Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**AGENDA** Held on Thursday 18 June 2020 Lecture room, Wairarapa DHB (Zoom also available) 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. DECISION						
2.1	Pacific Health and Wellbeing Strategic Plan for the Greater Wellington region, 2020 - 2025	AGREE	Tofa Suafole Gush	20 mins	9.15am	
2.2	Strategic Direction	ENDORSE	Daniel Kawana	40mins	9.35am	
3. DISCUSSION						
3.1	Equity Initiatives	DISCUSS	Daniel Kawana	15mins	10.15am	
4. INFORMATION						
4.1	Hospital at Home	NOTE	Nicky Rivers	15mins	10.30am	
5. OTHER						
5.1	General Business			10mins	10.45am	
CLOSE						

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

AS AT 15 MAY 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
Dr Stephen Palmer *Regional Public Health Clinical representative*	• Employee of Hutt Valley DHB as Medical Office of Health in Regional Public Health • Member of the Policy Committee of NZ College of Public Health Medicine
Limone Kelly *Pacific representative*	• Works at Lyndale Rest Home
Justine Thorpe *Tu Ora 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: 2020-06-10

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**MINUTES** Held on Thursday 20 May 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
Annie Lincoln	Member (Primary Care Clinical Representative)
Justine Thorpe	Member (Primary Care Representative)
Dr Stephen Palmer	Member (Regional Public Health (RPH) Clinical Representative)

ATTENDANCE

Dale Oliff	Chief Executive, Wairarapa District Health Board (CE)
Sandra Williams	Executive Leader Planning & Performance (ELP&P)
Janeen Cross	Māori Health Coordinator, Māori Health
Lisa Burch	Service Development Manager, Planning & Performance (P&P)
Nicky Rivers	Director Allied Health, Scientific & Technical
Lynnette Field	Clinical Team Leader – Oral Health Services
Pauline Boyles	Project Manager for Acute Care Continuum
Jen Bergantino	Minute taker, Planning & Performance

1.0 PROCEDURAL BUSINESS

1.1 APOLOGIES

An apology was received from Limone Kelly (Member). Diane Sotiri has resigned from the committee.

1.2 CONTINUOUS DISCLOSURE

Dr Stephen Palmer declared he may have a conflict of interest in relation to *Item 2.1 Wairarapa Oral Health Service* due to his involvement with Fluoride through his current position at RPH.

1.3 CONFIRMATION OF MINUTES

Correction to *Item 3.3 Hospital in the Home (top of page 4)* – change the word committed to admitted to now read – *This would avoid patients being admitted to hospital and by direct referral from the GP or through ED.*

1.4 WORK PROGRAMME

The ELP&P advised that the work programme for June/July will be re-arranged which will see Oral Health included in the equity work that will be reported back at the July meeting. The updated work programme will be available at the next meeting.

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

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

2.0 DISCUSSION

2.1 WAIRARAPA ORAL HEALTH SERVICE (PRESENTATION)

Presented by Lynnette Fields, Clinical Team Leader, Oral Health Services

Points noted were:

NOTED that by adding Fluoride to the water, cavities are smaller, there is less drilling and cavities are slower to form.

NOTED that during COVID-19 Level 3 the service was only treating patients for pain. Teleconferencing and zoom meetings were introduced for diagnosing patients.

NOTED that there is no free Adult dental treatment performed in Wairarapa and no general anaesthetic available for children within the hospital. The mobile surgical bus is used but subject to availability.

NOTED that there is an equity issue for Maori children and youth.

NOTED that Wairarapa is using a paper based system and is not on the Titanium system. There are currently 20 Titanium versions available. The Ministry of Health is working on having one version which is to be used across New Zealand.

NOTED that Oral Health will be included in the equity work that will be reported back at the July meeting.

NOTED that the Committee agreed to change the recommendation in the report to read "*Notes the opportunities identified to improve oral health outcomes for our children and youth and agrees management should strongly encourage focus on equity when developing the clinical services and wellbeing action plans to support the Strategic Direction work"*.

NOTED Wairarapa DHB expects to invest $1.37 million in oral health services in 2019/20

2.2 MENTAL HEALTH & ADDICTION SERVICES UPDATE

Presented by Pauline Boyles, Project Manager for Acute Care Continuum

Work on the acute continuum of care is underway on a Wairarapa based approach to acute alternatives / crisis respite. This will enable a flexible, service user and family whanau 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.

An acute alternative to hospital admission comprises of 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 model of care change to a more integrated service aims to greatly enhance the range of support and options available including clinical input for referred clients.

The locality 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.

3.3 TIHEI WAIRARAPA AND SYSTEM LEVEL PERFORMANCE REPORT

Points noted were:

NOTED that most of the measures were on track.

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE **PUBLIC**

NOTED that a new process is in place around hospital discharges. The intention is when a patient is discharged from hospital the patient is assessed on what wrap around services they may require.

Action: The Executive Leader Planning & Performance is to investigate whether the GP is notified of the wrap around services that are provided to a patient after discharge from hospital.

NOTED that the Health Round Table are setting up a Clinical Workers group investigating what are the drivers for readmission. This will involve looking across the health system including primary care.

NOTED that best practice is when a patient is admitted into hospital their discharge and supporting services are already being planned.

MEETING CLOSED AT: 11.30AM

Date of next meeting: 18 June 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 July which will fit in with the work programme around equity.
21 April 2020	An update on the Hospital in the Home project is to be presented to the Committee in June.	Executive Leader Operations	On June agenda
20 May 2020	Investigate whether the GP is notified of the wrap around services that are provided to a patient after discharge from hospital.	Executive Leader Planning & Performance	Emailed to committee members
20 May 2020	Oral health for children to be considered with next report on children	Executive Leader Planning & Performance	July meeting

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* -Equity Initiatives -Annual Plan, and System Level Improvement Plan	-Maori Health Plan update -Clinical services plan update -Maori Health Dashboard/ Performance development approach	- Planned Care 3 Year Plan - -Equity Approach	-Long Term Conditions and Wellbeing Plan -Clinical Services Plan update - Draft Maori Health Plan	-Community Services Integration - Final 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	-Hospital @Home Update	-Regional Public Health	-Pacific health updates -Health of Older People -Alliance and SLM reporting	-Mental Health and Addictions -Primary and Community -child health	- Primary and Community -Alliance & SLM reporting	- Mental Health and Addictions)
Investment and prioritisation					-Investment & Prioritisation					-Investment & prioritisation

PUBLIC

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

Author	Tofa Suafole Gush, Director Pacific Health
Endorsed By	Dale Oliff, Chief Executive Officer
Subject	**Pacific Health and Wellbeing Strategic Plan for the Greater Wellington region, 2020 - 2025**

RECOMMENDATION It is recommended that CPHAC:

a. **Notes** the contents of this report

b. **Notes** the Pacific Health and Wellbeing Strategic Plan for the Greater Wellington region, 2020-2025 is one of the key supporting plans for the Wairarapa strategic direction and transformation change work being undertaken

c. **Agrees** to recommend to the Board that it endorse the Pacific Health and Wellbeing Strategic Plan 2020-2025

APPENDIX

1. Pacific Health and Wellbeing Strategic Plan for the Greater Wellington region, 2020 - 2025

1 PURPOSE

The purpose of this paper is to inform CPHAC of the progress towards the final draft of the Pacific Health and Wellbeing Strategic Plan, 2020-2025. This Plan is also being presented to the Capital, Coast, and Hutt Valley District Health Boards this month.

The Plan is the key supporting plan for the Wairarapa strategic direction and transformation change work being undertaken.

2 PROCESS AND NEXT STEPS

This final draft has been in a refining process since November 2019 after the initial endorsement of the Draft by the 3DHB Boards. We needed to do a second round of community consultation in the Porirua region, which led to the delay. It is envisaged this final draft will be signed off by the 3DHB Boards in their respective June meetings and an official launch in late July.

Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020 – 2025

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

HUTT VALLEY DHB

Capital & Coast
District Health Board


Talofa lava
Samoan
Kia Orana
Cook Island
Ni Sa Bula Vinaka
Fijian
Malo e lelei
Tongan
Malo Ni
Tokelau
Fakalofa lahi atu
Niue
Talofa koutou
Tuvalu
Mauri
Kiribati

CONTENTS

ACKNOWLEDGEMENT

We wish to acknowledge the invaluable contributions of all those who provided input to the development of this Pacific Health and Wellbeing Strategic Plan. In particular, our gratitude is extended to the Pacific communities who supported the development of this plan by contributing their voices, stories, ideas and insights as well as our provider community and DHB staff across the Greater Wellington region. We were delighted at the response we received from communities and the interest there is to improving Pacific health outcomes.

FOREWORD

It is our privilege to present the Pacific Health and Wellbeing Strategic Plan 2020-2025 for the Capital Coast, Hutt Valley and Wairarapa District Health Boards. This plan represents the blueprint for meeting the changing needs of Pacific individuals, families and communities over the next five years.

This plan outlines the three District Health Boards strong commitment to improving the health and wellbeing of Pacific people. Pacific peoples do not always enjoy the same access, service experiences and health and wellbeing outcomes as non-Pacific peoples. This plan recognises that we need a specific and targeted approach to redressing inequities that exist within our health system. We believe that a core role of District Health Boards is to apply the revenue they receive to provide the best health care services that are culturally responsive to the needs of our Pacific populations.

We acknowledge that a range of factors such as education, housing, income, employment and social policies have a significant impact on achieving better health outcomes for Pacific peoples. We also recognise that we are operating in an increasingly complex and challenging health environment, with competing financial pressures and health interests, emerging health technologies and pharmaceuticals, shortages of health workforce, and changing demographics.

To this end, improving Pacific people's health is not only a mandate of the three District Health Boards, but it should be everyone's business. **Our vision for Pacific peoples is empowered and enabled Pacific peoples living longer quality lives, supported by a culturally responsive health system.**

There are many health challenges facing our Pacific communities. The priorities and strategies identified in this plan represent the key touch points which we believe will enable us to leverage improved outcomes as efficiently and effectively as possible. These priorities are as follows:

1. ***Pacific Child Health and Wellbeing***
2. ***Pacific Young People***
3. ***Pacific Adults and Aging Well***
4. ***Pacific Health Workforce & Pacific Providers/ NGOs***
5. ***Social Determinants of Health***
6. ***Culturally Responsive & Integrated Health System***

The above strategies do not cover all possible approaches to reducing health inequalities, but rather the emphasis is on priorities where there is good reason to believe action by the DHBs and its partners outside of health will lead to the attainment of better health and wellbeing outcomes for our Pacific people.

The 3DHBs are committed to implementing this Pacific health and wellbeing strategic plan and we look forward to continuing to work with the Pacific communities, partners and stakeholders to achieving equity in access and, most importantly, equity in health outcomes for Pacific people and communities.

David Smol
Board Chair
Capital & Coast District Health Board
Hutt Valley District Health Board

Sir Paul Collins
Board Chair
Wairarapa District Health Board

Fa'amatuainu Tino Pereira
Board Chair
3DHB Sub Regional Pacific
Strategic Health Advisory Group

OUR COMMITMENT

Pacific health and improving equity of health outcomes is everyone's responsibility and a key priority for our district health boards. Illustrating our commitment to this is our Pacific Health & Wellbeing Strategic Plan, which will be incorporated into our day-to-day work as we take a whole of system approach to ensure the priorities in the plan are achieved.

The Pacific Health & Wellbeing Strategic Plan provides the 3DHBs with a guiding framework, enabling us to improve and sustain the development and delivery of health services to Pacific communities. It is our collective responsibility to ensure that this work makes a positive difference in the heath of Pacific people in our greater Wellington region.

This plan has been developed in partnership with the Sub Regional Pacific Strategic Health Group, and reflects our joint commitment to accelerate Pacific health gain and achieve health equity for Pacific peoples.

Our goal requires a collaborative effort and robust leadership across the health system. With demonstrated commitment and shared accountability, the reality of better health outcomes for all Pacific peoples will be realised.

Fionnagh Dougan
Chief Executive
Capital & Coast and Hutt Valley
District Health Boards

Dale Oliff
Chief Executive
Wairarapa District Health Board

Malu i pu'ega –
To lend aid in the undertaking

Samoan proverb

INTRODUCTION

This Pacific Health and Wellbeing Strategic Plan represents the beginning of a new way of approaching service design and delivery for Pacific families and communities and builds on the progress of previous plans;

- "Paolo mo Tagata o le Moana" HVDHB & WrDHB Pacific Health Action Plan 2015-2018
- "Toe timata le Upega" CCDHB Pacific Health Action Plan 2017-2021

This plan adopts a human rights based approach to health. There is a growing body of evidence confirming that health services reflect the dominant economic or cultural group. Consequently in practice, Pacific communities do not receive equitable care.[1] Varying degrees of social isolation, acculturation, the impact of migration, and different views of illness between Pacific communities all impact on the ability to provide services that appropriately meet needs.[2] Across the Greater Wellington region we are committed to ensuring policies, programmes and services provide a level playing field and equal opportunities for best health possible for Pacific people regardless of age, gender, ability, religious beliefs or social economic backgrounds.

We acknowledge the gains and milestones reached in the last five years, with some improvement in access and interaction of Pacific people with the health system, partnerships across the health sector, AND innovations delivered in the community by Pacific providers for example Pacific Nurse led services (Vaka Atafaga Nursing service, Pacific Health Service Hutt Valley Primary nurses and Thriving Cores Well Child services, Pacific Navigation Services), Pacific Churches and community leaders to name a few.

Unfortunately, Pacific people's health, as measured by most major indicators of health, still remains poorer when compared to non-pacific. Whilst many of the barriers Pacific peoples face such as cost, are shared with other groups in the Greater Wellington region, there are issues that are unique to Pacific peoples. Differences in health outcomes confirm that there are also issues for specific groups within Pacific communities.[3]

We are determined to build on the achievements particularly focusing on programmes and services that address health inequity and reduce discrimination. This will be done by advancing strategies that support locally developed solutions, cultural and collaborative models of health care that support individuals and families from a holistic perspective and tailored to meet local need across the Greater Wellington region.

We recognise that many other organisations outside of the health sector hold the levers to progress health outcomes. Inter-professional and inter-disciplinary teamwork, partnering across health service providers and cooperation across sectors, as well as including the voices of Pacific people, families and communities opens the way for new and collaborative partnerships for shared solutions and innovative planning.

1. Southwick, M., Kenealy, T. Ryan, D. (2012). Primary Care for Pacific People: A Pacific and Health System Approach. Wellington: Pacific Perspectives.
2. ibid
3. Southwick, M., Kenealy, T. Ryan, D. (2012). Primary Care for Pacific People: A Pacific and Health System Approach. Wellington: Pacific Perspectives.

KEY STRATEGIC DIRECTIONS

This plan applies a Pacific approach and lens to the strategic directions outlined in key strategic documents which guide our response to improving the health and wellbeing of the Pacific communities in the Greater Wellington region. These include;

- CCDHB Health System Plan 2030
- HVDHB Vision For Change 2017-2027
- WrDHB Well Wairarapa - Better Health for All vision 2017
- Ministry of Health *Ola Manuia* Pacific Health Plan 2020-2025
- Faiva Ora National Pasifika Disability Plan 2014-2016
- The Child and Youth Wellbeing Strategy 2019, Department of the Prime Minister
- PHARMAC Pacific Responsiveness Strategy 2017-2026
- Minister of Pacific People's Priorities
- Whanau Ora commissioning

The key strategic directions include:

1. **Equity** – advancing decisions, solutions and innovations that eliminate health inequalities for Pacific people.

2. **Collaboration** – strengthening partnerships including integrated planning and service delivery with both health and non- health partners across different sectors AND Pacific communities themselves.

3. **Strengthening Accountability and Performance monitoring across the health system** – to hold ourselves liable and answerable to ensuring we are doing more than enough to achieve equitable health outcomes for Pacific peoples through consistent reporting and measurement of progress.

4. **Building the Pacific workforce** – strengthening Pacific health providers providing sustainable resources for long-term, rather than short-term funding.

5. **Inclusiveness** – ensuring that Pacific disabled children, youth and adults and their families are also at the centre of service and programme decision making and are not left behind. Recognising that those with a disability may have extra barriers to overcome in accessing health services than most.

6. **Robust Evidence Base** – implementing and investing in what is already working and building evidence through research, monitoring and evaluation.

7. **Integrated Planning** – strengthening integrated planning and service delivery and accelerating the shift of services closer to home.

8. **Culturally Responsive Services** – developing and Sustaining a culturally safe and competent health services and work settings including elimination of racism and developing strategies to mitigate negative attitudes and behaviours.

OUR VISION FOR PACIFIC IN THE GREATER WELLINGTON REGION

“Our Pacific peoples are empowered and enabled to live longer quality lives, supported by a culturally responsive health system.”

PRINCIPLES OF PACIFIC HEALTHCARE DELIVERY ACROSS THE 3DHBS

In the development of this plan, it is important to foreground Pacific peoples as diverse with unique values, cultural intelligence, social capital, differing languages and "lived experiences". The term 'Pacific peoples' is an umbrella term used to describe a population made up of 16 distinct and diverse cultures of peoples from Melanesia, Polynesia and Micronesia. In the Greater Wellington region the seven largest ethnic groups are, Samoan, Tongan, Cook Island Maori, Niuean, Fijian, Tokelauan, Tuvaluan (Statistics New Zealand, 2018).

By making this the focal point, we commit as District Health Boards to ensure that Pacific people are actively involved in co-designing services and programmes that help address difficulties based on "one size does not fit all" due to the growing diversity of Pacific peoples and their ability to access quality and responsive services. We are putting a stake in the ground and acknowledging that as navigators of this wide ocean that we call the health system, we owe it to our Pacific communities and other indigenous ethnicities to reconstruct a system that they can voyage through without difficulty.

We have chosen five key principles or values common across Pacific cultures which have been weaved through this plan, and will guide our work alongside the input of Pacific communities through community leaders, churches, providers and others.

The five key principles include;

FAMILY
Family underpins identity, genealogy, relationships and a sense of belonging for Pacific people. It lies at the heart of who Pacific people are as every Pacific person belongs to an aiga or kainga.

ENVIRONMENT
Built and natural environments is important to Pacific people. Their connectedness and experiences of both plays a huge role in the holistic approach to health and wellbeing.

SPIRITUAL
Churches have historically played a crucial role in the lives of Pacific people providing spiritual guidance with values such as faith, integrity, truth and trust. Churches are still an integral part of Pacific communities and their everyday lives.

RESPECT
Showing respect when relating to one another is an important aspect of Pacific people right from an early age. This includes respect towards elders, people in positions of authority, each other, women and children.

CULTURE
Cultural diversity such as the different languages, ethnicity, gender, generational issues, religion, and sexual orientation influences how Pacific people view and respond to health services. This diversity is also evident and seen in individuals and family practices, behaviours, understanding and responsiveness to the world around them.

SYSTEM ENABLERS & PILLARS OF SYSTEMS CHANGE

PARTNERS & NETWORKS

Build new and strengthen existing partnerships and networks with multiple organisations, Pacific communities and individuals. Leverage off strengths and skill sets of different organisations. Also look at new partnerships to create a shared sense of ownership and responsibility to deliver the best services for Pacific peoples.

COMMISSIONING

The way we commission services and invest will be more intentional and targeted. We will explore re-commissioning of identified services run by the DHB's into the community. System funding should also be aligned, sustainable and equitable to ensure resources are distributed to scaling up and supporting programmes that are already working and meet the needs of the Pacific community. For instance initiatives that are run in the Community by Pacific providers or Faith based Pacific organisations. In addition priority activities are explicitly outlined in contracting work to ensure a strong equity focus for Pacific.

INFLUENCE & ADVOCACY

Leverage off the influence we have to accelerate and progress change at not only at policy, planning, service and programme levels locally, regionally and nationally.

ICT & KNOWLEDGE RESOURCE

We have access to the technology, evidence based data and resources that can be utilised and shared across to our Primary care and Community based partners to ensure decision making, investments and design processes. We will look at building and strengthening community infrastructure.

