# Rheumatic Fever Prevention Plan: Greater Wellington sub-region Wairarapa, Hutt Valley and Capital & Coast DHBs

27 November 2015

# Contents

# Introduction

The three DHBs across the Greater Wellington sub-region (Wairarapa, Hutt Valley and Capital & Coast) produced a single Sub-regional Rheumatic Fever Prevention Plan in 2013 that was consistent with increasing clinical and intersectoral coordination across the sub region.

It should be noted that Capital & Coast (CCDHB) and Hutt Valley District Health Boards (Hutt Valley DHB) are DHBs with high incidence of rheumatic fever, while Wairarapa DHB has a low incidence of rheumatic fever.

The original Sub-regional Rheumatic Fever Prevention Plan (RFPP) covers the period from 20 October 2013 to 30 June 2017. This Plan is now being updated to reflect:

- the decline in rates of rheumatic fever across the 3 DHBs;
- a reduced funding package from Ministry of Health (MoH) from January 2016; and
- preliminary findings of the national evaluations of school based throat swabbing and rapid response sore throat management programmes.

The RFPP is outcome-focused and owned by the DHBs and will be endorsed by the Minister of Health. The DHBs are accountable to the Ministry of Health (MoH) for achieving the rheumatic fever targets through their commitment to the DHB Annual Plans. Learnings from the current sub-regional RFPP have been taken into consideration in this renewed plan which covers the period from 20 October 2015 to 30 June 2017. Quarterly reporting on the updated Sub-regional RFPP will begin from January 2016.

# Section 1: Overview of the review and refresh of the rheumatic fever prevention plan

## Key Learnings

Rates of rheumatic fever have declined consistently in both CCDHB and Hutt Valley DHB since the implementation of the Sub-regional RFPP, with all three DHBs on track to meeting MoH targets by 2017. Decreases are statistically significant.

The rate for WDHB has consistently sat at 0 cases per 100,000 population since 2007, until 2014/15 when there were three hospitalisations. In these three cases the diagnosis was ultimately withdrawn, leaving two cases currently considered to have had acute rheumatic fever. This sharp rise, although small numbers, does warrant some increased awareness raising to be implemented within both primary care and schools in the Wairarapa, which is underway.

The following commentary outlining key findings and contextualisation for the Sub-regional RFPP includes contributions from MoH, the 3 DHBs' Service Integration Development Unit (SIDU) representatives and Dr Craig Thornley, Medical Officer of Health, Regional Public Health (RPH).

***Reducing transmission of GAS throat infections***

Since 2013-14, there has been significant progress in the development of effective local referral processes for housing and social services, through the implementation of healthy housing coordination and assessment hubs provided by Regional Public Health.

The sub regional referral system focuses on ensuring that families in which there are children at high risk of rheumatic fever are prioritised for housing and health assessments, free or subsidised insulation, and other available housing interventions, as well as improving the linkages to social and health services support.

This referral system is utilised by both primary and secondary care services, and work continues with housing and social service providers (e.g. HNZC and MSD) in alignment with Regional Healthy Housing Coalition activities.

The refreshed Sub-regional RFPP outlines continued investment in housing initiatives to support on-going improvements in the reduction of transmission of GAS throat infections, focusing on the following key actions:

- Maintain improvements in housing and other social conditions for children and young people at risk of rheumatic fever. The referral process is now consistent across the

sub region, used by all community, secondary and primary health care teams to refer households where there are at-risk children for appropriate support. This has been supported by close liaison with housing and other social sector agencies.

- The housing referral and assessment process is established with primary care, including the Healthy Housing referral form that is live on the 3DHB Health Pathways website within the *rheumatic fever health pathway*.
- Further work with secondary care and other community providers e.g., Maori and Pacific providers is now underway, including training and education. Further work in this area is developing a formalised referral process for a housing assessment (as appropriate) for families of young children in Porirua (initially) presenting in hospital with a number of common childhood respiratory conditions, which will also impact positively on this plan.

***Increasing community awareness of rheumatic fever***

Existing service provision will continue to raise awareness of sore throats and rheumatic fever in both CCDHB and HVDHB via public health nursing and PHO health promotion activity, by way of awareness raising programmes and health promotion in low decile schools. Promotion of rapid response services, including how families go about accessing acute sore throat assessment and treatment, will be key to the refreshed Sub-regional RFPP on-going. This component of the programme will need to be strengthened, particularly where there are changes to service provision from June 2016.

Preliminary findings from national evaluations of RFPP programmes have found limited community awareness of the connection between sore throats and the risk of rheumatic fever, as well as a lack of knowledge by consumers around services available to them. In light of this, it will be important to look at refreshing community-level communications that support improvements in knowledge and access, and also link to the national rheumatic fever prevention campaigns and key messages.

Where the Hutt Valley providers were involved in the national evaluation of rapid response services by MoH, initial findings and key themes would be consistent within the Capital & Coast (Porirua) area also. MoH have also provided SIDU with feedback from their "mystery shopping" exercises, which also found inconsistency in service delivery expectations across both DHBs. It is clear that there is a need for strengthening the sore throat rapid response service provision across both Hutt Valley DHB and Capital & Coast DHBs. This will be initiated by way of group discussion with all four PHOs providing services, with the aim of improving communications with the public, as well as improving consistency of access, triaging and treatment by all providers, particularly in terms of their communication and response to families / whanau attempting to access free and acute sore throat assessments. This will be supported also by the MoH's informal review process outlined to improve effectiveness and engagement with and by clinics and better understand the barriers (see also key learnings for Rapid Response Services below).

Key actions in the refreshed Sub-regional RFPP include:

1. Improving awareness of the importance of prevention and early management of sore throats in communities with high rates of rheumatic fever. This will link with both Health Promotion Agency planned activity and the Pacific Engagement Strategy being delivered in the sub region by the Pacific Health Collective.
2. A communications plan has been developed and updated (July 2015) by DHB communication managers, in collaboration with a working group. This included feedback from Maori and Pacific stakeholders and complements the Pacific Engagement Strategy.
3. The need for strengthening sore throat rapid response service provision across both Hutt Valley DHB and Capital & Coast DHBs. Plans are to bring all four PHOs providing services together to initiative discussion around improved communications with the public, as well as improving consistency of access, triaging and treatment by all providers, particularly in terms of their communication and response to families / whanau attempting to access free and acute sore throat assessments.

***Actions to treat Group A streptococcal throat infections quickly and effectively***

***School Based Throat Swabbing Programme***

Preliminary results from the national evaluation of school based throat swabbing programmes have been prepared by a consortium headed by Institution of Environmental Science and Research Ltd. A formal written report has not yet been released, although evaluation findings were presented at a MoH workshop in August 2015. The interim evaluation comprised the following components: a review of acute rheumatic fever (ARF) epidemiology, an effectiveness analysis of the school based throat swabbing component, an economic analysis, an analysis of throat swab data, and a root-cause analysis. Data on the root-cause analysis has not been presented to date.

The national evaluation of school based throat swabbing programmes identified the national decrease in ARF rates is associated in time and place with aspects of programme implementation. This decline has been seen alongside the introduction and implementation of both rapid response and healthy homes initiatives.

The national evaluation of school based throat swabbing programmes found reductions in ARF incidence of 17% nationally. However, the evaluation was underpowered to demonstrate statistical significance of effectiveness (below 50%) with a range of 0-42%.

Nationally the number of cases occurring in children attending schools without throat-swabbing programmes appears to have fallen in parallel with those attending schools where programmes have been implemented. Although these population groups are not strictly comparable, the finding matches the sub-regional picture, where rates of decline have been similar for CCDHB where there has been a school based throat swabbing

programme in place in Porirua, and Hutt Valley DHB, where there is no such programme. Both areas have access to all other services outlined in this sub-regional RFPP.

The school based services have been an important part of the sub-regional RFPP to date; and have contributed towards the achievement of the target in CCDHB. However, the findings from the interim evaluation of the national RFPP suggest that the reduction in observed ARF nationally is not substantially due to school-based throat swabbing programmes.

One of the most important limitations in considering the school based throat swabbing service is the size of the population group being accessed. From a look-back of ARF cases in the Wellington region, the schools ultimately included in the Porirua school based throat swabbing programme provided a catchment for less than a quarter of the region's cases in the period immediately prior to the start of the programme. Even if the focus is placed solely on cases aged 5-14 years (the highest-risk age group), fewer than a third of these would have been covered by schools selected for the programme. This means that even if the interim evaluation found that school-based throat swabbing was highly effective, 75% of the vulnerable population (based on the distribution of prior cases) would never have had an opportunity to benefit.

