

 <b>Wairarapa DHB</b> <i>Wairarapa District Health Board</i> Te Poari Hauora a-rohe o Wairarapa			<b>AGENDA</b> Held on Thursday 19 November 2020 Taku Wahi, Blair Street, Wairarapa DHB (zoom 86149535666) 9.00am		
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE			PUBLIC SESSION		
	Item	Action	Presenter	Min	Time
<b>1. PROCEDURAL BUSINESS</b>					
	Karakia				9.00am
1.1	Apologies	ACCEPT		10mins	
1.2	Continuous Disclosure 1.2.1 <a href="#">Interest Register</a> 1.2.2 <a href="#">Conflict of Interest</a>	CONFIRM / ACCEPT		"	
1.3	<a href="#">Minutes</a> of Previous meeting	APPROVE		"	
1.4	<a href="#">Schedule</a> of Action Points	NOTE		"	
1.4.1	<a href="#">Work Programme</a>	NOTE		"	
<b>2. DISCUSSION</b>					
2.1	Maori Health Plan Update (verbal)	DISCUSS	Jason Kerehi, Executive Leader, Maori Health	10mins	9.10am
2.2	<a href="#">WrDHB Health System Plan Update</a>	DISCUSS	Sandra Williams	30mins	9.20am
2.3	<a href="#">Child Health</a> Approach to understanding our investment and opportunities	DISCUSS	Daniel Kawana	30mins	9.50am
2.4	<a href="#">MHAIDs</a> Update	DISCUSS	Nigel Fairly	30mins	10.20am
2.5	<a href="#">Annual Plan</a> process	DISCUSS	Sandra Williams	10mins	10.40am
<b>3. OTHER</b>					
3.1	General Business				

## Wairarapa Community and Public Health Advisory Committee (CPHAC)

### Disclosure of Interests Register - as at 11 November 2020

Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
<b>Committee members</b>			
<b>Dr Tony Becker</b> <i>Deputy Board Chair</i>	December 2019	<ul style="list-style-type: none"> <li>Shareholder and Director (Clinical) Masterton Medical Limited</li> <li>Shareholder and Director Wairarapa Skin Clinic</li> <li>Wife contracts to Wairarapa District Health Board</li> <li>Sister-in-law is Associate Director of Nursing at Surgery, Womens and Childrens Directorate, Capital &amp; Coast DHB</li> </ul>	<ul style="list-style-type: none"> <li>Trustee, Hau Kainga</li> </ul>
<b>Helen Pocknall</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Contractor with Ministry of Health</li> </ul>	-
<b>Joy Cooper</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>No interests declared</li> </ul>	<ul style="list-style-type: none"> <li>Chairperson Wharekaka Trust Board Incorporated</li> </ul>
Jill Stringer <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Member of 3DHB Disability Services Advisory Committee (DSAC)</li> </ul>	<ul style="list-style-type: none"> <li>Director, Touchwood Services Limited</li> <li>Husband employed by Rigg-Zschokke Ltd</li> <li>Trustee, Wellington Welfare Guardianship Trust</li> </ul>
<b>Yvette Grace</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Member, Hutt Valley District Health Board</li> <li>Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board</li> <li>Sister-in-law is a Nurse at Hutt Hospital</li> <li>Sister-in-law is a Private Physiotherapist in Upper Hutt</li> <li>Member concurrent FRAC Hutt Valley and Capital and Coast DHBs</li> <li>Member 3DHB Disability Services Advisory Committee (DSAC) for Hutt Valley DHB</li> </ul>	<ul style="list-style-type: none"> <li>General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust</li> <li>Trustee, House of Science Wairarapa</li> <li>Trustee, Equippers Church and Oasis Trust</li> </ul>
<b>Dr Stephen Palmer</b> <i>Regional Public Health Clinical representative</i>	April 2020	<ul style="list-style-type: none"> <li>Employee of Hutt Valley DHB as Medical Office of Health in Regional Public Health</li> <li>Member of the Policy Committee of NZ College of Public Health Medicine</li> </ul>	-
<b>Limoe Kelly</b> <i>Pacific representative</i>	February 2020	<ul style="list-style-type: none"> <li>No interests declared</li> </ul>	<ul style="list-style-type: none"> <li>Works at Lyndale Rest Home</li> </ul>
<b>Justine Thorpe</b> <i>Primary Care representative</i>	February 2020	<ul style="list-style-type: none"> <li>Tū Ora Compass Health, Deputy CEO, General Manager Corporate Services and Wairarapa</li> </ul>	<ul style="list-style-type: none"> <li>Member of Papakanui Iwi Land Trust</li> <li>Member of South Wairarapa District Council Water Race Management Committee )</li> </ul>

Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
<b>Committee members continued</b>			
<b>Annie Lincoln</b> <i>Primary Care Clinical representative</i>	February 2020	<ul style="list-style-type: none"> <li>Director Carterton Medical Centre</li> </ul>	-
<b>Sophonria Smith</b> <i>Māori representative</i>	October 2020	<ul style="list-style-type: none"> <li>Member of Te Oranga o Te Iwi Kainga</li> </ul>	-
<b>Holly Jackson</b> <i>Māori representative</i>	October 2020	<ul style="list-style-type: none"> <li>Member of Te Oranga o Te Iwi Kainga</li> <li>Employed as Practice Manager, Whaiora</li> </ul>	<ul style="list-style-type: none"> <li>Board volunteered member at ArrowFM (Access Radio)</li> </ul>
<b>Wairarapa DHB Management</b>			
<b>Dale Oliff</b> <i>Chief Executive</i>		<ul style="list-style-type: none"> <li>No interests declared</li> </ul>	-
<b>Sandra Williams</b> <i>Executive Leader Planning &amp; Performance</i>		<ul style="list-style-type: none"> <li>No interests declared</li> </ul>	-
<b>Jason Kerehi</b> <i>Director Maori Health</i>		<ul style="list-style-type: none"> <li>Partner is employed as a school nurse by Compass</li> </ul>	<ul style="list-style-type: none"> <li>Negotiator – Rangitane Settlement Negotiations Trust</li> <li>Trustees – Rangitane Tu Mai Ra – Post Settlement Governance Entity</li> </ul>

