

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Two new Operating Theatres and Cardiac Catheter Laboratory Officially Opened

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From the Chief Executive



Workforce (your) wellbeing has been at the top of my mind recently, with pressure on our staff all over the place – in our Hospitals, our vaccination teams, Primary Care, community and Mental Health and Addiction Services.

The pressure seems to be because of a mix of acute demand growth due to our growing, ageing population, our rurality, poverty, and high Māori population and the impact of a number of viruses (e.g. RSV - not just "THE VIRUS"). Many of those factors drive patient complexity and with it come more and more challenges for our staff around meeting their needs.

There also seems to have been a further step increase in demand since Christmas in our hospitals, which is a nationwide phenomenon. As you're probably aware, Primary Care is particularly under the pump, with significant shortages of General Practitioners with long waits for appointments and half of all practices being closed to new enrolments. This creates a vicious cycle - if people can't see their GPs, they're going to end up delaying care and presenting late or using ED as their Primary Care facility.

This leads to the issue of our population's health and the unmet need out in the community—something we must and can partially address in the next year - which is a positive thing. One of our most significant constraints throughout Te Tai Tokerau is the facilities we have and the deficits in those facilities. We recently opened up two new Theatres in Whangārei, and we're looking at further developing Kaitiaki Hospital's Theatre.

So, we'll have a significant increase in Theatre capacity. We have planned for and have recruited additional nursing, medical, support and allied health staff, which will allow us to do a lot more planned care. We will also see an improvement in access to acute care from a surgical point of view.

Opening up the new Cardiac Catheter Laboratory is already providing more timely access to cardiac catheterisation - in fact, we no longer have an outpatient waiting list, which is fantastic. There are other areas of unmet need that we've got to focus on, but these additional facilities will make a difference to our population's health and the challenges for Primary Care managing patients waiting for care.

Through a difficult process of shifting "deck chairs", and thanks to the many staff affected by these shifts, we have created a new Assessment Unit. Although not yet open overnight, it is intended to be run 24/7 before the end of the year, which should make a significant difference to our Patient flow.

We are well underway with some of our other facility developments, including the Bay of Islands (BOI) Hospital Stage Two, an exciting initiative to develop Primary and Community, Outpatients, Renal and Cancer Services adjacent to and as part of the BOI Hospital facility itself. Construction etc., should start in August.

We are also developing the second stage of Te Kotuku. As was always planned, we are building another (third) floor and shifting Paediatrics and Special Care Baby Unit to the second floor and our laboratory to the third floor. This will start a bit later than the Bay of Islands Hospital but should be underway before the end of this year.

I also want to get the Whangārei Hospital redevelopment finally approved, and there have been lots of good signals. We are the number one priority hospital rebuild in NZ. We've submitted our detailed business case to the Ministry of Health, and I'm hoping that

we will have an announcement sometime this calendar year, so we know it is committed to. It's a significant investment, and yes, it will take quite some years to build, but it will be great for many of you who will continue to work in it for many years after that. It will also be great for Northland as it will bring 500 or so additional workers in to build the hospital – and that will have spin-off economic benefits for our region. We know if our economy does better, we have a healthier population, so that's one of those virtuous cycles.

Māori health and our Te Tiriti obligations are also always at the top of my mind. We continue to focus on how we can improve Māori health and support our various providers and our hospital staff to do better. I'm very conscious of our need to increase the number of Māori staff significantly within our organisation and ensure they are supported. There is a lot of good work going on there, and we've got some pretty bold goals in the pipeline for training and initiatives around affirmative action with recruitment.

I can't help thinking about what we can and should do in the next year, and what we can hand over to Health NZ to be confident there won't be a lot of wheel-spinning when the new organisation commences. I'm still optimistic about the new concept and hopeful of seeing a jet stream of resources flowing from Wellington up to Northland.

It'll be interesting to see how that does pan out. But the commitment to reducing the postcode health care lottery is something we all want to see. The devil is in the detail of how the system will be designed and implemented. Key questions need to be answered, such as how we ensure Northland isn't forgotten, and in fact, it is prioritised in a region dominated by a big city down the road. I'm making sure I'm heavily involved in some of the transition planning – not just for Northland's sake, but to assist in the hope that we get this once in a generation opportunity right.

I'm mindful that there is a lot of uncertainty and unanswered questions with this transition. We need all of you to remain committed to our public health services, but this isn't helped by industrial unrest and dissatisfaction around pay rates etc. It's often hard to attract and recruit staff and retain some of the key support staff we have in various roles when they're unsure what their roles will be.

I am confident that there will be enough jobs, and for the vast majority in front line services, little will change apart from (hopefully) more resources. I don't believe this new restructure will see a lot of roles moved out of Northland or a reduction in the numbers of staff in health. Actually, the opposite is likely as the Government will not want the reforms to fail, so there is likely to be significant new investment. I don't know how reassuring that is for you – but it is something I'm confident of.

The Northland Health Strategy will be going to the next Board meeting, and then there will be a period of consultation with the sector. It's been a strategy two years in its genesis partly because of COVID-19, but also because we wanted to consult widely, and I'm hopeful that everyone will see their place in it.

I'm also really clear that this is not a Northland DHB strategy. It's a health and social sector strategy -broader than just health, but it is about the health sector, which will not change when we have some organisational change. We want to hand over this strategy to the new organisation, Health NZ, so they have some guidance around what is most meaningful and important to Northlanders - our communities, whānau, staff and other health providers. I think it's a well-balanced strategy and will be available to you very soon.

There are a few other decisions to make regarding where any scarce new resources we have can be allocated, and I want to make sure that we're clear on our priorities. These haven't changed recently, and they are what we use to base any investment decisions on.

- Māori health
- Providing services close to home
- Workforce development and wellbeing - safe staffing, expanding our wellbeing programme etc.
- Completing our COVID-19 vaccination programme – achieving our target coverage and ensuring that that coverage is equitable for Māori
- Reducing the burden of non-communicable diseases – Diabetes, Renal disease, Cardiovascular disease and Cancer
- Strengthening our public and population health services
- Catching up on our planned care
- Improving our other waiting times
- Investing in supporting and growing our general practice workforce
- Sustainability.

I want to acknowledge some of the great work our Sustainability manager and team are doing to reduce our carbon footprint. We have had over \$4M allocated to us from Government for our electric fleet, which will enable us to replace expiring leased petrol vehicles with 150 electric vehicles. Our Anaesthetic team have completely reduced their use of desflurane and worked on other initiatives. It's great to see we are doing so well in this area.

Finally, as we celebrate Matariki, I encourage you all to make an effort to spend time with your whānau to whakaaro tahi – share, Kai tahi – cultivate, kōrero tahi – plan and hoki ngā mahara – remember.

Nga Mihi,



Dr Nick Chamberlain
Chief Executive

Leading by Example



Members of the Northland Sports Coalition Executive Board about to ride to Tohora House

Two Ngā Tai Ora – Public Health Northland team members now share a role on the Executive Board of the Northland Sports Coalition (NSC) and contribute their expertise to help raise awareness of the importance of sports in Northland and having an active lifestyle.

The NSC first formed in 2015 and is made up of members from Northland's regional sporting organisations with an aim to support and advocate for the ongoing development of sport in the region.

