TAIRĀWHITI RHEUMATIC FEVER PREVENTION PLAN

1 JANUARY 2016 TO 30 JUNE 2018
CONTENTS

WHĀRANGI

TE WHAKAMANA (ENDORSEMENTS) 3
A Whānau Perspective
Hauora Tairāwhiti CEO
Te Waiora o Nukutaimemeha

TE WAHANGA TUATAHI: AROTAKE MAHERE (REVIEW OF CURRENT PLAN) 6

TE WAHANGA TUARUA: TE ROOPU WHAKAHAERE (GOVERNANCE GROUP) 10

TE WAHANGA TUATORU: NGĀ MĀNGAI TAUTOKO – TE KÖRERO NGĀTAHI (STAKEHOLDER ENGAGEMENT) 10

TE WAHANGA TUAWHA: TE TUTUKI PAI I NGĀ WHAINGA HAUORA (ACHIEVING THE BETTER PUBLIC SERVICES TARGET) 13

HAUORA TAIRĀWHITI: TE HUARAHI HOU (A NEW DIRECTION) 24

NGĀ TĀPIRITANGA (APPENDICES): 29

Appendix 1: Business Case
Appendix 2: Healthy Homes Referral Pathway
Appendix 3: Terms of Reference Governance Group
Appendix 4: Māori Women’s Welfare League Final Report
Appendix 5: Record of Engagement Activities

List of Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>HHI</td>
<td>Healthy Homes Initiative</td>
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<tr>
<td>HNZ</td>
<td>Housing New Zealand</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>MHN</td>
<td>Midlands Health Network</td>
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<tr>
<td>MSD</td>
<td>Ministry of Social Development</td>
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<td>MWL</td>
<td>Māori Women’s Welfare League</td>
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<td>NHC</td>
<td>National Hauora Coalition</td>
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<tr>
<td>NPH</td>
<td>Ngāti Porou Hauora</td>
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<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
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<tr>
<td>TPK</td>
<td>Te Puni Kokiri</td>
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<tr>
<td>TRAC</td>
<td>Tairāwhiti Rheumatic Fever Awareness Campaign</td>
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<tr>
<td>TWON</td>
<td>Te Waiora o Nukutaimemeha (DHB Iwi Relationship Board)</td>
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</tbody>
</table>
Tēnā Koutou. In May 2015 our seven year old daughter, Keziah was diagnosed with rheumatic fever. However our whānau journey with rheumatic fever started much earlier. My husband also suffered from this debilitating illness when he was 15 years old which left him with lifelong effects that have impacted many aspects of his life and also the whole whānau. Living with these challenges I had always hoped that my five children would never have to experience what their father did. Unfortunately, that was not the case as Keziah fell ill while I was out of town for work. When I returned she was not able to walk when she woke the next day. In her situation, it was like it had crept out of nowhere and it took hold of her fast, she had not complained of a sore throat nor did she have any high temperatures. When she tried to walk in the morning she collapsed and said she felt like her bones were broken, as soon as she said her knees hurt we knew why. Within a few hours she had high fevers and we were sitting in the Emergency Department hoping it wasn’t rheumatic fever. As the week went on we finally got the diagnoses, during this time I continued to ask myself...what should I have done differently? How could I have prevented this? Who was responsible? Is it the child, the parents? The whole whānau, the doctors, or the community? As her mother I have always felt responsible for what had happened, but they say it takes a whole village to raise a child, perhaps in this case we literally need the whole community to work together to help protect our tamariki from rheumatic fever. Kotahitanga-Unity: as one we are strong. I know that when we all work together anything is possible and I strongly believe that a holistic approach to this issue is the only way forward. Keziah had a miraculous recovery, in just two and a half weeks we were discharged home despite being told we would be in hospital for at least eight weeks. Through Keziah’s story I have seen what can be achieved when we provide a holistic approach and I will always be grateful for the ‘village’ that came together to help our whānau during this difficult time. We had aunties coming to give her mirimiri, another aunty would bring her high dense nutritional meals every day, local church members would come to visit, friends would bring activities for her, her school teacher would visit and keep her up with the work, along with a school programme, her cousins would lift her up when she felt down, the nurses and doctors were there to monitor her progress and keep her comfortable, her community nurse was there to explain what was happening to her body and there were even offers to help improve our home environment. Who is responsible? We all are. We can all play a role. Not just the parents, but the whole whānau, the whole community. Keziah was fortunate enough to walk away from this without heart damage or any of the long term effects that her father has experienced. In fact, if anything she has become stronger and more aware of her health. She was even ahead in her school work when she returned and came 3rd in her cross country race. We will always be grateful for everyone who has been part of our whānau journey so far and look forward to watching Keziah have a positive future along with all our tamariki in the Tairawhiti region.

By Amy Wray – Keziah’s māmā

The Wray Whānau

From left: Manasseh, Tyler, Manaaki, Keziah and Kahurangi
I wholeheartedly support the Tairāwhiti Rheumatic Fever Elimination Plan. Our target as a community and as a group of health providers is the elimination of this disease and this plan firmly builds on the advances we have already made. The plan is laid out to show where we have come from and how we have applied our learnings to better results for Tairāwhiti whānau. The plan has greater relevance as a result of this and has meaningfulness more widely in all that we will achieve as Hauora Tairāwhiti.

Of particular importance is the wider sector action on contributory factors to rheumatic fever, indeed all poor health, through establishment of the wider sector action group. As Chief Executive, I see I have a particular leadership role in this regard. This will be one of the main actions out of the work we are doing as a DHB with our health, social sector, iwi and community partners in a co-design process to deliver on better health outcomes for the People of Tairāwhiti, especially Māori. Our plan is both a health plan and a hauora plan. The benefits will be widespread.

No more is this summed up than in the inclusion of our Hauora Tairāwhiti WAKA values as they intrinsically relate to conquering this disease.

The work must continue and Hauora Tairāwhiti as an organisation is committed to this as well as our community partners. We expect the ongoing matching of this commitment from the Ministry of Health to once and for all eliminate the scourge of rheumatic fever from Tairāwhiti. With the commitment, expertise and momentum we have, elimination is a matter of days, not years, away.

By Jim Green – CEO, Hauora Tairāwhiti
Te Waiora o Nuktaimemeha (Haurora Taïrâwhiti iwi Governance Board) supports the goals, objectives, actions and outcomes outlined in the recently refreshed Taïrâwhiti Rheumatic Fever Prevention Plan 2016-2018. With a greater emphasis on whanau and community engagement, intersectoral collaboration and warm and dry housing, the plan reflects our district wide commitment to the eradication of rheumatic fever from the rohe of Taïrâwhiti.

Noho ora mai,

[Signature]

Na Rahania
Chair of Te Waiora o Nuktaimemeha
The prevention of rheumatic fever (RhF) remains a Government priority. As a Better Public Services Target, the Government has identified a reduction in the incidence of rheumatic fever by two thirds, to 1.4 cases per 100,000 by 2017. In the 2014/15 financial year, the national incidence of rheumatic fever was 3.0 cases per 100,000 people. This equates to 135 people admitted to hospital for the first time with rheumatic fever and represents a statistically significant 24 percent decrease in first episode rheumatic fever hospitalisations from baseline (2009/10-2011/12). Figure 1 highlights this with a consistent downward trend since 2013.

For Māori, there has been a statistically significant (36 percent) decrease in first episode rheumatic fever hospitalisations since baseline (2009/10-2011/12). However while there has been no statistically significant decrease for Pacific people from baseline for first episode hospitalisation rate (figure 2), the number of cases among Pacific people has consistently fallen since peaking in 2013. For the 2014/15 year, of the people admitted to hospital with rheumatic fever for the first time, the majority of cases occurred in children less than 14 years old (76%; 102/135).

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1 Ministry of Health website www.health.govt.nz

2 Source: National Minimum Dataset
Current status

For the 2014/15 year, Tairāwhiti had the highest incidence rate of first time rheumatic fever hospitalisations in the country with a rate of 14.8 per 100,000 people. This was considerably higher than other DHB’s including Northland (9.0 per 100,000) and Counties Manukau (8.0 per 100,000). Table 1 compares our Tairāwhiti rates and case numbers with our Ministry of Health targets we have been working towards since 2012.

Table 1: Tairāwhiti rheumatic fever rates and case numbers (targets and actuals)

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<tr>
<td><strong>Acute RhF initial hospitalisation target rates per year (per 100,000 total pop)</strong></td>
<td>Target</td>
<td>8.5</td>
<td>7.7</td>
<td>5.1</td>
<td>3.8</td>
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<tr>
<td></td>
<td>Actual</td>
<td>&lt;4</td>
<td>12.7</td>
<td>14.8</td>
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<tr>
<td><strong>Acute RhF initial hospitalisation target numbers per year (total pop)</strong></td>
<td>Target</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>-</td>
<td>6</td>
<td>7</td>
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</tbody>
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Note: Rates not calculated where there were fewer than four cases. This is because the small numbers will result in unreliable estimates of rates.

A closer look at surveillance data highlights the communities and age groups where we need to focus our efforts. Figure 3 looks at locality, ethnicity, gender and age range of all Tairāwhiti rheumatic fever cases over a two year period. The age range of most cases is notable with 14/20 cases in children aged 10-14 years – a priority age range for health promotion activities moving forward.

Source: EpiSurv

Figure 3: Tairāwhiti Rheumatic Fever - Initial Attack 01/07/13 to 30/06/15

- Town: 14 cases
- Western Rural: 4 cases
- Coast: 2 cases
- Non Maori: 2 cases
- Maori: 18 cases
- Male: 12 cases
- Female: 8 cases
- 15 to 19 years: 3 cases
- 10 to 14 years: 14 cases
- 5 to 9 years: 3 cases

Source: EpiSurv
Local activities

In 2012, a prevention plan was first developed with commitment from Hauora Tairāwhiti (formerly Tairāwhiti District Health), Te Hauora o Turanganui a Kiwa and Ngāti Porou Hauora towards implementing activities that would address some of the complex health and social issues of rheumatic fever. Much of the focus and investment was on the provision of throat swabbing services in all low decile schools. For whānau in our rural and coastal communities, free throat swabbing was available through their rural health clinics. Towards the end of 2014, it was identified that the school based swabbing services were not going to be sustainable in the long term and a more appropriate model of care around rapid response services in the primary care setting should be considered. Rapid response clinics have now been in place since April 2015 and monthly volumes and data look promising with clear increases in volumes of Group A being detected across all three PHO’s (figure 4).

(For further information and detail refer to Appendix 1: Business Case and proposal for the implementation of rapid response services)

A Healthy Homes Kaiawhina (0.5FTE) currently employed by Turanga Health has been in place since April 2015. The Kaiawhina receives referrals from three main sources (appendix 2), and supports whānau to receive appropriate interventions for warm and dry housing. The Kaiawhina is also able to refer whānau into other pathways such as MSD for financial assistance assessments. Since the commencement of this role, much of the time has been spent developing linkages and relationships with providers, cross agency referral pathways and setting up the necessary processes to ensure the service works. A Rheumatic Fever Kaiawhina (1FTE), also employed by Turanga Health has been in place since April as well. This role receives referrals from general practice for whānau that may need additional support and awhi with antibiotic adherence, specifically children that have had 2-3 Group A strep throats over a three month period. Overseeing the implementation of rapid response services in general practice and supporting both kaiawhina is the Rheumatic Fever Coordinator (0.5FTE). This role has been crucial in providing the necessary supports and advice to general practice as well as helping to link all components of the programme together. Our public health nurses still continue to provide throat swabs to children that present with a sore throat at school but this activity is very minimal. Table 2 describes what components of the programme are working well and what things we need to do differently.