## COMMUNITY &amp; PUBLIC HEALTH ADVISORY COMMITTEE

PUBLIC

 <p><b>Wairarapa DHB</b> Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa</p>	<p><b>MINUTES</b> Held on Thursday 17 September 2020 Taku Wahi, Wairarapa District Health Board (zoom also available due to COVID-19 Level 2) 9.00am</p>
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE	PUBLIC SECTION

**PRESENT**

Dr Tony Becker	Chair
Helen Pocknall	Member (Deputy Chair)
Joy Cooper	Member
Jill Stringer	Member
Yvette Grace	Member
Dr Annie Lincoln	Member (Primary Care Clinical Representative)
Limoe Kelly	Member (Pacific Peoples 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)
Jason Kerehi	Executive Leader, Māori Health
Nicky Rivers	Group Manager, Community & Integration
Peter Gush	General Manager, Regional Public Health
Daniel Kawana	Service Development Manager, Planning & Performance
Jen Bergantino	Minute taker, Planning & Performance

**1.0 PROCEDURAL BUSINESS****1.1 APOLOGIES**

An apology was received from Justine Thorpe Justine Thorpe (Member, Primary Care Representative).

Dr Annie Lincoln declared a conflict of interest in regards to agenda *item 2.2 Health Care Homes*. She is the GP Lead for this work.

**1.2 CONFIRMATION OF MINUTES****RESOLVED****Moved**

Helen Pocknall

**SECONDED**

Yvette Grace

**CARRIED****2.0 DISCUSSION****2.1 ALLIANCE AND SYSTEM LEVEL IMPROVEMENT PLAN****Health Care Home presentation**

Melissa Simpson (Programme Lead) and Dr Annie Lincoln (GP Liaison) gave a presentation on the Health Care Home programme. The presentation covered:

- Model of care
- Framework and goals
- The challenges facing wairarapa– inequities, ageing population having more complex health needs, acute demand due to high complexity, primary care workforce

**COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE****PUBLIC**

- How do we drive equity actions
- Continuous improvements made

**Action:** *The Executive Leader Planning and Performance is to work with Tū Ora Compass Health and GP Liaison, to find what data on e-prescribing is available and whether this information could be helpful.*

**2.2 HOSPITAL @HOME (H@H)**

A progress update paper was presented as part of the System Level Improvement quarter report. The team will continue to look for opportunities to promote H@H and engage potential referrers and client groups with this work.

**RESOLVED** that the Community and Public Health Advisory Committee:

- Noted the progress made.
- Noted the next steps and opportunities identified.

**MOVED** Jill Stringer                      **SECONDED** Helen Pocknall  
**CARRIED**

**2.3 SYSTEM LEVEL MEASURES (SLM) Q1 REPORTING**

The report provided a summary of achievements and key activities including progress of the Health Care Home and the community services integration programme. This quarter one report had been signed off by the Alliance Leadership group (Tihei) at their September 2020 meeting.

An update on dental will be incorporated in the child health discussions.

**Action:** *The Planning & Performance Service Development Manager is to follow-up on the pilot testing for Cardiovascular Disease Risk Assessment and report back to the Committee.*

**RESOLVED** that the Community and Public Health Advisory Committee:

- Noted the progress made against the 2020/21 System Level Improvement Plan
- Noted all actions are on track for quarter one 2020/21
- Noted our data shows we have achieved two of our targets already (non-standardised Māori ASH rates for 0-4, standardised acute bed days for Māori and dental coverage for Pacific adolescents) and are well on the way to achieving others (dental coverage for Māori adolescents and babies in smokefree homes).

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

**2.4 MEASLES UPDATE**

The Committee received an update on the Measles Catchup Campaign. Points to note were:

- Masterton Medical practice has started the recall process with other practices to follow.
- National communications are ready to be rolled out – local communications are in development.
- MOH COVID-19 updates will promote measles campaign.
- A Pacific representative will be used to help support design of the programme.
- Have until April 2021 to make an impact – do not want to clash with timing of flu season vaccination, immunisation schedule and staffing.
- Some pharmacies will be providing in-house vaccination
- Whaioara outreach immunisation team helping.

**COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE****PUBLIC****2.5 REGIONAL PUBLIC HEALTH (RPH)**

The Committee received a report which provided an overview of the services RPH provides in the Wairarapa DHB District.

**RESOLVED** that the Community and Public Health Advisory Committee:

- a. Noted the work done to support the COVID-19 response including the resurgence planning.
- b. Noted Wairarapa DHB consistently reaches the Ministry of Health population targets with Year 7 (previously Year 8) immunisation rates.
- c. Noted the actions undertaken in alcohol regularity and health promotion.
- d. Noted the actions undertaken to promote smokefree Kohanga Reo, smokefree enforcement and support for breastfeeding.
- e. Noted the Smokefree Environment and regulated products (vaping) Amendment Act has been passed by Parliament and commences 25 November 2020.

**MOVED** Jill Stringer                      **SECONDED** Yvette Grace  
**CARRIED**

**2.6 MAORI HEALTH PLAN**

The Executive Leader, Māori Health provided a presentation which outlined the proposed process and timeline for the Māori Health Plan.