The Coalition work together to strengthen engagement between sport and the various Northland councils and provide submissions on planning and infrastructure matters. They also identify areas of common interest and advocate for regional co-operation on sport, active recreation and play issues with a te ao Māori perspective.

The Executive Board is comprised of 11 representatives, six elected by NSC member sports organisations, four members appointed, one from Northland's Councils, and one from the Northland District Health Board.

This role will be shared by community wellbeing advisor Louisa Kingi and Public Health Medicine Specialist Dr Bart Willems.

Around half the Executive Board decided to lead by example by using active transport to get from Sport Northland's ASB Facility to Tohorā House for their first meeting this year. Bike Northland provided those without bicycles and helmets what they needed for the ride, and Sport Northland gave the group a health and safety briefing before they took to the cycle paths for the ride from Kensington to Maunu.

Bart and Louisa are excited to have the opportunity to sit on the Executive Board and highlight how physical activity can reduce the burden of disease in Northland and improve our community's health outcomes.

Taking the initiative to cycle to this first meeting also helped those who took part to gather intel for one of the NSC's long-term plans to improve the walking and cycling networks in Whangārei to enable safe physical activity spaces.



Dr Hardie Retires After More Than Forty Years Caring for Northland Women



Dr Donna Hardie

When Northland DHB Gynaecologist Dr Donna Hardie reflected on her 41-year career practising Medicine, she said her relationship with patients was the best part of the job and is still as precious as when she first started. Donna grew up in a family of five children in the Bay of Plenty, first on a dairy farm in a remote valley and then closer to town on an orchard in the very early days of the kiwifruit industry. She attended Waikato University, where she studied for a BSc in comparative physiology. To continue her studies in physiology, she decided to apply to study Medicine at Auckland University. However, her future in medical sciences was derailed in the clinical years of Medicine when she was 'captured' by the patients, and the physiology of Medicine took second place to patient interactions and medical care.

Her decisions on House surgeon jobs were guided by a desire to get out of the city and enjoy as many sunshine hours as a 1 in 3 call roster would allow. Hence, she took up jobs in Gisborne, Blenheim, then Whangārei.

Donna spent a year and a half working at Whangārei Hospital and in Kaitaia and Kawakawa before returning to Auckland to specialise in Obstetrics and Gynaecology (O&G), which is the care of women during pregnancy and childbirth combined with the management of conditions relating to the female reproductive system. She worked in all three O&G hospitals in Auckland, National Women's, Middlemore and St Helen's and also spent two years working in England in High Wycombe and Leicester.

She returned to New Zealand in 1990 and then came to Northland in 1992 to work as an O&G Specialist. For most of the years since then, she has worked as an O&G generalist, doing all parts of the job, including the on-call roster. In more recent years, she has worked only in colposcopy, managing women with abnormal cervical smears.

When asked what has changed in Medicine in 41 years, Donna said the practice of Medicine is constantly evolving, but the relationship with patients hasn't changed, and it is still the privilege it was back in 1979. She has witnessed a burgeoning of management layers in the health 'system' and admits to having little understanding of what their jobs entail, but she said thankfully, whatever those jobs are, they have not changed her day to day work.

As with the rest of Medicine, the complexity of O&G has increased over the last 30 years partly because we understand more and have more treatment options available.

"Much is said of health equity of late, but my observation is that health outcomes are affected by levels of poverty more than any other factor. Understandably, you don't go to the doctor if you haven't any of this week's money left or if you have a big debt at the surgery. You certainly don't go for a screening test, like a smear; you wait until you have symptoms."

"I believe that only when we improve the 'lot' for our poorest citizens in Northland will our health statistics improve."

Donna's focus in the last few years has been the prevention of cervical cancer. Northland's cervical screening rates are poor compared to other areas of the country, and she believes poverty is the primary reason for that.

She has been part of working groups advising the Ministry of Health on the cervical screening programme since the early 2000s. She is hopeful funding will be allocated in this year's budget to introduce Primary HPV screening to replace the current smear test we use now.

This new test will detect more precancerous changes, prevent more cancers, and lend itself to self-sampling for patients, which means not needing a speculum examination. Recent studies in Northland suggest this will increase screening - especially in women who have never been screened and those who have been screened irregularly.

Besides women having cervical screening, Donna's key message to the community is to make sure their children, both boys and girls, are vaccinated against Human papillomavirus (HPV), which is the cause of cervical cancer.

"Vaccination against the cancer-causing types of HPV is what is going to make the difference to the rates of cervical cancer in New Zealand. We are fortunate to have relatively low rates of cervical cancer in New Zealand as a result of having a National Cervical Screening Programme, but cervical cancer is a preventable disease, and we could eradicate it by vaccinating."

During her career, Donna has not been tempted to leave Northland. From her point of view, Medicine is Medicine, wherever you work, and if you have your family around you and work with a good team, there is no incentive to move on.

One of the most satisfying parts of her career was working with people focused on the patient rather than the team.

"Respect and kindness should be equal to competence in our work, and those attributes should be applied to patients and staff alike. We all have our part to play, from our frontline staff, receptionists, booking clerks and telephonists through to those who farewell a patient on discharge back to primary care. We are all just part of the same team, no one member any more or less important than another and, in an ideal world, all focused on the patient."

New Cardiac Catheter Laboratory and Operating Theatres Officially Opened by Minister of Health



Dr Chris Harmston, Dr Jo Coates and Minister Little officially open the two new Operating theatres

In early May, Whangārei Hospital's new Cardiac Catheter Laboratory and two new Operating Theatres were officially opened by Minister of Health Hon. Andrew Little.

In 2018, Northland DHB received \$24m of Crown funding for these two projects and the new Endoscopy Suite that opened in 2020.

Northland DHB Board Chair Harry Burkhardt explained at the opening that patients requiring access to a Cardiac Catheter Laboratory have to travel to the tertiary centre in Auckland, irrespective of where they live in Northland. "Our challenge has always been to ensure that a patient receives the same standard of care locally as he or she would have been received had they lived in a large city with direct access to a tertiary institution, despite "the tyranny of distance".

Once the Laboratory and theatres are fully operational in July, Mr Burkhardt said the Board would be working toward fulfilling their obligation to deliver health equity and providing the same level of care to everyone, no matter where they live.

Northland DHB chief executive, Dr Nick Chamberlain, said the new Cardiac Catheter Laboratory project wasn't just about having the facility here in Northland. Instead, it had a much broader vision, which was, "Build it, and

they will come."

"This new facility will be a quantum change in the way care is delivered to patients and means that Northland is now an attractive option for cardiologists with specialist skills to come and be a part of a redeveloped service and contribute to the delivery of healthcare for Northlanders.

"Prior to this, we couldn't attract young hotshots. Now we are getting fantastic applicants for all our cardiology roles. We have already recruited two additional New Zealand trained cardiologists."

He explained that the two new Operating Theatres were critical to meet Northland DHB's unprecedented growth for acute medical and surgical services.

"I know that there are still improvements to make in our main Operating Theatre block. But I'm excited that this, along with much greater use of Kaitaia's second Theatre, will have a huge impact on our surgical throughput and reduce the waiting times for Northlanders. With minimal capacity in Private Hospitals, our only options have been to look at Auckland helping out.

