to Foundation North to fund the e-Learning courses. These will be completed during the 2021/2022 contract year.

HBHF Key measures – 1 July 2020 to 30 June 2021

	TextMATCH Enrolments		Programme (6 courses) enrolments		Lifestyle reviews collected 6 weeks post	
COMMUNITIES	**Actual**	**Performance**	**Actual**	**Performance**	**Actual**	**Performance**
Māori	257	114%	162	112%	65	65%
Pasifika	205	91%	127	88%	100	100%
South Asian	236	104%	174	120%	106	106%
Asian	228	101%	396	275%	138	138%
Total	**926**	**103%**	**859**	**149%**	**409**	**102%**

9. Asian, Migrant and Former 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 Asian, New Migrant and Former Refugee Health Gain Project Manager continues to support NRHCC and Department of Prime Minister and Cabinet to provide culturally appropriate guidance for COVID-19 vaccination roll out plan and COVID-19 vaccine resources.

The team has worked with NRHCC and CMDHB Communications Team in producing a suite of COVID-19 Group 3 vaccination videos to support the rollout of the Group 3 vaccination. In the videos, health professionals share some basic information about the current Group 3 rollout.

The videos are available in the following 17 languages:

- Arabic
- Bengali
- Burmese
- Cantonese
- English
- Farsi
- Hindi

- Japanese
- Khmer
- Korean
- Mandarin
- Nepali
- Punjabi
- Sinhalese
- Tagalog
- Urdu
- Vietnamese

In collaboration with NRHCC, COVID-19 vaccination posters targeting South Asian, Chinese and Korean communities have been produced.
Help protect your community by getting the free COVID-19 vaccine (in English, Korean, Simplified Chinese, Traditional Chinese)

We have provided input and linkages for NRHCC's current media campaign for Asian and Middle Eastern, Latin American and African (MELAA) communities.

We continue to advocate for COVID-19 vaccination related resources being made available in different languages. This is to ensure that the Asian and MELAA communities receive the information in their language from trusted sources. This will help reduce vaccine hesitancy and misinformation.

3.2 Specialist Mental Health and Addiction Services

Recommendation:

That the report be received.

Prepared by:	Murray Patton (Director, Specialist Mental Health and Addiction Services) and Stephanie Doe (General Manager, Specialist Mental Health and Addiction Services)
Endorsed by:	Tim Wood (Acting Executive Director Commissioning and Community Services)

Service Overview

This service is responsible for the provision of specialist community and inpatient mental health services to Waitematā residents. This includes: child, youth, family and infant mental health services; adult mental health services including two acute adult in-patient units, liaison psychiatry in the two general hospitals, and three main community mental health locations (in Takapuna, Henderson and Rodney); community alcohol, drug and other addiction services across the Auckland metro region, including inpatient detox beds; Whītiki Maurea - providing Kaupapa mental health services to Waitematā residents and addiction services across metro-Auckland; Takanga A Fohe - Pasifika Peoples mental health services; and regional forensic psychiatry services that deliver services to the five prisons across the northern region as well as eight in-patient villas and a regional medium secure Intellectual Disability unit, as well as an intellectual disability offenders liaison service. Mental Health and Addiction Services have around 9,000 active tāngata whai i te ora in our care at any point in time. Only around 2% are receiving inpatient care. This means 98% of the tāngata whai i te ora in our care are living in the community and receiving care from community-based services.

The group is led by Murray Patton (Director and Clinical Lead) and Stephanie Doe (General Manager). The Acting Associate Directors of Nursing are Carole Schneebeli and Michelle Dawson, and the Clinical Directors are Dr Greg Finucane (Adult Mental Health), Dr Frances Agnew (Whītiki Maurea and Takanga A Fohe), Dr Krishna Pillai (Forensics), Dr Emma Schwarcz (Community Alcohol and Drugs Service), and Dr Mirsad Begic (Child and Youth Mental Health).

Highlight of the Month

Connected: Integrated Care Coordination Project - Walsh Trust/West Adult Community Team
Feedback received from tangata whai i te ora and whānau who access Adult Mental Health Services indicates that they want to be able access both specialist mental health and support services, whilst maintaining a closer connection to their community. As a result of this feedback, a pilot programme was established to explore how the DHB's Adult Community Mental Health Service and a mental health non-government organisation could work together in a more connected way to offer an integrated approach.

Walsh Trust and the West Community Mental Health service agreed to participate in a three-month pilot of delivering services as an "integrated team". In this model, instead of the community mental health team leading all aspects of care coordination, the Walsh Trust Community Support Worker (CSW) undertook the care coordinator (key worker) role, whilst the community mental health services provided discipline specific specialist interventions based on individual needs.

