



Community and Public Health Advisory Committees Meeting

Wednesday, 27th April 2016

2.00pm

Venue

**Waitemata District Health Board
Boardroom
Level 1, 15 Shea Tce
Takapuna**

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind

As we seek to be of service to those in need.

Give us the courage to do what is right and help us to always be aware

Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

**AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES (CPHAC) MEETING
27th April 2016**

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna

Time: 2.00pm

COMMITTEE MEMBERS

Gwen Tepania-Palmer – Committee Chair (WDHB and ADHB Board member)
Lester Levy - ADHB and WDHB Board Chair
Max Abbott - WDHB Board Member
Jo Agnew - ADHB Board member
Peter Aitken - ADHB Board member
Judith Bassett – ADHB Board member
Chris Chambers - ADHB Board member
Sandra Coney - WDHB Board member
Warren Flaunty - Committee Deputy Chair (WDHB Board member)
Lee Mathias - ADHB Deputy Chair
Robyn Northey - ADHB Board member
Christine Rankin - WDHB Board member
Allison Roe - WDHB Board member
Elsie Ho - Co-opted member
Rev Featunai Liuaana – Co-opted member
Tim Jelleyman - Co-opted member

MANAGEMENT

Dale Bramley - WDHB, Chief Executive
Ailsa Claire - ADHB, Chief Executive
Debbie Holdsworth - ADHB and WDHB, Director Funding
Simon Bowen - ADHB and WDHB, Director Health Outcomes
Naida Glavish - ADHB and WDHB Chief Advisor, Tikanga
Paul Garbett - WDHB, Board Secretary

Apologies: Peter Aitken and Dale Bramley

AGENDA

KARAKIA

DISCLOSURE OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

Items to be considered in public meeting

2.00pm (please note agenda item times are estimates only)

	1 AGENDA ORDER AND TIMING	
	2 CONFIRMATION OF MINUTES	
2.05pm	2.1 Confirmation of Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 16/03/16.....	7
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	3 DECISION ITEMS	
	4 INFORMATION ITEMS	
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2.25pm	4.2 Child, Youth and Women's Health	25
	5 STANDARD REPORTS	
2.40pm	5.1 Planning, Funding and Outcomes Update.....	36
	6 GENERAL BUSINESS	
2.55pm	7 RESOLUTION TO EXCLUDE THE PUBLIC.....	44

**Auckland and Waitemata District Health Boards
Community and Public Health Committees
Member Attendance Schedule 2016**

NAME	FEB	MAR	APRIL	JUNE	JULY	SEPT	OCT	NOV
Gwen Tepania-Palmer (ADHB / WDHB combined CPHAC Committees Chair)	✓	✓						
Warren Flaunty (ADHB / WDHB combined CPHAC Committees Deputy Chair)	✓	✓						
Dr Lester Levy (ADHB and WDHB Chair)	✓	✓						
Max Abbott	✓	✓						
Jo Agnew	✓	✓						
Peter Aitken	✓	✓						
Judith Bassett	✓	✓						
Chris Chambers	✓	✓						
Sandra Coney	✓	✓						
Lee Mathias (ADHB Deputy Chair)	✓	✓						
Robyn Northey	✓	✓						
Christine Rankin	*	*						
Allison Roe	✓	✓						
Co-opted members								
Elsie Ho	✓	✓						
Rev. Featunai Liuaana	*	✓						
Dr Tim Jelleyman	✓	✓						

- ✓ *attended*
- * *absent*
- * *attended part of the meeting only*
- # *absent on Board business*
- + *ex-officio member*

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Lester Levy	Chair – Auckland District Health Board Chairman – Auckland Transport Chairman – Health Research Council Independent Chairman – Tonkin & Taylor Chief Executive – New Zealand Leadership Institute Professor of Leadership – University of Auckland Business School Trustee - Well Foundation (ex-officio member) Lead Reviewer - State Services Commission, Performance Improvement Framework	03/02/16
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean - Faculty of Health and Environmental Sciences, Auckland University of Technology Patron - Raeburn House Advisor - Health Workforce New Zealand Board Member - AUT Millennium Ownership Trust Chair - Social Services Online Trust Board Member - The Rotary National Science and Technology Trust	19/03/14
Jo Agnew	Professional Teaching Fellow - School of Nursing, Auckland University Trustee Starship Foundation Casual Staff Nurse - ADHB	01/03/14
Peter Aitken	Pharmacist Shareholder/Director, Consultant - Pharmacy Care Systems Ltd Shareholder/Director - Pharmacy New Lynn Medical Centre	15/05/13
Judith Bassett	Nil	09/12/10
Chris Chambers	Employee - Auckland District Health Board (wife employed by Starship Trauma Service) Clinical Senior Lecturer- Anaesthesia Auckland Clinical School Associate - Epsom Anaesthetic Group Member - ASMS Shareholder - Ormiston Surgical	20/04/11
Sandra Coney	Elected Member - Chair: Waitakere Ranges Local Board, Auckland Council	12/12/13
Warren Flaunty	Member - Henderson - Massey and Rodney Local Boards, Auckland Council Trustee (Vice President) - Waitakere Licensing Trust Shareholder - EBOS Group Shareholder - Green Cross Health Owner – Life Pharmacy North West Director - Westgate Pharmacy Ltd Chair - Three Harbours Health Foundation Director - Trusts Community Foundation Ltd	25/11/15
Lee Mathias	Chair - Counties Manukau District Health Board Chair – Unitec Director – Health Innovation Hub Director – healthAlliance Director – New Zealand Health Partnerships Managing Director - Lee Mathias Ltd Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Director - Pictor Ltd Director - John Seabrook Holdings Ltd Chair - Health Promotion Agency	03/02/16
Robyn Northey	Project management, service review, planning etc - Self-employed Contractor Board member - Hope Foundation Northern Region Trustee - A+ Charitable Trust	18/07/12

Register of Interests continued...

Christine Rankin	Member - Upper Harbour Local Board, Auckland Council Director - The Transformational Leadership Company	15/07/15
Allison Roe	Member - Devonport-Takapuna Local Board, Auckland Council Chairperson - Matakana Coast Trail Trust	02/07/14
Gwen Tepania-Palmer	Chairperson - Ngatihine Health Trust, Bay of Islands Life Member - National Council Maori Nurses Alumni - Massey University MBA Director - Manaia Health PHO, Whangarei Board Member - Auckland District Health Board Committee Member - Lottery Northland Community Committee	10/04/13
Co-opted Members		
Elsie Ho	Associate Professor - School of Population Health, University of Auckland Member - Waitemata DHB Asian Mental Health and Addiction Governance Group Member - Problem Gambling Foundation of New Zealand Advisory Board Trustee – New Zealand Chinese Youth Trust	03/09/14
Rev Featunai Liuaana	Chairperson – Congregational Christian Church Samoa Sandringham Trust Board Trustee – Congregational Christian Church Samoa Trust Chairperson – Mothers and Daughters Health – HVAZ and Alliance Health Plus Committee Member – Working Group for Pacific Health Action Plan (ADHB and WDHB) Deputy Chairperson – Working Group Pacific Family Violence (ADHB and WDHB) Member – MIT Pasifika Students Forum Secretary - Negotiation Committee – EFKSNZ Trust Secretary – EFKSNZ Trust	29/04/15
Dr Tim Jelleyman	Clinical Chair - Child Health Network, Northern Regional Health Plan Honorary Clinical Lecturer - Faculty Medicine and Health Sciences, University of Auckland President elect – Paediatric Society of New Zealand Member-Board of Kaipara Medical Centre Community Paediatrician, Waitakere Hospital Member – ASMS	18/01/16

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 16th March 2016

Recommendation:

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 16th March 2016 be approved.

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 16 March 2016

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna,
commencing at 2.01p.m.

All items considered in Public Meeting

COMMITTEE MEMBERS PRESENT:

Gwen Tepania-Palmer (Committee Chair) (ADHB and WDHB Board member)
Lester Levy (ADHB and WDHB Board Chair)
Max Abbott (WDHB Board member)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Judith Bassett (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Warren Flaunty (Committee Deputy Chair) (WDHB Board member)
Lee Mathias (ADHB Deputy Chair)
Robyn Northey (ADHB Board member)
Allison Roe (WDHB Board member)
Elsie Ho (Co-opted member)
Tim Jelleyman (Co-opted member)
Rev Featunai Liuaana (Co-opted member)

ALSO PRESENT:

Simon Bowen (ADHB and WDHB, Director Health Outcomes)
Debbie Holdsworth (ADHB and WDHB, Director Funding)
Tim Wood (ADHB and WDHB, Funding and Development Manager, Primary Care)
Andrew Old (ADHB, Chief of Strategy/Participation and Improvement)
Carol Hayward (WDHB, Community Engagement Manager)
Paul Garbett (WDHB, Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams, Auckland Womens Health Council
Tracy McIntyre, Waitakere Health Link
Wiki Shepherd-Sinclair, Health Link North
Lorelle George, Comprehensive Care/Waitemata PHO
Justine Leef, Youth Health Hub, HealthWest
Tania Wilson, Youth Health Hub, HealthWest

PRAYER:

At the invitation of the Committee Chair, Rev. Featunai Liuaana provided an opening prayer.

WELCOME: The Committee Chair acknowledged with sadness the passing of Professor Ranginui Walker, and noted that the thoughts of those present are with his family. She gave a warm welcome to all those present including representatives of the PHOs, the Youth Health Hub, and the Health Links and to the Board Chair.

APOLOGIES: **Resolution** (Moved Robyn Northey/Seconded Warren Flaunty)
That the apologies from Christine Rankin, Dale Bramley and Ailsa Claire be received and accepted.

Carried

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register,

There were no declarations of interests relating to the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 03rd February 2016 (agenda pages 7-14)

Resolution (Moved Jo Agnew/Seconded Judith Bassett)

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 03rd February 2016 be approved.

Carried

Matters Arising (agenda page 15)

No issues were raised.

3 DECISION ITEMS

There were no decision items.