Goal is will be to hear the peoples voice which will form the five year plan for the DHB. This will generate what the priorities are for the next generation. The "Pae Ora" model will be used for the basis of the questions that will asked – healthy futures for people. Simple questions that anyone can answer.

Consultation will be Wairarapa wide; by Hui, one to one, whanua, inter-generational, workforces, gangs, kapu haka groups, huia. The consultation will be ambitious but is critical to the development of the plan.

The Committee will receive regular updates on the progress of the plan.

**4.0 OTHER****4.1 NOMINEES FOR MAORI REPRESENTATION ON THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)**

**RESOLVED** that the Community and Public Health Advisory Committee:

Endorsed the recommendation for the two Maori nominees to be members on the Committee, (Holly Jackson and Sophronia Mete-Smith) and forward to the Board for approval.

**MOVED** Jill Stringer                      **SECONDED** Helen Pocknall  
**CARRIED**

**MEETING CLOSED AT: 11.45am**

Date of next meeting: 19 November 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**


<b>Meeting Date</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Status</b>
20 May 2020	Oral health for children to be considered with next report on children	Executive Leader Planning & Performance	This will be included in the child health work – November 2020.
18 June 2020	The Implementation plan, for the Pacific Health and Wellbeing Strategic Plan, will be available at the time of the launch.	Director, Pacific Health	Has been moved to February 2021
20 August 2020	Provide a regular update on the National Measles Campaign 2020/21	Executive Leader, Planning & Performance	February 2021
15 October 2020	Work with Tū Ora Compass Health and GP Liaison, to find what data on e-prescribing is available and whether this information could be helpful with the Health Care Homes programme.	Executive Leader, Planning & Performance	March 2021
15 October 2020	Follow-up on the pilot testing for Cardiovascular Disease Risk Assessment and report back to the Committee.	Service Development Manager, Planning & Performance	Next SLM update

## 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 Plan -Equity Initiatives -Annual Plan, and System Level Improvement Plan	-Maori Health Plan update and Maori Health Dashboard/ Performance development approach -Digital Strategy -Clinical services plan update	- Planned Care 3 Year Plan - Measles vac catch up plan -final draft Hauora Mo Matou	- Maori Health Plan update - Awhi Whānau Suicide Prevention and postvention plan -Consumer engagement Governance	-Maori Health Plan Update -Measles Update	-Annual Plan Process -Maori Health Plan update - WrDHB Health System Plan update
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 -COVID-19 & ARC report -Testing Strategy-COVID 19	-Alliance and SLM reporting - Hospital @ Home update - Cancer Covid-19 impact update	-Health of Older People dashboard	-Alliance & SLM reporting including Health care Homes and Hospital@Home update - Regional Public Health	Primary and Community-child health -Mental Health and Addictions
Investment and prioritisation					-Investment & Prioritisation					-Investment & prioritisation



 <b>Wairarapa DHB</b> <small>Wairarapa District Health Board</small> <small>Te Pori Hauora a-rohe o Wairarapa</small>		<b>CPHAC DISCUSSION PAPER</b>
		<b>Date:</b> November 2020
<b>From</b>	Sandra Williams, Executive Leader Planning & Performance	
<b>Endorsed By</b>	Dale Oliff, Chief Executive	
<b>Subject</b>	Wairarapa Health System Planning Update	
<p><b>RECOMMENDATION</b> It is recommended that the Community and Public Health Advisory Committee:</p> <ol style="list-style-type: none"> <li>a. <b>NOTES</b> the name for the Clinical Services Plan has been revised and the plan will be called the WrDHB Health System Plan.</li> <li>b. <b>NOTES</b> there has been a change to the components of the work and the timeline with the draft report timeline now being the end of March 2021.</li> <li>c. <b>NOTES</b> the work being done will be sufficiently advanced to inform Annual Planning for 2021/22.</li> <li>d. <b>NOTES</b> there will a presentation to update the Committee on progress at the 11 November meeting.</li> </ol>		

## 1 PURPOSE

The purpose of this paper and presentation is to update the Community and Public Health Advisory Committee (CPHAC) on progress on the Clinical Services Plan (now called the WrDHB Health System Plan).

## 2 SYSTEM AND SERVICE PLANNING

This work programme contributes towards Hauora Mō Tātou actions:

- **Action 4** – Improving access to health and disability services
- **Action 6** – A fit for purpose hospital

System and service planning will be an ongoing process. The strategy identified a number of areas where substantial development and planning work is required. In order to begin the process with a tractable project, the scope for the initial system planning focuses on three priority areas, responding to two key themes in the strategic plan- Hauora Mō Tātou:

1. **The future configuration for Masterton Hospital.** This responds to the theme “A fit for purpose hospital”. The clinical services plan will address questions relevant to this theme, including alternative hospital models (such as rural hospital models), and the provision of hospital services in the context of the wider regional service offering.
2. **Urgent care.** This responds to the theme of improving access to health and disability services, and in particular the need identified in the strategy to consider access to services after hours across the district. It will consider questions about the effectiveness, responsiveness and sustainability of urgent care, particularly in the community, and considered in light of changes being made to improve the efficiency of urgent care in Wairarapa Hospital.
3. **Geographic access to services.** This also responds to the theme of improving access to health and disability services, but with a broader focus on the geographic barriers to accessing care. It will consider

issues such as identifying services that can be provided in community settings, and what support and resources are needed to do so sustainably.

### 3 UPDATE ON OUR APPROACH

In July we presented a paper on our planned approach and outlined the timeline of the work we planned to take. Since July we have made some changes to our approach and the timelines.

