



# Refresh of Rheumatic Fever Prevention Plans

July 2016 – June 2017

## INTRODUCTION

As one of the 10 DHBs with the highest rates of ARF Northland District Health Board is required to refresh its Rheumatic Fever Prevention Plan (RFPP) to take effect from 1 January 2016.

This refresher plan outlines Northland District Health Board's revised actions and commitment going forward to reaching the reduction of Rheumatic Fever by two thirds by 2017 (i.e. fewer than 6 cases/year or a rate of <3.5/100,000).

This plan follows on from the work undertaken to date by Northland DHB, Maori Health Providers and other community health, social and pharmacy provider services in Te Taitokerau to address and decrease the incidence of Acute Rheumatic Fever (ARF).

In Te Taitokerau Rheumatic Fever remains a persistent indicator of health inequalities borne by tamariki Maori. This is an ongoing challenge requiring a clear understanding of the context in which health services are delivered and more importantly, the context in which whanau and tamariki live.

The Ministry of Health RF Prevention Programme provided funding for NDHB to trial initiatives to reduce the incidence of RF in high risk groups in Te Taitokerau/Northland with annual funding through to the end of 2017. After this time Ministry of Health funding will be available for 5 years to 2021/22 with a review in 2018/19 to assess whether funding will continue post 2021/22.

In August 2015 the Rheumatic Fever Steering Group was established with representation from Whanau Ora Collectives, Northland PHOs and Northland DHB. Two external providers were engaged to undertake separate pieces of work to inform this refresher plan. A stakeholder engagement plan was undertaken and a root cause analysis of current ARF cases is currently being finalised. Findings from both of these activities have fed into the finalised Refresher Plan.

## EXECUTIVE SUMMARY

Northland DHB, working with Maori providers and other NGOs contracted to deliver the Rheumatic Fever Prevention Plan have achieved a greater level of collaboration since devolution of the contract from the Ministry in July 2014. It is envisaged that ongoing improvement will occur and there is an expectation that collaborations will grow. One of the key developments to achieving stronger collaboration/agreements is the proposed coalition arrangement between Northland DHB; the whanau ora collectives of Te Taitokerau and current providers.

In seeking to achieve long-lasting targets of reduced/eradicated ARF in the Taitokerau/Northland region we are gaining a better understanding of the challenges faced by our communities.

There are complexities in assessing the effectiveness of the 2013 NDHB RFPP owing to the relatively rare outcome (ARF cases) and the lack of a statistically significant decline to date. There are also a range of dynamic factors affecting whanau and the communities of Te Taitokerau. This includes ongoing issues of adequate housing quality; social inequalities – low mainstream academic gain, low employment and low incomes; and intergenerational poverty. While Government's Better Public Service targets are being delivered to improve services to families and communities this may take time in embedding the outcomes envisaged and provides added context and challenges in which services are planned and delivered. Collaboration with our community providers is an important feature in ensuring we reach our target communities better and in a more timely and efficient manner.

As anticipated the transition of the RFPP to the District Health Board in July 2014 meant that the current plan has not met the desired targets. Delivery of the devolved plan required time to embed a DHB contract management process and more importantly, relationship development and rapport building with providers. However, activity and momentum as well as the downward trend of the current RF numbers this year suggest that activities are resulting in a positive impact on RF incidence.

Establishment of the Steering Group together with the development of the coalition model will provide opportunities for more comprehensive development, delivery and oversight of the RFPP. Timely evaluation, a commitment to continuous improvement of all activities and information systems together with ongoing stakeholder engagement will provide opportunities to develop inroads into achieving targets, and hopefully best practice delivery on initiatives, future collaborations and innovations.

Acceptability of the current School Based Throat Swabbing programme suggests that value be placed on good relationship and collaboration building; capacity and capability building of all staff and communities is just as valuable and will help deliver important targets over time. We are cognisant that while we are dealing with a decreased target rate, the external pressures are still impacting on whanau/families and getting access to them is an ongoing issue. In addition, we have achieved a number of co-benefits which place us in a stronger position to plan forward, better referrals to PHNs, treatment for skin infections among them. The refreshed plan continues to support the delivery of RF prevention in schools where access for high risk children is enhanced.

Accordingly, for the refreshed RFPP and working in coalition, NDHB and providers will continue to undertake school based throat swabbing and we will continue to support Rapid Response and housing initiatives.

## Contents

1. Review of Rheumatic Fever Prevention Plan - Overview
2. Governance
3. Stakeholder engagement
4. Achieving the 2017 Better Public Service rheumatic fever target (to June 2017)
5. Ongoing investment in rheumatic fever prevention (July 2017 onwards)

## **SECTION 1. OVERVIEW – REVIEW OF THE RHEUMATIC FEVER PREVENTION PLAN**

### **Which activities do we believe were successful and why?**

The Northland DHB school-based throat swabbing programme evaluation (2014) clearly demonstrated the acceptability and accessibility of this approach for high risk children. This contrasts with the historical and persistent inequities in access for this population to traditional general practice, despite “free” care at point of use for <6yr olds and more recently children <13yrs. The programme has had less success in secondary schools and other approaches are needed to ensure high risk youth are accessing throat swabbing appropriately. Uptake of pharmacy-based throat swabbing to date also shows that access is being achieved for the population at greatest risk of RF (i.e. Maori children and youth and children living in socio-economically deprived communities).

