## COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING (CPHAC)

### Wednesday, 23 May 2018

**Venue:** Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland  
**Time:** 9.00am

### Committee Members
- Colleen Brown – Committee Chair  
- Dr Ashraf Choudhary – CMDHB Board Member  
- George Ngatai – CMDHB Board Member  
- Dianne Glenn – CMDHB Board Member  
- Katrina Bungard – CMDHB Board Member  
- Apulu Reece Autagavaia – CMDHB Board Member  
- John Wong – Community Representative

### CMDHB Management
- Dr Gloria Johnson – Acting Chief Executive  
- Benedict Hefford – Director Primary Community & Integrated Care  
- Margie Apa – Director Population Health & Strategy  
- Jenny Parr – Director of Patient Care, Chief Nurse & Allied Health Professions Officer  
- Vicky Tafau - Secretariat

## AGENDA

<table>
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<th>Time</th>
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<tr>
<td>9.00am</td>
<td>1. TOUR OF COMMUNITY CENTRAL (Meet in Reception of Building 3, 19 Lambie Drive)</td>
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<th>Time</th>
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<tr>
<td>9.30am</td>
<td>2. RESOLUTION TO EXCLUDE THE PUBLIC (see Public Excluded Agenda)</td>
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<th>Time</th>
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<tr>
<td>10.00am</td>
<td>3. AGENDA ORDER AND TIMING</td>
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<tr>
<td>10.05am</td>
<td>4. GOVERNANCE</td>
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<tr>
<td>10.10am</td>
<td>4.1 Apologies</td>
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<tr>
<td>4.2 Register of Interests</td>
<td>4.2.1 Does any member have an interest they have not previously disclosed?</td>
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<td>4.2.2 Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?</td>
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<td>10.15am</td>
<td>4.3 Confirmation of Public Minutes of the Community and Public Health Advisory Committee Meeting – 11 April 2018</td>
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| 4.4 Action Items Register | 035  
| 040 |

### Morning Team (10.25am – 10.30am)

### BRIEFING PAPERS
- 10.30am 5.1 Auckland Regional Public Health Service Briefing (Jane McEntee)  
- 11.00am 5.2 System Level Measures Framework (Kate Dowson)

### PRESENTATION
- 11.30am 6.1 Kootuitui ki Papakura Overview (Julia Burgess Shaw)  
- 6.1.1 Presentation

### Next Meeting: Wednesday, 4 July 2018
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<th>Jan</th>
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<td>Rabin Rabindran (Board Chair)</td>
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<td>John Wong - External Appointee</td>
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- **No Meeting**: Indicated when there is no meeting scheduled.
- **Apologies**: Indicated when a member apologizes for not attending.

**Note**: The attendance schedule reflects the meetings held and the apologies made by the board members.
## CPHAC MEMBERS
### DISCLOSURE OF INTERESTS
#### 11 April 2018

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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</table>
| Colleen Brown (CPHAC Chair)   | • Chair, Disability Connect (Auckland Metropolitan Area)  
• Chair, Rawiri Residents Association  
• Member, Advisory Committee for Disability Programme Manukau Institute of Technology  
• Member, NZ Down Syndrome Association  
• Husband, Determination Referee for Department of Building and Housing  
• Director, Charlie Starling Production Ltd  
• Member, Auckland Council Disability Advisory Panel  
• Member, NZ Disability Strategy Reference Group  
• District Representative, Neighbourhood Support NZ | |
| Dr Ashraf Choudhary (CPHAC Deputy Chair) | • Board Member, Otara-Papatoetoe Local Board  
• Member, NZ Labour Party  
• Chairperson, Advisory Board Pearl of Island Foundation  
• Co-Patron, Bharatiya Samaj Charitable Trust | |
| Dianne Glenn                  | • Member, NZ Institute of Directors  
• Life Member, Business and Professional Women Franklin  
• Member, UN Women Aotearoa/NZ  
• President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust  
• Life Member, Ambury Park Centre for Riding Therapy Inc.  
• Member, National Council of Women of New Zealand  
• Justice of the Peace  
• Member, Pacific Women’s Watch (NZ)  
• Member, Auckland Disabled Women’s Group | |
| George Ngatai                 | • Director, Transitioning Out Aotearoa  
• Director, The Whanau Ora Community Clinic  
• Chair, Safer Aotearoa Family Violence Prevention Network  
• Huakina Development Trust (Partnership Clinic)  
• Community Organisation Grants Scheme (Auckland)  
• Lotteries Community (Auckland)  
• Board Member, Counties Manukau Rugby League Zone | |
| Katrina Bungard | • Chairperson MECOSS – Manukau East Council of Social Services.  
• Deputy Chair Howick Local Board  
• Member of Amputee Society  
• Member of Parafed Disability Sports  
• Member of NZ National Party |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Apulu Reece Autagavaia | • Member, Pacific Lawyers’ Association  
• Member, Labour Party  
• Trustee, Epiphany Pacific Trust  
• Trustee, The Good The Bad Trust  
• Member, Otara-Papatoetoe Local Board  
• Member, District Licensing Committee of Auckland Council  
• Member, Pacific Advisory Group for Mapu Maia – Problem Gambling Foundation |
| John Wong | • Board member, Asian Family Services (a subsidiary of Problem Gambling Foundation of NZ).  
• Chair and Trustee, Chinese Positive Ageing Charitable Trust.  
• Founding member and council member, Asian Network Incorporation (TANI).  
• Board member, Auckland District Police Asian Advisory Board.  
• Board member, Older People Advisory Group of the Accident Compensation Corporation.  
• Board member, Chinese Mental Health Consultation Service Trust.  
• Member, AUT Centre for Active Ageing Advisory Group. |
## Register of Disclosure of Specific Interests

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 11 April 2018

<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
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<tbody>
<tr>
<td>Ms Margie Apa</td>
<td>Item 3.1 on the CPHAC agenda – Aged Related Residential Care Overview</td>
<td>Ms Apa is Chair of Presbyterian North who provide older people services.</td>
<td>3 May 2017</td>
<td>That Ms Apa’s specific interest is noted and the Committee agreed that she may remain in the room and participate in any deliberations of the Committee but is not permitted to participate in any decision making, if applicable.</td>
</tr>
<tr>
<td>Mr Reece Autagavaia</td>
<td>Item 4.1 on the CPHAC agenda – New Government’s health Policies &amp; Priorities</td>
<td>Mr Autagavia is a member of the District Licensing Committee of Auckland Council</td>
<td>21 February 2018</td>
<td>That Mr Autagavaia’s specific interest is noted and the Committee agreed that he may remain in the room and participate in any deliberations of the Committee but is not permitted to participate in any decision making, if applicable.</td>
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Minutes of Counties Manukau District Health Board
Community and Public Health Advisory Committee

Held on Wednesday, 11 April 2018 at 9.10am – 11.10am
Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

PART II – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Chair)
Rabin Rabindran (Board Chair)
Dr Ashraf Choudary
Dianne Glenn
Katrina Bungard
Apulu Reece Autagavaia
John Wong

ALSO PRESENT

Benedict Hefford (Director Primary, Community and Integrated Care)
Jenny Parr (Director of Patient Care, Chief Nurse & Allied Health Professions Officer)
Margie Apa (Director, Population Health & Strategy and Acting GM, Maaori Health)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present at this meeting.

APOLOGIES

Apologies were received and accepted from George Ngatai, Gloria Johnson, Campbell Brebner and Margie Apa and Katrina Bungard for lateness and Colleen Brown for an early departure at 11am.

WELCOME

The Chair welcomed all those present to the meeting. Ms Brown advised that she would be asking that the timing of the Maaori Provider meeting be expedited.

DISCLOSURE OF INTEREST/SPECIFIC INTERESTS

The Disclosures of Interest amendments were noted.
Mr Rabindran advised that he was no longer a member of Solid Energy.
1. **AGENDA ORDER AND TIMING**

The order of the items were changed due to poor weather and presenters still travelling to the meeting venue. The minutes were recorded according to the order in which items were presented.

2. **COMMITTEE MINUTES**

2.1 **Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 21 February 2018.**

Resolution (Moved: Colleen Brown/Seconded: John Wong)

That the minutes of the Community and Public Health Advisory Committee meeting held on 29 November 2017 be approved.

Carried

2.2 **Action Items Register/Response to Action Items**

Noted.

Ms Brown and Mr Hefford to have an offline conversation in regard to what is to be kept on for 11 April agenda or deferred to 23 May agenda.

3. **PRESENTATIONS**

3.2 **Advanced Care Planning (Matt Hannant & Karen Long)**

A comprehensive overview/presentation was provided to CPHAC.

This included benefits, data and some historical information.

Current activities include:

- ACP working group developing implementation plan
- Advertising for 2 x Locality Facilitators to support primary care
- Collaborating with System Level Measure (SLM) working group
- Secondary Care Special Interest Group
- High risk anaesthetic clinic project
- Shared Care Planning
- Consumer engagement
- Quality improvement

Palliative Outcomes Initiative (POI) was bought to the attention of CPHAC.

- An Auckland wide approach to primary palliative care
- Patients are identified in the community who are nearing the end of life
- Aim of POI to build capacity, capability and confidence of GP and Residential Care providers in the identification and management of palliative need
- ACP taken into consideration when developing patient palliative care plan

Ms Long advised CPHAC around some of the challenges faced, including: lack of systematic processes, provider centric development of IT tools rather than patient journey, cultural assumptions and capability of workforce.
It is hoped that in the future we will see more integrated advance care planning across the care continuum, patient/person driven initiation and planning, more support and education for having difficult conversations (staff and students), more resources available in multiple languages. It would also be beneficial to have one IT system.

CPHAC were interested to determine if it could be a made a contract requirement for facilities to increase the number of ACPs being completed. Hospice could be a specialist and expert provider and these discussions are currently being undertaken.

**Resolution**
Given that Advance Care Planning is a useful tool CPHAC would like to recommend that the Board pass a resolution stating that increased completion of ACPs is written into future contracts with Hospice and PHOs.

**Moved:** Katrina Bungard   **Seconded:** Dianne Glenn  
**Passed:** Unanimously

Important to consider community meetings where ACPs could be discussed and facilitators could be on hand to assist with the completing of plans. Council flats also need to be taken into consideration.

