Community and Public Health Advisory Committees Meeting

Wednesday, 03rd February 2016

2.00pm

Venue

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

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

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

Well Being to All.

AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES (CPHAC) MEETING
03rd February 2016

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

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

Apologies:

AGENDA

KARAKIA

DISCLOSURE OF INTERESTS

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

Items to be considered in public meeting

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

1 AGENDA ORDER AND TIMING

2 CONFIRMATION OF MINUTES

2.05pm 2.1 Confirmation of Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 25/11/15 7
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3 DECISION ITEMS

4 INFORMATION ITEMS

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5 STANDARD REPORTS

2.40pm 5.1 Planning, Funding and Outcomes Update 31

3.00pm **6 GENERAL BUSINESS**

Auckland and Waitemata District Health Boards

Community and Public Health Committees

Member Attendance Schedule 2015

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

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

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Lester Levy	Chairman - Auckland District Health Board Chairman - Auckland Transport Chairman - Health Research Council Independent Chairman - Tonkin & Taylor Chief Executive - New Zealand Leadership Institute Professor of Leadership - University of Auckland Business School Trustee - Well Foundation (ex-officio member) Member – State Services Commission's Performance Improvement Framework Review Panel	31/12/15
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean - Faculty of Health and Environmental Sciences, Auckland University of Technology Patron - Raeburn House Advisor - Health Workforce New Zealand Board Member - AUT Millennium Ownership Trust Chair - Social Services Online Trust Board Member - The Rotary National Science and Technology Trust	19/03/14
Jo Agnew	Professional Teaching Fellow - School of Nursing, Auckland University Trustee Starship Foundation Casual Staff Nurse - ADHB	01/03/14
Peter Aitken	Pharmacist Shareholder/Director, Consultant - Pharmacy Care Systems Ltd Shareholder/Director - Pharmacy New Lynn Medical Centre	15/05/13
Judith Bassett	Nil	09/12/10
Chris Chambers	Employee - Auckland District Health Board (wife employed by Starship Trauma Service) Clinical Senior Lecturer- Anaesthesia Auckland Clinical School Associate - Epsom Anaesthetic Group Member - ASMS Shareholder - Ormiston Surgical	20/04/11
Sandra Coney	Elected Member - Chair: Waitakere Ranges Local Board, Auckland Council	12/12/13
Warren Flaunty	Member - Henderson - Massey and Rodney Local Boards, Auckland Council Trustee (Vice President) - Waitakere Licensing Trust Shareholder - EBOS Group Shareholder - Green Cross Health Owner – Life Pharmacy North West Director - Westgate Pharmacy Ltd Chair - Three Harbours Health Foundation Director - Trusts Community Foundation Ltd	25/11/15
Lee Mathias	Chair - Counties Manukau District Health Board Chair – Unitec Director – Health Innovation Hub Director – healthAlliance Director – New Zealand Health Partnerships Managing Director - Lee Mathias Ltd Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Director - Pictor Ltd Director - John Seabrook Holdings Ltd Chair - Health Promotion Agency	03/02/16
Robyn Northey	Project management, service review, planning etc - Self-employed Contractor Board member - Hope Foundation Northern Region Trustee - A+ Charitable Trust	18/07/12

Register of Interests continued…

Christine Rankin	Member - Upper Harbour Local Board, Auckland Council Director - The Transformational Leadership Company	15/07/15
Allison Roe	Member - Devonport-Takapuna Local Board, Auckland Council Chairperson - Matakana Coast Trail Trust	02/07/14
Gwen Tepania-Palmer	Chairperson - Ngatihine Health Trust, Bay of Islands Life Member - National Council Maori Nurses Alumni - Massey University MBA Director - Manaia Health PHO, Whangarei Board Member - Auckland District Health Board Committee Member - Lottery Northland Community Committee	10/04/13

Co-opted Members

Elsie Ho	Associate Professor - School of Population Health, University of Auckland Member - Waitemata DHB Asian Mental Health and Addiction Governance Group Member - Problem Gambling Foundation of New Zealand Advisory Board Trustee – New Zealand Chinese Youth Trust	03/09/14
Rev Featunai Liuaana	Chairperson – Congregational Christian Church Samoa Sandringham Trust Board Trustee – Congregational Christian Church Samoa Trust Chairperson – Mothers and Daughters Health – HVAZ and Alliance Health Plus Committee Member – Working Group for Pacific Health Action Plan (ADHB and WDHB) Deputy Chairperson – Working Group Pacific Family Violence (ADHB and WDHB) Member – MIT Pasifika Students Forum Secretary - Negotiation Committee – EFKSNZ Trust Secretary – EFKSNZ Trust	29/04/15
Dr Tim Jelleyman	Clinical Chair - Child Health Network, Northern Regional Health Plan Honorary Clinical Lecturer - Faculty Medicine and Health Sciences, University of Auckland President elect – Paediatric Society of New Zealand Member-Board of Kaipara Medical Centre Community Paediatrician, Waitakere Hospital Member – ASMS	18/01/16

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 25th November 2015

Recommendation:

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 25th November 2015 be approved.

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 25 November 2015

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 2.05p.m.

All items considered in Public Meeting

COMMITTEE MEMBERS PRESENT:

Gwen Tepania-Palmer (Committee Chair) (ADHB and WDHB Board member)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Judith Bassett (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Warren Flaunty (Committee Deputy Chair) (WDHB Board member)
Lee Mathias (ADHB Deputy Chair)
Robyn Northey (ADHB Board member)
Christine Rankin (WDHB Board member)
Allison Roe (WDHB Board member)
Tim Jelleyman (Co-opted member)

ALSO PRESENT: Ailsa Claire (ADHB, Chief Executive)
Simon Bowen (ADHB and WDHB, Director Health Outcomes)
Tim Wood (ADHB and WDHB, Acting Director Funding)
Ruth Bijl (ADHB and WDHB, Funding and Development Manager, Child, Youth and Women's Health)
Karen Bartholomew (ADHB and WDHB, Acting Clinical Director, Health Gain)
Aroha Haggie (ADHB and WDHB, Maori Health Gain Manager)
Tony O'Connor (ADHB, Director Participation and Experience)
Carol Hayward (WDHB, Community Engagement Manager)
Paul Garbett (WDHB, Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams, Auckland Womens Health Council
Tracy McIntyre, Waitakere Health Link
Brian O'Shea, ProCare
Craig Murray, Waitemata PHO
Lorelle George, Comprehensive Care/Waitemata PHO and Health Link North

APOLOGIES: **Resolution** (Moved Judith Bassett/Seconded Lee Mathias)

That the apologies from Lester Levy, Max Abbott, Elsie Ho, Rev. Featunai Liuaana, Dale Bramley and Debbie Holdsworth be received and accepted.

Carried

REQUEST FOR REVIEW OF WORDING OF THE KARAKIA:

Lee Mathias raised a concern with how the karakia is worded.

Resolution (Moved Jo Agnew/Seconded Judith Agnew)

That it be recommended to the Auckland and Waitemata DHB Boards:

That the wording of the karakia (as currently included with agendas for CPHAC meetings) be reviewed.

Note: As noted by the Committee Chair, a review will require advice from the Cultural Advisor Tikanga to the Boards.

Carried

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

WELCOME: The Committee Chair gave a warm welcome to all those present. As part of the wider global community, she expressed the Committee's thoughts and heartfelt sympathy to family and friends of those in France who had suffered loss, and to the Lomu family and the Pacific community over the loss of Jonah Lomu.

DISCLOSURE OF INTERESTS

With regard to the Interests Register, Lee Mathias advised that she is no longer Advisory Chair – Company of Women Ltd.

There were no declarations of interests relating to the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 14th October 2015 (agenda pages 7-16)

Resolution (Moved Judith Bassett/Seconded Lee Mathias)

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 14th October 2015 be approved.

Carried

Matters Arising (agenda page 17)

No issues were raised.

3 DECISION ITEMS

3.1 Housing in Auckland (agenda pages 18-32)

Simon Bowen noted that the report was in response to a request from the July CPHAC meeting and introduced Dr Julia Peters (Clinical Director – Auckland Regional Public Health Service) and Dr David Sinclair (Public Health Medicine Specialist) who were present for this item.

Julia Peters introduced the report, commenting that it provided just an overview of a very complex issue, including issues of supply, affordability, cost of construction, housing quality, homelessness and security of tenure. She noted that the health sector has a stake in this issue; it is virtually impossible for people to be healthy if they don't have satisfactory housing.

Julia Peters outlined some of the actions that have been taken or are being considered relating to housing including:

- The Government and the Auckland Council have created 80 Special Housing Areas.
- Reserve Bank action to try to cool the housing market.
- Proposals to review the Resource Management Act.
- The Social Housing Reform Programme, aiming to diversify and grow the provision of social housing.
- Changes to requirements for rental accommodation, including compulsory smoke detectors (from 1 July 2016) and minimum standards for insulation (from 1 July 2016 in social housing and 1 July 2019 for private rental housing).
- Some involvement from the DHBs (including with the now discontinued healthy housing programme, and with housing implications related to the rheumatic fever initiative, initiatives at Tamaki and Ranui etc.). Also there has been some ARPHS involvement at the policy and advocacy level.

David Sinclair commented that health gets the downstream effects from housing problems but has few levers to influence their resolution.

Ailsa Claire was invited to give an Auckland DHB perspective. She commented firstly on the extreme end of the problem; homelessness and rough sleepers, which is particularly an Auckland Central issue. With rough sleepers what they had found was that when they came into contact with the DHB, the people they came into contact with had not really been talking together. As a result they had put together a team in the DHB to focus services on rough sleepers and the homeless. One shocking feature of the issue was the youth element in it. Auckland DHB also had a midwife who specialised in assisting pregnant women who are rough sleepers. There are other services such as podiatry where particular attention is being paid to the needs of rough sleepers. They are trying to create a culture in the DHB of supporting people in their lifestyle choices.

Ailsa Claire also commented on the work being done as part of the Tamaki Transformation Initiative, which included a focus on dry homes, sufficient food, moving people out of a dependency culture and improving health. One of the things that had been identified there was a very large number of agencies working in the area but not coordinating their work. They are trying to understand who does what and how work can be better coordinated to get what the community wants.