![Figure 4: Group A Strep Throat Swabs (All ages) August 2013 to August 2015 - Tairawhiti](image)

Source: T-lab (Dean McFarlane)
Table 2: Learnings from current plan and activities

<table>
<thead>
<tr>
<th>What’s working well</th>
<th>What we need to do differently</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rapid response clinics are becoming well established and self-managing. Reflected in increased volumes of Group A being detected</td>
<td>• Ensure service equity and coverage across all communities in Tairāwhiti especially for the Healthy Homes Initiative. We will look to funding a similar kaiawhina role for the East Coast.</td>
</tr>
<tr>
<td>• Rheumatic Fever Coordinator is a key linkage and source of support and advice for general practice. Provides the district wide perspective on rheumatic fever prevention. Ensures the whole referral pathway is working well.</td>
<td>• Greater cross sector representation at a governance and community awareness level. Currently led by health, we need to include our housing and social development providers as we shift our focus to warm and dry housing.</td>
</tr>
<tr>
<td>• Healthy Homes Initiative is established. Referrals are steadily increasing. Planet Sunshine (Children’s Ward) are our main referrers. As we shift our focus to warm and dry housing, this role will be key in supporting whānau to access appropriate interventions</td>
<td>• Lead the establishment of an interagency housing forum to provide district leadership and coordination of housing issues across Tairāwhiti.</td>
</tr>
<tr>
<td>• Rheumatic Fever Kaiawhina and the support for whānau having difficulty with antibiotic adherence.</td>
<td>• Better utilisation of social media as an effective and meaningful communication platform for health promotion messages and activities.</td>
</tr>
<tr>
<td>• The findings and recommendations from the Ngāti Porou Hauora Innovation Trial to be incorporated into the programme.</td>
<td></td>
</tr>
<tr>
<td>• The Tairāwhiti Rheumatic Fever Awareness Campaign (TRAC) is in the early stages of development and looking to have a greater presence over the coming months.</td>
<td></td>
</tr>
<tr>
<td>• Improved data collection and analysis. All our data is beginning to be kept in one central point, readily accessible and used for all purposes of planning, monitoring and accountability.</td>
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</table>
The Tairāwhiti Rheumatic Fever Prevention Steering Group has been in place since the beginning of the programme in 2011. In May 2015, the group moved to a more appropriate governance group structure. The Terms of Reference have been reviewed and updated to reflect this change and are included in appendix 3. These are to be reviewed annually. The Rheumatic Fever Champion remains a key leadership role and Dr Margot McLean (Medical Officer of Health and Public Health Physician) was appointed to this role in June 2015.

Current governance group membership includes:

- Rheumatic Fever Champion (Chairperson) – Dr Margot McLean
- Rheumatic Fever Coordinator – Liz Mackenzie
- Ngāti Porou Hauora Gisborne Health Services Manager – Frances King
- Turanga Health Clinical Services Manager – Shirley Keown
- DHB Clinical Nurse Manager (Well Child/Public Health) – Sandi French
- DHB Paediatrician – Hein Stander
- DHB Portfolio Manager (Planning and Funding) – Sharon Pihema
- DHB GP Liaison – currently vacant

Planned activities for the governance group are outlined in section 4.

Engaging with communities and in particular whānau remains a key focus at all levels of our rheumatic fever prevention plan. With a greater focus on whānau-driven, whānau-led and whānau-centred care, we need to ensure that the voice of whānau and the needs and requirements of whānau are considered and included in all parts of the plan.

Whānau Engagement

The Māori Women’s Welfare League have been contracted by the DHB in the development of this plan to engage with communities and whānau (appendix 4). The objectives for this process included:

1. Gauging the level of whānau understanding about sore throat prevention, treatment and risk factors in tamariki and rangatahi

   “97% of respondents (n=75) considered early treatment of sore throats to be a top priority for the general health of their children although only 30% would rush their child off to the doctor immediately. Others would apply the usual home remedies for colds/flu while waiting to see how things developed before taking their child to see the doctor”

   “Only a few (8%) mentioned the overall health of their children as being important in the prevention of sore throats. They referred to the need for healthy food, warm clothing and dry, warm housing as being essential for their ongoing good health. Some were finding the cost of providing these essentials to their children as being prohibitive. Distribution of user friendly information about MSD assistance/allowances should be included in health promotions”
2. Gauge the level of whānau understanding about sore throats and their link to rheumatic fever

“A surprisingly high number of respondents (77%) were aware of the link between sore throats and the potential for that to lead to worsening health issues of strep throat, rheumatic fever and rheumatic heart problems. They were aware of the need to quickly take the affected person to the doctor for a throat swab at the very least and then the likelihood of medication after that initial treatment”

“17% of the respondents had either been directly affected by rheumatic fever or had had whānau affected by rheumatic fever and were correspondingly more knowledgeable than most”

3. Providing details of whānau experiences and/or challenges with accessing health advice and treatment for sore throats

“67% of respondents have had whānau member’s throats swabbed. The only challenge of any significance with accessing health advice and treatment for sore throats was seeing a doctor or nurse at a convenient time for the respondent. A good number of respondents (56%) reported the swabbing process as being comfortable to tolerate with 10% finding the process uncomfortable. The remaining 34% had not been swabbed”

“62% of respondents were not aware that throat swabbing was free through their doctor with 38% of respondents knowing of this free service through various sources such as nurses, health promoters and word of mouth”

4. Provide details of whānau ability to minimise and/or manage the risk factors for sore throats and the prevention of rheumatic fever (heating, insulation, overcrowding)

“A good number of respondents (79%) mentioned the same general good health practices as being essential to managing the risk factors for sore throats and the prevention of rheumatic fever. These being (in no particular order): good overall hygiene practices (“no sharing of drinks or kai”); warm and dry housing; good nutrition (“healthy kai”); ample sleep; adequate and regular exercise; availability of clothing appropriate to the New Zealand seasons. There were also mentions for: avoiding overcrowding, regular airing of bedding, regular health checks, spiritual health and employment for parents”

5. Provide details of whānau awareness of health promotion messages and activities for treating sore throats and rheumatic fever prevention

“84% of respondents had received health promotion messages and activities for treating sore throats and rheumatic fever prevention. Of this group, 46% received this through the doctor, 38% from radio and television and 8% through schools. The remainder was ‘other’.”

“It is absolutely clear from the survey respondents, that the internet is that, social media and particularly Facebook (‘half the town is on Facebook’) is their preferred delivery method for health messages to whānau. Some 67% of survey respondents chose Facebook as their ideal delivery vehicle, preferable via a community Facebook page”
“Dissemination of information through pamphlets, flyers and brochures was not so well supported ("people don’t like reading pamphlets and brochures anymore").

Stakeholder Engagement

Given that 90% of rheumatic fever cases in Tairāwhiti for the past two years have been in tamariki Māori, it is essential that whānau are given the opportunity to take a lead role in the planning, delivery, monitoring and evaluation of rheumatic fever prevention activities across the district. The whānau interviews conducted by the Māori Women’s Welfare League are the first step in this process as we look for greater whānau leadership over the next two years of the programme. Engaging with our wider stakeholder groups is also important, as they provide that essential next level of support to whānau via funded services and initiatives specific to rheumatic fever prevention and offer specific skill sets, expertise and perspectives to the overall programme. Appendix 5 provides a summary of the stakeholder engagement discussions held over recent months.

Pacific

Hauora Tairāwhiti is currently reconnecting and re-establishing the relationship with our local Pacific Island Community Trust. A Memorandum of Understanding has been in place previously and a priority for the DHB is to identify how we can best support our local Pacifica communities to meet their health and wellbeing needs and aspirations. The Rheumatic Fever Governance Group supports this process and will gain greater involvement in due course. In the interim, at the request of the Tongan Methodist Church, a rheumatic fever prevention presentation was recently given by a TRAC member which proved to be an ideal relationship building opportunity.

Primary Health Organisations (PHO’s)

Engagement with our three PHO’s – Midlands Health Network, Ngāti Porou Hauora and the National Hauora Coalition will continue to be focus for this plan with the rheumatic fever coordinator playing a key role. This position provides leadership, support and guidance to general practices and helps ensure a level of consistency and best practice with their delivery of rapid response services to our priority populations. Our rheumatic fever champion has also met with several general practices in the development of this plan and will provide ongoing support moving forward.
Housing New Zealand (HNZ)

Strengthening this relationship and identifying opportunities for collaboration will form a major focus for this plan as we place greater emphasis on interventions for warm and dry housing. Recent discussions with the HNZ Area Manager and Senior Tenancy Manager identified that the essential linkages between HNZ and the healthy homes kaiawhina are functioning well. The rheumatic fever ‘fast track’ pathway for HNZ families with a child on bicilllin needs attention as only one referral has been received by HNZ to date. With a comprehensive list of supports and interventions that HNZ are able to provide to whānau for warm and dry housing, we need to ensure all those working with bicilllin whānau are aware of this important pathway. Of note, an HNZ representative has recently joined the Tairāwhiti Rheumatic Fever Awareness Campaign (TRAC)

Te Puni Kokiri (TPK)

A representative from TPK is a current member of TRAC. We will look to strengthen this relationship as we move towards a cross agency approach to rheumatic fever prevention. The Regional Interagency Forum currently facilitated by Te Puni Kokiri will also be a valuable forum to participate in and this will be explored over the next few months.

**TE WAHANGA TUAWHA: TE TUTUKI PAI I NGĀ WHAINGA HAUORA**
(Achieving the Better Public Services Target)

The DHB has not met its rheumatic fever targets since 2012 (refer table 1). However with the implementation of rapid response services, and having a dedicated workforce providing coordination and kaiawhina support, we are quietly optimistic that we may be on track to meet our 15/16 target. With a greater focus on warm and dry housing we believe addressing rheumatic fever prevention at this key determinant level has the potential to make a significant difference in the number of rheumatic fever cases for the district. To achieve this however, we need to ensure we have service coverage and equity across the entire district and further investment has been identified to rectify this. We believe that while it has taken some months to get our systems and processes in place (for rapid response, healthy housing and antibiotic adherence), we are finally in a space where we can provide whānau with a range of supports and interventions; relevant health professionals and providers are utilising the appropriate referral pathways and the community are becoming more aware of sore throats and rheumatic fever prevention. We intend to continue all current activities with a review of all investments and resourcing to take place by March 2016. This will allow us enough time to make any necessary contractual changes prior to the commencement of the 16/17 financial year.

1) **Additional $60K to spend 15/16 year – ALL FOR 1 JANUARY TO 30 JUNE 2016 (26 WEEKS)**

<table>
<thead>
<tr>
<th>Expense</th>
<th>FTE</th>
<th>FTE PRICE (per annum)</th>
<th>Cost to 30 June 2016</th>
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<tr>
<td>RhF Coordinator Role extended to 30 June 2016</td>
<td>0.5FTE</td>
<td>$100,000.00</td>
<td>$7692.00</td>
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<tr>
<td></td>
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<td>*May to end June 2016</td>
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<tr>
<td>Healthy Homes Kaiawhina (Coast) from 1 Jan to 30 June 2016</td>
<td>0.75 FTE</td>
<td>$45,000.00</td>
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<td>RhF Kaiawhina (Coast) from 1 Jan to 30 June 2016</td>
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<td>Health promotion (TRAC)</td>
<td>One-off</td>
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<td><strong>TOTAL</strong></td>
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1) **2016/17 FINANCIAL YEAR - $258,800**

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<td>Rapid Response Clinics</td>
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<tr>
<td>RhF Coordinator Role</td>
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<td>Healthy Homes Kaiawhina (Coast)</td>
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<td>RhF Kaiawhina (Town)</td>
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2) **2017/18 FINANCIAL YEAR - $253,955**

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<tr>
<td>RhF Coordinator Role</td>
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<td>$100,000.00</td>
<td>$50,000</td>
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<tr>
<td>Healthy Homes Kaiawhina (Coast)</td>
<td>0.75 FTE</td>
<td>$45,000.00</td>
<td>$33,750</td>
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<tr>
<td>Healthy Homes Kaiawhina (Town)</td>
<td>0.75 FTE</td>
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<td>$33,750</td>
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<tr>
<td>RhF Kaiawhina (Coast)</td>
<td>0.5 FTE</td>
<td>$79,772.00</td>
<td>$39,886</td>
</tr>
<tr>
<td>RhF Kaiawhina (Town)</td>
<td>0.5 FTE</td>
<td>$79,772.00</td>
<td>$39,886</td>
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<tr>
<td>Health promotion (TRAC)</td>
<td></td>
<td></td>
<td>$5000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
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<td><strong>$257,272</strong></td>
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</table>

