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Introduction

The way we as a District Health Board (DHB) fund and provide health services is not sustainable. We are facing a number of issues challenging our models of care: an aging population, a growing burden of long-term conditions, and stark health inequities. However, we have an opportunity to improve health and wellbeing in the Hutt Valley by thinking and doing things differently.

This plan sets out Hutt Valley DHB's bold vision for how we want to make the Hutt Valley a healthy place for whānau and community to connect, grow, live, learn, work and play. We want all our whānau and communities to realise their wellbeing and for wellbeing to become the norm in the Hutt Valley.

This plan serves two purposes. Firstly, it commits us as a DHB to focus on prevention, to strengthening our whānau and communities, and to addressing the wider determinants and environmental factors that impact our wellbeing. This plan will guide our decision-makers, and our work and investment as a DHB. Secondly, it signals to our partners, providers and community our commitment to work differently and to be a champion for wellbeing in the Hutt Valley.

Much of this plan is about systems thinking and collective impact. It is about Hutt Valley DHB developing key relationships and working with our partners and networks so we can achieve better outcomes for our community. This approach will require resources, leadership and developing a shared vision. Forging partnerships with our wider health, community and social sector partners is time-intensive and requires a long-term view, but the benefits can be significant.

Our partners will also need to understand that influencing wellbeing will require them to forge new relationships, to work differently, and embrace collective impact. Everyone is doing an excellent job in their specific area, but an excellent job in one sphere does not add up to collective impact, improved outcomes and addressing needs where it is most required.



Our Wellbeing Plan: A Thriving Hutt Valley 2018 Summary of Wellbeing Plan

Summary of Wellbeing Plan

OUR VISION HEALTHY PEOPLE, HEALTHY FAMILIES, HEALTHY COMMUNITIES DHB STRATEGY OUR VISION FOR CHANGE STRATEGIC DIRECTION SUPPORTING LIVING WELL

Our Wellbeing Plan Address the **WELLBEING Systems Thinking Targeting Our Best Information** Value-Add **Treaty of Waitangi Holistic Thinking** Whānau-Focused **Early Stages of Life PRINCIPLES** and Collective Action Resources **Environment FOCUS Enabling Healthy Eating Promoting Wellbeing** Tamariki and Whānau **Embedding Alcohol and Other Drugs** Housing Tobacco **AREAS** at Work with Complex Social Needs and Active Lifestyles **Wellbeing Plan** Knowledge and Resource **Knowledge and Resource Partners and Networks** Leadership **Partners and Networks DHB TOOLS** Leadership Leadership Advocacy Leadership **Knowledge and Resource Knowledge and Resource** Knowledge and Partners and DHB as an Employer DHB as an Employer Networks Commissioning Advocacy Advocacy **Partners and Networks** Partners and Networks **Partners and Networks Partners and Networks** Commissioning Advocacy Commissioning Commissioning Commissioning DHB as an Employer

Knowledge and

Resource

Commissioning

We have a single

and co-ordinated

Hutt Valley smoke-

free action plan

that focuses on our

target populations.

We have

commissioned new

services that have

been co-designed

and support the

Hutt Valley smoke-

free action plan.

All ethnic and

age-groups in the

Hutt Valley are

progressing to being

smoke-free by 2025.

OUTCOMES

All DHB employees receive a Living Wage.

All DHB employees have access to or are engaged in a work-place wellbeing programme.

We have a workforce our community and is culturally competent.

We provide a safe environment for staff and patients of all cultures.

The DHB is actively supporting other employers to implement their own workplace wellbeing programmes.

We have a robust methodology for identifying tamariki and whānau with complex social needs.

We have an understanding of the social and health needs of these tamariki and whānau.

We have a collective impact approach to supporting tamariki and whānau with complex social and health needs, in which different agencies are invested and accountable.

> Our tamariki and whānau are receiving the services they need when they need them

We have improvements in health outcomes and equity for these tamariki and whānau, such as a reduction in ambulatory sensitive hospitalisations.

We have improvements in social outcomes for these tamariki and whānau, such as educational outcomes.

We have a local housing and homelessness working group.

We have a clear understanding of the housing-related health impacts in the Hutt Valley.

All patients with a housing sensitive condition are seen by our Well Homes programme.

We are actively engaged and promoting healthy and affordable housing in our local council's district and long-term plans.

We have a reduction in housing sensitive conditions and improved health equity.

We have reduced hospital bed days for people with "no fixed abode"

We review the findings of Hutt Valley Alcohol Needs Assessment and Government Inquiry, and look for opportunities to design programmes and services that better address alcohol misuse in the Hutt Valley.

Our partners have access to sound data on alcohol-related harm in the Hutt Valley

We have a more robust regulatory framework and response to alcohol in the Hutt Valley

Our communities are empowered and playing an active role in alcohol licensing applications and local alcohol policies.

We have a culture in the Hutt Valley where alcohol is not abused.

We see a reduction in alcohol-related hospitalisations.

We have undertaken a Recreational Drugs Needs Assessment for the Hutt Valley.

We have co-ordinated Hutt Valley wide healthy eating and active lifestyles plan that has a strong equity focus.

We have successful local health promotion supporting our healthy eating and active lifestyles plan.

Our key settings are healthy food and beverage environments.

We are working as a system to make Hutt Valley a place that promotes active transport, creates fun and safe places for tamariki to play and reduces exposure to unhealthy foods and beverages.

