Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**AGENDA** Held on Tuesday 21 April 2020 By Zoom, Wairarapa DHB 9.00 am
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE	**PUBLIC SESSION**

	Item	Action	Presenter	Min	Time	Pg
1. PROCEDURAL BUSINESS						
1.1	Apologies	ACCEPT		10 mins	9:00am	
1.2	Continuous Disclosure 1.2.1 Interest Register 1.2.2 Conflict of Interest	CONFIRM / ACCEPT		"		
1.3	Minutes of Previous meeting	APPROVE		"		
1.4	Schedule of Action Points			"		
1.4.1	Work programme					
2. DECISION						
2.1	Youth Health Service Development	APPROVE	Lisa Burch	30mins	9.10am	
2.2	Strategic Direction	ENDORSE	Sandra Williams	40mins	9.40am	
3. DISCUSSION						
3.1	Wairarapa Palliative Care Service update	DISCUSS	Joanne Edwards	20mins	10.20am	
3.2	Pharmacy Investment	DISCUSS	Sandra Williams	20mins	10.40am	
3.3	Hospital in the Home (presentation)	DISCUSS	Nicky Rivers	20mins	11.00am	
4. OTHER						
4.1	General Business					
CLOSE						

Wairarapa Community and Public Health Advisory Committee (CPHAC) INTEREST REGISTER

AS AT 12 MARCH 2020

INTEREST REGISTER	
Name	**Interest**
Dr Tony Becker *Deputy Board Chair*	• Shareholder and Director (Clinical) Masterton Medical Limited • Shareholder and Director Wairarapa Skin Clinic • Wife contracts to Wairarapa District Health Board • Trustee, Hau Kainga • Member Alliance Leadership Team
Helen Pocknall *Board Member*	• Contractor with Ministry of Health
Joy Cooper *Board Member*	• Chairperson Wharekaka Trust Board Incorporated
Jill Stringer *Board Member*	• Director, Touchwood Services Limited • Husband employed by Rigg-Zschokke Ltd
Yvette Grace *Board Member*	• General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust • Member, Hutt Valley District Health Board • Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt
Diana Sotiri *Member of Consumer Council*	• Member of Wairarapa DHB's Consumer Council • Husband Chair of Learning Disabilities Association of the Wairarapa District Health Board • Daughter is a member of Wellbeing Working Group, Masterton Trust Lands Trust
Limone Kelly *Pacific representative*	• Works at Lyndale Rest Home
Justine Thorpe *Compass Health Wairarapa representative*	• Tū Ora Compass Health is Deputy CEO, General Manager for Equity, Population Health and Wairarapa • Member of Primary Care Alliance Trust • Member of Papakanui Iwi Land Trust • Member of South Waiarapa District Council Water Race Management Committee)
Annie Lincoln *Primary Care Clinician*	• Director Carterton Medical Centre

Wairarapa DHB Executive Leadership Team - Interest Register

Name	Interest
Dale Oliff *Chief Executive Wairarapa DHB*	• No interests declared
Sandra Williams *Executive Leader Planning & Performance*	• No interests declared
Jason Kerehi *Director Maori Health*	• Negotiator – Rangitane Settlement Negotiations Trust • Trustees – Rangitane Tu Mai Ra – Post Settlement Governance Entity • Partner is employed as a school nurse by Compass

Updated: 2020-04-13

Updated: 2020-04-13

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**MINUTES** Held on Tuesday 18 February 2020 Lecture room, CSSB Wairarapa District Health Board 9.00am
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE	**PUBLIC SECTION**

PRESENT

Dr Tony Becker	Chair
Joy Cooper	Member
Helen Pocknall	Member
Diane Sotiri	Member
Jill Stringer	Member
Limone Kelly	Member
Annie Lincoln	Member
Justine Thorpe	Member

ATTENDANCE

Dale Oliff	Chief Executive, Wairarapa District Health Board (CE)
Sandra Williams	Executive Leader Planning & Performance (ELPP)
Jason Kerehi	Executive Leader, Māori Health (ELMH)
Joanne Edwards	Service Development Manager, Planning & Performance (P&P)
Daniel Kawana	Service Development Manager, Planning & Performance (P&P)
Jen Bergantino	Minute taker, Planning & Performance

Tofa Suafole Gush, Director Pacific People's Health for Wairarapa and Hutt Valley District Health Boards, was in attendance.

1.0 PROCEDURAL BUSINESS

1.1 APOLOGIES

An Apology was received from Yvette Grace (Member).

1.2 CONTINUOUS DISCLOSURE

1.3 CONFIRMATION OF MINUTES

RESOLVED
MOVED Diane Sotiri **SECONDED** Dr Tony Becker
CARRIED

CPHAC WORK PROGRAMME

The work programme will continue to be updated in line with the new Strategic Direction work.

2.0 DECISION

2.1 TREATY POLICY

Diane Sotiri arrived 9.15am

Points noted were:

NOTED that this may have implications for future staff.

NOTED that there will be training opportunities for senior managers and Board members to improve cultural competence and cultural safety specific to their roles.

AGREED that the policy was good but will be determined by how well it is implemented across the DHB and services.

DISCUSSED how do we change the way we work in primary care by incorporating the principles of the treaty and how we contract for services?

NOTED that this is a challenge for primary care and the health system.

NOTED that the DHB's older workforce may find it more challenging to change the way they currently work and to implement the principles outlined in the policy.

NOTED that the Ministry of Health are working on a treaty framework which will be released soon.

The Executive Leader Maori Health advised the Committee that the Maori GMs Regional Group are currently looking at a regional treaty framework.

The Committee would like to see some statistical data and current services available in Wairarapa for Maori Health presented in an easy to read dashboard.

Action: The Executive Leader Planning and Performance is to prepare a dashboard of statistical data and services in Wairarapa for Maori Health which will be brought back to CPHAC in June.

RESOLVED that the Community and Public Health Advisory Committee

1. **NOTED** the draft policy and the implications of its wording on business as usual.
2. **AGREED** to endorse to the Board the Te Tiriti o Waitangi policy into the Wairarapa DHB [WrDHB] policy platform.

MOVED Helen Pocknall **SECONDED** Joy cooper
CARRIED

3.0 DISCUSSION

3.1 STRATEGIC DIRECTION

First half of the presentation was presented by Sandra Williams, Executive Leader, Planning & Performance. Points noted were:

- Series of engagement sessions were undertaken with stakeholders. The summary of what we heard was:
    - Health needs are not being met- there is a growing older populations, and a growing population of young Maori, and areas of deprivation with poor health outcomes.
    - The hospital and primary care is out of capacity and personnel are increasingly stressed- the model of care in the hospital is out of date, referral hospitals are full, discharge is inefficient.
    - There is a lack of resilience in the workforce- an over reliance on locums, overworked and tired GPs with high recruitment costs, and gaps in other workforces.
- Areas we will be looking to change: more Integrated health and social services, stronger primary care, older peoples services easy access to services, closer connection between primary &

secondary services, a fit for purpose hospital, Treaty of Waitangi relationship, sustainable workforce, and equity of outcomes,

The 2nd half of the presentation was presented by Daniel Kawana, Service Development Manager, Planning & Performance. Daniel gave an overview of the philosophy underpinning the strategic direction: hauora mō tātou (health is for all), every door is the right door (providing connected services); neighbourhoods (working where people live, work and play), serving the people of the Wairarapa (taking on a servant mentality), and manaaki tangata (recognising every person's inherent value). He also described how these values could be embedded across the work of the WrDHB.

The CE advised that the Strategy will return to CPHAC to endorse and then forwarded on to the Board for final approval. The Strategy will show the way the DHB will do things, where we go and the way forward.

3.2 OLDER PERSONS INVESTMENT PORTFOLIO

The Committee wanted clarification about the recently publicised news that Healthcare NZ were restructuring and what that would mean for Wairarapa services. Joanne Edwards advised that to date there had been no indication from the organisation that the changes would impact negatively on the service they provide and the DHB expected no change to the current service for service users.

RESOLVED that the Community and Public Health Advisory Committee

(a) **NOTED** the DHB investment into long term support services for older people
(b) **NOTED** that this paper is the first part of a two part presentation for CPHAC and has a companion document which identifies the results of this investment.
(c) **NOTED** that this report outlines the results on the DHB's investment into supporting older people in Wairarapa and is the second part of the Older Person's Investment Profile
(d) **NOTED** that this reporting gives a snapshot of service utilisation and performance of a selection of older person's services which together comprise a system level view.
(e) **ENDORSED** the dashboard as the model for measuring and monitoring of changes in investment and outcomes for older people.

RESOLVED
MOVED Joy Cooper **SECONDED** Helen Pocknall
CARRIED

3.3 DEMENTIA IN OUR COMMUNITY

NOTED that training needs to occur so that the appropriate support is available to assist patients in difficult situations.

NOTED that there is a need to raising the awareness in the community.

RESOLVED that the Community and Public Health Advisory Committee

(a) **NOTED** all funded services for the elderly have clients with cognitive impairment
(b) **NOTED** 84% of people receiving Health of the Older Person funded services in Wairarapa have some form of cognitive impairment
(c) **NOTED** of those residents in care, 83% are assessed with some degree of cognitive impairment, with 43% indicating significant cognitive impairment
(d) **NOTED** at least 20% of older people interacting with hospital services (ED or inpatient) have some degree of cognitive impairment.
(e) **NOTED** it is those people over 65 years with mild cognitive impairment rather than those with significant cognitive impairment who attend ED more frequently than others and have more admissions to hospital per person. Of those with mild cognitive impairment, the 65 to 69 age group stay longer than older people. 25% of people in this cognitive impairment group are readmitted within 28 days. This has implications for effective discharge processes.

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

(f) **ENDORSED** an integrated approach that includes both health and social aspects of care to maximise wellbeing and independence

(g) **NOTED** we are working with our partners to develop dementia friendly communities – including government agencies, NGOs, councils.

RESOLVED
MOVED Joy Cooper **SECONDED** Helen Pocknall
CARRIED

4.0 INFORMATION

4.1 2020/21 ANNUAL PLAN TIMELINE AND PROCESS

NOTED that the Committee will receive the draft Annual Plan at the March meeting.

RESOLVED that the Community and Public Health Advisory Committee

(a) **NOTED** that the MOH Annual DHB Planning Package for 2020/21 was released on 19 December 2019.

(b) **NOTED** that the first draft Annual Plan 2020/21 is due to the MOH on Mon 2 March 2020. At this time, there is no date set for final draft plan submissions.

(c) **NOTED** that the Funding Envelope is expected from the MOH in May 2020 after the government budget for which no date has been set yet.

(d) **NOTED** the MOH Timeline for review of 2020/21 plans (Table 1).

(e) **NOTED** the attached Wairarapa DHB Annual Planning Timeline 2020/21 (Appendix 1).

(f) **NOTED** that the Board received a presentation on the annual planning framework, process and timeline at their workshop on Monday 27 January 2020.

RESOLVED
MOVED Helen Pocknall **SECONDED** Joy Cooper
CARRIED

MEETING CLOSED AT: 11.25AM

Date of next meeting: 19 March 2020

CONFIRMED that these minutes constitute a true and accurate record of the proceedings of the meeting.
DATED this day of 2020

Dr Tony Becker
Chair, Community & Public Health Advisory Committee (CPHAC)
Wairarapa District Health Board

WAIRARAPA DISTRICT HEALTH BOARD PUBLIC CPHAC

Schedule of Actions

Meeting Date	Action	Person Responsible	Status
18 February 2020	Prepare a dashboard of statistical data and services in Wairarapa for Maori Health which will be brought back to CPHAC in May.	Executive Leader Planning & Performance	

Community and Public Health Advisory Committee Work Programme

This programme will continue to be updated in line with the new Strategic Direction work

	February	March	April	May	June	July	August	September	October	November
System and service planning	-Annual Plan -Strategic Direction		-Strategic Direction	-Final Pacific Health Plan Annual Plan-System Level Improvement Plan -Clinical Services update -Planned Care Plan -Health Equity report	-Clinical services and Wellbeing Plan Updates Maori Health Plan -Wellbeing Plan update -Annual Plan update	-Equity Approach - Long term conditions	-Clinical Services and Wellbeing Plan - Maori health Plan	-Mental Health and Addictions	-Community Services Integration	-Annual Plan Process
System & provider performance	-Health of Older People		- - Primary and Community-community pharmacy and youth health - Palliative Care	-Primary and Community incl Child (includes oral health) -Mental Health and addictions - Alliance and SLM reporting	-Pacific health updates -Maori health updates -Maori Health Dashboard	- Primary and Community -Alliance and SLM reporting - Regional Public Health	-Mental Health and Addictions	-Health of Older People	- Primary and Community -Alliance & SLM reporting	- Mental Health and Addictions)
Investment and prioritisation				-Investment & Prioritisation	-Investment & Prioritisation			-Investment & prioritisation		

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DECISION PAPER** **Date: April 2020**

From	Sandra Williams, Executive Leader Planning and Performance
Author	Lisa Burch, Service Development Manager, Planning and Performance
Endorsed By	Dale Oliff, Chief Executive
Subject	**Youth Health Service Development**

RECOMMENDATION

It is recommended that CPHAC:

1. **Note** the DHB and Tū Ora Compass Health have received a report: *Feasibility Study. The Effective delivery of Youth Health Services in the Wairarapa*.
2. **Notes** the report found that, while there are individuals and services providing invaluable healthcare to young people, services are not connected to each other, and for many young people there are multiple barriers to care.
3. **Notes** in 2019/20 Wairarapa DHB has invested $500k in localproviders (excludes community AOD and mental health services) of youth health services.
4. **Notes** the DHBs current investment in youth health services has not been reviewed for some years, and there are expected to be reinvestment opportunities, and a small additional investment may be needed, post 2020/21, in the next three to four years.
5. **Agrees** to recommend that the Board accept the feasibility study, and endorse the development of a youth health service development programme of work that addresses the recommendations.
6. **Agrees** to recommend to the Board that the 2006 Wairarapa Youth Health Strategy be refreshed to guide the service development programme.

APPENDICES

1. McKenzie, Feasibility Study. The Effective Delivery of Youth Health Services in the Wairarapa, December 2019.
2. Wairarapa DHB, Life 2 Go! Youth Health Strategy 2006 – 2009

1. PURPOSE

The purpose of this paper is to advise the Committee of the findings of a recent review of youth health services in Wairarapa. The paper is seeking endorsement of a proposed process for addressing the findings of the review.

2. BACKGROUND

In 2019 the DHB and Tū Ora Compass Health were approached to consider options for relocating the Youth Kinnex Clinic which operates out of premises in Masterton. Currently this clinic is funded jointly by Tū Ora (rental, via Connecting Communities) and Masterton Medical (personnel costs). The venue is no longer fit for purpose. Due to its size it is unable to support more than one clinician at a time and is unsuitable for many consults, e.g. sexual health.

PUBLIC

Masterton Medical Limited (MML), Tū Ora Compass Health (Tū Ora) and Wairarapa DHB (the DHB) jointly agreed that any decisions about the future of Youth Kinnex should be considered within the context of all funded youth health services. The organisations commissioned a review which was conducted by Maria McKenzie, with a final report received in December 2019.
The report, which is attached as Appendix 1, makes a variety of recommendations on ways in which services could be delivered so as to improve accessibility of services and thus health outcomes for our young people.

3. CURRENT DHB YOUTH INVESTMENT

The range of services available to youth in Wairarapa is detailed in the McKenzie report. These service arrangements have largely resulted from new Ministry of Health funding which has subsequently been absorbed into the DHB's baseline. DHB discretionary spending which is funded outside of the Service Coverage Schedule, e.g. free sexual health, and the Kuranui College Clinic, has not been reviewed for over ten years.

The DHB's current investment in youth specific services is outlined in table 1 below. This excludes capitation funding paid to each practice based on the number of young people enrolled.

Table 1: DHB funded youth services

SERVICE	PROVIDER	2019/20 FUNDING	COMMENTS
Free sexual health for under 21 year olds	Tū Ora	$75,740	This funding is allocated to practices, with low utilisation in some practices. The new MOH contraception funding rolled out in 2019 should reduce the demand for this funding
Youth primary mental health service	Tū Ora	$74,328	Counselling provided under the To Be Heard service. This service, and funding level has not been reviewed since the inception of the service.
Youth alcohol brief intervention	Tū Ora	$2,222	Funding available to practices to fund brief interventions in primary care.
School based health services	Tū Ora	$119,317	Historic MOH funding for nurse clinics in decile 1 – 3 schools (Makoura, Kura, Teen Parent Unit, Alternative Education). DHB has provided additional funding for clinic at Kuranui. DHB and Tū Ora have agreed that funding would be used for GP and nurse clinics.
School based health services	Tū Ora	$34,992	Additional funding made available 2019/20 for nurse clinics in decile 5 schools. Implementation in Chanel College underway.
Youth Multi-Systemic Therapy (MST) service	Emerge	$186,942	3DHB service based in Wellington. 1 FTE dedicated to Wairarapa. Payment through IDF to CCDHB.
Community mental health and addictions services	Pathways and Te Hauora	Pathways: 2 FTE clinical, 1 non-clinical Te Hauora: 0.5 FTE approx	FTE working with young people with mental health and addiction support needs.

PUBLIC

Table 2: Services provided by other funders

SERVICE	PROVIDER	COMMENT
Youth Kinnex Clinic	MML/Tū Ora	Currently 2 sessions per week. Masterton based drop in clinic. Funded by MML and Tū Ora. Service demand is exceeding current provision.
Piki	Tū Ora	MOH funded pilot mental health programme for 18-25 year olds.

Table 3: Proposed service

Access and choice primary mental health initiatives – Youth funding stream	TBC (awaiting contract)	A 3DHB response to the RFP was successful and the detail for Wairarapa is currently being agreed.
Youth Primary Mental Health	TBA	WrDHB has responded to a MOH RFP closing 9 March 2020. If successful Te Hauora Runanga will employ 2FTE Youth Kairarahi / navigators who will be attached to the school and youth clinics.

4. PROPOSED SERVICE DEVELOPMENT APPROACH

As described above and in the McKenzie report, the current investment in youth health services reflects historic decisions rather than a strategic approach. We consider that the recommendations contained in the attached report provide a feasible pathway towards providing an accessible and appropriate range of services for young people. We propose that a detailed implementation plan is developed that enables rapid action where needed to address service gaps, alongside more detailed needs analysis, stakeholder consultation, and collaboration with other Government agencies and social service providers.

The key immediate actions we propose include:

4.1 Establish Youth Service Implementation Group

This group will be responsible for addressing the recommendations of the McKenzie report as they pertain to community based health services provided to the young people of Wairarapa. The group will include youth representation.

4.2 Develop process for youth participation

In conjunction with the youth representative/s on the Implementation Group, a process for meaningful youth participation in health service development will be developed, Options might include youth ambassadors, a DHB Youth Reference Group, or tapping into the Youth Council.

4.3 Procure appropriate premises for the Youth Kinnex Clinic

The youth mental health proposal submitted to the Ministry this month requires that the new youth workers are co-located with youth services to enable "warm-handover' from other clinicians. This is not possible in the current premises. All the funding partners are committed to finding premises that will enable a holistic approach to youth needs. Some DHB funding may be required to facilitate this.

4.4 Refresh the 2006 Wairarapa DHB Youth Health Strategy

PUBLIC

The 2006 Youth Health Strategy was based on wide consultation and youth development principles. We consider we can relatively quickly "refresh" the document to provide on-going guidelines for service development.

4.4 Identify opportunities for rapid improvement initiatives and re-prioritisation

Some opportunities for 'quick-wins' are already apparent. For example, the sexual health contract pre-dated the establishment of the Youth Kinnex Clinic, and is now supplemented by the low-cost contraception initiative.

5. CLOSING STATEMENT

It is proposed that Management will provide the Board with a progress report and detailed implementation plan in October 2020. A small investment of new funding may be required to extend access to all young people across the valley in the outyears.

Feasibility study

The effective delivery of youth health services in the Wairarapa

Maria Mckenzie

MA (Honours) Educational Psychology, PGDip Teach, PGDip RTLB

December 2019

Better Health Through Great Primary Care

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

NON-JUDGEMENTAL AND FRIENDLY ATTITUDE OF STAFF - ABOVE AND BEYOND - MANY THINGS IN ONE BUILDING - A LOT OF PEOPLE HAVE MULTIPLE NEEDS - IT'S REALLY EMPOWERING - FUN PLACE TO BE - NO BAD VIBES - IT'S DIFFERENT - FREE AND I'M SUPER BROKE - LOTS OF DIFFERENT SUPPORT IN THE SAME AREA - I CAN COME HERE FOR ALL TYPES OF HELP - FEEL AT HOME - OPEN TO ALTERNATIVE LIFESTYLES - SERVICES ARE FREE - EASY TO GET TO - KIND, FRIENDLY AND APPROACHABLE - THEY TALKED TO ME LIKE A FRIEND - IT SHOWS ME RESPECT FOR MY HEALTH - I CAN TALK ABOUT ANYTHING AND I DON'T FEEL JUDGED - I CAN BE OPEN - FRIENDLY AND SUPPORTIVE - RESPECTFUL, GENUINE, NONJUDGEMENTAL - GIVE ME HOPE - POLITE AND ASK PRONOUNS - FRIENDLY, WELCOMING, RESPECTFUL AND NOT FORMAL - TREAT US LIKE EQUALS - GIVE YOU THAT BELONGING FEELING - MORE CASUAL THAN MOST PLACES - EVERYONE IS EMPATHETIC - NO PRESSURE

How Youth One Stop Shops in New Zealand make young people feel (Gibson-Rothman, 2017).

Contents

Project outline

Tū Ora Compass Health, Masterton Medical Ltd and Wairarapa DHB are considering the relocation of the Youth Health clinic (Youth Kinex) in Masterton. The current facility which houses the service is inadequate. Before any decision is made about the location of the health specific youth service, there is an opportunity to broaden this discussion to include a wider variety of services, and delivery to young people in other Wairarapa locations. Clearly this discussion needs to take place across a number of agencies, and most importantly, with the young people of Wairarapa.

Project design process

1. Literature review of best practice on adolescent brain development, positive youth health, the importance of youth participation, youth health needs, the long term impact of youth health challenges and forgone care
2. A summary of global, New Zealand and Wairarapa youth health issues including a review of DHB strategy, documentation, statistics and data.
3. A summary of youth health services in New Zealand and the Wairarapa
4. A thematic analysis of factors impacting on the effective provision of youth health services
5. A summary of Engagement with service providers
    - The main health issues for Wairarapa youth
    - The service they currently provide for youth (client statistics, costs, access, location, referrals, opening hours, usage, funding)
    - The kaupapa (the policies, practices used to engage youth)
    - The challenges in providing effective health care for youth
    - Suggestions for improvements to the provision of effective health service for youth across the Wairarapa
6. A summary of young people's views on youth health
    - The main health issues for Wairarapa youth
    - The services they use.
    - The important aspects of a good health service?
    - The barriers they face in accessing and using a health service
    - Suggestions for an effective health service for youth
7. Recommendations for the improvement of youth health services across the Wairarapa

Disclaimer

Every care has been taken in collecting and reporting the information to date, however it is not possible to guarantee that all information is error free.

Acknowledgements

The Author wishes to acknowledge all of those people and health professionals who gave their time and expertise to examine the youth health service provision across the Wairarapa. There are many people who made themselves available, often at short notice, and whose genuine thoughtfulness and at times challenging feedback helped the review become a more robust process.

It was an honour to work alongside Wairarapa youth. The commitment from young people to participate in this kaupapa, to share their experiences and ideas openly and honestly and provide potential solutions was inspiring.

Participants

Professionals working in Youth Kinex, Makoura College Health Service, Kuranui College Health Clinic, Wairarapa College Health Clinic, Rathkeale and St Matthews Collegiate Health Clinic

Professionals working in Carterton Medical Centre, Masterton Medical Centre, Greytown Medical Centre and Featherston Medical Centre.

Professionals working in Community services: Connecting Communities Wairarapa, Carterton District Council, Wairarapa Whanau Trust, Fab Feathy Community Development, REAP and YETE (Youth Education, Training and Employment)

Youth from the Wairarapa Youth Council, YETE (Youth Education, Training and Employment) Employability Skills Programme participants, students attending secondary school across the Wairarapa and Wairarapa Whanau Trust.

Terminology

For the purposes of this report the terms 'Rangatahi', 'youth', 'young people' and 'adolescent' will be interchanged throughout. This refers loosely to people aged between 10 and 24 years old.

To ensure anonymity of those who contributed to this review, individuals are not identified in this report. They have been referenced as 'young people' or 'health professionals'.

Limitations of the study

Given the timing and short duration of the study there are inevitable gaps in the health services reported on. This report focused on those services that provide traditional medical health care for youth and do not include an in-depth study of services in the mental health or community sector.

As there was a major review of the mental health services in the Wairarapa Mental Health and Addiction Service Review Report conducted by the Wairarapa District Health Board in December 2018 it is suggested that those recommendations are included in any decisions about youth health care across the Wairarapa.

December is a difficult and busy time of the year and thus some of the core health services were unable to participate.

December is also a busy time for young people with exams and wrap up of the year end. A more formalised analysis of youth voice would provide quantitative data to the factors identified as important in the provision of health services.

Executive Summary

Adolescence

- Adolescence is a unique time of transition from childhood to adulthood
- Adolescence is a time when trajectories that influence either positive or negative outcomes may develop
- Adolescence is a time of vulnerability, change and experimentation
- Major parts of the brain are developing
- Changes in the limbic system are associated with adolescents becoming more emotional, more sensitive to the opinions and evaluations of others and being drawn to exciting and intense, sometimes risky experiences
- The frontal cortex, involved in planning, decision making, reasoning ability, problem solving, understanding consequences and controlling impulses is still developing

Positive youth development

- Adolescence is often portrayed as a time of difficult and challenging behaviours, however, there is much to celebrate regarding the adolescents in this country. Overall, most Rangatahi in Aotearoa are doing very well
- The majority of Wairarapa Rangatahi are healthy and active participants in their families, culture, educational institutions, and communities
- There have been reductions in smoking, teen pregnancy, motor vehicle crashes, high risk behaviours, drinking behaviours and an increase in celebrating diversity in adolescents across New Zealand

Youth participation

- Providing opportunities for young people to be involved in real issues in partnership with adults shows young people that their skills, ideas and views are valued
- Adults as well as young people can gain new skills and experience through youth participation
- Evidence shows that policies and programmes designed after consultation with users are more likely to be effective
- The Wairarapa Rangatahi Development Strategy 2016 – 2021 (WRDS) is an example of youth participation and aims to strengthen youth voice and support their potential
- The Wairarapa DHB published 'Life2go! Youth health in the Wairarapa' in 2005. This strategy described the many facets of health and social issues, services and points of view that impact on the wellbeing of young people in the Wairarapa
- The strategy embeds sound principles of 'youth participation' and there appear to be some informal markers of progress in the strategic priorities. A major progression has been the development of a Youth health service 'Youth Kinex'. However, no formal evidence of evaluation and monitoring has been found. It appears there is limited awareness of this strategy among health professionals working with youth across the Wairarapa.

Youth health

- Youth health issues are characterised by specific adolescent characteristics and developmental needs
- New Zealand youth have high rates of accidents, mental illness, substance abuse, suicide, obesity, and violence

- Wairarapa youth have high rates of mental illness, suicide, drug and alcohol use and teenage pregnancy

Youth health services

- Young people access health services in a range of settings, including school-based clinics, general practices, community-based health centres and through mobile and out-reach clinics. They are known to 'snack' or 'graze' on services according to their present situation and needs
- From 2008 funding has been provided for school nurses or school-based health services in the secondary schools attended by young people of highest need: decile 1 and 2 secondary schools, teen parent units and alternative education facilities. From 2013 this was extended to decile 3 schools, under the Prime Minister's youth mental health initiative
- Medical centres provide services to all enrolled patients including youth
- A number of community youth health organisations have established Youth One Stop Shops in New Zealand over the past 15 years designed specifically for youth

Wairarapa youth health services

- Each town in the Wairarapa has Medical Centre that provide services of all community members including youth
- There are school based services available to students at Makoura College and Kuranui College. The Teen Parent Unit and Kura Kaupapa are serviced through the Makoura Health Clinic
- Wairarapa College, Rathkeale and St Matthews Collegiate fund their own health clinic.
- Chanel College and Solway College do not have a school based health clinic. Some initial discussions are in place with the Tu Ora Compass health and DHB to provide a service in 2020 for Chanel College
- Youth Kinex was opened in May 2014 by Masterton Medical Centre in partnership with Tu Ora Compass Health and Connecting Communities. The idea behind this was to create a youth hub in a central location where youth specific services could be delivered. The purpose was to alleviate some of the barriers young people encounter when accessing healthcare, to provide timely, free and appropriate care in a confidential youth friendly environment
- Currently this service is still emerging and has potential to grow into a fully integrated Youth hub

Factors that impact on the effective provision of youth health services

Factors that are vital to the effective provision of youth health services include:

- Privacy and confidentiality including concerns about GP's disclosing information to parents, reception staff not protecting confidentiality, the small community and the potential impact of confidentiality on the delivery of consistent care for young people.
- Cost and funding factors include awareness of a free service, travel costs and funding models that do not support adolescent health care behaviour
- Access to health care includes opening hours, location and appointments processes
- Manaakitanga - Hospitality including attitudes and communication of health professionals, reception and waiting rooms

- Organisational kaupapa – The way of doing things including the kaupapa, theory and ideology of the service and whether it embraces youth-focused, youth-centred, culturally responsive and strengths-based practice
- Youth health literacy including help seeking behaviour, attitudes towards health care and Doctors, and the influence of family attitudes towards health care
- Kotahitanga – Cross sector Collaboration and Collective decision making among health care professionals
- Professional training including the passion, understanding and experience of youth in holistic, strengths based practices and youth specific health issues

What Wairarapa youth need

- Young people want to be involved in the planning, implementation and delivery of services that they will use. They want to be involved in designing the environment, be engaged as staff members and to be seen as positive contributing members of the community
- They need understanding of what is available to them and how they can access health care
- Young people want a free, private, confidential health service where they can drop in and receive the help they need when they need it in their own communities
- They want a service where they can access all different types of support to develop their health, wellbeing, employability skills and social connections
- Youth mental health services should be integrated with other services including physical health services, and vocational and social services
- They want timely access to sexual and reproductive health services
- Young people want to get health care in an environment that is welcoming and youth friendly
- Young people want professionals to be welcoming, use informal communication styles, and use a variety of ways to establish rapport with them

What Wairarapa health professionals need

- Health professionals want funding to provide free health care for all young people regardless of what setting they are in
- Health professionals need training in youth specific health care. They want a better understanding of adolescent brain development and behaviour, and strategies to meet their needs. They also need support to develop cultural competency
- Health professionals want opportunities to share best practice and network. They want access to specialist youth professionals to share complex cases with and assist in referrals for further intervention
- They want systems and processes that make it easy to share information with other relevant professionals in the life of the young person
- They need the time and skills to assess and intervene in a holistic manner. Opportunities for cross sector collaboration are important
- They want to provide continuous care for all young people regardless of the services youth choose to use

Strengths and gaps in the provision of youth services across the Wairarapa

- There is no cohesive youth health strategy that drives decisions, practice and policy across the Wairarapa

- Young people are not active participants in the design and delivery of the services that serve them
- Privacy and confidentiality issues are a barrier to young peoples' utilisation of local medical centres
- Cost is a major barrier for young people accessing health care in local Medical Centres across the Wairarapa
- Young people are intimidated by appointment and booking procedures
- Young people report that medical centres are not youth friendly
- There is a need to improve the cultural capability, youth specific policies, and practices of the medical centres where youth have enrolled
- Young people have limited health literacy or knowledge of services available. They have difficulty knowing how to contact, when to contact and who to contact for health care
- Medical centres work in isolation to community services
- Young people trust the health professionals in school based health services to maintain privacy and confidentiality
- Young people are deeply appreciative of the free access to health care in school based services
- Varied opening times and service availability were a concern for young people trying to access health care in schools
- Young people report that school based health services provide a holistic, youth focussed service
- School based health professionals report a strong focus on holistic health and being youth friendly in all their approaches
- Comprehensive health assessments (HEADSSS) provide important information on individual and population health and assist professionals to provide comprehensive and holistic care
- Youth Kinex provides a free, confidential, youth friendly service in a safe, friendly environment encompassing all the tenets of manaakitanga
- The current venue is woefully inadequate and hinders cross sector collaboration and ability to meet demand
- Young people who have left school need greater awareness of the service available to them
- Youth in the South Wairarapa may have difficulty accessing a youth health service.
- There is not enough time available and too many young people requiring support to take the time needed to provide comprehensive, holistic youth health care
- There is an opportunity to extend the services available at Youth Kinex to include all aspects of youth health and wellbeing. This will require coordination and cross sector collaboration

Recommendations for an effective youth health service across the Wairarapa

There is no one integrated model of youth services that will achieve optimal outcomes for all young people. Rather, it is a mixed model comprising school-based services, community-based services such as youth one-stop shops services, and general practice services.

- **Develop a District Health Board Youth Health Plan:** Develop a Youth Health Plan and incorporate it into the overall District Health Board strategy. Develop specific measurable actions that are implemented, resourced and monitored and evaluated.

- **Create a vision for youth health across the Wairarapa.** Develop a strategy that incorporates the principles of effective youth health
- **Establish a cross sector, collaborative steering group**. Create a Youth Health Steering group governed by a partnership of local organisations
- **Commit to Youth participation.** Create a Youth Health Advisory Group to provide governance over the implementation of the DHB youth health plan
- **Establish a Wairarapa Youth Health Service Specialist team**. This group would be mobile and support all school, practices and the youth clinic. These would be dedicated professionals who are trained in youth health and development
- **Train health professionals to provide best practice health care.** Develop and implement a training programme for health professionals in youth development, adolescent brain development and their behaviour, social and emotional development and health
- **Improve youth and whanau 'health literacy'** through support to school's educational health programmes and direct communication to current enrolled patients via 'youth health packs'
- **Develop a fair, flexible youth centred funding model**. Realign funding to be allocated to the young person regardless of what service they choose to access and ensure it is simple for health professionals to access
- **Implement a coordinated Patient Management System** across all services that allows youth health care to be continuous and information shared among relevant health professionals
- **Incorporate best practice for youth health care across all medical centres:** Integrate kaupapa, theory and ideology that embraces youth-focused, youth-centred and strengths-based practice into all areas and levels of the organisation, and ensure this drives all decision making and interaction with young people
- **Provide a fully resourced, equitable school based health service to every school in the Wairarapa**. This would include regular access to and support from a GP or health practitioner; Health professionals who are trained and resourced to complete a HEADSS assessment for targeted students; Regular networking and professional development opportunities for staff working across the sector and support from a social worker to work collaboratively with the Guidance counsellor and other health professionals
- **Expand Youth Kinex to become a hub for holistic youth health care across the Wairarapa** through enlarging the facility to allow for cross sector services to develop and cohabitate `and improve privacy; increasing the capacity to provide longer hours and more days; acting as a base for a Youth specialist team who are mobile and can serve satellite health clinics in schools; cohabiting with other youth services such as the Youth wellbeing café and YETE job club
- **Support the development of a Youth Health Hub in Featherston.** Work alongside South Wairarapa community development initiatives to support the establishment of a youth health service in Featherston

Adolescence

Adolescence is a unique time of transition from childhood to adulthood. Like the early years, adolescence is a time when trajectories that influence either positive or negative outcomes may develop. Lifetime problems with health and the failure to develop the skills and knowledge that are needed to succeed in employment and community life can all have their roots in adolescence (Steinberg, 2016).

Puberty, the start of adolescence now starts earlier than it has in the past, sometimes as young as seven or eight years for females. Adolescence is now thought to end in the early to mid-twenties with a transition into adult roles and responsibilities.

There are two primary brain regions where important changes take place over the period of adolescence.

The limbic system, which plays an important part in the processing of emotions, social information and reward, becomes more easily aroused around the time of puberty. Changes in this area are associated with adolescents becoming more emotional, more sensitive to the opinions and evaluations of others and being drawn to exciting and intense, sometimes risky experiences

The second part of the brain undergoing major reorganisation and growth during adolescence is the prefrontal cortex. Areas involved in planning, decision making, reasoning ability, problem solving, understanding consequences and controlling impulses are the last region in the brain to mature, somewhere around the mid-twenties. Efficient use of these functions is essential for taking on the roles and responsibilities of adulthood.

Adolescence is a time where young people make many important life choices which have long term consequences. It is a time of experimenting with different ways of appearing, behaving and sounding. Risk-taking is often seen as one of the defining features of adolescence. This has been an important rite of passage in evolutionary terms and, although it may not be so adaptive for the way we live now, it is still an inherent part of adolescent development that is 'hard-wired' in the brain.

Adolescent behaviours and attitudes are not only influenced by changes in the brain. As in all development, there are on-going and dynamic interactions between biological, social and cultural factors that contribute to development. Conditions in the family, at school and in the community will all play a part in adolescent development and trajectories.

> *"In order to provide the best opportunities for development and optimise healthy choices, it is important to provide for the specific health and social needs that adolescence brings" (Ministry of Health, 2009).*

World Adolescent Population

Around 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10 to 19.

New Zealand Adolescent Population (Collaborative Trust, 2011)

877, 185 young people are aged between 12 and 24 years old in NZ (444,639 Males, 432546 females) 21.7% population

169,033 Young Maori Rangatahi 19% of total

80,000 Young Pacific people 9.2% of total

105,000 Asian young people 12% of total

75% live in urban areas

Wairarapa Adolescent Population (Statistics New Zealand and Profile 2016 cited in Masterton and Carterton District Council, 2016)

6, 231 Rangatahi are 12 – 24 years' old

15.2% of the Wairarapa population

8.4% of these are secondary school aged.

28% of the District's youth aged 15–24 years are Māori. (Rangahau Hauora, 2015)

Positive Youth Development

Adolescence is often portrayed as a time of difficult and challenging behaviours. Yet it's possible to view adolescence in a much more positive light. Recent research may help adults understand and appreciate the remarkable changes that are taking place.

For a long time, the teen years have been seen as a time of 'storm & stress'. We assume that Rangatahi cause problems; problems for themselves, and for those around them. Hormones are frequently attributed. Whānau and others 'need to cross their fingers and hope to make it out the other side, preferably in one piece.' This view is widespread and reinforced by media, parents, and sometimes even 'experts' on adolescents. Parents of young children sometimes dread their Tamariki becoming Rangatahi.

When we expect the worst, we are more likely to get it.

