COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING (CPHAC)
Wednesday, 26 September 2018

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

Committee Members
Colleen Brown – Committee Chair & CMDHB Board Member
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
Ms Margie Apa – Chief Executive
Benedict Hefford – Director Primary Community & Integrated Care
Jenny Parr – Director of Patient Care, Chief Nurse & Allied Health Professions Officer
Vicky Tafau - Secretariat

PART I – Items to be considered in public meeting

AGENDA

9.00am 1. AGENDA ORDER AND TIMING

2. GOVERNANCE
   9.00am 2.1 Apologies
   9.00am 2.2 Register of Interests
   9.00am 2.2.1 Does any member have an interest they have not previously disclosed?
   9.00am 2.2.2 Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

   9.05am 2.3 Confirmation of Public Minutes of the Community & Public Health Advisory Committee Meeting – 15 August 2018

   9.10am 2.4 Action Items Register

3. BRIEFING PAPER
   9.30am 3.1 Healthy Families New Zealand (Annie Ualesi, Partnership & Engagement Manager and Rachael Enosa, Chief Executive; et al)

4. PRESENTATION (to be tabled)
   10.15am 4.1 Otago Dental School – Joint Venture with CM Health (Peter Cathro, Senior Lecturer, Joint Associate Dean (Clinical Services), and Head of Discipline of General Practice Dentistry)

   Morning Tea (11.00am – 11.10am)

5. BRIEFING PAPER
   11.10am 5.1 Quarter 4 2017/18 Population Health Performance Report (Marianne Scott, Master Planner)

6. DISCUSSION
   11.30am 6.1 Child & Youth Health Priorities (Pat Tuohy, Chief Advisor Child & Youth Health, MoH)

7. FOR YOUR INFORMATION
   7.1 South Seas ‘Vaha Hauora’ Our Health Journey – Presentation to CPHAC on 15 August 2018

12.00pm 8. RESOLUTION TO EXCLUDE THE PUBLIC

Next Meeting: Wednesday, 7 November 2018
## BOARD MEMBER ATTENDANCE SCHEDULE 2018 – CPHAC

<table>
<thead>
<tr>
<th>Name</th>
<th>Jan</th>
<th>21 Feb</th>
<th>Mar</th>
<th>11 Apr</th>
<th>23 May</th>
<th>June</th>
<th>4 Jul</th>
<th>15 Aug</th>
<th>26 Set</th>
<th>Oct</th>
<th>7 Nov</th>
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<tbody>
<tr>
<td>Colleen Brown (Chair)</td>
<td>Yes</td>
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<td>Ashraf Choudhary (Deputy Chair)</td>
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<td>Dianne Glenn</td>
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<td>George Ngatai</td>
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<tr>
<td>Katrina Bungard</td>
<td>Yes</td>
<td>No Meeting</td>
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<td>Apologies</td>
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<td>Rabin Rabindran</td>
<td>Apologies</td>
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<td>Apologies</td>
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<tr>
<td>Apulu Reece Autagavaia</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Apologies</td>
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<td>John Wong - External Appointee</td>
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# CPHAC MEMBERS
## DISCLOSURE OF INTERESTS
### 26 September 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 NZ  
• 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)  
• Lotteries Community (Auckland)  
• Board Member, Counties Manukau Rugby League Zone  
• Member, NZ Maori Council |
| 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 Autagaia | • 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  
( awaiting updates) | • 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, Chinese Mental Health Consultation Service Trust.  |
## COMMUNITY and PUBLIC HEALTH ADVISORY COMMITTEE MEMBERS’
REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 15 August 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>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
Minutes of Counties Manukau District Health Board
Community and Public Health Advisory Committee

Held on Wednesday, 15 August 2018 at 9.00am – 12.30pm
Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Chair)
Dr Ashraf Choudary
Dianne Glenn
George Ngatai
John Wong

ALSO PRESENT

Dr Gloria Johnson (acting Chief Executive)
Benedict Hefford (Director Primary, Community and Integrated Care)
Jenny Parr (Director of Patient Care, Chief Nurse & Allied Health Professions Officer)
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 Katrina Bungard, Apulu Reece Autagavaia, and Margie Apa.

WELCOME

The Chair welcomed all those present to the meeting and Ms Glenn opening the meeting.

DISCLOSURE OF INTEREST/SPECIFIC INTERESTS

The Disclosures of Interest amendments were noted.
1. **AGENDA ORDER AND TIMING**

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

2. **COMMITTEE MINUTES**

   2.1 **Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 4 July 2018.**

   Ms Tafau to amend the attendees list.

   **Resolution** (Moved: Dianne Glenn /Seconded: Dr Ashraf Choudhary)

   That the minutes of the Community and Public Health Advisory Committee meeting held on 4 July 2018 be approved.

   **Carried**

   The Chair thanked Dr Johnson for her contribution to CPHAC and to the organisation as a whole. This was supported by the Committee as a whole.

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

   Noted.

   In regard to the Manukau locality Hub – The Chair advised that the RSA in Maich Road, Manurewa is now decommissioned as an RSA and would appear to be a good space for a locality hub. The Chair advised that she would like to be present when Primary Care visit the space.

3. **PRESENTATIONS**

   3.1 **South Seas Whaanau Ora Approach (Silao Vaisola-Sefo, Chief Executive Office, et al)**

   South Seas has moved to a Care team concept which is essentially patient driven. This is an all of organisation approach for South Seas and is Board approved. South Seas ensure they link with other community services to feed into the care plan. Well-child contract, Whaanau Ora Contract

   In order to help the individual, this model is suggesting that it is the entire whaanau that needs to be understood.

   A copy of this presentation will be attached with the minutes.

   The Committee thanked Mr Vaisola-Sefo, his staff and the whaanau that attended to present this moving and informative presentation to CPHAC.

   3.2 **Hospital in the Home (Penny Magud)**

   Hospital in the Home (HiTH) involves the provision of acute, sub-acute and post-acute treatments by health care professional at a patients’ usual place of residence as a substitute for inpatient care received at a hospital. The defining feature of Hospital in the Home is that if the patient were not to receive clinical intervention through this pathway, the patient would require hospitalisation or a longer stay in hospital.
Phase 1: Supported Discharge
- An enhanced transition pathway enabling greater opportunity to provide clinical treatment and monitoring within the patient's home.
- Stepping patients down into non bedded rehabilitation/reablement in the community
- Development of a discharge to assess model where a patient's long term care needs are assessed within their own communities
- Admission avoidance in reaching into Emergency Department & short Stay Unit

Phase 2
- Rapid Response - Wider Admission Avoidance Options for Primary care for patients in crisis or at urgent risk of hospital admission
- Development of Step up rapid access services such as increased rapid access clinics in the community

Proposing – phase 1 & phase 2

Patients currently trialling HITH; 7 NZ Māori, 3 Pacific, overall 50% are Māori or Pacific, 2 Asian, with the remainder being NZ European. Majority of patients are from the Manukau/Otara/Mangere locations. Ages range from 54 yrs to 91 yrs. HITH is looking to scale up so that at any given time CM Health could be managing 20 people. HITH is actively working with SMOs and the Medical Assessment Unit to broaden the scope and are planning to develop a business case.

