

Summer 2022/23

# PreScribe

Te Whatu Ora Te Tai Tokerau Staff Magazine



**Te Whatu Ora**  
Health New Zealand  
Te Tai Tokerau

**Government Funding Confirmed**  
For Stage One Of The New Hospital

# From The Interim District Director



**Tracey Schiebli**

Kia ora koutou,

This will be the last issue of Prescribe, our staff magazine, which started in 2007. It will be replaced with a national staff newsletter from Te Whatu Ora, that showcases the mahi that is occurring across the country.

Change can be unsettling but we need to believe, and have confidence, that the new operating models under Te Whatu Ora and Te Aka Whai Ora will result in health gains and improved equity for communities. Establishment of national enabler functions will provide opportunities for staff to share knowledge and expertise across a bigger pool of professionals.

I would like to take this opportunity to thank you all for your incredible mahi, kindness, resilience and effort during 2022 when, once again, you went over and above to look after our patients and each other during yet another tough year in the health sector.

At the end of our recent Hospital Certification Audit, the audit team acknowledged the strength of team work and collegiality across our hospital network, despite the significant workforce and demand pressures.

I am grateful to each and every one of you who have worked so hard in often difficult conditions to keep us moving forward and ensuring that our patients have the best care available to them.

By the time you read this, I hope you will have enjoyed our Christmas Lunch and other goodies for those not

able to attend during the day, and more importantly the opportunity to spend time together as we move into the festive season.

Earlier this month, the funding for Stage 1 of Whangārei hospital redevelopment, Project Pihi Kaha, was announced. Congratulations to Jacque Bell and the infrastructure team, acknowledging the significant amount of work required to develop the detailed business case, and to Dr Nick Chamberlain for his determination in securing the outcome Northland deserves.

A decision has been made to extend the Interim District Director roles for another 6 months, to 30 June 2023. I welcomed the opportunity to continue in the role, to provide continuity of leadership in Te Taitokerau as we transition to the new operating models under Te Whatu Ora and Te Aka Whai Ora.

The focus of the role will shift toward leadership of our Specialist Hospital and Community Network, as the enabler functions transition to a national operating model. Regardless of the changes, we will still work together on a day to day basis, and membership of our Executive Leadership Team will remain the same for the foreseeable future.

Amidst the changes, we must retain our identity and continue to act as guardians of the vision created under our health strategy, Taitokerau Rautaki Hauora 2040, that tamariki born today will be able to access and achieve equitable health outcomes as adults in 2040. This aspiration is in line with the direction of the new interim health action plan, Te Pae Tata, which was released in October.

I am confident that working in partnership with colleagues in Te Aka Whai Ora we are well placed to rise to the challenges and opportunities in the coming year.

On behalf of myself and the Leadership Team we would like to wish you all a very happy and safe Christmas and holiday period with your whānau and friends and look forward to working with you again in 2023.

**Thank you and keep up the awesome mahi.**

Ngā mihi nui,

**Tracey Schiebli**  
Interim District Director

# The Government Confirmed Funding

## For Stage One Of The New Hospital

A new emergency department with three times more space will be part of the first stage of a two-stage project to build a new hospital for Whangārei and Northland.

The Government has confirmed funding for stage one of the new hospital – an acute services building and a child-health unit and a plan for stage two.

As well as an expanded ED that can comfortably cater for more people, the acute services building will have 10 operating theatres, a coronary care unit and modern intensive-care facilities.

The child health unit will include a whānau house and emergency accommodation so families can stay with their children.

Stage two will include a 158-bed ward tower, with four medical and surgical wards and an acute assessment unit.

“It was originally expected both stages could have been funded out of the \$780 million earmarked for the new hospital, but it became clear that would not build the facility Northland needs, so the project has been broken into two parts,” Health Minister Andrew Little said.

“I can confirm funding of \$759 million for stage one. Construction work on stage two cannot start straight away, so final funding decisions on that stage will

be made when planning is completed, and a more accurate picture of costs is known.”

Andrew Little said that as in many places, hospital services in Northland had failed to keep up with growing demand and changing health practices.

“Whangārei Hospital was built in the 1950s and is well past its use-by date,” Mr Little said.

“On top of that, Northland is one of the most deprived areas in the country and has been under extra pressure from a rapidly growing population as people leave Auckland and move north.

“The previous Government failed to invest in hospital infrastructure, and we’re seeing the effect of that now.

“The new Whangārei Hospital is part of the \$7 billion hospital rebuilding programme this Government has under way.”

The new hospital will be built in the existing hospital grounds, in the Whangārei suburb of Maunu. Construction is expected to employ 500 people, including carpenters, electricians and plumbers.

Whangārei Hospital is part of the Te Whatu Ora – Health New Zealand nationwide network of public hospitals. It services more than 190,000 people, and provides back-up to smaller hospitals in Dargaville, Kawakawa, Kaitiaki and Rawene. The region’s population is expected to reach 210,000 by 2030.



Health Minister Andrew Little announcing the funding

# A Day In The Life

## Of A District Nurse



**Lesha Wihongi**

In Te Tai Tokerau, our district nurses (DNs) provide an essential service delivering care to patients in their homes who are housebound due to their medical condition and are unable to get out and about.

We shadowed Whangārei DN Lesha Wihongi for a morning of visits to see what a typical day entailed.

After completing her nursing degree at NorthTec, Lesha started working with the service and during her first three months she went out with another nurse before seeing patients independently. She said that wasn't too daunting because her team were so supportive.

"If I had any issues with a patient, I'd just call one of the team, and they'd guide me over the phone or even turn up at the patient's home to help."

Two years in, Lesha works 0.8FTE (32 hours a week) and sticks to a similar routine each day which starts with checking to see who her patients are, going through their notes and working out how her day will look according to their needs.

The team work on a dot system, which measures time in 20-minute periods. Providing wound management, for example, might take only one dot. However, a procedure

such as lower limb wound assessment may take up to an hour, so they factor in a patient's needs when preparing their schedule for the day.

Because time is of the essence, Lesha generally plans routes around her patients' locations to avoid having to backtrack.

Once she has her plan in place, she calls each patient with an estimated arrival time to confirm it fits in with their day. Then she gathers all their files together and picks up one of the new electric vehicles – which she said the team all love because they no longer waste any of their precious time stopping to fuel up, adding some extra efficiency into their day.

Then she goes to Stores on-site at Commerce Central, where either one of the DN two Health Care Assistants (HCAs) would have prepared dressings, IVs and any medication the patients are waiting for in advance.

Then it's time to hit the road. She could visit anywhere from five to 10 patients a day and generally leaves the office around 9am. On a good day (which in recent months has been rare), she could be back at the office after lunch, however, as a rule, she usually won't return until late afternoon, when she spends the rest of the day typing her notes.

Some DNs dictate notes on their phones as they go, then email themselves so they can copy and paste them in later when they return to the office. This task will become redundant once the DNs can input patient notes in real-time using laptops instead of lugging all their patients' files around and manually updating their notes later.

It didn't take long to see from tagging along with Lesha to see how complex the role of a DN is. They don't just treat their patients' wounds or change their IVs. The autonomous nature of the role means they have the extra responsibility of reading their patients to work out if they require extra care, which comes from spending time to get to know them and building trust.

The unpredictability of the role goes beyond not knowing how many patients they'll see in a day. They also deal with being out and about in the weather, navigating access to properties, coping with irate pets, and ensuring any whānau expectations are met.

Lesha said whānau often gather around to watch what she's doing or ask questions which is all out of care and concern for their loved ones.

Some patients also like to chat, and she'll happily oblige if she's not too busy. However, more often, there's no time, so she cleverly talks to them as soon as she walks through the door, so she can focus on what she's tasked to do and leave as quickly as possible to get to the next patient. Others insist on walking her out, which can often be difficult for them. In those cases, she'll jump in the car and leave straight away instead of sitting in the car

and making notes, so they're not left standing waiting to wave her off.

This kind of empathy runs throughout her team. Lesha said if anyone finishes early or finds space in their day, they'll send a message on the DN WhatsApp group where they share updates, including callouts and requests for help.