> Studies have shown that the more parents expect their teen to be rebellious and take risks, the more likely this is to actually happen (Buchanan & Hughes, cited in O'Neill, 2019).
>
> Similarly, parents who believed that their teen was likely to drink, had teens who drank more (Madon, et al., 2006, cited in Steinberg, 2016).

In other words, research suggests that not only are these negative stereotypes wrong much of the time, they can also contribute to poorer outcomes.

This view has influenced the study of adolescents since early last century. These ideas began to change as researchers started to realise that most Rangatahi actually do well during their teen years. Positive Youth Development (PYD), shifts our view of Rangatahi from 'problems to be solved' to 'resources to be developed'.

There is much to celebrate regarding the Rangatahi in this country. Overall, most young people in Aotearoa are doing very well. The majority of Rangatahi negotiate this transition in

healthy ways. They're mostly demonstrating good choices and self-management, they mostly live by strong morals and values, and generally function well in relationships with their peers, parents and other adults. Research demonstrates that the majority are healthy, happy and well adjusted. Most young people report having positive relationships in their lives and positive aspirations for their future (Denny, 2014).

> In 2012, most students (91%) reported that their general health was excellent, very good or good (Clarke, 2013).

We have seen many improvements in adolescent health and wellbeing including

> A reduction in daily smoking from 15.6% in 1999 to 4.1% in 2012 (ASH, 2012)
>
> Teen pregnancy has decreased significantly since 1971 with 7 births per 100 (15-19 years) to 2.8 births per 100 teenage women in 2011 (Families Commission, 2011)
>
> Motor vehicle crash deaths have reduced from 51 per 100,000 in the 1985-1989 period to 19 per 100,000 in the 2005-2009 period (15-24 years) (Ministry of Social Development, 2010)
>
> New Zealand research carried out by Noel (2013) found that about 80% of secondary school students were not engaging in high risk behaviours.
>
> While it may feel as though 'everyone else is drinking,' the reality is a large proportion of under-18s are not. The 2011/12 New Zealand Health Survey (Ministry of Health, 2013) reported that overall fewer 1517 year olds were drinking alcohol - significantly reduced from 75% in 2006/07 to 59% in 2011/12.
>
> Aotearoa New Zealand is becoming increasingly diverse. Young people's ethnic identities (both in traditional and contemporary form) are a common source of pride and having a positive ethnic identity is an important contributor to their wellbeing (Clark, 2014).

Positive Wairarapa Youth Development

The Wairarapa also has much to celebrate in their young people. The Wairarapa Safer Community Trust Rangatahi Health and Wellbeing Report (WSCT, 2016) asked small town, rural and semi-rural Rangatahi about their health and wellbeing experiences as young people growing up in these environments. Rangatahi are healthy and active participants in their families, culture, educational institutions, and communities. It found:

> 78% described their health as 'excellent', 'very good' or 'good'.
>
> Rangatahi who have good nutrition and engage in physical activity generally feel good about themselves.
>
> There has been a significant decrease in the proportion of Wairarapa Māori aged 15–17 years who smoke regularly (Rangahau Hauora, 2015).

Youth Participation

> *"Youth participation is a central feature of successful youth programming and effective policy-making. It is an important part of the development of citizenship and youth development. Young people bring with them new ways of thinking and acting that add value to the work of organisations" (Ministry of Youth Development, 2009).*

Adolescence brings with it an opportunity for the successful development of children into healthy and fully contributing adult members of our community.

We can contribute to the positive development of young people by creating opportunities for them to influence, inform, shape, design and contribute to an idea or activity. Learning by doing, and being involved in decision-making, is part of young people's contribution to changes in society.

Providing opportunities for young people to be involved in real issues in partnership with adults shows young people that their skills, ideas and views are valued. Adults as well as young people can gain new skills and experience through youth participation.

Evidence shows that policies and programmes designed after consultation with users are more likely to be effective.

By utilising youth participation principles an initiative is more likely to avoid wasting time and money on services young people don't want to use.

Organisations committed to effective youth participation can boost their profile and credibility with stakeholders, funders and the community. Encouraging youth participation contributes to the positive image of the organisation, making it easier to attract young people, their friends and families, and to promote the organisation to them.

Wairarapa Youth participation

There are many areas where youth play a positive part in decision making in the Wairarapa. For the purpose of this report two areas where young people can pay an important role have been highlighted.

Wairarapa District Health Board Youth Health strategy

Each District Health Board is required to have a youth health plan as part of their responsibilities for the health of their catchment population.

In July 2005 the DHB published 'Life2go! Youth health in the Wairarapa'. This document described the many facets of health and social issues, services and points of view that impact on the wellbeing of young people in the Wairarapa. It outlined the health objectives that need to be targeted and why. It described how the DHB would work with young people and agencies to make demonstrative health gains in the future. It set directions and actions that would directly impact the health of youth / Rangatahi in the long term.

Six Overarching Principles were identified.

Achieving whanau ora
Youth participation in the development and delivery of services
Information that allows them to make well informed choices about their health and wellbeing
Collaboration between service providers, families / whanau, schools and youth
Accessibility for young people to health and social services
Acceptability of services to youth / Rangatahi and their family /whanau

Five Health Priorities were also identified

Reduce motor vehicle accidents
Improve the mental wellbeing of all youth / Rangatahi
Reduce drug and alcohol related disorders and problems
Improve sexual health
Encourage healthy lifestyles.

To achieve this, three strategic priorities were advanced. These priorities required input from all corners of the community, and required a collaborative and intersectorial approach.

Youth Participation including establishing a Wairarapa DHB Youth Advisory Group who would provide governance over strategy implementation and management teams to guide the development and operation of individual services.

Communities Working Together through an increased focus on health promotion and education, joint approaches would ensure effective use of resources, underpinning all action. Use of the health concept Te Whare Tapa Wha, and holistic approaches would support long term behavioural changes in both the young person and their family/whanau.

Youth Health Services. The DHB aimed to develop a network of youth health services and programs across secondary schools and the community in order of assessed priority as resources become available over the next three to five years. These would include school based health services in secondary schools, community based clinics that target young people who are not at school and programmes targeting the needs of specific groups to complement existing ones as opportunities present.

The strategy embeds sound principles of 'youth participation' and there appear to be some informal markers of progress in the strategic priorities. A major progression has been the development of a Youth health service 'Youth Kinex'. However, no formal evidence of evaluation and monitoring has been found. It appears there is limited awareness of this strategy among health professionals working with youth across the Wairarapa.

Wairarapa Rangatahi Development Strategy 2016 – 21

The Wairarapa Rangatahi Development Strategy 2016 – 2021 (WRDS) was developed by the Wairarapa District Councils of Carterton and Masterton.

The WRDS was developed to reaffirm the Carterton and Masterton District Councils' commitment to Rangatahi and outline the ways in which the Councils will work together. In particular, the WRDS focuses on strengthening Rangatahi voice and supporting Rangatahi potential. It outlines a strategy for District Councils to work together with the Rangatahi development and services sector to maximise their community development, funding and

partnership resources for the benefit of Rangatahi. The strategy provides an excellent example of youth participation and positive youth development.

Two key goals have been identified for this strategy:

Strengthening Rangatahi Voice. This is reflected in positive participation in Council and community affairs and ensuring their participation in the democratic process.

Supporting Rangatahi. Potential to grow into vibrant, optimistic and connected adults and future citizens through support with positive environments and opportunities to reach their full potential.

Reports in November 2019 indicate progress in the implementation of the strategy across the Wairarapa

Rangatahi actively participate in Council and community affairs and the democratic process

Councils have implemented 'Best Practice' Youth development processes into relevant job descriptions and professional development meetings

Mayors and Councilors have visited secondary schools to promote the Youth Council and encourage civic engagement

Youth Council representatives attend Council meetings and/or Wellbeing Committee meetings where relevant issues are discussed

Youth Council & R2R deliver Rangatahi engagement workshops to newly elected Councils

Annual Governance training is delivered to all Youth Council members

Youth leadership and participation is celebrated in the Annual Youth Awards

Youth health challenges

Normal development entails facing challenges across the lifespan. Being able to cope with adversity, and to seek and receive help during these times is important for development. The Collaborative Trust (2011) have identified specific characteristics of youth health issues and developmental needs.

The causes of ill health in young people are characterised predominantly by psychosocial rather than biological issues.

They engage in health risk behaviours that reflect the adolescent developmental process of experimentation and exploration.

Young people often lack awareness of the harm associated with risk behaviours and the skills needed to protect themselves.

Young people lack knowledge about where and when to seek help for themselves

Developmental difficulties and conditions related to pubertal growth commonly occur during adolescence.

Adolescent health problems are often complex and frequently one health problem frequently raises risk for another health problem.

Many of the risk behaviours and lifestyles developed in adolescence establish a pattern of behaviour that continues into adulthood and contribute to long term health issues across the life span.

Young people's health status is often influenced by family social and cultural factors as well as environmental hazards to which they are exposed. Their wellness is dependent on the wellness of their whānau and communities (Deane, 2019).

Young people themselves have talked about the challenges they experience and see in their everyday lives. They identified mental health and education, economic insecurity, body image, oppression, the environment, community, role models, and a desire to contribute to positive change as significant issues in their lives (Nga Kōrero Hauora o Ngā Taiohi Action Station, 2018). New Zealand youth have higher rates of mental illness, suicide, teen pregnancy, abortion and suffer more injuries than their counterparts in other Organisation for Economic Co-operation and Development (OECD) countries.

Globally more than 1.1 million adolescents aged 10-19 years died in 2016, over 3000 every day, mostly from preventable or treatable causes. The World Health Organization (WHO 2017) identifies that almost two-thirds of premature deaths and one-third of total disease burden in adults can be accredited to the state of youth health and behaviours they choose to partake in. This includes tobacco, drug and alcohol use, decreased physical activity and poor diet, unprotected sexual intercourse, exposure to violence and abuse and untreated mental health issues. Addressing these issues when people are young is likely to lead to improved health outcomes as well as higher health literacy in adult life, and inevitably to reduced health costs in the future (cited in Helman, 2019).

Accidents

Unintentional injuries are the leading cause of death and disability among adolescents across the world.

In 2016, over 135 000 adolescents died as a result of road traffic accidents. (WHO, 2011).

Drowning is also among the top 10 causes of death among adolescents – nearly 50 000 adolescents, over two thirds of them boys, are estimated to have drowned in 2016 (WHO, 2011).

In New Zealand there were 2366 accidental deaths in 2003-2008 among15-24 year olds. The leading causes of death for young people in NZ at ages 15-24 are external factors such as accidents, poisoning and violence including car accidents, self-inflicted injuries and suicide. These are mostly due to risk behaviours where earlier intervention could have prevented these deaths (Collaborative Trust, 2011).

Mental health

Mental Health and mental distress encapsulates the main concerns facing young people today. Mental health includes an individual's self-esteem and sense of self-worth and is reflected in how they choose to treat and care for their bodies (Helman 2019).

Depression is one of the leading causes of illness and disability among adolescents, and suicide is the second leading cause of death in adolescents. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems.

Mental health and mental distress is an area that is worsening and accounts for the majority of the disease burden for young people. Around three quarters of all lifetime cases of mental health disorders begin before age 24 years (Duncanson, 2019).

Between 2009 and 2017 15- 24 year olds across the Wairarapa DHB had rates of mental distress similar to New Zealand rates (Duncanson, 2019).

high psychological distress	9.4 %
diagnosed depression	9.3%
diagnosed anxiety disorder	8%

Māori were 63% more likely than non-Māori to be admitted to hospital for a mental disorder during 2011–2013. Psychotic related disorders were the most common disorders, followed by substance use disorders. The rate of admission for schizophrenia disorders was 4.2 times the non-Māori rate (Rangahau Hauora, 2015).

The number of people who have taken their own lives in New Zealand is the highest since records began, with 668 dying by suicide in 2018-2019. It was the fourth year in a row that number has increased. It was also the highest number of suspected suicide deaths since the Coroner's annual provisional suicide statistics were first recorded in 2007-08 (Chief Coroner, 2019).

The number of Māori deaths is also the highest since records began, with 142 deaths from July 2017 to June 2018 (Chief Coroner, 2019).

The highest number of suicides was within the 20-24-year-old group with 76 deaths.

Mental health service access rates in Wairarapa were consistently higher than national rates, particularly for 15–24 year olds between 2009 and 2017 (Duncanson, 2019).

Substance abuse

Drug use among 15–19 year olds is also an important global concern.

Comparisons between 2001, 2007 and 2012 in the youth 2000 survey indicate there has been a significant decline in the use of cigarettes, alcohol and marijuana reported by students.

In New Zealand 30% of males and 15% of females aged 15-17 have used drugs (MOH cited in Collaborative Trust, 2015) and out of those who have used 44.9% of males and 32.4% females are weekly users of cannabis.

Around 57% of young people under 18 years old had consumed alcohol in the past year, which was significantly lower than the rate in 2006 when three quarters of under-18 year olds had consumed alcohol in the past year. The percentage of 18–24 years who consumed alcohol in the past year was consistently higher than the rate of their younger peers at around 84-86% since 2011.

Globally, at least 1 in 10 adolescents aged 13 to 15 years uses tobacco, although there are areas where this figure is much higher. Cigarette smoking appears to be decreasing among younger adolescents in some high-income countries. (Clarke 2013).

Sexual behaviour

In New Zealand, secondary school students are delaying initiation of sexual behaviour when compared with their peers ten years ago.

In 2012, the Youth2000 survey found that

11.2% of school students aged under 16 years and one-third (32.9%) of school students aged over 15 years were sexually active. (Duncanson, 2019).

18% of women aged 16–24 years had been pregnant in the previous five years. (Duncanson, 2019).

There has also been a strong downward trend in the rate of terminations of pregnancy for women aged 15–19 years since 2007.

Contraception use among sexually-active school students has shown little change over time; in 2012, 45.5% always used a condom, and 58.2% always used contraception.

Nutrition and physical activity

Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. At the other end of the spectrum, the number of adolescents who are overweight or obese is increasing in low-, middle- and high-income countries.

Globally, in 2016, over one in six adolescents aged 10–19 years was overweight. Prevalence varied across WHO regions, from lower than 10% in the WHO South-East Asia region to over 30% in the WHO Region of the Americas (WHO 2011).

Violence

Interpersonal violence is the third leading cause of death in adolescents, globally, though its prominence varies substantially by world region. It causes nearly a third of all adolescent male deaths in low- and middle-income countries of the WHO Region of the Americas. Globally, nearly one in three adolescent girls aged 15 – 19 years (84 million) has been a victim of emotional, physical and/or sexual violence perpetrated by their husband or partner (WHO, 2011).

Wairarapa Youth Health Challenges

Challenges faced by Wairarapa youth that can affect their health and wellbeing include socioeconomic factors, perceived positive school climate, access to healthcare, exposure to violence, and risky health behaviours including suicide attempts (Crengle et al, 2013). There are significant number of Wairarapa Rangatahi who drive vehicles while unlicensed, binge drink substantial volumes of alcohol, engage in earlier sexual intercourse compared to other regions nationally, have high levels cigarette and marijuana use, and have limited knowledge about how to access services when required (WSCT, 2016).

Suicide and self harm

In the Wairarapa the provisional suicide rate was 17.8 deaths per 100,000 people, year to June 2018. This is the seventh highest DHB rate in New Zealand (Chief coroner, 2019).

Among Māori aged 15–24 years there was an average of nine hospitalisations per year for injury from self-harm during 2011–2013 (Rangahau Hauora, 2015).

Drug and alcohol use

Ministry of Education data on school stand-downs and suspensions for drug and alcohol use show overall higher proportions of drug and alcohol related stand-downs and suspensions for school students in the Wairarapa compared to New Zealand as a whole. over the period 2009 to 2013 (Waldegrave 2015).

Wairarapa youth have a marginally higher percentage of young people had an alcoholic drink in the past year when compared with the national percentage. (Duncanson, 2019).

Tobacco use

There has been a significant decrease in the proportion of Wairarapa Māori aged 15–17 years who smoke regularly, but no change in smoking rates among Māori aged 20–24 years. In 2013 48% in this age group were smoking cigarettes daily, compared to 27% of non-Māori (Rangahau Hauora, 2015).

Teenage pregnancy

While teenage pregnancy termination rates have tended to fall overall, during the period 2008 to 2014, Teenage birth rates have been higher in the Wairarapa DHB area than for all DHBs over the period 2010 to 2014 (Waldegrave 2015).

Sexually Transmitted Infections (STIs)

The gonorrhoea rate for Wairarapa is lower than the rate for New Zealand while the Wairarapa chlamydia rate is higher.

When gonorrhoea and chlamydia infection rates are combined the Wairarapa combined rate is slightly higher than the New Zealand combined rate (Waldegrave 2015).

Long term health issues

28% of Wairarapa Rangatahi described themselves as having a health issue that has lasted six months or more. This health condition has either caused difficulty or stopped them from everyday activities that other Rangatahi can usually do (23%), communicating or socialising (19%), or other activities (18%) (WSCT, 2016).

The long term impact of youth health challenges

Adolescence can be considered a sensitive phase, during which the quality of the physical, nutritional and social environments may change trajectories of health and development into later life.

The developmental science of adolescence is providing new insights into windows of opportunity during which intervention can have especially strong positive impacts on trajectories of health, education, social and economic success across the lifespan.

ACE studies

Understanding of the link between adverse childhood experiences (ACES) and adult health issues has been deepened by longitudinal research from the United States. These findings indicate strong links between adverse experiences during childhood and adolescence, and medical problems and unhealthy behaviours that occur later in life.

The studies focused on key ACEs) and their lifelong impact on individuals (Felitti,1998). Adverse childhood events include psychological, physical and sexual abuse; violence against mother; and living with household members who were substance abusers, mentally ill or suicidal or who had been imprisoned; emotional and physical neglect, residential mobility and parental education.

The research found a strong relationship between the degree of exposure to ACEs and multiple risk factors for several of the leading causes of death in adults, including alcoholism, drug abuse, heart disease and suicide. Those with many ACEs were more likely to have many health risk factors later in life, however, these consequences of early adversity may not be seen for many years.

Adolescents who experienced early adversity are more likely than others their age to go on to use tobacco, alcohol and drugs and have unprotected sex, increasing the risk for pregnancy. They're less likely to have good family and community support, may have on-going conflict with family and are at greater risk for mental health problems such as depression.

> *"If we wish to prevent poor adult health, and the associated spending, policy makers would be advised to take heed of the potentially long lasting effects of early childhood experiences." (O'Neill, 2018)*

Forgone health care

New Zealand secondary school students have high rates of forgone health care. (missed opportunities for health intervention). A study by Denny (2013) indicated one in six students (17%) had not seen a doctor or nurse when needed in the last 12 months.

> In the past year 74% of Wairarapa Rangatahi have received healthcare and generally use a range of services (WSCT, 2016).
>
> Another area that has significantly worsened over the last decade as shown by the Youth Survey Series includes access to a family doctor (Clark, 2014).

It is of concern that both students with health concerns and students from populations experiencing disparities in health outcomes were most at risk of forgone health care, as these issues are generally amenable to good quality primary care.

> Female Maori and Pacific students and those living in neighbourhoods with high levels of deprivation were more likely to report forgone health care (Denny, 2013).
>
> Students with chronic health problems, those engaging in health risk behaviours or experiencing symptoms of depression were more likely to report being unable to access health care when needed (Denny, 2013).

There are a number of factors that influence health care access and utilisation among adolescents, including individual characteristics such as age, gender and socioeconomic factors, availability and adolescent perceptions of their health care provider, and level of need or illness (Denny, 2013).

The challenge for the health sector is to configure services that address youth concerns and provide youth specific healthcare for all young people across Aotearoa. Adolescents who forgo health care are a vulnerable group at risk of physical and mental health problems (Denny, 2013).

Youth Health Services

Young people access health services in a range of settings, including school-based clinics, general practices, community-based health centres and through mobile and out-reach clinics. They are known to 'snack' or 'graze' on services according to their present situation and needs.

In New Zealand, over 80% of secondary school students access health services in any given year. Of the 128 young people interviewed by Wairarapa Safer Community Council in the past year 74% of Rangatahi have received healthcare and generally use a range of services.

In New Zealand, the Ministry of Health has allocated DHBs funds to provide primary mental health services for youth (YPMHS) with the expectation that such services will deal with young people aged 12–19 years with high prevalence mental health conditions, such as mild-to-moderate anxiety, depression, alcohol and drug problems, and coexisting problems with medically unexplained symptoms. The DHBs have taken a variety of approaches to providing YPMHSs, including expanding the age range of existing primary mental health services, adapting existing primary mental health services for youth, expanding existing NGO or community-based services, and developing new services, for example psychologists in schools or NGO youth services, and funding youth specific services such as youth one stop shops.

Where youth access help for their health and wellbeing needs

	NZ school students (Denny, 2013)	Wairarapa Rangatahi (WSCT, 2016)
General practitioners (GPs) or family doctors	93%	61%
School health clinics	23%	5%
After-hours or 24-hour accident and medical centres	16%	16%
Hospital emergency departments	18%	15%
Family planning or sexual health clinics	5%	-
Youth centres	2%	7%
Drug and alcohol service	-	2%.
Kaumatua		5%
School guidance counsellor		9%
Friends		11%
Teachers		30%
Parents		77%
Other family members (e.g. grandparent, aunts, uncles, cousins)		80%

Medical centres

> *"The quality of an adolescent's initial contact with a GP influences the way they perceive the health system and their future patterns of utilising health services" (Bennett, 201 cited in Collaborative trust, 2011).*

GP's are ideally placed to respond to young people's complex health problems by providing comprehensive health care, and acting as a first 'port of call' in the identification, treatment,

follow up and referral of adolescent health problems. They are the gateway to the health system and can facilitate young people's access to other services they require.

They are the most accessible primary health care provider for young people. Young people themselves perceive Doctors as one of the most credible sources of health information (Barber et al, 2001 cited in Collaborative trust, 2011).

However young people are often reluctant to visit doctors for fear of embarrassment in discussing sensitive issues such as sexuality, drug use and psychosocial problems. They are concerned about confidentiality and privacy and believe that GP's treat only physical ailments. They also face administrative, psychological and financial barriers to accessing GP services.

Wairarapa Medical Centres

Enrolments

There are 8163 youth between 10-24 years enrolled in Medical centres across the Wairarapa (Tu Ora Compass, 2019).

The table below gives the number of enrolments across each medical centre in the Wairarapa and their ethnicity (Tu Ora Compass, 2019).

Enrolled Patients Aged 10-24	**Carterton Medical Centre**	**Featherston Medical Centre**	**Greytown Medical Centre**	**Masterton Medical centre**
Total	1111	712	590	4216
Female	537	322	291	2092
Male	573	390	299	2124
Unknown	1	12	23	90
Asian	19	1475	481	2816
European	828	210	72	1150
Maori	225	1	13	141
Pacific	1	13	1	12
Other	38	0	0	0

Enrolled Patients Aged 10-24	**Kuripuni Medical Centre**	**Martinborough Medical Centre**	**Whaiora Whanui**
Total	233	441	860
Female	115	209	434
Male	118	232	426
Unknown			
Asian	5	22	18
European	181	309	349
Maori	40	111	438
Pacific	0	1	49
Other	7	7	0

Presenting health issues

Medical centres do see a broad range of health concerns however all health professionals interviewed for this study rated mental health as the highest health concern for young people in the Wairarapa, followed closely by sexual health and injuries.

Privacy and confidentiality

Medical centres require young people to present at the clinic in the same manner as other patients. None of the medical centres have a specific space or provision to ensure youth privacy.

If the child is under 16 years old a health professional has an obligation to share information if requested by a parent. This may be in direct conflict to the child's wishes not to share information with the parent.

All medical centres have a mandatory role to maintain confidentiality from parents for a person over the age of 16 years old, although billing processes can challenge this as many young people are enrolled as a whanau and the parent/caregiver receives the bill.

Cost

Medical centres have varying charges for patient consults. Most general practices offer zero fee visits for children aged 13 and under, and most non-VLCA practices offer cheaper visits for Community Services Card holders and their dependants.

Service Access

Medical practices across the Wairarapa have the same process for making appointments for all patients.

One medical centre reported an informal policy of triaging young people immediately by a nurse if possible when they presented at the clinic. They accepted 'drop ins' from youth and tried to see them as soon as possible.

Appointments are usually 15 minutes' duration for all patients

Manaakitanga – Hospitality, Attitudes and Communication

Medical centres have the same policy and code of conduct for all patients regardless of their age. There are no specific policies around engagement or communication with young people.

One medical centre did point out they had a policy of employment diversity across their service to ensure their receptionists are reflective of the general population. This has had a distinct advantage to the practice with an increase in young people who make appointments.

Organisational kaupapa - Way of doing things

Individual practitioners have a variety of skills and approaches to treating young people. The same procedures for assessment apply to all patients. There are no youth specific approaches reported by health professionals working with youth.

No medical centres conduct health assessments specifically for youth as part of their practice. The expectation is that school based clinics or Youth Kinex manage these if required.

Kotahitanga – Cross sector Collaboration and Collective Decision making

Two Medical Centres support local school based health clinics (Masterton Medical and Featherston Medical) with nurses, GPs, equipment and resources. One medical centre supports Youth Kinex with GP, Nurse and resources. (Masterton Medical).

All medical centres have access to a variety of specialists such as physios, Maori health team, Lab, Podiatry and Counsellors. Often these are on site and provide easy access for patients.

Professional training in youth health

Many nurses and GPs have undertaken training in particular youth heath issues such as sexual health and mental health. However there is no training for nurses, GPs or reception staff across the Wairarapa in specific youth development and needs.

Funding

There are a variety of funding sources that fund youth consultations.

Capitation: An allocated amount of money per enrolled patient is paid to the enrolling medical service based on historical demographic data e.g. ethnicity, age. When someone visits a practice they are not enrolled in they will be charged a higher co-payment. If they have a CSC the co-payment will be reduced and the balance of the fee will be "clawed back" from the practice of enrolment.

Casual enrolments

Enrolment is automatically maintained at the practice of choice as long as the patient is seen within three years. Even if they are not seen, the enrolment is maintained if they complete a new enrolment form confirming they wish to be enrolled. If they fill out an enrolment form at another practice, this becomes their practice of choice and the enrolment transfers. If they are seen at another practice they will be charged a higher fee and seen as a casual patient. Unless they confirm they want to be enrolled this should not happen. If they have a CSC a clawback will apply.

Claw back: All medical practices 'claw back' funding from the enrolled centre for seeing patients who present as casual patients at their service.

Sexual health: The DHB contracts Tu Ora to provide free sexual health and contraception services to young people. This funding is then allocated to practices according to the enrolled population under 21 years old for contraception and related consumables to enable a free service to young people aged under 19 years' old

Package of care: A free consult for Maori but this currently at capacity in the Wairarapa

Guided care: A further flexible funding pool, also determined through the national capitation formula. This is available for prevention and screening of long term health conditions, but is usually for older people.

ACC claims: An accredited Provider can claim for these. There are different allocations for each clinic

Services to Increase access funding: All practices are allocated funding (the amount is determined through the nationally agreed PHO Agreement) to provide access for groups who have traditionally been less likely to access services. This includes Maori, Pacific and people living in low decile areas. Most practices allocate this as packages of care and it is used at their discretion.

Youth specific funding

The DHB has a number of contracts with Tu Ora Compass Health. Tu Ora is the service provider, but in most instances sub-contracts the service to individuals or practices. These contracts include:

Sexual health (as above)

School based Health Services in Makoura and Kuranui colleges (and from 2020, Chanel College). This is a service with a nationally agreed service specification. The spec includes nurse clinics (according to the school roll) and HEADSS assessments. Tu Ora also use some of the funding to pay for GP clinics in the schools.

Masterton Medical Centre:

Masterton Medical funds a GP twice a week, each 3 hours long, at Youth Kinex for people aged 13-23.

They also provide a nurse and a GP to two local secondary schools (Rathkeale College and St Matthews Collegiate) at the school's cost

They provide a GP to one other school health clinic (Makoura college) funded by Tu Ora Compass health.

Featherston Medical Centre

The practice provides GP support to the school based clinic at Kuranui funded by Tu Ora Compass health.

The GP also provided a whanau and students health clinic at the local primary school but now provides regular support to the school Principal as it was not widely utilised

Carterton Medical Centre:

The centre provided a youth clinic for 6 months during 2018 and supported the school based clinic at Kuranui. They no longer do this.

Integrated models of health service for youth

> *"Accessible, acceptable, appropriate, effective and equitable youth services are the key principles for integrated care stipulated in the WHO's framework for adolescent and young adult-friendly services" (WHO, 2001, 2012).*

While there is no single universal definition for 'integrated care services', it is generally accepted that integrated care is a practice unit with clinical and non-clinical personnel working collaboratively to provide comprehensive, multidisciplinary care; ideally in one location. Primary health care and social services are organised and coordinated around the individual and his/her needs (Porter & Lee, 2013; World Health Organization [WHO], 2012; Hetrick et. al., 2017).

Integrated youth services are typically school-based services, community-based services (i.e. one-stop shop services) and services provided in general practice settings.

The key principles or core features of integrated youth services in community-based settings to inform and strengthen practice are:

- an emphasis on rapid access to care and early intervention
- youth and family engagement
- youth-friendly settings and services
- evidence-informed approaches, and
- partnerships and collaboration

Evidence supports the effectiveness of community based integrated youth services, including findings that young people respond better to youth specific services; there are improved mental health outcomes and that young people who would otherwise not access services engage with a youth specific service (Hetrick et. al., 2017; Halsall et. al., 2018).

Many young people may not otherwise have sought help from the mental health services, and with symptomatic and recovery success (Hetrick et. al., 2017).

Young people report high levels of satisfaction with these services (Hetrick et. al., 2017).

There are improved mental health outcomes for young people who received integrated care compared with usual care (Hetrick et. al., 2017).

Integrated services attract the traditionally under-serviced i.e. female, ethnic (Maori, Pacific (Hetrick et. al., 2017).

School health services

From 2008 funding has been provided for school nurses or school-based health services in the secondary schools attended by young people of highest need: decile 1 and 2 secondary schools, teen parent units and alternative education facilities. From 2013 this was extended to

decile 3 schools, under the Prime Minister's 'Youth Mental Health Initiative'. There is considerable variability in the provision of health services in schools across New Zealand.

A significant proportion (12%) of secondary schools report no health services beyond the minimum requirement of first aid provision; this was more common among private schools than integrated or state-funded schools.

The other 88% of schools report some level of health service. The most common model of health service provision, in 56% of schools, was by visiting health professionals.

Other schools had on-site health professionals: 20% had a health professional (a school nurse) and 12% had a collaborative health team of health and other allied health professionals on site for most of the week.

Schools with higher levels of health service (an on-site school nurse or health team) were more likely to have more facilities, to be better integrated with the school, the community and local Primary Health Organisations, and to provide routine comprehensive health assessments (including HEEADSSS screening) and more comprehensive health services.

High quality school health services (those that have on-site staff well trained in youth health, with sufficient time to work with students and to perform tasks like routine HEEADSSS assessments) do impact positively on student health and wellbeing outcomes in areas such as depression, suicide risk, sexual health, alcohol misuse and school engagement.

There is also evidence that high quality school health services reduce the use of hospital A & E by students (Denny, 2014).

Wairarapa School health services

Schools serviced

There are school based services available to students at Makoura College, Kuranui College Wairarapa College, Rathkeale and St Matthews Collegiate. The Teen Parent Unit and Kura Kaupapa are serviced through the Makoura Health Clinic.

Chanel College and Solway College do not have a school based health clinic. Some initial discussions are in place with the Tu Ora Compass health and DHB to provide a service in 2020.

Presenting health issues

All school health professionals and students identified mental health as the most challenging health concern for youth. This includes but is not limited to, depression, anxiety, eating disorders, deliberate self-harm and abuse from others (physical, mental, sexual).

Sexual health followed closely behind as a concern for youth health.

Injuries and other general health issues such as skin issues e.g. eczema, infection, bites/stings, acne, weight loss/gain and respiratory-managing asthma and allergies (conditions associated with economic deprivation).

Drug issues are mainly managed by the School Guidance Counsellor and referred to community services across the Wairarapa.

Privacy and confidentiality

All clinics have a self-referral system and operate a 'drop in' rather than appointments procedures.

Some schools have system where students must have teacher permission to leave class prior to attending the health clinic.

One school had concerns about the confidentiality of the record keeping and management as she is using the school data management system. School nurses usually use the medical centres' patient management system which is secure. School nurses usually use a Patient Management System which is independent and secure, similar to the systems used by medical centres. However, notes can be shared with the local GP.

Cost

All schools have a free service to youth.

Funding

Funding for school clinics is based on the current Ministry of Health criteria administered by Tu Ora Compass Health and therefore is inequitable across the Wairarapa schools due to individual school decile ratings.

School based health services are funded by the Tu Ora Compass Health in 2 of 8 schools across the Wairarapa and includes the Teen Parent Unit and Kura Kaupapa. These are Makoura College and Kuranui College.
Masterton Medical Centre and Featherston Medical Centre provide a GP to the two PHO funded schools. (Wairarapa College and Kuranui College)

Three additional colleges, Wairarapa College and St Matthews and Rathkeale College, provide their own nurse during school terms employed by the Boards of Trustees and Masterton medical centre respectively.

Medical supplies are funded through school Boards of Trustees, Medical Centres and Tu Ora Compass Health.

SIA (Services to improve access) This is specific funding for projects, programmes or a new service for targeted needs**.** Scripts are funded at school clinics. The pharmacy invoices Tu Ora Compass Health.

HEADSS assessments A percentage of funding is allocated by Tu Ora Compass for HEADSSS assessments for all year nines in two schools, the alternative education facilities across the Wairarapa and the Teen Parent Unit students.

Service Access

All services are only available during school time and during the school term. One school nurse indicated she made home visits but rarely.

Most services are available part time ranging from two mornings to five days a week at a variety of times during the day.

Manaakitanga – Hospitality, Attitudes and Communication

All school health professionals demonstrated empathy and passion for young people. They talked about a positive, strengths based approach, the importance of rapport, taking time to get to know the student and caring about them. The author is deeply appreciative and in awe at their genuine commitment to the wellbeing of all Wairarapa youth.

Organisational kaupapa - way of doing things

HEADSSS assessments are a tool to understand adolescent behaviour, assess risk-taking behaviours and provide appropriate interventions. These are conducted with all year nines in two schools, the Teen Parent Unit and the Kura Kaupapa. They are long, complex and time consuming but provide important data that has the potential to assist schools and health services to understand and respond to collective needs. They also serve as a referral point for other health related services and provide the school and other services with important information about the students total wellbeing.

Consults can be as long as a young person needs and up to one hour in duration

Kotahitanga – Cross sector Collaboration and Collective decision making

All school nurses report excellent relationships with the school counsellor and school pastoral team.

Some schools have support from a GP and one has a psychiatrist available for case consults. Some schools have excellent support from the local medical practice but Wairarapa college has no support from any medical practice or GP.

Most report positive relationships with CAMHS although everyone was challenged by the long wait time for a referral.

Despite good intent there is only informal and sporadic networking or collegial support among school nurses and youth health professionals.

Professional training

Some Nurses have training in HEADSS assessments but not all

Individual health professionals have a variety of training in specific youth health issues such as sexual health, contraception, suicide prevention and management and self- harm but none are trained in holistic approaches to youth development or adolescent brain development.

Professionals are passionate, youth focussed and adopt positive strengths based approaches to youth health care.

Youth participation

One school clinic has a student reference group twice a year as part of the school clinic contractual requirement. This is made up of representatives from all year levels and school personnel gaining feedback and suggestions for improvements in the service.

Individual School based health services

The following tables give an overview of the services that are available in the school health clinics.

Makoura College Health clinic

Presenting Health challenges	Mental health Family deprivation Sexual health - contraception, STI's, information, decision making Injuries in the winter due to sports Drug and alcohol comes through the GP not through the clinic
Client base	737 consultations 243 individuals (DHB, July 2018 and June 2019) The clinic also services the Kura Kaupapa and the Teen Parent Unit.
Funding	Compass fund and provide a nurse 4 days a week during school hours and terms Compass fund a GP once a week who is employed by Masterton medical centre
Hours	20 Hours a week during school hours and terms GP 4-5 hours per week
Supporting Services	A full time Guidance Counsellor is employed by the school A Youth GP from Masterton Medical provides individual consults to students and case management support to the nurse for between 4-5 hours per week Referrals are made to Family Works, CAMHS, psychologists, counsellors, Te Hauora, 'To be heard' nurses. Whaiora for smoke free, fitness, Family Start; South Wairarapa Community Trust for benefits and youth mentors
Privacy and confidentiality	All students informed of confidentiality, unless concerns of safety then someone is informed. All other information sharing is done with consent of student. Parents are not informed. All notes are recorded in Medtech a patient management system specifically for the school. The GP has access to Masterton medical centre Medtech patient management system to ensure continuous care. The nurse maintains close contact (phone and email) with Whaiora for shared students. For students enrolled in other medical centres there is either a conversation with nurse or email to students GP if they have been given permission.
Referrals	All year nines receive a HEADSS assessment during the year Students may self-refer for any reason. The guidance counsellor, Teachers and Whanau also refer students
Location	The clinic is based in a house separate to the rest of the school, housed alongside the School Guidance Counsellor
Concerns	HEADSSS is a great way to meet with students initially as they arrive at college. The HEADSSS framework is used as the base for all consultations.

	Although very useful HEADSS assessments are time consuming and referrals to other services is limited due to their limited capacity. There is a gap in the service provision for dietary referrals for general wellbeing rather than severe illness.

Kuranui College Health clinic

Presenting Health challenges	Mental health - Students mostly present with a physical issue or Environmental causes. Pressure with exams, fear overwhelm for the future Sexual health - contraception, Sexually transmitted infections, information, decision making Injuries in the winter due to sports Drug and alcohol comes through the GC but also through the clinic No smoking referrals of late Skin issues- eczema, infection, bites/stings, acne; abuse-physical, mental, sexual; weight loss/gain; respiratory-managing asthma and allergies; (conditions associated with economic deprivation)
Client base	646 consultations 286 individuals (DHB, July 2018 and June 2019)
Funding	Compass health fund a nurse twice a week Compass Health funds a Featherston Medical centre Doctor to attend once a week A psychiatrist attends a clinicians meeting once a fortnight at his own cost
Cost	No consultation cost to young people Scripts are paid for under SIA funding Students have to pay for specialists e.g. physio
Hours	Two days a week during school hours
Supporting Services	A full time Guidance counsellor is employed by the school and the nurse works closely with them Referrals are made to GPs, Pathways, Family works, CAMHS, psychologists, counsellors, Te hauora, To be heard nurses, PIKI and Oranga Tamariki Psychiatrist Dr Hill meets Dr Harsha Dias most fortnights as required for a clinicians meeting to triage and support the health team referrals to GP practices for long term conditions
Privacy and confidentiality	There are some challenges with the waiting room mixed with the Guidance counsellor.

