# **Nelson Marlborough District Health Board Public Health, District Nursing and Rural Directorate**

**Public Health Service Annual Plan** 

2015-2016

Operational Period 1<sup>st</sup> July 2015 to 30<sup>th</sup> June 2016 (Incorporating 2014 – 2017)

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## Nelson Marlborough District Health Board's Public Health Unit's Plan for 2015 –16

#### a. Overview

Nelson Marlborough District Health Board (NMDHB or DHB) is a Crown Entity with ownership of a Public Health Unit which provides a range of health promotion, health protection and Medical Officer of Health services, across Nelson, Tasman and Marlborough. The Public Health Unit is part of the Board's Public Health, District Nursing and Rural Services Directorate.

In fulfilling contractual obligations it is necessary to develop an annual plan. This Annual Plan, for the 2015-2016 period, describes the services that the Ministry of Health (MoH) will purchase from NMDHB's Public Health Unit (PHU). The development of this plan has been influenced and informed by appropriate health protection/prevention and promotion planning guides, internal and external plans, strategies, and legislative documents. This plan has also been made available to the planning and project process, Māori Directorate, Nelson Bays Primary Health and Kimi Ora Wairau Primary Health for comment. The NMDHB Annual Plan 2015-2016 integration programme is incorporated in the Public Health Service Plan

The MoH has directed public health units to shape service delivery in a manner that incorporates services described in service specifications and in this regard the key objectives of the 2015/16 Annual Plan are to support and having to provide a nationally consistent approach to PHU service planning:

- DHBs to plan and provide Better, Sooner and More Convenient health services for all New Zealanders
- DHBs and PHUs to focus on regional collaboration, integrated care and value for money services
- DHBs and PHUs to plan their services together and manage the business
- Good quality PHU service performance information.

Operational implementation plans, where necessary, will be developed to guide the rollout of the annual plan. This annual plan outlines our service and strategies designed to achieving our long term outcomes.

Financial information relevant to this plan is provided in a separate document.

This annual plan has been endorsed by the Executive Management Team and Board of the NMDHB and is recognised as one of the subsidiary Plans to the NMDHB Draft AP 2014-2015 and 2015-2016. It describes public health services provided or funded by the Ministry of Health and highlights key relationships with other agencies.

#### b. Mission and Vision

- NMDHB Mission: "To work with the people of our community to promote, encourage and enable their health, wellbeing and independence"
  - Improve wellness
  - Improve long term condition management
  - o Improve participation and independence
  - Improve health and disability support services

- Improve sustainability
- NMDHB Vision: NMDHB's over-arching vision is 'Leading the Way to Health Conscious Families'. That means both providing a range of health services and also encouraging us all to build and maintain healthy lifestyles.
- Nelson Marlborough District Health Board VALUES:

#### Respect

We care about and will be responsive to the needs of our diverse people, communities and staff.

#### Innovation

We will provide an environment where people can challenge current processes and generate new ways of working and learning.

#### Teamwork

We create an environment where teams flourish and connect across the organisation for the best possible outcome.

#### Integrity

We support an environment which expects openness and honesty in all our dealings and maintains the highest integrity at all times.

The New Zealand Public Health and Disability Act 2000 requires every DHB to meet the following statutory objectives:

- To improve, promote and protect the health of people and communities
- To seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local, regional and national needs
- To reduce health disparities by improving health outcomes for Māori and other population groups.

The NMDHB Board is signalling a reshaping/refocusing of the previous alliance between NMDHB and Nelson Bays Primary Health and Kimi Hauora Wairau to improve the health and well-being of all residents in Nelson and Marlborough. All three provider organisations are committed to improving the health and well-being of people and their families across the district.

For example, this collaborative approach reinforces health promotion across the spectrum of population well-being and personal health care and recognises the joined-up approach being taken between the NMDHB and both Kimi Hauora Wairau and Nelson Bays Primary Health to achieve a district-wide health promotion planning approach.

NMDHB's 2015/2016 annual plan captures the South Island Regional approach and the Nelson Marlborough Health Alliance approach to health services which are based on a "Whole of System Approach" where, by example, clinical networks and multidisciplinary alliances will support the delivery of quality health services across the health continuum.

#### **Our Public Health Service**

Nelson Marlborough is part of the South Island region along with Canterbury, West Coast, South Canterbury and the Southern DHBs. Whilst each District Health Board delivers services individually, regional collaboration across the Public Health Units is occurring. This plan is testament to a collaborative approach to delivering Public Health Services to the South Island's Communities.

Nelson Marlborough's Public Health Unit provides Environmental Health and Communicable Disease and Health Promotion services for the NMDHB. The service is designed to deliver across the top of the South Island – Te Tau Ihu o Te Waka a Maui. The district-wide service delivery model is focused on enhancing health and wellbeing outcomes for the population, improving whanau ora, protecting public health, and identifying and improving the health status of vulnerable and at risk communities.

Nelson Marlborough Public Health Service provides an integrated multi-disciplinary workforce with the expertise to work across the spectrum of public health, and to respond to emerging and re-emerging public health risks and emergencies. They undertake regulatory functions and health improvement services, and deliver services that enhance the effectiveness of prevention activities in other parts of the health system (e.g. primary or secondary care-initiated services).

We provide public health services for a population of around 140,000, which is spread between the three territorial local authorities Nelson City, Marlborough District, and Tasman District Councils. The local government responsibilities of the district are taken care of by these three unitary territorial local authorities. These authorities are cognisant of the links between their work and health outcomes of their residents, and are also developing their role and responsibility in working collaboratively with the NMDHB towards better health outcomes for all.

This Public Health Annual Plan is based on, and aligned with the South Island planning template utilising the Core Public Health Functions framework (as agreed in the South Island Public Health Partnership plan) and details primarily the services delivered by Nelson Marlborough's Public Health Unit.

The work of this annual plan is guided by the following public health principles –

- a. focusing on the health of **communities** rather than individuals
- b. influencing health determinants
- c. prioritising improvements in Māori health
- d. reducing health disparities
- e. basing practice on the best available evidence
- f. building effective partnerships across the health sector and other sectors
- g. remaining **responsive** to new and emerging health threats.

#### c. NMDHB Demographic profile

An overview of the NM population can be found on the following link - <a href="http://www.health.govt.nz/new-zealand-health-system/my-dhb/nelson-marlborough-dhb/population-nels

This data shows that Nelson Marlborough's population is below the national average for the 0 to 40 year group however there is a significant change for the 40 to 80 year group where the population age tends to be significantly older than the national average. As a result NM receives more funding for the older, more expensive element of the population compared to the average.

#### d. Our Key Priorities

Public health activity comprises a range of population-based services (Health Promotion, Environmental Health and Communicable Disease) and personal health services (Public Health Nursing/Well Child Service, Cervical Screening Programme, and a Sexual Health Clinic). This plan discusses only the population-based programmes of our service as covered in the relevant core services contract.

The Public Health Service continues to work in strengthening the interface between our Environmental Health and Communicable Disease, Primary Health Care, and Health Promotion teams to ensure that the experiences and skills of our people are maximised and that the community receives the benefit of an integrated and comprehensive service.

Three strategic health outcomes have been identified by South Island DHBs, including Outcome One: 'People are healthier and take greater responsibility for their own health: The development of services that better protect people from harm and support people to reduce risk factors, make healthier choices and maintain their own health and wellbeing.' This outcome is supported by PHU activities.