The Clinical Services Plan has been renamed to the WrDHB Health System Plan. The renaming is to remove any confusion with the work being undertaken under Whakapuāwai.

The timeline has been extended and includes some additional financial modelling. The draft plan will be available in late March, however sufficient work will have occurred prior to that to ensure the work informs the 2021/22 Annual Plan.

### 4 REVISED APPROACH

Component	Approach
<b>Modelling of current service volumes</b> against future population demographics over next 10 years.	This has been completed in part during the strategic planning process. It will be supplemented with a) further analysis of service volumes and flows across the wider region, in order to inform decisions about service flows and locations, b) more detailed analysis of afterhours service volumes, and c) analysis of community services volumes and populations by geography across the Wairarapa District, in order to inform more specifically the three areas of focus for this plan.
<b>Modelling the impact of other DHB decisions</b> about their future service delivery scenarios.	These scenarios will be built into the workshop process for development of new models of care. The establishment of any changes will be part of the fact finding process.
<b>Development of a range of service model options to improve health gain and modelling the impact of these on future service needs.</b>	The workshops will be provided with information about a range of models in other parts of New Zealand. The engagement workshops will be used to consider a longlist of options and narrow these to a shortlist, and a subsequent workshop to narrow this down to a preferred option.
<b>Completion of financial forecasts.</b>	Sapere will work with the DHB finance team to develop the most appropriate financial model to apply to the three focus areas of this plan, model the marginal effects of investment options on the existing baseline, including implications for surplus/deficit, debt levels and capital charge, and other common financial indicators.

These streams of work will be synthesised into a final plan that can support Board decision making and community engagement.

An engagement group for each of the three streams of work is planned. With three engagement meetings being planned for each group.

Suggested timelines for the main phases of activity are shown below. This timeline should synchronise with DHB annual planning processes for 2021.


	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<b>Analytical stream</b>						
Data extraction and current state	█	█				
Forecasting		█				
Financial modelling				█	█	
<b>Engagement stream</b>						
Establish user groups	█					
Check current state		█				
Developing new models of care		█	█	█		
Investment options					█	
<b>Producing the plan and key deliverables</b>						
Current state report	█	X				
Models of care report			█	X		
Investment options report				█	X	
Final plan					█	X

**5 WORK UNDERWAY- SAPERE WILL GIVE AN UPDATE AT THE MEETING**

The Analytical work is well underway and Sapere will present some of the information they have been analysing at the meeting on the 11 November 2020.

Engagement has also begun and Sapere will give an update on how that is progressing at the meeting on the 11 November 2020. -

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 <b>Wairarapa DHB</b> <small>Wairarapa District Health Board</small> <small>Te Pori Hauora a-rohe o Wairarapa</small>		<b>CPHAC DISCUSSION PAPER</b>
		<b>Date: 12 November 2020</b>
<b>Author</b>	Daniel Kawana, Service Development Manager, Planning and Performance	
<b>From</b>	Sandra Williams, Executive Leader, Planning and Performance	
<b>Endorsed By</b>	Dale Oliff, Chief Executive	
<b>Subject</b>	Child Health –an approach to understanding our investment and improving our outcomes	
<b>RECOMMENDATION</b>		
It is recommended that the Community and Public Health Advisory Committee (CPHAC):		
<ul style="list-style-type: none"> <li>• <b>Notes</b> this approach to understanding Child Health</li> <li>• <b>Provides</b> feedback on the design of a Child Health dashboard</li> </ul>		
<b>APPENDIX</b>		

## 1 PURPOSE

The purpose of this paper is to provide CPHAC an opportunity to input into the design of an approach to understanding and addressing Child Health in Wairarapa DHB. Action 8 in our strategic direction is based on Tamariki-Mokopuna, our children and young people are our future. We have said we would invest in the first thousand days with a focus on whānau Māori; increase investment and continuity of all child centred programmes of work; work collaboratively alongside our partner organisations and community groups; engage directly with children to understand their needs – from them;

*“Take care of our children, take care of what they hear, take care of what they see, take care of what they feel, for how the children grow - so will be the shape of Aotearoa”*

Dame Whina Cooper

## 2 SUMMARY

In August 2014 Emma-Lita Bourne died at the age of two years from complications of pneumonia. Coroner Brandt Shortland reported that “It is entirely possible the condition of the house [very cold and damp and had a leaking ceiling when it rained] contributed to the pneumonia-like illness that [she] was suffering from the time of her death”. The landlord was Housing New Zealand and the family had repeatedly asked for the cold and damp to be remedied. Following Emma-Lita’s death the family were rehoused in a better home.

**Around 11 children die from pneumonia each year, with the ‘most deprived’ quintile having rates about 10 times the ‘least deprived’ quintile.** Most of these deaths are Māori or Pacific children which reflects the huge inequities by ethnicity. The majority of children in Wairarapa are doing well, but some are facing significant challenges. Our decisions matter especially to the group of children who most need our support. Whānau must be well - in order for children to be well, and families must be involved in making things better. Intrinsic things such as feeling accepted, valued and respected are also just as important as children’s material and medical needs. Efforts to support

children need to focus on more than just what services are needed but also the context in which children live and grow.

### 3 CHILDREN IN NEW ZEALAND

The University of Auckland are undertaking the “Growing up in New Zealand” longitudinal study 2009-2020 some of the key data tells us that: people are choosing to have children later in life, moving house is a frequent and common event, families are smaller, many children are living in extended family environments, or with adults they are not related to, 40% of children are born into families living in our most deprived areas, almost half of all families were living in rental accommodation when their child was born, families are highly mobile and more than half of families have moved more than twice in the past five years.

