



Taranaki District Health Board **Public Health Unit** **Annual Plan 2016-17**

Document Control

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Cover Design

The cover design features the Taranaki peninsular - Paraninihi ki Waitotara, Waitotara ki Taipake. These are Taranaki Whānui boundaries from (Mokau) Ngāti Tama to Ngā Rauru Kii Tahī (Whanganui).

From the top left is the prow situated in Okoki, Urenui. Okoki is a wahi tapū (sacred site) where Te Rangihīroa (Sir Peter Buck) ashes are buried. A Ngāti 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 Ngāti Mutunga Public Health leader and politician. Sir Apirana Ngata's tribe Ngāti 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. Ngāti 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 Papakāinga is situated on Mid Parihaka Road, Pungarehu. The awa tipua Waitotoroa runs through Parihaka – treated with respect and cared for daily by the hau kāinga (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, Ngāti Ruanui is the Iwi. Ngā Ruahine Tribe is nestled between Iwi of Taranaki and Ngāti 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 Ngāti Ruanui and Ngā 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, Ngāti Haupoto rāua ko Ngāti Tara ngā hapū), WITT Student Nurse Year 2, 2014).

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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 2016–30 June 2017.

1.2 Vision

This Plan contributes to the vision of *Taranaki Whānui 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 2016-17
- 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 2016–30 June 2017.

1.6 Project Management Approach, Roles and Responsibilities

A Project Management approach was taken to complete the 2016-17 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:	Jonathan Jarman, Medical Officer of Health
	Rawinia Leatherby, Manager – Health Promotion
	Lee McCracken, Team Leader – Programme Support
	Matthew Parkinson, Manager Health Protection
	Nicky Dymond, Technical Officer – Health Protection
	Sara Knowles, Health Promoter (Project Support Officer – Annual Planning)

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 and management. The development of the Public Health Unit Annual Plan was part of an integrated planning approach that included the DHB Annual Plan, the DHB Māori Health Annual Plan and the Midland Regional Services Plan. 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 Taranaki DHB Annual Plan 2016-17 process and timeframes. This plan contributes and links to the 2016-17 DHB Annual plan and Māori Health Plan Priorities as examples below

This plan supports the DHB Annual plan and Māori Health Plan Priorities in the following ways:

Taranaki DHB Annual Plan 2016/17 - Health Targets

Health Target	Contribution of Public Health Unit
Increased Immunisation	<p>See Programme 10– Communicable Disease</p> <p>The Medical Officer of Health will provide specialist support to 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 complication
Better Help for Smokers to Quit	<p>See Programme 12 – Tobacco</p> <p>The PHU Tobacco Programme supports smokers to quit by:</p> <ul style="list-style-type: none"> • Supporting workplaces with high rates of smoking among staff to create supportive Smokefree environments including policy and support for staff to quit smoking, in collaboration with Tui Ora Ltd. and other cessation providers • Monitoring and responding to complaints to ensure retailers are compliant with part two of the Smokefree Environments Act (especially sales to minors) and employers are compliant with part one of the Smokefree Environments Act (workplaces and public areas)
Childhood Obesity	<p>See Programme 6 – Healthy Eating and Physical Activity (including Breastfeeding)</p> <p>The Public Health Unit Healthy Eating and Physical Activity Programme) works with women of child-bearing age, infants, babies and pre-school children, and their families and whānau, particularly Māori. This work includes:</p> <ul style="list-style-type: none"> • Providing coordination for the Taranaki DHB project being championed by the Medical Officer of Health to reduce the consumption of sugar sweetened beverages (SSB) in Taranaki children. This project is led by an interagency group, and will focus on evidence-based actions to support the development of healthy and sustainable policy and practices to reduce the consumption of sugar sweetened beverages (SSB) in Taranaki children. • Working with Māori settings to increase environments that support healthy and safe physical activity choices and behaviours of Māori women/caregivers and young children, including the completion of the Parihaka papatakaro project. Also, as part of our focus on Māori wellbeing, we will facilitate training in the Cultural Health Index (CHI) to iwi/hapu/ whānau and support its implementation to assess the cultural

	<p>and biological health of Taranaki streams/catchments/rivers. Through this project we aim to increase access to safe traditional Māori kai, increasing food security and reducing food-borne illness.</p> <ul style="list-style-type: none"> • Collaborating with partner organisations, such as Tui Ora Ltd, the Heart Foundation, Sport Taranaki, the Taranaki Cancer Society Inc. and the Health Promotion Agency to ensure that appropriate, evidence-based healthy eating, physical activity and breastfeeding activities and messages reach prioritised groups and communities, particularly Māori. This includes our contribution to the Tui Ora Oranga Mokopuna project and the HEPA Network. • Maintaining the implementation of the successful 'Breastfeeding Welcome Here' (BFWH) project will continue to create safe and supportive environments for breastfeeding. This year the focus will be on working alongside Māori women and their whānau to identify and accredit their priority sites. <p><i>Please note: Active transport activity is focused on collaboration with Waitara schools and the New Zealand Transport Agency/New Plymouth District Council-funded Let's Go programme through Health Promoting Schools</i></p>
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TARANAKI DHB Māori Health Plan 2016/17 – National Indicators

2016/17 Priority Area	Contribution of Public Health Unit
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> <p>Co-ordinate the Taranaki DHB project group that is focussed on reducing the consumption of Sugar Sweetened Beverages by Taranaki children.</p>
Access to Care (Ambulatory Sensitive Admission Rates 0-4 yrs)	<p>See Programme 5 – Injury Prevention</p> <p>Coordinate action of key stakeholders (ACC, Paediatricians, Public Health Nurses, Plunket, Tui Ora, New Plymouth Injury Safe) through the Kidsafe Taranaki Trust to address child injury prevention, with a particular focus on falls prevention for Tamariki Māori 0-4 yrs</p>
Child Health - Breastfeeding	<p>See Programme 6 – Healthy Eating and Physical Activity</p> <p>Maintain the implementation of the 'Breastfeeding Welcome Here' (BFWH) project with a focus on expanding into sites identified by Māori. Provide technical nutritional advice to Tui Ora Ltd Oranga Mokopuna project.</p>
Tobacco	<p>See Programme 9 – Tobacco</p> <p>The PHU Tobacco Programme will support this indicator by.</p> <ul style="list-style-type: none"> • Supporting workplaces with high rates of smoking among staff to create supportive Smokefree environments including policy and support for staff to quit smoking, in collaboration with Tui Ora Ltd. and other cessation providers • Monitoring and responding to complaints to ensure retailers are compliant with part two of the Smokefree Environments Act (especially sales to minors) and employers are compliant with part one of the Smokefree

	Environments Act (workplaces and public areas)
Immunisation, Infants Immunisation, Seasonal Influenza	See Programme 10 – Communicable Disease The Medical Officer of Health will continue to provide specialist support to local immunisation programmes, as above
Rheumatic Fever	See Programme 10– Communicable Disease Rheumatic Fever: The PHU will 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).

Links to MoH Planning Priorities –

Government Strategic Priorities: Better Public Services

2016/17 Priority	Contribution of Public Health Unit
Increase Infant Immunisation Rates	See Programme 10 – Communicable Disease Immunisation: The Medical Officer of Health will provide specialist support to local immunisation programmes as above
Reduce Incidence of Rheumatic Fever	Rheumatic Fever: The PHU will 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).
Reduce long-term welfare dependency	See Programme 5 – Social Environments Work in collaboration with road safety and injury prevention partners to implement a driver licencing programme to help reduce barriers to employment

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 2016-17.

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	<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). Developing and maintaining public health information systems.

Core Public Health Functions and Core Public Health Strategies	
Distribution	
2. Public Health Capacity Development: Ensuring Services are Effective and Efficient	<ul style="list-style-type: none"> • Developing partnerships with iwi, hapū, whanau and Māori to improve Māori health. • Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions including cultural competency. • 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. • To ensure ongoing quality improvement in public health services to ensure services are responsive to community needs, achieve equity and improve health of communities
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 Against Public Health Hazards	<ul style="list-style-type: none"> • Developing and reviewing public health laws and regulations. • Supporting, monitoring and enforcing compliance with legislation. • Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts. • Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances. • Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics. • Incorporating cultural health risk assessments into environmental health activities.
5. Preventive Interventions: Population Programmes Delivered to Individuals	<ul style="list-style-type: none"> • Providing specialist public health advice to primary preventing programmes (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes). • Providing specialist public health advice to population-based secondary prevention programmes (screening and early detection of disease: eg. cancer screening).

1.9 Definition of Public Health and Concepts of Health

Māori understandings of health are expansive, and can be expressed in the commonly quoted Māori model of health Te Whare Tapa Whā (Durie, 1982). According to this model, good health as Māori is achieved through the balance between four interacting dimensions: te taha Hinengaro (psychological health), te taha wairua (spiritual health), te taha tinana (physical health) and te taha whānau (family health). Health is likened to the four walls of a house, each wall representing one of the four dimensions and being necessary to ensure the stability of the house. The main features of Māori models of health are that health is considered to be holistic in nature and therefore individuals are located within the broader whānau context, the influence of determinants of health is acknowledged, and the spiritual dimension of wellbeing is explicit. The centrality of whānau to Māori understandings of health is reflected in He Korowai Oranga, the Māori Health Strategy. The overall aim of He Korowai Oranga is the achievement of **whānau ora – Māori families supported to achieve their maximum health and wellbeing**.

The 1948 World Health Organisation (WHO) constitution defined health as **“a state of complete physical mental and social wellbeing, and not merely the absence of disease or infirmity”**. The 1986 WHO Ottawa Charter for Health Promotion broadened that definition by describing health as **“...a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources as well as physical capacities”**.

Beaglehole and Bonita (1997) identify the essential elements of public health activities as having:

- A population focus
- A collective responsibility and a primary role for the state
- An emphasis on prevention
- A concern with both proximal risk factors and socio-economic determinants
- A multi-disciplinary base
- Partnership with populations

For the purposes of this plan, and using a commonly quoted definition, public health activity is: **“... the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.” (C.E.A. Winslow, 1920)**

A public health approach is therefore consistent with the TDHB priority areas, in accordance with the New Zealand Public Health and Disability Act 2000, of maintaining, protecting and improving the health and wellbeing of the families, whānau and communities of Taranaki.

1.10 Refocus on Upstream Interventions

This year there has been a change in focus of some of our Health Promotion activity. There is an emphasis on ensuring that health promotion is able to be responsive to the changing strategic direction of the Public Health Unit that will focus on upstream interventions. As a result, the new section of work- “Healthy Public Policy” has been developed alongside a focus on ‘upstream interventions’ has been integrated into other health promotion programmes. This will increase the impact and reach of health promotion work by integrating with other health providers including secondary health services. This focus will on ‘upstream interventions’ is central to our work with other agencies outside of the health sector such as local authorities. There has resulted in a reallocation of resource from the Social Environments work programme to support these upstream interventions. In addition, there has been an increase in the work of the “Healthy Eating and Physical Activity (including Breastfeeding)” programme as a result of the new childhood obesity health target. The focus on ‘Upstream Interventions’ includes integration of

work with other services in the DHB and the Public Health contributing to Pae Ora focus of the DHB.

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 Building Healthy Public Policy		✓	✓		
4 Reorient Health Services			✓		
5 Social Environments		✓	✓		
6 Healthy Eating and Physical Activity (including Breastfeeding)		✓	✓		
7 Injury Prevention		✓	✓		
8 Alcohol	✓	✓	✓	✓	
9 Tobacco		✓	✓	✓	
10 Communicable Disease	✓	✓	✓	✓	✓
11 Psychoactive Substances	✓	✓		✓	
12 Environmental Health		✓	✓	✓	

1.11 Service Development Plan

This Annual Plan continues to link to the Taranaki DHB 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. A new Public Health Unit Strategic Plan is currently being developed and will be completed early in the 2016/17 contractual year. This engagement has been part of the development of the new Strategic Plan, has shaped the development of the 2016/17 Annual Plan. Once completed, the new Strategic Plan will inform the 2017/18 Annual Plan.

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.

1.12 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 Inequities

Populations subject to inequities in New Zealand include Māori, Pacific, low socioeconomic quintile, low income workers who have difficulty accessing health services during working hours, rural, elderly, disabled, migrants, refugees, those with poor English language skills, and those living in specified localities.

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.

1.13 Emphasis on Outcomes and Results Based Accountability

Improving health outcomes through public health action is a key expectation in this Plan. Throughout the Annual Plans Results Based Accountability (RBA) measures have been identified to track progress. It is a contractual requirement to prepare this plan in a RBA framework. This

framework focuses our attention on our activities to ensure that we are able to measure our contribution to improving health outcomes.