Matters covered in discussion and response to questions included:

- The suggestion was made that the DHBs might be able to achieve progress on housing issues by focusing on areas that they have responsibility for such as mental health and rheumatic fever.
- Simon Bowen advised that with regard to Mental Health and Community Alcohol and Drug Services, across Auckland there is a rough sleeper strategy, initiated by the Mayor, and to which Auckland DHB is a signatory. There are some specific Mental Health and CADS staff members working with rough sleepers. A high percentage of rough sleepers have mental health or drug and alcohol issues.
- Tim Jelleyman commented that the rheumatic fever target had required cross sector involvement and created a lever for looking at housing needs, with the housing situation being looked at in any cases where the child's health had been affected by housing. The question in his mind is what is the way to keep public attention on these issues, including through the media.
- Julia Peters suggested that a particular focus with housing issues might be placed on the needs of families with young children and women who are pregnant. There are many illnesses that young children get that can be attributed to poor housing.
- With regard to the maps showing household crowding in the report (pages 30-31 of the agenda) some concerns were expressed at accuracy. David Sinclair advised that the maps were derived from census data and showed census area units. The measure of overcrowding was a Canadian standard which looked at the number of people living in a dwelling, their ages and the number of bedrooms, and measured excess in terms of the occupancy standard. Ailsa Claire noted that she had seen better maps on this that had been produced by Auckland Council. Also those shown on the agenda don't reflect overcrowded apartment blocks in Central Auckland.

- Julia Peters commented that the report issued by the Salvation Army the previous week gives some idea of the volume of additional housing needed to overcome the housing shortage.
- Sandra Coney noted that Auckland Council is moving to a much smaller site size in the Unitary Plan, without stipulating a ratio of open space. She asked if there is any information on the impact of intensification on health. In response David Sinclair advised that this is a difficult area to sort through information on, as it involves trying to compare areas that have quite distinct features. Auckland is complicated by the pattern of suburban development last century which is different from those high density European cities built to an overall plan including facilities and open space areas. The ARPHS submission on the Unitary Plan had emphasised the importance of open space; both in terms of preserving it and providing for it in redevelopment.
- It was pointed out that many of the Special Housing Areas are in very desirable locations and it was suggested that these are not going to provide affordable housing. In answer to a question related to this, David Sinclair advised that the issue of having a fixed proportion of "affordable housing" in Special Housing Areas is being contested. Even if confirmed it would be a maximum of 10% of housing units. Another problem is that the focus of the building industry at the moment is very much on the middle and upper end of the market. In that situation the only hope is for existing housing stock to drift down to a level that is affordable.
- Ailsa Claire commented that her feeling was that people are very aware of the wider issues of housing and poverty etc. Unless the DHBs focus they will dissipate their impact. At Auckland DHB they had concentrated on where they can make an impact, for example at Tamaki. There is a need to focus on things that they can do as otherwise nothing will be done. It is important to make sure that services are dealing with these issues well, referring people to the right services for help.
- On the above subject, more information was requested on the avenues or processes to engage with other agencies on these issues. Tim Wood advised that in the Mental Health area, NGOs work very actively with other agencies on these issues; staff members are dedicated to finding housing for people with mental health issues. Simon Bowen commented that he had been very impressed with some of the staff at Auckland DHB and some of the work that had been done to set up clear processes, alerts and training on how to identify people having such issues early.
- Allison Roe raised the underlying issue of high levels of immigration and suggested a conversation with the Government about spreading the impact of immigration more widely through New Zealand.
- Craig Murray and Lorelle George (both Waitemata PHO) commented on the importance of collaboration, of using more than one tool from the toolbox and on facilitating conversations.
- Lynda Williams (Auckland Womens Health Council) commented on the need to work at both levels: at the grass roots with the NGOs and at the policy level with Auckland Council and others to address the big picture.
- In summary the Committee Chair reflected on Ailsa Claire's point on concentrating on where an impact can be made. She thanked Julia Peters and David Sinclair for the paper and the Committee members for contributing to consideration of the issues. It was not an option to do

nothing. There was a need to carry on with what is being done but going for a far more connected and joined up approach. It would probably be helpful to get the Directors to provide some information on what is happening in each of their areas when services come into contact with people with these problems.

- Simon Bowen summarised the message that he had taken from the Committee's deliberations. Efforts should continue at the policy and advocacy level, as well as looking at what our services do when people with housing problems come into contact with them, making sure processes are as robust as possible, with particular attention for the areas of Mental Health and CADS and vulnerable children.
- After further discussion it was agreed that clause 6 be added to the following resolution, to reflect the Committee's concerns. Simon Bowen also noted that clause 4 should refer only to the Waitemata primary and community services plan.

Julia Peters and David Sinclair were thanked for the report.

Resolution (Moved Sandra Coney/Seconded Lee Mathias)

That it be recommended to the Auckland and Waitemata District Health Boards:

That the Board:

1. **Note that the health sector has a stake in the housing needs of Aucklanders.**
2. **Agree that ARPHS and the DHBs continue to work with Auckland Council and Auckland Social Sector Leaders Group to address issues of housing.**
3. **Agree that DHBs actively support and promote schemes to improve housing quality such as the home insulation schemes.**
4. **Agree that consideration of the impacts of the special housing areas is undertaken as part of the Waitemata primary and community services plan.**
5. **Note that ARPHS will maintain a watching brief on housing issues within the Auckland Region and will consider engaging in projects with significant potential for health gain where it has capacity and expertise to do so.**
6. **Note that CPHAC has requested that information be provided for it on what the DHBs are doing practically when people with housing and related problems come into contact with the health services that they provide.**

Carried

4. INFORMATION ITEMS

4.1 New Zealand Health Strategy - Refresh (agenda pages 33-39)

Karen Bartholomew (Acting Clinical Director Health Gain ADHB/WDHB) and Wendy Bennett (Manager, Planning and Health Intelligence ADHB/WDHB) were present for this item.

Karen Bartholomew introduced the report. Matters that she highlighted included:

- The closing date for submissions to the Ministry of Health of 4 December 2015.
- The retention of the seven original guiding principles of the 2000 Strategy, but the addition of a further principle: thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing.
- The identification of challenges and opportunities for the health sector in the Strategy.
- The inclusion in examples of good practice of the e-tool SPARX, the health and design lab at Auckland DHB and the Healthy Auckland Together coalition to address obesity which was initiated by the three Auckland DHBs and is led by the Auckland Regional Public Health Service.

There was a discussion of whether the Strategy should also have a focus on actual priorities. There were two viewpoints on this:

- Sandra Coney considered that with the 2000 Strategy the focus on specific priorities, for example addressing the issue of violence, had provided a major impact – with this issue seen as a health issue for the first time. She considered it important to make clear for the health sector what its priorities should be. In discussion on this, suggestions of key priorities included dental health, alcohol related harm and housing.
- Lee Mathias presented a different view; that the current strategic approach is appropriate for the document. She noted that the strategic approach is intersectoral and involves an investment approach, rather than focusing specifically on particular priorities. Both the intersectoral approach and the investment approach are relatively recent developments for the health sector.
- Simon Bowen suggested a compromise in the approach to be taken in the Boards' submission, to suggest that it might be reasonable to expect that the strategy identify what outcomes are wanted in terms of the key discussion areas and the issue of inequalities.

Karen Bartholomew advised that they are still collating feedback for the draft submission and would be able to provide that to members on 26 or 27 November.

The Committee Chair noted that Board members had 48 hours to give the matter further thought and provide comments to staff members working on the submission. As noted in the report, individual submissions to the Ministry of Health are also welcomed.

Resolution (Moved Robyn Northey/Seconded Tim Jelleyman)

That the Community and Public Health Advisory Committee:

1. **Receive the report.**

2. **Note the deadline for submissions on the draft New Zealand Health Strategy is 5pm Friday, 4 December 2015.**

3. **Provide feedback on any issues they would like included in the DHB submission.**

Carried

4.2 Community Engagement and Participation Update for Auckland and Waitemata DHBs (agenda pages 40-44)

Tony O'Connor (Director Participation and Experience ADHB), Carol Hayward (Community Engagement Manager WDHB) and Tracy McIntyre (Waitakere Health Link) were present for this item.

Tony O'Connor introduced the report.

Carol Hayward highlighted:

- The Reo Ora Health Voice (pages 41-42 of the agenda), with the co-design approach being taken to grow that website to make it attractive, accessible and easy to use for our many culturally and linguistically diverse communities. A workshop had been held the previous week and good feedback received.
- The workshop on the Women's Collaboration Work (page 42 of the agenda) had been held earlier on 25 November and had provided good feedback.
- The Consumer Representative Forum held on 5 November (page 43 of the agenda) had focused on what is working well and on what could be done better. It had been really useful to better understand the consumer representatives' perspective.

Tracy McIntyre highlighted the issue that had been raised in Contact Centre feedback (page 44 of the agenda), namely the inability to add some features which would add value to consumers, including SMS messaging, because of monetary considerations. This had been raised with the Waitemata DHB Chief Executive who had indicated a willingness to find funding for half the cost if Auckland DHB is able to meet the other half of the cost. This request will be raised with Auckland DHB.

Matters covered in discussion and response to questions included:

- With regard to co-designing patient journeys (page 42 of the agenda), Lynda Williams (Auckland Womens Health Council), spoke of her own personal experience, which she had found quite traumatic, of feeling not informed or involved in decisions being made about her condition and treatment.
- In answer to a question on what percentage of the population is transgender (relating to Item 3.5 in the report), Carol Hayward advised that there is one

estimate of up to 3% of the population being transgender, which had come out of a study done with young people. Ruth Bijl advised that this is a difficult question to answer, however the evidence is that services are not delivered well to this population and there is a need to improve that.

- Tim Jelleyman referred to the issue of identifying children's voice and how to access that. The Children's Commissioner had recently released some guidance on this. This would be worthwhile looking at.
- Sandra Coney thanked Waitakere Health Link for their work in supporting Waitakere Hospital volunteers in obtaining a new location for their shop at Waitakere Hospital (page 43 of the agenda).

Resolution (Moved Lee Mathias/Seconded Jo Agnew)

That the report be received.

Carried

5. STANDARD REPORTS

5.1 Primary Care Update Quarter 1, 2015/16 (agenda pages 45-57)

Tim Wood (Deputy Director Funding and Funding and Development Manager – Primary Care) and Dr Tom Robinson (Public Health Physician) were present for this item.

Tim Wood and Tom Robinson discussed the CARE partnership project with primary care (pages 46-48 of the agenda), which is endeavouring to develop a new model of care with general practices. The generous support from the WELL Foundation and Barfoot and Thompson was noted. Tom Robinson spoke of how the programme is designed to try and provide better care for older people at risk of poor health outcomes. It uses a mixed intervention model of much more proactive care in the community based on a comprehensive assessment. The complexity of the intervention had made it much more difficult to get going, however it is now in the implementation phase and progressing quite well. There were two main issues. The first was recruitment of practices. The intention had originally been to recruit 13 general practices to participate, but only five had signed up at this stage. In the New Year they would try to secure more participants in order to produce a good evaluation of this pilot. Secondly there are some process implications, due to the complexity of the process, particularly some IT issues to be resolved. The five practices that are participating are generally very positive and well engaged and working through the early stages of implementation.