*These two activities will be reviewed to fit within budget*
<table>
<thead>
<tr>
<th>Planned Activities</th>
<th>Timeframe for completion</th>
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<th>Outcome</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GOVERNANCE</strong></td>
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</table>
| Strengthen cross-agency relationships with the intent of governance group membership (Housing, MSD, TPK) | 30 June 2016 | Housing NZ membership  
TPK membership  
MSD membership | Governance Group membership reflects cross-agency leadership and coordination of rheumatic fever activities in Tairāwhiti | 2017 Better Public Service rheumatic fever target mandates a cross agency approach |
| Review of Terms of Reference | 30 June 2016  
30 June 2017 | Terms of Reference reviewed and up to date | Role and function of Governance Group continues to reflect collective decision making and coordinated implementation of our district plan | Ensuring collective responsibility and leadership across all rheumatic prevention activities. |
| Continued appointment of Rheumatic Fever Champion (alongside review of Terms of Reference) | 30 June 2016  
30 June 2017 | | Rheumatic Fever Champion able to provide leadership and influence on prevention activities across Tairāwhiti and at a regional and national level where required. | With high workloads and competing interests, the Rheumatic Fever Champion helps keep rheumatic fever prevention at the forefront of our activities. This is also a key role in bringing together all the local, regional and national evidence, research and statistics to help inform our work and play an important advocacy role for our district. |
<p>| Opportunities for ‘think tank’ sessions and ideas sharing across all providers and settings to enhance collaboration and collective decision making | Quarterly to 30 June 2017 | Six-monthly think tank sessions held. New ideas and thinking used to ensure plan remains on task to meeting RhF targets. | Strengthened collaboration and coordination; shared leadership and championing across our providers and their respective communities / settings. | We need to think outside the square and identify new approaches for rheumatic fever prevention. Clearly, the non-achievement of our 14/15 target means we can’t keep doing the ‘same old thing’. We need innovative and creative thinking. We need to be committed to changing the way we do things to get better results. |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Follow-up hui/discussions with MWWL and whānau to demonstrate where their feedback, ideas and concerns have been utilised in the plan</td>
<td>20 December 2015</td>
<td>2-3 follow up discussions with MWWL and whānau to debrief on their final report and how we’ve included their feedback into our planned activities</td>
<td>Engagement and consultation continues to be an ongoing cyclical activity where our planned interventions and activities are in response to the feedback, ideas and concerns identified by whānau to ensure better health outcomes for all.</td>
<td>Ensuring that engagement is not merely a gesture or 'tick box' activity but an opportunity to confirm that planning and service provision meets the needs, aspirations and expectations of whānau and the community. Build on the fantastic work of the MWWL to engage with whānau.</td>
</tr>
<tr>
<td>Establish a local support group for whānau living with rheumatic fever (e.g. tamariki or mokopuna with rheumatic fever) to support each other, share journeys and any other identified actions.</td>
<td>1st March 2016</td>
<td>Initial meeting with all bicillin families / whānau living with rheumatic fever to identify how a support group could best suit theirs and their child’s needs. Follow up meetings held to further define the purpose and how/when/where the group will meet etc.</td>
<td>Support group established and self-functioning.</td>
<td>No support group currently available in Tairāwhiti for whānau living with rheumatic fever. For many newly diagnosed whānau having a place to ask questions and share experiences can provide reassurance at a time of uncertainty. Also, tamariki can meet others living with rheumatic fever.</td>
</tr>
<tr>
<td>Conduct regular whānau interviews to gain feedback and insight into service delivery (rapid response clinics, antibiotic compliance, healthy homes) health promotion messaging (warm and dry, rapid response, sore throats, rheumatic fever prevention) and wider determinants of health (housing, income stress, emerging concerns)</td>
<td>30 June 2017</td>
<td>Whānau interviews completed at key times during the calendar year – ideally in the lead up to winter and afterwards.</td>
<td>Whānau and communities given the opportunity to define how we should be delivering this programme to ensure better health outcomes for whānau.</td>
<td>We need to make whānau engagement an ongoing and consistent priority and use their feedback to identify what is and isn’t working. Changes need to be made quickly and effectively so whānau can see we listened and responded.</td>
</tr>
<tr>
<td>Explore opportunity for whānau to be included in case review process. Can this be a more holistic approach?</td>
<td>30 June 2016</td>
<td>Case review process enhanced to include a final opportunity for whānau to ask questions, share concerns and ‘close the loop’</td>
<td>Engage with local whānau living with rheumatic fever to identify where we need to do better. Provide whānau with the opportunity to share their story to the workforce</td>
<td>Inclusive and holistic approach to enable whānau the opportunity to be involved. Helps answer any questions or uncertainties and brings a sense of closure.</td>
</tr>
<tr>
<td>Whānau representation on governance group and TRAC. Scope of role to be developed.</td>
<td>30 June 2016</td>
<td>One whānau representative included on governance group and TRAC in a paid capacity.</td>
<td>The needs and aspirations of whānau are at the centre of our decisions. Whānau lead the decision making process by identifying what is and isn’t working and where we need to make improvements.</td>
<td>Whānau-led and whānau-centred decision making, as well as whānau-led care at the core of our work. Qualified by experience!</td>
</tr>
<tr>
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<tr>
<td>Lead the establishment of an interagency housing forum under a suitable and appropriate existing interagency framework.</td>
<td>1st December 2016</td>
<td>Key agencies and providers included in forum – Housing NZ, MSD, Iwi, GDC, TPK, ECT, Insulation providers, Hauora, private rental agencies. Appropriately interagency framework identified and in agreement to umbrella a housing forum. Terms of Reference developed.</td>
<td>Collaboration and partnership in action across all agencies to ensure better health outcomes for whānau. Greater focus on improving housing conditions for whānau across Tairāwhiti as a major determinant for ill health.</td>
<td>We need an interagency housing forum in Tairāwhiti. Currently there is no collective space where housing issues are discussed across the district. The forum needs to be interagency and have a focus on housing quality and the impact on health. Rheumatic fever prevention will be a key focus, eventually progressing towards a wider scope of health.</td>
</tr>
<tr>
<td>Cross agency representation on governance group and TRAC</td>
<td>30 June 2016</td>
<td>Representation and active participation from key agencies including WINZ/MSD, Housing NZ, Te Punī Kokiri, Pacific Island Community Trust and Māori Women's Welfare League.</td>
<td>Collaboration and collective responsibility to ensure rheumatic fever prevention remains a cross-agency priority with visible activities in place to improve outcomes.</td>
<td>As we shift our focus towards improving housing conditions for whānau, we need the governance group and TRAC membership to reflect and bring in leadership from those working in this sector.</td>
</tr>
<tr>
<td>Continued focus on workforce development ensuring that all those working with whānau in the community are suitably equipped with our key messages and actions and have an understanding of the overall rheumatic fever plan and priorities for Tairāwhiti.</td>
<td>Ongoing</td>
<td>Regular update and education sessions provided to the workforce with latest information, messaging and an RhF overview. Awareness/information/education sessions for tamariki, parents, grandparents and wider whānau as well as those working with tamariki are included in a district wide approach to health promotion.</td>
<td>Ongoing opportunities for professional development of the rheumatic fever workforce. Continued education to ensure everyone is working at the top of their scope.</td>
<td>Ensuring the health, social, housing and education workforce are provided with opportunities to be updated on rheumatic fever key messages, information and new developments. Much has changed since the programme was first developed and we need to ensure our entire workforce are kept up to date.</td>
</tr>
<tr>
<td>Planned Activities</td>
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<tr>
<td>Continuation of the radio advertisements on mainstream and iwi radio. Messages to include tips and information on warm and dry housing with a greater presence in lead up to winter 2016 and 2017.</td>
<td>March 2016            March 2017</td>
<td>Series of radio advertisements with different messages on 1) rapid response clinics 2) antibiotic adherence 3) warm and dry housing delivered across mainstream and iwi radio at key times throughout the calendar year.</td>
<td>The local radio advertisements have proved an effective awareness raising activity with our local communities as identified from the whānau interviews with the MWWL.</td>
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<tr>
<td>Establish a social media presence / space for dissemination of information, key messages, referral pathways, services available, contact people etc.</td>
<td>March 2016</td>
<td>Rheumatic fever has a local social media presence on appropriate platforms – Facebook, twitter, Instagram, YouTube</td>
<td>Meaningful and appealing communication platforms are utilised to reach and engage with whānau.</td>
<td>The MWWL whānau interviews identified 67% of respondents would prefer information disseminated to them via Facebook community page. Pamphlets and brochures were the least preferred option.</td>
</tr>
<tr>
<td>Develop communications plan based on feedback from MWWL whānau engagement surveys (i.e. no pamphlets!!). The plan must demonstrate new approaches including a stronger social media presence.</td>
<td>1st February 2016</td>
<td>Communications plan (and evaluation plan) completed by TRAC. Plan has been developed in collaboration with: - Whānau - MWWL - TRAC organisations and representatives</td>
<td>Innovative communication plan developed that utilises all the appropriate communication platforms that are preferred by our priority populations.</td>
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<tr>
<td>Develop a Tairāwhiti rheumatic fever brand that is meaningful and inclusive of all our providers, community groups and whānau across the district.</td>
<td>1st February 2016</td>
<td>Whānau recognise the rheumatic fever brand and the associated messages and know where to go for further support and information.</td>
<td>A strengthened rheumatic fever brand that represents all partner organisations, our communities and our collective vision.</td>
<td>Clear consistent messaging and branding will enable whānau to quickly identify the programme and where to go for extra information and support. A collective brand will help bring our partner agencies together under the same vision and purpose</td>
</tr>
<tr>
<td>Invest in community and whānau champions to spread key messages, share their stories and inspire positive change</td>
<td>30 March 2016</td>
<td>3 community and 2 whānau champions appointed, trained and ready to go!</td>
<td>Community champions inspire action and help create change.</td>
<td>Some RhF whānau keen to share their story – potential to become community champions</td>
</tr>
<tr>
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<tr>
<td>Lead and coordinate the wider Healthy Homes Initiative to reduce household crowding and support warm and dry housing for eligible families</td>
<td>Ongoing</td>
<td>At least 90% of staff, referrers and suppliers are aware of the HHI, including referral and intervention pathways, protocols and processes. Up to date information and case studies are readily available to demonstrate the effectiveness of the HHI in reducing household crowding and improving cold and damp houses (including trends and gaps) 100% of complaints are addressed in a timely manner Continuous service and quality improvements based on learnings from audits, reviews, training, evaluations and other best practice evidence</td>
<td>The HHI is in place to ensure eligible families of vulnerable children and youth have their household crowding and warm and dry requirements identified and addressed in a timely manner People employed within the HHI understand their roles and how to successfully complete them The DHB and RFPP have the information required to understand how effective the HHI is in addressing household crowding and improving cold and damp houses in the DHB region.</td>
<td>This initiative has been in place since April 2015 and is steadily increasing in referrals. Continuation of this initiative is a key priority for this plan.</td>
</tr>
<tr>
<td>Identify and refer eligible families based on eligibility criteria</td>
<td>Ongoing</td>
<td>At least 95% of referred families meet eligibility criteria 100% of service volume targets are achieved At least 90% of Referrers are satisfied with the process and feedback received At least 95% of Referred Families are entered into the database within two weeks of the referral being received</td>
<td>Eligible Families are identified and referred to the HHI</td>
<td>As above</td>
</tr>
<tr>
<td>Engage with Referred Families and co-ordinate services to reduce household crowding needs and improve cold and damp houses</td>
<td>Ongoing</td>
<td>Annotate and close all cases where Referred families will not be engaged At least 90% of intervention plans are developed and signed off by Referred families within six weeks of the referral being received At least 90% of intervention plans are fully implemented within six months</td>
<td>Referred families have household crowding and cold and damp housing needs addressed in a timely manner</td>
<td>As above</td>
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</table>
Facilitate and grow the supply of interventions to reduce household crowding and improve cold and damp houses

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
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<tbody>
<tr>
<td>Facilitate and grow the supply of interventions to reduce household crowding and improve cold and damp houses</td>
<td>Ongoing</td>
</tr>
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</table>

Three month post-intervention follow up shows interventions and behavioural changes have been sustained.

