

 Wairarapa DHB <small>Wairarapa District Health Board</small> <small>Te Poari Hauora a-rohe o Wairarapa</small>		AGENDA Held on Thursday 18 February 2021 Lecture room, CSSB, Wairarapa DHB 9.00am			
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE			PUBLIC SESSION		
	Item	Action	Presenter	Min	Time
1. PROCEDURAL BUSINESS					
	Karakia				9.00am
1.1	Apologies	ACCEPT		10mins	
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	NOTE		“	
1.4.1	Work Programme	NOTE		“	
2. DISCUSSION					
2.1	Wairarapa Clinical Services Plan (Wairarapa Health System Plan)	PRESENTATION	Tom Love, Sapere	30mins	9.10am
2.2	Immunisation	DISCUSS	Daniel Kawana	20mins	9.40am
3. INFORMATION					
3.1	Regional Public Health activity throughout the Wairarapa Health District	INFORMATION	Peter Gush, General Manager, Regional Public Health	20mins	10.00am
4. OTHER					
4.1	General Business			5mins	10.20am

Wairarapa Community and Public Health Advisory Committee (CPHAC)

Disclosure of Interests Register - as at 16 February 2021

Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
Committee members			
Dr Tony Becker <i>Deputy Board Chair</i>	December 2019	<ul style="list-style-type: none"> Shareholder and Director (Clinical) Masterton Medical Limited Shareholder and Director Wairarapa Skin Clinic Wife contracts to Wairarapa District Health Board Sister-in-law is Associate Director of Nursing at Surgery, Womens and Childrens Directorate, Capital & Coast DHB Wairarapa GP Trustee Tu Ora Compass Health 	<ul style="list-style-type: none"> Trustee, Hau Kainga
Helen Pocknall <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> Contractor with Ministry of Health 	-
Joy Cooper <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> Nil to declare 	<ul style="list-style-type: none"> Chairperson Wharekaka Trust Board Incorporated
Jill Stringer <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> Member of 3DHB Disability Services Advisory Committee (DSAC) 	<ul style="list-style-type: none"> Director, Touchwood Services Limited Husband employed by Rigg-Zschokke Ltd Trustee, Wellington Welfare Guardianship Trust
Yvette Grace <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> 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 Member concurrent FRAC Hutt Valley and Capital and Coast DHBs Member 3DHB Disability Services Advisory Committee (DSAC) for Hutt Valley DHB 	<ul style="list-style-type: none"> General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust Trustee, House of Science Wairarapa Trustee, Equippers Church and Oasis Trust
Dr Stephen Palmer <i>Regional Public Health Clinical representative</i>	April 2020	<ul style="list-style-type: none"> 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 	-
Limoe Kelly <i>Pacific representative</i>	February 2020	<ul style="list-style-type: none"> Nil to declare. 	<ul style="list-style-type: none"> Works at Lyndale Rest Home
Justine Thorpe <i>Primary Care</i>	February 2020	<ul style="list-style-type: none"> Tū Ora Compass Health, Deputy CEO, General Manager Corporate Services and Wairarapa 	<ul style="list-style-type: none"> Member of Papakanui Iwi Land Trust Member of South Wairarapa District Council Water Race Management Committee)

<i>representative</i>			
Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
Committee members continued			
Sophonria Smith <i>Māori representative</i>	October 2020	<ul style="list-style-type: none"> Member of Te Oranga o Te Iwi Kainga 	-
Holly Jackson <i>Māori representative</i>	October 2020	<ul style="list-style-type: none"> Member of Te Oranga o Te Iwi Kainga Employed as Practice Manager, Whaiora 	<ul style="list-style-type: none"> Board volunteered member at ArrowFM (Access Radio)
Wairarapa DHB Management			
Dale Oliff <i>Chief Executive</i>		<ul style="list-style-type: none"> Nil to declare 	-
Sandra Williams <i>Executive Leader Planning & Performance</i>		<ul style="list-style-type: none"> Nil to declare 	-
Jason Kerehi <i>Director Maori Health</i>		<ul style="list-style-type: none"> Partner is employed as a school nurse by Compass 	<ul style="list-style-type: none"> Negotiator – Rangitane Settlement Negotiations Trust

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

PUBLIC

 <p>Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa</p>	<p>MINUTES Held on Thursday 19 November 2020 Taku Wahi, Blair Street Wairarapa District Health Board 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)
Justine Thorpe	Member (Primary Care Representative)
Limoe Kelly	Member (Pacific Peoples representative)
Holly Jackson	Member (Maori 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
Daniel Kawana	Service Development Manager, Planning & Performance
Jen Bergantino	Minute taker, Planning & Performance

1.0 PROCEDURAL BUSINESS**1.1 APOLOGIES**

An apology for lateness was received from Annie Lincoln (Member, Primary Care representative). Sophronia Mete-Smith (Maori representative) and Dr Stephen Palmer (Member, Regional Public Health Clinical Representative) were apologies for this meeting.