A small group of tangata whai i te ora were identified and agreed to participate in the pilot. Five clinicians from the community mental health team and two Walsh Trust support workers were involved.

The key component to this joint working includes:

- Weekly team meetings to promote connectedness and discuss how shared care is progressing.
- Six-weekly interviews with tangata whai i te ora and their whānau.

- An evaluation using qualitative feedback from tangata whai i te ora and their whānau and standardized rating scales.
- Walsh Trust CSW's attending the multi-disciplinary team meetings and writing directly into the DHB's electronic clinical record.

To date, information gathered has been positive, including:

- Tangata whai i te ora report that they feel their care is more recovery focused and that they are able to access better supports in the community, including engaging with their general practitioner.
- The ability of the Walsh Trust staff to enter notes directly into the DHB's electronic clinical record has enhanced information sharing and reduced workloads.
- Medical staff have reported that the improved information sharing and increased community support has enhanced their ability to plan treatment options.
- The clinicians involved have reported that they have more capacity to provide specialist assessments and interventions.
- All staff have reported that there has been an increase of trust across the services and that they have developed a better knowledge and respect of each other's skills.

The long-term aim of this pilot is to determine how best specialist community mental health teams can work within an expanded 'virtual' care team which is well integrated with non-government organisations and primary care providers, in order to more effective support tangata whai i te ora and their whanau.

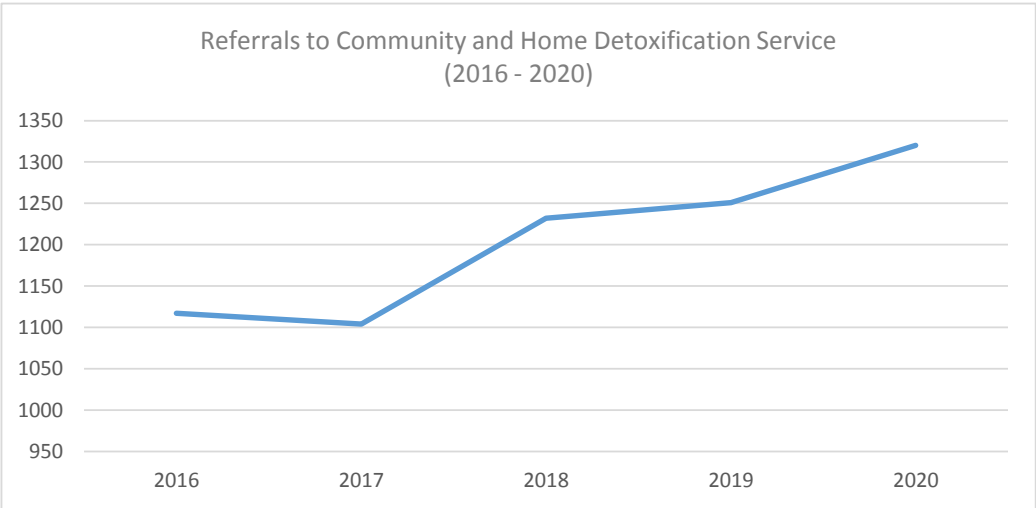
Based on the success of the pilot to date, it is anticipated that further roll out of this initiative will be undertaken across the adult community teams.

Key Issues

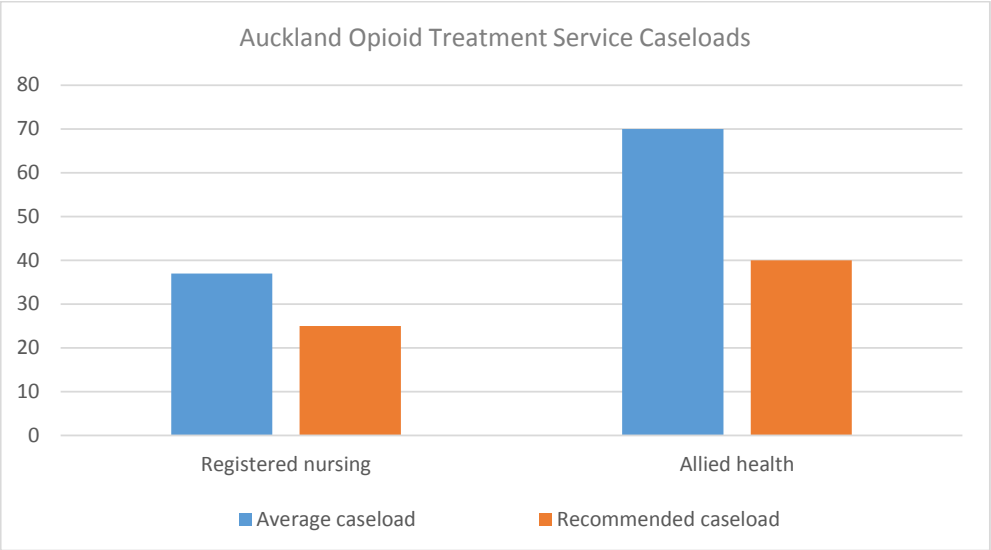
Increased demand for Community Alcohol and Drug Services (CADS)

CADS is currently the only service within metropolitan Auckland that is approved by the Ministry of Health as an addiction treatment service for prescribing controlled drugs for dependence (section 24(7)(b) Misuse of Drugs Act 1975). Treatment is provided by the Auckland Opioid Treatment Service (AOTS) and the Community and Home Detoxification Service (CHDS).

