



Taranaki District Health Board

Public Health Unit Annual Plan 2015-16



Cover Design

The cover design features the Taranaki peninsular - Paranihi ki Waitotara, Waitotara ki Taipake.

These are Taranaki Whānui boundaries from (Mokau) Ngati Tama to Nga Rauru ki Tahi (Whanganui).

From the top left is the prow situated in Okoki, Urenui. Okoki is a wahi tapū (sacred site) where Te Rangihiroa (Sir Peter Buck) ashes are buried. A Ngati Mutunga politician who was instrumental in Māori Public Health.

Travelling South is Whaitara – Owae Marae where Sir Maui Pomare’s white statue is based. Another Ngati Mutunga Public Health leader and politician. Sir Aparana Ngati’s tribe Ngati Porou built Owae Marae for the people.

The name of the carved whare is “Te Ika Roa a Maui” a name given by the Parihaka people.

Te Ika Roa is a name of a wahi tapū down Pungarehu Road, Pungarehu which once was a maara kai, vegetable garden to feed the multitudes of people promoting self-sufficiency and self-determining activities.

The Whaitara River a waterway with plentiful kai within – it is common local knowledge the piharau (bind eel) and white bait are delicacies within these waters. Our ancestor’s pantry or kai cupboard. Ngati Maru is the next tribe situated on the eastern side of Maunga Taranaki.

The Ngāmotu (New Plymouth) wind wand a recent community land mark which is situated in the Iwi of Te Atiawa. The building is the new Taranaki District Health Board hospital.

Further South, the Raukura three (3) albatross feathers of peace – glory on high, peace on earth, goodwill to all mankind. This is where Parihaka Papakainga is situated on Mid Parihaka Road, Pungarehu. The awa tipua Waitotoroa runs through Parihaka – treated with respect and cared for daily by the hau kainga (local people living at the Pa). The children feed the eel weekly with bread. Taranaki is the Iwi.

Te Hawera has the icon Water Tower, Ngati Ruanui is the Iwi. Nga Ruahine Tribe is nestled between Iwi of Taranaki and Ngati Ruanui.

Above it is Pa Harakeke which resembles whānau – from ancestors to descendants and those yet to be born.

The Aotea Waka stands proud in Patea – a tourist photo shot for people passing through.

The Patea River another source of kai cupboard for the Ngati Ruanui and Nga Rauru tribes.

Above the Patea sketches is rat nibbled, water damaged founding document of Te Tiriti o Waitangi, a signed agreement between Iwi Māori and the Crown.

Above that is Te Pae Mahutonga – the Southern Cross, a Māori Health Promotion framework developed by Sir Mason Durie. Taranaki DHB has adopted Te Pae Mahutonga under Te Kawau Maro.

Mt Taranaki our Koroua sits right in the middle - ask that mountain, he has seen it all!

Blue Taranaki skies, lush green grass and glistening blue seas. Tihei Mauriora!

Designed by Natasha Bishop (Taranaki Iwi, Ngati Haupoto raua ko Ngati Tara ngā hapū), WITT Student Nurse Year 2).

Document Control

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SECTION 1

Background and Purpose

Section 1 Background and Purpose

1.1 Purpose of Plan

The Taranaki District Health Board’s (TDHB) Public Health Unit (PHU) provides public health services under contract to the Ministry of Health. The purpose of this Plan is to fulfil the requirement of the Ministry of Health to provide an Annual Plan during the contract period 01 July 2015–30 June 2016.

1.2 Vision

This Plan contributes to the vision of *Taranaki Whanui He Rohe Oranga: Taranaki Together, a Healthy Community*.

1.3 Goals

This Plan contributes to the following three goals:

- Improve the health of the Taranaki population
- Improve Māori health
- Reduce health inequalities

1.4 Objectives of the Plan

This Annual Plan aims to:

- Outline the range of services the Public Health Unit will deliver in 2015-16
- Identify short term outcomes indicators and quality and quantity performance activity measures that will be used to track progress

1.5 Term of Plan

The Plan is an Annual Plan for the period 01 July 2015–30 June 2016.

1.6 Project Management Approach, Roles and Responsibilities

A Project Management approach was taken to complete the 2015-16 Public Health Unit Annual Plan. The Project Team included:

Project Owner:	Channa Perry, Service Manager Public Health
Project Manager:	Felicity Gallacher, Public Health Planner/Policy Analyst
Project Team:	Rawinia Leatherby, Manager - Supporting Communities Cluster
	Ngamata Skipper, Inequalities Advisor, Māori Health
	Jonathan Jarman, Medical Officer of Health
	Lee McCracken, Team Leader Programme Support
	Matthew Parkinson, Manager Regulations and Environments Cluster
	Sian Horton, Health Protection Officer Regulations and Environments Cluster

Public Health Unit Staff were actively involved in the review and update of the Annual Plan and provided information and advice to the Project Team. Input from a Māori Health perspective was given by Māori programme staff along with specific input from the Inequalities Advisor, Maori Health. DHB sign-off is achieved through the endorsement of the General Manager, Planning Funding and Population Health.

1.7 Link to the Planning Cycle

This Annual Plan is aligned with the TDHB Annual Plan 2015-16 process and timeframes. This plan ccontributes and links to the 2015-16 DHB Annual plan and Maori Health Plan Priorities as examples below

This plan support the DHB Annual plan and Maori Health Plan Priorities in the following ways

2015/16 Health Targets

Health Target	Contribution of Public Health Unit
Increased Immunisation	See Programme 14 – Communicable Disease The Medical Officer of Health is to aid in supporting local immunisation programmes through: <ul style="list-style-type: none"> • Authorising non-medical vaccinators • Provide information as required to Taranaki health professionals on vaccinations and the control of vaccine-preventable diseases • Support the role of the DHB Immunisation Coordinator • Assist the DHB Immunisation Coordinator and if necessary take action when there are issues with Cold Chain Accreditation or events/breaches involving the Cold Chain • Being a member of the Taranaki Immunisation Steering Group and providing public health advice as required • Promote the use of influenza vaccination for health care workers and people at high risk of complication
Better Support for Smokers to Quit	See Programme 12 – Tobacco <ul style="list-style-type: none"> • Tobacco Programme is aligned with national and local research and developments in working towards Smokefree 2025 • Employ Smokefree Enforcement Officers and ensure they all attend Ministry of Health training sessions • Strengthen interagency collaboration and strategic alliances to work collaboratively towards the Smokefree 2025 goal • Increase knowledge, positive attitudes and skills for Māori and priority populations to be smokefree through the national WERO challenge • Retailers are compliant with part two of the Smokefree Environments Act (especially sales to minors) • Employers are compliant with part one of the Smokefree Environments Act (workplaces and public areas)
More Heart and Diabetes Checks	See Programme 4 – Health Eating and Physical Activity <ul style="list-style-type: none"> • Partnerships within the health sector are established and collaborative health promotion activities that address healthy eating, physical activity (HEPA) and breastfeeding are implemented

Better Public Health Services

2015/16 Priority	Contribution of Public Health Unit
Increase infant immunisations rates Reduce Incidence of Rheumatic fever	See Programme 14 – Communicable Disease Immunisation: The Medical Officer of Health is to aid in supporting local immunisation programmes as above Rheumatic Fever: Fulfil the requirements of the Ministry of Health as outlined in Rheumatic fever prevention plans: Guiding Information for District Health Boards with a low incidence of acute rheumatic fever hospitalisations (July 2013). See Programme 3 – Social Environments Social Sector Trial: Participate in the Social Sector Trial, ensuring a kaupapa Maori and public health perspective. Forums expected to include: Blue Light Committee, Health Arm, Education Arm

Maori Health Plan

2015/6 Priority Area	Contribution of Public Health Unit
Ambulatory Sensitive Admission Rates in children	See Programme 5 – Injury Prevention Shared collaboration and partnerships coordinated amongst key stakeholders to address child injury prevention, particularly for Tamariki Māori
Child Health - Breastfeeding	See Programme 4 – Health Eating and Physical Activity Maintain the implementation of the ‘Breastfeeding Welcome Here’ (BFWH) project, working in collaboration with Tui Ora Ltd in it’s priority communities
Smoking Cessation	See Programme 12 – Tobacco
Immunisation, Infants	See Programme 14 – Communicable Disease

Immunisation, Seasonal Influenza	See Programme 14 – Communicable Disease
Rheumatic Fever	See Programme 14 – Communicable Disease

Other areas

2015/6 Priority Area	Contribution of Public Health Unit
Emergency Planning	<p>See Programme 10- Health Protection</p> <ul style="list-style-type: none"> • Participation in Health Emergency Management Group (HEMG) and other networks • Participating in national/regional exercises and training offered by Emergency Management stakeholders • Aid in peer reviewing Emergency Response Plans and public advice information/education resources for external stakeholders when requested • Risk assess all developing emergencies from a public health perspective and provide assistance where required
Oral Health	<p>See Programme 1 – Public Health Infrastructure</p> <p>Facilitate the Taranaki Oral Health Group to maintain a coordinated approach to of community water fluoridation issues with the Community Oral Health Service providing technical, clinical and organisational input from Clinical Leader Dental, Service Manager Population Health, Manager Community Oral Health, Oral Health Educator</p>

1.8 Link to the Core Public Health Functions

As with last year, the Annual Plan is structured around the five Core Public Health Functions. Table 1 below shows the relationship between core functions and public health strategies planned for 2015-16.

Table 1: Relationship Between Core Public Health Functions, Public Health Unit Programmes, and Whānau Ora Health Needs Assessment Pathways

Core Public Health Functions and Core Public Health Strategies	
1. Health assessment and surveillance: understanding health status, health determinants and disease distribution	<ul style="list-style-type: none"> • 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).
2. Public health capacity development: ensuring services are effective and efficient	<ul style="list-style-type: none"> • Developing and maintaining public health information systems. • Developing partnerships with iwi, hapū, whanau 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.
3. Health promotion: enabling people to increase control over and improve their health	<ul style="list-style-type: none"> • 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' capacities 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.
4. Health protection: protecting communities	<ul style="list-style-type: none"> • Developing and reviewing public health laws and regulations. • Supporting, monitoring and enforcing compliance with legislation.

Core Public Health Functions and Core Public Health Strategies	
against public health hazards	<ul style="list-style-type: none"> 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.
5. Preventive interventions: population programmes delivered to individuals	<ul style="list-style-type: none"> Developing, implementing and managing primary preventing 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: eg. cancer screening).

1.9 Reframing of Annual Plan

There has been a slight reframing of Public Health Unit Annual Plan from that submitted in 2014-15. While still using a Core Functions approach the plan is now structured by Programmes rather than Core Functions. The reasons for this change is to facilitate greater joint planning within programme areas to incorporate several core functions into a single programme area, in particular more joint working between Health Protection and Health Promotion.

The Taiohi Tu/ Youth Programme continues to be integrated into both the Social Environments programme and the Alcohol Related Harm programme. This move reflects the practicalities and synergies of Taiohi Tu with the work of these other programmes and will extend the reach of all of these programmes.

A further development this year is to review the Social Environments and Alcohol programme areas within the framework of Te Pae Mahutonga. The purpose of this was to identify opportunities for working in a more culturally appropriate way and to ensure programmes are more effectively targeted towards Maori communities. . We will evaluate the effectiveness of this approach to these two programmes and, depending on the outcome, will consider applying the Te Pae Mahutonga framework to more of our programme planning in future. The link between the PHU Programmes and the Core Function is illustrated in the Table below:

Programme	Core Function One Health Assessment and Surveillance	Core Function Two Public Health Capacity Development	Core Function Three Health Promotion	Core Function Four Health Protection	Core Function Five Preventative Interventions
1 Public Health Infrastructure	✓	✓	✓	✓	
2 Health Education Resources and Information		✓			
3 Social Environments		✓	✓		
4 Healthy Eating and Physical Activity (including Breastfeeding)	✓	✓	✓		
5 Injury Prevention	✓	✓	✓		
6 Border Health		✓		✓	
7 Drinking Water	✓	✓		✓	
8 Hazardous Substances and Contaminated Land		✓		✓	
9 Recreational Water		✓		✓	
10 Environmental Health		✓		✓	
11 Psychoactive Substances	✓	✓		✓	
12 Tobacco		✓	✓	✓	
13 Alcohol Related Harm	✓	✓	✓	✓	
14 Communicable Disease	✓	✓	✓	✓	✓

1.10 Service Development Plan

This Annual Plan continues to link to the TDHB Public Health Service Development Plan (SDP) that articulated the public health services that would be delivered during the contract period 01 July 2009- 2012 as we consider the goals, objectives and priorities to still be relevant to Taranaki.

The Taranaki PHU Service Development Plan (SDP) was developed in 2009. This Annual Plan does not repeat the content of the Service Development Plan but should be considered in conjunction with it.

During 2009 Taranaki DHB, with the support of the Ministry of Health, developed a Public Health Strategic Plan. The purpose was to provide strategic direction for the funding, planning and delivery of public health services and approaches in Taranaki. The 2009-2012 SDP of the Public Health Unit was informed by the Taranaki DHB Strategic Plan and also aimed to align with Health Targets, He Korowai Oranga (MOH, 2002), the Public Health Services Specifications in the Nationwide Service Framework Library, and other key policies and strategies towards the vision of *Taranaki Whānui He Rohe Oranga – Taranaki Together, a Healthy Community*. This plan continues to be the basis for our principles of working.

The Public Health Strategic Plan identifies six guiding principles that should be applied to drive a public health approach in the unique Taranaki context. These principles are fundamental to the planning and delivery of public health services by the Public Health Unit and are:

- **Commitment to the Treaty of Waitangi** – Recognising the importance of the Treaty of Waitangi commitment to improving Māori health outcomes and Māori participation in governance, planning and delivery of services.
- **Improving health outcomes** – Improving the health of the Taranaki population through public health action.
- **Reducing inequalities** – Emphasising reducing inequalities and meeting the needs of those who are most at risk.
- **Addressing determinants of health** – Requiring and integrating intersectoral action that addresses the determinants of health and emphasises the importance of a multi-disciplinary approach.
- **Collaboration with stakeholders** – Planning and delivering services in partnership with communities. This requires building on the complementary strengths of all those involved.
- **An evidence-based approach** – Using a range of evidence, qualitative and quantitative, to identify needs and corresponding strategies for intervention.

1.11 Priority Populations and Targets

This Annual Plan aims to address the needs of the below priority groups. Health or illness cannot be attributable solely to either early life or adult experiences but instead operate cumulatively throughout life. Therefore, within the context of these priority groups it is important to recognise the significance of a life course approach. The prevention focus of public health across the life course facilitates a positive ageing process, positive old age and Whānau Ora.

Improving Māori Health

Explicitly locating Māori as a priority group recognises that in Taranaki there are wide ethnic inequalities in health status between Māori and non-Māori. This acknowledges that there are health outcomes and service delivery areas that may be of priority for Māori, but of less priority for the general population, for example Rheumatic Fever. It also reinforces the *He Korowai Oranga* objective that specific Māori health priorities should be identified and addressed. This Plan recognises the pathways identified in the Whānau Ora Health Needs Assessment and weaves these into the planning framework.

Reducing Health Inequalities

There is compelling evidence and wide recognition of a socio-economic gradient in health outcomes, with those of lower socio-economic status experiencing poorer health outcomes. Using the New Zealand Deprivation Index areas with high deprivation scores can be identified in the Taranaki Region.

Children and Young People

Children and young people were selected as a strategic focus area in the Taranaki DHB District Strategic Plan. Interventions for this group offer the greatest opportunities to improve the health status of the Taranaki population. Māori in Taranaki have a youthful population structure compared to non-Māori, and therefore make up a relatively high proportion of the local population of children and young people. Māori children and young people experience greater exposure to risk factors and poorer health outcomes than non-Māori children and young people.

1.12 Emphasis on Outcomes

Improving health outcomes through public health action is a key expectation in this Plan. Throughout the Annual Plans short term outcome indicators have been identified to track progress.

The Ministry of Health has defined ‘short term outcomes’ as the expected results or outcome of the activities. It is the immediate result or outcome most attributable to the PHU Activities. Activities describe what the PHU plans to do.

This Plan uses the new Ministry of Health planning template with its focus on accountability and making a difference through short term outcomes and measuring effectiveness through short term outcome indicators. In accordance with the Ministry of Health directive, programme logic models have not been included in this Annual Plan. In a change from previous years and following Ministry of Health guidance both quality and quantity activity performance measures have been devised.

1.13 Emphasis on Quality

There is an emphasis on quality and this includes a quality component which makes explicit the commitment to provide quality public health services with continuous improvement practises. The Public Health Unit team have identified the characteristics of a quality plan as follows:

- 1 Continuing health professional education
- 2 Cultural safety
- 3 Responsiveness and innovation
- 4 Health equity assessment
- 5 Evaluations that led to quality improvement
- 6 Regionalisation and intersection collaboration

All draft plans were assessed using these aspects to work towards showing quality in our planning processes.

1.14 Implications for Māori, Other High Needs Groups and Reducing Inequalities

Reducing inequalities for those with poorest health outcomes and improving Māori Health are key expectations of the Plan.

1.15 Future Strategic Direction for Taranaki PHU

Taranaki DHB have not submitted a 3 year Strategic Plan with the 2015-16 Annual Plan as we intend to embark on a longer term strategic planning exercise in 2015-16 which will drive our vision, goals and priorities over the next six years.

Rather than submit a 3 year Strategic Plan for 2015-18, we intend to submit a 5 year Strategic Plan that will cover the period 2016-2021. The development of this Strategic Plan has been included as an action in this Action Plan, and will be submitted with the 2016-17 Annual Plan.

Our Public Health Management Team has undertaken a visioning and planning exercise that has outlined a longer term strategic direction with some bold goals for the future. These include the development of Taranaki PHU as a ‘Centre of Excellence in Public Health’ and a strategic shift towards the provision of specialist public health support and advice to both the wider DHB and external partners that have an existing or potential role to play in improving population health. This will see a shift away from the direct delivery of some non-statutory activities with a greater focus on supporting and enabling our strategic partners and key community groups to deliver quality public health services. . This shift will also provide an opportunity for the Public Health Unit to work more strategically with key agencies, taking a ‘health in all policies’ approach and identifying opportunities where we can work together more collaboratively on shared population health outcomes

This is a significant shift in focus for the Taranaki PHU, and will require us to build the capacity, skills and expertise of our own team over the next few years to meet this new challenge. We will also need to undertake extensive consultation with a number of stakeholders to identify how our unit can best meet the needs and aspirations that they have around improving the health of our communities.

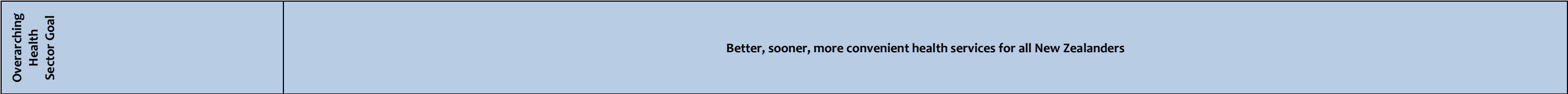
1.16 Regional and National Collaboration

During —2015-16 the Taranaki DHB Public Health Unit will continue to enhance and develop national and regional approaches to public health services planning and delivery. The Unit will continue to contribute to regional activity in both the Midland and Central Regions and is a member of the National Public Health Clinical Network.

