Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**AGENDA** Held on Thursday 14 May 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		15 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. DISCUSSION						
2.1	Wairarapa Oral Health Service	DISCUSS	Lynnette Field	30 mins	9:15	
2.2	Mental Health and Addiction Services update Presentation on Acute Care Continuum	DISCUSS	Sandra Williams	30 mins	9:45	
2.3	Tihei Wairarapa and System Level Performance Report	DISCUSS	Sandra Williams	30 mins	10:15	
3. OTHER						
3.1	General Business				10:45	
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: 2020-05-07

Updated: 2020-05-07

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**MINUTES** Held on Tuesday 21 April 2020 By Zoom (due to COVID-19) Wairarapa District Health Board 9.00am
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE	**PUBLIC SECTION**

PRESENT

Dr Tony Becker	Chair
Joy Cooper	Member
Helen Pocknall	Member
Jill Stringer	Member
Limone Kelly	Member (Pacific Representative)
Diane Sotiri	Member (Consumer Council Representative)
Annie Lincoln	Member (Primary Care Clinical Representative)
Justine Thorpe	Member (Primary Care Representative)
Dr Stephen Palmer	Member (RPH Clinical Representative)

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)
Lisa Burch	Service Development Manager, Planning & Performance (P&P)
Daniel Kawana	Service Development Manager, Planning & Performance (P&P)
Kieran McCann	Executive Leader Operations (ELO)
Nicky Rivers	Director Allied Health, Scientific & Technical
Dr Tim Matthews	Senior Medical Officer (SMO)
Jen Bergantino	Minute taker, Planning & Performance

1.0 PROCEDURAL BUSINESS

1.1 APOLOGIES

NIL.

1.2 CONTINUOUS DISCLOSURE

Tony Becker declared a conflict of interest in relation to *"Item 2.1 Youth Health Service Development"* – Masterton Medical Ltd run the Youth Kinnex clinic.

1.3 CONFIRMATION OF MINUTES

RESOLVED

MOVED Helen Pocknall **SECONDED** Joy Cooper

CARRIED

2.0 DECISION

2.1 YOUTH HEALTH SERVICE DEVELOPMENT

NOTED that discussions on the Youth Kinnex service have been ongoing for sometime and that the current venue is no longer fit for purpose.

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

NOTED that the Committee would like to see intermediate schools included in the service development where any problems can be addressed before the child reaches college.

NOTED that public health nurses have been working with primary school children and undertaking HEADSS assessments. This needs to integrate with our mental health services.

NOTED that youth mental health is an issue and that there currently is a close relationship between primary mental health and CAMHs.

NOTED that Masterton Trust Lands Trust have been providing small individual grants to students but would like to fund a substantial amount which will enable them to support all schools.

AGREED that the report does not specifically mention that work is being undertaken with sex and gender diverse children and should be inclusive.

NOTED that with the current and proposed new medical centre builds in Wairarapa, this could be an opportunity to boost the needs for the youth by incorporating onsite services and support.

RESOLVED that the Community and Public Health Advisory Committee

1. **NOTE** the Wairarapa DHB and Tū Ora Compass Health have received a report: *Feasibility Study. The Effective delivery of Youth Health Services in the Wairarapa*.
2. **NOTE** 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. **NOTE** in 2019/20 Wairarapa DHB has invested $500k in local providers (excludes community AOD and mental health services) of youth health services.
4. **NOTE** 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.

MOVED Joy Cooper **SECONDED** Jill Stringer
CARRIED

2.2 STRATEGIC DIRECTION

NOTED that this was a first draft.

SEEKING from the Committee feedback on the draft report - have we been aspirational enough, are we bold enough, are we pushing enough.

NOTED that discussions with the Consumer Council and Iwi Kainga on the draft report are still to be undertaken.

Daniel Kawana presented the draft Strategic Direction. Key points were:

- the Strategic Direction will be peer reviewed externally by Malaya Raihania-Gibbs & Nerissa Aramakutu. The photographs have been supplied by Jade Cvetkov (Photographer).
- Changed “Health is Everyone’s business” to “We are Wairarapa” – the wording has been changed to capture everyone and to not only reflect on the health system.
- A more suitable Mihi will be added in consultation with Iwi.
- Foreword – this needs to be overarching and will need to match or complement our strategic direction.
- The strategic priorities link into our Strategic Objectives.

- Tamariki-Mokopuna, our children and young people has been added under Strategic Objectives.

NOTED the Committee's comments that they found the draft report refreshing, easy to read and liked the layout.

AGREED that there is some disconnection with the language in the 2nd part of the draft report as it has not had quite the same amount of work undertaken on it as the front part of the report.

NOTED that the DHB should be brave and bold. It needs the community on the journey with them when it comes to change.

NOTED that Board will receive the draft Strategic Direction in June.

NOTED that the Strategic Direction is about aspirations, a vision and the future.

NOTED that the report does include a projected population growth which stretches out to 2038.

RESOLVED that the Community and Public Health Advisory Committee

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.

MOVED Jill Stringer **SECONDED** Helen Pocknall
CARRIED

3.0 DISCUSSION

3.1 WAIRARAPA PALLIATIVE CARE SERVICE UPDATE

NOTED that this is a modern model which focuses on supporting people in their homes.

NOTED that the DHB currently works closely with Hospice Wairarapa with the psycho-social support.

NOTED that primary care plays a central role in the palliative care system.

NOTED that the process does not always flow as well as it could. There is a small management team reviewing quality indicators of peoples' journey. This service model is still in development.

3.2 PHARMACY INVESTMENT

NOTED that COVID-19 has given the DHB some good models to investigate further.

NOTED that to improve optimal spend and outcomes a clinical pharmacist integrated with practices in the future is a service improvement the DHB is exploring.

3.3 HOSPITAL IN THE HOME (PRESENTATION)

Presented by Executive Leader Operations, Director Allied Health, Scientific & Technical and Dr Tim Matthews (SMO)

The ELO advised the Committee that the DHB had been looking at the hospital model for some time and have now brought forward this work due to COVID-19 and the vulnerability around rest homes.

The DHB has the opportunity to start now and start small. Then continue to scale and build up the model along the way. It is a medically lead model based in secondary care which picks up on the people who have initially come through ED, then MSW and then discharged home. The model at stage 1 will look at managing people within an aged residential care (ARC) facility. The workforce will be medically lead involving Community Nursing, Allied Health and Clinical Nurse Specialists. This will align with, and act as an add on innovation, to what primary care are currently doing with Health Care Homes (HCH).

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The model would initially start with 6 – 8 patients in a virtual community ward and would expect two patients, at most, a day would be admitted onto the service. These patients would be admitted from home by direct referral from the GP or through ED. This would avoid patients being committed to hospital and would retain hospital capacity as part of the DHB response to COVID -19 and pandemic response planning.

Action: An update on the Hospital in the Home project is to be presented to the Committee in June.

4.0 OTHER

NOTED that Iwi Kainga has been asked to nominate 1 or 2 people to represent Maori on this Committee.

MEETING CLOSED AT: 11.20AM

Date of next meeting: 14 May 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	This will be available in June
21 April 2020	A verbal update on the Hospital in the Home project is to be presented to the Committee in June.	Executive Leader Operations	

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	-Mental Health and Addictions	-Strategic Direction -Final Pacific Health Pla*n* -Planned Care Plan -Clinical services plan update -Maori Health Plan update -Annual Plan, and System Level Improvement Plan	-Equity Approach - Long term conditions -Health Equity report Wellbeing Plan Update	-Clinical Services Plan	-Long Term Conditions and Wellbeing Plan	-Community Services Integration -Maori health Plan	-Annual Plan Process
System & provider performance	-Health of Older People		- - Primary and Community-community pharmacy and youth health - Palliative Care	-Primary and Community includes oral health-child and youth - SLM reporting	-Maori health updates -Maori Health Dashboard	- Primary and Community -child health - Regional Public Health	-Pacific health updates -Mental Health and Addictions -Alliance and SLM reporting	-Health of Older People	- Primary and Community -Alliance & SLM reporting	- Mental Health and Addictions)
Investment and prioritisation					-Investment & Prioritisation	-Investment & Prioritisation		-Investment & prioritisation		

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Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DISCUSSION PAPER** **Date: 14 May 2020**

From	Sandra Williams, Executive Leader, Planning and Performance
Author	Lynnette Field, Clinical Lead Oral Health Service /Lisa Burch, Service Development Manager
Endorsed By	Dale Oliff, Chief Executive
Subject	Wairarapa Oral Health Services

RECOMMENDATION

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

- **NOTES** Wairarapa DHB expects to invest $1.37 million in oral health services in 2019/20.
- **NOTES** the opportunities identified to improve oral health outcomes for our children and youth and agrees management should consider these when developing the clinical services and wellbeing action plans to support the Strategic Direction work.

ADDENDUMS

Appendix 1 - provides a summary of the most recent child oral health reporting data.
Appendix 2 - provides summary data on the adolescent services provided.

1 PURPOSE

The purpose of this paper is to inform CPHAC about oral health services provided and funded by Wairarapa DHB.

2 SUMMARY

Wairarapa DHB is responsible for the provision of free oral health services for all children and young people up to the age of 18 years, and for emergency relief of pain for low income adults who are not receiving income support from the Ministry of Social Development. The Wairarapa DHB Oral Health Service provides oral health services for children from birth to the end of primary school. Oral health services for adolescents and low income adults are provided by local dentists contracted by the DHB.

Service Description	2019/20 Budget
Oral Health Services	$889,794
Adolescent Dental Services	$361,730
Emergency Dental Services	$117,460
Total	$1,368,984

3 ORAL HEALTH SERVICES IN THE WAIRARAPA

3.1 Child Oral Health Service

There are currently 7624 children across the Wairarapa enrolled with the service. This is a relatively high patient /therapist ratio, especially given the rural geographic distribution of the population.

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The oral health service comprises of:

- 6.4 FTE dental therapists who treat children from birth to the end of year 8;
- 0.5 FTE clinical lead /service manager;
- 1 FTE administrator; and
- 0.2 FTE adolescent oral health coordinator

There is a relatively high patient /therapist ratio, especially given the rural geographic distribution of the population.

A dedicated 0.1 FTE adviser from the Hutt Valley Oral Health Service can be called on when needed. Most of this capacity is taken up with regulatory requirements.

Service Mix

The oral care provided to the children of the Wairarapa includes a mix of preventative, diagnostic, treatment and educational inputs. The service has a central community dental clinic, located at Masterton Intermediate School, and two, 2 chair, mobile dental clinics that travel around the Wairarapa. All the clinics are level 2, providing a full range of treatment.

All babies born in the Wairarapa are enrolled at birth with the service. As part of a deliberately increased focus on prevention, oral health education is targeted at parents prior to the first teeth erupting:

- At approximately 4 months the parents are offered the chance to come to a baby clinic where a group of parents and the clinical lead meet and discuss topics relevant to the baby's development. E.g. teething tips, how holes happen, bacterial transfer (what that means for the parent) diet, form and frequency of sugar, tooth brushing, teething tips etc. A risk assessment is done at this time and the majority of babies go on an 18 month revision.
- Babies at higher risk of decay go on a 6 or 12 month revision.
- At the next revision an examination takes place. This is highly skilled as it's done at speed and with a moving target. Any treatment needed is carried out at this time.
- Revisions occur annually or 18 monthly depending on the risk assessment from then until the child reaches the end of year 8 when they are transferred to a private practitioner.

See Appendix 1 for latest available data on the service.

3.2 Adolescent dental services

The DHB funds free dental assessment and treatment for all young people up to the age of 18, via contracts with the seven Wairarapa dental practices. The Combined Dental Agreement is a national contract with a centrally negotiated service specification and payment rates. At the end of year 8 each young person is facilitated to enrol with a private practice of their choice. Once enrolled it becomes the responsibility of the practice to follow up and ensure services are provided.

In 2018, as part of our System Level Measure (SLM) planning, we identified a significant drop-off in the proportion of young people accessing dental services each year. This was also accompanied by a marked and increasing disparity between Māori and Pacific, and other young people. Actions taken to address these issues have included the establishment of a new 0.2 FTE position of Adolescent Oral Health Coordinator. There has been a slight improvement in our most recent results (for the 2018 calendar year), but efforts continue to improve access for Māori and pacific young people.

See Appendix 2 for the latest available data on the service.