The trend of referrals over the past five years to CHDS is detailed in the graph below.

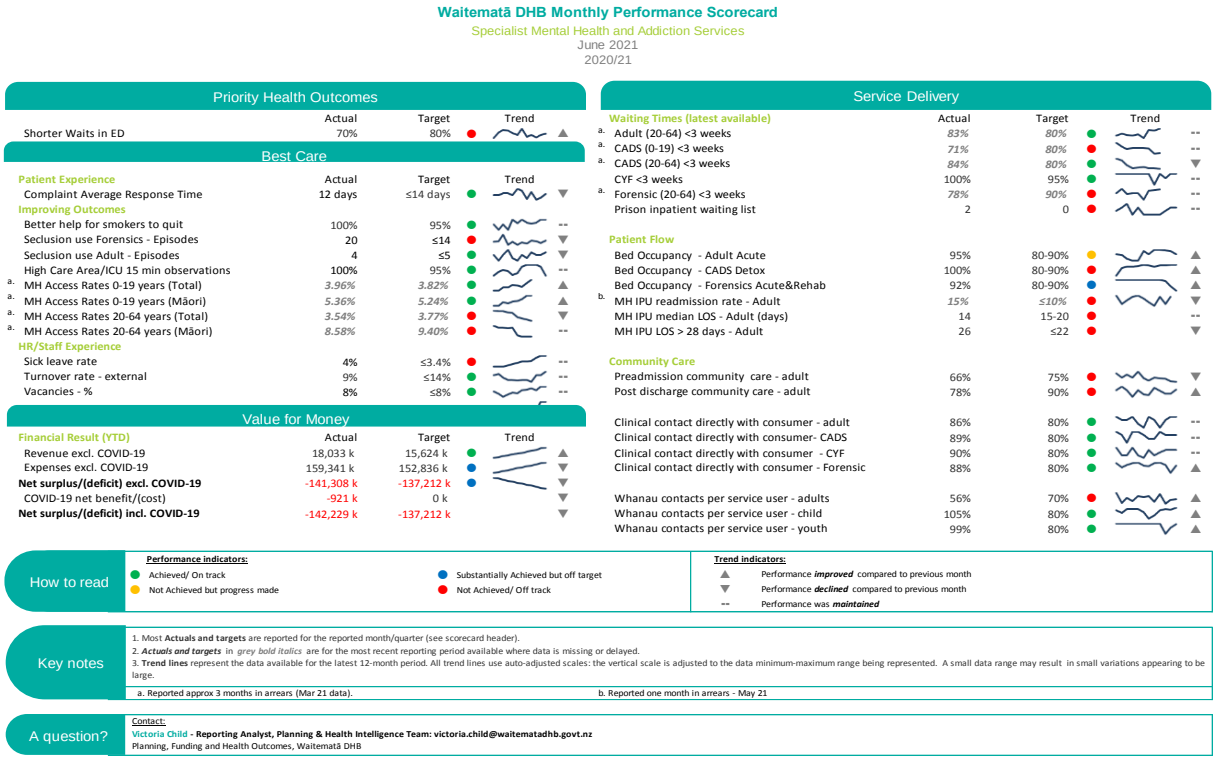


As demonstrated in the graph below, AOTS caseloads are significantly higher than the recommended national averages.



The team has seen an increase in the complexity of the clinical needs of the people supported by the service. It has been identified that additional investment is required to reduce caseloads, as well as ensure that the CHDS team can sufficiently undertake its responsibilities under the Misuse of Drugs Act. In the interim, strategies are being put in place to support staff and improve service efficiency. These include implementing an electronic prescribing system (MediMap) and aligning services to support staff.

