



Waitematā
District Health Board

Best Care for Everyone

Community and Public Health Advisory Committee Meeting

Wednesday 10 November 2021

10.00am

Vide Conference Link:

<https://waitematadhb.zoom.us/j/92733214265>

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

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

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

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

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

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

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

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

Well Being to All.

**WAITEMATĀ DISTRICT HEALTH BOARD
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC) MEETING
10 November 2021**

Venue: <https://waitematadhb.zoom.us/j/92733214265>

Time: 10.00am

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

AGENDA

KARAKIA

ACKNOWLEDGEMENTS

DISCLOSURE OF INTERESTS

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

	1.	AGENDA ORDER AND TIMING
	2.	CONFIRMATION OF MINUTES
10.00am	2.1	Confirmation of Minutes of the meeting held on 26/05/21 Actions Arising from previous meetings
	3.	STANDARD REPORTS
10.05am	3.1	Planning, Funding and Outcomes Update - Primary Care - Health of Older People - Child, Youth and Women - Mental Health and Addictions - Pacific Health Gain - Māori Health Gain - Asian, Migrant and Refugee Health Gain
10.35am	3.2	Specialist Mental Health and Addiction Services
	4.	INFORMATION ITEMS - nil
10.50am	5.	GENERAL BUSINESS

**Waitematā District Health Board
Community and Public Health Advisory Committee
Member Attendance Schedule 2021**

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

✓ *attended*

* *apologies*

* *attended part of the meeting only*

^ *leave of absence*

absent on Board business

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Kylie Clegg (Committee Chair)	Contract with Ministry of Health for services relating to Seat at the Table DHB Governance Development Programme Trustee – Well Foundation Director – Auckland Transport Trustee and Beneficiary – Mickyla Trust Trustee and Beneficiary, M&K Investments Trust (includes shareholdings in a number of listed companies, but less than 1% of shares of these companies, includes shareholdings in MC Capital Limited, HSCP1 Limited, MC Securities Limited, HSCP2 Limited, Next Minute Holdings Limited). Orion Health has commercial contracts with Waitematā District Health Board and healthAlliance.	11/08/21
Warren Flaunty (Committee Deputy Chair)	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Shareholder - Third Aged Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Member – Henderson Rotary Club Trustee – Hospice West Auckland (past role)	25/10/21
John Bottomley	Consultant Interventional Radiologist – Waitematā District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Sandra Coney	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women’s Health Action Trust Member – Cartwright Collective	16/12/20
David Lui	Director – Focus on Pacific Limited Board Member – Walsh Trust (MH provider in West Auckland that has contracts with WDHB) Chairman – Henderson High School BOT Executive Member – Waitakere Health Link (holds a contract with WDHB)	22/05/21
Judy McGregor (Board Chair)	Chair – Health Workforce Advisory Board Chair – Mental Health and Addiction Assurance Group Minor Shareholder – Sky TV New Zealand Law Foundation Fund Recipient Consultant – Asia Pacific Forum of National Human Rights Institutions Media Commentator – NZ Herald Patron – Auckland Women’s Centre Life Member – Hauturu Little Barrier Island Supporters’ Trust	25/08/21
Allison Roe	Acting Chairperson and Deputy Chair Matakana Coast Trail Trust Member, Wilson Home Committee of Management (past role)	07/04/21
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member - NZAO Member- Te Pae Reretahi (previously Toi Ora Advisory Board) Professional Teaching Fellow, University of Auckland Optometry Department	17/02/21
Wesley Pigg (Board Observer)	Employee (physiotherapist) – Waitematā DHB	14/10/20
Amber-Paige Ngatai (Board Observer)	Employee (nurse) – Waitematā DHB	14/10/20

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

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

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

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

IMPORTANT

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

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

Note: This sheet provides summary information only.

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

Recommendation:

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

DRAFT Minutes of the meeting of the Waitemata District Health Board

Community and Public Health Advisory Committee

Wednesday, 26 May 2021

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

BOARD MEMBERS PRESENT:

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

ALSO PRESENT:

David Lui (Board Member)
Wesley Pigg (Board Observer) (until 12.10pm, item 5.2)
Dale Bramley (Chief Executive Officer)
Tim Wood (Executive Director, Tier 1 Community Services)
Debbie Holdsworth (Director Funding) – via video conference
Karen Bartholomew (Director Health Outcomes)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

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

KARAKIA:

A Karakia was led by David Lui.

WELCOME:

The Committee Chair welcomed everyone present.

APOLOGIES:

There were no apologies received.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.

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

1 AGENDA ORDER AND TIMING

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

2 PRESENTATION

The Fono: COVID-19 response and Pacific Community Engagement

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

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

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

Matters covered in discussion and response to questions included:

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

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

10.55am - The Fono representatives retired from the meeting.

3 BOARD AND COMMITTEE MINUTES

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

Resolution (Moved Renata Watene/Seconded Sandra Coney)

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

Carried

Actions arising from previous meetings (Agenda page 12)

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

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

4 STANDARD REPORTS

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

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

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

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

Matters covered in discussion and response to questions included:

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

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

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

Matters covered in discussion and response to questions included:

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

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

5 INFORMATION ITEMS

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

This item was considered after item 5.3.

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

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

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

The Committee Chair thanked Shayne.

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

The report was taken as read.

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

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

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

This item was considered after item 4.2.

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

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

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

6 GENERAL BUSINESS

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

The meeting concluded at 12.37 pm.

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

COMMITTEE CHAIR

**Actions Arising and Carried Forward from Meetings of the
Community and Public Health Advisory Committee as at 4 November 2021**

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

3.1 Planning Funding and Outcomes Update

Recommendation:

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

Prepared by: Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding and Development Manager Women, Children & Youth), Leani Sandford (Portfolio Manager, Pacific Health Gain), Samantha Bennett (Asian, Migrant & Former Refugee Health Gain Manager), Shayne Wijohn (Acting Funding and Development Manager, Primary Care and Māori Health Gain Manager)

Endorsed by: Dr Debbie Holdsworth (Director Funding) and Dr Karen Bartholomew (Director Health Outcomes)

Glossary

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

1. Purpose

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

With the current lockdown, most of the team are supporting the current outbreak response across a range of activities.

2. Primary Care

2.1 Response to COVID-19 - Vaccinations

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

As at 28 October 2021, there were 202 general practices and 122 community pharmacies offering COVID-19 vaccinations across metro Auckland with 54 general practices and 48 community pharmacies in the Waitematā DHB catchment area. Additionally, 14 pharmacies across metro Auckland are providing outreach vaccination services at pop-up events and at individual homes. Thirty general practices across metro Auckland have been approved to provide these outreach services. A further 29 community pharmacies are at various stages of the on-boarding process and working towards going live.

On Super Saturday, community pharmacy sites across metro Auckland delivered 10,558 vaccines and general practice sites delivered 9,944; collectively contributing to over 50% of the vaccines delivered during the event. Week ending 17 October, community pharmacy has delivered a total of 407,809 vaccine doses and general practice has delivered 538,582 vaccine doses. The health workforce from community pharmacy and general practice also further support vaccination efforts at vaccination sites and via NRHCC outreach activities.

2.2 Response to COVID-19 – New Initiatives

New initiatives have been implemented within primary care to increase the percentage uptake of COVID-19 vaccinations across metro Auckland.

