

Te Whatu Ora
Health New Zealand

Open Board

September 2023

NZNO Young Nurse of the Year Award

Young nurse of the year



John Faukafa
Auckland Sexual Health Service and
Pōhutukawa Clinic

Runners up



Elizabeth Bromley & Tiahn Beuth-Pukepuke
Te Whatu Ora Southern Te Toka Tumai Adult Sexual Health

Whakatāne 100-year celebration

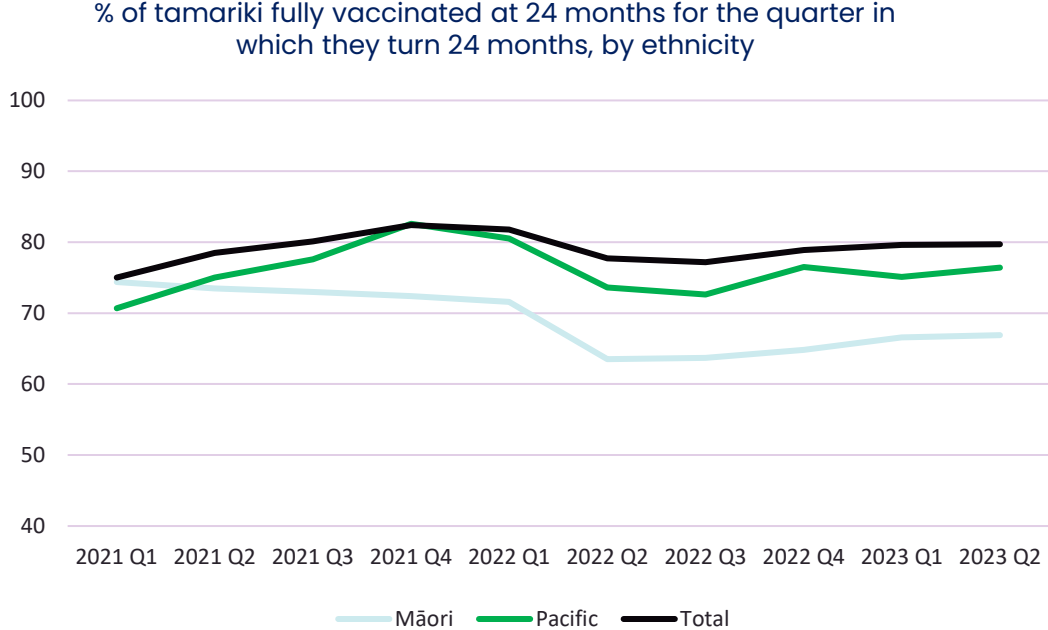


Te Whatu Ora
Health New Zealand

Immunisation

Immunisation Coverage – Childhood immunisations

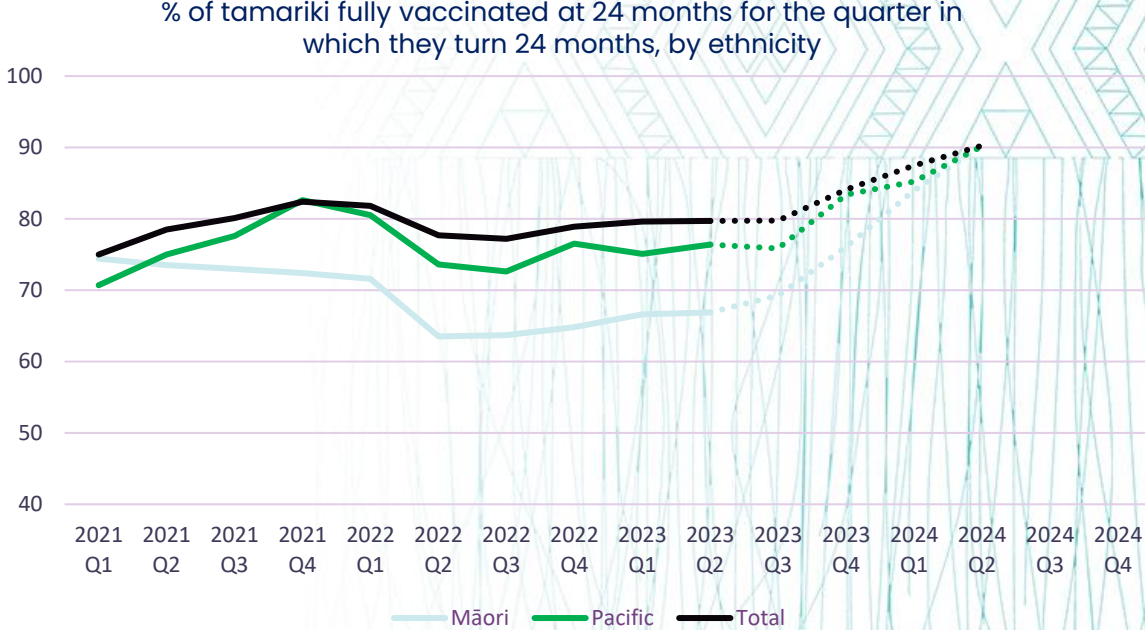
Where are we now?