Healthy Homes Tai Tokerau now has a well-established health referral pathway, and has been reinforced through work on the RFPP. The Manawa Ora programme has had some early gains in terms of enhancing collaboration between MSD, the health sector and HNZ, but the numbers referred are small to date, and the outcomes for whanau less clear. Much of the work carried out by Manawa Ora providers appears to be what should really be “business as usual” for MSD and HNZ.

### **What was cost effective?**

Given the numbers of RF cases in Northland, it is not possible to yet formally assess cost-effectiveness of our school-based programmes, but it is likely to be similar to the estimates provided by the Ministry-funded study for CMDHB (although our model costs are lower per student, and our reduction of cases are fewer to date). If the current low numbers of ARF persist in Northland (i.e. there is an ongoing reduction by 10-15 new cases each year from the 2013 baseline), then it would be possible to begin to estimate the cost and benefits further.

Although funding general practice and pharmacies is cheaper, the broader reach and access for high risk children achieved by the school programme cannot be replicated through these services.

### **What would we have done differently?**

In retrospect, establishment of a Steering Group and clear governance over the programme from early 2013 would have assisted overall focus and leadership of the programme. This would also have enabled greater commitment from primary care, to identify leverage for better GP involvement. Ideally, investing in more enabling IT systems for data capture, sharing and reporting would have supported school and pharmacy providers to provide higher quality timely data. More human resource to support advocacy and collaboration with the Ministry of Education, HNZ and MSD may also have led to better intersectoral engagement and collaboration.

## SUMMARY OF LEARNINGS FROM IMPLEMENTATION OF THE NORTHLAND DHB RFPP 2013

### Preventing Transmission of Group A Strep:

Fairly low levels of engagement persist across our housing related sectors i.e. MSD and HNZ. HNZ has become more responsive to collaboration around RF prevention but structural barriers remain unaddressed. These include but are not limited to:

- Fuel poverty;
- Impact of HNZ/MSD changes in rural areas;
- Land ownership;
- Low incomes and very poor housing quality

A 2013 survey on household crowding in families with children admitted to hospital highlighted that functional overcrowding is an issue in Northland. Census 2013 data confirms structural crowding also remains a concern.

INITIATIVE	PROGRESS	LEARNINGS
<b>Healthy Homes Tai Tokerau</b>	Referral pathways now well established ~130 whanau referred through health pathway alone in 2015	Monitoring required to ensure whanau at high risk of ARF are prioritised
<b>Manawa Ora</b> Healthy housing programme implemented April 2015 (modeled on Auckland's AWHHI programme); – dovetails into HHTT to provide for more comprehensive approach assisting families with RF and Group A Streptococcus (GAS) pharyngitis burden	Establishment has increased dialogue and accountability between stakeholders to ensure at risk whanau are being referred; Appears to be delays in assessment with families reporting they are still waiting for assessment to occur	More time required to reliably assess the impact this has had on whanau Criteria too restrictive and programme needs to be more accessible; Engagement by partner agencies with whanau is variable and implementation of interventions is slow

### Treating Group A Strep Throats Effectively:

- Successes include effective collaboration between Maori providers in the school-based throat swabbing programme, schools and Public Health Nurses (DHB-employed PHNs), and developing relationships between pharmacies and school based services in the same areas; and enhanced collaboration between clinical DHB staff and Maori providers. There are improved levels of communication and clearer ways of working together.
- Reporting on throat swabbing activities has provided NDHB with valuable information and insights into achieving our targets and challenges to reaching them and helps inform how we can add value and improve performance/outcomes. This will inform the quality improvement process to be developed in conjunction with stakeholders/steering group.
- Co-benefits of school based throat swabbing: The 2014 NDHB evaluation found that school based services provide a highly valued, culturally acceptable and accessible service - with many benefits beyond throat swabbing such as opportunities to increase health literacy amongst the community and services.

- ~60% only of high risk tamariki are benefiting; swabbing frequency 3x/week; currently, evidence of impact on ARF prevention is inadequate (too short a time period, low number of ARF cases makes small variations difficult to assess);
- Geographical spread, rural and isolated areas with little/no infrastructural support and low socio-economic status areas complicate service delivery. When implementing programmes and services we need to factor in these complexities adequately to maximise service provision.
- Ensuring quality assurance of the programme remains a focus. At individual provider level this is dependent on capability and available resource. Future planning needs to have more emphasis on mutual accountability between NDHB and providers, workforce development and resourcing.
- The “Collaborative model” as described in the 2013 NDHB RFPP (PHN/Maori provider) remains variably implemented: this needs improvement, and committed leadership support from NDHB to ensure success.
- Opportunistic throat swabs in all schools by Public Health Nurses requires evaluation in future. Anecdotally, throat swabbing in schools is appreciated by schools and whanau. However volumes remain low and impact uncertain at this time.
- Public Health Unit funded pharmacy pilots conducted Aug 2014 to July 2015 demonstrated that we were reaching high-risk children, and improved access to those children in schools without a throat swabbing in school programme. Volumes were relatively low but pharmacy throat swabbing has been extended as part of the “rapid response” in 2015. Due to its recent implementation the impact of this requires ongoing analysis.
- Communication Plan: A comprehensive communication strategy and health promotion activity was undertaken involving/including: consistent key messaging and imagery in line with HPA resources; community engagement through local identities and tamariki on regional billboards; radio and print advertising. This is in addition to local provider responses through Health Promotion activity in respective contracts. Community feedback to date has identified this as being an effective process with ready identification of slogans and information.
- It is unclear whether GP adherence to guidelines has improved or whether there is increased nurse led standing order use in general practice.
- DHB/PHO funded early introduction of “free for <13yrs” (in Oct 2014 in Primary Care). Initial analysis of utilisation data suggests persistent ongoing inequities in utilisation as target group numbers remain low.