We are seeing an increase in people in the Hutt Valley meeting their recommended daily exercise and dietary intake.

We have a reduction in numbers of tamariki and adults who are overweight or obese in the Hutt Valley and are seeing improved health equity, with greatest gains for Māori and Pacific peoples.

We have a shared governance structure and established work programme.

Our Wellbeing Plan and Framework are guiding DHB investment and resourcing decisions

We have an established and growing Wellbeing Plan implementation team.

Our Wellbeing Plan is modelled by other DHBs.

We have a meaningful and effective Te Tiriti relationships with our Te Tiriti partner.

Acknowledgments

This Wellbeing Plan could not have been develop without the generosity of our community, partners and staff. We would like to acknowledge the following people for their time and input into this plan:

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Hutt Valley District Health Board

Our Vision

Our vision as an organisation is for 'Healthy People, Healthy Families, Healthy Communities' in the Hutt Valley.



The Treaty of Waitangi

Māori as the indigenous peoples of Aotearoa have unique rights under Te Tiriti o Waitangi (The Treaty of Waitangi). Hutt Valley DHB values the Treaty and the principles of;

Partnership:

Working together with iwi, hapu, whānau and Māori communities to develop strategies for Māori health gain.

Participation: Involving Māori at all levels of the sector, in decision making, governance, planning, development and delivery of health services.

Protection:

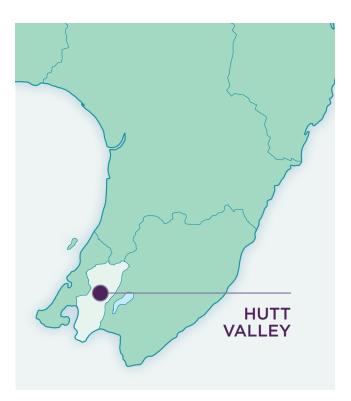
Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Te Atiawa is the iwi with mana whenua of Lower and Upper Hutt.

Background

Our changing community needs

Hutt Valley DHB covers the Te Awakairangi area - the Hutt Valley— and serves over 146,000 people. Our District Health Board covers both Upper Hutt City and Hutt City. People under 25 years of age account for 32% of the Hutt Valley population and those aged 65 years of age account for approximately 15%. The Hutt Valley's population is ethnically diverse; 17% of our population identify as Māori, 8% as Pacific peoples and 75% as New Zealand European, Asian and Other. Overall, the Hutt Valley area has similar proportions of those living in the highest and lowest deprivation areas. However, these overall figures mask the extremes in deprivation seen in the Lower Hutt area, where there is a greater proportion of the population living in the most deprived areas.



Over the next 10 years, the demographics of our community are projected to change. Our community is going to have fewer tamariki (children) and rangatahi (younger people), and see significant growth in those aged 65 years and over. The Hutt Valley will become more ethnically diverse, with our Māori, Asian and Pacific populations predicted to grow.

The health needs of our community will change too unless we radically change the way we currently do things. In particular, our projections are that we will see the continued increase in the number of people and whānau living with long-term conditions – cancer, diabetes, cardiovascular disease, respiratory disease, and mental health conditions. Certain populations in our community, particularly Māori, Pacific peoples and people living in areas of high deprivation will be impacted more by these conditions than others.

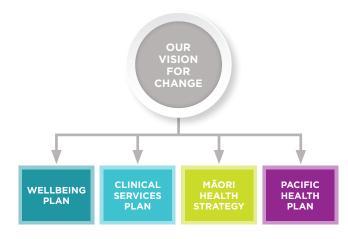
Many behavioural risk factors are driving this projected increase in health need and inequity in the Hutt Valley. Tobacco remains a key factor impacting population health. Overall around 80% of our community is smoke-free. However, this figure is lower for Māori (60%) and Pacific peoples (75%). Nutrition and physical activity play an important role. While many enjoy healthy diets with regular physical activity, there are a number of tamariki and adults who do not. This is reflected in our obesity statistics, where 30% of adults and 11% of tamariki in the Hutt Valley are obese. Unhealthy alcohol consumption is another important risk factor. Around 16% of our community consume alcohol in a way that could harm themselves or others.

These behavioural risk factors are influenced by wider determinants and the environments we live in - housing, employment, education and income. Within the Hutt Valley, there are extremes with regards to these factors and a large proportion of the population lives in socioeconomic deprivation, particular Māori and Pacific peoples. These determinants and environmental factors also drive health need in our community and perpetuate health inequity.

Our wider environment is also changing. The impacts of climate change are projected to intensify and this will have effects on our population wellbeing and sustainability as a health system.

These challenges related to our changing population, health need and environment provide us with an opportunity to think and do things differently as a DHB.

Our vision for change



Over the last 12 months, we engaged with our community and partners as part of developing our Health Strategy. We have thought about what sort of health system we want for the Hutt Valley. Together we created the DHB's strategy: *Our Vision For Change: How We Will Transform Our Health System* ('Our Vision For Change').

Our DHB's strategic framework

The strategy sets out our vision to have 'Healthy People, Healthy Families, Healthy Communities' in the Hutt Valley (see picture below). *Our Vision For Change* provides the framework for our thinking as a DHB, focusing on the key directions and enablers we need to implement to better support people before they get unwell, when they become unwell and identifying the key things we need to do to enable us to do this better.