1.14 Emphasis on Quality – Taranaki Public Health Unit Quality Plan 2016-17

The Taranaki Public Health Unit has developed a quality plan for the 2016-17 year. The content of this Plan is outlined below:

1. Purpose of Quality Plan

The purpose of this Quality Plan is to outline the overall quality improvement (QI) themes which contribute to the Annual Plan.

2. Quality Improvement Goals (New Zealand Triple Aim)

Quality improvement in public health refers to “the continuous on-going efforts to achieve measurable improvements in the quality in public health services or processes, which are responsive to community needs and aim to achieve equity and improve the health of communities” (American Public Health Association 2012).

The New Zealand Health Quality & Safety Commission uses the New Zealand Triple Aim goals for quality improvement:

- Improved health and equity for all populations
- Best value for public health system resources
- Improved quality, safety and experience of care



Figure 1. New Zealand Triple Aim (Health Quality & Safety Commission)

The Taranaki Public Health Unit also has an overall quality improvement goal to become recognised as a centre of excellence in public health.

3. Equity Focus

“Health inequities” are defined as “differences which are unnecessary and avoidable, but in addition are considered unfair and unjust” (Whitehead M., 1992). Populations subject to inequities in New Zealand include Māori, Pacific, low socioeconomic quintile, low income workers who have difficulty accessing health services during working hours, rural, elderly, disabled, migrants, refugees, those with poor English language skills, and those living in specified localities (Sheridan et al., 2011). The Public Health Unit is committed to reducing, with a view to eliminating, health outcome disparities between various population groups within Taranaki.

4. How are we going to achieve our Quality Improvement Goals?

We will use five basic approaches:

- (1) Develop a strong customer focus (customers are the agencies that fund us and the people that we work with)
- (2) Continually improve all processes
- (3) Use of data and measurable outcomes
- (4) Involvement of everyone in the Public Health Unit
- (5) Integrate equity into all of our routine quality improvement efforts

5. Quality Improvement Structure and Domains

The quality improvement framework consists of nine domains each of which is important for the delivery of quality public health services. See Figure 2.

At the centre of the framework lies the New Zealand Triple Aim and the overall PHU quality improvement goal to become recognised as a centre of excellence in public health.

The nine quality improvement domains are embedded within the Taranaki Public Health Unit Annual Plan.

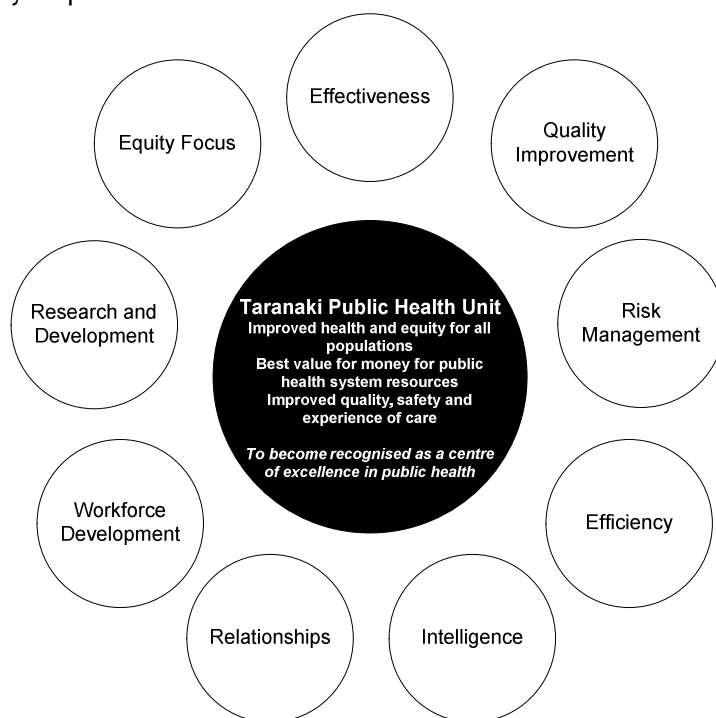


Figure 2. Quality Improvement Framework Structure and Domains

1.15 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.

1.16 Future Strategic Direction for Taranaki PHU

Taranaki DHB has not submitted a 3 year Strategic Plan with the 2016-17 Annual Plan as we are currently embarking on a longer term strategic planning exercise. This will be complete early in the 2016-17 financial year. 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.

1.17 Regional and National Collaboration

During the 2016-17 year, 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.

1.17.1 Regional Outcomes

Midland Regional Public Health Network

The Midland Regional Public Health Network (the Network) provides leadership for and strengthens 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, Hauora Tairāwhiti (Tairāwhiti District Health Board) and Public Health Unit (Taranaki District Health Board).

The Network aims to further 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;
- Support other Midland Health Networks by promoting the 'population health approach' and providing public health advice on issues that can have a population health outcome.

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, support of sole practitioners and sharing innovative practice

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

- Workforce Development
- Health Promotion Leadership Group
- HealthScape – Public Health Information Management system
- Public Health Intelligence

Future work streams will be determined based on the need to increase the focus on a particular public health issue and/or what might come from the final release of the National Health Strategy.

In determining its direction for 2016/17, the Network will continue to align with the Ministry of Health's five core functions of public health (Health Assessment and Surveillance, Public Health Capacity Development, Health Promotion, Health Protection, and Preventive Interventions). The Network will also continue to focus on:

- Better integration of services within health and across the sector
- Lifting of quality and performance
- Supportive leadership and capability for change

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.

1.17.3 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.

1.17.4 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.

1.18 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.

1.19 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).

The two main population centres are New Plymouth and Hawera. There are a large number of 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

Table1 : Taranaki DHB Population by Age and Ethnicity - 2016/17 Population Projection, (2013 base, Statistics NZ)

Age Group	Ethnicity		
	Maori	Other	Grand Total
00-24	11,530	26,475	38,005
25-44	5,250	23,310	28,560
45-64	4,150	27,025	31,175
65-74	940	10,415	11,355
75+	500	8,515	9,015
Total	22,370	95,740	118,110

Source: Statistics NZ, according to assumptions specified by the Ministry of Health

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. It is estimated that in 2016/17 the population will have increased to 118,560.

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.

2.4 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%.

2.5 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 2013. 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

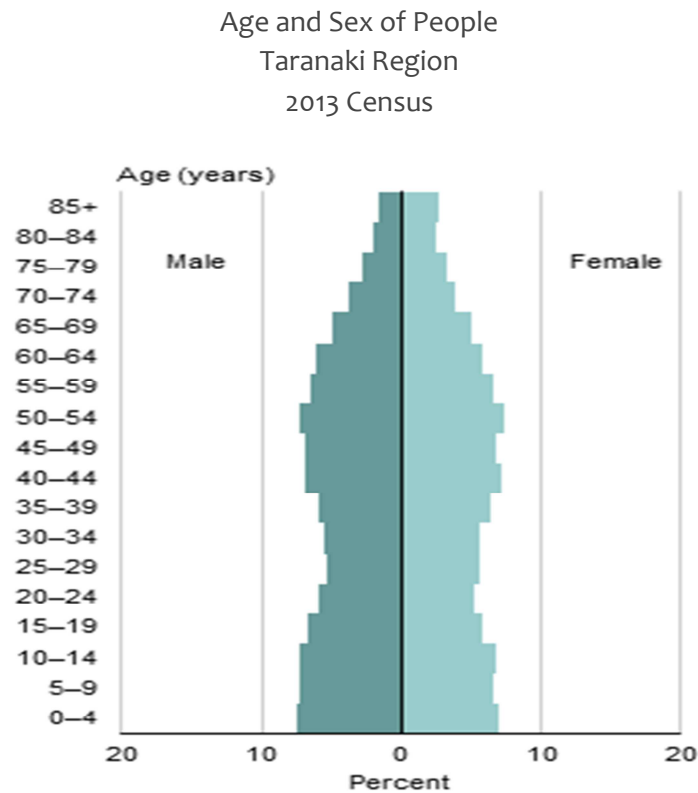
2. Middle Eastern, Latin American, and African was introduced as a new category for the 2006 Census. Previously Middle Eastern, Latin American, and African responses were allocated to the 'other ethnicity' category

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)

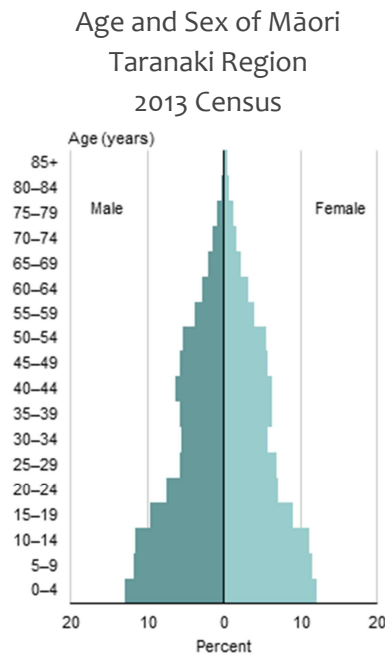
Source: Statistics New Zealand

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 is 39.9 years.

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 Māori 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, due to proportionately more Māori births. The Taranaki Māori population, while still youthful, is showing signs of aging. The Māori population aged 65 years and over will increase by 48% between 2013 and 2020.¹

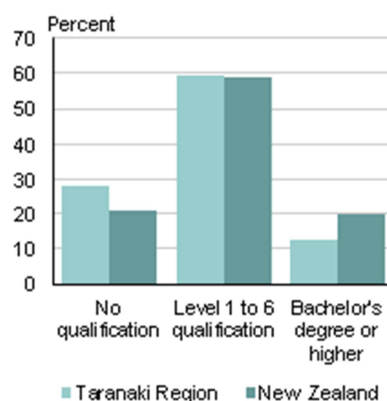
2.7 Social and Economic Indicators

2.7.1 Qualifications

71.8% of people aged 15 years and over in Taranaki Region have a formal qualification, compared with 79.1% of people in New Zealand. In Taranaki Region, 12.3% of people aged 15 years and over held a bachelor's degree or higher as their highest qualification, compared with 20.0% for New Zealand as a whole.²

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

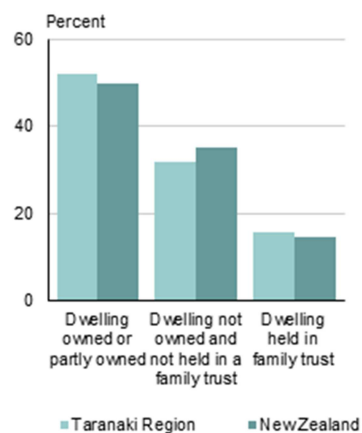
In Taranaki Region, 68% of households in occupied private dwellings owned the dwelling or held it in a family trust. For New Zealand as a whole, 64.8% of households in occupied private dwellings owned the dwelling or held it in a family trust. South Taranaki had the lowest rate of home ownership at 62.7%, and New Plymouth district had the highest rate at 69.8%. The rate of home ownership in Stratford District was 68.2%.

FIGURE 5 (Source: 2013 Census)

¹ Robson B, Purdie G, Simmonds S, Waa A, Brownlee G, Rameka R. 2015. *Taranaki District Health Board Māori Health Profile 2015*. Wellington: Te Rōpu Rangahau Hauora a Eru Pōmare

² Robson B, Purdie G, Simmonds S, Waa A, Brownlee G, Rameka R. 2015. *Taranaki District Health Board Māori Health Profile 2015*. Wellington: Te Rōpu Rangahau Hauora a Eru Pōmare

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.

Over half of the children in Taranaki Māori households (54%) were living in rented accommodation, twice the proportion of children in other households (25%)³.