	Results from the student reference group survey in 2019 indicate strong confidence in the privacy and confidentiality of the service. During holidays if they need anything the nurse liaises with the medical centre or GP for a private referral. GPs at the local medical centres are constantly reminded not to send bills to student's homes to ensure confidentiality The Youth clinic GP sends patients notes to the local enrolled medical centre
Referrals	Students refer themselves to the nurse or Guidance Counsellor or GP Wherever possible the nurse triages student`s request for GP appointment as some do not need to see the GP to have their health issue addressed. Prior to school holidays of they need anything the nurse liaises with the medical centre or GP for a private referral The nurse aims to see all year 9 students for a HEADSS assessment
Location	On site in a private house separate to the rest of the school
Concerns	As the school role has increased dramatically the service allocation has not, therefore demand exceeds capacity HEADSS assessments are time consuming

The clinic has a student reference group twice a year as part of the school clinic contractual requirement. This is made up of representatives from all year levels and school personnel gaining feedback and suggestions for improvements.

Consultations and Individuals seen at Makoura and Kuranui college school based clinics (DHB, July 2018 and June 2019)

Consultations by Ethnicity		**Individuals Seen by Ethnicity**	
25	Asian,	10	Asian
550	European	232	European
564	Maori	192	Maori
67	Pacifica	30	Pacifica,
177	unknown	65	Unknown
1383	Total	529	Total

Consultations by gender		**Individuals by gender**	
1007	Female	331	Females
333	Male	182	Males

Consultations by age		**Reasons for visit**	
16	<12	137	Other
3	12	193	Sexual Health

33
MLMckenzie
DHB Tu Ora Compass report on Wairarapa youth health services
December 2019

112	13	99	Accident/Injury
102	14	75	Dermatology
101	15	60	Mental Health
84	16	39	Respiratory
62	17	19	Chronic Care
28	18	28	Musculoskeletal
13	19+	12	Ear, Nose, Throat (not injury)
		11	Gastroenterology
		11	Smoking
		5	Sore Throat NOS
		7	Opthalmological (not injury)
		5	Gynaecological (not SH)
		2	Neurology
		1	Drug and Alcohol
		1	Nutrition/weight management

Wairarapa College health clinic

Presenting Health challenges	Mainly mental health – deliberate self-harm depression, anxiety, somatic issues Sexual health – pregnancy tests and advice, contraception Injuries Family life challenges Students have poor health literacy and inconsistent help seeking behaviours
Client base	2,333 consults in 2019. Some of these are repeat clients More females than male refer but there is a mix of ethnicities that refer
Funding	The Wairarapa College Board of Trustees employs and pays for a health clinic and nurse The nurse is ACC accredited so is able to claim for accepted referrals. The ACC claims help to support the service with medical supplies There is no external funding supporting this service
Hours	5 days a week, during school terms between the hours of 8.45 – 3.15. The nurse does make home visits outside of these hours on occasion. The nurse has 40 minute appointments regularly. During holidays and weekends there is no school service.
Supporting Services	The health clinic compliments the full time Guidance Counsellor, the internal school Deans and guidance systems. There are good relationships with the guidance system The school has a contract with the local Physio who provides a clinic on Tuesday morning for a discounted fee to students. The nurse has a close relationship with a local pharmacy The nurse makes referrals to and consults with Changeability, STOP, Youth Kinex GP and 'To be heard' counsellors and CAMHs, The nurse has worked with Hutt hospital on long term chronic illness management.
Privacy and confidentiality	All patient notes are filed in the school system KAMAR. There are concerns about confidentiality of this information as KAMR is accessed by school staff. There is no exchange of patient notes with the patients local GP Students have to be released from class by a teacher to attend the clinic
Referrals	Students can drop in at any time during the school day They have to be released from class and most teachers support this to occur when requested The nurse follows up with regular check ins.
Location	The clinic is on site, not too close to classrooms, easily accessible
Challenges	Despite a strong need and various requests there is no GP service or support to the school There is sometimes some teacher reluctance to release students for a consult The nurse is isolated from other youth health expertise and professional network support

35
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

Rathkeale College and St Matthews Collegiate

Presenting youth Health challenges	A broad range of issues are presented e.g. sexual health, boys with wounds infections, general colds, 1 mental health Most mental health issues are managed by the Guidance Counsellor
Client base	Students from both Rathkeale and St Matthews. As this is a new service no statistics have been collated on gender, ethnicity or need in 2019 The nurse indicates that there are approximately 6 students per day but comments it is "only a new service"
Funding	The Trinity Schools Board fund Masterton Medical centre to supply a nurse for nine hours per week Masterton Medical provide a GP once a week. Casual patients are funded through the 'claw back' from the enrolled Medical Centre
Hours	The service started in August 2019 Rathkeale Monday and Friday 10.30 - 1.30 St Matthews Wednesday 1030 - 1.30 3hrs
Supporting Services	There is some case management sharing with the local GP at the youth clinic and there is a visiting GP attending the clinic once a week. Referrals to local GPs are made as required.
Privacy and confidentiality	A request by one school to have names shared with the school has been refused due to patient privacy constraints The nurse is able to access the Masterton Medical Medtech system for patients enrolled there but creates separate files for those who are not.
Referrals	Appointments are made through the office where a student gets sent a permission slip with 'internal appointment' on it. They are sent from the office to the clinic. Students can refer themselves but need permission to exit the class from the teacher. School vans are available for referrals to other services The nurse is able to provide photo evidence to Masterton medical centre for prescriptions and advice Medtech system ensures information is shared with the students local GP
Location	The clinic is situated in a private space in the school with access to a toilet and water and a separate entry and exit
Challenges	This is new service. Information has been shared with community in newsletters and student assemblies about the service but it is word of mouth that works best. Some parents expressed concern about the need to know if their children were attending the clinic. They were concerned about terminations. Education on the 'Privacy Act' and processes for referrals has alleviated this somewhat.
Youth specific training	Training and implementation of HEADSS assessments are planned for 2020 Training in specific health issues such as mental health and contraception has been competed No specific training in 'youth' development The nurse receives informal mentoring form the GP at the local health clinic

36
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

Youth One Stop Shops

A number of community youth health organisations have been established in New Zealand over the past 15 years. These have been set up by passionate and motivated health professionals in response to a need for healthcare specifically targeted at New Zealand youth. Youth specific services have evolved in response to local demand as well as to opportunities for growth, supported by relationships with funders and other providers. As such each service has developed independently in its own setting although they are united by a common goal is to promote access to healthcare and social services for youth.

The population serviced by Youth One Stop Shops is aged predominantly between 10 and 25 years.

Approximately 137,000 occasions of service were provided in the previous year. (MOH, 2009)

The Youth One Stop Shops all receive significant proportions of their funding directly from the District Health Boards or through Primary Health Organisations that are themselves funded by the DHBs. Additional funding is provided through a multitude of other sources, ranging from private donors and City Councils to the Ministries of Social and Youth Development.

Youth One Stop Shops provide access to a range of services in youth-friendly settings, including health, social, education and/or employment services with the ability to refer to secondary or tertiary services as required. They employ Doctors, Nurses, Social Workers, Facilitators, Counsellors, Youth workers, Community Health Workers, Mentoring, Peer support, Clinical Psychologists, Therapeutic Group Facilitators and Youth Workers.

Some Youth One Stop Shops offer outreach, mobile and satellite services and/or evening clinics to increase access opportunities for young people.

Services are available at little or no cost to clients, are centrally located and provide a safe and welcoming environment. In some cases, transportation to assist access is provided.

Consideration is given to the young person's needs in the wider context of their family and community/whanau, hapu and iwi. Services wrap around the client to ensure their individual needs are addressed in a seamless and coordinated way.

Services are delivered in a manner that is non-judgmental, culturally appropriate and respectful to young people. This promotes trust and the perception of confidentiality and safety for youth.

Services are holistic and strengths-based, focused on improving health and wellbeing and encourage long-term independence.

The integrated and youth-specific model of care attracts young people, particularly those who have higher need.

The top reasons young people use Youth One Stop Shops relate to cost, service flexibility and confidentiality, convenient location and perceptions of non-judgment, welcoming and safe staff who know about youth related issues.

Comprehensive, longitudinal health status measurement is complex and not routinely undertaken by any of the Youth One Stop Shops. Health measures are debated by the sector and there is no consensus on the best method for evaluating effectiveness. Measures of determinants of health are often used as proxy measure to reflect health status. Despite this

lack of available evidence managers are strongly of the belief that their services are effective in improving the health and wellbeing of their clients. 89% of stakeholders surveyed and 94% of clients surveyed agreed.

Youth One Stop Shops in New Zealand.

Whangarei Youth Space	Whangarei
Rotovegas	Rotorua
Anamata Café for Youth Health	Taupo
Youth Services Trust	Whanganui
Directions Youth Health Centre	Hastings and Napier
Youth One Stop Shop	Palmerston North
Kapiti Youth Support	Kapiti Coast
Vibe	Lower Hutt and Upper Hutt
Evolve	Wellington
Korowai Youth Well-being Trust (298) Youth Hub Trust	Christchurch
Te Hurihanga o Rangatahi	Christchurch
Number 10	Invercargill

Youth Kinex Masterton

Youth Kinex was opened in May 2014 by Masterton Medical Centre in partnership with Compass Health and Connecting Communities. The idea behind this was to create a youth hub in a central location where youth specific services could be delivered. The purpose was to alleviate some of the barriers young people encounter when accessing healthcare, to provide timely, free and appropriate care in a confidential youth friendly environment.
Currently this service is still emerging and has potential to grow into a fully integrated community youth hub.

Enrolments

The service is available for youth aged between 13 and 23 years old.

Total no of consultations (April 2018 - March 2019) 2170

Enrolments in other medical practices throughout the Wairarapa
(a sample over a two month period 3/10/19- 28/11/19)

229	MML
8	Whaiora
7	Kuripuni
11	Carterton
6	Greytown
4	Feathy
3	Martinborough
10	other

Consultations by Ethnicity (April 2018 - March 2019)

1382	NZ European

134 Other European
548 Maori,
49 Pacifica

Consultations by gender (April 2018 - March 2019)
1960 Female
210 Male

Consultations by age (April 2018 - March 2019)
13 22
14 39
15 105
16 191
17 257
18 382
19 337
20 293
21 272
22 169
23 70
24 26
24 + 7

Presenting youth health issues (Masterton Medical April 2018 - March 2019)

The predominant presenting issues relate to mental and sexual health although there are a large range of health issues seen at the clinic. The following is a breakdown of consults over a year.

819 GP visit (not specified)
0 Drugs and alcohol
330 GP mental health
102 Nurse consult (not specified)
431 GP sexual health
488 Nurse sexual health
0 Stop smoking

Privacy and confidentiality

The environment

The clinic has a small waiting room right off the front door. Despite music playing there is no privacy for anyone waiting.

Consult rooms are very close together and voices can be heard from both consult rooms.

The toilet is through the waiting room so everyone will see a person having to use it during a consult.

There is only one entry and exit to the building. One exit through the nurse's consult room can be used if a Young person does not want to be seen exiting through the waiting room.

39
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

Enrolment

All young people are required to complete an enrolment form as a casual patient where they are asked to provide details of their enrolled GP. The GP can then be informed of relevant information about the patient's care. There is also an opportunity to refuse to share information with their GP. Many young people do not submit their GPs details and refuse permission to share information outside of the clinic.

Consult

The GP ensures the young person is aware of codes of confidentiality around sharing information and risk management.

Cost

There is no cost to young people for attending the clinic.

The clinic is away from the main centre of town but walking distance from most Masterton schools thus cost of travel is minimised.

Funding

Masterton Medical provide 6 hours GP plus nurse plus admin time per week including equipment and resources.

Tu Ora Compass Health PHO funds a mental health nurse 1 day per week offering up to 6 booked appointments. The nurse delivers the PIKI programme (expanded on later in the report).

Tu Ora Compass Health fund rental, and administration costs of the building.

Connecting communities manage the contract. This agreement is in place until 31st December 2019.

The clawback system is used to claim from young peoples enrolled medical centres if they present at the youth clinic, however some young people do not complete a casual enrolment form indicating their GP practice therefore the Youth Kinex cannot clawback from their GP.

Service access

The clinic is open 2 afternoons a week. Monday & Thursday from 2 - 5pm.
The clinics operates on a drop in clinic. Wait times can be very long (up to 90 minutes). There is frequently insufficient time for all patients who wish to receive a health service. Demand exceeds supply.

Manaakitanga – Hospitality, Attitudes and Communication

The environment

The waiting room is bright, casual and full of colour. The music is youthful. The interior was designed and painted by the youth council.

There are a range of chairs and couches and beanbags to sit on.

There a range of youth friendly posters and pamphlets around the room.

The consult

The GP takes the time the patient need to listen and respond accordingly. They use a strengths based, positive approach to all assessment and intervention.

Organisational kaupapa - way of doing things

Consults are up to 40 minutes long for a client as the GP takes time to understand and assess their health needs.

The GP uses the HEADSSS framework to understand the issues but does not have the time to conduct formal assessments.

Kotahitanga – Cross sector Collaboration and Collective decision making

Referrals can be made to Changeability CAMHS, specialist services, laboratory, Work and Income.

There is a need for social worker

The current Medtech patient management system used by most medical centres across the Wairarapa does not integrate, thus sharing case information with the patients enrolled GPs is difficult.

Professional Training

The GP is well experienced in all aspects of youth health.

Other services supporting youth health

The following is a list of organisations and services that provide youth health care across the Wairarapa. It is not an exhaustive list and the author apologises if they have missed any service.

Child, Adolescent and Family Mental Health Service (CAMHS)

Service
The service provides mental health information, assessment, treatment and support options for children/Tamariki and young people /Rangatahi considered to have moderate to severe emotional, behavioural, and mental health issues.
Location
Masterton
Referrals
Appointments can be either at the CAMHS base or at an arranged meeting place in the community.
Referrals may be made directly to CAMHS service by young people and their families
Young people may be seen on their own or with their whanau/family.
Age
0 – 19 yrs and their whanau/ families
Cost
Free

Piki

Service
Piki's vision is to enhance young people's quality of life by equipping them with tools to overcome adversity and strengthen their wellbeing.
It provides therapy and support options with a trained Mental Health Therapist,
An emotional wellbeing app that helps keep youth progress on track
Links to 24/7 support through phone and web services
Peer support options
Location
Greater Wellington region.
Age
18-25 years' old
Referral
Self-referrals can be made directly through the Piki website.
Youth can also be referred by a GP, other health providers and other agencies
Cost
No fees apply.

To be heard counselling

Service
The aim is to improve access to health and social services to support mental wellbeing
Location
Counsellors across the Wairarapa
Age
All young people aged 12 to 25 years
Community Services Card holders aged 25 years and over
Māori 12 years and above
Pacific Island people 12 years and above
Referral
The service can be accessed if a young person is enrolled or intends to enrol with a Compass Health doctor/practice, if they are experiencing a mild to moderate mental health issue
Contact can be made through the family doctor, the Coordinator in the area directly, or through a community agency.
Cost
Free

Changeability (formerly Stopping Violence Services)

Service
Services and programmes to empower individuals and families affected by violence and abuse to make positive changes and build respectful and trusting relationships.
Location
Masterton

Counselling Service Family Works Wairarapa

42
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

Service
Family Works offers a range of counselling support for children/Tamariki, young people/Rangatahi and families and whanau who are facing complex challenges.
Location
Featherston

Skylight Trust Grief Counselling

Service
Support for children, young people, families and adults who are experiencing a wide range of grief and loss: including family break-up, bereavement, bereavement through suicide, family member with a chronic illness, children with anger/anxiety/bullying issues, and any major life change involving loss.

Multi systemic therapy

Service
MST is a community based programme to help families manage very challenging behaviours such as truancy, drug use, anti-social behaviour and offending.
MST provides a therapist who works with the family and whānau for 2-5 months, meeting at least 2-3 days per week to support rapid progress towards changing behaviours.
MST focuses on family and whānau goals, working in collaboration with the family whānau and ensures someone from the team is available 24 hours a day, 7 days a week for advice/support.

Te Hauora Runanga o Wairarapa

Service
A community support service for Māori Health in the Wairarapa region. It grew from initiatives developed by Māori Health workers seeking to establish a more focussed approach to the delivery of Community health services.
The service delivers Alcohol and Drug Counselling, Mental Health Support Services and Rongoa/Mirimiri Services, Rongoā, kuia and koroua service, Family Safety Team, Oranga Tamariki contracts, Kuia and koroua programmes, Detox, Peer support life skills, Parenting, Violence Free programmes, Youth justice wrap around, Smashed and Stoned Workshops and Te Mana to te Taiohi Groups.
They are a Kaupapa Maori service delivering to all ethnicities. They work on a Whānau Ora model using Te Aka Matua model.
Location Masterton
Age All

King Street Artworks

Service
A creative space for people who use, or have used mental health services and for their whanau and friends and for the whole community.

Connecting Communities

43
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

Service
Connecting Communities Wairarapa co-ordinate community based activities that enable community resilience and social well-being.The Council also supports projects that involve community and agency co-operation in environmental and other projects that will lead to greater individual and community wellbeing.
Youth council: The Wairarapa Youth Council is made up of a group of young people who meet fortnightly to discuss and address youth related topics such as things to do, places to go, employment opportunities, training programmes, and anything else that relates to the Wairarapa and its young people.
Youth café project
Leadership camp
East side Wairua programme: via schools who have referred
Te Awhina youth group: 12-24 live in Mstn East, no membership, just turn up
Financial capability Money mates programme
Location
Masterton

Featherston Community Centre

Service
A community facility owned by the people of Featherston. They offer classes, activities and events for all ages as well as a warm and welcoming space for groups to meet.

Wairarapa Whanau Trust

Wairarapa Whanau Trust's purpose is to coordinate social services in the Wairarapa region, allowing a more coordinated approach to community engagement, development and care, with specific focus on youth (12-24yrs).

The Trust aims to break down barriers to success for youth in the Wairarapa, and to build positive bridges with the community. This is achieved by providing youth with a safe place to belong, where they can learn new skills, and work with mentors from within the community.

Southern Wairarapa Safer Community Council

Service
Holds the contracts for: Attendance, Life to the Max, Big Brother Big Sister, Safer Wairarapa, Youth Services and Alternative Education.
It aims to get young people into education, training or work-based learning.
Young people work with community-based providers who give guidance, support and encouragement to help them find the education, training or work-based learning that works.
Youth Service offers guidance and practical support to young people.

Rangatahi to Rangatira

Service
R2R is run by a group of Carterton's young people, with support from Hurunui-o-Rangi Marae, Carterton District Council, and Wairarapa Safer Community Trust.

44
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

R2R is a youth project that develops and encourages young people in Carterton to be involved in the community, be more aware of political, social, and environmental changes that are happening, and how to change the things they want
Tuia Leadership Programme: Tuia is an intentional, long term, inter-generational approach to develop and enhance the way in which Rangatahi Māori (Māori young people) contribute to communities throughout New Zealand.

Location

Carterton

Age

Young people aged between 12 and 24

Online support

Safer Teen Drivers You can help improve safety in Teenage Driving. A toolkit for parents of teen drivers

Gambling Helpline – Youth Youth Gambling Helpline has younger counsellors who can help you talk through any challenges you may be having with your own or someone else's gambling.

The Lowdown 24/7 email, text and online support for young people with depression or anxiety.

SPARX Online tool for young people with mild to moderate depression.

What's Up

Youthline Youth helpline, counselling, support and youth development services.

Just the Facts Website A new online resource of sexual health information designed with young people in mind.

Just a Thought offers evidence-based Cognitive Behavioural Therapy (CBT) online and is designed for people with mild-to-moderate symptoms of anxiety and depression.

Factors impacting the effective delivery of health services for youth.

> *"Young people need a health service that is available at the right time, in the right place, and delivered by the right people. This will provide equity for young people to access services necessary for them to lead healthy lives" (Health professional.)*

The following factors have been identified in the literature as vital to the effective provision of youth health services. A thematic analysis of Interviews and focus groups from the Wairarapa youth and health professionals provide voice to support these themes.

1. Privacy and confidentiality
2. Cost and funding
3. Access
4. Manaakitanga – Hospitality, Attitudes and Communication.
5. Organisational kaupapa - way of doing things
6. Youth health literacy
7. Kotahitanga – Cross sector Collaboration and Collective decision making
8. Professional training

1. Privacy and confidentiality

Numerous studies have identified privacy and confidentiality as a major factor in young people's health care. Adolescents who forgo health care due to confidentiality concerns are more likely to experience psychological distress, high rates of risk behaviours, and parent– teen communication issues (Denny, 2013).

Young people expressed concerns about GPs disclosing information to their parents and reception staff not protecting confidentiality.

> 28.2% New Zealand youth participants in the Youth 07 surveys were worried their care wouldn't be kept private (Adolescent research group, 2008).
>
> Among New Zealand students who had accessed health care, only 27% reported receiving private and confidential care (Denny, 2013).

Wairarapa health professionals reported that the medical centre billing structure and family enrolment scheme caused challenges to a young persons need for privacy.

> *"As many of the youth are part of a family enrolment, the parents get billed, so they will be aware of the appointment" (Health professional).*

A small community creates further challenges to the privacy of young people.

> *"The Wairarapa has a small population living in small towns where there is a sense that everybody knows everybody else's business. Masterton has three medical centres but the other towns only have one which means there is limited choice. Young people get very concerned about being seen and talked about (Health professional).*
>
> *"Youth don't want to come to a family medical centre where their neighbour or Aunty is sitting next to them in the waiting room making it awkward" (Health professional.*

Young people were worried that their parents and whanau and their peers would judge them and know what they were doing.

> *"Kids are ruthless. If someone sees you going into the clinic they will take the piss out of you' (Young person).*
>
> *"Privacy is an issue. They see you and think you're are just going there for condoms" (Young person).)*
>
> *"You always see lots of people you know. This is a small town!" (Young person).*

Health professionals reported that patients right to privacy created conflict for the delivery of consistent care for young people. They stressed the importance of sharing information across health services to enable consistency of care throughout the life course of a young person. They expressed concern about not getting information about consults from other services.

> *"We don't get any notes for patients seen at the Youth clinic. How are we supposed to deal with them when they turn up to us and we don't know what has happened to them" (Health professional).*

2. Cost of the service

Cost is one of the more common reasons for not accessing health care when needed. Most young people are students without income or on a low income. There are significant cost barriers for adolescents accessing health care from GPs and medical centres. Young people believe they cannot access a GP without payment and are unaware they are able to access services such as the youth clinic for free. They were also unaware of initiatives such as the free sexual health care.

> 14% of Rangatahi interviewed by the Wairarapa Safer community council indicated the cost was too high to go to a GP at a medical centre (WSCT, 2015).

> *"It's expensive and you usually have to get your parents to pay and then they have to know about it" (young person referring to the cost of attending a medical centre).*

> *"It's expensive to go the medical centre. I have overdue bills and I am just not going back 'cause I can't pay them" (Young person).*

In contrast to this the following comment sums up the difference between medical centres and school and the community youth clinic.

> *"It's free and that is huge!" (Young* person referring to the Youth clinic).

The cost of travel

Travel to and from a health service is also a significant contributor to the cost. When identifying barriers to young people accessing and receiving services, physical location, the rural factor, and transport constraints were most commonly identified.

> 10% of Rangatahi interviewed by the Wairarapa Safer community council had no transport (WSCT, 2016, Waldegrave, 2015*).*

The location of the service is paramount to young people and the subsequent cost of their care.

> *"We are a large geographical region but many of the services are based in Masterton. For some people this means travelling up to two hours to attend a service. Many young people have to rely on someone else for transport" (Health professional).*

> *"It's walkable from school. Not too central so everyone sees you" (Young person referring to Youth Kinex).*

Sector funding and Enrolments

The way an organisation is funded can be an important factor for effective health service provision. Current health-related funding streams are decided on by the Ministry of Health and administered by the DHBs. The New Zealand primary care PHO/GP model of care expects an individual to enrol with a single health professional and then use this health professional for the majority of their primary care.

Youth utilise health services in different ways from other sections of the population. Youth often choose to access services from a number of different Health professionals depending on the type of care required, personal preference, geographical access and convenience. Youth are sometimes transient and they often prefer to use different health professionals from their family for health issues which they feel are sensitive. Youth like to access care independently yet are often restricted by their transport options.

Any funding model needs to promote a holistic, population health approach to primary care and account for their "grazing" and the need for multiple services in the one place often required by youth.

The cost of a free service

Organisations in the Wairarapa identified funding restrictions as a key area which was not working well. Funding issues were identified as creating uncertainty and tensions between health professionals.

> *"A GP practice is a business and the onus should not be on them to pay for youth services. We need funding to run a Youth Health Clinic where a GP gets paid for the time regardless of how many patients come in. You cannot run a youth clinic out of the goodness of your heart" (Health professional).*

Some organisations discussed the unfair targeting of funding, and the negative impacts of competition for funding on their core work. (Waldegrave, 2015) One Health professional expressed concern that patients were being taken away from their practice as a result of the 'free' youth clinic.

> *"Previously the youth did come to the Medical centre but now they go to Youth Kinex because it is free. There was never an issue before" (Health professional).*

The cost of being 'casual'

They also highlighted the increased cost to the young person when they became a casual patient at their family clinic as a result of attending another clinic.

> *"It is a problem. There needs to be openness where a non-enrolled patient can just turn up anywhere and not get charged the casual fee" (Health professional).*

> *"A young woman who attended the centre with her mother found she was no longer enrolled at this clinic and subsequently would have been charged the higher rate as a casual patient. She did not want to inform her mother she had been to the Youth clinic. It put me in a very difficult position" (Health professional).*

One solution cited by a health professional working in a medical centre was to run free youth clinics from their own practice using the free sexual health funding available.

> *"Every medical centre should run a free youth clinic once a week" (Health professional).*

GP's have also cited problems with inadequate remuneration for longer consultations required for young people (Collaborative Trust, 2011).

Young people identified problems with some of the organisations that were funded to help them referring to changing staff, changing appointment times and not being able to get hold of staff when they felt they needed them. This was mirrored by Health professionals who felt services were often over-stretched, inadequately funded and under-paid (WSCT 2016).

3. Service Access.

Adolescents, by nature of their brain development, are impulsive. As the prefrontal cortex matures and the pathways between the prefrontal cortex and the limbic system becomes more efficient, they become better at reasoning, thinking logically, planning, solving problems and making good decisions. They need a lot of guidance from adults as they learn these skills. Having an immediate health service available where they can 'drop in' is an important biologically respectful factor in accessing health care. Appointment times and availability of the service were consistently cited as challenges to accessing a health service. Clinic opening hours and long waiting times can lead young people to forgo much needed health care.

> *"The current enrolment rules disadvantage youth as they are often transient e.g. move to University, travel, visit more convenient practices and then get de enrolled at their family practice" (Health professional).*

Appointments

Young people had difficulty knowing how to contact, when to contact and who to contact with regards to health care. *W*airarapa Rangatahi interviewed by the Wairarapa Safer community council (WSCT 2016) reported they were:

> "unable to get in contact with the health professional" (11%)
>
> "were unable to access health care when required" (27%)
>
> "there was no suitable appointment time."
>
> *"It takes ages and I just can't be bothered waiting" (Young person).*

Service availability

Varied opening times and service availability were a barrier to young peoples' health care.

> *"It's only open on this day and this day at this time. I can't remember and its always too late when I do" (Young person).*
>
> *"We need more school clinics. They are there all the time and easy to get to" (Young person).*

One young person talked about the impact of a limited service in her school.

Our school nurse is a 'woman of mystery'. I have never seen her. We were all told she would be meeting with us individually for an assessment but it never happened. I am still waiting" (Young person).

Wairarapa health professionals supported this concern

"Services are open for short periods or restricted to certain days. As a drop-in clinic there is uncertainty to how long a visit will take. This makes it even more challenging to attend a service, particularly if travelling long distances" (Health professional).

'Drop in' service

One medical centre had begun an informal policy of allowing any young person who came to the clinic to be seen by a nurse immediately if possible.

School based health clinics and the youth health service have a 'drop in' policy where young people can present at any time the clinic is open and do not have to make an appointment.

"We are readily available to them. They are not forgotten" (School based Health professional).

"You can't just pop into the medical centre like you can at Youth Kinex" (young person).

4. Manaakitanga

The concept of manaakitanga includes values of hospitality, kindness, generosity, integrity, trust and sincerity, support, showing respect, generosity and care for others. These are essential factors to young peoples' health care.

Manaakitanga includes the way a young person is greeted when they arrive and the acknowledgement of who and where they come from. Young people's lasting impression of a health professional is often determined when they walk in the door. The clinic environment can have a negative impact on the utilisation of the service.

Manaakitanga involves caring for young people as culturally located human beings through providing safe, nurturing environments. A health professional has an immediate responsibility and authority to care for the young person's emotional, spiritual, physical and mental wellbeing.

Service provider communication

The health professional's communication style and approach has a significant impact on the young person's level of comfort and ease of communication when seeking health care.

Young people's consistent articulation was for listening, support, non-judgemental attitudes and practical help from a health professional. They have reported concerns that health professionals have unsympathetic, authoritarian and judgemental attitudes towards them (Collaborative trust, 2011).

All youth participants in the Wairarapa social sector trials referred to the importance of being treated fairly and given respect, being consistent and patient, non-judgemental, and honest, showing youth they cared about them and listening to youth voice (Waldegrave 2015).

The young people called for an improvement in attitudinal approaches to them. They reported experiencing assumptions, judgements, being spoken down to and at times, a lack of respect. They wanted health professionals to be more honest and real. They certainly wanted to work on solutions but they needed to feel comfortable, accepted and respected first (WSCT 2016).

Young people report that the youth clinic 'Youth Kinex' and school based services provide a safe, friendly environment encompassing all the tenants of manaakitanga.

> *"There is no judgement – It's just for youth. No one looks down at you. Everyone is the same as you" (Young person).*
>
> *"I love the sense of welcoming. The wait is long but worth it" (Young person).*
>
> *"The Doctor at Youth Kinex seems nicer. She is not so scary" (Young person).*
>
> *"The staff were extremely helpful considering that I came in off the street. I cannot speak highly enough about them" (Young person writing on Facebook).*

The waiting room

Young people are intimidated by a formal clinic and waiting room environment, appointment and booking procedures.

> *"You walk into the Doctors and feel intimidated "(Young person).*
>
> *"The waiting room is scary" (Young person).*
>
> *"The waiting room is so open and there's no privacy" (Young person).*
>
> *"The waiting room is boring. The music is shit and the magazines are ancient. The TV plays old peoples stuff. Why can't we have a space for us? They do it for little kids" (Young person).*
>
> *"Paint it so it doesn't look so clinical. It feels so clinical. Its ugly and boring" (Young person referring to the medical centre).*
>
> *"It looks like you are there to die when you walk in!" (Young person).*

Reception

Young people referred to their initial reception as a significant factor when accessing a health service. Many talked about the environment in their local medical centre.

> *"There was an old lady there at the counter and she was really rude to me" (Young person).*
>
> 10% of young people interviewed for Wairarapa safer community council indicated the Staff at the medical centres were 'unfriendly' and the Rangatahi were made to 'feel uncomfortable' (WSCT, 2016).

One health professional talked about the need for a youth focussed space in their local medical centre.

> *"It would not be too hard to make a youth focused private waiting area just like they do for young children. I've seen it work elsewhere and it made a significant difference e.g. USB ports, music, paintings and art work (health professional).*

Health professionals in school based health services discussed the importance of relationship and the need to provide a positive, friendly service.

> *"Greeting is important. We must be friendly and have a laugh. They need to feel like they are not a patient and that we are just having a conversation. It's important to get the rapport, not be rushed" (School based Health professional).*
>
> *" You have to build rapport. They won't just bowl in. I have list of regulars. I know their names. They are on my radar and I always follow up. I often give them a hug" (School based Health professional).*

5. Organisational Kaupapa

The kaupapa, theory and ideology of a youth health service should embrace youth-focused, youth-centred and strengths-based practice. These should be integrated into all areas and levels of the organisation, and drive all decision making and interaction with young people.

Youth friendly

Consulting with young people requires understanding of the unique emotional, psychological and cognitive changes in adolescence, effective engagement and a culturally responsive approach.

Some of the youth comments illustrate this concept

> *"At Youth Kinex they are more targeted to me. They come up with long term solutions not just your quick fix" (young person).*
>
> *"Youth Kinex is more teenage based" (young person).*

Assessments

> *"A psychosocial assessment of their functioning is at least as important as the physical exam" (Goldenring, 2004 cited in Collaborative trust, 2011).*

Assessments that are holistic and strengths-based, focused on improving health and wellbeing and encourage long-term independence are required for young people.

Young people interviewed in the social sector trials recognised that they needed help to move forward on with their real issues. They considered helpers should get to know them before assuming a negative outlook. They wanted encouragement for positive change rather than continually going back over their past (Waldegrave, 2015).

"I want to have a Doctor that really gets me and gets the problem sorted" (Young person).

A holistic view of health

A holistic approach to health considers the whole person and how he or she interacts with his or her environment and emphasises the connection of mind, body, and spirit.

Te Whare Tapa Whā is a well-known Māori model of holistic health. Te Whare Tapa Whā compares health to the four walls of a house where all four walls are necessary to ensure strength and symmetry (Durie, 1984). Te Whare Tapa Whā can be applied to any health issue (physical, spiritual, psychological or connections with family).

Looking after all aspects of wellbeing, Te Whare Tapa Whā consists of taha wairua(spiritual), taha hinengaro (mental and emotional), taha tinana(physical) and taha whānau(family) considerations. Together, all four are necessary and in balance, represent 'best health'. Each taha is also intertwined with the other. Accordingly, if any one of these components is deficient this will negatively impact on a person's health (Durie & Kingi, 1997).

One school based Health professional summed up a holistic approach

"I am not just a nurse dealing with injuries. I'm dealing with the whole person. I work holistically. You can't just fix one thing. There is a whole picture that you have to put together to come to some solution" (School based Health professional).

Culturally appropriate service

When consideration is given to the young person's needs in the wider context of their family and community/whanau, hapu and iwi and services wrap around the client to ensure their individual needs are addressed in a seamless and coordinated way, young people are more likely to utilise health services

Whakawhanaungatanga is the process of establishing links, making connections and relating to the people one meets by identifying in culturally appropriate ways, whakapapa linkages, past heritages, points of engagement, or other relationships. It embodies the centrality of extended family-like relationships and the "rights and responsibilities, commitments and obligations, and supports that are fundamental to the collective. Within this type of relationship, a young person is likely to engage and receive more effective treatment.

Health professionals talked about the need for their staff to reflect their patient population in gender, ethnicity and age. One talked about their organisations equity policy of employment and the difference that had made in their practice.

"We employed a young Maori girl who had just left school. It was bit of a risk as she did not have much experience but the way she communicated with the young people coming in made a significant difference to the practice. It was amazing!" (Health professional).

"Most people working with youth health in the Wairarapa are white female. We need a better gender balance to encourage male attendance as well as better Maori representation" (Health professional).

6. Youth Health literacy

> *"The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make informed and appropriate health decisions is essential"* (Healthy People, 2010).

Health literacy also includes the capacity of professionals and institutions to communicate effectively so that young people can make informed decisions and take appropriate actions to protect and promote their health.

Poor health literacy is very common. Over 50% of the adult NZ population are likely to have some difficulties with health literacy and they are:

- Less likely to use preventative services
- Less likely to recognise the first signs of medical problems
- Less likely to effectively manage their long-term condition
- Less likely to communicate concerns to health professionals
- More likely to be hospitalised due to a chronic condition
- More likely to use emergency services
- More vulnerable to workplace injury

Limited knowledge of what is available

It is evident that young people have limited health literacy or knowledge of services available.

> 26% of Wairarapa Rangatahi interviewed by the Wairarapa Safer Community council *"didn't know where to go" (WSCT, 2016).*

> *27% said they "didn't really know how to access services if needed" (WSCT 2016).*

It was astounding to discover that none of the youth who had left school (18-24-year-old Work and Income clients') knew anything about the Youth clinic or that they could get any free health care from a medical centre.

The level of youth knowledge about services available was identified by several health professionals as a barrier to them knowing about and therefore accessing the services in the first place (Waldegrave, 2015).

> *"There are challenges in communicating what we can do and how we do it. We need to get young people to understand and know about the service" (Health professional).*

> *"Youth and whanau have little awareness and knowledge of the range of services available to them" (Health professional).*

One school based clinic developed and disseminated a school leaver package of information on available health services and enrolment procedures for local medical centres. One medical centre also distributed a 'summer survival' pack for the youth clinic to ensure young people had information on what support is available to them.

Attitude towards health care

Some young people indicated their own attitudes and knowledge of health issues were a barrier.

> Wairarapa Rangatahi interviewed by the Wairarapa Safer community stated they did not receive health care because they hoped *"the problem would go away or get better" (49%).*
>
> *"Some might not bother to get help 'cause they are lazy. They think "She'll be right. It'll be fine. Let it pass by" (Young person).*
>
> 90% of the youth interviewed by the Wairarapa Whanau Trust indicated they would not seek help due to their own feelings about shame particularly in relation to mental health issues.
>
> A study that was part of the World Mental Health International College Student (WMH-ICS) found the most important barrier was preference to handle the problem alone (rated as "important" or "very important" by 56.4%), being too embarrassed to seek help (32.2%) (Duncanson, 2019).

Attitude towards health professionals

A number of young people indicated a specific attitude towards 'Doctors'. They thought Doctors were only for 'serious health issues'. Interestingly they did not see sexual health and mental health issues such as suicidality or depression as 'serious'.

> *"I just want advice. It's often not serious enough to go and pay for a Doctor. They are over qualified for what I need. Doctors are for serious things" (Young person).*
>
> *"Mostly I think what I have is not good enough to go to a Doctor" (Young person).*

Young people were intimidated by the medical language health professionals used

> *"They just talk in medical terms. I don't understand the technical stuff they say. I just wish they would talk to us normally" (Young person).*
>
> *"They have to make it palatable, not dumb it down but use language we understand" (Young person).*

Some talked about a fear of Doctors

> *"Doctors are terrifying" (Young person).*

Some were concerned about the treatment they would be advised

> *"I don't want to go on any pills and that's all they do" (Young person).*
>
> *"They do a shit job and I just got put off. They didn't even look at me and they didn't see there was an issue" (Young person).*

One young man with a long term health condition talked about finding a Doctor who really cared.