Matters covered in discussion and response to questions included:

- The team working on the programme has key people in each practice that they are working with on a regular basis. Also there is considerable contact with the PHOs. The importance of maintaining consistent relationships with practice nurses and GPs is well recognised. If they need additional help, Dr John Scott is available to provide advice.
- Payment to general practices is set at hourly rates for GP time and for nurse time. Payment has been an issue for some practices considering

participation as there is a degree of uncertainty about how much work will be involved for the money received.

- On the issue of funding, Craig Murray (Waitemata PHO) noted that for patients aged 65 years and above, the average is 10 visits to a GP per annum. He also advised that the PHOs have contributed financially to this project. Tom Robinson confirmed that participating general practices are being asked to do additional work to what they would normally do for these patients.
- It was noted that this programme very much takes the wider population health approach, trying to get all parts of the health system working together well.

Resolution (Moved Judith Bassett/Seconded Warren Flaunty)

That the report be received.

Carried

5.2 Planning, Funding and Outcomes Update (agenda pages 58-63)

Wendy Bennett (Manager - Planning and Health Intelligence), Ruth Bijl (Funding and Development Manager – Women, Children and Youth), Karen Bartholomew (Public Health Physician) and Aroha Haggie (Manager - Maori Health Gain) were present for this report.

Matters that were highlighted or updated included:

- The 2015/16 Annual Plans for the two Boards have now been published.
- The 2016/17 draft Annual Plan Guidelines have been released by the Ministry of Health for feedback. The final guidelines are expected to be released in early December.
- Auckland DHB's Annual Report has received NHB clearance and that is expected for Waitemata DHB's shortly.
- The smoking cessation intervention for Maori pregnant women was launched on 5 October and the first results from that are expected to be available in the New Year.
- With the national health target for immunisation, Auckland DHB is maintaining the 95% coverage rate, while Waitemata DHB has improved 1% to 94%.
- For rheumatic fever, both DHBs had submitted refreshed plans to the Ministry of Health as required, but no DHBs have had their plans endorsed and the Ministry has requested further detail on expected activities by February 2016. The Ministry's reservations concerning the primary school swabbing and treatment programme are outlined in the agenda report (page 61). The two DHBs remained committed to it, while recognising that by itself that programme will not achieve the objective for rheumatic fever.

Matters covered in discussion and response to questions included:

- Aroha Haggie advised that to date 20 pregnant Maori women had taken up participation in the smoking cessation intervention.

- Lee Mathias raised the question that with the school based rheumatic fever programme, did there need to be greater regional co-ordination to support and promote the benefits of it? It was known that the approach used, having nurses in schools, had achieved a huge impact in addressing skin diseases and is now making an impact on dental problems. She had previously suggested work on identifying the best model for public health nurses.
- A request was made that consultation on Maternity proposals not be arranged for Wednesdays, so that Board members could attend if they wished.
- There was a short discussion arising from concerns about delay in reaching agreement on a joint model for Home Care Support Services for Auckland and Waitemata DHBs. Ailsa Claire advised that Funding has a clear model; however the providers of the services had not been able to agree on it. It was noted that any concerns relating to this issue can be forwarded to the Director of Funding.
- In answer to a question, the meeting was advised that HEADSS (page 62 of the agenda) is a method of interviewing that provides a psychosocial risk assessment for adolescents, identifying signs of distress and inner health needs. The objective is to have these assessments for all Year 9 students.

The Committee Chair thanked the team involved for an informative paper and updating the Committee.

Resolution (Moved Sandra Coney/Seconded Allison Roe)

That the report be received.

Carried

6 General Business

There was no general business.

The Committee Chair thanked those present for their participation in the meeting. As this was the last CPHAC meeting for the year she wished those present a happy Christmas and holiday period.

The meeting concluded at 4.00p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 25 NOVEMBER 2015

_____CHAIR

Actions Arising and Carried Forward from Meetings of the Community and Public Health Advisory Committees as at 26th January 2015

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 14/10/15	5.1	Pacific Health – Update report requested for CPHAC for early 2016.	Lita Foliaki	CPHAC 16/03/16	
CPHAC 25/11/15	3.1	Housing – Information to be provided to CPHAC on what the DHBs are doing practically when people with housing and related problems come into contact with the services that they provide.	Simon Bowen	CPHAC 16/03/16	

4.1 Child, Youth and Women's Health

Recommendation

That the Community and Public Health Advisory Committee receives the report.

Prepared by: Ruth Bijl (Funding and Development Manager - Child, Youth and Women's Health), Natalie Desmond (Senior Programme Manager - Child Health), Pam Hewlett (Programme Manager - Women's Health), Dr Patricia Bolton (Public Health Physician), Dr Tim Jelleyman (WDHB Community Paediatrician) and Dr Alison Leversha (ADHB Community Paediatrician)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Simon Bowen (Director Health Outcomes)

Glossary

ARDS	-	Auckland Regional Dental Service
BPS	-	Better Public Service
CHIP	-	Child Health Improvement Plan
CPHAC	-	Community and Public Health Advisory Committee
CYF	-	Child, Youth and Family
DHB	-	District Health Board
DHW	-	Design for Health and Wellbeing (DHW) Lab
EEG	-	Early Engagement in Pregnancy Care Group
HEEADSSS	-	Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety
HPV	-	Human Papilloma Virus
INBE	-	Integrated Newborn Enrolment
IPIF	-	Integrated Performance Incentive Framework
ISP	-	Independent Service Providers for cervical and breast screening
LMC	-	Lead Maternity Carer
MACSAG	-	Metropolitan Auckland Cervical Screening Advisory Group
MQSP	-	Maternity Quality and Safety Programme
NCHIP	-	National Child Health Information Platform
NIR	-	National Immunisation Register
NMMG	-	National Maternity Monitoring Group
NSU	-	National Screening Unit
OIS	-	Outreach Immunisation Service
PHO	-	Primary Health Organisation
PMS	-	Practice Management System
RhF	-	Rheumatic Fever
SALT	-	Service Alliance Leadership Team
SBHS	-	School Based Health Service
WCTO	-	Well Child Tamariki Ora

1. Summary

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

2. Highlights and key issues for Children, Youth and Women

- We achieved the 95% immunisation target for the first time in WDHB for the quarter ended December 2015. Unfortunately, we missed the target by one percentage point in ADHB.

- Following the introduction of the rotavirus vaccine to the childhood immunisation schedule in July 2014, there was a significant reduction in children presenting to the Emergency Department with gastroenteritis.

- We are implementing changes to the Rapid Response component of the Rheumatic Fever (RhF) programme. Changes include:

    - messages delivered through the Before School Check (B4SC) about RhF (the importance of getting sore throats checked, completing courses of antibiotics and tips for warm, dry homes) – targeted to Maori, Pacific and high deprivation four year olds and their families, and;
    - increasing the reach of RhF messaging across the entire primary care network in innovative ways.

- A draft childhood obesity plan is being developed. This will focus local activity on achievement of the new target as well as identified obesity reduction priorities.

- The team received valuable input from a wide range of stakeholders to the Annual Plan, at the two DHBs' planning workshops. The team's sections include: Immunisation, Rheumatic Fever, Children's Action Plan, Obesity (new), Unintended Teenage Pregnancy (new), Social Sector Trials (WDHB only) and, jointly with Mental Health, the Prime Minister's Youth Mental Health Project.
- Nurses across the Auckland Enhanced School Based Health Service (ESBHS) exceeded the 95% HEEADSSS target. The service is operating efficiently, with additional services added, including the appointment of a Lead Clinical Psychologist for the Programme and the programme due to start in Auckland Girls Grammar School.

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

February 2016

Auckland DHB

	Actual	Target	Period
Children			
Fully immunised by 8 months			
Total	94%	95%	Q2 15/16
Maori	85%	95%	Q2 15/16
Pacific	93%	95%	Q2 15/16
Asian	93%	95%	Q2 15/16
Other	89%	95%	Q2 15/16
Fully immunised at 2 years			
Total	95%	95%	Q2 15/16
Maori	97%	95%	Q2 15/16
Pacific	98%	95%	Q2 15/16
Asian	94%	95%	Q2 15/16
Other	95%	95%	Q2 15/16
Rheumatic Fever rate*	3.20	2.00	2014/15
* acute cases per 100,00 population			
% of women booking with a LMC before 12 weeks (community midwives)			
Total	68%	80%	CY2014
Maori	51%	80%	CY2014
Pacific	36%	80%	CY2014
Asian	68%	80%	CY2014
Other	79%	80%	CY2014
% of women smokefree at delivery			
Total	95%	86%	Q2 15/16
Maori	58%	86%	Q2 15/16
Pacific	90%	86%	Q2 15/16
Asian	100%	86%	Q2 15/16
Other	97%	86%	Q2 15/16
Breastfeeding - % exclusive or fully breastfed at discharge from LMC			
Total	82%	68%	Jun-14
Maori	79%	68%	Jun-14
Pacific	78%	68%	Jun-14
Breastfeeding - % exclusive or fully breastfeeding at 3 months			
Total	60%	54%	2014/15
Maori	54%	54%	2014/15
Pacific	48%	54%	2014/15
Asian	59%	54%	2014/15
Other	64%	54%	2014/15
Breastfeeding - % receiving breast milk at 6 months			
Total	76%	59%	2014/15
Maori	64%	59%	2014/15
Pacific	64%	59%	2014/15
Asian	78%	59%	2014/15
Other	81%	59%	2014/15
% babies enrolled with a PHO by 3 months			
Total	61%	98%	Q2 15/16
Before School Check coverage rates			
Total	47%	45%	Q2 15/16
Maori	48%	45%	Q2 15/16
Pacific	51%	45%	Q2 15/16
Other	46%	45%	Q2 15/16
Youth			
HPV immunisation coverage (dose 3)			
Total	79%	65%	Jun-15
Maori	75%	65%	Jun-15
Pacific	89%	65%	Jun-15
Asian	70%	65%	Jun-15
Other	80%	65%	Jun-15
Oral health: Adolescent utilisation rates			
Total	76%	80%	CY 2014
HEEADSS coverage in DHB funded school health services			
Total	97%	95%	CY2015
Women			
Cervical screening rate (25-69 years: 3 year coverage)			
Total	79%	80%	Sep-15
Maori	58%	80%	Sep-15
Pacific	81%	80%	Sep-15
Asian	66%	80%	Sep-15
Other	90%	80%	Sep-15
Breast screening rate (50-69 years: 2 year coverage)			
Total	66%	70%	Jun-15
Maori	62%	70%	Jun-15
Pacific	75%	70%	Jun-15
Other	66%	70%	Jun-15