1.16.1 Regional Outcomes

There are four Public Health Units in the Midland Region — Toi Te Ora Public Health Service servicing the Bay of Plenty and Lakes District Health Board; Population Health, Waikato District Health Board; Population Health, Te Puna Waiora, Tairāwhiti District Health Board and Public Health Unit, Taranaki District Health Board. Midland DHBs Public Health Units have identified a number of areas where collaboration could be strengthened. In 2015-16 Public Health Units in the Midland Region will continue to develop collaborative working relationships by maintaining and developing regional linkages and contacts, sharing information, contributing to the National Public Health Clinical Network and collaborating on relevant regional projects.

1.18.1 Figure 1: Regional Outcomes Map



Policy Drivers	Regional Co-operation	Integrated Care	Value for Money
National Health Targets 2013/14	Increased Immunisation	Better Diabetes and Cardiovascular Services / More Heart and Diabetes Checks	Better Help for Smokers to Quit
Midland Regional Service Plan and Public Health Working Groups 2013/2014	DHB Priority Areas with Public Health Influence Rheumatic Fever Midland Tobacco Control Plan Vulnerable Children & Youth		Three Public Health Working Groups Workforce Development Communicable Disease Public Health Intelligence

1.16.2 Midland Regional Public Health Network

In line with national direction, the Public Health Units in the Midland Region have established the Midland Regional Public Health Network. The Network will provide leadership for and strengthen the performance and sustainability of Public Health Units. The Network will also develop and maintain relationships with the Midland Regional Services Planning Groups.

The goals of the Network are to:

The Midland Regional Public Health Network (the Network) was established in 2010 to provide leadership for and strengthen the performance and sustainability of the Midland public health units. The Network provides an avenue for public health units to work together on public health issues affecting the Midland region.

Leadership of the Network comprises the manager and clinical director from each of the four public health units in the Midlands region: Toi Te Ora - Public Health Service (Bay of Plenty and Lakes District Health Boards); Population Health (Waikato District Health Board); Population Health, Te Puna Waiora (Tairāwhiti District Health Board) and Public Health Unit (Taranaki District Health Board).

The Network continues to develop and/or strengthen relationships with the Midland Regional Clinical Networks to ensure a public health perspective is considered within their planning. At a national level the Network is a member of the National Public Health Clinical Network (NPHCN), whose membership comprises clinical leader and manager from each public health unit and representatives from the Ministry of Health.

The goals of the Midland Regional Public Health Network are to:

- Enhance the consistency, coordination and quality of public health service delivery across the region;
- Plan together where there are benefits in doing so.

The Network's work to date has included collaborative annual planning, business continuity planning, supporting the development of Midland position statements on key health issues, setting up a mechanism for a regional approach to health intelligence work, standardising of communicable disease control processes, peer review, staff orientation programmes and support of sole practitioners.

Three key work streams are in place to support a consistent approach to common areas of work:

- Workforce development;
- Communicable diseases;
- Public health intelligence.

Future work streams will be determined based on the need to increase the focus on a particular public health issue. For instance, the Network has been discussing its possible approach to climate change. In addition, the NPHCN's work plan for 2015 will mean a collective focus on the reduction of alcohol related harm.

In determining its direction for 2015/16, the Network will consider alignment to the Ministry of Health's new five core functions of public health (Health Assessment and Surveillance, Public Health Capacity Development, Health Promotion, Health Protection, and Preventive Interventions) and the following key themes identified in the 2014 Briefing to the Incoming Minister of Health¹:

¹ Ministry of Health. (2014). *Briefing to the Incoming Minister of Health*. www.health.govt.nz

- Better integration of services within health and across the sector;
The Midland public health units are continuing to explore new ways to work more closely together to share resources and expertise and to support each other. The Network is also advocating for a stronger public health focus within each of the other Midland clinical networks.
- Improvement in the way services are purchased and provided;
All public health units are moving to contracting with the Ministry of Health based on the new five core functions which enable great clarity and flexibility around the delivery of services purchased.
- Lifting of quality and performance;
The Network has established a peer review process which enables a public health unit to request support from others to review an aspect of its work.
- Supportive leadership and capability for change;
The Network contributes to the NPHCN with formal representation on the steering group rotating annually. The Network has been engaging with HealthShare to bring greater public health influence to regional clinical service planning.

In line with the wider health sector goal of better, sooner, more convenient health services for all New Zealanders, emphasis for the Network will continue to be on effective and efficient working and service delivery.

1.16.3 Other Regional Networks

Taranaki DHB Public Health Unit also maintains key linkages with the Central North Island Drinking Water Assessment Unit (CNIDWU) for drinking water assessment.

Taranaki DHB Public Health Unit share on-call Medical Officer of Health cover with MidCentral District Health Board as part of the Central Region.

1.16.4 National Public Health Clinical Network

The National Public Health Clinical Network was established in 2010/11. The goals of the network are:

- To enhance the consistency and quality of services delivery by public health services
- To improve co-ordination between public health services and with other public health stakeholders
- To ensure appropriate and sustainable systems to support these goals

Taranaki Public Health Unit is represented on the network by the Service Manager Population Health and the Medical Officer of Health. Work generated by the work streams is being managed within existing capacity.

1.16.5 Other Contracts Held by the Public Health Unit

This Annual Plan reflects the requirements of the PHU Core Contract with the Ministry of Health. In addition, the PHU holds a contract with the Ministry of Health for the Technical Drinking Water Assistance Programme and Health Promoting Schools Programme.

1.17 Key Linkages

The Public Health Unit operates a part of the Taranaki Health System, The Midland Region and the New Zealand Sector. Implementation of this plan will involve linkage with a range of other organisations, agencies, community groups and the Health Sector

SECTION 2

Taranaki Population Health

Section 2 Taranaki Population Health

2.1 Taranaki PHU Geographical Coverage

The Taranaki PHU covers the same geographical region as the Taranaki DHB. The Taranaki region lies on the west coast of the North Island of New Zealand with a land area of 723,610 hectares (3% of New Zealand's area) and a population of 109,608 people (2013 Census).

The two main population centres are New Plymouth and Hawera. There are a large number of more rural towns and settlements including Urenui, Waitara, Inglewood, Stratford, Eltham, Opunake, Manaia, Patea and Waverley. Taranaki District Health Board areas reach from Mokau in the north to Waitotara in the south. The geographic boundaries of Taranaki District Health Board cover the council areas of Taranaki Regional Council, New Plymouth District Council, Stratford District Council and South Taranaki District Council.

2.2 Number of People

TABLE 1: Age group by territorial authority and region, usually resident population. Source: 2013 Census

Age group	New Plymouth Districts	Stratford District	South Taranaki District	Taranaki Region
0–4 Years	5,106	678	2,097	7,875
5–9 Years	5,031	636	1,947	7,602
10–14 Years	4,974	663	2,034	7,665
Total people, 0–14 Years	15,114	1,977	6,078	23,139
15–19 Years	4,557	588	1,704	6,846
20–24 Years	4,062	495	1,524	6,072
25–29 Years	3,951	513	1,560	6,015
30–34 Years	4,110	504	1,515	6,123
35–39 Years	4,653	525	1,557	6,726
40–44 Years	5,256	645	1,833	7,725
45–49 Years	5,049	600	1,854	7,494
50–54 Years	5,475	654	1,890	8,010
55–59 Years	4,935	558	1,707	7,170
60–64 Years	4,563	477	1,452	6,477
65–69 Years	3,750	435	1,299	5,472
70–74 Years	2,835	339	954	4,125
75–79 Years	2,298	270	726	3,294
80–84 Years	1,827	222	495	2,544
85 Years And Over	1,749	186	438	2,367
Total people, 65 Years and Over	12,459	1,452	3,909	17,802
Total people	74,184	8,991	26,577	109,608

There were 109,608 people who usually resided in Taranaki at the time of the 2013 Census, compared to 104,127 at time of the 2006 Census. The population in the Taranaki region increased by 5,481 people (5.3%) since the 2006 Census. The 5.3% increase in the Taranaki population is the same as the overall national percentage increase between the 2006 and 2013 census. The New Plymouth District had the largest

population increase of 5,283 (7.7%). Stratford District had an increase of 99 people (1.1%). South Taranaki District had an increase of 93 people (0.4%).

2.3 Population Age Structure

The number of people aged 65 years and over continued to increase. In the New Zealand population in 2013, there were 607,032 people in this age group, making up 14.3% of the population. This was an increase from 12.3% of the national population in 2006. In the Taranaki region there were 17,802 people over 65 years, making up 16.2% of the population. This is an increase from 14.8% in 2006. South Taranaki had a slightly lower percentage of people aged 65 years and over, compared with the regional figure, at 14.7% in 2013 up from 13.2% in 2006. Both New Plymouth District (16.8%) and Stratford (16.1%) had a very similar percentage of people in the 65 years and over age group as the regional figure.

2.5 Trends

Although the overall national population increased, there were fewer people aged under 15 years in 2013 (865,632 people) than in 2006 (867,576 people). Those aged under 15 years made up 20.4% of the national population in 2013, a decrease from 21.5% in 2006. In the Taranaki region as a whole there was a slight increase in the number of people aged under 15 years at 462 people. The overall percentage of people aged under 15 years of age in Taranaki slightly decreased, from 21.1% in 2013 to 21.8% in 2006. Both Stratford District (66 people fewer) and South Taranaki (240 people fewer) reported fewer numbers of people aged under 15 years. New Plymouth District had 765 more people aged under 15 years in 2013 compared to 2006. Both Stratford and South Taranaki follow the national trend with about a 1% decrease in the percentage of people aged under 15 years. In New Plymouth district the percentage of people aged under 15 years only decreased 0.4%.

2.6 Ethnicity

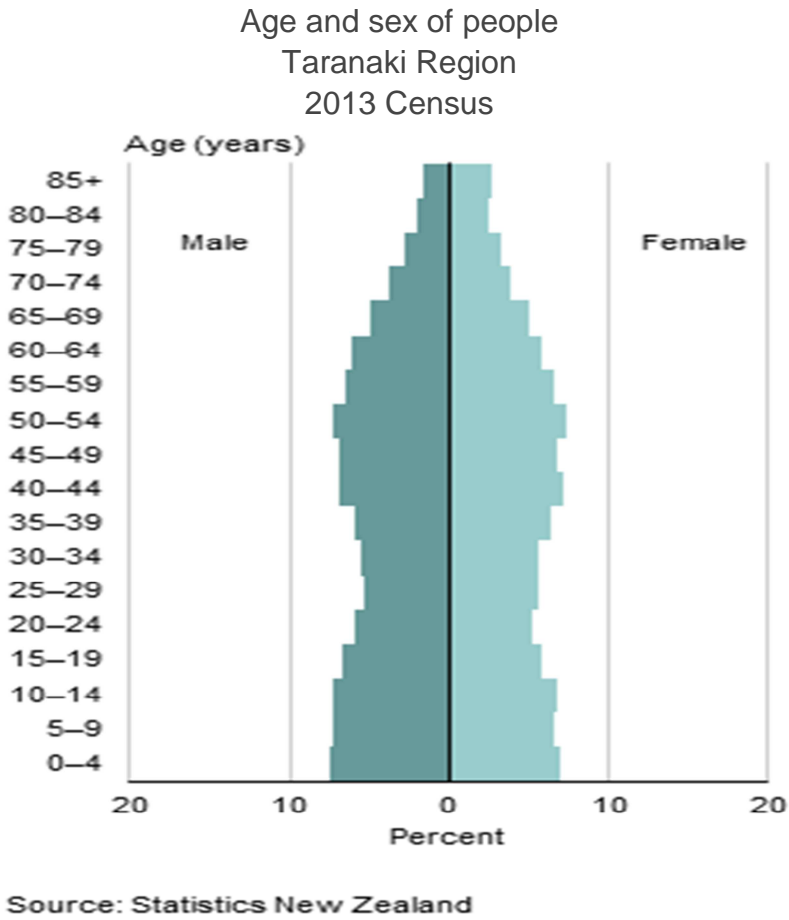
The percentage of the national population who identified themselves as belonging to the Māori ethnic group in 2013 (14.9% or 598,605 people) was similar to that of the 2006 Census (14.6% or 565,326 people). In the Taranaki region there was an increase in the percentage of people who identified themselves as belonging to the Māori ethnic group from 15.8% in 2006 to 17.4% in 2006. South Taranaki District has the highest percentage of people who identify as Māori at 24.3%, followed by New Plymouth District at 15.7%. Stratford District has the lowest percentage of people who identify as Māori in their population at 11.8%.

TABLE 2: Ethnic group (grouped total responses) (1) usually resident population count. Source: 2013 Census

Ethnic Group	New Plymouth District	Stratford District	South Taranaki District	Taranaki Region
European	61,326	7,884	20,727	89,802
Māori	11,085	1,011	6,069	18,150
Pacific Peoples	1,251	45	405	1,701
Asian	2,838	192	561	3,594
Middle Eastern/Latin American/African ⁽²⁾	363	12	72	447
Other Ethnicity	1,476	186	453	2,112
Total people stated ⁽⁴⁾	70,716	8,586	24,993	104,151
Not Elsewhere Included ⁽⁵⁾	3,468	408	1,584	5,457
Total people	74,184	8,991	26,580	109,608

1. Includes all people who stated each ethnic group, whether as their only ethnic group or as one of several. Where a person reported more than one ethnic group, they were counted in each applicable group
2. Middle Eastern, Latin American, and African was introduced as a new category for the 2006 Census. Previously Middle Eastern, Latin American, and African responses were allocated to the 'other ethnicity' category
3. Consists of responses for a number of small ethnic groups and for New Zealander. New Zealander was included as a new category for the 2006 Census
4. Excludes residual categories (not elsewhere included)
Source: Statistics New Zealand

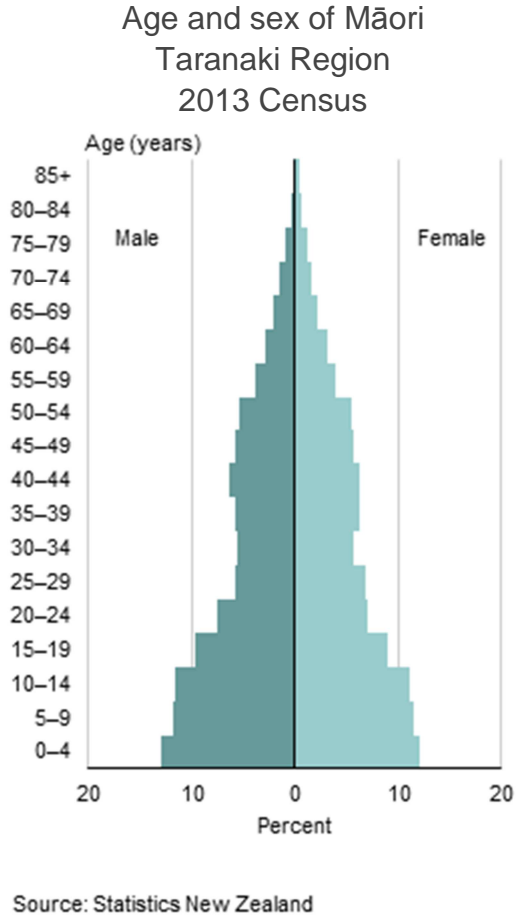
FIGURE 2 (Source: 2013 Census)



There are slightly more females (51%) than males (48.9%) in the Taranaki population. The proportion of females at age 85 years and over is about double that of males, as females tend to live longer than males. The median age of the total Taranaki population in 39.9 years.

The percentage of the national population who identified themselves as belonging to the Māori ethnic group in 2013 (14.9% or 598,605 people) was similar to that of the 2006 Census (14.6% or 565,326 people). In the Taranaki region there was an increase in the percentage of people who identified themselves as belonging to the Māori ethnic group from 15.8% in 2006 to 17.4% in 2006. South Taranaki District has the highest percentage of people who identify as Māori at 24.3%, followed by New Plymouth District at 15.7%. Stratford District has the lowest percentage of people who identify as Māori in their population at 11.8%

FIGURE 3 (Source: 2013 Census)



The Māori population has a larger percentage of people aged under 15 years (35.5%) than the total Taranaki population (21.1%). The median age of the Maori population in Taranaki is 23.5 years. This younger age structure of the Māori population may explain the increase in the number of people who identify as Māori, as the Māori population is growing at a faster rate than the Non-Māori population.

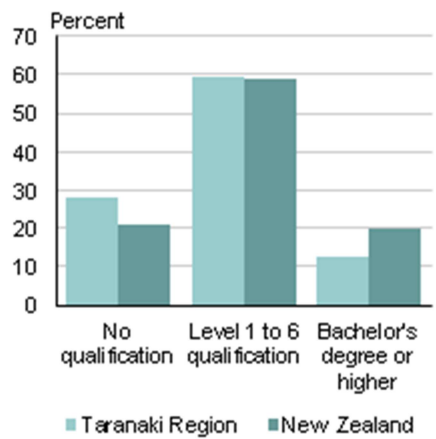
2.7 Social and Economic Indicators

2.7.1 Qualifications

71.8 percent of people aged 15 years and over in Taranaki Region have a formal qualification, compared with 79.1 percent of people in New Zealand. In Taranaki Region, 12.3 percent of people aged 15 years and over held a bachelor's degree or higher as their highest qualification, compared with 20.0 percent for New Zealand as a whole.

FIGURE 4 (Source: 2013 Census)

Highest qualification for people aged 15 years and over
Taranaki Region and New Zealand
2013 Census



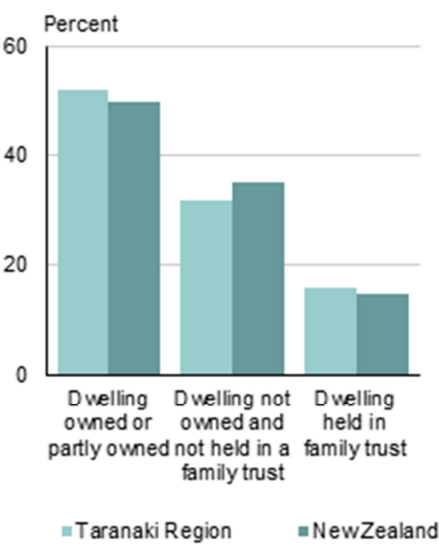
Note: Level 1-6 qualification category includes level 1-4 certificate, level 5 and 6 diploma and overseas secondary school qualifications
Source: Statistics New Zealand

2.7.2 Housing

In Taranaki Region, 68.0 percent of households in occupied private dwellings owned the dwelling or held it in a family trust. For New Zealand as a whole, 64.8 percent of households in occupied private dwellings owned the dwelling or held it in a family trust. South Taranaki had the lowest rate of home ownership at 62.7 percent, and New Plymouth district had the highest rate at 69.8 percent. The rate of home ownership in Stratford District was 68.2%.