**Resolution**
CPHAC would like to recommend that the Board and Executive Level staff raise awareness by completing their own ACPs and make this information available via staff information channels.

**Moved:** Katrina Bungard   **Seconded:** Dianne Glenn  
**Passed:** Unanimously

CPHAC thanked Mr Hannant and Ms Long for the presentation and the important work they are undertaking.

4. **BRIEFING PAPERS**

4.2 **Q2 2017/18 Population Health Performance Report (Filipo Katavake-McGrath)**

The report was taken as read.

Mr Katavake-McGrath introduced Ms Alanna Soupen who has joined the Planning Team to cover the maternity vacancy of Ms Kitty McQuilken.

Mr Katavake-McGrath provided a comprehensive overview of the report, highlighting areas such as:

- ASH skin infections in Pacific Island children; trending downward over the last two years, however still a large equity gap.
- Immunisations of Maaori babies; still a pocket of difficult to reach mama and pepis.
- Obese children; MOH is beginning to work on a measure for this group.

CPHAC were interested to know if all referred children took up the assistance offered, could all of the local services cope?

Mr Hefford advised CPHAC that in conjunction with Debbie Holdsworth, he has sent a letter to the Chief Health Advisor.
CPHAC encouraged Mr Hefford to request a combined regional CPHAC meeting be held and the MOH invited to address the concerns contained within Mr Hefford’s letter. CPHAC would like to see a Senior MOH staff member be in attendance to address areas of critical concern across the region.

**Action**
Mr Hefford will forward the letter to Ms Brown to review questions.

Mr Katavake-McGrath advised the committee that in terms of Asian Health Ms Kitty Ko is working around appropriate Models of Care across Palliative and Primary Care, CVD and Long Term Conditions for Indian men and women and Cervical Screening for Indian/Asian women.

CM Health is attempting to widen the ethnic range of statistics that we can pull down from the MOH.

**Action**
CPHAC requested that the Asian Plan be at standing item, twice a year. Ms Kitty Ko to present 23 May 2018.

**Action**
Mr Benedict Hefford and Ms Margie Apa to email Ms Colleen Brown in regard to Pacific ECE interaction and a potential loss of resource.

**Action**
Mr Filipo Katavake-McGrath to provide a verbal update to CPHAC re Q3 Reporting on 23 May 2018.

4.1 **Primary & Community Nursing Workforce Update (Karyn Sangster)**

There are many nursing roles across the primary and community workforce. The numbers of nurses working across the region has remained relatively static. In 2006 the total primary care nursing workforce was 349 FTE in 2015 when asked to provide a comparison Primary Health Organizations nurse leaders identified 371 nurses working in primary care. The growth in the number of practice nursing roles has not increased greatly compared to the growth in the population. Public health nurses have reduced from 40 to 28 with other contracts now providing basic nursing in high decile schools. The district nursing FTE was 43 in 2006 and 48 in 2015 a small increase and about 1 or less DN FTE for every 10,000 people in our district.

The long term investment plan for the Northern regions states that the anticipated demand for health care for our growing, aging and changing population will outstrip our ability to deliver services. A more agile and flexible workforce with capability and diversity to meet the care health needs of our local population will be needed. This change is needed now by strengthening collaboration and integration across the care continuum to provide care closer to home. We need to reshape the workforce to provide innovative integrated models of care that can to respond to our changing population needs. Nurses will need to expand and advance their clinical practice across our current workforce including unregulated carers. This will allow our professional workforce to reach more people through directing and delegating care tasks to skilled others.

This will be supported by key enablers such as technology, education, inter-professional practice, community central providing central coordination of requests for service, and integration to allow nurses to respond to the workforce and population challenges. As these continue to develop we will explore new ways of providing care within the community using existing and new workforces.
The funding of new roles and models of care remains uncertain with the review of primary care funding and DHB budgets. The funding remains uncertain as we are challenged to provide more with the existing workforce. The profession continues to respond to support more advanced nursing practice through prescribing scopes and post graduate nursing programs.

With regard to Plunket Nurses, these roles are:
- Funded centrally so CM Health have no say.
- Have a good working relationship with CM HealthAlliance.
- Have joint roles with CM Health and Oranga Tamariki.
- Have 55 cars on the road every day.
- Are open to working differently.
- Targets and contacts are central.
- Undertake B4 School Checks and work Saturday’s at Manukau Super Clinic.

SIB Funded Home Visit Nurses
The establishment of the social investment board has enabled a new service focussing on supporting young mothers in Mangere with a well-child and child health mixed role with integrated with social workers. The service has developed guidelines and is now recruiting the final staff members. The vision is to provide a well-child service with a keeping well context supporting and navigating young families through the health and social services. This includes a multi-agency team working with a family for an extended length of time.

**Action**
CPHAC felt that this was appropriate for some ‘good news media’. Mr Hefford is to advise Ms Donna Baker (Communications Manager) that CPHAC are looking for some good news stories.

**Action**
Ms Jenny Parr and Ms Karyn Sangster to please email nurses on behalf of CPHAC expressing their thanks and appreciation.

There was a suggestion that Board members undertake the Patient Safety Leadership Walks with Ms Parr coordinating the Board members.
Ms Parr suggested at CPHAC visit to Community Central to view their base of operations.

**Action**
CPHAC to commence meeting on 23 May 2018 at Community Central for a half hour look at their operations.

Ms Dianne Glenn advised that she will be attending the Leadership Round at Pukekohe.

CPHAC would like to see the Walkaround Plan. Could think about training for Board members prior to walking in the wards.

CPHAC thanked Ms Sangster for the informative presentation.

Ms Brown departed the meeting at 11am.
3.1 Manukau Locality Update (Sarah Marshall)

Ms Marshall provided a comprehensive update on activities within the Manukau Locality.

Highlights included:

**Strengthening Primary Prevention**
- Family Hauora Event – Kaye Dennison and three School of Population Health students had an access affordable to Health Care/Immunization stand at this event.
- Clendon Community House – Three final year Nursing students (Auckland University) will complete a project with the Manager and volunteers at Clendon Community House in developing a Hauora Tool kit for this facility.
- Clendon Pride Hauora Market – This will take place before a Bilingual Hiko on 14th April. Four School of Population Health students are supporting this event on the day – 25 health promotion stands have registered.
- Immunisation Project – Four School of Population Health students are completing a project (1 semester) on identifying reasons for the decrease in immunisation rates in Manukau, through focus groups with health providers and a range of ethnic specific community groups.
- Alcohol Harm Minimisation Project – This research project is being run in collaboration with Family Start Manukau, two groups of social workers are being trained in assessments related to alcohol harm and appropriate brief interventions. The project will run for nine months.

**Strengthening Secondary Prevention**
- Complex Case Managers are supporting General Practice Teams.
- Rawiri Community House – Manukau Locality will continue to support health initiatives (through linking in health and social service agencies as required) for the Homeless in Manurewa, through the Manager of Rawiri Community House.
- Counties Manukau Kindergarten Association – Manukau Locality continues to work collaboratively with the Kindergarten Association and in particular, the Play truck coordinators who work closely with vulnerable families in high deprivation areas and have the opportunity to share health promotion messages as part of their service delivery.
- Hydrotherapy opportunities for severely disabled people. Manukau Locality, as part of the locality wellness work, is supporting a swimming instructor to get access to heated public swimming pools, to support these individuals.

**Strengthening Tertiary Prevention**
- Manukau Locality Community Health Team is being introduced on a monthly basis to a range of Health and Social service providers working in the areas who can take referrals from the District Nurses and Alliance Health team to support integrated care e.g. Age Concern, WINZ, Habitat for Humanity Home Repairs service.

CPHAC were interested to determine if CM Health is well resourced in the area of Community Networks. Ms Marshall advised that Papatoetoe Community Network had little community support and was at risk of stopping altogether. Given this is a key community group for Manukau Locality to engage with the Project Manager for the Locality has taken on a shared role in coordinating the network meeting for this current year, with a view to stepping down once the network is in a better state and new coordinators can be identified. Health messages are shared at each meeting. The Manurewa and Papakura Community Networks held monthly meetings that large numbers of people attend and have good forums for health promotion and consultation.
Ms Marshall was asked if CM Health link with the Life Education trust and Ms Marshall advised that she would follow up with Kaye Dennison.

The meeting concluded at 11.10am.


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Colleen Brown
Committee Chair
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

**Community & Public Health Advisory Committee Meeting – Action Items/Resolution Register – 23 May 2018**

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<tr>
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<td>19.8.15</td>
<td>Locality Updates:</td>
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<td>Manukau</td>
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| Eastern | Penny Magud | | | | | ✓
| | | 11 April | Benedict Hefford | Item 5.1 on 23 May |
| 14.6.17 | ARPHS – six-monthly update. | | 11 April/23 May | Margie Apa | |
| 29.11.17 | Population Health Plans (Asian, Pacific & Maaori) – quarterly update including a local picture as well as national data on the Healthy Mums & Babies target. | | 15 August | Margie Apa | |
| 29.11.17 | 17/18 Metro Auckland SLM Improvement Plan – quarterly report. | | 11 April/23 May | Benedict Hefford | Item 5.2 on 23 May |
| 29.11.17 | Every $ Counts – Project team to present an update on this project. | | 26 September | Sarah Sharpe | |
| 29.11.17 | School Based Health Services | | 11 April/23 May | Benedict Hefford/ Carmel Ellis | Item 6.1 on 23 May |
| | Invite the Papakura Initiative to present on the Papakura Koituitui Initiative | | 11 April/23 May | Ben Hefford | |
| | Undertake an investigation into a model for a ‘one-stop’ shop in Mangere/Otara and report back. | | 11 April/4 July | Benedict Hefford | |
| 18.10.17 | Healthy Weight Action Plan for Children | | 15 August | Benedict Hefford | |
| | Arrange a presentation from Healthy Families NZ. | | 15 August | Benedict Hefford | |
| | Provide a six-monthly update on the Action Plan. | | 15 August | Benedict Hefford | |
| 6.9.2017 | Owning my Gout – the project team were asked to | | 11 April/4 July | Trevor Lloyd/ | |
| | | | | | |
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