Waitemata DHB

	Actual	Target	Period
Children			
Fully immunised by 8 months			
Total	95%	95%	Q2 15/16
Maori	94%	95%	Q2 15/16
Pacific	97%	95%	Q2 15/16
Asian	93%	95%	Q2 15/16
Other	98%	95%	Q2 15/16
Fully immunised at 2 years			
Total	93%	95%	Q2 15/16
Maori	94%	95%	Q2 15/16
Pacific	96%	95%	Q2 15/16
Asian	89%	95%	Q2 15/16
Other	97%	95%	Q2 15/16
Rheumatic Fever rate*	1.60	1.30	2014/15
* acute cases per 100,00 population			
% of women booking with a LMC before 12 weeks (community midwives)			
Total	68%	80%	CY2014
Maori	56%	80%	CY2014
Pacific	45%	80%	CY2014
Asian	64%	80%	CY2014
Other	80%	80%	CY2014
% of women smokefree at delivery			
Total	93%	86%	Q2 15/16
Maori	68%	86%	Q2 15/16
Pacific	90%	86%	Q2 15/16
Asian	99%	86%	Q2 15/16
Other	95%	86%	Q2 15/16
Breastfeeding - % exclusive or fully breastfed at discharge from LMC			
Total	79%	68%	Jun-14
Maori	55%	68%	Jun-14
Pacific	77%	68%	Jun-14
Breastfeeding - % fully breastfeeding at 3 months			
Total	61%	54%	2014/15
Maori	56%	54%	2014/15
Pacific	49%	54%	2014/15
Asian	62%	54%	2014/15
Other	64%	54%	2014/15
Breastfeeding - % receiving breast milk at 6 months			
Total	73%	59%	2014/15
Maori	66%	59%	2014/15
Pacific	64%	59%	2014/15
Asian	77%	59%	2014/15
Other	74%	59%	2014/15
% babies enrolled with a PHO by 3 months			
Total	62%	98%	Q2 15/16
Before School Check coverage rates			
Total	46%	45%	Q2 15/16
Maori	46%	45%	Q2 15/16
Pacific	48%	45%	Q2 15/16
Other	47%	45%	Q2 15/16
Youth			
HPV immunisation coverage (dose 3)			
Total	56%	65%	Jun-15
Maori	57%	65%	Jun-15
Pacific	67%	65%	Jun-15
Asian	58%	65%	Jun-15
Other	53%	65%	Jun-15
Oral health: Adolescent utilisation rates			
Total	66%	80%	CY 2014
HEEADSS coverage in DHB funded school health services			
Total	66%	75%	CY2015
Women			
Cervical screening rate (25-69 years: 3 year coverage)			
Total	80%	80%	Sep-15
Maori	57%	80%	Sep-15
Pacific	73%	80%	Sep-15
Asian	64%	80%	Sep-15
Other	84%	80%	Sep-15
Breast screening rate (50-69 years: 2 year coverage)			
Total	68%	70%	Jun-15
Maori	59%	70%	Jun-15
Pacific	77%	70%	Jun-15
Other	68%	70%	Jun-15

How to read

Indicator Title 85% (Actual) Performance 100% (Target) — Improvement against previous result

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

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

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

3. Activity in detail

3.1 Immunisation

The 8 months immunisation health target (to complete three immunisations due at six weeks, three months and five months to protect against diphtheria, tetanus, pertussis, polio, hepatitis B, haemophilus and pneumococcal diseases) is 95%. The target is reported quarterly, against all infants who turn 8 months in that quarter as recorded by the NIR. At the end of the second quarter, Auckland DHB achieved 94% (1% decrease) and Waitemata DHB achieved 95% (2% increase).

The equity gap appears to have closed in WDHB, but some work is still required in ADHB with coverage for Maori 85% in ADHB and 94% in WDHB at 8 months. The issue is more of timeliness, with the gap closing in ADHB by two years of age; coverage for Maori at 24 months of age is 97% for ADHB and 94% for WDHB.

3.2 Newborn enrolment

The Newborn Enrolment coverage result for Quarter Two 2015/16 is 61% in Auckland and 62% in Waitemata. This is consistent with a national 10% drop. However, the MoH has indicated that this is not cause for concern as a similar drop in coverage occurred in this quarter for the last two years due to PHOs having to provide their data earlier than other quarters because of the Christmas break.

As previously reported, Auckland and Waitemata are collaborating on a regional integrated newborn enrolment project (INBE). The project will enhance systems of enrolment to support effective engagement with universal healthcare services including PHO/General Practice, National Immunisation Register, Well Child Tamariki Ora, Newborn Hearing Screening, Oral Health services and BCG immunisation services.

An INBE paper was presented at the December meetings of the Regional Child Health Steering Group and the Regional Funding Forum. Both meetings gave their support to moving to the next stage, being the development of a business case based on the recommended mixed model:

- Auckland, Waitemata and Northland DHBs to develop a business case for implementing the National Child Health Information Platform (NCHIP)
- Counties Manukau DHB to continue with KidsLink with an option to come on board with NCHIP at a future date.

3.3 Rheumatic Fever

The Ministry has indicated that the changes being made to our programmes in relation to the Rapid Response component are acceptable. Plunket (the contracted provider of the B4SC programme) has agreed to test delivering key messages to Maori, Pacific and children living in deprived communities through the B4SC programme. The RhF programme targets people aged from 4 years. As the B4SC has high coverage (in excess of 90% for Maori, Pacific and Q5) and is already engaged with the family, adding key messages into their check appears to be highly efficient. Many of these checks are conducted in the home so the nurse is ideally placed to have personalised conversations about how homes can be made warmer and drier using resources developed for the RhF programme. These key health messages are also relevant to respiratory and other health conditions associated with poor housing.

Primary care has engaged fully in discussions about how to best develop the programme through specific clinics and their wider networks. In addition to an increased focus on clinical leadership, each PHO is being funded to develop innovations to get messages to the target population. A related

concept developed by Procare used a cervical screening video clip sent via text to Maori women encouraging them to get screened. We look forward to reporting on the innovations and their success in our next report.

3.4 Childhood obesity

In October 2015, the MoH released a Childhood Obesity Plan. The MoH Childhood Obesity Plan includes the new health target, and a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age. The MoH plan has three focus areas and 22 initiatives, which are either new or an expansion of existing initiatives. The new health target is: "By December 2017, 95 per cent of obese children identified in the B4SC programme will be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions." Reporting on this target will begin July 2016.

In preparation for the new target, and to focus local activity, we are preparing a local childhood obesity plan for Auckland and Waitemata. Preparation will include stakeholder engagement with community, primary and secondary care, and current obesity-related initiatives, including Healthy Auckland Together, Healthy Families, Healthy Babies Healthy Futures and the Pacific community church-based programmes Enua Ola and Healthy Village Action Zones. In keeping with the World Health Organisation's Commission on Ending Childhood Obesity, key childhood obesity activities should ideally take a lifecourse approach:[1] from preconception population health, including youth and women of child bearing age, through to health in pregnancy and the first year of life and on into infancy and childhood. Obesity activities will need to incorporate those from the MoH Childhood Obesity Plan, and extend beyond these to meet local needs, including improving breastfeeding rates. Breastfeeding, and the late introduction of first foods, provides moderate protection for childhood obesity, and supports maternal weight loss; breastfeeding anytime in the first year may reduce the odds of childhood overweight by 15-22 percent.[2] The DHBs will receive some funding in July 2017 for an expansion of family based interventions for preschoolers. This initiative alone will not address the obesity 'epidemic' or the downstream costs associated with obesity. Obesity is considered a normal response to an abnormal / obesogenic environment. It is the result of a complex interplay of factors, and requires multifaceted, intersectoral solutions. To enable a reduction in childhood obesity, obesity activities will need a strong focus on prevention.

To address population prevention at the preschool age, Waikato DHB is currently piloting and evaluating a preschool version (Under 5 Energize) of the school-based Project Energize physical activity and nutrition programme. Under 5 Energize involves supporting Early Childhood Education Centres (ECEs) to develop tailored food policies and approaches to providing their children with regular opportunities for active movement. The pilot has been running for two years, and early evaluation findings are positive, showing reductions in preschool BMI, particularly for Maori children.

Recent New Zealand evidence shows that doing any type of intervention for New Zealand children, i.e motivational interviewing, multidisciplinary teams or Active Families, as opposed to nothing, tends to be equally effective in reducing child BMI.[3] Longer term effectiveness requires ongoing reinforcement,[4] which could be developed through alignment of community, primary and secondary

[1] World Health Organization, Interim Report of the Commission on Ending Childhood Obesity, 2015.
[2] Weng SF, Redsell SA, Swift JA, Yang M, Glazebrook CP. Systematic review and meta-analyses of risk factors for childhood overweight identifiable during infancy. *Archives of disease in childhood* 2012;97(12):1019-26.
[3] Anderson YC, Cave TL, Cunningham VJ, Pereira NM, Woolerton DM, Grant CC, et al. Effectiveness of current interventions in obese New Zealand children and adolescents. Obesity Research & Clinical Practice 2014(8):2.
[4] Broccoli S, Davoli AM, Bonvicini L, Fabbri A, Ferrari E, Montagna G, et al. Motivational Interviewing to Treat Overweight Children: 24-Month Follow-Up of a Randomized Controlled Trial. Pediatrics 2016:peds. 2015-1979.

care advice using a set of brief intervention and goal setting resources. School food environment policies on their own have also been found to be very effective at supporting healthy weight in children.[5] Our draft actions in this particular childhood area currently include preschool food policies, motivational brief advice and family-based nutrition, activity and parenting for pre-schoolers. We will be consulting on a draft plan in March or April 2016.

3.5 Youth

The new school based health service in Auckland Girls Grammar will start this term, with the support of two full time registered nurses and two GP clinics each week as well as access to the visiting Clinical Psychologist service funded by the DHB. Auckland Girls Grammar has developed building plans for the new student health centre. Initial architect drawings look exciting and allow for sufficient rooms for the service including bathroom facilities within their lovely historical building.

Procare, on behalf of the Youth Alliance, has appointed a lead Clinical Psychologist to oversee the primary mental health aspects of the enhanced school based service. This is a positive new development and further evidence of the maturation of this service.

WDHB enhanced school based health services have made good progress towards delivering HEADDSSS assessments to all Year 9 students with 65% (830) young people receiving this comprehensive health and well-being check. ADHB has maintained the high coverage with 97% (1555) Year 9 students as well as 171 other high risk students receiving this comprehensive check.

3.6 Cervical screening

While there is little change in cervical screening coverage since our last report, we have seen a 1% increase for Maori, Pacific and Asian women in both DHBs. PHOs are engaged and working cooperatively to increase uptake of cervical screening especially for priority women. Initiatives include further detailed understanding and leveraging of data plus consideration of employing more nurse smear takers. Procare is also supporting screening through church led initiatives that will also be available for non Procare enrolled women. Other PHOs are moving away from campaigns/projects to looking at a systems improvement approach. This includes having dedicated rooms in clinics for opportunistic screening, training for non-clinical staff on invitation and recall and weekly targets.