1.2 CONFIRMATION OF MINUTES**RESOLVED**

MOVED Helen Pocknall **SECONDED** Jill Stringer

CARRIED

NOTE THAT THE AGENDA ITEMS WERE NOT DISCUSSED IN THE SAME ORDER AS OUTLINED ON THE AGENDA.

2.0 DISCUSSION**2.5 ANNUAL PLAN PROCESS (ITEM 1)**

Justine arrived at 9.15am

The DHB is planning to hold a workshop in January 2021.

RESOLVED that the Community and Public Health Advisory Committee:

- Noted that the Ministry of Health Annual DHB Planning Package for 2021/22 has not yet been released to DHBs.

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE**PUBLIC**

- b. Noted that the Funding Envelope is expected from the MOH in May 2021 after the government budget has been released.
- c. Noted the attached Wairarapa DHB Annual Planning Timeline 2021/22.
- d. Noted the timeline and advice will be updated once we have received the Annual Plan guidance and the Minister's letter of expectations.

MOVED Justine Thorpe **SECONDED** Helen Pocknall
CARRIED

2.1 MAORI HEALTH PLAN UPDATE (VERBAL) (ITEM 2)

Presented by Jason Kerehi, Executive Leader, Maori Health

An update on the progress to date was presented to the Committee. The DHB is starting to set in place some of the consultation meetings. Rangitāne o Wairarapa has been approached to help support the DHB in getting the message out into the community. A simple survey is now available online via the DHB's website (under Maori Health). It is proposed that the survey will also be made available through Iwi and hapu webpages.

Another update will be provided to the Committee in February 2021.

2.2 WRDHB HEALTH SYSTEM PLAN UPDATE (ITEM 3)

Presented by Tom Love, Sapere

A Steering Group has been established which includes clinical leads and some DHB Executives as members. Engagement with the community will be held back in the meantime until the plan is contextual.

Annie arrived 9.50am

It is envisaged that the draft plan will be available in 2021.

Action: The Executive Leader, Planning & Performance will provide the Committee with information outlining the hierarchy of the plans.

RESOLVED that the Community and Public Health Advisory Committee:

- a. Noted the name for the Clinical Services Plan has been revised and the plan will be called the WrDHB Health System Plan.
- b. Noted 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.
- c. Noted the work being done will be sufficiently advanced to inform Annual Planning for 2021/22.
- d. Noted there will a presentation to update the Committee on progress at the 19 November meeting.

MOVED Helen Pocknall **SECONDED** Joy Cooper
CARRIED

2.3 CHILD HEALTH APPROACH TO UNDERSTANDING OUR INVESTMENT & OPPORTUNITIES (ITEM 4)

A dashboard will be presented to the Committee in 2021.

RESOLVED that the Community and Public Health Advisory Committee:

- a. Noted this approach to understanding Child Health
- b. Provided feedback on the design of a Child Health dashboard.

WAIRARAPA DISTRICT HEALTH BOARD

PUBLIC CPHAC

Schedule of Actions

Meeting Date	Action	Person Responsible	Status
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	Seeking clarity on when this will be available- report back in March 21
20 August 2020	Provide a regular update on the Measles Catch up Campaign 2020/21	Executive Leader, Planning & Performance	On agenda 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.	Executive Leader, Planning & performance	Verbal February 2021
19 November 2020	Provide the Committee with information on hierarchy of the plans and how they interlink.	Executive Leader, Planning & Performance	March 2021