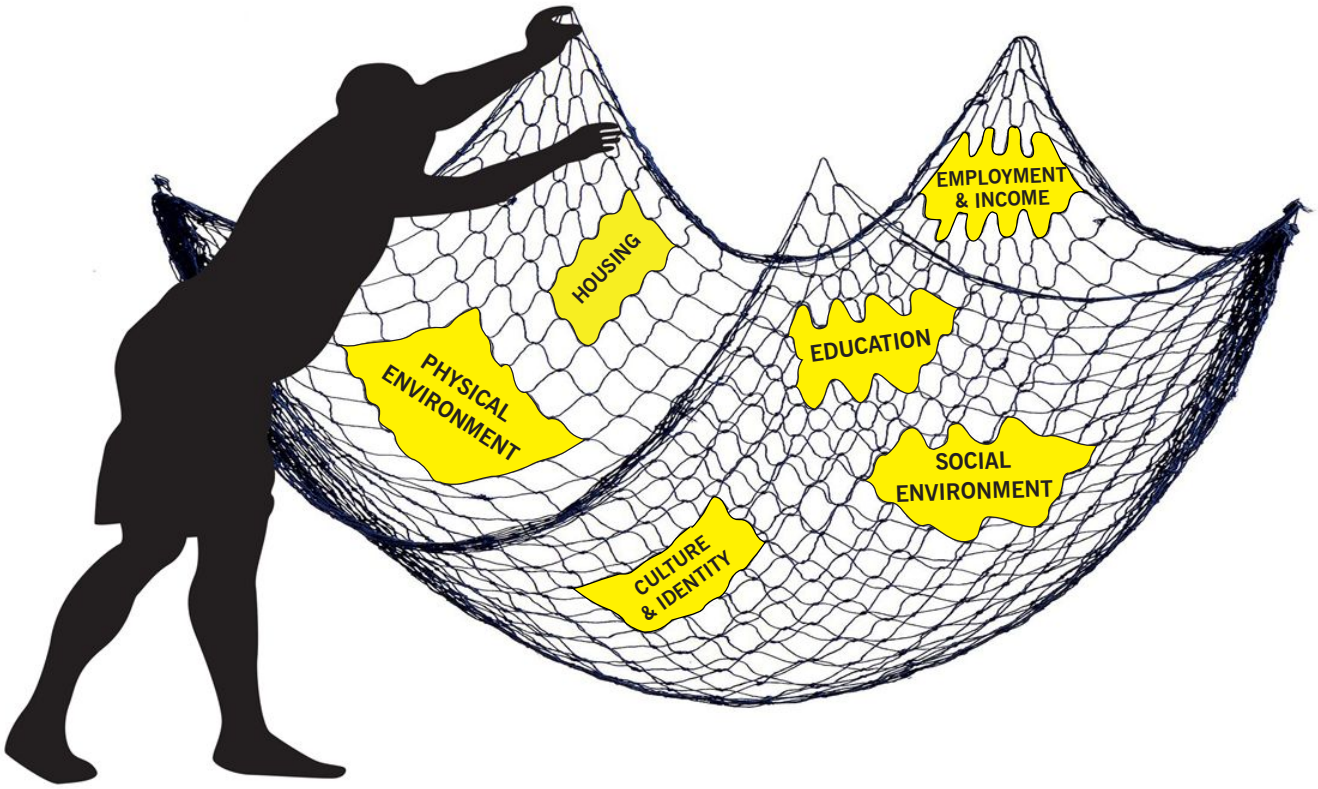
DHBS AS AN EMPLOYER

We have a mandate to create a culturally sensitive work environment that entices and supports employees to feel and be their best. In addition, we can influence creating a work environment that attracts Pacific skilled workforce to want to be a part of.

SO'OSO'O LE UPEGA FRAMEWORK FOR GUIDING THIS PLAN

The plan adopts a well utilised and known Pacific framework to illustrate how the Sub Region is going to work with its partners collectively to achieve better health and wellbeing outcomes for Pacific peoples.. Upega (fishing net) is a Samoan fishing proverb and so'oso'o means connect. So'oso'o le Upega therefore means to connect (so'oso'o) other agencies to health and vice versa so that the Pacific families we serve are being provided the best services that support them addressing issues that have an impact on their health and wellbeing. By being purposeful and intentional in drawing on the knowledge, expertise and understanding of the Pacific communities to partner with the District Health Boards to bring about much needed and sustainable changes across areas of need in the health system.

By utilising this framework, we acknowledge that the cultural wisdom of Pacific peoples still defines and shapes how information is processed, harnessed and acted out. Therefore meaningful and respectful relationships with community are imperative to the design and implementation of this Plan. This ensures that the Pacific communities we serve are not just passive beneficiaries of services but are stewards of their own health care and management.



OUR STRATEGIC PRIORITIES AND MEASURING PROCESS

Our six Strategic Priorities as identified and informed by the Pacific communities are:

1. **Pacific Child Health & Wellbeing**
2. **Pacific Young People**
3. **Pacific Adults & Aging Well**
4. **Pacific Health and Disability Workforce & Pacific Providers**
5. **Social Determinants of Health**
6. **Culturally Responsive & Integrated System**

These strategic priorities and priority actions, activities and performance indicators with accompanying budgets will be embedded into the Annual Plan and existing performance and accountability mechanisms of each District Health Board. Indeed, accountability and responsibility towards reporting against this strategic Pacific health and wellbeing plan and achieving measurable outcomes for Pacific peoples should be the responsibility of all levels of management.

We know we have been successful when we see improvements in the following areas;

Takanga Etau Fohe –
Working together in Harmony will ensure success for our community

Tongan proverb


PRIORITY ONE
Pacific Child
Healthcare
Theme

Our goal is to give Pacific children and their families the best possible start in life AND ensure they meet key childhood developmental milestones through culturally responsive and safe services and support.

RATIONALE

With a fast growing young population, Pacific children, their families and support networks will benefit from early fanau centred health and wellbeing interventions that are culturally sensitive, community determined, partnerships driven and system enabled. The early years, and in particular the first 1,000 days of life is a crucial time and a window of opportunity whereby efforts need to be concentrated to enable the best start to life for our Pacific children.

WHAT THE DATA TELLS US

Latest data tell us that children aged under 15 years, make up 33% of the Wairarapa Pacific population, 29% in the Hutt Valley and 27% for Capital & Coast DHB respectively. And that over 60% of the Pacific population in the Greater Wellington region are now New Zealand born. There have been improvements in health outcomes as evidenced by a decrease in ASH rates for Hutt Pacific and Capital & Coast for Pacific children in the last 5 years. Including increased newborn enrollment with a General Practice and Community Oral health service. Also improvements in immunisation rates, increased percentage receiving WellChild or Tamariki Ora core checks in their first year and B4 School Checks by the time they are four years old.

However, despite improvements in health we are also seeing higher rates of caesarean for Pacific mothers, lower uptake of antenatal or postnatal maternity services, or pregnant Pacific mothers registering and seeing a Lead Maternity carer in their first trimester, increasing complexities due to gestational diabetes and having heavier babies. Pacific children also made up 55% of CCDHB children aged 0-14 years, 33% of the HVDHB and 12% of Wairarapa living in the most deprived areas.

Most of the ASH presentations of Pacific children to hospital were for asthma, dental conditions, gastroenteritis/dehydration, upper respiratory tract infections and cellulitis across the three DHBs. There also remains a disparity in the percentage of Pacific children being caries free by the age of five, higher rates of obesity or overweight and Pacific children turning 1 year old were less likely to have had all their scheduled core checks than children of other ethnicities excluding Maori. For Wairarapa Pacific children, 70% had received all their core checks, 57% of Hutt Pacific and 69% of Capital & Coast Pacific.

Efforts should be focused on the provision of culturally responsive maternal health services that support healthy pregnancies and delivered close to and in people's homes and in the communities. We want to see easy access and better engagement in reproductive, perinatal, antenatal and postnatal services for Pacific mothers.

In addition, we need to progress health services support and care that focus on good nutrition and physical activity, smoking, positive parenting, immunisation, warm homes, mental health and wellbeing of parents are crucial for healthy physical and social development.

Certainly approaches that focus on the strengths of Pacific families with a spotlight on parents, a mothers overall wellbeing, focus on role of grandparents, strengthening communities and empowering families economically, socially and educationally will provide environments and foundations that bring up strong healthy Pacific children. Research and literature affirms that if we focus our efforts on fanau centred approaches that provide support and work with whole families and what they care about in their homes, our young children benefit.

We want the Greater Wellington region to be one of the best places in New Zealand to raise healthy thriving Pacific children. These actions will focus on supporting timely and quality access to health care and advocating and influencing early childhood development initiatives in other sectors like education and social sectors. We will also be specifically focused on working collaboratively to improve access and engagement of Pacific families with

- Primary Health Organisations (PHOs) & Pacific Providers
- Well Child Tamariki Ora (WCTO) Providers
- Addressing causes and issues with Ambulatory Sensitive Hospitalisation
- Mental health and wellbeing
- Cross agency collaborations & integrated partnerships to address social determinants of health
- Childhood obesity focused initiatives
- Good oral health
- Breastfeeding Rates
- Smokefree and Warm healthy homes

Ia ifo le fuiniu i le lapalapa –
As to each coconut leaf belongs to a cluster of young nuts, so each individual belongs to his family

Samoan proverb

GOAL

To give Pacific children and their families the best possible start in life AND ensure they meet key childhood developmental milestones through culturally responsive and safe services and support.

RATIONALE

- With a fast growing young population, Pacific children, their families and support networks will benefit from early fanau centred health and wellbeing interventions that are culturally sensitive, community determined, partnerships driven and system enabled.
- The early years, and in particular the first 2,000 days of life (0-6 years) is a crucial time and a window of opportunity whereby efforts need to be concentrated to enable the best start to life for our Pacific children.

HOW WE WILL MEASURE PROGRESS

We know we are successful when we see:

- A decrease in the number of Pacific women having gestational diabetes during pregnancy.
- Increased uptake of antenatal and postnatal maternity services that are culturally responsive and wrapped around needs of Pacific mothers and children.
- Increased uptake of Immunizations and Vaccinations.
- Improved access and uptake of Pacific mothers, infants and children with disabilities and their families of the right maternity, oral health services and disability support services.
- A decrease in reported Ambulatory Sensitive Hospital Admissions (ASH) rates for Pacific children and adults through improved coordination between community, primary and secondary care providers and other sector partners.
- Increased number of Pacific families accessing warmer drier homes through the Well Homes Healthy Housing initiative.
- Better collaboration between services as evidenced by collective programmes and projects in place.
- Increased knowledge and understanding of parents and caregivers of healthy foods to nourish young children.

ACTIONS

The actions we will take to ensure we achieve the measures:

- Support initiatives that are fanau- centered and reach pregnant mothers, parents, babies and families.
- Leverage existing Well Child services in particular Pacific specific Well Child Services and partnerships and build up these providers to reach the most vulnerable families.
- Advocate with the appropriate stakeholders to promote safe environments for bringing up Pacific children including warm homes, good nutrition, safe sleeping, reducing smoking and alcohol consumption.
- Work with relevant stakeholders to have a collective response and campaign for increased and timely immunizations for Pacific children.
- Work closely with Bee Healthy Regional Screening Services and key stakeholders on projects that focus on improving coverage of screening and preventative oral health.
- Advocate and Support initiatives that address Family violence and work with relevant stakeholders.
- Strengthened approach to cross agency partnerships to address timely access to maternity services and birthing options.
- Support programmes that help increase the rates and duration of breastfeeding for Pacific babies.


PRIORITY TWO
Pacific Young People

Pacific young people have timely access to services and programmes that enables them to grow into healthy adults and lead productive lives.

RATIONALE

Pacific young people growing up in the Greater Wellington region are contributing positively to their families and society and are progressing well in many areas. However with the majority now classified as New Zealand born and identifying with more than one ethnicity, our Pacific young people still face issues that previous generations may not have experienced due to exponential social, technological, economic, cultural and educational changes over the years.

WHAT THE DATA TELLS US

Various school based health services are provided in low decile colleges, Teen parent units and alternative education centres delivered by Regional Public Health, VIBE, Evolve and some specific DHBs health services across the region. Doctors and Nurses provide students with advice, treatment and referrals to other services on problems including general health, sexual health, and mental health. They also provide routine Health assessments to Year 9 students. Based on the most recent data available for the 2017 calendar year, in Wairarapa 27 Pacific students were seen by School based health services (79% of eligible students) and had on average 2 visits. Hutt Valley School Based health nurses saw 133 Pacific students (28% of eligible students) who had on average 2 visits. 100 Pacific Year 9 students in Hutt Valley received a routine health assessment. Capital & Coast School based health nurses saw 589 Pacific students (94% of eligible students) who had on average almost 2 visits.

Even though we see improvements and the availability of youth centred health services and programmes targeted to our young people in schools, we are seeing a rise in mental health issues, suicide attempts, sexually transmitted infections, smoking, preventable injuries, obesity and family violence. Our young people identified during the consultations the close link between mental health issues and the result of identity crises, poverty, lack of cultural sensitive health care models, stigmatisation and discrimination.

Tackling the risk factors associated with these issues alongside sufficient investment to advancing progress made in some areas and investment in new and innovative ways to support our young people to thrive is our goal. Particularly given that across the Greater Wellington region in the next 10 years most of the Pacific growth will be in the age groups 15-29 years a 8% increase.[4]

We know that youth is a key transitional period in the life of a young person where they make decisions around relationships, career pathways, and responsibilities alongside rapid brain and body transformations. Research and the data tells us that enabling environments that foster healthy behaviours, resilience and confidence of young people puts them in good stead to transition into adulthood. The research and data also tells us that Pacific young people still face obstacles more so than other ethnicities due to socio-economic and educational disadvantage, inter-generational suffering and prejudice to name a few. We heard from our young people that they want to contribute to policies and programs that impact on them given the right support and opportunities to do so. Sport, music and the Arts are some of the areas they identified as having a significant impact in promoting a sense of wellbeing for them.

In light of this, the following actions will be taken to ensure we are supporting Pacific young people to strengthen their resilience, address mental health and wellbeing, establish the right support networks, and improve sense of belonging, problem solving skills, strong connection to culture and family.

4. 3DHB Pacific Plan Data sets 2019.

GOAL

Pacific young people have timely access to services and programmes that enable them to grow into healthy adults and lead productive lives.

RATIONALE

Pacific young people growing up in the Wellington sub region are contributing positively to their families and society and are progressing well in many areas. However, with the majority now classified as New Zealand born and identifying with more than one ethnicity, our Pacific young people still face issues that previous generations may not have experienced due to exponential social, technological, economic, cultural and educational changes over the years.

HOW WE WILL MEASURE PROGRESS

We know we are successful when we see:

- Number of collaborative and inter-sectoral activities and partnerships in place that provide services directly to Pacific young people.
- Increased number of Pacific young people and those with disabilities accessing the right healthy lifestyle programmes and other health services.
- Increased number of Pacific young people engaging with programmes and initiatives such as the Piki free youth Mental Health services, YouthQuake, community driven mental health programmes and others.
- Reduced numbers of young people hospitalized with avoidable hospital admissions.
- Number of collaborations with identified Colleges and High Schools to promote health as a career but also to collaborate on health promotion initiatives driven by Pacific young people.

ACTIONS

The actions we will take to ensure we achieve the measures:

- Support and strengthen initiatives that encourage young Pacific people to adopt healthy lifestyles, make informed choices about sexual health, smoking, and risk-taking behaviors.
- Accelerate strategies and innovations that focus on Pacific young people's mental health, self-harm and violence.
- Leverage Technology to promote health messages and campaigns to reach Pacific young people.
- Strengthen and promote partnerships with youth specific health, social and educational service providers.
- Implement initiatives that strengthen pride in culture and identity.
- Implement leadership programmes that encourage the participation of Pacific young people in dialogue and decision-making opportunities and activities to enhance their health.


PRIORITY THREE
Pacific Adults Are Well

Pacific adults and elders are actively engaged in their health care, live productive, active, culturally secure and quality long lives.

RATIONALE

Healthy Pacific adults and elders contribute positively to their families, churches, work places and society overall. Our Pacific elders play a crucial role as the custodians of traditional wisdom to help sustain cultural traditions, languages and practices, through passing on of knowledge, customs and generational blessings across generations. They are cultural champions that need to be engaged to ensure appropriate cultural approaches to health and wellbeing are utilised.

A social wellbeing survey undertaken by Statistics New Zealand in 2017 highlighted that Pacific adults reported higher levels of wellbeing despite challenging socio-economic situations. The life expectancy of Pacific adults has also increased showing that Pacific adults and elders are living an extra 7-8 years when compared to 20 years ago.

WHAT THE DATA TELLS US

Data across the two Primary health organisations and the three DHBs in the Greater Wellington region show that Pacific people have high rates of healthcare utilisation, accessing their General Practices 3.5 times more than others.

Pacific adults and elders continue to be high users of health services, and are still more likely to suffer and die prematurely from chronic diseases such as diabetes, heart disease, respiratory illnesses, strokes, cancer, obesity and high rates of avoidable ambulatory hospital admissions compared to others. Based on the NZ Health survey standardised rates, 92% of Pacific adults in Capital & Coast are overweight or obese and 89% of Hutt Valley Pacific. This is similar to all Pacific in New Zealand.

Amendable mortality rates for Pacific are also high particularly for people under the age of 75 due to causes that could have been prevented through treatment or better safety precautions. The causes of death include injuries, suicide, cancer and cardiovascular disease. Over the 5 years from 2011-2015, there were 176 deaths in Capital & Coast Pacific people and 71 Pacific Hutt Valley that could have been prevented. The standardised rate of amenable mortality is higher for Pacific than non-Maori non Pacific people in Capital & Coast and Hutt Valley.

Based on coroner's information on suspected suicides, over the four years from 2014/15 to 2018/19, 5% of Hutt Valley deaths were Pacific people, 7% of Capital & Coast and none of the deaths in Wairarapa were Pacific people.

There is also an increasing trend of individuals suffering from multiple chronic conditions and this impacts on the quality of life of the individual and family due to complications from having more than one long term condition. This is despite improvements in treatments, management and access to clinical care services, wrap around programs and services that support and encourage the adoption of healthy lifestyles and focus on addressing social determinants of health.

Therefore we need to provide holistic and appropriate health promotion, prevention efforts and education to improve health literacy of Pacific adults and elders. We want to make sure that Pacific adults and elders are aging well and accessing the appropriate services including aged care facilities, palliative care services maximise their independence and reducing burden of health problems and disabilities.

Fakamalolo ke he tau amaamanakiaga, ke mafola ai e tau matakainaga –
Strengthen all endeavors and the community will benefit

Niue proverb

GOAL

Pacific adults and elderly are actively engaged in their health care, live productive, active, culturally secure and quality long lives.

RATIONALE

Healthy Pacific adults and elderly engage positively with their families, churches, work places and communities. Our Pacific elders play a crucial role as the custodians of traditional wisdom to help sustain cultural traditions, languages and practices, through passing on of knowledge, customs across generations. They are cultural champions that need to be engaged to provide appropriate cultural advice to health and wellbeing.

HOW WE WILL MEASURE PROGRESS

We know we are successful when we see:

- Improved access to primary, secondary and tertiary health care that is closer to home.
- Increased access to faster treatment pathways.
- Increased access early screening rates to faster treatment and for cancer such as;
    - Bowel, Breast and Cervical screening programmes,
    - uptake of diabetes checks and early intervention programs for diabetes,
    - cardiovascular,
    - respiratory,
    - smoking and high blood pressure
- Increased uptake of healthy lifestyle programmes, knowledge and early prevention of Long Term Conditions.
- Increased access to medications and Pharmaceuticals by decreasing the number of prescriptions unfilled due to cost.
- Ensure new funding in early intervention and culturally appropriate mental health services meets the needs of Pacific people.
- Reduced ASH rates and Pacific people admitted to hospital due to complications from chronic conditions.

ACTIONS

The actions we will take to ensure we achieve the measures:

- Implement early prevention, health education and promotion programmes that draw on Pacific traditional wisdom, languages and cultural strengths to address risk factors and treatment.
- Work in partnership with key stakeholders to increase and encourage participation in early screening programs (cervical, bowel, breast and other cancers) AND cessation support (smoking and drugs).
- Work closely with Allied Health providers and specialists to provide community clinics.
- Continue to fund the important ‘Catalyst’ Pacific radio programme and develop comprehensive social media campaigns to promote key messages and health information in the different Pacific languages. This will help raise awareness and support Pacific people to make the right lifestyle changes.
- Strengthen healthy aging initiatives and optimise on opportunities to support Pacific elderly live quality lives in their homes.
- Effectively integrate and socialise the idea of Advanced Care Planning with Pacific families and communities.
- Continue to complement system-wide health service delivery with targeted activities specifically aimed at chronic disease treatment and prevention.
- Continue to identify change levers in programme and service design which will make the greatest impact on a given health condition including cultural competency training for non-Pacific workforce that support Pacific people.