The South Island Public Health Partnership is a specific work stream under the South Island Alliance with the purpose of "supporting population health approaches and planning and coordinating public health services for the South Island population". Areas within this work stream include workforce development and capacity building, population health information, communicable disease response and alcohol related public health work. By working together in this way the South Island Public Health Services can be more effective in improving population health outcomes.

At a local level collaborative opportunities exist with the two Nelson Marlborough Primary Health Organisations, and joint health promotion planning continues to be developed as a Nelson Marlborough Alliance approach. To enhance collaboration the Nelson office of the Public Health Service co-located during 2014-15 into shared premises with Nelson Bays Primary Health in Richmond, and during 2015 will colocate with Kimi Hauora Wairau in central Blenheim.

#### e. A Renewed Focus - Public Health's "core business and RBA Process"

The five core public health functions agreed by the Public Health Clinical Network and included in the draft revised Ministry of Health Tier One Public Health Service Specifications are:

- 1. Health assessment and surveillance
- 2. Public health capacity development
- 3. Health promotion
- 4. Health protection
- 5. Preventive interventions.

This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.

The Public Health Service planning and reporting will follow the Ministry of Health Results Based Accountability process (RBA) i.e. Quantity, Quality and is anyone better off (where appropriate).

#### f. NMDHB Partnership with Māori towards achieving Improved Māori Health

NMDHB has a commitment to Māori across Te Tau Ihu and its partner, the Iwi Health Board and strengthening the relationship it has to meet its obligations under the Treaty of Waitangi.

Our work is guided by the NZ Public Health and Disability Act 2000 and other policy directions from the Crown

Specifically, NMDHB and its Public Health unit are committed to the Treaty of Waitangi principles of:

- Partnership (includes obligation on both parties to act reasonably, honourably and in good faith; for both parties to recognise and respect each other's "culture; each party to be accountable to one another and have an emphasis on sharing and mutual benefit).
- Protection (duty to protect Māori as a people and as individuals).
- Participation (involvement and influence at all levels of planning, designing, decision making and delivery of services in the organisation. (NMDHB District Annual Plan 2012 2013).

Nelson Marlborough's Māori directorate has a vision to improve Māori health that is embraced by the Public Health Service, which reads:

"Kia korowaitia aku mokopuna, ki te korowaitanga hauora."

'Healthy As! Healthy Whanau are wealthy whanau – achieving our full potential and determining our future.'

The Public Health Service works with the General Manager Māori Health to receive advice and direction when engaging the Māori community, this does not limit Public Health from accessing Māori community views across the district. We will continue to build and focus on immunisation coverage, smoking rates, diabetes prevalence, poor oral health, infectious disease, cervical screening and cardio vascular disease.

In planning and delivering our services the Treaty of Waitangi principles are utilised to ensure Māori health gain and the reduction of inequities.

#### In summary:-

We will embrace a Māori holistic view to health through Māori models of wellbeing where good health is recognised as being independent on: wairua, hinengaro, tinana, te reo rangatira, and Whanau elements, all interacting to produce wellbeing in the people and te ao turoa (the environment). This approach requires that Māori health be understood in the context of the social, economic, and cultural position of Māori.

Our approach to service delivery is guided through the active recognition of te Tiriti o Waitangi and taking cognisance of the direction provided through the Whanau Ora Tool, the Ministries guidance and expectations, and aligning our plans with the organisations Māori Health Action plan. Alignment is achieved through infusing Māori Ora into respective initiatives by example through health promotion initiatives, communicable disease investigations and regulatory programmes. To accomplish alignment our staff incorporates appropriate cultural process to effectively engage and support local lwi, Māori providers, and Māori community groups, consistent with

the Nelson Marlborough District Health Board Māori Health and Wellness Strategic Framework.

Our service will build on the relationships we have with local lwi and Māori through the promotion of the environmental health service eg water quality and oral health. The Service will continue to support health and advocacy services to become more responsive to the cultural needs and context of Māori consumers. We utilise the experience and knowledge of our colleagues in the Māori directorate of NMDHB in planning our generic and Māori -specific programmes.

As in the past, operational plans will show an approach that infuses whanau ora across all work streams.

Public health services to Māori, will be delivered utilising existing service provision offered by Te Piki Oranga, Te Hauora o Ngati Rarua and other community groups that work towards promoting Māori health improvement. This includes utilising existing skills in Public Health to deliver the following programmes:

- Environmental Health and Communicable Disease
- Health Promoting Schools
- Auahi Kore
- Injury Prevention
- Early Child Health

#### Population Profile for Māori across Te Tau Ihu

Table 1 – Census data for Nelson, Tasman and Marlborough Region

Census date	2001	2006	2013
Tasman Region	2,778	3,063	3,441
Nelson Region	3,219	3,615	4,167
Marlborough Region	3,894	4,275	4,776
Nelson Marlborough Totals	9,891	10,953	12,384

The census data shows that there has been an increase (25.2%) in population over the intervening 12 years. Nelson Marlborough's Māori Health Action Plan 2012/13 summarises the population profile as follows:

- There is an expected increase in the Māori population to 9.5% [of the total population] based on population projections. This still remains less than the national average of 15%.
- Maata Waka represents the largest portion of Māori living in Te Tau Ihu at about 92%.
- Based on the adjusted population projections a higher portion of Māori live in Tasman and Nelson districts (60%) than Wairau (40%). The data shows that Marlborough had a greater increase in their Māori population.
- Māori still have a relatively younger population than non-Māori (29 years or less).

#### g. Alignment with National and Regional Strategic Health Priorities

This plan aligns with national and regional priorities and includes activities that support strategic health initiatives.

The plan is aligned with and sits alongside the

- Nelson Marlborough's DHB's Annual Plan and Statement of Intent 2015-2016
- NMDHB Māori Health Action Plan 2015-2016.

- South Island Public Health Partnership and SI Alliance Regional Plan
- Public Health Service specifications
- Ministry of Health priority guiding documents

Alignment is achieved through giving effect to regional (South Island Public Health partnership) and national initiatives to address health disparities, meeting Government & MoH & DHB priorities/strategic considerations, population health programmes designed to meet service specifications, partnership initiatives with Iwi and other communities, whanau ora initiatives, meeting statutory responsibilities of PHU / designated officer functions.

New Zealand's Public Health and Disability Act extrapolates the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. NMDHB works collaboratively and in partnership with local lwi to reduce inequalities and improve the health status of Māori. Added to that the service has taken cognisance of the direction in n 'Ala Mo'ui for the enhancement of the health status of Pacific people, families and communities.

Nelson Marlborough Public Health Service is part of the South Island Alliance's South Island Public Health Partnership, which is a collaboration of the three South Island Public Health Units.

In addition, this plan outlines how NMDHB Public Health Unit and its statutory officers plan to fulfil the statutory responsibilities embedded in legislation.

Peter Burton, Date: 30/06/2015

Service Manager, Public Health, District Nursing and Rural

Nelson Marlborough District Health Board

#### 2. OUTCOMES FRAMEWORK

The outcomes sought by public health services are:

- A healthier population
- Reduction of health disparities
- Improvement in Māori health
- Increased safeguards for the public's health
- A reduced burden of acute and chronic disease (Public Health Core functions report, 2012.)