The Ministry of Health has recently initiated a consultation on HPV testing as part of the screening pathway. This would also potentially see changes to the screening interval (from three years for most women to five years). The five year coverage rates are provided below. These show that overall coverage is relatively high 94% in ADHB and 88% in WDHB compared with 91% nationally, but both Maori and Asian women are less likely to be screened. This reinforces the ongoing need to focus strategies around Maori women in particular. Note that as we do not have a population database, these rates are at best an estimate of coverage and that an adjustor is made to the denominator to attempt to reflect hysterectomy rates.

[5] Waters E, de Silva Sanigorski A, Hall B, Brown T, Campbell K, Gao Y, et al. Interventions for preventing obesity in children (review). *Cochrane collaboration* 2011(12):1-212.

Table 1: NCSP 5 year coverage rates by ethnicity

Ethnicity	Auckland DHB	Waitemata DHB
Maori	72%	69%
Pacific	103%	87%
Asian	78%	72%
European/Other	105%	96%
Total	94%	88%

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

Coverage has remained stable for Māori and Pacific women in the Auckland DHB district. Maori coverage is 62% (down 1%) and Pacific coverage, whilst continuing to meet the 70% target, is 75% (down 1%). In the Waitemata district, coverage is lower for Maori women 59% (down 1%). For Pacific women the rate is unchanged at 77%. Extra activity is required to engage with Māori women especially in Waitemata. A key strategy to identify unscreened and under screened women is through Lead Provider / PHO data matching. An agreed pathway is being developed by the PHOs.

Graph 2: Number of Māori women required to reach 2 year coverage target for breast screening (at June 2015), by DHB

	Eligible women	2 year coverage 50-69 years %	2 year coverage actual number of women	Number of women needed to reach 70% target
Auckland	3,290	62.4%	2,054	259
Waitemata	4,220	58.8%	2,482	472

Source: National Screening Unit (NSU)

3.8 Annual Planning

Led by the Planning team, planning days were held in Auckland and Waitemata in January. The CYW team received valuable input from a range of stakeholders to sections we are responsible for including: Immunisation, Rheumatic fever, Children's Action Plan (CAP), Social Sector Trials, Unplanned Teenage Pregnancy (new), Obesity (new) and, with Mental Health, Prime Minister's Youth Mental Health. We had not received guidance from the Ministry on CAP or Unplanned Teenage Pregnancy, but took the opportunity to gather the collective wisdom of the participants on these as well as the other areas.

4.2 2016/17 Annual Planning Update

Recommendation:

That the report be received.

Prepared by: Simon Bowen (Director – Health Outcomes) and Wendy Bennett (Planning and Health Intelligence Manager)

Glossary

AP - Annual Plan
DHB - District Health Board
NHB - National Health Board
NRA - Northern Regional Alliance
NRHP - Northern Regional Health Plan
SoI - Statement of Intent
SPE - Statement of Performance Expectation

1. Executive Summary

This report has been prepared to update the committee on progress in the 2016/17 Annual Planning process, identifying those milestones which have been reached and the focus of the work going forward.

2. Introduction/Background

DHBs are required to have a finalised Annual Plan by 30 June 2016. We are also required to complete a Maori Health Plan for each DHB each year, adhering to the same timetable.

As well as this, we also contribute to the update of the revised Northern Region Health Plan which is being co-ordinated by the Northern Regional Alliance (NRA) on our behalf. Instructions regarding the plans are released each year by the National Health Board in a suite of policy and guideline documents, known as the Planning Package.

3. Progress/Achievements/Activity

The final planning package, including the funding envelope, was released in December 2015 by the National Health Board. Some information is yet to be released, but instructions and requirements are largely complete and are being used to develop the various sections of both Auckland and Waitemata DHB 2016/17 Annual Plans.

Two Planning Days have been held in January, one for each DHB. The Auckland DHB planning day had a different focus this year. The first part of the day was dedicated to becoming familiar with the themes of the Auckland DHB strategy, reviewing the DHB's strategic goals and actions and providing feedback on the top priorities. At Waitemata DHB the strong focus on the Board's two priority areas: Better Outcomes and Enhanced Patient Experience was very evident and well received.

Both days also provided time for those involved in the annual planning process to meet, discuss and develop their objectives for the coming year, with input from DHB staff including clinicians, and also PHOs, NGOs, our Treaty partners and others. Board members also attended these days.

Both days were well received, attended by around 180 people at each and have allowed a broad range of engagement in and input into both strategic and annual planning work.

The entire plans are being reviewed to improve presentation and style and to ensure conciseness of content. Module 1 of the Annual Plan forms the Statement of Intent. While changes to the Crown Entities Act (CE Amendment Act 2013) mean that the Statement of Intent (SOI) now becomes a high level, strategic document with a four year focus, the new Minister of Health has requested that all DHBs refresh this section for 2016/17 to reflect the key priority areas outlined in the Minister's Letter of Expectations and a health equity focus. We are reviewing the content in both Modules 1 and 2 to ensure they accurately reflect both DHB direction and government priorities. This year a new Module 2A has been introduced to show immediate planning impacts for 2016/17 from the draft updated New Zealand Health Strategy, which has been recently released with a Roadmap of Actions. The consultation on these documents will further clarify the roadmap actions the sector is expected to implement in 2016/17. We are also taking the learnings from the 2014/15 Annual Report process and feedback from Audit NZ to help us refine and improve this section.

Module 3 – the Statement of Performance Expectations – is also being reviewed and revised to ensure the right set of measures to reflect the work of each DHB is included.

The Minister's Letter of Expectations
The Minister's Letter of Expectations was released last month. This highlighted the need for Annual Plans to reflect the direction of the draft New Zealand Health Strategy. Further key elements are summarised below:

Living within our Means
DHBs are required to budget and operate within their allocated funding and must prepare detailed plans to improve their year-on-year financial performance. This must include information on their efficiency programmes which will allow investment into new and more health initiatives. Improvements sought through national, regional and sub-regional initiatives should continue to be an area of focus. With the establishment of NZ Health Partnerships Ltd, DHBs are expected to work together to ensure successful implementation of current programmes and to identify, develop and implement future opportunities.

Working across Government
DHBs are expected to continue cross-agency work that delivers outcomes for children, young people and vulnerable families, including Whānau Ora, Social Sector Trials, the Prime Minister's Youth Mental Health Project and Healthy Housing.

DHBs are also expected to commit to delivering against the cross-government work programme on the Better Public Service Result One: Reducing long-term welfare dependence, expanded to include a focus on reducing unintended teenage pregnancies.

National Health Targets
DHBs must remain focused on achieving and improving performance against the national health targets, particularly the Faster Cancer Treatment target, ensuring acceleration on pace of progress.

Tackling Obesity
Reducing the incidence of obesity is a key focus for 2016/17. DHBs are expected to lead and support a number of cross-agency activities and initiatives to prevent and manage obesity in children and

young people, while identifying any other appropriate activities. This includes a commitment to achieving the new health target – by December 2017, 95% of obese children identified in the B4 School Check programme will be referred to a health professional for clinical assessment and other interventions.

Shifting and Integrating Services
Integrating primary care with other parts of the health services is vital for better management of long-term conditions, mental health, an aging population and patients in general. This remains an important priority for the government, with a clear expectation that more services will be moved closer to home in 2016/17, supported by clinical leaders within both community and hospital settings.

Health IT Programme 2015-2020
Along with completing current regional and national IT investments, DHB, PHO and primary care representatives are expected to participate in the design phase of the Health IT Programme 2015-2020 over the next nine months.

Maori Health Plans 2016/17
Preparations for the development of activities in the Māori Health Plans are well underway. The approach for this planning cycle will be to have activities in the Māori Health Plans embedded in the Annual Plans to enhance accountability and improve responsiveness to Māori health gain across the District Health Boards (DHBs). Engagement with Memorandum of Understanding (MOU) partners, Primary Health Care organisations, Māori providers and key internal stakeholders has begun and will be on-going throughout the planning process.

Funding Advice
The initial funding advice for the 2016/17 year was sent to DHBs by the Ministry of Health in December 2015. Analysis of this and advice for the forthcoming year, including probable savings programme requirements is currently being undertaken. Separate, more detailed papers are being presented to respective Audit and Finance Committee meetings regarding funding advice for each DHB.

Planning Timetable
The timetable below outlines the key dates over the coming year related to the development and submission of the Annual Plans:

Date	Activity	Responsibility
27 January 2016	• ADHB A&F meeting: funding advice analysis	Chief Financial Officer - ADHB
February 2016	• Planners develop annual plans to meet requirements in the planning package	DHB Planners
3 February 2016	• WDHB A&F meeting: funding advice analysis	Chief Financial Officer - WDHB
17 February 24 February	• First draft provided for consideration: o ADHB Board o WDHB Board	DHB Planners Chief Financial Officers
9 March 2016 16 March 2016 31 March 2016	• ADHB A&F meeting: sign off ADHB Annual Plan • WDHB A&F meeting: sign off WDHB Annual Plan • First draft of the Annual Plan due with the NHB for review (date TBC) • First draft of the Statement of Intent/Statement of	DHB Planners Director – Health Outcomes Director - Funding

Date	Activity	Responsibility
	Performance Expectations due with the NHB (and ideally with Audit NZ) for review	
Week beginning 2 May 2016	• Feedback received from NHB • Amendments made to the plan, SPE and SOI as required	DHB Planners Chief Financial Officers
27 April 2016	• CPHACs meeting: second draft provided for consideration	DHB Planners Chief Financial Officers
11 May 2016 18 May 2016	• ADHB Board meeting: sign off ADHB Annual Plan • WDHB Board meeting: sign off WDHB Annual Plan	DHB Planners Chief Financial Officers
30 May 2016	• Final board, PHO and MoU partners-approved Annual Plan due with the NHB	
From 13 June 2016	• Minister's letters to DHBs indicating approval or changes required for Annual Plans and Regional Service Plans.	NHB
17 June 2016	• DHBs submit final Annual Plans, and Regional Service Plans to Minister for approval (as required)	DHB Planners
On or before 30 June	Final Annual Plans, MHPs and RSPs signed by Minister/signed SoI/SPE extract to Bills Office	DHB Planners Chief Financial Officers
July 2016	• Statement of Intent submitted to House of Representatives and posted on our respective websites • Documents made widely available to staff and others	DHB Planners

4. Conclusion

The planning process is progressing as planned and is on track to deliver the 2016/17 Annual Plans to respective Board meetings in February, and subsequently to the National Health Board on 31 March.

5.1 Planning, Funding and Outcomes Update

Recommendation

That the report be received.