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<td>21.2.2018</td>
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<td>return in 6 months’ time to update the Committee on their progress, particularly how they have got on working with A/WDHB as they have the balance of the 31,000 Gout sufferers.</td>
<td>21 November</td>
<td>Benedict Hefford</td>
<td></td>
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<tr>
<td>21.2.2018</td>
<td></td>
<td><strong>Green Prescriptions in Counties Manukau</strong> - The CPHAC committee would like Ms van Paauwe to return in the latter half of year to provide an update on progress.</td>
<td></td>
<td>Carmel Ellis</td>
<td></td>
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<td>21.2.2018</td>
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<td><strong>Mental Health</strong> - CPHAC has asked Ms Tess Ahern (General Manager, Mental Health) to look at how we can provide Mental Health &amp; Addiction services to the homeless.</td>
<td>23 May</td>
<td>Tess Ahern</td>
<td>Item 3.1 on 23 May (Public Excluded agenda)</td>
<td></td>
</tr>
<tr>
<td>11.4.2018</td>
<td>4.1</td>
<td><strong>Primary &amp; Community Nursing</strong> - Mr Hefford to advise Ms Donna Baker (Communications Manager) that CPHAC are looking for some good news stories. Ms Jenny Parr and Ms Karyn Sangster to please email nurses on behalf of CPHAC expressing their thanks and appreciation. CPHAC to visit Community Central to view their base of operations. Commence meeting on 23 May 2018 at Community Central for a half hour look at their operations.</td>
<td>23 May</td>
<td>Benedict Hefford</td>
<td>First agenda item 23 May</td>
<td></td>
</tr>
<tr>
<td>11.4.2018</td>
<td>4.2</td>
<td><strong>Letter sent to Chief Health Advisory, MoH.</strong> Mr Hefford to send letter to Ms Brown for her information. Mr Filipo Katavake-McGrath to provide a verbal update to CPHAC re Q3 Reporting on 23 May 2018 and Asian Plan to be presented twice a year.</td>
<td>23 May</td>
<td>Benedict Hefford</td>
<td>Population Health Plans (Asian, Pacific &amp; Maaori) are presented quarterly, the next presentation being on 15 August</td>
<td>✓</td>
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Recommendation

It is recommended that the Community & Public Health Advisory Committee:

Receive this update from Auckland Regional Public Health Service on key pieces of work that are underway and/or completed since our last update.

Prepared and submitted by Jane McEntee, General Manager, Auckland Regional Public Health Service (ARPHS)

Purpose

Auckland Regional Public Health Service (ARPHS) is providing this update to Counties Manukau Health CPHAC on key pieces of work that are underway and/or completed since our last update. This report contains the following updates:

1. Communicable disease outbreak management.
2. Environmental hazards.
3. Provisional Local Alcohol Policy appeal and other alcohol matters.
4. Healthy Auckland Together.
5. Wai Auckland (an obesity prevention initiative which will support improved oral health).
7. Safeswim programme.
9. Tobacco control in Mangere.
10. Submissions (Appendix A contains the key points for each submission).

1. Communicable disease outbreak management

1.1 Mumps outbreak update

ARPHS has been managing a mumps outbreak in the Auckland region since January 2017. The community spread of mumps is established both in the Auckland region and other parts of New Zealand. As at 27 April 2018, 1253 confirmed and probable mumps cases have been notified to ARPHS.

However, volumes are decreasing as the following graph shows (blue bars are new notifications).
ARPoS continues to undertake our ‘manage it’ approach, which means:

- promoting vaccination;
- assisting GPs in managing cases, and;
- providing disease surveillance.

1.2 Pertussis outbreak update

Since 1 September 2017 Auckland has been in the midst of a pertussis outbreak with 576 confirmed and probable cases (to 20 April 2018). The Ministry of Health (MoH) declared a national outbreak on 1 December 2017.

The focus of ARPS’s pertussis strategy is to protect children under the age of one. The proportion of cases under one year old has remained constant at 5-8% of all notifications since the start of the outbreak. This is consistent with the proportion of cases under one seen nationally in this outbreak. There has been a 30% decrease in numbers of confirmed/probable cases notified in the last four weeks as compared to the previous four week period. ARPS is working with seven schools and six ECECs to manage cases and contacts in these key settings.

Other activities to support management of the outbreak have included:

- Prepared article for Manukau Courier that encouraged immunisation in pregnancy and primary series.
- Media interviews, with focus on back to school preparedness and maternal boosting for pertussis.
- Pertussis social media campaigns.
- Distribution of Health Professional Advice to primary care, which recommended using PMS systems to recall pregnant patients for maternal boosting.
- Creating resources that appeal to the Māori community.
- Presented to the Health Select Committee in support of the proposed Newborn Enrollment to General Practice Bill. We asked for consideration of systemic measures to better link maternity and primary care services to improve the delivery of maternal boosting for pertussis.
1.3 Measles contact tracing
ARPHS has received four notifications for measles in the first four months of 2018, one of whom was a secondary case, with three other cases who were contagious on their plane flights into New Zealand, requiring large contact tracing as part of our public health response. More than 500 contacts from the plane flights, medical centres, public places where the cases visited, and households required follow up. Another 67 contacts were notified to other public health units to be followed up in other parts of the country. Episodes such as these require substantial resources from ARPHS to enable timely public health responses.

Media messages were released to the public and health professionals to support this work.

1.4 Dengue fever
From 1 August 2017 to 27 April 2018, 206 confirmed and probable dengue cases have been notified to ARPHS. The majority of cases (91%) reported recent travel to the Pacific Islands, particularly Samoa (124), Tonga (40), Fiji (21) and French Polynesia (2). 146 cases (71%) have been hospitalised, mostly for severe dengue (fever or bleeding disorders), and the ethnic groups commonly affected identified as Samoan (n=121) and Tongan (n=36).

The number of dengue notifications to ARPHS is declining, from a peak of 84 in January 2018, to seven in April 2018.

On 21 December 2017 ARPHS released a media statement advising travellers to the Pacific Islands about the importance of, and how to avoid mosquito bites. Messaging from this media statement was picked up by several media outlets. A Health Professional Advisory notice was also sent to health providers on 16 January 2018.

2. Environmental hazards update

2.1 Onehunga asbestos fire
On 30 September 2017 ARPHS responded to a major asbestos fire at PSI Print and Supply, 63-65 Victoria Street, Onehunga. ARPHS took the lead role in managing and communicating public health risks for this incident until WorkSafe took over. ARPHS distributed an incident specific suspected asbestos fire fact sheet to over 200 local Onehunga residential addresses. The fact sheet was personally handed to residents, explaining what they could do to minimise their exposure risk. ARPHS independently took environmental asbestos samples downwind from the incident site, which confirmed no detectable asbestos in any of the indicative swab samples taken in likely public settings.

2.2 SIMS Pacific Fire
On 7 March 2018 ARPHS responded to a hazardous substances fire at Sims Pacific Metals, 263 James Fletcher Drive, Otahuhu. ARPHS conducted a risk assessment and actively engaged with Fire and Emergency New Zealand (FENZ), Auckland Council and Worksafe for risk communication. The range of materials involved in this fire was unknown. However, it was likely that scrap metal, car parts, petrol, oil and other possible pollutants were involved. ARPHS advised the public in surrounding areas to take precautionary measures to prevent breathing in smoke. On the day of the fire, fact sheets were distributed to more than 350 downwind households, nine childcare centres and ten schools. Following the incident, ARPHS followed up with Auckland Council and FENZ to provide feedback and comment for preventing similar incidents in the future.
2.3 Border Health

During December 2017 ARPHS responded to three *Aedes aegypti* mosquito interceptions at Auckland International Airport Limited (AIAL) (this mosquito can transmit illnesses such as Dengue and Zika, and border control is required to keep it from becoming established in New Zealand). Enhanced surveillance was subsequently carried out over December 2017 and January 2018, with results showing no further exotic mosquito activity. In March 2018 a six monthly mega biosecurity surveillance audit was completed at AIAL, with some recommendations made towards improving mosquito control.

3. Alcohol update

3.1 Provisional Local Alcohol Policy appeals

On 19 July 2017 the Alcohol Regulatory and Licencing Authority (ARLA) released its decision on the appeals made against Auckland’s Provisional Local Alcohol Policy (PLAP). Overall ARLA’s decision supported and endorsed the elements that evidence indicated would reduce public health harm.

The following decisions were made by ARLA:
- Off-licence closing hours (9pm) were found to be reasonable.
- Off-licence opening hours (9am) were found to be unreasonable.
- On-licence hours (8am to 4am in the City Centre, 8am to 3am elsewhere) as proposed in the PLAP were found to be reasonable.
- Priority overlay areas (where there are additional measures to reduce alcohol related harm; much of the Counties Manukau area is included in the priority areas) were found to be reasonable.

Further appeals have ensued. There are now two concurrent legal processes for ARPHS to monitor and respond to in order to support measures that will reduce alcohol related harm in our communities.

The elements that ARLA found to be unreasonable were sent back to Council for reconsideration, and Council subsequently resubmitted an amended PLAP. Progressives, Food Stuffs and Redwood Corporation lodged appeals to Council’s resubmitted PLAP. ARPHS (through the Medical Officer of Health) is an interested party to the appeals process. A timetable for the hearing has yet to be scheduled.

The above parties also lodged judicial reviews with the High Court in response to ARLA’s original decision. ARPHS is exercising its right to be heard in relation to the judicial reviews, with a date tentatively set for 29 April 2019.

ARPHS will be required to review submissions from the various parties, prepare evidence and/or legal submissions and attend hearings in order to continue to support Auckland Council to arrive at a reasonable and effective LAP that contributes to reduced alcohol related harm within the Auckland region.

3.2 Withdrawal of alcohol off-licence application

ARPHS opposed a new application for an off-licence (bottle shop) in Takanini on the grounds of outlet density. Approval of the application would have meant there were four off-licences within a 1km radius. Takanini, which has high socioeconomic deprivation and Māori population, already experiences high levels of alcohol-related harm compared to other areas. The new store would have exacerbated this further.
After communicating its concerns to the District Licencing Committee, ARPHS was commended by the community, particularly the Māori Wardens, for being the first agency (to their knowledge) to give the Māori community a direct voice.