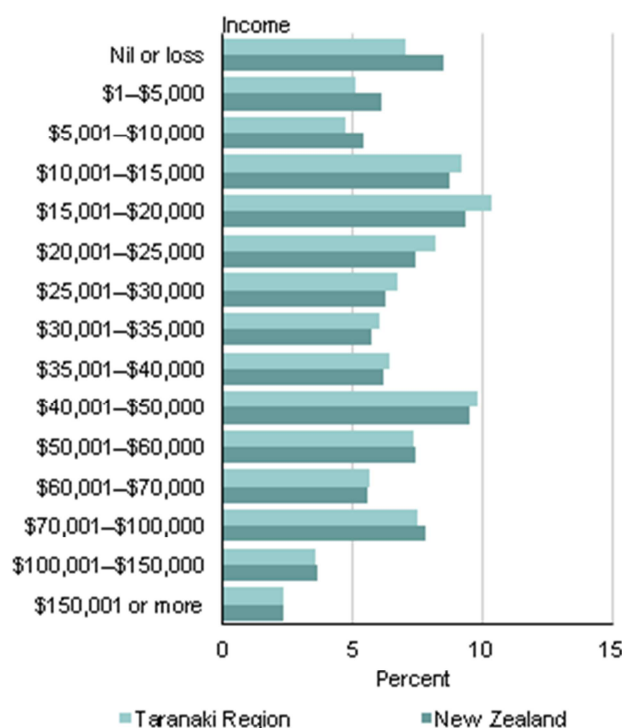
³ Robson B, Purdie G, Simmonds S, Waa A, Brownlee G, Rameka R. 2015. *Taranaki District Health Board Māori Health Profile 2015*. Wellington: Te Ropu Rangahau Hauora a Eru Pomare

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% of people aged 15 years and over in Taranaki Region have an annual income of \$20,000 or less, compared with 38.2% of people for New Zealand as a whole. In Taranaki Region, 26.4% of people aged 15 years and over have an annual income of more than \$50,000, compared with 26.7% of people in New Zealand.

FIGURE 6 (Source: 2013 Census)

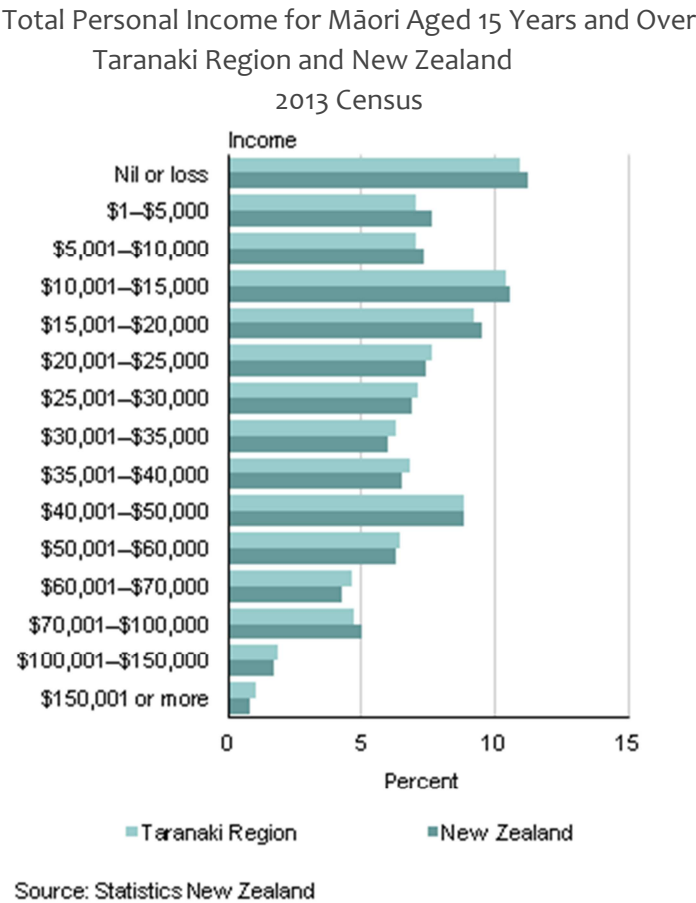
Total Personal Income for People Aged 15 Years and Over
Taranaki Region and New Zealand
2013 Census



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% of Māori aged 15 years and over have an annual income of \$20,000 or less, compared with 46.3% of Māori in New Zealand. 18.6% of Māori aged 15 years and over in Taranaki Region have an annual income of more than \$50,000, compared with 18.1% of all Māori in New Zealand.

FIGURE 7 (Source: 2013 Census)



In 2013, two out of five children and one in three adults in Māori household (defined as households with at least one Māori resident) were house with low equivalised household incomes (under \$15,172), compared with one in five children and adults in other households.⁴

⁴ Robson B, Purdie G, Simmonds S, Waa A, Brownlee G, Rameka R. 2015. *Taranaki District Health Board Māori Health Profile 2015*. Wellington: Te Ropu Rangahau Hauora a Eru Pomare

2.7.4 Work

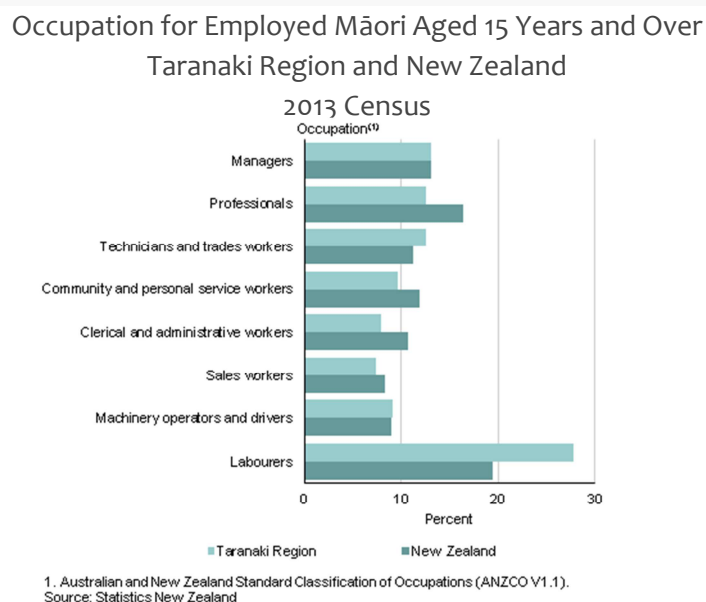
The unemployment rate in Taranaki Region is 5.6% for people aged 15 years and over, compared with 7.1% for all of New Zealand. The most common occupational group in Taranaki Region is 'managers', and 'professionals' is the most common occupational group in New Zealand.

FIGURE 8 (Source: 2013 Census)



The unemployment rate of Māori aged 15 years and over in Taranaki Region is 13.2%, compared with 15.6% 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.

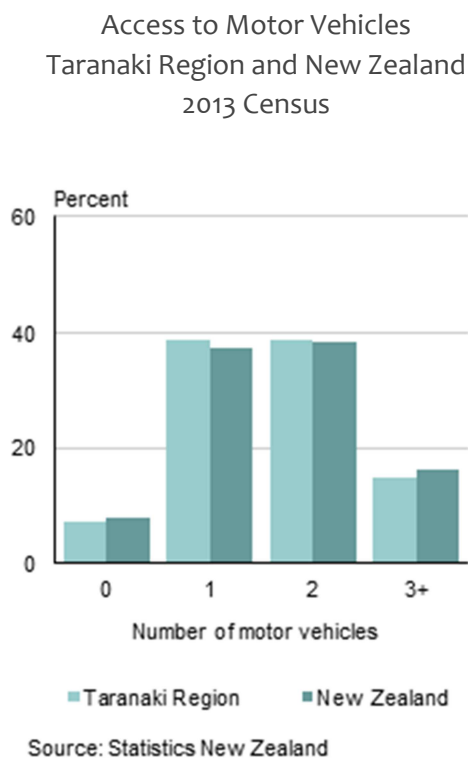
FIGURE 9 (Source: 2013 Census)



2.7.5 Transport

14.8 % of households in Taranaki Region have access to three or more motor vehicles, compared with 16.1% of all households in New Zealand. 3,039 (7.9%) of households in Taranaki Region had no access to a car. In comparison, 7.9% 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% of people who travelled to work used this form of transport). This was followed by driving a company car, truck or van (14.5%) and walking or jogging (7.5%). 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**

	Taranaki		New Zealand	
Ethnicity	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.

Whānau ora – Healthy families

- In 2013, most Taranaki Māori adults (86%) reported that their whānau was doing well, but 5% felt their whānau was doing badly. Eight percent found it hard to access whānau support in times of need, but most found it easy (79%).
- Being involved in Māori culture was important (very, quite, or somewhat) to two-thirds of Māori adults (68%), as was spirituality (64%).
- Practically all (99%) Taranaki Māori had been to a marae at some time. Over half (58%) had been to their ancestral marae, with 61% stating they would like to go more often.
- One in seven had taken part in traditional healing or massage in the previous 12 months.
- Eighteen percent of Taranaki Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.⁵

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

⁵ Robson B, Purdie G, Simmonds S, Waa A, Brownlee G, Rameka R. 2015. *Taranaki District Health Board Māori Health Profile 2015*. Wellington: Te Rōpu Rangahau Hauora a Eru Pomare

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.

Between 2006 and 2013 the proportion of Taranaki Māori adults who smoked cigarettes regularly decreased from 44% to 36%. There was a corresponding increase in those who have never smoked from 37% to 43% and an increase in the proportion of ex-smokers. However, Māori remained twice as likely as non-Māori to smoke regularly.⁶

⁶ Robson B, Purdie G, Simmonds S, Waa A, Brownlee G, Rameka R. 2015. *Taranaki District Health Board Maori Health Profile 2015*. Wellington: Te Ropu Rangahau Hauora a Eru Pomare.

SECTION 3

Taranaki Population Health

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 programme combines the work of the Public Health Management Team, the Researcher Evaluator, and the Planner/Analyst with the entire PHU.

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 in line with DHB priorities. 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 Unit (PHU) 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.

The goal of the Workforce Development component of this Plan is to increase the knowledge and skill base of the PHU 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.

The implementation of the Quality Plan and the completion of the Strategic Plan is part of the Public Health Infrastructure programme as this work will guide and inform the work of the entire Public Health Unit.

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 PHU staff,

other organisations and the public. The PHU will ensure that resources are accessible to the public and that the wider community is also aware of this service.

Health Promotion

Health promoters work across a range of programmes to improve the health of Taranaki residents by empowering people and communities to plan and take action to address priority health issues. The PHU has aligned its programmes to reflect the Issue directions/focus outlined in “Appendix 1 – Strategic Priorities and Guidance for PHUs” of the 2016-2017 Annual Plan guidance package, as relevant.

Health promoters use frameworks including the Ottawa Charter and Te Pae Mahutonga to support change for communities, iwi, hapu and whānau. Work is generally focused in low-socioeconomic areas and/or those with a high population of Māori. These include Taranaki Tūturū Ki Tai (Opunake to Oakura) and Nga Ruahine (Manaia, Kaponga, Kapuni, Oeo).

Health promoters work alongside health protection officers and the Medical Officer of Health in the delivery of programmes to support community outcomes and assist in the provision of a comprehensive and cohesive public health service. Health promotion components of the Annual Plan also compliment work undertaken in the Health Promoting Schools programme, which supports school communities to improve health and education outcomes.

Collaboration with others, including Māori organisations/communities, local authorities, health and social service providers is key to achieving outcomes.

3 Healthy Public Policy

- **Health Equity Assessment Tool**

In further support for the development of healthy public policy, we will assist the Taranaki DHB to apply the Health Equity Assessment Tool to achieve equity in DHB policies/services. Initially this will be around Te Matakite Māori Health Plan priorities of immunisation and oral health as we contribute to a reduction in the large and persistent health inequities experienced by Taranaki Māori. We will encourage the consideration of equity by DHB services in existing policies, services and programmes, and also assist in the application of the HEAT tool to new policies, services, programmes and projects.

- **Health Impact Assessment**

Building healthy public policy through Health Impact Assessment is introduced in this Annual Plan, contributing to our PHU goal of reducing inequities in health. We will work initially with the New Plymouth District Council to identify the potential impacts of any proposed policy, strategy, plan, programme or project on the wellbeing and health of the population, prior to implementation. We will work collaboratively with the council, iwi and other stakeholders throughout decision-making processes to promote Health In All Policies that “systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. It is our intention to extend this work across Taranaki to include Stratford District Council and South Taranaki District Council.

4 Social Environments

The Social Environments programme supports improving the wellbeing of communities with large Māori populations and a high proportion of people experiencing deprivation (as measured by the NZDep index), specifically Parihaka Pa, and Nga Ruahine (Manaia, Kaponga, Kapuni, Oeo). At

Parihaka, we will support priorities associated with Minister Finlayson's Compact of Trust with Parihaka Pa. Aspirations have been determined by the Parihaka community to achieve self-sufficiency and reconciliation – a position whereby Parihaka can determine its own path and uphold the legacy of Tohu Kākahi and Te Whiti o Rongomai. Our key role is act as liaison between the community and government/technical experts/agencies, and to assist the community to build capacity and support enablement around the drinking water supply and waste water disposal.