1. COVID-19 - GP Vaccination Conversation with Maori and Pacific Patients - The initiative supports reimbursement of time for General Practitioners to engage in meaningful discussions with their Māori and Pacific enrolled patients who haven't been vaccinated. It uses a structured approach to provide information, reassurance and leadership to the community on the benefits and safety of vaccination. Across metro Auckland, approximately 52,000 Māori and 60,000 Pacific People are enrolled with a General Practice but have not had a first dose of the COVID-19 vaccination.
2. COVID-19 Primary Care Home Visits: General Practice and Pharmacy - This initiative provides reimbursement for Primary Care Providers (General Practice and Pharmacy) to visit where in-home COVID-19 vaccination is necessary as the Practice's enrolled patient or existing Pharmacy patient is unable to leave the house.

3. Health of Older People

3.1 Aged Residential Care

There have been two COVID-19 exposure events at aged residential care (ARC) facilities in Waitematā. Both were in dementia units where a staff member in each unit worked while in their

infectious period, prior to testing positive for COVID-19. ARPHS identified all dementia unit residents and a cohort of staff as close contacts of the two cases. There was no COVID-19 transmission in either facility from these exposure events however the work required managing the events, particularly for the ARC facilities, was still significant.

There is a process in place and ongoing support for ARC facilities to continue to access vaccinations for new admissions or residents who have previously declined vaccination and have changed their minds. Primary Care (community pharmacy and general practice) are now able to deliver an outreach vaccination service to many facilities. The vaccination rate for Waitematā ARC residents on the 20 October was 92% had received one dose and 89% were fully vaccinated although vaccination rates vary between facilities so there has been close follow up with those with lower rates.

3.2 Home and Community Support Services

Unvaccinated clients receiving home support services are being contacted and those that are house bound are being offered an in-home vaccination or a taxi voucher to attend a community vaccination centre.

Preparation continues to enable Waitematā to transition to the new restorative Home and Community Support Services (HCSS) model. The model uses a casemix methodology to group people with similar levels of assessed needs together and enables services to flex up and down to respond to real time client needs. In order to understand fully the implications of this transition, including financial implications, it is critical that the casemix representation of the HCSS client population is accurate. Currently approximately 800 clients are waiting for a comprehensive interRAI assessment, which is required to assign the casemix. A contract has been set up with the successful applicant to an Expression of Interest to undertake these assessments.

4. Child, Youth and Women's Health

4.1 Immunisation

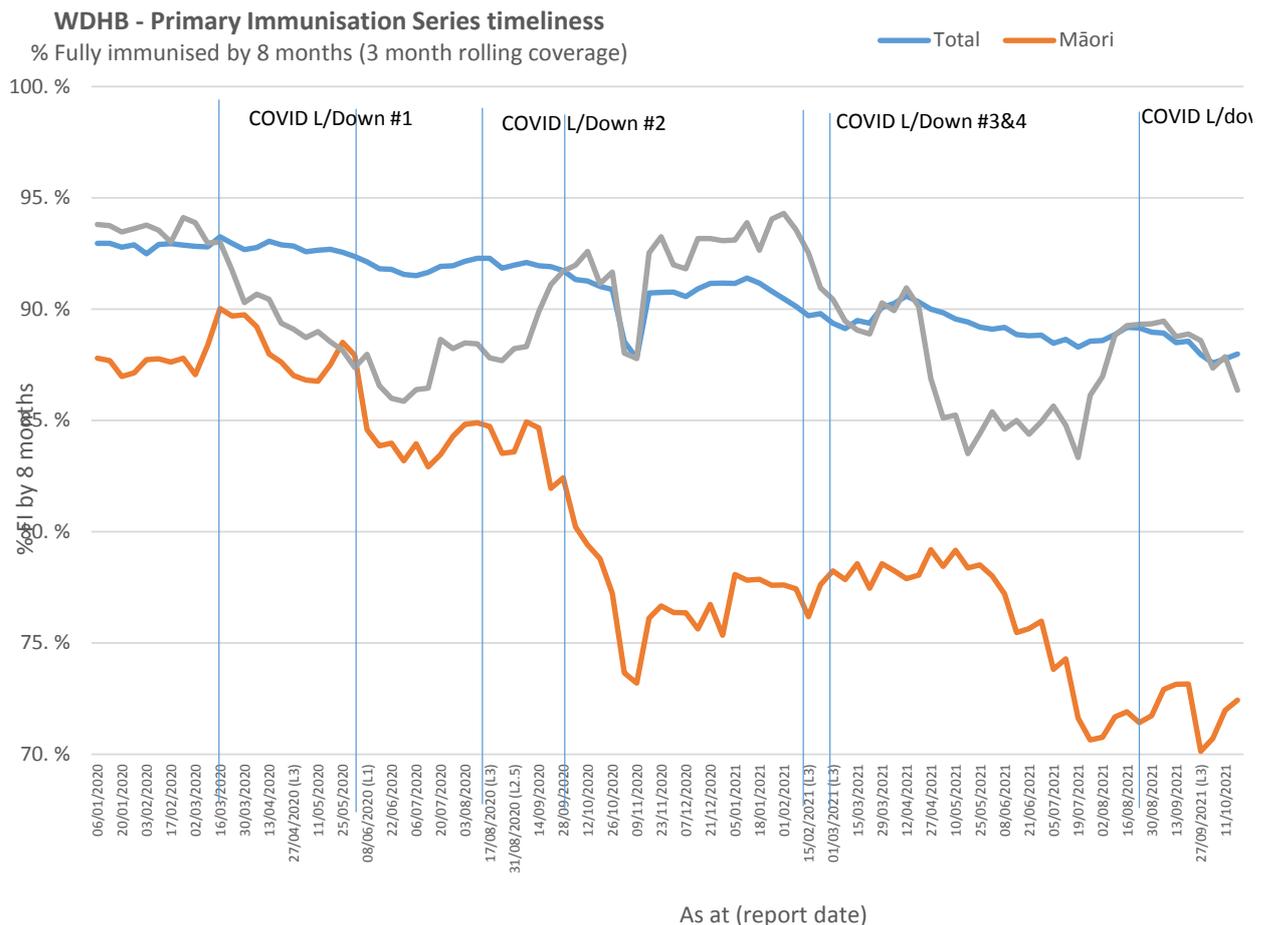
4.1.1 Childhood Immunisation Schedule Vaccinations

There has been a significant primary healthcare disruption due to COVID-19, which affects immunisation coverage with delays in whānau accessing childhood immunisation. Waitematā DHB has developed a Recovery Action Plan in consultation with Primary Health Organisations (PHOs), Māori and Pacific Health Gain teams, and regional partners to improve immunisation rates. The Ministry granted provisional approval in August and we are now implementing this plan. A team is being established under Māori Health Gain Team leadership with a focus on prevention of pertussis and measles outbreaks. We are working with the Māori Health Gain team on a re-set hui with Māori providers to understand the challenges and identify strategies to improve immunisation coverage.

Activities completed to date include:

- Funding was approved for a dedicated vaccinator in Waitakere Hospital antenatal clinics
- PHOs and General Practices have introduced Mama/Pepe clinics as a dedicated time and space for childhood immunisation
- A new programme to catch up MMR vaccination for children <5 years old was initiated in mid September while we were in Level 4 lock-down.

In October 2021, the data shows the decline may have halted, with an improvement seen for tamariki fully immunised at 8 months with coverage for the total population increasing to 88%, and Maori (72%), however we are yet to see the turn around for Pacific with 87% fully immunised.



Health System Indicators

The MoH introduced Health System Indicators in September 2021 to measure how well the health system is doing. Child immunisation remains a Government priority and is included as one of the 12 Indicators that replace the Health Targets. However, the immunisation reporting focus will move from 8 months of age to 24 months of age. The first quarter results will be available in December 2021.