#### **Process Improvements that would enhance RF Prevention:**

- Clearer governance from the outset and greater commitment from primary care with identification of leverage points and/or performance criteria may have enhanced the RFPP implementation. This has now been addressed by the establishment of the Steering Group and the proposed coalition governance and delivery model.
- Ensuring culturally safe practice is occurring when treating/encountering tamariki and their whanau is an ongoing focus.
- Enhancing an identifiable and visible leadership with oversight across the region and an ability to address structural barriers and interagency barriers would be advantageous,
- Still more learning is needed to identify the best approaches: Given the impact of all that we have done, it is not clear how effective it has been. More time is required to assess the effectiveness of the entire programme. However, only 60% of tamariki are being swabbed and higher coverage will hopefully be informative.
- Having a more joined up system of delivery, care and housing needs assessment.

- Ensuring comprehensive standard operating procedures, standing orders and competency training i.e. manual, throat swabbing and computer reporting proficiency across the programme and rohe. Invest in information technology to support quality reporting.
- Formal monitoring of the communication plan.
- More strategic advocacy on the important determinants (family incomes, fuel poverty and overcrowding, etc.)
- Stronger engagement and collaboration with and by Ministry of Education (School rolls available for providers to access tamariki; identifying more streamlined ways of accessing parental consent or providing an 'opt off' process); Ministry of Social Development and Housing New Zealand in overseeing social housing allocation and provision; to ensure timely, accessible and seamless delivery of services and up-to-date information availability to whanau and providers.
- **Housing Initiatives and cross sector collaboration improvement and impact at a senior strategic government level:**
  - Housing initiatives, policies and cross sector activities require further development to ensure that whanau are able to uptake the services in a timely manner to help improve living conditions.
  - Need for good quality affordable rental accommodation in Te Taitokerau/Northland: Inadequate quality of safe sustainable rental accommodation is further compounded by a reluctance or inability of Landlord/Owners to invest in upgrading rental properties; and a consequential/[concurrent](#) reluctance on the part of tenants/whanau to approach landlords for improved living conditions owing to potential increase in tenancy costs.

Current housing policies within relevant government agencies may exacerbate difficult conditions and at times appear to run counter to the goal of decreasing overcrowding and suitable housing. For example, a 6-member whanau with 2 children sleeping in the lounge of a 3-bedroom house to accommodate a teenager with RF occupying a small damp bedroom was ineligible for relocation owing to "insufficient grounds" to prove overcrowding.

## SECTION 2: GOVERNANCE

A Rheumatic Fever Steering Group (RF Steering Group) was established in August 2015 comprising of NDHB, PHOs, and Whanau Ora Collective representatives to oversee the development and delivery of the refreshed RFPP.

The senior NDHB Manager who leads the RF Steering Group is Jeanette Wedding (General Manager, Child Youth Maternal Oral & Public Health Services). As Chairperson and joint-RF Champion with Kim Tito (General Manager Maori Health and Mental Health & Addiction Services), Jeanette reports directly to NDHB CEO and is a member of the Executive Leadership Team (ELT). All programmes under the current RFPP report to Jeanette in her GM role and also as NDHB contract funder. The other members of the group also provide services to the current contract either in RFPP directly or via housing initiatives.

The Role of Rheumatic Fever Champion is pivotal in ensuring the RFPP is appropriately socialised and resourced at executive level, providing strong leadership and advocacy to ensure successful implementation.

Ministry guidelines require that the RF Steering Group membership will adapt as the Refreshed Plan is implemented, this is to ensure fair representation of all stakeholders involved in the governance of the RFPP.

At the first meeting the group set the vision to reach all vulnerable children particularly tamariki Maori in Northland.

The DHB RF Steering Group will provide oversight of all RF activities in the Northland DHB boundary. It is accountable for improved RF outcomes in Northland, with a priority given to achieving targets for the district set nationally. It will monitor priority areas of focus within an annualised RF Plan that aims to improve **outcomes**, access to services, timeliness and equity of RF coverage. The Terms of Reference is attached (please see Appendix I)

#### Membership of Steering Group:

NAME	ORGANISATION
Te Ropu Poa	Te Pu O Te Wheke Whanau Ora Collective
Lynette Stewart	Te Taitokerau Whanau Ora Collective
Janine Kaipo	Te Hau Awhiowhio o Otangarei Whanau Ora Collective
Tania Moriarty	Nga Ripo Whanau Ora Collective
Maxine Shortland	Ngati Hine Health Trust
Rose Lightfoot	Te Taitokerau PHO CEO
Clinical Lead NPHOS	Clinical Leader, NPHOS
Chris Farrelly	Manaia Health PHO CEO
Jeanette Wedding	NDHB GM Child Youth Maternal Public & Oral Health
General Manager Maori Health	NDHB GM Maori Health
Dr Clair Mills	NDHB Medical Officer of Health
Dr Roger Tuck	Community Pediatrician, NDHB
Ex Officio	
Marion Bartrum	Service Manager, Population and Public Health
Kathryn Bowmar	Service Manager, School Based & Community Clinical Services
Jensen Webber	Business Manager, Maori Health
Delwynne Sheppard	Programme Lead Rheumatic Fever

## SECTION 3: STAKEHOLDER ENGAGEMENT

Stakeholder engagement was undertaken by an external contractor from mid-August to mid-September with Iwi Runanga, Hapu, Maori NGOs (health and social services), school/kura contacts and kaimahi Maori, and community groups. Engagement findings were fed back to the Steering Group in September and helped inform the decisions reached in developing this refresher plan.