4. INFORMATION ITEMS

4.1 Waitemata DHB and Auckland DHB Pacific Health Action Plan 2013-2016 Progress Update (agenda pages 16-30)

Lita Foliaki (Pacific Health Gain Manager) presented this report. She commented on what they had learned from the overall approach taken and what they considered the next steps should be. Matters that she covered included:

- One of the things that had surprised her when she had seen the first six monthly report was that while they had expected that the number of families needing support would be more than the contract provided for, they had not anticipated the extent to which this would be the case.
- It still seemed surprising that two of the three top issues of concern identified were depression and family violence. This had reinforced once again that the correct approach with families is to respond not to one issue but to multiple issues.
- Since January two of our Pacific Health Providers have won contracts with the Ministry of Social Development. This is excellent in helping assisting in responding to multiple issues through one provider. The Whanau Ora approach is the best way to go. There are issues with providing that type of service and they had been very appreciative that Alliance Health Plus, by signing a contract, had accepted those risks on the faith that the DHB will not abuse that trust. They had not yet reached the point that they want to achieve, but are heading there in a very collaborative way with the provider.
- As an update to the report, ACC has indicated an interest in putting funding into the Family Violence Programme that the DHBs have developed. ACC's focus with this is on South Auckland and Catholic Social Services will include people from South Auckland in the training they are providing relating to delivering the 'Living Without Violence' programme. It is likely that ACC will help fund this programme in South Auckland and there is potential that the rest of the region may also be included.
- There is a strong community expectation that the Pacific Health Action Plan will be acted on. The Plan is about the communities, the DHBs and the health providers working together.
- The Tamaki Regeneration Company has told them informally that they will be tendering out for services looking at the whole needs of families, while they work on the housing issues. They are interested in the way that the DHBs are providing Pacific Health services and may wish to work alongside the Pacific Health team, and see how they have tried to price services.
- With the Enea Ola church and community health committees, the Pacific team consider that the first task is to look after the health and wellbeing of those committees' members. How this has been discussed is outlined on pages 28–29 of the agenda and the thinking is that other measures may need to be put in place. The North Foundation is willing to assist with designing leadership training and site management training for the committees.

Matters considered in discussion and response to questions included:

- With regard to the relationship between the Pacific Team's work and the development work in the Tamaki locality by the Tamaki Regeneration Company, Andrew Old advised that a full paper on the Tamaki initiative will be coming to

the Auckland DHB Board meeting in two weeks' time. The Auckland Locality Relationship Group had met once to date to look at linkages and consistency between the various strands of work going on.

- Lee Mathias noted that she would like to see standardised reporting for the localities across the region. Andrew Old advised that he will be looking at that possibility.
- Rev. Liuaana commented that one of the aspects of the Pacific Health Action Plan is that they had wanted to utilise resources outside the health sector. The most potent force to create an impact in Pacific communities is the church. The Plan has been able to mobilise that resource and this will get better as the DHBs and the churches move forward and tap into each other's resources.
- In answer to a question on the Healthy Families Programme, Lita Foliaki noted that she had met with their representatives recently and they had advised that they are working with every part of the community. They had mentioned that there are 36 Pacific churches in West Auckland and while they don't fund programmes as such, there is health development work in communities that they do carry out.
- Lita Foliaki commented that currently community training has fallen off. They are positive Healthy Families can take on some of the training and support that they have not been able to provide since the end of the HEHA funding for this.
- Tim Jelleyman expressed appreciation of the plain English in the Pacific Health Action Plan. He also advised that there is some overlap with the Northern Region Health Plan, which he would discuss with Lita separately.
- In answer to a question about the need for more family assessments than funding covers, Lita Foliaki advised that to some extent this is about looking at what other programmes are funding and not funding and the gaps; they can use the networks and relationships that they have. The benefit is coming from these relationships because of how they have invested time into them. Debbie Holdsworth commented on how Alliance Health Plus PHO is taking a leap of faith by working in partnership with the Provider. If there are funding implications then these will need to come back to the Boards.
- In answer to a question, Debbie Holdsworth said that priorities are set by plans – the Pacific Health Action Plan and the Boards' other plans. They are focused on achieving the outcomes in those plans. It is unlikely that another agency would come to them with something outside that, as at the core they share common goals and priorities set by government. The Board's priorities need to be adhered to. Simon Bowen noted that there is also the Auckland Social Sector Group whose role is focussed on inter-sectoral activities and agreeing inter-agency priorities and co-operation on common pieces of work. Lita's work is exemplary in terms of building relationships and obtaining funding.
- Lita Foliaki commented that there is a growing percentage of solo parent families and they probably are not reaching them as much as they should. She was intending to ask Debbie Holdsworth and Simon Bowen to meet their counterparts at the Ministry of Social Development, to see if this is something that can be worked on together.
- Judith Bassett commended a very clear report, showing exactly where Pacific Health is at and where they mean to go. She suggested sending a copy to the Hon. Peseta Sam Lotu-liga, Associate Minister of Health, Minister of Local Government and Minister of Pacific Peoples. In response, the Board Chair said that he could facilitate a visit by the Minister who had already said that he

would like to visit Waitemata DHB. He would e-mail him about this and what such a visit might include.

- In answer to a question, Andrew Old advised that the Tamaki Regeneration Programme does include education, with a number of initiatives with local schools.

The Committee Chair thanked Lita Foliaki and asked that she convey the Committee's appreciation of the work being done to her team and the wider community network. She noted how much progress is being made.

Resolution (Moved Warren Flaunty/Seconded Lee Mathias)

That the Community and Public Health Advisory Committee receives the report.

Carried

4.2 Auckland DHB Child and Youth Mental Health and Addiction Direction 2013-2023 Update - Look Up 2015 and 2016 (agenda pages 31-39)

Hilary Carlisle (Project Manager) and Tim Wood (Chair of Child and Youth MH&A Direction Implementation Governance Group, Acting Funding and Development Manager Mental Health and Addictions) presented this item.

Tim Wood introduced the report. Matters that he highlighted included:

- A couple of years previously they had presented to CPHAC the Auckland DHB Child and Youth Mental Health and Addiction Plan. At that time there had been a lot of feedback about insufficient engagement and from that the concept of 'Look Up' had developed. Under this concept a lot of very good work had been done on a very low cost basis, involving a dedicated team from within the DHB and wider stakeholders. It was important to acknowledge the large amount of work that had gone into the organisation and running of Look Up 2015 and Hilary Carlisle for pulling it all together.
- 'Look Up' 2015 had been a success, with very positive feedback. They were now looking at what the event might look like in 2016, with the intent of expanding the number of participants.
- 'Look Up' 2015 had dealt with some emotional matters, particularly the ACC funded intervention on Sensitive Claims –Sexual abuse. Psychologists had been there to support attendees as required.
- There had been feedback that the timing of the event had not been good and they would try to hold the 2016 event earlier in the year (than October).
- The schools had been very supportive of the event.

Hilary Carlisle commented:

- Participation was the key to success.
- Through their participation in drawing and the spoken word they could see young people increasing in confidence.
- There needs to be an intervention group started.
- The proposed focus for the 2016 event is alcohol and drugs.

- For the 2015 event they had the support of ACC and they now wanted to focus on other partners such as Auckland Council for the 2016 event.

Matters covered in discussion and response to questions included:

- In answer to a question about innovative ways of working with young people, Hillary Carlisle advised that organisations like Altered High and Odyssey are using innovative approaches. One piece of feedback from the event was that it was too happy and positive and needed to deal with what happens when things are really bad, for example advice on how to talk to a friend who is suffering. They will be trying to get that balance for the 2016 event.
- The suggestion was made that consideration might be given to broadening the 2016 theme from Alcohol and Drugs to addiction generally (including such matters as gambling and pornography addiction).
- In answer to a question Hilary Carlisle advised that at 'Look Up' 2015 there were 45 young people from the schools and also representatives of a number of other groups either school age or under 25, together with representatives of other service providers. The intention was that the service providers would trial service innovations on the young people attending.
- The appropriateness of accepting donated chocolate was raised and Hillary Carlisle advised that they had debated that issue before deciding to accept it for use as a prize. Auckland Transport had supported the event by offering free bus and train passes to it.
- Tim Wood advised that there had been a good mix of attendees, including ethnic mix and male/female mix. The event was very much a pilot to see if it would be worthwhile for the future. There are a huge range of opportunities to expand it, but this needs to be done in a controlled way and it needs to be well planned in terms of resources, good will and community support. Developing a leadership programme will be a complex piece of work. They would be trying to get more people involved in the 2016 event, but that needs to be developed in a structured way.
- Hillary Carlisle confirmed that in 2016 they will be expanding the range of organisations involved. This can't just be schools, as the scope of 'Look Up' goes up to age 25.

The Committee Chair thanked Hilary Carlisle and Tim Wood. She commented that it was great to see the support for and involvement in 'Look Up'.

Resolution (Moved Robyn Northey/Seconded Sandra Coney)

That the Community and Public Health Advisory Committee celebrate the success of Look Up 2015 and support the organisation and running of Look Up 2016.

Carried

5. STANDARD REPORTS

5.1 Primary Care Update Quarter 2, 2015/16 (agenda pages 40-53)

Tim Wood (Deputy Director and Funding and Development Manager - Primary Care, Waitemata and Auckland DHBs) and Dr Stuart Jenkins (Clinical Director – Primary

Care, Waitemata and Auckland DHBs) presented this report. Matters that Tim Wood highlighted included:

- The Metro Auckland Regional Stakeholders Forum on Integrated Pharmacist Services in the Community (pages 41-42 of the agenda).
- The work on the Better Help for Smokers to Quit primary care health target (pages 43-44 of the agenda). The change in the way this is measured has made it very difficult to hit the target.
- Regional Primary Options for Acute Care Services (POAC) (pages 52-53 of the agenda).

Matters covered in discussion and response to questions included:

- The Board Chair commented that the change to the denominator for the Primary Care target for Better Help for Smokers to Quit represented a change in paradigm for general practices and seemed illogical. Tim Wood advised that there had been dialogue with the Ministry of Health on this and it had been suggested to the Ministry that a target based on help to quit within the last 18 months would be more realistic to achieve than a 15 month target. The Ministry is sticking to the 15 month target despite the feedback it has received. The PHOs have committed to hitting the target and are looking at how to adapt their existing technology to achieve that.
- The Board Chair emphasised that the DHB should not just accept decisions that do not seem defensible. Such matters can be escalated to the Board or the Regional Governance Group; they can be tackled in a different way.
- In answer to a question, Warren Flaunty and Peter Aitken advised that there was nothing new in the concept of pharmacist services in the community (in the way referred to on pages 41-42 of the agenda). Tim Wood explained that as with any system, there is variability between how providers deliver. Not all pharmacists provide the same level of care and support to the community. Also there are different interfaces between community pharmacies and general practices. In metro Auckland there are particular challenges, with many individual patients going to a number of different GPs and pharmacies. The Stakeholders Forum on 11 February 2016 was an attempt to help address these issues and generate ideas for delivering integrated pharmacy services.
- In answer to a question, Tim Wood advised that they are working with the PHOs on improving their data collection and getting ethnicity data coding correct in general practices. They expected to achieve more reliable data.
- Tim Wood advised that supermarket chains are introducing pharmacies, but on differing scales. Some are very small. One of the challenges with providing quality community pharmacy services in his view is having too many pharmacies and particularly too many small pharmacies. Warren Flaunty noted that another issue is the Progressive supermarket chain discounting co-patient fees.
- On the Regional After Hours Network (page 49 of the agenda), Tim Wood advise that the cancellation of the current procurement process for the provision of After Hours clinic services reflected a number of challenges and the complexity of the various interests involved in the outcome. They are working through that and by April expected to bring a pathway forward to the Boards. As noted in the report one of the options currently being developed is to work with the PHOs to develop a revised After Hours solution. As an action point the Committee requested that that the Boards be kept informed of what approach the PHOs support for After Hours services, when that is known.