- Low immunisation rates, particularly among Māori and Pacific children, mean there is a vulnerability to vaccine-preventable diseases in the community. 95% coverage is required to achieve population immunity.

- There is a persistent equity gap for Māori and Pacific. This has increased significantly during the COVID-19 pandemic, particularly for tamariki Māori.

Where do we want to be?



We are working towards a goal of 90% immunisation coverage at the milestone age of 24 months across all ethnicities.

How will we achieve this?

- Implementing the Immunisation Taskforce recommendations
- Implementing a National Immunisation Action Plan
- Regional Action Plans

Immunisation Taskforce Priority Areas

Expansion of vaccinator workforce	Antenatal immunisations	Proactive outreach immunisation services
Catch-up immunisations	Funding for providers that is long-term and sustainable	Authorisation of childhood vaccinators
Enrolment into health services from birth	Quality and standards for providers delivering immunisations to tamariki in New Zealand	Governance, technical advice and service coverage oversight
	Development of new provider and consumer-facing resources for immunisations	

Immunisation Action Plan

National	<ul style="list-style-type: none"> • Increase funded vaccines available to Pharmacy • Establish data sharing with all Hauora and Pacific health providers • Technology enablers <ul style="list-style-type: none"> • Aotearoa Immunisation Register (AIR) • Whaihua as a CRM for outreach providers • Enhanced Newborn Enrolment System • New vaccine inventory portal • Te Tiriti o Waitangi & Equity led Immunisation Governance • Counter Complacency Campaign
Regional	<ul style="list-style-type: none"> • Stabilise baseline childhood immunisation rates • Review existing regional immunisation infrastructure and needs • Develop a regional approach to providing vaccination support within transitional and emergency housing • Co-design interim future immunisation service • Implement and embed equity led prioritisation matrix across the region
Local	<ul style="list-style-type: none"> • Strengthen Wellchild Tamariki Ora partnerships • Strengthened newborn enrolment Increase Hapū māmā vaccination clinics incl Pharmacies • Establish coordination group(s) with Hauora and pacific providers • Comprehensive local engagement for Priority Populations • Co-design approaches for whānau not engaged with or overdue immunisations • Develop community engagement plans with stakeholders

Te Whatu Ora
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Winter Plan

Keeping people well

Immunisation

- 656,295 COVID-19 Boosters administered
(Between 1 April – 19 September 2023)
- 1,249,420 Influenza vaccinations administered
(Between 1 April – 19 September 2023)
- 487,787 Childhood Immunisations administered
(Between 1 January – 17 September 2023)

Communication

- Communications focusing on winter and encouraging people to stay home when they are sick – across television, radio, mailouts and social media.

Carer Support Subsidy

- Nationwide changes to the Carer Support Subsidy – increased rate and flexibility – to support more people to be cared at home.