"I got the best service I have ever had. He stopped looking at my notes and what every other Doctor had said. He researched more looking at the issue and talking with me. He really understood me and the underlying problem" (Young person).

Family influences

Family or parental constraints are a factor for some youth accessing services, and this is particularly so for services that require parental consent and a young person was unwilling to ask for this consent. Old fashioned, unhealthy, or entrenched attitudes, could be barriers to young people accessing services. Examples of this are attitudes towards teen pregnancy, and the social stigma associated with accessing mental health services. One health professional talked about the challenges of establishing a new clinic and the resistance from the parent community.

"The expectations of parents around confidentiality indicates they don't get it. We need the ability to provide an environment that encourages privacy" (School based health professional).

"You get drilled into your head as a child that if you aren't bleeding or dying you don't go to a Doctor" (Young person).

There were clear concerns about not wanting to be judged, not wanting parents to know what they were up to and not wanting to hurt or embarrass them. There were also concerns that family/whānau could make things worse instead of supporting them (Waldegrave 2015).

Peer pressure, in particular negative peer attitudes about accessing health services including mental or sexual health support could also be barrier to youth accessing services. Others commented that parents were supportive

"My friends don't influence me and my Mum knows I go ther." (Young person referring to Youth Kinex).

Social influences such as economic deprivation also played a role in health care.

"The biggest challenge we have is that we have many young people surviving in difficult living situations. Increasing numbers of broken families; poverty, parents on drugs, parents on alcohol, death of parent from illness, accidents or suicide, young people with no fixed abode due to home situations, violence, gangs.... It's overwhelming and there are minimal services to refer to, to address these needs. "(Health professional)

7. Kotahitanga- collective decision making

He whanau ko tahi tatau - We are all one family.

Kotahitanga involves collective decision making, collective action and solidarity, unity and togetherness. To address the growing number of issues and improve the level of health and wellbeing of Rangatahi a coordinated, collaborative approach is required.

> *"The environments in which Rangatahi move in must recognise the importance of family, culture, educational institutions and communities in helping to shape happy and healthy young people "(WSCT, 2015).*

The youth health workforce is small, highly specialised and is geographically widespread. Professional isolation of youth health professionals is an issue that can impact on individuals and services, sharing of resources and ideas, collegial support and governance and peer review processes (Ministry of Health, 2009).

Cross sector collaboration

Health professionals reported that networking was important to: gain knowledge about work practices; maintain relationships; ensure ongoing collaboration; ensure that duplication of services does not occur; and facilitate holding agencies to account to ensure transparency (Waldegrave, 2015).

Wairarapa Health professionals emphasised the good working relationships that they considered to exist among health services and other organisations in the Wairarapa.

> *Cross-agency networking and relationships are working well, and close and positive working relationships and collaboration between organisations are widely discussed. There is a shared commitment to addressing issues (Waldegrave, 2015).*

Networking and cohesion across agencies were also frequently discussed as something working poorly. Communication between agencies can be difficult due to time and work commitments. (Waldegrave, 2015). Time constraints were discussed by multiple organisation respondents who argued that time limited the ability of agencies to work together (Waldegrave, 2015).

> *"Youth services in the Wairarapa are fragmented and there is considerable variation in how the different sectors engage with, and follow-up with youth; and within localities (schools, health services and the community) (Health professional).*
>
> *"Our community is not really addressing these issues. Keeping our young people safe is all of our jobs"(Health professional).*

Equitable distribution of service

> *"Everything goes to Masterton. The rest of the Wairarapa misses out. Our youth are disadvantaged as a result" (Health professional).*

Sharing information across services

Some talked about the challenges of networking and information sharing between medical centres and the local school and youth clinics.

> *"There is a problem with sharing information between practices and the schools and youth clinic" (Health professional).*

"We don't get any notes for patients seen at the Youth Kinex" (Health professional).

Managing transitions

Professionals reported concern about the transition between school and youth services to an adult medical practice and he impact this would have on the continued health care.

"How does a youth health centre link up with other medical centres? How do they get continuous care?" (Health professional).

"How does the school and youth clinic transition young people to a medical practice once they have turned 24?" (Health professional).

Young people also cited this as a barrier to continued care

"What do we do once we have finished school? I don't understand all the technical words and how to do it or where to go." (Young person).

8. Education and training of health professionals

Health professional's confidence, knowledge and skills in communicating, identifying, and treating adolescent health issues is an important factor in the provision of effective health care. The social sector trials health professionals indicated relationships with clients, having youth friendly staff, and continuity of staff were considered important (Waldegrave, 2015).

Inadequate training in consultation skills and managing psychosocial problems in adolescents have been cited as barriers for health professionals (Collaborative trust, 2011).

Nationally almost all of the health professionals working in or visiting schools have had some level of training in youth health (Denny 2014).

58% had attended a study day on youth health,

9% had completed some postgraduate papers in youth health

7.5% had completed a postgraduate certificate or diploma in youth health

25% had received more general postgraduate training in child and youth health.

73%) have also had training in sexual health, either from Family Planning or other training institutions

Clearly one of the most important factors in the provision of an effective health service is the passion of the health professionals. This was evident when asking health professionals why they provided support to youth and school clinics.

"We did it because we were asked to do it. We see there is a need and it is part of being a community organisation. There is clearly a need and we have to step up" (Health professional).

"It's supporting our patients in a manner that is perhaps more accessible, comfortable, convenient for them" (Health professional).

"We did this because it is supporting a passion and interest of our employees. As a business we need to think about retaining staff and that involves supporting their interests and talents" (Health professional).

Although many had undergone training in youth health issues they wanted a greater understanding of youth development and their needs.

"There is no specific youth focussed training and we would love it" (Health professional).

The term 'Youth'

One last interesting comment made by a group of young people was using the word 'youth'. They want a 'youth friendly' environment but do not want to be labelled as such.

"As soon as you put the word 'youth' in front of something no one will go. It's a stigma. People think its lame. You don't want to go somewhere your mum will tell you to!" (young person).

Summary of Youth Health Service provision across the Wairarapa

The youth health sector needs a comprehensive strategy that incorporates kaupapa, theory and ideology that embraces youth-focused, youth-centred and strengths-based practice.

Young people want to be involved in the planning implementation and delivery of services that they will use. They want to be involved in designing the environment, be engaged as staff members and to be seen as positive contributing members of the community.

Young people:

They need understanding of what health care services are available to them and how they can access free health care.

Young people want a private, confidential health service where they can drop in and receive the health care they need, when they need it, in their own communities.

They want a service where they can access all different types of support to develop their health, wellbeing, employability skills and social connections.

They need mental health services integrated with, and disguised as other services and timely access to sexual and reproductive health care.

Young people want to get health care in an environment that is welcoming, physically appealing and youth friendly.

Young people want professionals to be welcoming, use informal communication styles, and use a variety of ways to establish rapport with them.

Health professionals

Health professionals want equitable, biologically respectful funding models to provide free health care for all young people regardless of what setting they are in.

Health professionals need training in youth specific health care. They need understanding of adolescent brain development and behaviour and strategies to meet their needs. They also need support to develop cultural competency.

Health professionals want opportunities to share best practice and network. They want support and access to specialist health professionals to share case management and support young people for further intervention.

They want systems and processes that make it easy to share information with other relevant professionals in the life of the young person. They want to provide continuous care for all young people regardless of the service the youth chooses to use

They need the time and skills to assess and intervene in a holistic manner.

Opportunities for cross sector collaboration are also important.

Strengths and gaps in the provision of youth services across the Wairarapa

Medical Centres

Privacy and confidentiality: Young people report that privacy and confidentiality issues are barrier to their utilisation of local medical centres. They are worried that their parents and whanau, community and their peers will judge them and know what they were doing when they attend a medical centre.

Young people expressed concerns about GPs disclosing information to their parents and reception staff not protecting confidentiality.

Cost and funding: Cost is a major barrier for young people accessing health care in local medical centres across the Wairarapa. Young people believe they cannot access a GP without payment and are unaware they are able to access services such as the Youth clinics for free. Many were also unaware of initiatives such as the free sexual health care.

The location of the service is paramount to young people. Transport issues place a further cost and barrier to accessing effective health care. This is particularly important for those who have left school. They need services in their own communities.

Health professionals report that funding and enrolment constraints conflict with adolescent health seeking behaviour across a variety of services and negatively impacts competition for funding on their core work.

Access: Young people are intimidated by appointment and booking procedures.

Manaakitanga – Hospitality, Attitudes and Communication: Young people report that medical centres are not youth friendly and the waiting room and reception is intimidating. They have reported concerns that health professionals have unsympathetic, authoritarian and judgemental attitudes towards them.

Organisational kaupapa - way of doing things; There are no reported youth specific policies, and practices across medical centres.

There is a need to improve the cultural capability of the services.

Youth health literacy: Health professional have made attempts to improve the knowledge of young people about how to enrol in a medical centre.

Young people have limited health literacy or knowledge of services available. They have difficulty knowing how to contact, when to contact and who to contact with regards to health care

Some young people indicated their own attitudes and knowledge of health issues are a barrier to receiving health care.

A number of young people indicated a specific attitude towards 'Doctors'. They thought Doctors were only for 'serious health issues'.

School based health services

Privacy and confidentiality: Young people trust the health professionals in schools to maintain privacy and confidentiality.

Having a health service on a school site can sometimes be a barrier for young people worried about peers and teachers' attitudes and assumptions.

Cost and funding: All Young people are appreciative of the free access to health care in school based services and believe this is an important

Access: Varied opening times and service availability were a concern for young people

Manaakitanga – Hospitality, Attitudes and Communication: Young people believe health professionals in school based clinics are friendly, welcoming, and provide them with the care they need.

Organisational kaupapa - way of doing things: Young people report that school based health services provide a holistic, youth focussed service

School based health professionals report a strong focus on holistic health and being youth friendly in all their approaches

Youth health literacy: Young people have varied health literacy. Some have limited help seeking behaviours and their own attitudes towards health can act as a barrier to receiving appropriate health care. This is particularly true for those with mental health issues and those who have left school.

Kotahitanga – Cross sector Collaboration and Collective decision making: Some health professionals working across school based services are isolated professionally and need support for complex cases particularly in relation to mental health.

Wairarapa Health professionals emphasised the good working relationships that they considered to exist among health services and other organisations in the Wairarapa.

Professional training: There is varied training in consultation skills and managing psychosocial problems in adolescents.

Youth Kinex

Privacy and confidentiality: The current venue hinders confidentiality of the service. It is small and the current configuration does not allow for privacy

Cost and funding: Some health professionals report concerns that the free clinic may impact on current enrolments in local medical centres

All Young people are deeply appreciative of the free access to health care in school based services and believe this is an important to receiving the health care they need

Access: Both health professionals and young people report the service is woefully under resourced and the limited availability of the service hinders their health care.

Although the majority of young people are either educated, live, or are employed in Masterton, there is limited access to youth friendly health services for young people out of school in the South Wairarapa.

Manaakitanga – Hospitality, Attitudes and Communication: Young people report that the youth clinic 'Youth Kinex' provides a safe, friendly environment encompassing all the tenets of manaakitanga.

Organisational kaupapa - way of doing things: Applying a comprehensive youth friendly approach is hindered by the lack of capacity of the service. There is not enough time available and too many young people requiring support to take the time needed to provide comprehensive, holistic youth health care.

Youth health literacy: Many young people who have left school are not aware of the availability of the service

Kotahitanga – Cross sector Collaboration and Collective decision making: There is a huge opportunity to extend the services available to include all aspects of youth health and wellbeing. This will require coordination and cross sector collaboration.

Professional training: Professionals are experienced and trained to provide youth health services

Recommendations for the effective provision of a Wairarapa youth health service

There is no one integrated model of youth services that will achieve optimal outcomes for all young people. Rather, it is a mixed model comprising school-based services, community-based services such as youth one-stop shops services and general practice services.

One young person summed up the recommendations succinctly.

"Everyone is different. We are all individual. Don't put money into just one thing. Don't narrow it down and think that's it sorted." (Young person)

The following is a series of recommendations based on:

- Feedback from stakeholders including young people and health professionals across the Wairarapa
- Best practice principles identified by Youth One Stop Shops (Gibson-Rothman, 2017).
- Examples of innovative best practice already existing across the Wairarapa health sector
- Recommendations made in the Wairarapa District Health Board 'Life to go' strategy 2005
- It is hoped these recommendations will be combined with those of the DHB Mental Health and Addictions report (2018)

Robust Governance

1. Develop a District Health Board Youth Health Plan

Develop a Youth Health Plan and incorporate it into the overall District Health Board strategy. Develop specific measurable actions that are implemented, resourced and monitored and evaluated.

Each District Health Board is required to have a youth health plan as part of their responsibilities for the health of their catchment population. Kaupapa, theory and ideology should embrace youth-focused, youth-centred and strengths-based practice. These should be integrated into all areas and levels of the organisation, and drive all decision making and interaction with young people. Young people have specific health needs and evidence on ACE studies strongly suggest that intervention at a vulnerable and early age determine help seeking behaviour and lifelong health.

Although the 2005 DHB health strategy incorporates many of the above aspects there is an opportunity to update and formally embed a current youth health strategy into the governance of the organisation.

2. Create a vision for youth health across the Wairarapa

Develop a strategy that incorporates the principles of effective youth health.

- **Holistic service**: that support young people to thrive physically, mentally, socially and spiritually.
- **For young people:** designed and delivered specifically for the youth age range. It would recognise that young people have specific health needs and requirements that differ from the wider population.
- **Equal outcomes for Rangatahi:** The youth health service should recognise Māori as tangata whenua and their right to equitable health care and outcomes. It should have specific policies, plans and procedures to support the health and wellbeing of Māori.
- **Bigger picture:** The youth health service should contribute to the bigger picture of the health and wellbeing of young people in New Zealand.

3. **Establish a cross sector, collaborative steering group**

Create a Youth health steering group governed by a partnership of local organisations

> *"To address the growing number of issues and improve the level of health and wellbeing of Rangatahi requires a coordinated, collaborative approach. The environments in which Rangatahi move in must recognise the importance of family, culture, educational institutions and communities in helping to shape happy and healthy young people." (DHB, 2015)*

The governing body of the service should steer the services and ensure robust governance policies and procedures throughout. As many of the young people have complex social, emotional and health needs they would benefit from holistic services and an environment that supports integration and collaborative practice across service delivery boundaries (including primary care) to ensure 'any door is the right door'

This may include, but not be limited to the Education, Health, Iwi, Community development, Not For Profit and Government sector. Organisations could be approached such as Compass Health, District Councils, Wairarapa DHB, Maori Health Directorate, Iwi, Connecting Communities, REAP, YETE, the Whakaoriori and South Wairarapa Kahui ako (Schools community of learning).

4. **Commit to Youth participation.**

Create a Youth Advisory Group to provide governance over the implementation of the DHB youth health plan.

Youth participation in the planning and delivery of services is a fundamental principle that should be applied to the implementation of a DHB youth strategy. Youth health services need to be acceptable to young people to increase their engagement with services. Youth should be involved in planning, implementation and delivery of services. They should also be involved in designing the environment, be engaged as staff members and their feedback should be incorporated in services.

5. **Develop a Fair, Flexible Youth Centred Funding Model**

Develop a flexible funding model for youth regardless of what health service they access across the Wairarapa. The funding should be allocated to the young person regardless of what service they choose to access and fair and equitable across all health services.

The New Zealand primary care PHO/GP model of care expects an individual to enrol with a single health professional and then use this health professional for the majority of their primary care. The current funding model is not biologically respectful to youth. Young people are developmentally transient as they learn, train, work and live in a variety of different areas. They are known to 'snack' or 'graze' on services according to their present situation and needs.

Medical centres who have young people present as a casual are faced with complex funding issues where they have to spend time 'clawing back' from the patients enrolled service.

6. **Implement a coordinated Patient management systems and reporting**

Implement a patient management system that is consolidated and supported so that the function provides:

- **valuable information**
- **consistent information across providers**
- **mechanisms for feedback**
- **automated reporting from clinical management IT systems**
- **supports transitions from school and youth based clinics to a general practice.**

Reporting on outcomes for youth across medical centres, school based and the youth clinic is inconsistent and cumbersome. It is difficult to share information across services to ensure consistency of care.

There is a need for early electronic flagging of clients as they turn 24 years to prompt transition planning, guide choices for clients on appropriate services and facilitating contact between clients and providers if support is needed.

Robust workforce development

7. **Establish a Wairarapa Youth Health Service Specialist team**

Create a specialist Youth Health team that are mobile and can support all school, practices and the youth clinic. These would be dedicated professionals who are trained in youth health and development.

There are pockets of collaborative practice, shared case management and informal networking across the youth health sector with experienced health professionals, however the majority of Nurses, Doctors and health professionally are isolated professionally and geographically.

The Youth Health Service Specialist team would:

- Synthesise common health issues across the region and advocate for services to address them
- Create opportunities to share best practice on how to address youth health issues
- Share expertise, case management and provide supervision for health professionals working with high risk young people
- Support nurses in all school and youth clinics
- Convene regular network meetings with all health professional who are working with youth.
- Visit colleges on a regular basis that don't have school-based health care.
- Support youth events and areas where there are high density youth e.g. Castlepoint, Riversdale at holiday time.

8. **Train health professionals to provide best practice health care**

Develop and implement a training programme for health professionals in youth development, adolescent brain development and their behaviour, social, emotional development, health needs and holistic assessments.

There is evidence of huge passion, good will and interest in providing quality health services to young people across the sector. Every person interviewed for this report displayed a commitment far beyond their job descriptions to understand young people and help.

Many have received training in specific health issues e.g. sexual health, self-harm, suicide risk assessment, however there was little evidence of training in 'youth' as a whole. As anyone working with youth will know, their needs are complex, their developmental needs are specific and best practice in youth health care is challenging.

It is vital that all professionals that come into contact with young people have an understanding of their needs. Staff at reception, and health professionals would benefit from an understanding of the barriers and enablers to effective youth engagement, assessment and intervention.

Improve youth and whanau 'health literacy'

9. Increase health literacy and knowledge about services through promotion and increased publicity

Develop and distribute a Wairarapa wide health education information pack

The youth health service should contribute to the bigger picture of the health and wellbeing of young people in New Zealand.

Young people and their whanau need

- better education on the short and long term consequences of 'forgone care'
- better education on the consequence of risky behaviours such as drug and alcohol use, risky sexual behaviour, driving and the impact of toxic stress
- increased knowledge of what services are available
- simple instructions on how to access services
- improved understanding of current health issues

Some of the solutions are already in place but need more consistency and coverage for all young people

Develop and distribute a comprehensive School leavers pack to all schools.

Kuranui health clinic develop a pack of handouts that is provided to all school leavers across the region. The aim of this pack is to increase knowledge of youth health issues and available services for young people and improve access through increased knowledge of enrolment procedures. The pack contains information on available local services and instructions on how to enrol in a local medical centre.

Create a health Survival pack across all medical centres

As a social enterprise Masterton Medical applies "commercial strategies to maximize improvements in financial, social and environmental well-being." (health professional)

Currently Masterton Medical provide a 'Summer survival pack' available to all young people who attend the Youth Kinex service. This pack is funded by Masterton Medical and contains information on on-line and other available health services, sexual health information, and contains takeaways such as lip balm, sunscreen and condoms. They plan also to include a guide on how to enrol in a medical centre and it is branded with the organisations logo.

Making this pack 'youth friendly' and freely accessible to all young people would provide young people with information on health issues, helps to improve access to health services through an improved knowledge of how to enrol and increases potential new enrolments through branding awareness.

10. **Investigate educational partnerships with schools that improve youth health literacy.**

Develop a collaborative partnership with the Whakaoriori and South Wairarapa Kahui Ako (Communities of Learning) to improve their wellbeing and health literacy.

Schools are struggling to educate and manage the complex health issues they are presented with each day. Health professionals can improve health literacy by supporting educational programmes that are linked to the NZ health and PE curriculum in schools. This support must align with educational curriculum requirements and be flexible enough to suit individual schools' timetables and curriculum restraints.

Youth Friendly Medical Centres

11. **Incorporate best practice for youth health care across all medical centres**

Integrate kaupapa, theory and ideology that embraces youth-focused, youth-centred and strengths-based practice into all areas and levels of the organisation, and drive all decision making and interaction with young people.

This would require a review of

- Waiting rooms and reception areas to ensure they are 'youth friendly'.
- Communication on the availability of free youth health care for those under 21 years old e.g. sexual health.
- Confidentiality policy's clearly and regularly explained to young people and staff
- Holistic assessments to understand the young person in their entire context. These should use non-judgemental, strengths-based and youth appropriate language.
- Enrolment processes for youth that support flexible and allow them to access a variety of health services across the Wairarapa.

Equitable School based services

12. **Provide a fully resourced, equitable school based health service to every school in the Wairarapa.**

A fully resourced school based service would have:

- **Regular access to and support from a GP or health practitioner.**
- **Health professionals who are trained and resourced to complete a HEADSS assessment for targeted students.**
- **Regular networking and professional development opportunities for staff working across the sector.**
- **A social worker to work collaboratively with the Guidance counsellor and Health professionals**

School based services address many of the barriers to effective youth health service provision. They resolve transport barriers, play an important role in de-stigmatising service access, are immediate, free, private and have a youth friendly kaupapa. One young person summed up by saying:

> *"We know what works. School health clinics are full. Kids use them. Make them great so we can all benefit."*

Some New Zealand regions are trialling mental health support in primary care settings. These Health coaches are skilled in counselling skills such as brief therapy and acceptance commitment therapy(ACT).

Youth Health Hubs.

13. Expand Youth Kinex to become a hub for holistic youth health care across the Wairarapa

It is clear that Youth Kinex provides a vital service to youth across the Wairarapa, particularly to those who have left school. Demand currently outweighs supply and the current venue is a woefully inadequate space.

Youth Kinex needs to include more privacy, waiting space, increase availability, hours and days it is open and increase and broaden the services to include mental health, social connections, careers advice and other aspects of wellbeing/hauora.

Locate and inhabit a new facility.

The venue would be a centrally located youth friendly place, big enough for groups of young people to meet regularly and professionals to convene.

The venue would be configured to maintain confidentiality with break out, consult rooms and meeting spaces

The venue would allow for expansion of complimentary services

Develop partnerships with community organisations to provide holistic health care for young people

The hub could serve as a base for the Youth health specialist team and support school based clinics across the Wairarapa

This service could hold enrolments and manage the administration for all youth using school based health clinics and Youth Kinex

A collaborative partnership and cohabitation with the Youth Council 'wellbeing café' would increase foot traffic and destigmatise help seeking as well as involve young people in the provision of health services.

A collaborative partnership with YETE (Youth, Education, Training and Employment' providing job clubs and careers services could also encourage young people to access health care.

14. South Wairarapa Community centre and medical centre

Support the development of a Youth health hub in Featherston

The Featherston Medical Centre is moving alongside the new Featherston Community Centre. This new premise could serve as a base for youth health service provision in the South Wairarapa, replicating the model developed at Youth Kinex.

Organisations such as the Featherston Medical Centre, Featherston Community Centre, Fab Feathy community development and Wairarapa Whanau Trust have indicated willingness to work collaboratively to establish a South Wairarapa youth health hub.

69
MLMckenzie
Wairarapa youth health services
DHB & Tu Ora Compass
December 2019

References

Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, & T., Utter, J. (2013). **Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012.** Auckland, New Zealand: The University of Auckland.

Collaborative Trust. (2011) **Youth Health Manual. Enhancing the skills of primary care practitioners in caring for all young New Zealanders.**

Davis, R., Davis-Tana, S., Vea, T. Porirua. (July 2019). **Youth Insights Report. An Integrated Youth Model of Care.** Prepared for Gerardine Clifford-Lidstone, General Manager Child, Youth &Localities. Capital & Coast District Health Board.

Deane, K., Dutton, H. & Kerekere, E. (2019) **Ngā Tikanga Whanaketanga – He Arotake Tuhinga. A Review of Aotearoa New Zealand Youth Development Research**. Auckland, NZ: University of Auckland

Denny S., Grant S., Galbreath R., Clark, T.C., Fleming, T., Bullen, P., Dyson, B., Crengle, S., Fortune, S., Peiris-John, R., Utter, J., Robinson, E., Rossen, F., Sheridan, J., & Teevale, T. (2014). **Health Services in New Zealand Secondary Schools and the Associated Health Outcomes for Students.** Auckland, New Zealand: University of Auckland

Denny, S Farrant, B., Cosgriff, G., Mo Harte RN, Cameron, T., Johnson, T., McNair, V., Utter, J., Crengle, S., Fleming, F., Ameratunga, S., Sheridan, J., & Robinson, J. (2013) **Forgone Health care among secondary school students in New Zealand. Journal of primary health care**. Volume 5. Number 1. March 2013

Duncanson, D., Oben, G., Adams, J., Richardson, G., Wicken, A. & Smith, L. (November 2019) **Health and wellbeing of under-25 year olds in Hutt Valley, Capital & Coast and Wairarapa Draft 2019 report**, New Zealand Child and Youth Epidemiology Service, Department of Women's and Children's Health, University of Otago.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study**. American Journal of Preventive Medicine, 14 (4), 245-258.

Patton, G., Olsson, C., Skirbekk, V., Saffery, V., Wlodek,M., Azzopardi, P., Stonawski, M., Rasmussen, B., E.; Francis, E., Bhutta, Z., Kassebaum, N., Mokdad, M., Murray, C., Prentice, A., Reavley, NP., Sweeny, P., & Sawyer, S. **Adolescence and the next generation**. https://www.nature.com/articles/nature25759

Gibson-Rothman, L. (April 2017). **Youth one stop shops in New Zealand: A framework for recommended practice**. Working Together fund.

Gluckman, Sir Peter (FRS). (26 Aug 2010). **It is Hard to be a Teenager: Keynote address to alumni and friends of the University of Auckland**. Wellington.

Helman, S, Dr. (2019). **Proposal to Improve Youth Health Services in the Wairarapa.**

Masterton and Carterton District Councils (June 2016) **Wairarapa Rangatahi Development Strategy 2016 – 2021.**

Ministry of Health. (2009) **Synopsis Report. Evaluation of Youth One Stop Shops Version 1.1**. New Zealand.

Ministry of Youth Development (2009). **Keepin' it real. A resource for involving young people in decision-making.** New Zealand.

Ministry of Health. (September, 2002) **Youth health: A Guide to Action**. New Zealand.

Nobilo, H. (2017) **An insight into adolescence**. Brainwave Review, Issue 25, Winter 2017.

Nobilo, H. (2018) **Explaining social and emotional changes during adolescence**. Brainwave Trust Aotearoa 2018

Nobilo, H. (2017). **Understanding adolescents who have experienced early adversity**. Brainwave Trust Aotearoa 2017.

Noel, H., Denny, S., Farrant, B., Rossen, F., Teevale, T., Clark, T., Fortune, S. (2013). **Clustering of adolescent health concerns: A latent class analysis of school students in New Zealand**. Journal of Paediatrics and Child Health, 49(11), 935-941.

O'Neill, K. (2019) **Another way to look at teens. Positive youth development**. Brainwave Review, Issue 29, Summer 2019

O'Neill, K. (2018) **Resilient Rangatahi**. Brainwave Review, Issue 28, Summer 2018

O'Neill, K. and Lisa Busch, L. (2012) **Adult health... What's childhood got to do with it?** Brainwave Trust Aotearoa 2018. First published Brainwave Trust Newsletter 17, Summer 2012

Steinberg, L. (2016). **Adolescence (11th ed.).** New York, NY: McGraw-Hill Education

Te Rōpū Rangahau Hauora a Eru Pōmare, (2015) **Wairarapa District Health Board Māori Health Profile.** University of Otago, Wellington. Ministry of Health.

Wright, S. (2017) **It's not their hormones. It's their brains**. Brainwave Trust Newsletter 20, Winter 2014. Updated December 2017.

Waldegrave, C; King, P. (2015) **Overall Synthesis Combined Summary Report for the Wairarapa Social Sector Trial (SST): Snapshots and Mapping**. Family Centre Social Policy Research Unit. Wairarapa Social Sector Trial 31 August 2015.

Wairarapa Safer Community Trust. (2016) **Rangatahi Health and Wellbeing Report**. Wairarapa Safer Community Trust.

Wairarapa District Health Board. (12 Dec 2018) **Wairarapa mental health and addiction service review report Version** 1.0 Status Final Draft Report. Wairarapa District Health Board.

World Health Organization (2011) **Young People: Health Risks and Solutions Fact Sheet** No 345 cited at http://www.who.int/mediacentre/factsheets/fs345/en/

Life2go

- The strategy!

Daniel's story…

Four years back life was looking good. I was studying for a Bachelor of Arts double majoring in sociology and philosophy. Yeah, things were looking up alright.

After having acquired a large bag of marijuana during the holidays I returned to the hostel where I lived and set about getting stoned. At every conceivable opportunity I smoked pot, smoking so much my lungs ached. But no matter how much you abuse a substance it is never enough. So in a short space of 10 days, that large bag was reduced to nothing. To follow this, began the first of several psychotic episodes that would forever change me and plague my mind. I remember being awake for 3 hours and still counting. A deep insomnia possessed me…. but then came the paranoia. My mood would change from elation to desperate despair. Like a surge of power caused by faulty wiring.

Life had taken a sudden u-turn on an already busy motorway and now I was driving on the wrong side of the road with my foot pressed hard down on the accelerator, all the while completely oblivious to the fact that what was going on with me was not real - just in my head. But it is real, it felt real anyway.

For a whole week I had still been unable to get to sleep. I had not even showered all that time, and had little to eat. I was physically drained. Lucky for me, people at the hostel noticed that something was not right with me. My sudden outbursts, muddled speech and appearance must have given a definite indication.

A friend of mine came into my room and asked me to go to the University's medical clinic with her. She was worried. I was deeply psychotic. At the clinic questions were asked and I was given some tablets. That night I got to sleep for the first time in over a week.

I was then introduced to the mental health service through the early intervention service at the hospital and had regular weekly appointments. One thing the psychiatric nurse, Julie, always told me was that there is always hope. This seemed to stick in the farthest corner of my mind. The psychoses had passed how a bad storm does, and now I was left with trying to rebuild my life.

But the psychotic episode had left me numb. By numb I mean, I had little emotion. No longer myself, just an empty shell wandering the streets aimlessly. This was rock bottom. So alone, so bored and so agonisingly depressed. My confidence was shattered, I became withdrawn. Even suicide was a serious, viable option.

A solution came to end this situation. I left the hostel and went home to live in Masterton. At last I was at least half way to some so-called idea of happiness. After having endured the longest and hardest few months of my existence, this experience set a template for times to come, and how it changed my view of life to 'there's always hope".

From a member of the Youth Advisory Group:

Why am I doing this? My life is busy enough just dealing with the demands of school, why would I want to take time to be involved in the formation of the Youth Health Strategy? I believe it is because I want to make a difference to the life, health and future of Wairarapa youth. I can see, and have known myself, how horrible experiences such as Daniel's can be. Daniel's story is not uncommon; it is a real life example of the sometimes troubled state of youth health in the Wairarapa. This strategy works to bring to the floor and address the issues and needs of youth in the Wairarapa, and link these to current and possible future services.

I believe that if we can pull together and coordinate the existing services for youth in the Wairarapa then we will have a greater, more positive and wider reaching effect on youth. The sum of the parts is greater than the individual. I think this would be more appropriate for youth; often many factors contribute to poor health of a young person. To effectively treat and deal with the issues facing any one young person we need to address each aspect of their health. One service on its own can only address the issues that fall into their area of expertise; this is not a realistic approach for youth health. We need to work together.

Every young person's story is different, some extreme, some not so, each are every bit as important. But I believe that all youth in the Wairarapa can benefit from this strategy, be it by the mere publication of it and the improved knowledge and awareness it brings, and the future implications of it. I hope this strategy is more than just picked up and read by the people of the Wairarapa, I hope it is taken in.

Kate Murray
Aged 16
Youth Steering Group Member

Table of Contents

Life2go – The Strategy Tree

Health Priorities	Objectives		3 Strategic Priorities and their key actions		Measures of Progress
Address the incidence and impact of motor vehicle accidents	Reduce Inequalities	Support and build capacity and capability in community and school-based education and support services	Achieving whanau ora	**1. Youth Participation** • Governance of Youth Health Strategy provided by Youth Advisory Group • Management teams developed for each service • Governance and management group membership comprises 50% youth	Motor Vehicle Hospital Admissions
		Increase access to community based youth services			Motor Vehicle Fatalities
Improve the mental wellbeing of all youth		Youth with dual diagnosis are identified and all needs supported			Suicide Rate
		Reduction in at risk use of alcohol and drugs		**2. Communities Working Together** • Increased focus on health promotion and education • Increase in joint approaches that ensure effective use of resources reaches the widest possible audiences • Te Whare Tapa Wha model is applied to actions that advance this strategy	Rates of self harm
		Educate friends and whanau in identifying warning bells			Number of people seeking support for mental health and alcohol and drug issues
Reduce drug and alcohol related incidence		Develop support systems for parents of youth with challenging behaviour			Alcohol and drug related hospital admissions
					Improved management of chronic illnesses such asthma
Improve sexual health		Reduce the incidence of STIs		**3. Youth Health Services** • School based health services developed in secondary schools • Community based clinics targeting young people not connected to school community • Programs targeting specific groups will be developed	Number of people diagnosed with STI
					Reduced sick days from school
		Reduce the number of unwanted teenage pregnancy			Number of terminations of teen pregnancies
					Number of Teenage births
Encourage healthy lifestyles		Promote and encourage healthy eating			Avoidable hospital admissions
		Promote and encourage healthy action			
		Reduce the number of youth who smoke			Incidence of smoking among young people
		Good oral health			Lower level of decayed, missing or filled teeth in adolescents
		Reduction in incidents associated with violence			Vision and hearing outcomes

Life2go – Introduction

Most young people are healthy and think that they have strong positive relationships with their parents and school environment[1]. In fact, over 80% of them report through a range of studies that they feel healthy, do not engage in multiple risky behaviours and report that they have positive connections to families, schools and their peers.

However, there is a lot of evidence that suggests that the other 20% do not connect well with services, and experience significant health issues that have long term effects on their emotional, mental and physical well being. Many of these health issues go untreated for long periods of time which in turn impacts on the seriousness of the illness and the effectiveness of the treatment when it is eventually provided. Education, early identification and early intervention of all health and social issues are the keys to improving health and social outcomes for young people.

However, encouraging young people to seek help from health services is not a simple matter. When asked why they are reluctant to seek help for an illness or health issue, young people indicated the following barriers:

- The cost of health services
- A perceived lack of confidentiality of services
- Embarrassment about their health issue, and
- A lack of understanding of the services currently available and how they operate.

When asked what they really need from health services, young people answered:

- Sexual health advice and access to checkups and contraceptive prescriptions
- Counselling and support for personal problems, and
- Counselling and support for problems associated with being in a family with issues relating to mental health, alcohol or family violence.[2]

In July 2005 the DHB published *'Life2go! Youth health in the Wairarapa'*.[3] This booklet described the many facets of health and social issues, services and points of view that impact on the wellbeing of young people in the Wairarapa. This document – *Life2go – the Strategy* takes things a step further and describes the health objectives that need to be targeted and why. It describes how the DHB will work with young people and agencies to make real health gains in the future. It sets directions and actions that will really make a difference to the health of youth / rangatahi in the long term.

[1] NZ Youth / rangatahi – A profile of their health and wellbeing, April 2003
[2] Wairarapa District Health Board On line survey of youth health issues – October 2004
[3] Life2go! Youth health in the Wairarapa – *Wairarapa District Health Board July 2005*

What are the issues?

Most young people are healthy, many go to the doctor when they do have a health problem, and are well supported by their friends, family / whanau, and school relationships. In many areas of youth health the Wairarapa is doing really well; many serious outcomes of risky behaviour are declining, for example, the number of young people involved in serious car accidents is declining, the number of babies born to young mothers is declining, and the incidence of smoking among teenagers across all age and gender groups is also declining.[4]

However the rate of improvement has slowed down and the communities that young people live in believe that these indicators do not entirely reflect what is happening for youth, that there are many who do not go to the doctor, and who do not know where to find help for emotional and social issues.

There are health indicators that show that there are areas that need a concerted effort if they are to improve. *Life2go – the strategy* will focus on these and take an early intervention approach to addressing them.

Statistics about Wairarapa's young people aged between 10 and 24…

- Make up 21% of the population
- 23% of these are Maori
- 62% live in Masterton, 17% live in Carterton, and 21% live in South Wairarapa
- 68% of them fall into the lower decile population groups
- Overall, the population of young people is declining
- Road traffic accidents are the main cause of fatalities and hospital admissions
- There is a declining rate of births to young mothers, but,
- The rate is 4th highest in New Zealand
- The risk of suicide among young people is of high concern
- Self harm has caused 35 admissions to Masterton Hospital Emergency Department in the past 2 years.
- The rate of self harm in the Wairarapa is high compared to national averages.
- Hospital admissions for self harm are thought to be the tip of the iceberg for this problem
- Binge drinking affects large numbers of under 18's

Healthy Eating - Healthy Action - In Action!

- The number of Year 10 males who smoke is higher than the rest of the country
- Smoking accounted for 3% of stand downs and 2% of suspensions from secondary schools during 2003/04
- Only 67% of 13 – 18 year olds complete their treatment at the dentist each year
- An estimated 8% of young people live with a disability that affects their daily activities

[4] Appendix 1 – Life2go – the background – 1.3 What are their health needs?

What's important?

Through a process of consulting with the community *six overarching principles* that are important in the development or delivery of youth / rangatahi health services in the Wairarapa have been identified.

Six Overarching Principles

1. **Achieving whanau ora** is the overarching objective of this strategy
2. **Youth participation** in the development and delivery of services is essential
3. **Information** is provided to young people, their families and whanau that allows them to make well informed choices about their health and wellbeing
4. **Collaboratio**n between service providers, families / whanau, schools and youth finds coordinated ways to better meet needs of youth / rangatahi and acknowledge the importance of education, employment and health in a young person's life
5. **Accessibility** for young people to health and social services is paramount
6. **Acceptability of services** to youth / rangatahi and their family /whanau is a priority.

Five Health Priorities

A review of a range of information from several sectors was undertaken by the Youth Advisory Group and identified those areas of health concerns that the DHB will channel energy into improving through the implementation of this strategy. These concerns are reflected in *five health priorities* that will be targeted through youth specific services in the future.

1. Reduce motor vehicle accidents
2. Improve the mental wellbeing of all youth / rangatahi
3. Reduce drug and alcohol related disorders and problems
4. Improve sexual health
5. Encourage healthy lifestyles.