PRIORITY FOUR
Pacific Health
Workforce
& Pacific
Providers
and NGOs

The Pacific health workforce and Providers have the capabilities, resourcing, aspirations, organisational structures, professional opportunities and potential to lead, support and contribute to achieving positive health and wellbeing outcomes for Pacific people.

RATIONALE

The importance of building and maintaining a qualified Pacific health and disability workforce alongside investment in strengthening Pacific Providers is crucial to closing the gap in addressing the health inequalities that exist for Pacific people. A qualified Pacific health workforce with cultural understanding and who are well versed in the cultural nuances of Pacific people will improve and strengthen our ability to provide culturally responsive health system that benefits the communities we serve to engage them to become good and better stewards of their own health and wellbeing.

We want to ensure our current and future workforce is diverse and have the right skills and qualifications to deliver and provide continued improvement across all parts of the health sector. In addition, funding investments and commissioning of services are directed and help build up Pacific Providers with proven success in providing services that meet the needs of Pacific peoples.

Investing resources and funding into growing the Pacific health and disability workforce & Providers will enable the District Health Boards to close the gap and make a difference in achieving optimum health is achieved for vulnerable groups such as Pacific in the Greater Wellington region.

WHAT THE DATA TELLS US

The Central Region District Health Boards Pacific Workforce Report as at 30 June 2019 identified that across the Wellington Sub Region, the Pacific workforce was spread across with the highest reported proportion of Pacific peoples in the Care and support occupation group with 20% in CCDHB, 2% in HVDHB and 0% in WrDHB. Followed by those working in Corporate, Admin and other, Nursing and with the lowest proportions in Midwives, Resident and Senior Medical Officers.

Across the Central Region, the proportion of Pacific staff with more than two years of accrued annual leave was typically lower than the proportion of all employees with this level of accrued leave, with no Pacific staff in the Midwifery, Resident Medical Officer or Senior Medical Officer Occupation groups reportedly accruing more than two years of annual leave. A cause for concern was the reported number of sick leave hours taken in April-June 2019, as a proportion of total paid hours, was typically higher for Pacific employees than the rate across all DHB employees.

The exceptions are the Midwifery and Resident and Senior Medical Officer Occupation groups, but this may be linked to the low numbers of Pacific employees in these occupation groups.

One of the limitations is that the data sets obtained does not include the Pacific workforce in primary and community health care. The DHBs workforce has also have an aging Pacific Health workforce

Certainly in the Greater Wellington region the forecast for the Pacific population is that there will be persistent inequities, increased demand on health services, increased social isolation with volumes of older people with complex health and social needs.

5. TAS Central Region District Health Boards Dashboard Pacific Workforce Report June 2019.

Hence a strong focus should be on investing now and making it a priority to grow the Pacific health workforce to meet the impact and increase in demand of the changing Pacific demographics and support an aging workforce who are small in numbers and are feeling the weight of supporting older people with long term conditions and other health issues affecting our Pacific populations.

Pacific Providers and NGOs in the community are small, we aim to support them by building their capacity further at all levels to collaborate (especially with other providers) as a key way to improve the range, access and cultural appropriateness of services to Pacific communities.

E rima te'arapaki te aro'a, te ko'uko'u te utuutu, 'laku nei –
Under the protection of caring hands there's a feeling of love and affection

Cook Island proverb

GOAL

The Pacific health workforce and Providers have the capabilities, resourcing, aspirations, organisational structures, professional opportunities and potential to lead, support and contribute to achieving positive health and wellbeing outcomes for Pacific people.

RATIONALE

Investing resources and funding into growing the Pacific health and disability workforce & Providers will enable the District Health Boards to close the gap and make a difference in achieving optimum health is achieved for vulnerable groups such as Pacific in the Wellington sub-region.

HOW WE WILL MEASURE PROGRESS

We know we are successful when we see:

- Increased number of Pacific skilled workforce being interviewed for positions and employed within the District Health Boards in different areas.
- Commissioning and contracting processes within the DHBs ensure Pacific providers are utilized and resourced to support primary and secondary care to reach and serve Pacific peoples.
- Stronger collaborations and shared workstreams with Pacific health workforce community organisations e.g. Tausi Soifua Samoa Nurses Association, Tongan Nurses
- Association, Tokelau Nurses, Pacific Social Workers Association, Pacific Pharmacy Association, to provide mentoring & scholarship support not only to students undertaking nursing and social work studies.
- Strong pathways in place for mentoring and leadership trainings for the current workforce.
- Support is in place in terms of with Technology and backroom admin support to our Pacific providers and NGOs as required.

ACTIONS

The actions we will take to ensure we achieve the measures:

- Increasing and attracting our Pacific human capital by targeting students via formal education settings, such as secondary schools to tertiary institutions. This pipeline needs to be socialised as well with the education sector. Explore and invest in cadetship programmes.
- Build effective pathways from schools to promote careers in health and focus on students, to transition with ease into higher education and professional institutions.
- Influence HR recruitment policies and processes across the 3DHBs to improve Pacific employment opportunities including increasing number of Pacific on shortlisting, interview panels, Steering groups and governance.
- Focus on overseas/island trained health professionals with overseas training and qualifications and the pathways to get them qualified in the NZ health system.
- Continue to fund and support improvement of “Pacific by Pacific” Pacific Health Service providers in the community and recognise the crucial part they play within the health system and the achievement of health outcomes.


PRIORITY FIVE
Social Determinants of Health

A health system in the Wellington sub-region that is aligned and better connected to housing, education, employment, social services and other sectors to address environmental, social and economic inequities to achieve better health outcomes for Pacific peoples.

Culturally sensitive models of care are utilised and integrated into health care deliver, education and promotional strategies to enable the best possible mental health and wellbeing for pacific peoples.

RATIONALE

The health and wellbeing of our Pacific communities is heavily influenced by the underlying social determinants of health. These include, housing and employment, health behaviours, clinical care and the physical environment.

WHAT THE DATA TELLS US

A higher proportion of Pacific people are living in more deprived areas according to the NZ Deprivation Index. Based on the 2013 Census population, 51% of Capital & Coast Pacific people were living in the most deprived areas, 40% of Hutt Pacific people and 36% of Wairarapa Pacific people.

Research suggests that only about 20 percent of a person's health is determined by access to health care. The other 80 percent is determined by health behaviours and the social and environmental conditions where they live, work and play. The feedback from our Pacific people provided valuable insight on how the social determinants of health were impacting on their health and wellbeing. Most importantly, the feedback highlighted what we need to prioritise to improve the health and wellbeing of our Pacific Peoples across Wellington, the Hutt Valley and Wairarapa.

It is well known that income is associated with health and wellbeing. Families on low incomes may struggle to pay all their bills, which can cause stress and tension within a family. The rise in housing costs in recent years, in particular, has put many families under financial strain – with a significant proportion of their income having to be spent on rents or mortgages. This may mean they are unlikely to afford items and activities that can have a positive impact on health and wellbeing.

These may include, for example:

- healthy foods, like fruits, vegetables and milk
- team sports and other outdoor activities
- school outings and events
- joining and participating in local cultural or religious groups, hobby groups, or clubs
- appropriate clothing and bedding
- travel or holidays
- electricity for heating
- household items to help keep homes warm and dry, like heaters, curtains, draft stoppers and insulation

Of course, low income will also impact on a family's ability to pay for health care, including regular check-ups and care when they are unwell.

Employment helps to raise a family's income, which can help pay for activities and items that improve health and wellbeing. However, employment can take a parent's time away from their family – especially if they are having to work more than one job, or work at nights and weekends, to make ends meet. Time away from their family while working can also have a negative impact on wellbeing.

6. https://www.health.govt.nz/publication/health-and-independence-report-2017

Many Pacific families told us that both employment and income affect their health and wellbeing in different ways. Often, both the mum and dad were working and the family still did not have enough money coming in to meet all their ongoing bills and household costs. Sometimes the mum or dad had more than more job and were working different shifts and at weekends. Young Pacific people would also often be working to help support their family. Some said that they would often settle for less when interviewing for jobs.

We were also told that many Pacific people are not aware of the Government support available. When they do seek support, many felt the process was administratively burdensome, intrusive, and took away their dignity. The process involved too much paperwork and forms, and having to 'prove' they had low incomes. We were told that many Pacific people felt judged and humiliated by the process.

Income support was especially needed for Pacific families after a baby is born, for the first 12 months of the infant's life. During this time finances are particularly stretched because the family will lose the income of one parent. Additional income during this time would also relief financial stress and help the family provide support the baby during this critical period in a baby's life.

As expected, we were told that low income affects the ability of Pacific people to access health care. They told us that many Pacific people are not having regular check-ups with their general practice due to the health and medical costs.

GOAL

A health system that is aligned to housing, education, employment, social services and other sectors to address inequities AND achieve better health outcomes for Pacific peoples.

RATIONALE

The health and wellbeing of our Pacific communities is heavily influenced by the underlying social determinants of health. These include, housing and employment, health behaviours, clinical care and the physical environment.

HOW WE WILL MEASURE PROGRESS

We know we are successful when we see:

- Improved housing conditions for Pacific people in the Sub Region.
- Increased number of Pacific families accessing warmer, drier homes through Well Homes.
- Reductions in reported police investigations of family violence involving Pacific families.
- Improved access rates to ECE for Pacific children.

ACTIONS

The actions we will take to ensure we achieve the measures:

- Strengthening partnerships and work in collaboration with housing organisations, Ministry of Social Development, Ministry of Pacific Peoples, Ministry of Education, Pasifika Future, Local councils and other sectors and leverage off programmes such as Pasifika PowerUP Education programmes and Living wage.
- Explore, strengthen and build on existing working relationships with the following to help inform Pacific people about the support that is available to them and help make their processes for applying for support easier and more user-friendly.
    - Ministry of Social Development – in relation to accessing benefits, housing, income support, disability allowances.
    - Ministry of Education – access to ECE, improved literacy, retention rates, pass rates NCEA and increased number of Pacific students.
    - Ministry of Justice & Police – improve response and prevention of family violence, safe guarding children and women.
- Promote the Well Homes service to Pacific families and services, which helps families' access housing interventions such as insulation, heating, curtain banks, beds, bedding, and carpets.
- Work closely with Local Councils, Housing NZ and key stakeholders to advocate and influence decision making that will improve healthy housing for Pacific people.
- Advocate for free or cheaper visits to general practice and prescriptions for 15-18 year olds, especially for large families with three or more children.


PRIORITY SIX
Culturally
Respo
&
Health

A culturally responsive and respectful health care system across the Wellington sub-region secondary/ hospital care, specialist services, and aged care that meet the needs of Pacific peoples and are delivered close to home.

RATIONALE

Culture for Pacific peoples plays a significant role in their decisions on how, where, when and why they should seek and engage with health services, acceptance of treatment protocols, adherence to treatment and follow up of appointments, as well as the ability to trust and be confident in the system.

Therefore, a culturally responsive and integrated system, culturally competent workforce will lead to more effective health service delivery that achieves equitable and better health outcomes for Pacific peoples. It will improve patient experiences and health outcomes.

We know that effective integration of services that wrap around a person's needs rather than service needs will enhance patient experience, achieve better and seamless care.

By working collectively across all areas clinical and non-clinical within the health system and various settings of care, we are improving the flow of information, continuity of care, and building strong and effective relationships and partnerships which are essential to integrated services and design.

Soli tu ena Yalo Loloma kei na Dina – Gifted in the Spirit of Love and Truth

Fijian proverb

GOAL

A culturally responsive and respectful health care system across the Wellington sub-region secondary/hospital care, specialist services, and aged care that meet the needs of Pacific peoples and are delivered close to home.

RATIONALE

Culture for Pacific peoples plays a significant role in their decisions on how, where, when and why they should seek and engage with health services, acceptance of treatment protocols, adherence to treatment and follow up of appointments, as well as the ability to trust and be confident in the system.

HOW WE WILL MEASURE PROGRESS

We know we are successful when we see:

- Increased used of culturally appropriate Digital tools to improve the number of specialist and health care services closer to home and out in the community
- Strengthen connection and support of Pacific providers to mainstream services for example Health Care Homes and Community Integration projects in primary care.
- Number of Mandatory Cultural Competency trainings rolled out across Secondary and Primary care services.
- Scale up support for Integration projects that are working and across the Sub-region Establish a Pacific specific sub regional health pathways for the 3D Health Pathways programme.

ACTIONS

The actions we will take to ensure we achieve the measures:

- Develop and Implement a Sub-regional Cultural Competency Framework, Checklist and Training Package that nurtures a culturally responsive work environment and improve capacity of the health workforce to deliver culturally sensitive services.
- Build accountability and leadership for Pacific health outcomes by embedding accountability at all levels of management within the DHBs and also reporting requirements on health impact of Pacific across services.
- Strengthen and support Pacific Health Providers and align their work with General Practices and hospital services in particular with a focus on Health Care Homes and Integrated family health centres in primary care and the community.
- Establish a mechanism for collaborative operational planning, strategy development and service design across the 3DHB Pacific directorates.
- Develop opportunities for regular consultations with Pacific communities to establish and hear views about healthcare delivery.
- Embed Pacific cultural training as a key component of new employees orientation programme.
- Ensure an Interpreter is available, appropriate are available for clients, translation of materials.
- Continue to support integrated programmes in primary care and hospital/specialist services focussed on early identification, treatment and support for individuals with risk factors such as the Community Integration initiative.
- Maintaining trusted relationships within the Pacific community such as Churches and with providers.

APPENDIX
3DHB PACIFIC PLAN 2019 DATA

POPULATION

An estimated 35,165 Pacific people live in the three DHB area in 2019/20, 22,320 in Capital & Coast, 11,900 in Hutt Valley and 945 in Wairarapa. Hutt Valley DHB has the highest percentage of Pacific people representing 8% of the total DHB population. Pacific people are 7% of the Capital & Coast population and 2% of Wairarapa.

Number of Pacific people in 2019/20

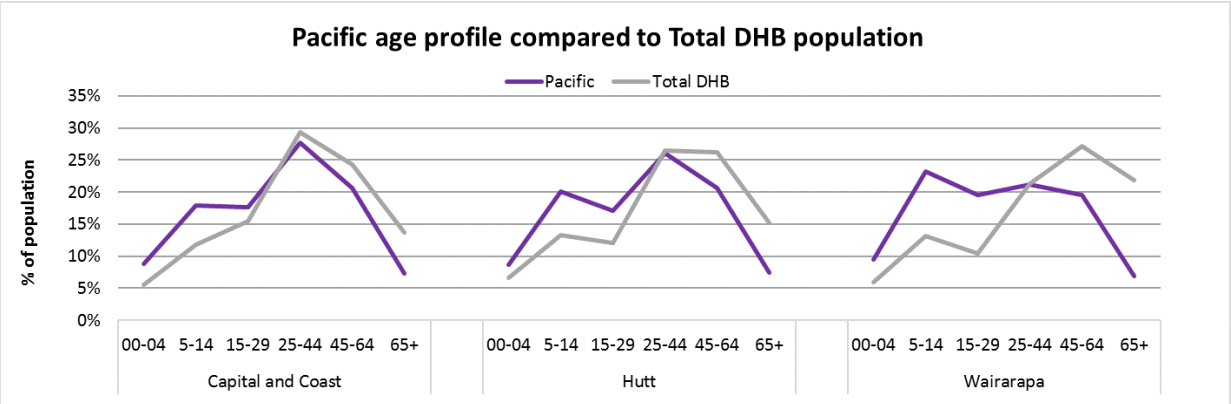
DHB	Number of Pacific People	% of total DHB population
Capital & Coast	22,320	7%
Hutt Valley	11,900	8%
Wairarapa	945	2%
Total subregional population	35,165	7%

StatsNZ Population estimate 2018

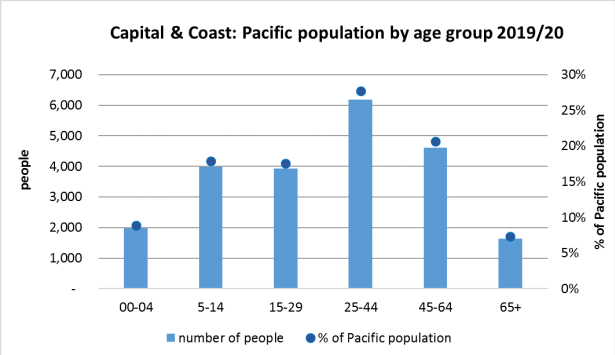
AGE PROFILE OF PACIFIC

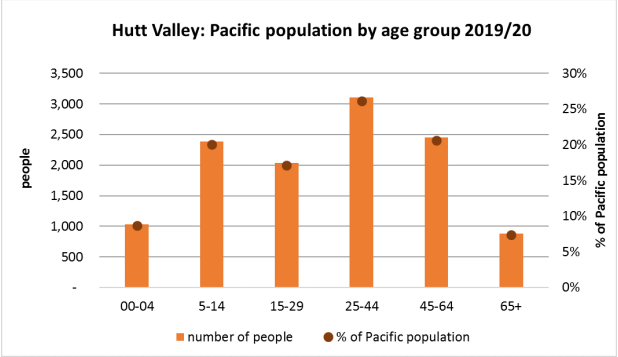
Pacific are a much younger population than the Total DHB population. In 2019/20 Children aged under 15 years, make up 33% of the Wairarapa Pacific population compared to 19% of the total DHB population. For Hutt Valley, children under 15 years make up 29% of the Pacific population, whereas they make up 20% of to the total population. For Capital & Coast, children under 15 years make up 27% of the Pacific population, whereas they make up 20% of the total population. Whereas, people aged 65 and over made up only 7% of the Pacific population in each DHB which was much lower than proportion in the total population.

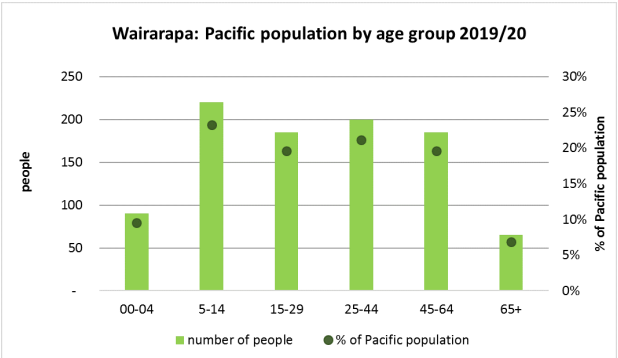
Age profile % breakdown of Pacific population in 2019/20 compared to total DHB



Pacific population by age group 2019/20 and the percentage of Pacific people in each age group

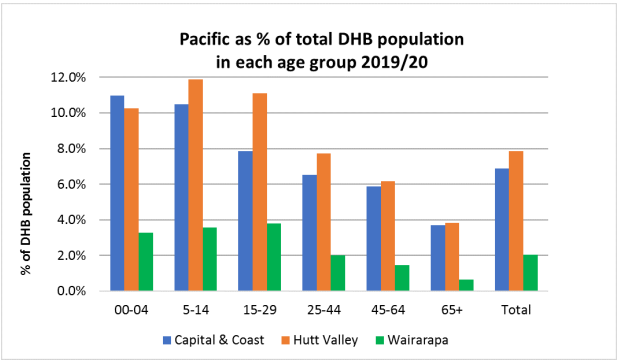






Although Pacific make up 7-8% of the total population of Hutt Valley and Capital & Coast DHBs, Pacific make up a higher proportion of the DHBs' children and young people because they are a younger population. Of the children aged under 15, Pacific make up more than 10% of the Hutt Valley and Capital & Coast population. For Wairarapa, Pacific children under 15 make up 3.5% of the population in that age group.

Pacific population as percentage of total DHB population in each age group 2019/20



FUTURE POPULATION GROWTH

In the next five years, the Pacific population is expected to grow in all 3 DHBs. Capital & Coast Pacific population is expected to grow by 680 people (3%) by 2024/25, Hutt Valley by 450 people (3.8%) and Wairarapa by 50 people (5%).