Following our support to the Ngā Ruahine Iwi Health Service to complete its health needs assessment in 2015/16, we will now support this community to implement the identified priorities. The key priorities for initial implementation are driver licensing, and housing insulation and safety. Collaboration with RoadSafe Taranaki will guide the driver licensing project, as outlined in the Taranaki Road Safety Action Plan. Facilitating support regarding literacy will also be part of this project. Safety of under-fives will be included in this project, with technical expertise provided from the PHU Injury Prevention health promoter.

We will pilot an integrated health centre project, in partnership with Midland Health Network and Opunake Health Centre, to take action on the social determinants of health and increase health equity. Initial findings of the primary care scoping project undertaken in 2015/16, indicate a low level of understanding of health promotion. This project will work alongside Coastal Opunake Health Centre which serves a community with a large Māori population and a high proportion of people experiencing deprivation (as measured by the NZDep index). The HEAT tool will be applied to the project, and the outcome seeks to support the health centre and its community to take health promotion action on identified health and wellbeing priorities.

5 Healthy Eating and Physical Activity Programme (Including Breastfeeding)

Activity in the Healthy Eating and Physical Activity (HEPA) Programme will support the work of the wider DHB to meet the new Childhood Obesity Health Target and contribute to a reduction in nutrition and physical-activity-related long term conditions, namely cardiovascular disease, diabetes and cancer. The priority audience of the HEPA programme is women of child-bearing age, infants, babies and pre-school children, and their families and whānau, particularly Māori.

The PHU will provide coordination for the TDHB project being championed by the Medical Officer of Health to reduce the consumption of sugar sweetened beverages (SSB) in Taranaki children. This project is led by an interagency group, and will focus on evidence-based actions to support the development of healthy and sustainable policy and practices to reduce the consumption of sugar sweetened beverages (SSB) in Taranaki children. Prioritised strategies for this project are encouraging ready access to potable drinking water in education settings and limiting access to SSBs in multiple settings, including workplaces.

We will work with Māori settings to increase environments that support healthy and safe physical activity choices and behaviours of Māori women/caregivers and young children, including the completion of the Parihaka papatakarō project. Also, as part of our focus on Māori wellbeing, we will facilitate training in the Cultural Health Index (CHI) to iwi/hapu/whānau and support its implementation to assess the cultural and biological health of Taranaki streams/catchments/rivers. Through this project we aim to increase access to safe traditional Māori kai, increasing food security and reducing food-borne illness.

We will collaborate with partner organisations, such as Tui Ora Ltd., the Heart Foundation, Sport Taranaki, the Taranaki Cancer Society Inc., Taranaki DHB and the Health Promotion Agency to ensure that appropriate, evidence-based healthy eating, physical activity and breastfeeding activities and messages reach prioritised groups and communities, particularly Māori. This includes our contribution to the Tui Ora Oranga Mokopuna project and the HEPA Network.

In 2016/17, we will coordinate the HEPA Network's project to build on the success of the "fizz free" kaupapa by supporting the organisers of regional Māori events to develop policies and procedures consistent with the Ministry of Health Eating & Physical Activity Guidelines.

Maintaining the implementation of the successful 'Breastfeeding Welcome Here' (BFWH) project will continue to create safe and supportive environments for breastfeeding. This year the focus will be on working alongside Māori women and their whānau to identify and accredit their priority sites. We will utilise local evidence to guide our approach and actions. We will continue to provide support for local Baby-friendly Hospital and Baby-friendly Community accreditation, as well as undertaking biennial audits of current BFWH sites.

(Please note: Active transport activity is focused on collaboration with Waitara schools and the New Zealand Transport Agency/New Plymouth District Council-funded Let's Go programme through Health Promoting Schools.)

6 Injury Prevention

The PHU will continue with its broader role participating in the New Plymouth Injury Safe Trust (NPiS) and assisting the district to maintain International Safe Community accreditation. We will also support NPiS to work with the Stratford District Council to expand the Safe Community accreditation to that district.

The Injury Prevention Programme will also continue to focus on child unintentional injury, the largest cause of hospitalisations for children in Taranaki. This will be demonstrated through our coordination role for the Kidsafe Taranaki Trust projects – Kidsafe Tamariki Māori Falls Prevention Project, delivered in partnership with Tui Ora Ltd and Taranaki Plunket; Kidsafe Child Falls Prevention Project, delivered in partnership with key stakeholders.

Health Protection

This team includes health protection officers, health promoters, technical 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:

- **Sale and Supply of Alcohol (Alcohol Related Harm)**
- **Smokefree Environments (Tobacco)**
- **Communicable Disease**
- **Psychoactive Substances**
- **Environmental Health**

The Taranaki PHU has realigned its programmes to mirror those "issue directions/focus" as determined within "Appendix 1 – Strategic Priorities" specified by the Ministry of Health in the 2016-2017 Annual Plan guidance package.

7 Alcohol Related Harm

The PHU will continue to implement both health protection and promotion approaches to reduce the harm from alcohol in Taranaki communities. In conjunction with Police and the District Licensing Inspectors, we will ensure all applications for liquor licenses meet legislative requirements to reduce alcohol-related harm. This will be achieved through compliance visits, reviewing host responsibility policies, training for licensed premises staff, completing risk assessments as part of the licensing process, as well as appearing at District Licensing Committee hearings when liquor applications are opposed.

We will support the South Taranaki District Council in the development of its local alcohol policy (LAP), and work with the Taranaki Alcohol Harm Reduction Group to promote the alcohol submission toolkit in communities identified as at risk of alcohol-related harm (particularly those where it is indicated that a new liquor licensing application will or has been made).

Te Pae Mahutonga approach to health promotion will be utilised in the development and implementation of a project aimed to reduce alcohol-related harm specifically for Māori. This will be planned with Māori organisations/iwi/hapu/whānau and will facilitate the development of community capacity and capability to analyse licence applications and oppose those with potential negative impacts on Māori.

We will respond to the National Action Plan to address Foetal Alcohol Spectrum Disorder by coordinating the development and implementation of a Taranaki regional Foetal Alcohol Spectrum Disorder action plan with relevant stakeholders.

8 Tobacco

Joint regulatory and non-regulatory action will continue to reduce the harm from tobacco, reduce smoking prevalence and contribute towards the goal of a Smokefree New Zealand 2025.

An integrated approach will focus on strengthening smokefree partnerships and extending smokefree environments. There will be an emphasis on reducing smoking amongst Māori. 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.

In health promotion, we will work closely with partner agencies to encourage Māori smokers to quit. A key partnership in reducing Māori smoking will be with Tui Ora Ltd., and we will work in close collaboration with the Tui Ora Auahi Kore health promoter and cessation service to support workplaces with high rates of smoking among staff to create supportive Smokefree environments. This will include policy and support for staff to quit smoking.

9 Communicable Disease

The aim of the communicable disease programme is to improve, promote and protect the public health by preventing and controlling communicable diseases through the use of surveillance and identification of communicable disease risks, as well as prevention and control programmes. In particular, the programme aims to reduce the morbidity and mortality caused by communicable diseases that stand out in Taranaki because of their high rates compared to the rest of New Zealand and/or the significant differences between the Māori and non-Māori rates:

- Hepatitis C (high incidence)
- Leptospirosis (high incidence)
- Rheumatic fever (low incidence but high level of inequity)
- STEC (high incidence)
- Outbreaks (when they occur)
- Other significant diseases as identified through surveillance.

In 2016/17, we will incorporate health promotion approaches, in partnership with stakeholders and affected populations regarding STEC, as a pilot to increasing PHU collaboration as a means to reduce the incidence of STEC in children aged less than 5 years in Taranaki by 2020.

Efforts to promote immunisation continue through authorising independent vaccinators and aiding in preventative intervention 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 PHU's Communicable Disease programme.

10 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 will 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.

11 Environmental Health

The Environmental Health programme defines those activities required by the Tier 2 Service Specifications relating to Health Protection. The PHU will continue the delivery of core activities, by fulfilling statutory obligations, according to the Environmental Health Protection Manual and any guidelines or advice provided by the Ministry of Health.

The following specific regulatory or non-regulatory functions are listed as programmes within Environmental Health activity:

- **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 of Taranaki 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 PHU also works with Port Taranaki and the New Plymouth Airport to assist them to meet their obligations under the Health Act 1956, Biosecurity Act 1993, and International Health Regulations 2005.

- **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. 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.

In addition to this regulatory work, the PHU aims to assist community based (focused on Marae) drinking water suppliers to improve water quality through the development of Water Safety Plans, when delivering the Drinking Water Assistance Programme (DWAP). The PHU has spread such functions through multiple programmes especially where public health staff work with Iwi and Hapu to promote healthy and safe Marae taking into consideration the drinking-water infrastructure in these programmes. Sections 4.2, 5.2 and 11.6 apply.

- **Emergency Management and Response**

The PHU is to protect the public by identifying hazards (including deliberate actions or inactions that may contribute to a threat) that are likely to give rise to emergency situations affecting public health, such as natural disasters, chemical spills, communicable disease outbreaks, extreme weather events, ill travellers, shipwrecks and oil spills, interceptions of exotic mosquitoes, water

supply failures, and carry out risk assessment of these events to ensure emergency plans and response capacity will deal with those risks. The PHU aims to achieve this by participating in emergency management planning, preparedness and responses in collaboration with other relevant agencies and according to Ministry of Health guidelines, plans and advice.

- **Hazardous Substances and Contaminated Land**

Harm arising from exposure to hazardous substances in the environment (including contaminated land) will be minimised through effective public health surveillance and investigations, including risk assessment and enforcement of legislation by designated Hazardous Substances and New Organism Officers. The PHU will engage with relevant stakeholders or clients in order to prevent harm arising from hazardous substances in the environment.

- **Resource Management**

The PHU is to focus working in proactive manner working in partnership with policy-makers (or applicants) prior to submissions being finalised. The PHU is to make timely and professional submissions on regional and district/city plans, policy statements and, where appropriate, resource consent applications to ensure public health effects are considered and managed.

- **Sewage Treatment and Disposal**

This programme is targeted to reflect both the priority and level of resource required to minimise the risk to health from exposure to contaminated water due to emergency discharges. It will consider local concerns, including, public health, environmental sustainability, and cultural well-being (Wai Ora and Te Whare Tapa Wha). The PHU will continue a project aimed at minimising the risk to public health from sewage discharges into local waterways and improving communication with clients to better inform the population of the risks to health and the environment from sewage discharges. We will utilise the HEAT tool, RBA, and Te Pae Mahutonga in the development of this project.

- **Other Environmental Health (including 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 maintaining a 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.

We will ensure appropriate action is taken to protect the public from adverse exposures through the provision of information and advice to other agencies, organisations and the public on public health effects of air quality, disposal of the dead, environmental noise, ionising radiation (in consultation with the Office of Radiation Safety), non-ionising fields, recreational waters, gaseous, liquid and solid waste, insanitary housing and the management of infirmed and neglected people, , and other environmental health issues as required. Cultural health risk considerations will be part of our health risk assessments.

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 two sections of work in the Recreational Water programme. The first section is minimising the risk to public health from sewage discharges into local waterways and will involve partnership with Iwi/Hapu/Marae. The second section is about monitoring and providing health advice regarding environmental factors influencing recreational water.

SECTION 4

Operational Plans

Performance Measures

The following performance measures have been developed to demonstrate our performance under each service grouping.

These cover the three dimensions of performance accountability:

1. How many (quantity of effort): # (number)
2. How well (quality of effort): ratio; unit cost; % (percentage)
3. Is anyone better off (quantity and quality of effect): four categories of 'better offness', namely, SK (change in skills, knowledge); AO (change in attitude, opinion); BC (behavioural change); CC (circumstance change); S (subjective data); O (objective data).

"Is anyone better off" equates to "client outcomes". "Client" in Public Health means "the people, organisations, settings, partners who engage with or receive benefit/services from working with a public health service provider".