Scorecard – Specialist Mental Health & Addiction Services



Waitematā DHB Monthly Performance Scorecard

Specialist Mental Health and Addiction Services

June 2021

2020/21

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	70%	80%	▲

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	12 days	≤14 days	▼
Improving Outcomes			
Better help for smokers to quit	100%	95%	--
Seclusion use Forensics - Episodes	20	≤14	▼
Seclusion use Adult - Episodes	4	≤5	▼
High Care Area/ICU 15 min observations	100%	95%	--
a. MH Access Rates 0-19 years (Total)	*3.96%*	*3.82%*	▲
a. MH Access Rates 0-19 years (Māori)	*5.36%*	*5.24%*	▲
a. MH Access Rates 20-64 years (Total)	*3.54%*	*3.77%*	▼
a. MH Access Rates 20-64 years (Māori)	*8.58%*	*9.40%*	--
HR/Staff Experience			
Sick leave rate	4%	≤3.4%	--
Turnover rate - external	9%	≤14%	--
Vacancies - %	8%	≤8%	--

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue excl. COVID-19	18,033 k	15,624 k	▲
Expenses excl. COVID-19	159,341 k	152,836 k	▼
Net surplus/(deficit) excl. COVID-19	-141,308 k	-137,212 k	▼
COVID-19 net benefit/(cost)	-921 k	0 k	▼
Net surplus/(deficit) incl. COVID-19	-142,229 k	-137,212 k	▼

Service Delivery

	Actual	Target	Trend
Waiting Times (latest available)			
a. Adult (20-64) <3 weeks	*83%*	*80%*	--
a. CADS (0-19) <3 weeks	*71%*	*80%*	--
a. CADS (20-64) <3 weeks	*84%*	*80%*	▼
CYF <3 weeks	100%	95%	--
a. Forensic (20-64) <3 weeks	*78%*	*90%*	--
Prison inpatient waiting list	2	0	--
Patient Flow			
Bed Occupancy - Adult Acute	95%	80-90%	▲
Bed Occupancy - CADS Detox	100%	80-90%	▲
Bed Occupancy - Forensics Acute&Rehab	92%	80-90%	▲
b. MH IPU readmission rate - Adult	*15%*	*≤10%*	▼
MH IPU median LOS - Adult (days)	14	15-20	--
MH IPU LOS > 28 days - Adult	26	≤22	▼
Community Care			
Preadmission community care - adult	66%	75%	▼
Post discharge community care - adult	78%	90%	▲
Clinical contact directly with consumer - adult	86%	80%	--
Clinical contact directly with consumer- CADS	89%	80%	--
Clinical contact directly with consumer - CYF	90%	80%	--
Clinical contact directly with consumer - Forensic	88%	80%	▲
Whanau contacts per service user - adults	56%	70%	▲
Whanau contacts per service user - child	105%	80%	▲
Whanau contacts per service user - youth	99%	80%	▲

How to read

Performance indicators:

- Achieved/ On track
- Not Achieved but progress made
- Substantially Achieved but off target
- 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-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Reported approx 3 months in arrears (Mar 21 data). b. Reported one month in arrears - May 21

A question?

Contact:

Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**

Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Priority Health Outcome Areas

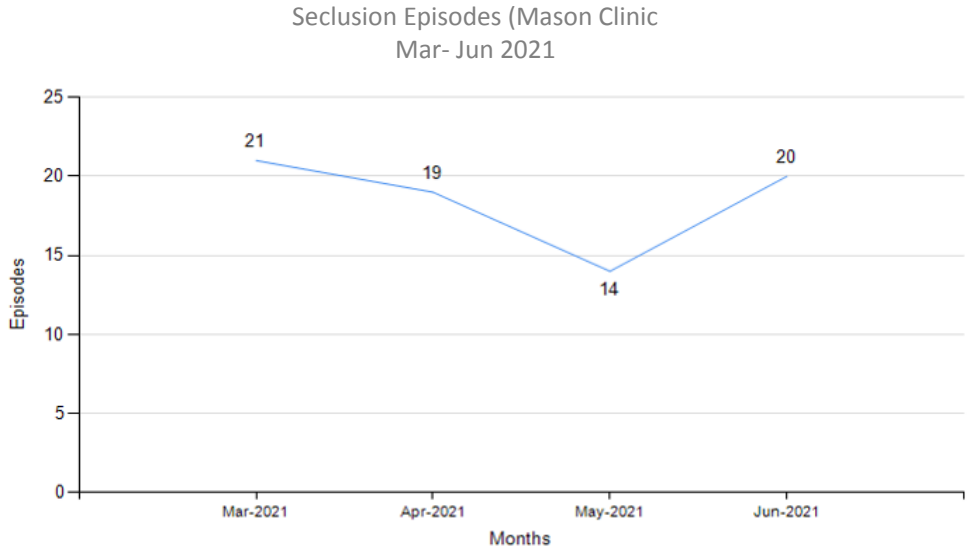
Shorter waits in ED 70% against a target of 80%

There continues to be extremely high demand for acute mental health assessments in the Emergency Departments (EDs). This combined with vacancies in community acute services has contributed to delays in patient flow. It is anticipated that there will be improvement over the coming months, as work is nearing completion on the development of a new model of care for mental health in the EDs and implementation of the four step down beds in He Puna Waiora is underway. However, challenges with recruitment are creating some delays.