In 2019 the Office of the Children’s Commissioner & Oranga Tamariki commissioned interviews of 6500 New Zealand children and young people on “What makes life good?” they said: having enough money for basics and having a good house to live; having whanau and friends that love and care for us; being safe; being valued and respected for who we are. Statistics New Zealand tell us that in 2018, 14% of New Zealand children (approximately 148,000) were in households that cannot afford six or more specific consumption items that most people regard as essential and 8% of children (approximately 65,000) were living in households experiencing severe material hardship by missing out on nine or more essentials for a decent standard of living.

**Table 1. Deprivation Index Child poverty figures in NZ, 2018**

Child poverty figures in NZ	No. of Children	% of Children
Total Children	1,060,000	100%
Income poverty (<60% median after housing costs)	295,000	28%
Severe income poverty (<50% median after housing costs)	210,000	20%
Very severe income poverty (<40% median after housing costs)	125,000	12%
Material hardship EU standard	155,000	14%
Severe material hardship EU severe standard	85,000	8%
Material hardship and severe income poverty	82,000	8%

*Ministry of Social Development, 2018*

In New Zealand 254,000 children currently live in low-income households. We know that one of the best ways to reduce the number of children in poverty is to raise family incomes by increasing benefits and making the minimum wage a living wage. **Children living in areas with the highest deprivation scores are three times more likely to end up in hospital than children in areas with the lowest deprivation scores. Children living in these areas are five times more likely to be hospitalised with bronchiolitis.** Living in a warm dry home is important for good health. High housing costs contribute to many families living in poverty. **More than 30% of the lowest income households with children spend more than half of their income on housing costs. 56% of children whose caregivers receive financial assistance are in households where there is not always enough healthy food on the table, compared to just 12% of children whose caregivers do not receive financial assistance** (Child Poverty Monitor, 2019)

### 4 CHILD HEALTH

Every year thousands of children across New Zealand are admitted to hospital with avoidable illnesses and injuries. Potentially avoidable hospitalisations (PAH) include illnesses and injuries that can be pre-empted through more effective primary health care services, or broader public health and social policy interventions that target the underlying determinants of health. Too many children and young people live in families where it's a struggle to meet every day needs and do things that others take for granted.

**PUBLIC**

**Evidence shows that the experience of poverty in childhood, especially when that experience is severe and/or persistent, can have negative lifelong impacts. Children may be more likely, on average, to experience poorer educational outcomes, poorer health, and have more difficulty finding work in adulthood.** Exposure to tobacco smoke, poor housing conditions, inadequate or poor nutrition and oral hygiene, and failure to vaccinate are just some of the drivers of potentially avoidable hospitalisations for children. Potentially avoidable hospitalisations include respiratory conditions, gastroenteritis, skin infections, tooth decay, vaccine preventable illnesses, and physical injuries. Health issues in childhood can have an impact on longer term health outcomes. Many adult health problems have roots in childhood experiences, such as chronic lung disease among adults, cardiovascular disease, mental illness, dental decay and shortened life expectancy.

**For some children in New Zealand, low income can be a barrier to accessing primary health care in order to treat illnesses and receive vaccinations.** This can include the cost and time of travelling to a health centre, or parents taking time away from work to attend appointments with their children. Low income also acts as a barrier to accessing better quality housing and a healthy diet, both of which are strongly related to poor health outcomes.

**5 OUR FOCUS**

Wairarapa has an estimated population of 48,480 people as at June 2020. 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 in comparison to non-Māori, non-Pacific.** 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.

**Population age structure Wairarapa, 2018**

Fig.1 Non-Māori Non-Pacific peoples

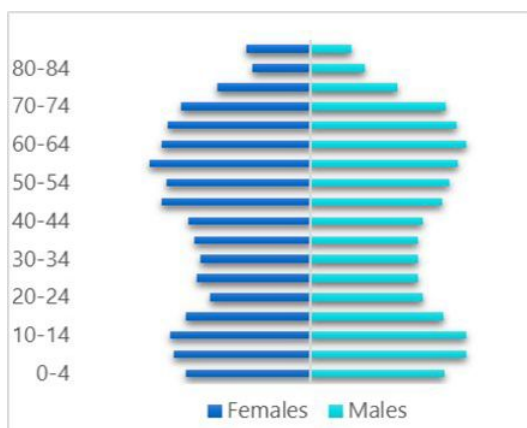
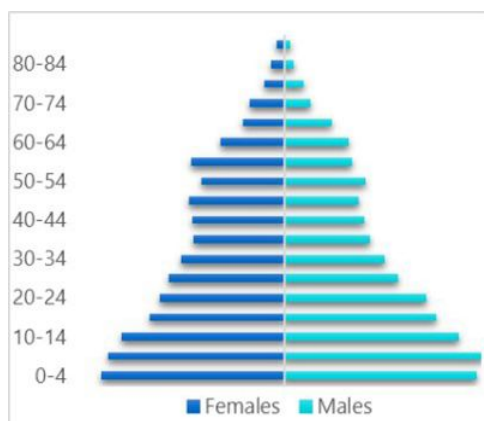