- Also on the Regional After Hours Network, Tim Wood confirmed that a fair and transparent process is followed when selecting providers.

Resolution (Moved Jo Agnew/Seconded Judith Bassett)

That the report be received.

Carried

5.2 Planning, Funding and Outcomes Update (agenda pages 54-64)

Simon Bowen, Debbie Holdsworth, Tim Wood, Aroha Haggie (Manager Maori Health Gain, ADHB and WDHB) and Carol Hayward (Community Engagement Manager, WDHB) presented this report.

Simon Bowen referred to:

- The update on the 2016/17 Annual Plans (page 55 of the agenda).
- The section of the report on Housing (pages 61-62 of the agenda).
- The ARPHS updates on measles and the Zika virus (page 64 of the agenda).

Carol Hayward summarised the information on the Waitemata DHB Primary Birthing consultation (pages 55-56 of the agenda). Submissions had closed a week previously and were still being processed. They were pleased with the feedback received and the level of interest.

Aroha Haggie summarised the Maori Health Gain section of the report (pages 58-59 of the agenda).

Tim Wood commented on the Substance Addiction (Compulsory Assessment and Treatment) Bill (pages 59-60 of the agenda). He noted that this basically updated a very old piece of legislation. There are major funding implications with what is proposed and work is going on to understand those and then work them through with the Ministry. Max Abbott noted that an AUT doctoral student is completing a thesis on this legislation and that confirms there are certainly major implications and challenges that will need responding to. Tim Wood advised that under the existing legislation only a few people are referred for compulsory assessment and treatment, while under the new legislation the numbers are expected to be 300-400 per year for New Zealand. They are still at the early stages of understanding the best process for that client group and what the options are. They are working on the basis that the Northern Region will reach a common response on this. There is continuing dialogue with the Ministry of Health on what an adequate level of funding will be.

The Committee Chair also noted that the Boards had discussed the pressures Emergency Departments come under on Thursday, Friday and Saturday nights as a result of alcohol related admissions. There will be a real issue of who will do these screenings. Early advice on how this will be handled is needed.

With the section of the report on Housing (pages 61-62 of the agenda), Simon Bowen commented that this update had been requested at the 25 November CPHAC meeting. There are some quite innovative things happening, particularly at Auckland DHB. Obtaining housing solutions for people is very difficult; time and effort is spent on this, but very few options are available.

Matters covered in discussion and response to questions on this section of the report included:

- Simon Bowen advised that the Auckland Rough Sleeper Steering Group is focussed very much on Auckland Central. The strategy developed a few years ago on this has been refreshed. Numbers of rough sleepers are probably increasing rather than diminishing. The Steering Group is currently looking at a 'Housing First' model from Canada, being piloted in Hamilton. This seems to have been successful. No other initiatives are currently being looked at.
- Concern was expressed at homeless people missing out on health services other than hospital services; however it was noted that the Auckland City Mission has quite an extensive health service. It was also noted that some people do not want services.
- Simon Bowen noted that there are some staff at Auckland DHB who have the role of actively responding to particular cases and who are trying to strengthen a case management approach.
- In answer to a question, Simon Bowen advised that the statutory definition of homelessness included people living in cars. At last count the number of rough sleepers in Auckland was about 150. One positive development is that the Ministry of Social Development has recently received some additional funding to support accommodation of people, although this remains very difficult to achieve.
- Simon Bowen advised that the 'Housing First' model (referred to above) tries to focus on the 10% most chronic cases; on the basis that this group consumes most of the available funding and there is a struggle to provide a solution to their needs.
- The Committee Chair commented that from a health perspective the DHBs can't take responsibility for addressing housing issues; but will continue to work to address the health needs of the homeless.

In answer to a question on the Zika virus (page 64 of the agenda), Simon Bowen advised that with the 40 cases reported in Auckland since 1 January 2016, one was thought to have been contracted sexually; the rest through mosquito bites. There is surveillance being carried out at the airport to detect mosquitoes and ARPHS supervises that.

There was a discussion of the use of glyphosates from a health perspective.

The authors of the report were thanked.

The report was received.

6 General Business

The Board Chair said that he would like to thank and acknowledge Debbie Holdsworth, Tim Wood and their team for the work they are doing on After Hours Services. The issues are complex and legal and could have a lot of consequences if not handled well.

The Committee Chair thanked those present for their participation in the meeting.

The meeting concluded at 3.59p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA
DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES
HELD ON 16 MARCH 2016

_____ CHAIR

**Actions Arising and Carried Forward from Meetings of the
Community and Public Health Advisory Committees as at 18th April 2016**

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 16/03/16	5.1	Regional After Hours Services – the Boards to be kept informed on what approach the PHOs support, when that is known.	Tim Wood		Still under consideration by DHB CEOs (as at 18 April 2016).

4.1 Mental Health and Addictions – Quarterly Update

Recommendation

That the report be received.

Prepared by: Cate Wallace (Portfolio Manager, Mental Health and Addictions), Jean-Marie Bush (Portfolio Manager, Mental Health and Addictions), Lee Reygate (Portfolio Manager, Mental Health and Addictions) Manu Fotu (Portfolio Manager Suicide Prevention, Mental Health and Addictions)

Endorsed by: Tim Wood (Acting Funding and Development Manager, Mental Health and Addictions)

Glossary

ADA	- Alcohol and Drug Addiction (Act)
AOD	- Alcohol and Other Drug
CADS	- Community Alcohol and Drug Service
CEO	- Chief Executive Officer
CMO	- Chief Medical Officer
DAP	- District Annual Plan
DHB	- District Health Board
EOI	- Expression of Interest
Funder	- Term used to describe the joint Auckland DHB/Waitemata DHB funding team established in July 2013
MBU	- Mother Baby Unit
MoH	- Ministry of Health
Navigate	- Peak body for Northern Region Mental Health NGOs
NGO	- Non-Government Organisation
NRA	- Northern Regional Alliance
PHO	- Primary Healthcare Organisation
PRIMHD	- Ministry of Health single national mental health and addiction information collection of service activity and outcomes data
PPPR	- Protection of Personal and Property Rights (Act)
SACAT	- Substance Addiction Compulsory Assessment and Treatment (Bill)
SPPAP	- Suicide Prevention and Postvention Action Plan
SST	- Social Sector Trial
WSN	- Waitemata Stakeholder Network

1. Executive Summary

This report provides an update to the Community Public Health and Advisory Committee (CPHAC) on key initiatives and achievements in the Mental Health and Addictions portfolio for Auckland and Waitemata District Health Boards (DHB) during quarter 3 of 2016.

2. Substance Addiction (Compulsory Assessment and Treatment) Bill

The Ministry of Health (MoH) has requested DHBs to provide a preferred model of care for alcohol and other drug (AOD) withdrawal management that will support the provision of services under the Substance Addiction (Compulsory Assessment and Treatment) Bill (the SACAT Bill) to be implemented in 2016/17. The Act provides for the compulsory treatment of individuals who are considered to have severe substance addiction, who are at risk of severe harm and their decision making capacity is severely compromised to the extent that they are unable to make decisions about their health.

The SACAT Bill provides for the compulsory assessment and treatment of individuals who are considered to have severe substance addiction, and who do not have the capacity to participate in treatment to:

- provide for compulsory treatment of persons with severe substance dependence for the purpose of protecting them from harm and restoring their capacity to make their own decisions about their future substance use
- stabilise their health through the application of medical treatment (including supported withdrawal)
- facilitate a comprehensive assessment of their dependence
- facilitate the planning of ongoing voluntary treatment and aftercare for them and
- give them an opportunity to engage in voluntary treatment.

The introduction of this legislation will have a significant impact on the AOD sector. In particular the new model of care and the need for locked treatment facilities has logistical, service design and financial implications.

2.1 Financial and Resource Implications of the SACAT

The SACAT legislation provides a more effective compulsory addiction regime than the current Alcohol and Drug Addiction Act (ADA Act,) and is therefore likely to be used more extensively. The MoH has previously estimated that nationally there will be set-up costs of \$350,000 to equip the clinical and justice sectors to undertake their statutory roles in accordance with the new regime. Ongoing operational costs are estimated to be at least \$775,000 per annum.

The MoH indicated the intention to devolve the funding for the five withdrawal management (social detoxification beds for methamphetamine users) beds to the Northern Region DHBs as of July 1 2016:

- to support existing providers of social detox service provision and/or pathways; and/or
- as part of any remodelling of withdrawal management care; and/or
- to assist DHBs to respond to updated compulsory addiction assessment and treatment legislation anticipated to be introduced in 2016.

Subsequently the MoH have deferred the decision to devolve this funding to DHBs.

These funds are likely to be insufficient to establish new treatment services of this nature. The Northern Region will undertake a Service Mapping exercise to provide a regional process to determine the best use of existing resources and to highlight any gaps in service provision that will need to be addressed in order to implement the Act.

It is proposed that Waitemata DHB is the lead DHB for this process. The rationale for this is that Waitemata DHB hold the contract for Regional Community Alcohol and Drugs Services.

The proposed plan is to:

1. develop and design a service map of existing AOD services in the Region
2. review the epidemiology to identify the estimated need

3. conduct a literature review of withdrawal management models and in particular compulsory treatment internationally
4. identify existing resources, service gaps and the capacity of existing services across the region to manage withdrawal, both voluntary and involuntary
5. support the development of the withdrawal management model of care
6. estimate the funding required to support establishment of compulsory treatment
7. to hold a Regional forum (or series of forums) to consult and get feedback on the draft model of care and;
8. inform the Northern Regional DHB Select Committee submission

3. High and Complex Needs

3.1 Background

Waitemata DHB in partnership with Goodwood Park Healthcare Group are collaboratively developing a service model to deliver safe and effective support and accommodation for 15-16 people whose needs cannot be met by less intensive mainstream adult mental health services and who would otherwise be long-term users of inpatient services. Lengthy inpatient admissions, when not indicated by clinical need, are not only clinically inappropriate but also create significant pressure on the continuum of mental health services and resources.

Eligible people have serious and enduring mental illness and complicating factors of:- substance misuse and/or risk to self or others and/or criminality; and/or major physical illness/functional disability, and/or cognitive impairment/intellectual disability; and/or frequent and severe threats of violence to self or others. The service provides a home-like environment, meaningful activities to optimise quality of life and supports residents to be as independent and self-sufficient as possible.

3.2 Progress

Implementation of the HCN service is progressing well. Currently five people have been transferred into this service with an additional service user due to move on 12 April 2016. Another three potential service users are in the process of being assessed for eligibility.