FIGURE 5 (Source: 2013 Census)

Home ownership by household
Taranaki Region and New Zealand
2013 Census



Source: Statistics New Zealand

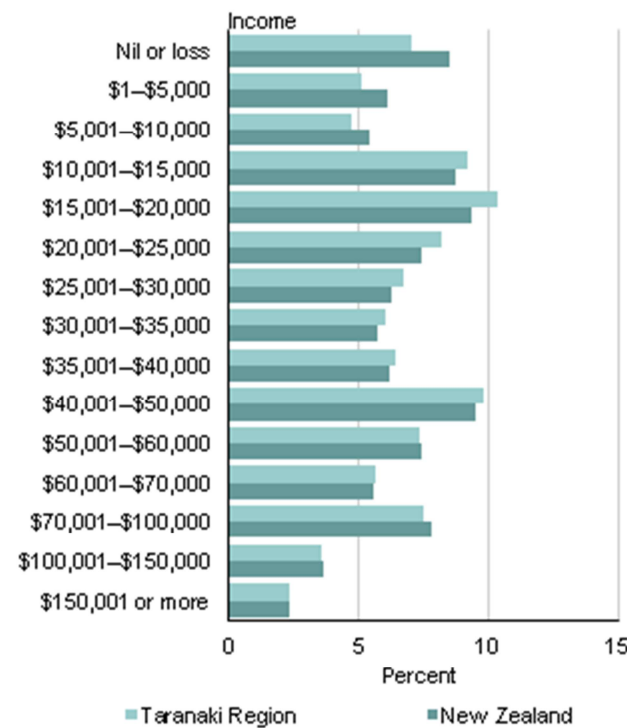
For households in Taranaki Region who rented the dwelling that they lived in, the median weekly rent paid was \$220. This compared with \$280 for New Zealand as a whole. Nationally median rents have increased about 40% since 2006, from \$200 in 2006 to \$280 in 2013. In Taranaki as a whole the median rent has increased 45.7%, from \$151 in 2006 to \$220 in 2013. Stratford district has the biggest increase in median rent at 66.7% from \$120.00 in 2006 to \$200 in 2013, followed by New Plymouth district at 47%, from \$170 in 2006 to \$250 in 2013. South Taranaki district had the smallest increase in median rents at 41.7% from \$120 in 2006 to \$170 in 2013.

2.7.3 Income

For people aged 15 years and over, the median income (half earn more, and half earn less, than this amount), in Taranaki Region is \$29,100. This compares with a median of \$28,500 for all of New Zealand. 36.3 percent of people aged 15 years and over in Taranaki Region have an annual income of \$20,000 or less, compared with 38.2 percent of people for New Zealand as a whole. In Taranaki Region, 26.4 percent of people aged 15 years and over have an annual income of more than \$50,000, compared with 26.7 percent of people in New Zealand.

FIGURE 6 (Source: 2013 Census)

Total personal income for people aged 15 years and over
Taranaki Region and New Zealand
2013 Census

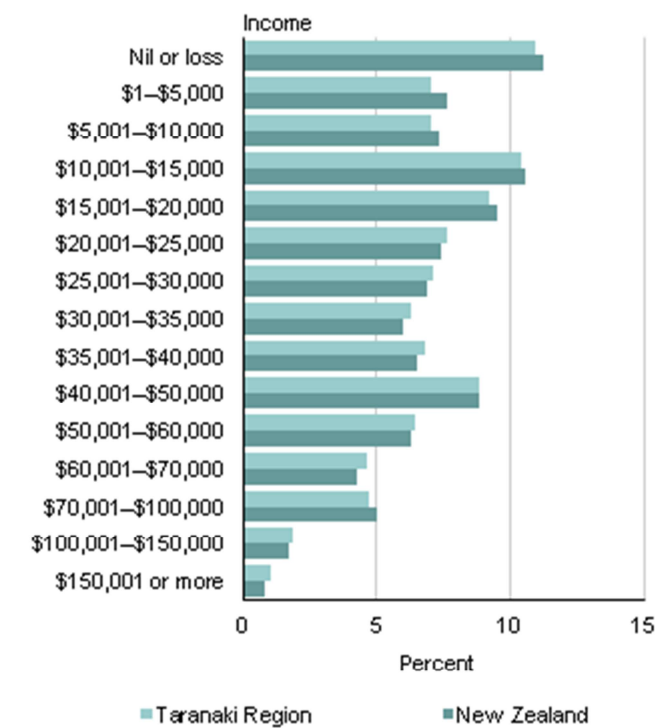


Source: Statistics New Zealand

For Māori aged 15 years and over, the median income (half earn more, and half less than this amount) in Taranaki Region is \$23,400, compared with a median of \$22,500 for all Māori in New Zealand. In Taranaki Region, 44.8 percent of Māori aged 15 years and over have an annual income of \$20,000 or less, compared with 46.3 percent of Māori in New Zealand. 18.6 percent of Māori aged 15 years and over in Taranaki Region have an annual income of more than \$50,000, compared with 18.1 percent of all Māori in New Zealand.

FIGURE 7 (Source: 2013 Census)

Total personal income for Māori aged 15 years and over
Taranaki Region and New Zealand
2013 Census

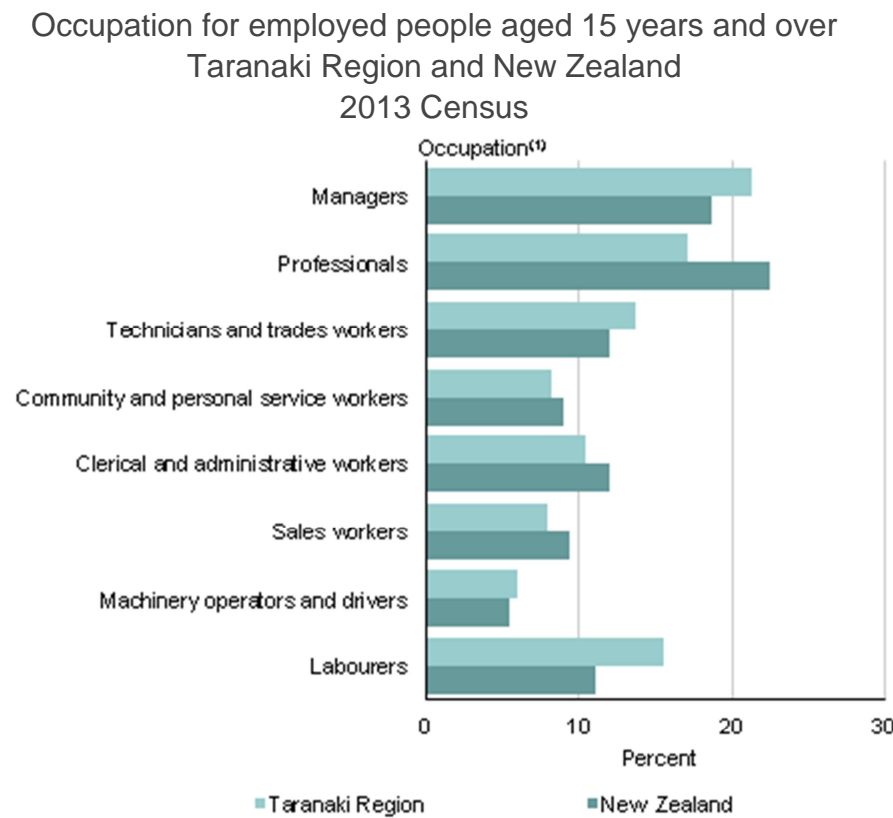


Source: Statistics New Zealand

2.7.4 Work

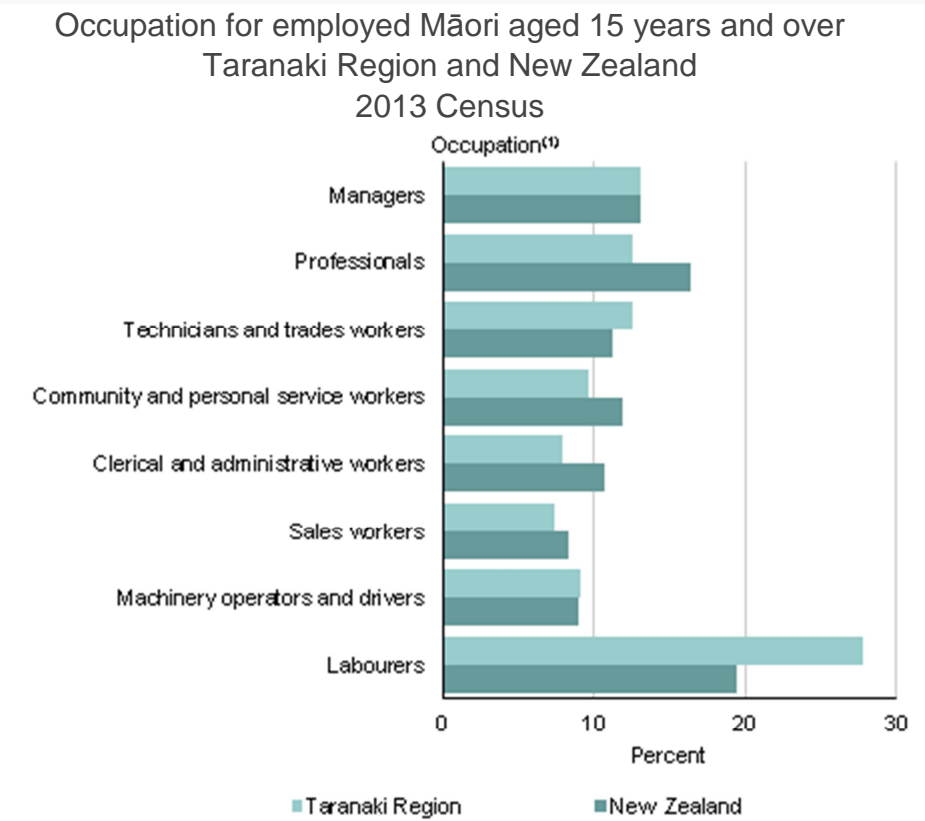
The unemployment rate in Taranaki Region is 5.6 percent for people aged 15 years and over, compared with 7.1 percent for all of New Zealand. The most common occupational group in Taranaki Region is 'managers', and 'professionals' is the most common occupational group in New Zealand.

FIGURE 8 (Source: 2013 Census)



The unemployment rate of Māori aged 15 years and over in Taranaki Region is 13.2 percent, compared with 15.6 percent for New Zealand's Māori population. The most common occupational group for Māori in Taranaki Region is 'labourers', and 'labourers' is the most common occupational group for Māori in New Zealand.

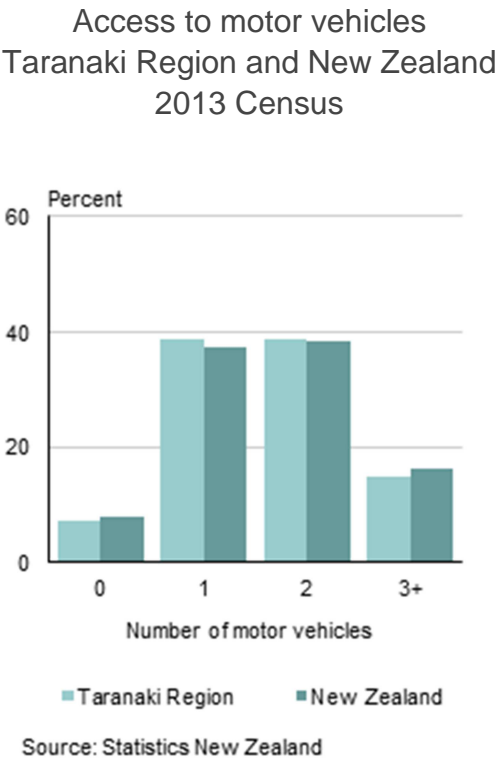
FIGURE 9 (Source: 2013 Census)



2.7.5 Transport

14.8 percent of households in Taranaki Region have access to three or more motor vehicles, compared with 16.1 percent of all households in New Zealand. 3,039 (7.9 percent) of households in Taranaki Region had no access to a car. In comparison, 7.9 percent of households in New Zealand have no access to a car.

FIGURE 10 (Source: 2013 Census)



The most common means of travel to work on census day for people in Taranaki Region was driving a private car, truck or van (65.1 percent of people who travelled to work used this form of transport). This was followed by driving a company car, truck or van (14.5 percent) and walking or jogging (7.5 percent). For New Zealand as a whole, the most common means of travel to work was driving a private car, truck or van, followed by driving a company car, truck or van, and walking or jogging.

2.8 Summary Health Profile

2.8.1 Life Expectancy at Birth

Life expectancy provides a summary measure of the health of a population and comparisons of life expectancy between population groups provide an indication of the extent of health disparities. Māori in Taranaki experience a shorter life expectancy than non-Māori. Māori females have a life expectancy of 75.5 years compared to 82.5 years for non-Māori, a difference of 6.9 years. Māori males have a life expectancy of 72.4 years compared to 79.0 years for non-Māori, a difference of 6.6 years (Table below). This difference is less than that for the general New Zealand population at 7.7 years for females and 7.9 years for males.

TABLE 3: Life Expectancy at Birth (Years) in Taranaki and New Zealand by Gender, Māori and Non-Māori. Usually Resident, Prioritised, 2007-2010

Ethnicity	Taranaki		New Zealand	
	Female	Male	Female	Male
Māori	75.5	72.4	75.96	71.9
Non-Māori	82.5	79.0	83.62	79.8

Source: Mortality Data Set – Ministry of Health.

2.8.2 Avoidable Mortality

Avoidable mortality refers to deaths occurring under the age of 75 years that could potentially have been avoided through population based interventions, or through preventative and curative interventions at an individual level. National and Taranaki rates of avoidable mortality are much higher among Māori than those in non-Māori. The leading causes of avoidable mortality in Taranaki DHB for non-Māori are ischaemic heart disease, cerebrovascular disease and chronic obstructive pulmonary disease (COPD) and lung cancer. For Māori in the Taranaki District, the leading causes of avoidable mortality are ischaemic heart disease, lung cancer, diabetes and chronic obstructive pulmonary disease (COPD).

2.8.3 Important Conditions and Risk and Protective Factors

Understanding the current health status of the population is an essential precursor to the identification of priority areas for health improvement. In 2011 Taranaki DHB completed a Whānau Ora Health Needs Assessment in respect of the Māori population living in the Taranaki area. The following areas were identified as priorities in terms of protective and risk factors and preventative care; smoking, alcohol and drug issues, breastfeeding, immunisation, breast screening and cervical screening. Priority health conditions identified were; diabetes, cardiovascular disease, lung cancer, breast cancer, respiratory disease (i.e. COPD and asthma), oral health, mental health and disability.

2.8.4 Smoking

Figures from the 2013 Census show there are now 463,000 adult smokers in New Zealand, down from 598,000 at the last Census in 2006. That means 15% of the adult population in New Zealand are regular smokers. In Taranaki there are now 13,968 adult smokers from 16,563 at the 2006 Census. This means that 18% of the adult population in Taranaki smokes. However, when this data is broken down by District Council level, South Taranaki has much higher percentages of smokers compared with New Plymouth District Council.

Nationally there were 64,719 more people describing themselves as former smokers than in 2006. There are now 702,012 people who say they have given up smoking in New Zealand in 2013. In Taranaki there were 2,124 more people describing themselves as former smokers than in 2006. There are now 19,536 people who say they have given up smoking in Taranaki in 2013.

SECTION 3

Programme Summaries

Section 3 Programme Summaries

This section provides an overview of the operational plans of the Unit and is structured around programmes, with the Public Health Core Functions being listed under each programme. .

The numbering below reflects the numbering of the Operational Plan.

Public Health Infrastructure and Programme Support

This work is primarily the work undertaken by the Public Health Management Team, the Researcher Evaluator and the Planner/Analyst. The purpose of this work to ensure a quality service, health information and leadership in Taranaki.

1 Public Health Infrastructure

This new programme combines the work that was previously in 1.1 Health Information Management, 2.1 Workforce Development, 2.2 Public Health Infrastructure and 2.3 Research and Evaluation. The purpose of this was to further integrate the work of the Public Health Management Team, the Researcher Evaluator, the Planner/Analyst with the entire Public Health Unit.

This programme involves Health Assessment and Surveillance: Understanding Health Status, Health Determinants and Disease Distribution. At the Midland Regional level this will occur through the co-ordination of public health intelligence through the Midland Intelligence Group. At a local level, analysis of the health needs of the population will inform public health programmes and policies will be led by the Research Evaluator.

Further developing public health infrastructure is another key component of this programme. This will be achieved through working with other Public Health Providers nationally, regionally and within Taranaki to ensure services are both effective and efficient. There will be an emphasis on ensuring a quality service and development of a mechanism to ensure continuous quality improvement that prioritises Maori Health gains and reducing health inequalities. This year, this programme will continue work to integrate public health expertise into other aspects of the health sector outside of the population health sphere.

The second focus of the Infrastructure component is to provide public health input to decision- making processes through the use of submissions to the plans and policies of local and central Government and other agencies. The aim of this work is to extend the influence of public health by working with those outside of the health sector. The co-ordination of the Taranaki Oral Health Group and its support for Community Water Fluoridation is likely to form a significant part of this work.

The aim of the research and evaluation component of the plan is to increase the capacity of Public Health staff to complete research and evaluation to support public health innovation and evaluate the effectiveness of public health policies and programmes. This will happen both through upskilling Public Health staff in evaluation and the Research Evaluator undertaking large complex evaluations to inform the development and innovation of Public Health locally. This year the Researcher/Evaluator will work in partnership with Tui Ora to evaluate a Youth Group Therapy Programme as part of the South Taranaki Social Sector Trial. It is proposed that evaluations conducted by the Researcher/Evaluator also include collective impact projects such as the South Taranaki Social Sector Trial.

The goal of the Workforce Development component of this Plan is to increase the knowledge and skill base of the Public Health Unit staff to enable the effective and efficient delivery of quality public health services. The Workforce Development Plan identifies all core service required, workforce development and programme training needs.

2 Health Education Resources and Information

The Public Health Unit is the Authorised Provider of the health education resources from the Ministry of Health. The health education resources will be stored and distributed to Public Health Unit staff, other organisations and the public. The Public Health Unit will ensure that resources are accessible to the public and that the wider community is also aware of this service. Updated and new resources along with upcoming public health events will be publicised to all on our mailing list by a regular monthly newsletter.

Health Promotion

The Health Promotion Team work across a range of programmes to improve the health of Taranaki residents by focusing on priority health issues.

Health Promoters use Te Pae Mahutonga Maori Model of Health Promotion within the ‘Social Environments’ programme to work alongside communities, whanau, hapu and iwi aligned with the Southern Iwi boundaries. The areas include Taranaki Tuturu Ki Tai (Opunake to Oakura), Ngati Ruanui Ki Nga Rauru (Waverley, Patea, Hawera) and Nga Ruahine (Manaia, Kaponga, Kapuni, Oeo). It also includes the wider ‘Youth’ community of South Taranaki. This community-focused Maori approach was developed to reflect the populations and location of priority groups identified in the Taranaki DHB’s Public Health Strategic Plan and District Strategic Plan. The effectiveness of this approach will be evaluated over the next year to identify whether there are benefits in extending this approach to other health promotion programmes in future.