While the stakeholder engagement process was condensed to meet the current timeframe for Refresher delivery to the Ministry, it is envisaged that further engagement pathways will continue to be identified and established with relevant Maori communities, Maori NGOs (such as social service providers, and parenting programmes), and Hapu and Iwi collectives to further increase their understanding of rheumatic fever and its prevention – and to help inform the ongoing delivery of the plan until RF is eliminated.

Iwi and Hapu gave strong endorsement of Maori providers and the importance of the Maori providers participating at all levels in the overall prevention programme. While encouraging their active involvement and ownership of local solutions as important in a sustainable plan to reduce rheumatic fever, they supported community owned and designed programme delivery. Successes achieved in Whangaroa were seen as important to informing how to develop the RFPP programme.

Clear leadership was recommended so that a co-ordinated collaboration could be effectively managed and early, consistent trouble-shooting achieved in meeting difficult contract deliverables (given all the external pressures facing whanau and their communities).

Whanau impacted on by ARF identified disconnection as a barrier to accessing good support at an early stage of investigating Strep A infections and that some had to be very insistent with General practitioners to take their child's sore throats seriously.

The information gained from the stakeholder engagement is consistent with findings from other research and evaluation conducted thus far and is relevant in determining the best model moving forward.

Overwhelming support for School Based Throat Swabbing programme through collaboration with Maori providers was identified as the best means to access tamariki and their whanau.

Confidence was expressed by all parties in Maori provider collaboration with clinical staff in delivery of the School Based Throat Swabbing programme.

The desire for 'more equity' in funding was identified as a barrier to achieving success in reaching targeted, inherently difficult-to-reach-and-influence population given all pressures facing whanau. Notably, other sectors in Te Taitokerau experience similar difficulties and also required intensive attention. Further, in lower socio-economic areas where providers are delivering services to the higher health burden, costs are considerably higher than in other areas. Providers felt the expectation on delivering to a historically difficult region and community placed them in an invidious position for want of, "recognition of the already complex nature of the target community/ies" while appearing to be missing targets or 'not appearing to meet them'.

Fidelity by all clinicians to appropriate NZ Heart Foundation sore throat management guidelines were also a feature for want of correct and 'more engaged' GP oversight. In several cases discussed, tamariki were treated with pain relief medications instead of the appropriate antibiotics.

The steering group was welcomed and seen as an opportunity to provide early and regular feedback on issues affecting progress in achieving successful reduction of RF .

Good information capture and sharing between all health providers in Northland was recommended as was clear, contract reporting templates (to be developed by NDHB as the Funder).

The development of a coalition model proposed for the delivery of the school throat swabbing program (articulated further in the action plan) is significant in that it is made up of a collective of Maori health providers who will be empowered to develop the model utilizing their community networks throughout Northland.

## SECTION 4: ACHIEVING THE BETTER PUBLIC SERVICE TARGET

### 4.1 An Outline of the DHB Progress to Date: Better Public Service Rheumatic Fever Target For 2017.

Northland DHB is committed to the Ministry of Health's BPS goal of a two-thirds reduction in acute rheumatic fever hospitalisations by 2017. According to the Ministry's data, this means a reduction in rate from 10.5/100,000 hospitalisations per year to 3.5/100,000, or a reduction in cases from 17 to 6 per year in Northland (see Table 1). This rate was not achieved in 2014/15. The specific targets and actual case numbers for Northland DHB are summarised in the tables below.

**Table 1: Acute Rheumatic Fever hospitalisations target rates/numbers per year for Northland DHB**

2009/10-2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Baseline (3 yr rate)	Target: Remain at baseline	10% reduction from baseline	40% reduction from baseline	55% reduction from baseline	2/3 reduction from baseline
<b>Number of cases</b>					
17	17	15	10	8	6
<b>Rate/100,000 (Based on 3 yr average)</b>					

10.5	10.5	9.5	6.3	4.7	3.5
------	------	-----	-----	-----	-----

**Table 2: Actual rates**

<b>First episode rheumatic fever hospitalisation numbers for Northland DHB, 2002-2014/15</b>							
<b>District Health Board</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2013/14</b>	<b>2014/15</b>
Northland	18	16	18	14	20	16	15
<b>First episode rheumatic fever hospitalisation rate (per 100,000 total population), by District Health Board, 2002-2014/15</b>							
<b>District Health Board</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2013/14</b>	<b>2014/15</b>
Northland	11.4	10.0	11.1	8.6	12.1	9.7	9.0

**Commentary:**

From January to September 2015 ARF numbers are 4. However, from 1 July 2014 to 30 June 2015 ARF numbers were 15.

Clearly there are more dynamics and contextual challenges associated with new cases of RF than provider contract performance in throat swabbing alone. Other important determinants includes housing, employment, education, and assertiveness in achieving a good, healthy sustainable and achievable level of health and wellbeing. Taitokerau/Northland still faces ongoing challenges of an unrelenting economic downturn that has impacted greatly on the historical picture of poorer health for vulnerable families and communities where more are now living in poverty.

In terms of health-focused initiatives and Prevention of GAS transmission activities a dedicated communication plan has been rolled out by Northland DHB and supported by providers and successfully recognised by whanau and communities.

A Resolution Plan was developed in response to the target not being met in 2014/15. This was forwarded to the Ministry of Health on 21 September 2015. (see Appendix 2).