- Referred families received all the interventions in the intervention plan.
- Plans to address gaps in supply of interventions are addressed.
- As above.
<table>
<thead>
<tr>
<th>Planned Activities</th>
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<th>Outcome</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATING GROUP A STREP INFECTIONS QUICKLY AND EFFECTIVELY</strong></td>
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<tr>
<td>Continuation of the rapid response service model for the treatment of sore throats in our eligible (4-19 years) priority populations (Māori, Pacific, Quintile 5) See appendix [x] : Rapid response business case</td>
<td>Ongoing</td>
<td>Services are located to ensure they are easily accessible from where members of the eligible population live 100% of eligible patients who attend, and their household contacts with a sore throat are assessed and treated free of charge All sore throat management services are provided according to clinical protocols Services are culturally appropriate All frontline staff including reception staff receive appropriate training Rapid response services are open and accessible in areas frequented by at least 80% of the target group in out of school hours and during school holidays A change in the model of care to a nurse-led model is supported</td>
<td>A free, timely and responsive service available to all whānau in Tairāwhiti for the fast and effective treatment of sore throats in tamariki aged 4-19 years. Eligible individuals have easy access to the services in their local communities Eligible children, young people and household contacts received the assessment and treatment they need Progress towards achievement of DHB target by end June 2017.</td>
<td>The rapid response clinics have been in place since April 2015. Monthly data reports show a dramatic increase in the number of throat swabs returning a GAS positive result compared to monthly swab volumes in the 12 months prior (before rapid response clinics commenced). Though too early to speculate, the governance group are confident this approach works well for Tairāwhiti and are hopeful this will see a decrease in the number of rheumatic fever cases over the next two years.</td>
</tr>
<tr>
<td>All sore throat management services are provided according to clinical protocols</td>
<td>Ongoing</td>
<td>Service utilise agreed clinical protocols and decision support tools Once daily amoxicillin or IM single dose benzathine penicillin are the antibiotics of first choice Appropriate and understandable information on the importance of taking the full course is provided and follow up is undertaken Clinical audits are undertaken at least quarterly and show that protocols are followed as appropriate</td>
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<tr>
<td>All attendees are assessed and treated according to appropriate clinical protocols</td>
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</table>
| Collect data and report on activity as required | Quarterly | Data collection and analysis processes are in place to ensure that:  
- Appropriate data is available for reporting on volumes and to support narrative reports on performance measures. | The DHB and the national RFPP has the information needed to judge the success of the approach and inform and changes |
|-----------------------------------------------|----------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Continued investment into the rheumatic fever coordination role and the kaiawhina role. | TBC | Coordinated and consistent delivery of rapid response model across all general practices.  
Increased number of nurse-led clinics  
Increased number of referrals to kaiawhina for support and assistance | The rheumatic fever coordinator role has been in place since Feb 2015. This role has proved vital in providing general practice with the necessary support, guidance and coordination for the implementation and delivery of the rapid response service model. We now have a level of consistency in service delivery across all our general practices that has improved month on month. We believe this role is still required in its current capacity for at least the next 12 months for consolidation and to maintain momentum with a review to take place prior to any changes.  
The kaiawhina role has been in place since April 2015. Much of this year has focussed on developing the necessary process and referral pathways to ensure this role is utilised to its maximum benefit. With all this now in place, general practice are now able to refer whānau into the service to receive a more comprehensive and holistic level of support. |
| Continued support to priority whānau (Māori, Pacific, Quintile 5, child with <2 GAS positive) with antibiotic adherence | TBC | Continued support for whānau with antibiotic adherence.  
Kaiawhina support helps ensure whānau are kept in contact throughout the 10 day course of antibiotics. Also helps ensure whānau needing extra assistance are referred on appropriately at the earliest opportunity. |
| Utilising the findings and recommendations from Ngāti Porou Hauora’s Health Innovation Trial for innovative approaches to improve antibiotic adherence amongst priority populations. | Ongoing | Identified actions towards health literacy training similar to that outlined in the project across all general practices in Tairāwhiti. Identifying how we can utilise visual tools similar to the aids used in the project across all rapid response clinics in Tairāwhiti. | Innovative approaches for improving antibiotic adherence and improving health literacy skills is included in plan | Ngāti Porou Hauora have completed a project that has the potential to offer new innovative approaches in how clinicians explain antibiotics and their purpose to whānau having their throats swabbed. The visual aids (particularly the caterpillar and posters) were extremely popular and positive for whānau. We need to have these in place across all general practices (alongside the appropriate training and education). We will look to Ngāti Porou Hauora for guidance on a next steps approach. |
On 1st September 2015, Hauora Tairāwhiti (formerly Tairāwhiti District Health) embarked on a new journey for healthcare in Tairāwhiti. This new direction involves working closer with community health partners to look at how we move health care services closer to people’s homes and closer to a model that meets people’s needs. Our new kaupapa reflects this:

“Whaia te Hauora i roto i te kotahitanga”
A healthier Tairāwhiti by working together

Why change?
- People in Tairāwhiti have a lower life expectancy than anywhere else in New Zealand. Māori living in Tairāwhiti – almost 50 percent of our population - do not enjoy the same health outcomes as non-Māori. On-average, Tairāwhiti Maori die five years younger.
- Māori are more likely to be admitted to hospital when a hospital stay could be avoided if they had been treated in the community.
- The current model of health care in Tairāwhiti is not meeting the needs of our population.
- The difference in health outcomes between Māori and non-Māori is unacceptable. We need to act to change this. We must improve Māori health outcomes and extend life expectancy for all.

Changes ahead
- To make the necessary improvements we will be transforming how health care is delivered in Tairāwhiti.
- We can’t achieve this alone; the solution sits with all Tairāwhiti health and wellbeing focused organisations working seamlessly together.
- Hauora Tairāwhiti will be facilitating a co-design process that actively seeks new ways of working both within our organisation and externally. People who use health services, whānau, staff and our community partners will be invited to participate.
- We will explore new models of how we care for people to improve the patient experience. Nobody wants to come to hospital if they don’t have to. While we will always have Gisborne Hospital, the focus will be on moving away from hospital based care towards care closer to home.

Our values
Our values reflect our waka heritage and our bicultural past while guiding us on our future journeys. Recognising our waka heritage reminds us of the tenacity and teamwork required to overcome challenges. It inspires us towards success. The following diagram describes our values in the context of rheumatic fever prevention and is a trial attempt at service planning and development from a values-based approach rather than the typical deficit model. These descriptors are interchangeable and will be modified as we become more familiar with their meaning and application. Next steps to this approach include developing an evaluation framework to measure how well we perform against each value.
<table>
<thead>
<tr>
<th>What this means for rheumatic fever prevention?</th>
<th>How will we do this?</th>
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</thead>
<tbody>
<tr>
<td>• Encourage and foster innovation</td>
<td>• Keep track of our local data and statistics. Use these to regularly look for opportunities for improvement and enhancement;</td>
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<td></td>
<td>• Bring different people into the planning process to offer new thinking and insight</td>
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<td></td>
<td>• Encourage open lines of communication, shared planning and coordination of local activities</td>
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<td>• Allow plenty of time for discussion and planning</td>
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<td></td>
<td>• Evaluate outcomes to ensure we are not delivering the same way because ‘that’s how it’s always been done’. Be willing to change if the outcomes aren’t delivered on</td>
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<tr>
<td>• Promote excellence in all that we do</td>
<td>• Get rid of the boundaries - Whaia te hauora i roto i te kotahitanga</td>
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<td></td>
<td>• Work from a whānau strengths basis rather than a whānau deficit basis</td>
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<td></td>
<td>• Continued commitment and leadership across all activities within the Tairāwhiti Rheumatic Fever Prevention Plan.</td>
</tr>
<tr>
<td>• Nurture community leadership</td>
<td>• Conduct ourselves with genuine purpose and intent to ensure that all whānau across Tairāwhiti are supported and able to access rheumatic fever prevention services and activities at all times</td>
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<td></td>
<td>• Honest and open discussions especially around decision making, collaboration and relationships. Identify where we need to improve and put in place real actions to address these needs.</td>
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<td></td>
<td>• Give our communities the opportunity to define how we should be delivering this programme. Carry out regular community engagement and feedback sessions as part of this process.</td>
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<td></td>
<td>• Engage with local whānau living with rheumatic fever to identify where we need to do better. Provide opportunities for whānau to share their story to the workforce and the wider community.</td>
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<tr>
<td></td>
<td>• Working together for better health outcomes for our whānau</td>
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<td></td>
<td>• Implement a community designed evaluation framework to measure programme delivery success</td>
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</table>

**WHAKARANGĀTIRA – Enrich, leadership, inspiration, self-management**
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<thead>
<tr>
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<th>How will we do this?</th>
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</thead>
<tbody>
<tr>
<td>Open, clear and equitable decisions</td>
<td>Governance group to lead decision making process ensuring all resources are distributed equitably across Tairāwhiti</td>
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<td>The needs and aspirations of whānau are at the centre of our decisions</td>
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<td></td>
<td>Ongoing whānau engagement provides the direction and leadership on where we need to prioritise our rheumatic fever actions and decisions on an effective evaluation framework that will measure progress and achievement</td>
</tr>
<tr>
<td>Enhanced workforce capacity and capability</td>
<td>Ongoing opportunities for professional development of the rheumatic fever prevention workforce – strengthen understanding and apply a whānau centric model of care</td>
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<tr>
<td>Whānau self-determination</td>
<td>Continued education to ensure everyone is working at the top of their scope</td>
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<tr>
<td></td>
<td>Awareness /information/education sessions for tamariki, parents, grandparents and wider whānau as well as those working with tamariki (Schools, after school programmes etc.) are included as part of a district wide approach to workforce development</td>
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<tr>
<td></td>
<td>Whānau are given ongoing opportunities to give feedback and insight into what is and isn’t working for them regarding the treatment of sore throats and rheumatic fever prevention</td>
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<td>Services reorient themselves to best suit the needs of whānau for timely and appropriate access to treatment.</td>
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<td></td>
<td>Equipping whānau with the tools and knowledge to confidently put in place steps to minimise the risk of rheumatic fever in their tamariki and mokopuna.</td>
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<tr>
<td></td>
<td>Genuine whānau led process</td>
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<td>Use appropriate tools and methods to disseminate information</td>
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</table>
**KOTAHTANGA — Togetherness, united**

<table>
<thead>
<tr>
<th>What this means for rheumatic fever prevention?</th>
<th>How will we do this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• True and meaningful collaboration</td>
<td>• Governance group actively involved and participate in all aspects of planning, delivery, monitoring and evaluation of rheumatic fever activities in Tairāwhiti</td>
</tr>
<tr>
<td></td>
<td>• Collaboration and partnership in action at all levels from senior leadership and management through to our clinical and population health workforce that are in the homes and communities of whānau across Tairāwhiti.</td>
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<tr>
<td>• Collective responsibility</td>
<td>• Strengthen the branding of the local rheumatic fever prevention programme so that it represents all partner organisations and our collective vision</td>
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<td>• Maintain open lines of communication so that we’re all on the ‘same page’ across all local activities</td>
</tr>
<tr>
<td>• Working together towards a shared vision</td>
<td>• Help and assist our colleagues where needed so that all parts of our programme are strong and equitable</td>
</tr>
<tr>
<td>• Respect our differences, utilise our strengths and overcome our challenges</td>
<td>• Break down the barriers and silos—identify ways that we can work across our communities collectively and then go out and deliver on them</td>
</tr>
<tr>
<td></td>
<td>• Include a wider range of providers and community groups (including whānau) in our local health promotion activities.</td>
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<tr>
<td></td>
<td>• Workforce are supported and encouraged by their managers to work collaboratively</td>
</tr>
<tr>
<td></td>
<td>• Identify our challenges and areas for improvement across the district and then work collectively on identifying solutions.</td>
</tr>
<tr>
<td></td>
<td>• Identify our strengths and how we can use these to the benefit of our programme</td>
</tr>
<tr>
<td></td>
<td>• Recognise the strength in whānau and community</td>
</tr>
<tr>
<td>What this means for rheumatic fever prevention?</td>
<td>How will we do this?</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Passion and drive towards ensuring our tamariki and mokopuna will not suffer from rheumatic fever</td>
<td>• Develop a plan that is owned by the whānau, community and cross-agency</td>
</tr>
<tr>
<td>• Doing all we can to care for our whānau, tamariki and mokopuna in Tairāwhiti</td>
<td>• Use the stories of our local whānau living with rheumatic fever for motivation</td>
</tr>
<tr>
<td>• Valuing the work of others and going the extra mile to offer support</td>
<td>• Identify and support whānau and/or community champions that can inspire action and keep the momentum going</td>
</tr>
<tr>
<td></td>
<td>• Be responsive. Act on requests for help, assistance or support whether it be from colleagues or whānau.</td>
</tr>
<tr>
<td></td>
<td>• Any door is the right door</td>
</tr>
<tr>
<td></td>
<td>• Help each other out. Identify ways that we can help and support and help our colleagues and learn from our partners. Share the workload where possible.</td>
</tr>
</tbody>
</table>
Appendix 1: Business Case

Funding allocation for the Tairāwhiti rheumatic fever prevention business case commencing 1/7/14 and proposal for the implementation of rapid response services

Situation
Dr Chrissie Pickin, Chief Advisor, Population Health and programme lead Rheumatic Fever Prevention Programme, Ministry of Health, and two members of her team, Carol Stott and Lance Goodall, met with representatives from Ngāti Porou Hauora, (NPH) Turanga Health and Tairāwhiti District Health (TDH) on 16 July 2014. The meeting’s focus was to discuss funding allocated to Tairāwhiti for the prevention of rheumatic fever from July 2014, the revised rheumatic fever target age cohort, and the additional money in Budget 2014 allocated to housing.