"Ironically, pretty soon, we will all be one organisation, Health NZ. However, we had already commenced planning for some shared waiting lists with Auckland and Waitematā DHBs for our longest waiting patients.

"We will continue to progress this to further supplement capacity so that Northland is no longer the poor little (but incredibly beautiful and perfectly formed) Northern cousin."

Dr Chamberlain highlighted the work that the Projects Team had done managing and delivering both builds well under the cost of comparable projects in other regions despite the significant curveball of a global pandemic.

He said the opening of these two facilities means Northlanders can be treated and cared for closer to home. "This not only reduces the need to travel to Auckland for procedures, it means fewer delays to treatment and more positive health outcomes."



Cardiologist Marcus Lee with Minister Little officially opening the Cardiac Catheter Laboratory with medical services service manager Ben Lockie looking on



Te Rangimārie - New Quiet Room

Bay of Islands Hospital



David Scoffham, Reverend Bray and Sally Macauley

Patients and staff at Bay of Islands Hospital now have a place to find solace and support if they are feeling overwhelmed. All thanks to the new Quiet Room, Te Rangimārie that was blessed by Northland DHB kaumātua and Cultural Advisor Te Ihi Tito and officially opened by hospital volunteer Chaplain, Reverend Christine Bray, in May.

Reverend Bray approached Northland DHB Board member Sally Macauley about the idea for a quiet room around 12 years ago. She wanted whānau to have a peaceful place to go for support if they were distressed and anxious for their relatives or friends who were patients in the Hospital.

"Some years ago, I saw a great need for peace and privacy. I hope all who choose to use it find comfort and peace here. I acknowledge the chaplains, past and present, who have served here and thank Sally for putting this day together and the BOI Rotary club who have contributed funds to enable us to get this room completed."

She also thanked Charlotte Scott for creating the patchwork for the room.

The Hospital provided the new flooring, curtains, lounge suite and chairs with financial support from the BOI Rotary Club and personal donations from community members. The room includes a fridge, tea and coffee making facilities, a table to prepare communion and doors that lead out to a well-designed private garden. Sally said the room gives hospital chaplains a quiet

space to offer support to whānau who may be anxious. She thanked the team who helped get the project completed, including Reverend Bray, the other Hospital Chaplains, and BOI Rotary Club – representative David Scoffham.

"We all planned and worked alongside the Hospital Executive leadership with the support of Jen Thomas – Operations manager - Bay of Islands and Dargaville Hospital. Grant Cochrane, clinical nurse manager, Clinton Telfer – facilities manager, Jacqueline Bell, director Infrastructure and Commercial Services and Northland DHB chief executive Dr Nick Chamberlain who gave his full support during the planning of the Quiet Room."

David highlighted the work Reverend Christine does for the Hospital, as well as for the Anglican Church in Paihia and Rotary - particularly the work she has done helping youth.

Kaumātua Willie Cash thanked former chaplain Bev Deverell who started the Chaplaincy at the Hospital and thanked her and her husband Mike for being there today.

Jen Thomas said that although it had been a long time in the making, the space would also be important for staff when they need to reflect and gather their thoughts.

She thanked facilities manager Clinton Telfer who led the project at a local level and made sure the room was put together and finished so well.

Celebrating Our Nursing and Midwifery Workforce

The International Council of Nurses' theme for this year's International Nurses Day was 'Nurses: A Voice to Lead – A Vision for Future Healthcare'.

According to Northland DHB Chief Nurse and Midwifery Officer Maree Sheard, the future is always dependent upon the past, and nursing has been shaped by the experiences of those who came before us and the context in which care has been delivered in different times.

Maree noted that this past year had been enormously challenging for nurses worldwide, and while New Zealand has largely escaped the ravages that have overwhelmed many countries' health systems, it does not mean that New Zealand nurses have not been affected.

"Northland nurses expended enormous effort planning for the expected effects of the pandemic at a time when our population was already drawing heavily upon our resources. The pandemic meant not only long hours preparing for the predicted waves of seriously ill patients. It also caused massive stress for our staff to see in the media foreign health professionals struggling to deal with vast numbers of patients and getting reports of COVID-related sickness and death amongst family and friends living overseas.

"Yet amongst all the work and worry, Northland nurses carried on supporting one another and adapting with agility to the changing situation while providing high-quality care to those who needed their attention."

Since Maree began her role in December 2020, she said she had been impressed with our nurses' calm and

professional manner, "Your resilience, your can-do attitude and your sense of humour have been an inspiration. I want to take this opportunity on International Nurses Day to thank you for your compassion, energy, and optimism. It's a pleasure to be part of your team."

The theme for International Day of the Midwife 2021 was, 'Follow the data; invest in midwives'.

Northland DHB data tells us that of the 2,568 babies born in Te Tai Tokerau in 2020, 46 percent are Māori. Our midwifery workforce data reveals 25 percent of midwives working across our rohe identify as Māori. While this compares very favourably with other regions, there remains a need to invest in midwifery in order that our workforce more closely resembles our birthing population.

The midwifery community welcomed an initiative recently announced by the government to enhance the support available to Māori and Pasifika student midwives as they negotiate the demands of their four-year undergraduate degree programme. Access to funding via this initiative, Te Ara o Hine, aims to ease the financial burdens some students face, which have, in the past, contributed to higher attrition rates.

"The fifth of May each year provides an opportunity to celebrate the contribution all midwives make to the lives of women and whānau. It also provides us midwives an opportunity to reflect and appreciate the influence this amazing career has on both our personal and professional lives," said Sue Bree, Director of Midwifery & Service Manager.



Maree Sheard (left) and her team preparing for International Day of the Nurse



Race to Zero Emissions Continues with Half of the DHB Fleet Transitioning to EVs

Over the last five years, Northland DHB has been actively reducing its carbon emissions with a wide range of measures, including changing all diesel boilers to electric heat pumps and reducing medical gas usage to achieve the target to halve emissions in 2030.

In December last year, the government announced a climate emergency and the requirement for the public sector to become carbon neutral in 2025.

When the DHB extended several car lease agreements during the COVID-19 pandemic, they saw an opportunity to contribute to their target by replacing half the light vehicle fleet now due for renewal to fully electric vehicles.

Besides Northland DHB's capital contribution for the transition of 150 electric vehicles (EVs), we have been funded \$4.3 million from the State Sector Decarbonisation Fund, managed by EECA to accelerate the public sector investments in low emissions technology and fleet conversions. This funding will contribute to the cars' additional expenditure and install the necessary charging infrastructure.

The DHB's light fleet of around 300 vehicles is used for a range of services from district nursing, renal patient transport, dental, eye and hearing screenings, school and public health, mental health and estate services, and regular pool cars staff use to cover our DHB's sizeable geographical area.

The Hyundai Kona fully electric vehicle was selected as the EV of choice due to its large range of 400 km. In addition, the car can go from Whangārei to Kaitiāia or Auckland and back without recharge and still have a quarter full battery on return, reducing any chance of range anxiety.

The EVs will be distributed to Northland DHB hospitals in Kaitiāia, Dargaville, Kawakawa, Whangārei and the new community mental health building.