These health priorities are not peculiar to the Wairarapa and are in fact, considered high priority areas in most DHBs.

Addressing these health priorities effectively requires a coordinated effort by families / whanau and the whole community, working across all sectors and the agencies that represent them to influence young people and their families and friends to make good choices about health and social issues.

The lives of young people are influenced by many sectors; while education is arguably the most important, health, police, transport, ACC and community groups also have a big role to play and clearly, no one sector or agency can address all health and social issues on their own. Through the collective actions taken by the whole community a *'Magically Wairarapa'* response to improving the health and wellbeing of our young people will emerge.

Three Strategic Priorities

This strategy aligns itself with the DHB's continuum of care identified in the DHBs Strategic Plan.[5] The continuum of care identifies that two different levels of focus are needed in order to make long term health gains. The first level focuses on the whole community working together to improve the health and wellbeing of its young people by supporting and educating the whole community to make better health choices for itself and its young people. The second level of focus is on the specific health needs of each young person individually and meeting these needs as promptly and effectively as possible.

To achieve this, three strategic priorities will be advanced. These priorities require input from all corners of the community, and require a collaborative and intersectoral approach if they are to provide the structure that will support the implementation of this plan.

1. Youth Participation

The DHB intends to adopt a full partnership with youth in the implementation of this strategy. The following groups whose membership comprises 50% young people will be established:

- Wairarapa DHB Youth Advisory Group will provide governance over strategy implementation
- Management teams guide the development and operation of individual services.

2. Communities Working Together

Communities surrounding young people will work together to initiate long term change in behaviours that impact on health and well being. This will involve:

- Increased focus on health promotion and education using many approaches to achieve a greater understanding of the importance of healthier lifestyles
- More joint approaches that ensure effective use of resources reach the widest possible audience
- The health concept Te Whare Tapa Wha underpins all work undertaken in the school community ensuring holistic approaches are developed and applied to support long term behavioral changes in both the young person and their family/whanau

3. Youth Health Services

The DHB will develop a network of youth health services and programs across secondary schools and the community in order of assessed priority as resources become available over the next three to five years:

- School based health services will be developed in secondary schools
- Community based clinics that target young people who are not at school will be developed
- Programs targeting the needs of specific groups will be developed to complement existing ones as opportunities present.

These three directions are discussed further in the sections that follow.

[5] Appendix 3 – Continuum of Care Diagram – WDHB Strategic Plan 2005 - 2008

Strategic Direction 1 – Youth Participation

Actions:

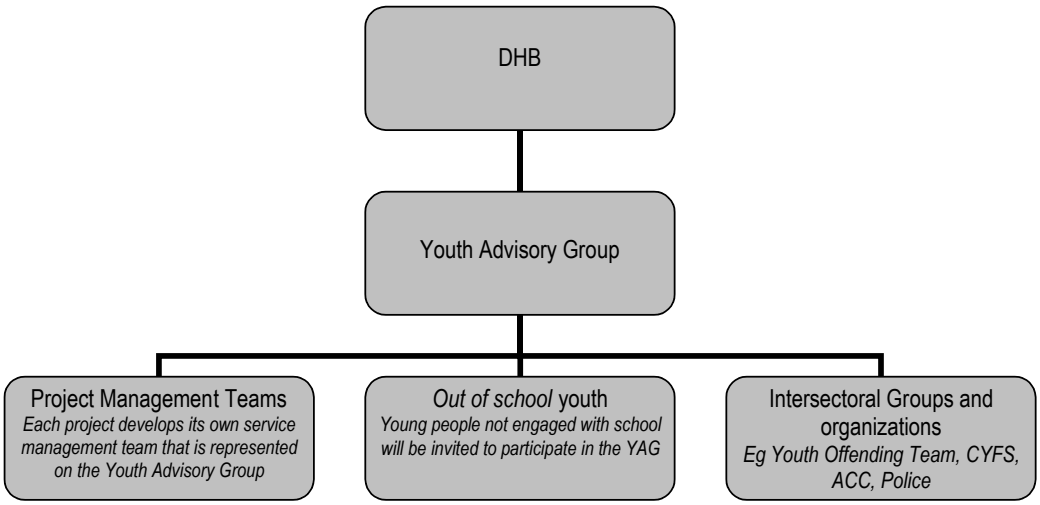
- Governance for the strategy will be provided through the DHB Youth Advisory Group.
- The groups terms of reference and membership will be reviewed to allow it to effectively perform this function
- Management teams will be developed for individual services.

Youth participation in the planning and delivery of services is a fundamental principle that will be applied to the implementation of *Life2go.* The DHB's Youth Advisory Group membership will ideally consist of 50% youth; services will be encouraged to adopt the same principle in establishing their management teams.

Ensuring that *Life2go* is implemented effectively and meets the needs of the community will be the role of the Youth Advisory Group. This group's terms of reference will be reviewed annually.

Each youth service or project will have its own management team. This team will provide oversight of the service and aim to ensure that the it meets the needs of its community. Services will be encouraged to ensure that their management team consists of 50% youth in its members.

The following diagram depicts the relationships between each of the groups mentioned.



Strategic Direction 2 – Communities Working Together

Actions:

- Increased focus on health promotion and education
- More joint approaches to ensure effective use of resources reaching the widest possible audiences
- Te Whare Tapa Wha model is applied to actions that advance this strategy

Developing the Community Approach

Over the past ten years there has been much improvement in several of the key determinants of the health of young people. Statistics show that there has been a gradual reduction in:

- The number of births to teen mums
- The number of young people smoking and
- The number of fatalities and injuries from road accidents.

However, the rates of improvement have declined in recent times and some areas show that things are either, at best, not improving or in some cases, deteriorating:

- The rate of exclusions from secondary schools in the Wairarapa is high
- The extent to which teenagers report incidents of binge drinking has increased
- The number of young teenagers smoking is increasing again
- The level of sexual activity is increasing, and the numbers of terminations of pregnancies is increasing
- Youth offending continues to be a problem with many of the offenders known to be truant from school
- Levels of obesity are increasing and physical activity is decreasing
- The numbers of young adults that engage with dental services remains at about 67%.

It is well identified through work done in other youth specific services throughout New Zealand that it is only by taking a holistic view of all the factors that impact on young people's lives, the negative cycle of deprivation, low income and low educational attainment leading to health related problems can be improved.

DHB health promotion and education teams are currently working across the Wairarapa to promote healthy lifestyle approaches. There is much more yet to be done, obesity is an issue, our under 18s are regularly supplied with alcohol by their friends and families, there are high levels of self harm among young women in particular and suicide affects all too many of our young people.

The importance of effective health promotion and education programmes cannot be understated. Public Health Teams are currently reviewing the way that they work and developing new programs to complement existing ones. These will continue to be linked with all agencies in the Wairarapa. There is a need to extend this work to reach into the lives of families / whanau in order to achieve long term health benefits across all aspects of a young person's life.

Many agencies have contributed to the development of this strategy and in doing so demonstrate a genuine willingness to work together to increase the likelihood that any new initiatives are well co-ordinated and will result in improving health, educational and wellbeing outcomes for both the students and their communities. Health services that target only the unwell person will be opportunistic and unlikely to result in long term behaviour changes therefore health promotion and education are key to affecting this change but it will also involve working intersectorally to:

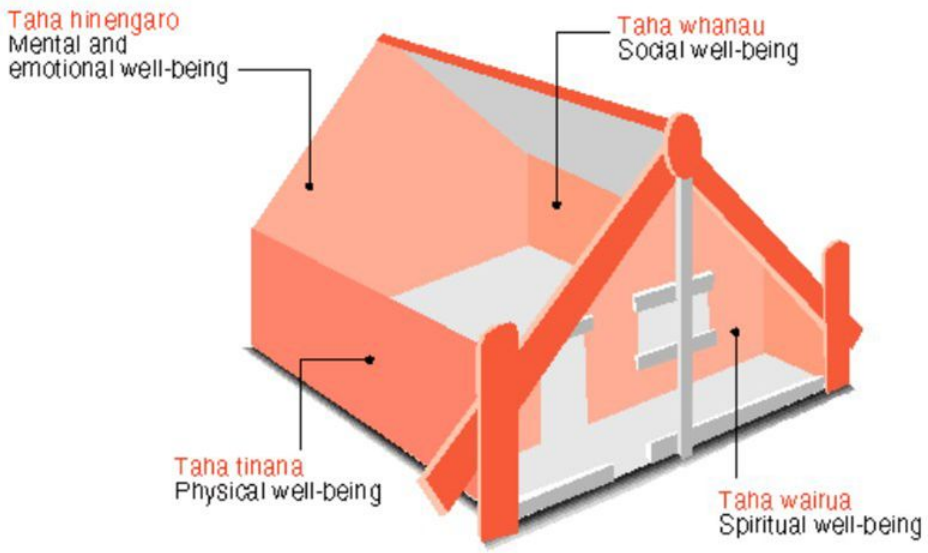
- Develop programs that target truants, young offenders and students at risk of harmful behaviours
- Use multiple channels to assist families / whanau to work with their children to make healthy choices
- Provide resources and support to school staff in the delivery of the health curriculum and the education of their school community.

Te Whare Tapa Wha model applies

Mason Duries' Te Whare Tapa Wha model clarifies the importance of adopting a 'whole person' approach to improving the health of young people by recognising the importance of the balance between the four aspects of a person's health:

- Taha wairua - spiritual health
- Taha hinengaro – mental and emotional health
- Taha tinana – physical health
- Taha whanau – whanau health

This model depicts the components of Hauora (wellbeing) as the four walls of the whare. Each wall represents a different aspect that relates to the above dimensions of health.



Each of these four dimensions influences and supports the others; not one can be seen in isolation of the others and from a youth health perspective, importantly recognises the role of friends and family / whanau in the health and well being of youth.

The Wairarapa community must be encouraged to provide support and leadership to its young people, set reasonable boundaries, and guide them as they move through adolescence to adulthood.

The Wairarapa DHB is committed to a partnership with Maori under the Treaty of Waitangi. Population forecasts show that the numbers of Maori youth in the Wairarapa are increasing to a significantly larger percentage of the total Wairarapa population from currently comprising approximately 20% of the total youth population in 2006 to almost 40% in 20 years time**.**

The involvement of whanau in the planning of Wairarapa youth health services is central to their effectiveness. Maori community consultation and input will enable the development of services that are comfortable, accessible and helpful for the rangatahi and family / whanau using them.

Strategic Direction 3 – Youth Health Services

Actions:

- School based health services will be developed in secondary schools
- Community based clinics that target young people who are not at school will be developed
- Programs targeting the needs of specific groups will be developed to complement existing ones as opportunities present.

Early intervention approach will be adopted across all services

This strategy identifies that a proactive approach to early identification and appropriate follow up of all health and social issues is paramount in ensuring that improved health outcomes for youth are achieved. Evaluations of school based services provided in other DHBs indicate clearly that there are many significant health problems that would have remained undetected if a service responds only to requests for health assistance. Undetected health issues impact on the student's ability to function well in the education environment and can often lead to much larger issues if they remain untreated.

Current Services for Youth in the Wairarapa

Youth health services in the Wairarapa have been developed in schools on an ad hoc basis in direct response to specific needs or service gaps.

Over the past few years it has been the DHBs Public Health Service and the Nursing Innovations Programme (now delivered by the Wairarapa Primary Health Organisation) that has responded to the need to deliver health services in the communities where young people live. This has resulted in several schools in the Wairarapa having access to nurse led clinics either on site or nearby as is the case in Greytown. Some also have a doctor provide services on site once a week. Wairarapa College provides and funds a nurse and GP hours from their own funds, while the three boarding schools also provide some access to health professionals for their students.

All of these clinics have been limited in the number of hours that they are available to students, and are also limited in the numbers of schools that have access to them. While there is no doubt that they have been well received by the young people that they target, there is anecdotal community perception that this is not sufficient to make a real difference to the overall health of the young people in the Wairarapa.

School Based Services in Counties Manakau

Studies done in Counties Manakau DHB where school based services have been developed through the Ministry of Education's AIMHI[1] program revealed:

- 75% of Year 9 students received a comprehensive health assessment and of these:
  - 34% required referral to further health care due to unmet needs
  - 18% of students required referral to social services
  - 13% of students failed the vision screen – most did not know that they had visual problems
  - 7% failed the hearing screen
  - 31% had BMIs of over 30.

Across all students in the schools involved there was:

- An increased awareness of personal hygiene through regular assessments significantly reducing the need for more acute treatment for conditions such as boils and abscesses
- Reduced fragmentation and frustration and improved outcomes for students who have multiple agencies and providers involved in their care through better coordination
- Reduced impact of sports related injuries through better follow up and the inclusion of a physiotherapist on the youth health team
- A reduction in one school from 17 unplanned and unsupported pregnancies per year to an average of 2 supported pregnancies per year
- A reduction in school average Body Mass Index from 31 to 27
- A changing culture across the schools eg 'Healthy Eating'

Youth Services in the Wairarapa in the future

Community Based Services
Some communities have developed Youth One Stop Shops (YOSS). In December 2004 a group of 15 YAG members visited three Youth One Stop Shops in the lower North Island. The services visited were:

- Youth One Stop Shop – Palmerston North
- Evolve – Wellington City
- Hutt Valley Youth Health Service – Lower Hutt

YAG members had mixed sentiments about these services. Comments from them included:

- They appreciated the youth friendly environments especially those with 'drop in centre' approaches
- Liked the concept of a youth focused centre
- Noted the centres tended to focus on 'the naughty kids' and acknowledged the risk that this may exclude kids not in a particular group

The DHB aims to increase resourcing of youth health services to a level that allows health professionals to provide holistic services including comprehensive screening of all students as they enter their secondary school years. It is expected that this will also allow young people to develop better relationships with health professionals which in turn will improve the likelihood of them seeking help when problems occur in the future.

Providers will be encouraged to work holistically with young people in the context of their whole lives, in ways that ensure all services are working collaboratively, are well coordinated and no matter where a young person seeks help from, ensuring that their needs can be met; that they are not turned away feeling there is no one service or person that can help them. Feedback from the Greytown community based youth health clinic, which works in this collaborative way, shows that this approach produces very positive outcomes.

Having explored a range of options for increasing youth health services the DHB is committed to ensuring that new services developed increases access for as many young people as possible.

For this reason, first priority will be given to the development of health services based in secondary schools with the highest level of need. A staged roll out of these services will allow for a robust model of service delivery to be developed in one or two schools that is also flexible enough to adapt to meet the needs of each schools community.

WIPA Services in Porirua Schools
Porirua City School Based Services
Wellington Independent Practitioners Association has been providing school based clinics in 4 secondary schools in the Wellington district since May 2000. Key learnings from their experience include:

- Schools with a nurse on site every day have higher access rates than those where the nurse does not attend every day
- School services are resourced at a rate of 7 nurse hours and 3 GP hours per 500 pupils
- This level of resourcing does not allow nurses to participate in longer consultations, counselling, or health promotion and education
- Service uptake was instant
- 56% of Maori students in the schools access services

Once higher needs secondary schools have robust health services operating, the next priority will be given to establishing a youth health clinic in the Masterton community to cater for those young people who are no longer associated with a school, or for those young people that attend schools that do not have a health clinic on site. Due to a relatively small population such a clinic will operate in carefully selected timeslots such as later afternoons or Saturday mornings to maximize the opportunities to capture clients.

All services will be developed in ways that enable the most efficient use of both existing and new resources and that services are not duplicated. Therefore, it is anticipated that the Nursing Innovations Programme will continue to provide clinics in the Greytown community and that the Public Health Team will also continue to work in secondary schools in ways that complement any school based health service yet to be developed.

Next Steps

Strategic Direction 1 – Youth Participation
• Work with 3 District Council Youth council to develop a Wairarapa wide, multi agency youth council • DHB and Youth Council annually identify a health focused project • Support Youth Council to provide advice to the DHB on youth related health issues
Establish management committees for youth health services as needed *Membership* – no more than 10 – 12 members with representatives from the service base (eg the school) and health professionals. Membership should consist of, at least 50% youth *Purpose* – to ensure onsite youth focussed input into youth health service development and delivery *Responsibilities* – meet regularly – at least 4 times a year • Oversee each service development and delivery • Monitor performance of service and provide advice regarding service efficacy
Strategic Direction 2 – Community collaboration
Take an 'all of school community ' approach to working intersectorally to promote healthy living and reducing risky behaviours *Purpose:* improve child and youth health through health promotion and education for families, teachers and students together
Clarify and improve understanding of roles and boundaries within the 'healthy schools' service
Provide resourcing for intersectoral forums and projects that aim to improve the health and well being of youth eg obesity
Establish a DHB wide Youth Health Promotion Annual Plan Process
Fully implement the Family Violence Intervention Guidelines as applied to youth health, linking with other providers and agencies
Participate in nationwide project to improve collaboration between Child and Youth Family Services and Child and Adolescent Mental Health Services
Strategic direction 3 – Youth health services
Increase access for youth to youth specific health services including: • Development of school based health services prioritised to reduce inequalities • Ongoing development of community based youth health services • Access to allied health services – physiotherapy, speech language, dietician • Specialist mental health and addiction services • Clinical nurse and GP services
Reshape service agreements to achieve: • Support for youth focussed outcomes • Coordination and collaboration between agencies • Identification and removal of contractual barriers or disincentives preventing improvements in child health • Collaboration between community and DHB provided specialist medical and nursing services, PHOs and Public Health teams
Increase the level of expertise in youth health by supporting and promoting youth related professional development of all staff involved with youth health services

Develop wider range of respite care and support options for CAMHS service users and their families
Develop a wider range of alcohol and drug programs across the health care continuum

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DECISION PAPER** **Date: April 2020**

From	Sandra Williams, Executive Leader Planning and Performance
Author	Daniel Kawana, Service Development Manager, Planning and Performance
Endorsed By	Dale Oliff, Chief Executive
Subject	**Wairarapa District Health Board – Hauora Mō Tātou – We Are Wairarapa 2020-2030**

RECOMMENDATION

It is recommended that CPHAC:

1. **Notes** the draft Hauora Mō Tātou – We Are Wairarapa 2020-2030.
2. **Discusses and recommends** any feedback to be included in the draft document
3. **Agrees** to recommend to the Board that it endorse the draft direction and recommend feedback to be included.

APPENDIX

1. DRAFT Hauora Mō Tātou – We Are Wairarapa 2020-2030 [Strategic Direction]

   [*Please consider Pāpātuānuku when you print this report as it is 38 pages long, and in DRAFT form which will change dramtically over the next 6 weeks*.]

1. PURPOSE

This paper presents a draft strategic direction Hauora Mō Tātou – We Are Wairarapa 2020- with the goal of completing a final copy by the end of June 2020.

2. BACKGROUND

Our Treaty of Waitangi relationship and the ensuing obligations we have to Iwi Māori will preface our strategic direction. The strategic direction document is in response to our mandate to provide health services to the population within Wairarapa, there are current trends and predictions we can make about where the needs currently are and where the needs will be over the next 10 years.

Rather than simply an analytical exercise the strategic direction is also a motivating and navigational tool, it should support the District Health Board, our providers and our partners to achieve the best outcomes for our community - as a whole. The document seeks to relflect the discussion that has been had with our communities, our Iwi and health professionals.

We know we could not possibly include all that has been shared but we will endeavour to articulate what has been shared through thematic analysis and providing insights. The content, look and feel of this document are still being worked on and the document you have in front of you may look and feel different after wider consultation and reiteration. At this early stage it is broken down into specific parts these are:

- The Foreward
- Our Strategic Direction
- Our Vision, Our Mission, Our Values

PUBLIC

- Overarching Direction
- Strategic Priorities & Strategic Objectives
- Service Commissioning & The Social Determinants of Health
  The Tipping Point
- What we will change "Why this is important" & "What we will do"
- How we will achieve change

3. **TIMEFRAMES**

Task	Date	Responsible
First Draft in circulation	13 April 2020	Executive Leader, Planning & Performance
Share with key stakeholders for feedback (Executive Leadership Team, Health Governance, Iwi Māori	11 May 2020	Services Development Manager, Planning & Performance
Clean up and consolidate look & feel		Services Development Manager, Planning & Performance & Communications
Second Draft in circulation	25 May 2020	Executive Leader, Planning & Performance
Finalise document (CE, Iwi Kainga & Board of Directors)	5 June 2020	Executive Leader, Planning & Performance
Complete document and launch	15 June 2020	Executive Leader, Planning & Performance

4. GOVERNANCE RELATIONSHIP

Our community and treaty partnership with the Board of Directors and the Iwi kainga are front and centre in this document, we see the strategic direction as a sounding board between us and them and one way of unifying our collective approach.

5. MĀORI HEALTH

In Wairarapa people have differences in health outcome that are not only avoidable but unfair and unjust. Equity recognises that different people require different approaches and resources to get equitable or good health outcomes. So equity is at the forefront of our thinking, the actions we take to address equity must be demonstrable not just theoretical. We have woven equity into our work programme and our strategic direction to ensure it takes shape within our actions. The analysis clearly demonstrates unequal access to health services and the dramatic increase in inequities that could and is unfolding in terms of Māori health status in the Wairarapa. The most marked inequity will be experienced by younger Māori 0-14, if nothing is done to prevent poor health outcomes. Therefore, Māori health continues to be a priority alongside peoples of the Pacific and those in the low socio-economic bracket.

6. CLOSING STATEMENT

Our hope is that this document can provide a fresh approach and give us the direction we need to forge new pathways. We must be bold and brave and steadfast. Stading firm in our knowledge of who we are as people of Wairarapa.

STRATEGIC DIRECTION 2020-2030

DRAFT

HAUORA MŌ TĀTOU
WE ARE WAIRARAPA

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

MIHI

Ko Wairarapa tēnei
Tū ake nei
E karanga ki te iwi
Kia kaha kia maia kia manawanui
Mā te mārama arataki

This is Wairarapa
Standing firm
I implore you
Let us be strong brave and steadfast
Let knowledge guide us

Contents

Figures

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Foreword

Tēnā koutou katoa

Nāku noa na,

Sir Paul Collins
Chair
Wairarapa District Health Board

Deborah Davidson
Chair – Iwi Kainga
Wairarapa District Health Board

Dale Oliff
Chief Executive
Wairarapa District Health Board

Acknowledgements

Firstly, thank you to the people of Wairarapa who generously have their personal stories and experiences about health and wellbeing. Your wisdom has helped us shape this plan. Thank you to all the contributors that have brought this plan to fruition

1

Our Strategic Direction

Our Treaty of Waitangi partnership

Te Tiriti o Waitangi is the founding document of Aotearoa-New Zealand, it is historically significant and as we learn more we understand its significance as a living document. Disparities are wholly unacceptable and the consistently poor health outcomes experienced by Māori - cannot continue. Finding new ways of working and rejuvenating our approach are key themes for our treaty partnership moving into 2020/21. The Treaty of Waitangi is also the stage for historical redress and through recent inquiries we gain a better understanding of what the right solutions for Māori health improvement could be.

We all have a part to play

Hauora Mō Tātou has been developed to help us reset the course of the Wairarapa health system for the next five to 10 years. We cannot do this alone, the health and wellbeing of our communities is about us working together as individuals, as Crown agencies, community providers and Iwi to find the best way forward - for all of us. The year 2020 signals a time of change for our District Health Board, in a sense it's a time of revitalisation for a DHB that has been riding the waves of an amalgamation with other regional partners. We have come to a place of solidarity with a new Chief Executive, a new Board of Directors and new representatives for our local Iwi Kainga to drive us forward- into the future.

The strategic direction also provides a glimpse into the future demographic make-up of our region and provides sensible direction in terms of re-building a solid base of services and people to take us on the journey.

We all have different needs

In Wairarapa people have differences in health outcome that are not only avoidable but unfair and unjust. Equity recognises that different people require different approaches and resources to get equitable or good health outcomes. So equity is at the forefront of our thinking, the actions we take to address equity must be demonstrable not just theoretical. We have woven equity into our work programme and our strategic direction to ensure it takes shape within our actions.

We want better outcomes for the whole community

As a health sector we are here to serve the people of Wairarapa as best as we can. Our mandate means that we must provide adequate healthcare to all the people living within our DHB boundary. This boundary stretches from Pukaha Mount Bruce in the North to Turakirae Palliser Bay in the South and includes our coastal and rural communities scattered throughout. We also have pockets of high need within the region and it's these neighbourhoods where we want to see real change

.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

2

Our Vision

Our Mission

Our Values

Well Wairarapa - better health for all.

To improve, promote and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choice.

WHAKAORANGA - WELLNESS
Finding ways to create a healthier community

EKE TAUMATUA - EQUITY
Acting to support equity across our community

MANAAKITANGA - RESPECT
Caring and empathy in all that we do

NGĀ RAUTAKI KI MUA - INNOVATION
Finding future-focused solutions

AROTAHITANGA - RELATIONSHIPS
Working together with people as partners

3 Overarching Direction

Our nation was founded on the signing of a treaty and this treaty takes poll position in guiding our work alongside the NZ Public Health & disabilities Act, at a local level it manifests itself through our relationships with Iwi, our decision making and our policy platforms.

Our strategic direction, the priorities, objectives and enablers are informed by the nationally led direction and by you. At a local level we have plans of action that guide us and we have asked you "what is important and what needs to change"?

Providers need to show us some aroha

Health is about money not about the people that needs to change!

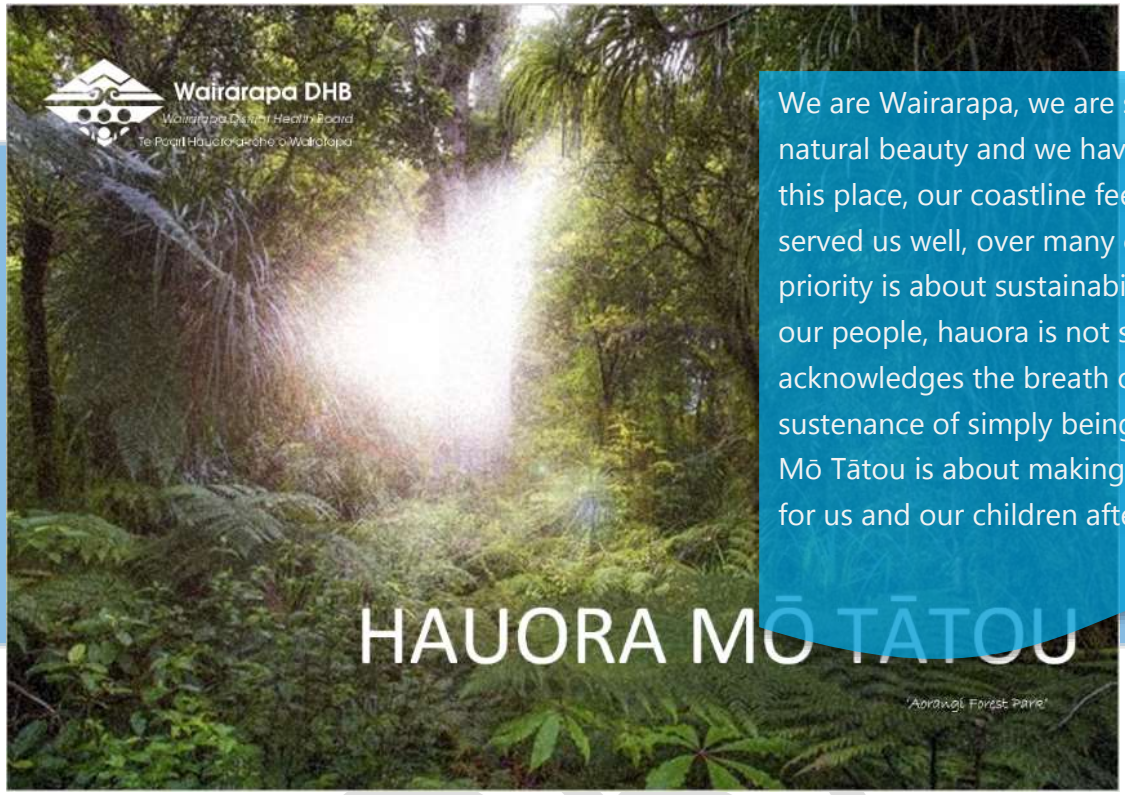
The health services are all focussed on Masterton not South Wairarapa

Hui participants, December 2019

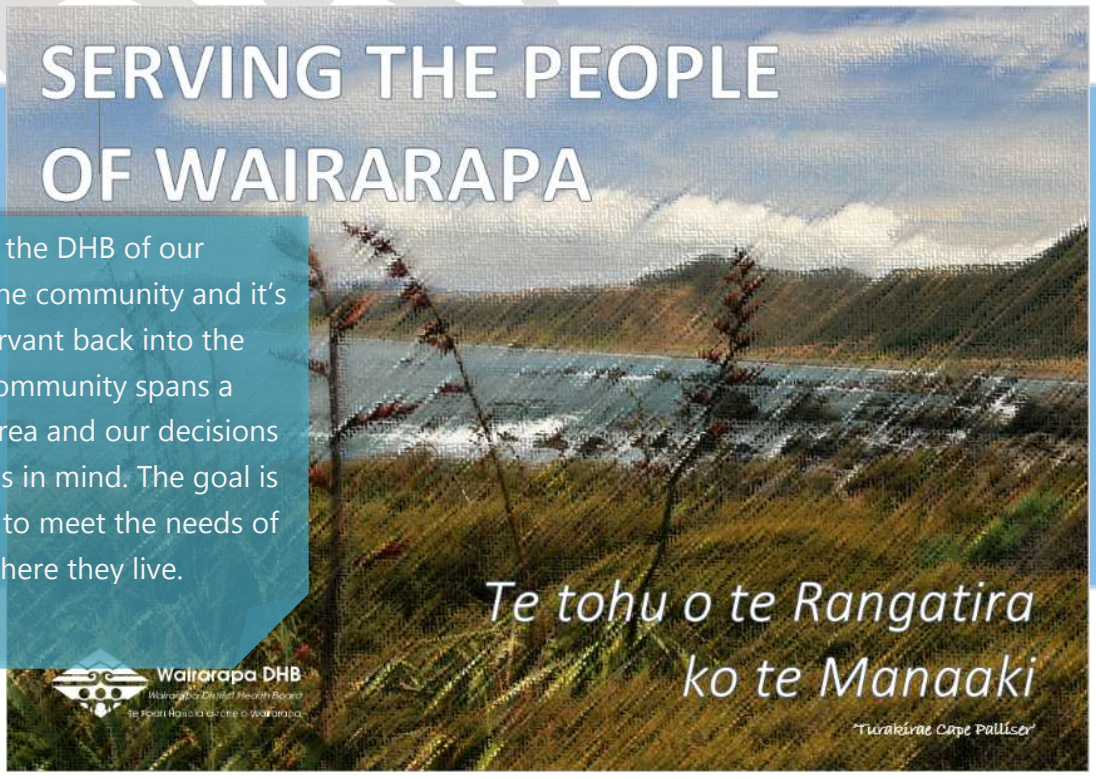
OUR STRATEGIC DIRECTION

4 Strategic Priorities

Our strategic priorities are based on our new direction, they are about changing our mind-set and looking at what is important to the communities we serve.



We are Wairarapa, we are surrounded by natural beauty and we have an affinity with this place, our coastline feeds us and has served us well, over many centuries. This priority is about sustainability of our place and our people, hauora is not simply health it acknowledges the breath of life and the sustenance of simply being. Therefore, Hauora Mō Tātou is about making the best decisions for us and our children after us.



This priority reminds the DHB of our stewardship role in the community and it's about putting the servant back into the public service. Our community spans a large geographical area and our decisions will be made with this in mind. The goal is to tailor our services to meet the needs of our communities - where they live.

Ii

Neighbourhoods are the places we spend most of our time, unlike larger communities our neighbourhoods are more intimate spaces we gather. Increasing our mobility and taking the services to where people work, live and play is the theme that runs through neighbourhoods.

As a population we are too small to have arbitrary borders to good healthcare and our smallness is a gift that allows for greater communication and the seamless provision of services to the people we see in our towns and in the neighbourhoods we work in - everyday.

In each and every interaction we have as individuals we have the power to increase or diminish the other person's mana, it's in the way we act and treat one another. Manaaki tangata is about recognising the inherent mana within each and every person and in each and every interaction whether it's in the community, hospital or a general practice. Manaaki tangata acknowledges that each and every individual is inherently sovereign by way of birthright.

Strategic Objectives

There are seven broad areas of activity where change is needed in order to shift to a responsive, effective health system that achieves equitable outcomes for all people in our communities.

1. **Integrating health and social services** starts with an effective Tiriti relationship and meaningful co-design with whānau and communities. We will take a wide view of health and wellbeing and review existing referral mechanisms between health and social services in order to simplify access. Our focus will be on health promotion, health literacy and empowerment. We will develop better

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

support for whānau that need a more complex mix of health and social services; and shift our approach to contracting for outcomes with an emphasis on achieving equity.

2. **Strengthening primary care** will require us to review our alliance to try and reduce complexity and improve joint decision making. Multi-disciplinary teams will become even more important and we will increase allied health practitioner input and make better use of unregulated workforces. We will maximise the use of outreach and mobile services and build kaupapa Māori services for South Wairarapa. Our system will become smarter—we will improve the digital technology it uses, improve data quality and analytics so that decisions are based on need, and there is a greater accountability for equitable outcomes.

3. **Excellence in older persons' services** means focusing on wellbeing, social connections and resilience. We will work with councils to create and support opportunities for social connection; and create dedicated whānau ora services for, with, and by kaumatua, focused on wider determinants of health. We will work with whānau and communities to ensure older people's services are culturally responsive. To the maximum extent possible we will provide services for older people in the community, but also ensure safe and supportive discharge processes and effective supports at home.

4. **Improving access to health and disability services** will ultimately rely upon designing services the way whānau need to receive them—not how providers want to deliver them. We will, to the maximum extent possible—provide services in community settings and draw upon a wider workforce to do so. We will undertake a review of after-hours services and develop options for improving access. Considering transport options is important, but we also need to look to telehealth tools to reduce the need to travel.

5. **Close connections between primary and secondary care** starts with reviwing our alliance leadership team. A key enabler of primary–secondary connections will be better localisation of health pathways and using them to design alternative management. We will improve referral coordination, assessment as well as overall case managment to achieve more consistent response to referrals from primary care and offering better coordination of services with primary care. We will review our digital technology, identifying short term as well as long term needs to link information across a wider range of service providers.

6. **Creating a fit-for-purpose hospital** essentially means a hospital 'reset', avoiding providing services in the hospital that do not need to be there. We will consider a rural medicine hospital model, with a workforce of primary and secondary ruralists and visiting specialists. Reviewing existing workforce rosters will identify avoidable stresses and pinch points for staff, including how we best use junior doctors. We will improve discharge processes and support for discharge into the community to reduce the number of episodes with long lengths of stay; and improve the cultural appropriateness of the hospital.

7. **Building a sustainable workforce** will require us to work as a system for recruitment and take a wider view when bringing people into the region by linking new practitioners with communities. We will investigate scholarships and opportunities to support local entry to the workforce as well as making better use of the unregulated workforce. We will be more active in identifying training needs—working with tertiary provider(s) to develop integrated nurse training, investigating a rural

medicine workforce, and improving the training experience of junior doctors, including their rotation through primary care.

8. **Tamariki-Mokopuna, our children and young people** need to be at provided for, they are in our collective care, they are our children and young people. Our services must reflect their needs, clearly, the way we present and provide services to chiodren and young people needs to be different and therefore relevant. We cannot expect children and young people to access the same services as adults or in the same way. Specific investment in services that cater to children and young people is paramount bacause if we get the wrong now we will pay later.

...with a set of common themes

While there are distinct activities under each of these streams of work, there are a number of key underlying directions that, unsurprisingly, appear across multiple streams. These are therefore high priorities, since they address multiple aspects of the system change that the Wairarapa is aiming for. The most important areas are:

- improving and deepening the relationship between the health system and iwi
- creating technology savvy services
- addressing the location of and access to services
- reducing complexity

Four key components in order to achieve change

Many people know the things that need to happen—we have been here before. Stakeholders have highlighted the struggle, over many years, to shift thinking and direct resources into the areas that will make the most difference to communities and whānau. There are four key components in order to achieve change.

- Strong, shared, leadership and organisational culture, including a more permissive culture and associated investment in change management.
- Getting basic business processes right in order to support change, including greater transparency over budgeting and fiscal management and making better use of quality improvement information.
- Authentic co-design and collective action, meaning listening to and working with communities about what will work for them, and partnering with a range of agencies with a wide view of resources and community assets.
- Effective commissioning that includes robust analysis of needs, resources being refocussed in the areas that will make the greatest difference and incentives that support providers to innovate along with robust monitoring and evaluation.


The Bidwell Sisters -Thunderpants
Riversdale

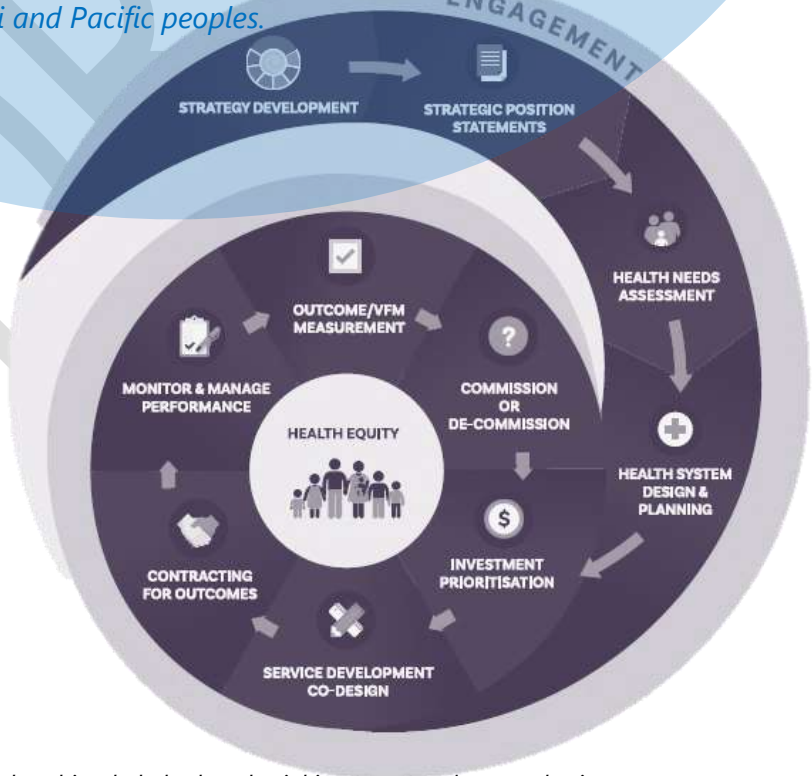
5 Service Commissioning

Commissioning is about deciding what services the entire population of Wairarapa need in order to promote good health. These decisions need to be well informed and robust so that they can stand up to the scrutiny of others including the public.