There are a number of activities currently underway:

- Guidelines for conducting cognitive capacity assessments and an instruction handbook for clinicians to assist in Protection of Personal and Property Rights (PPP&R) Act applications are being drafted.
- It has been identified that service users may not have family or friends who are prepared to act as guardians. The DHB is currently exploring the establishment of an independent Trust to recruit, train and support volunteer guardians to support this service.
- A DHB nurse has been appointed to provide clinical advice and support to the service and is due to commence in May.
- The DHB is exploring the potential to provide access to Goodwood Park to the DHB electronic clinical record, to allow access to information relevant to service user transitions into the service.
- A proposal from Auckland University of Technology to evaluate the service has been received and the DHB is currently in the process of identifying resourcing for this evaluation including the potential for a mental health scholarship.
- Plans for the purpose built facility are going to Auckland Council for pre-approval in April 2016. This will inform the development of the final plans which are proposed to be presented to Council in July 2016.

4. Suicide Prevention and Postvention Planning

The delivery of four Rural Safe Talk training workshops to the rural communities was completed in March 2016. This is part of the Government’s 2015 National Emergency Response for the Rural Sector. The workshops were held in the Auckland and Waitemata Districts and supported by the Rural Alliance and Suicide Prevention Programme Manager.

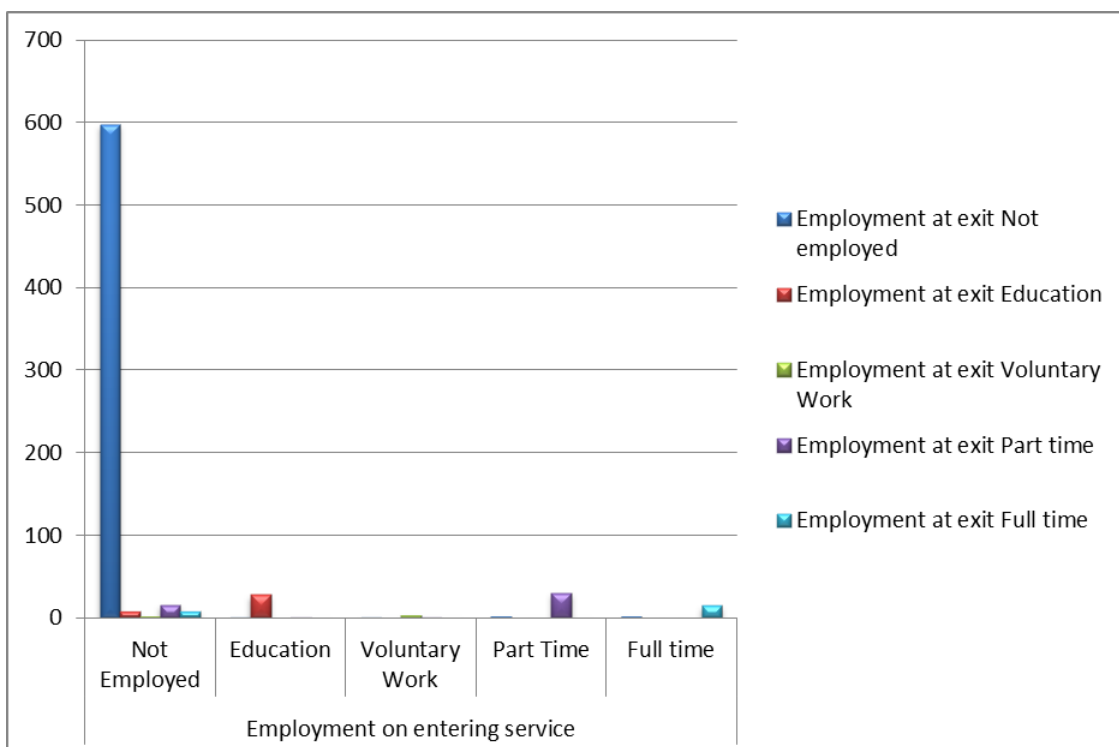
The four workshops were delivered in Great Barrier Island, Kumeu, Warkworth and Wellsford and attracted a total of 71 attendees with a good mix of primary care staff, allied services and support personnel. Feedback immediately after each workshop was positive with many enjoying the interactive manner in which the workshops were run. Requests common to all workshops centred on the availability of additional training, especially for practice nurses.

5. Auckland and Waitemata DHB’s Mental Health and Addictions Employment Strategy - Everyone’s Business

Discussions are underway with NGO providers to develop employment focused roles within existing Support Hours based services. Currently two providers, Equip and West Auckland Living Skills and Housing (WALSH) Trust, are developing these roles. Further discussions are underway with Te Pou and Career Force on the training and ongoing support of these roles.

Table 1 shows the Q 1 and Q2 data for 2015/16, comparing a person’s employment status when they enter an NGO service to when they exit (a total of 750 people exited during this period). Changes to the MOH Programme for the Integration of Mental Health Data (PRIMHD) will require the collection of employment data from 1 July 2016. This will provide greater visibility of the sector through the inclusion of Provider Arm employment data.

Table 1: Q1 & Q2 2015/16 Employment Data for Auckland and Waitemata DHBs (N=750)

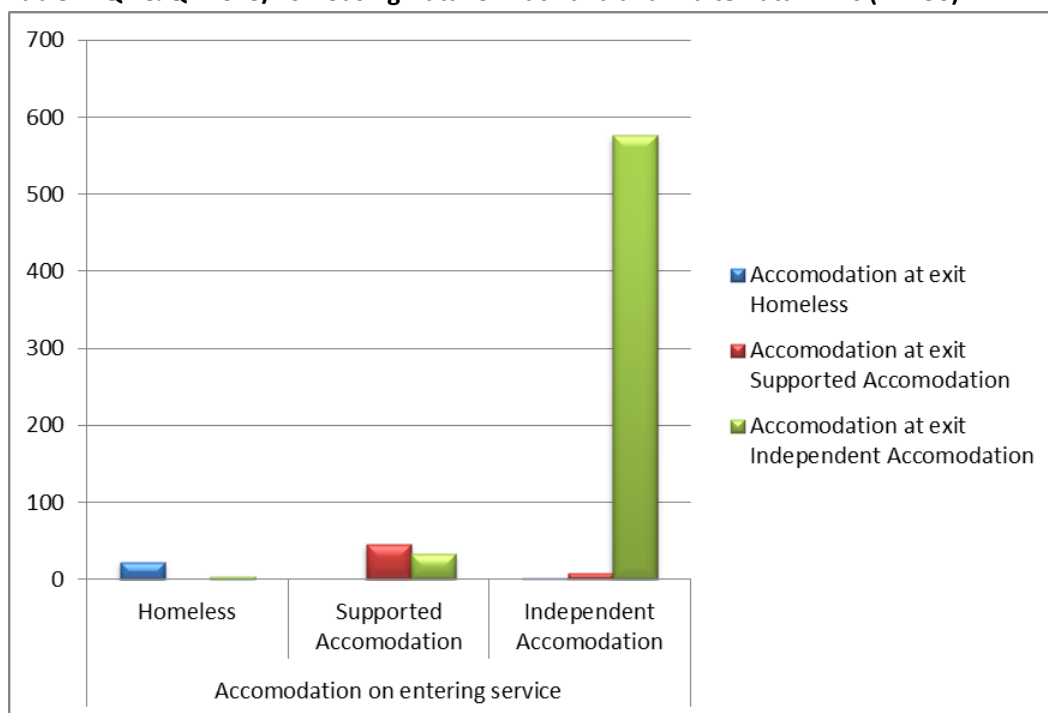


6. Auckland and Waitemata DHB’s Mental Health and Addictions Social Outcomes Indicators development

Alongside employment, housing is a significant focus of the social outcome indicators work undertaken by Auckland and Waitemata DHB NGOs. A similar approach to employment is being undertaken with NGO providers with discussions underway to develop housing focused roles within existing Support Hours based services. Currently one provider, Equip, has this role established and one provider, WALSH Trust, is developing this role.

The social outcome indicators work undertaken by Auckland and Waitemata DHB NGOs continues to focus on measuring changes in employment status (see Table 1) and housing status for 2015/16. Housing status compares a person’s housing (based upon Statistics NZ definitions) status when they enter an NGO service to when they exit. The Q1 and Q2 data can be seen in Table 2. At a recent housing forum further information was requested in regards to those people who exit NGO services as Homeless and this is being followed up with the NGO providers concerned.

Table 2: Q1 & Q2 2015/16 Housing Data for Auckland and Waitemata DHBs (N=750)



Note: Table 2 shows the combined Q1 and Q2 data (we are not comparing quarters at this time). The third set of columns shows the accommodation status at exit for those people who entered services with their accommodation status recorded as independent. The huge green line demonstrates that most people enter NGO services with independent accommodation and exit with independent accommodation.

As discussed under employment (see above) housing status will be reported through PRIMHD from 1 July 2016. Once this is in place and the data retrieved is reliable further social outcomes development will be undertaken. Potential areas of development include physical health and well-being.

7. Tamaki Mental Health and Wellbeing Initiative

The Tamaki Mental Health and Wellbeing initiative primary care/NGO integration pilot began in September 2015. This pilot has linked three NGOs with two GP practices and is preparing to link a third GP practice. Two further GP practices have requested to be part of the initiative.

Discussions are underway on the expansion of the primary care/NGO integration into other Auckland DHB localities. The Tamaki Mental Health and Wellbeing initiative presented at the ADHB Innovate forum on the 5th of April as part of this process. Feedback from Innovate focused on what were the key enablers to support this process, one key enabler identified was the prioritisation of a proportion of Support Hours to working with GP practices.

4.2 Child, Youth and Women's Health

Recommendation

That the report be received.

Prepared by: Ruth Bijl (Funding and Development Manager - Child, Youth and Women's Health), Natalie Desmond (Senior Programme Manager - Child Health), Pam Hewlett (Senior Programme Manager - Women's Health), Dr Tim Jelleyman (WDHB Community Paediatrician), Dr Alison Leversha (ADHB Community Paediatrician), Dr Karen Bartholomew (Public Health Physician).