The media story about this application can be found at [https://i.stuff.co.nz/auckland/local-news/papakura-courier/102630353/communitys-fierce-resistance-forces-liquor-shop-applicant-to-withdraw](https://i.stuff.co.nz/auckland/local-news/papakura-courier/102630353/communitys-fierce-resistance-forces-liquor-shop-applicant-to-withdraw)

ARPHS’s opposition to this application was in line with its newly developed regulatory protocol, which provides an evidence based framework of public health concern priorities.

3.3 Collaborative relationship with Māori Wardens
ARPHS has developed an excellent partnership with the Māori Wardens who are consulted on new applications for on-licences and off-licences in areas of high socioeconomic deprivation.

The Māori Wardens have described the partnership with ARPHS as historic, and are championing our relationship as an example to be followed by others.

ARPHS has also delivered community capacity building training with the Māori Wardens. This training supports them to make and keep evidence that can be relied on in court when objecting to an application. The Wardens are able to enter licensed premises under the Māori Community Development Act 1962.

We have also extended this work to the smokefree space. The Ministry of Health has commended ARPHS, and note that this model is the first of its kind in New Zealand.

4. Healthy Auckland Together (HAT) update

Healthy Auckland Together (HAT) partners have identified that marketing and sponsorship of high fat and sugar products helps contribute to the establishment and maintenance of obesogenic environments. In April 2016 HAT made a submission to the review of the Code for Advertising to Children, and also commented on the resulting recommendations and Code adopted by the Advertising Standards Authority (ASA) in 2017. HAT partners have agreed to both monitor the effectiveness of the voluntary ASA system, while simultaneously building public awareness of the impact of marketing and sponsorship on population health.

A series of meetings with HAT partners have been held to develop an action plan for marketing to children. Areas for action across four streams have been developed, including:
- Advocacy
- Environments
- Regulation of marketing to children
- Sponsorship.

In support of this HAT lodged a complaint with the ASA in December 2017. The complaint maintained that an advertisement for Youthline, which included an image of Santa holding bottles of Coca-Cola Classic and Coca-Cola No Sugar, was a sponsorship advertisement, which showed an occasional beverage, and therefore was in breach of the Code.

HAT argued the advertisement targeted children and young people as it was placed at a bus stop opposite local shops where many children and young people stop on their way to and from school.
The complaint was upheld in part. The Advertising Standards Complaint Board (ASCB) agreed that the advertisement was in breach of the Code after determining it was a sponsorship advertisement, and was targeting children and young people. Under the Code sponsorship advertisements must not show an occasional food or beverage product.

Two relevant rules in the Code were found not to have been breached. The ASCB did not think the advertiser had used Santa (a proprietary/celebrity character) in an irresponsible way, and it did not believe children or young people would have made up a significant proportion of the audience walking or driving past the bus shelter. While the HAT partners may not agree with these parts of the ruling, at least part of the complaint was upheld.

The decision was released on February 23 2018, and HAT put out a media statement that received wide coverage that was mostly positive. HAT also received positive online comment.

A further complaint has been submitted about a McDonald’s television advertisement on similar grounds; that it is an advertisement for an occasional food (fries) presented in a way that is appealing to children and young people.

HAT has also been undertaking the following over the last six months:

- The 2018 monitoring report is being prepared for publication. HAT partners met to discuss the results and have input into the final report. An infographic of the key findings will be developed.
- ARPHS’s senior dietician has been working with ATEED to influence the food and drink provided at Auckland events. This resulted in the National Healthy Food and Drink Policy being part of the contract with vendors for the Tamaki Herenga Waka Festival over Auckland Anniversary weekend [https://www.aucklandnz.com/tamaki-herenga-waka-festival]. Vendors at the Pasifika festival were only permitted to sell no or low sugar beverages. It was noted there was high compliance with the policy and that there were also good offerings of healthier food.
- HAT partners (Auckland Council, Healthy Families MMP, Healthy Families Waitakere, ARPHS) have been working together to build a business case to fund and support healthier food and drink environments at local board funded events (including Movies/Music in Parks, community events, and signature events e.g. Waitangi and Christmas). The partners have been gathering needs, insights and data from event producers, vendors, and public attendees during the 2017-2018 events season. The partners are currently analysing the data and will model their business case after the ‘Zero Waste Events’ initiative, which has seen good success in reducing waste at events.

5. Wai Auckland update
The three Auckland DHBs have committed funding of $150,000 per annum over three years to a tap water project, titled “Wai Auckland”. The DHBs have requested ARPHS to redevelop the Wai Auckland business case to reflect the reduced level of funding ($250,000 p.a. from each DHB had been requested). Other progress to date:
- Auckland Transport has agreed to fund infrastructure (increased access to public drinking water fountains), and has appointed internal staff to work on the project.
- Auckland Council has started improving water infrastructure, and has noted the inclusion of a “statement of service” to guide quality water fountains in its Long Term Plan (the ten year budget).
- Watercare has committed to collaborate with Wai Auckland to make water more accessible and available in public areas.
• HAT partner organisations have committed to supporting the programme and are meeting this month to have input into an implementation plan.
• The Auckland Dental Association has expressed interest in joining the project.


On 15 November 2017 ARPHS hosted a Public Health Emergency Management Training Workshop for public health medicine specialists in the Auckland region, including those working at DHBs, Auckland University and MoH. This collaboration between the Auckland metro DHBs and ARPHS aimed to revise attendees’ knowledge of emergency management so that they could confidently contribute to a future public health emergency response, contributing to surge capacity for ARPHS in the event of a major incident.

The focus of this workshop was to revise information on the coordinated incident management system (CIMS), and apply this information during several facilitated scenarios designed around public health events. Following presentations on outbreak management and communications during emergencies, attendees were also given an orientation about current, relevant ARPHS systems and processes, including public health surveillance, the assessment and management team, and notifiable disease information management.

Throughout the workshop attendees were encouraged to identify their skill set and their role during a public health emergency, and how their organisation could assist with the response and management.

7. Safeswim programme update

Safeswim is Auckland Council’s programme for monitoring and reporting on water quality at Auckland’s bathing beaches. ARPHS is a partner in the programme. Last year the programme was upgraded to shift from weekly reporting of retrospective monitoring results to a forecasting approach that aligns with international best practice. The upgraded programme was officially launched at Mission Bay on 3 November 2017. Safeswim can be located at www.safeswim.org.nz.

Safeswim significantly increases access to public information on bacterial water quality, tidal rips, jellyfish, shark sightings and sun-smart advice. A ‘real-time’ alert function informs the public of unpredictable risk events as soon as they are detected.

ARPHS’s communications team and medical officer of health are involved in public health messaging, disease surveillance and programme governance. ARPHS is collaborating with Council at a strategic level to refine the programme.

8. Notice of 1080 drop in Hunua Ranges

ARPHS has been informed an aerial 1080 operation will be undertaken by Auckland Council in the Hunua Ranges this winter. ARPHS recently met with Council about this year’s operation, which follows the first aerial 1080 operation in the Hunua Ranges in winter 2015. The 2015 operation was the first aerial 1080 operation in Auckland in a decade, and Council correctly anticipated that pest numbers (rats, possums, stoats) would need to be addressed on a 3-5 yearly basis with repeating operations.
Council has indicated to ARPHS that it will submit its Vertebrate Toxic Agent (VTA) application by end of May 2018. It takes ARPHS approximately 2-4 weeks to conduct risk assessment, communicate conditions with Council, and issue the final permit. The drop is planned for August, weather permitting. Track clearances, water sampling and auditing will take place in the following weeks by Auckland Council, Watercare and ARPHS.

9. Illegal tobacco trading in Mangere

A recent undercover operation by ARPHS in Mangere revealed that three out of the ten outlets investigated were selling cigarettes illegally to teenagers. The Mangere Otahuhu area has the lowest life expectancy and one of the highest rates of smoking of any local board.

ARPHS regularly carries out stings using teenage volunteers who visit retailers to ensure that tobacco sales comply with the legislation. By law, retailers should be requesting ID for individuals who look under 25 buying tobacco.

Retailers face hefty punishments for selling tobacco to minors including criminal convictions and fines of up to $10,000 if prosecuted. A conviction means restrictions on employment, business and international travel.

A media message released appealed to community groups and/or individuals to take action in the fight against childhood tobacco addiction, advising how to make an anonymous complaint.

10. Submissions

Auckland Plan refresh and Long Term Plan (10-year budget)

In February 2018 an Auckland Council (Council) representative attended the Auckland Intersectoral Population Health Group (AIPHG) meeting to discuss the Long Term Plan (LTP). The LTP sets out Council’s priorities over the medium to long term and outlines how Council intends to achieve its purpose. This is Council’s primary strategic planning document and the main opportunity for the public to participate in local decision making. Council publically consulted on the LTP from 28 February to 28 March 2018.

At the same time, Council also consulted on the refresh of its 30 year spatial plan for the city, the Auckland Plan. The AIPHG had pre-consultation input into this plan and had been working with the Auckland Plan refresh team over the past year to ensure the visibility of health and wellbeing for Aucklanders in the Plan.

The AIPHG noted the importance of providing a submission on these two plans and highlighted the contribution of the health sector in resolving complex challenges across Auckland. ARPHS worked collaboratively with key DHB staff to provide input into the submission. The submission on both planning documents was signed and endorsed by ARPHS and the three Auckland DHB CEOs.

Submission to Productivity Commission’s Low-emissions Economy – Issues Paper

New Zealand has committed to reducing its greenhouse gas emissions by 30 per cent below 2005 levels by 2030. The Productivity Commission (Commission) is considering how this might be achieved, and is currently undertaking an inquiry into how New Zealand can maximise the opportunities and minimise the costs and risks of transitioning to a lower net-emissions economy. The Commission published an issues paper, which contained specific questions to which responses were invited. DHB staff reviewed and provided input into the submission, and it was signed and endorsed by ARPHS and the four Northern Region DHB CEOs in October 2017.
Key messages included:

- Health services are major end-users of carbon and energy-intensive products and services, and therefore have the potential to play an important role in climate change mitigation and adaptation.
- Factors affecting the demand for emissions, and the way in which policies and institutional arrangements can reduce consumption of high emission goods and services by end-use sectors, is an important consideration when seeking to create a low emissions economy.
- The Commission should incorporate Nicholas Stern’s detailed analysis of why the economics, ethics and equity of climate change mitigation and adaptation cannot be separated.