"We all try to help each other so we can leave work around the same time. Finishing at 4.30pm is a 'good day' because paperwork can take a lot of time, so getting the laptops will make us much more efficient."

The WhatsApp group seemed to be running hot the morning we shadowed Lesha, but she said it was a good day, with 10 DNs on board - which is rare.

"Sickness has really knocked us recently. Sometimes we'll only have five DNs working, and the workload can be overwhelming. So those days are tough."

Fortunately, one of the team's HCAs, Zarina Ruddell, supports the team on busy days to remove patients' dressings and prepare them before the DN arrives, or drop supplies off to patients who can self-manage on those days to save precious time.

A crucial part of the DN role is working alongside the other services to care for patients like Cleveland Edward, who is cared for by both DNs and podiatrists.

Cleveland was diagnosed as a type 2 diabetic in 1981 and eventually had to have his leg amputated. During Lesha's

visit he told her his next podiatry appointment wouldn't be for some time, so she was able to confirm that one of her team would visit him each week until then. Lesha said they would keep the podiatry team up to date with his progress by sending photographs of his wounds via the Jade System.

Our final visit for the day was to see Richard Pohe at Parua Bay who spoke highly of the DNs and said the nurses check areas and wounds on his body he can't see.

During COVID-19, Lesha said some patients were fearful of people coming into their home, so they scheduled the same nurses to see high-risk patients. They also established a Red Team to deal solely with COVID patients, which Lesha joined after recovering from it herself.

With four children aged 13, 11, 10 and three, Lesha said life is busy juggling them with work, which is why District Nursing works for her because the hours are from 8.00am to 4.30pm, there is no shift work apart from the odd weekend, and her colleagues all do their share. Plus, she has great support from her family.

After spending time with her, you get some insight into how much responsibility DNs carry, working autonomously. The key to this working is having an incredibly cohesive and supportive team that all have each other's backs.

It's great to know our community is in good hands.



Lesha caring for Cleveland Edwards in his home

# New Healthcare Van

## To Bring Diagnostic Services Closer To Home



**Te Pahi O Ngā Iwi (The People's Bus)**

A new mobile diagnostic service has accelerated into Northland.

Te Whatu Ora Te Tai Tokerau's new van, named Te Pahi O Ngā Iwi (The People's Bus), was officially launched by Minister of Health Andrew Little in Whangārei in late November, before hitting the road to the region's mid and far north to provide a range of diagnostic, assessment and treatment services for people, closer to their homes and without them needing to visit a hospital.

This includes echocardiograms to examine the structure and functioning of the heart. Echo ultrasound waves are turned into moving pictures of the heart that can be viewed on-screen. It plays an essential role in cardiovascular care, including early detection and treatment of heart disease.

The service will also provide other diagnostic services such as vascular (blood vessels) and ophthalmology (eyes) scans.

The van is a fully equipped diagnostic clinic, with a dual-purpose ultrasound scanner, computer, satellite dish, a bed, as well as air conditioning to keep patients and staff comfortable.

The mobile service will also incorporate telehealth technology, with the future goal to link with GP practices and rural hospitals.

Planned Care Initiative and Performance Manager Michaela Match says the mobile service will help achieve a more positive health outcome for people, following timely diagnosis and the right pathway leading to earlier treatment.

Michaela says it also has the potential to address some of the health equity issues that have affected Te Tai Tokerau Northland communities.

"It will benefit our most vulnerable, our most deprived, to increase equity of care, improve the patient and whānau experience and their health outcomes."

Mark McGinley, General Manager – Surgical and Support Services, said the project was made possible with funding gratefully received from the Ministry of Health.

"Thank you to all our staff involved, but especially to Michaela for being the driving force right through and making it happen," he said.

Mark also thanked local Māori health and community health providers for supporting the initiative and contributing feedback to help it best serve people around the region.

"It's really exciting to be part of something new and innovative. We hear the community voices that say, 'bring the health care to the people' and that's what this mobile diagnostic service is all about."

Whangaroa Health Services' Rural Outreach Health and Wellbeing Nurse Te-Warati Ututaonga-Pawa says they are excited by the launch of Te Pahi O Ngā Iwi.

"We know what a huge difference early diagnosis and interventions can make. In Whangāroa we are some distance from hospitals, and not everybody has access to reliable transport. Bringing the services closer to the people will improve health outcomes"

Shelly Poharama Hita, Clinical Manager with Te Kao-based Far North community health service Whakawhiti Ora Pai, says the value of the mobile diagnostic van aligns with their service's name which means "a bridge to good health".

"The mobile diagnostic van wears a simple heart situated on its bonnet; the depth of that heart is shown in the fruition of a vision that has been laboured over for many years."

Based in Kaikohe, Te Hau Ora o Ngāpuhi Clinical Support Specialist Hemaima Reihana-Tait says the mobile diagnostic van will work towards the greater good and help to overcome hurdles of access to health care by bringing the services, expertise and support to the communities.

"Te Pahi o Ngā Iwi is an example of closing the health equity gap by bringing the mountain to Muhammed, to Hine, to Hone and all of us in the communities."

Lorna Smeath, Clinical Lead for Te Rūnanga O Whaingaroa's Kaupapa Māori Mobile Outreach Services, says "bringing diagnostic services to the people in their communities will make a huge difference".

"This service will reduce the DNA (did not attend) rate, help families with travelling costs and reduce stress trying to get to the hospital. It will also reduce waiting times for appointments and provide a result that can make a differential diagnosis in determining whether to further investigate or to treat."

# Aspirations

## Coming into Alignment

Raewyn Smith (Ngāti Hao, Te Uri Taniwha) may be only a few weeks into her new role with Te Aka Whai Ora but this latest chapter in more than 20 years spent working in the health sector in Te Tai Tokerau is giving her great optimism for the future.

As Kaitohutohu Hiranga/Senior Advisor for Quality Improvement within Te Poutokomanawa, Raewyn is committed to improving health care provision for whānau Māori across Te Tai Tokerau. She emphasises the importance of whānau Māori not only having a voice in the health care system, but also leading the way in health care within their whānau and communities.

Part of Raewyn's role is to analyse data.

"The data highlights the areas of health that we need to focus on," says Raewyn. "Our data helps to tell the story of the health of whānau Māori within our health system."

"Quality improvement is a way for us to review some of the systems and structures that are in place at the moment to identify the places within health care that have not supported good health for Māori," says Raewyn.

"We then have opportunities to make changes that ensure good health is available for everyone. What is good for Māori is good for everyone."

Although Raewyn is originally from Te Tai Tokerau, she grew up in Palmerston North. After marrying her husband Nick Smith from Te Tai Tokerau, she returned to Northland and continued her career in health care, initially working in the field of alcohol and drug addiction and mental health.

"I spent a lot of years working in the community, with Māori health providers and Te Whatu Ora. I have a special passion for working with whānau and young people. I also spent a number of years at Te Roopu Kimiōra (Child and Adolescent Mental Health) as a clinician and then worked in infant and parental mental health, moving on to leadership roles."

Raewyn joined Child health services in her role as SUDI prevention coordinator. This then expanded to Pouarahi with Ngā Tatai Ihorangi (previously known as First 2000 days) equity framework.

"I had the opportunity to share about safe sleep with hapu whānau under Ngā Wānanga o Hine Kōpū. This absolutely is the space that hapu māmā and whānau share their aspirations for themselves and their pēpi for their future. I noticed, felt and saw all of the gains that can be made when whānau lead in their own health goals. Whānau lead aspirations leading to whānau wellbeing is undeniable."

Raewyn's current role is within the strategy team, working alongside Joy Panoho and Yahp Jasperse within Te Poutokomanawa (the Māori Health Directorate) as part of Te Aka Whai Ora.

She is also working on policy and some quality improvement projects connected with other teams in hospital and community settings.

"At the moment, my key focus has been building relationships with other quality improvement people and teams in Te Whatu Ora and Te Aka Whai Ora as well as joining some of the current projects.