Community and Public Health Advisory Committee Work Programme

This programme will continue to be updated as we move through the year

	February	March	April	May	June	July	August	September	October	November
System and service planning	-Annual Plan -WrDHB Health System Plan (CSP) -Immunisation Planning	-Māori Health Plan update - Clinical Services Plan Update -Child Health	-Annual Plan Update - Māori Health Plan Update -Wellbeing Plan -Healthy Ageing	-Annual Plan - Final Māori Health Plan - District Nursing Services -Final CSP	-Wellbeing - Plan -Mental Health & Addiction -Pacific Health -Refugees	-Planned Care - Tobacco Control	-Palliative Care -Youth Health	-Suicide Prevention and postvention plan - Māori Health	-Youth Health -Healthy Ageing	-Annual Plan Process
System & provider performance	-Regional Public Health -Immunisation	-Healthy Ageing -Primary & Community-Alliance and SLM report -Immunisation	-Child Health -Immunisation -Consumer engagement survey	- Primary and Community-SLM reporting Primary Care -Regional Public Health -Immunisation	-Mental Health & Addiction -Immunisation	-Immunisation -Health of Older People dashboard	-Primary and Community-Alliance and SLM reporting -Regional Public Health -Immunisation	-Health of Older People dashboard -Immunisation	-Immunisation -Youth Services	-Primary and Community -Regional Public Health -Mental Health & Addictions -Immunisation
Investment and prioritisation					-Investment & Prioritisation					-Investment & prioritisation

 Wairarapa DHB <small>Wairarapa District Health Board</small> <small>Te Pōari Hauora a-rohe o Wairarapa</small>		CPHAC DISCUSSION PAPER
		Date: February 2021
Author	Daniel Kawana, Service Development Manager, Planning and Performance	
From	Sandra Williams, Executive Leader, Planning and Performance	
Endorsed By	Dale Oliff, Chief Executive	
Subject	Immunisation (MMR catch-up campaign & COVID-19 vaccine)	
RECOMMENDATION It is recommended that the Community and Public Health Advisory Committee (CPHAC): <ul style="list-style-type: none"> • Notes COVID 19 vaccination is a new addition to the Immunisation Programme • Notes we are awaiting confirmation of the start date for the influenza immunisation campaign • Notes the update on the Measles Catch up, the new COVID 19 Vaccination planning, the 2021 influenza vaccination and childhood immunisations • Note the Committee will receive monthly updates on the immunisation programme. 		

1 PURPOSE

The purpose of this paper is to update CPHAC on the current range of immunisation activities we have across the immunisation schedule in the Wairarapa area. The Immunisation programme is part of the system response against preventable diseases. The programme contributes to Hauora Mō Tātou and specifically Action 7 excellence in older peoples services, Action 7 building a sustainable workforce and Action 8 Tamariki-Mokopuna, our children and young people are our future. The way we deliver the programme will contribute to a number of the other actions.

2 SUMMARY

At the DHB Chief Executive's (CE's) hui late last year the Director General (DG), MOH asked CE's to keep vigilant regarding immunisation targets, particularly as we add the COVID-19 vaccine to the mix. The 2021/22 year will mean we are stretched in terms of meeting our targets for immunisation across the MMR catch-up campaign with 15-30 year olds; changes to the childhood schedule for under 5 years; the ensuing influenza season from April 2021, COVID 19 vaccination and our business as usual. The DG also reiterated his stance on reducing consistent and unacceptable inequity in immunisation targets specifically for Māori and Pacific peoples.

Accordingly, the Chief Executive has approved two new positions to support the implementation of immunisation across the DHB. The first position -and the lead is Debra-Lodge Schnellenberg, Deb will take on all aspects of the management of immunisation including performance monitoring across the DHB and will be the one port of call from a planning perspective. To support that role we have Helen Mason as Immunisation Programme Co-ordinator. Deb and Helen will also chair the new Immunisation Advisory Group which includes Public Health, Pharmacy, Primary Health, Māori Health, and the Community.

3 IMMUNISATION (THE BIG PICTURE)

The key to the success of the Immunisation Programme is communication. As Measles, Influenza, and Covid-19 vaccinations overlap over autumn/ winter 2021, it is essential that the messaging in

PUBLIC

regard to all three are clear, concise, and mindful of the audience for whom the message is intended.

Social media has a place within the Communications Strategy, and can be used most effectively to mitigate current or potential posts that contain misinformation regarding the vaccines and/or supporting theories that are not in line with medical evidence.