We have been developing a number of plans to support us meet the bold vision set out in *Our Vision For Change* (see picture left). Our Clinical Services Plan provides an outline of how we will need to reconfigure our clinical services over the next 5-10 years to address burgeoning health demands. Our Māori Health Strategy details our commitment to improving the health of Māori in our district and accelerate Māori health equity. This Wellbeing Plan sits alongside these other plans as a mechanism for addressing the significant issues raised in our engagement over the last 12 months around prevention, and developing resilient and healthy whānau and communities.



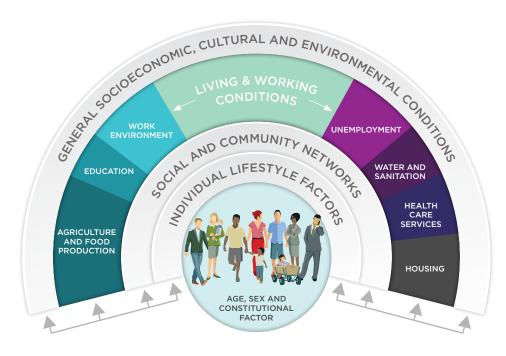
Why a Wellbeing Plan?

We cannot achieve our aim of 'Healthy People, Healthy Families, Healthy Communities' by focusing only on changing the clinical services we provide or fund. The needs of our community are going to be too great for us to continue to act as the 'ambulance at the bottom of the cliff'.

To meet our aim, we need a stronger focus on our Strategic Direction of Supporting Living Well. We need to be bold and focus on prevention, strengthening whānau and communities, and addressing the wider determinants and environmental factors that impact our wellbeing (see figure below). Within our community there are opportunities to target key risk factors that impact on our wellbeing and drive health need, such as smoking, nutrition, physical activity, and alcohol and other drugs. We also have the opportunity to look at the wider determinants that impact wellbeing, such as our living and working environments (see figure).

Research and our own community experience tell us that investing in prevention and promoting wellbeing is the most effective way to improve health and achieve equity over the long term. However, it is important to acknowledge that as a DHB we cannot address all the factors impacting wellbeing alone, as we do not have the mandate or all the tools. To be effective, we need to focus both on the factors we can influence and work with our partners to impact the wider determinants and environmental factors that contribute to wellbeing in the Hutt Valley.

This Wellbeing Plan sets out our how we want to approach and invest in prevention and promoting wellbeing in the Hutt Valley. The plan is structured in two parts. The first part describes our wellbeing framework; how we want to approach and think about wellbeing, and what tools we have to impact wellbeing. The second part describes our wellbeing focus areas for the next five years and key steps we want to take as a DHB in these areas.



Source: Dahlgren and Whitehead (1991)

Our Wellbeing Framework

Wellbeing and prevention need to be our core focus as a DHB. However, for it to be our core focus we need to think about health from a different perspective and to consider the principles that promote wellbeing in our community. Put simply, we need a wellbeing framework. The following outlines our DHB wellbeing framework; how we want to understand and approach wellbeing.

What is wellbeing?

Before describing our wellbeing framework, it is important to describe what we mean by wellbeing.

There is a lot of research and literature discussing what wellbeing means. What is clear from this is that wellbeing means different things to different people and is difficult to define.

For our community and partners, the essence of wellbeing is captured in the whakatauki (proverb) Ma Te huruhuru, Ka rere Te manu (Adorn the bird with feathers so it can fly) and the key aspects underpinning wellbeing include:





Principles of our wellbeing framework

Our community and partners identified a number of key principles that inform how we need to approach prevention and wellbeing promotion in the Hutt Valley. These key principles include:

Treaty of Waitangi

The Treaty of Waitangi and its key principles – partnership, participation and protection – provide a foundation for our wellbeing framework and for strengthening Māori wellbeing in our community. The key principles are:

Partnership: Māori are our Treaty partners and we need to partner with iwi, hapu and whānau to understand Māori health need and develop the best strategies to improve Māori wellbeing.

Participation: We need to prioritise Māori involvement in all parts of our health services: governance, decision making, planning, development and delivery. Doing this ensures Māori views on wellbeing are considered and inform our health services.

Protection: We need to ensure that Māori enjoy the same level of wellbeing as non-Māori through our investment and work. We also need to protect key aspects of Māori wellbeing; their culture, values and practices.

Holistic thinking

We need to think about wellbeing as a holistic concept that includes physical, mental, social, spiritual and cultural wellbeing when we consider wellbeing opportunities and investment.

Focus on the causes

We need to understand and focus our efforts on addressing the underlying factors and determinants (causes) that impact wellbeing and health. This means looking at promoting healthy lifestyles and behaviours (e.g. regular physical activity, being smoke-free), addressing our environments (e.g. housing) and looking to influence the wider determinants of our wellbeing (e.g. deprivation, income and employment).

Whānau-focused

We need to focus on promoting whānau ora (family health) through our wellbeing framework. This means understanding issues impacting our whānau, targeting our investment into our whānau and supporting the government's whānau ora approach.

Early stages of life

We know that our ability to impact wellbeing changes over the life course. Research tells us that focusing our resources and services on the first 1,000 days of life is one of the best ways to promote wellbeing in our community. We need to prioritise our investment and resources into the early stages of life (e.g. pre-conception, pregnancy and preschool), with a focus on supporting parents.

