

Northland Public and Population Health Service
Strategic Plan 2017-2025



NORTHLAND DISTRICT HEALTH BOARD

NORTHLAND PUBLIC AND POPULATION HEALTH SERVICE

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*Tū te Pō, tū te Ao
Tū ka maranga ki te whei ao ki te ao mārama
Ko Ranginui e tū iho nei
Ko Papatūanuku e takoto nei
Ko Te Tai Tokerau e hora nei
E hora ko te whenua, e hora ko te tangata
Tiakina te mauri
Kia tupu kerekere, kia tupu wanawana!*

E ngā reo, e ngā mana, e ngā tōpito katoa o Te Tai Tokerau, tēnei rā te mihi atu kia koutou. Ka huri rā ki ngā tini mate kua ngaro i te tirohanga kanohi, kia rātou kua whetūrangitia, haere atu koutou, moe mai rā. Kia tatou anō te kanohi ora, tenā koutou, tenā koutou, kia ora mai anō tatou katoa.

The health of our people and communities in Te Tai Tokerau is determined not just by the individual choices we make but – just as importantly - where we live, work, go to school or play. Many of these things, known as “social determinants of health” (e.g. employment, good quality housing and safe drinking water), are unequally distributed in Te Tai Tokerau. This leads to unacceptably inequitable health outcomes, disproportionately impacting Māori.

The health of our environment is also a critical factor impacting on our health: while we have remaining bush, coastal reserves and extensive freshwater systems, many have become significantly degraded. On a global level, climate change is bringing impacts that pose both threats to health and some potential opportunities for Northland communities.

Public health is about working in collaboration with our communities and with a wide range of agencies to improve health, prevent illness and reduce preventable health inequalities. Assuring safe drinking water, supporting environmental design that increases physical activity, health promotion programmes to reduce alcohol and smoking harm, and immunisation programmes in schools are examples of public health interventions. These are focused on a community or “population” level, rather than at individuals.

This strategic plan outlines Northland DHB Public Health Unit’s vision, strategic goals and the principles and approaches for our work. We recognise Te Tiriti o Waitangi as the basis for our relationships in Te Tai Tokerau. The strategic plan clarifies priorities for ourselves and those we work with. It builds on much of the work we already do, but also points to new directions. It requires further discussion and engagement with our key partners, including iwi. It is a “living” document - to be used as a guide, but also open to challenge and debate.

We welcome the challenges, and are open to the debate as we strive to be grounded in the principle of guardianship – guardianship for the places and people around us, so that Tai Tokerau may thrive and flourish.



NORTHLAND PUBLIC HEALTH UNIT VISION, STRATEGIC GOALS AND “GUIDING PRINCIPLES”

Creating healthy environments that enable thriving communities and well-being for all Northlanders.

TE TIRITI O WAITANGI

Goal 1

Optimal wellbeing and educational outcomes for all Northland children¹

Goal 2

Public Health organisational competence to meaningfully engage and partner with Māori (iwi, hapū and whānau, and Māori health providers)

Goal 3

Healthy sustainable environments²

Goal 4

Equitable access to high quality health services in Tai Tokerau³

Meaningful use of data and analytics to understand, inform, monitor and evaluate.

Development of organisational competencies, with strong focus on individual and service wide cultural competence.

Applying principles of environmental sustainability in how we work.

Meeting legislative, regulatory and Ministry of Health requirements.

Intersectoral collaboration and partnerships



Goal 1: Optimal wellbeing and educational outcomes for all Northland children

Objectives and Activities:

1.1 All schools, kura, early childhood education services and kohanga reo on non-reticulated water supplies have access to potable water by 2021.

Planned and Potential Activities

- Develop a stronger partnership with the Ministry of Education (MoE)
- Complete a stocktake of schools and early childhood education services (ECEs) on non-reticulated water supplies [MoE, by July 2017]
- Define clearly the responsibilities of all partners (MoE, Drinking Water Assessors and Public Health Unit, Board of Trustees Association, and Principals)
- Increase awareness and basic understanding by the current Public Health workforce in schools and ECEs to support promotion of safe drinking water [2017]
- Scope the funding available to ECEs and kohanga reo for improving drinking water supplies [2017]
- >90 percent of these schools and ECEs services have active Water Safety Plans in place by 2020.

1.2 All Northland educational facilities have a 'water only' policy by 2018.

Planned and Potential Activities

- Complete stocktake of schools with/without a "water-only" policy by January 2017
- Coordinate current services working in schools and enhance understanding of all stakeholders to facilitate the message and support schools to adopt a "water only" policy [2016, ongoing]
- Coordinate current services working in ECEs and enhance understanding of all stakeholders to facilitate the message and support ECEs to adopt a water only policy [2017]
- All Northland schools have a "water only" policy implemented by end of 2017
- All ECEs to have a "water only" policy implemented by end of 2018.