1 Public Health Infrastructure

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
1.1	Public Health Infrastructure	Public Health Capacity Development	<p>Participate in National Public Health Clinical Network (NPHCN), Midlands Health Promotion Managers forum and Midlands Public Health Intelligence Network</p> <p>Health Protection Manager to participate in, and attend the twice yearly MoH Environmental Health Managers Meeting in Wellington facilitated by the Environmental and Border Health Team</p>		Taranaki representatives at 100% of meetings	Narrative reports demonstrate evidence of collaborative working between Midlands PHUs
1.2	Public Health Infrastructure	Public Health Capacity Development	Evaluation to support Health Equity Tool with oncology outpatients service at Taranaki District Health Board – Base Hospital.	<p>Focus group with Maori male patients completed by end of July 2016..</p> <p>Report of findings from the focus group completed by September 2016</p>	Work with Maori researcher to ensure evaluation is appropriate for Maori. Recommendations developed with oncology outpatient service. Recommendation implemented.	<p>Findings from the focus group have resulted in a positive change for Maori experience of using the oncology outpatients service. (CC, S)</p> <p>#/% Number of Maori patients who are satisfied with their patient experience at the oncology outpatient service.</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
						(CC, S)
1.3	Public Health Infrastructure	Public Health Capacity Development	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.	1-2 workshops completed.	% workshop participants report they are satisfied or very satisfied with PHU training provided (rating of 4 or 5 for Likert scale of 1 to 5).	#/% organisations report they have been able to conduct their own research and evaluation as a result of participating in training workshops. (BC, S)
1.4	Public Health Infrastructure	Public Health Capacity Development	<p>Lead the Taranaki Oral Health Group which consists of the Dental Services, Medical Officer of Health, Public Health Unit, DHB Planning and Funding so that is able to maintain a co-ordinated approach to retaining existing and increasing community water fluoridation in Taranaki.</p> <p>Information is shared with health professionals, decision makers, local authorities and the wider community promoting the safety and efficacy of community water fluoridation.</p>		All work by the Taranaki Oral Health Group is peer reviewed as part of the quality assurance process.	<p>Also links to the following TDHB Population Health measures:</p> <p>Children caries free at 5 years (Māori and Total) (target 64%)</p> <p>Oral Health DMFT Score for at Year 8 (12-13 years) (target 0.9)</p>
1.5	Public Health Infrastructure	Public Health Capacity Development	<p>Provide Taranaki Public Health input into local and central Government and other agencies policies/ plans.</p> <p>Submissions opportunities identified and high quality, evidenced based public</p>	# of submissions made	% of submissions peer reviewed by Medical Officer of Health	#/% of recommendations in submissions adopted by the recipient and will be outlined in a narrative report, (BC,

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			health submissions are made			O)
1.6	Public Health Infrastructure	Public Health Capacity Development	Develop, implement and monitor a PHU public health workforce development plan which supports PHU 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 to build capability (eg special projects, mentoring secondments, conferences) • Undertake training to build their skills and capability in Kaupapa Māori approaches and cultural competency training • Achieve the MoH aspirational goal that at least 75% of PHU staff hold a relevant public health qualification 	1 Workforce development plan completed by March 2017 # of PHU practitioners enrolled in relevant Public Health qualifications # of PHU staff that access role-based and competency based education, training and professional development opportunities # of PHU staff that access Kaupapa Māori and/ or cultural competency training	% of all PHU staff that access Kaupapa Māori and/ or cultural competency training during the 2016/17 year. 100% of PHU staff have had Kaupapa Māori and/ or cultural competency training within the last 3 years	#/% of PHU practitioners that hold a relevant public health qualification by June 2017 (target 75%) (SK, O)
1.7	Public Health	Public Health	Develop a 5 year evidenced based	1 plan produced		The Annual Plan is

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
	Infrastructure	Capacity Development	Strategic Plan for the Public Health Unit based on engagement with key stakeholders			informed by an up to date and evidenced Strategic Plan (SK, S)
1.8	Public Health Infrastructure	Public Health Capacity Development	The Public Health Management Team will lead and monitor the activities associated with the Public Health Unit Quality Plan	1 review of Quality Plan undertaken annually.		

2 Health Education Resources

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
2.1	Health Education Resources and Information	Public Health Capacity Development	Manage supply, storage and distribution of health education resources to internal and external customers	Number resources distributed	Accessibility to service improved by providing multiple options to order resources eg. Phone, email, fax, online. All resources are provided within the MoH expected timeframe.	Public Health Unit Customer satisfaction survey demonstrate the distribution of resources by other agencies (BC, S)
2.2	Health Education Resources and	Public Health Capacity Development	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	All resources are provided within the MoH expected timeframe.	

	Information		Initiate work plan to address these gaps, including work with a minimum of 2 Kohanga Reo	to fill distribution gaps documented.	% resources distributed to the target population of South Taranaki, Māori and areas of high deprivation.	
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3 Healthy Public Policy

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
3.1	Building Healthy Public Policy	Health Promotion	Assist the Taranaki DHB to apply the Health Equity Assessment Tool (HEAT) to achieve equity in DHB policies/services. HEAT assessment of the following DHB services are proposed: <ul style="list-style-type: none"> • Immunisation • Oral Health • Cancer Services 	# of HEAT assessments carried out	100% of assessments completed using the <i>MoH Health Equity Assessment Tool (2008)</i>	#/% DHB services reporting they have adopted, implemented or embedded health equity policy and practice that will contribute to improving Māori health and/or achieve equity as a result of the HEAT Assessment (BC, S) <i>Also links to the following TDHB Population Health measures:</i> % Māori and non-Māori children immunised at 8 months (target 95%), 2 years (target 95%) and 5 years (target 90%) % children caries free at age 5 (Māori and total) (target 64%) Oral Health DMFT Score for at Year 8 (12-13 years) (target 0.9) A reduction in the gap between Māori and non-Māori caries free at age 5 years and Year 8
3.2	Building Healthy Public Policy	Health Promotion	Work with local authorities to consider the potential effects of policies/projects on	# of HIA completed	HIA processes led by worker trained in HIA	

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>community wellbeing through Health Impact Assessment (HIA) using a Health in All Policies approach.</p> <p>Projects will include:</p> <ul style="list-style-type: none"> - Review of the New Plymouth District Council (NPDC) Gambling Policy - Review of the NPDC Housing for the Elderly Policy <p>The PHU will also provide support to NPDC with data development and supply of public health data/information in the following areas:</p> <ul style="list-style-type: none"> - Alcohol – preparation for the 5 yearly review of the Local Alcohol Policy - Fluoride – to inform future policy decisions as required 	<p># of projects supported with data development or data supply</p>	<p>application</p> <p>#/% of policies/projects to which HIA was applied that are altered at proposal stage to mitigate any negative impacts on health and wellbeing</p> <p>All data provided is high quality and from credible sources</p>	<p>#/% of policies/projects that have used public health data provided by the PHU (BC, O).</p>

4 Social Environments

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
4.1	Social Environments	Health Promotion	Assist the Ngaruahine community to implement priorities identified in the Ngaruahine Health Needs Assessment. Top 2 priorities have been identified as low levels of licensed drivers and poorly insulated housing	<p>1 driver licensing project delivered in partnership with Roadsafes Taranaki</p> <p># participants registered for driver licensing training programme</p> <p>1 housing insulation project implemented in partnership with WISE Better Homes</p>	<p>Driver licensing training delivered by trained facilitator</p> <p>% participants completing driver licensing training programme</p> <p>Insulation provided by accredited provider(s)</p>	<p>#/% of Ngaruahine whānau who complete training programme and successfully gain a new driver's licence (SK, O)</p> <p>Number of Ngaruahine whānau houses retrofitted as a result of PHU involvement (CC,O)</p>
4.2	Social Environments	Health Promotion	In response to Minister Finlayson's commitment to Parihaka (Compact of Trust), we will act as liaison between the community and government/ technical experts/agencies to assist in the improvement of infrastructure at Parihaka	1 Water Supply Plan developed	<p>Water Supply Plan approved by technical experts</p> <p>Potable water available at all times</p>	Pre and post training evaluation shows increased skills & knowledge of community to reduce risk to water supply (SK,S)

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
4.3	Social Environments	Health Promotion	Deliver a primary care collaboration project, in partnership with Coastal Care, Haumaru ki Tai Centre, to address social determinants of health. The project aims to increase referrals from primary care to external community agencies/groups as well as increasing the number of agencies/groups that use the Centre as a base to deliver services from	1 action plan developed 1 project delivered 1-2 external organisations to deliver services from within Coastal Care Centre	HEAT tool applied to project and recommendations implemented	# of external agencies/groups delivering services from within Coastal Care Centre to improve service access for patients (CC,O) #/% referrals from Opunake Medical Centre received by partner agencies/groups based in the community (CC,,S)
4.4	Social Environments	Health Promotion	Deliver a primary family violence prevention project, in partnership with other agencies such ACC, Taranaki Safe Families Trust, schools and sports clubs in Waitara to strengthen protective factors that contribute to healthy relationships	1 action plan developed 1 project delivered	HEAT tool applied to project and recommendations implemented	

5 Healthy Eating & Physical Activity (including Breastfeeding)

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
5.1	HEPA	Health Promotion	Support the development of healthy and sustainable policy and practices to reduce the consumption of sugar sweetened beverages (SSB) in Taranaki children and families	2 organisations supported to implement healthy settings approaches # of schools supported	50% of workers are aware of SSB policy in their organisation	#/% of organisations that have adopted healthy policies and practices as a result of PHU intervention and are 100% SSB-free (CC, O) #/% decile 1-4 schools which are SSB free by end of June 2017 (BC, O)
5.2	HEPA	Health Promotion	Work with Māori settings to provide specialist public health advice to projects that support the development of healthy and safe physical activity environments for tamariki and their whānau. includes Parihaka papatakarō project	1-2 play areas completed in Māori settings	Incorporation of specialist advice evident in finished play area, including compliance with Playground Safety Standards	#/% of whānau report increases in physical activity as a result of PHU involvement (BC,S) (expected 70%) #/% of whānau report increased knowledge of how to prevent playground falls injuries to children (SK,S) (expected 70%)
5.3	HEPA	Health Promotion	Increase food security and reduce food-borne illness by facilitating training in the Cultural Health Index(CHI) to iwi/hapu/ whānau and supporting its implementation to assess the cultural and biological health of Taranaki streams/catchments/rivers	#of iwi/hapu/ whānau trained in application of CHI	100% of trainings held in Māori settings	# of streams and rivers in Taranaki which are assessed using CHI (expected 10% of streams and rivers in Taranaki) (CC,O)
5.4	HEPA	Health	Continue collaborative action with the	1 organisation	Eating &	#/% of organisations/settings that

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
		Promotion	Tui Ora Oranga Mokopuna project to ensure that healthy eating, physical activity and breastfeeding activities are in line with MOH Eating & Physical Activity Guidelines	engaged with for the purpose of increasing settings which support healthy eating, physical activity & breastfeeding	Physical Activity Guidelines evident in project plans	have implemented or embedded healthy settings approaches as a result of PHU intervention (BC,O)
5.5	HEPA	Health Promotion	Support organisers of regional Māori events to create environments which are supportive of healthy eating and/or breastfeeding, including policy consistent with MOH Eating & Physical Activity Guidelines	2 events with food & beverage policies	Eating & Physical Activity Guidelines evident in policies	#/% organisers' events are run in compliance with developed policies (BC,O)
5.6	HEPA	Health Promotion	Carry out a review of the 'Breastfeeding Welcome Here' (BFWH) initiative to identify whether the project is effective at reaching high needs groups and achieving health equity	Project review completed	Health equity assessment completed	<p>Project review completed and recommendations implemented to ensure equitable breastfeeding support services are delivered in future</p> <p><i>Also links to the following TDHB Population Health measures:</i></p> <p>75% of babies are exclusive or fully breastfed at 6 weeks</p> <p>60% of babies are exclusive or fully breastfed at 3 months</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
						65% of babies are receiving breast milk at 6 months

6 Injury Prevention

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
6.1	Injury Prevention	Health Promotion	Participate in New Plymouth injury Safe (NPiS) to support the sustainability of the WHO Safe Community model. <ul style="list-style-type: none"> • Provide Public Health advice • Contribute to planning and project teams • Host and support Programme Manager • Support Stratford District to become an accredited Pan Pacific Safe Community 	1 Application for re-accreditation of New Plymouth as a Pan Pacific Safe Community submitted to SCFNZ 1 Application for initial accreditation of Stratford District as a Pan Pacific Safe Community submitted to SCFNZ		#/% territorial authorities successfully accredited as Pan Pacific Safe Communities by June 2017 (CC,O) (expected New Plymouth and Stratford)
6.2	Injury Prevention	Health Promotion	Manage contracts for Kidsafe Tamariki Māori Falls Prevention Project, delivered in partnership with Tui Ora Ltd and Taranaki Plunket Tamariki Ora/Well Child teams.	1-2 organisations contracted to deliver service	Service delivered as specified in contract % of survey participants (n=20) report	#/% of survey participants (n=20) report adopting positive behavioural changes to improve the supervision of their children. (BC, S)