3.3 EMERGENCY dental services

As Wairarapa DHB has no dental department, we contract for emergency dental services from private providers. Six of the seven practices currently participate in this arrangement. Eligibility for this service is relatively limited, providing for relief of pain, simple treatment services and is only available to adults 18

and over who have a Community Services Card. Beneficiaries are not eligible, as they can access funding support through Work and Income. A $35 co-payment is required. Some of our NGOs such as Whaiora have arrangements for their population outside of this service to cater to urgent needs.

4 WAIRARAPA DHB ORAL HEALTH SERVICES SWOT ANALYSIS

4.1 Key Strengths

- We have strong, close, grass roots relationships with the community
- We are a dedicated, cohesive, highly trained, mobile team.

4.2 Key Weaknesses

- We do not have the resources to fund a dedicated oral health promotion-health education person to enhance our service.
- We do not have a hospital based dental department, consequently, anyone needing to have publicly funded specialist dentistry is required to go to HVDHB or CCDHB at our cost.
- We are amongst the last DHB's still using paper charts. The Ministry of Health has a project underway to introduce a national electronic system 'titanium' for all DHBs.

4.3 Key Opportunities

Fluoridate All Public Water Supplies
Fluoride in public water supplies significantly reduces inequities in dental health outcomes, specifically for those living in high deprivation.
Dentistry is expensive and fundamental public health measures that work across the entire population are key to addressing rates of tooth decay within all communities.

Mobile Fluoride Application
Implementation of a mobile fluoride application service across the DHB. Routinely applying fluoride to the teeth of children results in a marked decrease in decay and significantly reduces inequitable outcomes.

Health Promotion
The benefits of prevention in oral health are well canvassed, promoting oral hygiene and nutrition also have wider implications for the health of the whanau. This type of health promotion requires dedicated resource.

Nutritionist Support for Whānau
Children with high rates of tooth decay might be regarded as "canaries in the coalmine", that is, an early warning of both the individual's and their family/whanau's risk of developing nutrition related long term conditions.
Providing targeted nutritional advice and support to the whanau of children with high rates of tooth decay is likely to impact on both oral health and the incidence and impact of long term conditions.

Hospital Based Dental Service
Providing dental care where treatment is complex and there is a need for general anaesthesia reduces the need for ongoing and more complicated dental care. It has the potential to greatly reduce inequities in dental outcomes for those most at risk.

4.4 Threats

Food Choices
Sugar in the diet has increased exponentially in our lifetime and so have oral health issues. Health promotion, advocacy and education coupled with specialised nutrition support which is tailored to key target groups are the tried and true methods for combating a very well-resourced food machine.

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Evidence Based Approaches
Although the evidence on decreasing the burden of disease, especially on the most vulnerable in all societies in overwhelmingly in favour of public health measures like fluoridation, detractors are able to hold an audience and sway opinion. Inequities in outcome proliferate where the evidence is not understood and not supported by action.

Social Determinants of Health
Poverty can and does have negative effects on all aspects of health and wellbeing;
Poor oral health has a direct link to poverty, the decisions and choices we are able to make when living in poverty are diminished and don't always allow for what is best for us and our loved ones.
Tailoring and targeting services like hospital based dental and dedicated specialist nutrition support is critical to alleviating the burden of poverty.

Retaining and Growing the Workforce
There is a dearth in planning and co-ordination around the dental workforce;
Rural locations are not always the most attractive especially to younger people.
We currently have an aging workforce and very little in the way of succession.

Reliance on the Mobile Surgical Bus (MSB) for treatment under general anaesthetic
This is a significant issue for the service and for the children needing complex treatments and extractions.

We are one of the few DHB who do not have a dental department and who do not provide general anaesthetic services for children needing dentistry.

The DHB has to compete with other DHBs for scheduled MSB visits, with some large urban DHBs now using the mobile unit as additional theatre capacity. In recent years the mobile unit has only been to the Wairarapa as few as seven days a year.

While we have been able to negotiate additional days this year, and bring the list down, we still have a large number of children each year needing a general anaesthetic.

The Mobile Surgical Bus has only ever been an adequate and useful work-around, however, providing treatment in our own hospital would be a much preferred option.

5 NEW DEVELOPMENTS

- Developing a business case for the replacement of the two mobile dental clinics;
- The introduction of a computerised patient record system and with that digital x-rays;
- Increased focus on fluoride applications;
- Look at options for implementing a roving fluoride application service.

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Appendix 1

Wairarapa DHB Oral Health Service Reporting Data 2019 Calendar Year

MINISTRY OF HEALTH MANATŪ HAUORA

Wararapa

#N/A

Dental Health Status	Number of Children Examined	Number of Children Caries-Free	Number of Decayed Teeth	Number of Teeth Missing due to Caries	Number of Filled Teeth	Number of Decayed, Missing due to caries and Filled Teeth	%Caries Free	Mean D	Mean M	Mean F	Mean DMFT
All Year 8 Children	448	344	28	1	200	229	77%	0.06	0.00	0.45	0.51
All Maori Year 8 Children	119	73	16	0	94	110	61%	0.13	0.00	0.79	0.92
All Pacific Year 8 Children	16	12	0	0	18	18	75%	0.00	0.00	1.13	1.13
All "Other" Year 8 Children	313	259	12	1	88	101	83%	0.04	0.00	0.28	0.32
All Fluoridated Year 8 Children	175	129	9	1	109	119	74%	0.05	0.01	0.62	0.68
All Non-Fluoridated Year 8 Children	273	215	19	0	91	110	79%	0.07	0.00	0.33	0.40
Maori Fluoridated Year 8 Children	59	36	6	0	52	58	61%	0.10	0.00	0.88	0.98
Maori Non-fluoridated Year 8 Children	60	37	10	0	42	52	62%	0.17	0.00	0.70	0.87
Pacific Fluoridated Year 8 Children	9	6	0	0	17	17	67%	0.00	0.00	1.89	1.89
Pacific Non-fluoridated Year 8 Children	7	6	0	0	1	1	86%	0.00	0.00	0.14	0.14
Other Fluoridated Year 8 Children	107	87	3	1	40	44	81%	0.03	0.01	0.37	0.41
Other Non-fluoridated Year 8 Children	206	172	9	0	48	57	83%	0.04	0.00	0.23	0.28

Other comments

Enter any other comments here that may help explain the figures provided.

If any of these results did not meet your DHB's targets, you **must** provide an explanation here that includes a description of what your DHB is doing to rectify the problem.

We are increasing our fluoride applications to assist in the fight against decay. This is for the year ending December 2019

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MINISTRY OF HEALTH
MANATŪ HAUORA

Wararapa

Select your DHB from the list in this cell

#N/A

Dental Health Status	Number of Children Examined	Number of Children Caries-Free	Number of Decayed Teeth	Number of Teeth Missing due to Caries	Number of Filled Teeth	Number of Decayed, Missing due to caries and Filled Teeth	%Caries Free	Mean d	Mean m
All 5-year old Children	386	261	82	38	364	484	68%	0.21	0.10
All Maori 5-year old Children	120	64	48	23	160	231	53%	0.40	0.19
All Pacific 5-year old Children	12	6	8	4	13	25	50%	0.67	0.33
All "Other" 5-year old Children	254	191	26	11	191	228	75%	0.10	0.04
All Fluoridated 5-year old Children	165	104	41	29	185	255	63%	0.25	0.18
All Non-Fluoridated 5-year old Children	221	157	41	9	179	229	71%	0.19	0.04
Maori Fluoridated 5-year old Children	65	34	29	17	85	131	52%	0.45	0.26
Maori Non-fluoridated 5-year old Children	55	30	19	6	75	100	55%	0.35	0.11
Pacific Fluoridated 5-year old Children	6	1	8	4	12	24	17%	1.33	0.67
Pacific Non-fluoridated 5-year old Children	6	5	0	0	1	1	83%	0.00	0.00
Other Fluoridated 5-year old Children	94	69	4	8	88	100	73%	0.04	0.09
Other Non-fluoridated 5-year old Children	160	122	22	3	103	128	76%	0.14	0.02

Other comments

Enter any other comments here that may help explain the figures provided.

If any of these results did not meet your DHB's targets, you **must** provide an explanation here that includes a description of what your DHB is doing to rectify the problem.

We are enrolling and offering appointments to all children from 4 months. This is to give information to parents about the way caries c
avoid it. we are seeing all enrolled preschoolers at least 3 times before 5. this data is for the year ending December 2019

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MANATŪ HAUORA

Wararapa

Select your DHB from the list in this cell

#N/A

	ALL ETHNICITIES			MĀORI ONLY			PACIFIC ONLY			OTHER		
	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled
Pre-school children (age 0 - 4)	2,399	2,770	86.6%	751	950	79.1%	67	95	70.5%	1,581	1,725	91.7%

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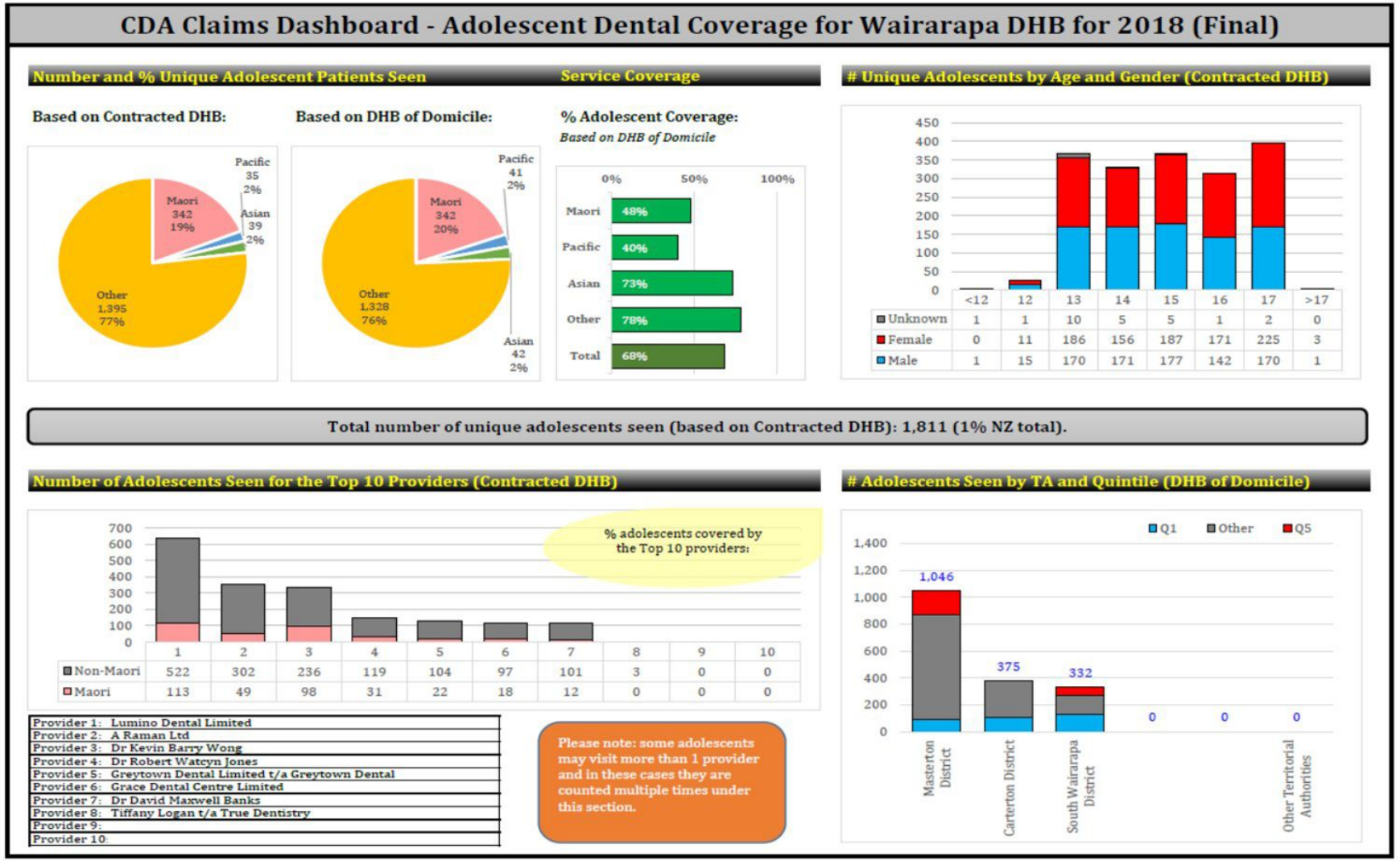
Appendix 2

Combined Dental Agreement (Adolescent Dental Services) Claims Data 2018 Calendar Year