1.3 A five percent increase in the proportion of tamariki Māori aged 4 who are a healthy weight by 2025.

Planned and Potential Activities

- Implement the plans for the key workstreams in the Northland DHB "Fit for Life" Obesity Prevention Framework (see Framework and Workplans for details)
- Analyse current "Before School Check" (4 year old) weight data as a baseline, with improvement evidenced by an increase in tamariki with a healthy weight by 2025
- Advocate for implementation of "Under 5 Energise" or similar programme across all early childhood services and kohanga reo in Te Tai Tokerau.

1.4 All pregnancies in Northland are free of tobacco, alcohol and other drugs by 2025

Planned and Potential Activities

- Implement “Hapu Mama Auahi Kore” smokefree pregnancy project in Kaitaia and adapt/extend if evaluated successfully
- Audit current smoking cessation interventions in Northland DHB maternity services [2017]
- Advocate for a quality improvement project within Northland DHB maternity services to ensure all pre-pregnant and pregnant women receive optimal harm minimisation or cessation support at every contact with Northland health services
- Advocate for increased funding to support smoke and drug free pregnancies [2017]
- Support and coordinate development and implementation of the Northland Alcohol Harm Reduction Strategy [2017/18]
- Develop and implement Northland’s work plan for prevention of Fetal Alcohol Spectrum Disorder, based on the national “Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019 Action Plan”
- Focus on supporting activities aimed at shifting New Zealand’s drinking culture and targeting harmful alcohol consumption.

1.5 All pepi and tamariki live in tobacco-free homes by 2025

Planned and Potential Activities

- Advocate for further smokefree environments with local councils and communities
- Consider supporting a ‘Northland’ Year 10 survey biannually to ensure trends in Year 10 smoking uptake are understood for young people
- Monitor annually Te Tai Tokerau cessation service outcomes and progress against SmokeFree Aotearoa 2025 goal.

1.6 A 25 percent reduction in school absenteeism due to poor health by 2025

Planned and Potential Activities

- Investigate school absenteeism in primary schools; implement a pilot project to assess why children are currently not attending school, and to better understand the appropriate evaluation measures
- Develop a multiservice approach within the Public Health Unit/Child Youth Maternal Oral and Public Health directorate and externally with the Ministry of Education to achieve the outcome.

1.7 Build resilience of rangatahi in Tai Tokerau and increase positive health and wellbeing outcomes for young people

Planned and Potential Activities

- Co-design new health promotion approaches and services with young people relevant to rangatahi across Tai Tokerau (including kaupapa Māori, use of social media/theatre etc., improved access to sexual and mental health services, re-orientation of youth justice approaches etc.)
- Review the current Public Health Unit 'topic-based' approach to health promotion for young people and children, and consider reorienting to a youth-focused resilience strategy, with a population approach.



Goal 2: Public health organisation competence to meaningfully engage and partner with Māori (Iwi, hapū, Māori health providers and whānau) in Te Tai Tokerau.

Objectives and Activities:

2.1 Establish Public Health Unit workplace environment and processes that support ongoing cultural competence and optimal partnerships with Māori.

Planned and Potential Activities

Develop a Public Health Unit organisational cultural competence development plan that:

- Includes a “360 degree” cultural competency assessment with key Māori partners and stakeholders to identify areas for development [2017]
- Engages with other public health services to learn about cultural competency programmes or approaches that have been effective
- Emphasises organisational commitment to ongoing cultural competence and explicitly recognises our obligations and commitments in Te Tai Tokerau to Te Tiriti o Waitangi
- Identifies areas for organisational change, for example using the Treaty Resource Centre model and/or self-audit of current Public Health Unit cultural competence and readiness to engage in Treaty relationships [2017]
- Includes ‘best practice’ recruitment and retention strategies that support cultural safety
- Identifies appropriate cultural competency training opportunities and cultural support for respective staff, relevant to their roles
- Provides ongoing cultural competency and cultural safety training, including support for all staff to participate in strengthening te reo and tikanga.

2.2 Formalise engagement with iwi in Te Tai Tokerau, with the common aim of reducing health inequities and improving health outcomes with Māori.

Planned and Potential Activities

- Engage with internal Northland DHB stakeholders especially the General Manager - Māori Health and Chief Executive to better understand existing and proposed DHB relationships with iwi [2017]
- Engage with Te Tai Tokerau Iwi Chairs and Chief Executives’ consortium to identify and prioritise the public health issues facing Māori in Te Tai Tokerau.

2.3 Strengthen relationships with Māori health providers

Planned and Potential Activities

- Negotiate and develop partnerships with providers to jointly address key public health priorities for Māori.

Goal 3: Healthy sustainable environments

Objectives and Activities:

3.1 By 2025 achieve a 10 percent reduction in illnesses caused by notifiable communicable and vaccine preventable diseases, and environmental exposure.

Planned and Potential Activities

- Improve and monitor the accessibility and equity of immunisation programmes for vulnerable populations in Northland [2017 ongoing]
- Improve drinking water quality in rural communities
- Increase fluoridation of drinking water supplies in collaboration with Territorial Local Authorities.
- Develop a public communication strategy about the risks and prevention of enteric diseases (e.g. farming activities and hand-washing, risks from compost etc.)
- Work with the Ministry of Primary Industries to address food quality and safety issues, as relevant
- Collaborate with WorkSafe on reducing risks of transmission of occupationally related environmental and infectious diseases such as leptospirosis.