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
					increased knowledge of how to prevent falls injuries to children	<p>#/% of survey participants (n=20) report adopting positive changes to improve the safety of their home environment. (BC, S)</p> <p><i>Also links to the following TDHB Population Health measures:</i></p> <p># fall related injury hospitalisation admissions 0-4 yrs (Māori and non Māori) (Baseline to be established in 16/17)</p> <p># ambulatory sensitive hospitalisation (ASH) rates per 100,000 for 0-4 yrs (target TBC)</p>
6.3	Injury Prevention	Health Promotion	Facilitate the delivery of the Kidsafe Child Falls Prevention Project, delivered in partnership with key stakeholders	10 group workshops delivered 100 participants in project	<p>% of workshops delivered by trained/skilled educator</p> <p>% of participants live in high</p>	#/% of survey participants (n=20) report adopting positive behavioural changes to improve the supervision of their children. (BC, S)

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
					deprivation areas. % of survey participants (n=20) report increased knowledge of how to prevent falls injuries to children	#/% of survey participants (n=20) report adopting positive changes to improve the safety of their home environment. (BC, S) <i>Also links to the following TDHB Population Health measures:</i> # fall related injury hospitalisation admissions 0-4 yrs (Māori and non Māori) (Baseline to be established in 16/17) # ambulatory sensitive hospitalisation (ASH) rates per 100,000 for 0-4 yrs (target TBC)
6.4	Injury Prevention	Health Promotion	Co-ordinate the delivery of the Kidsafe Safety Gate Loan Scheme to low-income families, in partnership with Taranaki Plunket.	# of safety gates loaned and returned. # of participants loaning gates in South Taranaki	% of participants report scheme was useful to prevent child falls injuries. % of participants	#/% of participants reporting a safer home environment as a result of safety gates. (CC, S) #/% participants report no falls at the site of the

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
					that live in high deprivation areas.	<p>safety gate. (CC, S) Also links to the following TDHB Population Health measures:</p> <p># fall related injury hospitalisation admissions 0-4 yrs (Māori and non Māori) (Baseline to be established in 16/17)</p> <p># ambulatory sensitive hospitalisation (ASH) rates per 100,000 for 0-4 yrs (target TBC)</p>

7 Alcohol-Related Harm

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
7.1	Alcohol Related Harm	Health Assessment & Surveillance	Collect and analyse alcohol-related harm data from Taranaki Region	Data report completed # of agencies contributing data towards the report		
7.2	Alcohol Related Harm	Public Health Capacity Development	Support staff to attend National Public Health Alcohol Working Group (NPHAWG) workshops and other training activity relevant to their roles.	# staff attending NPHAWG and other training workshops.	% relevant staff completed NPHAWG and other training workshops.	#/% staff report they can confidently apply the knowledge acquired to their work (BC, S).
7.3	Alcohol Related Harm	Public Health Capacity Development	Provide training and professional development for relevant internal or external public health staff on: <ul style="list-style-type: none"> • alcohol policy analysis, and information systems • health promotion to reduce harm from alcohol. 	# training activities or professional development activities delivered.	% participants report they are satisfied or very satisfied with training % training activities consistent with Ministry of Health policy and legislation related to alcohol and other drugs.	#/% participants report an increase in the level of knowledge of the topic of the training activities (SK, S). #/% participants report they can confidently apply the knowledge acquired to their alcohol and other drug work (BC, S).

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
					% training activities that include a focus on improving health of Māori and Pacific, and fostering equity.	
7.4	Alcohol Related Harm	Health Promotion	Work with the Taranaki Alcohol Harm Reduction Group to promote the alcohol submission toolkit with community identified as at risk of alcohol-related harm	1 community promotion project delivered	#/% of requests for toolkit from residents of community identified as at risk of alcohol related harm % of liquor applications that receive community objections from residents of communities identified at risk of alcohol related harm	#/% of DLC hearings that have received community objections that result in a liquor licence being declined (CC,O)
7.5	Alcohol Related Harm	Health Promotion	Support South Taranaki District Council (STDC) to develop and implement a local alcohol policy (LAP).	LAP developed		LAP demonstrates strong public health gains as a result of PHU specialist advice/input in a narrative report.
7.6	Alcohol Related	Health Promotion	Develop a regional Foetal Alcohol Syndrome Disorder action plan	1 action plan developed	Recommendations of the MOH Foetal	75% of people working with pregnant women who report

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
	Harm		Implement 1 project based on recommendations of the MoH Foetal Alcohol Spectrum Disorder Action Plan	1 project delivered	Alcohol Spectrum Disorder Action Plan and Kaupapa Māori research are evident in both the regional action plan and project plan	knowledge consistent with content of the MOH Foetal Alcohol Spectrum Disorder Action Plan and Kaupapa Māori research as a result of PHU intervention (SK, S)
7.7	Alcohol Related Harm	Health Promotion	Utilise a Māori health promotion approach to develop and implement a project with Māori organisations/iwi/hapu/whānau to provide training and support around analysing licence applications and opposing those with potential negative impacts on Māori	2 trainings provided for Māori organisations/iwi/hapu/whānau	100% of trainings held in Māori settings Information shared is consistent with the Sale and Supply of Alcohol Act 2012	# of objections lodged by Māori organisations/iwi/hapu/whānau that have been linked to people attending the training (CC,O)
7.8	Alcohol Related Harm	Health Protection	Assess all on, off, club and special licence applications, and provide Medical Officer of Health Reports to District Licensing Committee (DLC) where there are objections and/or recommendations	# applications assessed by licence type # applications assessed that have had objections and/or recommendations identified.	100% applications completed using relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit % reports provided within 15 working days to DLC and the Alcohol Regulatory and Licensing	#/% alcohol premises are compliant at CPO with the provisions of the Sale and Supply of Alcohol Act 2012 (CC,O) (expected > 85%) # /% of high risk applications that change their licence application and operation conditions as a result of public health involvement.

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
					Authority (ARLA)	

8 Tobacco

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
8.1	Tobacco	Public Health Capacity	Participate in Ministry of Health regulatory and promotion seminars, and HPA tobacco control seminars	# of staff attending MOH and/or HPA training events		#/% team members reporting increase in knowledge and skills in both health promotion and regulatory requirements in tobacco related harm (SK,S)
8.2	Tobacco	Health Promotion	Work with partner agencies to develop and implement the 'Taranaki Smokefree 2025' Strategy and Action Plan. Implementation of a specific project that focuses in increasing quit rates among Māori smoker, as identified in the Taranaki Smokefree 2025 Action Plan.	Strategy and Action Plan developed by 31 October 2016 1 project focused on encouraging Māori smokers to quit developed and implemented	At least 70% of project participants are Māori #/% of project participants who are referred to smoking cessation quit coaches as a result of project #/% of project participants who are Māori that are	#/% of Māori project participants who are smokefree after six months (BC, O)

					referred to smoking cessation quit coaches as a result of the project	
8.3	Tobacco	Health Promotion	Support workplaces with high rates of smoking among staff to create supportive Smokefree environments including policy and support for staff to quit smoking, in collaboration with Tui Ora Ltd. and other cessation providers	Projects delivered in 3 workplaces	% of participating workplaces who achieve improved Smokefree Environments % of smoking staff who engage with cessation services	# of workplace staff who become Smokefree as a result of PHU intervention (BC,S)
8.4	Tobacco	Health Promotion	Produce and distribute E-Newsletter to all tobacco retailers in Taranaki to increase compliance of regulatory responsibilities under the SFE Act and to raise awareness of Smokefree 2025	2 e-newsletters produced	Distributed to 100% of Tobacco retailers identified in Taranaki register	#/% tobacco retailers are compliant at CPOs with the provision of the Smoke-free Environments Act 1990 (BC,O) (expected 85%)
8.5	Tobacco	Health Protection	Ensure all premises or retailers are meeting their requirement to take “all reasonably practicable steps” to ensure that no person smokes in an internal area of the premises and all other legal obligations under the Smoke-free Environments Act 1990 and its amendments	# of complaints received and investigated by a Smokefree Enforcement Officer	% of complaints which were investigated in compliance with the Smokefree Environments Act and completed within 30 working days % investigated premises have been given the	

					knowledge and/ or resources to prevent future non compliance (target 100%)	
8.6	Tobacco	Health Protection	Education visits carried out with retailers prior to Controlled Purchase Operations (CPOs), and as new legislation requires	# premises provided information as a pre-cursor to compliance visits	% of education materials that are based on the Smokefree Environments Act or 'other' MoH provided education material	85% tobacco retailers are compliant at CPOs with the provision of the Smoke-free Environments Act 1990 (BC, O)
8.7	Tobacco	Health Protection	Carry out CPOs in the Taranaki region to monitor and enforce the provisions in the SFE Act relating to the sale of tobacco smoking products to minors.	# CPOs undertaken # tobacco retailers visited during CPOs	% of CPO activities that are undertaken in compliance with the Smokefree Environments Act and the Smokefree Compliance and Enforcement Manual. % of retailers visited which are classified as 'high risk' as defined within the Smokefree Officer Enforcement	85% tobacco retailers are compliant at CPO with the provision of the Smoke-free Environments Act 1990 (BC, O)

					Manual	
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9 Communicable Diseases

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
9.1	Communicable Disease	Health Assessment and surveillance	<p>Operate effective communicable disease surveillance systems, in accordance with the most recent version of the document below, which systematically collect, analyse and report data from relevant sources and so inform prevention and control activities and initiate investigation and research</p> <ul style="list-style-type: none"> Ministry of Health. Manual for Public Health Surveillance in New Zealand 	# Quarterly and annual levels of notifiable diseases with trend analysis and aberration detection	% 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 best practice guidelines	
9.2	Communicable disease	Public Health Capacity Development	<p>Employ statutory officers</p> <p>Ensure capability and capacity, and are well prepared to respond to pandemics, emergencies or any major event with public health implications.</p> <p>Ensure that the public health workforce is culturally competent and is able to work in partnership with individuals and communities in order to achieve the best possible public health outcomes.</p>	# Statutory Officers working on communicable disease control	% of the communicable disease team who participate annually in cultural competency development.	
9.3	Communicable	Health	Design, implement and evaluate project-	# of projects	100% of all new	Reduction in the

	disease	Promotion	based disease prevention activities using Ottawa Charter strategies and/or approaches outlined in He Korowai Oranga in partnership with affected populations and other stakeholders for priority communicable diseases with high incidence or prevalence in Taranaki.	being undertaken to reduce incidence of priority communicable diseases in Taranaki	projects have a health Equity Assessment Tool applied before implementation. % of families with STEC who were aware of the disease before the child caught the disease	number of priority communicable diseases notified from the communities engaged in the project. (CC, O)
9.4	Communicable disease	Health Protection	<p>Control the impact and spread of communicable diseases through communicable disease control functions as per the most recent versions of the documents below, and/ or advice and direction from the Ministry of Health.</p> <ul style="list-style-type: none"> • Institute of Environmental Science & Research Limited. Guidelines for the Investigation and Control of Disease Outbreaks • Ministry of Health. Communicable Disease Control Manual • Ministry of Health. Immunisation Handbook • Ministry of Health. Public Health Services Communicable Diseases Services Tier Level 2 Service Specification • Ministry of Health. Guidelines for Tuberculosis Control in New Zealand 	# of communicable disease outbreak notifications investigated in Taranaki	Report completed for 100% of gastrointestinal outbreaks with a summary of the public health action and the outcome	<p>#/% of outbreaks investigated with a potential source being determined and mitigated (CC,O)</p> <p>#/% of tuberculosis patients who successfully complete their course of treatment (BC, O)</p>

			Needle & Syringe Exchange Services: Needle exchange outlets are supported by the Medical officer of Health to maintain their authorisation under the Health (Needle and Syringes) Regulations 1998.	# of observation visits conducted of the Needle & Syringe Exchange outlets operating within the DHB region,	% of Needle & Syringe Exchange outlets compliant to the current legislation.	#/% Needle & Syringe Exchange outlets who have implemented suggested amendments to ensure services remain compliant.
9.5	Communicable Disease	Preventive Interventions Immunisation	Assist programmes in the control or elimination of vaccine-preventable diseases through the delivery of safe and effective vaccination programmes across all communities; and assist/ support TDHB to meet its population health targets in terms of childhood and adult immunisation targets Trend analysis and national comparisons of vaccine-preventable diseases- an annual report on vaccine-preventable diseases cases in Taranaki will be distributed to all vaccinators in Taranaki each year	# of vaccinators who are authorised or re-authorised	% of applicants sent their authorisation within 10 working days of receipt of their application	
9.6	Communicable Disease	Preventive Interventions Immunisation	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 • Assist the DHB Immunisation 	# of notified cases of acute rheumatic fever	%of notified cases which have a Root Cause Analysis Report completed	Achievement of the 2016/17 target for Rheumatic Fever Hospitalisation rates which for Taranaki means zero cases (CC, O)