Testing is being undertaken in the kinds of patients that are suitable, how many there are and what may this look like in the future. There is a need to consider how big we should grow and what savings can we make.

4. BRIEFING PAPER

4.1 Healthy Weight Action Plan for Children Update (Carmel Ellis)

A range of highlights from the first report were shared with the Committee:
- Three randomised controlled trials (TARGET, GEMS and HUMBA studies) related to healthy eating during pregnancy, including women with Gestational Diabetes Mellitus, are progressing well and are on track
- The National Healthy Food and Drink Policy is being successfully implemented across the 3 metro-Auckland DHBs; the implementation plan is 50% complete
- 702 home visits have been completed through the intensive post-natal support service, Te Rito Ora
- Otara Health Charitable Trust deliver a healthy lifestyles programme (Active Futures) for pre-schoolers and their whaanau which exceeds the target to reach priority populations: Target - 75%, Achieved - 84%
- 369 General Practitioners, primary care nurses and Well Child Tamariki Ora staff have been trained across the region on having conversations about healthy weight with families with overweight children; 97% of participants identified reported themselves as ‘very’ or ‘quite confident’ with having conversations about healthy weight.
- A gap analysis of healthy food environments in and around Kohanga Reo, Pacific Language nests and ECEs has been completed to determine areas for future DHB support.

The following risks/issues were also highlighted:
- The feasibility of scoping for a pilot to assess growth (height and weight) at the year 8 dental check has not occurred due to insufficient staffing resource this action. The priority is preventative restorative dental treatment.
- 59% of women accessing the Te Rito Ora are fully/exclusively breastfeeding at 6 weeks. Comparative to the WCTO Quality Indicators (Indicator #5: Breastfed at discharge from LMC) WCTO Provider data reports a 66% rate across the CMH region (March 2018), and
their target is 70%. However, Breastfeeding rates in Te Rito Ora increase to 60% at 12 weeks and 71% if women have been enrolled in the programme antenatally, compared to WCTO Provider rates of 51% in the CMH region (March 2018) at the same point (WCTO Quality Indicator #6: Breastfed at 3 Months).

The Action Plan is also helping to provide information to communities in different manners in order for the messages to be better received.

The Committee was asked to note: some of these initiatives have only just commenced so reporting will be more comprehensive further on.

Healthy eating polices for schools: looking to understand what we are doing from a health perspective, working with other agencies.

Marae based groups, kapa haka: there is an opportunity for HAT to present to these groups incorporating youth and whaanau.

The first report on action plan indicators for the Metro-Auckland DHB Healthy Weight Action Plan for Children has been presented to CPHAC to provide an opportunity for members review progress, and provide feedback on the reporting. The action plan indicators have been developed collaboratively across the region, with consistency in data collection and reporting, where appropriate. Accountability for the plan now sits with the DHBs. There will be 6-monthly updates to CPHAC on progress on actions outlined in the plan. This current report is a start and will evolve over time.

5. DISCUSSION

5.1 CM Health Expenditure in Primary & Community Health 2017/18 (Benedict Hefford)

Mr Hefford advised the Committee that not all funding is devolved to DHBs.

- Maternity Services, most child health, Disability support for under 65, youth and public health are all managed centrally.
- The pharmaceutical budget is managed by PHARMAC. Aged residential care; managed nationally.
- GP funding: The DHB has influence over the spending of this funding.
- Mental Health funding is ring-fenced for Mental Health only.

Mr Hefford also advised that the number of GPs/Nurses per head is low in CM Health.

The Chair is looking to work with Mr Hefford, Ms Yang (Primary Care Business Manager) and Mr Wong liaising with the Asian community in regard to feedback around what issues their community are facing, similarly with the over 65 community and the South East Asian population.
7. **RESOLUTION TO EXCLUDE THE PUBLIC**

**Resolution** (Moved: Dianne Glenn/Seconded: George Ngatai)

That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

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

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
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<tbody>
<tr>
<td>2.1 Minutes of the CPHAC meeting (Public Excluded) held on 4 July 2018.</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&amp;D Act 2000 Schedule 3, S32(a)]</td>
<td>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]</td>
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<tr>
<td>3.1 Supporting Patients with Long Term Conditions</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&amp;D Act 2000 Schedule 3, S32(a)]</td>
<td>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S9(2)(i)]</td>
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**Carried**


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 – 15 August 2018**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
</tr>
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</table>
| 19.8.15   | Locality Updates:  
Franklin Eastern |        | 7 November  
5 December | Penny Magud  
Penny Magud | Franklin update deferred from 26/09 due to time constraints.                        |
| 14.6.17   | ARPHS – six-monthly update. |        | 5 December | Benedict Hefford |                                                                                |
| 29.11.2017 | Population Health Plans (Asian, Pacific & Maaori) – quarterly update including a local picture as well as national data on the Healthy Mums & Babies target. | 26 September | Margie Apa | Attached as item 5.1.                                                          |
| 29.11.2017 | 17/18 Metro Auckland SLM Improvement Plan – quarterly report. | 7 November | Benedict Hefford | Deferred from 26/09 due to time constraints.                                         |

**Standing Items**

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<th>DATE</th>
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<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
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<tr>
<td>29.11.2017</td>
<td>Every $ Counts – Project team to present an update on this project.</td>
<td>7 November</td>
<td>Sarah Sharpe</td>
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| 18.10.2017 | Healthy Weight Action Plan for Children  
Arrange a presentation from Healthy Families NZ.  
Healthy Weight Action Plan for Children Update | 26 September  
February 2019 | Benedict Hefford  
Carmel Ellis | Confirmed attendance.                                                               |
| 6.9.2017  | Owning my Gout – the project team were asked to 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. | 7 November | Trevor Lloyd/  
Benedict Hefford | Will come to CPHAC when the Business Case has been finalised.                      |
| 21.2.2018 | Green Prescriptions in Counties Manukau - The CPHAC committee would like Ms van Paauwe to return in the latter half of year to provide an update on progress. | 7 November | Carmel Ellis |                                                                                |
| 23.5.2018 | 24SC: CPHAC would like a further B4 School Update (regional concern) Ministry of Health so we can have a discussion around concerns. Mr Hefford is to ask for a more substantive response from the Ministry of Health. | 26 September | Benedict Hefford | Dr Pat Tuohy – confirmed attendance.                                               |
| 23.5.18 | Mental Health & Addictions Update: with regard to homelessness for MH&A whaanau, Housing First to be invited to present to CPHAC. | 7 November | Dr Pete Watson/  
Benedict Hefford |                                                                                |
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