System thinking and collective action

We need to consider wellbeing priorities and opportunities from a systems perspective. We need to understand who our key stakeholders are at a local, regional and national level, their respective roles and mandate, and approach wellbeing from a collective perspective.

Targeting our resources to achieve equity

We know that universal health and wellbeing services do not benefit all in our community fairly. Our wellbeing framework drives us to achieve health equity in the Hutt Valley. To do this we need to target our resources to those with the greatest health need in our community. Targeting our resources requires us to work with communities and providers to understand their health need and develop the best solutions.

Best information

Our wellbeing framework needs to draw on the best information available – research, data, previous experience, evaluation outcomes and community voice – to inform our work. Having this information means we can better understand issues and make better decisions on how we promote wellbeing in the Hutt Valley. Best information also means we want to evaluate our work and programmes, and to look at how we can improve our programmes. It also means we want to develop our approach as a system to the collection and analysis of data relevant to wellbeing.

Value-add

Our wellbeing framework is about adding value. We need to understand what our partners and networks are currently doing, understand the unmet needs in our community, and draw on our community and networks to tell us where we can make a difference. We want to avoid duplicating existing services or only investing for the short-term.

Address the environment

We need to consider how our environment - where we live, learn, work and play - impacts our wellbeing when understanding wellbeing priorities and opportunities. We also need to consider how we can influence our environment to improve wellbeing. This means looking at our homes, places of work and neighbourhoods. It also means that we may take a localities or neighbourhood approach to investment and wellbeing promotion.

What tools do we have?

As a DHB we have a number of tools to influence wellbeing. These tools provide a structure for how we can frame our action in the wellbeing space. However, it is important to note that we do not have all the tools needed to make significant change. We need to draw on our partners and their resources, and work collectively if we want to make the greatest impact.

The key tools we have available to us include:

Leadership

Our wellbeing framework requires leadership. This can be in one of two ways. We can ourselves lead and drive change, or we can build upon and support leadership that exists in our community. It is important we engage our providers and understand our community to see which sort of leadership is required.

Commissioning

We want to make sure that how we commission, and what services we commission, promote wellbeing. To do this effectively, we need to have a sound understanding of the needs of our community, and work with our communities and partners to commission services that meet our communities' needs. We also want our commissioning to build capacity and capability in our partners, providers and community.

Partners and Networks

We have many partners and networks working to promote wellbeing in the Hutt Valley. We want to draw on each other's strengths, leverage off each other and work collectively to get the best outcomes for our community. We also need to think outside of the box, looking for other opportunities and relationships, such as with the private sector.

Advocacy

We can advocate for our communities' wellbeing and interests at a local, regional and national level. We can also advocate for our wellbeing framework within our health system and within our wider networks.

Knowledge and Resource

We have access to wellbeing promotion and health expertise, and important information and data for understanding the needs of our community. We can use this to support and empower our partners and stakeholders, and monitor our progress over time. We can also use our knowledge and resources to help inform and commission services better, and support evaluation and research into how we can improving wellbeing in our community.

DHB as an Employer

We know that having employment and a safe work environment are crucial to wellbeing. We need to consider how we as a DHB can promote wellbeing through being a good employer and an employer of choice. We also need to have the right staff and ensure that our staff are equipped with the right tools to impact wellbeing in our community.

Applying Our Thinking

Our Wellbeing Plan aim

As a DHB, we want to promote wellbeing through how we invest, work with our partners and communities, and use the tools we have available to us to make:

The Hutt Valley is a healthy place for whānau and community to connect, grow, live, learn, work and play.

Wellbeing focus areas: Where do we want to focus our efforts for the next 5 years?

To achieve this plan's aim, we need to apply our wellbeing framework to our work. Our community and partners have identified a number of areas where we need to focus our efforts and investment for the next five years. The focus areas are diverse, but provide us with direction and a foundation for implementing our wellbeing approach.

Our Wellbeing Plan focus areas for the next 5 years are:

- 1. Promoting wellbeing at work
- 2. Tamariki and whānau with complex social needs
- 3. Housing
- 4. Tobacco
- 5. Alcohol and other drugs
- 6. Enabling healthy eating and active lifestyles
- 7. Embedding Wellbeing Plan



Mental Wellbeing

Our wellbeing framework recognises that mental wellbeing is critical to our overall wellbeing. Many of the focus areas outlined above are key factors that impact mental wellbeing (e.g. housing, alcohol and other drugs). By addressing these focus areas, we aim to support and strengthen mental wellbeing and resilience in our whānau and community.

We also note that locally and nationally work is being undertaken to improve access and quality of mental health and addiction services, which will contribute to improve mental wellbeing in our community.



We are one of the biggest employers in the Hutt Valley. As a provider and funder of health services, we owe it to our staff to provide an environment that supports and encourages workplace wellbeing. The decisions and steps we take as an employer also send a strong signal to our partners and community of our commitment to promoting wellbeing.

As an employer we can impact the wellbeing of our community in a number of other ways: having the right staff, and developing a workforce that is representative of our community, shares our wellbeing vision and is culturally competent.

How do we want to achieve this?

We want to take the following steps to promote wellbeing in our workplace:

Leadership

- Be a leading employer promoting and championing wellbeing and sustainability in the workplace.
- Build a workplace culture that promotes wellbeing and our organisation's values.