The national evaluation of school based throat swabbing service found the programme also has a relatively high cost per quality adjusted life year (QALY) saved. Based on an estimate that the programme was 30% effective, and using Counties-Manukau DHB costings, the cost per ARF case avoided was calculated at $420,000 and the cost per death prevented was $1.1m. The cost per QALY saved was $79,560; which is higher the World Health Organisation threshold for programmes defined as "very cost effective" (quantified as less than one GDP per capita ($52,753 in NZ) per QALY saved). In the Wellington region, the current budget for the school based throat swabbing programme indicates a cost of $149 per student per year, including laboratory testing and pharmaceutical expenditure. While on face-value this sounds to be reasonably cost-effective, the overriding problem is that it still only reaches a minority of those potentially at risk of rheumatic fever.

Another key consideration is the concern raised at the national Microbiology Network, among other bodies, identifying the increased pressure on laboratory services as a result of increased swabbing through school-based programmes, particularly seen in the greater Auckland region. The refreshed Sub-regional RFPP and its governance will incorporate any further advisory and / or findings from this group.

***Rapid Response Services***

While rapid response services have been in place since 2013-14 for CCDHB (Porirua only) and 2014-15 for the Hutt Valley DHB, it has taken some time to establish both community awareness and provider responsiveness to those accessing sore throat assessments.

Hutt Valley was one of four DHBs that were included in the national evaluation of rapid response services completed by Litmus and Kaipuke Consultants. The final report is yet to be published. Findings are only representative of those consumers and providers involved so cannot be generalised but the following key themes are consistent:

- Still a low level of community awareness / communication about where to access free sore throat clinics and who is eligible;
- Inconsistent approach to triaging, assessment and treatment between providers;
- Low level of engagement by providers in terms of providing a free service;
- Limitations in current model of primary care delivery inhibit the use of "drop-in" or nurse-led approach in some services; and
- Previous consumer experience with primary care (cost and access barriers) has a negative impact on families accessing free sore throat assessments.

Sub-regionally, DHBs, Primary Health Care Organisations (PHOs) and primary care providers need to work together to support improved responsiveness by providers, as well as increased community awareness raising to support strengthening the model of rapid response sore throat management for the target population, including perceptions of access and cost.

1. Improving access to free and accessible sore throat swabbing, assessment and treatment for at-risk children and youth. This will include:
    a. supporting primary care, outreach workers and school public health nurse workforce (where appropriate), to work at the top of their scope by developing and encouraging wider use of standing orders for management of sore throats;
    b. strengthened model for comprehensive and effective assessment of sore throats (rapid response) across both the Hutt Valley and Porirua.
2. Ensuring that community outreach and primary care providers in areas with high rates of rheumatic fever continue to be aware of and implement best practice for management of sore throats.
3. Maintaining best practice clinical pathways for rheumatic fever, from early diagnosis to discharge from Bicillin Prophylaxis.
4. Build on existing successful models of primary care / public health / secondary care / social sector trial integration e.g. Porirua Kids Project.

## So what does this mean for updating the sub-regional RFPP?

Whilst school based throat swabbing service programmes are likely to have had an impact, the decline in ARF rates also occurred in areas where these programmes were not running. Effective sore throat management is dependent on improving awareness amongst the community and ensuring that sore throat assessment and treatment is widely available, through primary care within priority populations, given the target demographic the programme covers.

This updated RFPP considers a balanced portfolio of interventions to reduce ARF incidence across the sub-region including:

- Additional ways to ensure rapid access and effective treatment of sore throats for all high risk populations, including strengthening rapid response services;
- Maintaining focus on ensuring healthy homes coordination and initiatives are supported and working well across the sub-region;
- Community awareness raising and active promotion of primary and community based services; and
- Sore throat management services that actively promote antibiotic adherence.

While there remains support for the Porirua school based throat swabbing programme by key stakeholders in the CCDHB area, there is also evidence to suggest that comparable service provision can be maintained for Porirua children and young people through the effective and timely provision of rapid response sore throat assessment and treatment in primary care, as well as other interventions provided under the sub-regional RFPP. Enablers include the provision of free visits for Under 13s since July 2015.

A key part of this refreshed sub-regional RFPP will be to allow for flexibility to change decisions based on new evidence, as it comes to light. For example:

- Final evaluation outcomes from national school based throat swabbing programme evaluation;
- Final evaluation outcomes from national rapid response service evaluation; and
- Other local research and evaluation that may be undertaken during this next phase of the RFPP.

All 3 DHBs are committed to supporting the collection of the data required to ensure appropriate final evaluation results at a national and local level.

# Section 2: Overarching actions to reduce the incidence of rheumatic fever

This section outlines the overarching actions that the three DHBs in the Greater Wellington Region (Wairarapa DHB, Hutt Valley DHB and Capital & Coast DHB) plan to take to reduce the incidence of rheumatic fever in this sub region. Capital & Coast and Hutt Valley DHBs are DHBs with high incidence of rheumatic fever, while Wairarapa DHB is a DHB with low incidence of rheumatic fever. However the actions to treat Group A streptococcal throat infections and the actions to facilitate the effective follow up of identified rheumatic fever cases are relevant to all DHBs.

The sub-regional plan is enabled by:

- A single Service Integration and Development Unit (SIDU) across the three DHBs;
- A single Public Health Unit (Regional Public Health) across the three DHBs; and
- Successful relevant models for integrated action across the community, primary and secondary health sectors across the three DHBs, including the Healthy Skin programme and the Regional Healthy Housing Coalition. The rheumatic fever activities will closely link with these existing programmes.

The sub regional approach to date has included:

- The development of a roadmap (see appendix 1);
- The establishment of a group to write the original plan and sub groups to develop activities for each work stream; and
- The Sub-regional Steering Group and a group of rheumatic fever stakeholders representative of the 3 DHBs, meeting to review and discuss the updated actions of the Sub-regional RFPP before sign-off (see appendix 2 for list of attendees).

The Sub-regional Steering Group will continue to oversee the implementation of the plan and meet regularly to monitor progress and provide leadership to sub regional rheumatic fever prevention activity.

## DHB's commitment to reduce rheumatic fever

Table 1 below specifies the DHBs Better Public Service target for 2017 and the rheumatic fever hospitalisation target for each year until 2017.

**Table 1. Target rates for rheumatic fever hospitalisations (cases per 100,000 population) for Wairarapa, Hutt Valley and Capital & Coast DHBs**

| | **DHB target** (provided by MoH) | | | | |
|---|---|---|---|---|---|
| DHB | **2012/13 (baseline)** | **2013/14** | **2014/15** | **2015/16** | **2016/17** |
| CCDHB | 2.9 | 2.6 | 1.8 | 1.3 | 1.0 |
| HVDHB | 4.9 | 4.4 | 2.9 | 2.2 | 1.6 |
| WDHB | 0 | 0 | 0 | 0 | 0 |

## Governance

The governance of this Sub-regional RFPP will continue to be provided by the Sub-regional RFPP Steering Group, who will oversee the implementation of the updated plan. A commitment remains to review governance arrangements annually to ensure appropriate membership and that sustainable change is being delivered.

All 3 DHBs' Māori partnership boards were given the opportunity to engage throughout the development of the original plan; and both the Capital & Coast Māori Partnership Board and the Hutt Valley Māori Health Service Development Board were engaged for feedback on this refreshed plan. DHBs will continue to ensure on-going engagement with local iwi, relevant Pacific groups, Māori health and disability providers and PHOs regarding future rheumatic fever prevention policy and programmes.

## Stakeholder engagement & commitment

Māori and Pacific advisors and governance boards, as well as PHOs have provided input directly into the planning process, either during Steering Group meetings or during review and sign off of this updated plan, and hold joint ownership of sustainable actions to achieve and maintain low levels of rheumatic fever.

Maori and Pacific DHB Directors, and local Maori and Pacific providers were invited to input into the initial planning workshop. They are committed and motivated to support implementation. On-going engagement includes the sub regional Pacific Strategic Advisory Group, DHB Maori Governance Boards, DHB Community and Public Health Advisory Committees (CPHAC), as well as other stakeholder groups with a vested interest in rheumatic fever prevention, including CCDHB's Integrated Care Collaborative Child Health Work stream, HVDHB Child Health Clinical Network and the Porirua Kids Project.

The MoH funded Pacific Engagement Strategy is included in this plan, with the Central Pacific Collective a member of the Sub-regional RFPP Steering Group. Details are included in appendix 9.

The principles that inform the implementation have been articulated by Maori and Pacific DHB Directors, still remain and are attached in appendix 4.

DHBs in the sub-region work closely with regional DHB partners, linking into the Central Region Services Plan where appropriate, and:

- Participate in annual regional meetings to share learning and facilitate regional response planning; and
- Support the development of a regional communications strategy using Health Promotion Agency national resources and locally specific information and spokespeople.