ARPHS has completed and submitted 16 submissions during June 2017 – April 2018. The table below lists submissions and Appendix A briefly summarises the key points for each submission.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>June</td>
<td>Workplace Exposure Standard (WES) and Biological Exposure Index (BEI) Review of lead and inorganic lead dust and fume</td>
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<td>Auckland Council Local Board Plans</td>
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<td>July</td>
<td>Takaro - Investing in Play</td>
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<td>Government Inquiry into Havelock North Drinking Water</td>
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<td>Energy labelling of alcoholic beverages (targeted consultation)</td>
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<td>August</td>
<td>Proposed national environmental standard (NES) for marine aquaculture</td>
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<td>Health star rating five year review</td>
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<td>Residential Tenancies Amendment Bill (No:2)</td>
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<td>October</td>
<td>Low-emissions Economy – Issues Paper (Productivity Commission)</td>
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<td>February</td>
<td>Newborn Enrolment with General Practice Bill</td>
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<td>March</td>
<td>Auckland Stormwater Network Discharge Consent</td>
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<td>Alteration to Auckland Airport’s Designation 1100 – proposed northern runway</td>
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<td>Auckland Plan refresh and Long Term Plan</td>
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<td>April</td>
<td>Auckland Council’s proposed Regional Pest Management Plan</td>
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<td>Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2)</td>
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<td>Auckland Council’s draft Auckland Waste Management and Minimisation Plan 2018</td>
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## Appendix A

### Summary points for ARPHS submissions during June 2017 – April 2018:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Brief note</th>
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| **WES and BEI review of lead and inorganic lead dust and fume**     | ARPHS is pleased to see that WorkSafe NZ is lowering the current BEI and suspension levels. However, based on the available evidence, ARPHS felt that WorkSafe NZ had not gone far enough to protect human health. ARPHS recommended that:  
  - The BEI for women and men should be reduced to 0.48 umol/L, which is consistent with the notification standard in Schedule 2 of the Health Act 1956.  
  - The evidence suggests that the BEI for women of reproductive age, pregnant women and breast feeding women should be reduced even further.  
  - The suspension (removal) level for all workers should be at the set BEI if further exposure to lead in the workplace cannot be prevented.  
  - A new return to work level should be established, and should be no greater than the BEI. |
<p>| <strong>Auckland Council Local Board Plans</strong>                              | Healthy Auckland Together made 20 submissions on Auckland local board plans; supporting and encouraging their health-related work. ARPHS highlighted what health related outcomes other local boards had included in their plans, and encouraged local boards without specific health content in their plans, to follow suit. |
| <strong>Takaro - Investing in Play</strong>                                       | Takaro is a discussion document outlining Auckland Council’s proposal to re-evaluate its current approach to play investment across the region. Play has links to improved public health outcomes through environmental, social, economic, cultural and health benefits. Currently, Council’s investment in play infrastructure is characterised by significant inequities. ARPHS supported the use of a hierarchical framework to ensure investment occurs across an integrated play network, and suggested that the greatest emphasis be placed on developing play opportunities within local neighbourhoods and communities. ARPHS agreed with seven out of the nine ‘proposed potential prioritisation criteria’ to underpin play investment across the region, and also suggested a new criterion titled, “future-orientated”. ARPHS also noted that more robust information gathering, monitoring and evaluation is required to ensure objective allocation of funding. |
| <strong>Government Inquiry into Havelock North Drinking Water</strong>            | Stage Two of the Government Inquiry looked at what lessons could be learned, how to prevent outbreaks in the future, and what (if any) changes would improve the safety of drinking water in New Zealand. Outcomes from the Inquiry have the potential to affect the nature of the work carried out by ARPHS’s drinking water assessment team. ARPHS’s submission recognised the important distinction between Havelock North and Auckland’s drinking water systems, noting that water sourced from Auckland’s bores undergoes treatment, including UV, filtration, and/or disinfection with chlorine to provide free available chlorine (FAC) residual in the drinking water. ARPHS’s submission noted the advantages of Watercare Services Ltd’s (WSL) model of delivery, and considered the drinking water supply situation in Auckland has improved since council amalgamation and the formation of WSL. The submission also addressed specific questions raised by the Inquiry in relation to bore status, treatment, water safety plans, the drinking water assessors role, other agencies roles, outbreak management issues etc. |</p>
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<th>Topic</th>
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| Energy labelling of alcoholic beverages (targeted consultation)      | The Ministry of Health was invited to provide a submission to the Food Regulation Standing Committee on the attached energy labelling of alcoholic beverages. The Ministry sought comments from public health units to feed into its submission. ARPHS recommended supporting the display of energy content on the labels of all alcoholic beverages as it will contribute to a more informative food environment, and potentially discourage excessive consumption. ARPHS did acknowledge two potential unintended consequences of the energy labelling proposal:  
1. possible compensatory energy restriction;  
2. alcohol is viewed as an ordinary grocery item rather than a harmful commodity. |
| Proposed national environmental standard (NES) for marine aquaculture | A NES is established under the Resource Management Act and sets national rules that replace regional council rules. The proposed NES for marine aquaculture seeks to:  
- provide a more efficient and certain consent process for managing existing marine farms within environmental limits.  
- implement a nationally-consistent framework for biosecurity management on all marine farms.  
ARPHS supported the aim of the proposed NES, but made some recommendations that would allow the consenting process for the renewal of existing marine farms to consider the potential contamination risk from deteriorating water quality. |
| Health star rating five year review                                   | This five year review will consider the objectives of the health star rating (HSR) system and identify options for improvements and ongoing implementation of the system. ARPHS recommended:  
- the reworking of key messages to address health inequities in knowledge about how HSR works.  
- reviewing the implementation to meet the overarching objectives.  
- review inappropriate scoring.  
- putting caps on added sugar.  
- strengthening the communication strategy and the public health intervention and monitoring reformulation to improve nutritional efficiency.  
The findings of the review will be provided to the Australia and New Zealand Ministerial Forum on Food Regulation in mid-2019. |
| Residential Tenancies Amendment Bill (No:2)                          | The aim of the Bill is to amend the Residential Tenancies Act 1986 (the Act) in relation to the following issues: liability for damage to rental premises caused by a tenant; methamphetamine contamination in rental premises; and tenancies over rental premises that are unlawful for residential use.  
ARPHS offered in principle support for measures that ensure a landlord does not provide premises to a tenant if they are methamphetamine-contaminated, and a strengthening of the law to regulate landlords who tenant unsuitable living spaces.  
The submission recommended that the Committee consider:  
- a threshold of negligence rather than carelessness for the Bill, and clarify whose responsibility it is to provide the burden of proof for the consequences for damage to rental properties caused by carelessness.  
- regulating the processes to test for and remediate premises following methamphetamine contamination.  
- a sliding scale so that the Tribunal has discretion to impose a penalty that reflects the human health risk involved. |
- Clarifying roles and responsibilities around compliance and enforcement for regulating landlords who tenant unsuitable properties.

**Low-emissions Economy – Issues Paper**

See earlier comments.

**Newborn Enrolment with General Practice Bill**

The aim of the Bill is to improve health and social results for infants and children by requiring that newborns are enrolled with a general practice and primary health organisation before the newborn is due for their first immunisation at six weeks of age.

ARPHS’s submission supported the Bill in principle but considered there was an opportunity to strengthen it by widening its scope to encourage greater communication between LMCs and primary care, with the principal aim of improving maternal immunisation rates. Comments were also sought from Auckland’s three metro DHBs, and feedback received was included in ARPHS’s final submission.

**Auckland Stormwater Network Discharge Consent**

Auckland Council seeks to obtain resource consent for:

- The diversion of stormwater from both existing and future urban land uses within the Rural Urban Boundary (RUB), coastal and rural settlements, and urban-zoned land outside of these areas that enters or will enter Council’s stormwater network; and
- Discharges of stormwater from the Council’s stormwater network to land, rivers/streams, lakes, groundwater aquifers and the Coastal Marine Area.

Contaminants in stormwater discharges can have public health implications for recreational water quality, wild food gathering and potable water extraction. Poor management of stormwater flows can also exacerbate flood risks. ARPHS’s submission:

- Supported in principle the applicant’s proposed conditions of consent.
- Sought assurances that the nature and scope of the proposed environmental monitoring is fit for purpose.
- Supported the integrated stormwater management approach and up-to-date flood modelling.

**Alteration to Auckland Airport’s Designation 1100 – proposed northern runway**

Auckland Airport is seeking to extend the proposed northern runway from the existing designated length of 2150 metres to 2,983 metres, and shift it 72 metres north of its designated location. The introduction of the proposed northern runway will result in adverse noise effects for residents in specific areas of Papatoetoe, Otara, Ormiston and Mangere. ARPHS commented on the Auckland Airport’s proposed measures to mitigate noise effects, including its proposed noise mitigation package for activities sensitive to aircraft noise.

**Auckland Plan refresh and Long Term Plan**

See earlier comments.

**Auckland Council’s proposed Regional Pest Management Plan**

ARPHS requested that it immediately be notified of any emerging issue involving an organism that might present a human health risk.

**Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (No 2)**

ARPHS supports the intent of the proposed Bill to provide the licensing authority with the discretion to refuse a renewal of a licence if inconsistent with a LAPs location and density policies. However, ARPHS recommended accompanying changes to the current LAP process to support the Bill’s intent, including:

- Development of policy guidance to support local authorities to decide how a reduction in existing off-licence premises in a locale would be managed;
- Review of the appeal process;
- The ability for local authorities to bring into force elements of a
### Draft Auckland Waste Management and Minimisation Plan 2018

The District Health Board sustainability advisors and Medical Officer of Health at ARPHS broadly supported the draft plan, including the Council’s ‘zero waste by 2040’ vision. The submission noted that the health sector is a substantial generator of waste material which has differing levels of hazard and complexity. ARPHS and the DHB sustainability advisors expressed a strong interest in working with Auckland Council on approaches to health service waste minimisation and management.
Counties Manukau District Health Board
Community & Public Health Advisory Committee
System Level Measures Framework

Recommendation

It is recommended that the Community & Public Health Advisory Committee:

Note the quarterly reporting on the 2017/18 Metro Auckland System Level Measures Improvement Plan.