The Ministry of Health goals for utilisation of this funding includes:
1. Ensuring at least 80% of at risk 4-19 year olds have access to free and rapid care for sore throats
2. Ensuring linkages with local housing and the social service sector to reduce housing overcrowding
3. Understanding Tairāwhiti’s priority action areas and their achievability

The Ministry of Health agreed the contracting processes for the $330,000 for 18 months, 1 June 2014 to 30 December 2015, would be in two parts -
1. An initial three month period to revise the Tairāwhiti Rheumatic Fever Prevention Plan to reflect changes in focus of programme delivery. This plan will be developed by relevant stakeholders including primary care, other government agencies and iwi. It was agreed between the local partners and the MoH that $70,000 of the funding be used to continue service provision as per 2013/14 for first four months on the 2014/15 year, 1 July 2014 to 31 October 2014, this funding will be portioned between the 3 providers according to the 13/14 allocation formula. As per prior year’s agreement, this $70,000 of funding will be paid to Turanga Health.
2. Allocation of the remaining $260,000 from 1 November 2014 to 30 December 2015 through TDH Funding and Planning.

Background
The Ministry of Health allocated $204,000 of funding to Tairāwhiti for the delivery of a school based sore throat swabbing services from November 2011 to June 2013. Swabbing services had to:
- Occur on an on-going basis throughout the term of the programme
- Be opportunistic (triggered when a child aged 5-14 complains of a sore throat)
- To be largely school based (targeted at select high-risk schools within the target communities
- Have a treatment component

NPH, Turanga Health and TDH partnered to deliver of the required services, signing a Service Level Agreement (SLA). This SLA specified the responsibilities, model of service, funding allocation and assigned Turanga Health as the contract holder.

In October 2012, the Ministry allocated an additional $146,000 to Tairāwhiti which extended funding to June 2014. This additional funding was used to increase throat swabbing service coverage in schools and wider community. A further $204,000 was provided at this time to
Turanga Health to coordinate healthy housing support and coordination i.e. linking families to agencies to improve their housing circumstances.

For the period July 2014 to December 2015, the MoH have indicated they will provide a total of $330,000 for a prevention of rheumatic fever programme. $70,000 of this will fund the continuation of the pre 2014/15 programme until end October 2014, which will see Turanga Health remain the lead provider. For the remain 14 months of this term, TDH Planning and Funding will take over the contract holder role under a new agreement covering November 2014 to December 2015, this has been agreed by the local partnership.

The Ministry of Health will provide a further $55,000 per annum, for two years, for the development of rapid response clinics (1 July 2014 to 30 June 2016). The goal of rapid response services is to ensure that 80% of the target population (4-19 year old Māori, Pacific or quintile five children and young people) have free and open access to nurse led primary or community based sore throat assessment and treatment.

Additionally, $45,000 per annum for two years (1 July 2014 to 30 June 2016) will be allocated for healthy housing to support the referral process, identify interventions needed (new or enhanced) and/or to support interventions (e.g. transport or cleaning of recycled curtains or maintenance such as mending broken windows). The Ministry of Health requires the progression of housing actions specified in the Tairāwhiti Rheumatic Fever Prevention Plan, this funding is not for the actual retrofitting. Under this agreement specific activities which need to be given priority include –

- the development of a database of housing interventions completed,
- the development of referral pathways from health to housing related services and,
- the identification of system gaps.

There is also a need to further develop key relationships and partnerships with key agencies such as Ministry of Social Development, specifically WINZ, Te Puni Kokiri, and both Runanga. The focus areas for the partnership are to identify organisational contribution to an integrated system of care and the identification of Tairāwhiti’s priority action areas, including housing insulation retrofit and the reduction of household crowding for “eligible” families.

<table>
<thead>
<tr>
<th>Twelve month period to →</th>
<th>30/6/12</th>
<th>30/06/13</th>
<th>30/06/14</th>
<th>30/06/15</th>
<th>30/06/16</th>
<th>Total MoH Funding</th>
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</thead>
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<tr>
<td>RF throat swabbing</td>
<td>$81,600</td>
<td>$122,400</td>
<td>$146,000</td>
<td>$70,000</td>
<td></td>
<td>$420,000</td>
</tr>
<tr>
<td>Tairāwhiti rheumatic fever prevention business case</td>
<td></td>
<td></td>
<td></td>
<td>$150,000</td>
<td>$110,000</td>
<td>$260,000</td>
</tr>
<tr>
<td>retrofitting housing programme</td>
<td>$81,600</td>
<td>$122,400</td>
<td>$45,000</td>
<td>$45,000</td>
<td>$294,000</td>
<td></td>
</tr>
<tr>
<td>rapid response</td>
<td></td>
<td>$55,000</td>
<td>$55,000</td>
<td></td>
<td></td>
<td>$110,000</td>
</tr>
</tbody>
</table>

3 This is part of the 2014/15 and 2015/16 $330,000 rheumatic fever prevention funding
4 The 2012/13 and 2013/14 is based on the agreement 340388/01 which was for 20 months and funding is allocated across this period, total funding for retrofitting in this period was $204,000. This was agreed between Kahu Livingstone (Ministry of Health) and Reweti Ropiha (Turanga Health).
Assessment
In the Tairāwhiti Rheumatic Fever Prevention Plan (2014), the agreed model identified a three-proanged approach:

1. Enhancement of primary care engagement
2. Supported community development to facilitate community awareness, ownership and management of rheumatic fever prevention at a community level
3. Enhancement of the community based kaiawhina role to further support health

However, the Ministry of Health’s assessment of the previously submitted Tairāwhiti business case funding model, indicated that they wanted a stronger focus on accessible and free rapid response clinics. In addition, the funding model did not adequately reflect enhanced sustainable primary care involvement. The Ministry of Health also raised the value of community based drop in clinics, however they accepted that Tairāwhiti’s population size and dispersed location would see drop in clinics as not a cost effective option.

The Ministry of Health, requested a reiterative process for development of a revised draft investment plan with a deadline Monday 29 September 2014 to complete the plan. This deadline allows for contracting processes to be completed by the end of October for the new variation covering the period 1/11/14 to 30/12/15.

It was agreed at a planning meeting held 4 September 2014 between three providers (NPH, Turanga Health and TDH) and TDH Planning and Funding that there would be a 0.5 FTE coordinator position from 1 November 2014 to 30 December 2015. The overall objective of this position is to coordinate a common Tairāwhiti response to rheumatic fever as well as support implementation of the actions and interventions identified in the updated Tairāwhiti Rheumatic Fever Prevention Plan. The coordinator will work across key providers and agencies to decrease the overall fragmentation, including support to the practice nurses and general practice in the community rapid response model. The person will be responsible for reporting, which includes regular reporting to the governance group on progress to rheumatic fever plan including monitoring, analysis and evaluation of both school and primary care interventions and outcomes.

A priority for the coordinator will be to raise level of visibility of rheumatic fever prevention in Tairāwhiti through awareness, education and training. The person will work alongside and coordinate the efforts of the various teams to develop a clear and consistent prevention program across the region. This includes consistency around swabbing of sore throats and treatment in schools, homes and primary care. They will also act as a resource person (best practice/evidence based information/up to date resources) and work within a community development framework.

It was also agreed that a 1.0 FTE kaiawhina position be established to support families in the urban area and Western Rural, as well as that a 0.2 FTE kaiawhina position be allocated to Ngāti Porou Hauora to service the East Coast. It was agreed at a rheumatic fever steering group meeting on 26 May 2014 that Turanga Health will host both the coordinator and urban kaiawhina roles.

The kaiawhina role supports the intent that whānau become the primary focus, and not social indicators of falling Māori health by providing a holistic approach to total whānau wellbeing. This will be achieved by providing a service that is free, accessible and appropriate and maintaining key characteristics of core values through practice, i.e. whakapapa, tikanga, mana, mauri, tapu and wairua.

<table>
<thead>
<tr>
<th>Total</th>
<th>$81,600</th>
<th>$204,000</th>
<th>$268,400</th>
<th>$320,000</th>
<th>$210,000</th>
<th>$1,084,000</th>
</tr>
</thead>
</table>

| 1. | $81,600 |
| 2. | $204,000 |
| 3. | $268,400 |
| 4. | $320,000 |
| 5. | $210,000 |
| 6. | $1,084,000 |
The coordinator role will provide direction and delegation to the kaiawhina to improve the rate of compliance around ten day medications following positive GAS throat swab. Where medication compliance is an issue the alternative of giving single dose IM benzathine penicillin will be available. The kaiawhina will works closely along aside nurses, and other colleagues within the community to improve understanding of the importance of throat swabbing clinics as well accessibility. The kaiawhina and coordinator will both provide links and referrals to oral health, housing, home insulation etc. They will be active in education and raising the awareness of the importance of sore throats and rheumatic fever.

It was agreed that the additional funding be put towards delivering a primary care nurse led rapid response programme to 30 June 2016. This fee based incentivisation will be for a transition period only; funding allocation for the 2015/16 financial year will reflect the proposed changed which will see under 13 year old visits to general practice free from 1 July 2015.

**Transition to new model**

The intent of the proposed model is to change the level of intensity around school based sore throat swabbing interventions, and strengthen the service model that links with primary care inclusive of a cross sector approach. This requires a planned transition process for all three current providers.

The geographical isolation of some of the schools on the East Coast in Tairāwhiti has meant a school based throat swabbing programme was always unrealistic. All primary care medical centres on the East Coast are free. Throat swabbing and treatment is by either the practice nurse or general practitioner (GP). All children at school that present with a sore throat are informed to go to their nearest clinic. Promotion has occurred within schools and the school community, to encourage families to take children with sore throats to the free clinics. This is working well with significant numbers attending these clinics and will continue after November 2014.

Turanga Health currently provides throat swabbing to all tamariki/rangatahi at the following schools: Te Karaka Area School, Matawai, Motu, Whatautu, Patutahi, Manutuke and Muriwai. Due to the geographical isolation of some of these schools, children presenting with a sore throat are referred to the service by the school. As well, schools receive a weekly visit by a kaiawhina who can also take throat swabs, with treatment being provided by a rural health nurses. This service will continue after November 2014.

The T D H Well Child service currently provides a throat swabbing program through public health nurses in the low decile twelve urban schools, alternative education centres and children's health camp. Public health nurses currently provide a throat swabbing programme in low decile schools three times a week, as well as taking referrals in-between these visits. All other schools refer students with sore throats to public health nurses as required, as they have done since the beginning of the program.