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Tim Wood (Funding and Development Manager Primary Care and Acting Funding and Development Manager Mental Health and Addictions), Kate Sladden (Funding and Development Manager Health of Older People), Aroha Haggie (Manager Maori Health Gain), Lita Foliaki (Manager Pacific Health Gain), Samantha Bennett (Manager Asian Health Gain) and Jane McEntee (General Manager Auckland Regional Public Health Service)
Endorsed by: Dr Debbie Holdsworth (Director Funding and Simon Bowen, Director Health Outcomes)

Glossary

ARPHS	-	Auckland Regional Public Health Service
CPHAC	-	Community and Public Health Advisory Committee
DHB	-	District Health Board
HBSS	-	Home Based Support Services
HCSS	-	Home and Community Support Services
MoH	-	Ministry of Health
MoU	-	Memorandum of Understanding
NASC	-	Needs Assessment and Coordination
NHB	-	National Health Board
PFO	-	Planning, Funding and Outcomes
RFP	-	Request for Proposals
RhF	-	Rheumatic Fever

Summary

This report updates the Community and Public Health Advisory Committee (CPHAC) on Auckland and Waitemata District Health Boards' (DHB) planning and funding activities and areas of priority, since the last meeting on 25 November 2015. It is limited to matters not already dealt with by other Board committees or elsewhere on this meeting's agenda.

1. Planning

1.1 Update on population projections and potential effects on health indicators

The Ministry of Health has produced updated population projections for DHBs in order to reflect the record level of net migration. These are based on the 2013 census and are called the '2015 update'. A correction has been applied to the Auckland population which has resulted in a significant increase (21,245 more in 2016/17) to the Auckland population compared to the previous projections. There is also an increase of 3,325 in Waitemata DHB due to the new projections.

The new Auckland DHB population projections will potentially impact on DHB measures and indicators. In general, any indicator that uses total and/or partial population as denominator will be affected, impacting both negatively and positively on performance results. Our estimate of this impact is as follows:

- Life Expectancy: slight increase
- All mortalities (such as cardiovascular, cancer and stroke) will be lower
- All the national health survey indicators (such as smoking, obesity, physical activity, hazardous drinking, adult medicated for cholesterol, blood pressure): there will be no change in the rates or percentages; however there will be an increase in the absolute numbers
- There will be no impact on child immunisations (as the denominator is birth registry). However, our HPV vaccination rate will be lower.
- Screening tests (cervical and breast): will be lower.
- All hospital discharge rates, electives and acute, will be slightly lower
- All health targets: there will be no impact on any of the health targets except the "Improve Access to Electives" health target. If the MoH adjusts the number of needed operations according to the new population, the number will increase and the target will be harder to achieve.

1.2 Correspondence

In November 2015, PFO responded to a request from the Director General of Health to provide information on work Auckland and Waitemata DHBs are doing to target services towards achieving the Government's better public service objectives. For your information, the correspondence is set out at Appendix 1 to this paper. To reduce duplication, only the covering letter that was sent from the Chief Executive of Waitemata DHB has been included, as the covering letter from the Chief Executive of Auckland DHB was the same. The attachments to the letters are available on request.

Both DHBs also provided feedback to the Ministry of Health on the draft New Zealand Health Strategy as part of a Northern Region response. Again, to reduce duplication only the covering letter from the Chief Executive of Auckland DHB is provided (Appendix 2 to this paper). There is a great deal of content in common between the submission documents, which reflects the degree of collaboration in a number of these areas. The full submissions are available on request.

2. Primary Care

2.1 Waitemata DHB Palliative Care

The Palliative Care model of care was approved and finalised in October 2013. A Clinical Governance Group has been in operation since March 2014 and is currently overseeing the work of a subgroup.

The first element of the model of care to be addressed was the design and implementation of the Senior Medical Officer hub. The model has been designed and endorsed by all hospice Boards and DHB Boards. An implementation group has developed job adverts, compared contracts and completed job sizing. The next step would be to release job adverts to recruit into the hub. Ongoing discussions are taking place with the hospice CEOs and chairs to progress this initiative.

The Clinical Working Group has completed the localisation of the palliative care pathway for HealthPathways for the Waitemata District. This work has now gone to a regional group with representatives from all three Auckland Metro DHBs to build on and develop a pathway for use across Auckland Metro.

2.2 Community Pharmacy

Metro Auckland Community Pharmacy Waste Management Service is starting from 1 February 2016. The pharmacies will have an access to a fully funded waste collection and disposal service for general pharmaceutical, sharps and cytotoxic waste. Our population would be able to access this service by bringing any expired or unwanted medical waste to their local community pharmacy.

2.3 Metro Auckland DHBs' Regional Stakeholder Forum

The Metro Auckland DHBs are hosting a local DHB stakeholder forum with the wider health sector including consumers and community pharmacists. These forums will provide DHBs with an opportunity to engage with a broad range of stakeholders about the future landscape of pharmacists' services in the community and the strategic development and service design of the next contract. Overall the stakeholder forum will be held to discuss the 5 – 10 year strategic direction for the development of integrated pharmacist services in the community.

3. Health of Older People

3.1 Home and Community Support Services (HCSS)

In-between Travel (IBT) funding will be devolved to DHBs to manage from 29 February 2016. IBT funding recognises the full mileage costs for support workers and the time taken for them to travel between clients. A one band model with exceptional travel has been agreed as part of the Settlement. Contract variations have been prepared for all Auckland and Waitemata HCSS providers for this purpose. The model will be monitored after implementation and a review conducted before 31 August 2016 to consider whether matters such as time and distant thresholds, affordability, service delivery, disadvantages and fairness need to be revisited.

The Director General's Report on Home and Community Support Services is still under consideration and yet to be released.

3.2 Aged Related Residential Care (ARRC)

There are a number of ARRC new builds and reconfigurations incorporating secure dementia units planned for both Auckland and Waitemata DHBs over the next 18 months. Work is underway to establish a process to ensure best practice is achieved in the design of these units and we have been liaising with HealthCERT MoH about the development of Dementia Unit Design Guidelines. Evidence shows that the built environment will impact on the quality of life of people living in secure dementia units.

4. Maori Health Gain

4.1 Māori Health Plans

The Māori Health Gain Team continues to coordinate the development of the 2016/17 Māori Health Plans for Auckland and Waitemata DHBs. Engagement with MoU Partners, Māori Providers, PHOs and internal stakeholders has begun and will continue throughout the planning process.

4.2 Cervical screening

Several activities have been implemented to support an improvement in performance against the cervical screening indicator. These include:

- A training package to support a new model of care for patient recall where reception staff and practice nurses work together has been developed. We have engaged with PHO representatives who have provided input into the development of the train-the-trainer model. The training has been developed by a health literacy organisation with expertise in Māori health and was initiated as part of the strategy to reduce inequalities in cervical screening coverage. Implementation of the training will commence shortly.

- A national data matching process was achieved based on the Auckland DHB and Waitemata DHB joint data match pilot project with ProCare. The process includes the ability to prioritise and filter the lists by ethnicity for concentrated invitation and recall efforts. The regional coordinators have been involved in PHO and practice level support to promote and support the use of the lists.

- Further development of the Māori specific Human Papilloma Virus (HPV) Cervical Screening Self-Sampling Project in West Auckland.

- Completion of the third successful 'pop up' clinic in Mt Roskill. Fifty-nine priority women were screened at the latest pop up clinic, with 29 of those women having never had a smear and significant positive patient experience feedback.

- A referral pathway between PHOs and Independent Service Providers to improve coverage for priority women (specific focus on Māori women) has been implemented across all PHOs. A review of the pathway will commence in March 2016 to ascertain its effectiveness.

4.3 Whanau House Health Needs Analysis (HNA)

The joint Whanau House HNA project (Waitemata DHB, Te Whanau o Waipareira Trust and Total Healthcare Primary Health Organisation (PHO)) was commenced. The project proposal documentation, including privacy impact assessment, was approved by the Privacy and Security Governance Group and a data sharing agreement signed.

Data matching and analysis will begin in early 2016. The objective of the project is to better understand the health needs of the local population served by Whānau House, the extent to which Whānau House is meeting those needs, and the identify the successes and opportunities for improvement.

4.4 Bariatric

The Local Priority area of obesity from the 15/16 Māori Health Plan has a focus on improving access to bariatric surgery for Māori and Pacific. A Bariatric Project has been initiated, including identification of several relevant pieces of work already underway or planned. The project will draw this work together and identify gaps in the pathway to surgery and work streams of activity to address barriers.

5 Asian, Migrant and Refugee Health Gain

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

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

Work is ongoing towards completion of the Asian International Benchmarking Report comparing health outcomes for Asian subpopulations around the world, in order to identify potential emerging areas that may impact on the health of specific Asian groups in Waitemata DHB and Auckland DHB catchments. This will be completed in June 2016.

5.2 Increase Access and Utilisation to Health Services

Indicator: Increase by 2% the proportion of Asians who enrol with a Primary Health Organisation (PHO) to meet 80% (ADHB) and 84% (WDHB) targets by 30 June 2016 (current rates 74% (ADHB) and 82% (WDHB) as at Q1, 2016.

- Due to the rapid increase of the ADHB population (record level net migration), the effect has translated into a decrease in the PHO enrolment rate for Asian from 78% to 74% (ADHB) but remained the same 82% (WDHB) as at January 2016 (based on the population projections released by Statistics NZ according to the assumptions by the MoH – the '2015 Update'). New enrolments were 4,517 in ADHB and 7,952 in WDHB (as at Q1, 2016) reflecting ongoing Asian enrolment behaviour despite the record net migration in both districts.

Indicator: Reduce acute flow to the Emergency Department (ED) at Auckland City Hospital (ACH) for identified migrants (new, long term) and/or student (international, domestic) populations living in the Auckland Central Business District (CBD)

- A piece of work has been completed outlining preliminary findings about the actual population groups (age, ethnicity, gender, migrant and/or student status) living in the CBD who have accessed the ED at ACH for either triage 1-3 or 4+ conditions in the last 12 months. A suite of options/recommendations have been scoped and proposed to guide the next steps in order to engage with those identified population/target groups to encourage enrolment (or registration if an international student) with a general practice close to where they live, work or study. This information will be shared with the Executive Leadership Team (ADHB) on 2 February for endorsement and the Hospital Advisory Group (ADHB) on 17 February for their inputs and endorsement of potential intervention strategies.

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

- The Refugee Primary Care Wrap Around Service Agreements with PHOs are continuing to be rolled out with identified general practices participating in the programme offering subsidised culturally appropriate services to enrolled refugees within the practices. Professional development opportunities for primary health and the frontline workforce to upskill them on the soft skills and cultural competencies required to support refugee families at the practice level include:
    - Two receptionist training to frontline staff sessions scheduled for 19 February and 27 May, 2016
    - Three refugee health network forums to primary health professionals proposed for May, August and Nov 2016 (topics to be confirmed)

Indicator: Increase the number of Indians who have a heart and diabetes check through targeted engagement

- Ongoing engagement with partners who reach out to Indian communities in Auckland and West Auckland to raise awareness about heart and diabetes checks, and healthy lifestyle messaging via partner platforms in Q3/Q4 with a focus on collaborating with Health Families Waitakere, The NZ Taxi Association Ltd and Diabetes NZ (Auckland Branch) for targeted efforts towards Indian males (35-44 years).