Health Promoters also use a settings approach in the Health Promoting Schools programme to work with schools to improve health and education outcomes with school communities. Collaboration with other health providers and the dissemination of public health advice is a key component of both the ‘Injury Prevention’ and ‘Healthy Eating, Physical Activity including Breastfeeding’ programmes.

Health Promoters work alongside Health Protection and the Medical Officer of Health to deliver components of both the ‘Alcohol Related Harm’ and ‘Tobacco’ programmes to provide a comprehensive and cohesive service.

The table below summarises the programme delivery across the Priority Communities.

	Social Environments			Nutrition and Physical activity	Health Promoting Schools	Well Child (Breastfeeding)	Injury Prevention	Alcohol	Tobacco
	Mental/Sexual Health (Taiohi Tu)	Determinants of Health	Health Info/ Education						
Ngati Ruanui Ki Nga Rauru (Waverley, Patea, Hawera)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Taranaki Tuturu Ki Tai (Opunake to Oakura)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nga Ruahine (Manaia, Kaponga, Kapuni, Oeo)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Youth Taiohi Tu	✓	✓	✓	✓				✓	✓

3 Social Environments

As a new development this year, this Plan incorporates a Maori approach and delivers on Maori focused Health Promotion activity within three priority geographic communities aligned with Iwi boundaries and the one ‘social’ community of Taiohi Māori/Youth in South Taranaki. Taranaki Tuturu Ki Tai (Opunake to Oakura), Ngati Ruanui Ki Nga Rauru (Waverley, Patea, Hawera) and Nga Ruahine (Manaia, Kaponga, Kapuni, Oeo) are communities with both a high Māori population and have a high proportion of people experiencing deprivation as measured by the NZDep index.

Work within these communities will support determinant of health outcomes aligned to the six constellations of the Pae Mahutonga Maori Model of Health Promotion as well as responsive action on a number of locally identified public health issues. The six constellations and valued outcomes for the communities are:

Te Oranga
Enhancing the levels of wellbeing by increasing the extent of Maori participation in society, economy, education, employment decision making

Mauriora
To promote security of identity – and access to Maori language, cultural expression and cultural endorsement within society

Waiora
Harmonising people with their environments

Toiora
Education and support around harmful lifestyles and healthy lifestyles

Nga Manukura
Embracing community, tribal, health leadership, succession planning

Te Mana Whakahaere
Promoting autonomy, recognition of aspirations, processes and self governance

Taiohi Tu/Youth have been incorporated into the Social Environments programme. This work builds the knowledge and skills of the youth sector to promote access to Maori perspectives across common youth issues (sexual, physical, mental, emotional and cultural). Messages and health topics covered include positive relationships, resilience, goal setting, healthy self image all within a Maori cultural world view.

4 Healthy Eating and Physical Activity Programme (Including D3 Breastfeeding)

Collaborative action with other health providers and facilitating the creation of supportive environments for healthy eating, physical activity and breastfeeding remains the focus for this programme. The Breastfeeding Programme is integrated into the Healthy Eating and Physical Activity Programme. Within this Annual Plan there is an increase in collaborative action through partnerships with providers (Tui Ora, Plunket, Heart Foundation and Cancer Society) with a focus on women of child bearing age, pregnant women, babies, toddlers and pre-schoolers. The Public Health Unit will take an active role in increasing the 'Breastfeeding Welcome Here' initiative in priority communities and undertake scoping around existing and potential alliances with primary care regarding the delivery of healthy eating, physical activity and breastfeeding health promotion, the promotion of consistent messages, service gaps and duplication, and reduction of inequities in health.

5 Injury Prevention

The Injury Prevention Programme will continue to focus on child unintentional injury. This will be demonstrated through collaborative action of the interagency work of Kidsafe Taranaki Trust. The Public Health Unit will play a pivotal role in coordinating the Trust and providing public health leadership on joint projects. The Public Health Unit will continue with its broader role participating in New Plymouth Injury Safe Trust and assisting the district to maintain International Safe Community accreditation.

While our PHU does not receive funding for Family Violence, we do have linkages to community based Family Violence Reduction initiatives through our partnership with New Plymouth injury Safe (NPIS) Trust. The PHU is a Trust partner, and hosts the NPIS Coordinator in the unit. Family Violence Reduction is one of the priorities for NPIS, and a number of NPIS partners agencies are also engaged in the Taranaki Safe Families Trust. Through this collaborative approach the PHU is contributing to the Better Public Service priority for reducing assaults on children.

Health Protection

This team represents Health Protection Officers, Health Promoters, Health Protection Support Officers and the Medical Officer of Health. The team has a broad focus on advocacy, collaboration, education and compliance, and enforcement activities in all areas of: Physical Environments; Communicable Disease; Smokefree; Sale of Liquor; Psychoactive Substances; Drinking Water Quality; Hazardous Substances; Border Health Protection; Contaminated Land, Liquid and Solid Wastes and other regulatory and non-regulatory functions related to environmental health. Below are the plans of the Health Protection team.

6 Border Health

The Border Health Plan is focused on preventing the introduction of diseases and exotic pests to Taranaki from international transport through the Port and New Plymouth Airport. Designated Officers maintain routine vector surveillance programmes at the Port of Taranaki, and ensure all international vessels are granted pratique and ship sanitation assessments are conducted. The Public Health Unit also works with Port Taranaki to assist it to meet its obligations under the Health Act 1956, Biosecurity Act 1993, and International Health Regulations 2005.

7 Drinking Water

This Drinking Water Plan contains components of the Drinking Water (Regulatory and Non-Regulatory) core contract with the Ministry of Health. The designated Drinking Water Assessor works with registered drinking water suppliers to ensure that all practicable steps are being taken to meet the legislative requirements. In addition to this regulatory work, the Public Health Unit aims to assist self suppliers to improve water quality through the approval and monitoring of Water Safety Plans. Working with self-suppliers including schools and marae are a key focus in delivering the Drinking Water Assistance Programme (DWAP). The Taranaki Drinking Water Unit is accredited by International Accreditation New Zealand (IANZ) and this accreditation is maintained through the Central North Island Drinking Water Unit.

8 Hazardous Substances and Contaminated Land

The risk from Hazardous Substances will be minimised through assessment and effective management by designated HSNO Officers. The Public Health Unit will engage with stakeholders early where possible, if there is an issue, in order to foster interagency collaboration and communication.

9 Recreational Water

Recreational water quality is to become a key focus in the Taranaki Region. This unique programme is targeted to reflect both the priority and level of resource required to minimise the risk to health from recreational water. This programme is aimed at addressing local concerns including, public health, sustainability, and cultural well-being. There are three sections of work in the Recreational Water programme. The first section is minimising the risk to public health from sewage discharges into local waterways. The second section is about monitoring and providing health advice regarding environmental factors influencing recreational water, and the third comprises shellfish biotoxin monitoring and management to minimise the public health risk during a biotoxin event.

10 Environmental Health (including Resource Management, Emergency Planning and Response, Radiation, Other Regulatory Activity and Non Regulatory Activity)

The Environmental Health programme combines the work previously covered within Radiation, Emergency Planning and Response, Resource Management with work covered in ‘Other Regulatory and Non Regulatory work’ to provide a cohesive approach. The Environmental Health programme includes provision of public health advice to planning and resource consent processes for the three Territorial Authorities and Taranaki Regional Council. Public Health action required to protect the public by preparing for and responding to public health emergencies and supporting other agencies involved in a Civil Defence emergency is also included in this Plan. Solaria assessments and the maintenance of the Solaria Register to reduce the risk to health from radiation are also covered in the Environmental Health Plan. This Plan includes activities that are required infrequently such as regulatory work around Burial and Cremation, Early Childhood Education Centres, Waste, and Air Pollution and Noise issues. Non-regulatory public health issues that require a response such as insanitary housing and the management of infirmed and neglected people are also included in the Environmental Health programme covered in this.

11 Psychoactive Substances

This programme has become a ‘specific’ programme within our reporting framework so that it is consistent with the Tier Two Service Specifications. The PHU is to assist in enforcement and inspection activities covered under the Psychoactive Substances Act 2013. Upon the Authority “approving” psychoactive substances the PHU will commit to undertaking routine enforcement work (compliance checks – controlled purchase operations), as well as aiding and assisting Police when dealing with Psychoactive Substances related issues. The PHU will ensure its statutory officers are suitably trained and qualified to implement any new regulations and guidelines developed by the Authority in the coming year.

12 Tobacco

Joint regulatory and non-regulatory action will continue to reduce the harm from tobacco. An integrated approach will focus on strengthening smokefree partnerships and extending smokefree environments. There will be an emphasis on preventing initiation of smoking and reducing youth smoking. The national target for 2018 is to half the initiation rate and have half a million less smokers in New Zealand. This is the midway target in order to achieve the 2025 vision of a Smokefree New Zealand with less than 5% of the population smoking. We will ensure retailer compliance to reduce the availability of tobacco to under 18s. Work within this Plan has been developed with reference to the Taranaki District Health Board’s Tobacco Action Plan and will solidify our journey in achieving the 2025 vision.

13 Alcohol Related Harm

The Public Health Unit will integrate Health Protection and Health Promotion approaches to reduce the harm from alcohol. In conjunction with Police and the Licensing Inspectors, the Public Health Unit will ensure all applications for liquor licenses meet their legislative requirements and have good quality host responsibility policies and practises to reduce alcohol related harm. This will be achieved through compliance visits, reviewing host responsibility policies and completing risk assessments as part of the licensing process, as well as training for licensed premises’ staff. We will work with District Councils to develop Local Alcohol Policies. The PHU will also have an advocacy role in the community ensuring people affected by liquor licensing applications can make submissions within the required timeframes. This year there will a new focus on incorporating Te Pae Mahutonga approach to health promotion with Maori.

14 Communicable Disease

The Public Health Unit is committed to the timely and effective management of notified cases and outbreaks associated with Communicable Disease. The national notifiable diseases database - EpiSurv will be used to inform notifiers of disease trends, thus ensuring high quality surveillance. In addition, the development of Communicable Disease Protocols for the Midland Region will help facilitate regionally consistent disease investigation and management.

Efforts to promote immunisation continue through authorising independent vaccinators and aiding in Health Promotion programmes relating to vaccine preventable diseases in Taranaki. Further work to reduce the health impacts of Rheumatic Fever as outlined in the Taranaki DHB’s ‘Rheumatic Fever Prevention Plan October 2013- June 2017’ form part of the Public Health Unit’s Communicable Disease programme as does the work to provide quality public health management of TB cases in Taranaki (which is based on volume pressure funding).

SECTION 4

Operational Plans

Section 4 Operational Plans

1. Public Health Infrastructure

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
1.1	Public Health Infrastructure	Health Assessment and Surveillance	Increased co-ordination of public health intelligence work across the Midlands region	Contribute to the public health intelligence work stream <i>It is noted that the workplan for this year has not yet been developed. All appropriate documents have been uploaded onto to shared electronic repository. It is important that this information continues to be up-dated.</i>	Attend 6-10 Teleconferences The relevance of documents placed on the shared electronic repository is reviewed every 6 months.	Achievement of workplan milestones of Midland Intelligence Group % of workplan activities implemented on time. Evidence to show that reports and data that have been shared between the Midlands DBH have been used in programme development.	Number of PHU programmes that are developed using lessons learnt in the wider Midlands region.
1.2	Public Health Infrastructure	Health Assessment and Surveillance	Increased understanding of health status ,health determinants and disease distribution of the population	Monitor, analyse and report on population health status with a particular focus on health disparities and health of Māori Developing and maintaining public health information systems 2015-16 planning process includes updated rationales December 2015	Census 2013 data is up-dated as it is released during 2015/16 NZ Health Survey data is updated at a national and if possible regional/DHB level as it is released during 2015/16 Secondary analysis of existing datasets is conducted to generate local data where appropriate, e.g. use of admission data for conditions wholly attributable to alcohol.	Programme rationales contain the most up-to-date information available Use of local data to support submission e.g. opposing opening of new off licenses.	Number of PHU programmes and policies that are informed by analysis of the health needs of the population .
1.3	Public Health Infrastructure	Public Health Capacity Development	Collaborate and strengthen National Public Health leadership	Participation in the National Public Health Clinical Network (NPHCN)	Attend 2 face to face NPHCN meetings per year	Evidence of Unit participation in National Public Health Clinical network Regular feedback to	Number of national programmes and policies that are informed by Taranaki PHU input Number of PHU programmes

						Taranaki Public Health Management Team is documented	and policies that are informed by NPHCN input
1.4	Public Health Infrastructure	Public Health Capacity Development	Enhanced consistency, co-ordination and quality of public health service delivery across the region	Participation in the Midland Public Health Network including: <ul style="list-style-type: none"> - Provision of Clinical Leadership to the Midland Regional Public Health Network by the Medical Officer of Health - Exploring opportunities for PHU input into regional planning processes eg RSP 	An annual work plan for the Midland Region Public Health Network in place by December 2015	Number of actions progressing within the three work streams: <ul style="list-style-type: none"> -Communicable Disease -Workforce Development -Health Intelligence 	Midlands Regional Public Health Network demonstrates evidence of strong and effective infrastructure Number of PHU programmes informed by each workstream within the MRPHN workplan.
1.5	Public Health Infrastructure	Public Health Capacity Development	Provide Taranaki Public Health input in local and central Government and other agencies policy and/ or plans	Submission opportunities identified and high quality, evidenced based public health submissions are made	Minimum of four submissions written by 30 June 2016	All submission opportunities screened by PHMT according to PHU protocol prioritising Maori Health gains and reducing health inequalities All submissions are written according to PHU protocol and submitted by due date	Submission outcome noted and reported on and integrated into the development of future submission work. % of recommendations in submissions adopted by the recipient
1.6	Public Health Infrastructure	Public Health Capacity Development	Maintain and extend access to fluoridated water in Taranaki, especially for Māori and those living in deprivation (NOTE: this work corresponds with Drinking Water priorities listed in 'Core Function: Four' (Health Protection))	Facilitate the Taranaki Oral Health Group to maintain a coordinated approach to of community water fluoridation issues with the Community Oral Health Service providing technical, clinical and organisational input from Clinical Leader Dental, Service Manager Population Health, Manager Community Oral Health, Oral Health Educator Information shared through appropriate channels to health professionals, decision makers, local authorities and the wider community	Minimum of four meetings held per year	Quality assurance and quality improvement practices are integrated into the work of the Taranaki Oral Health Group	Evidence based information and support given to local Government to inform decisions regarding community water fluoridation CWF is maintained at current levels or increased Number of fluoridated drinking water supplies
1.7	Public Health Infrastructure	Public Health Capacity Development	Increased use of public health approaches (including Kaupapa Maori) and information to address communities and public health issues	Use a best practice, evidence based approach with appropriate tools to develop Public Health Unit Annual Plan	Project Plan for Public Health Unit Annual Plan agreed by PHMT by 20 December 2015	Plan signed off by Public Health Unit Management Team in agreed timeframe	Activities delivered within the PHU Annual Plan are evidence based and effective. Number of PHU programmes evaluated and found to be effective.
1.8	Public Health Infrastructure	Public Health Capacity Development	Public health information, evidence and research are up-to-date, peer reviewed and are easily accessible to public health and	Identify and prioritise opportunities to work with the wider DHB and key stakeholders to provide public health advice into 1-3 areas of population based	Public Health Unit input and advice provided to 1-3 key areas of programme	Public health information provided is up to date, and evidence based	Number of programmes that have used public health information to influenced their

			other health workers	programme development (eg Children's Action Plan, Social Sector Trials)	development		development
1.9	Public Health Infrastructure	Public Health Capacity Development	Produce a 5 year Strategic Plan to provide strategic direction to the funding, planning and delivery of public health services and approaches in Taranaki over the next 5 years	Development of a high quality, evidence based Year 5 Strategic Plan Consultation on Strategic Plan is undertaken with key stakeholder including local iwi	Draft Strategic Plan developed by Oct 2015 Consultation completed by Dec 2015 Strategic Plan developed and formally approved by April 2016	Strategic Plan is based on best available public health evidence and theoretical or practice rationale Plan reflects resources available Evidence that strategic goals and objectives are influenced by high quality public health data Evidence that strategic priorities reflect consultation feedback	Activities delivered within the PHU Annual Plan are evidenced based and effective Number of PHU programmes evaluated and found to be effective
1.10	Public Health Infrastructure	Public Health Capacity Development	Develop Taranaki PHU's expertise in the use of a Results Based Accountability framework for the planning and reporting on public health programmes and activities	Policy Analyst and Researcher/Evaluator to undertake RBA training Training workshop held for all PHU staff team to support 2016/17 Annual Planning process	2 staff trained by Dec 2015 RBA Training workshop for all PHU staff held by Jan 2016	RBA training used to inform 16/17 Annual Plan development	Staff complete training and are competent in use of RBA Number of that PHU staff have the skills to develop meaningful programme outcomes indicators and quality measures
1.11	Public Health Infrastructure	Public Health Capacity Development	Increase the capacity of Public Health Unit staff to complete research and evaluation to support public health innovation and evaluate the effectiveness of public health policies and programmes	Conduct training workshops on applied research skills to assist staff to feel confident in conducting research and evaluation, eg how to write up findings and report writing.	2-4 workshops conducted	% of PHU staff whose identified training needs were met by the workshops	Evaluations of training show participants have increased applied skills in research and evaluation Number of evaluations of current programmes being undertaken by Health Promoters and Health Protection Officers
1.12	Public Health Infrastructure	Public Health Capacity Development		Larger and more technically difficult evaluations planned and delivered by the Researcher/Evaluator. Evaluation to support the South Taranaki Social Sector Trial – Youth Group Therapy Programmes. <i>It is noted that Taranaki DHB is a partner in South Taranaki Sector Trail.</i>	Scope evaluation by July 2015 Sign off Evaluation design by August 2015 Interim report conducted by November 2015 Final report completed by December 2015	Joint evaluation with Tui Ora provider and South Taranaki Social Sector Trial programme staff. Evaluation is 'built in' to programme delivery, with programme staff and participants being involved in design of evaluation, giving feedback on findings and development of workable recommendations..	Narrative demonstrates evaluation is utilised to inform been a positive tool for future programme development and improvement. Narrative on client outcomes