## Refreshed Rheumatic Fever Prevention Plan

The following tables provide a breakdown of the planned interventions over the next period to June 30 2017:

1. Increase awareness of RF and how to prevent it;
2. Prevent the transmission of Group A Streptococcal Throat Infections (GAS) within households;
3. Treat Group A Streptococcal infections quickly and effectively.
4. Governance
5. Stakeholder Engagement

The planning, co-ordination and delivery of this programme will be enabled by the proposed coalition governance over the RFPP programme.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
<b>1.Planned interventions to raise awareness of Rheumatic Fever and its prevention.</b>				
1.1 Implement NDHB-wide Communication Plan	<ul style="list-style-type: none"> <li>Key messaging across Northland</li> <li>Communication theme includes warmer drier homes, sore throat – visit your GP, complete full course of antibiotics. The theme of our 2016/17 communications plan is Warmer, drier homes</li> </ul>	Building on the positive relationships we have with our providers.	30 <sup>th</sup> June 2016 ongoing.	Increased opportunistic points of access by high risk tamariki/taitamariki and whanau.
	<ul style="list-style-type: none"> <li>Utilize Social media - Facebook resources – warmer, drier homes video newsfeeds</li> <li>Provide all RF Providers with Antibiotic Sticker adherence books</li> <li>Regional radio campaign –warmer, drier homes</li> <li>Distribution of the HPA Warmer, drier homes toolkit</li> </ul>	Raise awareness of free, achievable things families can do to provider warmer, drier homes – which will help prevent Rheumatic Fever.	30th June continued.	Increased opportunistic points of access by high risk tamariki/taitamariki and whanau.
	<ul style="list-style-type: none"> <li>Align communications with national awareness campaign annually.</li> </ul>	Ensure key messages align with National Campaign, raise awareness of Rheumatic Fever across Northland communities.	As per National Campaign Ministry of Health.	As above
	<ul style="list-style-type: none"> <li>Provide targeted and specific communications for Maori / high risk population.</li> </ul>	Raise awareness of Rheumatic Fever across communities in Northland	30 <sup>th</sup> June – 30 <sup>th</sup> August 2016.	As above
1.2 Health Promotion in Schools	<ul style="list-style-type: none"> <li>Each school has a key Rheumatic Fever message that aligns with National key messages as part of their school health plan, including sore throats, hand hygiene, cough etiquette and early recognition of Acute Rheumatic Fever</li> </ul>	Increased health literacy amongst Tamariki, whanau and school communities.	School term 1, 2, 3 and 4.	End of term reports provided by Public health nurses for each school.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>RF throat swabbing providers promote at the minimum 1 x term key messages that align with National campaign in school and school community.</li> </ul>	Increased health literacy amongst tamariki, whanau and school communities	In alignment with National Awareness Campaign as per Ministry of Health	Reported promotion event in provider quarterly reports.
1.3 Health Promotion of RF key messages at community key community events.	<ul style="list-style-type: none"> <li>Provider-identified opportunities to participate in events within their rohe/Te Taitokerau</li> <li>Public Health Nursing promotion at Community events.</li> </ul>	<p>Maximise provider knowledge of their respective communities;</p> <p>Raise awareness in communities of services; build community capacity.</p>	<p>Nga Puhi Festival – January 2016 - 2017</p> <p>Waitangi Day – February 2016 - 2017</p> <p>School and School Communities, Wananga, as per school calendars</p> <p>Children’s Day – March 2016 - 2017</p>	<p>Reported participation at events by providers.</p> <p>Increased utilisation of throat swabbing services and uptake by tamariki/taitamariki and whanau.</p>
	<ul style="list-style-type: none"> <li>Collaboration with Ministry of Youth Development (MSD) to coordinate approaches to Youth focused RF-related health promotion, including “Dramatic Fever” and Youth ambassador. Identify key person in MSD to assist with coordination pathways to identify events that MSD are engaging; and support these events.</li> </ul>	To have a cohesive vision, key messaging and delivery to maximise youth engagement.	Engage with key persons 30th June 2016 – schedule confirmed October 2016 ongoing.	Events identified and scheduled with DHB support.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
<b>2. Planned interventions to prevent the transmission of Group A Streptococcal throat infections (GAS) within households.</b>				
2.1 Increase Healthy Homes and Manawa Ora programme Tai Tokerau referrals for at risk tamariki and whanau	Ensure targeted identification and delivery to at-risk whanau.			
	<ul style="list-style-type: none"> <li>Collection and analysis of housing programs information to ensure target groups are receiving appropriate referrals. Data information is collected and reviewed quarterly in partnership with Manawa Ora and Health Homes program key persons.</li> </ul>	To provide healthy housing for those at high risk of RF.	Identify key persons and establish regular meetings – 30 <sup>th</sup> May 2016. Set regular quarterly meetings.	Number of Māori, Pacific and children living in NZDepQ5 referrals actioned and completed.
	<ul style="list-style-type: none"> <li>Hold quarterly hui with Rheumatic Fever Providers to support identification and referral of at risk whanau to Health Homes / Manawa Ora Program.</li> </ul>	To provide healthy housing for those at high risk of RF.	Third Thursday of each end of quarter: April 2016 July 2016 October 2016 February 2017	Rheumatic Fever provider reports and DHB evaluation / feedback of each hui.
	<ul style="list-style-type: none"> <li>Support providers to promote Healthy Homes, Manawa Ora programs; ensure every child eligible for referral is referred to programs.</li> </ul>	As above.	Quarterly hui as above and quarterly Rheumatic Fever provider meetings.	DHB and Rheumatic Fever Provider reports.
	<ul style="list-style-type: none"> <li>Re-engage at risk whanau that previously declined Healthy homes and or Manawa Ora programs via Rheumatic Fever Providers - review previous data and coordinate re-engagement via Rheumatic Fever provider workforce.</li> </ul>	Whanau are informed and have access to program.	Establish key persons within rheumatic fever providers to undertake this work – 30 <sup>th</sup> June 2016.	Number of Māori, Pacific and children living in NZDepQ5 referrals actioned and completed. Rheumatic Fever provider reports.
	<ul style="list-style-type: none"> <li>All Bicillin clients to have referrals to Manawa Ora Program via Public Health Nursing Service.</li> </ul>	As above.	Completed for all Bicillin clients by 30 <sup>th</sup> May 2016 then ongoing for each new case.	Public Health Nurse service opportunistic school based service reports.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
2.2 Ongoing advocacy on housing issues via RF champions (GM Child Youth, Maternal, Public and Oral Health Services and GM Maori Health, Community Pediatrician) and Rheumatic Fever steering group at governance level	<ul style="list-style-type: none"> <li>Regular reporting on housing outcomes to relevant groups (Northland Inter sectorial Forum NIF).</li> <li>Raise awareness of RFPP and commitment to BPS targets at inter-sectorial fora.</li> </ul>	Increase leadership awareness and responsiveness at Governance Level.  Ensuring effective program and uptake that meets the needs of vulnerable whanau in Te Taitokerau.	Attendance at NIF meetings: 20 <sup>th</sup> April 2016 22nd June 2016 18 <sup>th</sup> August 2016 20 <sup>th</sup> October 2016 14 <sup>th</sup> December 2016	Improved inter-sectorial engagement and effective pathways for whanau across sectors.  Documented agenda and minutes.
	<ul style="list-style-type: none"> <li>Strategic/governance and CEO level conversations.</li> </ul>	Increased high level engagement and support for healthy housing initiatives to prevent Rheumatic Fever as conduit for improved health outcomes.	Vulnerable children team governance group. Meetings quarterly as scheduled.	Improved inter-sectorial engagement and effective pathways for whanau across sectors.
	<ul style="list-style-type: none"> <li>Pediatrician to opportunistically engage with media to promote key Rheumatic Fever messages including opportunity for families to engage with Healthy homes and Manawa Ora program.</li> </ul>	Increase high level engagement and support for healthy housing initiatives to prevent RF as conduit for improved health outcomes.	Opportunistic media events.	Number of communication opportunities taken.
<b>3. Planned intervention to treat Group A Strep infections quickly and effectively.</b>				
3.1 Increase access to throat swabbing for all decile 1-4 schools in Tai Tokerau that have a high proportion of Māori students	Northland Steering Group supports the development of a coalition model for Northland Rheumatic Fever moving forward June 2016 (also referred to in section 5).			
	<ul style="list-style-type: none"> <li>Develop coalition operational working group to operationalize the agreed model.</li> </ul>	Mutually accountable, collaborative governance; enhanced sharing of innovation and knowledge, and implementation of high quality, accessible RFPP services.	Operational group commenced Coalition plan agreed by 01 <sup>st</sup> April 2016.	100% of Māori students at decile 1-4 schools have enhanced access to throat swabbing.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>Maintain Public Health Nursing opportunistic throat swabbing within all Northland School.</li> </ul>	Ensure enhanced access to throat swabbing services.	Continued / on-going.	Each school will have an opportunistic throat swabbing programme delivered by the Public Health Nurse.
	<ul style="list-style-type: none"> <li>4.8fte Public Health Nursing workforce as direct support to Rheumatic Fever providers to deliver their plan as negotiated as part of the Northland Coalition process.</li> </ul>	Maximize access/opportunities for throat swabbing for highest risk children and youth.	Currently on-going.	Rheumatic Fever coalition model will incorporate up to 4.8fte Public Health Nursing as a resource.
3.2 Primary Care Engagement	<ul style="list-style-type: none"> <li>Explore with General Practices provision of appropriate care of children aged less than 13 years with emphasis on enhancing access, nurse-led sore throat management and opportunistic swabbing/empiric management of high risk children.</li> </ul>	Maximize access/opportunities for throat swabbing for highest risk children and youth	Engage with key persons by September 2016.	Quarterly review and analysis of PHO utilisation data report
	<ul style="list-style-type: none"> <li>Support Primary care in ensuring appropriate assessment and management of Rheumatic Fever.</li> <li>Up to date and best evidence Standard Operating Procedures for all providers of Rheumatic Fever including GP's</li> <li>Regular communications to General Practice from Clinical Lead via PHO communications for best practice assessment and management of sore throat.</li> </ul>	Ensure best health outcomes for tamariki in the assessment and management of sore throat.	Current and ongoing.	100% of tamariki will have appropriate assessment management and treatment of sore throat..