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<tr>
<th>DATE</th>
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<tr>
<td>4.7.2018</td>
<td>4.7.2018</td>
<td><strong>Youth One Stop Shop:</strong> Provide basic information/data around the youth in this community and what services they are accessing and how they are accessing them. Oranga Tamariki – provide information around how many youth are in vulnerable situations that may lead to them being adults that are unaware around how to navigate health services. Community Meeting - Youth: Invite youth from the Youth Councils across Manukau to participate in a meeting and ask for feedback around their concerns and their needs.</td>
<td>7 November</td>
<td>Benedict Hefford</td>
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<td>5 December</td>
<td>Benedict Hefford</td>
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<td>4.7.2018</td>
<td>5.1</td>
<td><strong>Mangere/Otara Community Hubs:</strong> Karyn Sangster to make some investigations into the area of vaccinating in community hubs and report back to CPHAC. Mr Greenslade to return to CPHAC with a community hub update.</td>
<td>7 November</td>
<td>Karyn Sangster</td>
<td>Deferred from 26/09 due to time constraints.</td>
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<td>Early 2019</td>
<td>Benedict Hefford</td>
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<td>4.7.2018</td>
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<td><strong>National Pacific Providers Network:</strong> Ms Apa advised she will follow up on where this network is at.</td>
<td>26 September</td>
<td>Margie Apa</td>
<td>Ms Tafau asked Elizabeth Powell (GM, Pacific Health) for current information. Ms Powell advised that whilst there has not been a meeting of the National Pacific Provider Network in recent years, she is attending a NPP network meeting in Wellington on 3 October 2018. This meeting will focus on the delivery of the National Bowel Screening Programme. Many Pacific Providers have been invited as have DHB Pacific Managers.</td>
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Counties Manukau Health Community and Public Health Advisory Committee report:
Healthy Families Manukau, Manurewa-Papakura

September 2018

Rachel Enosa, CEO, Alliance Community Initiatives Trust
Winnie Hauraki, The Southern Initiative (TSI) Lead - Healthy Families Manukau, Manurewa-Papakura, Auckland Council
Rebecca Davis, Impact Strategist
Annie Ualesi, Strategic Partnerships Manager, Healthy Families Manukau, Manurewa-Papakura, Alliance Community Initiatives Trust
Mason Ngawhika, Kaiārahi Māori, Healthy Families Manukau, Manurewa-Papakura, Alliance Community Initiatives Trust

Purpose

We have been invited by Counties Manukau Health to present to the September meeting of the Community and Public Health Advisory Committee (CPHAC). This paper provides the committee with an overview of Healthy Families Manukau, Manurewa-Papakura (Healthy Families MMP), highlights from the previous 12 months, and areas where collaboration could occur.

Healthy Families Manukau, Manurewa-Papakura

Healthy Families New Zealand is a flagship government initiative and provides a prevention platform to address health inequities and the increasing number of people impacted by preventative chronic diseases such as diabetes and cardiovascular disease. The goal is to positively influence the systems where people live, learn, work, and play to prevent chronic disease. Healthy Families Manukau, Manurewa-Papakura is delivered by a partnership of Alliance Community Initiatives Trust, Auckland Council – The Southern Initiative and the Ministry of Health.

Please find a summary below of highlights from the last 12 months.

Paths: #WalkNRideSouthside

Healthy Families MMP has built and maintained relationships at key leadership levels including senior managers in Auckland Council, Panuku Development Auckland, Auckland Transport and community champions across South Auckland to meet three systems change areas:

*Equitable provision of walking and cycling investment in South Auckland*

Healthy Families MMP also coordinates the South Auckland Advocacy Working Group (SAAWG) which brings together the frontline (staff) experience with the community lived experience. SAAWG is made up of South Auckland community champions and organisations who established SAAWG to achieve collaboration for collective impact, advocating for equitable provision and early investment of walking and cycling infrastructure in South Auckland.

SAAWG have utilised their members and networks to advocate for an increase in walking and cycling infrastructure in South Auckland and this has resulted in:
- SAAWG submission to Auckland Council’s Long Term Plan (LTP) consultation
- An additional 50 LTP submissions via SAAWG networks
- SAAWG submission to Ministry of Transport ‘Government Policy Statement’
- SAAWG submission to Auckland Council ‘Regional Land Transport Plan’
- Improved coordination of funding and active transport activities in South Auckland
- Wider promotion of Auckland Transport resources available to South i.e. Community Bike Fund
- Formal relationship established with Mackie Research who implement the Auckland Transport community consultation process regarding new walking and cycling infrastructure

**Democratising community voice**

The Paths #walknridesouthside social media campaign based around short videos was designed to get feedback on walking and cycling behaviours in South Auckland as the foundation for understanding and also amplified the voices of community champions.

**Creating health promoting environments where people live, learn, work, and play**

Hon Julie Anne Genter (Minister for Women, Associate Minister of Health, Associate Minister of Transport) attended a hui of agencies and stakeholder organisations on 6 July and set clear her expectations that South Auckland be a top priority for active transport investment at the national level and that significant change be achieved within two years.

Following the 6 July hui, Healthy Families MMP were asked by New Zealand Transport Agency (NZTA) and Auckland Transport (AT) to co-facilitate an interagency workshop on 16 August to explore the strategic alignment opportunities to amplify and accelerate opportunities across South Auckland. Through our facilitation the agencies, along with key stakeholders in attendance, such as Auckland Council, Panuku Development Auckland and HLC (Homes. Land. Community - formerly Hobsonville Land Company) have agreed to work collaboratively taking a collective impact approach that strongly reflects Healthy Families NZ’s guiding principles.

**Early Years Design Challenge**

Leveraging a network of Early Years practitioners which Counties Manukau Health had previously established, Healthy Families MMP are backboning a community of practice of twenty seven early childhood education centres across the Otara-Papatoetoe Local Board area who have co-created a shared holistic vision for a 21st century health promoting early childhood education experience.

Healthy Families MMP facilitates the design challenge through workshops and provides support for the on the ground testing of prototypes in each centre. The workshops spark cross-fertilisation of ideas and help centres to accelerate their learning through collegial sharing as well as the introduction of new tools. This atmosphere energises the centres to keep up their practice as system innovators.

The design challenge process led some centres to discover that even though they may have policies around nutrition and/or physical activity, that these centre policies may not be enforced or monitored. This conversation, in turn, lead to centres sharing policies through the collective. Healthy Families MMP were able to support the tailoring of a water policy into Tongan for use in a Tongan language centre.

Eight of the 27 centres have tested new ideas and solutions in their centres and seven centres have joined Healthy Families MMP’s pro-water movement alongside South Auckland schools and tertiary organisations.