This positive change will require achieving both the pertussis primary series and now MMR vaccination, which is essential to measles outbreak management. We will work with regional partners to introduce the new indicator and develop new monitoring over the next quarter.

Measles

Work has continued as part of the national Measles Mumps and Rubella (MMR) catch-up focused on 15 to 30-year olds, particularly Māori and Pacific, with the Waitemātā strategy to increase awareness of the need to be immunised and increasing access to the vaccine. Since the campaign was launched by Minister Genter in July 2020, 2,019 new MMR doses have been recorded on the NIR for 15 to 30 year olds in Waitemātā DHB. Of these 239 were to Māori and 296 to Pacific. Family Planning and the Regional Sexual Health clinic are now contracted to provide MMR alongside routine services.

The DHB MMR team have given 1,389 MMR doses across Auckland and Waitemātā, taking a holistic approach and offering a catch up of Boostrix (pertussis, 467 vaccines) and HPV (738 doses) in schools and meningococcal (96 doses) in tertiary residential facilities. To date, 216 Counties DHB domiciled

patients have been immunised by the Auckland DHB/Waitematā DHB MMR project in both schools and tertiary locations. A further 49 people have been immunised by the Auckland DHB/Waitematā DHB MMR team in the tertiary setting where their records have them as domiciled outside of Metro Auckland, which is common in tertiary settings.

The programme has been impacted by COVID-19 lockdowns with planned school vaccine events being cancelled. As of the beginning of October, the Ministry of Health has approved MMR (and other vaccines) being given at the same time, when previously a gap of two to four weeks between vaccines had been required. The Ministry have extended the programme to 31 March 2022 and the Auckland DHB/Waitematā DHB project team are now exploring opportunities for delivering MMR alongside COVID-19 vaccination in community pop-ups and Vaccination clinics.

4.1.2 COVID-19 vaccine

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

4.2 Uri Ririki – Child Health Connection Centre

The UR-CHCC team continue to support the population with National Immunisation Register (NIR), National Child Health Information Platform (NCHIP) and Noho Āhuru (NA-HH) during COVID-19 Levels 4 and 3, working from home and providing business as usual services.

Access to NCHIP has been made available through Regional Clinical Portal and also to Plunket. We are working with Orion on the roll-out of NCHIP to other Well Child Tamariki Ora (WCTO) providers, who are enthusiastic about how this system will support their service provision. NCHIP continues to support children being enrolled with a WCTO provider – a process for children aged seven weeks old without a WCTO provider results in whānau of around 5-10 Waitematā DHB children each week being contacted by the Newborn Enrolment Coordinator to support their enrolment.

The 'Lost to Service' pathway with Ministry of Social Development (MSD) continues, however receiving data back has been a challenge during COVID-19 lockdowns. The UR-CHCC Clinical Lead is reviewing the outcome for children where updated details have been provided to measure the impact of this process.

A replacement of the NIR is imminent. Our Clinical Lead is part of the MoH steering group for the development and implementation of the replacement, National Immunisation Solution. In the interim, the NIR team continue to undertake significant data cleansing activities to support the NIR being an accurate record. A data cleansing process has recently realigned approximately 8,000 children in Auckland and Waitematā DHBs to the correct GP clinic on their NIR profile – without this step, the wrong GP clinic would be contacted for any overdue immunisations.

NA-HH received 92 referrals during August and 68 in September. Our providers report that assessments have occurred during COVID-19 Alert level 3 where whānau are accepting of this, other support has been via phone other than urgent repairs as required. A series of initiatives to promote the service and increase referrals continues, including meeting with the PHOs. The Welcome Letter sent by UR-CHCC to advise whānau of their child's enrolment on the NIR/NCHIP is being revised to include information about NA-HH and self-referral.

4.3 Well Child Tamariki Ora and B4 School Check

Recent data as shown in the table below is for three WCTO providers in Waitematā DHB (Te Whānau o Waipareira, Te Puna and Te Ha). The data shows that there has been progressive catching up of those tamariki that had missed their core checks during the lock downs. Overall, for Q4 of 2020/21, the three WCTO providers in Waitematā DHB delivered 865 core checks compared to 357 for the

same period of 2019/20. Waitematā DHB continues to work closely with the providers to make sure that there are no outstanding core checks.

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

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

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

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

B4 School Check

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

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

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

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

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

Raising Healthy Kids

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

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

4.4 Rheumatic Fever

Rates of Rheumatic Fever (RhF) have been lower in 2020/2021 with a national rate of 2.1/100,000 (a 37.4% reduction in first episode RhF hospitalisation from last financial year). The MoH is analysing the data.

Recruitment is underway for a registered nurse to work alongside the NA-HH team to identify and address unmet need for patients with RhF and their whānau. This will be a pilot project until October next year.

An evaluation of delivery of B4SC RhF key messages to Māori, Pacific and quintile 5 families is underway.

An educational video on RhF in pregnancy is being planned, however filming has been postponed until COVID-19 restrictions are reduced.

4.5 Oral Health

The Auckland Regional Dental Service (ARDS) is the provider of universal oral health services for pre-school and school age children across metropolitan Auckland. In selected locations, ARDS clinics have continued through COVID-19 Alert Levels 4 and 3 for urgent care. Following the Dental Council New Zealand guidelines, the clinics listed in the table below are now also offering certain routine care services.

ARDS Dental clinics offering limited routine care – October 2021

North Auckland	Silverdale Glenfield Intermediate Northcross Albany <i>Forrest Hill</i>	Central Auckland	Pt England Blockhouse Bay Intermediate May Road Ponsonby Orakei Otahuhu
West Auckland	Henderson Intermediate Edmonton Glen Eden	South Auckland	Pukekohe Intermediate Browns Road Buckland Road Papakura Manurewa Intermediate Puhinui Chapel Botany Viscount

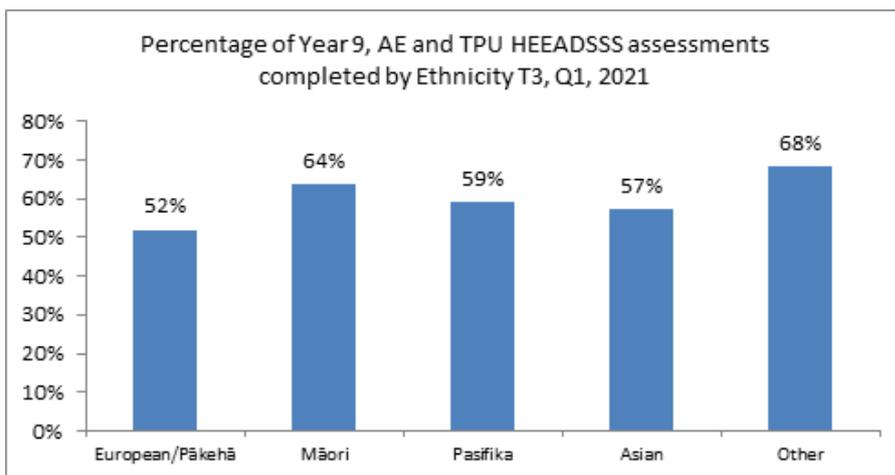
Parents can call 0800 TALK TEETH for an appointment or contact the clinics directly.