Fig.2 Māori and Pacific peoples

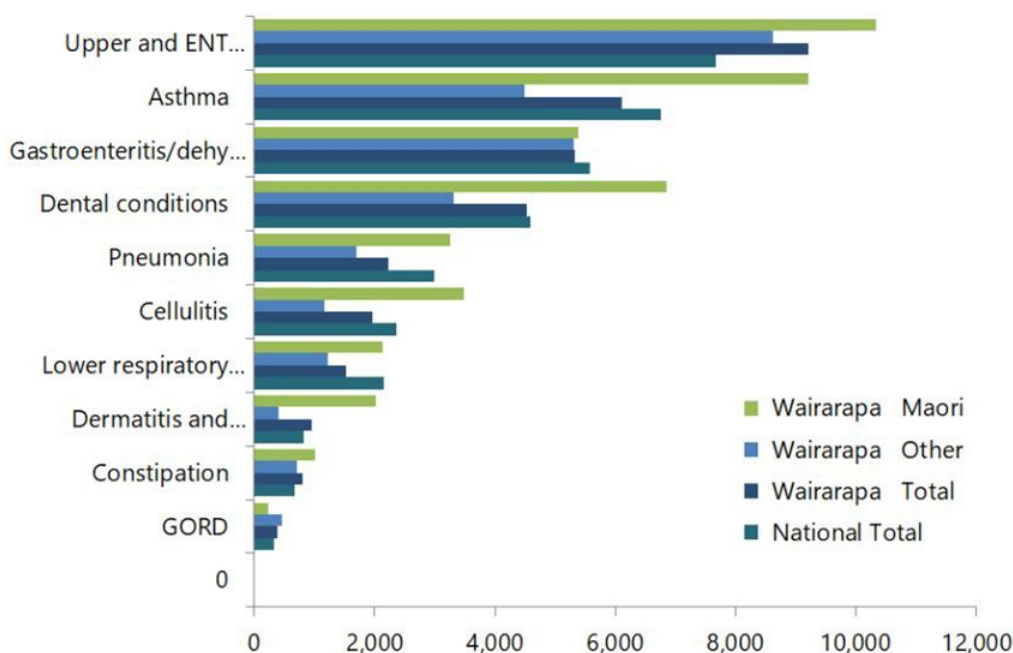


Key measures show substantial inequity in health outcome for Māori, with rates of ambulatory sensitive hospitalisation (ASH) is much higher in Wairarapa than in New Zealand overall for a number of key conditions. Among young children, there are particularly high levels of inequity in asthma, dental conditions,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

**Table 2. Ambulatory Sensitive Hospitalisations (ASH) 0-4 (12 months to June 2016-2020)**

Rate	DHB	Popn	2016	2017	2018	2019	2020
	Wairarapa	Maori	8,161	11,461	8,462	5,326	5,000
	Wairarapa	Other	5,430	4,862	6,593	3,770	4,699
	Wairarapa	Total	6,300	7,037	7,219	4,291	4,801
	National	Total	6,842	6,409	6,904	6,804	5,397
Events	DHB	Popn	2016	2017	2018	2019	2020
	Wairarapa	Maori	71	102	77	49	47
	Wairarapa	Other	101	88	119	69	86
	Wairarapa	Total	172	190	196	118	133

**Fig.3 Top 10 ASH conditions, Wairarapa 0-4 years, 2018/19 (rate per 100,000)**



No matter how you cut it our target populations are clear, they are poor, they are Māori and Pacific children, they live in high deprivation areas of Wairarapa and they may not present to primary care but all too often present to secondary services. **There should also be a particular emphasis placed on addressing needs for Māori children 0-14 as they experience the greatest inequities across all health and social measures.**

The following graphs from our strategic direction Hauora Mō Tatou predict the future specifically for Māori children accessing hospital based services. What you are seeing is an **80% increase in demand for hospital services specifically for Māori children and a 37% decrease in demand for all other children in Wairarapa over the next 20 years. Sound familiar – it should, that’s what has happened over the previous 20 years in terms of inequities for Māori.**



**Demand for hospital services 0-14 years 2018-2038**

Fig.4 Non-Māori demand 0-14 years

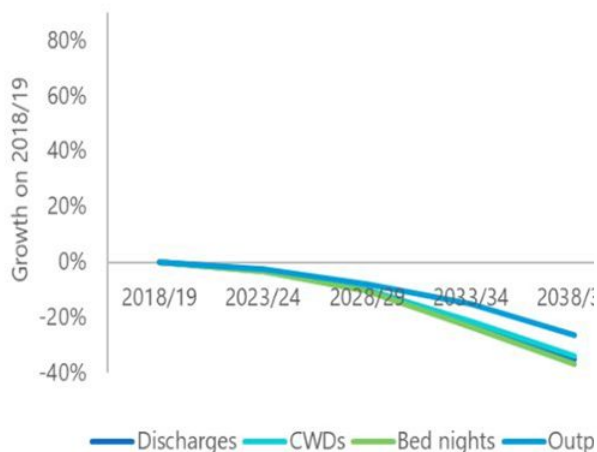
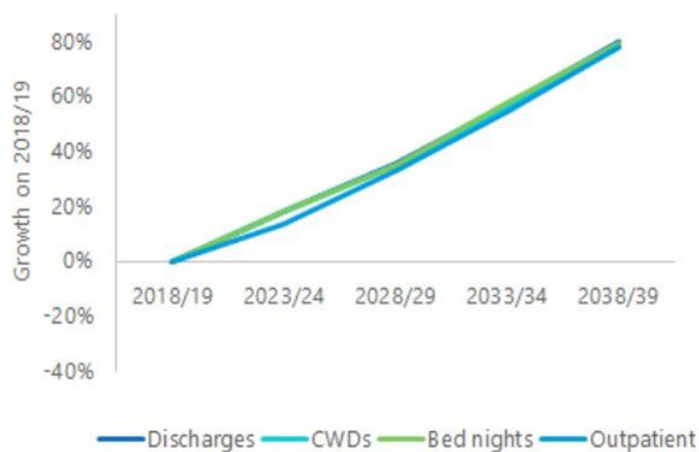


Fig.5 Māori demand 0-14 years



It doesn't have to be this way. If, hypothetically, European children had hospital admissions many times higher than the rate of Māori and Pacific children would more be done? If the answer is yes then these are things we can actively address.