"The data shared by data analyst Yahp provides a compelling and clear picture of the work that needs to be done," says



Raewyn. "You don't have to look very far to see inequities from the past 200 years that Māori have endured." She said while the amount of work that needs to be done to improve health outcomes for whānau Māori used to feel quite overwhelming, her focus is on doing the mahi.

"There's no more time for grieving. We've just to get on with it and start taking action. Every decision that we make is one that's for the benefit of whānau Māori. We have to be brave, all of us, be brave enough to do something new and different in the health spaces that we work in, to benefit everybody.

"It's really important for us as Māori kaimahi to work from a place of optimism and belief that things can and will be different. There's a lot to do but we have opportunity and we're innovators. We can do it!"

"Keeping an open mind is important. We need to be open to hearing about and participating in a new way forward. There are already guidelines in place - one of those is our values. There is also Taitokerau Rautaki Hauora - Northland Health Strategy 2040, Te Pae Tata, Kahu Taurima. So, there are a lot of blueprints and maps that we can use to guide us. We just have to be brave enough to follow them.

"That's the beautiful thing about Māori health strategies and frameworks. The fundamentals are the same. It's about wellbeing for whānau and those fundamental aspects all align with each other right back to our creation narratives - Rangī and Papa.

"One of the things that can hold us up, and I mean this for all of us, Māori, kaimahi, leaders, non-Māori, is being more aspirational so that we're not regurgitating the same old ideas. We need to decolonise and deconstruct our outdated patterns of thinking, because we're all on this continuum of change and we are opening a space for us to be more innovative."

Structural change and the creation of Te Aka Whai Ora are giving Raewyn great cause for optimism.

"I feel really encouraged to be a part of Te Aka Whai Ora. I know it's still developing in many areas, but I think it's a space that's needed and a space where a lot of new ways of doing things can happen. I see it as another guiding light in terms of what can be done in the health system. I'm looking forward to that.

"Te Aka Whai Ora provides an opportunity for us to better align with Te Tiriti and He Whakaputanga. Those were the aspirations of our ancestors, and they can now be realised. I feel like all of these aspirations are coming into alignment and you can feel the change. Now we need to keep going until the job's done."

# Huge Honour Given to Director Of Mental Health Nursing



**Jane Simperingham – DOMHN Te Whatu Ora – Te Tai Tokerau and Hineroa Hakiaha President of Te Ao Maramatanga – NZCMHN and Co-Clinical Director, MH&A Services, Te Toka Tumai Auckland**

Congratulations to our Director of Mental Health Nursing Jane Simperingham who was awarded the distinction of being inducted as a fellow of the New Zealand College of Mental Health Nurses in November. The college held its Fellowship Investiture Ceremony in Nelson the day prior to the Te Ao Maramatanga – New Zealand College of Mental Health Nurses' International Conference.

The College awards the distinction of Fellowship every two years to members who meet the following criteria:

The member has:

- held a membership of the College for at least three years
- made an outstanding contribution and shows great leadership in the profession of mental health nursing in the area of clinical practice, education, research, or professional leadership
- contributed to the development and functioning of the College

Jane completed her psychiatric nurse training in 1987 at Kingseat Hospital and has been working as a mental health nurse ever since. Her overseas experience includes time spent in Australia, London, and the Middle East. Jane

is the current chair of the New Zealand Directors of Mental Health Nursing (DOMHNs). She was born and continues to live in Te Tai Tokerau Northland.

Jane was Director of Area Mental Health Services (DAMHS) for seven years and still currently relieves for that role. She is also part of the leadership team at the Health Quality and Safety Commission Mental Health Improvement Programme. Jane is a longstanding and active member of Te Ao Maramatanga – New Zealand College of Mental Health Nurses.

"I'm delighted to see this recognition for Jane," says General Manager of Mental Health and Addictions, Ian McKenzie. "Jane is a dedicated and skilled practitioner and a leader in her field. We are fortunate to have her here in Te Tai Tokerau."

On the day of the conference, Jane gave an enlightening talk about the future opportunities of Mental Health Nursing in the fast-developing health care sector in Aotearoa.

Te Tai Tokerau can be proud of Jane's great leadership and I am sure that you will all join us in congratulating her with this accomplishment.



# Big Shoes

## To Fill

After a long and intense career dedicated to health, Information Services project manager Carol Thompson left a big gap to fill when she semi-retired after 43 years working in Northland health.

As a teenager, Carol said she dreamed of becoming an air hostess, but because she they didn't accept candidates under 20 years old, to tide her over, she joined her best friend in the sixth-form pre-nursing science class, where she became hooked on health and never looked back.

From 1980 until 1983, she attended the School of Nursing, based at Whangārei Hospital, then had to move to New Plymouth after registering because there were no vacancies locally.

For the next year, Carol worked in the orthopaedics ward at Taranaki Base Hospital, often caring for patients who worked on oil rigs. But as a passionate Northlander, she missed home and, in particular, her future husband Keith, who she had met before leaving. So, she gave him an ultimatum and said if he was serious about her, he'd come and get her – and he did.

On returning to the north, Carol secured a job at Whangārei Hospital in Ward four. She eventually specialised in plastic surgery and skin grafts, working mainly with burns patients.

Carol said she found working with such traumatised patients for months on end all-consuming.

"It was very intense. We saw them at their most vulnerable, and they trusted and respected you so much. You got to know them so well – which was very special."

She recalls driving past the hospital on her wedding day and looking up to see all the patients and staff in Ward four waving red plastic sheets painted with her and Keith's names and a big heart on them out the windows for her.

"It just spoke to me of how much people respected what you do for them and the relationships you build with your patients."

For the next 14 years, Carol juggled shift work with being a mum to her two daughters until she decided it was time to find a Monday-Friday job. She put her feelers out and put her hand up to support an IT project to bring in the Galen systems.

"Back then, integrating different systems into one was a big thing, but it, unfortunately, didn't keep up with the times and was eventually replaced by WebPAS, which I also worked on, and other specialised systems."

She then spent her formative years in IT supporting the maternity, laboratory and many other departments as they replaced or implemented new systems. She also helped put Jade into the Mental Health and Community Units and an extensive rollout of Titanium into the School and Community Dental Services.

In 2011, the team were told they had to move from Northland District Health Board (DHB) to healthAlliance, where Carol began working as a business analyst and then moved into project management.

She managed to secure a contract role back with Northland DHB in 2019, supporting the rollout of the Health Record Transformation programme, including the replacement of Concerto with the Regional Clinical Portal (RCP).

Aside from her day job, Carol also managed the administration and finances of her and Keith's courier, security and council contracts. This would be more than enough for most people, but she decided to continue her education and complete business and horticultural studies, then became a PRINCE2 practitioner to support her project management role.

Carol said her clinical experience has been useful for the Information Services team because it provides a different perspective to their work.

"We are forever grateful when clinicians can help us, but I see it as a weakness we have as an organisation, asking people to help with some of these big transformation projects on top of their day jobs. To move forward successfully, we need to give clinicians the time and freedom to support these projects outside their normal roles."

Carol made the decision to semi-retire after losing her husband suddenly two years ago. She was ready to have some space and reset but left, hoping she had made a difference.

When speaking to her colleagues, it is clear that the loss of her institutional, clinical and technical knowledge will enormously impact the organisation, and her caring and maternal nature will be greatly missed.

When Dr Nick Chamberlain (previous chief executive Northland DHB) heard Carol was leaving, he was quick to share his experience with her after knowing her since the 1990s.

"If something from IT needed doing and doing well, Carol has always been one of the people to approach. Then Northland DHB IT staff moved to healthAlliance and she was still one of the people who would deliver a project on time and on budget. She always had a positive attitude, was good fun and a delight to work with. I wish Carol all the best as she leaves for the next adventure in her life."



Carol Thompson

# People Encouraged

## To Be Proactive About Diabetes

Not everyone who has diabetes is aware that they have the condition, making it important to take advantage of available checks.