			Coordinator and if necessary take action when there are issues with Cold Chain Accreditation or events/breaches involving the Cold Chain			
			Promote the use of influenza vaccination for health care workers and people at high risk of complications			

10 Psychoactive Substances

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
10.1	Psychoactive Substances	Health Assessment and Surveillance	The PHU is to report all serious harm events related to the use of Psychoactive Substances (approved) to the national CARM group and the National Psychoactive Substances Regulatory Authority (now within Medsafe)	# of notifications of serious harm referred through CARM or to the regulatory authority	% of notifications are forwarded on to the appropriate agency within 5 working days	#/% of licensed retailer premises compliant with the requirements of the Psychoactive Substances Act 2013 (BC, O)
10.2	Psychoactive Substances	Public Health Capacity Development	Maintain suitably qualified and experienced Psychoactive Substances Enforcement Officers as required by the Psychoactive Substances Act 2013 and defined under the Tier 2 Service Specifications (including the Misuse of Drugs Act 2005) <i>(refer to activity within "Environmental Health" regarding completion of the</i>	# of statutory officers designated as Psychoactive Substances Act 2013	% of statutory officers that maintain statutory appointment	

			<i>ongoing competence of all statutory officers report – submitted 31st July)</i>			
10.3	Psychoactive Substances	Health Protection	<p>Maintain an appropriate and efficient system for receiving, considering and responding to complaints from the public about the use of psychoactive substances and the misuse of drugs.</p> <p>Work with relevant Psychoactive Substances enforcement agencies to enforce their regulatory roles under the Psychoactive Substances Act 2013 (or Misuse of Drugs Act 2005)</p> <p>Take prompt and appropriate action to protect public health and increase compliance with the law related to psychoactive substances and the misuse of drugs:</p> <ul style="list-style-type: none"> • Undertake regulatory surveillance • Determining other regulatory compliance requirements upon products being approved 	<p># of complaints received by the PHU regarding psychoactive substances</p> <p># of LAPPs approved and implemented within the Taranaki Region</p> <p># of compliance activities taken to determine compliance with the Act</p>	<p>% of complaints recorded by the PHU and information passed on to the appropriate regulatory authority</p> <p>% of LAPPs used to inform the location and number of licensed psychoactive substance retailers within the Taranaki Region</p> <p>% of compliance activities undertaken which are consistent with the legislation and appropriate enforcement officer guidelines (once approved)</p>	

11 Environmental Health
Environmental Health – All Services – Public Health Capacity

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.1	Environmental Health – All services	Public Health Capacity	<p><u>PHU Staffing Capacity and delivery of Health Protection Core functions:</u></p> <p>Provide training and other professional development to ensure that staff are able to carry out all activities in accordance with the <i>Environmental Health Protection Manual</i>, Radiation Handbook, Radiation Incident Response Plan, guidelines, advice and standard operating procedures provided by the Ministry of Health, Ministry for the Environment and other Government agencies guidelines, policies and standards.</p> <p>Carry out all activities in compliance with any regulatory policy directives issued by the Ministry (including the Office of Radiation Safety) and any other guidance material</p> <p>Prepare and submit the MoH required “Ongoing Competence of Statutory Officers Report” for all designated</p>	<p>Number of specific designated officers by delegation/warrant:</p> <ul style="list-style-type: none"> • # Health Protection Officers • # Biosecurity Officers (authorised/accredited) • # Drinking Water Assessors • # HSNO officers 	100% activities (including advice given) carried out in accordance with Environmental Health Protection Manual, government policy, standards, guidance and legislation.	#/% staff report they can confidently apply the knowledge acquired to their work (BC, S)

			<p>and warranted enforcement officers by the 31st July 2016.</p> <p>Ensure adequate capacity to carry out services and respond to incident and emergent issues.</p> <p>Participate in national, regional and local research survey or response programmes as appropriate; participate in national, regional or local emergency responses as required.</p>			
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Environmental Health – Border Health and Biosecurity

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.2	Environmental Health – Border Health Protection	Health Protection	<p><u>Mosquito Surveillance and Response (interceptions/Incursions) – as a core capacity within the IHR and the Biosecurity Act 1993</u></p> <p>Undertake surveillance of mosquitoes (weekly over the summer AND winter) at the Port of Taranaki, and the airport. Audit surveillance undertaken by the air or sea port company.</p> <p>Respond promptly to <u>interceptions</u> and <u>incursions</u> of pests (or unwanted vectors of disease)</p>	<p># of surveillance visits conducted</p> <p># of complaints, enquiry, and or</p>	<p>% of surveillance visits undertaken and entered on NZ biosecurity database</p> <p>% of complaints, enquiries, and interceptions and</p>	<p>#/% exotic mosquitoes that have become established within Taranaki. (CC, O)</p>

			Inform the Senior Advisor (Border Health Protection) within two hours of the identification and location of an exotic mosquito or mosquitoes of public health significance.	interceptions responded to	incursions responded to % of responses initiated within 30 minutes of notifications received	
11.3	Environmental Health – Border Health Protection	Health Protection	<p><u>Border Health – as a core capacity within the IHR and the Health Act 1956 (including Health (Quarantine) Regulations)</u></p> <p>Ensure designated points of entry achieve and maintain core capacities as required by the International Health Regulations 2005</p> <p>Prepare and submit the “Port and Airport Annual Return” to the Border Health Team and the Ministry of Health by 28th February 2017.</p> <p>Identify and monitor border health protection risks from biological, chemical and physical hazards</p> <p>Develop/maintain contingency plans to deal with border health risks</p> <p>Provide sound technical and professional advice on public health</p>	<p># of core capacities assessed compliant with the IHR during the annual Border Health assessment</p> <p># of Border Health protection risks responded to by PHU</p> <p># of pratiques</p>	<p>100% of core capacities compliant with the IHR requirements</p> <p>100% border health responses are consistent with the Ministry of Health Manual, advice and direction (reported within 2 hours)</p> <p>100% of pratiques</p>	<p>#/% core capacities achieved and maintained by international points of entry as required by the International Health Regulations 2005 (BC, O)</p>

			<p>issues that are related to border health protection</p> <p>Immediately notify the Senior Advisor (Border Health Protection) of any control measures applied to any conveyance that are other than routine, and copy the Office of the Director of Public Health.</p> <p>Respond promptly to requests for pratique, inspections and certification (eg ship sanitation)</p>	<p>issued by PHU prior to and on arrival</p> <p># of ship sanitation certificates or control certificates issued</p>	<p>issued are consistent with legislative requirements</p> <p>100% of ship sanitation documentation completed in accordance with WHO guidelines and standards</p>	
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Environmental Health – Drinking Water

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.4	Environmental Health – Drinking Water	Public Health Capacity Development	<p>Maintain suitably qualified and experienced Drinking Water Assessors as required within the Health Act 1956 and IANZ 17020 Inspection Body Criteria</p> <p>Drinking-water staff are to maintain their technical skills and knowledge by attending available trainings both internal and external, including provided for as a party member of the Central North Island Drinking Water Assessment Unit (<i>this</i></p>	<p># of drinking-water assessors undertaking functions under the Health Act 1956 and/or IANZ Inspection Body activities</p> <p># of drinking-water trainings</p>	% of Drinking water staff who are approved IANZ Signatories	

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<i>contributes to an individual maintaining IANZ signatory status as confirmed in the activity above)</i>	attended/		
		Health Protection	<p><u>Undertake duties required by the Health Act 1956:</u></p> <p>Water supplies (including water carriers) are registered (or registrations amended/renewed/deregistered) as required</p> <p>Undertake Water Safety Plan (WSP) adequacy assessments and implementation inspections of water suppliers to determine compliance with the Health Act 1956</p>	<p># of applications received and processed</p> <p># of WSP adequacy assessments</p> <p># of WSP implementation inspections undertaken</p>	<p>100% registrations (amendments/ renewals) forwarded to ESR using correct forms contained on MoH website</p> <p>100% of WSP adequacy assessments are completed (<i>as per Scope Item 3 of the Drinking Water Section of the Health Protection Manual</i>) and within 20 working days</p> <p>100% of WSP implementation inspections are completed (<i>as per</i></p>	<p>#/% networked water suppliers compliant with the Health Act 1956 (BC, O).</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Assess water suppliers for compliance under the duties of the Health Act 1956</p> <p>Assess and process applications for the use of temporary drinking water supplies as required</p>	<p># of water supplies assessed for compliance under the Health Act 1956 (serving populations >100)</p> <p># temporary water suppliers assessed and approved.</p>	<p>Scope Item 4 of the Drinking Water Section of the Health Protection Manual) and within 20 working days</p> <p>% of water supplies which are demonstrated to comply with the duties of the Act</p> <p>100% assessments of temporary supplies undertaken in compliance with the Health Act 1956 and Ministry guidance</p>	
11.5			<p><u>Undertake IANZ signatory functions assessing compliance with the DWSNZ:</u></p> <p>DWAs to assess compliance of water suppliers as defined within the Tier 2</p>			

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Service Specifications (including completion of the Annual Review of Drinking Water Supplies)</p> <p><u>Scope 1 – Verification of compliance with the Drinking Water Standards</u></p> <p>Drinking-water staff are to produce “Annual Verification of Compliance with the DWSNZ2005/08 Report” for water suppliers within the Taranaki Region (as specified as an activity under Scope 1)</p> <p><u>Scope 2 – Authorization of Calibration and Analysts</u></p> <p>Authorise individuals to undertake the following analysis for compliance reporting purposes:</p> <ul style="list-style-type: none"> • Free Available Chlorine (FAC) • Turbidity (NTU) • pH 	<p># of reports or investigations completed as per Scope 1 activities</p> <p># of Annual Verification of Compliance with the DWSNZ reports completed</p> <p># of reports completed under Scope 2 activities</p>	<p>100% of DWSNZ assessments are completed (<i>as per Scope Item 1 of the Drinking Water Section of the Health Protection Manual</i>) and within 20 working days</p> <p>100% of verification of compliance with the DWSNZ reports completed (<i>as per Scope Item 1 of the Drinking Water Section of the Health Protection Manual</i>) and within 30 working days</p>	<p>#/% networked water supplies deemed compliant with the DWSNZ2005/08 as required in accordance with drinking water legislation (BC, O).</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			Authorise individuals to undertake calibration of online telemetry: <ul style="list-style-type: none"> • Chlorine • Turbidity • pH • Ultra-violet Light (UV) 		100% of Authorization of Analyst reports are completed (<i>as per Scope Item 2 of the Drinking Water Section of the Health Protection Manual</i>) and within 20 working days	
			Provide ESR data for the year 1 July to 30 June in microbiological and chemical sampling, the status of water safety risk management plans, and compliance with drinking-water provisions of the Health Act 1956 for incorporation in the Annual Report on the Quality of Drinking-water Supplies, and in the form specified by ESR	# of Water supplies surveyed during annual review of drinking water quality	100% annual survey completed by 8 August in the form specified by ESR	
			Ensure water suppliers notify the Public Health Unit (PHU) of transgressions, or an interruption to the supply and the PHU investigates and responds accordingly Report serious drinking water incidents to the Ministry of Health within 24 hours	# of transgressions under the DWSNZ2005/08 (based on the priority determinands) notified to and investigated by	100% of DWSNZ transgressions investigated by the DWA in compliance with the DWSNZ2005/08 (and/or the water suppliers WSP)	

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
				the PHU # number of serious incidents	100% drinking water incidents reported to the Ministry of Health within 24 hours.	drinking water legislation and standards (BC, O).
11.6		Health Promotion	<p>Assist in improving and promoting potable water quality management practices within vulnerable community water supplies (refer to section 4.2 of this plan) by;</p> <p>1) WSPs are promoted and developed for vulnerable community based supplies</p> <p>2) Provide technical advice and information on public health aspects of drinking water supplies</p>	<p># of WSPs developed by identified vulnerable community-suppliers and approved by PHU staff</p> <p># enquiries received and technical advice provided by PHU</p>	100% of enquiries and requests for assistance (development of WSP) are responded to by PHU staff members based on appropriate educational materials, guidelines, and/or standards	#/% of registered vulnerable community suppliers who develop and have approved WSPs better informing the protection of their water supplies (BC, O)

Environmental Health – Emergency Management

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.7	Environmental Health – Public Health Emergency Management and Response	Health Protection	<p>Emergency Preparedness Carry out all emergency management planning, preparedness and responses in collaboration with other relevant agencies and according to Ministry of Health guidelines, plans and advice.</p> <p>Carry out risk assessments of predominant natural and human activity hazards (including deliberate actions or inactions that may contribute to a threat) events and check that emergency planning and response capacity is sufficient to deal with those risks. The following plans will include preparedness, mitigation, response and recovery</p> <p>Maintain, exercise and regularly review plans for responding effectively to a range of public health emergencies.</p> <p>Ensure the Taranaki Business Continuity Plan appropriately identifies resources needed to support and carry out public health actions</p>	<p># emergency management meetings or exercises that the PHU participated in (national or local)</p> <p># emergency responses that the PHU was asked to attend or assist with (national or local)</p> <p># emergency response plans (national or local) in which are developed, reviewed or submitted on</p>	<p>% national and local emergency management meetings attended (target 100%)</p> <p>Participate in debrief for 100% of emergency responses attended to or assisted with</p> <p>100% reports submitted within 24 hours of occurrence of a public health event or emergency with inter-district, national or potentially international implications to the Office of Radiation Safety and the Environmental and Border Health Protection Team,</p>	<p>#/% PHU/DHB Emergency Planning and Response Plans interoperable with stakeholder plans (CC, O)</p>

			Participate in national, regional and local meetings, exercises and training opportunities		copied to the Ministry Portfolio Manager	
			Emergency Response Provide services for, be directed by, and report to civil defence authorities in the event of an emergency.			