The Strategic Direction guides the commissioning process and provides some of the rationale for making decisions. However, providing health services is about more than just cost effectiveness or improved health outcomes its has to Consider the wider social aspects of day to day living.

Influencing commissioning happens through co-design and the Wairarapa DHB's approach is based on a partnership model with shared roles in leadership and shared accountabilities with providers.

A big part of the goal of commissioning is to improve the health of the population whilst addressing known inequities, particularly for low socio-economic, Māori and Pacific peoples.



Ki te kōtahi te kākaho ka whati, ki te kapua e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

6 Social Determinants of Health

We know your health and wellbeing is much more complex than what we can deliver to you through traditional generic health services. Everyone's health status is influenced by many different things - like, what job or income you have, where you live and who you live with, how much education you've had and the quality of that education.

Even things outside your direct influence have a major effect on your health – like city or town planning, central and local government policies or programmes, climate change, national and world economies.

The health sector endeavours to provide access to you, your whānau and your community to useful and easy to use health services, that's why connecting across to other agencies, NGO's, Iwi and community groups is a vital part of serving the Wairarapa community.

7

The Tipping Point

Introduction

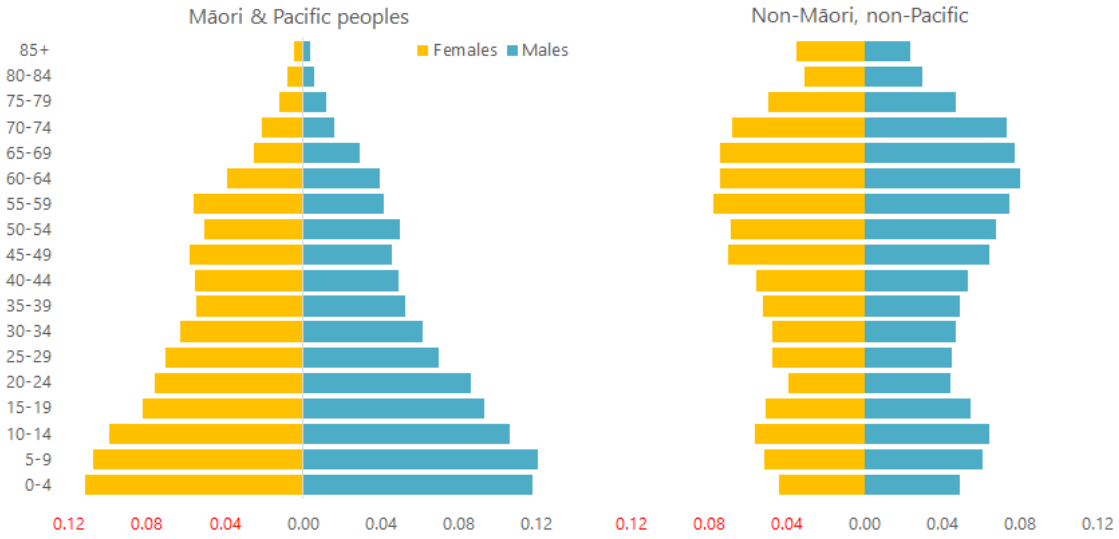
This strategic direction has been developed to help us 'reset the course' of the Wairarapa health system for the next five to 10 years. The Wairarapa area has experienced higher than expected population growth in recent years and we have seen persistent inequities in health outcomes for Māori, and other groups whose needs are not being met.

We are at a 'tipping point'…the Government is undertaking a major review of New Zealand's health and disability system and the Waitangi Tribunal Health Services and Outcomes Inquiry is concerned with grievances relating to health services and outcomes of national significance for Māori. At the same time, local workforce and facility problems are starting to pinch and some clinical service arrangements with our regional partners are coming unstuck.

Our population is rapidly changing

Wairarapa has an estimated population of 47,600 people as at June 2019.[1] According to general practice registers, around 32 percent of enrolled people are likely to have high need for health services, on the basis of standard Ministry of Health criteria. Seventeen percent of the total population are Māori and 2 percent Pacific peoples. The Māori and Pacific populations are youthful compared to the non-Māori, non-Pacific population (Figure 1).

Figure 1: Population age structure by ethnicity, registered population June 2019

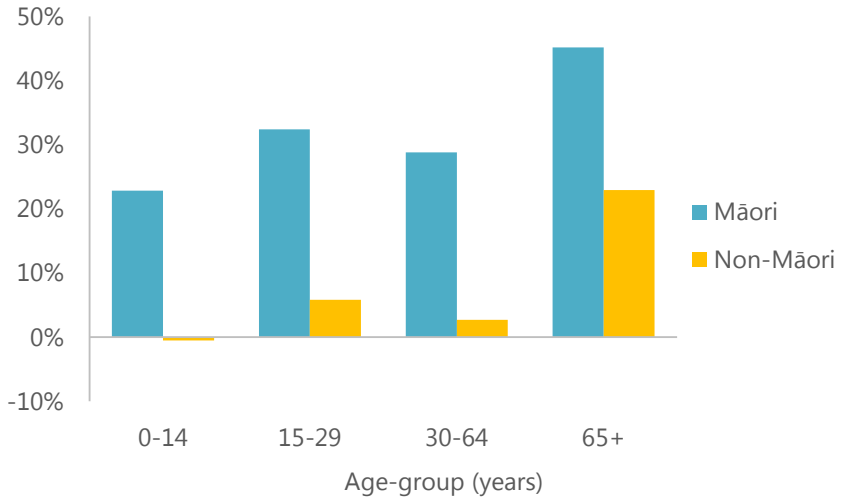


[1] Statistics New Zealand sub-national population estimates at 30 June, published October 2019 and downloaded from NZ.Stat http://nzdotstat.stats.govt.nz/wbos/index.aspx

Source: Tū Ora Compass Health

Recent years have seen higher than expected growth, particularly among Māori and older people. Initial counts from the 2018 Census suggest that the Wairarapa population has grown by around 10 percent since 2013. Growth for Māori and older people (65+ years) was higher (Figure 2)—28 percent and 24 percent respectively.

Figure 2: Change in usually resident population by age and ethnicity, 2013–2018



Source: Statistics New Zealand

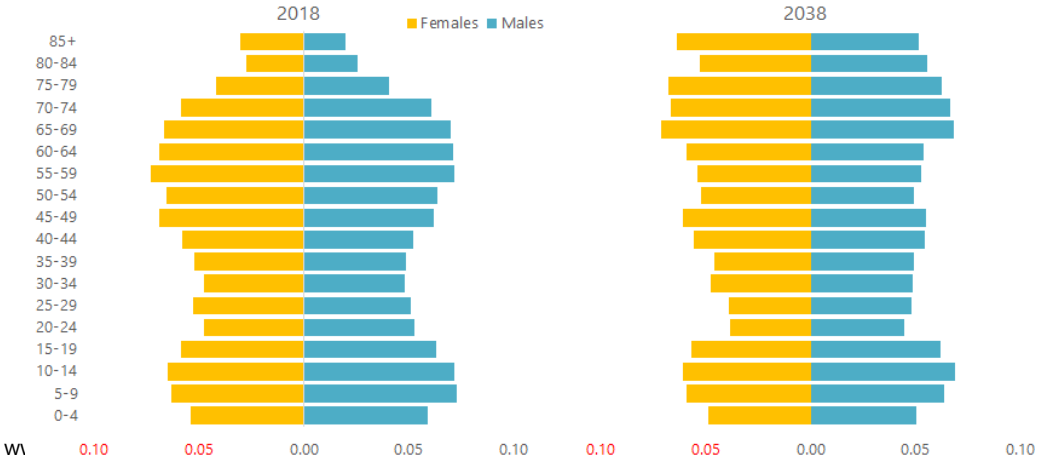
These trends are expected to continue and reflect the changing demographics of New Zealand. Nationally, the European/Other ethnic group will account for a shrinking proportion of the population—from around 63 percent down to around 53 percent in 20 years' time. Māori, Pacific peoples and Asian populations will account for a larger proportion of the population in future.

Since historical growth has been at the higher end of the projected range, using currently available high growth projections for the future population suggests that the Wairarapa will see an increase of about 16 percent in population over 20 years, giving a total 2038 population of over 52,000. That population will be significantly older in structure than todays.

Figure 3) and will have implications for the way we plan and deliver aged care services.

Figure 3: Population age structure

Source: Statistics New Zealand



Māori life expectancy is increasing and is a positive achievement. At the same time, different services and approaches will be required to support the growing population of Māori living well into old age.

Wairarapa population projections suggest that the number of Māori aged 65+ will be at least 2.5 times larger in 2038 compared to 2018 (using the median projections). Under the 'high' growth scenario the number of older Māori will be 3 times the size in 2038 compared to 2018.

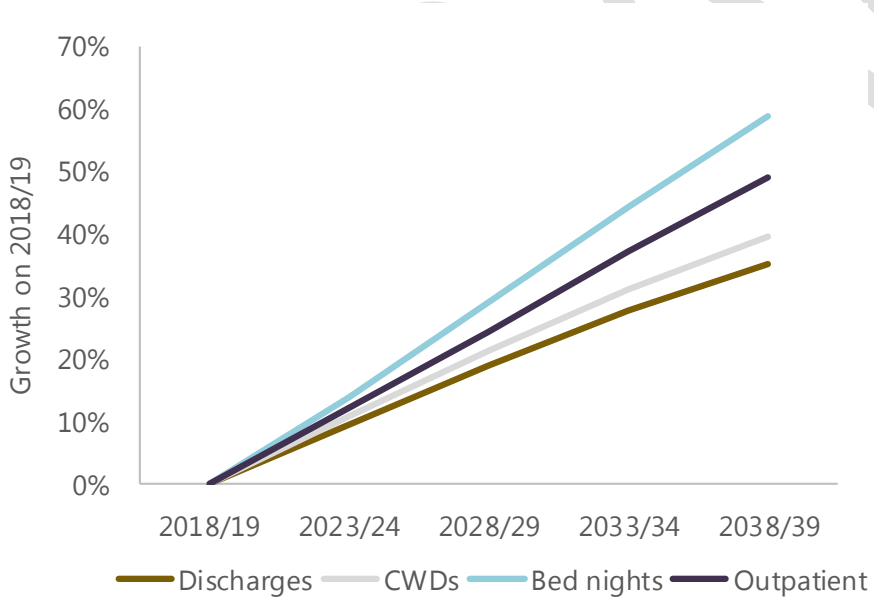
The changing demographics of our population mean that kaupapa Māori and whānau ora approaches will come to the fore. We will need to find different ways of supporting a growing population of older people to live well, and turn to new workforces as service users and the health workforce itself age.

The current level of service volume is unsustainable

The consequences of population change will be to increase need for services. If existing rates of service delivery are extrapolated to projected populations, hospital volume growth will increase very significantly in the coming decades (Figure 4).

Figure 4: Projected growth in hospital demand

Source: Sapere projections using Wairarapa DHB & Statistics NZ data

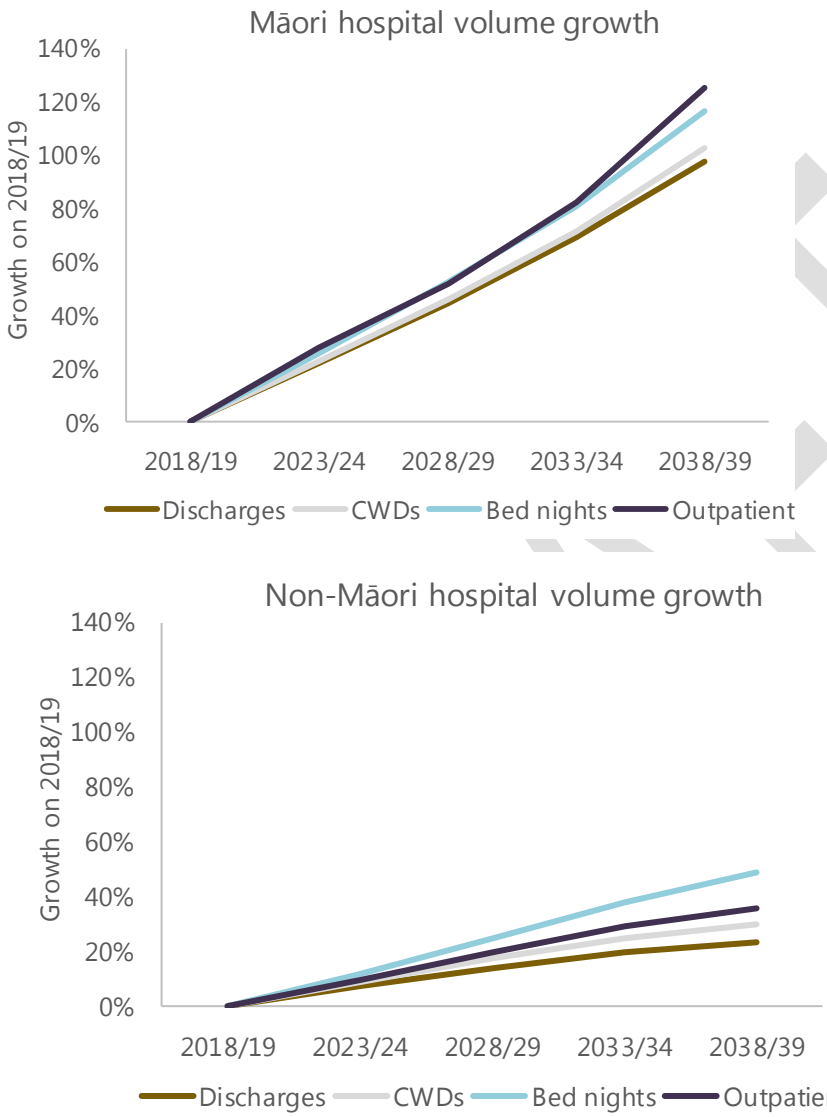


The 'status quo' projection—if we do nothing differently… Assumes current (2018/19) intervention rates by domicile, age-group, gender, ethnicity; and projects forward based on expected population growth in each of those demographic categories. Population projections are still based on the 2013 Census—we have used the 'high' series for the Wairarapa population, to better reflect growth from 2013 to 2018, and other projections of the Wairarapa population

In this status quo scenario, discharges would increase by 35 percent between 2018/19 and 2038/39. Increasing complexity and length of stay driven by an older patient profile means demand for beds would be even greater (59% increase). The rate of growth substantially outstrips the level of demographic growth, reflecting the increasing need of an ageing population, as well as a population that is growing.

As Māori form an increasing proportion of the Wairarapa population in the future, under a status quo scenario a disproportionate level of increase will be needed to respond to Māori need, both across the whole population, and among children (Figure 5).

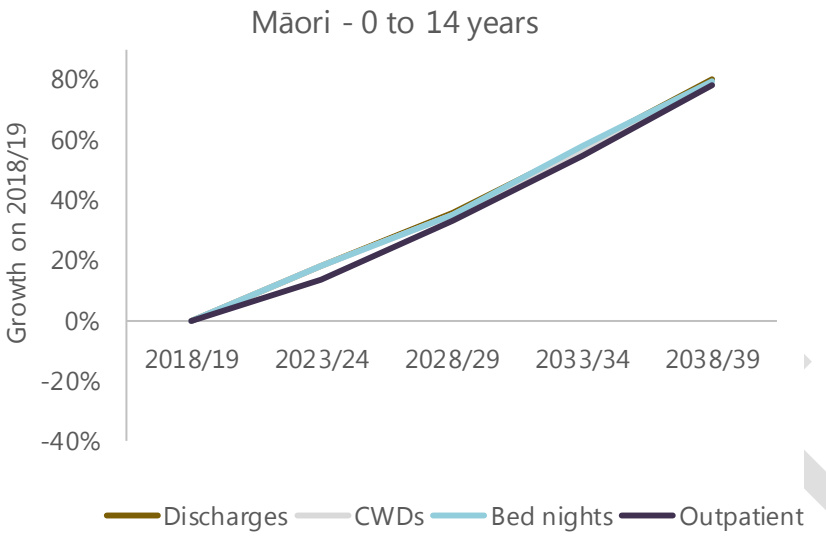
Figure 5: Projected growth in hospital demand—Māori and non-Māori



The 'status quo' projection—if we do nothing differently...

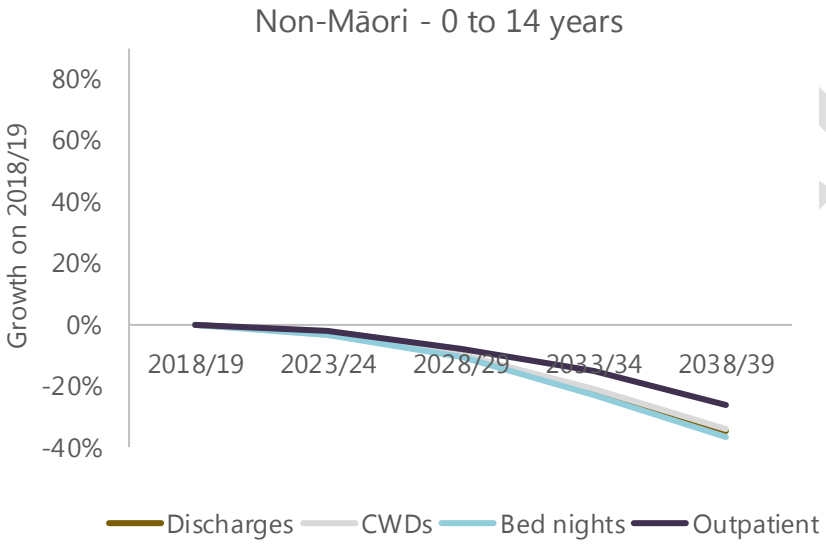
This graphs tells us the story of inequities between Māori and non-Māori

THE TIPPING POINT



The 'status quo' projection—if we do nothing differently…

This is the face of inequity, if nothing is done, this projection tells us that close to 80% of 0-14 year old Māori will be admitted to the hospital
On the other hand -30% of non-Māori will be admitted to hospital.

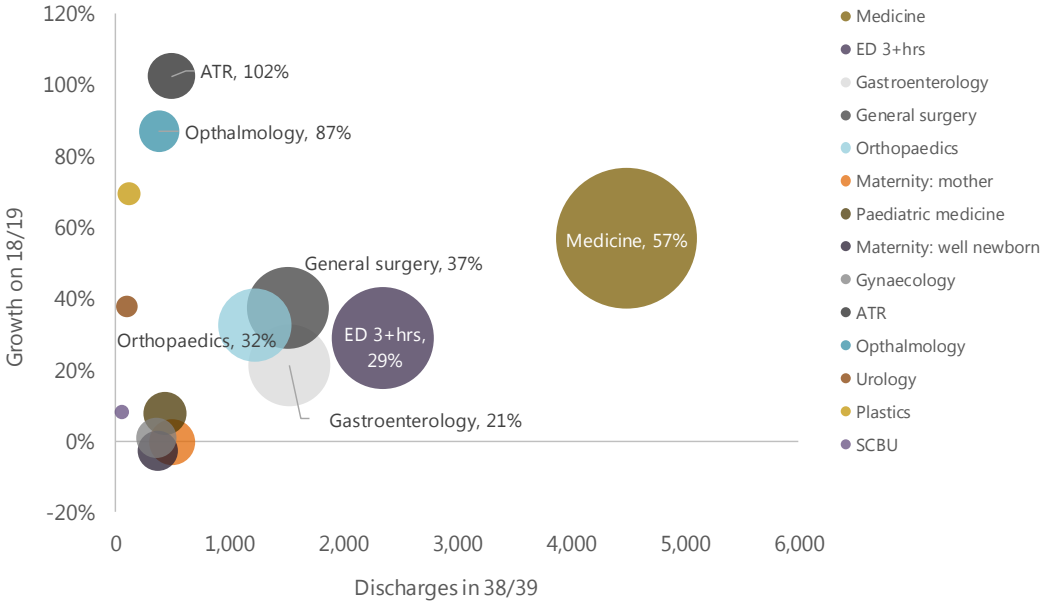


Source: Sapere projections using Wairarapa DHB and Statistics NZ data

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Those services that have a particularly high level of need arising amongst older people will experience substantial demand pressure (Figure 6).

Figure 6: Inpatient events—20-year projected growth and size of service



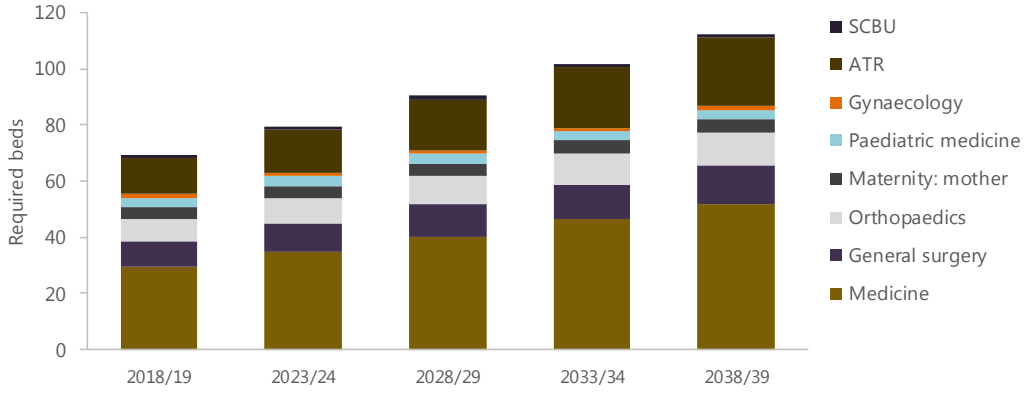
Source: Sapere projections using Wairarapa DHB and Statistics NZ data

Under the status quo, we would see increases in the order of 50–100 percent for key areas of older persons activity such as general medicine, ophthalmology, rehabilitation and community nursing.

Among hospital services, not only will the number of people admitted to hospital (counted as discharges) increase, but the average complexity of cases is also expected to rise, reflecting a population surviving to greater ages with more long-term conditions and comorbidities.

This translates into an expected growth in hospital beds required for the population (Figure 7), with facilities that are already close to capacity.

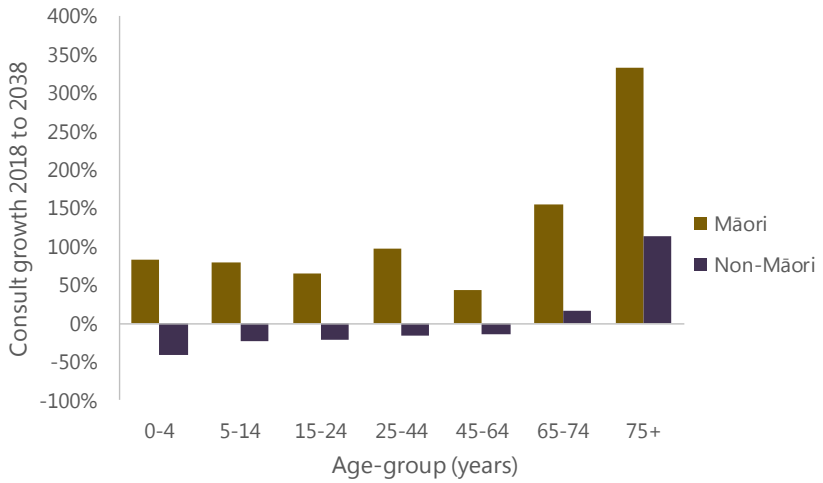
Figure 7: Growth in beds required at optimal occupancy rates



Source: Sapere projections using Wairarapa DHB and Statistics NZ data

Outside the hospital, under these population growth scenarios, general practice would need to provide an additional 280 consultation per day—roughly equivalent to the workload of 10 general practitioners under traditional models of care. Those consultations will be driven to a high degree by an ageing population, while responding to the needs of Māori will become even more pressing (Figure 8).

Figure 8: Projected general practice consultation growth



Source: Sapere projections using Tū Ora Compass Health and Statistics NZ data

Services in the community for older people will experience substantial pressure. Already, the number of people in aged residential care is increasing—particularly at hospital and dementia level. The number of clients and hours of home and community support have increased markedly over the past decade. InterRAI[2] data tells us that the Wairarapa has a high proportion of older people living at home who 'feel lonely or are distressed by declining social activity and are alone for long periods of time' compared to most of New Zealand.[3]

Our services struggle to respond

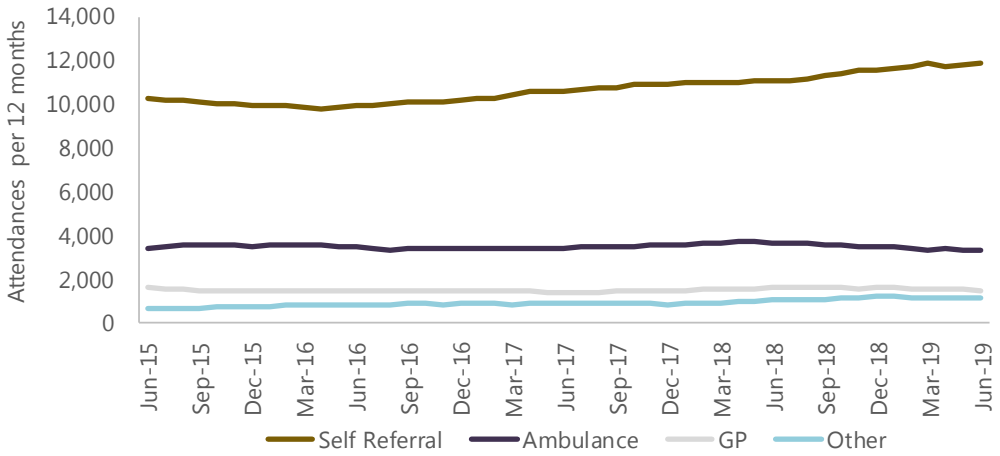
Given the high rate of increase in demand for services, keeping up with the needs of the population is already a challenge. Hospital length of stay is relatively long, and is steadily increasing compared with other peer hospitals in the Australasian Health Round Table.[4]

The rate at which people self-refer to the emergency department at Masterton is increasing (Figure 9), while the emergency department is challenged to cope with the volume of people who are already there.

[2] interRAI is a suite of clinical assessment instruments. In New Zealand, interRAI is the primary assessment instrument in home and community support and aged residential care services for older people.
[3] interRAI social relationship clinical assessment protocol
[4] https://home.healthroundtable.org/

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Figure 9: Emergency department attendances by referral source, rolling 12 month totals



Source: Wairarapa DHB

Health Round Table information also suggests that there may be areas of risk in some services, with a higher hospital mortality rate than expected.

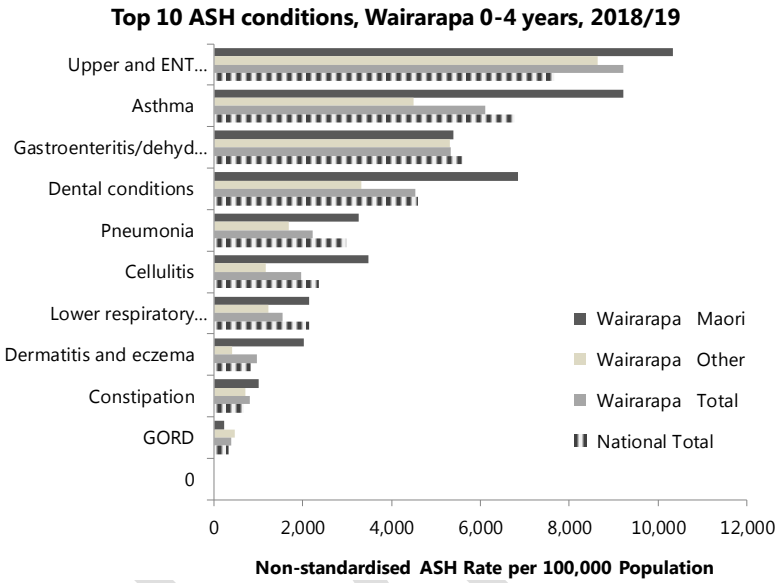
A rapid review of stakeholders across a number of Wairarapa health services suggests a number of key points about services:

Services are currently not meeting the needs of the two populations that are growing the fastest—Māori and older people

New Zealand has seen decades of disparity in health outcomes—highlighting the need to base decisions on robust analysis of needs, and what really matters to people.

Key measures show substantial inequity in health outcome for Māori, with rates of ambulatory sensitive hospitalisation (ASH) much higher than in New Zealand overall for a number of key conditions.[5] Among young children (Figure 10) there are particularly high levels of inequity in asthma, dental conditions, pneumonia, cellulitis, lower respiratory tract infections and dermatitis.

Figure 10: Ambulatory sensitive hospitalisations, top 10 conditions, 0–4 years, 2018/19

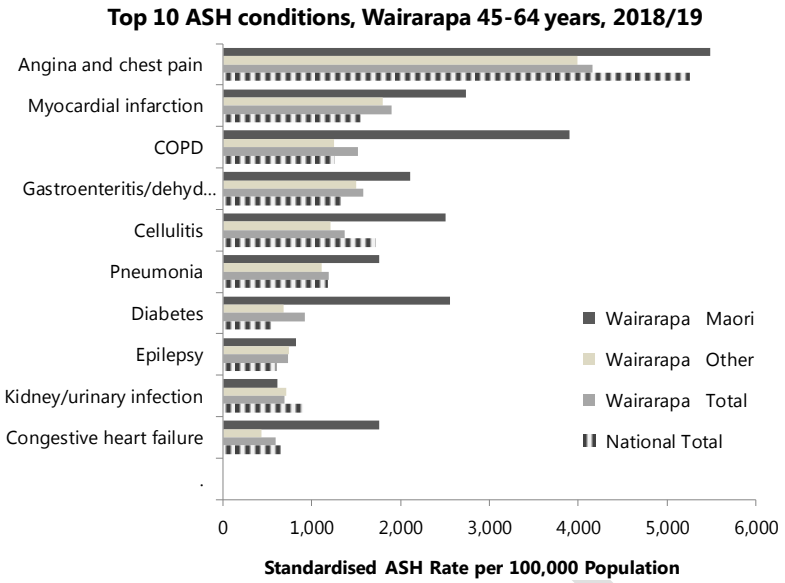


Source: Ministry of Health

Among adults (Figure 11) there are particularly high levels of inequity showing up in outcomes for diabetes, cellulitis, chronic obstructive pulmonary disease, dental conditions and dermatitis.

[5] Ambulatory sensitive hospitalisations are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

Figure 11: Ambulatory sensitive hospitalisations, top 10 conditions, 45–64 years, 2018/19



Source: Ministry of Health

There are workforce challenges across the system

Stakeholders suggest that maintaining a resilient workforce across the system is a serious challenge, and that the current state is, in some parts, only just holding together. There is a high use of locums across the hospital and recruitment is difficult. Equally, recruitment of general practitioners in the community is challenging and represents a major cost for some practices. While there has been success in developing nurse practitioner roles, both in community and hospital settings, the workforce is stretched and the long term prognosis is for this to become even more of a challenge.

There are also other workforce challenges. The aged care workforce in home support and residential care services is not always well supported and trained—while these staff look after some of the people with the most complex needs. Inequities in pay scales across different service settings generate perverse incentives, and make it difficult to recruit and retain staff in some services.

Considerable effort will have to be made in Māori workforce planning and development, so that the workforce reflects the population it serves and delivers culturally relevant services to the changing population.

Access to services

There are limited opportunities to access services out of working hours, and in some cases services are only available in Masterton, rather than across the whole district. Some services have become quite centralised in Masterton, while other services are overrun with need. There are a complex set of issues arising from access; addressing when and where service is available, what transport options can be provided, and how appropriate and responsive services are—especially for Māori.

There are inefficiencies in the hospital

A number of stakeholders have pointed out issues in the way that hospital services are delivered, with inefficient workflow for ED staff, full wards and long average length of stay. There are suggestions that junior doctors are not used as effectively as they could be across services, while discharge planning processes are not always timely. There is a need for a better approach to providing safe services over the full 24-hour period, supporting clinical decision making on late shifts, and maternity services overnight. Regional arrangements for surgery are unstable, with reducing regional capacity and increasing regional demand.

A major shift is required

Stakeholders have highlighted the struggle, over many years, to shift thinking and direct resources into the areas that will make the most difference to communities and whānau. The DHB has a difficult job, balancing a number of competing priorities. Part of the solution will be to talk with our communities about the constraints we face and co-design appropriate service responses together, ensuring measurable, evidence-based and consistent outcomes.

In a nutshell…

In summary, the challenges for health services in Wairarapa are:

1. **Health needs are not being met**—there is a growing older population, and a growing population of young Māori, and sizeable areas of deprivation with poor health outcomes
2. **The hospital and primary care are out of capacity and personnel are increasingly stressed**—the model of care in the hospital is out of date, referral hospitals are full, discharge is inefficient. There are hospital safety issues.
3. **There is a lack of resilience in the workforce**—an over reliance on locums, over-worked and tired GPs with high recruitment costs, and gaps in other workforces.

8

What we will change

We need to place the value of the service to the people front and centre of our thinking, design and delivery.

Key directions

There are seven broad areas of activity where change is needed in order to shift to a responsive, effective health system that achieves equitable outcomes for all people in our communities.

1. Integrating health and social services
2. Strengthening primary care
3. Excellence in older persons' care
4. Improving access to health and disability services
5. Close connections between primary and secondary care
6. Creating a fit-for-purpose hospital
7. Building a sustainable workforce

In some cases there are commonalities across areas, where a given action has an impact in in several ways. For example, addressing issues of coordination with navigators for people with complex needs crops up in several different places; including integrated services, better primary and secondary care connections and improved services for older people, which all have some element of overlap in what they need to achieve.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Integrating health and social services

Why this is important

Everyone has the right to good health—differences in health outcomes between groups are avoidable and unfair. Persistent inequities in health outcomes tells us that we need to do things differently.

We cannot address the wider determinants of health inequity on our own. We need to work with whānau, and not just individuals, and tap into the resilience that exists within whānau and communities. As well as this, we need a whole of system culture shift, to work as a wider, multi-disciplinary, multi-agency team. The players in our system need to be closely linked with each other, with iwi, with communities, and with other agencies.

Within the health system, it's our responsibility to make health easy to understand and navigate. We need to partner with and empower people to take ownership of their own wellbeing. We need to reshape our system so that services are designed in the way that whānau need to receive them, not the way that providers want to deliver them.

Health and social services should be integrated. Kaupapa Māori providers take a whānau ora approach and we need to support and grow this way of working.

What we will do

The things that will make a difference to our ability to provide more integrated and responsive health and social services are:	
1	An effective Tiriti relationship that is meaningful at a governance level through to operations at the coalface. Māori will co-design, invest and produce services delivered to all communities in Wairarapa.
2	Focussing on health promotion, and particularly health promotion that has been designed with the involvement of our communities, in order to improve health literacy and empower individuals and whānau.
3	We will support nursing and other roles in the community, particularly for children from early childhood and through the school years.
4	We will review referral mechanisms between health and social services in order to simplify access, and so that both service users and providers have clear information about what services are available.
5	We will develop kaiāwhina and navigator roles, which will provide support for whānau who need a more complex mix of health and social services.
6	Identifying opportunities to increase the Māori health workforce to modify outcomes, especially where longstanding disparities in access exist for whānau.
7	Contracting for outcomes with an emphasis on addressing inequity in systems and processes, and focus on the quality of services rather than an emphasis on outputs.

Strengthening primary care

Why this is important

We have some good things already happening in primary care. A number of practices were already doing elements of the Health Care Home model and it provides a useful business process framework for growing practices. Wairarapa is fortunate to have seven nurse practitioners in primary care.

However, the ageing population means that the demand for consultations is increasing as well as more time required for increasingly complex needs. Proactive long term conditions management will become even more important as the Māori population increases and the population overall ages. We also have the challenge of a dispersed/rural population with an increasing number of older people that do not drive. There is not enough focus on preventive services—we are missing opportunities for prevention when care is episodic.

Primary care could do more if the right resources were available. But we need a renewed way of working—there is a view that general practice is not as cohesive as it once was and the alliance has lost momentum. We need more allied health support in primary care (e.g. social work) as stretched clinicians are not able to manage all problems. We're not maximising the value of other workforces such as clinical pharmacists.

What we will do

The things that will help to strengthen primary care in Wairarapa are:	
1	Reviewing our alliance, and the way that the PHO and DHB work together, to try and reduce complexity and improve our joint decision making where possible. We must decide what 'top of scope' looks like for this forum and monitor the progress of decision making for a within the Wairarapa DHB region.
2	Building upon existing multidisciplinary team programmes, to ensure that primary care services are well supported to manage people with complex needs.
3	Increased allied health located in and working with primary care services. To some extent this is evolving as part of Health Care Home developments, but there is a need for allied health workers, including pharmacists, physiotherapists, occupational therapists and social workers who are more closely integrated into primary care teams, and physically accessible across the whole district. We will also seek to make better use of the unregulated health workforce
4	Use of outreach, mobile services and telehealth across the district to improve access, and in particular marae based services and school based services, expanding the existing provision in these areas and building Kaupapa Māori services for the South Wairarapa.
5	Improving the digital technology we use, so that referrals, discharge and appointment information is managed in a timelier manner.
6	Making our system accountable for outcomes, particularly focussed on addressing inequitable health outcomes for Māori.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

7	Improving data quality and analytics—understanding the needs of our enrolled population is linked to understanding the trends and being able to respond accordingly.

Excellence in older persons' services

Why this is important

We have some of the elements of good service provision/service development, for example the unique FOCUS model and Health Recovery Transition Programme. The implementation plan for palliative care is clear (for anyone with a life-limiting illness, not just older people).

However, we need to rapidly evolve our system to respond to the ageing population, and think differently about how we deliver services to the growing population of older Māori. Wairarapa has a population of socially isolated older people and some people feel comfortable staying in hospital. There is some supported discharge out of rehab and home supports can be flexed up, but discharge processes still need improving to address our long hospital length of stay.

Supporting wellbeing in the community will be key and we need to work with communities, other agencies and volunteer groups to ensure there are opportunities for social connectedness and coordination of the range of services available.