## Rheumatic fever champion

Ashley Bloomfield, CEO of Hutt Valley District Board, was identified as the rheumatic fever champion in his former role as Director of SIDU. This role includes:

- acting as single point of contact to ensure information about the programme is shared with all relevant organisations in the DHB areas;
- attending regional meetings at least annually to discuss progress on the implementation of the plan; and
- quarterly teleconferences to discuss operational challenges and solutions.

NB. It is anticipated Dr Ashley Bloomfield will remain the Rheumatic Fever Champion for the sub-region. Once a new Director of SIDU is appointed, this may be reviewed.

## Key actions

The refreshed RFPP will focus on the following key actions:

1. Maintain improvements in housing and other social conditions for children and young people at risk of rheumatic fever. A referral process has been developed which is consistent across the sub region, which is used by all community, secondary and primary health care teams to refer households where there are at-risk children for appropriate support. This has been supported by close liaison with housing and other social sector agencies.
2. The housing referral and assessment process is established with primary care, including the Healthy Housing referral form that is live on the 3DHB Health Pathways website within the *rheumatic fever health pathway*.
3. Further work with secondary care and other community providers e.g., Maori and Pacific providers is now underway, including training and education. Further work in this area is developing a formalised referral process for a housing assessment (as

appropriate) for families of young children in Porirua (initially) presenting in hospital with a number of common child-hood respiratory conditions, which will also impact positively on this plan.

4. Improving awareness of the importance of prevention and early management of sore throats in communities with high rates of rheumatic fever. This will link with Health Promotion Agency planned activity and the Pacific Engagement Strategy being delivered in the sub region by the Pacific Health Collective. The 2013 Communication Plan has been updated (July 2015) to reflect the current provision of community awareness raising and promotion across the 3 DHBs.
5. Improving access to free and accessible sore throat swabbing, assessment and treatment for at-risk children and youth. This will include:

    a. supporting primary care, outreach workers and school public health nurse workforce (where appropriate), to work at the top of their scope by developing and encouraging wider use of standing orders for management of sore throats;
    b. strengthened model for comprehensive and effective assessment of sore throats (rapid response) across both the Hutt Valley and Porirua.

6. Ensuring that community outreach and primary care providers in areas with high rates of rheumatic fever continue to be aware of and implement best practice for management of sore throats.
7. Maintaining best practice clinical pathways for rheumatic fever, from early diagnosis to discharge from Bicillin Prophylaxis.
8. Build on existing successful models of primary care / public health / secondary care / social sector trial integration e.g. Porirua Kids Project.

# On-going investment in rheumatic fever prevention (July 2017 onwards)

Healthy Housing initiatives and community awareness raising activity will still continue as part of on-going investment in RPH public health and PHO health promotion activity across the sub-region.

Beyond July 2017, free under 13s provision will continue to have an impact on how primary care can respond to effective assessment and treatment of acute sore throat presentations for a large proportion of the at-risk population group.

It is anticipated the establishment and implementation of the health care home model initially within CCDHB, and across the Greater Wellington sub-region in time, will likely enable improved responsiveness for the at-risk population needing acute access to primary care assessment and treatment of sore throats. Where there are limitations with the current model of service delivery with regard to rapid response services, enablers such as increased use of practice nurse skill and expertise, extended opening hours and provision of acute “drop-in” clinic time should support improvements not only in the triaging, assessment and treatment of sore throats but also across a wider range of health outcomes for children and families.

It is also envisaged primary-care based mobile nursing response to follow-up treatment for young people diagnosed with ARF will also continue; alongside regular tracking and auditing of ARF cases provided by RPH.

# Section 4: Actions to prevent the transmission of Group A streptococcal throat infections

## Effective referral for housing and social services interventions

The sub regional referral system focuses on ensuring that families in which there are children at high risk of rheumatic fever are prioritised for housing and health assessments, free insulation, and other available housing interventions, as well as improving the linkages to social and health services support. A pathway (attached as appendix 5) has been developed by RPH through:

- A proposal to develop a sub-regional housing and health assessment and referral service;
- Contribution to Alliance Leadership Team work programmes, such as: Capital and Coast DHB Integrated Care Collaborative (ICC) – Child Health Environment and Porirua Respiratory Projects and Hutt Inc – Respiratory Pathway Project;
- Partnership with key health, housing, social and community agencies during pathway development and design phase; and
- Implementation of nationally agreed support from Ministry of Social Development (MSD) and Housing New Zealand Corporation (HNZC) at sub-regional level.

Linkages with sub regional activity that supports housing and social interventions including:

- CCDHB Healthy Homes Initiatives;
- CCDHB ICC Child Health Steering Group;
- Porirua Kids Project;
- Porirua WINZ Public Health Nurse;
- Social Sector Trial (Porirua);
- RPH Housing Programmes;
- HVDHB Respiratory COPD project;
- North East Magic Initiative (Hutt Valley);
- Wairarapa Healthy Homes project;
- Wellington Regional Healthy Housing Coalition (see appendix 6 for details);
- Healthy Skin in Greater Wellington; and
- EECA Warm Up New Zealand: Healthy Homes programme.

## Housing and Health Capability Building

This referral system is now utilised by both primary and secondary care services, and work continues with housing and social service providers (e.g. HNZC and MSD) in alignment with Regional Healthy Housing Coalition activities.

# Section 5: Actions to raise community awareness

Existing work to raise awareness of sore throats and rheumatic fever in CCDHB and HVDHB includes:

- Public health staff and Pacific advisors speaking regularly on Access and Iwi radio stations;
- Awareness raising programmes in Porirua and the Hutt Valley through PHO health promotion, and public health nursing resource; and
- Health promotion in all low decile schools in CCDHB (Porirua) and the Hutt Valley via Public Health Nursing.

This component of the programme will need to be strengthened, alongside provision of sore throat assessment and treatment services; particularly where there are changes to the Sub-regional RFPP from June 2016. Preliminary findings from national evaluations of RFPP programmes have found limited community awareness of the connection between sore throats and the risk of rheumatic fever, as well as a lack of knowledge by consumers around services available to them. In light of this, it will be important to look at refreshing community-level communications that support improvements in knowledge and access, and also link to the national rheumatic fever prevention campaign and key messages.

It is clear that there is a need for strengthening the sore throat rapid response service provision across both Hutt Valley DHB and Capital & Coast DHBs. This will be initiated by way of group discussion with all four PHOs providing services, with the aim of improving communications with the public, as well as improving consistency of access, triaging and treatment by all providers, particularly in terms of their communication and response to families / whanau attempting to access free and acute sore throat assessments. This will be supported also by the MoH's informal review process outlined to improve effectiveness and engagement with and by clinics and better understand the barriers (see also key learnings in section 1).

A communications plan has been developed and updated (July 2015) by DHB communication managers. This includes feedback from Maori and Pacific stakeholders and complements the Pacific Engagement Strategy.

The Pacific Engagement Strategy is contracted directly by MoH and to ensure integration into the sub-regional RFPP, the Central Pacific Collective is represented on the sub-regional RFPP Steering Group.

# Section 6: Actions to treat Group A streptococcal throat infections quickly and effectively

## Ensure that primary health care professionals likely to see high risk children follow the most up to date sore throat management guidelines

Local GP and nursing champions will continue to promote guidelines and support clinical staff. There is an on-going process to ensure that health professionals are aware of and follow sore throat management guidelines and includes:

- reminders to primary care from PHOs and clinical champions;
- follow up where prescriptions are not for the full course of treatment; and
- annual training updates.

The National Heart Foundation Sore Throat Management Guidelines are completed and have been disseminated widely via PHO networks and the RPH newsletter. This includes primary care training sessions via the PHOs, and on-going annual updates.

To monitor the impact of sore throat management, PHOs have developed an audit process to review sore throat management in high risk areas.

## Treatment compliance

This is monitored via the rapid response clinics and is reported to the MoH via SIDU.

## Activities to ensure sore throats are treated appropriately and quickly

1. Maintaining and strengthening rapid response services in Hutt Valley DHB and in CCDHB (Porirua) with the aim of improving communications with the public, as well as improving consistency of access, triaging and treatment by all providers, particularly in terms of their communication and response to families / whanau.
2. Ensure comparable service provision for children and young persons will be delivered through effective and timely provision of sore throat assessment and treatment in primary care and pharmacy settings, including monitoring and review processes – particularly for Porirua area where there will no longer be a school based programme from July 2016.
3. Reduce barriers to accessing throat swabbing by:
    - Continued school throat swabbing programme until June 2016; and
    - Developing and encouraging wider use of standing orders for management of sore throats on-going.

# Section 7: Actions to facilitate the effective follow-up of identified rheumatic fever cases

## Ensure patients with a history of rheumatic fever receive monthly antibiotics not more than 5 days after their due date

- Rheumatic fever cases in the region are recruited to a register, which monitors compliance of four weekly antibiotics;
- Outreach nurses work to performance guidelines which require timely antibiotics;
- Annual meetings with clinical stakeholders to ensure optimal functioning of register; and
- An annual audit of secondary prophylaxis coverage is undertaken, including timeliness by age group to ensure confidence in compliance with secondary prophylaxis after 21 years of age.