Communications will be in line with Ministry of Health communication plans and resources but will be adapted, without blurring the intent, with a Wairarapa lens. Local rangatahi are being used to promote Measles with the caption; “Take a Jab for the Whanau”. This caption, devised by Te Peka o Wairarapa Maori Women’s Welfare League, has been adopted by the programme for all immunisation promotion this year.

The Immunisation Programme Advisory Group views face to face interactions with groups in the community to be more effective than providing leaflets or brochures. Therefore there is wide representation of the community within this group who will provide subject matter expertise to the programme planning.

4 MMR CATCH-UP CAMPAIGN

This campaign is not doing as well as the Ministry expected across the country. The national communication on the MMR catch up campaign went live in mid-January 2021 so it is still quite early in terms of communication to the targeted age group and their whanau. This age group are traditionally hard to contact and to convince we need to do much better to find and vaccinate them. We have around 1950 eligible 15-29 year olds and have only managed to reach 34 since the launch of the campaign in July 2020, six months ago. The table below shows where we sit in relation to other DHBs achievements over October 20 to January 21.

DHB	Oct-20	Nov-20	Dec-20	Jan-21
Auckland	66	76	58	
Bay of Plenty	13	13	2	
Canterbury	183	188	232	
Capital and Coast	31	32	37	
Counties Manukau	119	85	79	
Hawkes Bay	20	14	14	
Hutt Valley	18	22	19	
Lakes	11	12	13	
MidCentral	14	5	16	
Nelson Marlborough	33	29	30	
Northland	19	8	15	
Overseas and undefined	0	0	0	
South Canterbury	14	30	19	
Southern	21	36	35	
Tairāwhiti	2	4	3	
Taranaki	8	9	15	
Waikato	29	33	32	
Wairarapa	6	0	10	18
Waitemata	84	73	57	
West Coast	3	2	1	
Whanganui	119	17	6	
Total	813	688	693	

In order to improve our vaccination results we decided to revise our approach. We went back to the terms of reference and revisited some steps we missed including the formation of an expert advisory group. Our best chance of actually reaching the hard to reach is to clear the runway for the Māori Women’s Welfare League in order to provide as many opportunities to connect with as many young people and their whānau – as possible.

5 COVID-19 VACCINE

The Government has been proactive in procuring and planning for the delivery of a COVID-19 vaccine. A national programme has been established in the Ministry of Health to manage the associated strategy, design and implementation of the immunisation programme. The COVID-19 Vaccine and Immunisation programme will be the most significant immunisation event in New Zealand history. With the Government recently confirming its immunisation policy and approach, the programme has an increasing focus on implementation.

Te Tiriti o Waitangi and equity are the overarching principles of the immunisation strategy. These principles are integrated across the pillars and enablers of the strategy. To support the success of this strategy the Ministry has asked DHBs to have these principles at the core of all their decisions and actions. Ensuring equity of outcomes, especially for Māori and Pacific peoples, as well as appropriate protection for our most vulnerable, are the key priorities in this planning.

We expect COVID-19 vaccines to become available in stages throughout 2021 and we are planning for a range of different scenarios to help ensure the initial supply of vaccines goes where it is needed most to protect our communities. With the Medsafe approval of the Pfizer vaccine for people 16 year old and over the rollout is dependent on when the suppliers can deliver it. There are some conditions about who should have the vaccine and the MOH has advised Pregnant women should discuss the risks and benefits with their GP. Women who are breastfeeding have been given the all-clear. Those receiving cancer treatment should get advice from their specialist if they are receiving cancer therapies – Keytruda, Opdivo, Yervoy or Tecentriq.

The amount of vaccine will be limited when it first arrives in New Zealand. It will first need to go to those who need it most.

The MOH has determined **Border and managed isolation and quarantine (MIQ) workers** and their **household contacts** are the priority group to be vaccinated first. These groups include cleaners, nurses who do health checks in MIQ, security staff, customs and border officials, airline staff and hotel workers. The rollout of the COVID-19 vaccine is due to start through the 15 DHBs with border and MIQ facilities on the 20 February 21. Wairarapa will only be impacted if it has household contacts of these workers to vaccinate.

Rollouts for other work force sequencing is underway and will follow the border and MIQ workers. Information on this workforce in the Wairarapa DHB is being collated.

The **general public** vaccinations are expected to begin in the second half of 2021.