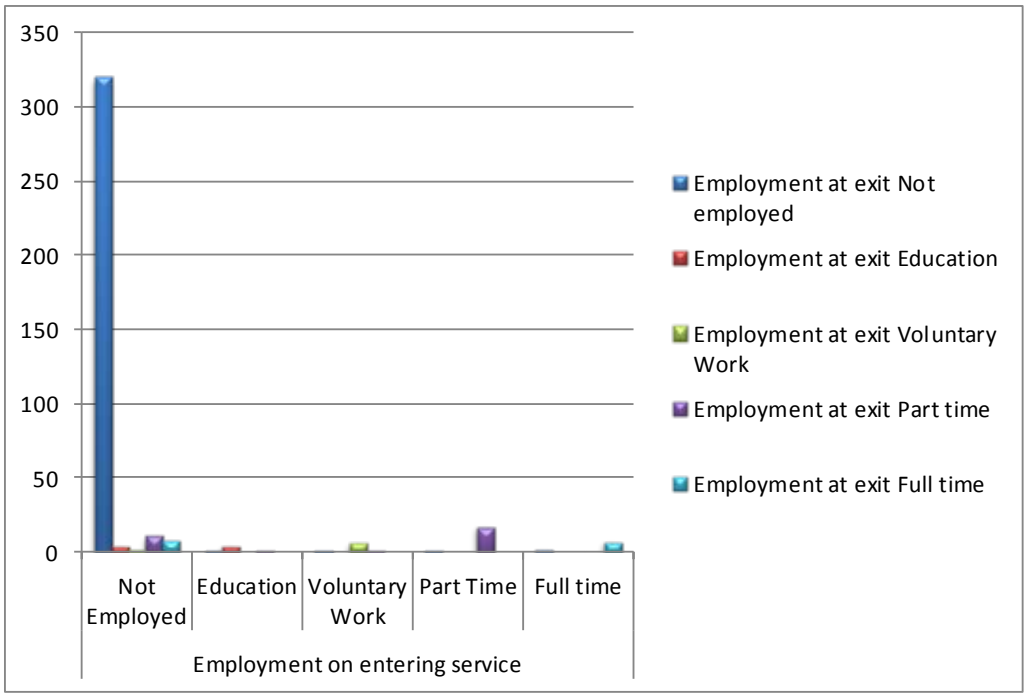
6 Mental Health and Addictions

6.1 Auckland and Waitematā DHB's Mental Health and Addictions Employment Strategy - Everyone's Business

An implementation group has been established and is due to meet in late January 2016. CMDHB Mental Health and Addictions Planning and Funding Team have indicated interest in Everyone's Business and working alongside Auckland and Waitematā DHBs in implementing this strategy.

The social outcome indicators work undertaken by Auckland and Waitematā DHB NGOs will be used to establish benchmarks for the implementation of this strategy. Table 1 shows the Quarter 1 data for 2015/16, comparing a person's employment status when they enter service to when they exit (a total of 363 people exited during this period). The Q1 outcomes align closely with the 2014/15 outcomes in highlighting that the majority of people enter and exit NGO services as unemployed.

Table 1: Q1 2015/16 Employment Data for Auckland and Waitematā DHBs (N=363)

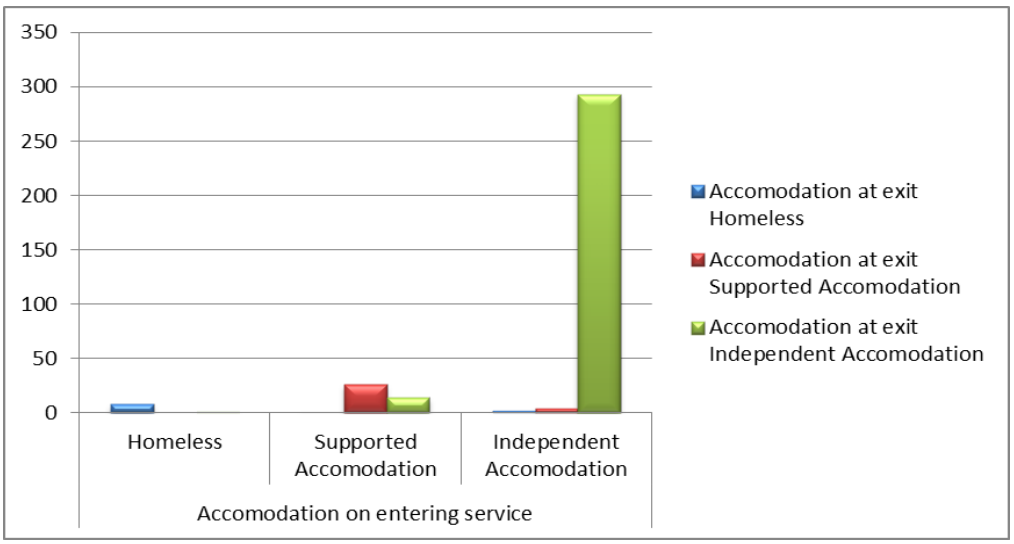


6.2 Auckland and Waitemata DHB's Mental Health and Addictions Social Outcomes Indicators development

The social outcome indicators work undertaken by Auckland and Waitematā DHB NGOs continues to focus on measuring changes in employment status (see Table 1), and has included housing status for 2016/17. Housing status compares a person's housing (based upon Statistics NZ definitions) status when they enter service to when they exit.

Quarter 1 2015/16 is the first time this data has been reported, and is based upon a total of 363 people exited NGO services during this period (see Table 2).

Table 2: Q1 2015/16 Housing Data for Auckland and Waitematā DHBs (N=363)



The social outcome indicators work undertaken by Auckland and Waitemata DHB NGOs has been utilised by Te Pou and the MOH to guide the development of social outcome indicators, and has formed the basis of these indicators within the Programme for the Integration of Mental Health Data (PRIMHD).

6.3 Auckland DHB's Tamaki Mental Health and Wellbeing Initiative

The Tamaki Mental Health and Wellbeing initiative primary care/NGO integration pilot began in September 2015. This pilot has linked three NGOs with two GP practices and is preparing to link a third GP practice.

To date 33 referrals have been to the NGO services. Of these referrals 9 people declined support, 16 people are currently receiving support, 3 people have achieved their goals and no longer require support, and 5 people left support for a variety of reasons (for example moving out of the area). The pilot working group is currently focused on why nearly a quarter of referrals declined the service; this may be in part a communication issue (for example one person referred expected the NGO support worker to provide housing).

6.4 Waitemata High and Complex Needs Service Development

The NGO Provider, Goodwood Park Health Group Ltd, has completed the first interim facility in Kumeu. This site opened in December 2015 and currently has three service users in residence. A second interim facility, in Ranui, is near completion and will be open to referrals in early March 2016. Goodwood Park Health Group Ltd and Waitemata DHB are currently in the design phase of the enduring service, working alongside the architects who designed the He Puna Waiora inpatient unit. The construction of this facility is expected to be fully completed by May 2017.

7 Pacific Health Gain

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

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

Two more *Incredible Yeas* parenting support programmes will be implemented in West Auckland and two in HVAZ churches in Q3 and Q4. Supervision of facilitators of *the Living Without Violence* programme will start in February 2016 as a response to the needs of facilitators who are implementing the programme as well as those who are still at development stage.

7.2 PHAP Priority 2 –Pacific People are smoke-free

A specific plan is in place and is being implemented to assist churches not yet smoke free to achieve this status by 30 June 2016.

7.3 Priority 3 – Pacific people are active and eat healthy

Ninety three people lost and maintained weight loss over the last three years, identified through the Aiga Weight Loss competitions that have been held annually by the HVAZ and Enua Ola churches/community groups. A meeting with these folks will take place in February. They will be asked whether they are willing to participate in a survey to identify the changes that they have made and how they have maintained these changes, and whether they are willing to support individuals or families to make similar changes.

The NZ Institute of Sport started a NZQA Level 2 Certificate in Sport and Nutrition course for a group of HVAZ and Enua Ola participants on 19 January 2016.

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

One of the key tasks of the parish community nurses is to assist churches / groups to develop health plans and 24 out of the 25 Enua Ola churches in West Auckland now have a health plan. They also completed 286 individual health checks in the last quarter. 15 were identified as high risk and referred to their primary care provider, 8 were for high blood pressure and 7 for non-compliance with medication. 21 were referred to cervical and breast screening and 17 to bowel screening. Referrals have also been made for Whanau Ora services.

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

The Pacific GM for Hospital Services reports on this priority.

7.6 PHAP Priority 6 – Families live in houses that are warm and adequate

No further action has occurred with respect to this priority.

8. Auckland Regional Public Health Service (ARPHS)

8.1 Submissions

ARPHS has completed and submitted six submissions during November 2015 – January 2016.

Date	Topic	Brief note
5 November	***Building (Swimming Pools) Amendment Bill***	Concern at the repeal of Fencing of Swimming Pools Act (FOSPA) 1987 which has been successful at reducing child pool related deaths by drownings and near drownings. The proposed Bill repeals the FOSPA and places regulations within the Building Act - which ARPHS does not support. All DHB Chief Executives signed the submission and endorsed ARPHS' position. A presentation to the Local Government and Environment Select Committee is expected in February.
4 December	***Updating the NZ Health Strategy***	ARPHS submission included an emphasis on early intervention, preventative approaches and wellness.
4 December	***Proposed changes to the National Microbiological Database (NMD) Notice***	ARPHS supports the proposed extensions to the NMD as a preventative public health measure, particularly increased salmonellosis testing. We have requested access to NMD data to assist our surveillance and enteric disease control activities.
14 December	***Updating the Education Act***	Education is a very strong determinant of health and wellbeing. Our submission recommended addressing inequalities, and health and wellness as education system goals.
23 December	***Topics for Environmental Reporting***	ARPHS supports the proposed list of topics and welcomes the inclusion of the proposed "impacts on public health" topic.
21 January	***Shop Trading Hours Amendment Bill (Easter Sunday)***	This Bill amends Easter holiday trading hours where current restrictions on the sale and supply of alcohol could be amended. An amendment may increase alcohol-related harm. ARPHS endorses MBIE's preferred option that the proposed Bill specifically does not amend the current Sale and Supply of Alcohol Act.
22 January	***Maternal Child Health Promotion Consultation***	ARPHS responded to the closed consultation supporting maternal and child health promotion ensures the best start in life for all and is a key element in supporting equity, health and wellbeing at the population level.