The transition to go from a three times a week service to utilising the funding to support free throat swabbing in primary care medical centres will see schools refer children with sore throats to primary care, this will be supported by the kaiawhina and well child services. Public health nurses will continue to visit the low decile schools at least once a week and continue to act as provider of last resort for those deemed most at risk. Youth health nurses and the free GP in schools service will also provide throat swabbing in high schools on a referral basis. Communication and promotion will emphasize primary care service as the most responsive and preferred service for the assessment and treatment of sore throats.

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5 Note end dates differ across the agreements
**Rapid Response**

The goal of rapid response services is to ensure that 80% of our target population (4-19 year old Māori, Pacific or quintile five children and young people) has free and open access to nurse led primary or community care sore throat assessment and treatment. Free services mean no cost to the patient, and no General Medical Subsidy (GMS) claim is made for non-enrolled patients (i.e. no claw-back). Children and young people in the target group will not need an appointment for sore throat assessment and/or treatment and should be able to access services easily. This means that services are available within a reasonable distance and during ‘family friendly’ hours’ which does not mean that all clinics need to be open extended hours but there should be a spread of clinics open outside normal business hours. Within Tairāwhiti after hour coverage which is provided in Gisborne City and Western Rural by Three Rivers Medical Centre and an after-hours scheduled roster for the other city based primary care medical centres. Services to East Coast communities will be provided through existing arrangements with Te Whare Hauora O Ngāti Porou.

TDH has contracted with the National Hauora Coalition to implement the rapid response clinical model into each primary care medical centre, and to ensure primary care medical centres are confident in its utilisation. This includes a comprehensive training package, electronic performance management report forms and an ongoing managed reporting system. A key component to the success of this model is the use of the MedTech advanced form based on the most up to date Heart Foundation rheumatic fever guidelines (Appendix 1) and MoH guidance for sore throat management in rapid response clinics (Appendix 2).

By January 2015, Tairāwhiti DHB will have recruited a pharmacist for its Community Pharmacy Liaison role, one of the initial tasks for this role to explore jointly with primary care the potential option of local community pharmacists in providing rapid response service to sore throats.

**Treatment.**

Tairāwhiti will follow the Heart Foundation rheumatic fever guidelines (Appendix 1) and MoH guidance for sore throat management in rapid response clinics (Appendix 2). This will see all primary care practices swabbing all high risk for rheumatic fever patients with a sore throat, with the option of treating without a throat swab as per the Ministry of Health Guidance for sore throat management in rapid response clinics (appendix 2). Antibiotics will be provided to patients under the age of 19, at the time of consultation (using standing orders under MPSO), this will be prior to confirmation of results. Practice staff will follow-up with a phone call to confirm swab results, and emphasise to those with positive results the need to continue treatment. If at this follow up, there is any concern that those who have a positive result have poor medication compliance; a referral to one of the two kaiawhina to support the family will be made and/or the alternative of single dose IM benzathine penicillin may be given.

**Communication**

Tairāwhiti DHB communication plan includes delivering a communications campaign to raise awareness of sore throats and rheumatic fever to primary audiences is a priority. The plan includes how Tairāwhiti DHB will
- address how and when rapid response clinics will operate across the district and what patients can expect of this service.
- outline the strategy for communicating with primary and secondary schools about sore throat services and what is available during holiday periods and outside of school hours for the eligible population.

Once Tairāwhiti DHB has recruited a community pharmacy liaison they will engage with local pharmacists about the sore throat service and promote the inclusion of key rheumatic fever prevention messages on antibiotic bottles.
Quality and Reporting

Primary Care

The NHC rapid response clinical models reporting will at a minimum record the following:

- The number of sore throat presentations by ethnicity
- The number of throat swabs taken
- The number of GAS positive laboratory results
- The number of patients given antibiotics
- The type of antibiotic given
- The number of symptomatic household contacts seen.

The programme will also require practices to conduct a satisfaction survey of a sample of at least 10% of sore throat presentations. Survey responses will include:

- Accessibility
- Appropriateness
- Confirmation of zero fees
- Suggestion to improve service

The localized Map of Medicine sore throat pathway will be based on the Heart Foundation rheumatic fever guidelines (Appendix 1) and MoH guidance for sore throat management in rapid response clinics (Appendix 2).

Secondary Care

Sentinel case reviews of new ARF hospitalisations will continue under the auspices of the lead rheumatic fever paediatrician.

Proposed funding model

<table>
<thead>
<tr>
<th>Funding</th>
<th>to Oct 14</th>
<th>Nov 14 to June 15</th>
<th>July to Dec 15</th>
<th>Jan to Jun 16</th>
<th>Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoH RF funding</td>
<td>$70,000</td>
<td>$150,000</td>
<td>$110,000</td>
<td></td>
<td>$330,000</td>
</tr>
<tr>
<td>Rapidity response*</td>
<td></td>
<td>$55,000</td>
<td>$27,500</td>
<td>$27,500</td>
<td>$110,000</td>
</tr>
<tr>
<td>Total for Health Programme</td>
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<td>$205,000</td>
<td>$137,500</td>
<td>$27,500</td>
<td>$440,000</td>
</tr>
<tr>
<td>Healthy Homes</td>
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<td>$22,500</td>
<td>$22,500</td>
<td>$90,000</td>
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<tr>
<td>Total RF funding</td>
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<td>$235,000</td>
<td>$160,000</td>
<td>$50,000</td>
<td>$530,000</td>
</tr>
</tbody>
</table>

* Note - Tairāwhiti DHBs rapid response proposal is adopting a universal strategy for all 4 to 19 years the Minister of Health’s rapid response funding will only be utilised to those identified through the Ministry of Health guidance for sore throat management in rapid response clinics as high risk.

<table>
<thead>
<tr>
<th>Expense</th>
<th>to Oct 14</th>
<th>Nov 14 to June 15</th>
<th>July to Dec 15</th>
<th>Jan to Jun 16</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of current service 1 July 2014-31 October 2014</td>
<td>$70,000</td>
<td></td>
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<td>$70,000</td>
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<tr>
<td>Rapid response</td>
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<td>$56,667</td>
<td>$32,500</td>
<td>$32,500</td>
<td>$121,667</td>
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<td>rapid response training and ongoing reporting</td>
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<td>$600</td>
<td>$500</td>
<td>$500</td>
<td>$11,350</td>
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<tr>
<td>Practice Nurse Backfill and application of MedTech advanced form within practices</td>
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<td></td>
<td></td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Coordination implementation of patient satisfaction survey</td>
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<td>$2,000</td>
<td>$2,000</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Expense</td>
<td>to Oct 14</td>
<td>Nov 14 to June 15</td>
<td>July to Dec 15</td>
<td>Jan to Jun 16</td>
<td>Total Expense</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>kaiawhina West &amp; City @ 1 FTE @ $79,772</td>
<td></td>
<td></td>
<td></td>
<td>$40,205</td>
<td>$133,591</td>
</tr>
<tr>
<td>kaiawhina East Coast @ 0.2 FTE @ $79,772</td>
<td></td>
<td>$10,636</td>
<td></td>
<td>$8,041</td>
<td>$26,718</td>
</tr>
<tr>
<td>Coordinator @ $100,000 @ 0.5 FTE</td>
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<td>$33,333</td>
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<td>Health Promotion</td>
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<td>$1,250</td>
<td>$5,000</td>
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<td>$117,496</td>
<td>$92,496</td>
<td>$446,659</td>
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<tr>
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<td>$30,000</td>
<td>$22,500</td>
<td>$22,500</td>
<td>$90,000</td>
</tr>
<tr>
<td>Total</td>
<td>$104,750</td>
<td>$192,917</td>
<td>$131,996</td>
<td>$106,996</td>
<td>$536,659</td>
</tr>
</tbody>
</table>
Appendix 2: Healthy Homes Referral Pathway

CRITERIA FOR REFERRAL

RHEUMATIC FEVER PREVENTION PROGRAMME: HEALTHY HOMES

General Eligibility Criteria for referral:
- Evidence of structural or functional overcrowding (Canadian National Occupancy Standard definition of overcrowding on reverse)*
- One person in house must be a NZ citizen or permanent resident
- Must live in Tairāwhiti
- Low income – (eligible for community services card)**

1. PROPHYLACTIC BICILLIN
- A person in house receives monthly Bicillin injections due to past rheumatic fever
- One other 0 – 19 year old lives in house

SEND REFERRAL TO TURANGA HEALTH by BPac e-referral
Public Health Nurses send by FAX: 06 869 0769

2. HOSPITAL
- 0-14 year old has been hospitalized overnight, while living in current accommodation or within the last two years, with:
  - 1. Respiratory tract infections***
  - 2. Meningitis***
  - 3. Invasive and post-streptococcal diseases (GAS)***
- At least one other 0 – 19 year old live in the household

***for a list of specific illnesses please see reverse

SEND REFERRAL TO TURANGA HEALTH by BPac e-referral
Public Health Nurses & Planet Sunshine, send by FAX: 06 869 0769

3. SORE THROAT MANAGEMENT
- 3 or more episodes of Strep A+ throat within three months
- At least two other 0 – 19 year olds live in the household

SEND REFERRAL TO TURANGA HEALTH by BPac e-referral
Public Health Nurses send by FAX: 06 869 0769
The Canadian National Occupancy Standard states that:

- No more than two people shall share a bedroom
- Parents or couples may share a bedroom
- Children under 5 years, either of the same sex or opposite sex may share a bedroom
- Children under 18 years of the same sex may share a bedroom
- A child aged 5 to 17 years should not share a bedroom with a child under 5 of the opposite sex

Single adults 18 years and over and any unpaired children require a separate bedroom

Sourced from Statistics New Zealand on 20/8/2015:
http://www2.stats.govt.nz/domino/external/web/prod_serv.nsf/0/5c1c1e2999dd2be0ca256dd5006e47d3

** To be eligible for a CSC this is the maximum income the family can earn:

<table>
<thead>
<tr>
<th>Size of Family</th>
<th>Family income is less than this amount each year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family of 2 (ie mother and 1 child)</td>
<td>Up to $48,797</td>
</tr>
<tr>
<td>Family of 3</td>
<td>Up to $59,093</td>
</tr>
<tr>
<td>Family of 4</td>
<td>Up to $67,282</td>
</tr>
<tr>
<td>Family of 5</td>
<td>Up to $75,302</td>
</tr>
<tr>
<td>Family of 6</td>
<td>Up to $84,265</td>
</tr>
</tbody>
</table>

***

<table>
<thead>
<tr>
<th>Diseases</th>
<th>ICD codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory tract infections</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>J12-J18</td>
</tr>
<tr>
<td>Acute bronchiolitis</td>
<td>J21</td>
</tr>
<tr>
<td>Unspecified LRTI + Bronchitis</td>
<td>J20, J22</td>
</tr>
<tr>
<td>Bronchiectasis</td>
<td>J47</td>
</tr>
<tr>
<td>2. Meningitis</td>
<td></td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>A39</td>
</tr>
<tr>
<td>Bacterial meningitis (including pneumococcal, streptococcal, other)</td>
<td>G00</td>
</tr>
<tr>
<td>Viral meningitis</td>
<td>A87</td>
</tr>
<tr>
<td>Meningitis unspecified</td>
<td>G039</td>
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<tr>
<td>3. Invasive and post-streptococcal diseases (GAS)</td>
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</tr>
<tr>
<td>Rheumatic fever</td>
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</tr>
<tr>
<td>Acute nephritic syndrome</td>
<td>N00, N05</td>
</tr>
<tr>
<td>Septicaemia from group A streptococcus</td>
<td>A400</td>
</tr>
</tbody>
</table>

September 2015
Healthy Homes Programme

Process flow chart

CLIENTS WHO MEET THE HHP ELIGIBILITY CRITERIA ARE REFERRED TO TURANGA HEALTH HEALTHY HOMES PROGRAMME
With consent of whanau, the completed referral form is to be signed and sent to Turanga Health by:
Medical Centre – E-referral
Others – Fax 06 659 9769
Internal referral via outbox document – internal referral

REFERRAL RECEIVED BY TURANGA HEALTH
Once referral has been received, the referrer is acknowledged that the referral has been received and information is entered into the database system. The referral is then sent to the Healthy Homes Kaiawhina.
Timeframe: two working days

PLANNING HOUSING NEEDS ASSESSMENT
The Healthy Homes Kaiawhina will contact the family/whanau to arrange a housing needs assessment/whanau intervention plan. Timeframe: ten working days.