World Diabetes Day was on Monday 14 November, part of Diabetes Action Month, to help raise awareness of the need to act against New Zealand's largest and fastest growing health condition.

Screening for diabetes in people without symptoms involves a simple test done by GPs. All men from 45 years of age and all women from 55 years of age should be tested. Although, for Māori, Pacific or Indo-Asian ethnicities, men should be tested from 30 years of age and women from 40 years of age.

Te Whatu Ora Health New Zealand Te Tai Tokerau Clinical Nurse Manager Amanda Brown, based at the Diabetes Centre Te Whare Mate Huka at Whangārei Hospital, says that early diagnosis and ongoing management can prevent the condition developing and reduce its effect long-term.

Diabetes is a chronic disease that occurs when the pancreas cannot make insulin or when the body cannot make good use of the insulin it produces to keep blood glucose (sugar) levels in the normal range. Insulin is a hormone that helps glucose from the food we eat pass from the blood stream into the cells in the body to produce energy.

Everyone needs some glucose in their blood, but not being able to produce insulin or use it effectively leads to raised glucose levels in the blood. Over the long-term high glucose levels can damage the body and lead to failure of various organs and tissues.

There are two main types of diabetes.

Type 1 diabetes is an auto-immune condition where the body does not produce insulin. Type 1 diabetes cannot be prevented but it can be managed through a combination of medication, healthy food choices and exercise.

Type 2 diabetes is the most common form of diabetes where the body does not produce enough insulin, or the cells in the body don't recognise the insulin that is present. For many people, but not all, Type 2 diabetes can be prevented by following a healthy diet and physical exercise.

There is also gestational diabetes that can develop in some women during pregnancy.

While diabetes cannot be cured, it can be managed. People with diabetes can and do live active and healthy lives – with some not needing ongoing medication.

Amanda says it is important to get tested for diabetes, particularly if there is a history of the condition in your family/whānau. People who are concerned or have a

family/whānau history of diabetes should talk with their GP or other primary healthcare provider.

While GPs act as a person's "diabetes care coordinator", the Diabetes Centre service provides specialist care and support, with staff based in Whangārei, Dargaville, Kawakawa and Kaitaia.

The team includes nursing and medical staff, as well as dieticians, a clinical psychologist, community support workers, and kaiawhina to help whānau engage with the health system.

Patients are referred to the Diabetes Centre service by their GP or from elsewhere in Whangārei Hospital or Te Whatu Ora Te Tai Tokerau's other hospitals in Dargaville, Kawakawa and Kaitaia. Currently, patients range in age from 18 months to mid-90s.

Amanda says there are around 10,000 people diagnosed with diabetes in Northland. Of those, around 1000 have Type 1 and around 9000 have Type 2.

"Unfortunately, there's stigma associated with having diabetes. But, for many people, it's not their fault," she said.

"There's the perception that someone has diabetes because they ate too much sugar. But this is not usually the case – they actually have a genetic condition that caused incorrect coding in their immune system and their pancreas's inability to generate insulin – and, as a result, they have diabetes.

"Yes, there is an element of lifestyle that impacts diagnosis of Type 2, but it's not necessarily the root cause.

"Also, there's no such thing as a 'diabetes diet'. It's the same diet we all should be eating – healthy, balanced and well-rounded."

Unlike many health conditions that rely solely on medical treatment to manage them, diabetes is one where the patient themselves can control its effect on them – through diet and exercise, supported by any medication prescribed by their GP.

Another aspect of monitoring the condition is screening for diabetic eye disease (retinopathy) which is offered free of charge by Te Whatu Ora Te Tai Tokerau's Diabetes Eye Screening Clinics held throughout the region. Patients are referred to the service by their GP.

"We all want to help you live well with diabetes. It's a team effort, but with you the patient at the centre and the one in control."

To help, the My Diabetes Journey app has information and resources not only for people who want to manage their diabetes, but for everyone interested in a healthy lifestyle.

For more information about diabetes, visit [diabetes.org.nz](http://diabetes.org.nz) or the Our Services section of Te Whatu Ora Te Tai Tokerau's website [northlanddhhb.org.nz](http://northlanddhhb.org.nz).

# Diabetes Action Month Prompts Selina

To Reflect On The Actions That Gave Her A New Lease On Life



Selina Harris

Selina Harris has lived with type 2 diabetes for nearly three decades but hopes soon to no longer need medication to help manage the condition.

Selina, who lives at Baylys Beach and works in Dargaville, has been able to come off insulin and now aims to stop needing to take tablets, working on plan under the care and guidance of a clinical nurse specialist in the Specialist Diabetes Service with Te Whatu Ora Te Tai Tokerau.

This is a significant shift from the struggle she had been facing.

“Around two years ago was the scariest time of my diabetes journey. Despite doing my best to eat healthily and exercise, my blood sugar levels were out of control and I was having to take the highest dose of insulin allowed. I was told that a dramatic change was needed, or I could have a stroke. Being in my 40s I felt that this was something I shouldn’t be hearing,” she said.

The catalyst for change was having gastric sleeve surgery in August 2021 following a recommendation by her GP. The resulting weight loss has also helped Selina to reduce her blood sugar levels.

“I was forever in the red zone but am always now in the green zone. What a difference it made. The surgery has been life changing and I’m seeing and feeling the benefits, including so much more energy, she said.

“It’s like I have a second chance at life. I’ve been working with our local diabetes community nurse, who has helped me put plan together, which is working. I’m off insulin and now solely weaning off tablets. It’s a work in progress, but we’re slowly getting there.”

Selina says she is lucky to have the support of her husband and daughters.

“The whole family are on board and working together to support me and one another. It’s a whanau affair. For me, it’s all about being here with them for longer. Our health is our greatest asset.”

Selina’s advice for people struggling with weight, regardless of whether they have diabetes, is to moderate their meal portion sizes.

“My meal portion is a third of the size of what I used to have. The dieticians, as well as nurses and doctors, always advised to eat palm-size meals and it’s working. I’ve realised my body doesn’t need those big plates of food. It only needs enough to keep going.

“With diabetes you have a choice to do something about it. Through diet, exercise and a healthy lifestyle, you can manage how much medication you need to take, if any.”

Selina’s other advice for people with diabetes is to stay educated about the condition and take on-board all the healthcare professional advice provided.

“I’ve always had great support from the health system throughout my diabetes journey. They offer great services over and above the nurses and doctors – dieticians, podiatrists, eyes screening. All these services are there to help us and they really do help.

“Diabetes Action Month has been a good opportunity to reflect on my healing journey. Working side by side with health professionals and everyone else supporting me is a privilege I do not take for granted. I appreciate everyone.”

# Out & About





# Northland Exceeds

## B4 School Checks Target



The number of tamariki in Northland who have received their B4 School Checks currently exceeds the national target.

After being behind by 687 checks during the COVID-19 pandemic, we are now ahead by 81 checks which is a vast improvement and well worth recognising and celebrating!

Te Whatu Ora acknowledges the hard mahi and dedication of the B4 School Check Providers who work tirelessly on the frontline to make this happen:

- Whakawhiti Ora Pai
- Te Hiku Hauora
- Hauora Hokianga
- Broadway Health
- Ngāti Hine Health Trust
- Te Hau Āwhiowhio
- Te Whatu Ora Public Health Team
- Te Hā Oranga
- Coast to Coast

The providers often come up with out-of-the-box solutions like working with Early Childhood centres, holding after hours clinics and attending community events to reach whanau which is commendable and shows their dedication to their communities. We also thank all whānau of tamariki who have had their B4 School Check.

The B4 school check is a free health and development check for all tamariki aged 4-years. It aims to identify and address any health, behavioural, social, or developmental concerns that could affect a child's ability to get the most benefit from school, such as a hearing problem or communication difficulty.

It is the last core check of the Well Child Tamariki Ora Schedule of services. To book a B4 school check for your tamariki, please get in touch with a Provider above or you can phone **0800 24 24 325**.

## Have a safe-as summer

Be prepared and know how to stay well!