4.6 Youth Health - Enhanced School Based Health Services

The Enhanced School Based Health Services (ESBHS) programme is delivered in ten mainstream secondary schools, Alternative Education settings and the Teen Parent Unit. The model involves a contract between the DHB and school to fund and employ appropriately qualified nurses and set expectations, such as all Year 9 students having a bio-psychosocial HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) assessment to identify unmet health needs.

HEEADSSS completed by ethnicity

Extended COVID-19 lockdown and school closure in Term 3 has substantially reduced nurses' ability to complete these assessments with only 58% of assessments completed this year. The graph below shows the percentage of HEEADSSS assessments completed by ethnicity by the end of Term 3 in Waitemātā DHB funded schools.



4.7 Contraception

Access to contraception options, particularly Long Acting Reversible Contraception (LARC) remains a priority. Promotion of the opportunity to provide funded LARCs is ongoing within community and primary care providers. A steadily increasing number of skilled providers are now offering the service.

Collaboratively with ADHB, we have been able to support practical training for a small number of clinicians in targeted services such as youth health. This has gone well and we continue to support Ministry of Health and the Family Planning Association to strengthen training opportunities in LARC provision.

Further work to promote opportunities to health service providers and to consumers is being progressed.

4.8 Cervical Screening

Cervical Screening coverage across New Zealand including Waitematā DHB is below the national performance target of 80%. Three year screening coverage for all ethnic groups has seen a decrease in Waitematā in the past six months. In the Waitematā DHB area, 66.8% of eligible women aged 25 to 69 years were screened in the three years ending 30 September 2021. This is close to the national average coverage 68.7%. The coverage rate remains inequitable for Māori at 55.3% (57.8% nationally). Coverage for Pacific and Asian women also remains inequitable at 57.1% (59.3% nationally) and 57.6% (57.2% nationally) respectively.

Lockdowns have had a significant effect, despite considerable recovery in total number of screens delivered after 2020 lockdowns, the recovery was noted to have an inequity, with proportionally fewer Māori and Pacific women having completed screening. Current restrictions are having an immediate impact in the district. To support an equitable return to cervical screening among Māori and Pacific women in the wake of COVID-19 restrictions, the MoH has provided a small amount of additional funding (\$40k) to Waitematā DHB. Collaboratively with the Māori Health Gain team a plan has been prepared to develop initiatives in partnership with Māori Provider Organisations. However, rollout of this plan and initiatives to promote equitable 'catch up' have been delayed by the current COVID-19 restrictions and demands.

4.9 Abnormal Uterine Bleeding

The team is supporting Waitematā and Auckland district's contribution to the regional Abnormal Uterine Bleeding (AUB) project. This is a Pacific led initiative with the local work chaired by Dr Aumea Herman. The project is a response to high rates of endometrial cancer experienced by Pacific women.

There is an expectation that the project will deliver regionally consistent services which result in earlier identification of, and treatment for, endometrial cancer.

5. Pacific Health Gain

5.1 Pacific Regional response to COVID-19

The Pacific regional response to COVID-19 immediate focus is to increase the eligible Pacific population vaccination rates. The Fono Trust and other Pacific providers located across the metro Auckland region have worked both collectively and independently to deliver vaccination opportunities to Pacific peoples in a manner that is culturally engaging, supports health literacy and offers a positive experience. The range of options for Pacific peoples to receive a COVID-19 vaccination includes but is not limited to drive throughs, General Practice, Mobile in home services, Outreach short day events and Pharmacy. The Fono Trust continues to manage and operate the Pacific locality vaccination centre at Westgate, Henderson. A considerable number of outreach events led by Pacific providers together with different ethnic specific Pacific communities across metro Auckland, has resulted in a steady and consistent increase in Pacific vaccination rates.

Outreach vaccination events to encourage primarily Samoan and Tongan communities have been held on the North Shore and in Henderson there have been several events which include those targeting Kiribati, Tuvalu and Niue populations, the Cook Islands communities and Henderson high school. A large number of Pacific ethnic specific outreach vaccination events have been held in South Auckland attracting people from the same Pacific Island nations that are not domiciled in South Auckland. It is a reminder of the diversity, cultural ties, collectivism and communitarianism that is evident amongst the different Pacific Islands nation populations living in New Zealand.

Additional community based services to increase Waitemata Pacific people's vaccination rates and help local communities to better respond during the COVID-19 pandemic has been implemented. These services include a COVID-19 Vaccination Pacific Community Engagement Programme, COVID-19 Pacific community navigator and short-term community outreach events. Together these services aim to support Pacific people to be well informed about COVID-19 and the management strategies to keep themselves safe in accordance with the different response levels, have a good understanding of the COVID-19 vaccine and support access to a COVID-19 vaccination. In addition, information will be available to offer families and households with social or health needs including long term conditions, mental health distress.

Work is underway to set up additional Pacific Mobile services that will be able to deliver COVID-19 vaccinations, testing and primary care across Metro Auckland.

6. Māori Health Gain

6.1 Māori Pipeline Projects

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

6.1.1 Māori Health Plan Acceleration Projects

Breast Screening Data Match

The original project is complete and the report provided to the National Screening Unit. To support the ongoing equity focus of the new BreastScreen Auckland Central (BSAC) lead provider the Pipeline team have undertaken a repeat match to provide the most up to date data, and have also

undertaken a hospital match. The services have been concentrating on restarting mammography under COVID-19 Level 3 restrictions and optimising productivity as far as possible. BSAC will look to utilise the datamatch outputs as soon as practical.

Cervical Screening High Grade Project

This project is complete and a project report sent to the National Cervical Screening Programme. A high grade component within the Human papillomavirus (HPV) self-testing programme has been included. An aligned project is being supported with the Child, Women and Youth team evaluating incentives for cervical screening, although this is likely on hold until Alert Level 2 (or similar restriction levels under the COVID-19 Protection Framework).

6.1.2 New Services

Te Oranga Pūkahu Lung Cancer Screening Research Programme

This is a large-scale collaborative project with Otago University, Waitematā DHB and Auckland DHB, led by Professor Sue Crengle and supported by a Māori-led steering group. A Māori primary care nurse has been appointed to support the programme, and an oncology clinical nurse specialistNS will be joining the programme soon, working on clinical pathways and primary care training. There are delays to recruiting practice with COVID-19, however the team continues to work closely with practices to support involvement as soon as practical. The study has received ethical approval. For the pilot study the offer of screening to members and whānau or the Consumer Advisory Group Te Ha Kōtahi, and the DHB kaumatua roopu, has recently been made. Videos with Te Ha Kōtahi talking about their perspectives on screening have recently been finalised. The team were pleased to recently welcome the HRC announcement of funding of \$1.2M to incorporate chronic obstructive pulmonary disease (COPD) into the lung cancer screening programme, in addition to the \$1.9M HRC Global Alliance of Chronic Diseases (GACD) grant for the lung cancer screening trial. Incorporating COPD allows a more holistic 'lung health' approach to be taken, although with COVID-19 there are some restrictions to undertaking spirometry as it is an aerosol generating procedure which will need to be managed.

Abdominal Aortic Aneurysm and Atrial Fibrillation (AAA/AF) Screening

Approvals for the data to support the completion National Hauora Coalition practices have been finalised, and the Pacific AAA/AF trial is progressing well reaching 690 of the 750 participant target. A junior doctor on community placement recently completed an audit of the AF component of the Māori-specific AAA/AF research programme which have been reported to the National Screening Advisory Committee. The team continue to progress discussions in Northland DHB about a pilot with Māori providers in two rural areas (Kaitiaki and Kaeo), and further development work to adjust the model for rural settings. The opportunity for workforce development in Northland is also being supported. Grant funding applications are being finalised to support this work.