Work in reducing unnecessary travel is simultaneously underway with fleet optimisation, increased telehealth options and video conferencing. Six electric bikes have also been introduced as part of the fleet for more active shorter trips.

We can accelerate reducing our environmental impact with natural gas and fleet fuels as the largest emission categories with the change. We expect the EVs to reduce fleet fuel emissions by a third and the total carbon footprint by seven percent.

Not only will the change contribute to combating the climate crisis, it is also a big win for health with no air pollution caused by EVs.

Air pollution is one of the world's most significant health and environmental problems and risk factors for death and disease burden. In New Zealand, air pollution from vehicles is estimated to result in 500 premature deaths - causing more fatalities than road accidents each year. It also leads to more than 260 hospitalisations and 712,000 restricted activity days.



Kona EV - Credit: Mark Stacey

Climate Champion

Shout Out to the Anaesthetic Team



Anaesthetic staff involved with Earth Day project - Lauren Elizabeth, Alice Hickey, Sebastian Ang

As Northland DHB actively works towards becoming a low carbon DHB, most people are aware of what we are doing to achieve our target of halving emissions by 2030. We have successfully phased out fossil fuel use in our district hospitals. Telehealth is increasingly used to avoid travel, and we successfully bid for funding to transition half our vehicle fleet to EVs.

One of the lesser-known emissions in the healthcare setting is emission from medical gases. These are nitrous oxide, predominantly used in Entonox for pain relief and Desflurane and sevoflurane.

Desflurane is used in theatres for general anaesthesia. However, it has a very high global warming potential of 2,540 times that of carbon dioxide. A small bottle of 240ml has the same emissions as driving a car to Invercargill and back to Whangārei.

Our anaesthetic team have spent the last four years working to reduce the use of Desflurane to the point of phasing it out completely to support our organisation's efforts to minimise emissions. First, by improving practices and later with a switch to IV pumps, which has, in turn, avoided the use of multiple 50 ml syringes.

So far, this has saved 587 tCO₂e in emissions which is equal to an avoided 2.2 million kilometres driven in a car. An additional benefit to this change was a significant reduction in cost to the hospital.

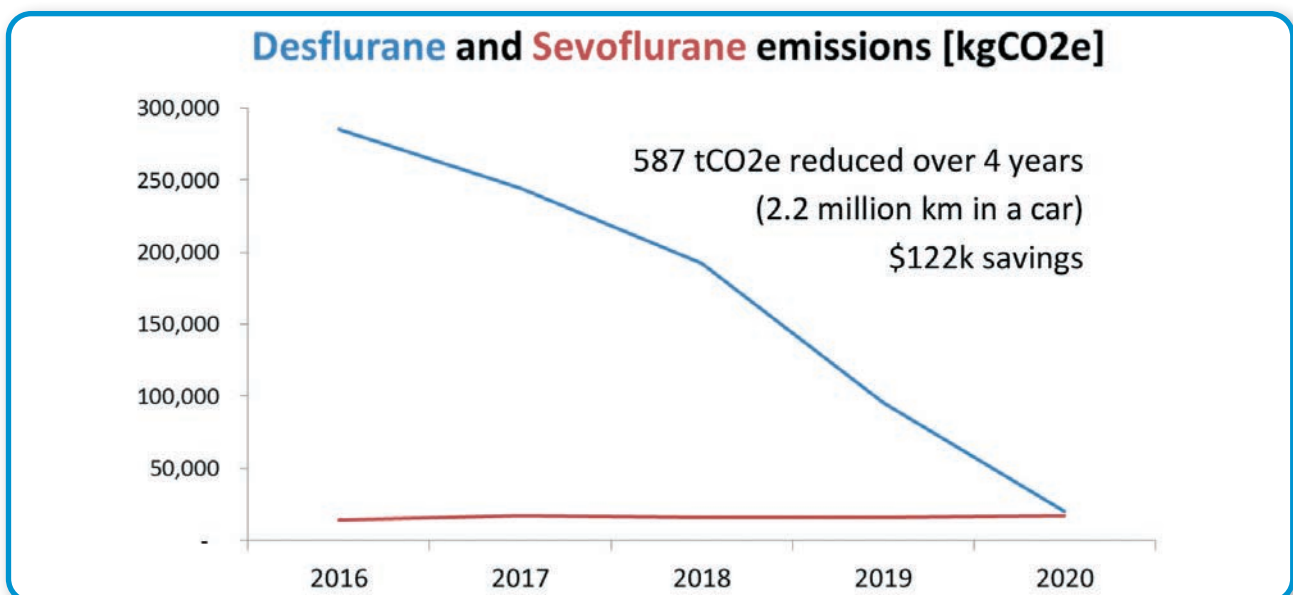
Ka pai to everyone involved in making this happen.

Besides reducing medical gases, theatres have also implemented a recycling programme for laparoscopic and other single-use instruments like staplers used in surgery.

On 22 April, to coincide with Earth Day, the Anaesthesia Department took part in the annual project Operation Clean Up, a trainee-led sustainability event across hospitals in Australia and New Zealand. This year's focus was refusing Desflurane (which we are already achieving), reducing disposable absorbent pads (blueys/greenies/incopads), and recycling where possible.

Blueys and greenies are high-use disposables that can take over 100 years to break down. Its manufacturing process alone has significant potential for polluting air, water and soil through sourcing raw materials, chemical processing, manufacturing and transporting. They were initially designed to reduce the risk of dermatitis and pressure sores due to prolonged skin exposure to fluids but are unfortunately often used for non-indicated uses in clinical settings due to convenience and availability.

On Earth Day, we were able to educate staff around the appropriate use of these items and suggest more sustainable ways to help reduce usage and waste. Some initiatives have already been instituted, including using alternative materials like pillowcases for arm boards in Theatre, using old packaging to remove contaminated airways, halving blueys for twice the use and removing them from Theatre to reduce accessibility. The day also highlighted the need for more education about recycling in operating theatres and improvements needed to achieve sustainability in healthcare.



Working with Purpose

Introducing Tracey Schiebli



Tracey Schiebli

Northland DHB's new general manager Medical and Elder Services, Tracey Schiebli's primary motivation in life is having a sense of purpose and the reason she has focused most of her career working in health.

The road to where she is today has not been an easy one. There was an expectation in her family that once you turned 15, you would leave school and get a job.

However, she persuaded her parents to let her stay at school another year to complete university entrance, with strong advocacy from her English teacher.

"My family emigrated to New Zealand under difficult circumstances. There was a strong work ethic and resilience in my family; however, there was no expectation you would go to university or do any continuing education – it wasn't in the conversation. But I managed to convince my parents that I should do an extra year at school because I always knew I might go and do something one day."

When Tracey left school, she worked in a law firm for seven years, then decided to expand her horizons after working her way from office junior to financial manager. After missing out on a few positions because she didn't have a tertiary qualification, she decided to go to Massey University and study accountancy which she thought would open doors.

After getting her degree, she got a scholarship to do post-graduate studies in tax law and tax policy which sparked her interest in how policy and policy settings impact communities.

When an opportunity arose to work on a project at Whanganui Hospital, she returned home to Whanganui and stayed there until she moved north in 2018.

"It was a great place to combine career and parenthood as you could be anywhere in 10 minutes."