### If you plan on travelling

- Plan for if you test positive for COVID, and need to isolate or change your plans at short notice.
- Get up to date with your vaccinations and boosters.
- Make sure you have a full supply of all your regular medications.
- Find out where you can access health services when you're away.
- Pack a supply of masks and RATs (5 per whanau member).

Available free: [requestrats.covid19.health.nz](https://requestrats.covid19.health.nz) or phone **0800 222 478**.

### If you feel unwell

- If you feel unwell, take a RAT test
- If you test positive, you must self-isolate for 7 days.
- Get antiviral medication if you're eligible.

### Look out for yourself and others

- Drink plenty of water; especially important for older people, children and pets.
- Slip, slop, slap and wrap to protect your skin and eyes from sun damage.
- Take your prescribed medication to stop flare ups and keep well.
- Check in on those who live alone, especially older or disabled people.
- For mental health support, **call/text 1737**, **call 0800 543 354** or **text HELP to 4357**.

### Getting help over the summer

- Call the dedicated COVID-19 Healthline on **0800 358 5453** for free COVID health advice anytime, even on public holidays.
- For any other non-urgent health concerns, call the general Healthline number on **0800 611 116** for free.
- Go to [Northlanddhhb.org.nz](https://Northlanddhhb.org.nz) for local information.



# Recycling embraced at

## Te Whatu Ora Te Tai Tokerau

Te Whatu Ora Te Tai Tokerau staff have embraced recycling – everything from scissors to syringes.

The recycling certainly extends beyond plastics, glass bottles and jars, tins and cans, paper and cardboard.

Initiatives include sending PVC intravenous (IV) fluids bags, oxygen masks and tubes to a processing and manufacturing plant where they are chipped up and remoulded into safety matting for children’s playgrounds, workplaces and gyms.

Plastic syringes used in the surgical theatres at Whangārei Hospital are collected and sent to a company that recycles them into plastic fence posts.

Single-use air transfer mattresses used for inpatient repositioning, as well as deep vein thrombosis compression sleeves and footpads are sent to a medical devices’ remanufacturer for cleaning and reprocessing. Te Whatu Ora Te Tai Tokerau then purchases back the reprocessed items, at a lower cost.

Waste Minimisation and Circular Economy Coordinator Jules Smith said that in the past year, 416 air transfer mats were reprocessed and purchased back; avoiding 770kg of waste to landfill and resulting in \$40,460 in financial savings.

Jules says this is an example of circular economy – the “beautiful circle” of using, recycling, repurposing and then re-using.

Another initiative is recycling single-use scissors, tweezers and forceps, which are disposable products made of low-quality metal and not designed to be re-used in healthcare.

The scissors, tweezers and forceps are put through an autoclave machine which uses high temperatures and pressures to kill microorganisms and sterilise them, making it safe and hygienic for handling by the metal recyclers.

Battery recycling is another initiative popular with staff, which Jules says is encouraging as anything to prevent batteries ending up in the landfill is a good thing, not only for the fire risk they pose.

“Batteries have a variety of recyclable materials such as steel, nickel, manganese dioxide, zinc, mercury, lithium, silver oxide and cadmium. However, they can also contain flammable or toxic substances. So, recycling batteries is not only an environmental safeguard, but also a health and safety precaution.”

Old towels no longer suitable for patient use are used as rags by the engineers at Te Whatu Ora’s hospitals in Whangārei, Dargaville, Kawakawa and Kaitaia.

Jules says Whangārei Hospital’s laundry has very little waste which is unusual. “Normally all linens sent to landfill, but here they are recycled. For example, worn or torn bed sheets are either sold to a rag manufacturer or, if suitable, cut and re-sewn into bassinet sheets.”

Medical equipment & clinical consumables that are no longer needed are given to social enterprise Take My Hands to rehome to hospitals in the Pacific Islands.

Other items recycled include e-waste, plastic shrink wrap, fluorescent lighting tubes, printer toner cartridges and shredded confidential papers.

Cool tubs and ice bricks are returned to the supplier to reuse, while biodegradable drug trays are given to the SPCA for use with animals in isolation to reduce cross contamination.

In addition, all food waste generated while preparing patient meals is collected by an MPI-approved pig farmer.

Jules says that while recycling helps reduce waste to landfill, minimising waste is even better than recycling it – “so we should strive for no waste in the first place”.

“We’re always looking at what other product stewardship programmes, recycling and waste minimisation opportunities are around, or where we can expand what we’re already doing. So, if anyone has any suggestions, please let us know.”



Single use metals

# Whangārei Community Mental Health

## Services Boosted By New Employment Support Roles

Whangārei community mental health services have been boosted by two employment support roles over the past year.

The two roles are with the Te Whatu Ora Te Tai Tokerau IPS (individual placement support) employment service.

IPS is a specific type of supported employment programme (co-funded by Te Whatu Ora Te Tai Tokerau and the Ministry of Social Development) that was originally developed for people experiencing mental health and addiction issues to receive services from community mental health teams. IPS offers intensive, individually tailored support to help people find a job of their choosing, and ongoing support for the employer and employee to help ensure the person keeps their job.

"It's a great pleasure to welcome Leanne Colvin and Kirsty Sadler-Bridge to the whānau," Te Whatu Ora Te Tai Tokerau Vocational Professional Leader Richard Bell says. "It's been a busy and exciting time over the past year, and we can already clearly see the impact that Leanne and Kirsty are making.

"Leanne has supported more than 30 people into work during the past 12 months. That's a wonderful achievement. Kirsty joined us in early this month and is on track to make a similar positive impact for people in our community.

"Te Roopu Whiti Ora Māori Mental Health and Kamo community mental health teams now have a dedicated employment specialist as part of the team to support those interested in finding employment or education options to achieve their goals. We look forward to seeing ongoing successes in people securing sustainable employment and vocational education options.

"This week I took on my first clients as the Employment Specialist for Te Roopu Whiti Ora," says Ms Sadler-Bridge. "I am excited to help our whāiora continue their journey to wellness through employment. Our clients are motivated to help themselves, so it gives me a real sense of purpose to be able to help them as part of their larger support team within Te Whatu Ora Te Tai Tokerau."

General Manager for Mental Health and Addictions for Te Whatu Ora Te Tai Tokerau, Ian McKenzie, says it's important to recognise the huge benefits that people gain from employment, in terms of their wellbeing.

"Employment is a really significant health intervention within the mental health and addictions sector," he says. "It brings a sense of personal control, purpose, and self-determination. It provides hope and the ability to plan for the future. It's immensely powerful and transformative."

## Passion For Public Health Leads

### To Award For Long-Serving Nurse France Badham

France Badham recently won the Ko Te Māranga Ora (Health and Wellbeing) category at the recent 2022 Ngāti Whātua Ōrākei Awards for her mahi and contribution to nursing and as a member of the COVID-19 Response Directorate.

France has been a nurse for more than 40 years, much of it working for Te Whatu Ora Te Tai Tokerau.

France was 15 years old and working in the Palmerston North Hospital laundry when the spark for being a nurse was lit. "I thought, 'I wonder what the history is behind these things?'"

With the support of her stepmother, father and husband, she enrolled at Tikipunga High School as an adult student, not really knowing what she was going to be studying.

It was a bold step for someone who had attended only a few weeks of high school. It was to be the beginning of an ongoing learning journey which would encompass post-graduate study and more than 40 years in nursing to date, including working in Alice Springs ED with indigenous people and as an agency nurse in London.

Nursing is a team occupation, says France, and she is quick to emphasise that winning the award is an acknowledgement for everyone she works with.

"I readily acknowledge that I am just part of the most awesome team. Jeanette Wedding and Pamela Marino's commitment to making this mahi accessible to the people who need it but might not be accessing the health system, and the way that they have looked outside of the square to get us out there into the community, makes me proud."

The award nomination came as a complete surprise, says France. "I was just blown away. This recognition is just incredible. I'm very humbled." The setting for the award evening itself was very glamorous and France says she felt quite overwhelmed by the sense of occasion.