Effective public health services combine strategies from several "core functions" to improve health outcomes. The core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting (see Figure 1). Public health services are not static, but evolve in response to changing needs, priorities, evidence and organisational structures.

Public Health Outcomes Framework leads to enhanced community health status through

- Improving the wider determinants of health
- Enhanced Health protection /prevention outcomes
- Enhanced Health Promotion outcomes

Figure 1 - Core Functions, Services and Outcomes

rigure	Figure 1 - Core Functions, Services and Outcomes.								
Govt	New Zealanders lead longer, healthier and more independent lives								
Ministry of Health intermediate outcomes		Good health ai independence a protected and promoted	are	A more unifi improved hea disability sy	lth and	health	receive better and disability ervices	syste trust	nealth and disability om and services are ed and can be used vith confidence
		Î		Î			$\hat{\mathbb{T}}$		Î
Public Health Service Outcomes						nes			
Outcomes Sought	mo	healthier and bre productive population		ucing health lisparities	Improvir hea		Increased safeguards for public's heal		A reduced burden of acute and chronic disease
		Î		$\hat{\mathbb{T}}$			Î		Î

Core	Health assessm and surveillance	e capaci		Health promotion	Health prote		Prevent interven	
			$\widehat{\mathbb{T}}$		Î		1	}
Seven principles nderpinning public alth service delivery	Focusing on the health of communities rather than individuals	Influencing health determinants	Prioritising improvements in Māori health	health inequalities	Basing practice on the best possible evidence	Building effective partnersh across the health sec and other sectors	rips testing to the control of the c	Remaining responsive to new and remerging nealth threats

#### 3. HEALTH ASSESSMENT AND SURVEILLANCE

"understanding health status, health determinants and disease distribution"

- a. Strategies (from Core Functions Report)
- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating disease clusters and outbreaks (both communicable and non-communicable).

#### b. Outcomes and Activities table

Core	Activities	Key Performance Measures			
Function	(what we will do to achieve outcomes)	Short Term Outcomes (the results that we're working towards)	Performance Measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we will monitor progress towards the results)	
Health Assessment	Develop/update health status reports and health needs analyses for specific populations (e.g. child/youth, refugee health).	Robust population health information available for planning health and community services	Number and accessibility of reports. Formal/informal feedback.	Availability of information for planning including where possible availability to external audiences eg lwi	
	Monitor, analyse and report on key health determinants.		Number and accessibility of reports. Formal/informal feedback.		
	Develop health status reports and health needs analyses for specific populations.		Number and accessibility of reports and presentations. Formal/informal feedback.		

Core	Activities	K	Cey Performance Measure	es
Function	(what we will do to achieve outcomes)	Short Term Outcomes (the results that we're working towards)	Performance Measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we will monitor progress towards the results)
	Develop disease- specific reports for conditions of concern. Develop communicable disease-specific reports for conditions of concern, e.g. Pertussis, Tuberculosis.		Number and accessibility of reports. Formal/informal feedback.	
	Review the latest health needs analysis data aiming to identify local needs. This includes the intent to tackle obesogenic environments (SSB Projects).		Progress, formal/informal feedback.	
	Develop reports predicting the likely impact of public events on health services that may require an emergency response.			
	Provide analytical support and develop reports for multidisciplinary			

Core	Activities	Key Performance Measures				
Function	(what we will do to achieve outcomes)	Short Term Outcomes (the results that we're working towards)	Performance Measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we will monitor progress towards the results)		
	planning groups, e.g. Public Health Clinical & Quality Group, Oral health Advisory Group, Youth Health Network, Sexual and Reproductive Health Planning Group.  Contribute to development of shared South Island public health indicators including Centre for Public Health Research – Massey University Environmental Health indicators and Episury.					
	Supply population health indicator data for inclusion in Transitional Local Authority Community Indicator Reports.  Disseminate information in existing and dedicated reports.	Improved public understanding of health determinants	Number of data reports.	Availability of information to public		

Core	Activities	Key Performance Measures				
Function	(what we will do to achieve outcomes)	Short Term Outcomes (the results that we're working towards)	Performance Measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we will monitor progress towards the results)		
	Annual release of consistent indicators of alcohol harm to communities.					
Surveillance	Review, analyse and report on communicable diseases data, including regular reports on notifiable diseases and influenza/gastroenteritis when appropriate.  Work with Medical Officers of Health, Public Health Analyst and feedback review findings from Vaccine Preventable notifications to Primary Care Organisations and General Practices.	Prompt identification analysis and feedback of emerging disease trends, clusters and outbreaks	Number and accessibility of reports. Formal/informal feedback.  Timeliness and feedback of reports for identifying trends and outbreaks of concern  Number of reviews completed and feedbacks provided			
	Review, analyse and report on other disease data (e.g. alcoholrelated harm, sexually transmitted infections,		Number and accessibility of reports. Formal/informal feedback.			

Core	Activities	K	Key Performance Measures				
Function	(what we will do to achieve outcomes)	Short Term Outcomes (the results that we're working towards)	Performance Measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we will monitor progress towards the results)			
	and injuries).						

#### 4. PUBLIC HEALTH CAPACITY DEVELOPMENT

"enhancing our system's capacity to improve population health"

- a. Strategies (From Core Functions Report)
- Developing and maintaining public health information systems.
- Developing partnerships with lwi, hapü, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research**, **evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- Quality management for public health, including monitoring and performance assessment.
- Deliver Authorised Provider Services

#### b. Outcomes and Activities table

Core	Activities	Key Performance Measures			
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators	
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)	
Public Health Information	Review IT Infrastructure across the PHS i.e.	Public health information accessible to public health, partner	Completeness and currency of information.	Availability and accessibility of public health information	
Systems	databases, website update, SIPHAN, Health Pathways, HIIRC, NIR, SBVS HSDIRT and	organisations and the public	Produce an ongoing IT project report. This project is led by the Clinical & Quality Group. Record of contributions.	Updated information will be disseminated to the public through the PHS website.	

Core	Activities	ı	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Partnerships with iwi, hapü, whānau and Māori	Episurv.  Contribute to development of regional and local information systems Develop and implement DHB Public Health communications plan.  Work with Iwi, Whanau and hapu within Te Tau Ihu around health information and analysis with health implications related to health determinants and outcomes for Māori.	Effective partnerships with Iwi, hapü, whānau and Māori	Record of contributions.  Number of Maori and other ethnic groups engaged with.  Act on formal and informal feedback.	Joint approaches and initiatives
	Address and implement, where appropriate, the Māori Health Plan. Utilise the He Taura Tieke audit tool to assess service		Progress against plan.	