Supporting community care

Clinical telehealth

- Rural, Māori and Pacific general practices, and general Practices serving high deprivation populations
 - 25,504 calls made
 - 5,536 required medical consultations

Minor health conditions service

- 772 participating pharmacies
- 98,924 consultations

Eligibility	%
Person under 14 years	70%
Pacific person	15%
Māori person	13%
Community Service Card holder	9%
Whānau of person under 14	6%

“ I used the minor ailments service at Kilbirnie Unichem today, and it was fantastic! My 8 month old baby had a nasty rash, and the pharmacist explained what it was likely to be, gave me creams for treatment, and told me the symptoms that would mean I needed go to the GP. The rash has already improved... Getting to the DR in the city is tricky with a baby and toddler, and I used to feel reluctant to ask the pharmacist for advice without buying something. It's so reassuring to know I can go there for help, the staff at the[pharmacy name] are great.

Supporting community care

Ageing well

- Supporting timely discharge from hospital to Aged Related Residential Care (ARRC) by providing nationwide flexible funding centred around patient needs, for example:



Funding a wound care nurse specialist role to improve access to community specialist services in ARRC and prevent the need for elderly patients to be admitted to hospital for wound care.

Primary Options for Acute Care

- Expanded across all priority areas to help minimise unnecessary demand on hospitals by supporting patients in the community, for example:



Te Tai Tokerau supported 50 people who presented to Emergency Department to return to dental care in the community by covering the cost.



Reducing hospital demand

- Ambulance frontline Paramedics were supported with clinical telehealth, which reduced referrals to Emergency Departments:
 - 2,895 referrals nationally
 - 2,010 patients (69%) didn't need transfer to Emergency Departments
- Every hospital implemented and refined **escalation plans** to manage periods of surge, and these were linked to a national surveillance programme.
- All hospitals worked on minimising the impact of acute demand on **planned care**, and there was a strong focus on maintaining planned services in the winter months.
- **Hospital in the home** was well utilised in some districts, reducing demand on inpatient beds.



Evaluation is coming..

Approach

- In-house with external peer review

In scope

- The 24 winter preparedness initiatives
- Additional actions added over winter

Indicative Timeframe

- Draft by 30 November 2023

Te Whatu Ora
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Kaimahi Wellbeing & Safety

Our context & challenge

Our health workers are committed & work incredibly hard

Workers are under pressure (long time in the making)

Violence at work – each and every month

- ~500 physical assaults on our staff each month
- ~400 reported cases of verbal abuse

Over 90% of violence in our hospitals is initiated by patients against staff

Working to address sustained underinvestment in our workforce

Workforce Plan
Increased investments in wellbeing, H&S

Our critical risks

- Violence and aggression towards staff
- Moving and handling injuries
- Blood borne/needlestick injuries
- Hazardous substances
- Travel and transport systems
- Lone workers
- Infectious diseases
- Contractor management
- Psychological harm
- Fatigue

Addressing the challenge

Our goals

For our kaimahi, patients and whānau to feel supported and safe in our hospitals and facilities.

For our patients and whānau to feel part of the solution, not the problem.

Our mahi

- Raising awareness – by engaging with kaimahi and patients through a public awareness campaign.
- Building knowledge and skills – by providing specialised guidance and training to kaimahi and management.
- Strengthening processes – to encourage the safe reporting of incidents.