DHB as an Employer

- Progress the DHB towards being an accredited Living Wage employer.
- Run and support wellbeing programmes for all our staff, such as WorkWell.
- Develop and grow our Māori and Pacific health workforce.
- Progress our workforce to being knowledgeable in tikanga Māori and Te Ao Māori, and culturally competent across the diversity of cultures in the Hutt Valley.
- Ensure our workforce is upskilled and has the capacity and tools to support our Wellbeing Plan when engaging with patients.
- Ensure our work environment is safe and free from bullying and harassment.
- Undertake regular staff wellbeing surveys.

- Continue implementing our DHB food and beverage policy, and ensure we provide a healthy food environment.
- Develop a DHB policy to promote active transport for our staff.

Partners and Networks

 Support our providers and other employers in the Hutt Valley to implement appropriate workplace wellbeing programmes.

How will we know if we have been successful?

- All DHB employees receive a Living Wage.
- All DHB employees have access to or are engaged in a workplace wellbeing programme, and we are monitoring the impact on our workforce over time.
- We have a workforce that is reflective of our community and is culturally competent.
- We provide a safe environment for staff and patients of all cultures.
- The DHB is actively supporting other employers to implement their own workplace wellbeing programmes.



Within the Hutt Valley, we have a number of tamariki and whānau with complex health and social needs that impact their wellbeing. In particular, the key challenges some of our whānau face relate to social deprivation, family violence, and mental health and addiction issues. We know that tamariki exposed to these factors have poorer outcomes, with childhood exposure to adverse events affecting brain development and health outcomes as adults.

There are a number of different agencies and funders who are involved or supporting these tamariki and whānau, but each operate independently and share little or no information about the whānau each are supporting. Whānau can experience multiple interventions from different agencies and through these, multiple opportunities can be missed as agencies take a specific focus on their particular area. There is no *systems* or *collective impact* approach where the agencies and the providers work collaboratively to fund and deliver mutually reinforcing approaches.

Furthermore, our interventions are poorly targeted, with no appropriate screening across primary and community providers to understand health and social complex needs early enough. We often pick up these whānau when it is too late to intervene successfully.

There is an opportunity for us as a DHB to take the lead and revisit how we, as a system, support these tamariki and whānau.

How do we want to achieve this?

We want to focus on tamariki and whānau with complex social needs by taking the following steps:

Knowledge and Resource

- Develop our understanding of the needs of these tamariki and whānau, through direct engagement and using data we have available to us, such as the integrated data infrastructure.
- Develop a methodology to identify tamariki and whānau with complex social and health needs in the Hutt Valley.
- Develop our capacity to measure impact and outcomes of interventions at a whānau level.

Leadership, Commissioning and Partners and Networks

• Lead the development and piloting of a new approach to supporting these tamariki and whānau. We want to engage with the different agencies and funders to understand the complexity of tamariki and whānau needs better, and agree an approach to pool the collective resources of the various health and social sector funders and services within an agreed framework to collectively improve their wellbeing. The new approach would establish targeted, coordinated and intensive services for a small group of whanau with complex health and social needs, and implement one coordinated approach for these whānau. Mental health, alcohol and other drug, well child, primary care, maternity, housing, and other social services would be wrapped up around the needs of these whānau through one service. We want to use this pilot to help drive us towards being able to have the capacity for whānau-led service provision.

How will we know if we have been successful?

- We have a robust methodology for identifying tamariki and whānau with complex social needs.
- We have an understanding of the social and health needs of these tamariki and whānau.
- We have a collective impact approach to supporting tamariki and whānau with complex social and health needs, in which different agencies are invested and accountable.
- Our tamariki and whānau are receiving the services they need when they need them.
- We have improvements in health outcomes and equity for these tamariki and whānau, such as a reduction in ambulatory sensitive hospitalisations.
- We have improvements in social outcomes for these tamariki and whānau, such as educational outcomes.



Having a warm, dry and safe home is vital to our individual and whānau wellbeing. The right home environment can allow people to stay in their home for as long as they want and can support them in managing their health and social needs. Housing is particularly important in ensuring a healthy start in life and poor housing is a key factor contributing to health inequities. Tamariki are particularly affected by living in poor-quality housing and homelessness.

We know in the Hutt Valley that there are significant housing issues that have a direct impact on health outcomes. Accidents and unintentional injuries related to poor or inappropriate housing are major reasons people come to hospital. We also have too many tamariki and whānau living in cold, damp and mouldy homes. Our Well Home Housing programme based at Regional Public Health is helping address these issues by undertaking housing assessments, providing healthy housing advice and support, and working with community providers and regional housing networks to provide housing solutions.

Our partners have also highlighted there is a homelessness problem within the Hutt Valley. We know this is a particular problem for our mental health consumers, with delayed hospital discharges common amongst this group. We also know that homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in pēpē (babies) and tamariki, and developmental delay.

There are opportunities for us to strengthen our role in promoting healthy housing in the Hutt Valley, particularly through strengthening referrals to the Well Homes programme and partnering with other agencies. Involving the broader housing sector as part of the response to improving wellbeing and delayed discharges (and reducing long length of stay) would be a key step towards a stronger strategic relationship between health and housing.

How do we want to achieve this?