Individual centres and the collective have shared insights with us about the early childhood education system: teaching staff feel that they are underprepared and undertrained for the complex issues faced by families and this affects their own wellbeing.
Maramataka

Maramataka, which literally means ‘the moon turning’, is the Maori lunar calendar, and is the traditional Maori way by which time was marked. Historically, maramataka was consulted for almost any activity taking place in an iwi community i.e. planting and harvesting food supplies, fishing, convening important hui, rituals.

Healthy Families MMP use the maramataka as a multi-pronged approach to engaging and mobilising a broad range of systems stakeholders towards using an indigenous Maori framework for well-being. This approach ‘collects’ stakeholders in proximity to each other either in purpose, values or geography and organises each stakeholder’s contribution to the kaupapa based on their strengths.

A maramataka community of practice includes partners AUT, MIT, The Southern Initiative - Auckland Council Alliance Community Initiatives Trust.

Healthy Families MMP maramataka activations

The Journeys of Manu augmented reality app prototype was first tested at the Puhinui Stream Challenge (September 2017). The app used augmented reality to bring Maori knowledge and physical activity together. Event participants learnt about some of the Manukau landmarks and signs of spring along the Puhinui Stream trail. The app was the result of a partnership between Auckland Council – The Southern Initiative, Healthy Families MMP, and AUT.

Te Mata o Rehua placemaking and food systems initiative: More than 500 people participated in this activation in June 2018. Aligning with Matariki, signifying the first month of the Maori lunar calendar, the project is part of a wider strategic intent to lift Maori well-being in Manukau and its surrounds.

In partnership with Panuku Development Auckland and Auckland Council – The Southern Initiative, the week-long prototype was made up of a carving symposium and culturally-inspired market. Each element came together to combine indigenous storytelling and systems, with local food culture in Manukau’s Civic Square.

Auckland Council Food and Beverage Guidelines

The food and beverage guidelines, developed by Healthy Families MMP, are a tool that encourages best practice across the food systems that Auckland Council has influence over as procurer. The guidelines addressed feedback from vendors who had a will to change and become more health promoting with their food and beverage offering but who found the perceived and real size of the change to be overwhelming.

The guidelines have three standards to work towards: Bronze, Silver, and Gold. To date, the guidelines have been adopted across all Auckland Council cafes, leisure and corporate vending and into some leisure café contracts. The guidelines have also been implemented at civic ceremony events.

Auckland Transport used the guidelines as a benchmark to review of their food and beverage guidelines and as a result have now aligned to the Bronze guidelines in the final negotiations for their vending procurement. This has seen a substantial reduction in sugar and a reduced number of deep fried and confectionary products available for sale across Auckland Council’s entire transport network with a total of 110 vending machines.
Increased limitations on sizes and quantities of sugar sweetened beverages in vending machines means that each ‘drinks only’ vending machine rolled out across Auckland Transport’s network will see an estimated 21,000 less sugar cubes per machine than the machines under Auckland Transport’s previous food and beverage policy.

Food Systems: One Love Backyard Gardens

In March 2017, as part of a Neighbours Day activation, approximately 240 cubic metre of household inorganic waste (27 skip bins) was removed from the backyards of the 122 households that make up the regeneration Mangere: One Love Backyard Gardens project. Not all households had inorganics removed and a small number of households had more than one skip’s worth of inorganics removed. It was clear that for many households, the waste had accumulated in backyards and outside areas for many years due to the financial and time costs to dispose of the items.

By the time of the 2018 Neighbours Day, a total of 102 square metres of backyard gardens across 47 households and an early childhood education centre were growing and yielding crops. This is 102 square metres of now productive land.

All households that received gardens signed up to the winter gardening programme and with Healthy Families MMP supporting gardening practice, families have changed their expectations about gardening. They are enjoying being outside and eating garden produce as well as the acquisition of skills to sustain their families.

The trickle-down effect has been that gardening neighbours are talking to non-gardening neighbours who now want their own gardens. In other words – increasing demand via social proof.

Phase 2 looks like...

As we move into Phase 2 of the Healthy Families MMP contract, we continue work in the areas of:
- Early Years
- Active transport investment via Paths and SAAWG
- Indigenous systems return (maramataka, developing a wairua centred approach, urban development)
- Pacific systems return
- Food systems (pro-water movement, community land assets as local food systems)
- Workplace Wellbeing

Two objectives guide the bulk of our focus in Phase 2 – scale and amplification.

For us, scale is not about rolling out a programme to as many people as possible. Rather, it is about astutely recognising the conditions for change based on where this has occurred and been integrated into business as usual during Phase 1 of Healthy Families MMP and templating the mechanisms that allow this change and embedding cycle to occur. We anticipate scale mechanisms to centre on two foundations: training mechanisms and the development of leadership for change as a practice.

We have reaped the benefits of scoping as widely as possible for potential partnerships and connections where we can leverage whole of system impact. Now is the time for us to channel our influencing energy to system players with significant authority that remain either untapped or unchanged in their mindsets.

We look forward to developing opportunities to work together over the next 12 months.
Counties Manukau District Health Board
Community and Public Health Advisory Committee
Q4 2017/18 Population Health Performance Reporting

Recommendation

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

**Receive** this report detailing progress for the indicators outlined in the published 2017/18 Maaori Health, Pacific Peoples Health and Asian Peoples Health Plans

**Note** that this Q4 Population Health Performance Report was approved by ELT on 11 September 2018.

**Note** that from 2018/19, health gain highlights will be integrated into the 2018/19 Annual Plan quarterly reports

**Prepared and submitted by** Alanna Soupen, Planning & Reporting Advisor on behalf of Fepulea’i
Margie Apa, Chief Executive

Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Ask, Brief Interventions and Counseling</td>
</tr>
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<td>ARI</td>
<td>At Risk Individuals – now known as Planned Proactive care</td>
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<td>B4SC</td>
<td>Before School Check</td>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
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<tr>
<td>CND</td>
<td>Continuing Nursing Education</td>
</tr>
<tr>
<td>CMDHB</td>
<td>Counties Manukau District Health Board</td>
</tr>
<tr>
<td>DMFT</td>
<td>Decay, Missing, Filled teeth index score</td>
</tr>
<tr>
<td>FCT</td>
<td>Faster Cancer Treatment</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent (Human Resource)</td>
</tr>
<tr>
<td>ISA</td>
<td>Integrated Service Agreement</td>
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<tr>
<td>LMC</td>
<td>Lead Maternity Carer</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NHC</td>
<td>National Hauora Coalition</td>
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<tr>
<td>NIR</td>
<td>National Immunisation Register</td>
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<tr>
<td>NRA</td>
<td>Northern Regional Alliance</td>
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<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
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<tr>
<td>SLM</td>
<td>System Level Measure</td>
</tr>
<tr>
<td>SUDI</td>
<td>Sudden Unexplained Death of an Infant</td>
</tr>
</tbody>
</table>

Executive Summary

Counties Manukau Health (CM Health) has set a goal to achieve health equity as outlined in the Healthy Together 2020 strategy below is illustrated in the Maaori, Pacific and Asian Health plans for the financial year 2017/18:

*Together, the Counties Manukau health system will work with others to achieve equity in key health indicators for Maaori, Pacific and communities with health disparities by 2020.*

This report provides an overview of CM Health’s performance against our population health plans in 2017/18. The report is divided into three key sections:

1. An overview of achievements and persistent inequities as at Quarter 4 2017/18
2. Population health plan and equity performance for 2017/18 with selected indicator trend graphs (Appendix 1)
3. Narrative of key achievements, challenges and persistent inequities against CM Health’s strategic objectives (Appendix 2)

**Purpose**

The purpose of this paper is to provide an overview of our performance against our 2017/18 Māori, Pacific and Asian Health Plans, including performance against key indicators, our key achievements and areas with persistent inequities or challenges (against the NZ European/Other group comparator).