1.13	Public Health Infrastructure	Public Health Capacity Development		Process and Impact evaluation of the Social Environment Programme	Scope evaluation by July 2015 Sign off Evaluation design by August 2015 Interim report conducted by February 2016 Final report completed by March 2016	Evaluation involves DHB partners/and wider community/lwi in all stages from scoping, research/evaluation design, data collection, analysis of findings and development of workable recommendations.	Narrative demonstrates evaluation is utilised to inform future programme development and improvement Number of Health Promotion Programmes that are informed by Social Environment Programme Evaluation Findings
1.14	Public Health Infrastructure	Public Health Capacity Development	PHU staff have appropriate public health or relevant health qualifications and/or skills expertise (including implementing Kaupapa Maori approaches)	Develop, implement and monitor a PHU public health workforce development plan which supports staff to: <ul style="list-style-type: none"> attain appropriate qualifications in public health (eg. Certificate in Public Health, postgraduate Diploma in Public Health) undertake and access role-based and competency-based training and education opportunities in various public health settings to build capability (eg, special projects, mentoring, secondments) undertake training to build their skills and capability in Kaupapa Māori approaches and cultural competency training 	Workforce Development Plan completed by December 2015 % of PHU staff enrolled in PH qualifications % of PHU staff hold a relevant public health qualification by June 2016	Monitoring delivery against Workforce Development Plan % staff who were satisfied/very satisfied with quality of training programmes	Workforce and professional development plans are in place for the organisation and staff, which includes: <ul style="list-style-type: none"> Staff retention and recruitment Strategic Leadership 65% of Maori Staff hold a relevant Public Health Qualification 65% of Health Promotion Staff hold relevant Public Health Qualification % of Health Protection Staff holding a relevant Public Health Qualification.
1.15	Public Health Infrastructure	Public Health Capacity Development	Increase the number of culturally competent public health staff	Provide opportunities for PHU and NGO public health staff to attend high quality cultural competency training	Host 2 cultural competency training workshops for PHU and NGO public health staff	% of staff who were satisfied/ very satisfied with cultural competency training	% of staff who report an increase in their levels of competency as a result of the training
1.16	Public Health Infrastructure	Public Health Capacity Development	Taranaki PHU to access, and share, best practice at a national level through the Public Health Association (PHA) annual conference	Submit at least one paper for presentation at the PHA conference in September 2015 Staff member who attends conference to provide an information sharing workshop with PHU team on their return	1 staff member to present at PHA conference if paper selected (Sept 2015) 1 staff member to deliver an information sharing workshop to PHU (Oct 2015)	Presentations are high quality and based on current best practice and	Number of PHU staff who report incorporating learning from the PHA conference into their public health work

1.17	Public Health Infrastructure	Health Promotion	<p>An effective infrastructure for public health professional development</p> <p>All Health Promoters hold relevant health promotion qualifications and/or skills and expertise (including implementing Kaupapa Māori approaches)</p>	<p>Training needs of Health Promoters are identified within the PHU Workforce Development Plan and relevant training opportunities provided</p> <p><i>Note - Details of specific training is outlined in individual programmes</i></p>	Number of Health Promoters attending relevant Health Promotion/ Public Health training programmes and Cultural Competency training	All PHU Health Promoters to either hold or be working towards a Certificate of Achievement in Introducing Health Promotion and/or Certificate in Health Promotion as a minimum	<p>% health promotion staff holding appropriate public health qualifications increases each year</p> <p>% health promotion staff attending training report their level of knowledge has increased with respect to their health promotion role</p>
1.18	Public Health Infrastructure	Health Protection	<p>An effective infrastructure for public health professional development</p> <p>All Health Protection Officers and Technical Officers hold relevant health protection qualifications and/or skills and expertise (including implementing Kaupapa Māori approaches)</p>	<p>Training needs of Health Protection staff are identified within the PHU Workforce Development Plan and relevant training opportunities provided</p> <p><i>Note - Details of specific training is outlined in individual programmes</i></p>	Number of Health Protection staff attending relevant Health Promotion/ Public Health training programmes and Cultural Competency training	<p>All mandatory training relevant to Health Protection Officers designation is attended</p> <p>Annual PHU Staff feedback survey demonstrates that the PHU promotes a supportive and positive workplace culture and workplace engagement</p>	<p>Health Protection staff are appropriately trained to carry out their functions</p> <p>% health protection officers attending training report their level of knowledge has increased with respect to their health protection role</p>

2 **Health Education Resources and Information**

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
2.1	Health Education Resources and Information	Public Health Capacity Development	Provide a point of contact for health education resource queries and maintain an effective and efficient distribution service that is accessible to all communities in the Taranaki region	Manage supply, storage and distribution of health education resources to internal and external customers	Number resources distributed by 31 Dec 2015 and 30 Jun 2016	Provision of resources in Te Reo	Effective and efficient health education resources to support public health programmes are disseminated
				Maintain distribution database, develop & maintain networks and contact lists to support management and the distribution of health education resources Distribute resource catalogues and promote service to internal and external customers including priority communities and groups Identify gaps in health education resource distribution in the Taranaki region, initiate work plan to address any gaps	Distribution database, contact lists and networks reviewed monthly 2-3 targeted promotions completed by 30 June 2016 Service – Distribute monthly newsletter	Accessibility to service improved by providing multiple options to order resources eg. Phone, email, fax, online	
2.2	Health Education Resources and Information	Public Health Capacity Development	Evidence-based, high quality health education resources are disseminated to early childcare centres for families of new enrolments that support and compliment public health programmes	Implement new service Liaise with 6-8 early childcare centres to establish if this service is required and to inform the development Develop and maintain databases and networks that support the distribution of health education resources to early childcare centres	Number of packs delivered to early childcare centres at 31 December 2015 and 30 June 2016	Resources were selected by the 6-8 early childcare centres liaised with	Feedback from early childcare centre Manager's indicates all families receiving information resource packs
2.3	Health Education Resources and Information	Public Health Capacity Development	Health education resources are accessible to high needs priority communities and groups	Liaise with PHU staff and community groups for any identified gaps in community resource distribution	Number of requests for health education resources from SCC and other community groups to fill distribution gaps documented by 31 December 2015 and 30 June 2016	Requests documented Three day timeframe to process request and distribute resources	Six-monthly Report indicates priority communities and groups are receiving relevant health education resources
2.4	Health Education Resources and Information	Public Health Capacity Development	Provide a point of contact for sourcing alternative health education resources for communities and groups	Develop and implement database to record alternative health education resource requests Compile library of alternative health	Number of queries actioned by 31 December 2015 and 30 June 2016	Requests documented Implemented two week timeframe for sourcing	Six-monthly Report indicates number of alternative (Non-MOH) health education resource queries actioned

	Information			education resources eg.pdf files		alternative resources	
2.5	Health Education Resources and Information	Public Health Capacity Development	Health Education Resource Development	<p>Liaise with other PHUs to identify availability of any required new health education resources and share our own resources with other PHUs on request</p> <p>Coordinate the Advisory Group and participate in reviewing PHU produced health education resources as required.</p>	Number of new resources developed (or existing resources reviewed) by 31 December 2015 to 30 June 2016	<p>Any developed resources comply with Rauemi Atawhai guidelines</p> <p>Process ensures efficient and timely resource production</p>	Local resource development complies with Rauemi Atawhai – A guide to developing health education resources in NZ

Social Environments

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
3.1	Social Environments Taranaki Tutaru Ki Tai Taranaki Whanau, Hapu, Iwi, including the area of Opunake to Oakura	Health Promotion	<p>Using Te Pae Mahutonga, the Maori Health Promotion framework:</p> <ul style="list-style-type: none"> • Te Manawhakahaere • Nga Manukura • Waiora • Mauriora • Toiora • Te Oranga <p><u>Te Oranga</u></p> <p>Levels of wellbeing are enhanced by increased Maori participation in society, economy, education, employment and decision making.</p> <p><u>Mauri Ora</u></p> <p>Identity promoted – as well as access to Maori language, cultural expression and cultural endorsement within society.</p>	<p>Support community planning and community action involving 2-3 of the following:</p> <p><u>Te Oranga</u></p> <ul style="list-style-type: none"> • Ensure access/services of Coastal Care Medical Centre are culturally appropriate for Maori. • Support the establishment of a Wharenuui at Te Kura Tua Rua o Opunake. <p><u>Mauri Ora</u></p> <ul style="list-style-type: none"> • Facilitate marae based Whanau Hauora days. • Support rangatahi leadership <p>As well as responsive action:</p> <ul style="list-style-type: none"> • To work collaboratively with other programmes to promote their key messages including Smokefree, Alcohol, HEPA, mental health promotion and Health Protection. • Use Te Pae Mahutonga as a guide to engaging Whanau, Hapu and Iwi in gathering knowledge of Te Iwi Maori o Taranaki me te inu waipiro (Alcohol) • Support the community as/when requested to achieve short term gains towards long term outcomes. 	<ul style="list-style-type: none"> • A minimum of 3-4 regular hui/korero with whanau/hapu/iwi/communities. • Summary report at the end of June 2016. • Porowai (a verbal korero from participants of hui in an evaluation format.) 	<p>Regularly maintained file notes capture the progress of community led initiatives as well as demonstrate:</p> <ul style="list-style-type: none"> • Te Pae Mahutonga lens • Public Health input • Sustainability • Capacity building • Community collaboration • Short term gains • Engaged whanau/hapu/iwi <p>Findings of programme evaluation are used to inform ongoing delivery of project</p>	<p>Relationships are established and maintained with whanau, hapu, Iwi Maori and community leaders involvement documented in community led initiatives that serve health and social needs.</p> <p>Decision making is influenced with public health and Whanau, hapu, iwi, communities, advice to improve health and social outcomes.</p>

3.2	Social Environments Ngati Ruanui Ki Nga Rauru Ki Te Tonga <i>Whanau, Hapu, iwi, including the areas of Waverley, Patea, Hawera.</i>	Health Promotion	<i>Using Te Pae Mahutonga, the Maori Health Promotion framework:</i> <ul style="list-style-type: none"> • Te Manawhakahaere • Nga Manukura • Waiora • Mauriora • Toiora • Te Oranga <u>Te Mana Whakahaere</u> Patea Youth Trust and Community demonstrates autonomy, recognition of aspirations, processes and self governance.	Support Patea Youth Trust strategic and annual planning of initiatives involving the following: <u>Te Mana Whakahaere</u> <ul style="list-style-type: none"> • Support to Patea Youth Trust Upgrade Project • Continued support towards the governance of Patea Youth Trust <i>As well as responsive action:</i> <ul style="list-style-type: none"> • To work collaboratively with other programmes to promote their key messages including Smokefree, Alcohol, HEPA, mental health promotion and Health Protection. • Use Te Pae Mahutonga as a guide to engaging Whanau, Hapu and Iwi in gathering knowledge of Te Iwi Maori o Taranaki me te inu waipiro. (alcohol) • Support the community as/when requested to achieve short term gains towards long term outcomes. 	<ul style="list-style-type: none"> • Attendance at monthly trust and community whanau/hapu/iwi meetings • Summary report at the end of June 2016. • Porowai (a verbal korero from participants of hui in an evaluation format) 	Regularly maintained file notes capture the progress of community led initiatives as well as demonstrate: <ul style="list-style-type: none"> • Pae Mahutonga lens • Public Health input • Sustainability • Capacity building • Community collaboration • Short term gains • Engaged whanau/hapu/iwi Findings of programme evaluation are used to inform ongoing delivery of project	Relationships are established and maintained with whanau, hapu, Iwi Maori and community leaders involvement documented in community led initiatives that serve health and social needs. Decision making is influenced with public health and Whanau, hapu, iwi, communities, advice to improve health and social outcomes.
3.3	Social Environments Nga Ruahine Ki Te Tonga <i>Whanau, Hapu, iwi, including the areas of Manaia, Kapinga, Kapuni, Oeo.</i>	Health Promotion	<i>Using Te Pae Mahutonga, the Maori Health Promotion framework:</i> <ul style="list-style-type: none"> • Te Manawhakahaere • Nga Manukura • Waiora • Mauriora • Toiora • Te Oranga <u>Nga Manukura</u> Haukainga/Tangata Whenua of Nga Ruahine rohe including Nga Ruahine Iwi Health Service, are engaged in health leadership and supported in their future planning. <u>Toiora</u>	Health long term planning involving the following: <u>Nga Manukura</u> <ul style="list-style-type: none"> • Engage whanau to identify needs • Support Nga Ruahine Iwi Health Service to establish an evidence base to inform long term health planning <u>Toiora</u> <ul style="list-style-type: none"> • Co coordination of health and wellbeing education sessions to uri o Nga Ruahine Iwi. <i>As well as responsive action:</i> <ul style="list-style-type: none"> • To work collaboratively with other programmes to promote their key messages including Smokefree, Alcohol, HEPA, mental health 	<ul style="list-style-type: none"> • A minimum of 3-4 regular hui/korero with whanau/hapu/iwi/communities. • Summary report at the end of June 2016. • Porowai (a verbal korero from participants of hui in an evaluation format) 	Regularly maintained file notes capture the progress of community led initiatives as well as demonstrate: <ul style="list-style-type: none"> • Pae Mahutonga lens • Public Health input • Sustainability • Capacity building • Community collaboration • Short term gains • Engaged whanau/hapu/iwi Findings of programme evaluation are used to inform ongoing delivery of project	Relationships are established and maintained with whanau, hapu, Iwi Maori and community leaders involvement documented in community led initiatives that serve health and social needs. Decision making is influenced with public health and Whanau, hapu, iwi, communities, advice to improve health and social outcomes.

			<p>Nga Ruahine Iwi Health Service is supported to deliver education around healthy lifestyles within local Marae of Nga Ruahine.</p>	<p>promotion and Health Protection.</p> <ul style="list-style-type: none"> • Use Te Pae Mahutonga as a guide to engaging Whanau, Hapu and Iwi in gathering knowledge of Te Iwi Maori o Taranaki me te inu waipiro.(alcohol) • Support the community as/when requested to achieve short term gains towards long term outcomes. 			
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3.4	Social Environments Taiohi Tu <i>Strengthening the capacity of the youth sector to address health issues of importance to Taiohi Māori</i>	Health Promotion Public Health Capacity Development	<p><i>Using Te Pae Mahutonga, the Maori Health Promotion framework:</i></p> <ul style="list-style-type: none"> • Te Manawhakahaere • Nga Manukura • Waioira • Mauriora • Toiora • Te Oranga <p><u>Mauriora</u></p> <p>Identity in young people is strengthened – including access to Maori perspectives across common youth issues (sexual, physical, mental, emotional and cultural).</p> <p><u>Toiora</u></p> <p>Health education to young people sees a shift to healthy lifestyles including, positive relationships, resilience, goal setting, healthy self image and within a Maori cultural world view.</p>	<u>Toiora & Mauriora</u> Deliver Taiohi Tu Train the Trainer package and support ongoing co-facilitation.	<ul style="list-style-type: none"> • 1 training package delivered to youth workers/leaders by June 2016 • Evaluation Report completed by 30 June 2016 • Porowai (a verbal korero from participants of hui in an evaluation format.) 	<ul style="list-style-type: none"> • 90% of participants report increased knowledge of 4-5 youth identified health issues. 	<ul style="list-style-type: none"> • Evidence of increase knowledge, skills and partnerships between youth sector workers/ leaders in South Taranaki.
3.5	Social Environments South Taranaki Social Sector Trial	Health Promotion	<p><u>Nga Manukura</u></p> <p>Initiatives led by the South Taranaki Social Sector Trials that enhance positive long term health and social outcomes for Maori youth populations of South Taranaki are supported.</p>	<p><u>Nga Manukura</u></p> <ul style="list-style-type: none"> • Attend regular meetings of Social Sector Trials, ensuring a kaupapa Maori and public health perspective. Forums expected to include: -Blue Light Committee -Health Arm -Education Arm • Provide support to new Tupeka Kore project which aims to reduce smoking prevalence among Rangatahi in South Taranaki through the Social Sector Trials (SWEET) initiative Project 	<ul style="list-style-type: none"> • A minimum of 3-4 regular hui/korero with whanau/hapu/iwi/communities to promote access to Te Ao Maori. • Summary report at the end of June 2016. • Porowai (a verbal korero from participants of hui in an evaluation format.) 	Minutes reflect appropriate public health advice and leadership given SST forums	<ul style="list-style-type: none"> • Decision making is influenced from a Pae Mahutonga and Public Health lens • Tupeka Kore project meets agreed objectives and timeframes

4 Healthy Eating and Physical Activity (including Breastfeeding)

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
4.1	Healthy Eating and Physical Activity	Health Assessment and Surveillance	Increased use of public health intelligence and analysis of surveillance data to inform planning and public health action within your organisation and across relevant health, social and local government sectors.	Review, analyse, interpret and periodically report existing surveillance data / information to inform planning of local services that impact on health outcomes and specific prevention and control responses	As required	% Data sourced from reliable and valid data sources to ensure accuracy	Number of public health programmes that are informed by epidemiological analyses and public health intelligence/advice.
4.2	Healthy Eating and Physical Activity	Public Health Capacity Development	An effective infrastructure for public health professional development	Support and encourage health promoters working on health promotion programmes to access appropriate training and professional development to support their role	Number of health promoters attending training courses or development opportunities	Annual PHU Staff feedback survey demonstrates that the PHU promotes a supportive and positive workplace culture and workplace engagement	% public health staff attending training report their level of knowledge has increased with respect to nutrition and physical activity % public health staff who report they can confidently apply the knowledge acquire through nutrition and physical activity to their work
4.3	Healthy Eating and Physical Activity	Health Promotion	Partnerships within the health sector are established and collaborative health promotion activities that address healthy eating, physical activity (HEPA) and breastfeeding are implemented	Provide public health advice and participate within interagency groups and providers/services: <ul style="list-style-type: none">Taranaki Healthy Eating and Physical Activity NetworkBreastfeeding/Whangai U NetworkTui Ora Mama Pepe Hauora Reference Group and Working Group	Participate in and document meetings Report on 1-3 collaborative projects	Meeting Minutes reflect appropriate HEPA and breastfeeding advice, consistent with MOH policy positions, guidelines and other documents, is given and actioned within forums/stakeholder groups % projects that prioritise areas of high % of Māori and/or high deprivation	Number of collaborative projects that have contributed towards healthy eating, physical activity and breastfeeding for Māori and/or in high deprivation communities.
4.4	Healthy Eating and Physical Activity	Health Promotion		Undertake scoping around existing and potential alliances with primary care regarding <ul style="list-style-type: none">the delivery of HEPA and breastfeeding health promotionthe promotion of consistent messages	Literature review completed by 31 August, 2015 Scoping project plan developed by 30 September, 2015	Report evidences input from primary care into scoping exercise and implementation of findings	Evidence of improved alliances with primary care in the delivery of HEPA and breastfeeding health promotion

				<ul style="list-style-type: none"> • service gaps and duplication, and • reduction of inequities in health 	<p>Scoping project completed by 30 December, 2015</p> <p>Relevant findings incorporated in PHU Strategic Plan 2016-19</p>		
4.5	Healthy Eating and Physical Activity	Health Promotion	Increased access to evidence-based healthy kai (including breastfeeding) and physical activity messages, particularly for Māori	Develop and implement activities, eg. campaigns &/or workshop series, including Māori medium campaigns/ articles/ activities	Report on the completed delivery of 2-4 activities by 30 June, 2016	<p>Evidence of Māori involvement in planning, developing and implementing activities</p> <p>70% of communication activity prioritises Māori audiences</p>	<p>Enhanced knowledge, skills, and/or behaviour of recipients demonstrated regarding healthy kai (including breastfeeding) and physical activity messages</p> <p>% project participants report that their level of knowledge has increased with respect to nutrition and physical activity</p>
4.6	Healthy Eating and Physical Activity	Health Promotion	Public and private sector policies beyond the health sector are developed that improve support for the continuation of breastfeeding	Maintain the implementation of the 'Breastfeeding Welcome Here' (BFWH) project, working in collaboration with Tui Ora Ltd in its priority communities	<p>Complete audits of 30 accredited sites by 30 June 2016</p> <p>Accredit 5-8 new sites by 30 June 2015</p>	<p>Audits are carried out with all sites and show a high level of compliance with criteria</p> <p>Sites focus on areas of high % of Māori + high deprivation</p> <p>Report evidences collaborative efforts with Tui Ora in programme implementation</p>	Evidence of 5-8 public/private sector agencies/services engaged in projects that support the continuation of breastfeeding