Endorsed by: Dr Debbie Holdsworth (Director Funding) and Simon Bowen (Director Health Outcomes)

Glossary

ARDS	- Auckland Regional Dental Service
BPS	- Better Public Service
CHIP	- Child Health Improvement Plan
CPHAC	- Community and Public Health Advisory Committee
CYF	- Child, Youth and Family
DHB	- District Health Board
DHW	- Design for Health and Wellbeing (DHW) Lab
EEG	- Early Engagement in Pregnancy Care Group
HEEADSSS	- Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety
HPV	- Human Papilloma Virus
INBE	- Integrated Newborn Enrolment
IPIF	- Integrated Performance Incentive Framework
ISP	- Independent Service Providers for cervical and breast screening
LMC	- Lead Maternity Carer
MACSAG	- Metropolitan Auckland Cervical Screening Advisory Group
MQSP	- Maternity Quality and Safety Programme
NCHIP	- National Child Health Information Platform
NCSP	- National Cervical Screening Programme
NHI	- National Health Index
NIR	- National Immunisation Register
NMMG	- National Maternity Monitoring Group
NSU	- National Screening Unit
OIS	- Outreach Immunisation Service
PHO	- Primary Health Organisation
PMS	- Practice Management System
RhF	- Rheumatic Fever
SALT	- Service Alliance Leadership Team
SBHS	- School Based Health Service
WCTO	- Well Child Tamariki Ora

1. Summary

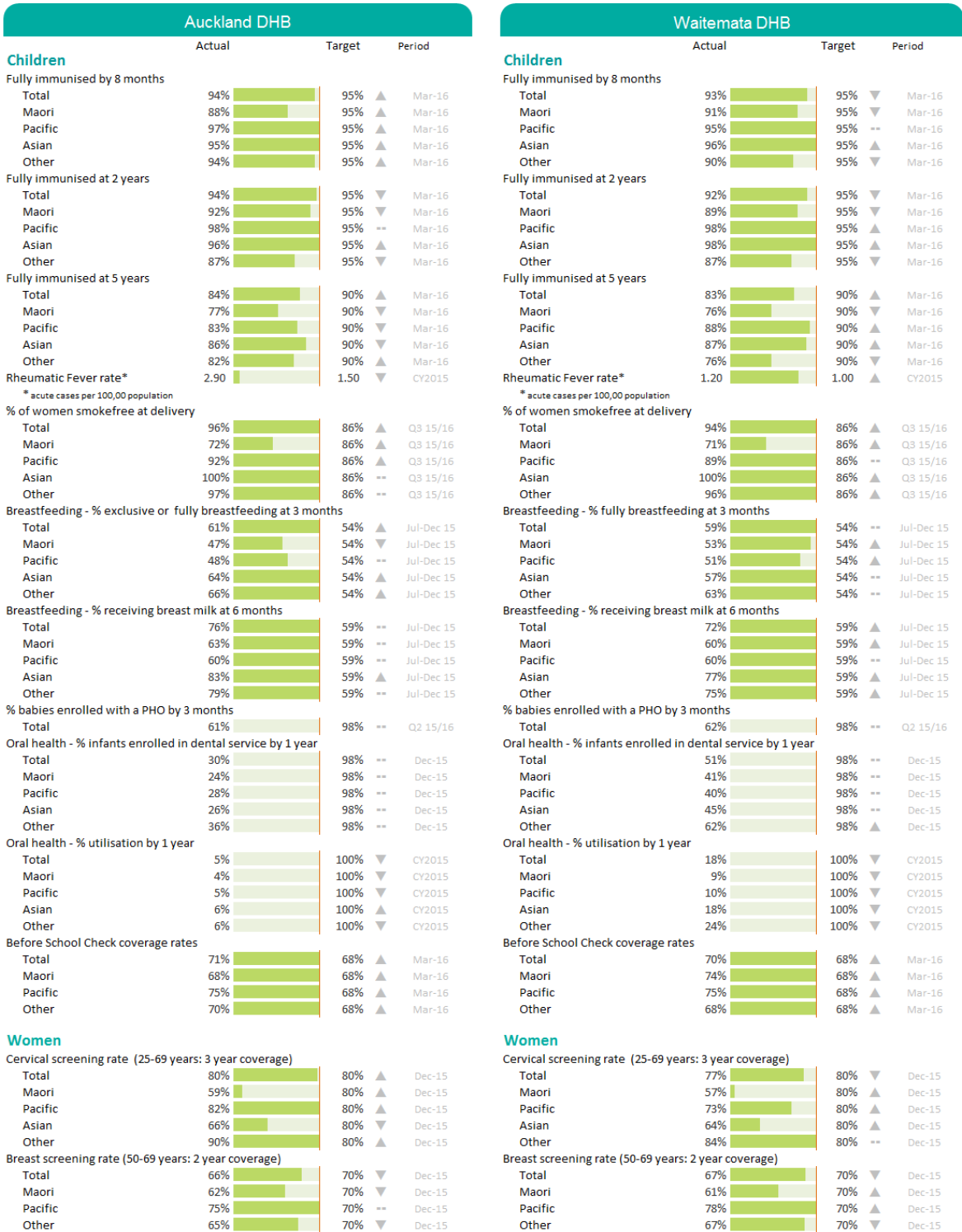
This report presents information on significant health outcomes for children, youth and women. The report is in the form of a scorecard. The indicators cover the life-course of maternity, child and youth health, as well as women's health. All indicators are presented as a Total with breakdowns by Maori, Pacific and Asian ethnicity. The narrative presents highlights, key issues and discussion in relation to items that are not on track.

2. Highlights and key issues for Children, Youth and Women and Scorecard

- The immunisation health target is unlikely to be achieved this quarter. In part, this may be due to negative messaging by anti-immunisation advocacy groups.
- Funding for the Rheumatic Fever programme in ADHB is nearly halving from 2015/16 levels. This has necessitated increased funding from DHB baseline, and reduction of some elements of the programme.
- A number of indicators are not reported this quarter due to our inability to obtain timely data from the Ministry of Health. In the next report we will provide data on the new health target for obesity. The Ministry has been continuing to refine this measure.
- A number of Integrated Performance Indicator Framework (IPIF) measures relate to Child, Youth and Women. We expect to provide a verbal update to the Committee on this.

Auckland and Waitemata DHBs Child, Youth and Women's Health Scorecard

April 2016



How to read

Indicator Title 85% 100% ▲ ← Performance compared to previous result

Actual Performance Target For most indicators, 70% achievement is required to trigger the green bar (80% for HTs)

*"Other" represents all ethnicities not otherwise specified. Generally this means NZE and all non Maori, Pacific and Asian ethnicities (depending on level of data available).

3. Activity in detail

3.1 Immunisation

The 8 months immunisation health target (to complete three immunisations due at six weeks, three months and five months to protect against diphtheria, tetanus, pertussis, polio, hepatitis B, haemophilus and pneumococcal diseases) is 95%. The target is reported quarterly, against all infants who turn 8 months in that quarter as recorded by the NIR. Neither Auckland nor Waitemata DHB is likely to achieve the target in quarter three 2015/16. Auckland DHB sustained high coverage over the summer holiday period with 94% of infants fully vaccinated by 8 and 24 months of age, including a 5% improvement for tamariki Maori. In Waitemata DHB, the 93% coverage rate represents a drop of 2% compared with the previous quarter and there is a marked, sudden increase in vaccine hesitancy with decline rates above 3% and nearly 7% on some indicators. This may be related to fall-out following recent media and email campaigns promoting mis-information around the HPV vaccine. In response, Waitemata DHB has reviewed the literature and remains confident the safety data strongly supports the immunisation programmes. Detailed HPV safety information was provided to primary care and the school based programmes, and made available to the community.

Immunisation Week is scheduled in the first week of May with a key message – Protection starts in pregnancy – encouraging uptake of influenza and whooping cough (pertussis) immunisation antenatally. Maternity services are well underway with promotional planning and report an increasing acceptability to recommend immunisations in pregnancy. The local primary care campaigns will extend the promotion of on-time immunisation ‘Kids need Hugs – not Bugs’ positive messages in communities.

3.2 Rheumatic Fever

The refreshed Rheumatic Fever plans have now been endorsed by the Ministry of Health. The plans continue to build on the success of programmes such as the primary school sore throat swabbing programme and have identified opportunities for innovation and development, including the B4 School check nurse key message delivery. Some elements of the programme have been removed or scaled back from the future programme including the secondary school community health worker component, as this component of the intervention programme did not demonstrate ‘value for money’.

Funding through to June 2017 has been confirmed through contracts with the MoH. A significant decrease in funding for 2016/17 in ADHB has been off-set by a Board decision to maintain the service for the financial year. Evaluations of key programme elements will take place in the next year to identify critical success factors for the programme.

Funding from the Ministry for the programme for 2015/16 and 2016/17 is shown below.

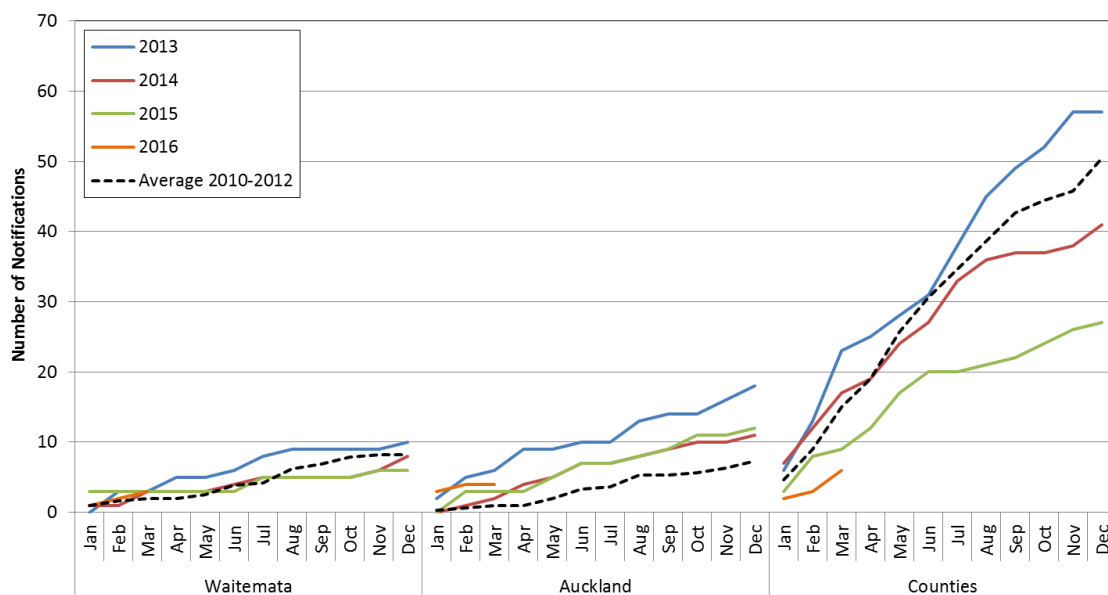
Table 1: ADHB Rheumatic Fever Funding		
	2015/16	2016/17
School Based Throat Swab	\$293,018	
Rapid Response	\$743,792	
Not tagged	\$309,054	\$759,828
TOTAL RhF Specific Revenue	\$1,345,864	\$759,828

	2015/16	2016/17
School Based Throat Swab	\$50,000	0
Rapid Response	\$550,028	0
Not tagged	\$58,963	\$558,991
TOTAL	\$658,991	\$558,991

The joint Waitemata and Auckland DHB Steering Group has convened for the first time in its new combined form. The group is co-chaired by Dr Alison Leversha and Dr David Jansen.

The most recent data on Acute Rheumatic Fever for 0 – 19 year olds, produced by Auckland Regional Public Health Service (ARPHS), is shown below.

ARF Initial Attack Total Notifications by DHB and Admission Month in 0-19 year olds, 2010-2016 Auckland Region



The number of cases in 2015 and for the first quarter of 2016 is shown in the table below.