During her time at Whanganui Hospital, she held several roles, including being part of the transition team for the establishment of the District Health Board, which was exciting and challenging at the same time. She finds it interesting she will now be part of a system change resulting in the disestablishment of the 20 District Health Boards.

Tracey also helped establish the Primary Health Organisation in 2003, which was another big piece of work. For the next three years after that, she ran her own consultancy working across the central region DHBs on various projects, including procurement of elective surgery and laboratory services.

When the general manager Planning and Funding role came up at Whanganui DHB in 2006, she applied and returned to the DHB once again.

"It was my first GM role, and I was still in my thirties – so it was quite a fast track transition and a big thing to take on that early in my career."

She said it was a steep learning curve with many challenging but rewarding projects, including the decommissioning of Regional Mental Health Intensive Rehabilitation and Extended Care Services.

"I was the sponsor for the project to decommission 25-bed inpatient beds and develop services in the community.

"I remember meeting with the Psychiatrists who said they had serious reservations about the project. There was a lack of trust that we would ring-fence the funding from the decommissioning to develop adequate and safe services in the community, but we did exactly that and ring-fenced close to \$3m to develop new models of care.

"The mantra was 'whatever it takes, and we co-designed a model that delivered individualised solutions to provide support in the community. It was a journey, and a matter of finding out what was important to service users and their whānau to reassure them that they would be safe and supported."

In 2008, new chief executive Julie Paterson established a new structure at Whanganui DHB, and Tracey took on GM Hospital in addition to the Planning and Funding role. She became part of a clinical and business partnership to run the Hospital.

"Instead of single accountability through a GM for clinical services, we had joint responsibility with the Chief Medical Officer, Director of Nursing, Allied and Māori Health. During this time, I worked closely with Northland DHBs current Chief Nurse and Midwifery Officer, Maree Sheard. We all saw the benefits of the model, and it was cool to work under."

During her time at Whanganui, Tracey held several national portfolios, including being a national lead for Aged Care and being part of the lead negotiating team to agree and implement the pay equity settlement for aged care and home support workers. She was also Chair of the implementation group for the home support pay equity – but wasn't able to see that through when she moved north, which was her one regret.

"The settlement was a massive thing for the sector. Health Care Assistants are a crucial part of the primary care workforce. There is a huge opportunity to recognise their role in supporting older people to remain well in the community. The pay equity settlement linked remuneration to professional development, and now there is an incentive

for them to do more qualifications and move through the steps.”

In 2018, Tracey and her husband started making plans when the youngest of their three children left home. They had connections in the North and decided it was time for a lifestyle that offered more work-life balance.

They relocated to Pataua North, which they love, and even though there’s a 45-minute commute, she said it is nothing like the weekly three-hour drive to Wellington she was used to.

Initially, Tracey took on a role as Manager for Democracy and Assurance at Whangārei District Council, looking after governance, internal legal function, risk and audit, community consultation and engagement, the Mayor’s office and the elections. However, she underestimated how connected she was to the health sector.

When former colleague and Northland DHB chief executive Nick Chamberlain recommended she try out for her current role, she thought it was perfect, so she applied and got it. Since she has been here, she has loved every moment.

“I wouldn’t change it for anything. I love the Northland people. And it’s a nice community to be part of, even though it has its challenges.”

One of the things that attracted her to the role was that it spans service provision and planning, particularly elder health.

With Northland having the fastest-growing elderly and general population in the country, she sees an urgent need to put plans in place to support people in the community.

“If we look at what’s happening inside our hospitals, a considerable proportion of our patients are over 65. We have to be doing something in the next 7-10 years because we have been at capacity almost every week since I’ve been here, and the new Hospital is some years away from being completed. There is very little capacity in aged residential care and primary care, which places more pressure on the total system. That’s not something I’m going to shy away from just because changes are pending.”

When Tracey talks about her upbringing, she said that although her family had landed in New Zealand with nothing and lived from week to week, like everyone else around them, they were resilient and were part of a connected community. So, she is interested in exploring how we create resilience and connection in communities. Her experience is that you can withstand financial hardship if there is resilience and hope.

Much of her work has involved talking to patients and whānau about the things that are important to them. Lack of access to services always comes up, but what has stood out to her is that people are looking for respectful relationships in their interactions with health services.

“They want to feel they are being heard and their needs are being met – not just health needs but that they’re being listened to and feel like that they’re part of the conversation.”

She also believes it is vital to use a common language to interact with people.

She experienced this first-hand when a person close to her got sick some years ago, and she realised the family had no idea what the clinical staff were talking about, “They just sat there and nodded their heads. It reminded me that patients and their whānau are what we are all here for, and we can never assume that we understand the barriers to people coming to use our services.”

She recalls the story of a mother of a large family with one child who had multiple health issues and health appointments. When they found out why the mother hadn’t been turning up for appointments, it was not because she couldn’t get there. Instead, it was because she didn’t understand what ENT stood for.

“When we talk about ENT and ophthalmology, why don’t we say ear clinic or eye clinic? We need to try and see things from a patient’s perspective.”

She believes the reasons behind so many people ending up at the Hospital’s front door are complex and hard to influence.

“Being a parent to three 20 somethings, I know the thought of picking up the phone to make an appointment with a GP doesn’t occur to them.

They would rather use emergency services or urgent care services.”

She has also learnt that most people do not plan for what happens when they leave the Hospital, for example, after a visit to the emergency department.

“If they’ve come by ambulance, when it’s time to go home, they often assume because someone got them there, they’ll get them home.

“I can see that one of our strengths is the number of staff who have been here for a long time, often having grown up in Northland. They understand people’s realities and know people can’t just go and catch a bus back to Kaitaia. Our social workers do a stunning job helping our patients and their whānau to get things in order.”

When discussing the pending changes to the health system, Tracey hopes our staff will act as strong advocates for Northland. Her goal is to support them through the transition and says we need to make sure the good things we are doing don’t lose traction.

“We may need to speed them up a bit because we don’t know how fast things will move when these changes happen. Although the temptation is to think that we are going back to the future – I think what’s being proposed has the potential to realise gains for the community and improve equity. We have to be optimistic and make sure we don’t get lost in the decision making.”

“The need in the community here is huge, and there’s a lot of work to do. I’m committed to Northland and working for Northland – it’s my home now.”



Individual Placement Support Employment Programme



Jolene Hemana and JT Laurance from Te Mana Oranga

With the support of the Ministry of Social Development, Northland District Health Board are fostering employment pathways for people with mental health illness.

The Individual Placement Support (IPS) Employment Programme is the first of its kind in the Mid to Far North region. The programme integrates vocational and health services to break down barriers to meaningful employment.

Te Mana Oranga Trust delivers the service with four specialist employment coaches who work collaboratively with primary health, community mental health teams to support more people into jobs across the region.

“We can now pair people engaged with our services wanting to look for work or training options with a dedicated team to discuss and plot their career journey. We can connect them to job opportunities and employers and support them through their career development,” said Richard Bell, Vocational Lead.

“There are two really special things about Te Mana Oranga driving this pilot. The first is while this is a service available to everyone, Te Mana Oranga are a kaupapa Māori driven service making this, for Māori, by Māori.

“The second is that this is the first time the IPS model has been implemented in the Mid and Far North.