**Background**

The 2017/18 Māori, Pacific and Asian Health plans focus on the life-course of people in these communities. Indicators of wellbeing are grouped into:

- Parents, Infants and Children (Matua, Pepi and Tamariki)
- Young people (Rangatahi)
- Adults and the family group (Pakeke me Whaanau)
- Wider health system in the district (Te Roopu Whaanui o Counties Manukau)

**Discussion**

1. **Areas with evidence of improvement or achievement**

<table>
<thead>
<tr>
<th>Action Focus</th>
<th>Results</th>
<th>Health Equity Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Māori living in Counties Manukau</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matua, Pepi and Tamariki (Parents, Infants and Children)</td>
<td>Between September 2016 and March 2018, there was a 6% drop in the skin infection ASH rate per 100,000 population for tamariki Māori aged 0-4, from 1,288 to <strong>1,209 cases per 100,000 population</strong>.</td>
<td><strong>371 per 100,000 population aged 0-4</strong></td>
</tr>
<tr>
<td>Pakeke me Whaanau (Adults and Family Group)</td>
<td>The percentage of Māori patients enrolled in PHO and offered brief advice to quit smoking increased from 89% in Quarter 3 to <strong>91% in Quarter 4</strong> (primary Better Help for Smokers to Quit health target). In 2017/18, there were 2,127 referrals to Whaanau Ora services with 1,410 integrated packages of care were delivered across the Whaanau Ora integrated services agreements (Mama, Pepi Tamariki, Rangatahi Oranga, Whanau Oranga, Oranga ki Tua and Kaumatau Kuia Oranga).</td>
<td><strong>93%</strong></td>
</tr>
<tr>
<td>Te Roopu Whaanui o Counties Manukau (District Wide)</td>
<td>Over this past year, a further 184 Māori have been employed at CM Health raising the number of Māori employees from 346 employees (as at 31 March 2017) to 529 employees (as at 31 March 2018). This has lifted the overall percentage of Māori employed at CM Health from 5.36% (as at 31 March 2017) to 7.92% (as at 31 March 2018).</td>
<td><strong>N/A</strong></td>
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<tr>
<td><strong>Pacific peoples living in Counties Manukau</strong></td>
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<tr>
<td>Rangatahi (Young People)</td>
<td>The HPV immunisation coverage rate for eligible Pacific girls was <strong>84%</strong>, well above the 75% target.</td>
<td><strong>62%</strong></td>
</tr>
<tr>
<td>Pakeke me Whaanau (Adults and Family Group)</td>
<td>The breast screening rate for Pacific women remains the highest of all ethnic groups, with coverage of <strong>80%</strong> as at March 2018.</td>
<td><strong>70%</strong></td>
</tr>
</tbody>
</table>
2. **Areas with persistent inequities or challenges**

<table>
<thead>
<tr>
<th>Action Focus</th>
<th>Results</th>
<th>Health Equity Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maori peoples living in Counties Manukau</strong></td>
<td></td>
<td></td>
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<tr>
<td><em>Matua, Pepi and Tamariki (Parents, Infants and Children)</em></td>
<td>The 8-month immunisation coverage for pepe Maaori remains below target at <strong>84% in Quarter 4</strong>, dropping from 89% in Quarter 1.</td>
<td><strong>93%</strong></td>
</tr>
<tr>
<td><em>Pakeke me Whaanau (Adults and Family Group)</em></td>
<td>Cervical screening rates for Maaori women continue to remain well below the national target at <strong>66%</strong> (target 80%).</td>
<td><strong>72%</strong></td>
</tr>
<tr>
<td><strong>Pacific peoples living in Counties Manukau</strong></td>
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<tr>
<td><em>Matua, Pepi and Tamariki (Parents, Infants and Children)</em></td>
<td>Although the Pacific 0-4 ASH rate per 100,000 population has been declining since 2015, it still remains significantly higher than other groups at <strong>11,673 per 100,000 children</strong> aged 0-4 at March 2018.</td>
<td><strong>4,555</strong> per 100,000 population aged 0-4</td>
</tr>
<tr>
<td><strong>Asian peoples living in Counties Manukau</strong></td>
<td></td>
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<tr>
<td><em>Pakeke me Whaanau (Adults and Family Group)</em></td>
<td>Cervical screening rates remain low for Asian women at <strong>67%</strong> (national target 80%).</td>
<td><strong>72%</strong></td>
</tr>
<tr>
<td><em>Rangatahi (Young People)</em></td>
<td>HPV vaccination coverage for Asian girls continues to be low at <strong>68%</strong> (national target 75%).</td>
<td><strong>71%</strong></td>
</tr>
</tbody>
</table>

**Appendices**
1. 2017/18 Population Health Performance Dashboard & Trend Graphs
2. 2017/18 Quarter 4 Population Health Plan Performance Progress Report
Appendix 1: 2017/18 Population health performance dashboard & trend graphs