Best Care

Seclusion use Forensics Episodes - 20 against a target of ≤14

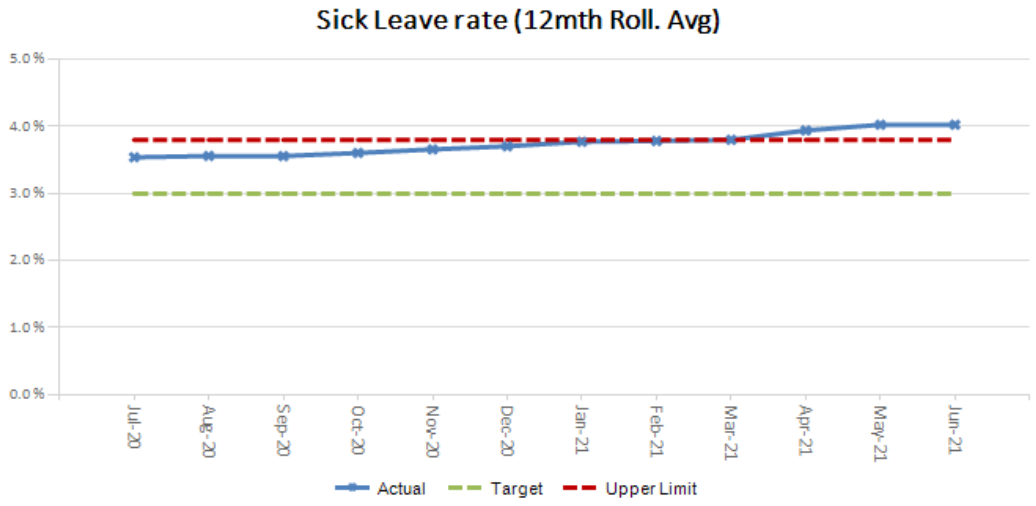
The seclusion episodes across the forensic service for the month of June were spread across the admitting units in the service – four in Pohutukawa (male intellectual disability admissions), two in Kauri (male admissions), four in Totara (female admission) and ten in E Tū Tanekaha (male/female medium secure). This latter increase is attributable to the care requirements of two individual service users.



Mental Health (MH) Access Rates- 20-64 years (Total) – 3.54% against a target of 3.77%
Access rates have fallen slightly below the expected target. Work is currently underway to understand the contributory factors, but it is suspected that this is the result of high rates of vacancy in some areas. The service has planned a workshop to review the referrals management systems, including criteria and ensuring a consistent approach is taken across the district.

MH Access Rates- 20-64 years (Māori) – 8.58% against a target of 9.40%
Access rates for Māori remain below target. The Adult Mental Health service is currently focusing on providing enhanced cultural responsiveness in the inpatient units, including the provision of cultural welcomes, and taurawhiri are now fully embedded in both units. The service continue to work alongside MOKO (the Māori Mental Health team) to support access for and responsiveness to Māori.

Sick leave rate - 4% against a target of ≤3.4%
The sick leave rate across the Division continues be above target. Rates are particularly high in the Adult Mental Health Service (4.3%), Whītiki Maurea (4.6%) and Community Alcohol and Drugs Service (4.2%). This is attributed to an increase in staff presenting with winter illnesses.



Service Delivery

Waiting Time- CADS (0-19) < 3 weeks- 71% against a target of 80%

The data that contributes to this month's performance (which is the average of the last twelve months, with a three-month delay) contains the periods of COVID-19 Alert Levels 4 and 4 during 2020, as well as the further school closure in August, September and October. As the Youth Service often sees young people in schools, wait time has been affected as a result of the required school closures.

Waiting Times- Forensics (20-64) <3 weeks -78% against a target of 90%

This data is also retrospective (March 2020 to March 2021), as such waiting times were also impacted by COVID-19 as the ability of the team to enter the prisons to provide routine psychiatric care was limited by COVID-19 Alert Level restrictions. During this time the service continued to accept referrals, but non-urgent care had to be delayed until entry restrictions were lifted.

Prison inpatient waiting list -2 against a target of 0

There are currently two individuals in prison awaiting admission to the Mason Clinic. There are strong relationships with both the Courts and Prisons, which assist in working to find better ways of meeting the mental health needs of those in custody. For example, the service is working with the recently established Bail Support Services, which supports the Remand population and also in a new special circumstances court to streamline processes for mentally ill defendants appearing in the Auckland Courts.

Patient Flow- Bed Occupancy – CADS Detox- 100% against a target of 80-90%

Occupancy is higher than the target due to the opening of an additional, unfunded bed to assist with patient flow and reduce the current waiting times for the service. At the time of the report, the waitlist has 68 clients, with an average wait time of approximately six weeks for admission.