Core	Activities	ı	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	delivery.  Work with Maori GM and Te Piki Oranga.  Continue to contribute to the development of shared South Island			Number of shared initiatives implemented.
Partnerships with Pacific and other ethnic leaders and communities	whanau ora initiatives.  Work with local Pacific and other ethnic leaders and communities - including consulting on all proposals and policies with health implications related to health determinants and outcomes for pacific and other ethnic groups.  Continue, where appropriate, to contribute to the	Effective partnerships with Pacific and other ethnic communities	Record activity and impact of participation.  Progress the plan and guidelines.	Joint processes and initiatives

Core	Activities	ı	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	plan and guidelines.			
Human resources	Develop and implement NMDHB PHU and South Island public health workforce development plans, including health in all policies and Whanau Ora approaches, for all public health staff.  Develop and implement local and regional public health workforce development plans, including health in all policies and Whanau Ora approaches, for public health, other health sector and non-health staff.  Contribute to regional processes	A highly skilled public health workforce	Maintain 11 designated statutory officers (HPO and MOH's) for regulatory functions. Number of staff attending professional development opportunities.  Training participation and feedback for public health staff. Number and nature of shared opportunities across SI PHUs.	Number of staff who report an increase in the level of knowledge of the topic as a result of trining.  Number of staff who report they can confidently apply the knowledge acquired to their work.  Workforce Development Plans Record of training

Core	Activities	I	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators (how we'll monitor
		working towards)	(key measures of quantity or quality of activities)	progress towards the results)
Research, evaluation, economic analysis	Review literature for evidence-based public health practice and support public health research and evaluation.  Where appropriate conduct research on communicable disease outbreaks and incidents.  Pursue conference presentations and peer-reviewed publications where appropriate.  Review the Health protection Officer Competency Project and consider whether it is suitable for local adoption.	Information available on priority public health issues and effectiveness of public health interventions	Number of publications and presentations. Formal/informal feedback.  Number and accessibility of reports. Formal/informal feedback.  Number of research projects and publications.	Support public health research and evaluation, (including specified, e.g. housing research etc) with a particular focus on improving Māori health and reducing health disparities
Planning and advising on public health programmes	Review literature for evidence-based public health practice.	Population health interventions are based on best available evidence and advice	Number and accessibility of reports. Formal/informal feedback.	Number of reports available to stakeholders

Core	Activities		Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Develop reports and advice to support robust public health interventions, with a focus on improving Māori health and reducing health disparities.  Contribute to regional and local public health infrastructure and supports, including South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, etc.  To initiate a collaborative work			
	plan, with the NMDHB, local community and partnership with the South Island Alliance in relation to Sugar			

Core	Activities	ı	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes  (the results that we're working towards)	Performance measures (key measures of	Short Term Outcome Indicators (how we'll monitor
		,	quantity or quality of activities)	progress towards the results)
	Sweetened Beverages (SSBs).			
Quality Management	Review quality plans.	A continuous improvement culture and robust quality systems for all public health work	Number of plans reviewed. Formal/informal feedback.	PHS Quality Plan updated and implemented.
	Develop and implement quality improvement plans.	Risk Register is relevant and up to date.	Quarterly review of PHS Risk Register.	Risks are successfully identified, managed and mediated.
	Maintain IANZ accreditation of drinking water unit			
	To use the NMDHB Quality, and Health and Safety Framework to review and manage risks associated with service delivery of Public Health services.			
	To audit and report on the service delivery of Public		Annual internal audit schedule to report on	

Core	Activities	ı	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of	Short Term Outcome Indicators (how we'll monitor progress towards the
	Health services.  Facilitate professional competency and development of Public Health staff.	All Managers take responsibility for championing quality and make quality improvements to service delivery.	activities) service delivery performance.  Number of staff exposed to professional development	results)  Staff maintain appropriate professional competencies
	NMDHB (PHS) to contribute to management and work groups as per South Island Public Health Partnership Plan 2012-15:  Population health analysts network Population health workforce development group South Island Alcohol workgroup South Island Smokefree 2025 group South Island Sustainability workgroup	Effective regional delivery of public health core functions	Progress against plans. Partnership evaluation.	Active collaboration with the South Island Public Health Partnership is ongoing

Core	Activities	I	Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Authorised Provider Services	Management group  Population health information  Population health capacity building  Issues-specific work groups  Management group.  Provide Health Information Service as per Public Health Service Specifications.	Good interagency networks are maintained with those agencies involved in Improving the knowledge and awareness of health issues in our region.	Accessible stores in Nelson and Blenheim offices carrying adequate stocks of resources.	
	Health education resources developed in accordance with: Guidelines and principles described in National Guideline for Health Education Resource Development in New Zealand (Ministry of Health, 2002).	Support to Public Health programmes is ensured. Requests for health education materials from external agencies and the general public are fulfilled promptly.	All requests for distributions completed. Point of contact maintained in Blenheim and Nelson.  Catalogue distributed.	All requests for distributions completed.  Point of contact maintained in Wairau and Nelson.  Resource Catalogue distributed. Resource Database maintained.

Core	Activities		Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Do We Need This Resource? (MoH 1995)  Guidelines for Developing Maori Health Education Guidelines (MoH 1996)  Pacific Island People's Health Education Guidelines (MoH 1999).		Resources freely available in Nelson and Blenheim.	Stakeholder groups identified and kept informed on available resources

#### 5. HEALTH PROMOTION

"enabling people to increase control over and improve their health"

- a. Strategies (From Core Functions Report)
- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

#### b. Outcomes and Activities table

Core Function	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures	Short Term Outcome Indicators (how we'll monitor
		working towards)	(key measures of quantity or quality of activities)	progress towards the results)
Building Public Policy	Support and co- ordinate development of NMDHB and regional position statements and submissions on public health issues.	Policies and practices within and beyond the health sector that will improve health, improve Māori health, and reduce disparities	Number of position statements and submissions.	New and reviewed strategies, plans and policies reflect health priorities
	Population Health input into the NMDHB		To support the DHB in producing position	

<b>Core Function</b>	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of	(how we'll monitor
			quantity or quality of activities)	progress towards the results)
	Annual Planning process.		statements and Policies relevant to Public Health.	
	Identify areas where the Public Health Service / DHB might		Record of contributions	
	refresh and / or develop new policy		Number of policy and position statements	
	statements in areas where the DHB can		addressed.	
	make a contribution.  Investigate where		Results of review processes enable assessment and	
	possible, the opportunity to		enhancement of the impact of our advice on	
	collaboratively review the policy status of the		decision making by community agencies	
	TDC, NCC and MDC.		and groups.	
			Formal/informal feedback Record of	
			contributions. Formal/informal feedback.	
	Grow public support for Smokefree		Number of position statements and submissions addressed.	An increase in the number of organisations who demonstrate support

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Aotearoa by 2025 by promoting a Smokefree Charter/Award scheme to as many organisations and settings as possible who support the Smokefree 2025 goal.  Support and coordinate development of DHB position statements and submissions on public health issues e.g. DHB position statement or DHB policy on Sustainability, as part of a SI-wide effort.  Support NMDHB and other sector organisations to undertake Health Impact Assessments.			for Smokefree Aotearoa by 2025.  An increase in the number of settings where children and Māori are likely to congregate being recognised for their Smokefree 2025 efforts.