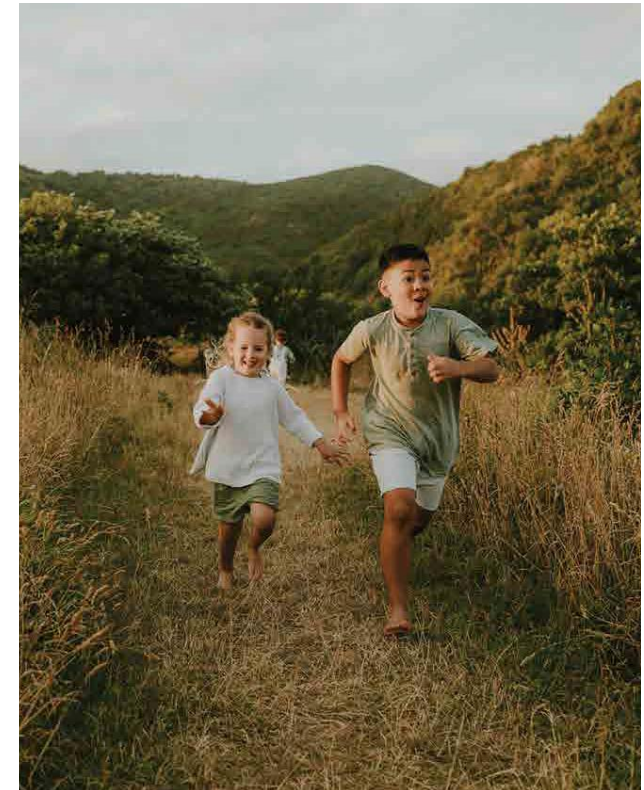
Aotearoa NZ Health Status

Draft – Early insights

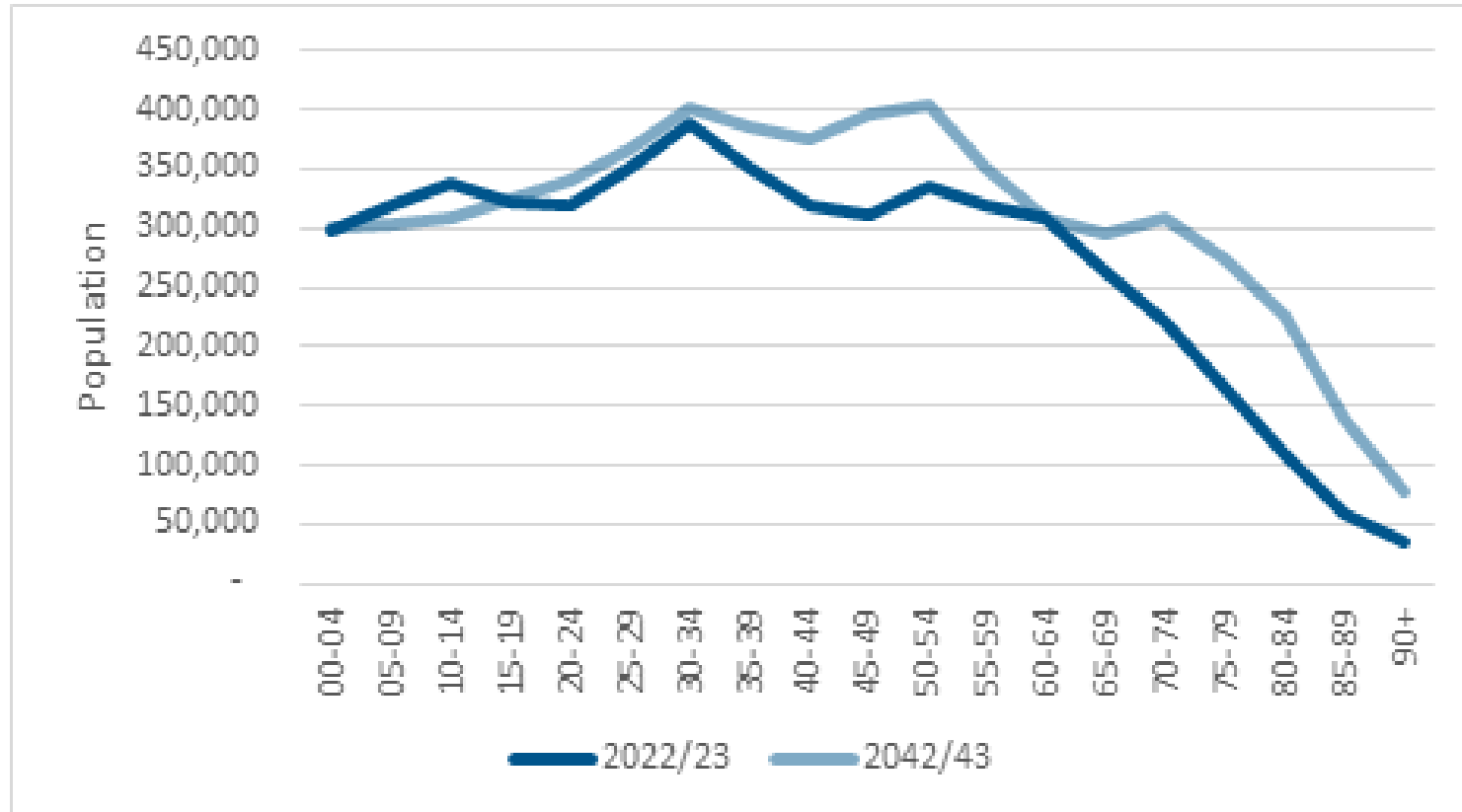
September 2023

Introduction

- First comprehensive national collation of data on the determinants, risk factors, health status and health care utilisation by Te Whatu Ora
- Evidence and data continue to underline the need to address Māori health issues and equity more broadly
- This work was developed with Te Aka Whai Ora, and further supports the Māori health priority areas identified by them
- Health inequities result from a complex range of causes.
- The health sector is a critical contributor to effecting change
- Differences between ethnic groups in a range of areas identified in the report
- This in turn highlights issues with the quality of ethnicity data generally and the impact this has on representation of outcomes