We want to take the following steps to improving housing in the Hutt Valley:

Partners and Networks

 Support the establishment of a housing and homelessness working group with our key local partners - Housing New Zealand, Ministry for Social Development, local councils, Well Homes, non-governmental organisations, iwi, marae, Māori

- and Pacific providers and private sector so that key blockages are identified across the system, and we take a coordinated and collective approach to improving poor housing and reducing homelessness.
- Support and build on the Well Homes service work with community providers and the regional housing group delivering housing solutions for those in the Hutt Valley.

Knowledge and Resource

- Provide regular reports on housing-related hospitalisations at Hutt Valley to our partners and providers.
- Support the strengthening of referral pathways and widening of eligibility criteria for the Well Homes service.

Advocacy

 Advocate for greater housing options and improved affordability within our local district councils and in their long-term plans.

Commissioning

 Work with our key providers and existing housing networks to consider how we can better target the delivery of some of our services to those who have significant housing needs (be it as part of social housing or independent landlords), particular whānau with pēpē and tamariki.

How will we know if we have been successful?

- We have a local housing and homelessness working group in the Hutt Valley.
- We have a clear understanding of the health impacts of housing and homelessness in the Hutt Valley.
- All patients with a housing sensitive condition in the Hutt Valley are seen by our Well Homes programme.
- We are actively engaged and promoting healthy and affordable housing in our local council's district and long-term plans.
- We see a reduction in housing sensitive hospitalisations and improvement in health equity in the Hutt Valley.
- We see a reduction in hospital bed days for patients who cannot be discharged because of having "no fixed abode".



Tobacco remains one of the key risk factors driving health need in our community. We know that in the Hutt Valley there are populations who still have high smoking rates: Māori females and mothers, Māori males, Pacific peoples, rangatahi (young people) and mental health consumers. The impacts of tobacco fall disproportionately on these populations.

There is a lot of activity targeting smoking in our community at a local and national level. However, we want to ensure we prioritise our efforts and resources into our populations with higher smoking rates. We also want to work with our partners to take a co-ordinated approach, covering smoking cessation and our environments, to achieve our goal of a smoke-free Hutt Valley by 2025.

How do we want to achieve this?

We want to take the following steps to progress Hutt Valley to being smoke-free by 2025:

Leadership

- Prioritise and re-orientate our investment into smoke-free strategies targeting:
 - Māori, particularly Māori females and mothers
 - Pacific peoples
 - Rangatahi (young people)
 - Mental health consumers

Partners and Networks

- Work with our key providers and community partners

 Regional Public Health, Māori and Pacific peoples
 providers, councils, Healthy Families Lower Hutt,
 Primary Care to develop a co-ordinated Hutt Valley
 smoke-free action plan that focuses on our target
 populations, and on cessation and strengthening our
 smoke-free environments.
- Support the continued development and expansion of our smoke-free workforce within the Hutt Valley health system.
- Resource shared-care plan and referral systems to ensure smokers are well supported in their cessation journey.

Commissioning

- Develop our understanding of the drivers of smoking in our target populations, through engaging with our partners, providers and consumers.
- Design strategies and programmes with our partners, providers and consumers to support a coordinated Hutt Valley smoke-free action plan.

- Support and strengthen our tobacco control workforce's activity in workplaces, schools (particularly schools with high Māori and Pacific peoples rolls) and other settings (e.g. sports clubs).
- Evaluate and adapt our smoke-free strategies and programmes to better match need.

Advocacy

- Support our councils, major employers and other partners to develop or implement smoke-free policies or action plans.
- Advocate with our key partners for increased smokefree environments and restrictions on access and supply of tobacco in the Hutt Valley.
- Advocate at a national level for a strong focus on smoking cessation for our target populations.
- Advocate for smoke-free car legislation.

DHB as an Employer

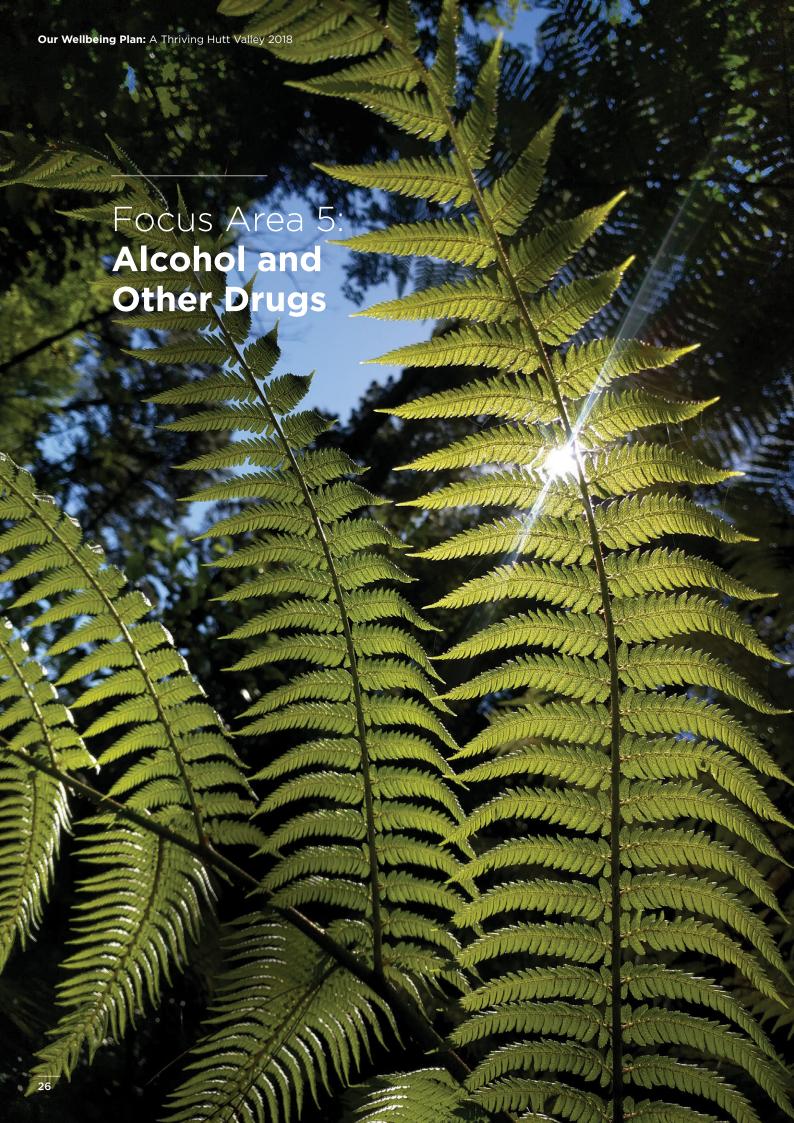
- Continue to monitor and enforce smoke-free policies at Hutt Valley DHB sites.
- Strengthen staff smoking cessation programmes and look for innovative programmes to trial, such as incentives.