DHB	2015 (full year) 0-19 years	2016 (first quarter) 0 – 19 years	2015 (full year) All ages	2016 (first quarter) All ages
Waitemata	6	3	7	4
Auckland	12	4	13	4
Counties Manukau	27	6	31	7
Total	45	13	51	15

3.3 Childhood obesity

As reported in October 2015, the MoH released a Childhood Obesity Plan. This includes the new health target, and a package of initiatives to prevent and manage obesity in children and young people up to 18 years of age. The MoH plan has three focus areas and 22 initiatives, which are either

new or an expansion of existing initiatives. The new health target is: “By December 2017, 95 per cent of obese children identified in the B4SC programme will be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.” Reporting on this target will begin July 2016.

As previously reported, in preparation for the new target, and to focus local activity, we are preparing a local childhood obesity plan for Auckland and Waitemata.

The number of four year olds identified with obesity (BMI >98th percentile) through the B4SC is estimated to be 560 children in Waitemata DHB and 560 in Auckland DHB per annum. The highest proportion of children identified as obese at the B4SC are Pacific and Māori, and those living in quintile 4 and 5 areas.

A pathway for referral and management of children who are overweight or have obesity is being developed to enable streamlined and consistent care across and within WCTO, B4SC and primary care services. The Regional Child Health Network is coordinating the development of a regional health pathway for children who are overweight or have obesity. WDHB and ADHB are members of the working group to develop the pathway. However, an interim service is required to meet the needs of children with obesity that are identified in 2016.

As an immediate priority, we have entered into an agreement with Plunket to provide an interim service for children identified as obese where no other service is available. This will, as a minimum, provide individualised health promotion information and advice regarding healthy food choices and encourage families to participate in physical activity. This will be in addition to referrals to a GP or Paediatrician as appropriate and be overseen by the B4 School Check Governance and Clinical Reference Groups. The DHB Boards have approved funding for this and a number of other interim initiatives. At this time, there is little strong evidence regarding effective interventions for children who have obesity. Our approach is to take a life-course approach with a particular focus on pregnancy and the early years of a child’s life. If successful, these would see a reduction in the number of children identified with obesity at 4 years of age.

3.4 Youth

The ADHB Youth Alliance is in the process of implementing a pilot navigator service for Alternative Education students. Two navigator social workers will be based in an identified alternative education facility to facilitate access to health services. The pilot grew out of ongoing concerns regarding how best to provide health services for young people (mostly 13 – 14 years of age) who are in alternative education (AE) settings and concern regarding the poor outcomes these young people experience. The Alliance commissioned a report which further highlighted that AE students have greater health and social needs and fewer resources to help them access health and social services. The Ministry of Education and Ministry of Social Development are supporting the pilot, with MSD co-funding part of the service. The service will be delivered by ADHB provider arm and independently evaluated by Synergia. Engagement of key stakeholders has occurred, the pilot model has established, the evaluation framework is in the final stage of development, and recruitment for the navigator roles is underway.

3.5 Oral Health – Emergency Dental Services

Emergency dental services are services that are required for the immediate relief of pain and infections for low income adults. Services are provided for low income adults aged 18 years and older who hold a valid community services card. Treatment is restricted to the current problem and does not include any preventative or maintenance treatment. It commonly comprises dental

extractions and provision of pain killers and antibiotics. Services are currently provided by the Auckland DHB provider arm at Greenlane, Middlemore and a clinic in Bucklands Road. In addition Auckland DHB contracts with The Fono to provide services in the Central City and Smile Dental provide services in Henderson (Whanau House), Ranui and Albany. Waitemata DHB also has an agreement with Te Whānau O Waipareira Trust who sub-contract to Smile Dental at their Whanau House Clinic.

A review of emergency dental services for the relief of pain was undertaken in response to concerns about poor access for many high needs patients due to the location of services. The review highlighted that services needed to be available in more community locations to improve access for low income adults, patient convenience and cost. The review also highlighted that the volume of emergency dental treatments funded in Waitemata should increase.

Current agreements with Smile Dental and The Fono are being exited and a competitive tender will be undertaken to improve access to emergency dental services for low income adults. Services will continue to be provided by the Auckland provider arm.

3.6 Oral Health – Preschool and School Age

Oral health status is a reflection of eating habits, fluoride availability, tooth brushing, and dental treatment. Auckland Regional Dental Service (ARDS) provides care for pre-school and school aged children. Services include preventative work such as fissure sealants, health messages about oral hygiene and health eating, as well as dental treatment when necessary.

Auckland Regional Dental Service (ARDS) has a model of care which includes a risk assessment for each child at each visit alongside x-rays when required. Recall periods can be 6 months, 12 months or 18 months depending on the risk assessment. Maori and Pacific populations have higher risk of caries and are more often recalled at six monthly intervals.

A key measure of oral health status is the average rate per student of decayed, missing and filled teeth (DMFT). For the calendar year 2015, DMFT scores for children in year 8 (12 years old) are close to target.

2015 DMFT at year 8

DMFT at year 8	Target	Actual
ADHB	.85	.84
WDHB	.82	.74

However, emerging data suggests the dental health of pre-school age children is a concern across the region. Caries free rates at 5 years of age are below target in both DHBs but particularly in ADHB. There is an equity gap for Maori and Pacific children, and two of every three Pacific children have tooth decay at 5 years of age. The severity of tooth of decay is more pronounced in some populations. On average, Tongan pre-schoolers are presenting with 5 teeth affected by decay (DMFT).

Caries free at 5 years

Caries free at 5 years	Target	Actual total	Maori	Pacific
ADHB	70%	58%	44%	28%
WDHB	70%	67%	53%	38%

Utilisation rates of children aged 0-4 years have increased slightly in WDHB from 83% in 2014 to 84% in 2015. The ADHB rates have decreased from 75% in 2014 to 74% in 2015. The MOH target is 95%. Strategies are underway to increase early enrolments but attendance of these children at clinics is still low particularly for under two year olds.

Utilisation of services 0-4 years of age	Target	Actual 2015
ADHB	95%	74%
WDHB	95%	84%

In summary, this indicates a need for focused engagement with families of pre-schoolers to ensure key messages are delivered and understood to assist families develop appropriate tooth brushing and healthy eating patterns when children's teeth are first developing. Further work is also required to engage families early with oral health services to promote preventative care as well as early detection and treatment of decay.

Review of Service

To address this under performance and better identify how to orient the Auckland Regional Dental Service, ARDS has undertaken to conduct a comprehensive review of service delivery to identify strategies to deliver targets in a sustainable manner. The review will be undertaken by Linda Harun.

The review will focus on key areas of deliverables under the following themes:

- Access and uptake of care. Measures of children enrolled with the service and utilization of services give a picture of access. With the move to centralised clinics with mobile diagnostic and treatment options, the service now has a changed delivery model. Inequalities indicate possible barriers to access for some families. A focus on ways to ensure engagement by parents of preschool children, particularly those aged under two years, is necessary to ensure early engagement in appropriate oral hygiene and health eating practices.
- Family and whanau involvement. Children are reliant on their parents to provide oral health support of teeth cleaning and good eating habits. Family/whanau engagement is therefore essential to ensure good oral health for children. A recent study undertaken for the Health Promotion Agency identified that parents overwhelmingly recognised the importance of good oral health but are often unsure about issues such as which toothpaste to use, and how much supervision of tooth brushing is required for pre-schoolers. Alignment with other health services engaged with providing health messages can ensure clarity and consistency of messages.
- Attendance at dental appointments is an opportunity for parents to have conversations with a dental therapist about oral health practices. The move to community clinics has meant that children often require transport and attendance of a parent at appointments. Parents' views will be sought on this change.
- Improved prevention and detection. New treatment options enable early detection and prevention of caries using fluoride treatments. These are available for children at risk of caries.
- Standardisation of clinical care. Service delivery standards will be reviewed using incidents, complaints and consumer feedback.
- Effective utilisation of human resources and equipment. The investment made into the modernised dental clinics and equipment has provided improved environments for delivery of the service. Utilisation of the improved facilities and plant will be reviewed. Workforce numbers and composition will be reviewed for appropriate coverage. Contracts for delivery of supplies, cleaning of facilities and equipment maintenance will be reviewed for possible efficiencies.

The results of the review will be completed by August and updates for CPHAC will be provided during the process.

3.7 Cervical screening

The work on ethnicity misclassification in the cervical screening programme undertaken by Waitemata DHB in 2014 highlighted the causes of misclassification and recommended the programme move to using National Health Index (NHI) ethnicity. The National Screening Unit (NSU) has now moved the cervical screening programme to use NHI ethnicity and domicile rather than cervical screening register record of ethnicity. This national change has been used to report the Quarter 2 coverage. The results for coverage are detailed in the table below. This change has led to a small reduction in total coverage for Waitemata DHB and Auckland DHB. For Waitemata DHB it has also resulted in a small increase for Māori, Pacific and Asian coverage. For Auckland DHB it has resulted in a drop of 4.9% for Pacific coverage. This is consistent with the ethnicity misclassification work which indicated an over counting of Pacific in primary care data.

Table 1. Comparison of the three year cervical screening coverage by DHB for the December 2015 quarter 1 reporting. The new reporting will begin from quarter 2. Source: National Screening Unit.

DHB	Ethnic groups	Current 3 year coverage (%) Dec 2015	New calculation using NHI ethnicity and domicile	Difference
Waitemata	Total	76.5%	76.3%	-0.2%
	Māori	57.3%	58.6%	1.4%
	Pacific	73.1%	75.9%	2.8%
	Asian	64.4%	66.3%	1.9%
Auckland	Total	79.5%	77.1%	-2.4%
	Māori	58.5%	58.5%	0.1%
	Pacific	81.9%	76.9%	-4.9%
	Asian	65.6%	66.0%	0.5%

The Metro Auckland Cervical Screening work to provide primary care with accurate, timely data to monitor and drive initiatives to increase coverage (the datamatch project) has now resulted in a successful national datamatch for all PHOs. The Coordination Service is providing support for practices to use datamatch lists and to prioritise women for invitation and recall, with a focus on priority group women. Many practices are now proactively requesting the datamatch lists and have identified a number of innovative strategies at a practice level to improve coverage. Other activities include the roll out of a new model of invitation and recall using a health literacy approach, the development of a guide for providing 'pop up' clinics and joint health promotion with Breast Screening Lead Providers.

The Ministry of Health have confirmed that the cervical screening programme will transition to primary human papilloma virus (HPV) screening in 2018. Within the context of a primary HPV programme self-sampling is a novel technology. Using a high quality HPV molecular test self-sampling can detect pre-cancerous cervical changes with much higher sensitivity than the current cytology test, and with comparable sensitivity to HPV on a health professional taken cervical sample. Self-sampling has been successful at improving participation for underserved populations internationally, including a large Australian trial of mailed-out kit invitation where the best uptake was seen for women who had never been screened before. Although the Ministry of Health have not included self-sampling as a strategy for the transition at present, there is a window of opportunity to provide robust evidence to inform national policy.