The Child Health Dashboard will include various indicators, the success of a dashboard is measured by its usefulness and the key objective of this one is to understand the impact our collective efforts are having on outcomes for children.

In a perfect world what would you like to see on a dashboard for Child Health?

Examples: general population data; ASH rates 0-15 by ethnicity and condition; Dental conditions; Dental Utilisation; 0-15 self-harm; WellChild QIP; Public Housing Register; Emergency Housing Special Needs Grants; Child Poverty Monitor; Education Counts Indicators; immunisation coverage; Upper and ENT respiratory infections rate; Asthma; Breastfeeding; Babies in smokefree homes; Fruit and vegetable intake; % caries free by school year; GP and nurse visits; B4SC & Healthy Weight, alcohol related ED presentations 10-15 year olds; family violence data; mental health data.


## 6 NEXT STEPS

Over the next seven months work is being undertaken to understand the Child Health space in more detail and provide a platform for increasing an emphasis of addressing needs early in life, some of the key tasks are described below:

- Design a dashboard that's useful and gathers data from a broad range of sources
- Understand the child population in the Wairarapa and how they are accessing services
- Understand the total spend on Child Health across the Wairarapa DHB
- Understand the spend by ethnicity on Child Health across the Wairarapa DHB
- Evaluate services as fit for future and analyse service capacity against need
- Develop a Child Health Investment Plan to guide future investments in child health over the next four years.



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 <p><b>Wairarapa DHB</b> Wairarapa District Health Board Te Pōari Hauora a-rohe o Wairarapa</p>		<b>CPHAC INFORMATION PAPER</b>
		<b>Date: November 2020</b>
<b>Presented By</b>	Nigel Fairley, General Manager, Mental Health, Addiction and Intellectual Disability Service (MHAIDS)	
<b>Author</b>	Emma Jones, Project Manager, MHAIDS Single Employer	
<b>Endorsed By</b>	Dale Oliff, Chief Executive Wairarapa District Health Board	
<b>Subject</b>	Update for Community & Public Health Advisory Committee (CPHAC) - Transfer of Wairarapa employees to Capital & Coast DHB August 2020	
<p><b>RECOMMENDATION</b> It is recommended that the Board:</p> <p>a. <b>NOTES</b> The transfer is complete for Wairarapa &amp; Hutt Valley District Health Board staff to Capital &amp; Coast District Health Board</p>		

## 1 SINGLE EMPLOYER PROJECT

Following years of planning and consultation, MHAIDS has successfully implemented the move to a Single Employer. Wairarapa DHB and Hutt Valley DHB MHAIDS staff transferred their employment to Capital and Coast DHB (CCDHB) on August 31<sup>st</sup> 2020.

Overall this has been a smooth transition. All Hutt and Wairarapa staff their CCDHB contracts by the projected date. After the transition date there was a formal welcome for staff in both place in both the Hutt Valley and Wairarapa. The Wairarapa welcome was also attended by the CE and members from the WrDHB ELT.

At the beginning of 2020 the project was given to MHAIDS to implement. It was conducted as “business as usual” (internally) and was made up of work-streams from across the DHBs Finance, Human Resources and Business Systems teams. The whole process was well supported by Dale Oliff, Sandra Williams and Sueanne McGlashan.

A steering group was set up with membership made up of the MHAIDS leadership team, work-stream leads, and representatives from each of the three DHBs.

There were a number of lessons learnt throughout the project;

- Overall the key themes generally related to consistency of project management principles and process, operationalising in-principle decisions, especially when working across different organisations.
- Availability of key stakeholders, identification of resources needed, and project staff movement and accessibility.
- It is important to acknowledge that many of these factors were outside of the projects control but lessons can be learnt as to mitigating the impact.
- The key learnings and decisions from this transfer are now being used to inform other DHB change programmes.

Some of the positive key learnings were;


- Flexibility of staff to adapt to constant change, new issues, especially a willingness to engage virtually, adapt to a change of working environment (e.g. covid)

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- Buy in from managers to help communicate messages and 'sell' the transfer
- ICT stream project management worked really well
- Accessibility/responsiveness of Senior leadership
- Importance of working closely with all DHBs
- Visiting staff at Wairarapa and Hutt was well received and helped project staff understand the day-to-day components and understanding of impacted staff

The expected benefits of this transfer is an increased "seamlessness" of service provision: Hutt Valley DHB and Wairarapa DHB MHAIDS staff will have greater access to resources such as learning and development, and the MHAIDS kaunihera. Additionally, the lag and lead time normally associated with navigating separate HR recruitment and financial systems have been eliminated which will aim to create a greater capacity to focus strategically on the overall 3DHB service provision. MHAIDS is contracting local HR provision from the Wairarapa DHB.

A project closure report is soon to be finalised, following some final decisions to be made regarding the non-financial and financial reporting to the Ministry of Health.

 <b>Wairarapa DHB</b> Wairarapa District Health Board Te Pouri Hauora a-rohe o Wairarapa		<b>CPHAC INFORMATION PAPER</b>
		<b>Date: 12 November 2020</b>
<b>From</b>	Sandra Williams – Executive Leader, Planning and Performance	
<b>Endorsed by</b>	Dale Oliff, Chief Executive	
<b>Subject</b>	<b>2021/22 Annual Plan Timeline and Process</b>	
<b>RECOMMENDATIONS</b> It is <b>recommended</b> that the Community And Public Health Advisory Committee: <ol style="list-style-type: none"> <li><b>Note</b> that the Ministry of Health Annual DHB Planning Package for 2021/22 has not yet been released to DHBs.</li> <li><b>Note</b> that the Funding Envelope is expected from the MOH in May 2021 after the government budget has been released.</li> <li><b>Note</b> the attached Wairarapa DHB Annual Planning Timeline 2021/22.</li> <li><b>Note</b> the timeline and advice will be updated once we have received the Annual Plan guidance and the Minister’s letter of expectations.</li> </ol>		

## 1 PURPOSE

The purpose of this paper is to advise the Community and Public Health Advisory Committee (CPHAC) of the proposed process and timeline for the 2021/22 Annual Plan.