5 Injury Prevention

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
5.1	Injury Prevention	Health Assessment and Surveillance	Increased use of public health intelligence and analysis of surveillance data to inform planning and public health action within your organisation and across relevant health, social and local government sectors.	Review, analyse, interpret and periodically report existing surveillance data / information from the NPiS Injury Prevention Needs Assessment to inform: <ul style="list-style-type: none"> Local knowledge and understanding of significant and emerging injury trends and distribution by population at local levels. Assessment of local priority injury prevention needs and distribution in population Planning of local services that impact on injury prevention outcomes and specific prevention and control responses 	Injury prevention needs assessment data included on new Safe Taranaki website by 31 December 2015 All ad hoc requests for injury prevention information will be responded to within 10 working days (expected minimum of 5 requests per year)	Data included on the Safe Taranaki website will be taken from reliable information sources (e.g. NPiS IP Needs Assessment) and will be accurate and valid 100% of requests responded to within 10 working days	Number of agencies who report increased awareness and understanding of trends in injury and injury prevention by population group, including for Maori. Number of agencies who report they have used injury and injury prevention data for planning and delivery of injury prevention services
5.2	Injury Prevention	Public Health Capacity Development	An effective infrastructure for public health professional development	Support and encourage health promoters working on health promotion programmes to access appropriate training and professional development to support their injury prevention role	Number of health promoters attending training courses or development opportunities	Annual PHU Staff feedback survey demonstrates that the PHU promotes a supportive and positive workplace culture and workplace engagement	% public health staff attending training report their level of knowledge has increased with respect to injury prevention
5.3	Injury Prevention	Health Promotion	Shared collaboration and partnerships coordinated amongst key stakeholders to address child injury prevention, particularly for Tamariki Māori	Lead the coordination of Kidsafe Taranaki Trust activities: <ul style="list-style-type: none"> Organise and attend BOT meetings Provide Public Health advice when required Explore and apply to funding streams for Kidsafe projects 	Document 4-6 bi-monthly Kidsafe BOT meetings	Quorum met at all meetings	#/% participants report having an increased understanding of the causes of child falls and how to prevent them. Target 90% #/% participants report making positive changes to their supervision. Target 50% #/% participants report positive changes to their home environment. Target 50%
5.4	Injury Prevention	Health Promotion		Coordinate the Kidsafe Tamariki Māori Falls Prevention Project as agreed with Kidsafe Trust partners	Project delivery resourced, monitored and evaluated. Tamariki Māori Falls Prevention Project reaches a minimum of 150 sessions per year	90% of participants report project participation useful for preventing falls injuries 50% of participants live in high deprivation areas	
5.5	Injury Prevention	Health Promotion		Coordinate the Kidsafe Falls Prevention Project as agreed with Kidsafe Trust	Project delivery resourced, monitored and	90% of participants report project participation useful	

				partners	evaluated and evaluated. Child Falls Prevention Project has a minimum of 10 workshops that reach 100 caregivers per year	for preventing falls injuries 50% of participants live in high deprivation areas	
5.6	Injury Prevention	Health Promotion		Coordinate Kidsafe Safety Gate Loan Scheme in North Taranaki as agreed with Kidsafe Trust partners	Project delivery monitored and evaluated	90% of participants report project participation useful for preventing falls injuries 50% of participants live in high deprivation areas	
5.7	Injury Prevention	Health Promotion	Support the sustainability of the WHO Safe Communities model in New Plymouth by active partnership and governance of New Plymouth injury Safe Trust (NPiS)	Provide support to NPiS Trust as follows: <ul style="list-style-type: none"> • Provide hosting, management and professional support for the NPiS Safe Community Programme Manager • Provide public health advice and support as required to support NPiS with the following priority activities – <ul style="list-style-type: none"> - Family Violence reduction (through strategic partnerships with Taranaki Safe Families Trust) -Suicide Prevention (with a particular focus on mental health promotion activities aligned to the DHB Suicide Prevention Action Plan) • Support application for accreditation as a Pacific Safe Community in 2015 • Provide input to the Five Yearly Injury Prevention Needs Assessment for New Plymouth District in 2016 	NPiS Annual Plan developed and approved by Trust by 1 July 2015	PHU staff provide input into development of NPiS Annual Plan to ensure activities are evidence based	% Annual Plan outcomes achieved by 30 June 2016
					Provide public health advice to the development of mental health promotion activities within the DHB Suicide Prevention Plan	NPiS mental health promotion activities are aligned with the DHB Suicide Prevention Action Plan	Number of mental health promotion activities that are informed by public health advice and evidence based
5.8	Injury Prevention	Health Promotion			Pacific Safe Community application submitted by 31 Dec 2015	All Pacific Safe Community criteria are met	# TLAs in Taranaki achieving Safe Communities accreditation
5.9	Injury Prevention	Health Assessment and Surveillance			Needs Assessment completed by 30 June 2016	Needs Assessment completed by appropriately qualified researcher	# stakeholders reporting that they used needs assessment to inform their injury prevention work

6 Border Health

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
6.1	Border Health	Health Protection	To prevent, protect, control and provide a public health response to the international spread of disease based on national and international policy	Provide advice and information in response to all enquires/complaints	Number of enquiries received and responded to	% advice that is consistent with the Health Protection Manual and appropriate MoH guidelines	Routine biosecurity surveillance finds no evidence of exotic vectors having become established in Taranaki
				Undertake weekly mosquito surveillance at the Port of Taranaki	Number of Routine surveillance checks undertaken	% of surveillance results that are entered onto NZ biosecure website (target 100%).	
6.2	Border Health	Health Protection		Maintain an appropriate and efficient system for receiving and responding to NZ bound international vessels as per national policy	Number of requests for pratique received and responded to	% of pratiques received and granted within legislative timeframe (target 100%)	The spread of diseases of international concern within Taranaki are prevented through the undertaking of quarantine measures for all international vessels
					Number of Ship Sanitation inspections undertaken	% Ship Sanitation inspections undertaken by trained officers in a manner which meets international and national guidelines	
6.3	Border Health	Health Protection		The PHU to maintain capacity and respond to all interceptions/incursions	Number of interceptions/incursions responded to and reported to the MoH	% actions taken within 2 hours to protect border health whilst complying with MoH reporting criteria (target 100%)	
6.4	Border Health	Health Protection		Annual audit of activities, facilities, and processes of Port of Taranaki in line with the International Health Regulations 2005	Annual 'Border Health Return 2015' report completed and submitted to the MoH	Report completed and submitted to MoH by 28 February 2016	The Port of Taranaki (international port) meets national and international policy
				Strengthen relationships and communication networks between the PHU and relevant border health agencies	Number of port management (Health and Safety) meetings attended	PHU to routinely advise Port Management of factors influencing border health regionally/nationally	
				Ensure continued maintenance of local protocols and procedures to strengthen and maintain core international health competencies (including PHU staff competency assessments based on World Health Organisation sanitation inspection practices)	Number of protocols/procedures reviewed and/or tested	% local plans reflect best practice according to National and International guidance criteria	
				Assist local border agencies by	Number of routine	Ensure best practice is	

				participating (or coordinating) in routine training and response opportunities	training/response opportunities participated in	adopted into local plans according to National and International guidance criteria	
6.5	Border Health	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required Biosecurity training	Number of Health Protection Officers and Technical Officers attending Biosecurity training	Health Protection Officers and Technical Officers maintain relevant designations /accreditations	#!/% public health staff who report they can confidently apply the knowledge acquired to undertake their work (BC, S).

7 Drinking Water

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
7.1	Drinking Water	Health Protection	Ensure drinking-water suppliers are taking all practicable steps to meet legislative requirements	Undertake WSP adequacy assessments and implementation inspections of water suppliers to determine compliance with the Health Act 1956	Number of WSP adequacy reports assessed	100% of WSP adequacy assessments are completed within 20 working days <i>Complete all work as per Scope Item (3) covered within the Drinking Water Section of Health Protection Manual</i>	100% of water supplies defined under the Health Act 1956 are demonstrated to be complying with the Act within required mandatory timeframes
					Number of WSP implementation inspections undertaken	100% of WSP implementation inspections are completed within 20 working days <i>Complete all work as per Scope Item (4) covered within the Drinking Water Section of Health Protection Manual</i>	
7.2	Drinking Water	Health Protection		Routinely assess compliance of water suppliers with regards to the Drinking Water Standards for New Zealand 2005 (revised 2008) (DWSNZ)	Number of compliance assessments (transgressions / non-compliances) undertaken for Council operated water supplies	All Council water suppliers visited every three months to gather and assess DWSNZ compliance information and record on WINZ where applicable	Water Supplies can demonstrate compliance with the DWSNZ ensuring that potable water is delivered to the its consumers free of determinands of contamination
					Annual Verification (3 total) of compliance with the DWSNZ reports completed for: <ul style="list-style-type: none"> • New Plymouth District Council • Stratford District Council • South Taranaki District Council 	<i>Complete all work as per Scope Item (1) covered within the Drinking Water Section of Health Protection Manual</i>	

7.3					<p>PHU staff undertake routine DWSNZ compliance work upon request by a water supplier:</p> <ul style="list-style-type: none"> • Protozoa Log Credit assessments • Approval of Class 2 water sources • Water supply gradings • Classification of P2 and P3 determinants • Assessment of groundwater security 	<p>Number of reports completed based on compliance with the DWSNZ</p> <p><i>Complete all work as per Scope Item (1) covered within the Drinking Water Section of Health Protection Manual</i></p>	
7.4	Drinking Water	Health Protection		Assess and authorize water suppliers to undertake calibration of monitoring equipment	Number of water suppliers assessed and authorized to undertake calibrations	<p>100% of water suppliers are deemed competent to undertake routine calibration of telemetry equipment</p> <p><i>Complete all work as per Scope Item (2) covered within the Drinking Water Section of Health Protection Manual</i></p>	
7.5	Drinking Water	Health Protection		Assess and authorize water suppliers to undertake drinking water analysis (where MoH laboratory test are not used) for compliance purposes	Number of water suppliers assessed and authorized to undertake drinking water analysis	<p>100% of water suppliers audited are deemed compliant with the DWSNZ</p> <p><i>Complete all work as per Scope Item (2) covered within the Drinking Water Section of Health Protection Manual</i></p>	
7.6	Drinking Water	Health Protection		Assess water suppliers to ensure they are maintaining an effective complaints management process for their drinking-water services	Number of water supplier complaint audits undertaken as per 'scope 1' inspection criteria	<p>100% of water suppliers are demonstrated to have an adequate complaints management system</p> <p><i>Complete all work as per Scope Item (1) covered within the Drinking Water Section of Health Protection Manual</i></p>	

7.7	Drinking Water	Health Protection		Water suppliers (including water carriers) are registered (or registrations amended/renewed) as required to be reported in the community register of drinking-water supplies	Number of applications received and processed	100% registrations (amendments/ renewals) forwarded to ESR using correct forms contained on MoH website	
7.8	Drinking Water	Health Protection		Assess all applications for temporary water status within the Taranaki region	Number of applications for Temporary status received and processed	Applications are processed according to the National Technical Manual	
7.9	Drinking Water	Health Protection	PHU undertakes routine surveillance of drinking water supplies as required within the MoH Tier Service Specifications which aids in the development of further national Drinking-Water policy	All water supply events (transgressions) are responded to and reported to the MoH as required	Number of events responded to	Water supply events are responded to within 24hours <i>Complete all work as per Scope Item (1) covered within the Drinking Water Section of Health Protection Manual</i>	Contribution to national surveillance data aids in the development of national drinking water policy which aid in ensuring potable water is maintained and/or provided for in vulnerable areas
7.10				The PHU to participate and complete the annual review of drinking water supplies for period 1 July 2015-30 June 2016	Annual Survey completed by the required completion date (8 th August 2015)	100% supplies required to be reported on are entered onto WINZ 6	
7.11	Drinking Water	Public Health Capacity Development	Maintain suitably qualified and experienced Drinking Water Assessors as required within the Health (Drinking Water) Amendment Act 2007 and IANZ 17020 Inspection Body Criteria	Increase number of signatory's in PHU from 1-2 (including a Drinking Water Technician)	DWA Tech to become IANZ accredited by 31st December 2015	DWA Tech is assessed and mentored by DWA to ensure that quality of work adheres to national and regional standards (as defined within CNIDWAU Administration Manual)	Drinking Water Assessment Unit staff to maintain designation/accreditation within the Central North Island Drinking Water Assessment Unit (CNIDWAU) allowing staff to fulfil functions required by the Health (Drinking Water) Amendment Act 2007
				Taranaki Branch of CNIDWAU to undergo IANZ surveillance Audit (as occurs annually)	Audit completed by IANZ by 30 June 2016	Taranaki Branch of CNIDWAU maintains accreditation status by IANZ	
				Taranaki PHU staff to facilitate and maintain senior roles within the CNIDWAU: <ul style="list-style-type: none">- Matt (Deputy Tech Manager – Operations)- Josh (Technical Manager – Training)	Staff successfully contribute to CNIDWAU operational goals as defined in DWAU workplan and Administration Manual.	Taranaki staff are able to demonstrate competence with CNIDWAU competency requirements	
				Taranaki based CNIDWAU staff to attend national and regional training opportunities to ensure DWA competence is maintained (IANZ requirement and DWAP programme)	Number of Taranaki staff attending and participating in training opportunities	Taranaki staff are able to demonstrate competence with national and regional requirements	

7.12	Drinking Water	Health Protection (Drinking Water Assistance Programme)	Assist in improving and promoting potable water quality management practices within vulnerable community based water supplies	WSPs are promoted and developed for vulnerable community based supplies (such as Marae, Schools, and Te Kohanga Reo)	Number of supplies contacted and have developed approved WSPs	WSPs are completed in a manner which follow national guidelines/templates and aid in focusing on the 'knowledge and steps' around water safety	A documented increase in the number of vulnerable community (such as Marae, schools, and Te Kohanga Reo) based water supplies with approved WSPs
				Number of supplies offered assistance/support by larger suppliers/stakeholders (including achieving compliance with the DWSNZ)	Offers of assistance by larger water suppliers and stakeholders are promoted and recorded		

8 Hazardous Substances and Contaminated Land

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
8.1	Hazardous Substances and Contaminated Land	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required HSNO training	Number of Health Protection Officers and Technical Officers attending HSNO training	Health Protection Officers maintain relevant designations	Accessible learning and training opportunities for all public health staff
8.2	Hazardous Substances and Contaminated Land	Health Protection	The risk of harm to the public from Hazardous Substances is minimised	Risk assess and respond to all notifications or complaints under the Hazardous Substances & New Organisms Act 1996 which include: <ul style="list-style-type: none"> Enquiries and Complaints Recalls Disposal of toxic substances Methyl bromide fumigations (annual assessment report) 	Number of enquiries risk assessed and investigated	Accurate hazardous substance risk assessments with satisfactory resolutions provided in line with national guidance/guidelines	All notifications and complaints undergo a risk assessment
8.3	Hazardous Substances and Contaminated Land	Health Protection		The PHU will respond to all high risk incidents within 15 minutes to two hours providing relevant public health advice	Number of incidents responded to	100% of incidents responded to (within 15 minutes) providing public health and reported to the MoH/EPA within required timeframe (as required)	All notified HSNO incidents are responded to providing public health recommendations to minimise harm
8.4	Hazardous Substances and Contaminated Land	Health Protection		PHU will ensure all reported poisonings/harm relating to Hazardous substances are recorded on HSDIRT and followed up as appropriate	Number of cases entered on to HSDIRT	100% of cases are entered on the HSDIRT system in a manner which comply with the HSDIRT guidelines	PHU is to facilitate the management and operation of databases and information systems such as HSDIRT for the MoH
8.5	Hazardous Substances and Contaminated Land	Health Protection		Interagency collaboration and communication through quarterly HSTLC and other meetings with Taranaki Regional Council, Department of Conservation/ Ministry of Business, Innovation and Employment and Local Authorities	Number of HSTLC meetings and other partner agency meetings attended with documented participation	Qualified and skilled Public health representation in all HSTLC and inter- agency activities	Evidence of active engagement with HSTLC and partner agency collaboration
8.6	Hazardous Substances and Contaminated Land	Health Protection		Appropriate assessment and processing of VTA applications and approvals including audits of VTA operations by HSNO Officers	100%of VTA permissions/ audits undertaken	Processed within timeframes, peer reviews done and submitted to EPA Audit criteria: - All VTA applications with	Process all VTA permissions as per MOH guidelines leading to appropriate setting of conditions including a focus on communication with affected groups (such as tangata

						<p>1080 will undergo a “full” audit including field AND desktop auditing</p> <p>- All other ground based operations utilising ‘general VTAs’ will undergo desktop audits (depending on the risk assessment of the operation)</p>	whenua Māori)
8.7	Hazardous Substances and Contaminated Land	Health Protection		PHU to audit applicants to ensure that all applications have appropriately identified and consulted with tangata whenua Māori	Number of VTA permissions requiring consultation with Tangata Whenua Māori	PHU to aid in ensuring applicants have engaged with tangata whenua Māori, and a cultural factors have been considered when developing conditions	
8.8	Hazardous Substances and Contaminated Land	Health Protection		Complete HSNO Intention Report (and other reports as required) by the MoH	Number of HSNO Intention Reports done	Reports done on time with positive feedback from MOH	
8.9	Hazardous Substances and Contaminated Land	Health Protection		Engage with other HSNO Officers within the Waikato and Midcentral PHU’s discussing assessment of VTAs across borders and developing regionally consistent VTA conditions	Continue developing a MOU which can be used when assessing VTA’s across borders and having regionally consistent conditions	Harmonisation of operation across region promoting interagency collaboration	Work collaboratively with other regional HSNO Officers within the Midcentral and Waikato PHU’s
8.10	Hazardous Substances and Contaminated Land	Health Protection	Minimise the risk to public health by providing advice/recommendations relating to the management of contaminated land sites	<p>Carry out statutory advisory work relating to contaminated land (HSNO Act 1996, Health Act 1956, Resource Management Act 1991 and Local Government Act 1974)</p> <p>Engagement with Regional Council</p>	Number of contaminated land enquiries/notifications responded to	Advice provided is based on best practice (national/regional guidelines)	Ensure all events relating to contaminated land are risk assessed and actioned accordingly (also refer to RMA section)