Prepared and submitted by: Kate Dowson, Primary Care Programme Manager on behalf of Benedict Hefford, Director Primary Care and Community Services.

Glossary

ASH  Ambulatory sensitive hospitalisations
CM  Counties Manukau
DHB  District Health Board
PHO  Primary Health Organisation
SLM  System level measure

Executive Summary

The Ministry of Health has been working with the sector since 2016 to co-develop a suite of System Level Measures (SLMs) that provide a system-wide view of performance. The SLMs are high-level aspirational goals for the health system that align with the five strategic themes of the New Zealand Health Strategy 2016 and other national strategic priorities such as Better Public Service Targets. The SLMs have a focus on children, youth and vulnerable populations.

The Counties Manukau (CM) and Auckland Waitemata Alliance Leadership Teams work together on a Metro Auckland SLMs Improvement Plan each year. A regional SLMs steering group and working groups were established to support this process. In 2017 CPHAC received a paper outlining the SLMs framework and agreed to receive reporting going forward on the performance of CMH to date. This paper outlines our current performance and highlights areas of note. We are on track with implementation of the 2017/18 metro Auckland SLM Improvement Plan, and have begun planning for the 2018/19 year.

Purpose

To provide the CPHAC with an update on current SLM performance.
Background

The New Zealand Health Strategy outlines the high-level direction for New Zealand’s health system to 2026 to ensure that all New Zealanders live well, stay well, get well. One of the five themes in the Strategy is value and high performance. This theme places greater emphasis on health outcomes, equity and meaningful results. Under this theme, the Ministry of Health worked with the sector to develop a suite of System Level Measures to provide a system-wide view of performance. Building on the work outlined in the 2016/17 System Level Measures Improvement Plan, in 2017/18, improvement milestones and contributory measures for each of the SLMs have been prioritised, in recognition of the significant amount of activity needed to make meaningful change for each measure. The plan also reflects a strong commitment to the acceleration of Māori health gain and the elimination of inequity for Māori.

The steering group and working groups have continued to meet in 2017/18, in order to further develop key actions (particularly at a local level), monitor data, and guide the ongoing development of the SLMs. Steering group membership includes senior clinicians and leaders from the seven PHOs and the three DHBs. Working groups were responsible for drafting contributory measures and identifying the related interventions to be included in the local improvement plans. Each working group is chaired by a PHO lead and supported by a DHB public health physician. Working group membership consists of senior primary care and DHB clinicians, personnel and portfolio managers.

This second improvement plan (2017/18) includes six SLMs:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0 – 4 year olds;
- Acute hospital bed days per capita;
- Patient experience of care;
- Amenable mortality rates;
- Youth are healthy, safe and supported, and
- Babies living in smokefree households at six weeks.

For each SLM, there is an improvement milestone to be achieved in 2017/18. The milestone must be a number that either improves performance from the district baseline or reduces variation to achieve equity. Each SLM must have a set of contributory measures which show a line of sight to the achievement of the improvement milestones, have clear attribution and have been validated locally.

This report provides a summary of the 2017/18 SLM measures and outlines the CM Health performance to date against each.

Overview of each SLM

**Ambulatory Sensitive Hospitalisations 0-4 year olds**

ASH are hospital admissions which are considered as potentially preventable if the patient had received timely preventative intervention or treatment in primary care. In New Zealand children, ASH accounts for approximately 30 percent of all acute and arranged medical and surgical discharges in that age group each year.

ASH rates can serve as a proxy for primary care access and quality. ASH rates are also determined by other factors such as hospital emergency departments and admission policies, health literacy and overall social determinants of health. This measure can also highlight variation between different population groups that will assist with reducing health inequities.
The contributory measures for this SLM are:
- Māori babies fully immunised by 8 months of age;
- Skin infection rate;
- Oral health service enrolment, and
- Rate of respiratory conditions potentially preventable by immunisation.

**Acute Hospital Bed Days Per Capita**
Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by effective management in primary care, transition between the community and hospital settings, discharge planning, community support services, and good communication between healthcare providers. The intent of the measure is to reflect integration between community, primary, and secondary care.

The contributory measures for this SLM are:
- ED presentation rates, and
- Acute readmission rates at 28 days.

**Patient Experience of Care**
‘Person centred care’ or how people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. The intended outcome for this SLM is improved health outcomes for patients through improved patient safety and experience of care. There are two improvement measures chosen for this SLM:
- The Hospital Inpatient Patient Experience Survey has been in place since 2014. This survey captures four measured domains - communications, partnership, coordination, and physical and emotional needs.
- The Primary Care Patient Experience Survey, which has only been developed more recently and is currently being implemented in general practices.

**Amenable Mortality**
Amenable mortality is defined as premature deaths that could potentially have been avoided if the patient had received effective and timely healthcare. That is, deaths from diseases for which effective health interventions exist that might prevent death.

Two areas have been chosen to focus on: cardiovascular disease and smoking cessation. Cardiovascular disease is a major cause of premature death in New Zealand and contributes substantially to the escalating costs of healthcare. Modification of risk factors, through lifestyle and pharmaceutical interventions has been shown to significantly reduce premature death and disease. Tobacco smoking is a major public health problem in New Zealand. In addition to causing around 5000 deaths each year, it is the leading cause of disparity, contributing to significant socioeconomic and ethnic inequalities in health.

The contributory measures for this SLM are:
- CVD risk assessment (in particular for Māori);
- CVD management, and
- Percentage of smokers provided with cessation support to help quit.

**Youth access to and utilisation of youth appropriate health services**
This measure was implemented in 17/18 and is considered developmental.

Youth have their own specific health needs as they transition from childhood to adulthood. Most youth in New Zealand successfully transition to adulthood but some do not, mainly due to a complex interplay of individual, family and community stressors and circumstances, or ‘risk factors’. Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as
adults and overall poor life outcomes. The Ministry of Health have set five domains for this measure, and have asked alliances to focus on one domain in the first year:

- Youth Experience of the Health System;
- Sexual and Reproductive Health;
- Mental Health and Wellbeing;
- Alcohol and Other Drugs, and
- Access to Preventive Services.

For 2017/18, metro Auckland has focused on sexual and reproductive health (in particular, chlamydia testing coverage). This is likely to move towards a focus on mental health and alcohol in 2018/19.

**Babies Who Live in a Smoke-free Household at Six Weeks Post-natal**

This measure was implemented in 17/18 and is considered developmental.

The definition of a smokefree household is one where no person ordinarily resident in the home is a current smoker. This measure is important because it aims to reduce the rate of infant exposure to cigarette smoke by focusing attention beyond maternal smoking to the home and family/whaanau environment. It emphasises the need to focus on the collective environment that an infant will be exposed to - from pregnancy, to birth, to the home environment within which they will initially be raised. The main focus for this year is on improving data quality of this measure.

The contributory measures for this SLM are:

- Maternal Smokefree Services, and
- Household Smoking Cessation.

**Current Performance**

**Implementation of Improvement Plan Activities**

We continue to be on track in regards to implementation of the SLM Improvement Plan in the CMH district, in that almost all of the named improvement activities are being/have been undertaken. Given that this is a quality improvement framework, the Ministry of Health is most concerned with this aspect of implementation rather than whether milestones have yet been achieved. This recognises that a significant range of factors can affect each milestone, for example poverty, housing and the number of beds open in a hospital. The Ministry is very pleased with the significant progress of our district towards achieving our milestones and our continued focus on equity in this plan.

Activities we have carried out include (for example, there are 107 activities in the plan):

- Develop links between immunisation outreach services and Māori Tamariki Ora providers to improve immunisation coverage for their enrolled Māori tamariki.
- Deliver an educational package ‘skin infection combined key messages’ to primary care, urgent care, Well Child Tamariki Ora services, and early childhood education centres. Use forums such as the Pacific Community Child Health Network (managed by TAHA, the Well Pacific Mother and Infant Service) to reach community groups.
- Increase awareness of free child dental services and provide an increased number of extended hours and Saturday dental clinics in appropriate locations.
- Build on current activity to ensure all pregnant women are offered both influenza and pertussis vaccination e.g. vaccinators at antenatal clinics, promotion campaigns, lead maternity carer education opportunities.
- Increase the use of Primary Options for Acute Care, which allows primary care practitioners to keep patients out of hospital when appropriate.
• Pilot new and innovative ways to encourage patients to use primary care services appropriately, e.g. social media campaigns, vouchers for after-hours care.
• Encourage active follow up of patients discharged from hospital with a relatively high risk of readmission, in particular those with cellulitis, Chronic Obstructive Pulmonary Disease, Stroke and Congestive Heart Failure.
• PHOs to work with practices to increase number of patients being offered a patient e-portal, where they can access lab results, book appointments, request repeat prescriptions and see clinical notes.
• Some general practices to provide phlebotomy services in the practices (point-of-care testing) to ensure that when patients (or their whaanau) visit they can be given a cardiovascular disease risk assessment.
• Total population and specific interventions for Māori, Pacific and Asian peoples to improve uptake and adherence to dual and triple therapy, including post cardiac event medication counseling.
• Improve referral pathways to smoking cessation providers, and provide better feedback to referrers from smoking cessation providers.
• Review the literature to identify options for improving access to chlamydia testing for Māori and Pacific youth including school-based services, pharmacy, community laboratories, primary care, outpatients, justice systems, and other opportunistic settings.
• Improve regional data collection so that timely maternal smoking prevalence data is available, brief advice and quit support can be monitored, and referral to SSS for women who are pregnant and are current smokers can be monitored.

Improvement Milestone Scorecard

In terms of performance against our end of year milestone targets, the following scorecard includes the latest available data for each SLM. One regional scorecard has been developed for all three metro Auckland DHBs.