6.1.3 New Models of Care

Kapa Haka Pulmonary Rehabilitation:

This project seeks to use Kapa Haka as an intervention to improve respiratory fitness and determine whether it can on its own, or augmented, be used as pulmonary rehabilitation. The project developed out of Dr Sandra Hotu's PhD studies. The project has been paused over COVID-19 although an ethics application has been prepared.

Hepatitis C

This project is a datamatch and re-offer of treatment to those with known Hepatitis C in the Northern Region. The project focuses on elimination for Māori first and is led by a Māori GP, supported by a Māori pharmacist. The clinical pathway was finalised with Subject Matter Experts,

and has been endorsed by the Metro Auckland Clinical Governance Forum and is now being finalised as the new regional (likely national) HealthPathway. Engagement coordinators, one Māori and one Pacific, have commenced work with the unenrolled population group over the COVID-19 lockdown. Many of this cohort are not contactable despite extensive track and trace efforts, some have already been treated and some are already in a treatment pathway. The data is expected soon for the PHO enrolled population, approximately 6,600 people. The team has also undertaken a small number of Māori service user interviews to understand experience of treatment

HPV Self-Testing Implementation Studies

Waitematā DHB and Auckland DHB have had a research programme for HPV self-testing for cervical screening since 2016. The new implementation research programme intends to focus on specific areas relevant to the national implementation of HPV primary cervical screening planned for 2023. Four interlinked studies are included, working closely with primary care for the largest study which examines a specific training process, an opportunistic offer in primary care, telehealth service with results management and later a mail-out option. The programme includes a sub-study with people who have had a history of a high grade abnormality on previous screening, and also includes a study on those not enrolled in primary care. Expedited approvals (National Kaitiaki Group, National Cervical Screening Programme, ethics and localities) were granted for a small pilot within the main study to proceed in the COVID-19 lockdown, testing whether people would want to be screened in lockdown, and the feasibility of doing so. The expedited project was very successful, with more than 50 women screened so far. The team are developing a paper on the findings to help inform the national rollout of primary HPV screening.

7. Asian, Migrant and Former Refugee Health Gain

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

The Asian, new migrant and former refugee health gain project manager continues to support the the NRHCC and Department of Prime Minister and Cabinet to provide culturally appropriate guidance for the current COVID-19 Outbreak, vaccination roll out plan and translated COVID-19 vaccine resources. Targeted pop-up COVID-19 vaccination pop-up sites were coordinated at the Avondale mosque and Refugee As Survivors youth site in Mt Roskill. Regular e-updates on COVID-19 information were communicated to over 600 e-members.

The team has worked with:

- NRHCC/Waitematā DHB Health Intelligence team to create regular data reporting on Asian and MELAA vaccination status to guide targeted outreach to ethnic partners
- NRHCC Communications team to develop videos encouraging ethnic communities and youth to get vaccinated in English and Mandarin
- Waitematā DHB Asian Health Services and CNSST Foundation to set up Free ethnic communities COVID-19 vaccination support (see below), and
- Partners to arrange Free COVID-19 welfare support for Asian, Middle Eastern, Latin American, Former Refugee and Current Asylum Seeker Communities (see below).

Ethnic Communities COVID-19 Vaccination Support

Free COVID-19 vaccination support is available for ethnic communities.

- Language support
- Help with individual or group bookings
- Guidance on local vaccination centres
- Information on getting your COVID-19 vaccination



ASIAN HEALTH SERVICES

AHS iCare Health Information Line
0800 888 8830
Monday - Friday | 9am - 4:30pm
Languages offered: Asian, Middle Eastern, Latin American and African Languages.
Interpreters support available.
www.asianhealthservices.co.nz



CNSST FOUNDATION
Formerly known as Chinese New Settlers Services Trust

COVID-19 Vaccination Booking Line
09 570 1188
Monday - Sunday | info@cnsst.org.nz
Languages offered: Mandarin, Cantonese, Korean, Shanghaiese, English, Greek, Mongolian, Malay, Hokkien, and Hakka.
www.cnsst.org.nz

Vaccination centres now welcome walk-ins, no booking needed.

For all vaccination centre locations and hours please visit vaccinatef.oraukland.nz

- If you have your NH (National Health Index) number ready, this will make the process quicker. You can find your NH number on a hospital letter, a prescription or prescription receipt. If you don't have your NH, that's ok too.
- Everyone 12 years and over can get the free COVID-19 vaccination. You don't have to be a New Zealand citizen or resident.
- Please remember to wear a mask and observe social distancing protocols.

Unite against COVID-19

COVID-19 Support for Asian, Middle Eastern, Latin American, African, and Former Refugee/ Current Asylum Seeker Communities

IT IS OK TO ASK

ASIAN COMMUNITIES



Asian Family Services
asianfamilyservices.nz
Provide general counselling and help with problem gambling

Kāhui Tū Kaha
kahuitukaha.co.nz
Languages offered: Arabic, Urdu, Farsi, Punjabi, Pashto, Dari, and Hindi.
0800 862 342
help@asianfamilyservices.nz

MIDDLE EASTERN, LATIN AMERICAN AND AFRICAN COMMUNITIES



RASNZ
rasnz.co.nz
For Auckland residents only. Most languages offered.
09 620 2252
0800 472 769



New Zealand Red Cross
redcross.org.nz
0800 RED CROSS (733 276)
AucklandSouth@redcross.org.nz

FORMER REFUGEE/ CURRENT ASYLUM SEEKER COMMUNITIES



Aotearoa Latin American Community Incorporated
alacinc.org.nz
Languages offered: Spanish.
09 636 5313
021 0227 8572
socialservice@alacinc.org.nz



The Umma Trust
ummatrust.co.nz
Languages offered: Arabic, Somali, Amharic, Tigrinya, Farsi, Pashto
09 815 0153
socialworker@ummatrust.co.nz



ALL COMMUNITIES

Need to talk?
1737.org.nz
Brief counselling conversations with a focus on one or two key areas in which support is needed.
Free call or text 1737

Alcohol Drug Helpline:
alcoholdrughelp.org.nz
Free call 0800 787 797 or text 8681.

Outline:
www.outline.org.nz
Confidential telephone support for people in the rainbow community. Available evenings from 6pm-9pm.
Free call 0800 688 5463 (0800 OUTLINE)

Translations of COVID-19 information
www.covid19.govt.nz/translations/

MORE INFORMATION
www.covid19.govt.nz/contact-and-support/

There has been discussion with MoH to provide feedback on the Ministry's review of its health service delivery model for Quota Refugees to meet the increase of the quota intake to 1,500. Targeted feedback was provided with focus on influencing a refresh of the New Zealand Refugee Resettlement Strategy: Health and Wellbeing Outcome; New Zealand Settlement and Integration Strategy: Health and Wellbeing Outcome; improving data quality and sharing of non-identifiable information; and consistency of funding of refugee health services across all settlement locations.

Waitematā DHB Community and Public Health Advisory Committee Meeting 10/11/21

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3.2 Specialist Mental Health and Addiction Services

Recommendation:

That the report be received.