Knowledge and Resource

- We want to understand how current funding and resourcing (including health promotion funding) could be deployed for maximum impact and re-orient services to an agreed Hutt Valley smoke-free action plan.
- Work with the Ministry of Health and other agencies to improve the quality of smoking data recorded, particularly during pregnancy and the post-natal period.

How will we know if we have been successful?

- We have a single and coordinated Hutt Valley smoke-free action plan that focuses on our target populations.
- We have commissioned new services that have been co-designed and support the Hutt Valley smoke-free action plan.
- All ethnic and age-groups in the Hutt Valley are progressing to being smoke-free by 2025.



Alcohol remains another driver of health need in our community and its impacts fall disproportionately on rangatahi (young people). There is already work aiming to address alcohol-related harm in our community across a number of different agencies, from health to Police and local councils. This work extends from prevention and health promotion, to providing services for people with alcohol addiction. Currently, the Accident Compensation Corporation is undertaking an Alcohol Needs Assessment for Hutt Valley. Also, the Government has established an Inquiry into Mental Health and Addiction, which will identify unmet need related to mental health and addiction in New Zealand. We look forward to reviewing the recommendations from both pieces of work, and to how we can support a co-ordinated and systems approach to alcohol in the Hutt Valley. We also want to support the monitoring of alcoholrelated harm in our community.

Other drugs also contribute to health need in our community, particularly methamphetamine and synthetic cannabinoids. However, the magnitude of impact is not well understood. There are opportunities for us to improve our understanding of this impact and work with our partners to develop an action plan to address other drug use in our community.

How do we want to achieve this?

We want to support the prevention work that is ongoing in our community through the following means:

Commissioning

 Review the findings and recommendations from the Government's Inquiry into Mental Health and Addiction and Hutt Valley Alcohol Needs Assessment, and look for opportunities to design programmes and services that better address alcohol misuse in the Hutt Valley.

Partners and Networks

 Support other agencies, particularly our local councils, in exercising their functions under the Sale and Supply of Alcohol Act 2012 and in mitigating the impacts of alcohol-related harm.

- Work with primary and secondary care and community providers to implement an alcohol screening tool.
- Work with our partners, providers, and community to understand impacts of recreational drugs in the Hutt Valley (including recreational use of opiates and benzodiazepines) by undertaking a recreational drugs needs assessment.
- Work with Regional Public Health and other partners to ensure our preparedness as a DHB to novel psychoactive substances.

Knowledge and Resource

- Produce regular reports on alcohol and drugrelated hospital presentations in the Hutt Valley.
- Work with primary care to understand and monitor alcohol-related harm managed in the primary care setting.

Advocacy

 Advocate at a national level for strengthening of the Sale and Supply of Alcohol Act 2012 to enhance community voice and support regulatory agencies to manage the public health risks associated with alcohol.

How will we know if we have been successful?

- We are a key partner in implementing recommendations of the Hutt Valley Alcohol Needs Assessment.
- Our partners have access to sound data on alcohol-related harm in the Hutt Valley.
- We have a more robust regulatory framework and response to alcohol in the Hutt Valley.
- Our communities are empowered and playing an active role in alcohol licensing applications and local alcohol policies.
- We have a culture in the Hutt Valley where alcohol is not abused.
- We see a reduction in alcohol-related hospitalisations.
- We have undertaken a recreational drugs needs assessment for the Hutt Valley.



important for our wellbeing and for maintaining healthy weight. We know that poor nutrition, infrequent physical activity and obesity are leading risk factors driving much of our communities' health need. Within the Hutt Valley these risk factors are prevalent in our tamariki and adults, with 2 in 3 adults and 1 in 3 tamariki in the Hutt Valley being obese or overweight. The impact in tamariki is particularly concerning, as it places these tamariki at risk of immediate health issues, but also means they are more likely to be obese

or overweight as adults and to have health issues in

later life. There are also clear inequities in our obesity statistics, with Māori and Pacific peoples much more

Healthy eating and regular physical activity are

Across the Hutt Valley there are a number of partners, networks and strategies aimed at reducing obesity through promoting healthy eating and physical activity. Many of our providers are working independently on various components of nutrition and physical activity, and are poorly integrated across a single plan of action. There are opportunities for us to support the work currently being undertaken in our community, particularly through establishing one approach and re-orientating our resources.