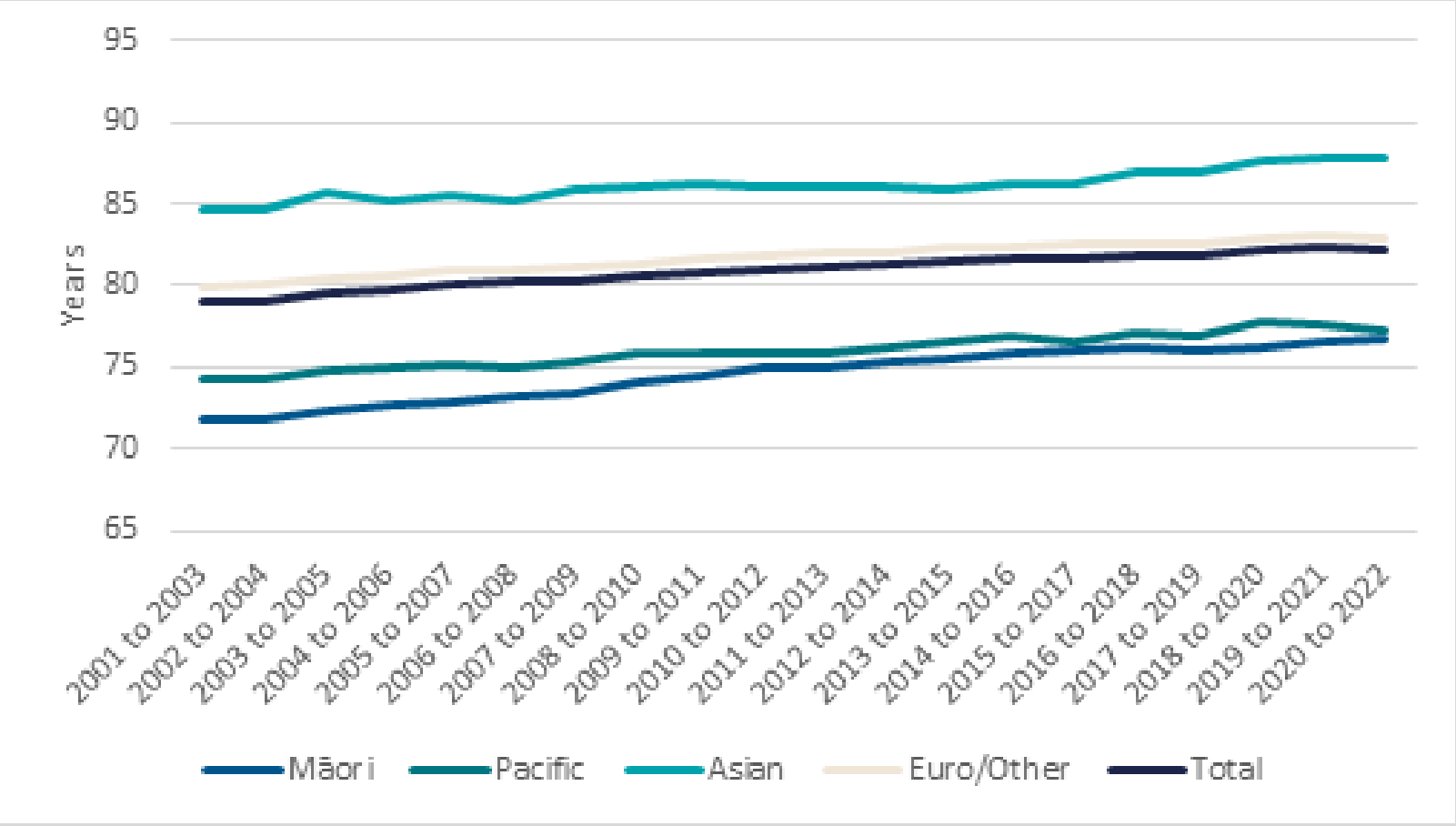
Aotearoa New Zealand's population



National 2022/23 population and projected 2042/43 population by age band

- There are 5.1m people living in Aotearoa New Zealand in 2022/23 - 17% Māori, 7% Pacific, 16% Asian and 59% European/Other
- By 2042/43 it is projected to increase by 400,000 people, 7.8% larger than it is now and considerably older.