HOUSING NEEDS ASSESSMENT
The Kaiawhina completes a HNA with the whanau, prioritises issues and develops a plan with the whanau. Plans and outlines the agreed interventions and/or actions required. Ensure consent is gained and have plan/consent signed.

HNA & INTERVENTIONS
Depending on the whanau need, interventions may be a singular intervention or multiple interventions. The Kaiawhina arranges and coordinates the improvements within the identified property e.g. heating, insulation, curtains, bedding/beds, floor coverings. Whanau is referred to appropriate services as required.

HOUSING NZ PATHWAY  SMART ENERGY (private)  MSD  CURTAIN BANK  OTHER

SOLUTIONS COMPLETED
Need to revisit/follow-up evaluate every three months.
Upon completion, or every three months, the referrers will be updated on their clients’ progress and interventions that have taken place to improve their home environment.

June 2015
Appendix 3: Governance Group Terms of Reference

RHEUMATIC FEVER GOVERNANCE GROUP
TERMS OF REFERENCE

BACKGROUND

The purpose of the Rheumatic Fever Governance Group was established to oversee and provide advice to the Tairāwhiti Rheumatic Fever Prevention Plan for the duration of the contract.

SCOPE

The Governance Group provides overall strategic leadership for the effective delivery of the Tairāwhiti Rheumatic Fever Prevention Plan of work and ensures that the plan is delivered in accordance with the service specifications and contractual agreement (in the context of the Tairāwhiti Community).

PURPOSE

The Governance Group has been formed to continue to lead, provide advice and make decisions regarding the implementation of the Tairāwhiti Rheumatic Fever Prevention Plan.

MEMBERSHIP

The membership of the group must be cross sector and have sufficient authority to require change within the scope of the Rheumatic Fever Prevention programme when required.

Representatives from agreed initiatives or subject matter experts may be called on to attend meetings as required.

Core Membership:
- Ngāti Porou Hauora Gisborne Health Services Manager
- Turanga Health Clinical Advisor
- Hauora Tairāwhiti Paediatrician
- Hauora Tairāwhiti Clinical Nurse Manager Well Child
- Hauora Tairāwhiti Medical Officer of Health
- Hauora Tairāwhiti Portfolio Manager
- Rheumatic Fever Coordinator

Responsibilities of the Chairperson:
- Sets the agenda for each meeting
- Ensures the purpose of each meeting is clear to members and explains the agenda at the beginning of each meeting
- Clarifies and summarises agreed outcomes, actions and activities throughout each meeting
- Ensures the meetings are effectively run through appropriate time allocation to agenda items and encouraging positive discussion that contributes to outcomes
- Encourages broad participation from members in discussion by calling on subject matter experts as required
- Ends each meeting with a summary of decisions, agreed actions and assignments
- Follows up with consistently absent members to determine if they wish to maintain membership
- Recommends replacements for members who discontinue participation.

**Responsibilities of the Governance Group members:**
- Collaboration based on mutual respect between providers is a key element in improving health outcomes for children and reducing Rheumatic Fever in Tairāwhiti.
- Because of the variety of employment relationships for the membership of the group, a variety of perspectives and imperatives are acknowledged.
- Members of the group are mindful of who they represent, and take responsibility to consult about and communicate the activities of the group appropriately.
- A collaborative approach is taken whereby all members share responsibility and accountability for the work of the group.
- Drive and prioritise the agreed initiatives outlined in the Rheumatic Fever Prevention Plan within their respective organisations to achieve the outcomes
- Develop consistent messages through agreed communication strategy
- Understand the goals, objectives, and desired outcomes of the agreed initiatives
- Take a genuine interest in the outcomes and overall success of the agreed initiatives
- Act on opportunities to communicate positively about the project
- Ensure that the agreed initiatives and outcomes are aligned and continue to align with respective organisational strategies and work programmes throughout the life of the projects
- Actively participate in meetings through attendance, discussion, and review of minutes, papers and other documents
- Support open discussion and debate at meetings
- Identify the ethical and/or funding implications of the proposed options if required or agreed.

**CONSTRAINTS**
- The Forum must uphold compliance with legislative and standards requirements as well as contractual obligations.
- Legislative responsibilities for action may lie outside the delegated authority of the forum and its members. Issues of this regard must be clearly documented in communication to those who hold the responsibility to act
- Group will escalate issues beyond their authority to the Chief Executive of each organisation

**REPORTS**
- Report of all confirmed RHD cases to MoH
- Recommendations and Actions from the Rheumatic Fever Governance Group will be actioned by relevant members
- Appropriate items will be escalated to the Chief Executives for their consideration
- Information and direction will be communicated to teams/services within Tairāwhiti through relevant members of the Rheumatic Fever Governance Group

**OBJECTIVES AND PRIORITIES**

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6 Where the Forum considers a clinical activity which is covered by regulation or legislation, the responsibility for actions may lie outside the forum members. Such responsibility shall be clearly identified in forum minutes and/or communication to the relevant manager or staff member. Note that the forum acts on the basis of their advocacy and the delegations implicit in their membership but when they are confronted with Issues of significance which cannot be resolved through implicit delegations, they will escalate to the relevant management. Recommendations arising from legislative and/or external compliance reviews are particular examples of requirements that may exceed delegations.
The objectives for the Rheumatic Fever Governance Group are described in the Tairāwhiti Rheumatic Fever Prevention Plan and include:

- To provide approval and sign off for documentation and decisions as required;
- To provide clinical advice and support to Rheumatic Fever Champion/Coordinator;
- To monitor and oversee local activities associated with:
  - Ministry of Health Rheumatic Heart Disease guidelines
  - National Heart Foundation Rheumatic Heart Disease guidelines
  - Māori health and Child Health Strategy
  - Crown Funding Variation Agreement;
- Accountability of reduction in Rheumatic Fever targets lies with Governance Group;
- To review the data collected and collated to monitor the programme against the contract, includes analysis and corrective actions of audits. To work towards other prevention strategies;
- To develop quarterly reports with Rheumatic Fever Coordinator at meeting (schedule of reporting to be provided);
- To update on activities to increase awareness of rheumatic fever risk factors among children and their whānau/families (from population perspective);
- To link with E Tipu E Rea and Children’s Teams.

FREQUENCY OF MEETINGS

- Monthly
- Additional meetings maybe scheduled when required to meet reporting requirements and ministerial visits

QUORUM

Not less than 50% of the core membership including the Chair or Deputy Chair (4 needed for a quorum) If a quorum is not achieved, the meeting may go ahead but decisions and recommendations will be emailed to all members for agreement, progression and action prior to next meeting.

The governance group has the power to co-opt relevant individuals as identified as necessary for decision making by the committee. The governance group may invite other individuals for a specific meeting/s, or part thereof, where it is considered necessary for decision-making.

REVIEW DATE

- Forum role and terms of reference to be reviewed annually
- Subsequent review date to be determined on this date.

RESOURCES

Documents and resources that support the Rheumatic Fever Governance Group include:

- Rheumatic Fever Service Specifications
- Governance Group Meeting Agenda and Minute Templates
- Secretariat services are to be provided by an administrator from within TDH.
The Rheumatic Fever Coordinator or designated role will be responsible for coordination of standing and ad hoc reports and analysis of these (as outlined in these Terms of Reference) and facilitating follow up on action points, as directed by the Group.

Rheumatic Fever resources website:


http://www.heartfoundation.org.nz/programmes-resources/health-professionals/guidelines-and-patient-resources/rheumatic-fever1

Authorised By
Chairperson

Authorised By
Deputy Chair

Terms of Reference Drafted: January 2015
Terms of Reference Reviewed: January 2016
Terms of Reference to be reviewed: Annually
Appendix 4: Māori Women’s Welfare League Final Report

Māori Women’s Welfare League
Tairāwhiti Regional Council
124 Bright St
Gisborne 4010

14 October 2015

Virginia Brind
Group Manager
Funding, Planning & Population Health
Te Puna Waiora
Tangata Rite Building
110 Peel St
Gisborne 4010

Tena Koe Virginia,

Please find the following report from the Tairāwhiti Māori Women’s Welfare League (MWWL) Regional Council for the provision of community engagement hui for the Tairāwhiti Rheumatic Fever Prevention Programme.

Introduction:

The Tairāwhiti Māori Women’s Welfare League (MWWL) Regional Council received your Letter of Offer dated, 31 August 2015, seeking an Expression of Interest for the provision of community engagement hui for the Tairāwhiti Rheumatic Fever Prevention Programme.

After some preliminary discussion, the Māori Women’s Welfare League (MWWL) Regional Council accepted your Letter of Offer and formed a small project team to manage the project. The project team consisted of:

- Tui Takarangi - Project Co-Ordinator
- Paul Thomas - Project Administrator
- Karen Semmens - Project Administrator

The project contract was forwarded and received at a later date.

Terms of Reference:

The project team examined the Letter of Offer and the service specifications for the community engagement plan to clearly understand the nature of the project and to formulate a plan to deliver project outcomes as required. It was noted that:

- The period of the agreement is from 7 September 2015 to 12 October 2015.
- The cost of the agreement is $7500.00 (GST excl).
The strategic objective of Tairāwhiti District Health (TDH) is to reduce rheumatic fever in Tairāwhiti from the 20 reported cases up to 30 June 2015, to 2 or less by 30 June 2017.

A key priority for TDH is to review and update their Rheumatic Fever Prevention Plan. The project team considered this to be the first milestone in achieving their strategic objective.

TDH considered whānau and community engagement to be crucial to the review and update of their Rheumatic Fever Prevention Plan.

If it was found that understanding of rheumatic fever, and its prevention, was lacking in Tairāwhiti communities TDH would seek to increase community understanding by actively encouraging local communities to be involved in implementing solutions for their local communities.

The Tairāwhiti Māori Women’s Welfare League (MWWL) Regional Council would deliver a report on the project outcomes by Monday 12 October 2015.

**Service Objectives:**

The Service Objectives were clearly noted as providing whānau and/or community engagement hui to identify:

- The level of whānau understanding about sore throat prevention/treatment/risk factors in tamariki and rangatahi.
- The level of whānau understanding about sore throats and the link to rheumatic fever.
- Whānau experiences and/or challenges with accessing health advice and treatment for sore throats.
- Whānau ability to minimise and/or manage the risk factors for sore throats and the prevention of rheumatic fever (e.g. heating, insulation, overcrowding).
- Whānau awareness of health promotion messages and activities for treating sore throats and rheumatic fever prevention.

The outcomes from these engagement hui will be outlined in greater detail towards the end of this report.

**Service Deliverables:**

The Service Deliverables were clearly noted as gaining feedback and insight from whānau and communities to help identify the effectiveness of local rheumatic fever prevention activities and promotions to date:

- To participate in a joint planning and education session with TDH prior to the commencement of activity. Individuals tasked with facilitating these activities should attend.

The Tairāwhiti MWWL Regional Council held their AGM on 22 August 2015 in Tolaga Bay. The Project Co-ordinator invited a presentation on rheumatic fever as a regional health priority. TDH Portfolio Manager Sharon was confirmed for a 15 minute presentation and this grew to a lengthy 35 minutes due to the interest of the 40+ members in attendance. They wanted to understand more about RhF and requested the Council consider this through a resounding and unanimously supported resolution as a subject for regional investigation in order to advance the knowledge of whānau Māori around rheumatic fever. We consider this successful presentation at the Tairāwhiti MWWL Regional Council AGM to be the first of the six hui required.
A planning and education session was arranged by the Project Co-ordinator for Thursday 17 September. An emailed panui was dispatched to the six MWWL branches with members resident in the four priority communities of Elgin, Kaiti, Te Karaka and Ruatoria. The session was facilitated by Sharon Pihema of TDH which included an OHP presentation of the facts around rheumatic fever in Tairāwhiti, discussion around and completion of the survey form and distribution of resources. Individuals, representing five branches of Tairāwhiti MWWL (Ngāti Uepohatu, Tapuaeroa, Te Hapara, Turanganui and Whakatu Wahine) were present to learn more about rheumatic fever and to agree on a common approach to obtain the feedback and insight from whānau and communities required by TDH. We consider this planning and education session to be the second of the six hui required.
To plan, deliver and facilitate a series of whānau and/or community hui across Tairāwhiti. TDH will provide support during that planning process and, where possible, will ensure someone is available at each hui to provide background information or context to any discussion item where required.