## Ensure that all cases of acute rheumatic fever are notified to the Medical Officer of Health within seven days of hospital admission

- Annual training and reminders to paediatric and physicians to ensure timely notification; and
- Annual audit includes timeliness of notification.

## Identify and follow-up known risk factors and system failure points in cases of rheumatic fever[1]

- Annual audit of all cases presented at sub-regional paediatric forum; and
- Follow up of audit where system failures are identified.

## Future options for detection of RHD

- Flexibility within this RFPP to make changes to programme implementation should new evidence come to light; and
- Review of developing evidence for school-based echo screening in CCDHB.

[1] For DHBs with more than 20 cases a sample of cases can be identified and followed up, with a minimum of 20 cases followed up.

# Section 8: Achieving the 2017 Better Public Service rheumatic fever target (to June 2017)

**Table 1: DHB targets and stakeholders**

| | DHB target (provided by MoH) | | | | |
|---|---|---|---|---|---|
| | **2013/14** | **2014/15** | **2015/16** | **2016/17** | **Lead** |
| **CCDHB** | 2.6 | 1.8 | 1.3 | 1.0 | SIDU |
| **HVDHB** | 4.4 | 2.9 | 2.2 | 1.6 | SIDU |
| **WDHB** | 0 | 0 | 0 | 0 | SIDU |
| | | | | | |
| **Rheumatic Fever Champion** | Dr Ashley Bloomfield, CEO of Hutt Valley DHB | | | | |
| **Key stakeholders and providers involved in implementation of the plan** | Capital & Coast DHB, Compass Health, EECA, Healthy Skin in Greater Wellington, Housing New Zealand, Hutt Valley DHB, Kokiri Marae, Ministry of Social Development, Ora Toa PHO, Pacific Health Services, Porirua Kids Project, Porirua Social Sector Trial, Regional Public Health, 3 DHBs' Service Integration & Development Unit, Te Awakairangi Health Network, Wairarapa DHB, Well Health Trust, Wellington Regional Healthy Housing Coalition, Pacific Health and Wellbeing Collective. | | | | |

**Table 2: Summary of actions and monitoring**

| | Prior - 2015/16 | 2016/17 | 2017/18 | Measurement | Lead |
|---|---|---|---|---|---|
| **Actions to prevent the transmission of Group A streptococcal throat infections** | *Q2 2015-16* Initiate discussions around improving pathway for identification and referral of high risk children to comprehensive housing and health assessment and referral services.<br><br>Continued relationship development with health, housing and social sector at sub-regional level to improve pathways between services. | Clear pathways between housing, health and social sectors identified, processes and services developed and implemented. | | Pathway completed<br><br>Number and type of referrals to housing providers / social services<br><br>Number of referrals leading to improvements in housing<br><br>Increased referrals from secondary care | RPH<br><br>RPH<br><br>RPH<br><br>SIDU |
| | Housing and Health Capability Building Programme. | On-going provision of Capability Building Programme for secondary and primary care services. | | Capability Building Programme developed<br><br>Number of training sessions | RPH |
| | Maintain close linkage with Pacific Engagement Strategy. | Maintain close linkage with Pacific Engagement Strategy. | | Programme Manager Pacific Engagement Strategy actively involved in implementation | Programme Manager, Pacific Engagement Strategy / MoH |

| | | | | | |
|---|---|---|---|---|---|
| **Actions to raise community awareness** | Central Pacific Collective community awareness raising campaign<br><br>HPA national campaign implementation<br><br>On-going promotion through PHO and PHN health promotion activity<br><br>Utilise learnings from national evaluation of community awareness raising programme outcomes when complete<br><br>*Q3 2015-16* Meeting with four PHOs providing rapid response services in both HVDHB and CCDHB to plan a cohesive approach to strengthening service delivery in all clinic settings | Central Pacific Collective community awareness raising campaign<br><br>HPA national campaign implementation<br><br>On-going promotion through PHO and PHN health promotion activity<br><br>Utilise learnings from national evaluation of community awareness raising programme outcomes when complete<br><br>On-going engagement with rapid response providers to strengthen service delivery in all clinic settings | On-going promotion through PHO and PHN health promotion activity<br><br>Utilise learnings from national evaluation of community awareness raising programme outcomes when complete<br><br>On-going engagement with rapid response providers to strengthen service delivery in all clinic settings | Improved access to rapid response services in primary care<br><br>Improved community awareness of rheumatic fever messages and how to access acute sore throat assessment in communities<br><br>Greater consistency of communication with families / whanau accessing rapid response services | Central Pacific Collective<br><br>Health Promotion Agency<br><br>RPH<br><br>PHOs |
| | *Q1 2015-16* Communications strategy updated. | Raising community awareness. | | | Communications advisors (3 DHBs and RPH) |

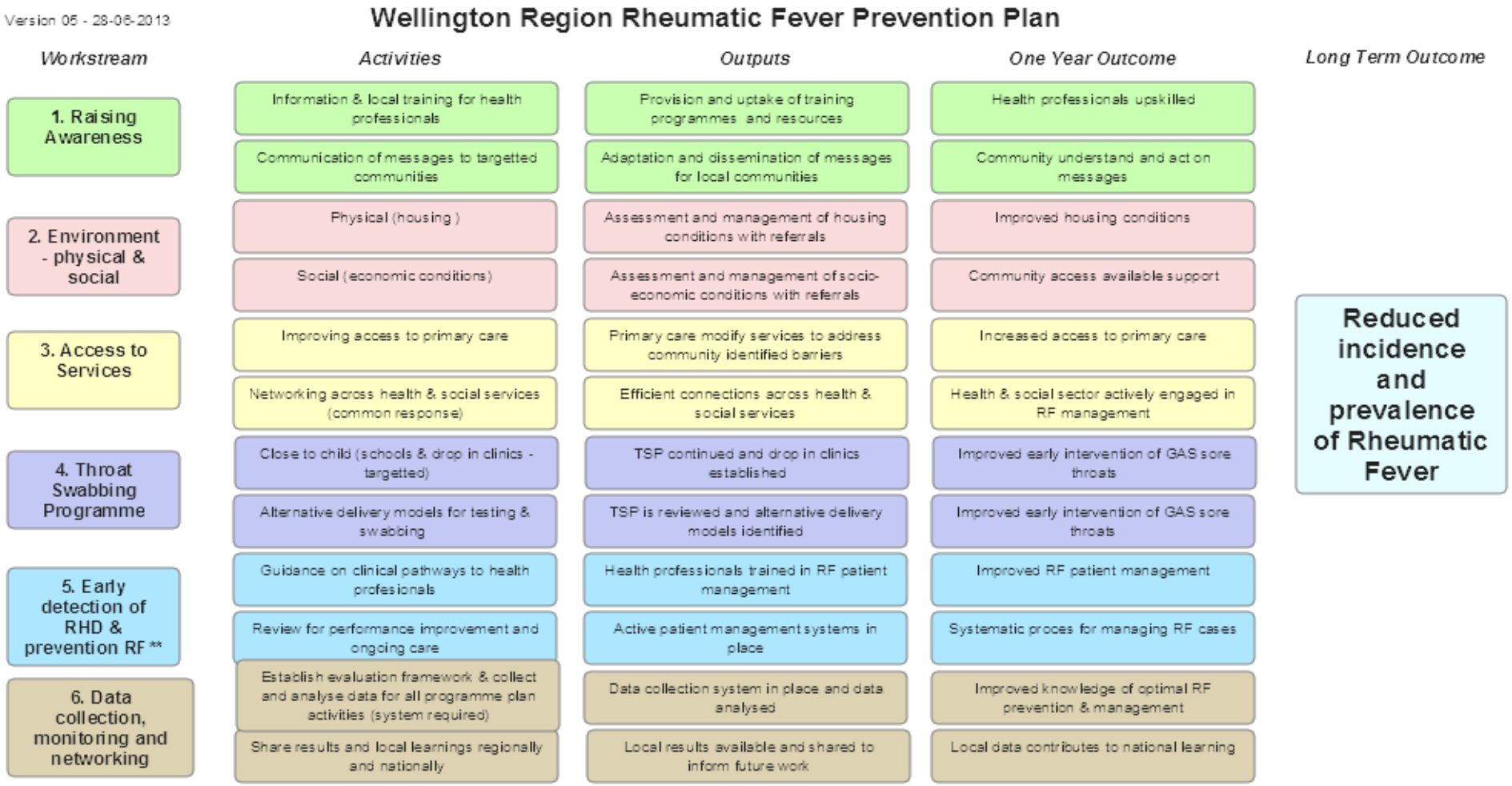
| | | | | | |
|---|---|---|---|---|---|
| | *Q2 2015-16* Initiate discussions with Primary Care Alliance Trust (PCAT) and RPH regarding “wind down” of school-based service and communication with schools and community in Porirua around service change. | Maintaining community awareness of how and where to access acute sore throat assessment. | Maintaining community awareness of how and where to access acute sore throat assessment. | Monitoring of rapid response volumes. | PHOs<br><br>3 DHB Communications<br><br>SIDU |
| | Q2 2015-16 Increased awareness raising in Wairarapa DHB after two new cases identified in 2014-15 through PHN in schools and within practices via the PHO. | | | Monitoring Wairarapa hospitalisation rates. | Compass Health<br><br>RPH |
| **Actions to treat Group A streptococcal throat infections quickly and effectively** | Training and information for primary care providers.<br><br>Q2 & Q3 2015-16 follow up with PHOs on mystery shopping initiatives performed by MoH & utilising learnings in developing a strengthened model of rapid response services. | Training and information for primary care providers. | | Number of training sessions across region (at least one annually per DHB)<br><br>Revised NHF guidelines are promoted to all primary care in region<br><br>Additional training and information monitored as per ‘rapid response’ contract<br><br>Number of swabs taken in primary care across region | Primary Care and RPH<br><br>PHOs<br><br>SIDU<br><br>SIDU |
| | Develop audit tool for treatment of sore throats in primary care. | Audit of treatment of sore throats in primary care. | | To be developed | Primary Care |