The national communications for the COVID-19 vaccination programme are expected to start next week. Key messages for the public include:

- Vaccination with a COVID-19 vaccine is voluntary.
- The vaccination (which includes the vaccine and the vaccine administration fee) will be free of charge to every person who chooses to be vaccinated.

Workforce, technology and systems:

- The Ministry has partnered with IMAC to deliver education, training, and support for COVID-19 vaccinators. The course training cost of new COVID-19 vaccinators will be free to the vaccinator and will be fully funded by the Ministry directly with IMAC. This is available from 9 February 2021 to the end of April 2021. However does not include CPR training which all vaccinators will require.
- The new COVID-19 Immunisation Register (CIR), will be used to record all vaccine administrations of COVID-19 vaccines only, i.e. other vaccines (eg Influenza) will continue to be recorded in the National Immunisation Register (NIR).
- The Nursing Council, Pharmacy Council, and Medical Council have confirmed they will issue practicing certificates to health professionals not currently in the workforce, similar to the approach used for the COVID-19 surge workforce in 2020.

More information is becoming available everyday as the MOH develops its logistics and other planning. DHBs are involved at a number of levels at both CE and GM P&F levels. We also have representation on the COVID-19 Vaccination DHB Leads group which has a stand-up 3 times a week with the Ministry.

We have commenced our planning for the local Wairarapa vaccination rollout which is kept informed by the developments and information which is emerging from the MOH. We will be reporting to CPHAC at each CPHAC meeting.

6 INFLUENZA IMMUNISATION

Planning is starting for this part of the immunisation programme as well. The MOH is in the process of confirming the final details of the 2021 campaign and has yet to confirm the start date of the programme which we expect to begin in April 2021.

7 CHILDHOOD IMMUNISATION

Nationally the results for childhood immunisation are lower than target for many DHBs and particularly for Māori children.

The Ministry has acknowledged the impact of the COVID-19 response on service delivery and appreciates the dedication of the vaccinator workforce.

We have been asked to ensure that service delivery models are urgently reviewed and we are working with Tū Ora Compass to improve our outcomes.

In October there was a change to the childhood immunization schedule with some vaccinations brought forward from 5 years. This has meant additional pressure on practices to provide the childhood immunisations with additional recalls needed to ensure the cohorts have had the appropriate vaccination.

Childhood immunisation has three key measures- at 8 months, at 2 years and at 5 years. The target is 95%. Our Māori vaccination rates are close to our European rates and in some cases higher.

Immunisation at eight months: we have partially achieved this target.

Total 91%; Māori 92%; NZE 90%; Pacific 100% and Dep 9-10 89%. The table below shows the numbers vaccinated out of the total eligible for the quarter.

MOH Report	Total	Māori	NZE	Pacific	Dep 9-10
Immunised/eligible	125/139	41/46	71/79	3/3	29/34

Child hood immunisation at 2 year: we have not achieved this targets.

Total 89%; Māori 88%; NZE 89%; Pacific 86%; and Dep 9-10 87%. The table below shows the numbers vaccinated out of the total eligible for the quarter.

MOH Report	Total	Māori	NZE	Pacific	Dep 9-10
Immunised/eligible	128/144	46/52	62/70	6/7	33/38

Child hood immunisation at five years: we have partially achieved this target.

Total 94%; Māori 96%; NZE 93%; Pacific 100%;and Dep 9-10 91%. The table below shows the numbers vaccinated out of the total eligible for the quarter.

MOH Report	Total	Māori	NZE	Pacific	Dep 9-10
Immunised/eligible	129/138	48/50	64/69	4/4	29/32

 Wairarapa DHB <i>Wairarapa District Health Board</i> Te Poari Hauora a-rohe o Wairarapa		COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
		Date: February 2021
Author	Peter Gush, General Manager, Regional Public Health	
Subject	Regional Public Health activity throughout the Wairarapa Health District	
<p>RECOMMENDATION That the Community & Public Health Advisory Committee receives the report, and</p> <ul style="list-style-type: none"> • NOTES the ongoing work required as part of the covid-19 response • NOTES the proposed focus for the Public Health Nurses in low decile primary schools • NOTES the visits to alcohol licence premises to ascertain compliance with the Sale and Supply of Alcohol Act 2012 • NOTES the co-design approach to establishing a regional food network • NOTES the update on Drinking Water supplies in the Wairarapa and pending changes to the regulatory system 		

1 SUMMARY

This paper provides an update of the services Regional Public Health (RPH) provides in the Wairarapa DHB district. Where possible we have sought to align our activity with the actions in Strategic Direction 2020-2030 Hauora Mō Tatou.