9 Recreational Water

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
9.1	Recreational Water <i>(Wastewater Discharges to Waterways/land)</i>	Health Protection	The health risks associated with recreational water contact are minimised	Provide advice and information in response to all enquiries/complaints	Number of enquiries/complaints received and responded to	Ensure all advice is consistent with the Health Protection Manual and appropriate MoH guidelines	Identify, assess, monitor, and provide health advice regarding recreational water quality within the Taranaki Region
				PHU to record, risk assess, and provide advice to Councils regarding sewage discharges to the environment	Number of sewage discharge notifications processed	100% of discharge notifications are risk assessed, recorded on the PHU's register, and followed as per PHU protocol (e.g. notifying MOH, requiring signage, providing advice)	
				Collaborate with Local Councils, contractors, communities, and Iwi regarding the management of sewage discharges to the environment	Documented participation in meetings/hearings	PHU to provide advice to Councils, contractors, communities, and Iwi regarding the health risks associated with sewage.	
				Collaborate with New Plymouth District Council (NPDC) to develop a regional 'notification' procedure which includes iwi within the NPDC's Incident Response Plan	Document submissions/requests by the PHU requesting development of an iwi contact list	The contact list is developed jointly with the PHU and NPDC improving joint responsibilities to minimise harm to public health from sewage discharges	
				HPOs to undertake visits with local councils to document the operation of all wastewater treatment plants. Focus on documenting: <ul style="list-style-type: none">Agency contact detailsLocation of plants Design, operation and monitoring of plant facilities	Inspect all waste water treatment plants in the region.	All reports are completed in a consistent manner, and the information recorded improves the knowledge of the PHU regarding sewage treatment practice operations	

	Recreational Water <i>(Wastewater Discharges to Waterways/land)</i>	Health Protection		PHU to work with Councils to determine GPS (record on mapping programmes) the exact location of pump/overflow stations in their Districts	Develop a register/map which demonstrates the location of pump/overflow stations in Taranaki	The completed register will aid in a long term project to monitor, and improve notification practices regarding rivers/streams which have high public use and are routinely effected by sewage discharges	
9.2	Recreational Water <i>(Recreational Water Monitoring)</i>	Health Protection		<ul style="list-style-type: none"> Provide advice and information in response to all enquiries/complaints 	Number of enquiries/complaints received and responded to	Ensure all advice is consistent with the Health Protection Manual and appropriate MoH guidelines	
				PHU to record, and risk assess recreational water monitoring reports/results	Number of sampling surveys received	Assess surveillance results in comparison with National Recreational Water Quality Guidelines	
				PHU to aid in advising the general public of rivers/streams which are not safe to use (carried out in consultation with council erecting signage)	Number of health warnings notified to general public	<p>Councils are audited following exceedences to ensure that adequate public health warning signs have been erected</p> <p>TDHB water safety maps are updated within 24hours of receiving recreational water surveillance results (ensure consistency with Regional Council's site)</p>	
				Collaborate with the Taranaki Regional Council, Local Councils, and other stakeholders (such as iwi) over recreational seasonal monitoring programme.	Number of meetings participated in with external stakeholders	PHU participates in regional meetings ensuring clear, and appropriate public health advice is considered during recreational seasons	
9.3		Public Health Capacity Development	An effective infrastructure for public health professional development, including cultural competency in relation to minimising health risks associated with recreational water	Health Protection Officers to undertake training focusing on the cultural importance of recreational water sources.	Training undertaken by all HPOs which focuses on the cultural aspects of recreational water.	Facilitate the course with assistance of, MPI, DoC, Regional Council Māori Liaison Officer and local Māori (iwi contact) to provide advice/assistance in upskilling HPOs through a cultural training session	<p>Improve on the PHUs understanding of recreational waters which are of cultural significance within the Taranaki Region</p> <p>Accessible learning and training opportunities for all public health staff</p>

10 Environmental Health

10.1 Environmental Health – Burials and Cremations

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
10.1.1	Environmental Health Burials and Cremations	Health Protection	Burial and Cremation activities are conducted with dignity, sensitivity, and respect for the deceased and their families, while ensuring public health risks are managed	Provide advice and information in response to all enquiries	Number of enquires received and responded to	Ensure all advice is consistent with the Health Protection Manual and appropriate MoH guidelines	All queries received in relation to the burial/cremation of human remains are processed according to MoH guidelines and legislative requirements
				Assist and complete all disinterment applications and repatriations	Number of disinterment' or repatriations processed	100% of disinterment or repatriation applications processed within 20 working days	All application approvals are completed following MoH guidelines
				Culturally appropriate support from Maori Health Unit or Te Puni Kokiri is provided for all disinterment applications (or other burial activities) where requested/required	Number of disinterment applications where cultural support from Maori Health Unit and Te Puni Kokiri has been requested	Ensure disinterment applicants are provided cultural support in line with TDHB (and MoH) requirements	All disinterment's are undertaken in a respectful, lawful, dignified, and culturally sensitive manner with no sanitary issues
10.1.2	Environmental Health Burials and Cremations	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required training	Number of Health Protection Officers and Technical Officers attending training	Health Protection Officers maintain relevant designations	Accessible learning and training opportunities for all public health staff

10.2 Environmental Health - Early Childhood Centres

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
10.2.1	Environmental Health <i>Early Childhood Centres</i>	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required training	Number of Health Protection Officers and Technical Officers attending training	Health Protection Officers maintain relevant designations	Accessible learning and training opportunities for all public health staff
10.2.2	Environmental Health <i>Early Childhood Centres</i>	Health Protection	Reduce potential health and safety risks in ECEs are reduced Potential health and safety risks in ECEs are reduced	Carry out statutory work under the Health Act 1956 and completed inspections for ECE/Kohanga Reo in line with MoE/MoH contractual requirements	The number of reports completed and reported to MoE	100% of compliance reports for ECE/Kohanga Reo completed and submitted to MoE within seven working days of undertaking the health assessment	All inspected ECCs and Kohanga Reo operate in a safe manner and ensure healthy outcomes for all attendees
				Provide advice and information in response to all enquiries/complaints	Number of enquiries/complaints received and responded to	Ensure all advice is consistent with the Health Protection Manual and appropriate MoH guidelines	
				Continue to maintain TDHB website/information system to ensure ECE/Kohanga Reo are kept informed and updated of health and safety requirements	Undertake six-monthly review of ECE section as located on the PHUs website	Regular updates to the website to ensure that the information presented is consistent with latest MoE and MoH policy/ guidelines	

10.3 Environmental Health - Emergency Management

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
10.3.1	Environmental Health Emergency Management	Health Protection	Public health response to an emergency or incident is well coordinated, effective and protects public health during the emergency	Documented participation in “Health” related Emergency Management Groups:	Attend the following number of meetings:	Participate in Health related forums as required by the DHB and Ministry requirements	Maintain public health involvement with stakeholders when planning and responding to emergency incidents
				<ul style="list-style-type: none"> • Health Emergency Management Group (HEMG) • Midlands Regional Health Network • National Emergency Managers Meetings PHU staff to attend national/regional exercises of Emergency Management training offered by Emergency Management stakeholders	<ul style="list-style-type: none"> • HEMG – 6 • Midlands Regional – 2 • National Emergency Managers Meeting – 2 Attend 1-2 Emergency Management related trainings per contract year (reported in Workforce Development Plan)		Debrief reports on emergency responses or exercises indicate an effective public health response
				PHU staff to attend national/regional exercises of Emergency Management training offered by Emergency Management stakeholders	Attend 1-2 Emergency Management related trainings per contract year (reported in Workforce Development Plan)	Training attendees to provide feedback to the PHU regarding outcomes of the course	PHU staff are appropriately trained to deliver the emergency management work programme and respond to emergent issues in a timely manner
				PHU to aid in peer reviewing Emergency Response Plans and public advice information/education resources for external stakeholders when requested so that they are prepared in accordance with MoH advice, guidance and templates	Number of Emergency Response Plans or advice/education resources peer reviewed	Feedback documented on recommendations from stakeholder following peer review	External stakeholders are appropriately trained to deliver their emergency management work programme and respond to emergent issues in a timely manner
				Risk assess all developing emergencies from a public health perspective and provide assistance where required	Number of incidents responded to	100% of incidents responded to within two hours as required by the National Health Protection Manual	100% of high risk incidents are responded to by the PHU providing public health advice
					Number of incidents reported to the Ministry of Health	100% of reports required to be notified to Ministry of Health submitted within 24 hours as required by the National Health Protection Manual	
10.3.2	Environmental Health Emergency Management	Public Health Capacity Development	Taranaki PHU has an effective infrastructure in place to support emergency planning, preparedness and response	Maintain an adequate number of PHU staff trained to respond to emergencies	Number of staff completing local and national training	Increased capacity of the PHU to respond to an emergency when an event occurs	PHU staff are appropriately skilled to respond to emergencies

10.4 Environmental Health - Ionising and Non-Ionising Radiation

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
10.4.1	Environmental Health Ionising and Non-Ionising Radiation	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required training	Number of Health Protection Officers and Technical Officers attending training	Health Protection Officers maintain relevant skills associated with ionising and non-ionising radiation	Accessible learning and training opportunities for all public health staff
10.4.2	Environmental Health Ionising and Non-Ionising Radiation	Health Protection	The risk of adverse public health effects from radiation are reduced	IONISING RADIATION: Provide services in accordance the Environmental Health Protection Manual and based on the advice of the MoH Office of Radiation Safety (ORS)	Number of complaints/enquiries/ incidents responded to	Ensure all responses/advice is based on scientific advice from Ministry of Health national guidelines	Environmental and public exposures to non-ionising fields are managed to minimise and manage the risks to health
10.4.3	Environmental Health Ionising and Non-Ionising Radiation	Health Protection		NON-IONISING RADIATION: Undertake assessments of all Solaria, gathering information and providing advice regarding legislative requirements (pending)	Number of premises visited and provided education and advice	Increased compliance with the Solaria Standards and knowledge of (pending) legislative requirements	PHU to undertake routine assessments (based on national standards) of Solaria operators as required by the Ministry of Health
				Complete six-monthly MoH reports for Solaria assessments: <ul style="list-style-type: none">Maintain a local Solaria registerComplete MoH Solaria risk assessment spreadsheetDocumented evidence of compliance/education visits	Two Solaria reports completed and submitted with Taranaki PHU Six-month report (July 2015 and January 2016)	Correct reporting templates are used and submitted to MoH within required timeframe	

10.5 Environmental Health – Regulatory Environments and Other

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
10.5.1	Environmental health Regulatory Environments and “Other”	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required training	Number of Health Protection Officers and Technical Officers attending training	Health Protection Officers maintain relevant designations	Accessible learning and training opportunities for all public health staff
10.5.2		Health Protection	The risk of adverse public health effects from air pollution, noise, waste management, and other public health issues are reduced	PHU is to respond to all enquiries/complaints as received	Number of enquiries/complaints responded to	PHU to ensure advice provided is consistent with the Health Protection Manual or referred on to appropriate lead agency	Public Health Unit response minimises the public health risk from air pollution, noise and other public health issues
				PHU to consider Maori wellbeing/hauora and to liaise with affected iwi, hapu, or Maori communities as appropriate.	Number of enquiries/complaints identified as requiring liaison with Maori	All liaison work undertaken is supported by Health Promotion and/or Maori Health team members to ensure appropriate contact is made	Public Health Unit is providing a culturally sensitive approach to all complaints and public health actions

10.6 Environmental Health – Resource Management

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
10.6.1	Environmental Health Resource Management	Health Protection	A public health perspective is given on Resource Consent applications within the Taranaki Region	Assess all ‘notified’ Resource Consents to determine whether the Consent may impact on public health	Number of Consents reviewed by Public Health Management Team (PHMT)	All submissions incorporate an assessment of environmental health and inequalities TDHB PHU protocol for submissions is followed	All submissions by the PHU are reviewed following official response from the consenting authority as to acceptance of public health related ‘recommendations’ to measure how many of the public health recommendations are enacted
				PHU to submit on all “High Risk” Resource Consents	Number of “High Risk” applications submitted on	100% of submissions completed using the MoH consenting template (where applicable) and submitted within required consent timeframes	
			To ensure that resource management decisions do not impact negatively on the public health	PHU to actively participate in all pre-consenting forums where requested by stakeholders/consenting parties	Number of meetings/forums attended to ensure public health is considered prior to the consent being submitted	PHU staff represent the DHB in pre-consenting meetings/forums in a manner which meets the Taranaki PHU code of conduct and National Health Protection Manual	
				PHU to include the “cultural well-being” statement for all “High Risk” resource consents	Number of submissions recorded where recommendations are made to specifically consult with Māori – Iwi	PHU to ensure ‘cultural well-being’ has been addressed for all high risk consent applications in line with Taranaki PHU submission procedure	
10.6.2	Environmental Health Resource Management	Public Health Capacity Development	An effective infrastructure for public health professional development	Health Protection Officers and Technical Officers are supported and encouraged to access relevant and required training	Number of Health Protection Officers and Technical Officers attending training	Health Protection Officers maintain relevant designations	Accessible learning and training opportunities for all public health staff

11 Psychoactive Substances

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
11.1	Psychoactive Substances	Health Protection	Minimise the harm to public health arising from the availability of Psychoactive Substances through undertaking activities required by the Psychoactive Substances Act 2013	Respond to public enquiries/complaints regarding PS in their communities	Number of complaints and enquires recorded	100% of complaints and enquiries investigated, documented and resolved in accordance with national guidelines	All public complaints and enquiries are responded to in a timely manner
11.2	Psychoactive Substances	Health Protection		Report all serious harm events related to the use of PA substances to the national CARM group and the National PS regulatory authority	Number of serious harm events notified	Information passed on to appropriate agencies assist in gaining information which can be used in the restriction of Psychoactive Substances	
11.3	Psychoactive Substances	Health Protection		Maintain relationships with key stakeholders (Territorial Authorities, Police, Communities, and other health providers)	Number of enquiries or requests for assistance offered	Effective collaboration between all key stakeholders aids in understanding and reducing the impact of PS at a local level	Maintain effective and collaborative relationships with other agencies such as the Police, Territorial Authorities, communities, and other health providers including the Authority
11.4	Psychoactive Substances	Public Health Capacity Development		Enforcement Officers to attend relevant training offered by the Authority to remain competent to maintain designation and undertake (refer to Workforce Development Plan)	Maintain number of trained officers and current officers to attend refresher training as necessary	Have confident and effective enforcement staff undertaking PS compliance work	The PHU will ensure it maintains adequate capacity to undertake legislative activities under the Act
11.5	Psychoactive Substances	Health Assessment and Surveillance		Enforcement Officers undertake surveillance activities locally for suspected unapproved products/new products on the local market	Number of products assessed using the MoH categorization tool and referred to MoH for investigation	Enforcement officers use MoH tools for assessing products and referrals made to MoH within appropriate timeframes	New unapproved products are investigated

12 Tobacco

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
12.1	Tobacco	Public Health Capacity Development	Tobacco Programme is aligned with national and local research and developments in working towards Smokefree 2025	Participate in Ministry of Health regulatory and promotion seminars, and HPA tobacco control seminars	Document number of staff attending MOH and Ministry of Justice (MOJ) trainings	% team members with increase in knowledge and skills in both health promotion and regulatory requirements in tobacco related harm	Consistently review and reflect on practice
12.2	Tobacco	Public Health Capacity Development	Employ Smokefree Enforcement Officers and ensure they all attend Ministry of Health training sessions	At least one Smoke-free Enforcement Officer employed Smoke-free Enforcement Officer attends all required training	Number of statutory officers employed Number of Ministry of Health trainings attended	Could be: % attendance at Ministry of Health trainings. Certificate of attendance added to personnel files % Smoke-free Enforcement Officer advice, information and education to the public that is consistent with Ministry of Health policy and is evidence based	#/% Smoke-free Enforcement Officers employed and trained are adequate to deliver the work programme and respond to emergent issues in a timely manner (CC, O). Could be: #/% Smoke-free Enforcement Officers report they are competent to deliver the work programme and respond to emergent issues in a timely manner (BC, S). #/% officers who have completed required training (CC, O).
12.3	Tobacco	Health Promotion	Strengthen interagency collaboration and strategic alliances to work collaboratively towards to the Smokefree 2025 goal	Co ordinate 4-6 Taranaki Smokefree Coalition (TSFCo) meetings Explore membership of TSFCo to include key mental health and pregnancy services staff Develop annual plan for TSFCo Contribute to World Smokefree Day and Stoptober events and other community events for Maori and other priority groups as identified by TDHB Needs and Gaps Analysis	TSFCo Annual Plan developed with partners by 30 September 2015 Number of key mental health and pregnancy services staff approached 2-4 initiatives implemented by 30 June 2016 Evaluation Report completed by 30 June 2016	Quitline data demonstrates an increase in the number of people quitting smoking, with proportionately more quitters from low socio economic areas and/or identify as Māori	Evidence of increased interagency collaboration and strategic alliances resulting in increasing quit rates, reducing initiation and an increase in the number of smokefree environments
12.4	Tobacco	Health Promotion		Work in partnership with agencies and schools to develop smokefree environments and reduce initiation	Collaborative Action Plans developed in partnership with local	Evidence of agency and Council involvement in Action Plans	

				amongst priority communities	Councils 1-2 initiatives implemented by 30 June 2016 Evaluation Report completed by 30 June 2016	Evaluation shows partnerships have been established and are working towards shared goal Evidence of stakeholder involvement in Action Plans	
12.5	Tobacco	Health Promotion			Continue to implement Smokefree Schools (environments and leaders) programmes with 3-7 low decile schools School Action Plans developed by 31 August 2015 and will include SF mentors programme and schools coming together to share and learn from each other Evaluation Reports completed by 30 June 2016	Action Plans meet school community needs, including responsiveness to Māori Evidence that measures have been implemented which support smokefree school environments	
12.6	Tobacco	Health Promotion	Increase knowledge, positive attitudes and skills for Māori and priority populations to be smokefree through the national WERO challenge	Coordinate the implementation of the WERO programme in Taranaki	2-5 local teams participating in national WERO challenge	Evidence of promotion of WERO to priority populations – Māori and low socio- economic areas	Evidence of increased number of quit attempts through local teams participating in WERO
12.7	Tobacco	Health Protection	Retailers are compliant with part two of the Smokefree Environments Act (especially sales to minors)	Carry out control purchase operations of tobacco retailers.	2-4 CPO's per annum 10-20 premises visited in each CPO)	Maintain rates of compliance with the SFEA and MOH guidelines used The Taranaki DHB Tobacco Control Needs and Gaps Analysis is used to determine priority areas for targeting CPOs and education visits	Number of positive sales in each CPO reported on. Files completed and sent to MOH All high risk retailers are assessed for compliance with part two of the Act
12.8	Tobacco	Health Protection	Employers are compliant with part one of the Smokefree Environments Act (workplaces and public areas)	Investigate enquiries/ complaints in relation to the SFEA	Number of workplace complaints/ enquiries investigated Pathway for referral of workplace complaints to health promotion team	Workplace complaints/ enquiries documented and resolved within timeframes The pathway is developed which provides for a clear process to ensure	100% workplace complaints/ enquiries investigated, documented and resolved within timeframes

					for WERO and workplace toolkit is developed by Dec 2015	workplaces are provided with information and support for smokers to quit	
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13 Alcohol Related Harm