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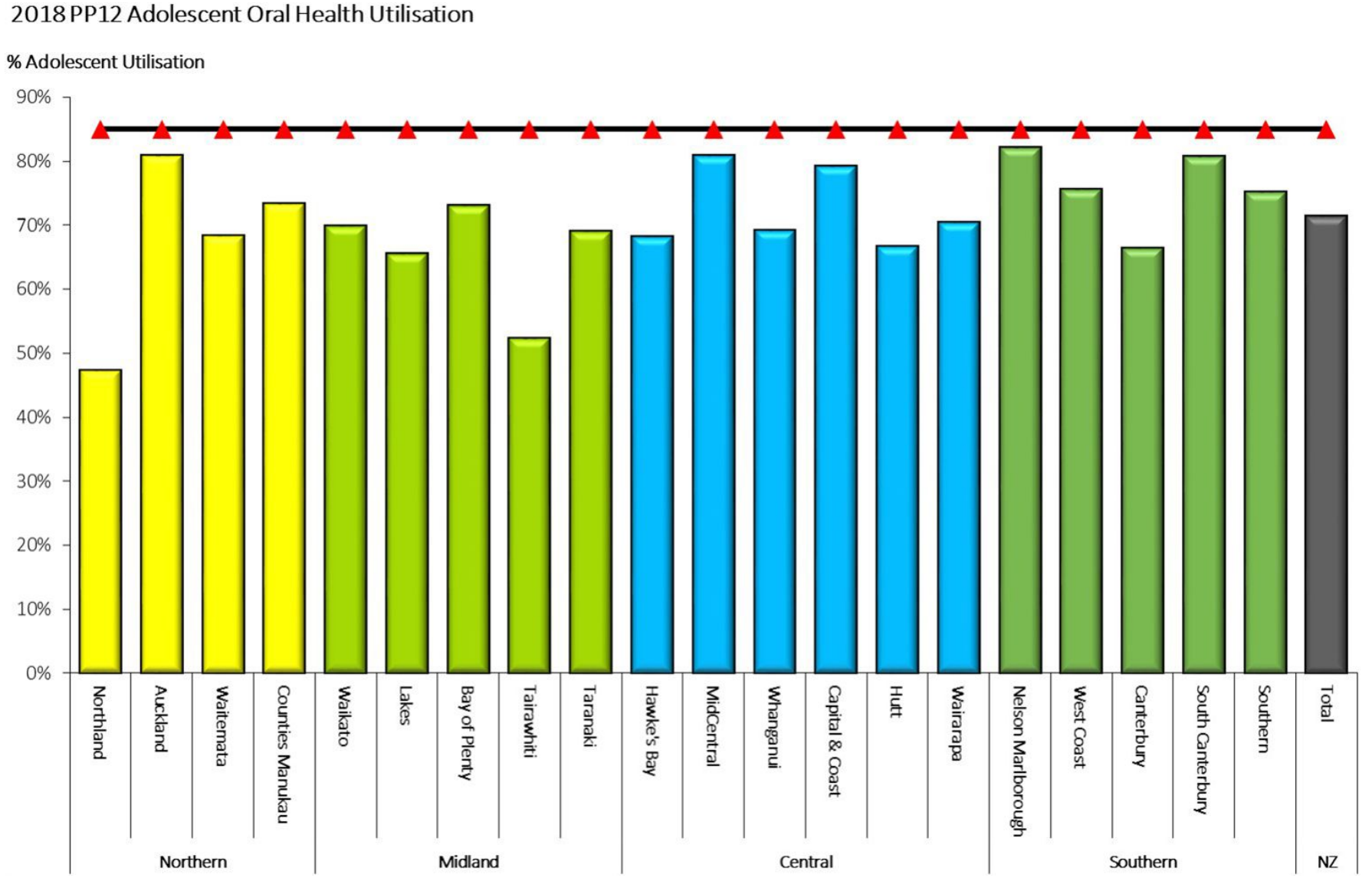
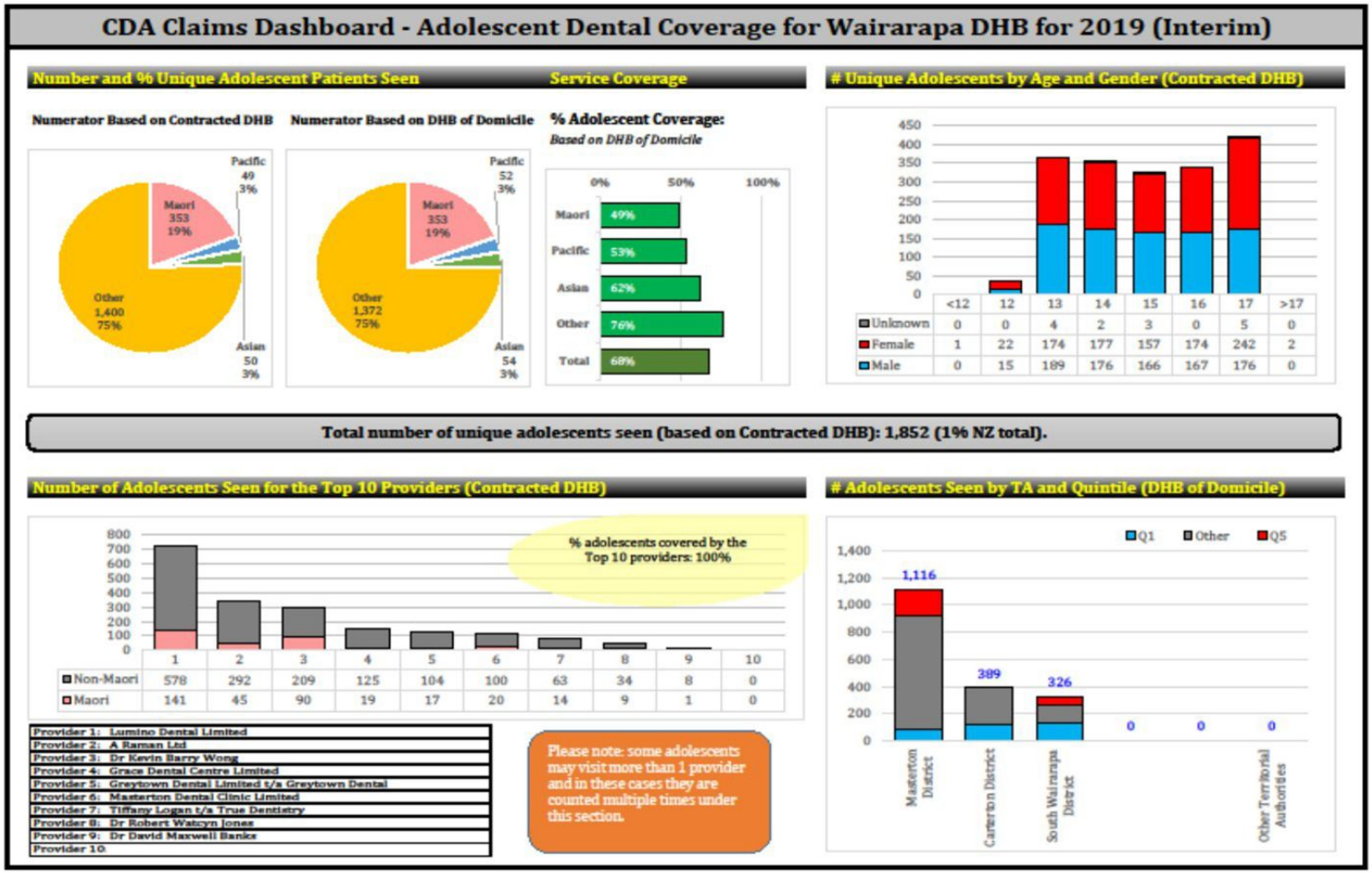
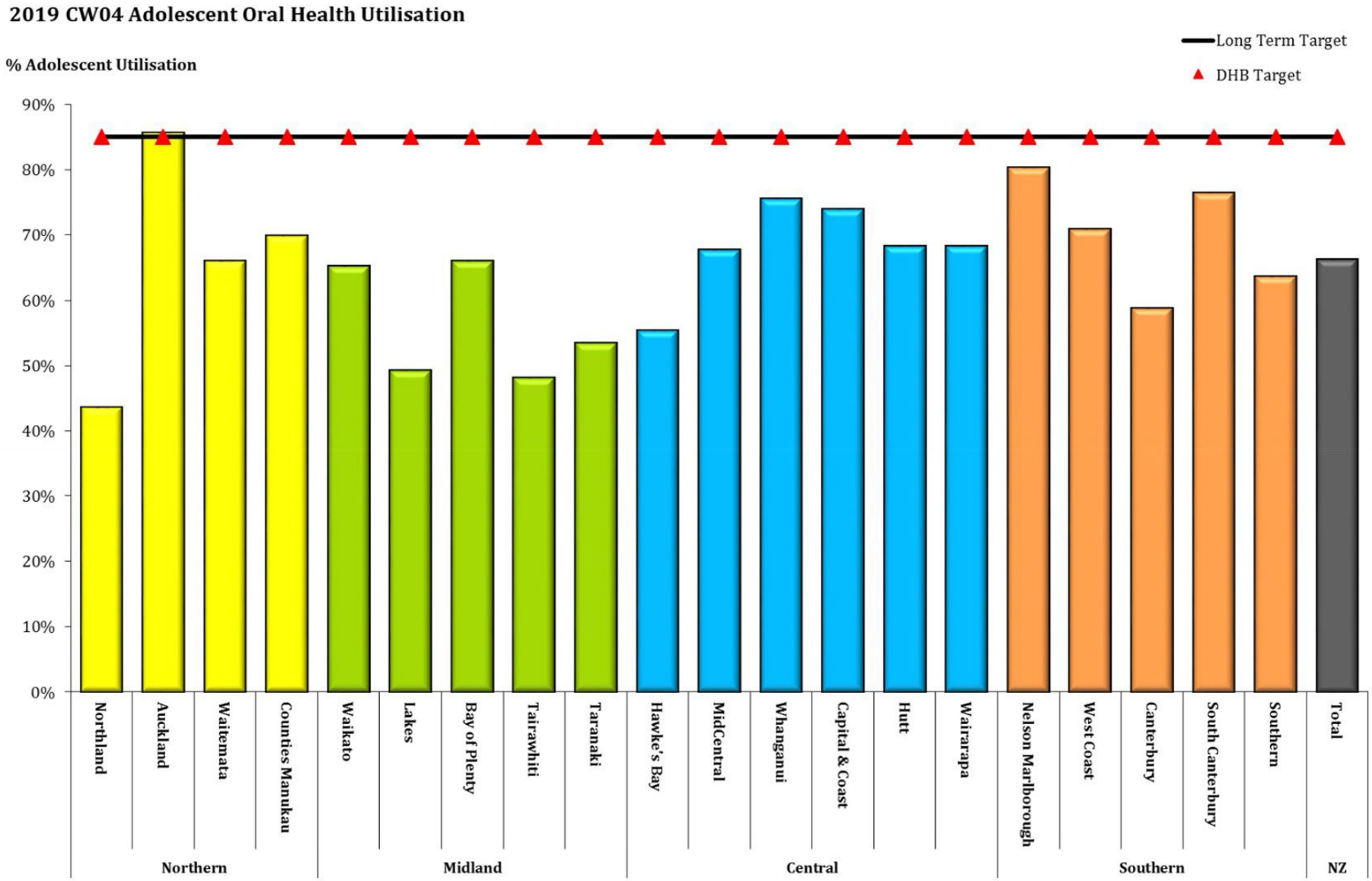

2018 PP12 Adolescent Oral Health Utilisation
% Adolescent Utilisation
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Northland
Auckland
Waitemata
Counties Manukau
Waikato
Lakes
Bay of Plenty
Tairawhiti
Taranaki
Hawke's Bay
MidCentral
Whanganui
Capital & Coast
Hutt
Wairarapa
Nelson Marlborough
West Coast
Canterbury
South Canterbury
Southern
Total
Northern
Midland
Central
Southern
NZ