2 CONTINUED COVID-19 RESPONSE

Ensuring that RPH is able to respond to a COVID-19 resurgence is an ongoing activity and has become part of the new normal. We continue to implement controls at the border and maintain our readiness to respond to cases locally or nationally. An Incident Management Team structure remains in place to oversee and provide direction and resources to the ongoing response.

RPH continues to work on forming and training case investigation and contact management teams to increase our response capacity. This training has allowed for the development of six response teams comprising of public health nurses, health protections officers, public health advisors and technical officers. Our Wairarapa staff are included in these response teams.

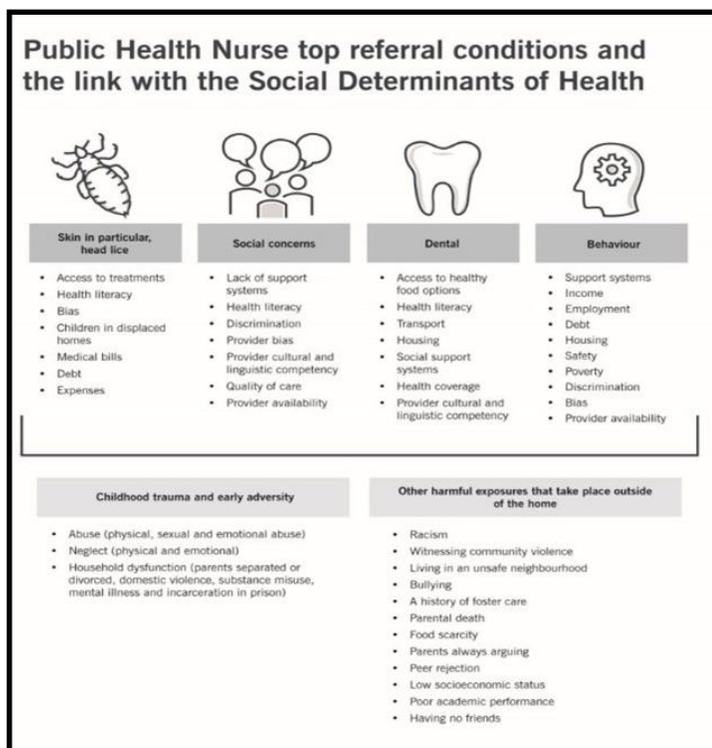
Each team has participated in a week long training programme and the teams are working to a 1:6 roster whereby they work 1 week in the COVID-19 team and 5 weeks with their business as usual work. During the periods when there is very little focus on COVID-19 response work, the teams continue to maintain competencies, become familiar with any updates and enhance their learning by undertaking scenario training. We have increased the number of on call staff over the weekends to allow for a rapid response if required beyond our usual hours of business.

In January we received a request from the Ministry of Health to support the Northland response. By having the rostered COVID-19 teams already in place the activation process was noticeably smoother and we were able to provide remote support to the Northland response within a very short time frame, without disrupting too much of the wider RPH service delivery.

Our communications team have put together a short video where some of our staff share their perspectives, both personal and professional about some of the work RPH was involved in during the COVID-19 response earlier in 2020. The video can be viewed on our website here; www.rph.org.nz/tera

3 PUBLIC HEALTH NURSES (ACTION 8 – TAMARIKI-MOKOPUNA OUR CHILDREN AND YOUNG PEOPLE ARE OUR FUTURE)

The significant impact of non-clinical factors on health outcomes continues to intensify, and becoming more urgent are the messages from our Public Health Nurses (PHN's), Principals and Social Workers in Schools of our low-medium decile schools. Childhood adversities are common, interrelated and contribute to multiple adversities that impact health and well-being. Our school community tell us that children and whānau continue to experience adverse experiences, trauma and are failing to flourish. They tell us that children are not school ready at 5 years of age, that the level of anxiety and trauma has dramatically increased, and that there is little coping and resilience within children which is being expressed through violent and disruptive behaviour in the class room. For our children and schools this has a flow on effect in and out of school hours, and impacts the need for workforce development, resourcing, support services and pathways, funding, education and policy. With any funding they can find, schools are contracting counsellors to work with the increasing behavioural and social needs of whānau.