Key care management should be based in primary care and supported by specialist services. Aged residential care needs better support out-of-hours to manage acute exacerbations and new problems. There seems to be better support for dementia care for older people but this will be a growing area, and is not the same as the wider mental health support needed by older people

What we will do

The things that will strengthen support for older people in Wairarapa are:	
1	Creating opportunities and spaces for connecting people, one to another, building resilience and having fun.
2	Working with councils to review the provision of wider services in the community to support social connection, and ensuring that health services have the information needed to support people into such services.
3	Working with Māori communities to ensure that services are responsive and appropriate for kaumatua and their whānau.
4	Dedicated whānau ora navigation services for, with and by kaumatua, focussed on the wider determinants of health.
5	To the maximum possible extent providing services for older people in community settings, including in in primary care services and in the home.
6	Focussing upon safe and supportive discharge processes, meaning that primary care services have good information when older people come back into their care, and that effective supports are available at home.

Improving access to health and disability services

Why this is important

Fundamentally, the health system expects people to fit into the system we have designed for them. Services are often centralised around a 'base' to avoid the cost of moving practitioners around and/or the capital costs of maintaining multiple locations. But our communities should be able to access the services they need, when they need them. We need to get smarter.

Greater access to services outside traditional hours is an important part of the picture. In addition, people have expressed a need for improved transport links to the hospital at the same time as hospital services need to adapt to deliver more in the community. For mental health and addiction services, we need to think about how we make services available further south and in rural locations.

Providers that are already delivering 24/7 services need appropriate support. Aged residential care needs better support out-of-hours to manage acute exacerbations and new problems so that transfers to hospital can be avoided where possible.

What we will do

The things that will make access to services easier in Wairarapa include:	
1	An emphasis on upskilling service delivery, creating lean processes that are driven by the way whānau need to receive the service, not how providers want to deliver it.
2	Including disabled people in the design of services and activities to create an enabling and accessible environment.
3	A review of how well after-hours services are working for our communities, and options for improving access where appropriate. Consider more extended hours services.
4	Considering transport options for services, and coordinating existing transport options better (e.g. those provided by different NGOs for different conditions).
5	To the maximum possible extent providing health and disability services in community settings, including in primary care services, schools, libraries and marae, and draw upon a wider workforce to do so, for example extended care paramedics.
6	Increased use of telehealth tools in order to improve access to information for service users, simplify booking and appointments, and reduce the need to travel where appropriate.
7	Ensuring that our service commissioning is more oriented towards people receiving health and disability services, using co-design and wider input into how services are developed.

Close connections between primary and secondary care

Why this is important

People's healthcare journey should be seamless, with services closer to home and practitioners working as "one team". Health pathways need clarification—for people going into and coming out of hospital—and this needs to be done locally. Some services and/or clinicians should be reorganised into community settings (not everyone needs to come to hospital) and we need to make sure they're well-coordinated with primary care.

Hospital discharge processes need sorting out and planning for community support initiated early—an estimated date of discharge is not always used currently and allied health input is sometimes not sought until close to discharge. There are communication issues between hospital and primary care, including timing of information flows (e.g. post-discharge and post-outpatient) and digital technology.

There is a lack of communication and understanding about what different mental health and addiction services provide, and referral pathways between primary and secondary care need clarifying. There is potential for shared clinical governance across DHB and NGO providers.

What we will do

The things that will improve primary-secondary connections in the Wairarapa are:	
1	Reviewing our Alliance Leadership Team, improving shared understanding of the system and the community, including iwi perspectives.
2	Reviewing the use of Health Pathways, with better localisation of the pathways and involvement from people across the Wairarapa health system. Use Health Pathways as a mechanism to design alternative management, such as introducing supports to avoid admissions.
3	Building on our use of Health Pathways and improved IT systems to improve our referral, coordination and assessment services, achieving more consistent responses to referrals from primary care, and offering better coordination of services with primary care. This includes building on existing work on multidisciplinary teams coordinating around people with complex needs, which already occurs ins some parts of the system.
4	Improve equity of outcomes by ensuring that coordination and case management are better managed across primary care and hospital settings, including considering a specific role for director of integration and the use of navigator roles where appropriate.
5	Improve our approach to inter-district flow referrals, with centralised triage, coordinated review processes, better data collection, and improved information and support for people when they are discharged from hospitals in other districts.
6	Review our IT, identifying short term and longer term differences. For example, addressing issues around mental health data in Concerto, while working in the medium term towards an improved shared care record system that will link information across a wider range of service providers.

A fit for purpose hospital

Why this is important

We need to determine what sort of hospital we need in Wairarapa and ask ourselves, 'are we trying to do too much?' Sub-specialism fragments the workforce and makes a hospital this size unsustainable. Essentially, we are trying to recruit senior doctors to an outdated hospital model.

The hospital is designed for provision of acute services, with a cost to planned care. We need to determine the future of acute surgery in Wairarapa Hospital. There is inefficient workflow from ED and more support may be required to enable ED to work efficiently. There are large volumes of low acuity patients, the wards are full and average length of stay is longer than it needs to be. Planning for discharge is too late which contributes to longer stays in hospital and potentially poorer outcomes at home. We don't have safe hospital arrangements over 24 hours, e.g. support for juniors, clinical decision making on late shifts, support for maternity overnight.

Our regional partners are unable to meet demand from Wairarapa patients as their capacity reduces (or demand increases).

In addition, we have a range of facility issues, including a lack of appropriate spaces for clinicians and seismic issues.

What we will do

The things that will generate a fit for purpose hospital for Wairarapa are:	
1	Resetting the hospital—avoid providing services within the hospital that do not need to be there. To the maximum extent feasible provide rehabilitation, outpatient care and community services in other settings, on the basis of improved relationships with communities based providers and co-design with patients.
2	Considering a rural medicine hospital model, with a workforce of primary and secondary ruralists, supported with visiting specialists as needed.
3	Reviewing the existing workforce and rosters in order to identify avoidable stresses and pinch points for staff, including the most effective roles for the junior doctor workforce and how routine processes efficiently allocate work across staff.
4	Improving the cultural appropriateness of hospital services, with more accessible language and communication (including Te Reo Māori).
5	Improving discharge processes and support for discharge into the community
6	Improving communication and relationships with the rest of the health system, including effective localised pathways for care and better information sharing, both at the level of individual patient clinical information, and at the level of information about services

Building a sustainable workforce

Why this is important

There has been a good focus on developing the nurse practitioner workforce in Wairarapa. However, the general practice workforce is ageing, practices have trouble recruiting GPs, and there is a need for a district-wide coordinated effort. There are nursing recruitment challenges in primary and community care. Aged care is not seen as a career of excellence and we rely on the least equipped workforce to care for some of the most vulnerable people.

The hospital struggles to recruit senior doctors and has too much reliance on locums. Retention is an issue—clinicians are not staying in Wairarapa. Specialist mental health services struggle to recruit an experienced workforce, at the same time as new positions are being established in primary care.

Our senior medical need will be for generalists, ruralists and geriatricians. The hospital could also rethink how it uses junior doctors. Across the system, we are not harnessing the potential of unregulated workforces.

The workforce should reflect the population it serves—we must redouble our efforts in Māori workforce development.

What we will do

The things that will address workforce issues in Wairarapa are:	
1	Working as a system for recruitment and taking a wider view when bringing people into the region, for example actively linking people to communities and working with institutions such as schools to embed new staff.
2	Working together for recruitment across different organisations, avoiding duplication of effort and trying to get the most value from recruitment agencies.
3	Investigating scholarships and opportunities to support and encourage local entry to the workforce across all workforce professions.
4	Continuing to develop the nurse practitioner workforce across the whole of the Wairarapa health system.
5	Making better use of the unregulated workforce, noting the challenges that can emerge from this.
6	Considering a rural specialist hospital workforce.
7	Working with the Universal College of Learning (UCOL) to develop integrated nurse training.
8	Improving the training experience of junior doctors, including their rotation through primary care.
9	Considering pay equity across organisations and the perverse consequences of inequities.

Major themes

While there are distinct activities under each of these streams of work, there are a number of key underlying directions that, unsurprisingly, appear across multiple streams. These are therefore high priorities, since they address multiple aspects of the system change that the Wairarapa is aiming for. The most important areas are:

Improving and deepening the relationship between the health system and iwi

This must occur at a number of levels. There is room for improving meaningful partnership and input into governance of health services at the DHB level, but also for ensuring that at a more operational level the voices of Māori are heard, and can have specific, informed input into service design and commissioning. Ultimately, co-design of services with the community is needed in order to make sure that services are open, accessible, and responsive to the needs of individuals and whānau.

This area of focus is fundamental, and will be expected to have an impact on services across the health system, as well as upon aspects of integration between health and wider social services for the community.

Creating technology savvy services

This is a perennial theme both in the Wairarapa and nationally. There is an urgent need to identify any quick gains that can be made in terms of improving the accuracy and timeliness of information flow with current systems, such as discharge information. But the reality is that wider technological system change is constrained by the pace of the sub region across the lower North Island. However there are some aspects of improved information that are less dependent upon changing technology, such as achieving a more effective localised version of Health Pathways that includes agreed information on how conditions will be managed locally. This is about developing a better, agreed, basis of information in the first place, rather than the technicalities of how information is transmitted.

The location of and access to services

There is a widespread view from across much of the Wairarapa health sector that services currently provided within the hospital could be more accessible and effective for those who need them in community settings, as well as better coordinated with services already in the community. This is likely to be achieved through a combination of telehealth techniques and the physical provision of services in different settings, such as marae, general practices or health hubs. This partly reflects the centralised nature of some services in Masterton, at the northern end of the district, but also the geographic spread of the population, and the dispersed population in the south, as well as the challenges of transport for many people. Achieving this is more than a simple matter of asking staff to travel to a different location. Shifting services to a community setting will involve thinking through the implications of how care is delivered, and how practice or conditions may need to change. A standard hospital based roster for delivering an allied health service, for example, may need to be modified if it is going to fit into a different environment, and the implications of that for individual health professionals and their conditions of work are an important part of the change process.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

The other two dimensions of access which repeat across streams of work are the times at which services are available, and the need for improved transport for those services which cannot be provided in proximity to a patient. There is likely to be some scope for improving transport services with existing resources but changing the times at which services are delivered is likely to be complex, given the implications for working hours and impact on the workforce. But this is a high priority for many and a key element of access, particularly for people who are working.

Reducing complexity

The complexity of services, and the way that complexity gets in the way of effectiveness is something that arises across a number of different work streams. At one level this underlies the need for navigator roles and improved case coordination, to help people with more complex needs to get to the right services. But the more fundamental and lasting approach is to try to reduce complexity where possible, resulting in services that are focussed around the patient and whānau. There are several aspects to this:

- Addressing complexity in service commissioning, seeking to reduce fragmentation and excessive focus on outputs rather than outcomes, while trying to provide as much stability in contracts as possible for front line services.
- Addressing communication processes both across the system and within the hospital, with the goal of avoiding double handling of information, and reducing administrative tasks where feasible. There are elements of Lean process improvement here, as well as better agreement about how processes work and trying to keep them stable even when staff change.
- Designing services with input from front line staff, as well as patient co-design, in order to develop services that make sense from a patient perspective, and are focussed on patient experience.

9

How we will achieve change

We have been here before…

Many people know the things that need to happen—we have been here before—but we need leadership and common purpose. Wairarapa has been through changes in leadership over the last decade, and changing sub-regional arrangements. There seems to resistance to radical change and we are currently missing the institutional mechanisms to make change happen.

We can't address the challenges we face as individual groups—we need to work together. However, some of the relationships and momentum (e.g. generated through Better Sooner More Convenient Business Case and Tihei) have fallen away in recent times.

We can't ignore the fact that the DHB has a significant deficit and needs to find its way to financial sustainability. We need to involve more individuals and groups in finding solutions. For example, key clinical leaders currently don't have a view of their budgets and expenditure so cannot contribute to managing cost (e.g. locums).

Four key components in order to achieve change

Strong leadership and organisational culture

There is a need for change leadership and a culture that permits decisions to be made without constantly referring to higher levels. Leadership that motivates staff and gives permission for all staff to participate in constant review and improvement of services will be a pre-requisite for achieving change that is lasting, and has buy in from a wide range of stakeholders across the system.

A priority for achieving a stronger culture of change will be to identify short term initiatives that will have an immediate impact on patients and health providers, signalling that the DHB is open for business and ready to make decisions. Examples could include improving staff facilities, or changing the hours or location of a key service.

The third element of strong leadership is shared leadership, on the basis of a strong Tiriti partnership that provides meaningful input into change decisions. This underpins effective prioritisation so that the most effective use of resources is made in order to improve the acceptability and effectiveness of services.

Effective leadership will require investing in change management. This means ensuring that change management is adequately resourced, rather than becoming an added expectation over and above existing roles for busy clinicians, and ensuring that there is a clear, shared view of goals and timeframes for specific projects. Prioritisation will be important, in order to focus resource on to specific projects to achieve goals, rather than trying to change too many things at once and spreading resource too thinly.

Getting the basics right

There is a need to develop more effective basic business processes in order to support change. For example, providing greater transparency over budgeting and fiscal management, so that both internal and external stakeholders can see where resources go, and can participate in re-engineering processes with an understanding of both positive and negative impacts on financial goals. Improved non-financial information is also important, so making better use of quality improvement information, and ensuring that such information is widely disseminated along with targets and progress on measures is a fundamental part of building the capacity for change.

Authentic co-design and collective action

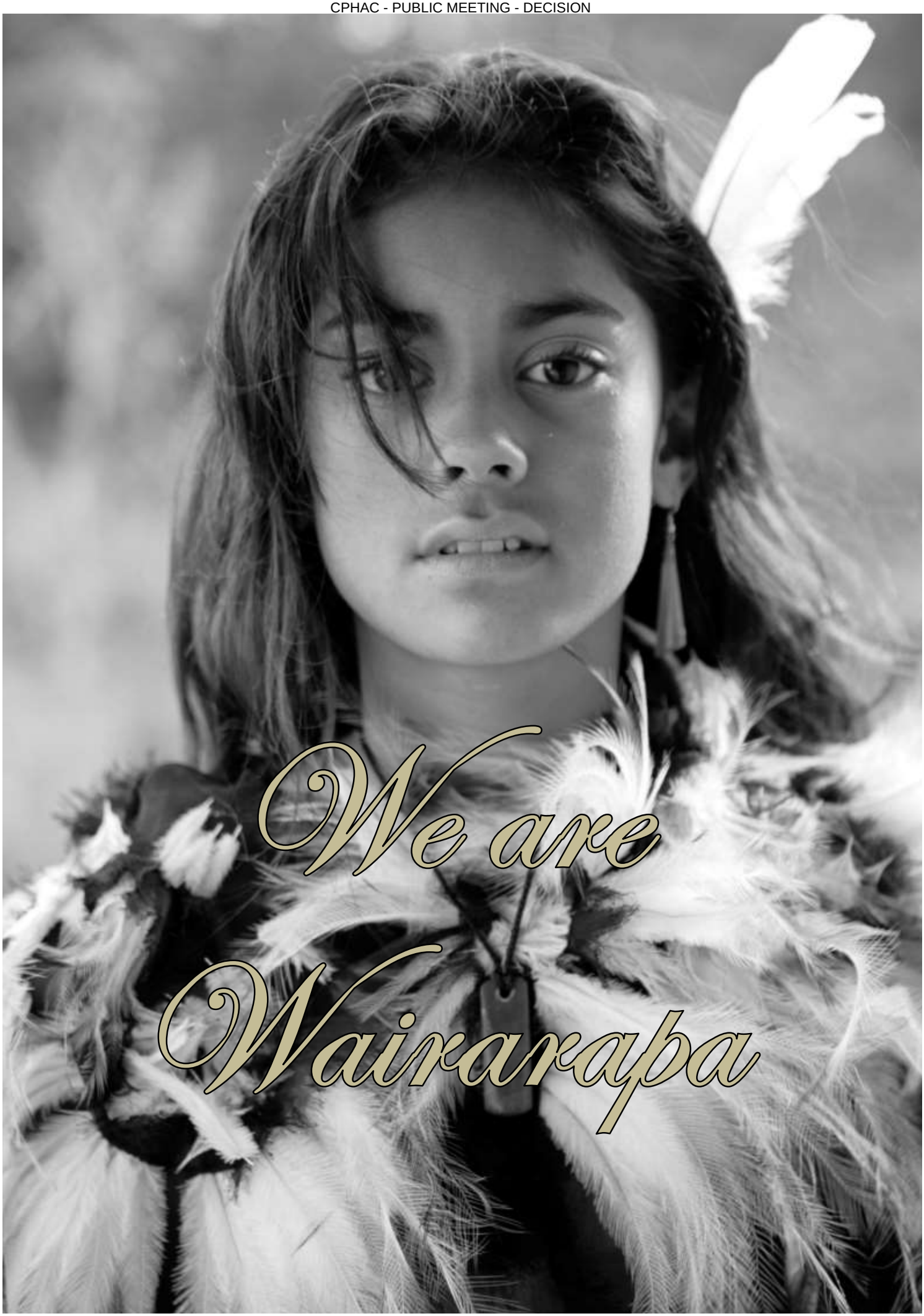
Collective action will take over from collaboration. Listening to, and working with, communities about what will work for them is the path towards the most effective services. There are a variety of mechanisms for this, from including patient perspectives in clinical pathway workshops, to direct engagement with communities across the Wairarapa. But engagement must be authentic if it is to be effective. Engagement must therefore be open about resource constraints (whether financial resources or workforce resources), and be clear about where services are vulnerable, and what the clinical and professional requirements are for effective, safe care. Informing communities, on the basis of robust, relevant information, will be a pre-requisite for authentic co-design of specific services.

Effective commissioning

'Commissioning' is the process of developing services and committing resources to achieve the best health outcomes for individuals and the population, and ensure equity and enhance experience within the resources available.

We will take a whānau ora approach to commissioning for equity and take a broader approach to health and wellbeing. Features of this type of commissioning include:

- robust needs assessment that takes a broad approach to community resources and captures the voices of communities, consumers and whānau
- resources being refocussed in the areas that make the greatest difference to eliminating unmet need
- whānau and communities as equal partners in planning and co-design of services
- incentives that support providers to innovate, with robust monitoring and evaluation to ensure positive impact.


We are
Wairarapa

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DISCUSSION PAPER** **Date: April 2020**

Author	Joanne Edwards, Planning and Performance Advisor
Endorsed By	Sandra Williams, Executive Leader, Planning and Performance
Subject	Wairarapa Palliative Care Update

RECOMMENDATION

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

Notes this summary of the Wairarapa Palliative care Service and its implementation.

ADDENDUMS

1. Gold Standards Framework
2. interRAI Palliative Care (PC)
3. Monitoring framework Report Oct – Dec 2019
4. Characteristics assessed

1 PURPOSE

The purpose of this paper is to inform CPHAC about how the Sub-regional Palliative Care strategy, "Living Well, Dying Well" is being implemented in Wairarapa.

2 SUMMARY

The Wairarapa Palliative Care Service is targeted at patients with life limiting cancer or non-cancer illness with little or no prospect of cure. These people are usually well known to their general practice and other services and are entering a new phase of their life. The service aims to ensure that patients receive quality, coordinated health care and support services based on a palliative approach whereby primary care is supported by palliative care specialist services.

The Wairarapa Palliative Care Service is a network of a number of agencies each with a specific role who work together across the sector. Some components of the Wairarapa Palliative Care Service are more visible than others and achieve more public recognition, but each component is essential.

The Wairarapa Palliative Care Service can be likened to a service alliance rather than a singular service. The service fabric is woven from a variety of strands to create a stronger, more integrated service than any one of those strands can provide alone. Strengths of this model include a broad reach for people who need palliative support, not just the few who are under the specialist service. However, by not being a singular specialist service, this approach also presents a challenge in 'visibility' and identification of the Palliative Care Service being more related to a person's journey through a range of services than specific to just one.

Since July 2019, implementation of the living Well, Dying Well strategy in Wairarapa has targeted a number of service developments and it is recognised that further implementation and a focus on quality improvement will continue to drive progress.

PUBLIC

3 BACKGROUND

The sub-regional palliative care strategy, "living well, dying well", was endorsed by the Wairarapa DHB in 2016. Its vision is that -

'ALL PEOPLE WHO REQUIRE A PALLIATIVE APPROACH LIVE WELL AND DIE WELL IRRESPECTIVE OF THEIR CONDITION OR CARE SETTING'. **THIS VISION IS INTENDED TO BE ACHIEVED THROUGH THE PRINCIPLES:**

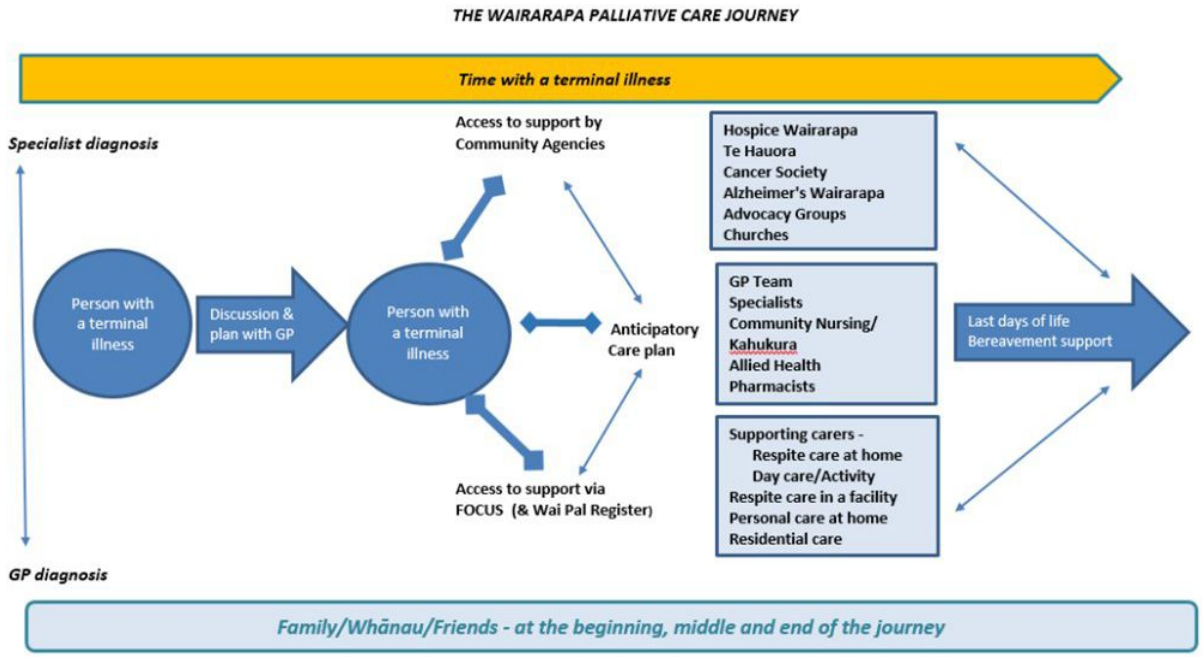
- Seamless and holistic patient care
- Service provision is based on need
- One integrated care team
- Led by primary care
- Supported by specialists in palliative care
- Clearly defined roles and responsibilities

Since 2016 a number of actions have assisted towards implementing this strategy. This document describes how the Wairarapa palliative care model is being implemented. Both capability and capacity have improved for Wairarapa over recent years, but it is recognised that there are still improvements which need to take place, including service review based on feedback from families and increased access for people with non-cancer diagnoses.

1 PALLIATIVE CARE IN WAIRARAPA

1.1 The Journey

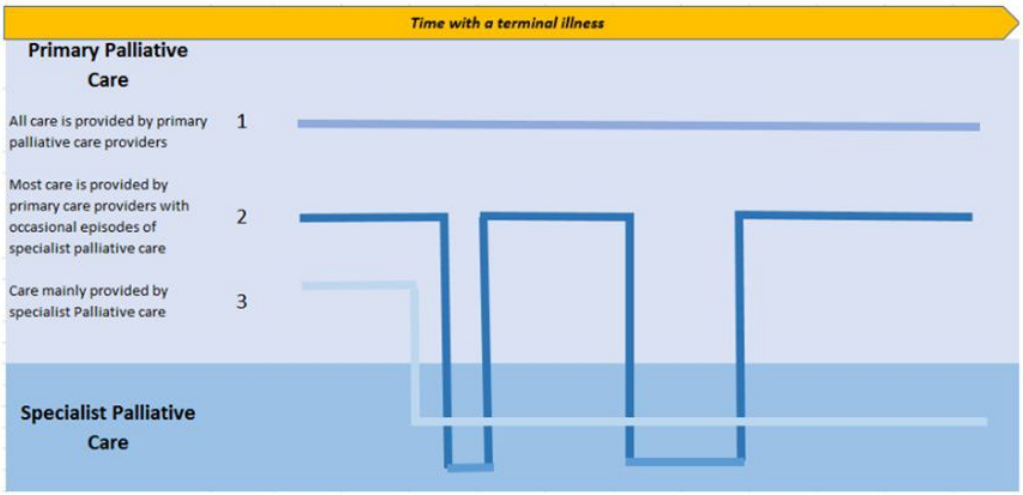
The journey of a person with a terminal illness and those important to them is a very personal one and one which needs different services at different stages of the journey. Palliative Care in Wairarapa is not a singular service, but rather a range of services offering a palliative approach, with primary care taking the lead. The diagram below illustrates the main components of the Wairarapa system for the palliative journey.



PUBLIC

Specialist palliative services (assessment, clinical advice/ management and education) provide support to primary care and people may need more intensive and specialist palliative services at different times in their journey.

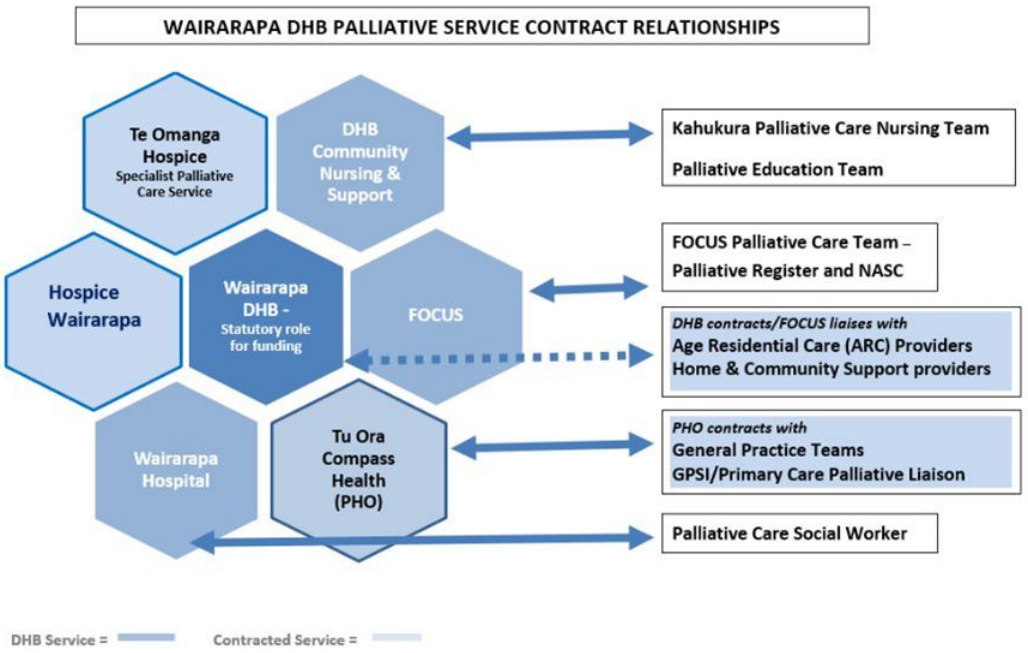
The Wairarapa Palliative Care Journey – The Relationship Between Primary and Specialist Palliative Care[1]



[1] Adapted from the *Living Well, Dying Well Strategy, The relationships between primary palliative care and specialist palliative care*
Source: Ministry of Health (2015a)

1.2 The Services

The Wairarapa Palliative Service is provided by a range of organisations; The DHB itself provides components of the service other components are provided through contracts with non-government organisations (NGOs), while other supports are provided through community agencies.



PUBLIC

1.3 Implementation

The implementation plan was endorsed by the Board in June 2019. This plan is building on past developments and acting as a springboard for future actions. The key principles underpinning the implementation plan are:

- GP led - All referrals for specialist palliative care to go through GP
  - MDT review & planning using the Gold Standard Framework (GSF) 'traffic light system' (Appendix 1)
  - Anticipatory care planning.
- Supported by specialist palliative care service (Te Omanga & Kahukura nursing service) – assessment, advice & education.
- Wairarapa wide – All people needing a palliative approach (FOCUS register & support service coordination).
- Provided by a network of agencies – Hospice Wairarapa, ARC providers, Allied Health, Community Nursing, HCSS, Pharmacies, Wellington Free, hospital.
- 'Ownership' - PC Management Group (provides collective leadership for system-wide implementation) and wider PC Reference Group (stakeholders).

Since July 2019, actions have included:

- Finalisation of the Wairarapa Palliative Care Health Pathway (a web based system to guide health professionals in their management of patients).
- Multidisciplinary approach – Planned Care Team established by Masterton Medical practice.
- Revised FOCUS referral form and Wairarapa-wide Palliative Care Register.
- Implementation of interRAI Palliative Care assessment to ensure timely access to appropriate supports (Appendix 2).
- Implementation of short term in-home respite primarily intended to be for in-home night support to enable a carer to sleep, but can provide additional support at other times of carer stress.
- Implementation of a carer support programme by Hospice Wairarapa.
- Education and mentoring for professional development of health professionals.
- Te Ara Whakapiri: Principles and guidance for the last days of life guidance tool being introduced in ARC.
- Wellington Free Ambulance – in process of establishing access to Medimap (electronic medication system) for Kahukura patients.
- Governance groups and reporting framework established.

Anticipated developments for 2020/21 include:

- Establish a position for primary care palliative liaison. This GP role will support their peers and generalist health professionals across the Wairarapa to achieve optimum outcomes for their patients and quality improvement through education, mentoring and clinical governance.
- Extending number of primary care practices implementing the palliative care health pathway, including using gold standards framework for interdisciplinary anticipatory care planning.
- Wellington free Ambulance – Embed Medimap and communication systems for Kahukura patients in the community
  - Stage 1 – 'Read only' access to medimap to access patient's current medication record
  - Stage 2 – 'write' access so that medications which have been given can be recorded on the shared electronic system.
- Establish a palliative care 'clinical coach' role to support arc providers to strengthen knowledge and skill of the workforce and endorse their role in the Wairarapa integrated palliative care model.
- Extend rural reach for supporting family carers through community based programmes.
- Embed processes for follow-up conversations.

PUBLIC

1.4 Management of the Wairarapa Palliative Care Service

Although much has been achieved since 1 July 2019, there are still actions to be addressed. It is expected that the Wairarapa Palliative care service will continue to develop and grow within a quality improvement framework. The Wairarapa Palliative Care Management Group is responsible for driving the acheivement of the Wairarapa Palliative Care Plan and Living Well, Dying Well strategy. It supports the Tū Ora Compass Health Programme Manager to monitor progress in implementing the plan, monitoring service inputs, outputs and outcomes and driving service development. This group reports to the Alliance Leadership Team.

The purpose of the Group is to collectively evaluate service delivery, functionality and effectiveness of the service. The Group will:

- Provide system-level oversight and evaluation of all aspects of the service.
- Ensure connectedness and a whole of system approach to service delivery.
- Highlight issues to the funder as well as advice on potential improvements.

Beyond the Palliative Care Management Group is the wider reference Group which is comprised of a wide range of interested parties. Together, they provide collective leadership across all settings of the health sector within Wairarapa. Through their experience, observations, opinions and preferences they inform and influence the Palliative Care Management Group.

1.5 Monitoring and Quality improvement

The monitoring framework is a high level regular summary of indicators – some inputs, outputs and outcomes. This enables the Management group to ensure that implementation is on track and identify service development needed. The indicators which are included reflect a range of aspects of the Wairarapa Palliative Care approach and are informed by more specific detail which can be 'drilled down' as needed.

Appendix 3 presents the latest quarterly report.

At a high level, the characteristics of older people assessed by interRAI in Central Region (July 2018 – June 2019) is presented in Appendix 4. This data is presented regionally because at the DHB level, the data sets for these measures are too small to be meaningful. Nevertheless, it is interesting to note ethnic differences which should in turn prompt further service development.

5 PALLIATIVE CARE INVESTMENT IN WAIRARAPA

The Wairarapa DHB invests in Palliative care through a range of services which together provide the Wairarapa Palliative Care Service. Investment in these services for 2019-20 are described in the table below and total $1,397,182:

NGO Providers

NGO Provider Name	Service	2019/20
Compass Health -Primary Care Local Services Agreement	Primary Health Palliative Care Service	$ 94,201.00
Compass Health -Primary Care Local Services Agreement	Primary Care Palliative Liaison	$ 36,500.00
Hospice Wairarapa	Carer Support programme and funding for overnight care, bereavement support	$ 10,733.00
Te Omanga Hospice Trust	Specialist Palliative Care Medical Services	$ 89,575.00
TOTAL		**$ 231,009**

PUBLIC

Wairarapa DHB Provider Arm

DHB Provider Service	Service	2019/20
FOCUS	Palliative care Assessment & Service Coordination	$ 92,810.00
FOCUS	Palliative Care – Community Service (night respite)	$ 15,000.00
Community Nursing and Support	District Nursing – palliative care	$ 683,071.00
Community Nursing and Support	Kahukura & Social worker	$ 286,582.00
Community Nursing and Support	Specialist Palliative Education and Liaison service	$ 88,710.00
TOTAL		**$ 1,166,173.00**

Support is also provided in the community and age residential care for people with palliative care support needs. However, these clients are part of a larger cohort in each funding stream and are not reported as a separate group. Funding lines include:

Long term Support- Chronic Health conditions (LTS-CHC) *– people under 65 years with palliative care support needs, with a longer prognosis -likely to be over 6 months*

CMI funding *– People under 65 years with palliative care support needs, with a shorter prognosis – weeks to months, up to 6 months*

Home & Community Support services (HCSS) *– People in both age groups with palliative care support needs*

Age Residential Care (ARC) *– People over 65 years with palliative care support needs*

- Palliative respite may be provided through any of the above funding lines depending on the clients funding category.

PUBLIC

Appendix 1

Gold Standards framework

The palliative care Gold Standards Framework (GSF) needs-based coding system informs needs-based prioritisation and anticipatory planning. It will guide referral urgency, anticipatory interdisciplinary planning and determination of 'no charge' status.

Appendix 2

interRAI Palliative Care (PC)

interRAI is a suite of web based assessment tools which has been adopted across New Zealand. A number of assessment tools sit within this system and all of them are internationally validated with amendment for a New Zealand cultural context. In Wairarapa, FOCUS assessors are trained in using the interRAI assessments which inform their discussion with a person and their family/ whānau about how their support needs may be met. Other health providers and agencies involved with individuals are able to access this assessment to prevent the person being subject to duplicate assessments.

The interRAI Palliative Care (PC) Assessment tool was developed to provide a comprehensive assessment of the strengths, preferences, and needs of adults in both hospice and palliative care. Following testing in Canada, Czech Republic, Iceland, Netherlands, Sweden, Spain, and the U.S., the first version was released in 2003. The system has since been updated as part of interRAI's restructuring initiative to ensure that all of our instruments contain common items and definitions for overlapping clinical content.

The Palliative Care assessment offers an alternative for Home Care assessors to be used with clients living in the community and with a terminal condition or prognosis. The assessment focuses on items like, for example, managing pain and fatigue, and preparing for the need for increased support. Palliative Care assessments are also shorter than the standard Home Care assessments.

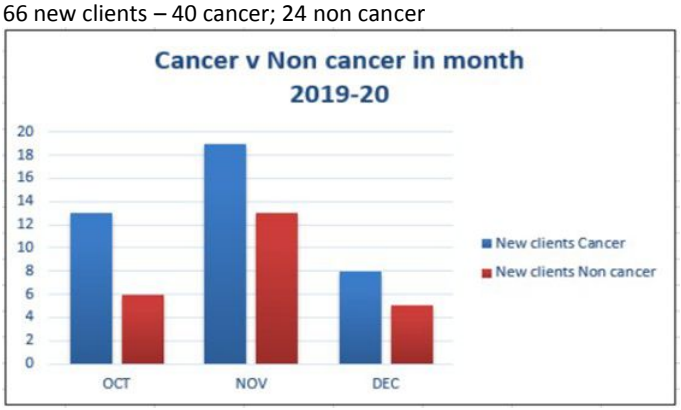
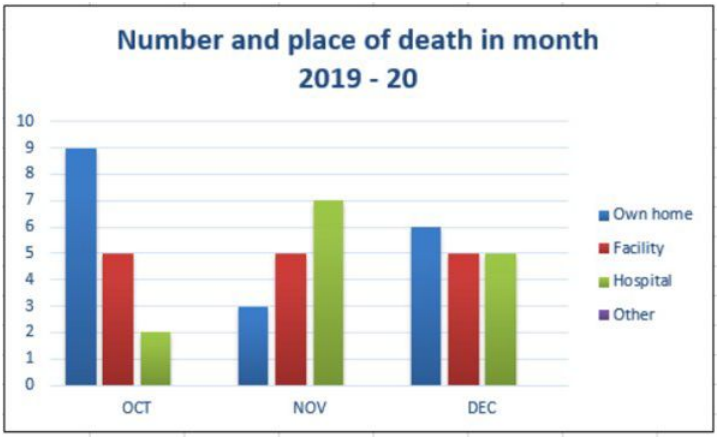
Appendix 3

Monitoring framework Report Oct – Dec 2019

The monitoring framework includes selected measures to represent monitoring of service quality, provision, and development. The reporting template is attached and is used for a quarterly report to the Palliative Management Group on a quarterly basis, from 1 October onwards.

Measure	Comment
Interview - significant other's response - was the death a 'good death' - or not? (& reason) (Approx 12 – 16 weeks after death)	FOCUS will be providing this service for all palliative patients who die. Deferred over the end of year period.
Total number on register on last day of the Quarter	**1 October to 31 December Q2:** 83 on register - 10 Māori; 67 NZ Euro; 1 Pacific Island; 20 other

PUBLIC

New clients on register during this quarter	**1 October to 31 December Q2:** 66 new clients – 40 cancer; 24 non cancer 
Number of deaths on register & Place of death	**1 October to 31 December Q2:** No. of deaths: 47; Own home: 18; Facility: 15; Hospital: 14; Other: 0  Because Wairarapa does not have in-patient hospice beds, data relating to "dying in a facility" masks two distict groups of people – those who live there long term and those who have transferred there for palliative care. The Management Team is keen to identify those groups of people to gain a clearer picture of those who die in their 'own home" .
Calls for specialist advice – nursing and medical	**1 October to 31 December Q2** **15** calls Relationship with Te Omanga specialists seems to be key to using this service to the maximum advantage.
Specialist palliative care support for the Wairarapa Palliative Care Service	Case based teaching at Kahukura MDT on Wednesday afternoon – various topics which arise from patients seen on that day 12 clinics The Clinical medical education (CME) at Wairarapa Hospital will start in Feb 2020.
Clinical issues/trends identified through patient reviews	The Te Omanga report notes that the formation of the 'clinical governance' group is an important improvement (yet to be established through the role of Primary Care Palliative Liaison).