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

Glossary

ED Emergency Department
SMHAS Specialist Mental Health and Addiction Services
Tāngata whai i te ora People seeking wellness

Service Overview

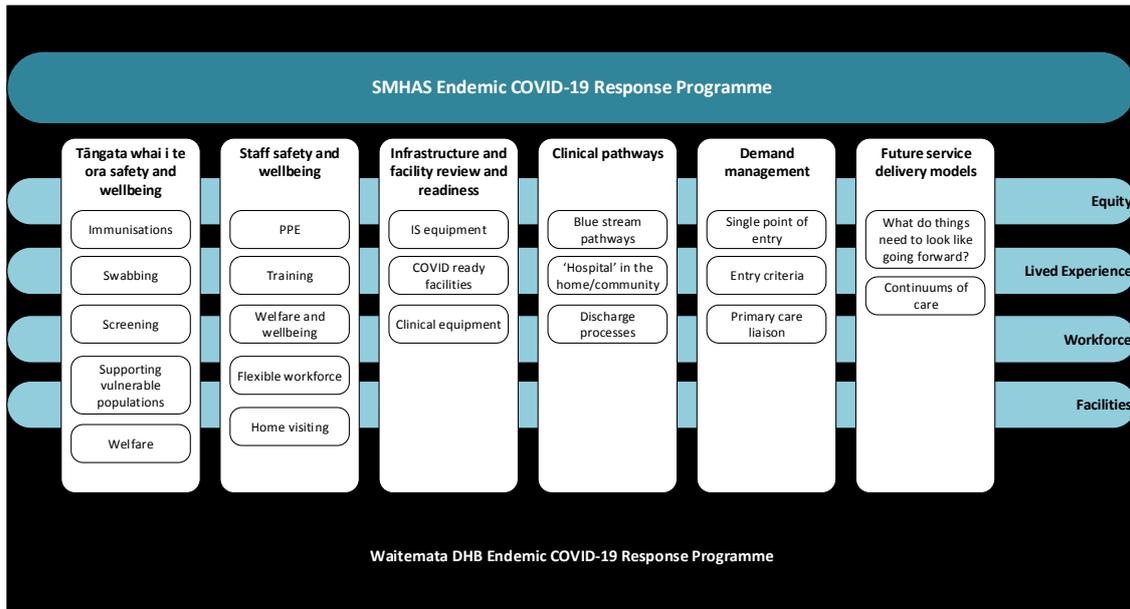
This service is responsible for the provision of specialist community and inpatient mental health services to Waitematā residents. This includes: child, youth, family and infant mental health services; adult mental health services including two acute adult in-patient units, liaison psychiatry in the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

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

Highlight of the Month

COVID-19 Preparedness

All services across Specialist Mental Health and Addiction Services (SMHAS) have been focused on ensuring their teams are prepared for responding to the increased number of cases of COVID-19 in the community. There are SMHAS representatives involved in Project Accelerate work streams, and, as below, a Division wide work programme is in place.



Key achievements to date include:

- The establishment of a structure to oversee and implement the SMHAS Endemic response programme, including a steering group, work stream leads and project support.
- The commissioning of six acute psychiatric inpatient beds in He Puna Waiora to care for COVID positive tāngata whai i te ora.
- The establishment of an immunisation working group to support tāngata whai i te ora to access vaccinations (see further key issue below)
- The development of ‘blue stream’ pathways for acute psychiatric inpatient care, acute community assessments, transit between community and inpatient services and provision of opioid substitution therapy.
- The development of a surge management plan for the Mason Clinic.
- Increased uptake of provision of ‘virtual’ care, including group work.
- Implementing fit testing and swabbing training across the Division.

Key Issue

Impact of COVID-19 on mental health and wellbeing

There is growing international evidence that the pandemic, and measures to contain it, are negatively impacting on people’s mental health and wellbeing. There is also considerable risk that these impacts are on-going and enduring, even when restrictions are lifted.

This will increase demand for mental health and addiction services, including from those who would not usually require support from specialist services.

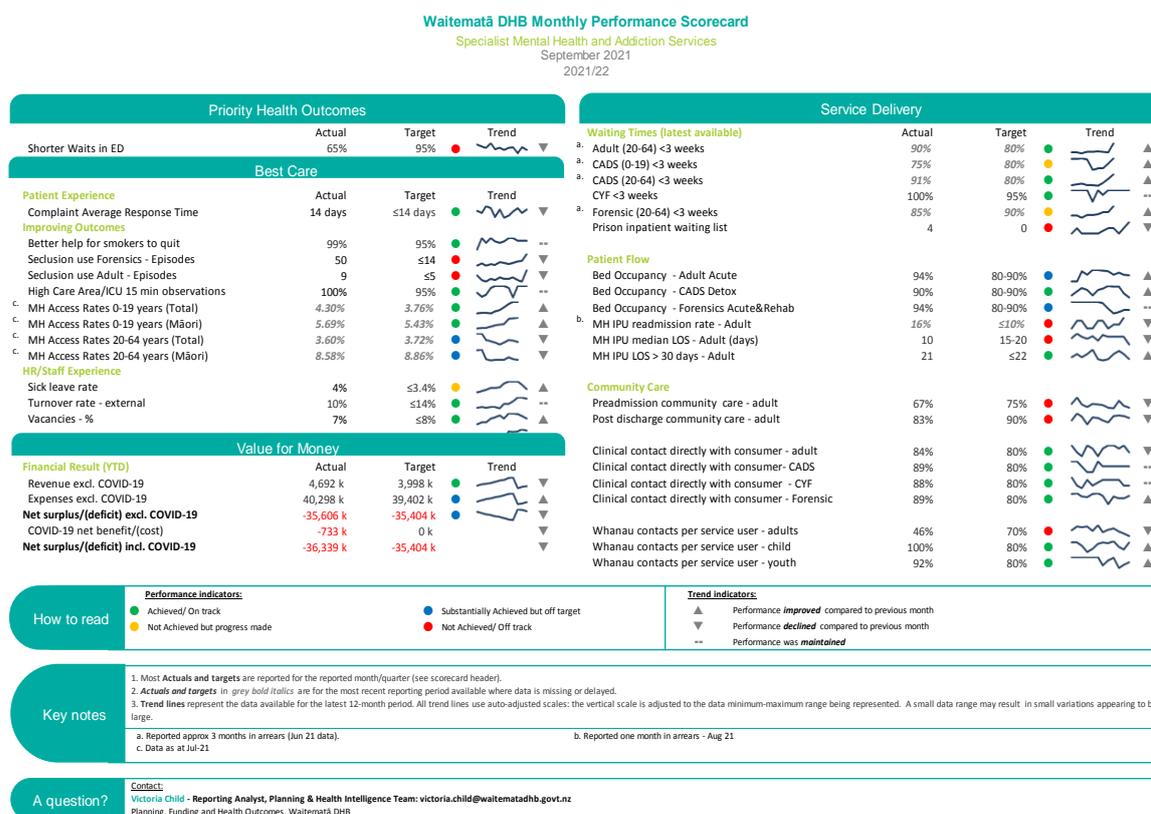
Over the last few months, services have also seen an increase in acuity and complexity of people presenting for care. Some of the factors thought to be contributing to this are: social isolation, reduced ability of services (including community and primary care services) to provide face-to-face care, the quality of illicit substances, and delayed presentation for care.

People with severe mental illness (such as Schizophrenia) are at increased risk of infection and more severe complications, including higher mortality. This may partially be in relation to a higher rate of vaccine hesitancy for people with serious mental illness. Historically, the uptake of similar vaccines,

such as the influenza vaccine, in tāngata whai i te ora can be as low as 25%. As of the start of November, the rates of adults who are fully vaccinated across the various components of SMHAS range from around 50% to 70%, with just one or two outlier teams with much lower or higher rates.