This region will benefit greatly from having more whānau in employment and more money coming into the homes of people who have experienced mental illness.”

The Northland DHB Mental Health and Addictions Service will be building employment support into the broader treatment plans for people, recognising that work is a key factor in their recovery journey for themselves and their wider whānau.

“As a healthcare provider, we know that there are many factors that can contribute to living healthy and fulfilling lives. Meaningful employment is one of them. We have a zero-exclusion policy here, and we are committed to helping those looking for work find it,” said Ian McKenzie, General Manager of Mental Health and Addiction Services, Northland DHB.

In New Zealand, people with mental health conditions are three times more likely to be unemployed than those without. This increases to four times more likely for people with more severe conditions. The labour force disadvantage is even more significant for Māori people experiencing mental health issues. This heightens the risk of poverty for New Zealanders experiencing mental health challenges which often compacts together with other health and social challenges they might be facing.

One of New Zealand's Most Advanced X-ray Fleets Raises the Standard of Imaging Precision, Infection Control and Health Equity for Northland Region



The Siemens Chest X-ray

Whangārei Hospital has expanded access to state-of-the-art imaging in the Northland region by investing in New Zealand's first fleet of MOBILETT Elara Max systems, which together with the Ysio MAX, deliver cutting-edge digital X-ray imaging.

The upgraded X-ray fleet will future-proof the Whangārei and Bay of Islands Radiology Departments through an innovative approach to infection control, increase equitable access to precision medicine in the community, and support the hospitals in meeting a greater demand for imaging services.

"The roll-out of the MOBILETT Elara Max and Ysio MAX will allow us to provide state-of-the-art x-ray imaging for people across the Northland region," said Mark McGinley, General Manager, Surgical and Support Services.

"The systems have provided great improvements in workflow efficiency while delivering the highest quality imaging possible and therefore have the added benefit of potentially decreasing wait-times."

"We know state-of-the-art facilities and equipment can help hospitals to attract and retain the best talent which, in turn, further improves patient experience and health outcomes across the region."

"The new systems, provided by one of the world's leading medical technology companies, Siemens Healthineers, will benefit over 1,000 patients across the community each week, providing all types of X-ray procedures, including static and mobile imaging in the intensive care unit, special care baby unit, recovery and resuscitation units."

"The installations at the now fully-digitised Radiology Departments will bring significant health benefits to the community, including increased efficiencies for patient care and reduced wait-times. The technology delivers consistent, optimised image quality with increased precision through digitally developed scans, resulting in faster X-ray times and lower radiation doses for patients, compared to that of previous systems."

"As the first of its kind in New Zealand, Northland DHB are proud to be providing best practice support to all patients and future-proofing care in our region", offered Andrew Howes, Northland DHB Radiology Manager.

The powerful and flexible MOBILETT Elara Max provides more efficient X-ray procedures as it is easily transported across the Hospital, bringing care to patients with complex and emergency medical issues without needing to relocate them. Instant visualisation of patient imaging allows clinical intervention to be streamlined and delivered faster.

Critically, the mobile X-ray imaging system features a unique anti-microbial paint, signalling the next generation of patient safety as one of the first machines in New Zealand with this type of hygienic coating. The system's easy-to-clean design and integrated cables make cleaning 2.8 times better and is expected to further lower site infection rates at the hospitals. With infection control measures being of paramount concern in delivering care in a COVID-19 world and beyond, the anti-microbial layer provides a timely reassurance for both patients and staff.

The installation follows Northland DHB's position statement, published in July 2020, outlining the Board's commitment to providing equitable healthcare in the region.

The DHB noted in the position statement that equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes – a statement which is supported by the flexibility, quality and increased access of the new installation.

Toni Sinclair, Siemens Healthineers General Manager – New Zealand, said: "With the roll-out of the MOBILETT Elara Max and Ysio MAX at Whangārei Hospital, Siemens Healthineers is proud to be supporting Northland DHB in providing the highest quality diagnostic imaging."



New Leadership

Te Poutokomanawa (Māori Health Service)



Dr Moana Tane and Peter Thomas being welcomed on to Te Pua o Te Matauranga Marae

Northland DHB welcomed our new general manager Māori Health, Dr Moana Tane and director Iwi Relationships, Peter Thomas at Te Puna o Te Matauranga marae on NorthTec's Raumanga campus mid-May.

Moana is Te Rōroa with associations to Ngāti Korokoro, Ngāti Wharara and Ngāti Hine (Ngāpuhi-Nui -Tonu) and grew up in the Kaipara. She is also strongly connected to Te Rarawa, Te Aupōuri and Ngāti Kahu in the Far North.

She has extensive executive management experience across various complex health organisations, including Primary Health, Public Health and Social Service. She has also worked within Indigenous Australian not-for-profits.

Moana has a history of advocacy in Māori tobacco control and was National Māori Health manager of PHARMAC and, later, chief executive of Te Hotu Manawa Māori. More recently, she worked in the Australian health system employed in several Aboriginal Health Services, a large social services organisation, and undertook health research with two large national universities.

Moana has a Bachelor of Education (Teaching), Master of Public Health (first class Honours) and a Doctor of Philosophy (Indigenous Health). She undertook her PhD in Indigenous Health to anchor her career in Māori and indigenous health equity.

While an academic path was open to her, Moana chose to work in remote Aboriginal communities in the Northern Territory and Western Australia. Most

recently, in the Ngaanyatjarra Lands in the Gibson Desert, and has a strong understanding of health equity.

Coming home to Te Tai Tokerau will allow her to use her expertise to support Northland DHB to achieve equitable Māori health outcomes and contribute to our exciting future.

Peter was recently the operations manager for Ngāpuhi Iwi Social Services. His career has been focused on Māori equity with a particular emphasis on health, although he has worked in Auckland Council roles.

Peter has spent time in Māori Policy, Mental Health, health promotion and contract management roles with Capital and Coast DHB, Ministry of Health, PHOs, Māori Public Health, Ngāti Hine Health Trust. His first job was with Hokianga Health. He has had previous roles up to general manager and has managed organisations of up to 100 staff.

He is assisting Moana in strengthening iwi relationships to give effect to our Article 2 Te Tiriti commitment to partnership. The role will support and, where appropriate, develop and provide DHB leadership in working with Te Kāhu o Taonui when presenting to or participating in iwi leadership fora. In conjunction with Waitemata and Auckland DHBs, this role supports Kōtui Hauora, the Northern DHB - Iwi Chairs Forum, to develop various joint initiatives. Peter also supports Moana's work with Māori Health Providers.

Both Moana and Peter are members of our Executive Leadership Team.

Kowheori-19 Community Wellbeing

Kia tupu ora ai ngā uri whakatupu

That the generations yet to come will grow and flourish

Delivery of training workshops across Tai Tokerau

- Having Confident Kōrero about Kowheori-19 Vaccination and Whānau Wellbeing
- Two-hour professional development training with IMAC and Pam Armstrong

Production of the Hoki ki ngā tūāpapa

- Back to Basics multimedia campaign
- key messaging that builds whānau confidence and strengthens wellbeing

Tai Tokerau Marae Kowheori-19 Vaccine Information Hui

To provide clinical information about the Kowheori-19 vaccine to ensure whānau and community are able to make an informed decision

Me whakapapa te ora
Hoki ki te tūāpapa
Connecting to practices that nurture wellbeing

I mōhio koe - did you know?
Immunisation is one way to protect whakapapa.
Whānau begins with whakapapa, it is our greatest taonga tuku iho.
Being immunised helps our bodies build strong defences if we get sick.
Strong defences help protect the whānau around us.