Please note that the performance below is noted as on/off track in relation to the end of year targets, and most of the data is only available six-monthly. Therefore while many of the indicators have not yet met our target (and are indicated in red/orange), we expect many are likely to be met by the end of the year. As noted above, given this is a quality improvement framework the Ministry of Health views any improvement towards the target as the most important aspect of success.
### 1. Ambulatory Sensitive Hospitalisations: 0-4 Year-Olds

<table>
<thead>
<tr>
<th>Measure: Rate per 100,000 domiciled 0-4 year olds.</th>
<th>Target 2017/18: Five percent reduction in rate by June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 7,728 (inc)</td>
<td>6,792</td>
</tr>
<tr>
<td>Counties Manukau: 6,754</td>
<td>6,225</td>
</tr>
<tr>
<td>Waitakere DHB: 5,409</td>
<td>5,426</td>
</tr>
<tr>
<td>Metro Auckland: 6,420</td>
<td>6,314</td>
</tr>
</tbody>
</table>

### 2. Acute Hospital Bed Days

<table>
<thead>
<tr>
<th>Measure: Age-standardised rate per 1,000 domiciled population.</th>
<th>Target 2017/18: 2% reduction for total population by June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 425 (inc)</td>
<td>401</td>
</tr>
<tr>
<td>Counties Manukau: 453</td>
<td>464</td>
</tr>
<tr>
<td>Waitakere DHB: 414</td>
<td>410</td>
</tr>
<tr>
<td>Metro Auckland: 429</td>
<td>425</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Target 2017/18: 3% reduction for Māori population by June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 578 (inc)</td>
<td>583</td>
</tr>
<tr>
<td>Counties Manukau: 670</td>
<td>678</td>
</tr>
<tr>
<td>Waitakere DHB: 538</td>
<td>533</td>
</tr>
<tr>
<td>Metro Auckland: 605</td>
<td>606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Target 2017/18: 3% reduction for Pacific population by June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 826 (inc)</td>
<td>788</td>
</tr>
<tr>
<td>Counties Manukau: 689</td>
<td>741</td>
</tr>
<tr>
<td>Waitakere DHB: 709</td>
<td>724</td>
</tr>
<tr>
<td>Metro Auckland: 730</td>
<td>744</td>
</tr>
</tbody>
</table>

### 3. Patient Experience of Care

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 8.5 (inc)</td>
<td>8.6</td>
</tr>
<tr>
<td>Counties Manukau: 8.5</td>
<td>8.4</td>
</tr>
<tr>
<td>Waitakere DHB: 8.5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Target 2017/18: Fifty percent of each PHO's practices.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Health Plus: 50% (inc)</td>
<td>90%</td>
</tr>
<tr>
<td>Auckland (Mt)</td>
<td>50%</td>
</tr>
<tr>
<td>Central PHO</td>
<td>50%</td>
</tr>
<tr>
<td>Laidley Health</td>
<td>50%</td>
</tr>
<tr>
<td>National Health Coalition</td>
<td>50%</td>
</tr>
<tr>
<td>Paremoremo PHO</td>
<td>50%</td>
</tr>
<tr>
<td>Total Healthcare</td>
<td>50%</td>
</tr>
<tr>
<td>Metro Auckland: 50%</td>
<td>77%</td>
</tr>
</tbody>
</table>

### 4. Amenable Mortality

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Target 2017/18: Two percent reduction (on single year baseline) by June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 71.4 (inc)</td>
<td>79.2</td>
</tr>
<tr>
<td>Counties Manukau: 107.3</td>
<td>101.4</td>
</tr>
<tr>
<td>Waitakere DHB: 64.5</td>
<td>68.9</td>
</tr>
<tr>
<td>Metro Auckland: 78.6</td>
<td>83.0</td>
</tr>
</tbody>
</table>

### 5. Youth Health

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Target 2017/18: Eighty percent of pregnant women aged 15-24 years are screened for chlamydia.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 80% (inc)</td>
<td>40%</td>
</tr>
<tr>
<td>Counties Manukau: 80%</td>
<td>55%</td>
</tr>
<tr>
<td>Waitakere DHB: 80%</td>
<td>35%</td>
</tr>
<tr>
<td>Metro Auckland: 80%</td>
<td>46%</td>
</tr>
</tbody>
</table>

### 6. Babies Living in Smokefree Households

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Target 2017/18: Reduce to less than 10% by June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB: 10% (inc)</td>
<td>10%</td>
</tr>
<tr>
<td>Counties Manukau: 10%</td>
<td>14%</td>
</tr>
<tr>
<td>Waitakere DHB: 10%</td>
<td>12%</td>
</tr>
<tr>
<td>Metro Auckland: 10%</td>
<td>12%</td>
</tr>
</tbody>
</table>

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Legend:
- Target met / on track
- Improvement needed
- Significant improvement needed

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Counties Manukau District Health Board – Community & Public Health Advisory Committee 23 May 2018

033
Key areas of note are:

- Although CMH has not yet achieved our ASH 0-4 milestone, our rates have improved over time. This is of note given that ASH is a very challenging measure to influence as it is closely related to socio-economic deprivation. Related to this, the number of hospitalisations for skin infections has dropped and this is most noticeable in Pacific children.
- We have made significant progress towards achieving the Maori Acute Hospital Bed Days milestone and are 8 ‘bed days’ per 1000 off our target.
- The Patient Experience of Care milestone for Primary Health Care Patient Experience Survey has been met.
- We are very close to achieving the in-patient experience survey target (achieving a score of 8.4 where the goal is 8.5) for this quarter and likely will achieve it by the end of the year.
- Counties Manukau Health has already achieved the Amenable Mortality target for this year. As part of this measure, we have the highest Cardiovascular Risk Assessment rate in metro Auckland.
- We are still working with the Ministry of Health to get accurate data for the Youth and Babies in Smokefree Households SLMs. We anticipate this will provided by the end of quarter four, which will enable us to move forward with planning for the next year.

As we near the end of the 2017/18 year, we have begun planning for next year’s plan. This has included a number of consultation meetings with consumers (e.g. CMH Consumer Council) including mana whenua and Pacific peoples. Next year’s plan is likely to include a smaller number of activities which are focussed on improving equity (in line with CM Health’s strategic goals) and making meaningful change across the region.
Counties Manukau District Health Board
Community & Public Health Advisory Committee
Kootuitui ki Papakura Overview

Recommendations

It is recommended that the Community and Public Health Advisory Committee:

Note that the Kootuitui ki Papakura programme comprises three strands; education, health and housing.

Note that Kootuitui ki Papakura is in the final stages of the pilot, in conjunction with the Middlemore Foundation for Health Innovation, and is developing its own funding streams to continue into 2019 and beyond.

Purpose

This report gives CPHAC an overview of the Kootuitui ki Papakura programme.

Background

The Papakura area has a youthful and diverse community with a population of more than 45,636. Papakura has the highest Maori population per capita in the Auckland area, with 28.1% of the population identifying as Maori. Approximately 37% of those identifying as Maori are aged under 15 years of age. The Pasifika population in the area is twice the proportion nationally. Papakura has a relatively high general youth population with 24.4% of the population under 15 years. 41% of the Papakura population are living in the most deprived areas (NZdep2013 quintile 5).

The issues that prompted the initial development of the Kootuitui programme were:

- Rheumatic fever, scabies and other diseases present in the community;
- 2,500 children in households with an income of $19,000 or less;
- More than 3,100 children hospitalised for preventable illnesses;
- Nearly one third of Maori and half of Pasifika children living in overcrowded households;
- Children under four having a rate of preventable hospitalization exceeded only by those aged over 75. 850 acute hospitalisations of Papakura children (respiratory and skin conditions, injuries);
- A truancy rate of 33% across decile one and two primary and secondary schools;
- A NCEA Level One pass rate of only 16% at Papakura High School.

Programme overview

Kootuitui ki Papakura supports the wellbeing and positive lifelong outcomes of children and young people in Papakura. The Trust delivers an integrated programme of activities focused on health, homes and education. This includes the delivery of:

- The Manaiakalani Outreach Programme based on 1:1 digital immersion in schools;
- Comprehensive school-based health services; and
• Work with volunteer whaanau to support whaanau-led programmes such as warm, dry homes, money skills and chromebook literacy.

The overall aim of the programme is to support the wellbeing of children in Papakura and their ability to reach their potential. Five primary schools and one high school are participating in the programme; Edmund Hillary School, Red Hill Primary, Kereru Park Campus, Park Estate School, Papakura Central School and Papakura High School.

The Papakura Kootuitui Trust was established in 2015 to support the community of Papakura and to oversee delivery of the three strands of the programme. “Kootuitui” means interweaving and connecting together.

The Trust is associated with the following key delivery partners:
• Middlemore Foundation for Health Innovation;
• Counties Manukau Health;
• Manaiakalani Education Trust;
• National Hauora Coalition;
• Papakura Marae;
• Auckland Council: The Southern Initiative and Auckland Libraries.

The Trust is in service to the kaupapa of the schools and is guided by Te Tiriti o Waitangi and the principles of participation, partnership and protection.

Health Strand

The Health strand aims to ensure that students' good health allows them to attend school and be ready for learning every day. It provides daily health clinics in each primary school, which includes a nurse and whaanau support worker. In the high school, increased nursing FTE, a twice weekly GP clinic and a full-time youth worker deliver youth-appropriate health care in the high school and the Education Activity Centre.

Homes Strand

The Homes strand aims to enable safe and healthy homes. This strand is currently in development with the support of the The Southern Initiative, using a co-design approach to the design and testing of solutions, with whaanau for whaanau. Three initiatives are currently being tested:
• Ko Huiamano Warm, Dry, Healthy Homes – a programme aimed at providing specialised workshops, home assessment and remediation for ventilation, heating and moisture control in whaanau homes;
• Chromebook training;
• Money Skills (in partnership with Westpac).

Education Strand

The Education strand is an outreach of the Manaiakalani programme, a 1:1 digital education programme using visible teaching and learning to leverage improved educational achievement. This is achieved through each student having their own device (chromebook) and using the Google suite of apps to access their learning from their teacher's website, which is visible to them, their families and the world. Teachers and students have publicly-available blogs where they share their learning and invite feedback from others. The Trust purchases the chromebooks with 3-year finance
agreements and sells them to families of students in digital classes over 1 to 3 years. 1447 chromebooks are in the cluster.

**Funding**

The Middlemore Foundation for Health Innovation made a commitment to financially support the programme expenses for three years, 2016-2018. Their principal sponsor for the programme is Westpac. Other sponsors include Sky City Auckland Community Trust, The Hugo Charitable Trust, The Southern Trust, and Perpetual Guardian.

The Manaiakalani Education Trust Outreach Programme started in January 2015 and concluded in December 2017. It provided a full-time classroom facilitator and professional and technical expertise, as well as introductions to other funding organisations. From 2018, this strand is being delivered by Kootuitui employees and teachers with capability and capacity they have developed since 2015.