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Coordinate NMDHB submissions on local council plans and policies. (to include water fluoridation).			
	Work with Nelson City Council on a Health Impact Assessment on lowering speed limits in Inner Nelson.			
	Work with Nelson City Council to ensure health outcomes are incorporated into its Sustainability Strategy.			
	Work with councils, government agencies and NGOs to develop a Top of the South Social Housing Strategy.			
	Healthy outdoor spaces - work with local councils to			

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	advance smoke free and alcohol advertising free parks, playgrounds and sports grounds.  Develop and make available, resources to support Health Impact Assessment (HIA) Support health and non-health sector staff with appropriate tools to enable an HIA approach. Ensure these tools are available to all partner agencies.  Support settings (workplaces, sports clubs, and schools) to develop policies which support health.  Impact assessments of supplied information to local and national community decision			

Core Function	Activities	Key Performance Measures		
	(what we'll do to get	Short Term Outcomes	Performance	Short Term
	the result)	(the results that we're	measures	Outcome Indicators
		working towards)	(key measures of	(how we'll monitor
			quantity or quality of	progress towards the
			activities)	results)
	and embedded into the			
	ongoing evaluation process.			
	process.			
	Copies of all written			
	information,			
	Submissions and			
	Health Impact			
	Assessments are			
	available.			
	Support and co-			
	ordinate development			
	of regional position			
	statements and			
	submissions on public			
	health issues.			
	Development of the			
	NMDHB Alcohol Harm			
	Reduction Strategy.			
	Injury Prevention:			
	Co-facilitation of	Priority areas of safety	Support for planned	The following
	International World	concern within Te Tau	and community agreed	outcomes for both the
	Health Organisation	Ihu are identified and	timeline for progression	Nelson/Tasman and
	Safe Community Initiative within Te Tau	supported, including those in which	of accreditation and	Marlborough projects are as follows:
	Thu community. To	Nelson/Tasman and	beyond sustainability.	Activities in the
	enable and support	Marlborough District will		district, which are
	collaborative actions	take a lead role.		addressing

<b>Core Function</b>	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	that improve safety of people living, working and visiting the Nelson, Tasman and Marlborough districts.  Nelson Tasman Project: Safe At The Top (Accredited/Designat ed): Staff actively support this project on three levels of commitment: 1. Governance: oversight of this project and receive reports from the Coalition Group. 2. Coalition Group: Coordination and implementation of strategic plans. An action group with specified roles and tasks. These include Annual Planning, reviewing priority community safety issues, developing	Local Government is involved in creating well-connected, inclusive and accessible communities.		community safety issues, are identified and mapped; Information, data and high level plans are shared between key stakeholders; Community activities are supported and sustained to deliver improved safety; The two projects are sustainable and meet the obligations under the International Safer Communities framework.

Core Function	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	and ongoing communication plan, supporting project funding and delivery.  3. Task Group leaders and members: Responsible for frontline delivery of projects. Task group leaders act as a conduit to the Coalition group, report on progress, identify gaps and needs, develop and implement projects.			
	Marlborough Project: Safe and Sound at the Top :Accredited and Designated Staff actively support this project on a number of levels of commitment: 1. Project administration			

<b>Core Function</b>	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	2. Project comanagement and consultation 3. Task Group leadership and membership: Responsible for frontline delivery of projects. Task group leaders act as a conduit to the Coalition group, report on progress, identify gaps and needs, develop and implement projects.		Narrative report re progress against plan. Status of all interventions and/or activities.	
	Other examples of collaborative health promotion interventions (not services) mentioned in the plan included interventions that fall out of the International Safe Communities projects (i.e. Safe at the Top and Safe and Sound at the Top).		Document indicating to the commitment to develop the NMDHB Alcohol Harm Reduction Strategy.	

Core Function	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Examples include Older Persons Forum, Road safety Action Planning, Stopping Violence, Youth Councils, Mental Health, Housing and neighbourhood safety and Alcohol Harm Reduction.  Note that this also includes a number of agencies working in the Family and Child Abuse Area. Specifically; Men's Views on Stopping Violence Service which is in collaboration with SVS, Living Safe Public Health and NMIT. Health Promotion is actively involved in NMDHB Violence Intervention Programmes.			

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
Social Environment, Media	Deliver relevant and timely public health information and support campaigns including' Mental Wellbeing Campaign, World Smokefree Day, Mental Health Awareness Week, alcohol harm awareness / minimisation initiatives.	Communities educated and aware of health issues and healthy choices and behaviours	Progress against plan. Status of all information supplied is recorded and updated in real time.  Impact assessments of supplied information to local and national community decision makers are recorded and embedded into the ongoing evaluation process.	Results of review processes enable us to assess and enhance the impact of our advice on decision making by community agencies and groups.
	Respond to requests for information and advice from community groups and agencies.	Relationships are strengthened and health influences and potential impact on health outcomes are considered by policy makers / planners / practitioners	Copies of all written information are available.	
	Built environments promote health, and support healthy choices and behaviours in the community.		Changes in practice by health and social service agencies.  Number and type of public health	Evidence of Public Health contribution in

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.		messaging distributed. Evaluation of reach and impact of individual campaigns.  Partnership and consultation processes are reviewed and improved where applicable (narrative report documenting the process).  Preparation of presentation material completed.  Evaluations of presentations completed.  Report on recommendations.	key decisions (where available).
Education settings Inclusion of HPS in annual plan is now optional)	Develop and support Health Promoting Schools (HPS) initiatives.	Education, schools and tertiary settings that support healthy choices and behaviours.	Number of schools engaged.	Results of review processes enable assessment and enhancement of the impact of our advice on decision making by

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or activities)	(how we'll monitor progress towards the results)
				community agencies and groups.
	Form school action plans.		Number of Action Plans completed.	
	Engage schools to identify their Māori, Pasifikā or vulnerable communities wellbeing/hauora needs.		Narrative report documenting changes in practice.	
	Support schools to implement links for Māori, Pasifikā or vulnerable communities towards addressing wellbeing/hauora needs.		Evaluation findings.	
	Schools have embedded HPS criteria to support Māori, Pasifikā or vulnerable communities.		Number of hubs supported.	
	Support schools to link		Formal/ informal	

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	with agencies and nutrition and physical activity that enhances the wellbeing/hauora of Māori, Pasifikā or vulnerable communities.  HPS Forum meets once a term to reorientate health services to achieve greater coordination, collaboration and delivery of services to Schools.  Status of all information supplied is recorded and updated in real time.  Support community		feedback.	. Joseph January 1985
	youth forums.  Support smoking cessation initiatives.		Forums supported  Number of schools engaged in Auahi Kore activities and community smoking cessation initiatives.	

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Health Promotion is actively supporting and implementing Safekids Aotearoa interventions.			
	Develop and support health promoting schools initiatives.  Form school action plans.  Engage schools to identify their Māori, Pasifikā or vulnerable communities wellbeing/hauora needs.  Support schools to implement links for Māori, Pasifikā or vulnerable communities towards addressing wellbeing/hauora needs.			

Core Function	Activities	Ke	y Performance Measure	s
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Schools have embedded HPS criteria to support Māori, Pasifikā or vulnerable communities.  Support schools to link with agencies and Nutrition Physical Activity that enhances the wellbeing/hauora of Māori, Pasifikā or vulnerable communities.  HPS Forum meets once a term to reorientate health services to achieve greater coordination, collaboration and delivery of services to Schools.  Support smoking cessation initiatives.  Health Promoting Schools: It is our intention to		Status of all information supplied is recorded and updated in real time.	

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	utilise the new HPS planning tool to introduce relevant schools to the new HPS framework, to the new HPS cycle of enquiry, to identify changes in practice and to collect and enter information about each school's HPS pathway and progress, including the impact and outcomes achieved into the new HPS database from 1 July 2014 to 30 June 2015. It is also our intention to align with the new Process for Database Entry and identify and HPS Data Coordinator to access the new HPS database and enter data in one sitting from 1 July 2014 to 30 June 2015. (HPS Data Coordinator must		Narrative report re progress against national plan including status of local interventions.	