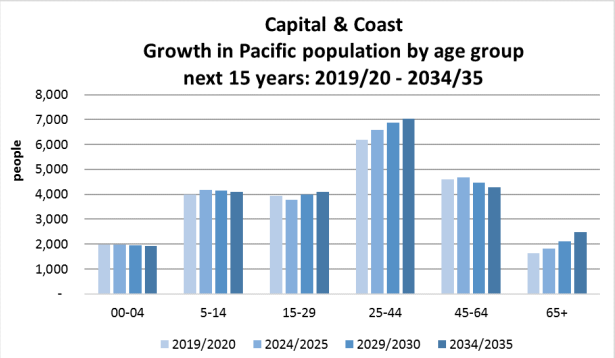
Pacific population growth in next 5 years 2024/2025

DHB	2019/2020	2024/2025	Growth in people in next 5 years	% growth in next 5 years
Capital & Coast	22,320	23,000	680	3.0%
Hutt Valley	11,900	12,350	450	3.8%
Wairarapa	945	995	50	5.3%

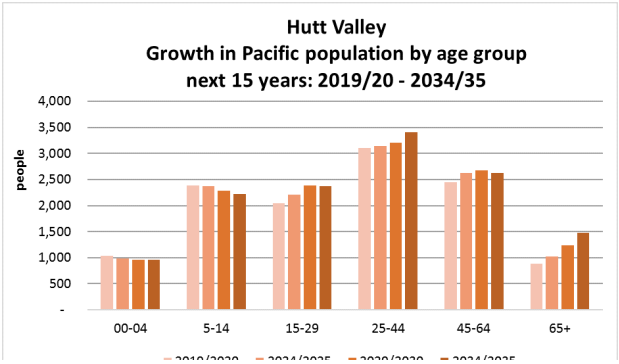
FUTURE POPULATION GROWTH

In the next five years, the Pacific population is expected to grow in all 3 DHBs. Capital & Coast Pacific population is expected to grow by 680 people (3%) by 2024/25, Hutt Valley by 450 people (3.8%) and Wairarapa by 50 people (5%).

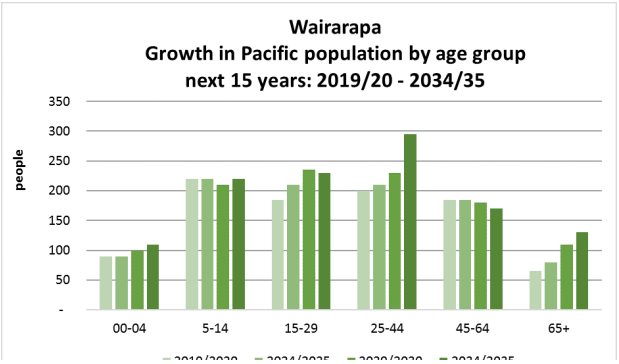
Pacific population growth in next 5 years 2024/2025



Most of the Hutt Valley growth in the next 15 years will be in the age groups 15-29, 25-44 and 65+. In the next 5 years, Pacific aged 15-29 are expected to grow by 170 people (8%) and Pacific aged 65+ will grow by 140 people (16%).



Most of the Wairarapa growth in the next 15 years will be in the age groups 15-29, 25-44 and 65+. In the next 5 years, Pacific aged 15-29 are expected to grow by 25 people (14%) and Pacific aged 65+ will grow by 15people (13%).



Pacific population in 2019/20 aged under 25 (5 year age groups)

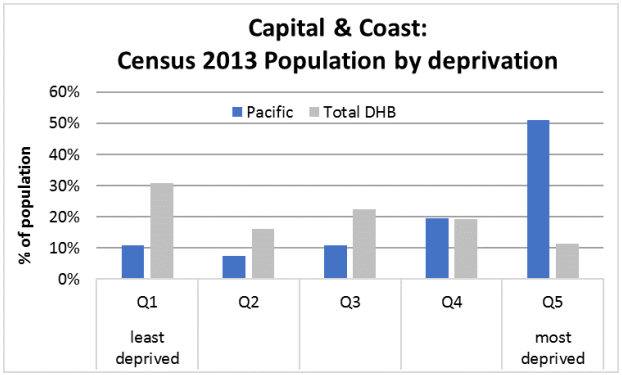
	Capital & Coast	Hutt	Wairarapa
00 - 04	1980	1030	90
05 - 09	2060	1160	110
10 - 14	1930	1230	110
15 - 19	1910	1070	110
20 - 24	2020	970	75
Total	**9900**	**5460**	**495**

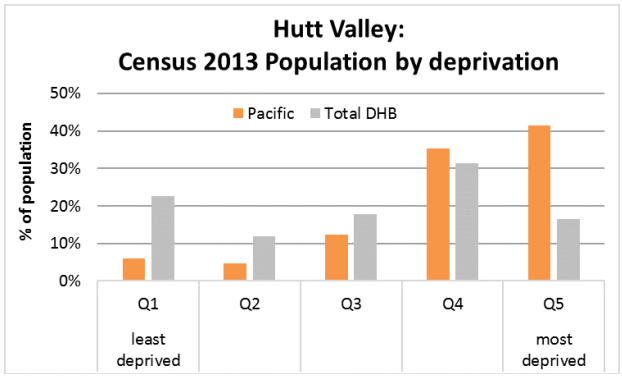
POPULATIONBY DEPRIVATION INDEX 2013

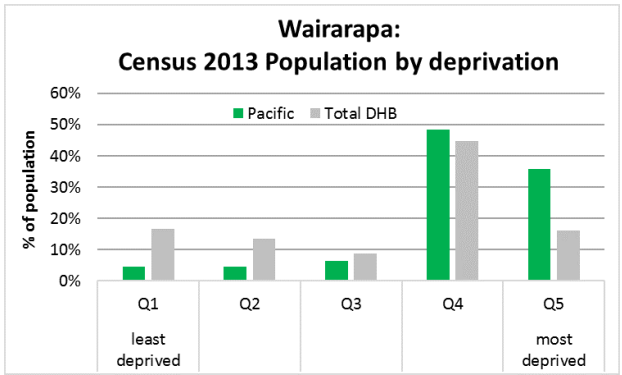
A higher proportion of Pacific people are living in more deprived areas according to the NZ Deprivation Index 2013. The NZ Deprivation Index is based on variables that reflect socioeconomic factors that have significant influence on health such as income, employment, home ownership, and overcrowding.[1] Based on the 2013 Census population, 51% of Capital & Coast Pacific people were living in the most deprived areas, 40% of Hutt Pacific people and 36% of Wairarapa Pacific people.

57% of Capital & Coast Pacific adults aged 65 and over were living in the most deprived areas. 47% of Hutt Pacific adults aged 65 and over and 50% of Wairarapa Pacific aged 65 and over were living in the most deprived areas.

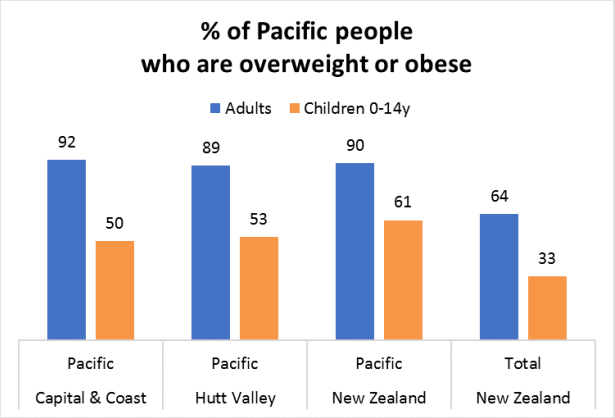
Pacific children made up 55% of Capital & Coast children aged 0-14 living in the most deprived areas. Pacific children made up 33% of Hutt children aged 0-14 living in the most deprived areas. Pacific children made up 12% of Wairarapa children aged 0-14 living in the most deprived areas.



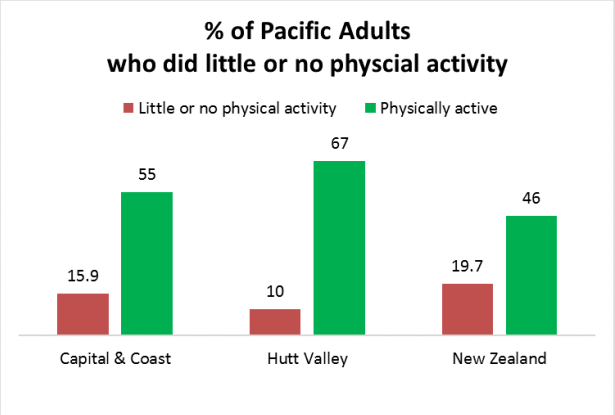




RISK FACTORS
Obesity & Physical activity

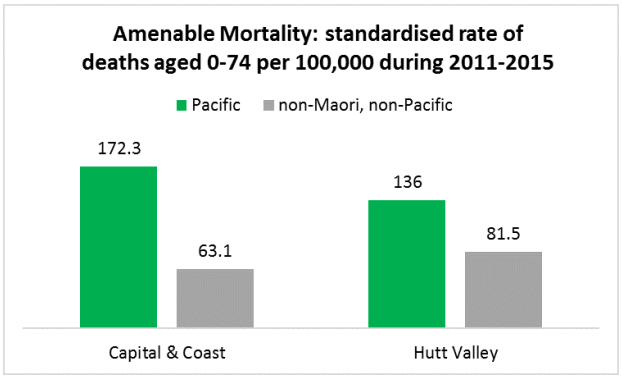


Based on the NZ Health survey standardised rates, 92% of Pacific adults in Capital & Coast are overweight or obese and 89% of Hutt Valley Pacific. This is similar to all Pacific in New Zealand. Around half of Pacific children aged 0-14 years are overweight or obese in Hutt Valley and Capital & Coast, which is less than all Pacific in New Zealand.



Based on the NZ Health survey standardised rates, 67% Hutt Valley Pacific adults are physically active while 10% did little or no physical activity. In Capital & Coast, 55% of Pacific Adults were physically active while 16% did little or no physical activity.

HEALTH OUTCOMES
Amenable Mortality



Amenable mortality refers to deaths in people under the age of 75 due to causes that could have been prevented through treatment or better safety precautions. The causes of death include injuries, suicide, cancer and cardiovascular disease. Over the 5 years from 2011-2015, there were 176 deaths in Capital & Coast Pacific people and 71 Pacific Hutt Valley that could have been prevented. The standardised rate of amenable mortality is higher for Pacific than non Maori non Pacific people in Capital & Coast and Hutt Valley.

Based on coroner's information on suspected suicides, over the four years from 2014/15 to 2018/19, 5% of Hutt Valley deaths were Pacific people, 7% of Capital & Coast and none of the deaths in Wairarapa were Pacific people.

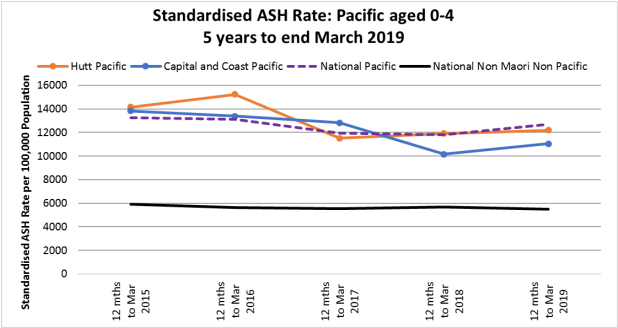
1. https://www.otago.ac.nz/wellington/departments/publichealth/research/hirp/otago020194.html
https://www.otago.ac.nz/wellington/otago069936.pdf - page 8 - list of variables

HEALTH OUTCOMES: HOSPITALISATIONS

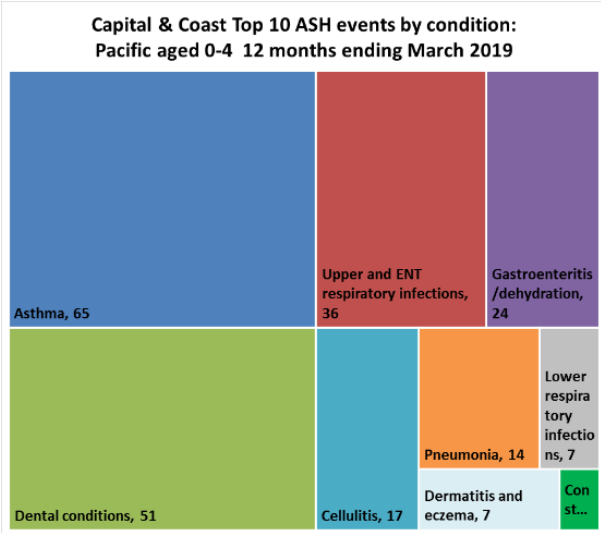
Ambulatory Sensitive Hospitalisations (ASH)

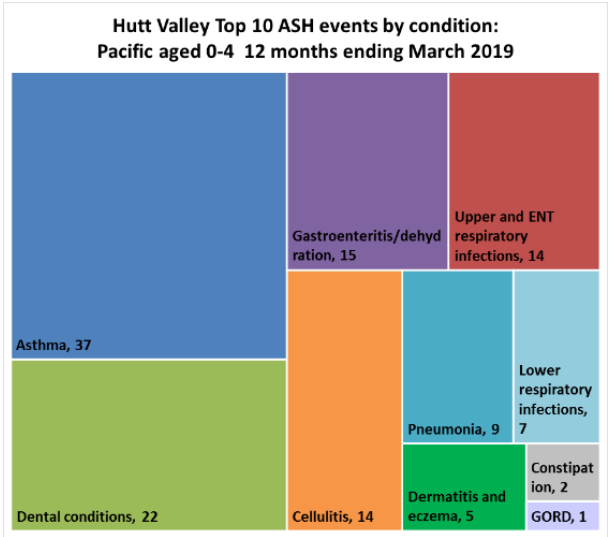
Ambulatory Sensitive Hospitalisations (ASH) are certain conditions where the hospital admission could have been prevented if the person had received appropriate care earlier in community services. The Ministry uses ASH rates as a measure of how the DHB system as a whole is working for the population in preventive and proactive care. The Ministry reports on the rate of children aged 0-4 and adults aged 45-64 who have an ASH event at any hospital including those outside the DHB the person lives in. The Ministry does not report rates for Wairarapa as the Pacific population is too small and with a smaller number of events the data could be identifiable.

Hutt Pacific and Capital & Coast ASH rates for Pacific children have decreased in the last 5 years but are still much higher than the National rate for children of Other ethnicities (non-Maori non-Pacific). Rates for Hutt Pacific children were 2.2 times higher than the rates for National Non Maori non Pacific children in the year ending March 2019. Rates for Capital & Coast Pacific children were 2.0 times higher than the rates for National Non Maori non Pacific children.

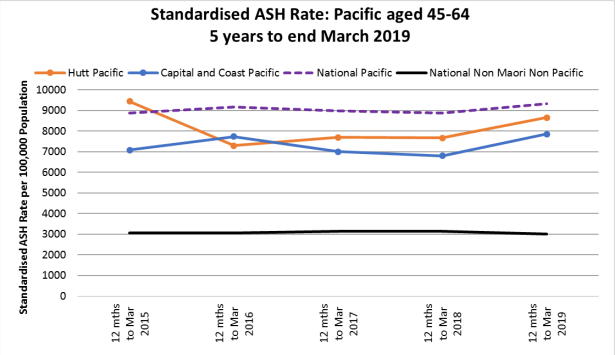


Most of the ASH events in the 12 months ending March 2109 for Hutt and Capital & Coast Pacific children were for Asthma, Dental conditions, gastroenteritis/dehydration, Upper respiratory tract infections and Cellulitis.

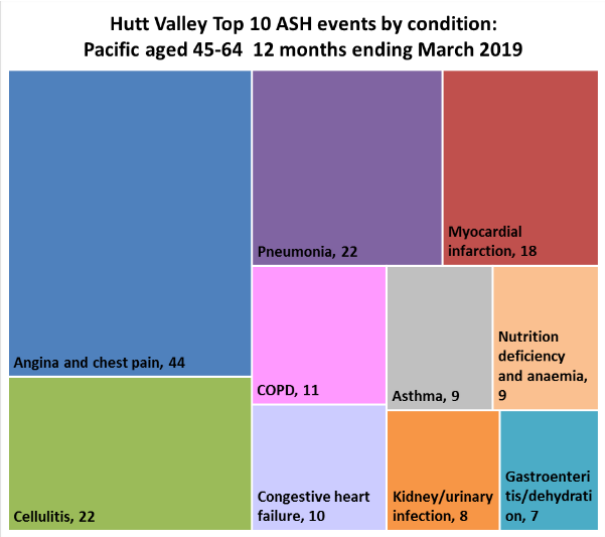


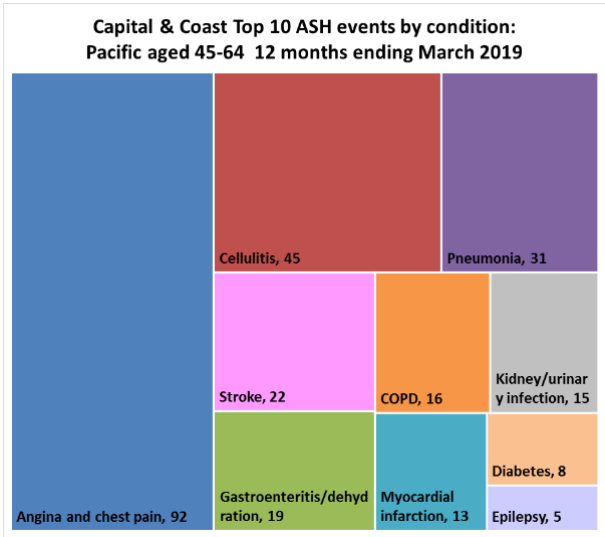


Hutt Pacific and Capital & Coast ASH rates for Pacific Adults aged 45-64 years have been fairly stable in the last 5 years but are much higher than the National rate for Adults of Other ethnicities (non-Maori non-Pacific). Rates for Hutt Pacific Adults were almost 3 times higher (2.9) than the rates for National Non Maori non Pacific adults in the year ending March 2019. Rates for Capital & Coast Pacific Adults were 2.6 times higher than the rates for National Non Maori non Pacific adults.



Most of the ASH events in the 12 months ending March 2109 for Hutt Pacific Adults were for Angina & Chest pain, Cellulitis, Pneumonia, Myocardial Infarction and Chronic Obstructive Pulmonary Disease (COPD). Most ASH events for Capital & Coast Pacific Adults were for Angina & Chest pain, Cellulitis, Pneumonia, Stroke and Gastroenteritis/ dehydration.





ALL AGES AND CHILD & YOUTH PHO enrollment

As at July 2019, Wairarapa has 938 Pacific people enrolled with a PHO 99% of the estimated population, Hutt Valley has 11,573 (98%) and Capital & Coast has 21,536 (97%) enrolled.

Most Wairarapa Pacific people are enrolled with the Compass Wairarapa PHO. 87% of Hutt Pacific are enrolled with Te Awakairangi Health Network while 1,398 (12%) Hutt Pacific people are enrolled with one of the PHOs with a contract with Capital & Coast. Note that Cosine PHO includes the practice Ropata Medical which is located in the Hutt Valley. 98% of Capital & Coast Pacific people are enrolled with Compass Capital & Coast, Ora Toa and Cosine. 263 (1.2%) Capital & Coast Pacific people are enrolled with Te Awakairangi Health Network.

Pacific people enrolled with a PHO in July 2019

DHB	Pacific enrolled with any PHO	% of estimated population
Capital & Coast	21,536	97%
Hutt Valley	11,573	98%
Wairarapa	938	99%

Number of Pacific people enrolled with any PHO July 2019 – by DHB holding DHB contract

		DHB of domicile						
DHB holding PHO contract	PHO name	Wairarapa	Hutt	Capital & Coast	Total	Wairarapa	Hutt	Capital & Coast
Capital & Coast	Compass Health Capital & Coast	6	730	14,430	15,166	0.6%	6%	67%
	Ora Toa PHO		91	6,177	6,268	0%	0.8%	29%
	Cosine PHO		577	452	1,029	0%	5%	2%
Capital & Coast DHB total		**6**	**1,398**	**21,059**	**22,463**	**1%**	**12%**	**98%**
Hutt DHB	Te Awakairangi	11	10,075	263	10,349	1%	87%	1.2%
Wairarapa DHB	Compass Health Wairarapa	915	5	6	926	98%	0.04%	0.03%
PHOs in other DHBs		6	95	208	309	0.6%	0.8%	1.0%
Total enrolled with a PHO		**938**	**11,573**	**21,536**	**34,047**	100%	100%	100%

ALL AGES AND CHILD & YOUTH

Practice visits

Pacific people who were enrolled with Compass Wairarapa PHO saw a GP or Nurse on average 5 times in 2018/19. This excludes visits for immunisation only. For Pacific people enrolled with Te Awakairangi Health Network, they saw a GP or Nurse 3.5 times on average over the year. For Pacific people enrolled with Ora Toa or Compass Wellington, they saw a GP or Nurse 4.5 times on average over the year ending March 2019. Pacific people enrolled with Cosine which include Karori Medical and Ropat Medical practices saw a GP or Nurse on average 3.5 times over the year ending March 2019.