"It was an incredible place. I felt surrounded by magic. Knowing that every single person that was there was related to me was wonderful. It was inspiring. I felt very small compared to the other people there and what they'd done and the big differences they've made. Hearing all the Reo spoken around me and listening to all the stories makes me feel proud knowing our future is in very strong



and capable hands. I wasn't aware that I would have to give a speech and sing a waiata, so I was grateful my son and daughter, and Lavinia Peruma, and Malcolm Patterson were there to awhi me."

The award itself was for France's contribution as part of the COVID-19 response and France says that nursing during the pandemic has been a profound experience for her.

"Within this COVID team, under the leadership of Pamela who goes above and beyond to support us, the people I've met on this journey have been just incredible. We were out there in all weathers, and most of us are not in our youth, we're bordering on prehistoric! I have such admiration for our team. Working as a public health nurse was just such an amazing opportunity, to step into people's worlds and see it at the grassroots level. This is where the changes need to be made to help all our people."

"I've been able to see that there are so many barriers for people to access services. To witness the thinking that Jeanette and Pamela have put into getting around those barriers, so that rather than expecting the people to come to us, for example those that don't have petrol or cars or money to get into town, we're taking the mountain to our people."

France has been very moved to be part of a group of such dedicated people.

"I love working with such a flexible group of beautiful people that are prepared to go above and beyond at the drop of a hat. We were working 12 or more days in a row because there was another gap that needed filling."

Her colleagues are immensely proud of her achievement.

"France is a dedicated and caring nurse with a passion for the community and its wellbeing," says Pamela Marino, Clinical Nurse Manager for the COVID-19 Response Directorate at Te Whatu Ora Te Tai Tokerau. She is always thoughtful and considerate towards others going the extra mile in all she does. She is an awesome team member and is flexible, adapting to whatever is required to carry out the COVID Response mahi. We are very proud of France and feel privileged to have her as part of our team."

France will soon be 64 but her passion for nursing remains undimmed and her wish to work in public health is strong. If she were talking to her 15-year-old self—contemplating the start of a nursing career now she says she would advise herself to "Go for it and give it heaps! And carry on with your learning. It doesn't stop with your qualification. Stick at it and ask for help because there is plenty available."

"It is a very challenging but equally very rewarding profession," she says. "To have that ability to reach across a huge chasm of what could be a really tough time for someone and to see that your touch has reconnected them, to be able to practice empathy and compassion in a non-judgemental way, that is everything."

France recognises that service professions require a particular set of personal qualities.

"You need to have courage. You need to stand up when you don't agree with something that's happening that you see is not right. You need to have empathy for some of the situations whānau find themselves in. You need to have compassion and resilience. Communication is vital. You need to be able to step into other people's worlds and make sure your language can be understood by them. You've got to be authentic. People can see when you're not. Manaakitanga is important."

France says that while winning an award has been a wonderful acknowledgement, she would like to see nurses, doctors, support staff and administrative staff and service workers in other sectors being valued for the work they do as part of the country's backbone. "We have been undervalued for so long."



**France Badham**

# Chief Nurse Congratulated

## For PhD Graduation



**Maree Sheard**

The Nursing & Midwifery Directorate surprised Chief Nurse Dr Maree Sheard with flowers and a cake to celebrate her PhD graduation, which she attended in Palmerston North in late November.

Maree's PhD research was entitled 'New Zealand Defence Force Nursing Officers' Navigation of Professional

Accountabilities and Role Expectations: An Exploration Informed by Foucauldian Concepts'. She sought to understand how military nurses manage the requirements of the Defence Force at the same time as meeting the nursing profession's requirements of them.

Although the study concentrated on military nurses, Maree said all employed nurses are challenged to find ways to meet business imperatives while complying with professional standards.

"This can be very difficult, as we've seen most recently in Te Tai Tokerau when the only apparent space to flex is a nurse's personal time, values, ethics and wellbeing.

"People thought I was crazy when I started on my PhD journey, and at times I agreed with them as it involved a lot of sacrifice, but the rewards have been immeasurable. You get to find new ways to view the world and to question assumptions about why we do things the way we do.

"When we see things differently, we can often find solutions to problems that we wouldn't have known existed otherwise. So, I'd recommend a PhD to anybody curious about the world around them."

# Cabin Build Leads To Forever

## Home On Whānau Land For Kaikohe Identity

Kaikohe local 'Percy' is about to move into his new home on whānau land thanks to an innovative collaboration between NorthTec Te Pūkenga and Te Whatu Ora Te Tai Tokerau.

Percy first presented for care and support from Te Whatu Ora Te Tai Tokerau's Mental Health and Addictions team as a teenager in the late 1990s. Since that time, he has been supported in the community and in the Whangārei sub-acute and in-patient units (IPU) to help manage his health needs.

As a result of the combination of challenges Percy faces, it has been difficult for him to find a stable and lasting living environment.

"Percy's a bit iconic in Northland," says Jacquii Hessell, Clinical Team Manager for Mental Health and Indications in the Mid-North for Te Whatu Ora Te Tai Tokerau. "People often see him hitchhiking around."

Past attempts to access emergency housing or other housing options haven't been successful for Percy, says Te Whatu Ora Te Tai Tokerau Social Worker Aroha Te Hau.

Aroha had heard that NorthTec | Te Pūkenga had run a community housing project via its Kaitiā campus in the past and approached carpentry tutor Andy Cogar. Initially the idea was for Andy to present a letter to potential suppliers to help Aroha get some materials to build the cabin for Percy at a lower cost. Andy, however, saw the potential to take his involvement further.

"I was looking for a project for my Level 3 carpentry students," he says. "Aroha explained Percy's situation, and that a small self-contained sleep out would suit him. It was really a no-brainer from there on. We needed a build and Aroha wanted to help find a house for Percy, so it was a win-win."

"At the start of the build we had two dedicated students working on the project, Bronson Tepania and Vincent Watkins, and their Tutor George Tzikoukos. George came up with a simple design which evolved into its present form. Due to the dreadful timing of material shortages we had to do the best we could with the materials we could get.

"Both students put in an absolute fantastic effort on the build and on numerous occasions volunteered their free days to work on the build with George.

"When both students graduated in July and George was called on to tutor elsewhere, my current Level Three students stepped in and have been hard at work to finish the build. The four students who are currently on 'the Percy build', as it's become known, are Jersey Nukunuku, Mark Duncan, Nelson D'Sa and Patrick Trevor. They have embraced the community project and have worked incredibly hard to get it finished."

Andy even found help to paint the cabin, in the form of NorthTec Te Pūkenga painting tutor Jarrod McKelvie, and his students. "Jarrod travelled with his students, Jahcey Rapira Adams, Ohomairangi, Corrie Wilson, Te Aorewa Patira, Loki McQueen and Ryan Carse-Thorpe from Whangārei over

three days to give the Percy build a painted finish inside and out.”

Andy says that the build has been an incredible experience for all the carpentry students, not only in terms of learning new skills and applying them to a real-world project, but also becoming aware that things don't always go as planned.

“If ever there was a project that has seen “challenges” this is it! You name it, and the Percy build has seen it, from COVID-19 lockdown and COVID and flu illness of students and tutors, to the horrendous material delays and shortages.

“There's been a real sense that we're doing something worthwhile with this build. I overhear the same comment all the time, including from the painters over their three days, “He's going to love this!” It's the one thing that has kept us looking at the silver lining of the ‘challenges cloud’. It's that we're helping someone, and we know he's going to love this. We want to see Percy in his home, and it would be nice for him to meet the students who have done this for him, they are rightfully proud of their efforts.”

Andy says that all the students are either hoping to get apprenticeships or want to go further within the building trade. One already has an apprenticeship in Auckland, and another is working with a local building company. “Another has expressed interest in working on Percy-style projects full time as it gives him a real joy and sense of pride,” says Andy.

“The students' and tutors' dedication have been really moving for me,” says Aroha. “Andy had a student who was himself homeless, but he still turned up every day to help. Just the willingness and the empathy of some of the

students and the giving of their time outside of their course hours has been amazing. Their expression of aroha will be with me forever.”