This is just one way to protect ourselves from COVID-19
Kia pūmau te ora - to maintain wellbeing

Northland DHB's Communications, Ngā Tātai Ihorangi and Ngā Tai Ora teams came together to deliver the Kowheori-19 Prevention and Community Wellbeing strategy Hoki ki ngā tūāpapa – Back to Basics.

The three-pronged approach includes a public health awareness campaign, Marae hui with clinical experts and a series of workshops across Tai Tokerau that offered our Kaimahi workforce the opportunity to receive clinical COVID-19 vaccine information and participate in Motivational Kōrero training.

“We know that before you begin to make a decision about immunisation, you’ve got to clearly understand what the options are. So, these workshops gave us a time and space to discuss together exactly what the vaccine is, how it works, how safe it is, and what having it will mean for us,” said Koha Aperahama, Ngā Tātai Ihorangi Programme Coordinator.

“From there, we learnt how to take what we were taught and have those discussions in our homes and communities.”

The kaimahi Māori workforce plays an integral role in ensuring whānau Māori and their communities are fully informed and empowered to make decisions that nurture wellbeing and keeps them protected against COVID-19.

“Being out in the community is always fantastic. We know how hard they have worked over the last year, and this was our opportunity to really mihi to them, to acknowledge them, and to support them in their mahi going forward into this new phase,” said Stephen Kenny, acting service manager for Ngā Tai Ora.

The workshops were delivered in partnership with IMAC (Immunisation Advisory Council), who provided the clinical support for vaccine discussions, and local Motivational Interviewing facilitator, Pam Armstrong.

“Both Rita Muller and Pam Armstrong brought a wealth of skills, knowledge and humour to the workshops. They taught us all about the vaccine and then helped us build confidence in our ability to have tricky kōrero with whānau, who are still deciding whether or not to be immunised. Immunisation is one way to stay safe through COVID-19, but there are many others. It’s about helping whānau decide for themselves what the combination of tools looks like for them,” said Stephen.

The workshops were delivered to over 115 kaimahi Māori from Kaitaia, Kawakawa, Kaikohe, Rawene, Dargaville and Whangārei. Ensuring that kaimahi Māori had everything they need to guide korero in their community is part of our commitment to ensuring the equitable delivery of the COVID-19 vaccine for Māori.

One attendee fed back after the workshop that in her work as a registered nurse, she has clients from Whangārei through to the North Cape comprising of 95 percent Māori whānau. She said most were uncomfortable about getting the COVID-19 vaccine. However, she was able to use the skills she learnt in the workshops to have an open dialogue with three whānau who asked her about immunisation. By the end of their korero, they wanted to know where to get immunised.

“This is why we decided to go to kaimahi first. They are already trusted experts in their communities, and they can be the biggest advocates for whānau, who are still deciding. We know that they have influence, and that influence can mean the difference between whānau being immunised or not,” said Stephen.

The workshops are currently being evaluated with an aim to extend the delivery further.



Me whakapapa te ora Hoki ki te tūāpapa

Connecting to practices that nurture wellbeing

**Me whakapapa te ora
Hoki ki te tūāpapa**
Connecting to practices that nurture wellbeing


I mōhio koe - did you know?

Immunisation is one way to protect whakapapa. Whānau begins with whakapapa, it is our greatest taonga tuku iho.

Being immunised helps our bodies build strong defences if we get sick.

Strong defences help protect the whānau around us.

This is just one way to protect ourselves from COVID-19
Kia pūmau te ora - to maintain wellbeing

 NORTHLAND DISTRICT HEALTH BOARD
Ngā Tāwhiri

We promote vaccination for all as a choice, and it is one way to protect our whānau and whakapapa. Even if whānau decide not to vaccinate, there are everyday practices that help to nurture wellbeing.

Washing your hands, staying home when unwell, getting a COVID-19 test if you have symptoms, keeping track of where you have been with the NZ COVID-19 Tracer app, and coughing into your elbow are everyday practices that are important to ensure we are doing everything we can to protect ourselves from COVID-19.

All of these things help to protect our whānau from the spread of not only COVID-19 but also other viruses such as the flu.

Hoki ki ngā tūāpapa – Back to Basics is how whānau can take back control of their oranga (health) and general wellbeing.



Volunteers Save the Day



Linda Tauariki and Naoko Watson

Twice a week, Linda Tauariki gives up two whole days to volunteer for Northland DHB, helping transport patients from Kaitaia to Whangārei on our Shuttle Service.

She leaves Kaitaia Hospital at 7.30am and returns home around 5.15pm. Aside from the many hours she spends supporting patients during their journey, she also uses the time she has in Whangārei guiding patients and whānau who look lost on arrival at Whangārei Hospital to their appointments. She says every day is different, and what she enjoys most about the role is getting to meet so many people and help them out.



Gordon Eddie

When Gordon Eddie and his wife visited Whangārei Hospital last year, they took the opportunity to hitch a ride from the carpark to the main entrance in the Shuttlebug. Gordon thought the service was highly valuable and something he could help out with now that he has retired. He offered his assistance, started in February and says volunteering leaves him feeling very satisfied.

Locals are not the only volunteers our Hospital attracts. For many years people new to Northland and New Zealand have taken up the opportunity to help and also meet others and assimilate into our community.

Volunteers Save the Day (cont.)

Naoko Watson first started volunteering with us when her daughter, who is now 27, was at primary school. Her family moved here from Japan, where she worked as a nurse, and she thought the familiar environment of a hospital was the perfect place for her to lend her skills as a volunteer and get to know others at the same time.



Natalie Hinke

German psychologist Natalie Hinke's partner came to Northland 10 years ago and returned with Natalie last year to work as a consultant in our Intensive Care Unit (ICU). Because Natalie's qualifications aren't recognised here, she applied to volunteer with not only Northland DHB but also, I Have a Dream supporting Navigators with the afterschool programme at Tikipunga Primary School and helping the Limestone Island Ranger control weeds once a month.

Natalie said volunteering is quite common in Germany due to the gaps in the social system, especially for not for profits. She volunteered at the German Child Protection Association, counselling parents and worked with refugees.

Since she started volunteering with us in January, she has had the opportunity to speak with people she would not usually have met and improve her understanding of the kiwi accent.

"I enjoy meeting other people, having a laugh with them and being able to calm them down."

Natalie said Volunteer coordinator Rose Armstrong and her team are very supportive and always help improve her English skills.

"We love it here, and because of COVID-19, we've decided to stay longer. So, I plan to pass the tests at the end of this year, get all the paperwork done and do a year internship which includes one day a week in Auckland. Then maybe in two years, I'll be able to work as a psychologist, maybe as a counsellor for people with dementia."



Tatiana Tashbayev

Former engineer Tatiana Tashbayev was born in Ukraine and emigrated to Israel 23 years ago, where she went on to graduate as a nurse. She moved to Whangārei with her husband and youngest son a few months ago for her husband to take up a role as a specialist radiologist at the Hospital.