It was quickly decided that, given the tight time-frame, engaging directly with whānau would be a more effective and productive way to obtain the feedback and insight from whānau and communities. MWWL branches and their membership, long established in the northern, central and southern communities of Tairāwhiti would be utilised to survey whānau in their local communities about their understanding of sore throats, their link to rheumatic fever, preventative measures and treatment, and their understanding of the risk factors for sore throats/rheumatic fever. So that their experiences with accessing health advice/treatment and their awareness of health promotion messages could be better informed and more fully understood. In most cases whānau would be representative of the communities in which they were interviewed.
One project team administrator, from core information provided by TDH, compiled a set of questions into a survey/interview form that was used by the participating MWWL branch members. The other project team administrator designed the table used to collate responses from the whānau interviews.

- The contractor is responsible for organising all hui details including venue, catering, and administration support and how each hui is run. Promotion of each hui to ensure maximum participation is the responsibility of the contractor. Possible avenues include radio panui, school newsletters, kanohi kitea, text, phone, email or social media.

It was decided that engaging directly with whānau would be a more effective and productive way to obtain the feedback and insight from whānau and communities. Given the tight time-frame, it was felt that the simple logistics of calling community hui would not produce the level of coverage and engagement required by TDH.

- To participate in regular feed-back sessions with TDH during the engagement process. The frequency will be decided at the initial planning session. On completion of this series of community engagement hui, the contractor will submit a final report. The components of this report will also be jointly identified at the initial planning session.

A follow up meeting was held on Wednesday 30 September, between the project team and Sharon Pihema who was updated Sharon on progress of the project. Sharon was satisfied with the work of the project team.

More frequent meetings were not always possible by TDH and resulted in the delivery date for the report being extended to 15 October.

A meeting of the Tairāwhiti Regional Rheumatic Fever Governance Group has been arranged by TDH on Wednesday 14 October. An invitation to the meeting has been extended to the MWWL Project Co-Ordinator and MWWL Project Administrator, Paul Thomas, who is key to the survey analysis and report completion. Both will attend.

Further meetings will be held with Sharon to debrief the MWWL report, and also with the participating MWWL branch members to debrief the process used to obtain the feedback and insight from whānau and communities.

- To ensure engagement is an ongoing process, the contractor will identify how each whānau and/or community would like to receive follow-up information and communication about the revised rheumatic fever prevention plan and local priorities and activities for Tairāwhiti. Examples could be via email communications, social media and/or community hui.

It is absolutely clear from the survey respondents that the internet, social media and particularly Facebook (“half this town is on Facebook”) is their preferred delivery method for follow-up information and communication about the revised rheumatic fever prevention plan and local priorities and activities for Tairāwhiti. Some 67% of survey respondents chose Facebook as their ideal delivery vehicle, preferably via a community Facebook page.

Dissemination of information through schools/kohanga (13% of respondents), community workshops (13% of respondents), radio/TV (7% of respondents) was also supported.

Dissemination of information through pamphlets, flyers and brochures was not so well supported (“people don’t like reading pamphlets and brochures anymore”). There was even less support for dissemination of information through word-of-mouth.

**Service Coverage:**

TDH made it known that, while the location of the engagement hui was at the discretion of the contractor, there were a number of communities that are key to the update of their Rheumatic Fever Prevention Plan. These are the Elgin, Kaiti, Te Karaka and Ruatoria communities. These communities
receive particular attention as the sites of the rheumatic fever cases reported during the period 2013 – 2015.

MWWL branches and their membership were able to reach into many other Tairāwhiti communities and did so to provide TDH with a wide-reaching sampling of responses to this issue.

TDH requires six hui to be held across Tairāwhiti that includes some or all of the four key communities mentioned previously. Feedback from at least 75 people was required from these engagement hui.

75 people responded to surveys from:

- Elgin – 12 respondents – 16% of total responses.
- Kaiti – 18 respondents – 24% of total responses.
- Te Karaka – 5 respondents – 7% of total responses.
- Ruatoria – 16 respondents – 21% of total responses
- Other northern Tairāwhiti communities – 9 respondents – 12% of total responses
- Other central Tairāwhiti communities – 11 respondents – 15% of total responses
- Other southern Tairāwhiti communities – 4 - 5% of total responses

**Service Objectives Outcomes:**

**Service Objective 1:** Gauge the level of whānau understanding about sore throat prevention/treatment/risk factors in tamariki and rangatahi.

Only a few respondents (8%) mentioned the overall health of their children as being important in the prevention of sore throats. They referred to the need for healthy food, warm clothing and dry, warm housing as being essential for their ongoing good health. Some were finding the cost of providing these essentials to their children as being prohibitive. Distribution of user friendly information about MSD assistance/allowances should be included in health promotions.

97% of respondents considered early treatment of sore throats to be a top priority for the general health of their children although only 30% would rush their child off to the doctor immediately. Others would apply the usual home remedies for colds/flu while waiting to see how things developed before taking their child to see a doctor.

Along with a lack of healthy food, warm clothing and dry, warm housing, attending school and general interaction with other children were seen as the biggest risk factors for tamariki and rangatahi maintaining ongoing good health. An emphasis on health promotion in schools is noted as being required with a partnership approach between the schools and the whānau being key to tamariki/rangatahi hauora.

**Service Objective 2:** Gauge the level of whānau understanding about sore throats and their link to rheumatic fever.

A surprisingly high number of respondents (77%) were aware of the link between sore throats and the potential for that to lead to worsening health issues of strep throat, rheumatic fever and future heart problems. They were aware of the need to quickly take the affected person to the doctor for a throat swab at the very least and then the likelihood of medication after that initial treatment.

17% of the respondents had either been directly affected by rheumatic fever or had had whānau affected by rheumatic fever and were correspondingly more knowledgeable than most.

A far smaller number (23%) were not aware that sore throats could lead to worsening health issues.

**Service Objective 3:** Provide details of whānau experiences and/or challenges with accessing health advice and treatment for sore throats.
67% of respondents have had whānau member’s throats swabbed. 33% of respondents have not. The only challenge of any significance with accessing health advice and treatment for sore throats was seeing a doctor or a nurse at a convenient time for the respondent. A good number of respondents (56%) reported the swabbing process as being comfortable to tolerable with only 10% finding the process uncomfortable. The remaining 34% had not been swabbed.

Somewhat surprisingly, 62% of respondents were not aware that throat swabbing was free through their doctor with 38% of respondents knowing of this free service through various sources such as nurses, health promoters, word-of-mouth etc.

Service Objective 4: Provide details of whānau ability to minimise and/or manage the risk factors for sore throats and the prevention of rheumatic fever (e.g. heating, insulation, overcrowding).

A good number of respondents (79%) mentioned the same general good health practices as being essential to managing the risk factors for sore throats and the prevention of rheumatic fever. These being (in no particular order):

- Good overall hygiene practices (“no sharing of drinks or kai”).
- Warm and dry housing.
- Good nutrition (“healthy kai”).
- Ample sleep.
- Adequate and regular exercise.
- Availability of clothing appropriate to the New Zealand seasons.

There were also mentions for:

- Avoiding overcrowding
- Regular airing of bedding
- Regular health checks.
- Spiritual health.
- Employment for parents.

The last item was pertinent as it was previously mentioned that some parents were finding the cost of providing these essentials to their children as being prohibitive.

Māori Women’s Welfare League (MWWL), through its branch network and membership, is in a position to grow awareness of the criteria for support to families through the healthy homes project. MWWL could also assist in promoting opportunities for parents through community contracts.

Service Objective 5: Provide details of whānau awareness of health promotion messages and activities for treating sore throats and rheumatic fever prevention.

84% of respondents currently receive health promotion messages and activities for treating sore throats and rheumatic fever prevention from their doctor (46%) and through radio/TV (38%). The one other notable vehicle currently was through the schools (7%).

It is absolutely clear from the survey respondents that the internet, social media and particularly Facebook (“half this town is on Facebook”) is their preferred delivery method for health messages to whānau. Some 67% of survey respondents chose Facebook as their ideal delivery vehicle, preferably via a community Facebook page.

Dissemination of information through schools/kohanga (13% of respondents), community workshops (13% of respondents), radio/TV (7% of respondents) was also supported.

Dissemination of information through pamphlets, flyers and brochures was not so well supported (“people don’t like reading pamphlets and brochures anymore”). There was even less support for dissemination of information through word-of-mouth.
Service Objectives Conclusions:

While it is customary to draw conclusions from the above findings, the Tairāwhiti Māori Women’s Welfare League (MWWL) Regional Council will not do that as it is not part of their project brief.

Tui Takarangi – Project Co-Ordinator
**TAIRĀWHITI RHEUMATIC FEVER PREVENTION**

### RECORD OF ENGAGEMENT

<table>
<thead>
<tr>
<th>Stakeholder/Provider</th>
<th>By Whom</th>
<th>Date</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Te Waiora o Nukutaimemeha (TWON)</td>
<td>DHB Portfolio Manager</td>
<td>21 August 2015</td>
<td>• RhF Community Engagement Plan submitted as information item</td>
</tr>
</tbody>
</table>
| Māori Women’s Welfare League          | DHB Portfolio Manager    | 22nd August 2015 | • Presentation at Tairāwhiti MWWL Annual General Meeting  
- Background on RhF programme to date  
- Discussion on local issues and priorities for RhF prevention  
- Proposal for DHB to contract MWWL to conduct whānau and community engagement activities tabled for consideration by members                                                                                                                                                           |
| Housing NZ                            | DHB Portfolio Manager    | 8th September 2015 | • Meeting with Area Manager, Senior Tenancy Manager and Tenancy Manager to discuss RhF prevention activities and opportunities for support and collaboration  
- Need to ensure whānau are aware that MSD now manage the application and waiting list process. Housing NZ still be contacted as first point of call  
- Need to ensure providers that work with rheumatic fever families are aware of fast tracking process if renting a HNZ house. Only 1 referral has been received locally via this pathway.  
- Need to support the healthy homes/warm and dry key messages as part of local awareness campaign. Strengthens the messages and information of the HNZ Warm and Dry programme.  
- Tenancy Manager nominated to be HNZ representative on Tairāwhiti Rheumatic Fever Awareness Campaign (TRAC)                                                                                                                                                                                                 |
| Tongan Methodist Church               | Health Promoter          | 16th September 2015 | • RF presentation assisted by Mele Veituna (ward 5 staff member) to interpret into Tongan  
- Sore Throats – Free doctor’s visits for children and teenagers 4yrs – 19
- Questions asked:

Are the elderly susceptible to getting Rheumatic Fever?

Do all rental properties come under the healthy housing scheme? Yes for housing NZ and Social housing No for private rental properties.

| Māori Women’s Welfare League | DHB Portfolio Manager | 17th September 2015 | Planning and education session to discuss:  
- Background to RhF prevention work in Tairāwhiti  
- Contractual requirements and service specification for Community Engagement agreement (between DHB and MWWL)  
- Brainstorm and planning for how MWWL could carry out the project |
| Tairāwhiti whānau and wider community | Māori Women’s Welfare League | September to mid-October | Community and whānau engagement activities conducted across the district.  
Survey developed to use as part of discussion with whānau.  
See Appendix 4 for full report |
| Ngāti Porou Hauora  
Three Rivers Medical Centre  
De Latour Road Medical Centre  
City Medical | Rheumatic Fever Champion | July and August 2015 | Feedback on how the rapid response clinics were working and ideas on how to continually improve |