Crucially, Percy's whānau got in behind the project, says Jacquii, working with his Te Whatu Ora Te Tai Tokerau support team to ensure that everything would be in place to create a viable, long-term solution for Percy.

“We're really fortunate that the whānau have come on board,” says Aroha. “Working closely with them has been incredibly important. That's been the make or break of it.”

The internal fit-out of the cabin has been almost all provided as koha by those connected to the project. Aroha says that Percy is aware that the cabin is almost finished and has been really settled and waiting patiently for his now home.

“It's his forever home and a safe place to lay his head,” says Aroha. “That's really important for anyone who is trying to achieve wellness. He'll always have a home to go to.”

“Seeing the young people who worked on the project was uplifting,” says Jacquii. “We know it may not all go smoothly but we have put a plan in place to support the whānau and to support Percy.”

Jacquii hopes that the collaborative approach taken with ‘the Percy build’ might provide an example of a whānau-centred, equitable approach.

“We needed a solution that's in Kaikohe because that's where Percy will always gravitate, and he's safe here. This is truly his community. We are doing things that work around whānau and people. This project sets a blueprint for what is definitely going to work, especially in our rural communities.”



**Pictured from left to right: Painting tutor Jarrod McKelvie and his students Jahcey Rapira Adams, Ohomairangi, Corrie Wilson, Te Aorewa Patira, Loki McQueen and Ryan Carse-Thorpe**

# Te Aka Whai Ora

## Reflections



Peter Thomas

Nearly five months since the establishment of Te Aka Whai Ora, Acting General Manager for Te Poutokomanawa (Māori Health Directorate) Peter Thomas reflects on the new organisation and the opportunity it presents for Māori health equity.

Peter believes that Te Aka Whai Ora represents an opportunity that has not existed before.

“We can build an organisation that’s wholeheartedly governed by Māori, as a crown entity in health. Previously, Māori governance has always been an add-on, or we’ve been called in as advisors. Now we are creating an organisation that will function on behalf of, and with, iwi. Our team will be a conduit and a Māori corporate service that will assist in achieving Māori health outcomes for Te Whatu Ora and iwi.”

For Peter’s team that has meant uncertainty and change in the short term, as some members of the directorate were transferred to Te Aka Whai Ora while others remained with Te Whatu Ora. Despite that uncertainty and his inability to provide answers for all the questions his team have had, Peter remains positive.

“We have to go through this period of transformation and transition,” says Peter. “We are establishing a Māori-led entity around the core components of mātauranga and tikanga and balancing that with our professional responsibilities. We’re building the whare and the pou to support the whare, and that’s exciting. I’m optimistic!”

One of the interesting aspects of the transition, says Peter, is that many of the roles that have been establishing are interim or acting positions. This gives the organisation an opportunity to see what those roles look like in actual terms before embedding them in an operational model.

“With the guidance of iwi, Government, sector leaders, whānau voices, and Māori providers in the North we will be able to ensure that we build an organisation that uses good

relationships and good planning to meet our responsibilities towards Māori service providers in Te Tai Tokerau, in health and in other sectors.”

Peter stresses that Māori service providers shouldn’t be expected to do what Government should be doing “on the smell of an oily rag”.

“Those providers have always been well organised. It’s our job to support them and to be their advocate at a commissioning level and for providers in turn to be delivery quality services to our whānau. The difference is now Te Aka Whai Ora will take iwi priorities into planning.”

The ability to collaborate with Te Whatu Ora will remain crucial, says Peter, and he stresses that Te Aka Whai Ora must be an organisation with which others can constructively work.

“It’s important that we continue to have really good relationships with leaders within Te Whatu Ora and that we can provide governance and support in a well-functioning partnership relationship. In the future, we will have kaimahi Māori and turanga Māori and Māori-specific roles across the organisation at a client-facing level with shared objectives and shared outcomes with Te Whatu Ora. With that will come the opportunity to work a little bit more creatively across the sector to identify shared outcomes, opportunities, and planning across the region and in shared services.”

Encouragingly, Peter says that he has been pleasantly surprised that Te Aka Whai Ora has been able to do things in a kaupapa Māori way as a Crown entity.

“In the past being a Crown entity has at times been seen as a really terrible place to start in terms of non-governmental organisations engaging with us,” says Peter. “Building and restoring trust in the Crown is very important from an iwi perspective. It’s about restoring authentic relationships with iwi.”

The path ahead involves facilitating the transfer of the remaining Te Poutokomanawa staff members locally from Te Whatu Ora to Te Aka Whai Ora, says Peter. Meanwhile, the Te Aka Whai Ora team will continue to work to align their roles with Te Whatu Ora to meet local and regional needs in an iwi-centric way.

Ultimately everything that the Te Aka Whai Ora team is doing is geared towards the goal of better gains for Māori health outcomes in the North, says Peter.

“Our whānau still experience some of the worst health outcomes in the country, and some of the worst health determinants, such as lack of access to clean drinking water, lack of healthy, warm homes, and poverty. We need to embed partnership with iwi and Māori health providers to deliver on services for our whānau and uplift whānau, so that they have autonomy based on Māori development within our communities.

“Our aim is healthy whānau who are thriving. Within iwi they used to say, “bring home the bacon”. Well we’ve brought home the bacon now. That’s exciting.”

## Te Whatu Ora

Health New Zealand

Te Tai Tokerau

# ANZSGM Annual Retreat

## Reborn At The Waitangi Treaty Grounds

After a two-year COVID-imposed gap, the Australian and New Zealand Society for Geriatric Medicine (ANZSGM) annual retreat was held at the Waitangi Treaty Grounds in early November. Over 120 delegates from across New Zealand, joined President Prof Vasi Naganathan, for three days of lectures, workshops and debate at New Zealand's most important historical site.

The central theme of the meeting was equity: delivering high-quality care to all of New Zealand's older people regardless of ethnicity, disadvantage and geography. Keynote lectures on issues affecting Māori elders were set amongst clinical updates and accounts of service development.

Trainees participated in session covering maintaining well-being, transitioning to SMO and understanding mental capacity. While SMOs completed the SPDP3 Educational Supervisor course.

Setting the scene for the main meeting, Mr Tohe Ashby, a leading practitioner of traditional Māori healing (rongōā),

identified five elements underpinning well-being in older people: wairua, hinengaro, tinana, whānau, whenua – spirit(uality), mind, body, family and land (home). After a lively debate on dialysis in older people, the session concluded with oral presentations of submitted abstracts, including some excellent work by our Advanced Trainees.

One of New Zealand's most influential researchers into older people's health, Professor Ngaire Kerse presented her work with Dr Jo Hikaka on the Māori experience of Aged Residential Care and set it in the context of demographic change, equity challenges and opportunities to build better for the future. Later, Dr Makarena Dudley shared her research into Māori understanding of dementia (mate wareware) and her work to develop a culturally appropriate cognitive assessment tool. Delegates were also given clinical updates on stroke, heart failure and rheumatological conditions alongside talks on setting up Acute Care of the Elderly (ACE) units and tackling polypharmacy.



Te Tai Tokerau Clinical Director Health of Older People Juanita Pascual speaking to delegates



**Jensen Webber**

No one could describe 2022 as dull.

For Mahitahi Hauora and our primary care partners, it's been a year full of challenge and change.

As the year dawned, we worked alongside our partners in the health and social sector to respond to Omicron as cases surged across Northland. I'm proud of the leading role Mahitahi Hauora played:

- During the 2021/2022 summer holiday period, when most New Zealanders were enjoying rest and recreation, the Mahitahi team worked tirelessly to stand up a Clinical Hub. This Hub ensured people in Northland who were isolating at home with COVID-19 got the clinical care they needed. In addition to providing care to the unenrolled, the Hub supported general practices across the region to manage their COVID patients by providing weekend cover and overflow capacity. It also played an important leadership role, creating clinical protocols for safe virtual management of COVID patients, developing an acuity tool to identify vulnerable patients, supporting practices to COVID-19 patient management software, and organising regular information-sharing forums.