Patient Flow- MH IPU readmission rate- Adult -15% against a target of ≤10%

There continues to be extremely high demand for adult inpatient acute beds. The need to maintain patient flow and support the timely movement of tangata whai i te ora presenting through the Emergency Departments, has resulted in a shorter length of stay and a higher readmission rate. Increased bed numbers are planned in He Puna Waiora, as well as the development of a specialist rehabilitation pathway to support discharges for inpatients with high and complex needs who have extended lengths of stay. These initiatives are expected to improve flow and reduce the re-admission rate.

Patient Flow- MH IPU median LOS- Adult (days) -14 against a target of 15-20

Please refer to commentary above.

Patient Flow- MH IPU LOS> 28 days- -26 against a target of ≤ 22

The service is developing a specialist rehabilitation pathway and has appointed a Nurse Manager to support this population across the community and acute inpatient setting. Assertive planning and weekly reporting on all tangata whai i te ora whose length of stay exceeds 28 days is continuing.

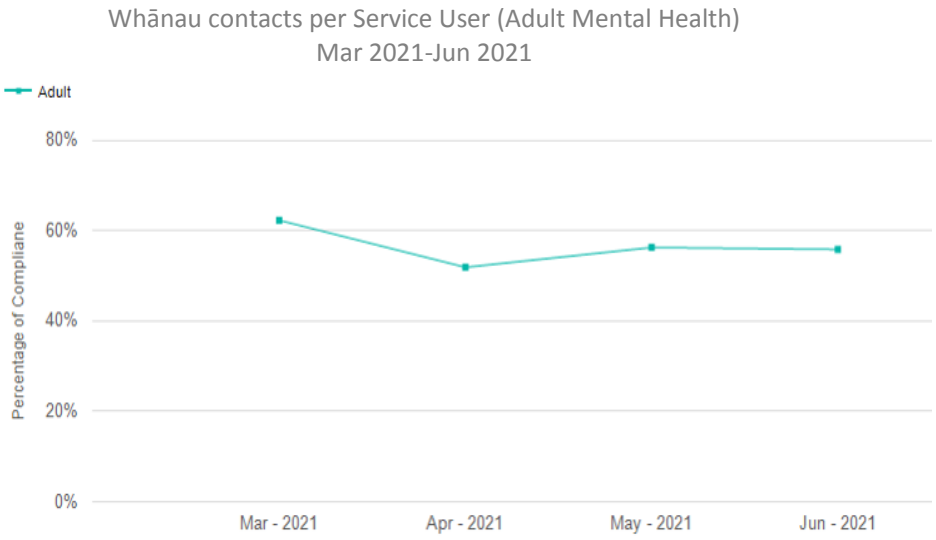
Community Care- Preadmission community care- Adult –66% against a target of 75%

The performance against this target is as a result of increased presentations through the Emergency Departments. A large number of admissions follow this route, due to Police enacting section 109 under the Mental Health Act or tangata whai i te ora self-presenting to the Emergency Department, therefore the community based pre-admission care is unable to take place.

Community Care- Post discharge Community Care – adult 78% against a target of 90%

Performance this month continues to be related to the increased workload across the adult service, with high occupancy and reduced length of stay within the inpatient service combined with ongoing staff vacancies in the community service.

Community Care- Whānau contacts per service user-adults- 56% against a target of 70%
There has been a small decrease from the previous month and it is likely to be related to staff turnover and vacancy in the North and Rodney acute services. The service continues to focus on the delivery of family inclusive practice and continues to be a high achiever when benchmarked against other services in the country.



Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Placing people at the centre of all service planning, implementation and monitoring programmes		
Continue to operate the Waitematā DHB Consumer and Family/Whānau Advisory Team, which is embedded into our service	On going	✓
Enhance family/whānau participation in Mental Health Act reviews to reduce the number of Māori treated under compulsory treatment order in the community	Jun 2021	✓
Develop a new model of care across the Specialist Mental Health and Addiction Services. Plan for improved access to cultural support (as per Code of Consumer Rights).	Jun 2021	✓
Embedding a wellbeing and equity focus		
Implement an Equally Well strategy across specialist services, including: • implement the National Patient Deterioration System (NZEWS) in inpatient services • metabolic screening and follow-up for at risk groups (including Māori and Pacific people on olanzapine and clozapine medication) (EOA) • wrap-around medication initiation package for people starting atypical anti-psychotics, including testing of the agreed package	Jun 2021	✓
With Tūhono (cross-DHB and NGO forum), develop a green prescription pathway for people supported by specialist and NGO services who are at high risk of co-morbidities (EOA).	Jun 2021	*x*
Engage with collaborative forums to drive transformational change in line with He Ara Oranga, including: • Tūhono (Auckland-Waitematā DHBs MHA executive leadership sector collaborative body) • the Northern Region MHA network • the Integrated Primary MHA Services governance group	Jun 2021	✓