SMHAS are monitoring demand for service to identify any particular trends and/or themes and a number of initiatives have been instituted to improve efficiency across the Division and reduce barriers to care. The service is also working closely with the other Metro Auckland DHBs and participating in the development of the Metro Auckland psychosocial response programme.

Scorecard – Specialist Mental Health & Addiction Services



Scorecard Variance Report

Priority Health Outcome Areas

Shorter waits in ED 65% against a target of 85%

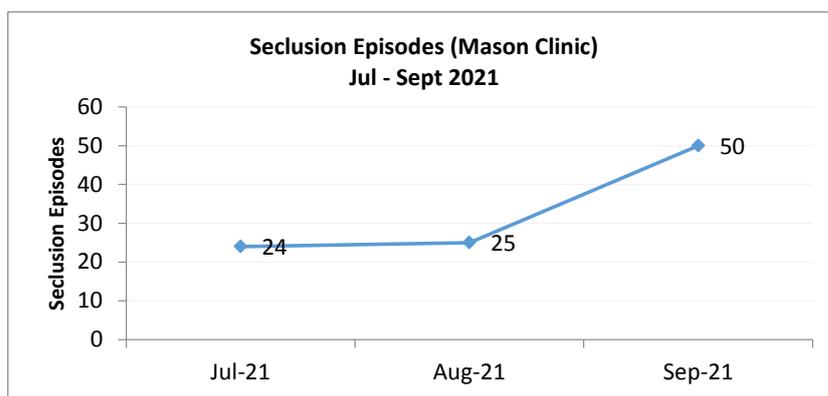
Acute demand through the Emergency Department (ED) continues with a 20% rise in new presentations to mental health services. Increased staffing requirements to operationalize the 'blue stream' pathway in He Puna Waiora has also made it challenging to maintain acute inpatient bed capacity. In particular, there continues to be an increased demand for Intensive Care beds, which has resulted in high levels of occupancy and delays in admitting tāngata whai i te ora from the EDs.

Best Care

Improving Outcomes -Seclusion use Forensics - 50 against a target of ≤14

There has been an increased use of seclusion across the forensic service this month. The seclusion episodes occurred in two of the admitting units in the service. Pohutukawa (male intellectual disability admissions) had 30 events and Kauri (male admissions unit) had 20 events over the month.

These events were predominantly in relation to four tāngata whai i te ora, who have severe and enduring mental health and/or behavioural challenges.



Improving Outcomes -Seclusion use Adult - 9 against a target of ≤5

There has also been a notable increase in the use of seclusion in the adult acute psychiatric units this month. This is related to a small number of tāngata whai i te ora, who presented with significant substance intoxication and behavioural disturbance. All three commissioned seclusion suites across the two units were in use during September, which is unprecedented.

Service Delivery

Waiting Time-Prison inpatient waiting list -4 against a target of 0

There has been an increase in number of tāngata whai i te ora waiting in prison for admission to the Mason Clinic. This month, there were four individuals who waited beyond the expected period of time. All four had sub-acute needs and the service was required to prioritise other patients with higher clinical risks and needs. The service maintains strong relationships with both the Courts and Prisons, which is assisting in working collaboratively to find better ways of meeting the mental health needs of those in custody.

Patient Flow- MH IPU readmission rate- Adult -16% against a target of ≤10%

As noted previously there continues to be significant demand for mental health inpatient unit beds. In order to alleviate pressure in the system, the service considers length of stay in some instances to enable the admission of others with more acute needs.

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

Median length of stay is slightly lower than target this month. This is due to the increased demand for inpatient beds and the need to create capacity for acutely unwell people in the community.

Community Care- Preadmission community care- Adult –67% against a target of 75%

Performance against this target is as a result of increased presentations through the Emergency Departments (EDs). Over the last month there has been an increased number of presentations directly to the EDs – either via Police enacting section 109 under the Mental Health Act or tāngata whai i te ora self-presenting. This has limited the service’s ability to provide community based pre-admission care.

Community Care- Post discharge Community Care – adult 83% against a target of 90%

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

Community Care- Whānau contacts per service user-adults- 46% against a target of 70%

During the COVID-19 lockdown restrictions, it has been challenging to engage with whānau due to the increased demand for acute and urgent care. The reduced ability to provide face-to-face care during Alert levels 3 and 4 has also impacted on performance against this target.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Placing people at the centre of all service planning, implementation and monitoring programmes		
Continue to operate the Waitematā DHB Consumer and Family/Whānau Advisory Team, which is embedded into our service	On going	✓
Enhance family/whānau participation in Mental Health Act reviews to reduce the number of Māori treated under compulsory treatment order in the community	Jun 2021	✓
Develop a new model of care across the Specialist Mental Health and Addiction Services. Plan for improved access to cultural support (as per Code of Consumer Rights).	Jun 2021	✓
Embedding a wellbeing and equity focus		
Implement an Equally Well strategy across specialist services, including: <ul style="list-style-type: none"> ▪ implement the National Patient Deterioration System (NZEWS) in inpatient services ▪ metabolic screening and follow-up for at risk groups (including Māori and Pacific people on olanzapine and clozapine medication) (EOA) ▪ wrap-around medication initiation package for people starting atypical anti-psychotics, including testing of the agreed package 	Jun 2021	✓
With Tūhono (cross-DHB and NGO forum), develop a green prescription pathway for people supported by specialist and NGO services who are at high risk of co-morbidities (EOA).	Jun 2021	x
Engage with collaborative forums to drive transformational change in line with He Ara Oranga, including: <ul style="list-style-type: none"> ▪ Tūhono (Auckland-Waitematā DHBs MHA executive leadership sector collaborative body) ▪ the Northern Region MHA network ▪ the Integrated Primary MHA Services governance group ▪ the Suicide Prevention and Postvention governance Group ▪ Supplement on-going engagement with Ministry of Health and the Mental Health and Wellbeing Commission 	Jun 2021	✓
Develop a new model of care across the specialist services, including planning for improved engagement with Māori, Pacific, youth and rainbow communities.	Jun 2021	✓
Increasing access and choice of sustainable, quality, integrated services across the continuum		
Improve sustainability of ED mental health and liaison psychiatry services by implementing a one-team model.	Jun 2021	✓
Implement brief acute assertive community interventions in three specialist mental health hubs in adult mental health.	Jun 2021	✓
Partner with NGO and PHO services to develop a model for delivery of specialist and consult-liaison MHA interventions in primary care settings (using an in-reach model).	Mar 2021	✓

Workforce		
Scope workforce expansion to carry out clinical support functions with people within specialist MHA services by developing a business case.	June 2021	✓
Forensics		
Contribute to the Ministry of Health Forensic Framework project to identify an agreed Forensic model of care, including provision of Kaupapa Māori services (EOA), and implement the plan.	Sep 2020	x
Pending confirmation of the wellbeing budget, work with the Ministry to improve and expand the capacity of forensic responses.	Jun 2021	✓
Work with the Ministry to agree the long-term capacity of forensic intellectual disability responses.	Mar 2021	✓
Complete building works as required to replace deteriorating building stock at Mason Clinic, including planning and securing funding.	On going	✓
Commitment to demonstrating quality services and positive outcomes		
Improve the quality of data input for consult-liaison functions (MH01), including extension of the capability for consult-liaison reporting to addiction services.	Dec 2020	✓

Areas off track for month and remedial plans
<p>Model of care work is now focused on the provision of sustainable services during endemic COVID. SMHAS has prioritised a future models of care work stream and is actively linking with the wider DHB Project Accelerate.</p> <p>Wellbeing and equity:</p> <ol style="list-style-type: none"> 1. The national system for identifying early warning signs of deterioration is still to be implemented across Forensic Services. 2. The Health Quality and Safety Commission funded project on physical health monitoring is not being implemented as initially planned. However, opportunities to integrate elements of this programme into the SMHAS quality improvement plan will be explored during the next calendar year. 3. The implementation of green prescription pathway is off track – but is being progressed with individual providers.