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>Investigate use of Health Pathways for use with Rheumatic Fever in Primary Care.</li> </ul>	Provide quality processes for Rheumatic Fever assessment and diagnosis.	Identify key persons within primary care and explore options – 30 <sup>th</sup> May 2016 – Implement findings December 2016.	Rheumatic Fever guidelines and process utilized in Health pathways Primary Care.
	<ul style="list-style-type: none"> <li>Re-establish and engage with key persons within Primary Health Organizations Te Tai Tokerau and Manaia PHO (Practice Facilitators, Quality Manager) to review and monitor Rheumatic Fever care plans and pathways within practices.</li> </ul>	Ensure robust quality program within primary care.	Identify and form a quality operational group with NDHB and Primary Care key persons – 30 <sup>th</sup> June and ongoing quarterly meetings.	Quality plans and pathways within Primary Care for Rheumatic Fever.
	<ul style="list-style-type: none"> <li>Medical Officer of Health to deliver CME including assessment treatment and management of Rheumatic Fever as per RF Guidelines.</li> <li>GP and nurse CME, using regular staff meeting time, practice managers' meetings and nurse clinical leaders group (PHO) to ensure best practice standards for assessment and management of sore throat and Rheumatic Fever.</li> </ul>	Increased health literacy for health professionals.	As per educational calendar Manaia and Te tai Tokerau PHO.	100% of tamariki who meet criteria are given appropriate treatment.
<b>3.3</b> Explore opportunities to increase opportunistic throat swabbing (additional to the School Based Programme) access points in identified communities.	<ul style="list-style-type: none"> <li>Canvas opportunities to deliver services in existing NDHB health services which interface with high risk tamariki and taitamariki.</li> <li>Identify need and opportunity for Rapid Response Pharmacies and clinics within identified communities to enhance and support the proposed new coalition model.</li> </ul>	Increase access points to opportunistic swabbing and promotion of key messaging.  Increase access points to opportunistic swabbing and promotion of key messaging.	Identified areas and implemented services – December 2016.  New coalition model – 01 <sup>st</sup> May 2016.	Numbers of high risk children/youth accessing services for throat swab.  Number of hubs / clinics implemented.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>Undertake a needs / gap analysis of new coalition model to identify areas for rapid response.</li> </ul>	Maximise access/opportunities for throat swabbing for high risk children and youth.	Analysis completed 20 <sup>th</sup> May 2016	Numbers of high risk children/youth accessing services for throat swab.
	<ul style="list-style-type: none"> <li>Implement recommendations from gaps / need analysis to provide adequate coverage in school holidays and after hours (as per Rapid Response criteria).</li> </ul>	As above	Implement identified rapid response 30 <sup>th</sup> June 2016	As above.
3.4 Rheumatic Fever Prevention Plan Evaluation	<ul style="list-style-type: none"> <li>Evaluation proposed by mid-2018</li> </ul>	Continued process of service improvement and most cost-effective use of resources	2018 Completed Evaluation	Evaluation findings reported.
<b>4. Governance.</b>				
4.1 Continuous Quality Improvement	<ul style="list-style-type: none"> <li>Standard Operating Procedures across all providers of sore throat management and further standardize key clinical processes.</li> </ul>	Provide quality Rheumatic Fever Prevention Program across Northland	Standard Operating Procedures in place 30 <sup>th</sup> June 2016. Review of procedures bi annually.	All providers have updated Standard Operating Procedures in place and standardized key clinical processes.
	<ul style="list-style-type: none"> <li>NDHB to explore options for development or purchase of IT software to strengthen quality collection, sharing and reporting of information.</li> </ul>	Ensure collection, analysis and reporting of robust quality data.	Scoping of IT system completed 30 <sup>th</sup> April 2016. Implementation of recommended model June 2017.	Quality IT system in place that can be utilized by all RF providers across Northland for robust collection and reporting of data.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>Steering Group to consider the recommendations from the review of 10 first episode cases July – December 2014 – Factors Affecting the Development of Rheumatic Fever December 2015, A report for Northland DHB.</li> <li>A root cause analysis of each reported case of Rheumatic Fever ongoing will be undertaken and recommendations made.</li> <li>Root Cause Analysis findings and recommendations will be fed back to the RF Steering Group to support implementation of recommendations for improvement.</li> <li>Root cause analysis finding and recommendations tabled at the Pediatric Governance Group.</li> </ul>	Provide quality Rheumatic Fever Prevention Program across Northland	Steering Group Meeting 18 <sup>th</sup> May 2016.  Ongoing  Steering Group Meeting as scheduled.  Pediatric Governance group meetings as scheduled.	100% of children who meet criteria are given appropriate treatment.
	<ul style="list-style-type: none"> <li>Primary care (PHOs and clinical governance) to monitor and address disparities in access and utilisation for children under 13yrs via PHO utilization data; analysis via MOH</li> </ul>	Address the persistent inequities in access to Primary Care Services for tamariki Māori in Tai Tokerau.	October 2016 ongoing quarterly.	Quarterly review and analysis of PHO utilisation data report
4.2 RF Steering Group	<ul style="list-style-type: none"> <li>Maintain Northland Rheumatic Fever Steering Group</li> <li>Steering Group to support the operationalizing of root cause analysis findings and recommendations.</li> </ul>	Increase leadership awareness and responsiveness at governance level.	Steering Group Meetings 18 <sup>th</sup> May 2016 and quarterly thereafter.	Minutes and action points from Steering Group quarterly meetings.
<b>5. Stakeholder engagement.</b>				
5.1 Ensure equitable input and active engagement	Stakeholder engagement was undertaken by an external contractor in Northland; engagement with Iwi Runanga, Hapu, Maori NGOs, school / kura, kaimahi Maori and community groups. Engagement findings were fed back to the Steering Group in September 2016 to assist and inform decisions reached in development of the Rheumatic Fever refreshed plan July 2016 – June 2017 going forward. Northland iwi and hapu gave strong endorsement of Maori providers and the importance of the Maori providers and communities participating at all levels in the overall			