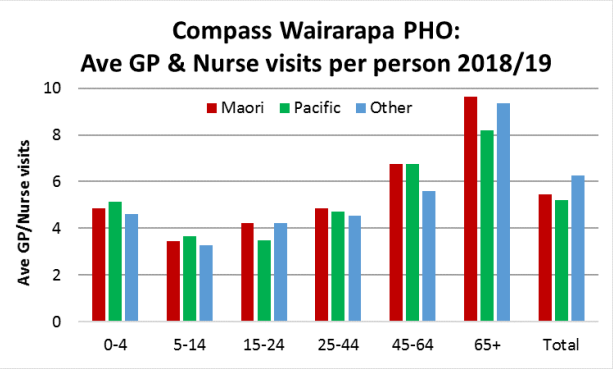
For all PHOs, Pacific aged 65 and over had the most visits on average, followed by people aged 45-64 and children aged under 5. Pacific Adults aged 45-64 in Compass Wairarapa and Te Awakairangi PHOs had slightly more visits on average than other ethnicities including Maori adults.

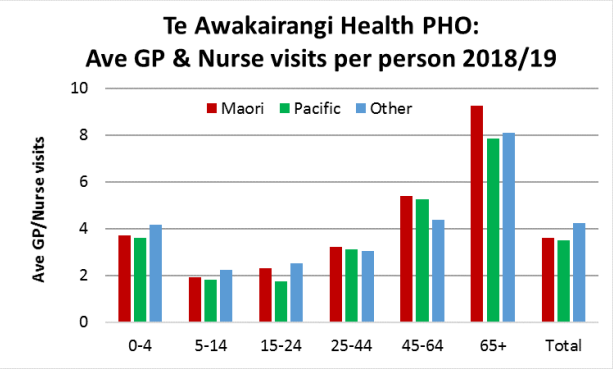
Pacific children aged under 5 years had slightly more visits in Compass Wairarapa compared to other ethnicities including Maori. But Pacific children aged under 5 years had similar number of visits in Te Awakairangi compared to children of other ethnicities excluding Maori.

Average GP/Nurse visits per person enrolled

Compass Wairarapa 2018/19			
Age group	**Maori**	**Pacific**	**Other**
0 - 4	4.84	5.14	4.62
5 - 14	3.44	3.66	3.26
15 - 24	4.21	3.5	4.22
25 - 44	4.86	4.7	4.53
45 - 64	6.75	6.74	5.61
65+	9.64	8.2	9.34
Total	**5.44**	**5.2**	**6.26**

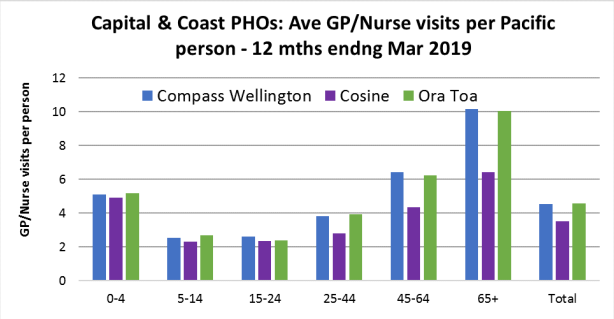
Te Awakairangi Health 2018/19			
Age group	**Maori**	**Pacific**	**Other**
0 - 4	3.72	3.61	4.16
5 - 14	1.93	1.83	2.24
15 - 24	2.30	1.73	2.52
25 - 44	3.21	3.11	3.06
45 - 64	5.39	5.25	4.36
65+	9.27	7.85	8.10
Total	**3.62**	**3.52**	**4.23**





Average visits per Pacific person enrolled 12 months ending March 2019 – Capital & Coast PHOs

Age group	Compass Wellington	Cosine	Ora Toa
0 - 4	5.1	4.9	5.2
5 - 14	2.5	2.3	2.7
15 - 24	2.6	2.3	2.4
25 - 44	3.8	2.8	4.0
45 - 64	6.4	4.4	6.2
65+	10.1	6.4	10.1
Total	**4.5**	**3.5**	**4.6**

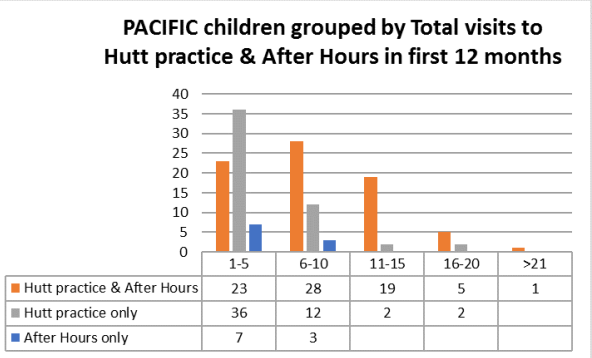


CHILD & YOUTH

After Hours – Hutt Valley birth cohort study

Analysis was done on Hutt Valley children born in 2013 and their use of DHB health services in their first four years of life, including 148 Pacific children. It found that Pacific children were using the Lower Hutt After Hours as much as their Hutt GP practice. In their first 12 months of life, 51% of the Pacific cohort had been to both their Hutt GP practice and to Lower Hutt After Hours. 35% of the cohort only went to their Hutt GP Practice. 25 children (17%) had more visits to After Hours than to their GP practice during their first 12 months. While this means that they are receiving good access to Primary Care, they were missing out on continuity of care from their own practice as well as proactive care and preventive care. This also means that children with a high number of visits to After Hours may not be identified by their practice as at risk. There were 4 Pacific children who had 11 or more visits to their GP practice but another 26 Pacific children had 11 or more visits if we include their After Hours visits. 10 children only went to After Hours but may have been enrolled in a practice in another DHB.

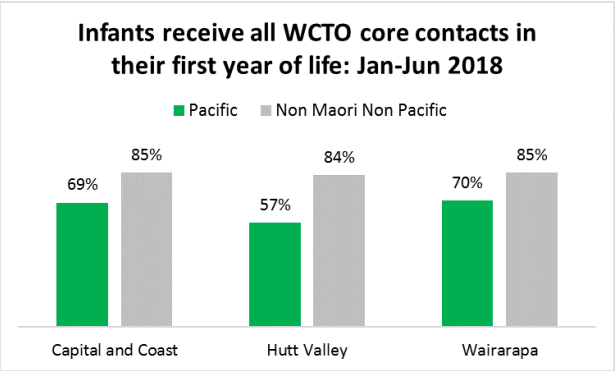
Hutt Valley 2013 birth cohort – Pacific children using Lower Hutt After Hours and Hutt practices in first 12 months of life



	1-5	6-10	11-15	16-20	>21
Hutt practice & After Hours	23	28	19	5	1
Hutt practice only	36	12	2	2	
After Hours only	7	3			

WellChild/Tamarki Ora Checks

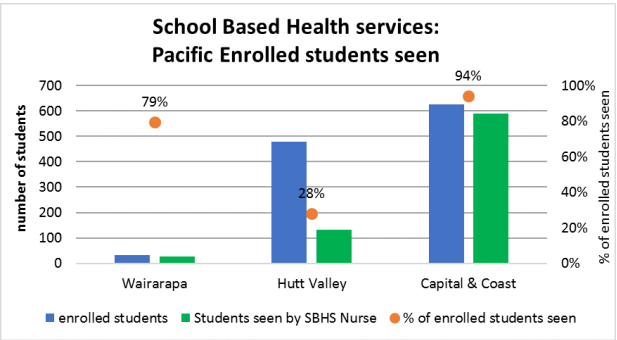
By receiving all WellChild/Tamariki Ora Checks core contacts in their first year, infants are more likely to have health and developmental issues identified in a timely way. Each child is scheduled to have 5 core checks by the time they turned 1 including their first check at 6 weeks old. During January-June 2018, Pacific children turning 1 year old were less likely to have had all their scheduled core checks than children of Other ethnicities excluding Maori. For Wairarapa Pacific children, 70% had received all their core checks, 57% of Hutt Pacific and 69% of Capital & Coast Pacific.



School Based Health services

DHBs provide School based Health services (SBHS) in low decile colleges, Teen Parent units and Alternative Education centres. Nurses provide students with advice, treatment and referrals to other services on problems including general health, sexual health, and mental health. They also provide routine Health assessments to Year 9 students.

Based on the most recent data available for the 2017 calendar year, in Wairarapa 27 Pacific students were seen by SBHS Nurse (79% of eligible students) and had on average 2 visits. Twelve Pacific Year 9 students in Wairarapa received a routine health assessment. Hutt Valley SBHS nurses saw 133 Pacific students (28% of eligible students) who had on average 2 visits. 100 Pacific Year 9 students in Hutt Valley received a routine health assessment. Capital & Coast SBHS nurses saw 589 Pacific students (94% of eligible students) who had on average almost 2 visits. 121 Pacific Year 9 students in Hutt Valley received a routine health assessment.



Number of Pacific people enrolled with any PHO July 2019 – by DHB holding DHB contract

Pasifika	Eligable students	% of school role	Students seen by SBHS Nurse	% of enrolled students seen by SBHS Nurse	Visits to SBHS Nurse	Average visits per student seen	% of total visits	Year 9 students who received a health assessment
Wairarapa	34	4%	27	79%	59	2.2	4%	12
Hutt Valley	478	20%	133	28%	301	2.3	18%	100
Capital & Coast	626	41%	589	94%	1111	1.9	37%	121

PREVALENCE OF MENTAL HEALTH DISORDER

The survey Te Rau Hinengaro (2006), found that 47% of Pacific people had experienced a mental disorder at some stage during their lifetime compared with 39.5% of the overall New Zealand population. Pacific people also had a higher prevalence of any mental disorder in a 12 month period at 24% and 6% of Pacific people experienced a serious disorder.[2] But they are less likely to make a mental health visit to a health service, 7.8% of Pacific had a mental health visit compared to 13% of Other ethnicities excluding Maori. Within the 12 months prior to the survey, 5.9% of the Pacific people surveyed had a serious disorder, 11.6% had a moderate disorder and 7.6% had a mild disorder.[3] Suicide is also a risk, with 21% of Pacific people aged 16–24 and 20% of Pacific people aged 25–44 reported suicidal ideation over their lifetime. A suicide attempt within their lifetime was reported by 4.8% (almost 1 in 20) of Pacific people.

PRIMARY MENTAL HEALTH

Primary Mental Health is provided by PHOs and other community services for people with mild to moderate mental health issues. Capital & Coast services saw 363 Pacific people in the 2018/19, Hutt Valley services saw 304 Pacific people and Wairarapa services saw less than 5 people.

Pacific people seen by Primary Mental Health Services in 2018/19 year			
	Wairarapa	**Hutt Valley**	**Capital & Coast**
Youth: 12 - 19 years	<5	131	70
Adults: 20+ years	0	173	293
Total	**<5**	**304**	**363**
% of total people seen by service	0.1%	6.6%	7.4%
% of DHB Pacific population	0.2%	2.6%	1.6%

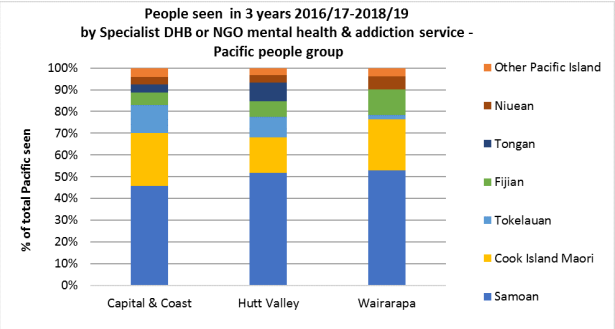
SPECIALIST MENTAL HEALTH SERVICES

Specialist Mental Health services are targeted at people with serious mental health issues. They are provided by DHB and NGO services. Services include acute inpatient services, community services and rehabilitation services for addiction. In Capital & Coast, 811 Pacific people (3.6% of the population) were seen by any specialist mental health and addiction service in the three DHBs in 2018/19. For the Hutt population, 419 Pacific people (3.5%) were seen and 45 Pacific people (4.8%) from the Wairarapa.

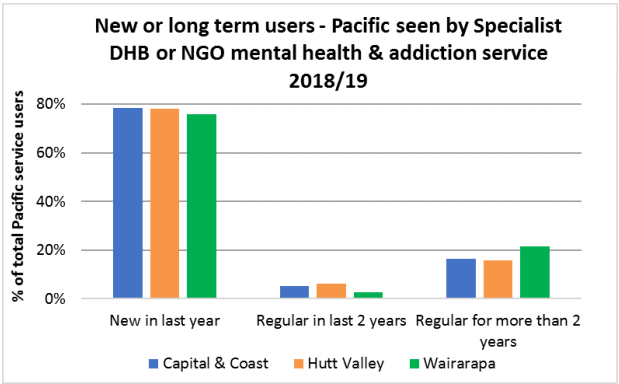
Pacific people seen by Specialist DHB & NGO Mental Health Services in 3DHBs 2018/19			
	Wairarapa	**Hutt Valley**	**Capital & Coast**
0 - 19 years	266	101	9
20 - 64 years	526	307	33
65+ years	19	11	3
Total	**811**	**419**	**45**
% of DHB Pacific population	3.6%	3.5%	4.8%

2. https://www.health.govt.nz/system/files/documents/publications/mental-health-survey-2006-aggregated-prevalence.pdf
3. https://www.health.govt.nz/system/files/documents/publications/mental-health-survey-2006-pacific-people.pdf

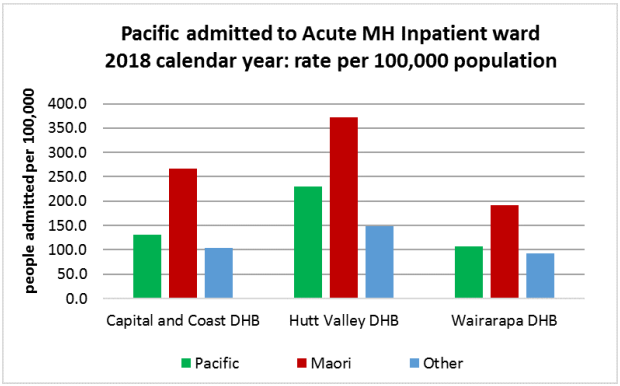
Most of the Pacific people seen in the 3 years 2016/17 to 2018/19 by Specialist Mental Health and Addiction services were Samoan or Cook Island Maori.



In 2018/19, most Pacific people were new having only been seen in the last 12 months by Specialist Mental Health and Addiction services. Pacific people who were long-term users seen regularly for more than 2 years made up 16% of Pacific service users in Hutt Valley and Capital & Coast, and 22% of Wairarapa Pacific service users.



Only a small number of service users were admitted to an acute Mental Health inpatient ward, 4% of Capital & Coast Pacific service users were admitted in 2018, 6% of Hutt Valley service users and 2% of Wairarapa. Pacific people had a higher rate of admission to an Inpatient ward than people of other ethnicities excluding Maori.



LONG TERM CONDITIONS

Cardiovascular disease

For those enrolled with Compass Wairarapa PHO, 24 Pacific people or 3% of enrolled Pacific people had a diagnosed cardiovascular condition which is lower than proportion in the total PHO population with a diagnosed cardiovascular condition. Another 42 Pacific people have been assessed as having a high risk of cardiovascular disease.

For those enrolled with Te Awakairangi Health Network, 420 Pacific people or 4% of enrolled Pacific people had a diagnosed cardiovascular condition. Another 732 Pacific people have been assessed as having a high risk of cardiovascular disease or 7% of the enrolled Pacific population.

People diagnosed with Cardiovascular disease or assessed as high risk as at September 2019			
	Wairarapa	Hutt Valley	Capital & Coast
0 - 19 years	266	101	9
20 - 64 years	526	307	33
65+ years	19	11	3
Total	**811**	**419**	**45**
% of DHB Pacific population	3.6%	3.5%	4.8%

Diabetes

As at June 2018/19, there were 2,254 Capital & Coast Pacific (10%) diagnosed with diabetes, 1,118 Hutt Pacific (9%) and 59 Wairarapa Pacific people (6%). For more than half of Wairarapa Pacific people with diabetes (58%) their condition was well managed with their HbA1c levels less than 65 mmol. For Capital & Coast Pacific, 49% had results indicating their condition was well managed and 44% of Hutt Pacific.

People with diabetes as at June 2018/19

	Pacific people with diabetes (PHO data)	% of total enrolled population		Well managed condition: % HbA1c < 64mmol	
		Pacific	Total	Pacific	Other (non Maori non Pacific)
Capital & Coast	2,254	10%	4%	49%	67%
Hutt Valley	1,118	9%	5%	44%	63%
Wairarapa	59	6%	5%	58%	68%

Produced in May 2020
by Hutt Valley District Health Board

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**CPHAC DECISION PAPER** **Date: 09 June 2020**

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

RECOMMENDATION

It is recommended that Community Public Health Advisory Committee:

1. **Notes** the draft Hauora Mō Tātou – We Are Wairarapa 2020-2030.
2. **Notes** the timeframes to completion.
3. **Endorses** to the Board the draft Hauora Mō Tātou – We Are Wairarapa 2020-2030 noting further editing is expected.

APPENDIX

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

1. PURPOSE

This paper presents a draft strategic direction "Hauora Mō Tātou – We Are Wairarapa 2020-2030" with the goal of completing a final copy by the end of July 2020 for feedback and endorsement to the Wairarapa DHB Board.

2. BACKGROUND

This draft is the culmination of the work by Sapere in consulting across the community and providing projection analysis for further expansion. This document includes the many various forms of feedback directly from the community, internally through our leadership team and alongside Iwi Maori. This draft requires a thorough edit and has some minor sifting to be ready for all the forms of avaliability below. The artwork and design was completed by DesignHIVE here in Masterton and includes photography from local photographer Jade Cvetkov, showcasing the Wairarapa 'place and people'.

This version is for asthetic purpose, although the bulk of the wording and outlay will remain the same the editing process will cut this down to a more streamlined version. This version is best viewed online. Pay particular attention on 'the actions' as these are the pieces of information that will transpose across the different formats.

3. COMPOSITION OF THE STRATEGIC DIRECTION

Component
The full document Strategic Direction 2020-2030 (hard copy)
The full document Strategic Direction 2020-2030 (soft copy) printable version
The edited version Strategic Direction 2020-2030 (hard copy)
The edited version Strategic Direction 2020-2030 (soft copy) printable version

PUBLIC

Short form version foldout (Actions & Principles) soft and hard copy
Both 'Full' and 'Edited' versions online
Banners and headers for online platform
Initial print run started 13 July 2020

4. TIMEFRAMES

Task	Date
First Draft in circulation	13 April 2020
Share with key stakeholders for feedback	11 May 2020
Clean up and consolidate look & feel	1 June 2020
Second Draft in circulation	5 June 2020
Draft to CPHAC	18 June 2020
Final Draft to WrDHB Board & Iwi Kainga	26 June 2020
Incorporation of support documents	30 June 2020
Online platform	30 June 2020
Final Editing	14 July 2020
Complete document and launch	End of July 2020

5. CLOSING STATEMENT

This approach to strategic planning provides a new way for delivering a bouquet of design elements online and traditional methods such as hard copy to ensure there are the right mix of options for the pubic to access our strategic direction.

Not unlike most strategic documents the full document is large in volume and wordy as it holds the background to our thinking. The edited version will include the actions and general themes but forgo the background discussion for a much more streamlined user friendly printable version. The short form version foldout is even smaller in terms of written content but easier for people to engage with, print and use. The online component must compliment the different styles and arrangements to maximise the public's ability to engage with the plan.

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

We have purposefully written the strategic direction with the ensuing Clinical Service Plan, Maori Health Plan and Wellbeing Plans in mind. Alignment across the plans is a part of the change required to deliver better outcomes to communities within Wairarapa.

STRATEGIC DIRECTION 2020-2030

HAUORA MŌ TĀTOU

(Wairarapa DHB)

Kōrero Matua

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

ERROR! NO TEXT OF SPECIFIED STYLE IN DOCUMENT.