Over the last five years, our PHN referral data indicates higher referral numbers for four health conditions that require our support: skin (in particular head lice), social concerns (e.g. hygiene issues), dental and behaviour. These health conditions are a symptom of greater inequities and are therefore more complex to resolve. The knowledge that external influences affect health and well-being demonstrates the profound importance of environments on children's health and development.

Our public health nursing interventions are actions that PHNs take on behalf of children, their whānau, communities and systems to improve or protect health status. This year our focus is to:

- To deliver the Mental Health Foundations *Five Ways to Wellbeing Programme* in low decile schools to support children building resilience and coping strategies.
- If requested, to offer intermediate aged children and whānau a HEEADSSS Assessment (Home, Education, Eating, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) which allows for early identification of mental health, alcohol and other drug (AOD) issues and other information to assist young people in their development.
- To develop a project plan to address adverse childhood experiences through a trauma informed health approach.

4 ALCOHOL REGULATORY AND HEALTH PROMOTION (ACTION 1 – INTEGRATING HEALTH AND SOCIAL SERVICES)

RPH and Masterton District Council Licensing Inspectors visited 13 licenced premises to assess compliance with the Sale and Sale of Alcohol Act. Premises showed good compliance with only small infractions. Some examples of these include Duty Manager Register not up to date, signage needing to be more prominently displayed and better promotion of alternative transport eg. Phone number for taxi company visibly displayed. Along with discussion at the time of the visit reminders have since been sent to the relevant premises outlining the actions required.

RPH and Police have also completed a Controlled Purchase Operation, checking businesses were not selling to those under the purchase age of 18 years. Seven premises were visited and there were no sales made to the volunteer. This demonstrates that businesses in the Wairarapa are generally acting responsibly when selling alcohol.

4.1 Thirsty Liquor Masterton

RPH is opposing the Thirsty Liquor (Masterton) licence. The store is situated across from the hospital and we are still waiting for Masterton District Council to confirm a date for this to be heard before the District Licensing Committee. We have been informed that we have a tentative date for the hearing in March 2021.

4.2 Smokefree Aotearoa 2025 compliance

Ten tobacco and/or vaping retailers received education visits reminding them of their requirements under the Smokefree Environments Act 1990 (the Act). This was also seen as an opportunity to include two new staff members (who accompanied one of our more experienced Smokefree Officers). Two further premises were visited on separate occasions, one following a community complaint and both were reminded of their obligations under the Act.

Discussions with local networks is preparing the way for the changes in the Act to help support schools and childhoods centres display new signage that prohibits both smoking and vaping on school grounds as introduced in the recent amendments.

5 HEALTH PROMOTION – PUBLIC HEALTH ADVISORS (ACTION 1 – INTEGRATING HEALTH AND SOCIAL SERVICES)

RPH and Common Unity Project Aotearoa (CUPA) co-hosted a hui ‘Kai and Our Community’ at the Featherston Community Centre on the 17 November 2020. This was the third of four hui held across the Wellington region in the first round of consultation to explore the potential for and the purpose of a regional food network.

There were 32 attendees including representatives from Carterton District Council (three people) and Upper Hutt City Council (two people), Waiwaste, Masterton Food Bank and South Wairarapa Food Bank, Trust House, Wairarapa Safer Community Trust, Fab Feathy, Eketahuna Health Centre, Wairarapa Community Centre, Wairarapa Community Network, Connecting Communities Wairarapa, Aged Concern Wairarapa, Kaipai Carterton, Department of Internal Affairs, Kore Hiakai, Totally Local.

These attendees brought a wealth of local knowledge and expertise and included those representing local growers, community mobilisers and responders, researchers, local and central government. Attendees were highly energised by the discussion at the hui and determined to invite many others they work with into the network.

Consultation on the potential for a regional food network has grown out of a programme of work looking to achieve healthy food environments across our region to make ‘the healthy choice the easy choice’. This programme of work includes the development and on-going support of the Fruit and Vege Co-ops Wellington (including the one in Featherston) and Healthy Food and Drink Policy’s implemented in the 3DHB’s and

UHCC, leading to an invitation to share this work and journey with the Mayoral Forum. In discussion with the Forum looking at what could be achieved through regional collaboration, RPH was asked to look at facilitating the development of a regional food network, analogous to the Wellington Regional Healthy Housing Group.