- Teeth for life – our story

Board workshop 30.7.18


CDA Claims Dashboard - Adolescent Dental Coverage for Wairarapa DHB for 2019 (Interim)
Number and % Unique Adolescent Patients Seen
Service Coverage
Unique Adolescents by Age and Gender (Contracted DHB)
Numerator Based on Contracted DHB
Pacific 49 3%
Maori 353 19%
Other 1,400 75%
Asian 50 3%
Numerator Based on DHB of Domicile
Pacific 52 3%
Maori 353 19%
Other 1,372 75%
Asian 54 3%
% Adolescent Coverage:
Based on DHB of Domicile
0%
50%
100%
Maori 49%
Pacific 53%
Asian 62%
Other 76%
Total 68%
450
400
350
300
250
200
150
100
50
0
<12 12 13 14 15 16 17 >17
Unknown 0 0 4 2 3 0 5 0
Female 1 22 174 177 157 174 242 2
Male 0 15 189 176 166 167 176 0
Total number of unique adolescents seen (based on Contracted DHB): 1,852 (1% NZ total).
Number of Adolescents Seen for the Top 10 Providers (Contracted DHB)
Adolescents Seen by TA and Quintile (DHB of Domicile)
% adolescents covered by the Top 10 providers: 100%
800
700
600
500
400
300
200
100
0
1 2 3 4 5 6 7 8 9 10
Non-Maori 578 292 209 125 104 100 63 34 8 0
Maori 141 45 90 19 17 20 14 9 1 0
Provider 1: Lumino Dental Limited
Provider 2: A Raman Ltd
Provider 3: Dr Kevin Barry Wong
Provider 4: Grace Dental Centre Limited
Provider 5: Greytown Dental Limited t/a Greytown Dental
Provider 6: Masterton Dental Clinic Limited
Provider 7: Tiffany Logan t/a True Dentistry
Provider 8: Dr Robert Watcyn Jones
Provider 9: Dr David Maxwell Banks
Provider 10:
Please note: some adolescents may visit more than 1 provider and in these cases they are counted multiple times under this section.
Q1
Other
Q5
1,400
1,200
1,000
800
600
400
200
0
1,116
389
326
0
0
0
Masterton District
Carterton District
South Wairarapa District
Other Territorial Authorities


2019 CW04 Adolescent Oral Health Utilisation
% Adolescent Utilisation
Long Term Target
DHB Target
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Northland
Auckland
Waitemata
Counties Manukau
Waikato
Lakes
Bay of Plenty
Tairawhiti
Taranaki
Hawke's Bay
MidCentral
Whanganui
Capital & Coast
Hutt
Wairarapa
Nelson Marlborough
West Coast
Canterbury
South Canterbury
Southern
Total
Northern
Midland
Central
Southern
NZ

MINISTRY OF HEALTH
MANATŪ HAUORA

Wararapa

Select your DHB from the list in this cell

#N/A

Dental Health Status	Number of Children Examined	Number of Children Caries-Free	Number of Decayed Teeth	Number of Teeth Missing due to Caries	Number of Filled Teeth	Number of Decayed, Missing due to caries and Filled Teeth	% Caries Free	Mean d	Mean m
All 5-year old Children	386	261	82	38	364	484	68%	0.21	0.10
All Maori 5-year old Children	120	64	48	23	160	231	53%	0.40	0.19
All Pacific 5-year old Children	12	6	8	4	13	25	50%	0.67	0.33
All "Other" 5-year old Children	254	191	26	11	191	228	75%	0.10	0.04
All Fluoridated 5-year old Children	165	104	41	29	185	255	63%	0.25	0.18
All Non-Fluoridated 5-year old Children	221	157	41	9	179	229	71%	0.19	0.04
Maori Fluoridated 5-year old Children	65	34	29	17	85	131	52%	0.45	0.26
Maori Non-fluoridated 5-year old Children	55	30	19	6	75	100	55%	0.35	0.11
Pacific Fluoridated 5-year old Children	6	1	8	4	12	24	17%	1.33	0.67
Pacific Non-fluoridated 5-year old Children	6	5	0	0	1	1	83%	0.00	0.00
Other Fluoridated 5-year old Children	94	69	4	8	88	100	73%	0.04	0.09
Other Non-fluoridated 5-year old Children	160	122	22	3	103	128	76%	0.14	0.02

Other comments

Enter any other comments here that may help explain the figures provided.

If any of these results did not meet your DHB's targets, you **must** provide an explanation here that includes a description of what your DHB is doing to rectify the problem.

We are enrolling and offering appointments to all children from 4 months. This is to give information to parents about the way caries c avoid it. we are seeing all enrolled preschoolers at least 3 times before 5. this data is for the year ending December 2019

Wararapa

#N/A

Dental Health Status	Number of Children Examined	Number of Children Caries-Free	Number of Decayed Teeth	Number of Teeth Missing due to Caries	Number of Filled Teeth	Number of Decayed, Missing due to caries and Filled Teeth	%Caries Free	Mean D	Mean M	Mean F	Mean DMFT
All Year 8 Children	448	344	28	1	200	229	77%	0.06	0.00	0.45	0.51
All Maori Year 8 Children	119	73	16	0	94	110	61%	0.13	0.00	0.79	0.92
All Pacific Year 8 Children	16	12	0	0	18	18	75%	0.00	0.00	1.13	1.13
All "Other" Year 8 Children	313	259	12	1	88	101	83%	0.04	0.00	0.28	0.32
All Fluoridated Year 8 Children	175	129	9	1	109	119	74%	0.05	0.01	0.62	0.68
All Non-Fluoridated Year 8 Children	273	215	19	0	91	110	79%	0.07	0.00	0.33	0.40
Maori Fluoridated Year 8 Children	59	36	6	0	52	58	61%	0.10	0.00	0.88	0.98
Maori Non-fluoridated Year 8 Children	60	37	10	0	42	52	62%	0.17	0.00	0.70	0.87
Pacific Fluoridated Year 8 Children	9	6	0	0	17	17	67%	0.00	0.00	1.89	1.89
Pacific Non-fluoridated Year 8 Children	7	6	0	0	1	1	86%	0.00	0.00	0.14	0.14
Other Fluoridated Year 8 Children	107	87	3	1	40	44	81%	0.03	0.01	0.37	0.41
Other Non-fluoridated Year 8 Children	206	172	9	0	48	57	83%	0.04	0.00	0.23	0.28

Other comments

Enter any other comments here that may help explain the figures provided.

If any of these results did not meet your DHB's targets, you **must** provide an explanation here that includes a description of what your DHB is doing to rectify the problem.

We are increasing our fluoride applications to assist in the fight against decay. This is for the year ending December 2019

MINISTRY OF HEALTH
MANATŪ HAUORA

Wararapa

Select your DHB from the list in this cell

#N/A

	ALL ETHNICITIES			MĀORI ONLY			PACIFIC ONLY			OTHER		
	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled
Pre-school children (age 0 - 4)	2,399	2,770	86.6%	751	950	79.1%	67	95	70.5%	1,581	1,725	91.7%

Wararapa

#N/A

	ALL ETHNICITIES					MĀORI ONLY					PACIFIC ONLY				
	Number of Children Overdue	Total Number Enrolled	Percentage Overdue	Longest waiting time		Number of Children Overdue	Total Number Enrolled	Percentage Overdue	Longest waiting time		Number of Children Overdue	Total Number Enrolled	Percentage Overdue		
				Duration (in months)	Number Affected				Duration (in months)	Number Affected					
Pre-School Children (age 0 -4)	378	2,399	16%	5	1										
Primary School Children (age 5 - Year 8)	756	5,111	15%	10	2		1,529					152			
TOTAL	**1,134**	**7,510**	15%	**10**	**2**		**1,529**					**152**			

Arrears as at the end of 2019

- We were 2FTE dental therapists short

- 15% in arrears however due to good planning and exceptionally hard work the majority of these were 3 or less months in arrears.

- I'm exceptionally proud of the team.

What's on top for me

- No free adult dental treatment provided by DHB/dental department.
- No GA for children within our hospital services we have to use MSB and so are subject to their rosters
- DNA's
- Titanium
- No dedicated health promotion/well none.
- Fluoride in water and application
- Baby clinics

Covid 19

No routine treatment at level 3 and 4.

Relief of pain only.

Complete new way of physically treating pain and sepsis.

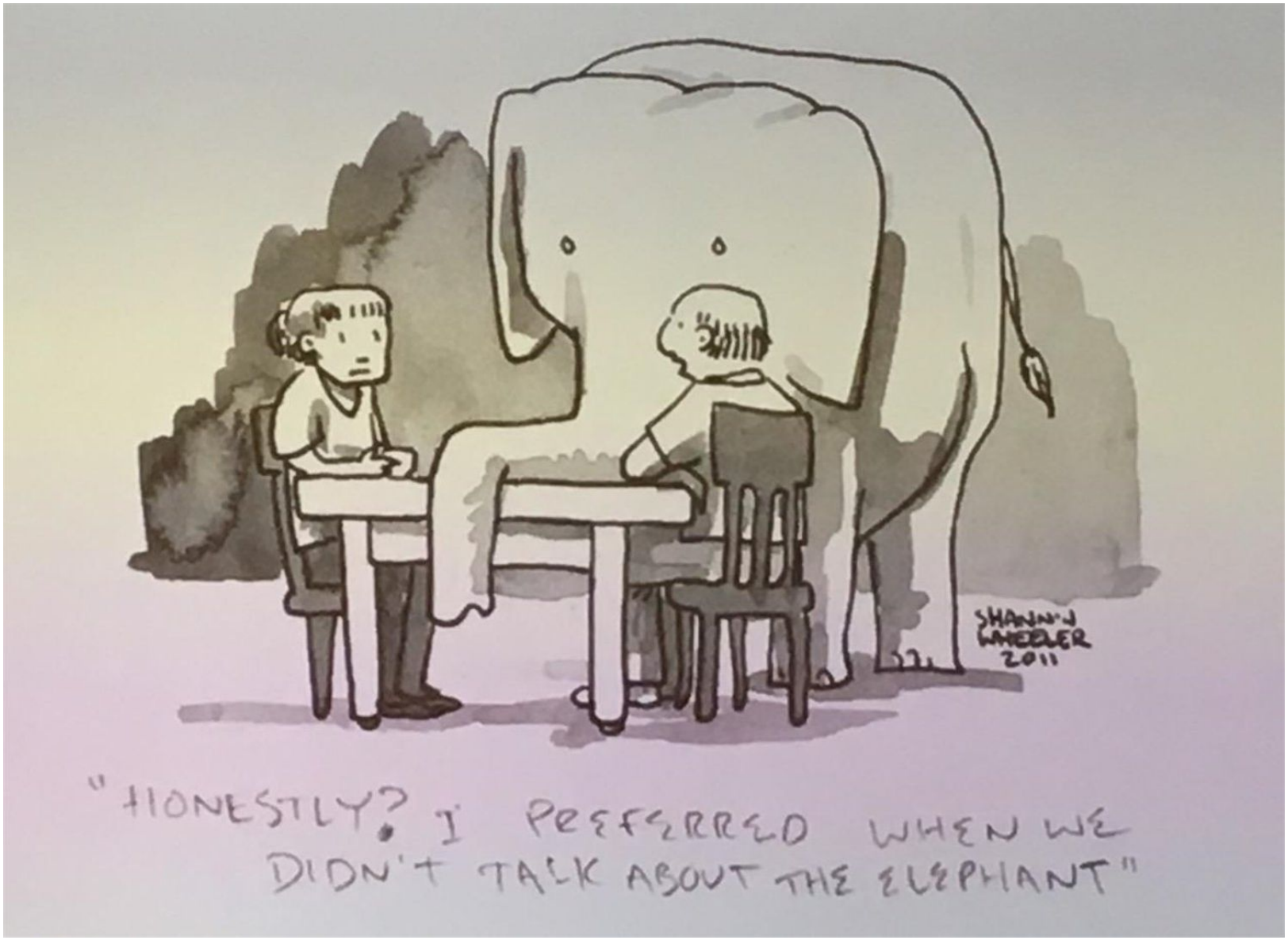
HOT WORK

COVID 19

- Introducing telephone and zoom triaging and appointments.
- Second most likely profession to create aerosols after aspiration in GA
- As I write this level 2 looks like routine treatment unlikely
- It has become obvious that we need a dental dept. to take care of patients who are potentially infected.
- We have been lucky with our clinic design compared to other areas.
- Increased co-operation and support between oral health service and private dentists.
- Cost of PPE /availability of PPE/uncomfortable PPE
- How will this change the way we routinely work?