Contents

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

Foreward

Sir Paul Collins
Chair
Wairarapa District Health Board

Deborah Davidson
Chair – Iwi Kainga
Wairarapa District Health Board

Dale Oliff
Chief Executive
Wairarapa District Health Board

Firstly, thank you to the people of Wairarapa who generously gave their personal stories and experiences about health and wellbeing. Your wisdom has helped us shape this plan. Thank you to all the contributors that have brought this plan to fruition and a special mention to the team at Design HIVE along with Jade Cvetkov for the wonderful arrangement of design, look and feel they have provided us.

1. THINKING ABOUT THE FUTURE

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

The proverb that adorns this strategic direction is based on the bulrush reed and the strength of it when it bound together. This acknowledges that we are grounded and we are inseparable from the earth beneath us and the sky above us, a good reminder to all of us that we are a part of nature. In Wairarapa people come from different backgrounds, persuasions, disciplines, knowledge bases, different sectors and age groups and we are stronger united and that unification can muster much greater opportunities for all of us. The pandemic was a real wakeup call for our health system -among other things- it reminded us all of the importance of prior preparation and planning. It also forced us to work together as one team and find the linkages we so often seem to miss.

The pandemic brought us back to the simple things in life like caring for one another and for those - most in need. The makeup of the New Zealand population is changing and in Wairarapa we will feature an older population with that trend set to continue for the next 20 years. The ethnic breakdown is also changing and we have a growing proportion of Māori, Pacific and Asian people's in the area which collectively are predicted to be around 50% of the total population within the next 20 years. Alongside higher birth rates and longer life expectancy some of the growth is attributed to an influx of professionals and their families to the area from the Wellington region, lifestylers and retirees wanting a change of scenery.

Hauora Mō Tātou, in essence, is the best health and wellbeing you can possibly conceive of - for all of us. When we come together we can find common ground and joint solutions and we convert those solutions into a path into the future. The future cannot be built on today's crisis it must be built on the aspirations we have for our children and our grandchildren. This does not downplay the effect of a crisis on our day to day lives but there is always the risk that we let the current issues of the day dictate our future.

It is clear we need a major shift in the way we do things if we are to achieve equity for our population, meet future demand and ensure that services are sustainable for the long term. Many people know the things that need to happen, they told us "we have been here before but we need leadership and common purpose".

The DHB has been through changes in leadership over the last decade, and changing sub-regional arrangements. There seems to be resistance to radical change and we are currently missing the mechanisms to make change happen. We can't address the challenges we face as individual groups, we need to work together. However, some of the relationships and momentum (e.g. generated through Better Sooner More Convenient Business Case and Tihei) have fallen away in recent times. We can't ignore the fact that the DHB has a significant deficit and needs to find its way to financial sustainability. We need to involve more individuals and groups in finding solutions. From the DHB Board, Iwi Kainga and the Chief Executive we want to say thank you, thank you for supporting us in our endeavour to serve you. Our aim is to provide the services you need to be healthy and stay healthy.

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

We Are Wairarapa DHB

Vision
Well Wairarapa

Mission
To improve, promote and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choice

Values

Whakaoranga - Wellness
Finding ways to create a healthier community
Eke Taumata - Equity
Acting to support equity across our community
Manaakitanga - Respect
Caring and empathy in all that we do
Ngā rautaki ki mua - Innovation
Finding future-focused solutions
Arotahitanga - Relationships
Working together with people as partners

2. A MAJOR SHIFT

"But we've been here before - what will be different?"

Strong leadership and organisational culture
Strong leadership is shared leadership, on the basis of a strong Tiriti partnership that provides meaningful input into change decisions. This underpins effective prioritisation so that the most effective use of resources is made in order to improve the acceptability and effectiveness of services. We had to look at our leadership and culture first and there is a need for change leadership and a culture that permits decisions to be made without constantly asking for permission at every step. Leadership that motivates staff and gives permission for all staff to participate in constant review and improvement of services will be a pre-requisite for achieving change that is lasting, and has buy in from a wide range of stakeholders across the system.

Achieving culture change is a long term prospect. Identifying short term initiatives that will have an immediate impact on patients and health providers is a good place to start, signalling that the DHB is open for business and ready to make decisions. Examples could include improving staff facilities, or changing the hours or location of a key service. Effective leadership will require investing in change management. This means ensuring that change management is adequately resourced, rather than becoming an added expectation over and above existing roles for busy clinicians, and ensuring that there is a clear, shared view of goals and timeframes for specific projects. Prioritisation will be important, in order to focus resource on to specific projects to achieve goals, rather than trying to change too many things at once and spreading resource too thinly.

Getting the basics right
There is a need to develop more effective basic business processes in order to support change. For example, providing greater transparency over budgeting and fiscal management, so that both internal and external stakeholders can see where resources go, and can participate in re-engineering processes with an understanding of both positive and negative impacts on financial goals. Improved non-financial information is also important, so making better use of quality improvement information, and ensuring that such information is widely disseminated along with targets and progress on measures is a fundamental part of building the capacity for change.

Authentic co-design and collective action
Collective action will take over from collaboration. Listening to, and working with, communities about what will work for them is the path towards the most effective services. There are a variety of mechanisms for this, from including patient perspectives in clinical pathway workshops, to direct engagement with communities across the Wairarapa. But engagement must be authentic if it is to be effective. Engagement must therefore be open about resource constraints (whether financial resources or workforce resources), and be clear about where services are vulnerable, and what the clinical and professional requirements are for effective, safe care. Informing communities, on the basis of robust, relevant information, will be a pre-requisite for authentic co-design of specific services.

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Effective commissioning

We will take a whānau ora approach to commissioning for equity and take a broader approach to health and wellbeing. Features of this type of commissioning include: understanding the efficacy of current providers in meeting the needs of whānau; robust needs assessment that takes a broad approach to community resources and captures the voices of communities, consumers and whānau; resources being refocussed in the areas that make the greatest difference to eliminating unmet need; whānau and communities as equal partners in planning and co-design of services and incentives that support providers to innovate, with robust monitoring and evaluation to ensure positive impact.

Our local process which is presented in the inset diagram uses strategy as the platform for initial momentum for driving the process forward. Consequently, our strategy, our annual plan and the service level measures are Important tools to drive the decision making process within the Wairarapa DHB. An Important feature of our fresh approach means some resources will be refocussed into the areas that will make the greatest difference and incentives that support providers to innovate along.

Social determinants impact on your Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

We know the solutions for better health and wellbeing are much more complex than what the DHB alone can deliver to you through traditional health services. We also understand the impact of other forces on your health and wellbeing, what job or income you have, where you live and who you live with, how much education you've had and the quality of that education. An important discovery in the scientific literature is that even small and subtle acts of racial bias, such as being treated with less respect due to one's race, can lead to a large host of health problems. These ongoing and mundane experiences of discrimination are associated with increased risk of health problems such as heart disease, clinical depression, low birth weight infants, poor sleep, obesity, and even mortality.

Titles in graphic to be changed to:
Healthy Enivronment
Access & Transport
Income & Job opportunities
Gender
Ethnicity
Quality Education
Housing & Town planning
Connectedness & Community

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Whanau Ora

Whānau Ora evolved out of the coalition of the 2008 general election. Whānau Ora is an inclusive approach to providing services and opportunities to whānau across New Zealand. Its core goal is to empower communities and whānau to support other whānau within the community context rather than individuals within an institutional context. Whānau ora navigators provide information and advocacy services to whānau who need direct support from someone whatever the challenge may be.

The current investment approach needs to be reviewed and an approach that is fit for purpose should be implemented, the DHB needs to consider how it models delivery of whānau ora throughout its work programme in its entirety. A culture shift will be needed by the decision makers within the DHB to undertake specific whānau-centred approaches to planning and funding the also exemplifies good social investment in local health services.

3. A rapid review

In 2019 we undertook a rapid review of stakeholders across a number of Wairarapa health services highlighted a range of challenges for our health system. In summary:

1. Health needs are not being met. There is a growing older population, and a growing population of young Māori, and sizeable areas of deprivation with poor health outcomes.
2. Under investment in Māori Health. There is longstanding underinvestment in Māori health specific funding and also little to no understanding of expenditure to tackle inequities.
3. The hospital and primary care are out of capacity and personnel are increasingly stressed, the model of care in the hospital is out of date. Referral hospitals are full and discharge is inefficient.
4. There is a lack of resilience in the workforce. An over reliance on locums, over-worked and tired GPs with high recruitment costs, and gaps in other workforces.

You told us what needed to change

There are eight broad areas of activity where change is needed in order to shift to a responsive, effective health system that achieves equitable outcomes for all people in our communities. We need to place the value of the service to the people front and centre of our thinking, design and delivery.

- Integrating health and social services
- Strengthening primary care
- Excellence in older persons' services
- Improving access to health and disability services
- Close connections between primary and secondary care
- Creating a fit-for-purpose hospital
- Building a sustainable workforce
- Tamariki-Mokopuna, our children and young people are our future

In some cases there are commonalities across areas, where a given action has an impact in several ways. For example, addressing issues of coordination with navigators for people with complex needs crops up in several different places; including integrated services, better primary and secondary care connections and improved services for older people, which all have some element of overlap in what they need to achieve.

Action 1. Integrating health and social services

Why this is important

Everyone has the right to good health—differences in health outcomes between groups are avoidable and unfair. Persistent inequities in health outcomes tells us that we need to do things differently. We cannot address the wider determinants of health inequity on our own. We need to work with whānau, and not just individuals, and tap into the resilience that exists within whānau and communities. As well as this, we need a whole of system culture shift, to work as a wider, multi-disciplinary, multi-agency team. The players in our system need to be closely linked with each other, with iwi, with communities, and with other agencies.

Within the health system, it's our responsibility to make health easy to understand and navigate. We need to partner with and empower people to take ownership of their own wellbeing. We need to reshape our system so that services are designed in the way that whānau need to receive them, not the way that providers want to deliver them.

Health and social services should be integrated. Kaupapa Māori providers take a whānau ora approach and we need to support and grow this way of working.

What we will do

The things that will make a difference to our ability to provide more integrated and responsive health and social services are:	
1	An effective Tiriti relationship that is meaningful at a governance level through to operations at the coalface. We will sit at the table together to co-design the services that are delivered to all communities in Wairarapa.
2	Focussing on prevention through health promotion, and particularly health promotion that has been designed with the involvement of our communities, in order to improve health literacy and empower individuals and whānau.
3	We will support nursing and other roles in the community, particularly for children from early childhood and through the school years.
4	We will review referral mechanisms between health and social services in order to simplify access, and so that both service users and providers have clear information about what services are available.
5	We will develop kaiāwhina and navigator roles, which will provide support for whānau who need a more complex mix of health and social services.
6	Identifying opportunities to increase the Māori health workforce to modify outcomes, especially where longstanding disparities in access exist for whānau.
7	Contracting for outcomes with an emphasis on addressing inequity in systems and processes, and focus on the quality of services rather than an emphasis on outputs.

Action 2. Strengthening primary care

Why this is important

We have some good things already happening in primary care. Our practices are already implementing the Health Care Home model and it provides a useful platform for freeing up general practice to do more proactive care. Wairarapa is fortunate to have seven nurse practitioners in primary care and will look to grow more.

However, the ageing population means that the demand for consultations is increasing as well as more time required for increasingly complex needs. Proactive long term conditions management will become even more important as the Māori population increases and the population overall ages. We also have the challenge of a dispersed/rural population with an increasing number of older people that do not drive. There is not enough focus on preventive services—we are missing opportunities for prevention when care is episodic.

Primary care could do more if the right resources were available. But we need a renewed way of working—there is a view that general practice is not as cohesive as it once was and the alliance has lost momentum. We need more allied health support in primary care (e.g. social work, whānau ora navigators, and clinical pharmacists) as stretched general practitioners are not able to manage all problems. We're not maximising the value of other workforces from within allied health.

What we will do

The things that will help to strengthen primary care in Wairarapa are:	
1	Reviewing our Alliance Leadership Team, and the way that the PHO and DHB work together.
2	Building upon existing multidisciplinary team programmes, to ensure that primary care services are well supported to manage people with complex needs.
3	Increased allied health located in and working with primary care services. To some extent this is evolving as part of Health Care Home developments, but there is a need for allied health workers, including pharmacists, physiotherapists, occupational therapists and social workers who are more closely integrated into primary care teams, and physically accessible across the whole district. We will also seek to make better use of the unregulated health workforce
4	Use of outreach, mobile services and telehealth across the district to improve access, and in particular marae based services and school based services, expanding the existing provision in these areas and building Kaupapa Māori services for the South Wairarapa.
5	Improving the digital technology we use, so that referrals, discharge and appointment information is managed in a more timely manner.
6	Making our system accountable for outcomes, particularly focussed on addressing inequitable health outcomes for Māori.
7	Improving data quality and analytics—understanding the needs of our enrolled population is linked to understanding the trends and being able to respond accordingly.

Action 3. Excellence in older persons' services

Why this is important

We have some of the elements of good service provision/service development, for example the unique FOCUS model and Health Recovery Transition Programme. The implementation plan for palliative care is clear (for anyone with a life-limiting illness, not just older people).

However, we need to rapidly evolve our system to respond to the ageing population, and think differently about how we deliver services to the growing population of older Māori. Wairarapa has a population of socially isolated older people and some people feel comfortable staying in hospital. There is some supported discharge out of rehab and home supports can be flexed up, but discharge processes still need improving to address our long hospital length of stay.

Supporting wellbeing in the community will be key and we need to work with communities, other agencies and volunteer groups to ensure there are opportunities for social connectedness and coordination of the range of services available.

Key care management should be based in primary care and supported by specialist services. Aged residential care needs better support out-of-hours to manage acute exacerbations and new problems.

What we will do

The things that will strengthen support for older people in Wairarapa are:	
1	Creating opportunities and spaces for connecting people, one to another, building resilience and having fun.
2	Working with councils to review the provision of wider services in the community to support social connection, and ensuring that health services have the information needed to support people into such services.
3	Working with Māori communities to ensure that services are responsive and appropriate for kaumatua and their whānau.
4	Dedicated whānau ora navigation services for, with and by kaumatua, focussed on the wider determinants of health.
5	To the maximum possible extent providing services for older people in community settings, including in in primary care services and in the home.
6	Focussing upon safe and supportive discharge processes, meaning that primary care services have good information when older people come back into their care, and that effective supports are available at home.

Action 4. Improving access to health and disability services

Why this is important

Fundamentally, the health system expects people to fit into the system we have designed for them. Services are often centralised around a 'base' to avoid the cost of moving practitioners around and/or the capital costs of maintaining multiple locations. But our communities should be able to access the services they need, when they need them. We need to get smarter.

Greater access to services outside traditional hours is an important part of the picture. In addition, people have expressed a need for improved transport links to hospital services, specifically those services outside our region in Wellington and Palmerston North. At the same time as hospital services need to adapt to deliver more in the community. For mental health and addiction services, we need to think about how we make services available further south and in rural locations.

Providers that are already delivering 24/7 services need appropriate support. Aged residential care needs better support out-of-hours to manage acute exacerbations and new problems so that transfers to hospital can be avoided where possible.

What we will do

The things that will make access to services easier in Wairarapa include:	
1	An emphasis on upskilling our people, creating lean processes that are driven by the way whānau need to receive the service, not how providers want to deliver it.
2	Including disabled people in the design of services and activities to create an enabling and accessible environment.
3	A review of how well after-hours services are working for our communities, and options for improving access where appropriate. Consider more extended hours of services.
4	Considering transport options for services, and coordinating existing transport options better (e.g. those provided by different NGOs for different conditions).
5	To the maximum possible extent, providing health and disability services in community settings, including in primary care services, schools, libraries and marae, and draw upon a wider workforce to do so, for example extended care paramedics.
6	Increased use of telehealth tools in order to improve access to information for service users, simplify booking and appointments, and reduce the need to travel where appropriate.
7	Ensuring that our service commissioning is more oriented towards people receiving health and disability services, using co-design and wider input into how services are developed and delivered.

Action 5. Close connections between primary and secondary care

Why this is important

People's healthcare journey should be seamless, with services closer to home and practitioners working as "one team". The pathways through the health system need clarification—for people going into and coming out of hospital—and this needs to be done locally. Some services and/or clinicians should be reorganised into community settings (not everyone needs to come to hospital) and we need to make sure they're well-coordinated with primary care.

Hospital discharge processes need sorting out and planning for community support initiated early—an estimated date of discharge is not always used currently and allied health input is sometimes not sought until close to discharge. There are communication issues between hospital and primary care, including timing of information flows (e.g. post-discharge and post-outpatient) and digital technology.

There is a lack of communication and understanding about what different mental health and addiction services provide, and referral pathways between primary and secondary care need clarifying. There is potential for shared clinical governance across DHB and NGO providers.

What we will do

The things that will improve primary-secondary connections in the Wairarapa are:	
1	Reviewing our Alliance Leadership Team, improving shared understanding of the system and the community, including iwi perspectives.
2	Reviewing the use of the pathways through the health system with better localisation of the pathways and involvement from people across the Wairarapa health system. Use these pathways as a mechanism to design alternative management, such as introducing supports to avoid admissions.
3	Building on our use of the Health Pathways application and improved IT systems to improve our referral, coordination and assessment services, achieving more consistent responses to referrals from primary care, and offering better coordination of services with primary care. This includes building on existing work on multidisciplinary teams coordinating around people with complex needs, which already occurs in some parts of the system.
4	Improve equity of outcomes by ensuring that coordination and case management are better managed across primary care and hospital settings, including considering a specific role for the use of health navigators where appropriate.
5	Improve our approach to inter-district flow referrals, with centralised triage, coordinated review processes, better data collection, and improved information and support for people when they are discharged from hospitals in other districts.
6	Review our IT, identifying short term and longer term differences. For example, addressing issues better access for GP's to Concerto, while working in the medium term towards an improved shared care record system that will link information across a wider range of service providers and enable more and better shared care plans.

Action 6. A fit for purpose hospital

Why this is important

We need to determine what sort of hospital we need in Wairarapa and ask ourselves, 'are we trying to do too much?' Sub-specialism fragments the workforce and makes a hospital this size unsustainable. Essentially, we are trying to recruit senior doctors to an outdated hospital model.

The hospital is designed for provision of acute services. We need to determine the future of acute surgery in Wairarapa Hospital. There is inefficient workflow from ED and more support may be required to enable ED to work efficiently. There are large volumes of low acuity patients, the wards are full and average length of stay is longer than it needs to be. Planning for discharge is too late which contributes to longer stays in hospital and potentially poorer outcomes at home. Our new planned care strategy requires more planned care to be delivered in the community. Our regional partners are unable to meet demand from Wairarapa patients as their capacity reduces (or demand increases). In addition, we have a range of facility issues, including a lack of appropriate spaces for clinicians and seismic issues.

What we will do

The things that will generate a fit for purpose hospital for Wairarapa are:	
1	Resetting the hospital—avoid providing services within the hospital that do not need to be there. To the maximum extent feasible provide rehabilitation, outpatient care and community services in other settings, build improved relationships with communities based providers and co-design with patients.
2	Clinical services planning to develop the future configuration of hospital services and how they will be delivered.
3	Reviewing the existing workforce and rosters in order to identify avoidable stresses and pinch points for staff, including the most effective roles for the junior doctor workforce and how routine processes efficiently allocate work across staff.
4	Improving the cultural appropriateness of hospital services, with more accessible language and communication (including Te Reo Māori).
5	Improving discharge processes and support for discharge into the community.
6	Improving communication and relationships with the rest of the health system, including effective localised pathways for care and better information sharing, both at the level of individual patient clinical information, and at the level of information about services.

Action 7. Building a sustainable workforce

Why this is important

There has been a good focus on developing the nurse practitioner workforce in Wairarapa. However, the general practice workforce is ageing, practices have trouble recruiting GPs, and there is a need for a district-wide coordinated effort. There are nursing recruitment challenges in primary and community care. Aged care is not seen as a career of excellence and we rely on the least equipped workforce to care for some of the most vulnerable people.

The hospital struggles to recruit senior doctors and has too much reliance on locums. Retention is an issue—clinicians are not staying in Wairarapa. Specialist mental health services struggle to recruit an experienced workforce, at the same time as new positions are being established in primary care.

Our senior medical need will be for generalists, ruralists and geriatricians. The hospital could also rethink how it uses junior doctors. Across the system, we are not harnessing the potential of unregulated workforces. Allied health will need to be an area of focus as we move services out into the community that means more emphasis on where and how this workforce does its work. The workforce in general should reflect the population it serves—we must redouble our efforts in Māori workforce development.