2017/18 Performance scorecard

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>Equity Target</th>
<th>Result Māori</th>
<th>Result Pacific</th>
<th>Result Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maatua, Pepe Tamariki (Parents, Infants and Children)</strong></td>
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<tr>
<td><strong>Health promotion and education</strong></td>
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<tr>
<td>Percentage of babies fully or exclusively breastfed at 6-weeks</td>
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<td></td>
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<tr>
<td>Percentage of infants fully or exclusively breastfed at 3-months&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
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<tr>
<td>55%</td>
<td>41%</td>
<td>46%</td>
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<tr>
<td>Percentage of infants fully, exclusively or partially breastfed at 6-months</td>
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<tr>
<td>Proportion of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with LMC who are offered brief advice and support to quit smoking</td>
<td></td>
<td></td>
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<tr>
<td>92%</td>
<td>94%</td>
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<tr>
<td>Percent of obese children identified in the Before School Check (B4SC) programme offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td><strong>Immunisation</strong></td>
<td></td>
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<tr>
<td>Proportion of babies, infants and children fully immunised on time at:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 months old</td>
<td>93%</td>
<td>84%</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>2 year olds</td>
<td>93%</td>
<td>87%</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>5 year olds</td>
<td>90%</td>
<td>85%</td>
<td>92%</td>
<td>94%</td>
</tr>
<tr>
<td><strong>Oral health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children aged under 5 years enrolled in DHB-funded Community Oral Health Services</td>
<td>90%</td>
<td>71%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Percentage of population of children aged 5 years who are caries free</td>
<td>65%</td>
<td>39%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Mean DMFT of year 8 school children (12/13 years)</td>
<td>0.69</td>
<td>0.73</td>
<td>0.64</td>
<td></td>
</tr>
<tr>
<td><strong>Newborn enrolment</strong></td>
<td></td>
<td></td>
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<tr>
<td>Proportion of newborns enrolled with a PHO by 3 months old</td>
<td>73%</td>
<td>69%</td>
<td>70%</td>
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<tr>
<td><strong>Rheumatic fever</strong></td>
<td></td>
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<tr>
<td>Acute rheumatic fever first hospitalisations rates per 100,000 population</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
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<tr>
<td><strong>Ambulatory sensitive hospitalisations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Sensitive Hospitalisation rate in children aged 0-4 years</td>
<td>4,555</td>
<td>6,819</td>
<td>11,673</td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> Results are reported by the Ministry of Health every six months in Q1 and Q3. 2017/18 results are at Q3.
### Sudden unexpected death in infancy (SUDI)

- Sudden unexpected deaths in infants per 1,000 live births: 0.58
- 2.38
- N/A
- N/A

### Rangatahi (Young People)

#### Brief intervention counselling

- Percentage of rangatahi accessing Alcohol Brief Interventions (via general practice): N/A
  - 0.7%
  - N/A
  - N/A

- Percentage of rangatahi accessing Mental Health Brief Interventions (via general practice): N/A
  - 0.04%
  - N/A
  - N/A

### Immunisation

- Percentage of eligible girls fully immunised with HPV vaccine:
  - 62%
  - 65%
  - 84%
  - 68%

### Pakeke me Whaanau (Adults and Family Group)

#### Health promotion and education

- Percentage of people who smoke and are enrolled in General Practice are offered brief advice and cessation support:
  - 93%
  - 91%
  - 92%
  - 92%

- Percentage of people who smoke and are hospitalised and are offered brief advice and cessation support:
  - 95%
  - 96%
  - 96%
  - 93%

### Immunisation

- Percentage of people aged over 65 years receive free flu vaccinations:
  - 47%
  - 40%
  - 45%
  - 46%

#### Health screening

- Proportion of women aged 50 – 69 years who have had a breast screen in the last 24 months:
  - 70%
  - 63%
  - 80%
  - N/A

- Proportion of women aged 20 - 69 years who have had a cervical smear in the last three years:
  - 72%
  - 66%
  - 77%
  - 67%

#### Primary health care services

- Percentage of the population enrolled in a PHO:
  - 93%
  - 92%
  - 116%
  - 90%

- Percentage of eligible population receiving cardio-vascular risk assessment in the last five years:
  - 92%
  - 90%
  - 91%
  - N/A

- Percentage of eligible Māori men aged 35-44 years who have had their cardio-vascular risk assessed in the last five years:
  - 90%
  - National target
  - 74%
  - N/A
  - N/A

- Percentage of eligible population who have a risk greater than 20% and are on dual therapy (dispensed):
  - 44%
  - 48%
  - 55%
  - 42%

- Percentage of eligible population who have a prior CVD event who are on triple therapy (dispensed):
  - 55%
  - 52%
  - 62%
  - 60%

- Proportion of people with diabetes who have satisfactory or better diabetes management (HbA1c ≤ 64 mmol/mol):
  - 66%
  - 49%
  - 46%
  - N/A

#### Ambulatory sensitive hospitalisations

- Ambulatory sensitive hospitalisations in adults aged 45-64 years per 100,000 population:
  - 2,914
  - 8,931
  - 9,144
  - N/A

#### Mental health

- Mental Health Act: Section 29 Indefinite Community Treatment Orders rates per 100,000 population:
  - 96
  - (result for total population)
  - 394.8
  - N/A
  - N/A

### Te Roopu Whaanui o Counties Manukau (District Wide)

- The Fanau Ola Programme – number of referrals:
  - N/A
  - N/A
  - 171 (Q4)
  - N/A

- Mental Health for Pacific Peoples:
  - N/A
  - N/A

- Total packages of care per annum delivered through Whaanui Ora Integrated Services:
  - N/A
  - 1,410
  - N/A
  - N/A

- Workforce headcount for prioritised occupational groups by ethnic groups:
  - 46.2%
  - 6.8%
  - 13.1%
  - 33.0%
Two-year performance trend data

Maatua, Pepe me Tamariki

- Although the Pacific 0-4 ASH rate has been trending downwards since 2015, it rose between December 2017 and March 2018. The release of June 2018 results will help clarify whether this is a quarterly fluctuation or beginning of a downward trend.
- CM Health exceeded the 90% maternity smoking target for wahine Māori (94% achievement).
- Eight-month immunisation coverage for pepe Māori dropped from 89% in Q1 17/18 to 84% in Q4 17/18.
- CM Health is awaiting the latest rheumatic fever data from the Ministry of Health.
Key insights to Quarter 4 2017/18:

- Breast and cervical screening coverage continues to be highest for Pacific women. The breast screening coverage target (70%) was met for Pacific women in all quarters this year.
- The cervical screening target (80% coverage) was not met for any ethnic group as at March 2018 (breast and cancer screening are reported on one quarter in arrears). Coverage was lowest for Maaori and Asian women.
- The primary Better Help for Smokers to Quit target (smoking cessation advice in primary care) was met for all ethnic groups in Q4, with an increase in performance for Maaori and other ethnic groups between Q3 and Q4.
Appendix 2: 2017/18 Quarter 4 population health plan performance report

Progress toward our Healthy Together 2020 health equity goal as at Quarter 4 2017/18

Together, the Counties Manukau health system will work with others to achieve equity in key health indicators for Maaori, Pacific and communities with health disparities by 2020.

Key Achievements

**Reduced skin infection ASH rate per 100,00 population for Maaori and Pacific 0-4 year olds**

Between September 2016 and March 2018, there was a 6% drop in the ASH rate due to skin infections for tamariki Maaori and a 7% drop for Pacific children. This was supported by activities such as the delivery of an education package for skin infections to primary care, urgent care, Well Child Tamariki Ora services, and early childhood education centres to ensure that health promotion messages are reach families with young children.