PUBLIC

Palliative Education report

Education Provided	No. Attendees	No. Sessions
Palliative Care Education Trust lectures	18	3
Fundamentals RNs-3 sessions	18	2
Fundamentals HCAs	24	2
Syringe Driver	19	4
Volunteers	15	1
Carer support	8	1
Te Ara Whakapiri	17	2
ACP-community	16	1
De-briefing-various facilities	15	2
End stage Dementia (trial)	Nil till Feb	
In-Services (various facilities)	27	4
Primary care presentations	11	1

Education is changing with more "on site" education being requested. Discussion with ARC providers has led to

- planning 1.5-3hour sessions on various subjects for individual facilities on subjects such as communication, loss and grief, building resilience, de-briefing, end of life care and support.
- notifying all ARC and community service providers about "other" short sessions that may be available.

Education contact for primary care (as in G.P. practices) has increased.

A new facility is yet to commence provision for palliative respite. Palliative Care Training for their staff is commencing in February.

AIM for 2020 is to implement Te Ara Whakapiri across the Inpatient units in Wairarapa Hospital.

Innovations funding has been transferred to the Palliative Care Education Services and used to appoint 0.3 FTE Palliative Care Clinical Coach for supporting ARC.

Supporting patients, family carers and whānau

The Caregivers Programme
Evaluation comments from participants continue to describe the value of this programme in terms of understanding, practical support and sharing feelings with peers/hospice.

During this quarter23 Services delivered (8 different people attended). Ethnicity European/Pakeha 7, Māori 1

Night Support

	Month October	Month November
Nights - Support Worker	23/10/10, 24/10/19 29/10/19	14/10/19
Other Hours - RN		
Other Hours - Support Worker		
Maori clients		
Other clients	1	1

* December data not yet available
Bereavement Support
[Residential care facility] in October

PUBLIC

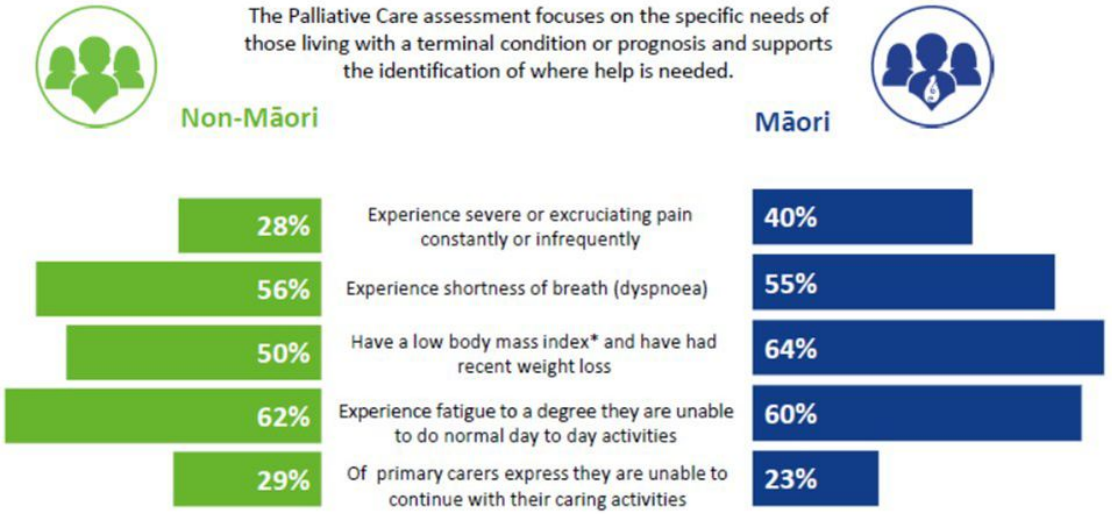
	Hospice Wairarapa is visiting all ARCs in February to reinforce that this care is available.
Implementation comments	GP practices are now better informed about the recent changes to the palliative service and are using the revised forms/processes. Feedback from families of patients who have been palliative are very complimentary about the clinical care and support they receive, but have been confused about who is leading the care (e.g. GP, MML team, Kahukura or District Nursing). It is likely that this risk arises from the palliative care service being a network of providers rather than one single identifiable palliative care provider and further work is needed to clarify this journey for patients and their families. Two families have offered to share their experience with the Management team. Shawn Sturland, the DHB CMO, has undertaken to clarify the referral pathways into the palliative care service with Wairarapa DHB medical staff and out-of-area consultants. MML have established a planned care team, who are focusing on the management of patients with long term conditions including palliative patients.

PUBLIC

Appendix 4

The characteristics of older people assessed by interRAI, Central Region 1 July 2018 to 30 June 2019

The Palliative Care assessment focuses on the specific needs of those living with a terminal condition or prognosis and supports the identification of where help is needed.



One of the ways DHBs help older people get the right support at the right time, is to have a health professional complete an assessment of a person's health and wellbeing. One assessment is the interRAI Palliative Care Assessment, for people living at home in the community with a terminal condition or prognosis.

The Palliative Care Assessment has been phased in across the Central Region DHBs over the last couple of years and may be used in place of the interRAI HomeCare assessment.

Notes: 608 interRAI Palliative Care assessments were completed between 1 July 2018 and 30 June 2019. Of those assessed, 10% identified themselves as Māori and the latest population estimates distributed by Stats NZ, shows 7% of the population aged 65 plus, identify as Māori.

* In the Palliative Care Assessment, low Body Mass Index (BMI) is defined as 20 or lower.

interRAI New Zealand · Capital & Coast District Health Board · Hutt Valley DHB · Hawke's Bay District Health Board · MidCentral District Health Board · Wairarapa DHB · Whanganui

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DISCUSSION PAPER** **Date: April 2020**

From	Sandra Williams, Executive Leader, Planning and Performance
Author	Keith Fraser, Planning and Performance Advisor
Endorsed By	Dale Oliff, Chief Executive
Subject	Pharmacy services in the Wairarapa

RECOMMENDATION

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

1. **Notes** the contents of this report
2. **Notes** Wairarapa DHB forecasts it will invest $12.6m in local providers in 2019/20 for community pharmaceuticals and services
3. **Notes** the opportunities for pharmacists -practising at top of scope; pharmacists as part of the Healthcare Team (Integration), improving the quality of medication use, locally commissioned pharmacy services, recognising quality in pharmacist services, and working with intersectoral partners to remove cost access barriers.

APPENDIX

1. Top 20 pharmaceuticals by cost and volume

1. PURPOSE

The purpose of this paper is to update the Community and Public Health Advisory Committee (CPHAC) on the performance of services provided for the Wairarapa population under the nationally negotiated Integrated Community Pharmacy Services Agreement (ICPSA). This paper includes information to the pharmaceuticals and pharmacy services that comprise 7% of health system expenditure and 10% of DHB expenditure. It focuses on the 9% of DHB expenditure that community services account for, and the particular challenges for that sector.

2. RELATIONSHIP WITH PHARMAC AND PRESCRIBERS

PHARMAC is responsible for managing the supply and cost of medicines. DHBs agree the national pharmaceutical budget with PHARMAC each year. As a major area of expenditure for the DHB, we have a strong interest in understanding the utilisation of medications including growth, geographic and equity based perspectives.

At a local level, community pharmacies purchase pharmaceuticals from regional wholesalers, which in turn purchase them from the drug companies.

The prescribers of medications are principally GPs and specialists, but also dentists and there is an emerging group of prescribing nurse practitioners and prescribing pharmacists. For Wairarapa DHB, a significant amount of the overall cost of medication is prescribed by specialists outside the DHB region, especially by rheumatology and cancer specialists.

3. INTEGRATED COMMUNITY PHARMACY SERVICES AGREEMENT

Wairarapa DHB forecasts investing $12.6million in 2019/20 in agreements for community pharmacy services with 6 pharmacies in our district. The agreements cover dispensing and other services provided by community pharmacies and the costs of the pharmaceuticals dispensed. While pharmaceuticals are also provided to patients in both inpatient and outpatient settings in both local and other hospitals, around 90% of pharmaceuticals by cost are provided through community pharmacies.

The Integrated Community Pharmacy Services Agreement (ICPSA) is an evergreen contract between DHBs and community pharmacies, like the contracts between DHBs and Aged Residential Care and Primary Health Organisations. There is an annual process of review to agree changes to price and services. The ICPSA provides for DHBs to reimburse community pharmacies for:

- the gross cost of pharmaceuticals
- plus pharmacy service fees for supply and advice
- less any patient contribution (usually $5 per item up to 20 items).

Some services don't fit the usual pattern of pharmaceutical supply and advice and require a different level of service. Examples are monitored therapy medicine services (Clozapine and Warfarin), long term conditions (an adherence support service), and flu vaccination (a public health prevention service).

The ICPSA has two main levels of services;

- Nationally commissioned services that are determined through the national process

Service	Description
Long Term Conditions	For people with chronic conditions and adherence issues. The DHB funds the pharmacist $21 per month for every registered LTC user.
Aged Residential Care services	Community Pharmacies supply medications to aged care facilities.
Funded influenza vaccinations	Vaccination of pregnant women and those aged 65 and above.
Special medicines	Includes Clozapine, (an atypical anti-psychotic with potential effects on white cell count), opioid substitution medicines and the supply of sterile medications
CPAMS	Warfarin patients where the blood tests are done in the pharmacy. The dose can be adjusted by the pharmacist based on the result. The DHB funds five Pharmacies $540 per year per enrolled patient

- Locally commissioned services that are determined at the local level.

4. SERVICE PROVIDERS

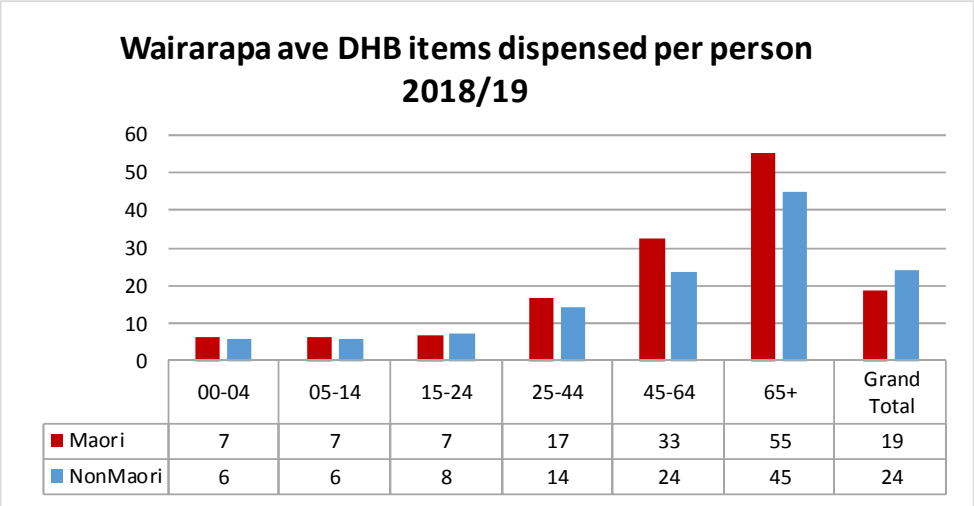
Wairarapa has contracts with eight community pharmacies, four in Masterton and one in each of the towns, Carterton, Greytown, Featherston and Martinborough. They vary significantly in size from those employing as few as one pharmacist and one technician up to those with 5

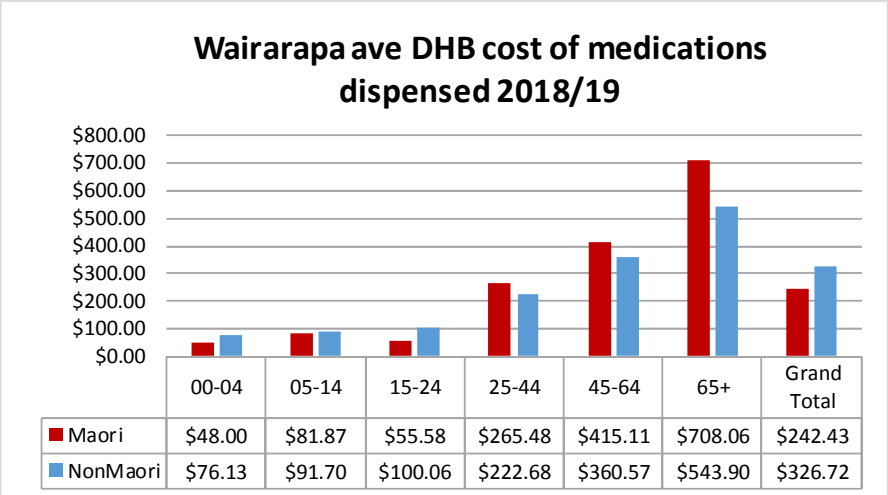
pharmacists and 6 pharmacy technicians. Wairarapa has larger pharmacies on average at 5800 people per pharmacy compared with 4600 for NZ.

5. PEOPLE RECEIVING SERVICES

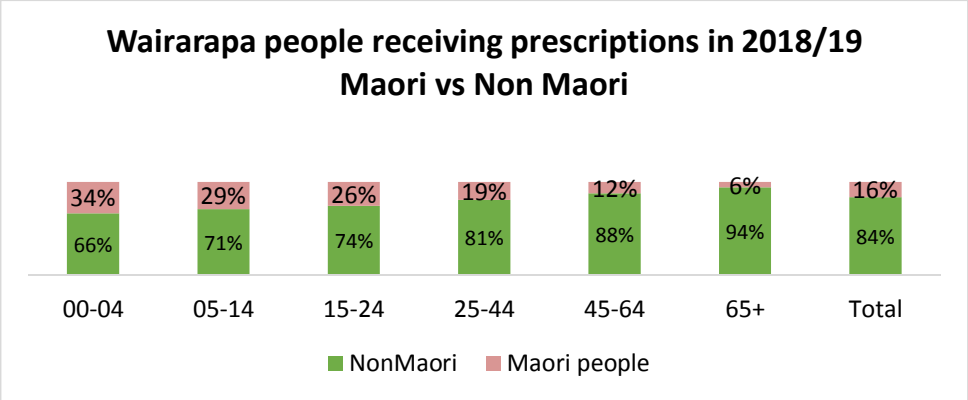
There is variation in the use of medications across DHBs due to different prescribing patterns, age structures and the incidence of disease.

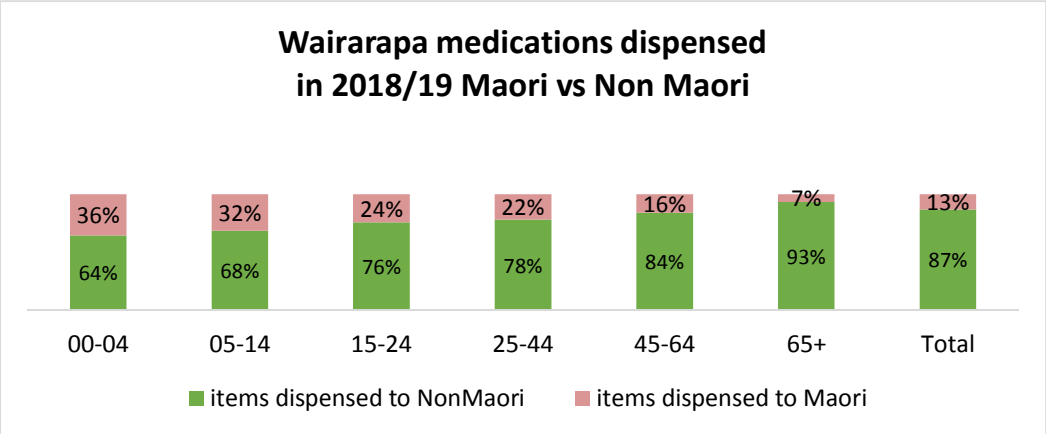
The amount and cost of medication prescribed follows closely the age structure of the population, as the following two graphs show.





In general, Maori appear to be receiving less medication than we might expect, given the burden of disease. The greatest disparity appears to be in the 15-24 age group where 31% are Maori but only 24% of dispensed items are for Maori. This may reflect the HQSC survey that found that cost of medications is more of a barrier for younger people than for over 65s.





6. OTHER DRUG EXPENDITURE PATTERNS

There are **676** different medications (chemical names) that were dispensed in 18/19. The most commonly prescribed medicine is paracetamol but our most expense drug is Adalimumab (marketed as Humira) is a monoclonal antibody drug that inhibits inflammation in joints.

The top 20 pharmaceuticals by cost and volume are listed in Appendix 1.

Variation at a DHB level reflect local patterns of prescribing and incidence of disease – eg cancer and rheumatology. The list above excludes Hepatitis C since the drugs are provided directly to pharmacies for named patients and costs do not appear in the claims database.

Variation on a monthly basis can reflect pace of uptake of new drugs from DHB to DHB and the timing of new drugs becoming available during the financial year. Most new drugs now are high cost and low volume and often have rebates attached to them (sometime very large rebates). This can mean monthly pharmaceutical costs can be very lumpy from month to month, due to the uptake of expensive new drugs at particular points in the year.

7. SUMMARY

Pharmaceuticals and pharmacy services are around 10% of DHB expenditure.

There is considerable opportunity to improve the quality use of medications, particularly for Maori and older people, that will require a collective response from DHBs, prescribers, pharmacies and other social sector agencies, such as income support.

8. OPPORTUNITIES

- Pharmacists Practising At Top of Scope
- Pharmacists as Part of the Healthcare Team (Integration)
- Improving the Quality of Medication Use
- Locally Commissioned Pharmacy Services - LTC
- Recognising Quality in Pharmacist Services
- Co-payments and Co-payment Support
- Pharmacy Contracting Policies

4.1 Pharmacists Practising at top of scope

The principal challenge for the pharmacy sector is evolving from a transaction (medicines supply) focussed service model to one where the patient is at the centre and the cognitive services (advice to patients) are more highly valued. We will need to change the current funding system of paying a fixed amount per item dispensed. Pharmacies are almost entirely funded this way. The funding system needs to be more patient based, to more closely reflect the large proportion of activity dedicated to serving the core group of patients (20%) with long term medication needs. This should be set so it more fairly reflect equity challenges (serving higher needs populations), and also to de-emphasise dispensing frequency as a determinant of revenue and more fairly be a matter of professional judgement.

Pharmacies will need to respond by re-engineering their dispensaries to have technicians with automated technology undertaking the medication supply function to allow pharmacists to spend most of their time face-to-face with patients. DHBs, prescribers and others in the system will also need to play their part by enabling better access to information, to reduce the amount of time chasing relevant information such as the medication list (what has been prescribed), the diagnoses (what is the medication being used for) and laboratory test results (is the medication working or even being taken). Accessing the hospital patient management system to clarify medication information is invaluable and enhanced patient safety in those DHB regions where this has been enabled. In some DHBs, patient privacy concerns and lack of sufficient priority continue to slow information access for pharmacists as health professionals with a legitimate interest and involvement in patient care.

Information systems improvement can also be used to drive prescription quality improvement and free up time by pharmacists spent addressing incorrect scripts.

4.2 Pharmacists as Part of the Healthcare Team (Integration)

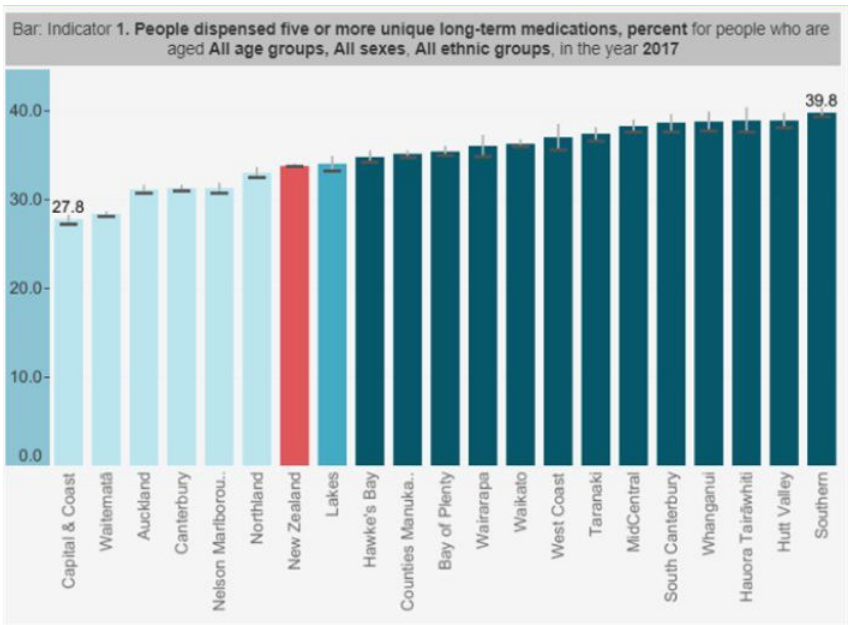
Pharmacists need to be connected to the team involved in patient care by being able to interact efficiently through mechanisms such as multi-disciplinary team meetings and shared plans of care. PHOs in the greater Wellington Region and elsewhere have agreed to support and recommend that general practices adopt Indici as a patient management system. Indici has the functionality to enable interaction with other information systems and provide access to a shared plan of care that health professionals involved in a patient's care can view and contribute to. At present, while many discussions between pharmacies and general practice are over patient health issues, many of the interactions are about (incorrect) prescriptions but, with better information systems, could be more productive and focussed on better patient health plans.

4.3 Improving the Quality of Medication Use

As part of the review of locally commissioned services, Wairarapa DHB wants to consider how well medication resources are used at a population level and how to respond to those. Gout management is a prime example of an equity issue. Gout is a long term condition that disproportionately affects Maori and Pacific but where several parts of the health and other social sectors could come together to ensure preventative therapy is not underused. People afflicted by gout may lurch through a series of acute episodes and be prescribed medications to manage a flare-up that are have a detrimental effect over time. To stay well, a regular medication is required to avoid the painful build-up of uric acid crystals in joints. That may need health education, income support, and a joined up secondary care, general practice and community pharmacy approach. Some DHBs are funding gout programmes at a DHB level that target inequality.

The pattern of largely reflects the younger age structure of the Maori population. Most medication is provided to larger group of people of Other ethnicity in the older age groups.

Pharmacists based in general practices and operating independently of a community pharmacy are being used in some DHBs to support the quality use of medication by providing advice at a population and individual prescribing practice level. Aside from equity/unmet need issues such as gout, they may, for example also provide advice on polypharmacy (use of multiple medications), an example of a quality use of medication issues that DHBs are being asked to respond to in their annual planning. The HQSC provides Atlas of Variation analysis at a DHB level and shows for example that polypharmacy is greater in the Wairarapa for over 65s than for NZ on average (All age groups = 65-74, 75-84, 85+).



4.4 Locally Commissioned Pharmacy Services - LTC

One pharmacy service that was introduced nationally in 2012 but now falls within the group of services that can be locally commissioned is the Long Term Conditions (adherence support) service. DHBs are generally concerned at the variability in the provision of the service from pharmacy to pharmacy, and consequently, the way in which the service is funded. Some Wairarapa pharmacies have embraced the service to the extent the Wairarapa's enrolment in the

service at a DHB level has been around 60-70% higher than the national average. The variation in the proportion of people registered at a pharmacy level varies from 3.5 to 22.7%. The NZ average is around 5%.

A weakness of the LTC services is its strong focus on the number of medicines and hence older people. The high health need of people with mental health conditions may not be reflected in the number of medications they collect.

Wairarapa DHB intends to undertake a review of these services in 2020 with the objectives of reviewing whether patients are getting the services they need, whether the services are making a difference, and whether they are being funded appropriately.

4.5 Recognising Quality in Pharmacist Services

There's no clear consensus on how to recognise good quality pharmacist services. There are tangible measures of quality for pharmacies such as opening hours, waiting times, range of services, and privacy arrangements. It is less obvious how to recognise good quality pharmacist services, where the quality of the service and the patient health outcomes are the product of the care team as a whole. Part of the answer may lie in empowering patients by prompting them to ask the questions they are likely to have or to volunteer what is most important to them and getting feedback on their level of satisfaction.

4.6 Co-payments and Co-payment Support?

Co-payments for subsidised pharmaceuticals are up to $5/item for up to 20 items. For more than 20 items, households are eligible for a subsidy card that means further items are free of charge. For items prescribed by a private specialist, or a prescriber not contracted to provide publicly funded services, the co-payment is $15 per item.

In many parts of NZ there are some corporate pharmacies that are discounting the co-payment to $0. This has created some angst for pharmacies that are nearby a discounting pharmacy as

they are concerned about losing market share, in a way they feel unable to match, and because they feel those pharmacies do not provide the full service. Co-payments comprise around 21% of pharmacy fees so the loss of income is material.

Wairarapa DHB does not have any discounting pharmacies, but it does have the benefit of Tu Ora Compass allocating some Service to Improve Access (SIA) funding to pharmacies to assist people who are struggling with co-payment costs. When surveyed recently, the community pharmacies generally noted that they had sufficient funding to provide support.

4.7 Pharmacy Contracting Policies

Some DHBs, concerned about a growing number of small pharmacies have recently adopted policies to manage the number of pharmacies that have DHB contracts. Those policies are based on principles of improving patient services and improving integration with other care providers, especially general practice. Adopting such policies is consistent with DHB statutory obligations to

> *seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local…needs* (section 22(1)(ba))

Wairarapa DHB has not yet adopted such a policy and as noted above, has pharmacies that are greater than the average size for NZ.

Appendix 1

Top 20 drugs based on highest cost in 2018/19

Rank	Chemical name	Total DHB cost 2018/19	% of total cost
1	Adalimumab	$ 1,315,471.72	10%
2	Dabigatran	$ 621,848.63	5%
3	Insulin glargine	$ 421,807.66	3%
4	Abiraterone acetate	$ 355,807.83	3%
5	Etanercept	$ 352,722.56	3%
6	Lenalidomide	$ 344,225.46	3%
7	Budesonide with eformoterol	$ 338,466.71	3%
8	Fluticasone with salmeterol	$ 279,729.59	2%
9	Buprenorphine with naloxone	$ 257,283.23	2%
10	Methadone hydrochloride	$ 210,215.01	2%
11	Tiotropium bromide	$ 202,038.03	2%
12	Octreotide LAR (somatostatin analogue)	$ 160,180.12	1%
13	Rivaroxaban	$ 152,155.44	1%
14	Blood glucose diagnostic test strip	$ 145,807.97	1%
15	Infliximab	$ 139,471.24	1%
16	Epoetin alfa	$ 129,978.67	1%
17	Dolutegravir	$ 126,548.96	1%
18	Sodium valproate	$ 122,272.94	1%
19	Imatinib mesilate	$ 112,176.08	1%
20	Morphine sulphate	$ 110,300.30	1%
	Total for Top 20 medications	**$ 5,898,508**	**47%**
	Total all dispensed medications	**$ 12,564,581**	

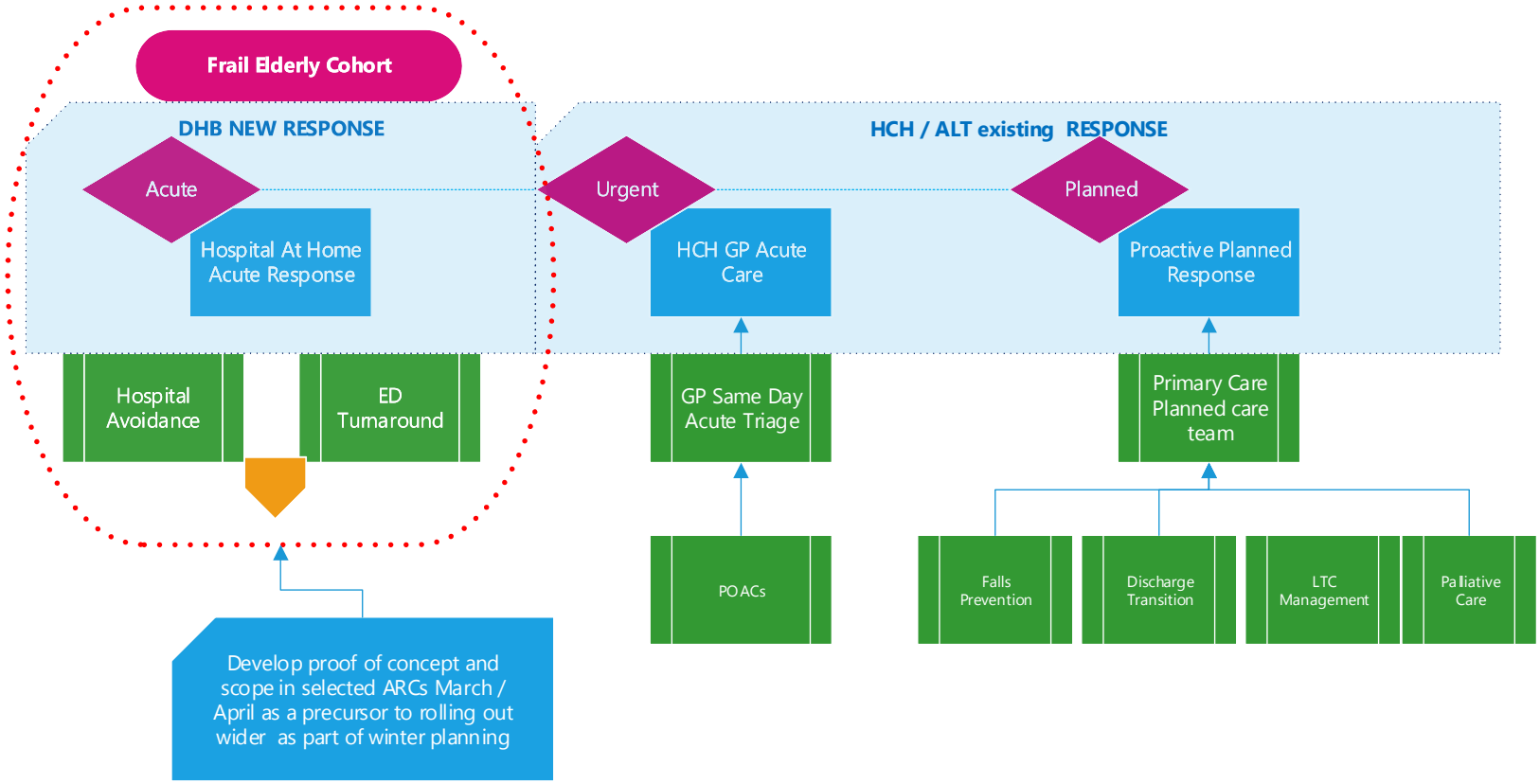
Top 20 drugs based on highest number of items in 2018/19

Rank	Chemical name	Sum of no. of items $	% of total items
1	Paracetamol	43,495	4.7%
2	Omeprazole	31,602	3.4%
3	Atorvastatin	29,003	3.2%
4	Methadone hydrochloride	27,240	3.0%
5	Aspirin	25,523	2.8%
	Aspirin	356	0.0%
6	Metoprolol succinate	23,324	2.5%
7	Salbutamol	17,150	1.9%
8	Cilazapril	17,030	1.9%
9	Zopiclone	16,312	1.8%
10	Buprenorphine with naloxone	14,766	1.6%
11	Levothyroxine	13,971	1.5%
12	Amlodipine	13,447	1.5%
13	Ibuprofen	12,909	1.4%
14	Metformin hydrochloride	12,450	1.4%
15	Colecalciferol	11,738	1.3%
16	Furosemide [Frusemide]	11,588	1.3%
17	Quinapril	10,665	1.2%
18	Docusate sodium with sennosides	10,241	1.1%
19	Prednisone	10,143	1.1%
20	Simvastatin	10,033	1.1%
	Total for Top 20 medications	362,986	39.5%
	Total all dispensed medications	919,512	

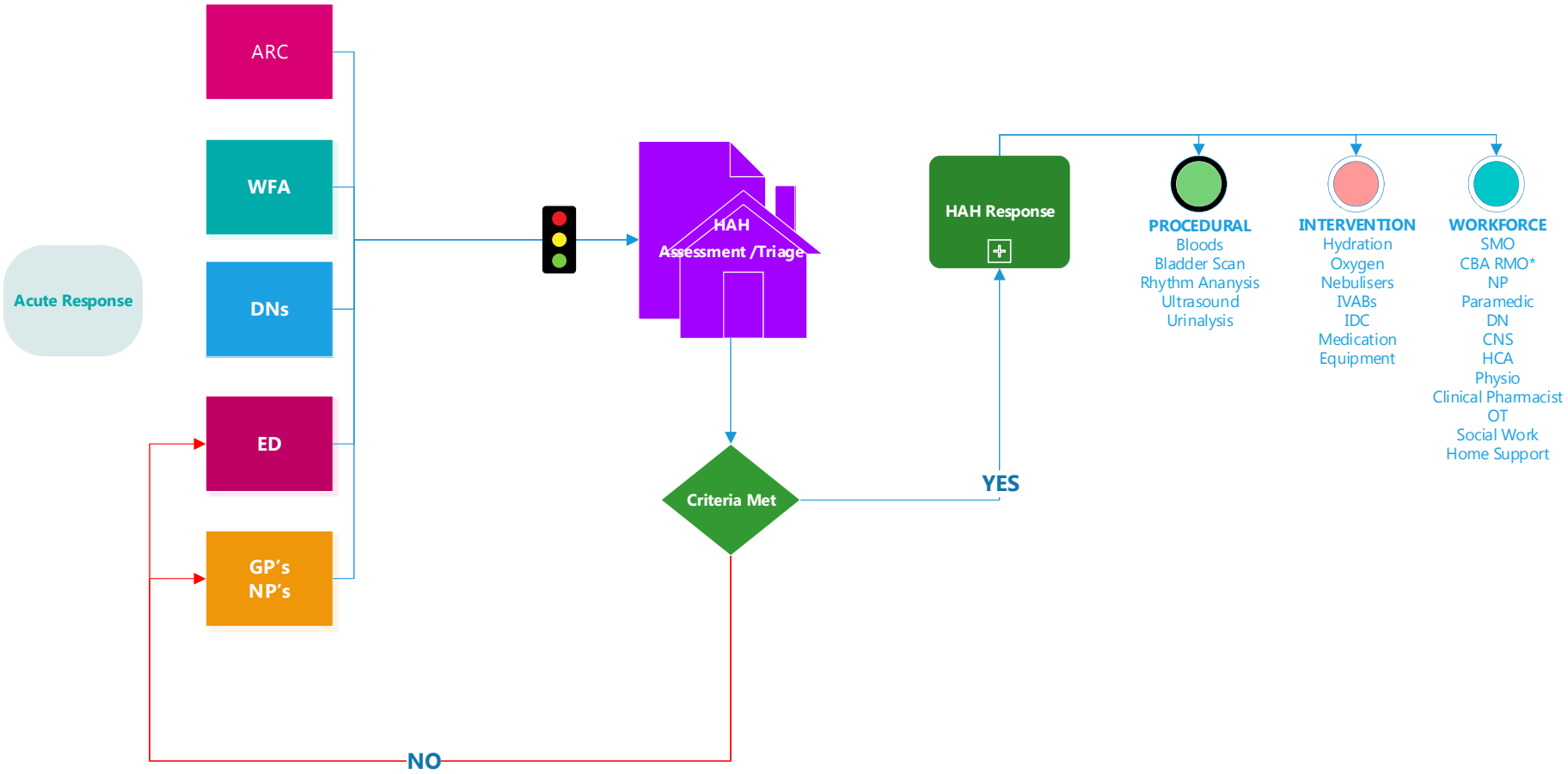
Hospital At Home

Wairarapa DHB

HAH Wairarapa - Concept Model



Flow Model


ARC
WFA
DNs
ED
GP's
NP's
Acute Response
HAH
Assessment /Triage
Criteria Met
YES
NO
HAH Response
PROCEDURAL
Bloods
Bladder Scan
Rhythm Ananysis
Ultrasound
Urinalysis
INTERVENTION
Hydration
Oxygen
Nebulisers
IVABs
IDC
Medication
Equipment
WORKFORCE
SMO
CBA RMO*
NP
Paramedic
DN
CNS
HCA
Physio
Clinical Pharmacist
OT
Social Work
Home Support

Conditions Workforce

INCLUSIONS

- Pneumonia
- CCF
- AF
- Gastroenteritis
- Anaemia
- Cellulitis
- Hyponatraemia
- COPD
- Uro-Sepsis
- PE/DVT
- Functional Decline/Falls

Other…….???????

EXCLUSIONS

- Stroke
- Surgical/Fractures
- ACS
- Unstable

Others/Qualification…???

WORKFORCE

- SMO
- CBA RMO*
- NP
- DN
- CNS
- HCA
- Physio
- Clinical Pharmacist
- OT
- Social Work
- Home Support

??? Family Carers

Infrastructure

Remote Monitoring
and wearables

IT Hardware: Phones,
Tablets, Surface Devices

Transport

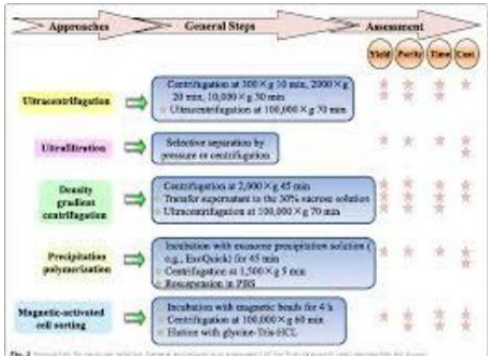
Tasks & Workflow
Management

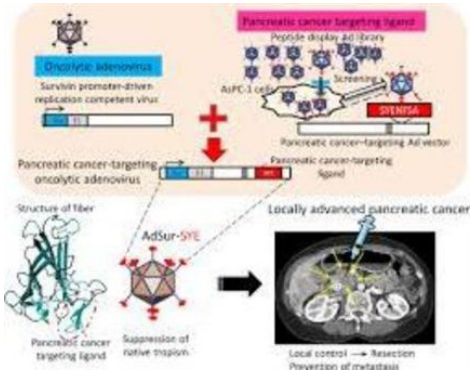
PMS and clinical record
sharing solution

Office Base

Enablers

- O2
- Home Aids
- POC Tests
- Rhythm
- IVABS
- Ulstrasound
- Nebulisers
- Medicines





- Clinical Pathways
- Protocols
- Standing Orders