Like Naoko and Natalie, Tatiana thought volunteering would be a great way to help out and fit into Northland. She also does daily English classes but says it will be a while until she is comfortable enough to practice as a nurse because she still has quite a few incidences of misunderstanding.

In the meantime, she is enjoying volunteering.

"It is fun, the staff are nice, and I feel that society needs me. For example, yesterday, two old ladies needed to delete something from their phone, so I was able to assist them – there are lots of different things I help with, and I'm very happy to do it."

As part of National Volunteer Week - Te Wiki Tūao, ā-Motu, we wanted to take the time to recognise the many volunteers that offer their time to help us here at Northland DHB. If you know anyone keen to become a volunteer for any of our four hospitals, please visit - <https://www.northlanddhb.org.nz/our-services/a-z/foundations-charities-and-volunteers/volunteers/>.

Note Northland DHB offer staff payroll giving, which is a voluntary scheme available to employees to make donations to their chosen donee organisations and 'I Have a Dream' is one of the approved organisations.



Supporting Workforce

Development in Primary Healthcare Across Te Tai Tokerau



General Practice Education Programme Registrars Hui at Mahitahi Hauora

Mahitahi Hauora Hosts General Practice Education Programme Registrars Hui

The Medical Workforce Pipeline Project is one of the strategic projects underway at Mahitahi Hauora to address the ongoing primary care workforce challenges in Tai Tokerau.

Through the Medical Workforce Pipeline project, they aim to create a sustainable, supportive environment for medical students and graduates, with a seamless pathway of recruitment and retention initiatives targeting different components of the medical workforce pipeline.

An initial area of focus for the first year of the project is encouraging the retention of existing General Practice Education Programme (GPEP) registrars in Northland.

They are actively engaging across the three-year GPEP programme to retain registrars in Northland to support growing the future general practice workforce.

As part of the focus on retaining GPEP trainees,

Mahitahi Hauora hosted a hui for nine GPEP Year 1 registrars on 2 June.

The hui provided an overview of Mahitahi Hauora, the advancing health reforms and equity, the present medical workforce environment, how to access referrals and support through the PHE (primary health entity) as part of patient consults, and how Mahitahi Hauora can continue to engage and support registrars on their pathway into general practice.

Workforce Project Manager Bernie Burrell says the registrars provided valuable feedback on their pathway to be a registrar and the challenges and opportunities for support as they complete general practice qualifications.

It is encouraging that a number of registrars advised, at this stage in their career journey, they were intending to stay in Northland, which is positive for the future workforce.

For more information about the Medical Workforce Pipeline Project, please contact Bernie Burrell at bernie.burrell@mahitahihauora.co.nz

Nurse Practitioner and Enrolled

Nurse Service Establishment Programme



Enrolled nurse Melissa Peterson (right) sees a patient at Te Hiku Hauora

Last year saw the start of a Ministry of Health funded programme to deliver a national Nurse Practitioner Training Programme (NPTP) and support the establishment of both nurse practitioners (NP) and enrolled nurses (EN) in primary healthcare and community settings, where they deliver mental health and addiction services.

Mental health and addictions have a significant impact on the wellbeing of people living in Te Tai Tokerau. The purpose of the Nurse Practitioner and Enrolled Nurse Service Establishment Programme is to improve access to early intervention mental health and addiction screening. It supports ENs and NPs to develop the knowledge and skills to provide a holistic model of care in primary health and community settings. Equity, and achieving equitable outcomes, underpins the programme.

The programme is funded to December 2024 and is a partnership between the University of Auckland (School of Nursing), Mahitahi Hauora PHE; The Fono; Victoria University of Wellington; and the University of Otago. Other key partners are Te Rau Ora; Te Ao Māramatanga - NZ College of Mental Health Nurses Inc; NPNZ (Nurse Practitioners New Zealand); and the Enrolled Nurse Section (NZNO). The initiative is being led by Mahitahi Hauora PHE in Te Tai Tokerau.

Six months into delivery, there is growing understanding and interest in the opportunities a wider nursing workforce model, which includes enrolled nurses and

nurse practitioners, presents to improve whānau health outcomes. Mahitahi Hauora is working closely with the community and healthcare providers to understand how they can support and build their capacity and capability to deliver healthcare that meets the needs of their whānau.

They have a newly approved EN apprenticeship model that will support people to continue working with healthcare providers while completing the EN programme, and funding has been approved to establish an NP model with skill development to deliver holistic services, including early intervention mental health and addictions screening.

Mahitahi Hauora launched a video in May at the Annual Enrolled Nurse Conference in Dunedin to support the understanding of the EN scope of practice and some of the terrific care that is already being provided in the community. The video is available on the Mahitahi Hauora channel on YouTube, and an NP video is under development.

On 26 July, Mahitahi Hauora will hold a two-hour hui on EN primary care workforce employment opportunities. If you are interested in attending, if you have an interest in becoming an enrolled nurse or nurse practitioner in primary healthcare, or if you are a healthcare provider who is interested in these roles, please contact EN/NP Workforce Development Programme Regional Coordinator Coral Wiapo - coral.wiapo@mahitahihauora.co.nz.



Northland COVID-19 Immunisation Programme

Me whakapapa te ora Hoki ki ngā tūāpapa

Connecting to practices that nurture wellbeing



Immunisation is one way to protect whakapapa. Being immunised helps our bodies build strong defences if we get sick



If you have COVID-19 symptoms, contact Healthline on **0800 358 5453**



Stay home if you are sick, stop the spread of illnesses and take care of your whānau



Wash your hands thoroughly with soap and hot water



Keep track of where you have been with the NZ COVID Tracer app



Coughing and sneezing into your elbow is one way to prevent spreading illnesses

These are simple ways we can protect ourselves from COVID-19

Kia pūmau te ora - to maintain wellbeing

NORTHLAND DHB COVID-19 Vaccination CLINICS

At the moment we're vaccinating people:

- aged 50 years and over, or kuia, kaumātua and their whānau (the people they live with and their carers), and people
- aged 16-64 and have a relevant underlying health condition, or
- are disabled, or
- are in a position of caring for a person with a disability, or
- are pregnant (any trimester).

If you are in the above groups, you can expect to receive an invitation from Northland DHB to book a vaccination appointment by the 23 July.

If you do not receive an invitation by then please contact the national booking 0800 number - 0800 28 29 26.

The vaccine rollout for Group 4 will be in age bands and will start on 28 July.

- The first age band is people aged 60 years and over – they will be able to book their vaccinations from 28 July.
- The next age band is people aged 55 and over – bookings for this age band will open 2 weeks later, on 11 August.

Once it's your turn, you can be vaccinated at any time – there's no cut-off. You can register your details on Book My Vaccine any time from 28 July.

This means that when it's your turn, we will have your most up-to-date contact details and can send you an invitation to book your vaccinations.

Depending on vaccine supply and progress with other age groups, invitations will open up to people over 45 years from mid to late August, and from mid to late September for people 35 plus.

Everyone else will be eligible from October.

Good places to get information are:

www.covid19.govt.nz

www.immune.org.nz

www.health.govt.nz

www.northlanddhb.org.nz