• the Suicide Prevention and Postvention governance Group • Supplement on-going engagement with Ministry of Health and the Mental Health and Wellbeing Commission		
Develop a new model of care across the specialist services, including planning for improved engagement with Māori, Pacific, youth and rainbow communities (EOA).	Jun 2021	✓
Increasing access and choice of sustainable, quality, integrated services across the continuum		
Improve sustainability of ED mental health and liaison psychiatry services by implementing a one-team model.	Jun 2021	✓
Implement brief acute assertive community interventions in three specialist mental health hubs in adult mental health.	Jun 2021	✓
Partner with NGO and PHO services to develop a model for delivery of specialist and consult-liaison MHA interventions in primary care settings (using an in-reach model).	Mar 2021	✓Partially achieved
Workforce		
Scope workforce expansion to carry out clinical support functions with people within specialist MHA services by developing a business case.	June 2021	✓
Forensics		
Contribute to the MoH Forensic Framework project to identify an agreed Forensic model of care, including provision of Kaupapa Māori services (EOA), and implement the plan.	Sep 2020	*x*
Pending confirmation of the wellbeing budget, work with the Ministry to improve and expand the capacity of forensic responses.	Jun 2021	✓
Work with the Ministry to agree the long-term capacity of forensic intellectual disability responses.	Mar 2021	✓
Complete building works as required to replace deteriorating building stock at Mason Clinic, including planning and securing funding.	On going	✓
Commitment to demonstrating quality services and positive outcomes		
Improve the quality of data input for consult-liaison functions (MH01), including extension of the capability for consult-liaison reporting to addiction services.	Dec 2020	✓

Areas off track for month and remedial plans
Prioritised model of care work is being supported through additional resources secured from MoH sustainability funding. Tūhono attendance has been low from Māori NGO providers. However, discussions continue between DHB, green prescription stakeholders and Te Kotuku Ki Te Rangi to develop a strategy to increase green prescription and other activities beneficial for all parties in Q1 and Q2 2021/22 The NZEWS has been implemented in the Adult Mental Health IPUs, however metabolic screening and a wrap-around anti-psychotic initiation package have been deferred until HQSC starts a national project, expected in 2022. One team has a new assertive outreach component attached and some partnering with PHOs to increase capability of practice nurses has been completed

Completed Priorities

DHB activity	Milestone	Status
Placing people at the centre of all service planning, implementation and monitoring programmes		
Implement and retrieve data from a new feedback system to improve quality of services for tāngata i te whai ora and whānau across the services,	Dec 2020	Completed

including the Māori Kaupapa and Pacific services. Paper and electronic surveys will be available to suit users and data will be available by service and by ethnic group so improvements can be targeted (EOA)		
Embedding a wellbeing and equity focus		
Complete the delivery of an Individual Placement and Support (IPS) trial within Waitematā DHB secondary mental health services.	Jun 2021	Completed
Continue with implementation of Supporting Parents, Healthy Children (COPMIA) and form a cross-sector partnership, which will enable an integrated service to children identified as vulnerable, including establishing inter-agency forum terms of reference.	Dec 2020	Completed
Increasing access and choice of sustainable, quality, integrated services across the continuum		
Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention by increasing the delivery of a wider range of MHA community-based options in line with the Ministry investment in primary MHA. This includes: expansion of Health Improvement Practitioners, Health Coaches and Awhi Ora positions, in line with funding agreement to be confirmed with MoH • Contracts signed with NGO and PHO partners • Initiate procurement processes for expansion of delivery of all three models	Sep 2020	Completed
Develop a metro-Auckland governance group to oversee the primary mental health investment from Ministry into access and choice. To include partnership with NGO, PHO, DHB, Māori, Pacific, young people and those with lived experience. • Terms of reference endorsed by governance group • Develop reporting mechanisms, including setting of baseline data for primary mental health investment	Jul 2020 Oct 2020	Completed
Apply cost pressure funding to the price for all NGOs in the district to ensure their sustainability; develop new contracts with updated price, inclusive of cost pressure.	Dec 2020	Completed
Suicide prevention		
Work with the new national prevention and postvention office and MoH, contribute to plans and implement programmes as required.	Dec 2020	Completed
Review the current Suicide Prevention Action Plan and develop a plan for 2020–2023, in partnership with people with Māori, people with lived experience and population groups who experience disproportionately higher rates of suicide (EOA). The actions will align with key DHB-led actions from Every Life Matters and be approved by the Suicide Prevention Office.	Jul 2020	Completed
Workforce		
Work with the DHB's Māori recruitment specialist to develop a Māori recruitment initiative (EOA).	Jun 2021	Completed
Procure new positions to expand primary mental health models, including specific focus and reference to the value of lived experience, peers and whānau.	Mar 2021	Completed