How do we want to achieve this?

We want to support the work that is ongoing in our community through the following ways:

Knowledge and Resource

likely to be overweight or obese.

 Better understand how current funding and resourcing (including health promotion funding) could be redeployed for maximum impact and reorient services to a single and coordinated healthy eating and active lifestyles plan across the district.

DHB as an Employer

• Ensure our staff have the knowledge and capability to support and refer patients who require healthy lifestyle education or intervention to the right services.

Partners and Networks

- Work with our partners, providers and community
 to develop a healthy eating and active lifestyles plan
 across all funded services provided in the Hutt Valley,
 and ensure all resources currently deployed across
 our various providers are working to an agreed and
 coordinated plan of action that has a strong focus
 on improving outcomes for tamariki, Māori, Pacific
 peoples and people living on low incomes.
- Work with councils and our partners to develop a comprehensive understanding of our food, beverage and physical environment.

- Work with our partners to ensure their staff can provide healthy lifestyle support and know the right place to refer patients who need ongoing support or intervention, so we can make every interaction count.
- Work with our partners and schools to implement water-only schools in the Hutt Valley.
- Work with our partners to support development of healthy food and beverage environments in key settings: workplaces, schools, early childhood centres, kohanga reo, kura kaupapa, sports clubs, parks and playgrounds, and events.

Advocacy

- Advocate and support councils to promote active transport, create play spaces and consider health impacts of planning decisions.
- Advocate for a sugar-sweetened beverage tax at a national level.
- Advocate for the strengthening of advertising regulations of occasional foods and sugar-sweetened beverages to tamariki.
- Advocate for a removal of the Goods and Services Tax on fresh fruits and vegetables.

How will we know if we have been successful?

- We have a coordinated Hutt Valley-wide healthy eating and active lifestyles plan that has a strong equity focus.
- We have successful local health promotion supporting our healthy eating and active lifestyles plan.
- Our neighborhoods, workplaces, schools, early childhood centres, kohanga reo, kura kaupapa, sports clubs, parks and playgrounds, and events are healthy food and beverage environments.
- We are working as a system to make Hutt Valley a
 place that promotes active transport, creates fun
 and safe places for tamariki to play and reduces
 exposure to unhealthy foods and beverages.
- We are seeing an increase in people in the Hutt Valley meeting their recommended daily exercise and dietary intake.
- We are seeing a reduction in numbers of tamariki and adults who are overweight or obese in the Hutt Valley and are seeing improved health equity, with greatest gains for Māori and Pacific peoples.



Our Wellbeing Plan needs to be able to influence and embed in DHB decision-making. For it to do so, we need to establish a sound foundation for our approach and ensure it is adequately resourced. Engaging with our wider health and social sector partners requires time and resources, and requires senior people to develop the relationships, and develop the appropriate governance arrangements that are critical to collective impact.

How do we want to achieve this?

We want to take the following steps to embed our Wellbeing Plan:

Leadership

- Have our Wellbeing Plan endorsed by the Hutt Valley DHB Board.
- Embed our wellbeing priorities and approach into DHB investment and resource decision-making processes.
- Establish a Wellbeing Plan implementation lead position to drive the programme of work.
- Lead wellbeing conversations across the health and social sector.

Knowledge and Resource

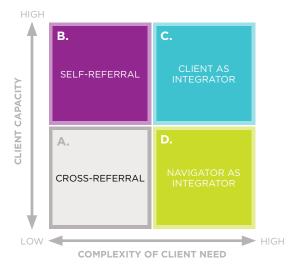
- Establish and resource a Wellbeing Plan implementation team.
- Develop a Wellbeing Plan work programme and outcomes framework with our key partners.
- Develop information and data sharing capability across key partners so as to support wellbeing activities.
- Develop mechanisms for sharing and seconding of staff with and between our key partners and networks to support wellbeing work.

Partners and Networks

- Formalise our foundational DHB relationship our Te Tiriti o Waitangi relationship – with Te Atiawa.
- Establish shared governance for the Wellbeing Plan work programme with our partners and community.

Commissioning

- Ensure services and programmes we commission have a strong equity focus, that we monitor progress against equity indicators and develop shared accountability mechanisms so that we all work towards improving health equity and are jointly accountable for equity outcomes.
- Incorporate the Productivity Commission's More Effective Social Services¹ model into our commissioning process and focus our efforts on quadrants C and D, so our commissioning achieves best outcomes for those individuals, whānau and communities with the greatest need.



How will we know if we have been successful?

- We have a shared governance structure and established work programme.
- Our Wellbeing Plan and Framework are guiding DHB investment and resourcing decisions.
- We have an established and growing Wellbeing Plan implementation team.
- Our Wellbeing Plan is modelled by other DHBs.
- We have a meaningful and effective relationship with our Te Tiriti partner.



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