3.2 By July 2017, develop a formal engagement strategy with Territorial Local Authorities, aiming to enhance PH strategic input into environmental policies and plans.

Planned and Potential Activities

- Initiate meetings with Mayors, Chief Executives and senior management of each Territorial Local Authority to present and discuss the Public Health Unit Strategic Plan and engagement approach
- Strengthen relationships with Territorial Local Authorities, with the aim of influencing and participating in the development stage of policies and plans that optimise environmental conditions for Northland's most vulnerable communities and populations
- Negotiate an agreement with each Territorial Local Authority that formalises engagement with the Public Health Unit.

3.3 By 2020 improve our ability to mitigate and respond to climate change, especially those adverse impacts that will disproportionately affect Māori.

Planned and Potential Activities

- Build Public Health staff knowledge about climate change and its impacts on health
- Monitor changing environmental conditions and potential impacts on health in Northland, in collaboration with Northland Regional Council and national agencies such as National Institute of Water and Atmospheric Research (NIWA)
- Engage with iwi on responses to climate change
- Ensure appropriate emergency preparedness for more frequent severe weather events
- Develop measures to mitigate health risks of climate change in Te Tai Tokerau
- Commit to and implement sustainable practices within the Public Health Unit and Northland DHB such as paperless systems, recycling, active transport etc.
- Ensure Public Health Unit policy and project development is underpinned by climate change considerations.

3.4 Promote healthy public policy related to the built environment, including housing, active transport and urban planning across Tai Tokerau.

Planned and Potential Activities

- Provide public health advice and governance support to health and housing initiatives including 'Healthy Homes Tai Tokerau' and 'Manawa Ora'
- Further engage with iwi on housing strategies
- Promote the housing 'Warrant Of Fitness' legislation
- Advocate for public and active transport across both urban and rural networks
- Work with Whangarei District Council on implementation of the 2016 'Blue/Green Network Strategy'
- Advocate for alcohol and smoke-free environments, and decreased fast food outlets around schools.



Goal 4: To achieve equitable access and quality in all health services in Tai Tokerau by 2025.

Objectives and Activities:

4.1 Ensure an equity focus and framework is used in Northland DHB planning and implementation of health services.

Planned and Potential Activities

- Identify a suitable equity framework for guiding planning and implementation of health services
- Provide training and support in the use of equity frameworks for planning and evaluation of health services to Child Youth Maternal Oral and Public Health Directorate staff
- Support routine disaggregation, analysis and reporting of health service data by ethnicity and deprivation
- Support auditing of health services by the Patient Safety and Quality Improvement Directorate Unit and clinical audit staff using an 'equity lens', including routine disaggregation of data by ethnicity and deprivation
- Ensure an equity framework is applied in reviewing the Northland Health Services Plan and development of the renewed plan
- Support an equity analysis in identifying and reporting on Northland DHB systems level measures.

4.2 Advise the Northland DHB Executive Team and Alliance leadership on the analysis, monitoring and evaluation of equity in health promotion and disease prevention services in Te Tai Tokerau.

Planned and Potential Activities

- Identify key population health outcomes to measure and monitor
- Engage with ELT and the Alliance leadership to identify priority population health outcomes
- Determine appropriate measures and indicators and/or an "equity monitoring framework" for prioritised health promotion and disease prevention services in Northland
- Develop a plan within the Child Youth Maternal Oral Public Health directorate for measuring and monitoring key outcomes within their services.

NOTES

¹ All groups and ages of Northlanders are important but we focus on children for three reasons. We have a youthful population with a high birth rate – they are a large proportion of the Northland population. Secondly, this group shows substantial inequity in health outcomes by ethnicity and deprivation. Thirdly, many of the poor health outcomes Northlanders experience both as children and as adults are preventable by population level strategies (i.e. smokefree, nutrition, physical activity) that are best and most efficiently implemented and established at young ages. The inclusion of 'educational' outcomes in the pillar reflects that educational success is a critical predictor of future socio-economic position and health outcomes. That is, we want to focus our attention on strategies that allow for Northland tamariki to have the best opportunity for full societal participation as adults.

² Environmental health in its broadest sense - including the health of waterways; healthy, accessible and sustainable food environments and mitigation, resilience and adaptation approaches to climate change. Adopting principles of environmental sustainability in the way we work.

³ Examples include equity in access to service (e.g. is there equal access to preventive services in the primary care setting? is management equitable from primary care to hospital?) and equity in the provision of services/resources for health e.g. provision of quality drinking water (rural versus urban). The role of the Public Health Unit may be i) to lead equity related issues, ii) advocate for iii) train clinical counterparts or a combination of these roles, so that equity becomes inherent in health pathways spanning the continuum of population/community -> primary care -> secondary & tertiary care settings.