Waitematā DHB Statement of Financial Performance

Specialist Mental Health and Addiction - Jun-21

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	1,239	1,053	186	14,198	12,693	1,505	12,693
Other Income	470	261	209	3,834	2,931	904	2,931
Total Revenue (excluding COVID)	1,708	1,314	394	18,033	15,624	2,409	15,624
EXPENDITURE							
Personnel							
Medical	2,457	2,465	8	29,638	31,583	1,945	31,583
Nursing	5,870	5,271	(598)	71,857	66,791	(5,066)	66,791
Allied Health	2,649	2,624	(25)	35,250	33,956	(1,294)	33,956
Support	159	149	(10)	1,900	1,839	(61)	1,839
Management / Administration	605	521	(84)	6,450	6,722	272	6,722
Outsourced Personnel	73	161	88	4,197	2,058	(2,139)	2,058
	11,812	11,191	(621)	149,292	142,950	(6,343)	142,950
Other Expenditure							
Outsourced Services	2	12	10	123	149	26	149
Clinical Supplies	47	104	58	988	1,270	282	1,270
Infrastructure & Non-Clinical Supplies	867	777	(89)	8,937	8,467	(469)	8,467
	915	894	(21)	10,048	9,887	(162)	9,887
Total Expenditure (excluding COVID)	12,727	12,085	(642)	159,341	152,836	(6,504)	152,836
Surplus/(Deficit) excluding COVID	**(11,019)**	**(10,771)**	**(248)**	**(141,308)**	**(137,212)**	**(4,095)**	**(137,212)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(17)	0	(17)	(921)	0	(921)	0
Surplus/(Deficit) including COVID	**(11,036)**	**(10,771)**	**(265)**	**(142,229)**	**(137,212)**	**(5,017)**	**(137,212)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Specialist Mental Health and Addiction Services was $265k unfavourable for June 2021 and $5,017k unfavourable for the year to date (ytd).

Revenue ($394k favourable for June 2021, $2,409k favourable YTD)

The favourable variance for June was a combination of wash up revenue relating to Intellectual Disability units $150k, Court reporting $100k, and SLAs contributed $50k. Graduate NESP revenue for 28 new trainees is $181k favourable year to date.

Expenditure ($621k unfavourable for June 2021, $6,343k unfavourable YTD)

Personnel costs are driving the month and year to date variance, this is largely in nursing and allied health.

Personnel ($6,343k unfavourable YTD)

Medical ($1,945k favourable YTD)

This medical line needs to be read in conjunction with the outsourced personnel line as locum costs are offsetting the medical favourable variance. The locums are being used to cover maternity leave, long service leave and roster gaps.

Nursing ($5,066k unfavourable YTD)

Overtime is the lead contributor to the variance with $4,836k spent year to date, $1,300k over budget. Forensic overtime is $3m with $1.4m of this for the Pohutukawa Intellectual Disability unit. A new model of care is being developed for this unit, which should impact the spend profile in the second half of FY22 once completed. Overtime is being driven by a combination of sick leave, acuity and roster gaps especially within

the Adult Service, as they continue to recruit to new cover models. A flow-on effect of overtime is allowances payable which are $932k overspent followed by sick leave at $614k more than budget.

Allied Health ($1,294k unfavourable YTD)
Overtime and sick leave are the lead contributors to the variance with average vacancies ytd 47.63 FTE, with the largest vacancies being carried by social workers and psychologists. The reintroduction of psychologist internships is being investigated as a means to assist with recruitment.

Support and Management/Administration ($211k unfavourable YTD)
Base is over due to a combination of skill mix and unbudgeted FTE who will transfer to CEO from July where budget is held.

Outsourced Personnel ($2,139k unfavourable YTD)
This variance is largely attributed to locums being used to cover maternity leave, long service leave and roster gaps. Additionally, this variance also includes court reporting with the Regional Forensics Psychiatry Service, which delivers additional revenue.

Other Expenditure ($162k favourable YTD)
Outsourced Services ($26k favourable YTD)

Clinical Supplies ($282k favourable YTD)
After care service (Flexifund) is favourable to budget year to date.

Infrastructure and Non-Clinical Supplies ($469k unfavourable YTD)
This variance relates to facilities expenses, telecommunication costs and legal fees relating to HR matters.

COVID-19 impact
Total COVID-19 impact ($921k YTD)
COVID-19 costs are largely personnel related with staff redeployment and isolation costs.

5. Resolution to Exclude the Public

Recommendation:

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

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

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