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
13.1	Alcohol Related Harm	Health Assessment and Surveillance	Increased understanding of health status, health determinants and disease distribution of the population	Monitoring, analysing and reporting on population health status with a particular focus on health disparities and health of Māori Developing and maintaining public health information systems 2015-16 planning process includes updated rationales Complete census profiles documents e.g. general population, Māori, Nzdep Up-dated Alcolink data every six months	One project completed by Dec 2014 NZ Health Survey data is updated at a national and if possible regional/DHB level as it is released during 2015/6	Rationales contain the most up-to-date information available Secondary analysis of existing datasets is conducted to generate local data where appropriate Alco-link data used to support programmes on reducing alcohol related harm	Evidence of public health programmes and policies being informed by analysis of the health needs of the population
13.2	Alcohol Related Harm	Public Health Capacity Development	Minimise public health risks for all liquor applications	The Medical Officer of Health where possible attends ongoing training and networking opportunities in terms of his or her obligations under the Sale and Supply of Alcohol Act 2012	Number of training sessions and networking opportunities attended	Key learnings are shared with alcohol team	Number and proportion of applications initially identified as high public health risk now have risk levels lowered and minimised where possible
				Alcohol team members where possible attend ongoing training and networking opportunities, including Ministry of Health regulatory and promotion seminars, and Ministry of Justice multi agency forums	Document number of staff attending MOH and MOJ trainings Document training undertaken	Key learnings are shared with alcohol team	
				Co ordinate Taranaki Harm Reduction coalition	4-6 meetings	Wide representation of key agencies and community at meetings	
13.3	Alcohol Related Harm	Public Health Capacity Development	Increase adoption of policies which support reduction of alcohol-related harm	Encourage and assist STDC to develop a LAP	Review of PHU involvement with LAP process completed by 30 June 2016	Information to allow continuous improvement for the next LAP process in six years time	Review and assessment of the Public Health Unit's contribution to Local Alcohol Plan process
13.4	Alcohol Related Harm	Public Health Capacity Development		Draft a Position Statement on the use of alcohol in Taranaki and present to the DHB Board	Position Statement adopted by 30 June 2015		Adoption of a DHB Position Statement on alcohol

13.5	Alcohol Related Harm	Health Promotion	Strengthen Whanau, Hapu, Iwi capacities to proactively contribute to reducing the harm caused by excessive or inappropriate consumption of alcohol and to mutually support Whanau, Hapu, Iwi in improving their health using Te Pae Mahutonga	<p>Use Te Pae Mahutonga as a guide to engaging Whanau, Hapu and Iwi in gathering knowledge of Te Iwi Maori o Taranaki me te inu waipiro.</p> <p>Te Pae Mahutonga</p> <ul style="list-style-type: none"> -Te Manawhakahaere -Nga Manukura -Waiora -Mauriora -Toiora -Te Oranga <p>Maori Health Promotion</p> <ul style="list-style-type: none"> -Autonomy -Community Leadership -Physical Environment -Cultural identity -Healthy lifestyles -Participation in Society 	<p>Attend and participate in 4-6 hui on Marae</p> <p>Participate and support 2-6 Social Environment events where appropriate.</p> <p>4-6 cultural supervision guidance attended and recommendations recorded</p> <p>2-4 wananga with Whanau, Hapu, Iwi</p> <p>Scoping report by June 16</p>	<p>Nga korero te kaupapa Maori, Ringawera, Hikoi, Porowai feedback is recorded</p> <p>Whakawhanaungatanga, Whakapapa, Te mana Whakahaere, Te oranga, Nga Manukura, tuhituhinga hitori. Revealing the history and fabric of our community through the feedback from our whannau, Hapu, Iwi.</p> <p>Te Iwi Maori o Taranaki me te inu waipiro: Tuhituhinga hitori . Report provides navigation to establishing a Maori community development approach that contributes to the 5 core mainstream strategies designed to reduce alcohol related harm.</p> <ul style="list-style-type: none"> • Price • Age • Density • Hours • Media and sponsorship 	<p>Whanau, Hapu, Iwi identify work completed has followed relevant processes in conception and development.</p> <p>The unveiling of Te Iwi Maori o Taranaki unique history strengthens support towards next phase of work.</p> <p>Whanau, Hapu, Iwi leadership and participation is evident in evaluation.</p>
13.6	Alcohol Related Harm	Health Promotion	Strengthen communities' capacities to minimise the harm caused by excessive or inappropriate consumption of alcohol and to mutually support community members in improving their health	Advocacy tool kit promoted locally to key people in priority communities using a community development approach and nationally to key agencies using established networks	<p>Records kept of who receives toolkits</p> <p>Feedback forms sent out with all toolkits and results collated into an evaluation report by June 2016</p>	<p>Communities empowered to use toolkit.</p> <p>Feedback sought from key community people/ organisations and integrated into future work with the toolkit</p>	Advocacy toolkit used by priority communities.
				Facilitate and support community action using Alcohol Action NZ networks.	Attend and participate in 9-12 meetings per year and attend annual one day national meeting	1-2 Outcomes implemented at a local level	Evidence of community action around identified alcohol harm issues
				Collaborate with alcohol agencies and licensees to improve practices in all licensed premises	Attend and participate in 6-9 -Alcohol Accord meetings	Documented evidence of collaboration and outcomes	Informed timely response to alcohol issues in the community

13.7	Alcohol Related Harm	Health Promotion	Undertake leadership and health promotion activities that work to address inequalities for youth in alcohol-related harm in the area in Taranaki which has the highest level of alcohol-related harm	Provide public health advice to support the key outcomes of the South Taranaki Social Sector Trial to reduce youth alcohol consumption Investigate local business/ community ownership or sponsorship of the “Parent Pack”	Contribution to the Social Sector Trials documented and reported by 30 June 2016 Approach 3-5 appropriate large businesses/ community organisations for sponsorship for ongoing printing of Parent packs Sponsors will be able to use own branding on Parent Packs	Feedback shows Public Health input into Social Sector Trials Action Plan	Performance reports provide evidence that effective collaborative relationships and networks with relevant stakeholders are established and maintained Local investment allows for community ownership and a sustainable distribution of the Parent Pack
13.8	Alcohol Related Harm	Health Promotion	Promotion of screening and brief intervention strategies in primary care and emergency departments in Taranaki	Assess the feasibility of promoting screening and brief intervention strategies in primary care and emergency departments in Taranaki	Feasibility study carried out and key stakeholders in Taranaki approached	Evidence of engagement with primary care and emergency department stakeholders	Greater understanding of potential screening and brief intervention approaches
13.9	Alcohol Related Harm	Health Promotion	Taranaki Public Health Unit support media and communications around Foetal alcohol risks	Support TDHB initiatives to raise awareness of Foetal Alcohol Spectrum Disorder (FASD)	Participate in FASD initiatives as appropriate	Document outcomes of public health input	Evidence of a collaborative DHB wide approach to Foetal alcohol risks
13.10	Alcohol Related Harm	Health Promotion	Health sector and alcohol industry staff have increased knowledge and awareness on alcohol related harm	Collaborate with alcohol agencies and licensees to improve practices in all licensed premises	3-6 refresher workshops delivered to bar staff of high risk premises – particularly South Taranaki sports clubs	Evaluation shows 80% of attendees increased their knowledge and ability to reduce alcohol related harm in their place of work Evaluation show the Drinksafe workshops meet the needs of Sports Club in South Taranaki	40-60 industry staff have increased skills as a result of attending training
				Co-deliver Drinksafe workshops for licensed premise staff with DLA and Police	1-2 Drinksafe workshops for on and off licenses (not Clubs) held by June 2016 1-2 Evaluation Reports by June 2016	Evaluation shows 90% attendees increased their skills/ knowledge of SASA 2012	
13.11	Alcohol Related Harm	Health Protection	Minimise public health risks for all liquor applications	Carry out public health risk assessments and report to DLC on all licence applications	Number of recorded applications and renewals that were:- Received/ Inquired into/ Conditions imposed on/ licenses opposed for On:	100% of applications are assessed within the required time frame	Number and proportion of applications initially identified as high public health risk now have risk levels lowered and minimised where possible

					Off: Club: Specials:		
13.12					ISE report submitted to MoH six-monthly	Submitted on required template within required timeframe	
13.13				Increase compliance of high risk premises/ events through adherence of their Alcohol Management Plan and/ or Host Responsibility Policy	Compliance audit on 3-6 high risk special applications	Compliance audit of special licences follow an approved template and provide timely compliance reports to Police and Council	
13.14				All Special events with more than 400 people attending will develop an Alcohol Management Plan	Number of Special events with more than 400 people attending that have an Alcohol Management Plan	The Alcohol Management Plan is reviewed annually to assess its ability to reduce alcohol-related harm	
13.15				Support alcohol agencies to undertake CPO's in high risk premises	2-4 CPO's per annum (15-30 compliance statements)	Compliance report sent to all regulatory agencies within five days	
13.16				Support alcohol agencies to undertake LNI	Four LNI per annum (24-40 compliance statements)	Compliance report sent to all regulatory agencies within five days	
13.17				Education visits to high risk premises or those having difficulty meeting requirements for their Host Responsibility Policy	Number of education sessions carried out	Education sessions are carried out following an approved format	
13.18				Where appropriate appear before DLC and ARLA	Number of appearances	Document on outcomes from when the Medical Officer of Health has appeared before DLC or ARLA	
13.19			Greater effectiveness and efficiency through a consistent national approach	Regularly participate in the national electronic network of Public Health Regulatory Officers (PHROG) with the aim of increasing effectiveness and efficiency	Number of times have input into PHROG discussions	All regulatory staff working on licensing are actively involved in PHROG	Consistent approach to Liquor licensing nationally
13.20	Alcohol Related Harm	Health Protection	Police, inspectors and Medical Officer of Health (or delegated person) show evidence of working together to ensure ongoing monitoring of licenses	Collaborate with alcohol agencies and licensees to improve practices in all licensed premises	Attend and participate in 2-4 interagency meetings	Minutes show evidence of PHU contribution	Evidence of effective working relationships with Regulatory agencies

			and enforcement of the SASA Act 2012				
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14 Communicable Disease

Ref Number	Service grouping	Core function	Short Term Outcomes/Programme Level Outcomes (What we want to achieve)	Activities (What we will do to achieve outcomes)	Key Performance Measures		
					Quantity (How many)	Quality (How well)	Short Term Outcome Indicators (Is anyone better off)
14.1	Communicable Disease	Health Assessment and Surveillance	Operate effective and timely communicable disease surveillance systems, in accordance with the Manual for Public Health Surveillance in New Zealand, which systematically collect, analyse and report data from relevant sources and so inform prevention and control activities and initiate investigation and research.	Activities include: <ul style="list-style-type: none"> • Notifiable disease surveillance, including EpiSurv. and direct laboratory notification of notifiable diseases. • Participating in national surveillance activities, including of food-borne illness in conjunction with the MPI. • Collaborate with clinical practitioners and laboratories to obtain good quality, complete and timely information on notifiable and other communicable diseases, nosocomial infections, antibiotic resistance, occupational communicable diseases and other diseases of public health significance. • Maintain an appropriate and efficient system for receiving, considering and responding to complaints from medical practitioners, the public and others about suspected communicable diseases of public health concern. • Monitor notifiable disease and other types of communicable disease data that allow ethnic group comparisons, and share this information with Maori health providers and others who may have an interest. • Maintain profiles of activities, facilities or premises of public health significance for 	Quarterly and annual levels of notifiable diseases with trend analysis and aberration detection	Each notifiable disease follow up is reviewed by the Medical Officer of Health to ensure that it is timely and consistent with Ministry of Health manuals and guidance and best practice guidelines.	Annual report on the responsiveness of the Public Health Unit following the notification of diseases which pose a serious and imminent threat to public health (such as outbreaks of any notifiable disease, invasive Haemophilus influenzae b, measles, Neisseria meningitidis invasive disease and toxic shellfish poisoning).by January 2016

				<p>communicable diseases control.</p> <ul style="list-style-type: none"> • Feedback surveillance information to practitioners, laboratories and the public. • Immediately, or at least within 24 hours, report to the Ministry's Communicable Disease Team and the Office of the Director of Public Health significant communicable disease events or other events of public health significance, including, in particular, any events involving the diseases specified in the two lists contained in Annex 2 of the International Health Regulations (2005). • Report to ESR, on identification via EpiSurv, the occurrence and investigation of outbreaks. • Where a disease outbreak may be associated with food, report it to the MPI. • Notify the CJD Register, Department of Preventive and Social Medicine, Otago Medical School, PO Box 913, Dunedin: suspected cases of Creutzfeldt-Jakob disease on suspicion of diagnosis (forms for this notification will be provided by the registrar). 			
14.2	Communicable Disease	Public Health Capacity Development		<p>Employ statutory officers</p> <p>Maintain a communicable diseases response capacity</p> <p>Maintain civil defence and public health emergency planning and response capacity</p> <p>Participate as appropriate in the development, review and revision of regional and local civil defence planning and preparedness and ensure they address significant public health risks including prevention and control of communicable disease outbreaks.</p> <p>Ensure the capability and capacity, and are well prepared to respond to pandemics, emergencies or any major</p>	Number of Statutory Officers working on communicable disease control	Notifications of suspected or confirmed communicable diseases are investigated according to Ministry policy and in a timely manner.	Number of Statutory Officers employed are adequate to deliver the work programme and respond to emergent issues in a timely manner

				event with public health implications.			
	Communicable Disease	Health Promotion	Empower people and communities to take control of their health and wellbeing and for Maori to strengthen their identity as Maori using health promotion principles and Maori health frameworks to prevent illness from communicable diseases	<p>Undertake programmes to prevent or reduce the incidence of communicable diseases by:</p> <ul style="list-style-type: none"> • Undertaking health promotion programmes with affected communities, and relevant organisations, or in identified risk settings, eg using Ottawa Charter strategies and approaches outlined in He Korowai Oranga developing community capacity to prevent communicable diseases, • Provide objective advice, information and education to the 	Number of media releases and articles in the mass media about communicable disease control issues.	Ensure that all new projects have a Health Equity Assessment Tool (“Equity Lens”) applied before implementation.	Increased community awareness of communicable disease risk factors, impacts and strategies for reducing or preventing incidence of disease

14.3				<p>public, including Maori, about communicable diseases control and its significance and to allow appropriate participation in the development of policy and legislation.</p> <ul style="list-style-type: none"> • Inform and liaise with the mass media about communicable diseases control issues. • Reduce structural barriers to Maori health and wellbeing outcomes through partnerships that reduce inequalities, promote health and improve Maori access to essential services. • Work across sectors to reduce the drivers that cause inequalities in health outcomes caused by communicable diseases. • Maintain an awareness of national and regional policy statements including their impact on people with high health needs and where appropriate providing advice or making submissions to ensure that in matters relating to communicable diseases, any risks to public health are addressed. • Encourage TLAs to provide appropriate public health services by providing direction and advice. • Support the control of communicable diseases and the protection and promotion of public health by DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders and encourage these agencies and organisations to build healthy public policy to control communicable diseases. • Design and implement project-based disease prevention activities in partnership with affected populations and other stakeholders for communicable diseases with high incidence or prevalence in Taranaki. 	<p>Number of activities undertaken with affected communities, organisations, or in identified settings when communicable disease issues are identified</p>	<p>PHU activities are evaluated to ensure that the measures taken to prevent or reduce the incidence of communicable diseases.</p> <p>Activities are pre-approved by the DHB Maori Health Team when education programmes are targeted at Maori.</p> <p>Activities are further promoted and reviewed by colleagues within the Midlands Health Network as a way of ensuring interagency collaboration</p>	
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14.4	Communicable Disease	Health Protection	Deliver a public health communicable disease service which is efficient, effective, responsive, culturally appropriate and continually seeking to improve.	<p>Control the impact and spread of communicable diseases through:</p> <ul style="list-style-type: none"> • Deliver communicable diseases control functions as per the Communicable Disease Manual, the Manual for Public Health Surveillance in New Zealand, the Outbreak Response Manual and advice and direction from the Ministry of Health • Enforce the Health Act, Tuberculosis Act and other relevant legislation relating to the control of communicable diseases • Ensure interpretation and application of communicable diseases policies is consistent with Government policy and Ministry of Health Manuals and guidance. • Collaborate with other agencies, including health services, local authorities, Iwi, community groups, the MPI, Immigration New Zealand, Worksafe, civil defence, early childhood education and schools, rest homes, agriculture sectors and others. • Provide public health communicable disease services which are accessible, effective and appropriate for Maori and people of different cultures. • Take measures to reduce disease spread (eg reduce over-crowded housing and poor housing condition) • Advise the Ministry of Health of problems or inadequacies in current practice or procedure that have national implications <p><u>Rheumatic Fever</u></p> <ul style="list-style-type: none"> • Fulfil the requirements of the Ministry of Health as outlined in <i>Rheumatic fever prevention plans: Guiding Information for District Health Boards with a low incidence</i> 	Annual number of communicable disease notifications with commentary on diseases with a high incidence or prevalence in Taranaki.	All members of the communicable disease team are required to participate annually in cultural competency development including at least every three years attending Treaty of Waitangi workshops to ensure investigations to prevent the spread of disease are conducted in a culturally appropriate manner.	Every gastrointestinal outbreak has a report written with a summary of the public health action and the outcome.
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				<p><i>of acute rheumatic fever hospitalisations (July 2013).</i></p> <p><u>Needle and Syringe Exchange Services</u></p> <ul style="list-style-type: none"> • Authorise dedicated Needle & Syringe Exchange Service providers, ie premises (physical place), manager (representative) and mobile service (vehicle) as required. • Undertake observation visits (as capacity allows) to ensure Needle & Syringe Exchange services adhere to and are operating within regulatory provisions and framework (Health (Needle & Syringe) Regulations 1998, the Misuse of Drugs Act 1975, other relevant legislation and subsequent amendments). 			
14.5	Communicable Disease	Preventive Interventions	IMMUNISATION - PHU to aid in promoting and facilitating programs relating to vaccine preventable diseases in the Taranaki Region	<p>The Medical Officer of Health is to aid in supporting local immunisation programmes through:</p> <ul style="list-style-type: none"> • Authorising non-medical vaccinators • Provide information as required to Taranaki health professionals on vaccinations and the control of vaccine-preventable diseases • Support the role of the DHB Immunisation Coordinator • Assist the DHB Immunisation Coordinator and if necessary take action when there are issues with Cold Chain Accreditation or events/breaches involving the Cold Chain • Being a member of the Taranaki Immunisation Steering Group and providing public health advice as required • Promote the use of influenza vaccination for health care workers and people at high risk of complications 	Annual number of vaccinators who are authorised or re-authorised.	Number and outcomes of cold chain events/breaches which involve the Medical Officer of Health and are required to be reported to the Ministry of Health.	Annual report on vaccine-preventable disease notifications in Taranaki which is distributed to all vaccinators in Taranaki.