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	check that the school name / MoE code is correct on the HPS planning template).			
Workplaces	Work with priority workplaces and partners/networks to develop health promoting workplaces.	Workplaces that support healthy choices and behaviours	Report initiatives undertaken to meet needs of Māori. Report on number of workplaces engaged.	In collaboration with the Maori Health Directorate, ensure health needs of Māori are addressed in agreed policies.
			Number of strategic workplace networks engaged.	Number of work places reporting an increased awareness.
Marae and other Māori settings	Work with Marae and other Māori settings (e.g. Kohanga Reo, Tane Ora, community hubs) to support healthy choices and behaviours.	Marae and other Māori settings that support healthy choices and behaviours	Number of Māori settings worked with. Number of initiatives supported e.g. Auahi Kore, alcohol. Number of Tane Ora initiatives.	Maintain active support of performance measures
	Help to establish an active and sustainable network of support for parents and young people progressing healthy outcomes for		Formal/informal feedback – including evaluation findings.  Develop and	

<b>Core Function</b>	Activities	Ke	ey Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	the younger community.		disseminate an Alcohol Harm Reduction kit for whanau with support from Māori Directorate.  Success dependent on feedback and requests for further packs?	. Joseph Jane 1997
Other Community Settings (community action)	Support communities to address priority issues, including community engagement initiatives and development of health promotion settings e.g. active transport, food security, wellbeing, breastfeeding, smokefree.  Purposefully engaged with stakeholders	Other community settings that support healthy choices and behaviours.  Communities aware of health issues and healthy choices and behaviours	Number of groups/settings engaged.  Number of initiatives supported and evaluated. Evaluation of findings. Copies of all written Submissions and Health Impact Assessments are available.	Impact assessments of our submissions to local and national community decision makers are recorded and embedded in community programmes.
	including senior medical officers at the DHB and PHO's to implement a home insulation project which is targeted to			

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	those most vulnerable and most likely to benefit. This includes those with multiple hospitalisation and chronic conditions such as diabetes and cardiovascular disease.  Supporting community hubs with physical activity exercise, oral health and smoke free for under 5s.  Continued interventions with Breastfeeding groups especially Māori. Public Health Nurses and Well Child tamariki Ora providers identify and refer appropriately to specific providers and organisations promoting and supporting communities in addressing e.g.		Status of activities supplied as recorded and available in real time.	

<b>Core Function</b>	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	Breastfeeding and Oral health.			
Community Capacity	Co-ordinate Healthy Homes collaborative projects.	Communities able to address health issues of importance to them	Number of collaborative projects. Number of regional collaborative projects	Changes achieved by community partnerships.
	Continue to contribute to the collaborative groups promoting good homes tools, particularly with councils and appropriate community representatives.	Knowledge on how to best deliver home safety interventions in the householder's home will be improved.	Formal and informal feedback –including evaluation findings.	Report on the contributions made to improving housing issues for Māori, Pacific Island, Asian, Former refugee, and those living in areas of high deprivation.
	Provide information about community engagement initiatives, community resilience activities.		A narrative report describing participation in the project and the process used to direct householder feedback into planning processes.	Feedback from older householders will be increased to inform local and regional planning processes.
	Work with providers accepted by EECA to identify high priority households who may benefit from accessing		Formal/informal feedback.	Extension of Goodhomes to working age, age groups will be considered

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of	Short Term Outcome Indicators (how we'll monitor progress towards the
	the Warm-Up New Zealand Healthy Homes project		activities)	results)
Individual Skills	Support ABC delivery in primary and secondary care.	People with skills to enable healthy choices and behaviours	Progress against Health Target 5: Better support for smokers to quit.	Smoking quit rates Evaluation of other initiatives
	Deliver Aukati Kai Paipa and other cessation support.		Progress against AKP contract specifications.	
	Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, nutrition/cooking and/or physical activity programmes for Māori and Pacific people, seniors, children and young people, and new migrants fall prevention programmes, breastfeeding support).		Record of interventions. Formal/informal feedback, including evaluation findings.	
	Deliver safe sexual		Number of resources	

Core Function	Activities	Ke	y Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of	Short Term Outcome Indicators (how we'll monitor
			quantity or quality of activities)	progress towards the results)
	health education and resources to priority groups.		distributed and programmes supported.	
	Sexual and Reproductive Health Sexual and		Number of education sessions delivered.	
	reproductive health promoter intends to work alongside other health promotions or activities being carried out in the community to promote Sexual and Reproductive Health.		Formal and informal feedback.	
Healthcare Settings	Work with hospital and community healthcare providers to develop health promoting settings.	Hospitals and community healthcare settings that support healthy choices and behaviours	Number of initiatives. Evaluation findings.	Healthcare initiatives and evaluation reports
	Advocate for NMDHB to adopt and implement health promoting policy.	Preventative and population approaches support healthy choices and behaviours in healthcare settings		
	Promote a population health approach to tackling obesity with other parts of our DHB			

Core Function	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	and via SI SLAs and workstreams.  Develop NMDHB Alcohol Harm Reduction Strategies; cooperating and supporting other South Island DHBs.		All South Island DHBs have an Alcohol Harm Reduction Strategy in place by early 2016.	

#### 6. HEALTH PROTECTION

"protecting communities against public health hazards"

- a. Strategies (From Core Functions Report)
- Developing and reviewing public health laws and regulations<sup>1</sup>.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

All work will be carried out in accordance with the Ministry of Health Environmental Health Protection Manual, Communicable Diseases Control Manual and other relevant Ministry manuals and guidelines.

#### b. Outcomes and Activities table

**Key Performance Measures** Core Function **Activities** (what we'll do to get **Short Term Outcomes Short Term Outcome Performance** the result) **Indicators** measures (the results that we're working towards) (how we'll monitor (key measures of quantity or quality of progress towards the activities) results) Cases and outbreaks Communicable Reduced incidence of **Investigate Cases** Notifiable diseases and Disease and Outbreaks of notifiable diseases investigated influenza rates outbreak Control Communicable Reduced incidence of rates and trends disease in influenza

<sup>1</sup> Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of	Short Term Outcome Indicators  (how we'll monitor progress towards the
	accordance with Guidelines, Manuals and Procedures.  Complete Case and Outbreak investigation details in EpiSurv  Immediately advise key health sector providers of any Communicable Disease Outbreaks		Cases entered into EpiSurv within appropriate timeframes  Over the reporting period record the number (and disease name) of outbreaks in ARC facilities	results)
	in Aged Residential (ARC) facilities  Facilitate the treatment of cases, contact tracing, prophylaxis and undertake Directly Observed Therapy (DOTS) as required  Advise Local Authorities of Disease status in the District		Number of cases requiring DOTS supervision  TLAs are advised on a quarterly basis of the disease status across the district	