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
from all sectors.	prevention program. Active involvement and ownership of local solutions is key in a sustainable plan to reduce rheumatic fever. Northland has commenced a coalition model to form a new model for Rheumatic Fever prevention in Northland.			
	<ul style="list-style-type: none"> <li>Coalition group formed following stakeholder engagement undertaken by NDHB external contractor.</li> </ul>	<p>Shared accountability and ownership of the RFPP.</p> <p>Mutually accountable, collaborative governance; enhanced sharing of innovation and knowledge, and implementation of high quality, accessible RFPP services.</p>	30 <sup>th</sup> May 2016	The agreed coalition / or agreed model is implemented across Northland.
	<ul style="list-style-type: none"> <li>Integrated workshops to develop coalition working model and agreed principles for coalition.</li> </ul>	As above	January 25 <sup>th</sup> 2016 February 15 <sup>th</sup> 2016	Agreed principles of coalition formed.
	<ul style="list-style-type: none"> <li>Coalition group members include Rheumatic Fever providers across Northland including Iwi health providers, Whanau Ora and local Rununga.</li> </ul>	Support and encourage active involvement and ownership of local solutions.	January 25 <sup>th</sup> 2016	Group members representative of providers and community.
	<ul style="list-style-type: none"> <li>Develop operational group for oversight of delivery of coalition model</li> </ul>	Mutually accountable, collaborative governance; enhanced sharing of innovation and knowledge, and implementation of high quality, accessible RFPP services.	Operational group meet monthly.	Model agreed with a documented plan of delivery across Northland.