What we will do

The things that will address workforce issues in Wairarapa are:	
1	Working as a system for recruitment and taking a wider view when bringing people into the region, for example actively linking people to communities and working with institutions such as schools to embed new staff.
2	Investing in the Māori health workforce and working alongside the community to understand what te workforce should look like.
3	Working together for recruitment across different organisations, avoiding duplication of effort and trying to get the most value from recruitment agencies.
4	Investigating scholarships and opportunities to support and encourage local entry to the workforce across all workforce professions.
5	Continuing to develop the nurse practitioner workforce across the whole of the Wairarapa health system.
6	Making better use of the unregulated workforce, noting the challenges that can emerge from this.
8	Working with the Universal College of Learning (UCOL) to develop integrated nurse training.
9	Improving the training experience of junior doctors, including their rotation through primary care and considering a rural specialist hospital workforce.
10	Considering pay equity and parity across and within organisations and the perverse consequences of inequities.

Action 8. Tamariki-Mokopuna our children and young people are our future

Why this is important

Children and young people are tāonga, they should be loved, safe and nurtured and have what they need to be healthy and happy. We want our children and young people involved, connected and engaged in education and within the community. Child poverty is real and it affects children and young people here in the Wairarapa, as a sector and an important touch point for children and thier whānau we have numerous opportunities to make a big difference in their lives.

We all know from experience that the things we miss in the early years snowball and increase into the later years. Issues that are not picked up and attended too at an early age can become much larger issues later in life and usually have implications across the entire continuum of care.

Children and young people in Wairarapa deserve better. We have a relatively small child and youth population which means we could do something transformational if we purposefully plan and resource child and youth health services to the right level.

Based on the projections within this plan, Māori children between the ages of 0-14 years will be 10 times more likely to be admitted to hospital than any other child in Wairarapa.

What we will do

The things that will address tamariki-mokopuna in Wairarapa are:	
1	Refresh the current youth health strategy to reflect all the most recent changes in our focus on child and youth health as a priority.
2	Increase investment specifically in child and youth focussed services, through health services, youth service providers, schools, kura and kohanga reo.
3	Providing opportunities for young people to lead health promotion/education activities – by young people for young people.
4	Taking stock of the current volume and quality of services delivered specifically to children and young people in Wairarapa.
5	Engage with children and young people to understand what's important to them, we need updated knowledge on what matters to our tamariki and mokopuna.
6	Work with youth to provide training and work experience opportunities through health services with a view to entering higher education.
7	Work alongside Oranga Tamariki, the NZ Police, Iwi Māori and providers of mental health and addictions, sexual violence and family violence services.
8	Focus on increasing investment and continuity in child/youth centred programmes: WCTO, Schools Based Health Services, Youth Health Services and Parenting programmes.
9	Invest in the first thousand days with an initial focus on whānau Māori.

4. Major themes

While there are distinct activities under each of these actions of work, there are a number of key underlying directions that, unsurprisingly, appear across multiple actions. These are therefore high priorities, since they address multiple aspects of the system change that the Wairarapa is aiming for. The most important areas are:

Improving and deepening the relationship between the health system and iwi

This must occur at a number of levels. There is room for improving meaningful partnership and input into governance of health services at the DHB level, but also for ensuring that at a more operational level the voices of Māori are heard, and can have specific, informed input into service design and commissioning. Ultimately:

- co-design of services with the community is needed in order to make sure that services are open, accessible, and responsive to the needs of individuals and whānau. This area of focus is fundamental, and will be expected to have an impact on services across the health system, as well as upon aspects of integration between health and wider social services for the community.

Creating technology savvy services

This is a perennial theme both in the Wairarapa and nationally. There is an urgent need to identify any quick gains that can be made in terms of improving the accuracy and timeliness of information flow with current systems, such as discharge information. But the reality is that wider technological system change is constrained by the pace of the sub region across the lower North Island. However there are some aspects of improved information that are less dependent upon changing technology, such as:

- achieving a more effective localised version of Health Pathways that includes agreed information on how conditions will be managed locally. This is about developing a better, agreed, basis of information in the first place, rather than the technicalities of how information is transmitted.

Reducing complexity

The complexity of services, and the way that complexity gets in the way of effectiveness is something that arises across a number of different work streams. At one level this underlies the need for navigator roles and improved case coordination, to help people with more complex needs to get to the right services. But the more fundamental and lasting approach is to try to reduce complexity where possible, resulting in services that are focussed around the patient and whānau. There are several aspects to this:

- Addressing complexity in service commissioning, seeking to reduce fragmentation and excessive focus on outputs rather than outcomes, while trying to provide as much stability in contracts as possible for front line services.
- Addressing communication processes both across the system and within the hospital, with the goal of avoiding double handling of information, and reducing administrative tasks where feasible. There are elements of Lean process improvement here, as well as better agreement about how processes work and trying to keep them stable even when staff change.

- Designing services with input from front line staff, as well as patient co-design, in order to develop services that make sense from a patient perspective, and are focussed on patient experience.

The location of and access to services

There is a widespread view from across much of the Wairarapa health sector that services currently provided within the hospital could be more accessible and effective for those who need them in community settings, as well as better coordinated with services already in the community. This is likely to be achieved through a combination of telehealth techniques and the physical provision of services in different settings, such as marae, general practices or health hubs. This partly reflects the centralised nature of some services in Masterton, at the northern end of the district, but also the geographic spread of the population, and the dispersed population in the south, as well as the challenges of transport for many people. Achieving this is more than a simple matter of asking staff to travel to a different location. Shifting services to a community setting will involve thinking through the implications of how care is delivered, and how practice or conditions may need to change. A standard hospital based roster for delivering an allied health service, for example, may need to be modified if it is going to fit into a different environment, and the implications of that for individual health professionals and their conditions of work are an important part of the change process.

The other two dimensions of access which repeat across streams of work are the times at which services are available, and the need for improved transport for those services which cannot be provided in proximity to a patient. There is likely to be some scope for improving transport services with existing resources but changing the times at which services are delivered is likely to be complex, given the implications for working hours and impact on the workforce. But this is a high priority for many and a key element of access, particularly for people who are working.

5. Future Projections

Introduction

This strategic direction has been developed to help us 'reset the course' of the Wairarapa health system for the next five to 10 years. The Wairarapa area has experienced higher than expected population growth in recent years and we have seen persistent inequities in health outcomes for Māori, and other groups whose needs are not being met.

We are at a 'tipping point'…the Government is undertaking a major review of New Zealand's health and disability system and the Waitangi Tribunal Health Services and Outcomes Inquiry is concerned with grievances relating to health services and outcomes of national significance for Māori. At the same time, local workforce and facility problems are starting to pinch and some clinical service arrangements with our regional partners are coming unstuck.

Our population is rapidly changing

Wairarapa has an estimated population of 47,600 people as at June 2019.[1] According to general practice registers, around 32 percent of enrolled people are likely to have high need for health services, on the basis of standard Ministry of Health criteria. Seventeen percent of the total population are Māori and 2 percent Pacific peoples. **The Māori and Pacific populations are youthful compared to the non-Māori, non-Pacific population** (Figure 1).

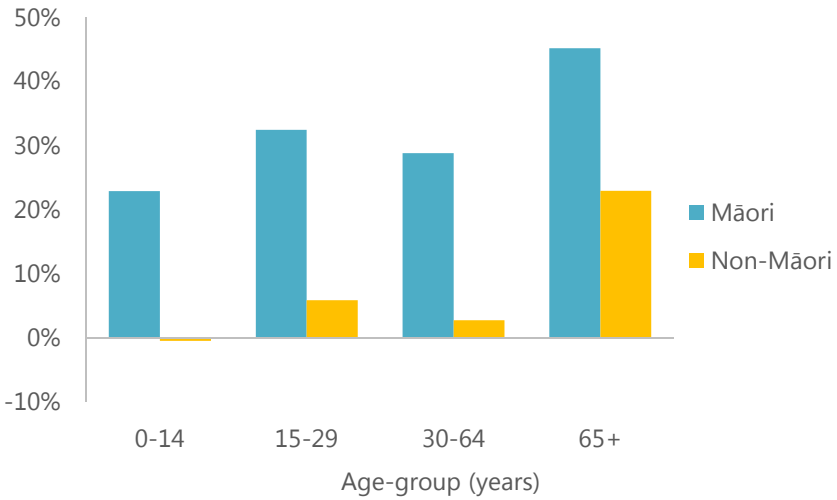
Figure 1: Population age structure by ethnicity, registered population June 2019

Source: Tū Ora Compass Health

[1] Statistics New Zealand sub-national population estimates at 30 June, published October 2019 and downloaded from NZ. Stat http://nzdotstat.stats.govt.nz/wbos/index.aspx

Recent years have seen higher than expected growth, particularly among Māori and older people. Initial counts from the 2018 Census suggest that **the Wairarapa population has grown by around 10 percent since 2013**. Growth for Māori and older people (65+ years) was higher (Figure 2)—28 percent and 24 percent respectively.

Figure 2: Change in usually resident population by age and ethnicity, 2013–2018



Source: Statistics New Zealand

These trends are expected to continue and reflect the changing demographics of New Zealand. Nationally, the European/Other ethnic group will account for a shrinking proportion of the population—from around 63 percent down to around 53 percent in 20 years' time. **Māori, Pacific peoples and Asian populations will account for a larger proportion of the population in future.**

Since historical growth has been at the higher end of the projected range, using currently available high growth projections for the future population suggests that the Wairarapa will see an increase of about 16 percent in population over 20 years, giving a total 2038 population of over 52,000. That **population will be significantly older** in structure than todays.

Figure 3) and will have implications for the way we plan and deliver aged care services.

Figure 3: Population age structure

Source: Statistics New Zealand

Māori life expectancy is increasing and is a positive achievement. At the same time, different services and approaches will be required to support the growing population of Māori living well into old age.

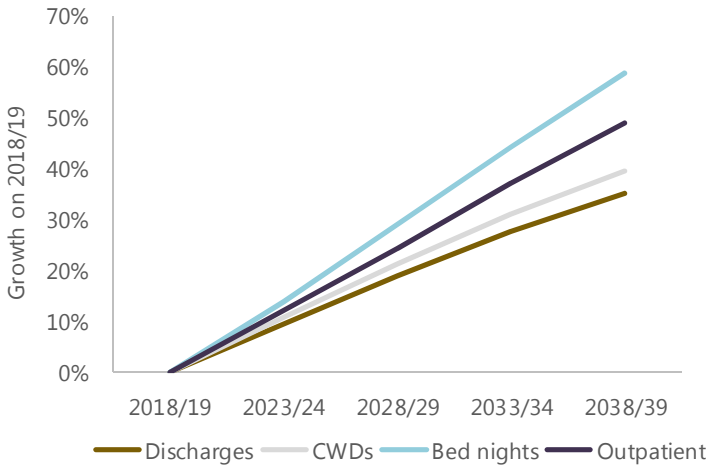
Wairarapa population projections suggest that the number of Māori aged 65+ will be at least 2.5 times larger in 2038 compared to 2018 (using the median projections). Under the 'high' growth scenario the number of older Māori will be 3 times the size in 2038 compared to 2018.

The changing demographics of our population mean that **kaupapa Māori and whānau ora approaches will come to the fore**. We will need to find different ways of supporting a growing population of older people to live well, and turn to new workforces as service users and the health workforce itself age.

The current level of service volume is unsustainable

The consequences of population change will be to increase need for services. If existing rates of service delivery are extrapolated to projected populations, hospital volume growth will increase very significantly in the coming decades (Figure 4).

Figure 4: Projected growth in hospital demand



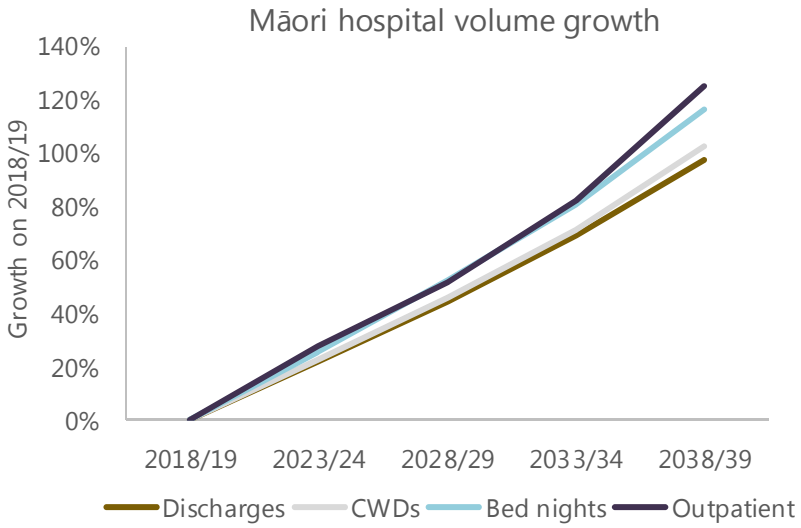
Source: Sapere projections using Wairarapa DHB & Statistics NZ data

The 'status quo' projection—if we do nothing differently… Assumes current (2018/19) intervention rates by domicile, age-group, gender, ethnicity; and projects forward based on expected population growth in each of those demographic categories. Population projections are still based on the 2013 Census—we have used the 'high' series for the Wairarapa population, to better reflect growth from 2013 to 2018, and other projections of the Wairarapa population

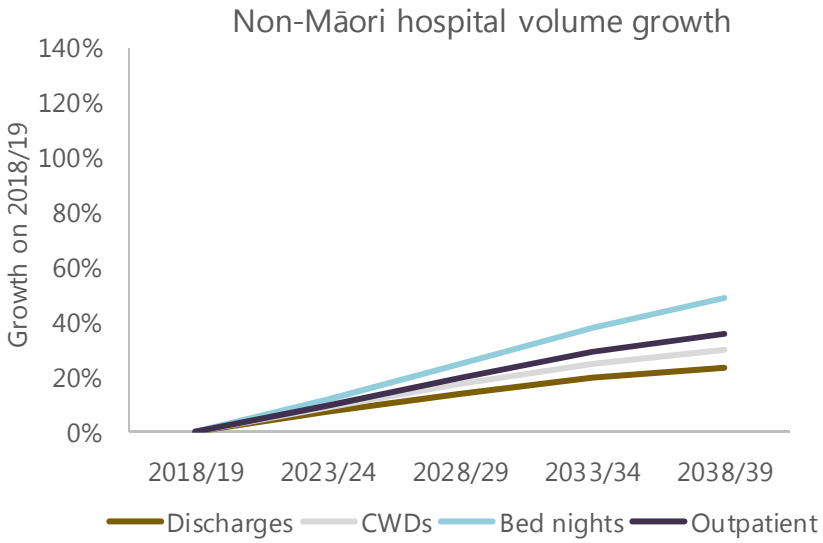
In this status quo scenario, discharges would increase by 35 percent between 2018/19 and 2038/39. Increasing complexity and length of stay driven by an older patient profile means demand for beds would be even greater (59% increase). The rate of growth substantially outstrips the level of demographic growth, reflecting the increasing need of an ageing population, as well as a population that is growing.

As Māori form an increasing proportion of the Wairarapa population in the future, under a status quo scenario a disproportionate level of increase will be needed to respond to Māori need, both across the whole population, and among children (Figure 5).

Figure 5: Projected growth in hospital demand—Māori and non-Māori



The gap between Māori and Non-Māori will greatly increase. Expected hospitalisations for Māori will be 60-80% higher than Non-Māori - If we do nothing.



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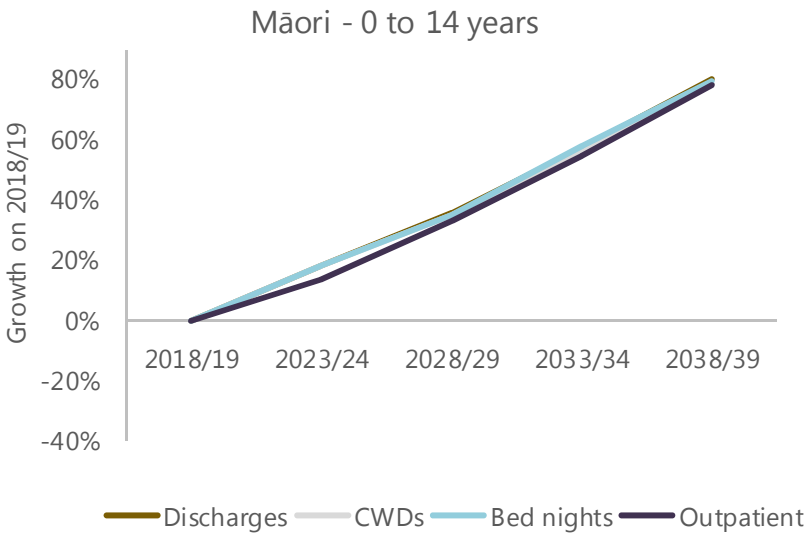
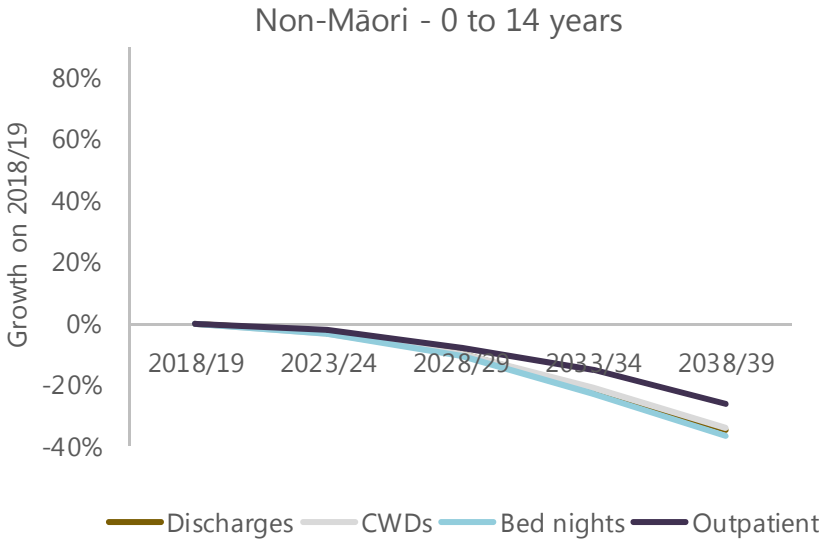


The effect for Māori children is even stronger. Hospital services for Māori children are going to increase markedly, and those for non-Māori kids are actually going to decrease.

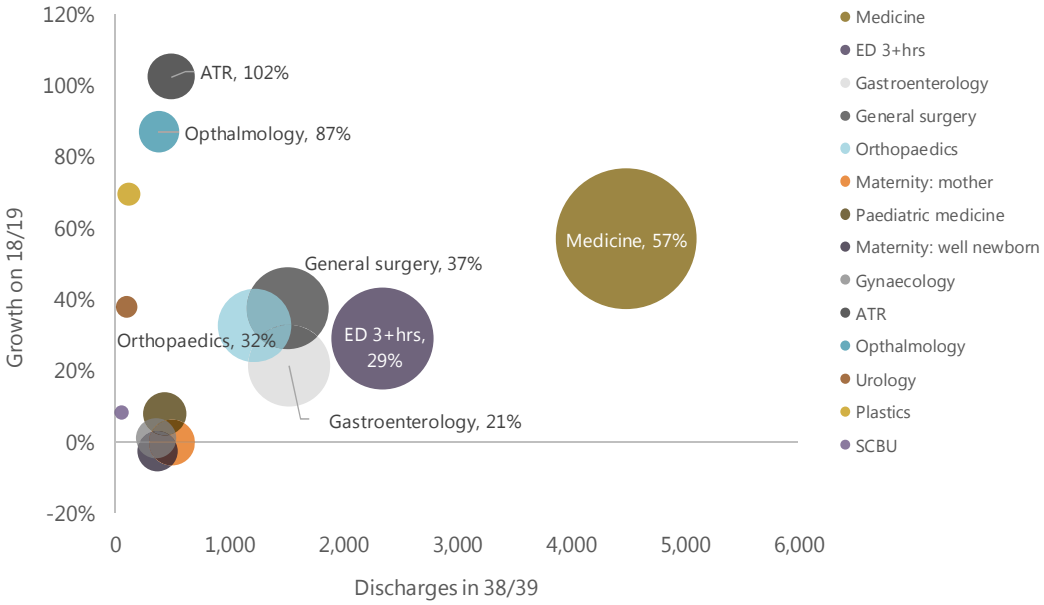


Source: Sapere projections using Wairarapa DHB and Statistics NZ data

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

Those services that have a particularly high level of need arising amongst older people will experience substantial demand pressure (Figure 6).