## 2 THE ACCOUNTABILITY DOCUMENTS

The accountability documents are expected to include the Annual Plan, the Statement of Performance Expectations and the System Level Measurement Improvement Plan.

It is expected that the government priorities for 2021/22 will be similar to those for the current year and our planning work will begin with that assumption. This includes the assumption that the Ministry of Health will expect the DHB to continue to strengthen the focus on achieving equity and improving health outcomes for Māori. DHBs are expected to strengthen their local focus on health equity and unmet need for priority populations within their annual plans and regional service plans and ensure there is an equity of outcomes emphasis for each priority area within the plan.

We will update our assumptions and actions once we have the Annual Plan Guidance and the Minister’s letter of expectation.

This year we have our Strategic Direction- Hauora Mō Tātou as guidance for the actions we will plan for 2021/22. We also have a range of other strategic documents and actions plans which will provide/ guide actions we will include in our Annual Plan.

These other plans/ strategies include (not exhaustive):

- He Korowai Oranga and Whakamaua: Māori Health Action Plan (MOH)
- Healthy Aging Strategy (MOH)
- The New Zealand Health Strategy (MOH)
- Regional Services Plan (under development)
- The Disability Action Plan (3DHB)
- The Digital Strategy (3DHB)

- The Pacific Health Plan (3DHB)
- Living Life Well (3DHB)
- The Māori Health Plan (under development)
- The WrdHB Health System Plan (Clinical Service Plan) (under development)
- Awhi Whanau ( local suicide prevention/ postvention action plan)
- Tapu te Hā (local tobacco control plan)
- Planned Care Plan (local)
- Whakapuāwai (local)

### 3 TIMELINE FOR SUBMISSION AND APPROVAL OF THE 2021/22 ANNUAL PLAN

A preliminary timeline has been prepared and will be updated once we have received the Annual Planning guidance timelines from the Ministry of Health.

BLUE = FRAC MEETING	PURPLE = TE ORANGA O TE IWĪ KAINGA MEETING
GREEN =BOARD MEETING OR BOARD WORKSHOP	YELLOW = CPHAC MEETING
RED = MOH STIPULATED DEADLINE	TBC = date still to be confirmed

## WAIRARAPA DHB ANNUAL PLANNING TIMELINE 2021-22

DUE DATE	ACTIVITY	RESPONSIBILITY	STATUS
Wed 11 Nov	<b>TE ORANGA O TE IWI KAINGA MEETING</b> Present timeline and process	Executive Leader Planning & Performance	
Thurs 19 Nov	<b>CPHAC MEETING</b> Paper to CPHAC re 2021/22 MoH Annual Plan timeline & process	Executive Leader Planning & Performance	
Mon 30 Nov	<b>BOARD MEETING</b> Paper to Board re 2021/22 MoH Annual Plan timeline & process	Executive Leader Planning & Performance and Executive Leader Finance	
Fri 11 Dec	<b>FRAC MEETING</b> First Draft Budget 21/22 to FRAC	Executive Leader Finance & Non-Clinical Support Services	
Fri 18 Dec (estimated)	MOH publish DHB Annual Planning Package 21/22	MOH	
Fri 21 Dec	<b>BOARD MEETING</b> First Draft Budget 21/22 to Board		
Wed 27 Jan	<b>BOARD WORKSHOP</b> Presentation to Board on Annual Planning	Executive Leader Planning & Performance	
TBC – Jan/Feb	Strategic conversations between MOH and DHBs	MOH	
TBC – Early Feb	2021/22 Funding guidance issued	MOH	
Wed 10 Feb	<b>TE ORANGA O TE IWI KAINGA MEETING</b> Annual Plan discussion	Executive Leader Planning & Performance	
Thurs 18 Feb	<b>CPHAC MEETING</b> Draft Annual Plan to CPHAC for feedback	Executive Leader Planning & Performance	
DUE DATE	ACTIVITY	RESPONSIBILITY	STATUS
Mon 22 Feb	<b>BOARD MEETING</b> Board to sign off Draft budget and annual plan for sending to Ministry		
Mon 1 March (TBC)	DHBs submit Draft Annual Plans, including budgets, with, SPE, SLM & RSP to MOH	Executive Leader Planning & Performance	
April to May	<b>CPHAC/ FRAC/ Te Oranga O Te Iwi Kainga/ BOARD MEETING</b> Update after MOH feedback		
TBC – May	GOVERNMENT BUDGET	MOH	
Thurs 17 June	<b>CPHAC MEETING</b> Next draft	Executive Leader Planning & Performance	
Tues 22 June	<b>FRAC MEETING</b> Update placeholder	Frank Van Ham	
Fri 25 June	<b>BOARD MEETING</b> Final Approval	Executive Leader Planning & Performance and Executive Leader Finance	
BY Wed 30 June	P & P to send final SPE to Parliament	Executive Leader Planning & Performance	
TBC	Communications to publish final Annual Plan (including SPE and SLM) to Wairarapa DHB website – within 5 working days of SPE being tabled in Parliament	Communications	