Environmental Health – Hazardous Substances

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.8	Environmental Health – Hazardous Substances	Health Protection	Activities associated with the Hazardous Substances and New Organisms Act 1996 General HSNO Enforcement Activities Investigate or respond to notifications, enquiries, and complaints of lead poisoning, poisoning from chemical contamination, hazardous substances injuries, and asbestos exposures as required Participate in the Hazardous Substances Injury Surveillance System via the HSDIRT Work with other HSNO enforcement	# investigations, notifications and/or enquiries undertaken (or responded to – including recalls) # of hazardous substances injuries or poisonings entered onto HSDIRT # cases PHU	100% of investigations, complaints, or enquiries are investigated and reported onto the appropriate authority in compliance with HSNO section of the Health Protection Manual % notifications of hazardous substances injuries that are reported to CPHR (HSDIRT) in the format required, including GP notifications.	#/% of hazardous substance notifications or incidents where health specific actions is taken. (BC, O)

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>agencies to support their regulatory roles</p> <p>Promote public knowledge on the risks of environmental and non-occupational exposures to hazardous substances and products, including asbestos on the non-occupational environment by:</p> <ul style="list-style-type: none"> • Advising on the safe management of hazardous substances and products, including their removal and disposal <p>Advise, encourage and/or assist territorial authorities and Regional Councils to:</p> <ul style="list-style-type: none"> • Identify potentially contaminated sites in the region and identify contaminants • Implement health impact assessment systems to ensure contaminated land is remedied, where appropriate, and to minimise adverse effects on human health • Determine appropriate land use controls for contaminated sites to minimise the risk to the public <p>Provide summaries for the past year on hazardous substances activities</p>	<p>engaged</p> <p># intention reports submitted to the Ministry of Health by 30 July</p>		

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Prepare and submit the “Annual Hazardous Substances Intentions and Activity Report” by 30th June 2017.</p> <p>Receive annual reports on methyl bromide fumigations.</p> <p>HSNO Emergency Response Activities Maintain effective risk management strategies and response plans for emergency situations involving hazardous substances. Responses are required to be consistent with the Ministry’s advice and guidelines</p> <p>Undertake investigation and surveillance of Agrichemical Spraydraft Incidents</p> <p>Provide an incident report to the EPA, copied to the Ministry of Health, within 24 hours of hazardous substances incidents</p> <p>Vertebrate Toxic Agents (VTA) Permissions and Activities HSNO officers to assess and process VTA applications submitted to the Public Health</p>	<p># hazardous substances incidents or emergencies, or exercises attended</p> <p># applications for VTA permission</p>	<p>% Responses that are consistent with the Ministry’s advice and guidelines, including Investigation and Surveillance of Agrichemical Spray drift Incidents</p> <p>% emergencies and incidents reported to the EPA and Ministry of Health within 24 hours (required 100%)</p> <p>% VTA applications undertaken in accordance</p>	<p>#/% Vertebrate Toxic Agent (VTA)</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Unit resulting in a permission being granted. VTA permissions are to be applied in compliance with the Ministry of Health's "Issuing Permissions for the Use of Vertebrate Toxic Agents (VTAs) – Guidelines for Public Health Units."</p> <p>Field or desktop audits of all permissions are required to ensure compliance, as appropriate</p> <p>Provide copies of VTA permits to the EPA within three working days of issuing the permission</p>	<p>processed.</p> <p># desk top audits of VTA operations.</p> <p># field audits of VTA operations (mandatory for VTA aerial applications)</p> <p># VTA complaints received and investigated</p>	<p>with all relevant guidelines (required 100%)</p> <p>% of VTA complaints responded to and audits undertaken in compliance with the relevant guidelines</p> <p>% VTA permits copied to EPA within three working (required 100%)</p>	<p>operations compliant with permit approval conditions (BC,O)</p>

Environmental Health – Other Regulatory Activity

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.9	Environmental Health - Regulatory Environments	Health Protection	<p>"Other" Environmental:</p> <p>Provide advice and respond in a timely manner on adverse effects of:</p> <ul style="list-style-type: none"> Adverse air quality 	# requests for advice or information	% applications for approvals are completed in a	## regional and district plans that reflect public health

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
	and 'other'		<ul style="list-style-type: none"> The disposal of the dead Environmental noise Ionizing radiation Non-ionising fields Recreational waters Gaseous, liquid and solid waste Other environmental health issues. <p>Minimise the risk of adverse public health effects from air pollution, noise, and other public health issues.</p> <p>Monitor territorial authorities' actions on environmental health issues to ensure health impacts are minimised</p>	<p>responded to</p> <p># complaints referred to the appropriate agency for action</p>	<p>timely manner and in accordance with the <i>Environmental Health Protection Manual</i> (expected 100%).</p> <p>% complaints recorded and investigations initiated within three working days.</p>	<p>perspectives on environmental noise, recreational waters, sewage and waste management (CC, O).</p>
			<p>Ionizing Radiation: Report any public health event or emergency that was suspected or confirmed to involve an ionising radiation source to the Office of Radiation Safety and the Environmental & Border Health Protection Team, within 24 hours</p>	<p># complaints investigated</p> <p># events/ complaints/ incidents responded to</p>	<p>% Ionizing events /complaints / incidents initiated within 24 hours.</p> <p>% activities and advice have been undertaken in consultation and with approval of the Office of Radiation Safety.</p>	<p>#/% exposures to non – ionising fields are minimised.</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Non-ionising Radiation: Conduct six-monthly visits to commercial solarium to encourage compliance with best practice guidelines</p> <p>Recreational Water: Encourage local authorities to clearly identify, and publically notify, existing or potential recreational waters, which do not meet minimum microbiological water quality guidelines</p> <p>Respond to recreational water incidents and enquiries as required</p> <p>Provide public and stakeholders with appropriate advice relating to recreational waters</p>	<p># commercial solarium surveyed six-monthly</p> <p># complaints / enquiries received and responded to.</p> <p># complaints / enquiries investigated</p> <p># health warnings required to be erected.</p>	<p>% reports by 31 January and 31 July on the results of six-monthly visits to commercial solarium operators</p> <p>% complaints recorded and investigations initiated.</p> <p>% complaints recorded and investigations initiated</p> <p>% health warnings audited to ensure adequate health warning signs have been erected.</p>	<p>#/% solarium operators that comply with best practice guidelines are increased (BC, O).</p> <p>#/% waters not suitable for contact recreation purposes, have permanent warning signs (CC, O).</p> <p>#/% recreational water areas that have warning signs in place when a public health risk has been identified (CC, O).</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Early Childhood Centres: Carry out statutory work under the Health Act 1956, undertake Health assessments for ECE / Kohanga Reo, as required for the licensing for all Early Childhood centres by the Ministry of Education</p> <p>Provide advice to schools and early childhood centres during an outbreak investigation and response.</p> <p>Conduct pre-licensing inspections of early childhood centres, including compliance by the licensee of the premises with regulatory responsibilities, including Education (Early Childhood Centres) Regulations 1998.</p> <p>Burials and Cremations: Ensure applications for approvals are complete, and include the health protection officer's covering report and recommendations before they are forwarded to the Ministry of Health for action, including:</p> <ul style="list-style-type: none"> • Disinterment's • Burials in special places • Medical referee appointments • Other burial and cremation approvals. 	<p># inspections undertaken at the request of the Ministry of Education or early childhood centre</p> <p># pre-licensing early childhood centre inspections.</p> <p># disinterment or repatriations processed.</p>	<p>100% health assessment reports of Early Childhood Education Centres are provided to the Ministry of Education and centres within seven working days.</p> <p>%/# of disinterment or repatriation applications processed within 20 working days</p>	<p>#/% early childhood centres/Kohanga Reo that have healthy environments (facilities) which result in children remain safe and healthy (cc, o)</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>Supervise disinterments as required.</p> <p>Advise and assist applicants to export cadavers, as required, to ensure public health concerns are addressed. (Note that costs may be recovered for this activity).</p>			

Environmental Health – Resource Management

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.10	Environmental Health - Resource Management	Health Protection	<p>Activities associated with the Resource Management Act 1991:</p> <p>Encourage and assist Councils to develop and implement policies through processes, such as the review of district plans, including variations or plan changes or Long Term Council Community Plans that address the wider determinants of health.</p> <p>Make timely and professional submissions on national (including national policy statements, national environmental standards and or guidelines) and regional</p>	<p># regional and district plans (including bylaw proposals) reviewed.</p> <p># submissions (national and local)</p> <p># environmental consents submitted (local)</p>	<p>% submissions that comply with the requirements of the Resource Management Act, and meet the principles of the Local Government Act and functions of the Health Act</p> <p>% activities that are evidence based and</p>	<p>#/% submissions where at least 1 or more recommendations have been accepted by the recipient (BC,O)</p>

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
			<p>plans and policy statements, district long term and annual plans and, where appropriate, resource consent applications to ensure that the public health effects are considered and managed of:</p> <ul style="list-style-type: none"> • Adverse air quality • The disposal of the dead • Environmental noise • Ionising radiation (in consultation with the Office of Radiation Safety) • Non-ionising fields • Recreational waters • Gaseous, liquid and solid waste • Other environmental health issues <p>Monitor decisions made under the Resource Management Act 1991 to ensure that the health impacts of environmental hazards have been considered. Follow up with regional councils and territorial authorities where this has not occurred</p> <p>Public Health Unit to ensure that applicants have consulted with iwi (as legally required under the Resource Management Act 1991) to determine whether there any cultural impacts to be considered (principles of Te Whare Tapa Wha)</p>	All submissions include a recommendation to consult with Iwi.	<p>proportionate to the public health risk, demonstrated by applying the Ministry of Health's health impact assessment guidelines.</p> <p>% health risk assessments that incorporate a screening cultural health risk assessment</p>	

Environmental Health – Sewage and Wastewater

Ref No.	Service/Issue Grouping	Core Function	Activities	Performance Measures		
				How Many = # (Quantity of Effort)	How Well = % (Quality of Effort)	Is Anyone Better Off = #/% (Quantity and Quality of Effect)
11.11	Environmental Health - Sewage Treatment and Disposal	Health Protection	<p>Respond to public enquires and investigate and/or refer public complaints and enquiries on sewage collection, treatment and disposal</p> <p>Monitor territorial authorities' actions regarding sewage discharges to the environment (planned or unplanned) ensure health impacts are minimised and appropriately reference statute, guidelines, standards, resource consent conditions and accepted public health practices</p> <p>Liaise with councils to verify that sewage overflows that pose a significant public health risk are adequately responded to</p> <p>Develop a regional sewage spill protocol in partnership with District Councils, Regional Council, iwi, and community groups</p>	# of sewage discharge complaints and enquiries received and investigated by the PHU	% of sewage discharges in which a population health risk assessment has been conducted and communicated back to the District Council	#/% of sewage discharges investigated, monitored and managed by TLAs limiting the impact on public health (CC,O)