Figure 6: Inpatient events—20-year projected growth and size of service

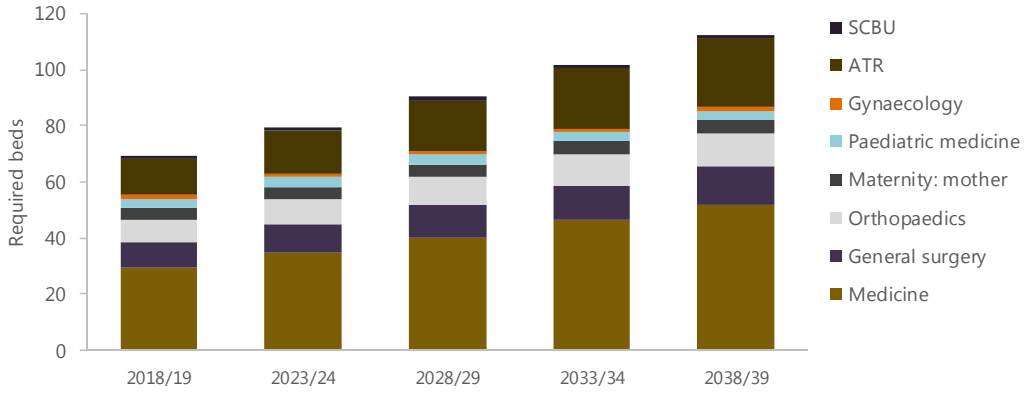


areas of
nmunity

Among hospital services, not only will the number of people admitted to hospital (counted as discharges) increase, but the average **complexity of cases** is also **expected to rise**, reflecting a population surviving to greater ages with more long-term conditions and comorbidities.

This translates into an expected growth in hospital beds required for the population (Figure 7), with facilities that are already close to capacity.

Figure 7: Growth in beds required at optimal occupancy rates

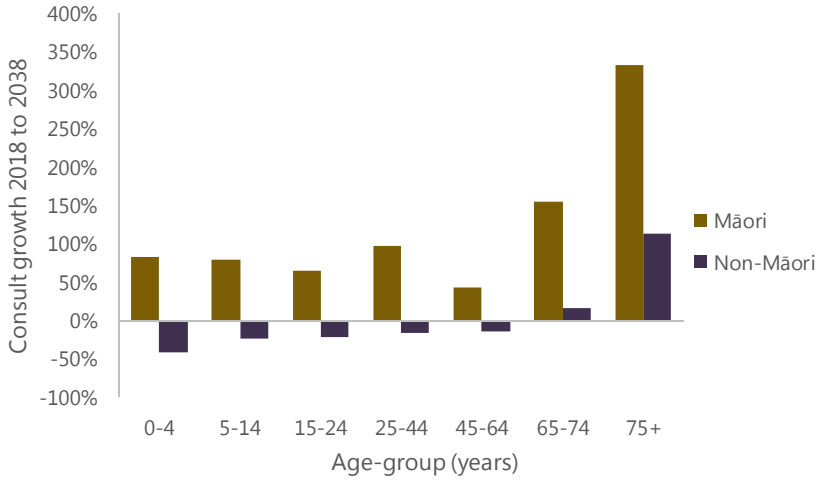


Source: Sapere projections using Wairarapa DHB and Statistics NZ data

Outside the hospital, under these population growth scenarios, general practice would need to provide an **additional 280 consultation per day**—roughly equivalent to the workload of 10 general practitioners under traditional models of care. Those consultations will be driven to

a high degree by an ageing population, while responding to the needs of Māori will become even more pressing (Figure 8).

Figure 8: Projected general practice consultation growth



Source: Sapere projections using Tū Ora Compass Health and Statistics NZ data

Services in the community for older people will experience substantial pressure. Already, the number of people in aged residential care is increasing—particularly at hospital and dementia level. The number of clients and hours of home and community support have increased markedly over the past decade. InterRAI[2] data tells us that the Wairarapa has a high proportion of older people living at home who 'feel lonely or are distressed by declining social activity and are alone for long periods of time' compared to most of New Zealand.[3]

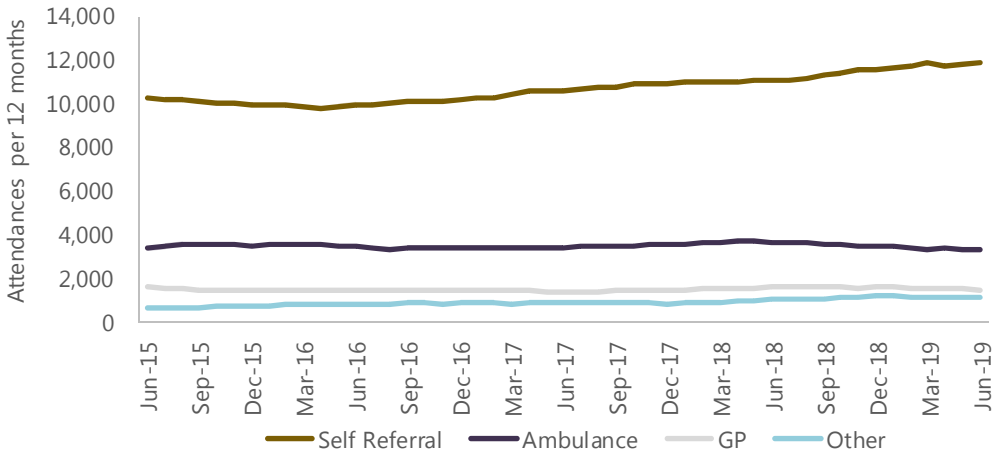
Our services struggle to respond

Given the high rate of increase in demand for services, keeping up with the needs of the population is already a challenge. Hospital length of stay is relatively long, and is steadily increasing compared with other peer hospitals in the Australasian Health Round Table.[4]

The rate at which people self-refer to the emergency department at Masterton is increasing (Figure 9), while the emergency department is challenged to cope with the volume of people who are already there.

[2] interRAI is a suite of clinical assessment instruments. In New Zealand, interRAI is the primary assessment instrument in home and community support and aged residential care services for older people.
[3] interRAI social relationship clinical assessment protocol
[4] https://home.healthroundtable.org/

Figure 9: Emergency department attendances by referral source, rolling 12 month totals



Source: Wairarapa DHB

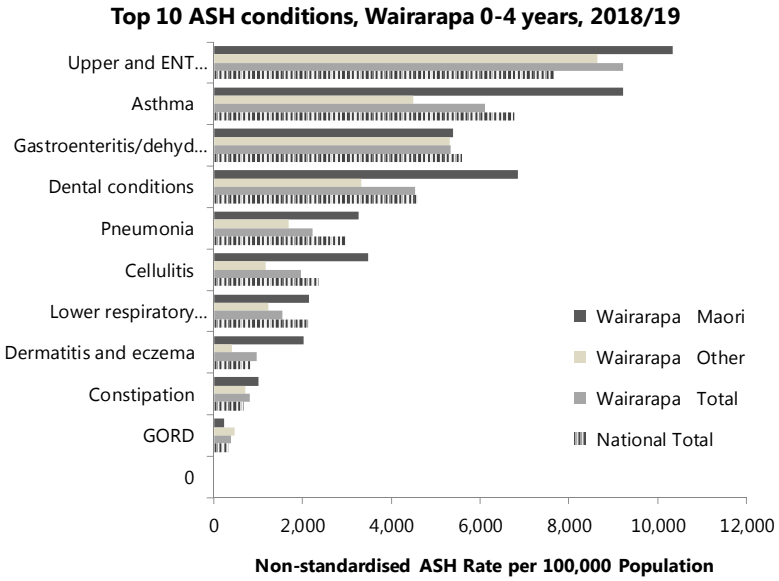
Health Round Table information also suggests that there may be areas of risk in some services, with a higher hospital mortality rate than expected.

Services are currently not meeting the needs of the two populations that are growing the fastest—Māori and older people

New Zealand has seen decades of disparity in health outcomes—highlighting the need to base decisions on robust analysis of needs, and what really matters to people.

Key measures show substantial inequity in health outcome for Māori, with rates of ambulatory sensitive hospitalisation (ASH) much higher than in New Zealand overall for a number of key conditions.[5] Among young children (Figure 10) there are particularly high levels of inequity in asthma, dental conditions, pneumonia, cellulitis, lower respiratory tract infections and dermatitis.

Figure 10: Ambulatory sensitive hospitalisations, top 10 conditions, 0–4 years, 2018/19

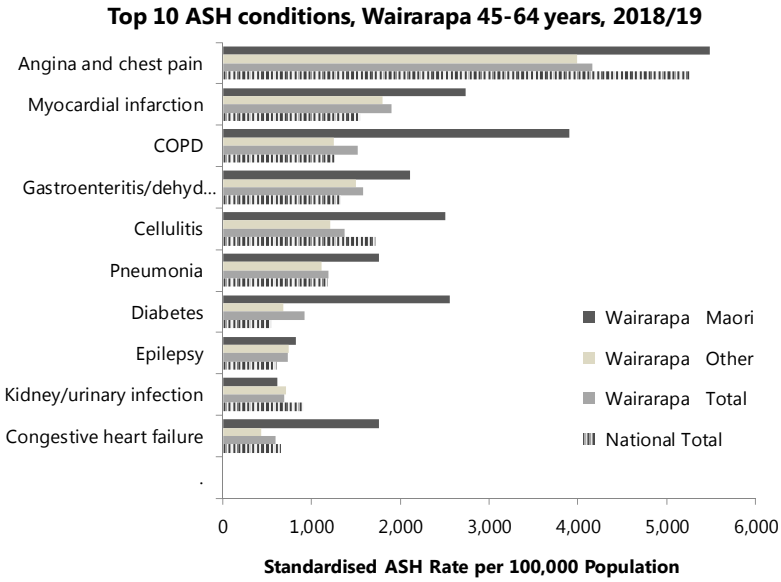


Source: Ministry of Health

Among adults (Figure 11) there are particularly high levels of inequity showing up in outcomes for diabetes, cellulitis, chronic obstructive pulmonary disease, dental conditions and dermatitis.

[5] Ambulatory sensitive hospitalisations are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

Figure 11: Ambulatory sensitive hospitalisations, top 10 conditions, 45–64 years, 2018/19



Source: Ministry of Health

6. Navigating into the future

It is important to look to the past and learn from it but not live in the past. We are built on two sets of traditions, Te Tiriti o Waitangi is the agreement which binds those traditions together and formed the genesis of our modern nation.

DHBs are required to collaborate with relevant organisations to plan and to co-ordinate at local, regional, and national levels to ensure the effective and efficient delivery of health services. These expectations are reflected in Wairarapa District Health Board's (WDHB) vision, mission and values. The Wairarapa District Health Board is responsible for improving, promoting and protecting the health of people and communities, and reducing health disparities by improving health outcomes and reducing inequities.

To deliver on this the DHB is seeking to improve outcomes, prevent amenable demand for healthcare and optimise the use of healthcare services. At the heart of this approach is the drive to enable people and their whanau to take the lead in their own health and wellbeing, whilst supporting those who have more complex needs.

PUBLIC

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

Author	Daniel Kawana, Service Development Manager, Planning and Performance
From	Sandra Williams, Executive Leader, Planning and Performance
Endorsed By	Dale Oliff, Chief Executive
Subject	Equity Initiatives

RECOMMENDATION

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

- **Notes** this summary of the Wairarapa DHB Equity Initiatives planned for in the 2020/21 year

1 PURPOSE

The purpose of this paper is to update Community and Public Health Advisory Committee on equity initiatives currently being/have been commissioned by Wairarapa DHB for 2019/20 and 2020/21.

2 SUMMARY

Good health for everyone demands a society that is fair and just, committed to equal opportunities as well as equal outcomes, and ready to shift the focus if that is needed. Disparities between Māori and non-Māori have been the subject of numerous reports from the 19th century to the present. Māori are over-represented in almost every type of illness and every known determinant that leads to poor health. These projects focus on equity for Māori, Pacific and low socioecomic whānau within the Wairarapa DHB region.

3 WAIRARAPA DHB 2019/20 "FIVE AREAS OF CHANGE"

The 2019/20 Annual Plan outlined five areas of focus:

- First 1,000 days - establishing a kaupapa Māori labour, birth and parenting programme
- Improving diabetes management for Māori
- Māori youth mental health – establishing a kaupapa Māori youth mental health service
- Reducing respiratory conditions for Māori children aged 0-4
- Oral health - targeting adult Māori with dentistry needs, delivered by the NZ Defence Force and local dentists.

4 NEW DEVELOPMENTS & NEW PROVIDERS

We have used these five areas as our starting point and the base for our 2020/21 year. 2020/21 is about taking bold steps and working with a wider range of providers to achieve better synergy with the community and especially whānau Māori, Pacifika and vulnerable whānau. The projects range in terms of investment from $20,000-100,000 pa and are prototype in nature - meaning we will understand what works or doesn't work within these communities and are prepared to modify and be flexible around service delivery. The providers we will work with include our local Primary Health Organisation, the Mobile Surgical Bus Service, and local Māori NGOs.

PUBLIC

4.1 Child Focused

- *Kura Pounamu [Six week marae based weaving for maternity]*
  Target pregnant Māori women and whānau. Utilising traditional weaving as the vehicle, for learning that includes all facets of antenatal education. This is a multi-year project.

- *Hapūtanga [Six week marae based antenatal programme]*
  Target pregnant Māori women and whānau. Marae based teaching and learning that includes all generic and Māori specific facets of antenatal education. This project includes 0.5 fte to support the implementation of the bevy of projects within the Wairarapa Māori Women's Welfare League. This is a multi-year project.

- *Tāringa Whakarongo [Ear Health]*
  Target Māori, Pacific, and low socioeconomic. Providing sufficient, early care and treatment for those children requiring specialist micro suctioning of earwax. This service is free and will be sub-contracted to a local provider, this also includes a small health promotion component in order to target key communities and primary care providers.

- *Niho Taniwha [Oral Health]*
  Target Māori, Pacific, and LSE. Providing sufficient, early care and treatment for those children requiring specialist oral surgery.

- *Kāinga Ora [Home Assessment and Remedies]*
  Target low socioeconomic, vulnerable whānau. Providing home assessments and remedial work to improve living conditions for vulnerable whānau. This is an extension of the healthy homes model delivered in HVDHB and CCDHB, this could grow and be purpose built for Wairarapa.

4.2 Youth Focused

- *Mate Patupaiarehe [Measles Campaign]*
  Target Māori & Pacific age 15-29. Utilising the leagues knowledge of increasing immunisation among Māori community to target the approach.

- *Tapū Te Hā [Tobacco Control]*
  Target Youth at Risk, Alternate Education, Over 30+ Māori women. A targeted health promotion programme aimed at youth engaged in alternate education using smoking as a vehicle for further work. Understanding what would work for Māori women to quit.

4.3 Building Resilience Focused

- *Kaumātuatanga [whānau advanced care planning]*
  Target older 55+ Māori, Pacifika and whānau. Promoting and delivering on care plans that engage and involve the whānau as a whole unit and holding a conference in Masterton to promote Advanced Care Planning/ Aged Care. Surveying Māori and Pacific kaumatua to understand their perspectives on ageing and aged care. The key outcome for this project is a report and a way forward for Advanced Care Planning.

- *Te Whakauruora [building resilience]*
  Target Māori, Men & Rural communities, increase the resource level of the suicide prevention/postvention co-ordinator in the Wairarapa in order to build capacity in co-ordinating the focus on suicide as a topical area especially for Māori, Males and the rural communities across Wairarapa.

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4.4 Pacific Focused

- *Hauora Pasifika [Pacific Health]*
  Target Pacific whānau. Purchasing resource to deliver co-ordination and engagement with whānau Pacifika to improve outcomes and access for whānau.

4.5 Other

- *E Tūhono [Māori Health Analytics & Insights]*
  Target Māori health data, analytics and insights for decision makers. Utilising Māori expertise to understand and design Māori health service provision into the future. This is a concerted push in the direction of well-informed decision making, workforce development and succession planning for Iwi Māori.

5 UNDERSTANDING INEQUITY

Understanding the drivers of inequity in important in changing the outcomes for whānau, known as the social determinants of health or the causes of the causes, these are the things outside of the direct influence of healthcare but equally, if not more important, as agents of change. Even though we are excited about the prospect of implementing these equity projects we know that our relationships and the work done across sectors is what will really make an impact for our whānau.

6 OTHERS AREAS OF INTEREST

We are exploring the next two areas –recognising that these may be implemented later in the 2020/21 or 2021/22 years.

Men's Health

- Investigating a health promotion style CVD risk assessment activity to be implemented in Wairarapa. The target group being Māori, Pacific and Rural men.
- Investigating options for supporting men with diabetes, particularly those with uncontrolled diabetes and co-morbidities.
- Growing the presence health promotion and health messages through the Wairarapa Bush Rugby Union, areas such as suicide prevention, whānau violence, mental health and addictions.

Rural Health (Farming Community)

- Investigating options for a rurally based clinical psychologist to work with the farming community as a joint project alongside Ministry for Primary Industries.

PUBLIC

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

Author	Nicky Rivers, Group Manager Community and Integration
Endorsed By	Kieran McCann, Chief Operating Officer
Subject	**Hospital at Home Update**

RECOMMENDATION

It is recommended that CPHAC:

Notes this paper.

1 BACKGROUND

A high level overview of the Hospital at Home (H@H) model was presented to CPHAC on 21 April 2020, outlining the plan to implement H@H within Wairarapa DHB using a proof of concept approach along with the Plan, Do, Study, Act methodology to develop / review this work as it progresses. Given this model was being introduced within existing staffing resource it was important to start small and scale up as components were tested and implemented.

The intent of this model is to provide timely, quality care in the place of residence for older adults presenting with acute medical conditions who would otherwise be admitted as an inpatient. The aims of H@H are:

- To provide acute medical care in the location of choice for the client and their whanau / family.
- To minimise the deconditioning that results from inpatient hospital admission in older adults, along with the increased risk of hospital acquired complications for this group.
- To create capacity and decrease patient flow through inpatient services over the winter months.
- To decrease the impact of Covid-related management strategies (quarantine, isolation periods) for older adults in ARC by providing care in their place of residence where it is safe and clinically appropriate to do so.

This approach was endorsed by CPHAC on 21 April 2020.

A Terms of Reference for this project has been developed under the Executive sponsorship of Kieran McCann, Chief Operating Officer.

2 ACTIONS / PROGRESS OVER THE LAST MONTH

- Engagement meetings with primary care and Wellington Free Ambulance to introduce the H@H plan. Both Tu Ora Compass Health and WFA are supportive and keen to be actively involved in this work.
- Confirmation of the H@H clinical team and IT engagement, and operational planning meetings with this group to discuss and confirm referral flow, service delivery, entry / exit to service.
- Work with our IT project members to map and confirm electronic documentation to support service delivery. This included developing and testing a H@H virtual inpatient ward within WebPAS, and confirming the location of clinical documentation on Concerto.
- Engagement meetings with operational and clinical managers from the two ARC facilities who are part of the initial phase – Glenwood Masonic and Lansdowne Park.

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- Resource requirements – securing a DHB fleet car for the H@H team, assessment and intervention equipment ordered for community nursing and medical, set up of a pharmacy 'grab bag' for medical use.
- Clinical upskilling as needed, eg. MediMap.
- **H@H went live in the week of 25 May 2020,** with the first patient (from Glenwood Masonic) being assessed by Dr Tim Matthews during this week.
- Inclusion of H@H under the Community and Integration workstream of the strategic work currently being undertaken with The Francis Group.

Note there is a parallel IT H@H project team who are focusing on testing and introduction of H@H software that is part of an Orion package – this will provide a means for electronic documentation, activity tracking and sharing of H@H clinical activity across all settings. This work is happening alongside the clinical H@H development and delivery – these two projects are highly complementary.

3 NEXT STEPS

1. Confirming a Memorandum of Understanding with the ARC facilities to formalise their engagement.
2. Ongoing operational development of processes and flow and documentation of operational guidelines.
3. Comms to a wider network across the primary care, inpatient and ARC settings along with specific communication and development of H@H resources for ARC facilities and ED.
4. Consideration (via the weekly operational review meetings and with steering group endorsement) of wider rollout as indicated. It is likely the programme will be extended to further Masterton based ARC facilities in the first instance, along with those living in independent villas at ARCs already engaged in H@H.