What is lighting my fire

- Sugar consumption
- Care for older people
- Oral health is the canary in the coal mine.
- Nutrition, nutrition, nutrition


SHANNON WHEELER 2011
"HONESTLY? I PREFERRED WHEN WE DIDN'T TALK ABOUT THE ELEPHANT"

Fluoride

PUBLIC

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

From	Sandra Williams, Executive Lead, Planning and Performance
Author	Lisa Burch, Service Development Manager
Endorsed By	Dale Oliff, Chief Executive
Subject	**Mental Health and Addiction Services update**

RECOMMENDATION

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

NOTE the update on service developments and implementation of the recommendations from the local review of Mental Health and Addiction Services in Wairarapa.

APPENDIX:

1. He Ara Oranga (Report of the National Inquiry into Mental Health and Addiction) – summary of recommendations

2. Implementation plan relating to the recommendations for the review of local mental health services.

1 PURPOSE

This report is intended to provide the Committee with a high-level overview of the wider strategic environment in which mental health and addiction services are operating at present, and the work programmes underway across Wairarapa and as part of the 3 DHB work programmes.

2 BACKGROUND

In recent years there has been significant increase in the incidence and prevalence of mental distress and addiction-related problems and disorders. Secondary services are over stretched and under-resourced and focus mainly on providing for people with high level needs. Concern about the 'crisis' state of mental health and addiction needs led Government to establish a National Inquiry into Mental Health and Addiction Services. The Inquiry's report was released on 4 December 2018. The Inquiry's recommendations set new parameters for action to improve mental health and wellbeing and are expected to strongly influence and direct developments in policy and service provision for years to come.

In Wairarapa the DHB undertook a review of local mental health and addiction service needs and provision. The report of the review (completed and provided to the Board in October 2018) provides an in-depth view of service needs and gaps for people in Wairarapa including detailed advice and recommendations. The report is available to the public on the DHB website.

In addition to the national and local reviews and reports there has been strategy development at the sub-region/3DHB level. Wairarapa DHB works very closely with Capital and Hutt Valley DHBs in the development and delivery of mental health and addiction services. Improving mental health and wellbeing is a priority for all three DHBs. Over the last two years these three DHBs have completed a strategy for Mental Health & Addictions *Living Life Well 2019 – 2025* which sets the direction for mental

health and addiction care in the sub-region to improve the experience and outcomes for our people, whānau and communities.

Secondary/specialist mental health and addiction services are delivered jointly by Wairarapa, Capital and Coast and Hutt Valley DHBs through a single service structure for mental health, addictions and intellectual disability services, known as MHAIDS.

3 REVIEWS AND STRATEGY

3.1 HE ARA ORANGA – Report of the National Inquiry into Mental Health and Addiction

The report proposed major changes in current policies and laws, supported by significant increases in funding. The 40 recommendations made in He Ara Oranga are summarised in Appendix 1.

The Government responded formally to He Ara Oranga in March 2019. While they signaled that further work was required to address 4 of the 40 recommendations, the only recommendation that was rejected was the adoption of a suicide target.

A significant component of the Government's 2019 "Wellbeing Budget" was a major investment in improving access and choice to primary mental health services. This programme of work is being implemented over a three year period through a series of Requests for Proposals (RFP) from service providers or coalitions. To date RFPs have been issued for mainstream services (targeted to Māori, Pacific and youth populations), for the expansion or replication of existing services provided by Kaupapa Māori and Pacific providers, and services for youth.

Te Hauora Runanga submitted a proposal for the Māori RFP, but this was not successful. Wairarapa DHB led a joint youth specific submission with Te Hauora and Tu Ora Compass Health, for a 2FTE youth primary mental health service working from Te Hauora. This proposal was submitted in February 2020, with the process being delayed by COVID-19. To date we have not heard whether we have been successful.

Wairarapa DHB was a member of the Greater Wellington Regional Collaborative, which was successful in its proposal for implementation of increased primary mental health services across the 3DHB area. The GWR Collaborative, which includes all the DHBs, PHOs and mental health NGOs in the sub-region, are currently recruiting to an additional 45.5FTE primary mental health positions. These include Health Improvement Practitioners (HIP) and Health Coaches (HC) attached to general practices and Support Workers (SW) attached to NGOs.

In Wairarapa a full time HIP is now working at Masterton Medical, with a further 1.5FTE HIP and 1 FTE HC to be recruited and deployed across the Wairarapa practices. A 0.5FTE SW will be employed by both Te Hauora and Pathways.

The 2019/20 funding received was less than half of that proposed for roll-out at the level recommended by the Ministry of Health. As new funding for the Access and Choice initiative is made available in out years we expect further funding will be available for recruitment of additional capacity and coverage of all practices.

Wairarapa DHB along with the central region was able to access a pool of funding to assist with the sustainability issues relating to Alcohol and other drugs workforce. The increase was benchmarked to the price paid by the DHBs in the central region.

3.2 Wairarapa Mental Health and Addiction Services Review

The local review reported similar gaps in access to services and in the continuum of care and services in Wairarapa as were noted by the Inquiry for New Zealand as a whole.

The report made 59 recommendations, 25 of which are to increase access and choice, and address gaps in the continuum of services. Other recommendations focus on prevention and early intervention, workforce development, integration, collaboration and quality. There was significant congruence between the Wairarapa review findings and those of the national inquiry. The Wairarapa Review Report provided much useful guidance on developments and changes needed at the local level to address the themes identified in *He Ara Oranga*, and, where relevant, is being used to inform and guide the work of the Mental Health and Addictions Leadership Group and where relevant will be incorporated into the Wairarapa Clinical Service and Wellbeing plans.

A presentation on the work to address recommendations on the acute care continuum is a separate item on the meeting agenda.

A summary of the full implementation plan for the review is attached as Appendix 2.

3.3 LIVING LIFE WELL – A Strategy for Mental Health and Addiction – 2019-2025

This strategy was developed during 2017 and 2018 to guide developments in mental health and addictions services across the Wellington-Hutt Valley-Wairarapa region. Like *He Ara Oranga*, this local strategy is also concerned to improve access, equity and consumer responsiveness (including co-design) across the continuum of needs. It reflects the themes of wellbeing and the importance of social determinants that are evident in *He Ara Oranga*.

Living Life Well supports the complete continuum of care and recognises that we must have the capability and capacity to meet the needs of our population and adapt to changes in practice across the whole spectrum. It recognises the necessity for service equity and consistent and accessible care for all groups of our population.

Living Life Well was approved by the Board in May 2019.

3.4 MHAIDS Work Programme

In July 2019 Wairarapa, Hutt Valley and Capital and Coast DHB Boards gave approval for MHAIDS to come under a single employer, with Capital & Coast District Health Board acting as the lead DHB[1]. This was the completion of Phase One.

Work is underway to complete the work on moving to a single employer including the development of the Service Level Agreement between Capital and Coast DHB and Wairarapa DHB.

[1] Wairarapa, Hutt Valley & Capital & Coast District Health Board paper, *MHAIDS Lead DHB Decision Paper*, July 2019

PUBLIC

APPENDIX 1

Summary of the 40 recommendations made in He Ara Oranga:

1. **Expand access and choice** from the current target of 3% of the population being able to access specialist services to provide access to the 'missing middle' who cannot access the support and care they need (the report suggests a new national health target of 20% within the next five years, noting that approximately one in five people experience mental health and addiction challenges).
2. **Transform primary health care** so people can get skilled help in their local communities, through general practices and community health services – the Inquiry expects the Health and Disability Sector review, underway currently, to ensure future directions for primary care have an explicit focus on addressing mental health and addiction needs in primary and community settings.
3. **Strengthen the NGO sector** to support a more community-based approach and establish a lead national agency to support the NGO sector (the report cites a number of shortcomings in the sector, including short term contracts, high compliance costs and reporting requirements, multiple funders and contracts, and power imbalances).
4. **Enhance wellbeing, promotion and prevention** - take a whole-of-government approach to wellbeing, prevention and social determinants. Provide a clear locus of responsibility within central government for social wellbeing, with a focus on prevention and tackling major social determinants that underlie inequitable social outcomes.
5. **Facilitate mental health promotion and prevention** with leadership and oversight from a new Mental Health and Wellbeing Commission, including an investment and quality assurance strategy.
6. **Place people at the centre** of mental health and addiction governance, planning, policy and service development. Strengthen the consumer voice and experience in services, and support families and whanau to be active participants in the care and treatment of their family member.
7. **Take strong action on alcohol and other drugs** with stricter regulation on the sale and supply of alcohol, a bolder approach to law reform, better treatment and detox services and clear cross-sector leadership within central government
8. **Prevent suicide** - complete and implement a national suicide prevention strategy, with a target of a 20% reduction in suicide rates by 2030 (it notes that the 2017/2018 suicide rate was our highest since 1999) and establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide
9. **Reform the Mental Health (Compulsory Assessment and Treatment) Act** to reflect a human rights approach, promote supported decision-making, align with a recovery and wellbeing model, and minimise compulsory or coercive treatment
10. **Establish a new Mental Health and Wellbeing Commission** to act as a watchdog and provide leadership, oversight and public reporting
11. **Ensure the Health and Disability Sector Review** (ongoing) assesses how any of its proposed changes will improve mental health and addiction services and mental health and wellbeing when considering broader issues such as the future structures, roles and functions in the health and disability system, including the establishment of a Māori health commission or ministry
12. **Establish a cross-party working group on mental health and wellbeing** to reflect the shared commitment of different parties, noting that mental health is "too important to be a political football".

APPENDIX 2

Wairarapa DHB - Mental Health and Addictions Review Implementation Plan

Wairarapa MH & A Review	DHB Response	Phasing			Included in current work underway					
Rec No and Description		Incl in 2019/20 AP/SLM	20/21	21/22	Living Life Well (Note 1)	AOD Model (Note 2)	Acute Continuum of Care (Note 3)	MHAIDS structue (Note 4)	Primary Mental Health	Local Wairarapa Development
Recommendation: Increase access to community mental health and addiction treatment (1-11)										
1. ***Develop a Referral Pathway and access criteria for secondary mental health and addiction services*** *which provides clear service and program pathways for increasing access and streamlining the treatment pathway. Services would be delivered around clinical care pathways with a focus on recovery and address unmet needs that are the single greatest contributor to poor health and social outcomes at an individual, family and population level.*	Development of referral pathways and access criteria for all primary (incl community) and secondary mental health and addiction services, and where relevant, in conjunction with the 3DHB transitions project. Will consider needs of all population groups eg young, elder, maori etc. 3 year implementation.	✓	✓	✓	✓	✓	✓		✓	✓
2. ***Develop a mental health funding model adapted to the needs of the older person with mental health/physical health issues.***	Completed - psychogeriatric NASC established within FOCUS.	✓								
3. Development of ***new assessment pathway that meets the particular needs of older people with mental health and addiction issues*** *which is essential to help prevent admission and promote early discharge.*	Completed - psychogeriatric NASC established within FOCUS.	✓							✓	
4. Continue to ***build on the trend towards family and whānau inclusive practice*** *and ensure that there is clear provision for family/whānau to be offered treatment and support as people in their own right. This could include individual sessions, family education and support groups and multi-family treatment groups.*	This rec will be picked up as part of the development work as per rec 1.	✓	✓	✓	✓	✓	✓		✓	✓
5. Proactively managing the impact of mental health services for the older person ***by increasing access to interventions that enable older people to retain or recover functioning,*** *avoiding or delaying the need for more intensive and costly support.*	This rec will be picked up as part of the development work as per rec 1. Social inclusion initiatives will be part of enacting the Living Life Well Strategy. Roll out of the governments "Access and Choice" programme will also focus on this.	✓	✓		✓				✓	✓
6. ***Develop funding models*** *which enable flexible application* ***to fund brief intervention support for service user and family/whānau*** *-focused and tailored service provision.*	Review provider arm flexi funding arrangement. Government has now rolled out a new funding model ("Access & Choice") with this intention.		✓						✓	✓
7. ***Establish acute crisis respite beds for specific populations, including the young, the older person and those with particularly complex conditions*** *such as Coexisting Problems (CEP). Services to be provided* ***in the community rather than on the hospital grounds.***	Develop & implement community based crisis respite service models and the best care setting.	✓	✓	✓			✓			✓
8. ***Modify the provision of supported residential services to best fit demand*** *including high and complex people under 65 years. This would mean* ***increasing the number of housing and recovery beds.***	Review demand and service options to determine how best to meet client needs.			✓			✓			✓
9. ***Resource mental health and addiction community services to be mobile to ensure that services can reach those who need them.*** *Ensure services are available and easily accessible to service users and their family and whānau within each local territories of Wairarapa with decreased waiting times in order to avert future adverse outcomes and improve outcomes.*	Identify options and opportunities for providing services closer to clients which are more convenient and accessible eg currently looking at providing services out of new Featherston Medical Centre.	✓	✓	✓						✓
10. ***Support access to services for those living on the rural and coastal areas, for example by ensuring flexi-funds are available to support people to get to Masterton-based services such as acute crisis respite and managed withdrawal.***	See response to rec 6 above re flexi funding		✓							
11. ***Increase limited resources for drop-in services*** *to reduce the risks of social isolation and relapse for service users and their family/whānau.*	Work with clients/whanau to determine opportunities to engage in community activities in order to increase resilience and reduce social isolation. Include in DHB Wellbeing Plan.		✓		✓					✓
Recommendation: Community services for young people and their families and whānau (12-16)										
12. Review the purpose of Youth Alcohol and Other Drug (AOD) Multi Systemic Therapy Service. Consider level of resources required for young people who lack secondary and primary level support particularly under 12 year olds. Overall there is limited community services available to youth.	Service has been reviewed and the provider is refining it's service offering for the Wairarapa population. Will be reviewed again in 20/21.		✓			✓				
13. Develop meaningful day activity options for youth to improve their health and wellness, live a self-directed life and strive to reach their full potential.	This will be considered under the work currently underway looking at youth health issues.	✓	✓							✓
14. Develop a range of brief intervention options (individual and group based) that are available in settings where young people and their families and whānau live, learn and spend their free time. Ensure these options are culturally responsive to Māori.	Addressed through the 3 year Piki pilot.	✓	✓	✓					✓	
15. Resource a rebalanced mix of rehabilitation options responses across a life course continuum. Ensure services are available and easily accessible to service users and their family and whānau with decreased waiting times in order to avert future adverse outcomes and improve outcomes.	This recommendation will be considered through the Clinical Services and Wellbeing Plans.		✓							
16. Increase access to respite for youth and youth AOD Co-existing Problems (CEP).	This will be considered under the AOD model of care programme of work.			✓		✓				