Auckland DHB and Waitemata DHB are conducting a project on the feasibility and acceptability of self-sampling for Māori women. From August 2016 the project will invite (using the data match lists) currently never screened or under screened Māori women aged 30-69 years to be self-screened with a swab through a primary care setting (healthcare setting; general practice). The project aims to screen 200 Māori women. The project is led by the Māori Health Gain Team and Child, Youth and Women Team in collaboration with primary care; Te Whānau O Waipareira as MOU partner and Independent Service Provider (ISP) for cervical screening support to services; the colposcopy service; and laboratories (including a HPV expert from Massey University). Based on overseas experience a HPV positivity rate of 6-8% is anticipated, however the project aims to determine the local positivity rate as well as the participation rate. The project includes:

- A health literacy approach for the localisation of information for women (the authors of the large self-sampling iPAP trial in Australia have given permission to use their materials) which includes focus group testing and a Te Reo translation.
- A health professional training package also developed with a health literacy approach, which includes information for women and HPV positive results management.
- Nurse smear taker and project management resource to support primary care.
- Support-to-screen and support-to-colposcopy for women as part of positive results management.
- An evaluation which includes HPV knowledge and attitude surveys, acceptability questionnaire and qualitative interviews.

3.8 Breast screening (50-69 years: 2 year coverage)

Both Lead Providers have coverage that is now plateauing or slightly increasing after the national large drop in coverage due to the census changes in 2015. Coverage has remained stable for Māori women 61.7% in the Auckland DHB area and there has been a slight increase for Pacific women 75.4% (increase of 1.3%) in the Quarter 2 period. In the Waitemata DHB area, coverage has also increased for Māori women 60.8% (up 1.2%) and has remained stable for Pacific women 77.5%.

The key strategy to identify unscreened and under screened women continues to be through Lead Provider / PHO data matching. A revised process is being developed between Breast Screening Waitemata Northland and ProCare, as well as the pursuit of a more comprehensive datamatch pilot using the NHI to inform national work on a potential population register. Regardless of the datamatch method used to identify never screened and under screened women, working with PHOs and practices in the most effective way is essential to successful utilisation of datamatch data. Learnings from the cervical screening datamatch have helped inform a revised best practice process. This will ensure there is clarity on key activities, an escalation pathway for issues and clear communication between practices and Lead Provider. Other activity to increase coverage includes workplace screening in Auckland DHB and joint health promotion with cervical screening and Breast Screen Auckland provides work place screening.

Table 2: Number of women to be screened to reach 2 year coverage target for breast screening (at December 2015), by DHB

DHB	Ethnic group	Eligible women	2 year coverage % 50-69 years	2 year coverage actual number of women	Number of women needed to reach 70% target
Auckland	Māori	3,345	61.6%	2,059	283
	Pacific		75.4%		-
	Other	42,105	64.9%	27,330	2,144
Waitemata	Māori	4,300	60.8%	2,616	394
	Pacific		77.5%		-
	Other	59,330	67.3%	39,907	1,624

Source: National Screening Unit (NSU) December 2015 Quarterly Report. BreastScreen Aotearoa only report coverage by Māori, Pacific and Other (including New Zealand European).

5.1 Planning, Funding and Outcomes Update

Recommendation

That the report be received.

Prepared by: Tim Wood (Funding and Development Manager Primary Care and Acting Funding and Development Manager Mental Health and Addictions), Kate Sladden (Funding and Development Manager Health of Older People), Samantha Bennett (Manager Asian Health Gain) and Jane McEntee (General Manager Auckland Regional Public Health Service)

Endorsed by: Dr Debbie Holdsworth (Director Funding; Simon Bowen, Director Health Outcomes)

Glossary

ACH	-	Auckland City Hospital
ACOS	-	Assertive Community Outreach Service
AOD	-	Alcohol and other drug
ARRC	-	Aged related residential care
ARPHS	-	Auckland Regional Public Health Service
CPHAC	-	Community and Public Health Advisory Committee
DHB	-	District Health Board
DNA	-	Did Not Attend
GP	-	General Practice
HAT	-	Healthy Auckland Together
HBSS	-	Home Based Support Services
HCSS	-	Home and Community Support Services
HNA	-	Health Needs Assessment
HNZ	-	Housing New Zealand
MoH	-	Ministry of Health
MBIE	-	Ministry for Business, Innovation and Enterprise
MDT	-	Multi-disciplinary team
MSD	-	Ministry of Social Development
NZMA	-	New Zealand Management Academies
OAMD	-	Outcomes Agreement Management Plan
QPR	-	“Question, Persuade, Refer”
SACAT	-	Substance Addiction (Compulsory Assessment and Treatment) Bill

1. Executive Summary

This report updates the Community and Public Health Advisory Committee (CPHAC) on Auckland and Waitemata District Health Boards' (DHB) planning and funding activities and areas of priority, since its last meeting on 16 March 2015. It is limited to matters not already dealt with by other Board committees or elsewhere on this meeting's agenda.

2. Planning

2.1 Annual Plans

Both Draft 1 Auckland and Waitemata DHBs' Annual Plans have been submitted to the Ministry of Health. Feedback from the Ministry is expected the week beginning 2 May. In the interim the Plans

continue to be updated in line with Ministry, Audit NZ, senior management and primary care feedback. Draft 2 is presented to this meeting as confidential for review and feedback. Final approval for submission of draft 2 to the Ministry of Health on 30 May will be sought from respective May Board meetings.

2.2 Waitemata DHB Primary and Community Services Plan

This is currently under development with stakeholder workshops underway. Engagement with the community is planned, with a survey under development.

3. Primary Care

3.1 Community Pharmacy

Metro Auckland District Health Boards (Auckland, Waitemata and Counties Manukau DHBs), and the National Pharmacy Programme Team, hosted one of twenty local stakeholder forums on 'Integrated Pharmacists' Services in the Community' on 11th February 2016 to support the collective engagement process that will feed into strategic development and service configuration of the next Community Pharmacist Services Agreement (CPSA).

The feedback from all the local DHB and national forums has been consolidated by the National Pharmacy Programme and the following six key themes have emerged from the engagement process:

- Working with others for integrated care
- Access to pharmacist services by the consumer
- Consumer empowerment
- Safe supply of medicines to the consumer
- Improved support for vulnerable populations
- Utilisation of the pharmacist as a first point of contact within primary care

4. Health of Older People

4.1 Home and Community Support Services (HCSS)

The increase in the minimum wage on 1 April 2016 has implications for Inbetween Travel claims. Reimbursement of claims for support workers' time spent travelling between clients, under the Settlement Agreement, is based on the minimum wage and as such the hourly rate to employers for travel time has increased. The Ministry's view is that the increased costs for 2015/16 can be absorbed within the current budget due to forecast underspend based on claiming to date. We have expressed our concerns that this is based on only nine months data and there is an historical trend of late claiming.

The Sector has also raised its concerns, via the Home and Community Health Association, to all DHBs of the impact of the minimum wage increase on direct service costs in conjunction with the Employment Standards Legislation, which covers guaranteed hours. These aspects will need to be considered in future contracting.

4.2 Aged Related Residential Care (ARRC)

There are a number of closures and reconfigurations of ARRC facilities occurring:

- Ranfurly Village Bob Reed Unit; all male 23 bed dementia unit closed in March (ADHB)
- Lady Ascot; 15 bed rest home closing in June (ADHB)
- Upland House at Caughey Preston; 19 rest home beds closing in June (ADHB)
- St Catherine's; refurbishment and closing 17 rest home beds (ADHB)
- Leigh Road cottage; transition of 10 rest home beds to dementia level care (WDHB)
- St Johns CHT; 20 new dementia beds (ADHB)

The closures are a reflection of the declining use of rest home beds and issues around the viability of stand-alone rest home only facilities. Planning and Funding and the DHB NASC are supporting residents and their families in transition to new facilities. The reduction in rest home beds appears to be mirrored by an increase in dementia beds (with the exception of Ranfurly Village) due to providers anticipating an increased demand for this level of care.

5. Maori Health Gain

Collective Impact

In the early part of 2015 Te Whānau o Waipareira Trust (Waipareira) commenced development of a place-based Collective Impact initiative involving partner organisations currently located at Whānau House the initiative is known as Ngā Pou o Te Whare o Waipareira. The initiative was funded by Te Pou Matakana the North Island Maori Whānau Ora Commissioning agency. This initiative was one of 13 funded throughout the North Island. Ngā Pou o Te Whare o Waipareira defines Collective Impact as the commitment of a group of Whānau Ora Partners from different sectors, to be known as a Whānau Ora Partnership, to support a common agenda for achieving Whānau Ora outcomes.

The Ngā Pou o Te Whare o Waipareira initiative is made up of 10 partners, Waitemata DHB was invited to be part of the initiative, which is being led by Te Whānau o Waipareira. The Collective Impact framework was selected to define and structure the collaboration amongst the partners, to ensure lasting solutions around a clearly defined goal which seeks to address a social/health priority which will positively affect patients and whānau. The initiative challenges organisations to coordinate their efforts and work together around the clearly defined goal. The framework also supports purposeful cross-sector collaboration, and is dependent upon meeting five key conditions:

- a common agenda
- a shared measurement framework
- mutually reinforcing activities
- continuous communication
- a dedicated backbone organisation to drive the initiative

The current partners involved in the initiative are Hapai Te Hauora, Ministry of Education, Waitemata DHB, Total Healthcare/East Tamaki HealthCare, Drake, Origin Health Clinic, Absolut Physio, Te Whānau o Waipareira Trust, Smile Dental, Waiora Pharmacy and Work and Income. The partners engaged in a process to collectively identify and determine what were the important health issues facing whānau in West Auckland, which of these issues could be addressed at Whānau House, what interventions could be done, how patients and whānau would benefit and how a possible intervention/s could be measured.

In May 2015, the partners finalised the common agenda which is to reduce obesity for adults with a metabolic syndrome. A logic model has been developed for delivery over the duration of the project with the following intended outcomes:

- Short Term – Building Capacity
- Medium Term – Informing and motivating whānau – changing the environment
- Long Term – Changing behaviour

Four working groups have been were established to drive action which will be led by different partners, these are:

- Whānau navigation – Te Whānau o Waipareira lead
- Whānau Centre workforce training –WDHB lead in collaboration with Health Literacy NZ
- Whānau Centre service integration – Hapai lead
- Whānau Centre workforce health – ETHC lead

Waitemata DHB is working with Health Literacy NZ (formerly Workbase) to determine the workforce development needs for each partner and their workforce based on the intervention. Initial phases will include staff surveys, determining the training needs and developing the training package.

HPV

The human papilloma virus (HPV) Self-Sampling project has secured funding, including a grant from the Awhina Trust, and project planning is underway. From August the project will screen 200 Māori women from West Auckland for HPV using the novel technology of self-sampling (swab rather than a cervical smear). HPV self-sampling will count for cervical screening coverage as the National Cervical Screening Programme transitions to HPV primary screening (conducted on a cervical smear sample) in 2018. The national transition to primary HPV allows the possibility of self-sampling, although this has not been included in the Ministry of Health transition process at present. This local research project is designed to inform national policy on the issue by providing evidence on the feasibility and acceptability of self-sampling.