Core Function	Activities	K	ey Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	Produce Alerts to Health Sector Organisations in response to any critical communicable Disease issue in the District		Number and nature of Alerts/Advisories issued	
	Maintain a 24/7 On call capacity for Communicable disease investigations		24/7 On call capacity maintained	
	Review Communicable Disease procedures on an annual basis		Procedures reviewed	
	Contribute to the development of shared South Island communicable disease protocols.		Advocacy for public health outcomes in above forums as evidenced by meeting minutes.	
	Provide public information and advice, including promoting		Number of promotions completed	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	immunisation and hand hygiene.  Public Health Nurses, Well Child Tamariki Ora Nurses address and promote Immunisation and hand hygiene when delivering services, both in instances of personal and population health events.  Work with priority settings and communities to increase immunisation and improve infection control.  Work with the refugee and migrant community to facilitate health screening and first introductory visits		Number of FIV's facilitated. Addressed during Communicable Disease follow up in partnership with Primary Health	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of	(how we'll monitor
			quantity or quality of activities)	progress towards the results)
	(FIV's).		Organisations.	
	Routinely offer Communicable Disease Information to Culturally and Linguistically Diverse (CALD) Communities.			
	Provide vaccinator and programme		Documented numbers of authorised vaccinator	
	authorisations as per Medicines Regulations		& local programme applications and approvals.	
Border Health Protection	Grant Pratique.	Reduced international spread of infectious disease	Number of Pratiques granted.	Evidence of imported or exported disease.
	Issue Ship Sanitation Certificates.(SSCs)		Number of ship SSCs granted.	Number of ports of entry that comply with International Health Regulations and Health Act quarantine requirements
	Routine weekly monitoring for all mosquito species in the Port Nelson and Picton environs and record results in the		Weekly monitoring undertaken and recorded in national database within required timeframe	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of	Short Term Outcome Indicators (how we'll monitor
		working towards)	quantity or quality of activities)	progress towards the results)
	National Mosquito Surveillance Database.			
	Assist the Port companies to maintain their core capacity for designation by the World Health Organization, including maintaining up to date plans for responding to public health emergencies of international concern'.		Annually complete a report and submit to the Ministry by the due date.	
	Review Practique Health Declaration Procedure on an annual basis		Procedure reviewed	
	Investigate suspect exotic mosquito interceptions as per protocols. Provide assistance with incursions as		Record of response to border health incidents. Record of interception actions. Record of assistance provided.	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of	Short Term Outcome Indicators (how we'll monitor
		working towards)	quantity or quality of activities)	progress towards the results)
	requested by MoH.			
Drinking Water Quality	Participate in the DHB Oral Health Advisory Group and support health promotion initiatives.	Improved water quality and protection measures in community drinking water supplies	Record of participation/assistance provided	50 to 90% of community supplies complying with DWS
	Continue to identify drinking water suppliers including drinking water suppliers, water carriers and specified self-suppliers and enter them on the register	Increased public awareness of the importance of drinking water quality	75 to 100% of community supplies with approved Water Safety Plans	
	Verify adequacy of water suppliers' water safety plans and provide report		Applications processed and reported on within 20 working days	
	Verify implementation of a water safety plan at no greater than a three yearly interval and report to the		Reporting undertaken within 20 working days	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	water supplier			
	Verify drinking water supplier's authorisation of individuals needing to perform drinking water analysis and calibration of water treatment and testing equipment.		Number of individuals verified	
	If a grading is required by the water supplier, complete this process using current procedures.			
	Undertake an annual survey of relevant drinking water supplies.		Annual survey completed by date specified by MoH science provider	
	Write compliance reports to relevant water suppliers after annual survey has been carried out		Reports covering 58 networked and community supplies completed within 60 working days.	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Audit the quality of drinking water supplier's water quality monitoring records		Capture and report all incidents/complaints & notification as per current procedures.	
	Respond to public health incidents/complaints & notification relating drinking water.		Number of incidents complaints and notifications which are dealt with appropriately.	
	Maintain calibrated drinking water testing equipment		Equipment is calibrated /maintained to meet accreditation criteria	
	Promote fluoridation through submissions		Number of submissions commented on	Fluoridation of drinking water supplies is promoted.
Sewage	Work with councils to promote and ensure safe sewage disposal	Less disease caused by human contact with sewage	Record any working group meetings attended	Sewage-related outbreaks
	Work with councils to ensure sewage spills are notified and registered, and	Reduced incidence and impact of environmental hazards from the treatment and disposal	Maintain a register of sewage spills across the district and record any public health action	Environmental contamination events

Core Function	Activities	K	Cey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	public health information given	of sewage		
	Review sewage spill procedure on an annual basis		Record the number of sewage spills across the district on a 6 monthly basis. Procedures reviewed	
Recreational Water	Monitor Councils Annual Recreational Water surveys (Bacteriological and Cyanobacteria) and respond to non compliances	Less illness caused by contamination of beach, river and pool water.  Reduced incidence and impact of environmental hazards associated with recreational waters.	Recreational water non compliances are responded to and non compliances recorded	Waterborne disease outbreaks Beach and river water, warnings and closures
	Work with Councils, other agencies, including Iwi and Pacifica, to provide public health information on recreational water issues	Public Health issues identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Public Health information given where recreational water action levels are exceeded	
			Review undertaken	
	Conduct an Annual review of			

Core Function	Activities	K	Cey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	Recreational Water Procedures.			
Housing	Work with relevant national, local and community organisations to ensure that population, especially vulnerable groups, has warm, dry and affordable housing (including identification and referral of vulnerable households). – see section in "Community Capacity" relating to housing improvement initiatives.	Less disease caused by inadequate housing	Actions and/or outcomes from key housing stakeholder meetings reflect public health input.  Number of families assisted to relocate	Improvements in warm, dry affordable housing.
Resource management	Work upstream with councils to ensure public health issues are identified and considered in Resource Management processes.	Regional and local council resource management practices and decisions reflect health priorities	Groups that Designated Officers work with and public health issues addressed	Evaluation of council decisions.  Number of recommendations in submissions adopted by Councils.

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Submit on significant consent applications and review and submit on Council plan changes where public health risk is identified		Consents and plan changes reviewed Number of submissions made and accepted	
Hazardous substances	Carry out requirements under the HSNO Act in alignment with MoH action plan.	Public protected from exposure to hazardous substances	Reactive Hazardous Substances work will be undertaken in accordance with the Hazardous Substances Action Plan 2014-15	Reports of public exposure
	Work with Councils and Emergency Services on hazardous substance Emergency response	Harm from hazardous substances is minimised.	HSTLC meetings attended	
	Issue and audit permissions for applications to apply vertebrate toxic substances, as required.		Number of applications processed and granted. Number of field and desktop audits completed	Applications processed and permissions issued.  Risk assessments completed on other VTA applications.