| | | | | | |
|---|---|---|---|---|---|
| | *Q3 2015-16* Meeting with four PHOs providing rapid response services in both HVDHB and CCDHB to plan a cohesive approach to strengthening service delivery in all clinic settings | Strengthening provider responsiveness & community awareness of how to access services. | | | |
| | *Q1 & Q2 2015-16* increased number of rapid response clinics in Porirua post Under 13s implementation.<br><br>Ensuring the at risk popn who may have previously accessed school based sore throat swabbing, know how to access to sore throat assessment in their community.<br><br>*Q2 2015-16* Initiate discussions with Primary Care Alliance Trust (PCAT) and RPH regarding “wind down” of school-based service and communication with schools and community in Porirua around service change. | | | Performance measures as per rapid response contracts | SIDU and CCDHB PHOs |

| | | | | | |
|---|---|---|---|---|---|
| | *Q3 2015-16* Meeting with four PHOs providing rapid response services in both HVDHB and CCDHB to plan a cohesive approach to strengthening service delivery in all clinic settings<br><br>*Q3 & Q4 2015-16* increased number of rapid response clinics in Hutt Valley post Under 13s implementation. | Continued rapid response clinics in Hutt Valley.<br><br>Strengthening provider responsiveness & community awareness of how to access services. | | Performance measures as per rapid response contracts | SIDU and HVDHB PHOs |
| | On-going sore throat swabbing in schools until the end of June 2016<br><br>No longer provided from 1 July 2015<br><br>Ensuring the at risk popn who may have previously accessed school based sore throat swabbing, know how to access to sore throat assessment in their community | | | Monitoring of rates of ARF in Porirua | RPH, Primary Care Alliance Trust & SIDU |
| | *Q2 2015-16* Initiate discussions with Primary Care Alliance Trust (PCAT) and RPH regarding “wind down” of school-based service and communication with schools and community in Porirua around service change. | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | Development and wider use of standing orders for primary care (high risk practices) | Wider use of standing orders for primary care (high risk practices) | | Number of 'high risk' practices using standing orders | SIDU & RPH |
| **Actions to facilitate the effective follow-up of identified rheumatic fever cases** | | Timeliness of antibiotics tracked by rheumatic fever register (by age group) with annual audit and stakeholder meeting | Timeliness of antibiotics tracked by rheumatic fever register (by age group) with annual audit and stakeholder meeting | Proportion of cases receiving antibiotics in timely manner by DHB and age group | RPH |
| | | Annual training and reminders to paediatricians and physicians and Orthopaedics, Obstetrics and ED | Annual training and reminders to paediatricians and physicians | Proportion of cases notified in a timely manner | Sub regional representative from paediatrics and cardiology |
| | | Annual audit to include follow up of system failure points | Annual audit to include follow up of system failure points | Presentation of annual audit to sub regional paediatric meeting | RPH & sub regional representative from paediatrics and cardiology |
| | | Development of clinical pathway from diagnosis through to end of bicillin course | Promotion and review of clinical pathway | Clinical pathway completed and implemented by January 2013 and disseminated to primary care | Sub regional representative from paediatrics and cardiology |
| | | Improve compliance with on-going medical management of patients with moderate to severe RHD or post valvular surgery | Improve compliance with on-going medical management of patients with moderate to severe RHD or post valvular surgery | Monitoring process to be determined | Cardiology |

# Appendix 1: Roadmap



# Appendix 2: Sub-regional Rheumatic Fever Prevention Plan Steering Group Attendees (15th October 2015)

| NAME | ORGANISATION | CONTACT |
|---|---|---|
| Tofa Suafole-Gush | Hutt Valley DHB | Tofa_Suafole.Gush@huttvalleydhb.org.nz |
| Desmond Tupangaia | Central Pacific Collective | desmond@cpcollective.org.nz |
| Barbara Vardey | Compass Health | Barbara.Vardey@compasshealth.org.nz |
| Robyn Kelly | Regional Public Health | Robyn.Kelly@huttvalleydhb.org.nz |
| Heather Stewart | Regional Public Health | Heather.Stewart@huttvalleydhb.org.nz |
| Dr Craig Thornley | Regional Public Health | Craig.Thornley@huttvalleydhb.org.nz |
| Dr Andrew Marshall | CCDHB | Andrew.Marshall@ccdhb.org.nz |
| Toby Regan | Regional Public Health | Toby.Regan@huttvalleydhb.org.nz |
| Peter Murray | Regional Public Health | PETER.MURRAY@HUTTVALLEYDHB.ORG.NZ |
| Chris Eastwood | Housing New Zealand Corp | chris.eastwood@hnzc.co.nz |
| Lynne Turner | CCDHB | Lynne.Turner@ccdhb.org.nz |
| Dr Jean Kelly | CCDHB | Jean.Kelly@ccdhb.org.nz |
| Karen Barnett | CCDHB | Karen.Barnett@ccdhb.org.nz |
| Prof. Julian Crane | University of Otago | julian.crane@otago.ac.nz |
| Emma Hickson | SIDU | Emma.Hickson@sidu.org.nz |
| Alison Mitchell | Well Health Trust | alisonm@wellhealth.health.nz |
| Lorraine McAdam | Ora Toa PHO | lorraine.mcadam@oratoa.co.nz |
| Maurice Priestley | SIDU | Maurice.Priestley@sidu.org.nz |
| Chris Campbell | Regional Public Health | Chris.Campbell@huttvalleydhb.org.nz |
| Paul Abernethy | Te Awakairangi Health Network | Paul.A@teahn.org.nz |
| Sue Walker | Te Awakairangi Health Network | Sue.W@teahn.org.nz |

| ***Apologies*** | | |
|---|---|---|
| Vanessa Cameron | Regional Public Health | Vanessa.Cameron@huttvalleydhb.org.nz |
| Sharon Cavanagh | Well Health Trust | sharon@wellhealth.health.nz |
| Jason Kerehi | Wairarapa DHB | Jason.Kerehi@wairarapa.dhb.org.nz |
| Marchelle Laurent | Te Awakairangi Health Network | Marchelle.L@teahn.org.nz |
| Dr Bryan Betty | Porirua Union & Community Health Services | bryan@puchs.org.nz |
| Gail O'Leary | Regional Public Health | Gail.O'Leary@huttvalleydhb.org.nz |
| Debbie Rickard | CCDHB | Debbie.Rickard@ccdhb.org.nz |
| Kuini Puketapu | Hutt Valley DHB | Kuini.Puketapu@huttvalleydhb.org.nz |
| Dr Ashley Bloomfield | Hutt Valley DHB (Champion) | Ashley.Bloomfield@huttvalleydhb.org.nz |
| Kate Calvert | Hutt Valley DHB | Kate.Calvert@huttvalleydhb.org.nz |
| Peter Gush | Regional Public Health | Peter.Gush@huttvalleydhb.org.nz |
| Ranei Wineera-Parai | Porirua Social Sector Trial | Ranei.Wineera-Parai@compasshealth.org.nz |
| Lisa Hunkin | SIDU | Lisa.Hunkin@sidu.org.nz |
| Martin Hefford | Compass Health | martin.hefford@compasshealth.org.nz |
| Helene Doyle | Regional Public Health | Helene.Doyle@huttvalleydhb.org.nz |
| Dr Ramona Tiatia | University of Otago | ramona.tiatia@otago.ac.nz |
| Prof. Phillipa Howden-Chapman | University of Otago | |

# Appendix 4: Principles that inform implementation composed by Maori and Pacific DHB Directors

The Sub-regional RFPP will seek to be responsive to people of all cultures. In particular, the Plan will honour and respect Maori and Pacific peoples acknowledging their significant presence and contributions to the community and also the socio-economic challenges faced by these population groups.