- Almost one in five (19%) New Zealanders, just under one million people, live in rural areas. Rural areas have a higher proportion of Māori (23%) than urban areas (16%), and a higher proportion of people aged 65 years and over. Ensuring good access to services is a key concern.

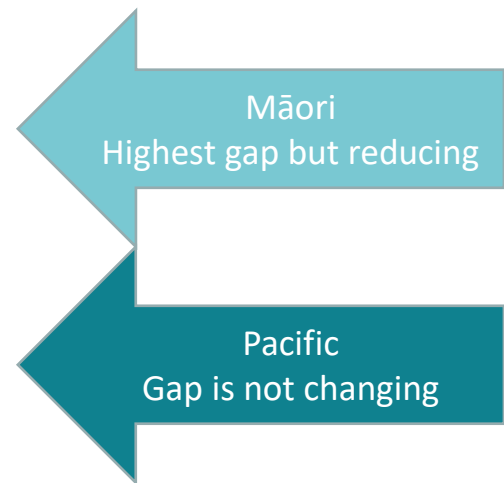
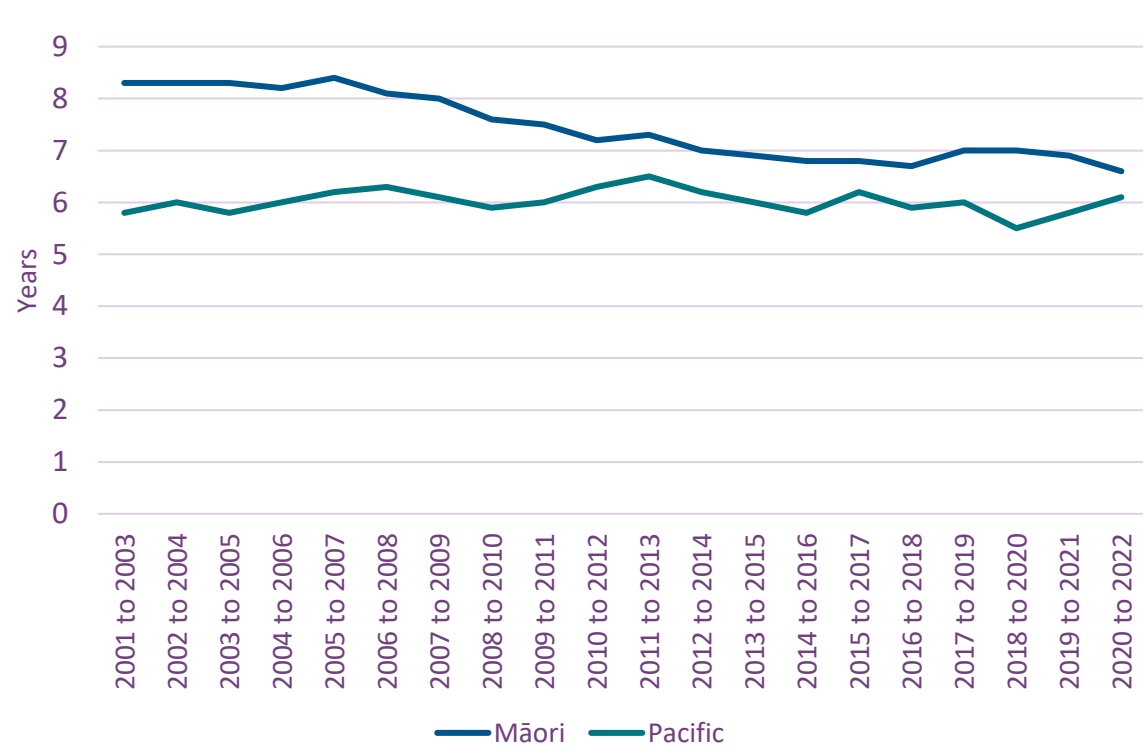
Life expectancy