Wairarapa MH & A Review	DHB Response	Phasing			Included in current work underway					
Rec No and Description		Incl in 2019/20 AP/SLM	20/21	21/22	Living Life Well (Note 1)	AOD Model (Note 2)	Acute Continuum of Care (Note 3)	MHAIDS structue (Note 4)	Primary Mental Health	Local Wairarapa Development
Recommendation: Address community services for Māori (17-18)										
17. Establish a multicultural Mental Health and Addiction Service for Māori. Services that focus on the drivers of inequalities in mental health and addiction burden and outcomes that affect Māori in particular as well as other high needs populations. Consider a re-design of the mental health and addiction service delivery to address service gaps for Māori; this could include options such as re-locating the service into a marae community setting, developing programmes that are more explicitly holistic and reflective of Māori approaches, settings and governance.	Government is due to release a new RFP for Kaupapa Maori MH and addiction services and we will address this recommendation through our response to the RFP.	✓	✓							
18. Develop marae-based programmes to meet the needs of Māori based on best practice approaches. Consider whānau ora or healthy families' service continuum approach, which builds on the strengths of whānau and encourages whānau development. Engage Māori and families/whānau in any re-design and development. Health services are provided for the improvement of health outcomes and reduction of health inequalities for Māori who use services.	As the Clinical Services and Wellbeing Plans are developed, we will engage with maori to co-design services.		✓	✓						✓
Recommendation: Addiction service continuum (19-25)										
19. Develop a mixed DHB/NGO addiction service delivery model for the Wairarapa Population. Resource skilled staffing in the community and the Wairarapa DHB Provider Arm secondary service to include Community Based Alcohol and other Drug Treatment Services and clinical support to service users requiring Opioid Substitution Treatment (OST).	Staffing in the OST service has been increased. MHAIDs and Pathways are considering how they can work more closely with each other.	✓	✓	✓		✓				✓
20. Resource addictions "step up and step down" respite care for addiction service users. Consider a sub-regional (Wairarapa, Hutt Valley and Capital and Coast DHB) service.	Recommendations 20-24 will be addressed through the AOD Model of Care work programme.	✓	✓	✓		✓				
21. Establish a district-wide model of managed withdrawal which includes integrated community supported residential options and ensure equity of access across the district.		✓	✓	✓		✓				
22. Establish a small multi-purpose residential service (hub) that provides a mix of options needed for addiction treatment and not currently provided locally in Wairarapa , including social residential managed withdrawal (social detox) care and supported accommodation available to support a period of stability for service users to cement gains post treatment.		✓	✓	✓		✓				
23. Expand the scope/models used in community services to include outreach components i.e. Packages of Care (APOC) to provide capacity to those who need addiction treatment.		✓	✓	✓		✓				
24. Develop a tailored treatment pathway for those who are dependent on methamphetamine and their families and whānau to ensure an effective treatment response is available, in the context of partnerships with other stakeholders and preferably as part of a community wide response to methamphetamine related problems. The pathway to be linked to national treatment provisions (available out of district and region) i.e., methamphetamine packages of care which includes residential treatment.			✓	✓		✓				
25. Partner with key agencies and providers across sectors to develop a comprehensive plan to support delivery of community addiction education (as related to other key issues such as family violence, vulnerable children, mental health, crime etc.) which identifies the objectives, mechanisms, responsibilities, evaluation methods and resources required for delivery.	This will be addressed through the DHB Wellbeing Plan.		✓	✓		✓				
Recommendation: Workforce (26-33)										
26. Develop a sub-regional (Wairarapa, Hutt Valley and Capital and Coast) Workforce Development Plan that is designed to address the core component of future changes/service improvement initiatives	The MHAIDs workforce is being addressed through the MHAIDs Structure proposal and future workforce development will be accommodated in the future.		✓					✓		
27. Develop mobile mental health and addiction specialist resources which are capable of operating across the entire Wairarapa district and which serve primarily to support the effective delivery of services through locality based teams.	Local Wairarapa workforce plan TBC in context of Strategic Direction.		✓	✓						✓
28. Build the capacity and capability of all service providers to work in partnership with the service users through supporting and strengthening knowledge, experience and expertise of health workforce to mitigate the loss of experienced workforce.	Local Wairarapa workforce plan TBC in context of Strategic Direction.		✓	✓						✓
29. Identify priority areas and develop strategies for increasing Māori workforce (including clinical and community based workers). In particular: examine options for career pathways and development; develop closer training links with other sectors to diversify the existing skill based of the Māori workforce; and evaluate recruitment and retention policies for Māori workforce.	Local Wairarapa workforce plan TBC in context of Strategic Direction.		✓	✓						✓
30. Identify priority areas to grow the Community Support workforce. This includes development of peer support roles within the mental health and addiction teams as a further consideration.	Local Wairarapa workforce plan TBC in context of Strategic Direction.		✓	✓						✓
31. Establish Advisor role/s (Adult Consumer Advisors, Youth Advisors, and/or Family Advisors) in the Wairarapa DHB Provider Arm.	Local Wairarapa workforce plan TBC in context of Strategic Direction.		✓	✓						✓
32. Leadership and development of the workforce. Support a diverse workforce that is recovery focused, fosters independence and is well connected, to ensure we build trust, respect and confidence. This includes continued development of the community support workforce. A focused development of capacity and capability across the spectrum of support including enabling e-therapies, self-care/ whānau care and peer support.	Local Wairarapa workforce plan TBC in context of Strategic Direction.		✓	✓						✓

Wairarapa MH & A Review Rec No and Description	DHB Response	Phasing			Included in current work underway				Primary Mental Health	Local Wairarapa Development
		Incl in 2019/20 AP/SLM	20/21	21/22	Living Life Well (Note 1)	AOD Model (Note 2)	Acute Continuum of Care (Note 3)	MHAIDS structue (Note 4)		
33. Develop a sub-regional (Wairarapa, Hutt Valley and Capital and Coast DHB) workforce strategy for both mental health and addiction as a core component of future change/service improvement initiatives. This would include strategies to reduce recruitment and retention issues and the development of mental health and addiction career pathways both for those already working in health and social services and for new recruits. ***Recommendation: Integration and Collaboration (34-38)***	The MHAIDs workforce is being addressed through the MHAIDs Structure proposal and future workforce development will be accommodated in the future. The DHB needs a local Wairarapa workforce plan.		✓					✓		
34. Revise intake and assessment arrangements to remove the requirement for separate intake and assessment pathways for service users to address the inter-agency service coordination requirements of service users including young people and the homeless.	Refer to response to rec 1 re Referral pathways.	✓								
35. Develop new or revise current service programmes enabling integrated service modules for service users with Co-Existing Problems (CEP) with the aim of reducing siloed service provision between sectors for people with CEP.	Refer to response to rec 1 re Referral pathways.	✓								
36. Provide an environment that supports integration and collaborative practice across service delivery boundaries (including primary care) to ensure 'any door is the right door' and mental health and addiction sector builds the capacity and capability to respond to the needs of service user and their family/ whānau.	This will be addressed through both the Clinical Services and Wellbeing Plans.		✓				✓			
37. Take a whole of person approach by ensuring strong intra and intersectorial relationships to ensure people access the range of support available to achieve recovery and optimal outcomes.	This recommendation will be considered through the Clinical Services and Wellbeing Plans.		✓							
38. Working partnership with Oranga Tamariki, Ministry of Social Development, Education and Justice organised through a lead entity for influencing the pathways through high risk mental health, care and protection, and justice services.	This recommendation will be considered through the Clinical Services and Wellbeing Plans.		✓							
Recommendation: Prevention and Early Intervention (39-45)										
39. Consider the inter-generational perspective for improving mental health and addictions with the view to decreasing the incidence of health issues in future generations. This is thought to be due to the limited services funded for early intervention and strengthening primary-specialist-community (including social) integration.	This will be addressed through both the Clinical Services and Wellbeing Plans.		✓							
40. Develop a continuum of early interventions which range from broad population based, targeted mental health and addiction related promotion, education and prevention initiatives; early (and most often brief) interventions in a variety of community and primary care settings including schools.	This will be addressed through both the Clinical Services and Wellbeing Plans.		✓				✓			
41. Undertake a multi-disciplinary approach to tackle mental health issues in schools, including coordination between: a social worker, adolescent psychologist, general practitioner, and drug and alcohol counselling available on-site at school.	This will be considered under the work currently underway looking at youth health issues.	✓	✓							✓
42. Increased flexibility of counselling sessions. Information to be provided to the sector to explain the basis for the funding early intervention (mental health and addiction) counselling sessions.	Addressed through the Piki pilot and the new government pilot for increasing access and choice.	✓								
43. Resource services and programmes that intervene earlier in the life course where there is strong evidence for effective interventions that reduce the burden and cost of mental health and addiction – with at risk families, children and adolescents.	To be addressed in the Wellbeing Plan, specifically for early in life.		✓							
44. Increase anti stigma and discrimination resource to enable service users to gain support, protection and redress if they are discriminated against.	To be included in 21/22 planning.			✓						
45. Review suicide postvention governance and clearly delineate roles and accountabilities for the co-ordination and integration of suicide prevention activities and other suicide prevention programs across all levels of providers in the Wairarapa.	New local suicide postvention & prevention co-ordinator role established 2019. Increased to 1 FTE in 2020.	✓								
Recommendation: Health Information and Education (46-48)										
46. Develop a mental health and addiction service map aimed at informing people in the community of the range of services available.	Refer to response to rec 1 re Referral pathways.		✓							
47. Develop information and education programmes appropriate to the service user, their family/whānau and the community at large including on line (ie out of hours) –quality of information provided to families. Services to be designed to improve a person's health literacy, including improving knowledge, and developing life skills which are available and easily accessible to service users and their family and whānau.	To be addressed in the Wellbeing Plan.		✓							
48. Undertake a community sponsored marketing and information campaign promoting awareness of mental health and addiction services and how these are accessed.	MHALG to consider options for this.		✓							✓
Recommendation: Quality, Process and Procedures (49-58)										
49. Develop a clinical governance structure to support the work of all staff (clinicians and support staff) in the sub-regional mental health and addiction service This includes supporting and monitoring services to be integrated, flexible and responsive; a high performing network of people and agencies.	The MHAIDs workforce is being addressed through the MHAIDs Structure proposal and future workforce development will be accommodated in the future.	✓						✓		
50. Develop guidelines to promote good practice in relation to the development of 'joined-up' mental health and addiction service planning for people with multiple service needs including homeless people	To be considered in conjunction with MHALG.		✓							