Completed Priorities

Placing people at the centre of all service planning, implementation and monitoring programmes
Implement and retrieve data from a new feedback system to improve quality of services for tāngata i te whai ora and whānau across the services, including the Māori Kaupapa and Pacific services. Paper and electronic surveys will be available to suit users and data will be available by service and by ethnic group so improvements can be targeted (EOA)
Embedding a wellbeing and equity focus
Complete the delivery of an Individual Placement and Support (IPS) trial within Waitematā DHB secondary mental health services.
Continue with implementation of Supporting Parents, Healthy Children (COPMIA) and form a cross-sector

<p>partnership, which will enable an integrated service to children identified as vulnerable, including establishing inter-agency forum terms of reference.</p>
<p>Increasing access and choice of sustainable, quality, integrated services across the continuum</p>
<p>Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention by increasing the delivery of a wider range of MHA community-based options in line with the Ministry investment in primary MHA. This includes: expansion of Health Improvement Practitioners, Health Coaches and Awhi Ora positions, in line with funding agreement to be confirmed with Ministry of Health.</p> <ul style="list-style-type: none"> ▪ Contracts signed with NGO and PHO partners ▪ Initiate procurement processes for expansion of delivery of all three models
<p>Develop a metro-Auckland governance group to oversee the primary mental health investment from Ministry into access and choice. To include partnership with NGO, PHO, DHB, Māori, Pacific, young people and those with lived experience.</p> <ul style="list-style-type: none"> ▪ Terms of reference endorsed by governance group ▪ Develop reporting mechanisms, including setting of baseline data for primary mental health investment
<p>Apply cost pressure funding to the price for all NGOs in the district to ensure their sustainability; develop new contracts with updated price, inclusive of cost pressure.</p>
<p>Suicide prevention</p>
<p>Work with the new national prevention and postvention office and Ministry of Health, contribute to plans and implement programmes as required.</p>
<p>Review the current Suicide Prevention Action Plan and develop a plan for 2020–2023, in partnership with people with Māori, people with lived experience and population groups who experience disproportionately higher rates of suicide (EOA). The actions will align with key DHB-led actions from Every Life Matters and be approved by the Suicide Prevention Office.</p>
<p>Workforce</p>
<p>Work with the DHB’s Māori recruitment specialist to develop a Māori recruitment initiative (EOA).</p>
<p>Procure new positions to expand primary mental health models, including specific focus and reference to the value of lived experience, peers and whānau.</p>

Waitematā DHB Statement of Financial Performance

Specialist Mental Health and Addiction - Sep-21

(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	1,404	1,059	345	3,649	3,178	472	12,710
Other Income	(14)	270	(284)	1,043	820	223	3,025
Total Revenue (excluding COVID)	1,390	1,329	61	4,692	3,998	694	15,735
EXPENDITURE							
Personnel							
Medical	2,335	2,478	143	8,149	8,598	449	33,333
Nursing	5,679	5,294	(385)	16,838	15,939	(899)	71,257
Allied Health	2,650	2,787	137	9,209	9,687	478	38,276
Support	159	154	(5)	510	534	24	2,084
Management / Administration	477	553	76	1,933	1,900	(33)	7,371
Outsourced Personnel	130	171	40	842	527	(315)	2,036
	11,431	11,437	6	37,481	37,186	(296)	154,356
Other Expenditure							
Outsourced Services	13	12	(1)	146	38	(108)	149
Clinical Supplies	89	108	19	264	332	68	1,318
Infrastructure & Non-Clinical Supplies	728	619	(109)	2,407	1,846	(560)	7,309
	830	740	(90)	2,816	2,216	(601)	8,776
Total Expenditure (excluding COVID)	12,261	12,177	(84)	40,298	39,402	(896)	163,132
Surplus/(Deficit) excluding COVID	(10,871)	(10,848)	(23)	(35,606)	(35,404)	(202)	(147,397)
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(637)	0	(637)	(733)	0	(733)	0
Surplus/(Deficit) including COVID	(11,508)	(10,848)	(660)	(36,339)	(35,404)	(935)	(147,397)

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTAs revenue. Excludes PBF revenue.

Comment on major financial variances

The overall result for Specialist Mental Health and Addiction Services was \$23k unfavourable for September 2021 excluding COVID-19 impact or \$660k unfavourable including the COVID-19 impact. Year to date \$202k unfavourable excluding COVID-19 or \$935k unfavourable including COVID-19.

Revenue (\$61k favourable for September 2021, \$694k favourable YTD)

Intellectual Disability supernumerary payment of \$86k received for July and August has been recognised in September, this is not forecast as we are without a contract for this and it was uncertain whether payment would be received. September also saw a catch up of funds transferred from Funder for Tobacco control \$24k, Infant & perinatal MH \$155k and MH crisis support \$24k. This increase in revenue is offset by a reduction in court reporting revenue. Overall court reports requested are down 80% from the average due to COVID-19, in part due to less court activity and also a request from the service to stop some as due to staffing demands, which make it difficult to complete the reports whilst in COVID-19 Alert levels 4 and 3.

Expenditure (\$84k unfavourable for September 2021, \$896k unfavourable YTD)

Nursing personnel costs are driving the month and year to date variance, the Infrastructure and non-clinical supplies variance is our variance to our FSP target of \$167k per month.

Personnel (\$296k unfavourable YTD)

Medical (\$449k favourable YTD)

This medical variance needs to be read in conjunction with the outsourced personnel line \$315k unfavourable YTD as locum costs are offsetting the medical favourable variance. The locums are being used to cover maternity leave, long service leave and roster gaps.

Nursing (\$899k unfavourable YTD)

High allowances variance to budget -\$134k (during COVID-19 Alert levels 4 and 3 staff took the opportunity to obtain their level 3 and 4 portfolios) p.a. they receive 2-3 days to prepare their portfolios. High other leave (\$177k) variance to budget mainly from COVID-19 (isolation and stand downs), high overtime in HCAs within Adult IPUs from two areas, firstly unprecedented numbers of presentations of extremely high acuity and secondly the blue stream requirement to keep whai ora separate requires additional nursing staff. Overtime (\$113k variance to budget) as forensic overtime continues to be high to allow for the COVID-19 staffing model requirements, and whai ora requiring 2:1 observations due to complex needs.

Allied Health (\$478k favourable YTD)

Allied health churn savings to budget \$76k with 73.7 vacant positions for the month, down from \$79k last month. Overtime and Other Leave is \$27k and \$17k over budget respectively.

Outsourced Personnel (\$315k unfavourable YTD)

This variance is largely attributed to locums being used to cover maternity leave, long service leave and roster gaps. Additionally, this variance also includes court reporting within the Regional Forensics Psychiatry Service.

Other Expenditure (\$601k unfavourable YTD)

\$501k unfavourable from FSP savings not met.

COVID-19 impact

Total COVID-19 impact (\$733k YTD)

COVID-19 costs are largely personnel related with staff redeployment and isolation costs. Also a reduction in revenue in Court reporting has been attributed to COVID-19 (\$294k).