**More coordinated health and social services support and care for our most high need whaanau/fanau and families**

In 2017/18, there were 2,127 referrals to Whaanau Ora services with 1,410 integrated packages of care were delivered across the Whaanau Ora integrated services agreements (Mama, Pepi Tamariki, Rangatahi Oranga, Whanau Oranga, Oranga ki Tua and Kaumatau Kuia Oranga).

This year Fanau Ola nurses have seen over 700 patients. In June 2018, the Fanau Ola (FO) Nurse Case managers had 141 open cases and had discharged a further 36 cases. Seventy-nine of the open cases were referred in June, with 52 of all new referrals from EC triage, 9 online referrals, 7 from services, 21 through family and 5 from Kids First EC triage.

Fanau Ola social workers continue to support and work collaboratively with the Fanau Ola nurse managers, with home visits and consultations. This year Fanau Ola nurses have seen over 500 patients. Fanau Ola social workers received 44 referrals receive between May – June 2018.

**Achieving the primary and maternity Smokefree targets for all ethnic groups**

In Quarter 4 2017/18, CM Health exceeded the 90% target for all ethnic groups (Maaori: 91%; Pacific: 92%; Asian: 92%) and for the total population (92%). This is a significant achievement in support of our Healthy Together equity goal. Performance for all groups increased between Quarter 3 and Quarter 4, reflecting PHOs’ focus on supporting their low performing practices to improve performance. This has included strategies such as appointment scanning, improved coding systems and ensuring opportunities are not missed if the patient attends the practice with a family member.

In 2017/18 CM Health also achieved the Maternity smokefree target for pregnant Maaori women (94%) and pregnant women in total (91%). The target was achieved for all quarters in 2017/18, reflecting the success of our Smokefree pregnancy incentives programme, health professional training in Smokefree best
practice and networking activities of our Smokefree Advisor – maternity and health promoter.

**Achieving the Raising Healthy Kids health target for all ethnic groups**

In Quarter 4 2017/18, CM Health exceeded the referral target for all ethnic groups, with 100% of referrals for all ethnic groups both sent and acknowledged.

The decline rate for participation in assessment and healthy lifestyle intervention continues to be higher for Māori and Pacific whānau. CM Health is currently engaging with whānau to understand the reasons for declines and how programme uptake can be improved, as part of a broader evaluation of child healthy weight activities in Counties Manukau.

**Reaching our target for providing alcohol brief intervention and mental health support for Māori rangatahi**

Between 2015/16 and 2017/18, the percentage of Māori aged 12-19 years old receiving alcohol brief intervention increased from 0.44% to 0.7%, exceeding the 0.5% target set out by the 2017/18 Māori Health Plan.

**Good performance sustained for Pacific women receiving breast-screening**

As at March 30 2018\(^2\), 80% of eligible Pacific women in Counties Manukau were screened for breast cancer, exceeding the national target of 70%. CM Health met or exceeded this target in for Pacific women in all quarters. The Pacific breast screening and cervical screening rates at CM Health are also both higher than the rate for European/Other. We also exceeded the HPV vaccination for Pacific girls (84%; target 75%).

**Record number of Māori employed at CM Health**

Over this past year, a further 184 Māori have been employed at CM Health raising the number of Māori employees from 346 employees (as at 31 March 2017) to 529 employees (as at 31 March 2018). This has lifted the overall percentage of Māori employed at CM Health from 5.36% (as at 31 March 2017) to 7.92% (as at 31 March 2018). The catalyst for these increases has been the establishment of the 2025 employment targets – to ensure that the workforce employed at CM Health, reflects the local population by 2025.

**Key challenges and persistent inequities**

**Ambulatory sensitive hospitalisations in children 0-4 years old per 100,000 population**

While the 0-4 year old ASH rate for Māori and Pacific children in Counties Manukau has been declining, there are still persistent inequities when compared to the 0-4 ASH rate for Europeans/Others. As at March 2018, the 0-4 ASH rate for Pacific children in Counties Manukau continues to be the highest across all ethnic groups, while the Māori ASH rate is still higher than the ASH rate for Europeans/Others.

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\(^2\) Services provide reports on breast and cervical screening one quarter in arrears.
The 2017/18 Metro Auckland System Level Measures Improvement (SLM) Plan set a target of reducing the 0-4 year old total, Māori and Pacific ASH rates by 5% by June 2018. March 2018 results indicate CM Health will not have achieved this target for our Māori and Pacific children or overall once June 2018 results are released.

The 2018/19 SLM Plan will target reduced ASH rates through focusing on respiratory admissions, the largest contributor to 0-4 ASH rates across the three Auckland DHBs. Through both local and regional work, CM Health will implement a number of strategies to reduce respiratory admissions, including actions to improve child and maternal immunisation and smoking cessation. This is especially important for reducing inequities for our Pacific children, who also have the highest respiratory ASH rates.

**Māori immunisation coverage at 8 months**

In Quarter 4 2017/18 CM Health immunisation for pepe Māori at eight months old was 84%, dropping from 89% in Quarter 4 and well below the national 95% 8-month immunisation target. The Māori coverage decreased by 2% from the last quarter with 67 babies having missed the target age for immunisation. Of these 67 babies, 16 babies were immunised late and 51 remain unimmunised at 30 June 2018. Of the 51 babies who remained unimmunised, 21 babies’ whānau declined all or part of the immunisation and six declined the invitation to the Outreach Immunisation Service (OIS). The whānau of the remaining 23 babies did not respond to immunisation reminders and at the time were facing multiple social issues.

An increase in whānau deferring immunisation until their children are older has contributed to the declining Māori immunisation rate at eight months. Socioeconomic issues are also a key challenge, with our OIS experiencing more families in emergency housing where information cannot be shared as well families being transient moving through multiple addresses.

Based on previous quarters, the most effective strategy in engaging Māori families has been multiple contacts to establish relationships and trust. In 2018/19 CM Health will continue to build on this work to proactively improve Māori immunisation coverage, including through facilitating early enrolment of pepe in primary care and extension of the outreach immunisation service to weekends and home visits. CM Health is also planning to pilot a contract with the Māori Women’s Welfare League (MWWL) to work alongside OIS (funding dependent) to support Māori engagement.

**Cancer screening for Māori and Asian women**

*Breast screening*

At March 30 2018, breast screening coverage was 63% for Māori women, compared to 70% for European/Other women. Pacific women had the highest coverage at 80%.

BreastScreen Counties Manukau (BSCM) has experienced a shortage of Medical Radiation Technologists which has impacted on screening volumes and coverage levels. The service is now fully staffed and the increased capacity has seen an increase in coverage. Specific strategies to increase Māori coverage include:

- A multi media campaign utilising Māori TV, and radio commercials was carried out from April-June 2018.
- Advertising trailers are being placed in areas with high Māori populations prior to arrival of the mobile
- The mobile unit is continuing to visit Marae, whare oranga and areas with high Māori populations.
- Active follow up of women who have not responded to recall or who do not attend appointments.
- Data matching with primary care and DHB patient management systems to identify women who are not enrolled with the programme and to update contact details.
- Offering late night and weekend clinics, including one Sunday per month.
- BreastScreen training provided to staff in DHB contracted Māori Health providers in February 2018.
Cervical screening

At March 30, 2018, cervical screening coverage was 66% for Māori women and 67% for Asian women, compared to 70% for European/Other women. Pacific women had the highest coverage at 76%.