Core Function	Activities	K	ey Performance Measure	S
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	Investigate incidents of non-compliance		Number of aerial 1080 applications audits undertaken.	
	Conduct lead poisoning and spray drift investigations and enter into the		Number of incidents investigated.	
	national HSDIRT database.		Investigations conducted and entered into HSDIRT within required timeframe	
	Receive and review Methyl Bromide fumigation reports as required.		Methyl Bromide Reports reviewed and issues requiring action are identified and acted on as appropriate	
	Provide public information and advice and testing where appropriate on hazardous substances including asbestos and lead.		Lead and Asbestos testing undertaken. Requests for advice and information are responded to in a timely manner.	
	Annual Review of HSDIRT ,VTA ,		Procedures reviewed	

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of	Short Term Outcome Indicators (how we'll monitor
			quantity or quality of activities)	progress towards the results)
	Asbestos and Lead Procedures			
Early Childhood Education Centres	Visit and assess as required  Annual meeting with MoE	Health hazards reduced in ECECs.	Number of ECECs assessed and reports to MoE	Compliance with ECC Regulations, including infection control and lead exposure
		Reduced incidence and impact of health issues in early childhood centres	Meeting attended	
Emergency Management	Develop and review Emergency Response Plans	Nelson Marlborough district prepared for emergencies impacting on public health	Emergency Response Plans developed and reviewed on an annual basis	Effective emergency responses as required
	Staff are adequately trained in CIMS		CIMS training undertaken and recorded	
	Participate in Public Health exercise with Public Health South, Community and		Number of exercises participated in.  Advise Ministry of	

Core Function	Activities	K	Cey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		`working towards)	(key measures of quantity or quality of	(how we'll monitor progress towards the
			activities)	results)
	Public Health, and advise Ministry of Health.		Health of proposed exercise	
	Contribute to the development of an integrated South Island Public Health Service Continuity Plan.		Health Protection service continuity is included in the plan	
	Maintain relationships with District Health Board, Councils, and Civil Defence Emergency Management Officers/Groups.		Relationships maintained	
Sustainability	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	Greater understanding of sustainability issues Increased action on specified sustainability issues.	Evidence of activity to improve understanding of sustainability and to promote sustainable practices	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations
	Utilise this			

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	awareness in organisational policies and activities.  1. Planned activity: Possible workshop for DHB staff — planning for this workshop is underway through the SI PHP.  2. Building on the current measurement of DHB greenhouse gases as an awareness raising tool.	Work with DHB Energy Officer on sustainability issues.		
Tobacco	Respond to complaints.		All complaints recorded are responded to.	Retailer display compliance at inspection.
	Complete education visit/compliance check on an annual	Reduced tobacco sales, especially to minors Reduced exposure to	Compliance checks completed.	Retailer compliance during controlled purchase operations.

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	basis.	second-hand smoke		Number and nature of workplace complaints.
	Conduct controlled purchase operations quarterly.		CPOs conducted.	
	Work with police to undertake CPOs and Compliance checks. Investigate complaints.	Psychoactive Substances Improved compliance with Psychoactive Substances Act 2013	Compliance checks undertaken annually. Complaint investigated.	
	Comment on the three TLAs Local Approved Products Policies as required.		Policies commented on.	
Alcohol	Monitor licensed premises.	Less alcohol-related harm	Number of licensed premises monitored.	ED presentations
	Provide Medical Officer of Health reports for on, club, off and special applications to DLA.		Number of on, club off and special applications processed and percentage processed within 15 working days.	Police data (violence, road traffic crashes)
	Risk rate premises.		All applications premises risk ranked	Retailer compliance during controlled

Core Function	Activities	Key Performance Measures		
	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Conduct Controlled Purchase Operations.  When required contribute to training of Duty Managers.  Work with Police and DLA to support community alcohol initiatives, e.g. alcohol accords, input to off-licence applications  Health Promotion interventions include collaboration with CAYAD providing planning and facilitation workshops for parents,		Number of Controlled Purchase Operations conducted. Number of premises visited during Controlled Purchase Operation. CPO compliance.  On demand: when required, record of contribution.  Record of tri-agency meetings attended and agreed actions.	purchase operations

Core Function	Activities	K	ey Performance Measure	es
	(what we'll do to get the result)	Short Term Outcomes (the results that we're	Performance measures	Short Term Outcome Indicators
		working towards)	(key measures of quantity or quality of activities)	(how we'll monitor progress towards the results)
	the regional sports trust and rugby league on reducing alcohol consumption, and work with Health Promotion Agency to developing a health promotion intervention for under 18 year olds.  Support councils' development of		Local Alcohol Policies reflect health input.	
	Local Alcohol Policies.			
Other	Undertake other regulatory health protection work using a risk-based approach.	Public protected from other health hazards e.g. Air pollution	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed.	Evidence of harm to public
	Carry out an investigation and awareness campaign on	Solaria A reduced number of non complying premises offering sunbed tanning	All commercial solaria/sunbed operators audited across the district 6	Increased compliance with the national agreed best practice, regulatory regimes implemented

Core Function	Activities	K	ey Performance Measure	es ·
	(what we'll do to get the result)		Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	commercial solaria/sunbed operators.	services	monthly.  Report to Ministry every 6mths on the results of premises audits.  Provide information to solaria/sunbed operators on best practice on an annual basis.	overseas and the NRL's guidelines for Operators of Ultraviolet (UV) Tanning Lamps.  Retailer compliance during controlled purchase operations

## 7. PREVENTIVE INTERVENTIONS

"population programmes delivered to individuals"

- a. Strategies (From Core Functions Report)
- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: e.g. cancer screening).

# b. Outcomes and Activities table

Core	Activities	Key Performance Measures			
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	
Immunisation	Immunisation coordination e.g. Participate in Immunisation Partnership Group implementation of the NM District Immunisation Plan 2014-2015  Contribute to ITAG to increase uptake of influenza vaccine.  Other	Increased immunisation coverage, especially for priority groups	Progress against the immunisation health targets  Record of promotion initiatives.	Immunisation rates	
	immunisation		Formal/informal feedback.		

Core	Activities		Key Performance Measure	es
Function	(what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	promotion e.g. Pertussis vaccination among frontline health care workers.  Immunisation delivery through school-based Immunisation programme, neonatal BCG vaccination programme and Outreach Immunisation Programme.		Record of delivery activities / initiatives.  Formal/informal feedback.  Progress towards referrals to OIS as per Timeline guidelines	
Lifestyle Interventions	ABC Smoking Cessation and smoke free health promotion  Develop an analytical tool for alcohol monitoring using routinely collected hospital data.	Systematic identification of, and response to risk factors	Number of practices provided with ABC training.  Progress towards development/implementation of strategy.	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity

Core		Key Performance Measures		
Function (what we'll do to get the result)	Short Term Outcomes (the results that we're working towards)	Performance measures (key measures of quantity or quality of activities)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	
Screening and Early Detection	Participate in Cervical Screening Working Group to develop and support district strategies to increase uptake.	Early detection of cancer	Record of strategies and outcomes.	Coverage rates for cervical screening

## 8. GLOSSARY/DEFINITIONS

CBSD Community Based Services Directorate

CIMS Co-ordinated Incident Management Systems

CPO Controlled Purchase Operations

DWA- Drinking Water Assessor

EECA Energy Efficient Conservation Authority

HIA Health Impact Assessment

HIIRC Health Improvement and Innovation Resource Centre

HPS Health Promoting Schools

HPSTED Health Promotion and Sustainability through Environmental Design

MOH Medical Officer of Health

MoH Ministry of Health

MoU Memorandum of Understanding NGO Non Government Organisation NIR National Immunisation Register

NMDHB Nelson Marlborough District Health Board

PHN Public Health Nurse

PHO Primary Health Organisation

PHRMP Public Health Risk Management Plan

PHU Public Health Unit

SBVS School Based Vaccination System

SI South Island

SIPHAN South Island Public Health Analytical Network

WSP Water Safety Plan

- 9. APPENDICES
- a. Financial Report 2015 2016