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori and Pacific people. Health providers associated with this Plan are expected to provide health services that will contribute to realising this aim. This may be achieved through processes that facilitate Māori and Pacific access to services and provision of appropriate pathways of care.

The Sub-regional RFPP will recognise Māori realities including the importance of Whānau, Hapu, Iwi, particularly Kaumatua, and the service user. As such:

- The Plan will seek endorsement by the three DHBs' Maori Health Governance Boards and the Sub-regional Pacific Health Advisory Group representing the views of those communities within the sub region;
- Programmes of action relating to this plan will ensure there is a Maori and Pacific perspective and / or representation via the Maori and Pacific Health Directorates;
- The Service will acknowledge the unique place of the Treaty of Waitangi and will understand and uphold the principles of the Treaty through partnerships with Māori; and
- The Plan will ensure that Māori and Pacific participate in the development and delivery of the service.

For Pacific people, the Plan will recognise that the term "Pacific" refers to a diverse group with different heritage, belief, practices, experience, protocols, and language. In order to recognise the needs of Pacific people, the cultural frameworks used by the Plan should be consistent with the MSD Pacific ethnic diversity framework and the conceptual components of the Seitapu model. Both frameworks have been approved and endorsed for the purposes of a range of projects led by the DHBs and presented to the Sub-regional Pacific Health Advisory Group.

Services for Pacific people should take into account that successful engagement with Pacific people must incorporate the element of 'respect' and appropriate 'cultural protocols'. (Tamasese et el,1997). The Plan will actively seek support and advice from Pacific clinicians and practitioners when the need arises to ensure their intervention is of high quality and is inclusive of an appropriate cultural paradigm.

It is vital to both Maori and Pacific health that robust that the project also puts in place a robust performance monitoring framework, utilising measurable and reliable indicators of performance, to ensure that inequities are closely monitored and eliminated over time.

### Links to Pacific models and frameworks:

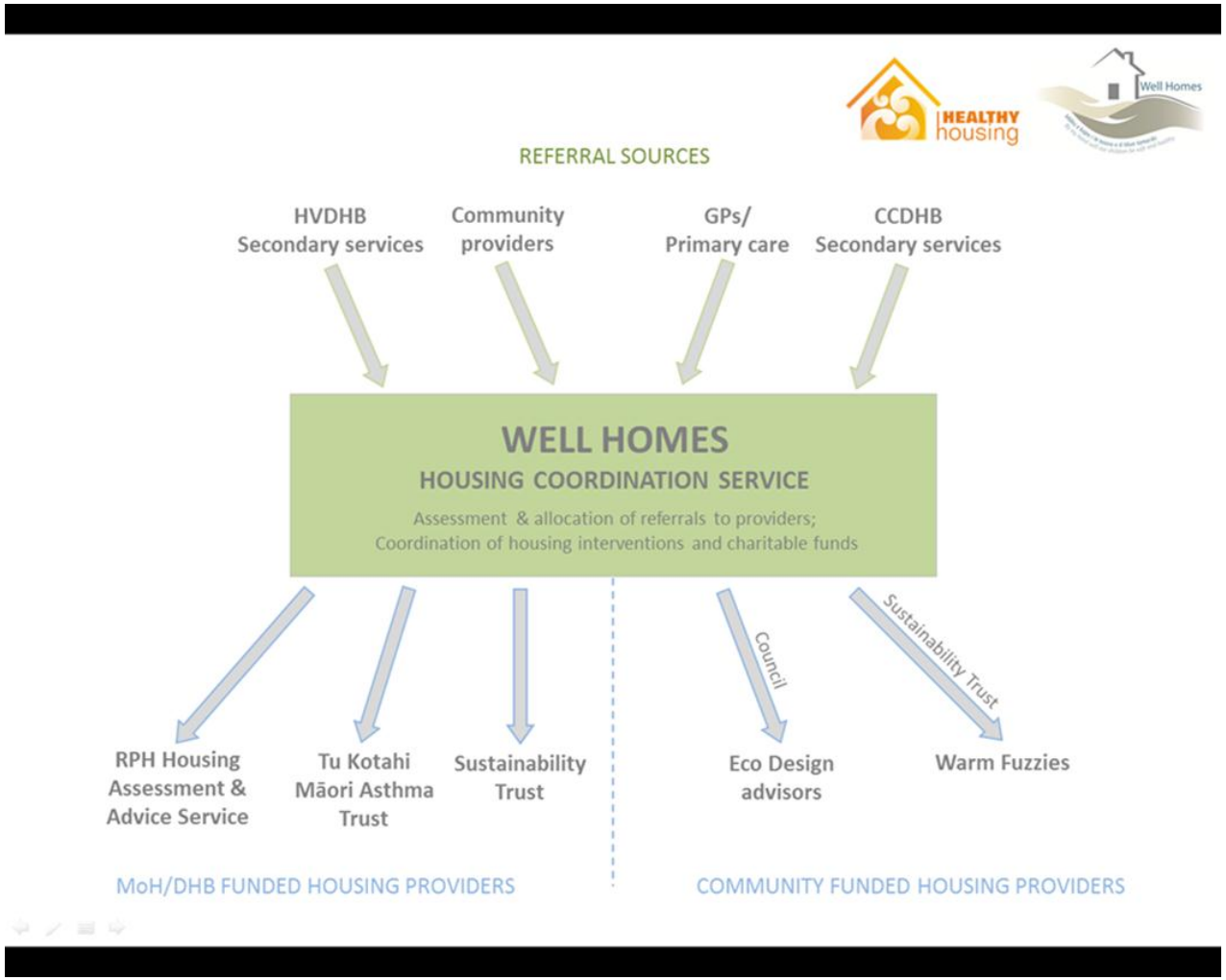
Ministry of Social Development Pacific Ethnic Diversity Framework:

http://www.familyservices.govt.nz/working-with-us/programmes-services/whanau-ora/pasefika-proud/pacific-cultural-frameworks.html

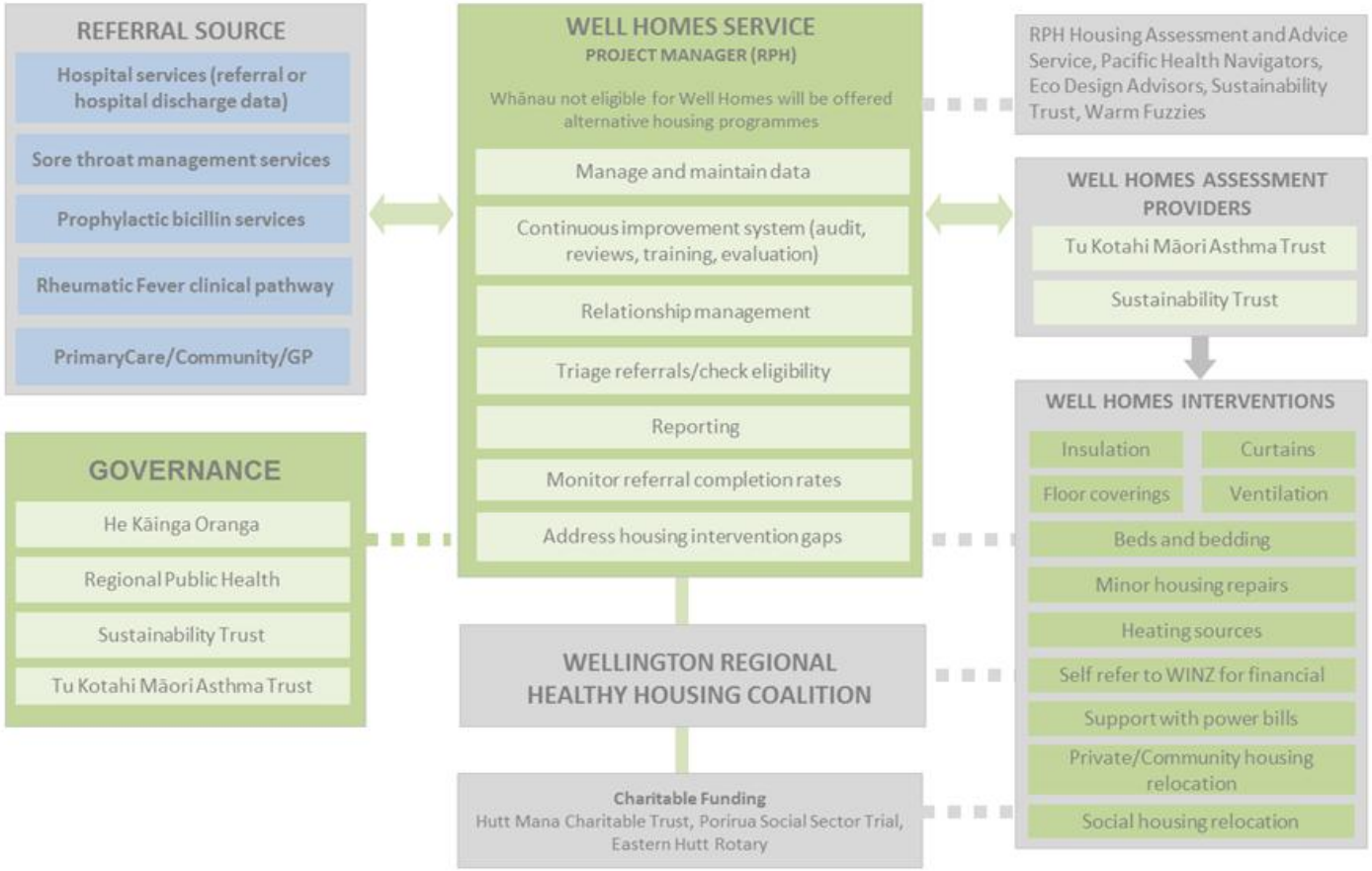
Le Va Seitapu Model:

http://www.leva.co.nz/library/leva/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples

# Appendix 5: Referral for housing and social services interventions



# Well Homes Housing Coordination Service – Wellington



# Healthy Housing Referral Form

Well Homes is a housing coordination service for the greater Wellington region that supports whānau to live in a **warm, dry and safe home**

**Whānau (family) details:**

Please put patient label here

Name:_____ NHI:_____

Address:_____

_____

Ethnicity:_____

Parent/guardian names (if under 18 years):_____

Cell: _____ Cell:_____ Home phone:_____

**What health condition is the whānau (family) under care for?**

- ❑ Respiratory conditions i.e. bronchiolitis, pneumonia, bronchiectasis, lower respiratory tract infection
- ❑ Meningitis (viral or bacterial)
- ❑ Meningococcal disease
- ❑ Acute nephritic syndrome
- ❑ Rheumatic fever (acute or past history)
- ❑ Other (please specify) _____

**Household makeup**

Number of adults _____

Number of children:

Age 0 – 4 _____

Age 5 – 9 _____

Age 10 – 14 _____

Age 15 – 19 _____

**Does the whānau (family) have:**

- ❑ A community services card (client/householder)
- ❑ Low income or financial hardship i.e. accessing food banks, WINZ, budgeting services or other social agencies

**Please discuss the information below with the whānau (family):**

Well Homes will:

- Contact whānau and link them with the most appropriate housing programme for their needs
- Refer to services in the local area that can help with housing and health
- Work with whānau to come up with a plan to achieve a healthy home that is warm, dry and safe
- Work closely with hospital services and the **Regional Public Health, Housing Assessment and Advice Service (HAAS)**

- ❑ I have discussed Well Homes with the whānau and they have consented to a referral
- ❑ The whānau understand their hospital records may be reviewed by Well Homes to link them with the most appropriate housing programme for their needs

**Referrer's details:**

| | | |
|---|---|---|
| Referral date: | Referred by: | Ext: |
| Ward/Hospital Service: | | Signature: |
| Email address: | | |

**Fax form to 04 570 9211 or scan & email to wellhomes@huttvalleydhb.org.nz**
**Phone Well Homes or RPH Housing Nurses on 04 5709002**

Regional Public Health
Better Health For The Greater Wellington Region

# Appendix 6: Wellington Regional Healthy Housing Coalition

The Wellington Regional Housing Coalition (WRHHC) was initiated by Tu Kotahi Maori Asthma Trust who called a meeting of interested agencies in April 2012. Early meetings canvassed a range of issues across the housing spectrum including: social housing supply and policy, homelessness, emergency and boarding accommodation, housing affordability, culturally appropriate housing solutions, healthy housing, and broader neighbourhood planning and design. The group agreed that its initial focus would be on enhancing integrated activity for **healthy housing.** The group then developed the following mission and vision statements and strategies:

*Mission:* To improve access to healthy housing across the region through better integration of WRHHC members' activities, and strategic problem solving.

*Vision:* All high health need whanau of the Wellington Region are living in safe and health housing.

*Key Strategies:*

1. Fostering a multi-sector partnership approach to regional healthy housing opportunities and issues, increasing cross sector sharing, strategising and encouraging healthy debate.
2. Identifying and communicating regional healthy housing initiatives, and supporting access for people who most need it: (e.g. Maori, Pacific, low–income earners or beneficiaries, children, and older persons, people with high health and/or social needs)
3. Identifying gaps, issues and opportunities for regional healthy housing activity, and developing strategies to address these locally, regionally and at a systems level.
4. Maintaining a broad and open membership, progressing work areas through voluntary project teams.
5. Collective advocacy, where possible, at a policy and systems level.

In March 2013, the Coalition merged its' three working groups into one and mandated this group to develop and implement a joint work plan. The work streams of the plan focus on:

- Policy and Systems change;
- Consistent Healthy Housing Messages; and
- Engaging with Landlords.

Activities of the Coalition to date include:

- Information sharing regarding available housing interventions, speakers and relevant opportunities to promote healthy housing in the region;
- A stocktake of available insulation, heating and curtain bank schemes is available on the RPH website www.rph.org.nz; and
- A paper to the Energy and Efficiency Conservation Authority (EECA) regarding broadening insulation criteria and investigating opportunities to improve access to insulation for non Community Services Card holders and whānau with high health needs.

Key contacts for the Coalition:

- Peter Glensor, Chair, Wellington Regional Healthy Housing Coalition; and
- Corrinna Ho, Volunteer Administrator, Wellington Regional Healthy Housing Coalition corrinnaho@yahoo.com.hk

# Appendix 7: Rapid response clinics

## Capital & Coast DHB (Porirua)

**Ora Toa Cannons Creek Medical Centre**
178 Bedford Street, Cannons Creek, Porirua
**Phone:** 04-237 5152
**Hours**: 8.30am – 5.00pm, Monday – Friday

**Ora Toa Mungavin Medical Centre**
7 Mungavin Avenue, Porirua
**Phone:** 04-237 6387
**Hours:** 8.30am – 5.00pm, Monday – Friday

**Ora Toa Takapuwahia Medical Centre**
1 Te Hiko Street, Takapuwahia, Porirua
**Phone:** 04-237 4503
**Hours:** 8.30am – 5.00pm, Monday – Friday

**Porirua Union & Community Health Centre**
221 Bedford Street, Cannons Creek, Porirua
**Phone:** 04-237 4207
**Hours:** 8.30am – 5.00pm, Monday – Friday
Late night Wednesday to 6.30pm

**Waitangirua Health Centre**
201 Warspite Avenue, Waitangirua, Porirua
**Phone:** 04-235 9059
**Hours:** 8.30am – 5.00pm, Monday – Friday

**Pacific Health Service Porirua**
4 Bedford St, Porirua, Wellington
**Phone:** 04-237-9824
**Hours:** 8.30am – 5.00pm, Monday – Friday

**Kenepuru Accident & Medical Clinic**
Kenepuru Hospital, Rahia Street, Porirua
**Phone:** 04-385 5999
**Hours:** Open 24 hours everyday

**Titahi Bay Doctors**
3 Whitehouse Rd Porirua
**Phone:** 04 236 8171
**Hours:** 8.30am – 5.00pm, Monday – Fridays

**Titahi Bay Surgery**
76 Main Street, Titahi Bay, Porirua
**Phone:** 04 236 8200
**Hours:** 8.30am – 5.00pm

**Whitby Doctors**
Whitby Mall, Discovery Drive, Whitby, 5024
**Phone:** 04 234 1404
**Hours:** 8:30 – 5:30 pm late night Tuesdays to 8:30pm

**Mana Medical Centre**
107 The Esplanade, Paremata,5026
**Phone** 04 2338019
**Hours** 8:00 – 6:00 Mon –Thurs
8:00 -5:00 Friday