Kootuitui has raised funds from Foundation North, The Department of Internal Affairs - Lotteries Community Grant, Papakura Local Board, Lion Foundation, the Sir John Logan Campbell Residuary Estate and Papakura Rotary Club.

The Trust is now seeking long term sustainability via other sources.

**Evaluation of the programme**

The Middlemore Foundation for Health Innovation contracted the Health Services Research Centre, Victoria University of Wellington, to evaluate the integration of the three strands (Education, Health and Homes). The final evaluation is due in July 2018.

As part of Manaiakalani Outreach programme, the Woolf Fisher Research Centre of the University of Auckland is involved in research and design projects in the Education strand.

**Some outcomes from the Education strand**

- Learners in Kootuitui start school at 5 years old well below the national norm, but by 6 years old they have caught up to the norm for Letter Identification and Concepts about Print and are very close to the norm for Word Reading but below the norm for Writing Vocabulary.
- While still achieving below the national norm, Kootuitui learners on average have made accelerated progress in Writing.

**Some health outputs and outcomes from the Health strand**

- Within the high school health programme, we’ve achieved the following:
- The most significant improvement in health outcomes has been improved access to sexual health services (particularly contraception) and a subsequent reduction in teenage pregnancies (from 23 in 2012 to 2 in 2017).
- An increase of ~42% in the number of young people and whanau accessing the nursing service;
- An increase of ~54% in the number of young people and whanau accessing the GP service;
- Delivery of educational sessions around sexual health, healthy lifestyles, hygiene, oral health and how to access health services when young people leave school;
- Within the primary school programme, here’s an example of the outputs achieved:
- 100% of children who had a GAS positive throat swab received antibiotic treatment. 80% of children who received treatment reported good adherence on completion.
In Term 1 2018, a total of 245 skin assessments were completed. The three most prevalent skin conditions children presented with were injury, impetigo and eczema.

Some outputs and outcomes from the Homes strand
- A co-design methodology is being used to implement a whaanau-led approach and the Warm, Dry Healthy Homes prototype was developed.
- Whaanau engagement and participation, eg engagement with 12 whaanau represented 51 school-age children, with 32 of these in 1:1 digital classes.
- Whaanau facilitating workshops for other whaanau in use of chromebooks, accessing children’s learning, Money Skills courses and Warm, Dry, Healthy Homes.

Future direction of the programme
Going forward, the Kootuitui ki Papakura seeks ongoing, sustainable funding. The Trust intends to focus on:
- Further design and implementation of the Homes strand;
- Continuing to build local networks;
- Increasing the number of schools participating in the programme;
- Broadening the scope of the programme, e.g., moving into employment and sport and recreation opportunities.

Implications for Counties Manukau Health
Counties Manukau Health currently funds a portion of the health services in the primary schools and the high school. Without further additional funding, these services will not be able to continue in their current form from 1 July 2018.
Appendix: Kootuitui ki Papakura Strategic Plan

**STRATEGIC PLAN 2018-2023**

**GOAL:** Empowering the Papakura community, whanau and tamariki through digital learning, supportive health services and warm secure homes.

**MISSION:** Unleashing potential through supported learning, health and homes.
Kootuitui ki Papakura: weaving together Education, Health and Homes

We are at www.kootuitui.org.nz
STRATEGIC PLAN 2018-2023

GOAL: Empowering the Papakura community, whaanau and tamariki through digital learning, supportive health services and warm secure homes.

VISION: Lifelong outcomes for tamariki

MANAWHENUA
- Achievement
- Career pathways
- Learning community

CLUSTER SCHOOLS
- Sustainable Programmes
  - Secure funding
  - Evidence-based
  - Relationships
  - Good governance
  - Expanded model

MANAWHENUA
- Engagement
- Whaanau-led
- Tikanga framework
- Building resilience

TRUST
- Empowered Whaanau

COMMUNITY
- Secure Homes
- Partnerships
- Security of tenure
- Pathways to ownership
- Warm homes
- No preventable illness
- Holistic health services

COMMUNITY
- Healthy Children

MISSION: Unleashing potential through supported learning, health and homes.
A cluster of 6 Papakura schools: 1700 students: a programme of 3 strands

Enabling better life outcomes for tamariki

Papakura Kootuitui Trust:
8 members
1 Mana Whenua rep
1 MMF rep
2 Whaanau reps
4 Community reps

Advisory group
Lead principal
Lead Boards’ Forum
Papakura Marae
Education strand is connected in a 1:1 digital network of 11 clusters nationwide.

Kootuitui enters into loan agreements for chromebooks which families buy over 1, 2 or 3 years.

100+ Schools

20,000+ Learners

80,000+ Whānau

(if each child represented 4 people)

@dorothyjburt
Visible teaching
- Digital immersion teachers have *visible sites*
- Students access their learning from this site/ s
- Student learning is visible to teachers via Hapara Teacher Dashboard

Visible learning
- Every teacher has a *visible class blog*
- Every digital immersion student has a *visible blog*
- Kootuitui ki Papakura *Google*+ community
- *Tuhi mai Tuhi atu* - cross cluster blogging
Kootuitui Primary Schools’ Health Programme

5 schools in Papakura
- 1,105 children
- 97% of children consented to Kootuitui health programme
# Kootuitui Primary Schools’ Health Clinics

<table>
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<tr>
<th>Service component</th>
<th>Service activity</th>
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| Intensive clinics                      | • Skin infection management  
• Respiratory health support (including asthma)  
• Sore throat assessment & management (rheumatic fever prevention)  
• Hearing and vision assessments and interventions |
| Child health activity                  | • New entrant immunisations  
• Behavioural and developmental assessments  
• Support with management of chronic/emerging health conditions  
• Identification and response to vulnerability and child abuse  
• Other health assessments, referrals and follow up as required |
| Health promotion                       | • Health promotion activities with children, whānau and the school community                                                                 |
| Connecting children and whānau with services | • Identification of additional whānau support - coordination with other services within the wider community  
• Social services support - assessment and referral activity for social services |
Kootuitui Health – Activity 2017

• Rheumatic Fever Prevention
  • 99% of children received treatment for a GAS positive throat swab
  • 95% of children reported good adherence on completion of antibiotics

• Skin Infection Management
  • 631 skin assessments undertaken
  • 278 skin reviews undertaken

• Child Health Assessments
  • Top 5 child health assessments undertaken: ear health, immunisations, head lice, oral health and behavioural & developmental assessments.
Papakura High School Health Strand Pilot

• Additional Nursing FTE
  – Nurse working at the top of scope
  – Registered Nurse Prescriber
  – Delivering immunisations (HPV; MMR)

• After-school programme to support young people with physical and mental health issues (youth worker and junior nurse);

• Timely access to a GP
  – Dermatology & sexual health most common referral issues
  – 2 x clinics/ week

• Youth worker working closely with wider whānau
Papakura High School Health strand pilot

Key Findings

• Reduction in teenage pregnancy rates
  - 23 in 2012
  - 2 in 2017

• Increase in sexual health presentations,
  - due to offering STI screening to all sexually active students
  - + increase in contraception prescribed

• Increase in asthma presentations
  - due to improved monitoring, testing and education;
Service Trends

Papakura High School 2014-2017
Presentations for Sexual Health

Presentations

- Sexual Health contraception
- Sexual Health STIs

Service Trends

Papakura High School 2014-2017
Presentations for Respiratory conditions

- Respiratory Asthma
- Respiratory Other

Presentations

2014 2015 2016 2017
Co-Design project with whānau for whānau

- Whaanau take control of their lives, their economic, health and social well being
- three initiatives are currently being tested
  - Warm, Dry, Healthy Homes
  - Chromebook training
  - Money Skills (in collaboration with Westpac)
Introducing Kootuitui Whaanau Facilitators

Tamara  Jeneane  Nane  Deanna

Betty  Millie  Jacqui  Valerie

with whaanau for whaanau
Aroha
48 years old, living with her partner, tamariki (children) and mokopuna (grandchildren) in Papakura

Story
- Aroha was born and raised in Papakura, and loves it here. The whānau (family) has a homestead in Papakura where they often gather. The homestead is owned by Aroha’s mother and father. No one else in the whānau has been able to buy their own home.
- Whānau is very important to Aroha. It is important for her to be able to support her tamariki and mokopuna.
- Aroha is involved in her community and likes to contribute where possible. She is actively involved in many community initiatives, and volunteers her time regularly.
- Things have been tough lately, and Aroha has been experiencing some health problems. This has made it hard for her to find work.

Housing Conditions
- Aroha is living in a private rental. The house is cold and damp in the winter, and hot in the summer. The dampness has contributed to Aroha’s health issues. Her mokopuna are often sick during winter.

- The whānau is living in overcrowded conditions. Aroha is sleeping in the lounge so her tamariki and mokopuna have a bedroom.

Strengths
- Aroha has the support of an extended family in the area.
- Aroha is well connected to the local community.
- Aroha is resilient and has created workarounds for some of the challenges that the whānau has been experiencing.

Challenges
- Aroha feels she is responsible for housing and caring for her tamariki and mokopuna, and at times the stress of this responsibility takes a toll on her wellbeing.
- It’s hard for her to make ends meet because the cost of rent is so high. Aroha’s partner works, but it is often irregular.
- Aroha has tried to talk to the landlord about improving the living conditions but the landlord does not seem to be interested. She feels she can’t be too pushy because of the risk of being evicted. Finding another rental with a poor credit rating is problematic.
Kootuitui Homes – Activity 2017-2018

**Kootuitui Whaanau**
- building capacity and capability
- developed relationships with key stakeholders
- developed and testing Ko Huiamano
- two whaanau are Kootuitui trustees
- Studying National Certificate level 5 in Adult Tertiary and Teaching
- Three whaanau are on school BOTs

**Chromebook training**
- held whakawhanaungatanga and chromebook training of 5 modules in three schools

**Ko Huiamano**
- learnt about the elements of warm, dry, healthy homes
- testing education workshop, home assessment and remediation strategies

**Money Skills**
- completed Westpac Money Skills course 2017
- Completed ‘train the trainer’ programme
- Co-facilitated one Money Skills course 2018