Using the optimal HPV laboratory test self-sampling can detect pre-cancerous cervical changes with much higher sensitivity than the current cytology test, and with comparable sensitivity to HPV on a health professional cervical sample. Self-sampling has been successful at improving participation for underserved populations internationally, including a large Australian trial of mailed-out kit invitation where the best update was seen for women who had never been screened before. The project is led by the Māori Health Gain Team in collaboration with the Child Youth and Women’s Health team and Primary Care Teams; Waipareira as MOU partner and Independent Service Provider (ISP) for cervical screening support to services; the colposcopy service; and laboratories (including a HPV expert from Massey University).

6. Asian, Migrant and Refugee Health Gain

Key projects driving efforts towards the goal of increasing health gain in targeted Asian, migrant and/or refugee populations where health inequalities impact on their health status in the Auckland DHB are:

6.1 Increase the DHBs' capability and capacity to deliver responsive systems and strategies to targeted Asian, migrant and refugee populations

Work is almost complete for the Asian International Benchmarking Report comparing health outcomes for Asian subpopulations around the world, in order to identify potential emerging areas that may impact on the health of specific Asian groups in the Auckland and Waitemata DHBs' catchments. Data has been collected and calculations carried out on the standardised mortality and years of life lost (YLLs) for Asians in Waitemata and Auckland DHBs for the Asian International Benchmarking Report. The report will detail a demographic profile of the Asian population in Waitemata and Auckland DHBs, health indicators and a thematic analysis.

6.2 Increase Access and Utilisation to Health Services

Indicator: Increase by 2% the proportion of Asians who enrol with a Primary Health Organisation (PHO) to meet 76% (ADHB) and 84% (WDHB) targets by 30 June 2016 (current rates 74% (ADHB) and 82% (WDHB) as at January, 2016)

- A media campaign is planned to promote culturally appropriate messaging about enrolling with a family doctor and the benefits of a regular family doctor to Asian students and new migrants living in the Auckland City Centre and inner city suburbs for roll out in May/June.

Indicator: Reducing acute flow to Auckland City Hospital's Emergency Department (ED)

- The Board (ADHB) carried the motion to support the recommended solutions for increasing awareness of the health and disability system to Asian students and new migrants. Pieces of work completed include:
 - Analysis undertaken of the utilisation of the Auckland City Hospital for identified domestic/long term and new migrant populations living in the Auckland Central Business District
 - Analysis of a survey undertaken to understand both domestic and international student awareness of health services and health information in the Auckland District.

A suite of interventions to increase awareness of the health and disability system includes: video podcasts (English, Mandarin, and Hindi (to be developed in May)), settlement information sessions to migrants and the workforce, targeted library engagement, information on immigration websites and social media, ethnic community events, policy inclusions in the New Zealand Qualifications Authority Code of Practice Guidelines for the Pastoral Care of International Students, NZ Now migrant website and facebook page, and dedicated one-stop website about enrolling with a family doctor, visit www.yourlocaldoctor.co.nz.

Indicator: Increase opportunities for participation of eligible refugees enrolled in participating general practices as part of the Refugee Primary Care Wrap Around Service funding

- The Refugee Primary Care Wrap Around Service Agreements with PHOs are continuing to be rolled out with identified general practices participating in the programme offering subsidised culturally appropriate services to enrolled refugees within the practices. Professional development opportunities for primary health and the frontline workforce to upskill them on the soft skills and cultural competencies required to support refugee families at the practice level include:

- A refugee health network forum to primary health professionals on 'Navigating the adult disability system for former refugees' is planned for 25 May
- Receptionists' cross-cultural training to frontline primary health staff is scheduled for 29 June, 2016

Indicator: Increase the number of Indians (35-49 years) who have a heart and diabetes check through targeted engagement

- A targeted initiative is being scoped in Waitakere as part of the newly established South Asian Diabetes Awareness Working Group with initial membership from Waitemata and Auckland DHBs, The Asian Network Inc, Diabetes NZ (Auckland Branch) and Health Families Waitakere. The intent is to raise awareness about heart and diabetes checks, culturally appropriate healthy lifestyle messaging and strengthen pathways to Green Prescription initiatives via workplace and faith-based settings including the Taxi Association and temples.

7. Auckland Regional Public Health Service (ARPHS)

7.1 BCG vaccine availability

ARPHS provides BCG vaccination to 4,000-5,000 infants per year. There is currently a worldwide shortage of BCG vaccine and eligible babies have been unable to receive BCG vaccinations since the beginning of December 2015. The distributor supplied ARPHS with a limited supply of BCG vaccine in mid-March, which will expire on May 31st 2016. The administering of this batch of vaccine started on 14 March 2016 and at that time there were approximately 2000 eligible babies on the waiting list. Additional BCG clinics are being held to vaccinate as many babies as possible on the waiting list by the end of May, beginning with those most vulnerable. At present, 290 eligible babies are being offered BCG vaccination each week.

After this batch of BCG vaccine is administered, the distributor is unable to provide an estimate of when new stock will become available again in New Zealand.

7.2 Measles outbreak update

The measles outbreak of February and March 2016 is over. There were in total six confirmed cases of measles and one case managed as a confirmed case but later determined to be unlikely to have been a case. Five of the confirmed cases were in one outbreak, with an infected traveller infecting two people (one in a waiting area and one in an airplane cabin), and then one of those two secondary cases infecting two household members. The other case was a second traveller infected overseas that led to no known secondary cases. Three of the six confirmed cases required hospitalisation for several days.

Contact tracing and management involved more than 400 people and more than 100 were instructed to go into quarantine (some for a short time while immunity was ascertained). There were challenges with managing quarantine and isolation in several cases. ARPHS research, MoH commissioned modelling of measles immunity in NZ, and seroprevalence surveys have consistently shown that we are likely to continue to experience outbreaks of measles from imported cases. The immunity gap, which is predominantly in people aged 10-30 years, needs to be significantly reduced if New Zealand is to address its commitment to the WHO measles elimination goal.

7.3 Zika update

The Zika virus is not carried by mosquitoes in New Zealand, but 47 countries and territories have reported local Zika virus transmission in the past 9 months, including some of the Pacific Islands and Northern Queensland. Zika cases have been reported in the Pacific in the last three years. All Zika cases reported in New Zealand in 2014 and 2015 came from the Pacific Islands, of which nearly 40 cases came from the Cook Islands in 2014, and five cases came in last year from Samoa (four) and Vanuatu (one).

The World Health Organisation declared Zika as a Public Health Emergency of International Concern on 1 February 2016. 42 cases (i.e. people) were notified to ARPHS in February (of which 33 identified as Pacific peoples). Incoming Zika virus notifications dropped significantly the following month, with seven cases notified to ARPHS in March.

Approximately 70% of all cases were women. Three cases were pregnant at the time of notification- all three identified as being Pacific.

Liaison continues with regional health representatives, with a focus on regional communication channels for MoH health professional updates.

7.4 Healthy Auckland Together (HAT) update

Following the Auckland Bike Challenge, Auckland Transport and HAT have developed a fact sheet for workplaces on tips for being bike friendly.

During March, HAT has been supporting Auckland Transport (AT) with its 'Walk Month March' campaign. AT has utilised ARPHS's Feetbeat programme as part of this campaign and had over 1000 people enter the challenge.

HAT presented to the Waitemata Local Board to endorse the Healthy Auckland Together Plan, and discussed the national District Health Boards and Ministry of Health healthy food and beverage environments policy. HAT and the Local Board will continue to work together.

HAT has endorsed the Ministries of Education and Health recommendation for schools to adopt a water only policy by releasing media releases encouraging schools to adopt the policy, and promoting the recommendation via social media platforms.

On 7 April 2016, HAT released its first baseline monitoring report which represents the current status of progress towards its three main objectives of increasing physical activity, improving nutrition, and reducing obesity. HAT has looked at 16 indicators of healthy behaviours, or supportive infrastructure and the results are mixed. Some of the report's findings include:

- a decrease in the proportion of Maori and Pacific boys who were obese at their before-school health check in 2014; however a similar proportional increase in the overweight category
- a significant rise in public transport patronage;
- a small upswing in cycling and walking to work;
- a saturation of cheap, low quality food, and fewer healthier choices in some suburbs;
- a reduction in fruit and in vegetable intake for adults, and;
- a drop off in the number of adults who report they are active for 150 minutes a week.

The monitoring report is available at <http://www.healthyaucklandtogether.org.nz/reports/>.

7.5 Submissions

ARPHS completed and submitted five submissions in March 2016.

Date	Topic	Brief note
9 March	<i>Better Urban Planning</i>	The Productivity Commission is conducting an inquiry and review of New Zealand's urban planning system. ARPHS's submission considered that any urban planning regime should give high priority to matters such as public health, community cohesion and environmental protection.
8 March	<i>Contaminated Land Management Guideline No. 1: Reporting on contaminated sites / Contaminated Land Management Guideline No. 5: Site Investigation and Analysis of Soils</i>	The potential for exposure to contaminated land is a core concern for public health. General comments were provided based on previous experiences with reviewing assessments and providing advice on health risks and risk communication to councils and Worksafe, as well as property owners.
15 March	<i>Council 2016-2017 Annual Budget</i>	ARPHS supported the proposals outlined in the Budget for continuing investment in services and initiatives aimed at improving Auckland's community health and well-being. Recommended: Uniform Annual General Charge be set at the lower level of \$350 per annum; reduced rates for Maori freehold land where significant barriers to development exist; support for onsite waste water management pilot scheme.
17 March	<i>Transport for Future Urban Growth</i>	Provided an opportunity to promote active transport modes.
31 March	<i>Point Chevalier to city cycle improvements project</i>	ARPHS's submission in support of this project reflects the desired end goal of a joined up Auckland cycle network that contributes to safe, accessible and healthy transport choices.

7.6 Upcoming submissions

The table below reflects anticipated submissions, which may change as our scanning and screening of opportunities continues.

Due Date	Topic	Brief note
13 April	<i>Review of the Code for Advertising to Children and the Children's Code for Advertising Food</i>	Healthy Auckland Together is submitting on this review, which will consider the operation and content of both codes. The Children's Code for Advertising Food includes specific requirements about portion size, treat and snack food, nutrient and health claims, promotion of unhealthy lifestyles, the type of audience and the nutritive value of foods.
29 April	<i>Seapath cycling and walking path</i>	SeaPath is a proposed walking and cycling path between Esmonde Road in Takapuna and Northcote Point on the North Shore. This will provide an immediate connection between the Northern Busway and the Northcote ferry service, along with other walking and cycling routes in the area.
23 May	<i>Proposed Waikato District Council Trade Waste and Wastewater Bylaw 2016</i>	The Bylaw will enable the Council to effectively deal with the problems associated with the management of trade waste and wastewater. The Waikato River is part of Auckland's water supply network.

7. Resolution to Exclude the Public

Recommendation:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following item, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
<p>1. Draft Plan</p>	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p>