- We funded over 1,100 people to have a free GP consultation to make an informed decision about the COVID-19 vaccination.

- We distributed over 100,000 Rapid Antigen Tests to practices across Northland to meet the initial high demand while the supply chain ramped up.

Alongside these achievements, BAU continued. The Mahitahi team has delivered some impressive results this year:

- We have worked with Kōtahi Hauora to support the development of a locality in Muriwhenua.
- Working with Te Tātai Hauora o Hine – National Centre for Women's Health Research and the Health Research Council, we funded and rolled out an implementation study of an innovative new self-test to help prevent cervical cancer.
- To help address the GP workforce shortage, we provided scholarships for six General Practice Education Programme Year 2 students to further their training in Northland.

- We continued to play a leading role in the Kai Ora Fund, which funded 42 community-led healthy and sustainable kai projects across Northland in 2022.
- We supported Oranga Niho, an innovative project to improve the dental health of preschool tamariki at 46 kohanga and early childhood centres in Muriwhenua.

At the same time, fundamental changes to the Aotearoa healthcare system and the primary care landscape in Northland were underway. Our challenge was to ensure Mahitahi Hauora would be fit for purpose under the new healthcare system.

Following consultation with our stakeholders, we changed how Mahitahi Hauora engages with our primary care partners, how we serve the population of Tai Tokerau in line with our Trust purpose, and how we add value to the system. We also renewed our commitment to transparency and accountability.

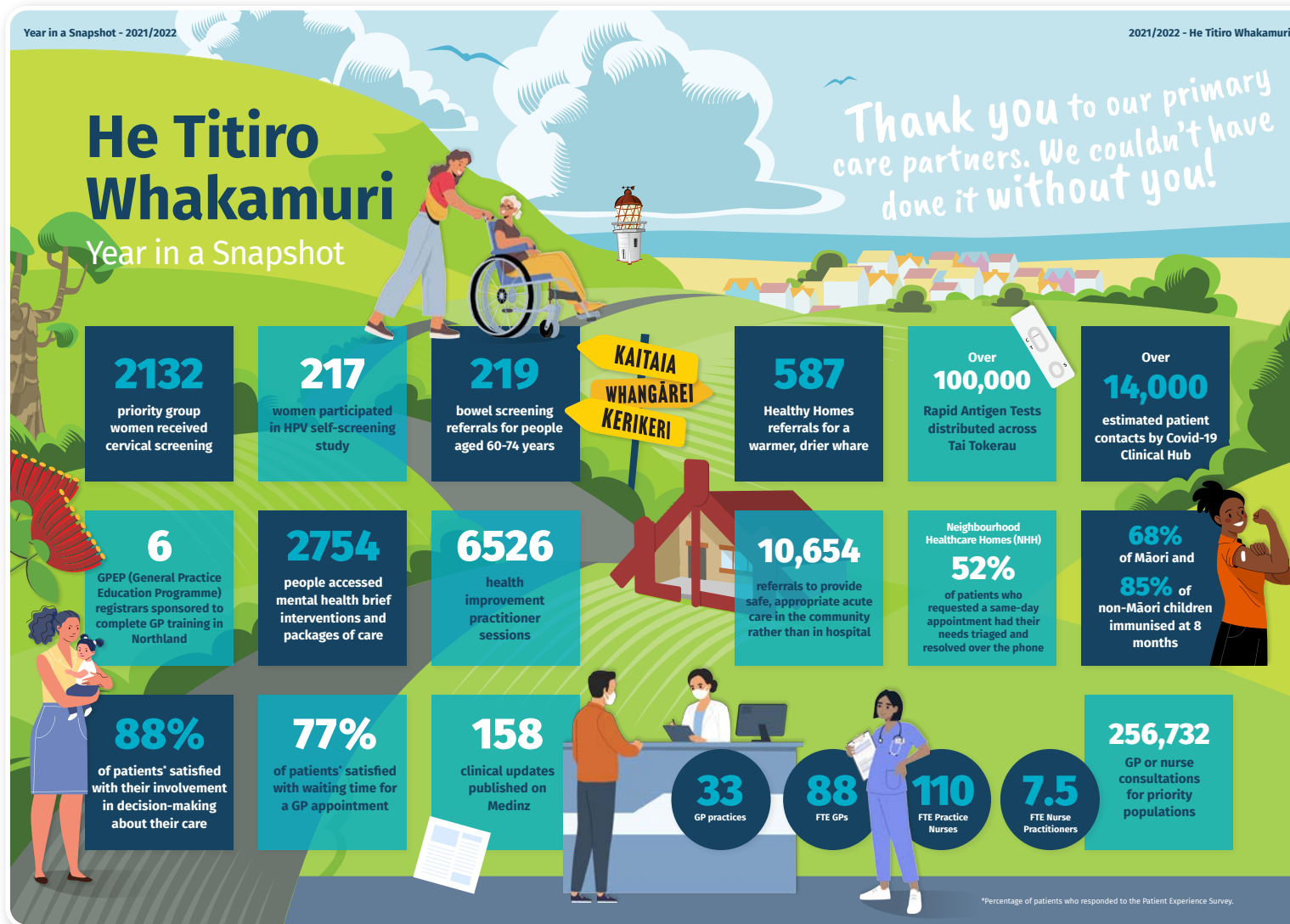
As a result, Mahitahi Hauora is moving out of direct service provision. Recognising that general practices have faced financial under-resourcing for too long, we invested \$2.3 million of discretionary funding directly into frontline providers and replaced complex funding arrangements with a single contract, the Equity for Whānau Agreement. Thanks to these changes, our practices are better placed to respond to the equity needs of their populations and to manage financial pressures.

Having done the groundwork this year to better support the health and wellbeing of our whānau and communities, the Mahitahi Hauora team is excited about the future as we look forward to 2023.

Ngā mihi,

**Jensen Webber**

Chief Executive Officer, Mahitahi Hauora



# Beating the Bite

## Stop Mosquitoes From Breeding



Now the warm, humid summer season has arrived, Northlanders may be visited by the ever-annoying mosquito. To ensure these pests aren't invited, you can take simple precautions to prevent them from setting up residence in your backyard:

1. Empty all tins, jars, bottles, buckets, plastic bags and other containers that can hold water. Safely overturn anything you have outside that could hold water.
2. Dispose of all old tyres, and drill holes in the bottom of tyre swings.
3. Fill or drain hollows in the ground that could hold water.
4. Cover venting pipes on septic tanks with mosquito-proof covers.
5. Seal or cover rainwater tanks.
6. Keep swimming pools chlorinated, and pumps maintained.
7. Empty and clean pot plant saucers and drip trays.
8. Empty and clean animal and pet drinking water containers.
9. Check gutters and drains are clear of standing-water and blockages. Clean them out if they hold standing water.
10. Some pot plants such as bromeliads, hold water in their leaves – empty the water out at least once a week, a turkey baster or pipette is a good tool for this.

You can fight the bite, day and night. You can take precautions to prevent being bitten by mosquitoes:

1. Mosquitoes are attracted to darker clothing, so cover up by wearing long sleeved, loose fitting, light coloured clothing.
2. Use a repellent, preferably containing less than 35% diethyltoluamide (DEET). Always read and follow the instructions. Apply repellent after sunscreen.
3. Use air conditioning or fans when indoors.
4. Insert screens on windows and doors.
5. Stay away from areas where mosquitoes are most active or breeding, such as stagnant water.
6. Use zip up screens on tents.

Throughout the year the National Public Health service through Ngā Tai Ora (Public Health) Te Tai Tokerau undertakes a mosquito surveillance programme covering all of Northland. This involves monitoring larval and adult mosquito traps which are set up at strategic positions at ports, airports and around the marine environment adjoining international boat movements, for example, at Marsden Cove Marina, Marsden Point refinery and log port, Opuā Marina and Whangārei harbour.

If you have problems with unusual mosquito biting activity please contact either the **on-call Health Protection Officer** on 094304100, or **Debe Anderson** on 0212214019.