Wairarapa MH & A Review	DHB Response	Phasing			Included in current work underway					
Rec No and Description		Incl in 2019/20 AP/SLM	20/21	21/22	Living Life Well (Note 1)	AOD Model (Note 2)	Acute Continuum of Care (Note 3)	MHAIDS structue (Note 4)	Primary Mental Health	Local Wairarapa Development
51. Plan effective triage systems for providing more group programmes, and ensuring robust systems are in place for prioritising need and monitoring demand and delivery.	To be considered in conjunction with MHALG.	✓	✓							
52. Undertake the development or updating and maintenance of clinical guidelines and standards for improving high standards of care (clinical and non-clinical.	This is the responsibility of individual providers - table with MHALG.	✓								
53. Develop transparent responsibility and accountability for those standards required for the delivery of care to the people who use the mental health and addiction services, their family/whānau.	This is the responsibility of individual providers - table with MHALG.	✓								
54. Plan for the use of the Ministry of Health's Population-based Outcomes Framework for Mental Health and Addiction. The mental health and addiction service should be outcomes focussed (that is, have in place a routine outcome monitoring programme) and the outcomes should link to agreed clinical and service performance measures.	We are using the "Living Life Well" Strategy for our outcomes framework.	✓	✓		✓					
55. Undertake a review of prices being provided for one service category which is disproportionate to the price for other services. Develop equitable prices relative with the expected resources/costs of delivery.	Work has begun to review MHAIDS price volume schedule prices and Planning and Performance will ensure prices for NGO providers are equitable.	✓	✓							✓
56. Develop guidelines for engagement with family/whānau in the service user's recovery plan. This includes knowing who should be contacted, when a service users does not want family involved, and/or there is not the time or inclination to engage with family/whānau.	MHALG to consider options for this.	✓								
57. Establish systems for monitoring outcomes to ensure services are sufficiently resourced, developed or in place to report on service delivery expectations which should be clear and consistent as part of a Service Framework for each service cluster.	*Referred to Planning & Performance.*	✓	✓							
58. Ensure robust service user feedback complaint/feedback systems are in place.	*DHB has robust feedback system in place and NGOs are all required to have these as well.*	✓								
Recommendation: Collaborative leadership group (59)										
59. Review the Terms of Reference (TOR) for the collaborative mental health addiction leadership group to maximise positive outcomes for people experiencing mental health and addiction issues and their families and whānau. Consider resources to the group to enable them to implement key projects to meet identified priorities.	MHALG TOR and resources to be reviewed.	✓								

NOTES:

1. Living Life Well – 3DHB strategy/framework
2. AOD Model – 3DHB project
3. Continuum of Care – 3DHB project
4. MHAIDS structure – proposal to move to single employer
   Other: Piki pilot

The Mental Health Acute Care Continuum

CPHAC MAY 2020

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

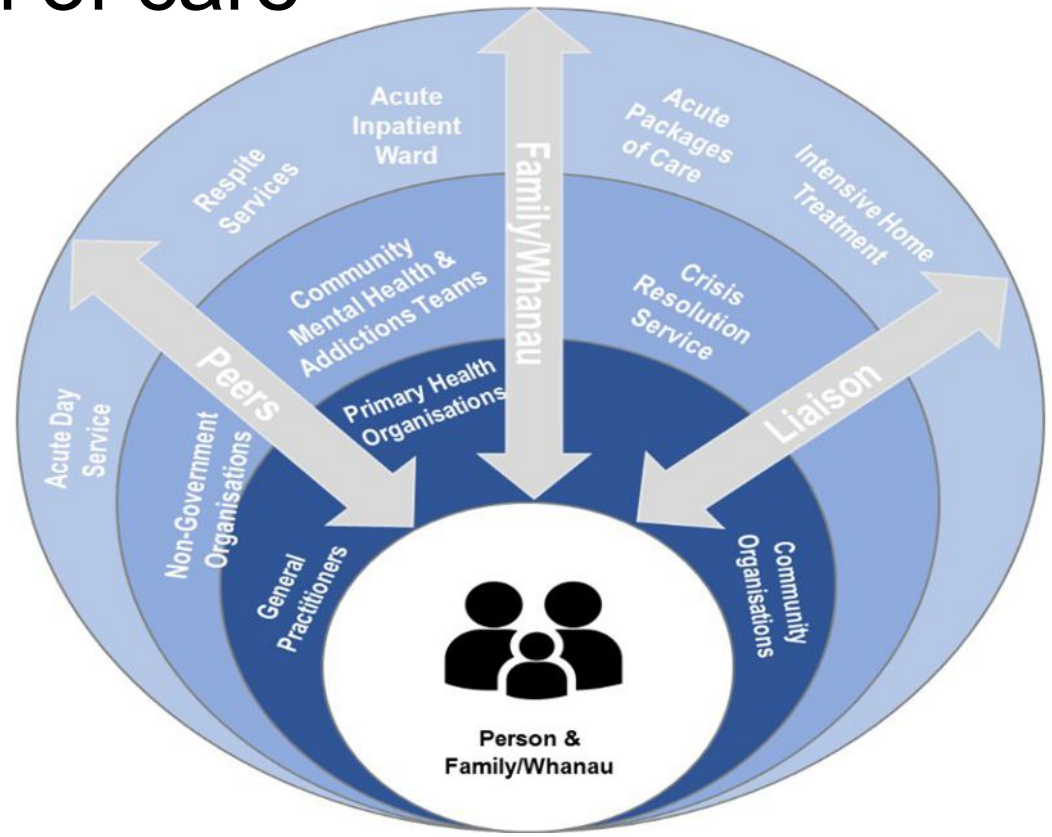
WELLNESS EQUITY RELATIONSHIPS INNOVATION RESPECT

better health for all
Well Wairarapa

Acute alternative options to inpatient care

- The goal of the Acute Care Continuum (ACC) project is to propose a flexible, service user and family whānau centred system of care which provides a continuum of well-coordinated acute and crisis services. The services will be capable of an effective response to service users, family and whānau in crisis, who may be in need of intensive and acute psychiatric care in a variety of settings.
- This goal aligns with the current draft 3DHB Mental Health & Addictions Strategy, '*Living Life Well 2019 – 2025* which supports *'covering the complete continuum of care' (foreword page 1)*
- An acute alternative comprises a number of elements but place people and their family/whanau at the centre of all services and decisions about the best form of care. The diagram below outlines this acute care continuum

- System of care



Acute Care Continuum: Model of Care Principles

- *People will lead their recovery*
- *Active involvement of family and whānau is promoted*
- *A collaborative approach without barriers*
- *People are supported in a culturally safe and sensitive environments*
- *Quality of service demonstrates excellence*
- *Tikanga Māori is evidenced throughout*
- Each of these principles is supported in the mental health and addictions strategic plan '*living life well'*. The plan has a '*focus on recovery'* (*foreword P 20)* and incorporates this in the *'Local Hub'* model taking a locality approach (appendix 4 Living Life Well)
- Quality of service and active family / whānau involvement is also strongly supported as is the need to evidence Tangata Māori models of care and service delivery.

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WELLNESS EQUITY RELATIONSHIPS INNOVATION RESPECT

Locality Approach

- *My issues arise in my community – why am I not looked after in my community?'*
- While there is an 'all of area' 3DHB approach to combined service coverage in the ACC, the ACC model of care incorporates a 'Locality approach' to designing the service continuum. The ACC defines core service elements that make up a 'required' critical mass of services capable of efficiently meeting local need.
- A Wairarapa ACC model aims to enhance the availability and accessibility of community and NGO partnerships working with the strengths and skills of／each along a continuum of care.
- The community will know how to access services acute sub acute or for crisis respite and they will become expert at identifying which service they need at any given time.

So What is Current Status?

- Currently the MHAIDS Community mental health team manage large case loads of people whose only option is crisis respite in the four bedded unit for adults at Masterton Hospital or transfer over to Hutt Valley or CCDHB
- If a person has an acute psychiatric need they should be transferred without delay. There has been an increase in transfers to Hutt Valley and CCDHB causing concern for MHAIDS
- An effective acute care continuum would ensure proactive interventions at the appropriate stage for offering a sub acute or acute alternative in a range of settings based on the persons needs and circumstances.
- The current mental health crisis beds are under-utilised in part because people do not like the stigma of the hospital site. All or most of these alternatives are better delivered in the community

PROPOSED MODEL OF CARE

- lThe model of care will include increased capability through affording dedicated clinical resource (nursing roles).
- This change will provide a nurse led clinically enhanced service. The new model of service will comprise crisis respite, package of care, mobile follow up including home based support services.
- Both clinical and NGO services will be integrated, with each of the new service components, crisis respite, mobile support and package of care, working side by side.
- An overarching goal of developing this range of integrated crisis respite services is to reduce the number of dislocating remote inpatient admissions from the Wairarapa population.
- Staff will perform in reach and out reach roles taking the focus off FTES to one of outcomes for people and beyond crisis management.

CLINICAL GOVERNANCE

- A strong clinical governance structure will be an integral part of the model of care. Active and integrated clinical governance will ensure quality and clinical safety of service delivery within the new and enhanced approach to integrated service delivery involving a number of service components and providers.
- Clinical Governance over the integrated services will be established through formal partnerships and agreed joint processes between the NGO providers and clinical teams within mental health and intellectual disability services (MHAIDS).
- Clinical governance will practically comprise of the relationships between the CMHT multidisciplinary team and NGO. This combined or integrated team will monitor and evaluate demand across the service continuum, and collaborate to make decisions about the most appropriate pathway of care for each person based on their presenting clinical and psychosocial needs and required support.

FLEXIBLE SERVICE OPTIONS

- The model of care change to a more integrated service will greatly enhance the range of support and options available including clinical input, to referred clients.
- Location based crisis respite service component is one of the overall range of services which will provide more intensive oversight and ongoing assessment providing an alternative to acute inpatient care.
- The model of care change to a more integrated service will be gradual but aims to greatly enhance the range of support and options available including clinical input for referred clients.
- The location based crisis respite service component is one of the overall range of services which will provide:more intensive oversight and ongoing assessment providing an alternative to acute inpatient care.
- This service, supported by the mobile home based support and packages of care will also provide consult and liaison input to the co-located Emergency Department at Wairarapa Hospital.

NEXT STEPS

- Develop options and associated business case for approval of preferred option
- Develop implementation plan in collaboration with partners and Tangata Whaiora

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Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DISCUSSION PAPER** **Date: 14 May 2020**

From	Sandra Williams, Executive Leader Planning & Performance
Author	Danielle Farmer, Service Development Manager, Planning & Performance
Endorsed By	Dale Oliff, Chief Executive
Subject	System Level Measures Plan update

RECOMMENDATION It is recommended that CPHAC:

a. **NOTES** the progress made against the 2019/20 System Level Improvement Plan

b. **NOTES** the process outlined for the development of the 20/21 System Level Improvement Plan

APPENDIX

Report from Tu Ora Compass on Health Care Homes

1 PURPOSE

The purpose of this paper is to update the Committee on the achievements against the System Level Measures (SLM) plan and the process for developing the new SLM plan for 2020/21.

2 BACKGROUND

In 2016, the Ministry of Health introduced the System Level Measures Framework, which was developed with a system-wide view of performance and built on the previous Integrated Performance Incentives Framework. Leading up to its introduction, the Ministry of Health worked with health sector stakeholders to co-develop a suite of system level measures to support this whole-of-system view of performance. The SLM is now submitted along with the Annual Plan annually.

In 2018/19 the Tihei Wairarapa Alliance was refreshed and the membership widened to reflect the importance of working with a wider range of partners. The 2019/20 Improvement Plan continues to embed the priorities developed during 2018/19. This updated plan includes the following:

- Improvement Milestones for six System Level Measures (SLMs),
- Activities to meet the SLM milestones,
- A set of contributory measures aligned to the activities and milestones, and
- District ALT agreement to the planned activities, milestones and measures.

In addition, the DHB has a local reporting and accountability framework.

3 SYSTEM LEVEL MEASURES (SLM) PROGRESS

The progress to date on each measure and the target is listed in the following table.

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System Level Measure	Key Improvement Milestones	2019/20 Improvement Milestone
ASH rates for 0-4 year olds	Wairarapa Māori 0-4 years non-standardised ASH rate per 100,000	Reduce non-standardised Māori 0-4 years ASH rate from 9,318 to <9,000 per 100,000 population

Progress to date

On Track

- Maori ASH rates for 0-4yrs reduced from 9,318 to 8,136 per 100.000 population and 'Other'to 5,276 (Baseline Sep 2019).
- Upper and ENT Respiratory infections, Asthma, Gastroeneritis /dehydration – are 3 largest drivers of admissions – especially for Maori children.