8.2 Upcoming submissions

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

Due Date	Topic	Brief note
2 February	***Consultation on National Policy Statement- Urban Development***	This is an initial consultation led between the Ministries for the Environment and Business, Innovation and Employment.
12 February	***Reducing harm caused by Commercial Sunbeds***	In 2012, ARPHS submission to Auckland Council led to New Zealand's first bylaw against under 18s and Skin Type 1 people using commercial sunbeds. This is being considered at the national level. ARPHS submission will include data on changes to harm since the by-law came into force.
9 March	***Better Urban Planning***	ARPHS is responding to an issues paper released by the Productivity Commission regarding their inquiry and review of New Zealand's urban planning system. The Commission will identify the most appropriate system for allocating land use to support desirable social, economic, environmental and cultural outcomes.

8.3 Pacific Demographic Profile: Census 2013 Auckland Usual Residents

ARPHS has recently completed the Pacific Demographic Profile: Census 2013. This report provides a quantitative picture for Pacific people living in Auckland. The information is useful for a range of organisations and can assist with policy and planning functions. The report provides an exploration of census data on social determinants of health along with comparisons with Auckland's non-Pacific population. The report includes trends and changes over time.

Key findings include:

- Pacific population continues to grow (approximately 7.8% of NZ population currently, compared with 6% in 1999)
- Pacific peoples made up 15.2% of Auckland population in 2013 with projected increases meaning that by 2038, Auckland's population will grow to two million and one in six (17.6%) will identify with Pacific ethnicity
- Higher proportion of Pacific population reside in single parent households (almost double) and multiple family households (almost triple)
- Six-times higher proportion with more than six family members (highest is Tongan group at 35.1%)
- Lower proportions of Pacific population are engaged in full time employment.

This report is available on the ARPHS website at http://www.arphs.govt.nz/health-information/pacific-health and Auckland Council's Research and Evaluation Unit – www.knowledgeauckland.org.nz.

8.4 Mass shock-dose on cooling towers in response to Legionella – Does it Work?

ARPHS have published an article on Legionella, *"Mass shock-dosing of cooling towers in response to legionella pheumophila outbreak-did it work?"* in the Journal of Biometrics and Biostatistics and is available online.

ABSTRACT - Between January and June 2012, a moderate-sized Legionella pneumophila serogroup 1 (Lp1) outbreak occurred in Auckland, New Zealand, which involved 19 cases, with two deaths. Initial investigation did not reveal a common source. Poorly maintained cooling towers were a likely cause, and mass shock dosing of all such towers with biocide was undertaken in April 2012 and repeated after an almost identical outbreak in the autumn of 2013. The aim was to assess whether shock dosing of towers affected disease incidence. A time-series analysis, using regression discontinuity, of the notified Lp1 cases from 2007 to October 2014 was carried out. A total of 84 out of 92 cases of Lp1 were available for analysis.

In response to the outbreaks, ARPHS has also worked closely with Auckland Council culminating in the creation of the new Property Maintenance and Nuisance Bylaw. The Bylaw creates mandatory registration of industrial cooling towers as well as obligations for property owners to carry out on-going maintenance. These measures will help to minimise legionella outbreaks.

8.5 Healthy Auckland Together (HAT) Update

Healthy Auckland Together partners are collaborating on a range of initiatives throughout the Auckland region including a recent submission on the Education Act 1989 Update. Key messages included:

- Wellbeing, including health is vital to student success
- Schools play a critical role in improving health and wellbeing.

Healthy Auckland Together has also completed and evaluated a stair climbing campaign carried out in all three Auckland District Health Boards during winter 2015. The overall results were mixed and suggest that in some instances, taking the stairs does increase with the visual prompts, but these are most effective when the stairwell is visible and designed to encourage foot traffic. Where stairwells are hidden behind lift wells or have signs such as 'fire escape only', little behaviour change is evident. Findings from the project will be summarised for use by other organisations and interested stakeholders.

All partners are currently promoting the Auckland Bike Challenge during February as an event that workplaces can participate in. Some partners are also involved in the Future Streets research project that is aiming to make cost effective changes to urban streets in Mangere to improve road safety, and make walking and cycling easier.

Appendix 1

Waitemata District Health Board
Best Care for Everyone

Planning, Funding & Outcomes Unit
Auckland and Waitemata DHBs
Level 2, 15 Shea Terrace
Takapuna
Auckland 1309
Private Bag 93-503, Takapuna
Auckland 0740
Telephone: 09- 4868920
Facsimile: 09- 486 8924

27 November 2015

Chai Chuah
Director-General of Health
Ministry of Health
PO Box 5013
Wellington 6145

Dear Chai

Thank you for your letter of 19 November 2015 in which you requested information on work we are doing to target services towards achieving the Government's better public service (BPS) objectives.

Waitemata DHB is represented on the Auckland Joint Official Group (AJOG) and the Auckland Social Sector's Leaders Group (ASSLG). Both AJOG and ASSLG support social sector agencies to work together to strengthen collaboration and achieve BPS targets for Auckland. We are also part of the Auckland Intersectoral Health Group which aims to coordinate health sector input into broader public sector activity. Waitemata DHB recognises that if we want to make a real contribution toward the BSP initiatives we need to look to new methods of purchasing and delivering outcomes-focussed services, in partnership with other social sector agencies and communities.

We set out a summary of '*what is already happening*' and '*what is in the pipe-line*' in this regard in the table attached to this letter as Appendix 1. The table covers:

- Vulnerable Children
  - reducing assaults and family violence; drug and alcohol services for pregnant mums with substance abuse disorders; immunisation and rheumatic fever
- Long Term Dependence
  - mental health employment and work planned for a primary mental health plan
- Reducing Crime
  - alcohol and drug assessment service to support drug treatment court; specialist alcohol and drug services for referrals from the department of corrections
- Other
  - Ranui Social Sector Trial; Auckland Rough Sleeper Strategy; Healthy Auckland Together; Whanua Ora and work with our MOU Partners and Pacific Providers.

In terms of '*what population groups we consider are a priority in the next financial year*', we note that Waitemata DHB is focussing on:

- Vulnerable pregnant women including young pregnant women under 20 years of age
- Vulnerable children with a particular focus on children under 6 years, as evidence shows:
  - very young children are at greatest risk of adverse outcomes (disability and death)

    - the best outcomes from early intervention can be achieved for children under 3
    - the greatest value for money is achieved through interventions in the first years of life
    - protection and monitoring is necessary for children not yet at school
- Vulnerable teenagers (particularly those in alternate education or excluded from school, as well as those not in education, employment, or training)
- Children of parents with mental ill-health and addictions
- Mental health and drug and alcohol misuse clients
- Homeless and rough sleepers.

In terms of our view on '*reducing long-term welfare dependence or improving services for vulnerable children*', we consider there are obvious activities that could be targeted to the population groups we have identified above, to contribute to reversing poor outcomes. For example:

- There is a body of evidence on the benefits of parenting programmes, specifically Triple P and Incredible Years, as well as others associated with infant attachment (for example, Circle of Security). In Auckland, 26% of babies (1,600 infants per year) are born into decile 9 and 10 families. Of these babies, half to a third are born to first time parents who we consider would benefit from parenting programmes
- Information on pregnancy and contraceptive choices could be included as a more effective component of the school curriculum along with better access to primary health services
- Better screening tools for mental health, violence and other social issues affecting behaviours during pregnancy would assist Lead Maternity Carers, Well Child Tamariki Ora and GPs to improve later life outcomes
- A focus on improving family violence screening across maternity and child health settings, particularly around safe and culturally appropriate referral and management pathways for when screening is positive
- A revised model encouraging Lead Maternity Carers to take on the care of socially disadvantaged women would improve wrap around services and enable earlier intervention on family violence, mental health and alcohol and drug issues
- Other evidence based programmes that have not been implemented in New Zealand or have been but are limited in scope, such as home visiting nursing programmes, could be strengthened
- Evidence shows family and parental interventions for children with conduct disorders and children whose parents have mental ill-health, who have increased risk of suicide, self-harm and exclusion from school, could lead to a reduction in re-offending, re-arrests and time in care
- Changing the way we approach attendance at school, alternative education, exclusions and expulsions as well as designing services around the learning needs of young people who do not fit mainstream approaches would impact on later life outcomes
- Whānau Ora and Pasifika Futures work could be strengthened through localities based approaches, networks and common assessment tools
- The health navigator (care navigation including whānau ora navigators) workforce would benefit from clarifying roles and expectations, appropriate resourcing, training and skillset and core competency development

- Intensive rehabilitation for patients with disability from conditions such as stroke would also be likely to be beneficial.

- Finally improvements in housing supply and quality would make a real difference for many of the priority groups that we are working with in this area.

Key documents guiding the work we are doing to target services towards achieving the BPS objectives are also included in the table attached to this letter as Appendix 1. For further detail, please contact me.

Yours sincerely

Dale Bramley
Chief Executive

Appendix 2

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Chief Executive's Office
Level 1, Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Phone: (09) 630-9943 ext 22342
Fax: (09) 375 3341
Email: ailsac@adhb.govt.nz

4 December 2015

New Zealand Health Strategy Consultation
Ministry of Health
PO Box 5013
Wellington

Re: Auckland DHB feedback on the draft New Zealand Health Strategy

Thank you for the opportunity to provide feedback on the draft New Zealand Health Strategy. Auckland DHB is providing the attached submission as part of a Northern Region submission.

We have been involved in the consultation process on the refreshed strategy throughout 2015, including the most recent opportunities with the release of the draft Strategy. We have provided input into the consultation along these various stages, at different levels and in different forums. We are pleased to provide further feedback on this final draft Strategy.

The Strategy refresh is a significant opportunity to provide leadership and direction in health. Overall the strategy is simple, concise, and easy to read. It acknowledges that there have been challenges in delivering on the principles articulated in the 2000 Health Strategy, and that broad examination systems and funding are important in order to recommit to those high level principles while stretching them further to add collaborative interagency working. Some key areas we are very supportive of, and which align to DHB direction of travel, are the focus on people-centred services, co-design, system thinking, and priority areas of children and whanau and long term conditions.

We note and support the increased focus on collaborating across government (examples given include the Social Sector trials and Children's Teams) and the indication of expansions of these approaches and new funding approaches to support this. We also support the commitment to the development of a national electronic health record and sharing of health information to support targeted intervention, integration and monitoring of outcomes.

We believe the strategy could be further strengthened. The focus on prevention, early intervention, long term conditions, children and families are important and supported. Focused evidence based actions, supported by the signalled health investment approach, are not clearly visible in the roadmap of actions. The actions appear to be a continuation of current activity. In our submission we have provided suggested ways to improve the link between the sections, and clarify the actions themselves, to meet the vision of equitable population wellness articulated in the document.

Key areas could include population level strategies for long term conditions (including obesity, alcohol, tobacco control, cardiovascular disease, cancer and mental health); a focus on improved outcomes key population groups (ethnic-specific but also key groups such as older people and mental health); and an empowered and enabled workforce and population able to navigate conversations and care delivery in the most appropriate way.

We appreciate the opportunity to provide commentary and look forward to the release of the final strategy.

Yours faithfully

Ailsa Claire, OBE
Chief Executive