## NDHB RHEUMATIC FEVER STEERING GROUP

## Terms of Reference

<b>Purpose</b>	<p><b>Purpose</b></p> <p>The DHB Rheumatic Fever Steering Group will provide oversight of all Rheumatic Fever activities in the Northland DHB boundary. It is accountable for improved Rheumatic Fever outcomes in Northland, with a priority given to achieving targets for the district set nationally. It will monitor the priority areas of focus within an annualized Rheumatic Fever plan that aims to improve access to services, timeliness and equity of Rheumatic Fever coverage.</p>
<b>Membership</b>	<ul style="list-style-type: none"> <li>• GM Child, Youth, Maternal, Oral &amp; Public Health Services, NDHB (Chair and Co Sponsor)</li> <li>• GM, Maori Health, NDHB</li> <li>• CEOs of Northland Primary Health Organisations</li> <li>• Clinical Director, Child Health – Primary Care</li> <li>• Medical Officer of Health with Rheumatic Fever portfolio</li> <li>• Community Paediatrician</li> <li>• Maori provider (with WCTO contract)</li> <li>• Plunket</li> <li>• Invited representatives Whanau Ora Collectives</li> </ul> <p>Ex officio Members:</p> <p>Rheumatic Fever Coordinator</p> <p>Maori Health Portfolio Manager</p> <p>Service Managers – Public Health/Community School Based Services</p>
<b>Chair</b>	General Manager, Child Youth Maternal Oral & Public Health Services ( <i>Lead GM</i> )
<b>Frequency of Meetings</b>	Quarterly as a minimum
<b>Quorum</b>	Half + 1
<b>Record of Meetings</b>	Minutes to be recorded by Executive Assistant to GM CYMPHOS
<b>Reports</b>	The Rheumatic Fever Steering Group will report directly to the Chief Executive, NDHB

	The RF Steering Group will be provided with quarterly reports on achievements of the RF Plan and RF rates within Northland
<b>Effective Date</b>	Terms of Reference effective : August 2015
<b>Review Date</b>	To be reviewed : August 2016

***Whaia te iti kahurangi – Ki te tuohu koe, me he maunga teitei, ko Aoraki anake***

*Pursue excellence – should you stumble, let it be to a lofty mountain*

Dr Chrissie Pickin  
Chief Advisor

Population Health and Programme Lead Rheumatic Fever Prevention Programme  
Clinical Leadership, Protection & Regulation

Ministry of Health  
PO Box 5013  
Wellington 6145

Dear Chrissie

### **Resolution Plan**

Many thanks for the visit today by you and your team to discuss with Northland DHB our current Rheumatic Fever statistics to meet the BPS target but also to provide feedback and input into our proposed refreshed plan – it was much appreciated.

In regards the forwarding of a resolution plan we would like to submit the following:

- Since January of this year Northland has only had four confirmed ARF cases
- We are pleased to see the momentum gaining in the current programme to assist in reducing ARF cases
- We are looking for support from the Ministry in regards structural issues pertaining to primary care and Ministry of Education; namely encouraging the management of sore throats within primary care and offering opportunities for drop in clinics and in regards Ministry of Education more support in providing the programme with school rolls and consent
- We would welcome continued sustained resourcing for the Manawa Ora programme in particular from MSD and Housing
- Having gained feedback from stakeholder engagement and feedback from other sources the refreshed plan will refocus on the school throat swabbing programme, targeted at decile 1-4 schools with high Maori rolls, 3 x per week. More specificity around the delivery model will be introduced with standard operating procedures to ensure the programme is delivered effectively and efficiently. In addition key touch points during the school holiday period will be explored and included in the plan

We appreciate the discussion today, particularly in perhaps looking at phasing the programme over the next year or so to include some facets of primary care collaboration in the programme.

I trust this covers off some of the points discussed.

All the best for your new adventure in Wales Chrissie.

Yours sincerely

Jeanette Wedding

General Manager

Child, Youth, Maternal, Public and Oral Health Services

Northland District Health Board