Whilst the 80% coverage target was not reached for Māori women, the coverage rate has increased by 0.7% since December 2017. This is in context of the National Cervical Screening Programme completing their annual data adjustment, following provision of updated population projections from Statistics New Zealand. In addition, this year the denominator was also updated with the recently reviewed hysterectomy adjustor. This resulted in CMDHB seeing an increase in Māori coverage of 0.8%.

The Support to Screening service is now providing increased community clinics in 2018, including in Otara and Mangere to ensure Māori women can access opportunistic screening. Further engagement and training will occur with Māori contracted providers who support the Whānau Ora approach. A second smear taker nurse has now been recruited to increase community opportunistic screening opportunities.

The coverage rate for Asian women has declined by 1.8%. This is largely due to the National Cervical Screening Programme data adjustment as detailed above, which resulted in a 1.6% drop in Asian screening rates. Additionally, while the percentage coverage has decreased, CMDHB has seen an increase in the number of Asian women screened in this reporting period (577 additional women).

The Asian Community Health worker continues to invite and recall Asian women and community screening clinics have been held in the Eastern Locality to support Asian women to access funded screening. The clinics have been coordinated in collaboration with East Health PHO and have been well received by the community.
Vaha Hauora – Our Health Journey

Counties Manukau DHB
15 August 2018
The organisations

South Seas Health Trust

- Established over 20 years ago and is one of the largest pacific providers in Counties Manukau area
- Based in Otara and working with predominantly pacific families
- Experienced board with wide range of expertise including health and social services
The organisations

The Whanau Ora Community Clinic

1. Established in 2014 with first general practice

2. Head office and practice based in Manukau with practices also in Papatoetoe, Pukekohe, Mangatangi/Port Waikato and Nga Hau E Wha Marae predominantly Maori families

3. Experienced board with Government, Social Services, Education and business expertise
The data

What do the numbers say in Counties

1. 106,900 of Pacific decent or 21% of the total population

2. 87,200 of Maori decent or 16% of the total population

3. Combined population between South Seas Health Trust and Whanau Ora Community Clinic of between 6,000 to 8,000 registered patients and open to receive patient referrals across region
Our working relationship

What sets us apart

1. Both organisations have for Maori by Maori and for Pacifica by Pacifica methodology

2. Use Maori and Pacific models of practice which covers all family/whanau and not just the individual family/whanau member

3. Also provide other wrap around services like, Social Work support, Justice, Corrections etc
Our working relationship
Expected deliverables are in two parts

1. Information gathering – summary from the 1000 families surveyed with reports summarising MyStory/Toku Reo and Family/Whanau Care Plan findings

2. Performance targets – South Seas and Whanau Ora will report output and outcomes achieved over the course of the delivery agreed with the funder, based on the findings from the information gathering stage
Vaha Hauora operating model

Services currently siloed

Care teams would integrate services

Care team

Family

Doctor

Nurse

Social worker

Community health worker

New services - Health coach?
Vaha Hauora long term vision

'Bed rock'
- Better understanding of risks and needs
- Develop the new model tools (MyStory & Toku Reo)
- Care Teams' processes & guiding principles
- IT infrastructure and staff training

'Full vision'
- Better targeted services to risks and needs
- Outcome-based (or mixture) reporting and contracts
- Increased coordination with other community services
- South Seas Health Trust and Whanau Ora Community Clinic as a South Auckland Pacific/Maori community Hub
‘Bed rock’ delivery stages

Information gathering
- Family/Whanau assessment
- Family/Whanau care plan
  ~ 6 months

Performance agreement
- Information gathering results
- Agree pilot performance measures

Service delivery
- New operating model pilot
- Care team provide services

Evaluation reporting
- Evaluate pilot results
- Evaluation is ongoing throughout the pilot
Our programme has two key deliverables

Expected deliverables are in two parts

1. Information gathering – summary from the 1000 families surveyed with reports summarising MyStory/Toku Reo and Family/Whanau Care Plan findings

2. Performance targets – South Seas and Whanau Ora will report output and outcomes achieved over the course of the delivery agreed with the funder, based on the findings from the information gathering stage
Infor gathering – Whanau MyStory and Toku Reo over first 6 months

• South Seas/Whanau Ora identify 1000 families from its own records and also self referrals

• The selection criteria for the 1000 clients are:
  
  – Risk score – predicting the risk of acute hospital admission for patients/whanau enrolled in primary care
  
  – Diabetes risk – client which were at risk of Type 2 Diabetes (<40 HbA1c)
Performance targets designed based on the information gathered from families

Overall performance

Organisational change process targets

Family/Whanau wellbeing targets

MyStory/Toku Reo outcomes

Programme accounting of wider family/whanau trends
Vaha Hauora operating model need to run over three years

- Clinic appointment (any family/whanau member)
- MyStory/ Toku Reo (CFA)
- Care team assigned
- Care team update meeting
- Service provision (Internal or external)
- Family/Whanau Care Plan (FCP)
Pilot governance & team structure

Business as usual

- Clinical director
- Director of nursing
- Community team

Pilot

- Manager delivery care team
- Manager evaluation team
- Community users group
- Pilot manager
- Evaluation team
  - Doctor
  - Nurse
  + 9 others
- Data analysis
  + 5 others
- Youth, elderly, disability, church, sports

Board of trustees → Chief executive → Operation manager
Contracted Amounts

- CMDHB/PHO: $75-$250 pp
- Whanau Ora: $2500 per whanau
- Family Start: $6500 per child
- Justice: $1800 per referral

Treasury is aware of the current form of delivery for whanau/family and want to look at further investment options.
Why does this work?

• Rare social institution that employs and serves Maori & Pacific people

• Natural role as a system navigator for Maori and Pacific people
  – Maori and Pacific families already trust and feel respected by current providers
  – Our staff understand Maori and Pacific culture and community
  – Regular contact Family/Whanau without stigma
8.0 Resolution to Exclude the Public

Resolution:
That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

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

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Minutes of Public Excluded Meeting, 15 August 2018</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982). [NZPH&amp;D Act 2000 Schedule 3, S32(a)]</td>
<td>Commercial Activities</td>
</tr>
<tr>
<td>3.1 Postvention Suicide Brief</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982). [NZPH&amp;D Act 2000 Schedule 3, S32(a)]</td>
<td>Privacy</td>
</tr>
</tbody>
</table>