**Plimmerton Medical Centre**
10 Steyne Avenue ,Plimmerton,5026
**Phone** 04 2338015
**Hours** 8:00- 5:30pm

**Tawa Medical**
Rewa Terrace, Tawa, 5028
**Phone** 04 2327193
**Hours** 8:00- 5:00pm

**Linden Surgery**
49 Hinau Street, Linden, 5028
**Phone** 04 2328376
**Hours** 8:30- 5:30pm

## Hutt Valley DHB

| Clinic | Phone number | Address | Hours of operation |
|---|---|---|---|
| Stokes Valley Pharmacy | 04 939 8409 | 190 Stokes Valley Rd, Stokes Valley | Mon-Fr 9:00 - 6:00pm, Sat 9:00-3:00pm |
| Unichem Owles Pharmacy | 04 567 7523 | 45 Everest Ave, Naenae | Mon-Fri 8:30am - 6:00pm, Sat 0:00am - 1pm |
| Taita Pharmacy | 04 939 7793 | 1206 High St, Lower Hutt | Mon-Fri 8:30am - 5:30pm, Sat 9:30am - 12:30 midday |
| After Hours Medical Centre | 04 567 5345 | 729 High St, Lower Hutt | Mon- Fri- 6:00pm - 11:pm, Sat and Sun 8:00am - 11:00pm |
| Naenae Medical Centre | 04 567 1066 | 39 Treadwell St, Naenae | Mon-Fri 8:30am - 500pm |
| Whai Oranga O Te Iwi | 04 564 6966 | 7 The Strand, Wainuiomata | Mon-Fri 8:30am - 5:00pm |
| Stokes Valley Medical Centre | 04 563 8200 | 180 Stokes Valley Rd, Stokes Valley | Mon-Fri 9:00am - 5:30pm |
| Taita Medical Centre | 04 567 7390 | 1205 High St, Lower Hutt | Mon-Fri 8:30am-5:00pm |

# Appendix 8: Pacific Engagement Strategy


Twelve Month Delivery Plan from 1 July 2015 to 30 June 2016

Pacific Engagement Strategy – Rheumatic Fever (Wellington)
Contract # 348672

Prepared for:
**The Ministry of Health**

Prepared by:
**The Central Pacific Collective**

# Contents

## Background:

As part of the Better Public Services targets the government aims to reduce rheumatic fever by two thirds to 1.4 cases per 100,000 people by June 2017. As part of a suite of initiatives under the Rheumatic Fever Prevention Programme (RFPP), the Pacific Engagement Strategy (PES) will raise awareness of the links between a sore throat and rheumatic fever to Pacific families.

The Central Pacific Collective (CPC) is contracted to provide leadership in the delivery of the PES. Delivery of PES will be in partnership with Pacific Health Service Porirua (PHSP) and Pacific Health Service Hutt valley (PHSHV).

This is the third year of the contract.

## Purpose:

This Annual Action Plans provides the Ministry of Health with a plan for delivery of the Pacific Engagement Strategy – Rheumatic Fever (PES) contract for the 12 month period 1 July 2015 to 30 June 2016.

## Delivery of the PES in Year Two:

Under the PES contract, the target was to deliver Rheumatic Fever messages to;

- 3,000 Pacific families through in-home engagements and
- 30 Community Events.

As at 30 June 2015, the Collective members had achieved their targets. This is broken down in the following table;

| Organisation | Target Number | Actual Number |
|---|---|---|
| Taeaomanino Trust | 202 | 202 |
| Pacific Health Services Porirua | 1,399 | 1,404 |
| Pacific Health Services Hutt Valley | 1,399 | 1,404 |
| **TOTAL** | **3,000** | **3,010** |

## Year Three Delivery of PES:

### Contract Numbers

For the 2015/2016 financial year, the CPC propose that the deliverables of 3,000 Pacific families be engaged via 2,700 in home sessions and a minimum of 300 families through 30 community events.

For the 2015/2016 financial year, it is expected that a longer delivery period and realigning staffing levels, will mean less pressure on both PHS Porirua and PHS Hutt Valley resources and the successful delivery of PES targets without greatly impacting delivery of other contracts.

### Promotional Resources

PHS Porirua and PHS Hutt Valley have found the current promotional resources to have limited success (e.g. written paraphernalia) on their own.

Anecdotal evidence indicates that Pacific people do not readily read pamphlets and handouts unless they are in formal facilitated settings (i.e. face-to-face).

## Geographical Spread

### PHS Porirua

The 2013 census states that 12,735 people define themselves as Pacific within the Porirua region.

In the 2014/2015 financial year, PHS Porirua visited 1,405 families made up of 4,285 individuals. In the 2013/2014 financial year, a total of 3,564 families were seen made up of 5,563 within the Porirua basin.

Compared to the Pacific population from the 2013 census the table below supports that the Porirua area, with PHS Porirua and a number of other community organisations delivering PES within the Porirua basin, are covering the Porirua basin.

| Year | Families | Individuals |
|---|---|---|
| 2013/2014 | 3,564 | 5,563 |
| 2014/2015 | 1,405 | 4,285 |
| **TOTAL** | **4,969** | **9,848** |

The Porirua area will continue to be a focus with the PES message. PHSP is well known within the communities and have great relationships regionally due to their Pacific Smoking Cessation Contract and Pacific General Practice which is not confined to Porirua only.

In addition, PHS Porirua will continue to build on current relationships with CCDHB to make known to PHSP the Pacific families who would benefit from a PES session. Furthermore, the PES providers will refer children with a sore throat to the nearest Free Rapid Response Clinic including their Pacific GP practice.

### PHS Hutt Valley

The 2013 census states that 10,257 people define themselves as Pacific within the Lower Hutt region.

In the 2014/2015 financial year, PHS Hutt Valley visited 1,404 families made up of 6,548 individuals. PHS Hutt Valley did not deliver PES in the 2013/2014 financial year.

Compared to the Pacific population from the 2013 census the table below indicates that PHS Hutt Valley are covering the Lower Hutt region, which will continue to be its focus area.

| Year | Families | Individuals |
|---|---|---|
| 2013/2014 | N/A | N/A |
| 2014/2015 | 1,404 | 6,548 |
| **TOTAL** | **1,404** | **6,548** |

PHS Hutt Valley are well known within the Lower Hutt area and have numerous relationships with a variety of Pacific communities and other Pacific NGO's. Similar to PHS Porirua, referrals are also another stream that PHS Hutt Valley utilised in the 2014/2015 financial year that will continue for the 2015/2016 financial year.

Other methods of delivery (e.g. community mobilisation – though will track how this operates within the Auckland region with a view to implementing this in the 2nd six months of this financial year, if warranted) for achieving the PES targets have been considered in setting this plan, however these were deemed to not be valid at this point in time. It is felt that the extension out to Wellington, the need to cover the Lower Hutt area more and the referral systems for both organisations are ample enough to ensure the PES objectives will be met.

The allocation of family numbers and community events;

| Organisation | Families | Community Events |
|---|---|---|
| PHS Porirua | 1,350 | 15 |
| PHS Hutt Valley | 1,350 | 15 |
| **ANNUAL TOTAL** | **2,700** | **30** |

The following tables present a guideline on how the numbers will be achieved;

*Families*

| | MONTH | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | TOTAL |
| PHSP | 140 | 140 | 140 | 140 | 60 | 80 | 90 | 140 | 140 | 140 | 140 | 1,350 |
| PHSHV | 140 | 140 | 140 | 140 | 60 | 80 | 90 | 140 | 140 | 140 | 140 | 1,350 |
| TOTAL | 280 | 280 | 280 | 280 | 120 | 160 | 180 | 280 | 280 | 280 | 280 | 2,700 |

*Community Events*

| | MONTH | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | TOTAL |
| PHSP | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 15 |
| PHSHV | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 15 |
| TOTAL | 2 | 2 | 4 | 2 | 2 | 2 | 4 | 4 | 4 | 2 | 2 | 30 |

The first monthly drawdown (from the Ministry), for the 2015/2016 financial year, in July will be utilised for the procurement of collateral resources.

## Workforce Training:

Refresher training is available to the staff of PHS Porirua and PHS Hutt Valley, on an “as required” basis and for new staff. All staff (from PHS Porirua and PHS Hutt Valley) are trained in the requirements of delivering the PES objectives. This is due to the intense campaigning in the just completed 2014/2015 financial year where all staff from both organisations were involved in delivering PES.

All staff delivering PES will be trained in the Healthy Homes messages. This will be done by Friday 11 September, 2015.

## Reporting

The Ministry will receive from the CPC monthly reports on the 15th of each month. These reports will indicate:

- Number of families receiving an in-home session
- Number of individuals present at the in-home session
- Number of community events delivered
- Number of families present at the community event
- Number of individuals present at the community event
- Number of children referred to a Rapid Response Clinic
- Any commentary relating to highlights or issues needing to be raised with the Ministry

## Summary

The 2014/2015 financial year was a success in many ways. While there were extenuating circumstances to the way the contract was initially handled prior to the CPC, the achievement of its contract targets is testament to the capability of the Collective and its members.

The experience and knowledge obtained in the 2014/2015 financial year has developed the CPC and its members' understanding of its Pacific communities further, this will ensure the 2015/2016 financial year mirrors the same accomplishment.

The key changes to the contract will address the concerns raised and provide flexibility where currently there is very little;

- Promotional Resources
- Monthly reporting timeframe to the 15th of each month

The CPC requests the Ministry approve the above changes and confirm its agreement to the delivery plan outlined in this document.