Highlights

- Dental service providing Whaiora with List of Children on dental bus wait list to follow up and provide Whanau ora holistic health assessment and support actions while on wait list.
- Children seen biannually by dental service having protective fluoride applied to teeth – prioritising high needs children.
- Child Health Coordination Service initiated.
- Expanding Ha Ngawiri program and healthy homes assessment.
- Implementing National Hauora collalition program 'equity generation 2040'.
- GP triage rollout on track under health care homes.
- Targeted fluvac and respiratory health campaign. Lists of children eligible for fluvax were provided to practices.

System Level Measure	Key Improvement Milestones	2019/20 Improvement Milestone
Acute bed days per capita	Wairarapa acute bed day rate per 1,000 (Note:18/19 target rebased to be consistent with 19/20)	Reduce standardised Māori acute bed days for DHB of domicile by 10% from 553 to 500 per 1,000 population

On track

- Reduction of Standardised Maori Acute bed days from 553 per 1.000 population to 491.3 (exceeded goal of 500 – reduction of 10%).
- Health Care Home Model (see appendix 1 for report from Tu Ora Compass)

Highlights

- Review of Multi-Disciplinary Team discharge processes i.e. targeted admission to discharge plans, from time of admission.
- Bedflow improvement project – work in progress
- Readmissions (within 48hrs) reviewed.
  - Post discharge Navigation Project agreed and implemented – contributes to patient flow from hospital to HCH in Primary Care.

Health Care Home

- 6/7 Practices now participating
- Develop a COPD identification, assessment and management pathway – to support consistency and continuity of care in Primary Care.

New actions that support hospital flow and Prevention of admission related to COVID-19 management include:

- Trial of patient location within existing wards (2weeks) – Surgical patients located in AT&R and Rehab Patients in MSW ward.
  - Benefit – best use of current ward layouts to manage surge of COVID-19 patients and change in patient numbers.
    For example: Less AT&R patients (as patients stay away from hospital). Use of AT&R ward space for surgical cohort (separated isolation patients from surgical patients).
    Leaving MSW ward for Medical and Rehabilitation cohorts and those requiring Isolation (more isolation rooms).
- Rapid deployment of a Hospital @ Home Team – to support the management of increased acuity patients, managed in place, initially in aged Care (ARC). Will be reviewed after 4 weeks and further recommendation as appropriate to roll this model out expanding into patient's homes in community setting.

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Not progressed

- ED high user group- this work was replaced with a review of discharge processes and a new resource put in place to improve readmittamce rates after discharge.

System Level Measure	Key Improvement Milestones	2019/20 Improvement Milestone
Patient Experience Survey	Wairarapa primary care and inpatients composite score (note national definition currently unavailable in library)	**Primary Care:** 10% improvement in average score of practices for survey question 7 *"In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?"* **Inpatient:** Increase participation rates in the inpatient PES to the national average (currently 24%) Increase inpatient PES communications domain score to the national average (currently 8.3)

On Track

- New survey provider, next survey delayed until after July 2020 – New survey questionnaire for Primary Care and Secondary sector – review questions from both sets for comparison process of results to ID focus for quality improvement. *(No surveys in Quarters 2 and 3 because a new provider was being established)*

Highlights

- 6 out of 7 practices participating in Health Care Home model across Wairarapa will improve the result for primary care question through new triage processes.

System Level Measure	Key Improvement Milestones	2019/20 Improvement Milestone
Amenable mortality rates	Wairarapa total 0-74 standardised AM rate per 100,000	Reduce AM rate to at or below 105 per 100,000 (5 year average)

On track

- Baseline 2012-2016 5 yr average - Maori = 188.0 Total = 94.- awaiting new data

Highlights

- Roll out of updated CVRA tool to practices
- Funding for free screening.
- Engaged Health promotion Agency raise awareness of need for heart checks in priority populations
- SIA funding to practices to support free services also payment plans in place to reduce cost as barrier
- First Kaupapa Maori Standard Self-Management Programme commenced in fit for purpose Marae setting. Will refine and roll out further
- All initial contacts with dentist completed to facilitate referrals from Dentists to Stop Smoking Services.
- Work with young Maori Men to educate and improve health literacy and co-design CVRA process
- Combined breast and cervical screening clinics

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System Level Measure	Key Improvement Milestones	2019/20 Improvement Milestone
Youth access to and utilisation of youth-appropriate health services	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage **Intentional self-harm hospitalisations** (including short-stay hospital admissions through ED) for 15 - 19 year olds	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage from 45% /40% to 55% by 30 June 2020 **Mental Health and Wellbeing**: Decrease rate of self- harm hospitalisations for 10-24 year olds to 50 per 10,000 population (standardised)

Off Track- Oral health
In 2018 coverage (those presenting for review) for Maori was 45%, Pacific was 40% and other 77% - The equity gap has grown larger.

Highlight
- Oral health coordinator working with local dentists – ID of those who DNA and followed up

Off Track –Mental Health and Wellbeing
Not a chieved for Maori at 80.4 (Sept 2019). The Maori rate was higher than the National Average and the "other" rate was lower.

Highlight
- All Public Health Nurses trained in HEADS assessments – small number completed for MIS and Senior Primary pupil completed on referral by school.
- Piki program (18-25yrs olds) launched in Wairarapa Q2.
- Youth Primary Mental Health Service proposal submitted to MOH March 2020.
- Board endorsed the Youth Services development programme pathway.

System Level Measure	Key Improvement Milestones	2019/20 Improvement Milestone
Babies in smoke-free households	Percentage of babies that are six weeks old, who live in a household with no smoker present	Increase the total % of babies living in smoke free homes to 40% and Māori babies to 25% by 30 June 2020

On Track
As at June 2019 41.4% of Maori Babies and 57.2% of all babies were recorded as living in smoke free homes in Wairarapa. This is a significant increase on 2018/19 and may reflect improved data collection rather than changes in smoking preference.

Highlights
- Focused professional education
- First 1000 days program implemented in 2019-20 and 20-21
- Tobacco control plan implemented in 2019-20
- Hapu Mama program and traditional Maori sleeping devices and traditional baby rearing training to whanau.
- Contract Maori health provider to provide health Homes project targeting 20 Whanau with home assessments and remedies packages.

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4 20/21 SYSTEM LEVEL IMPROVEMENT PLAN DEVELOPMENT PROCESS

The Draft SLM as part of the Annual Plan package was sent to the Ministry of Health in early March. The Draft SLM was considered by Tihei Wairarapa and CPHAC in March. Feedback from Tihei is being incorporated in the next draft. The next draft will also include the feedback from the Ministry which was received on the 19 March. CPHAC can expect to see the next draft of the SLM in June along with the Annual Plan.

Due to COVID- 19 impacts the Ministry has signalled timeline changes to the Annual Plan process with feedback on the Annual Plan now expected mid May with further new guidance. The Annual Plan and SLM are expected to be required to be submitted to the Ministry by the end of June.

MOH Feedback
The National Programme Manager - System Improvement (MOH) stated:

> ***"It is clear that a lot of thought and work has gone into this plan. It is based on solid foundations of data insights and equity and looks good."***

MOH provided constructive feedback advising to review and update improvement milestones and clarify actions where they did not match with in the document.

Focused feedback was provided on SLM actions related to both the Primary Health Care and Hospital based patient survey. We have been advised to focus on "using the survey results with meaningful actions that show the patients that you are listening and responding to their feedback".

Appendix

Report from Tu Ora Compass Health for Healthcare Homes

Quarterly and Annual Report for the Period
1 January – 31 March 2020

Service Activity

Health Care Home Practice Development Service

Monthly Contractual Reporting Requirements:	**1 January – 31 March 2020**
The Service will provide reports to the Health Care Home Oversight Group, Tihei Alliance and the Boards of Tū Ora Compass Health and Wairarapa DHB regularly as required by each group. Reports will include:	
Appropriate level of information on practice development plans for HCH with key milestones for the practices.	Practice update provided bi-monthly to Oversight Group
Progress of the practices through the relevant phases and development milestones. This will include the identification of any issues that have had an impact on the HCH Implementation	Carterton Medical Centre • Currently achieving activities within their year two Implementation plan. • The inclusion of karakia and an increase of Te Reo Māori across the practice team is enhancing and supporting kaupapa Māori for the practice team and its community • The team continue to progress with improvements around the collation of telephone data • Nurses continue to implement a robust Year of Care process and have completed 101/142 plans. • Telephone Assessment and Treatment undertaken by GP's and Nurse practitioners at peak call times and nurses throughout the day. Resolution rate average is 22% • Patient portal activation 20.6% Featherston Medical Ltd • Due to their new building developments being slower than planed the practice team are working at a slower pace than they would have anticipated through their year two Implementation plan • Year of Care planning has made some progress with the team having completed 22/91 plans • Telephone assessment and Treatment well received by clinicians and patients alike. Resolution rate average is 43% • New build was closer to completion in March, however the Covid-19 setting has delayed once again final build requirements. The new facility will offer some good opportunities for strengthened

Appendix

	community services intervention • Patient portal activation 7.2% Masterton Medical • Currently achieving activities within their year two Implementation plan • Year of Care plans are well underway with 86/452 plans completed • An overhaul of the telephone system has allowed Masterton to have a clearer view of telephony data • Have completed a Shared Medical Appointment • Telephone Assessment and Treatment well embedded. Resolution rate average is 64% • Patient portal activation 18.5% Greytown Medical Centre • Progressed well in Year One and entered Year Two on 1 April 2020. • Having experienced the highest usage nationally of the Self Check in Kiosk, 52% of patients checked in via the Kiosk in November, this continues to be a key feature to supporting patient check in flow • Thoughtful planning continues for Year of Care planning 33/67 completed to date • A new GP has been welcomed to the team • Following on from their Cervical Screening Clinic for overdue/high risk women where 13 women were screened, the team exploring marae engagement • Telephone Assessment and treatment will be fully in place when full complement of GP's is working at the practice. Resolution rate is 33% • Patient portal activation 17.1% Martinborough Health Services • Progressed well in Year One and entered Year Two on 1 April 2020. • PMS Indici has been in place for almost a year and whilst the team underwent significant frustrations, they are beginning to see the benefits of its form and functionality • Year of Care plans continue to progress with 13/63 plans completed • Telephone Assessment and Treatment predominately led by Nurse Practitioners • Patient portal activation 10%

Appendix

	Whaiora • Progressed well in Year One and entered Year Two on 1 April 2020. • Currently working on their Year of Care process with amending the Year of Care plan to better suit their population • Patient Portal is slowly increasing with the team taking the time with patients to ensure they know how to use the app. Patient portal activation 3.7% • Telephone Assessment and Treatment well received resolution rate 41% with most GPs now triaging
Progress of the HCH against their quantitative quality and population impact measures	Practices continue to use the quality indicator report to monitor and measure performance.
Summary Practice Implementation Plan for those agreeing to move to the Implementation Phase	• Wave One (Carterton Medical Centre, Featherston Medical Centre and Masterton Medical Centre) year two Implementation Plans were presented to the Oversight Group on the 10th December. All plans were approved for the practices to enter Year Two on 1st January 2020. • Wave Two (Greytown Medical Centre, Martinborough Health Services and Whaiora) Year Two Implementation plans were presented to the Oversight Group on 17th March. All plans were approved for the practices to enter Year Two on 1st April 2020.
Narrative on any contract service delivery issues or concerns	Kuripuni Medical Centre is beginning to ready itself for programme inclusion, Covid-19 has delayed the staff training and onboarding Challenges with obtaining required telephony report, discussions with providers has made considerable progress and we look forward to being better placed to understand this information Extended hours discussions were being had prior to Covid-19 with some information collected from each practice as to opening hours, the HCH oversight has decided on an extended hours framework. Further discussions to be had with the practices. Community Services integration is a focus for this year and we look forward to contributing to the improvement of this service for the region The Covid-19 landscape has altered general practice business as usual and health delivery in many areas, Wairarapa practices have been resilient, innovative and well positioned to increase their use of virtual services where appropriate to their team capability and confidence. Some practices have been limited by their ability to access IT hardware to support telehealth, they continue to work through this challenge.

Appendix

Reporting against the evaluation framework once finalised.	Year Two Performance Framework finalised. Progress against the framework will be reported to the HCH Oversight group
Financial reconciliation of funds received from the DHB and paid to practices.	All practices have received their full allocation of funding to date