A fourth hui will complete our consultation planned for the Kapiti Coast (February 2021) with a broad range of urban and rural communities, ensuring the differing needs and voices are included in our co-design journey.

After the fourth hui a summary of the discussions from this round of consultation will be provided to all participants and presented to the Mayoral Forum. Due to our commitment to co-design the development of the network RPH cannot give more certainty of the next steps. However given the excellent attendance in the Wairarapa we are confident our next steps will be highly effective as we are developing the purpose and actions collectively, rather than identifying actions from a government organisation perspective.

The intention is to grow the regional food network to include everyone active in food growth, vision, and knowledge generation across the Wellington region. RPH has partnered with Common Unity to co-facilitate the development of the network, however we are all participants in this co-design journey. Alongside RPH's facilitating role our core contribution to the network is to maintain an equity focus as the network evolves.

6. HEALTH PROTECTION OFFICERS/ DRINKING WATER CONTAMINATION EVENTS

In December we reported to the Wairarapa District Health Board meeting about the then recent Opaki drinking water supply contamination event. That event was satisfactorily investigated and managed by the Opaki Drinking Water Association.

In late December 2020 and again in late January 2021 the Carterton drinking water supply experienced e-coli contamination, the first in treated water from the Kaipatangata water treatment plant (WTP) and the second from the Frederick Street WTP. In both cases, the drinking water had passed through the treatment plant. Extensive investigation by the Carterton District Council (CDC) did not find a cause for the Kaipatangata event. Investigation of the Frederick Street WTP event has shown that UV treatment failed for a period of time prior to detecting contamination. This may be the cause, but the investigation is ongoing as there may be more than one contributing factor. CDC had imposed a "boil water" notice while they investigated the cause and later withdrew that following a discussion with our drinking water assessor who deemed the notice was not warranted.

Currently there are a number of small supplies in the Wairarapa (Fernridge, Wainuioru, Mauriceville) without permanent chlorination that due to recurrent episodes of contamination remain on ongoing boil water notices to manage residual risk. Although this is not a permanent solution, it provides the time to consider how to improve the management of the residual risk. This type of residual risk is the focus of the current reforms in the Drinking Water regulation that happened following the water contamination in Havelock North. We work with these supplies to support the development of Water Safety Plans that will help to identify and manage risks. In addition, we are part of the regional Joint Working Group, made up of Regional Council regulators, freshwater scientists, and Council water suppliers (including Wellington Water), to look at how sharing of information and experiences can strengthen improved drinking water quality for the whole region.

6.1 Annual Drinking Water Compliance Survey

In July 2020 RPH undertook the annual drinking water compliance survey for the greater Wellington region. The survey assesses each water supply providing drinking water to a population of 100 or more, against the Health Act requirements for water supplies and against the Drinking Water Standards of NZ (DWSNZ).

In the Wairarapa, this includes supplies for Martinborough, Featherston and Greytown, Carterton, Masterton/Tinui, Opaki, and Fernridge. Of these supplies only the Masterton/Tinui supply comply with both

the Health Act provisions and the DWSNZ. This does not mean that drinking water from non-complying supplies is unsafe to drink, rather that the supply has been unable to demonstrate compliance.

In all instances of non-compliance the supplies are working towards compliance. Daily water sampling is in place at all supplies to monitor drinking water quality and to ensure water suppliers know if their drinking water is safe to drink.

6.2 Taumata Arowhai: Drinking Water Regulator.

The new drinking water regulator, Taumata Arowhai, has been established and is currently working to put in place its operating structure and to progressively fill its positions. The current expectation is that Taumata Arowhai will take over the management and operation of the drinking water regulatory system from 1 July 2021. The Ministry of Health, supported by public health units, currently operates the drinking water regulatory system.

The uncertainty around the change of regulator has led to a reduction in public health drinking water regulatory staff across the country, including at RPH. We are managing these risks by contracting Waicomply Ltd, to provide drinking water regulatory services to all supplies managed by Wellington Water Ltd, which includes Featherston, Greytown and Martinborough. In the Wairarapa, RPH continues to provide drinking water services directly for Carterton, Masterton, Tinui, Opaki, Fernridge and Wainuioru water supplies. While the planned date for transfer of these services to Taumata Arowhai is 1 July 2021, this is reliant on the Water Services Bill, currently before Parliament being passed.