- Aotearoa New Zealand has high life expectancy compared with other countries, ranking 16th in the world at 82 years – increasing by 3 years over the past two decades. Many countries dropped over the covid years, NZ one of the few that have not
- Life expectancy is much lower for Māori at 76.8 years and Pacific people at 77.3 years, and varies by area of deprivation. Males lag females by 3-4 years.

Trend in life expectancy at birth, national by ethnicity – 2001-03 to 2020-22

Life Expectancy gap – trends over time

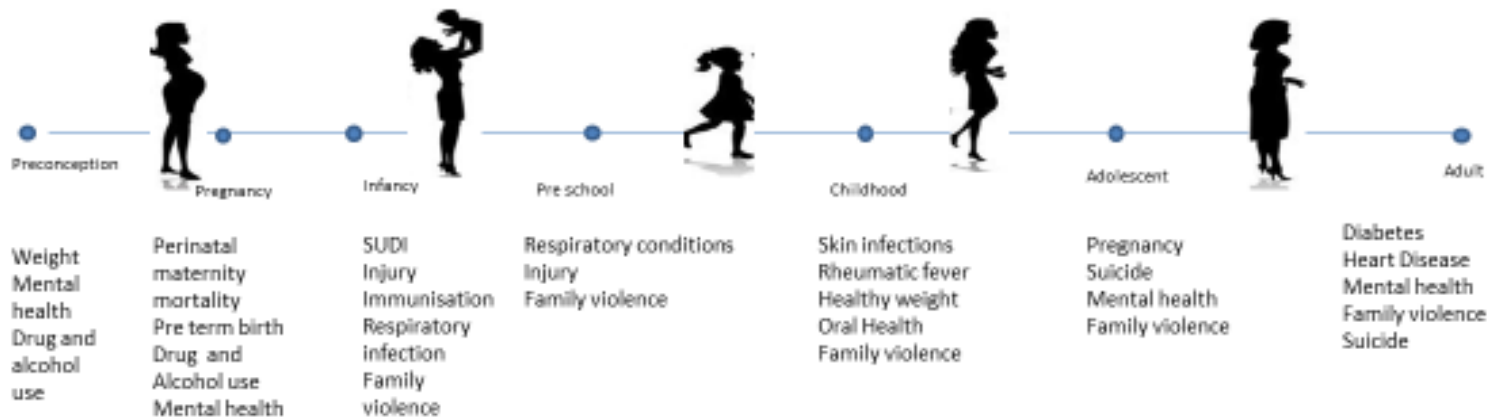


coronary disease (0.9 years)
lung cancer (0.9)
diabetes (0.4)

diabetes (0.8 years)
coronary disease (0.7)
lung cancer (0.4)

- While the gap in life expectancy remains largest for Māori nationally when compared to the non-Māori/non-Pacific population, the gap is reducing over time
- However, the gap has remained relatively static for the Pacific population over the same time period.

Kahu Taurima – Pregnancy & Early Years



Drivers of health outcomes

- Income poverty
- Housing insecurity, crowding, poor quality
- Access to health care – maternity care, primary care, secondary care
- Education
- Quality of adult relationships
- Psychosocial distress

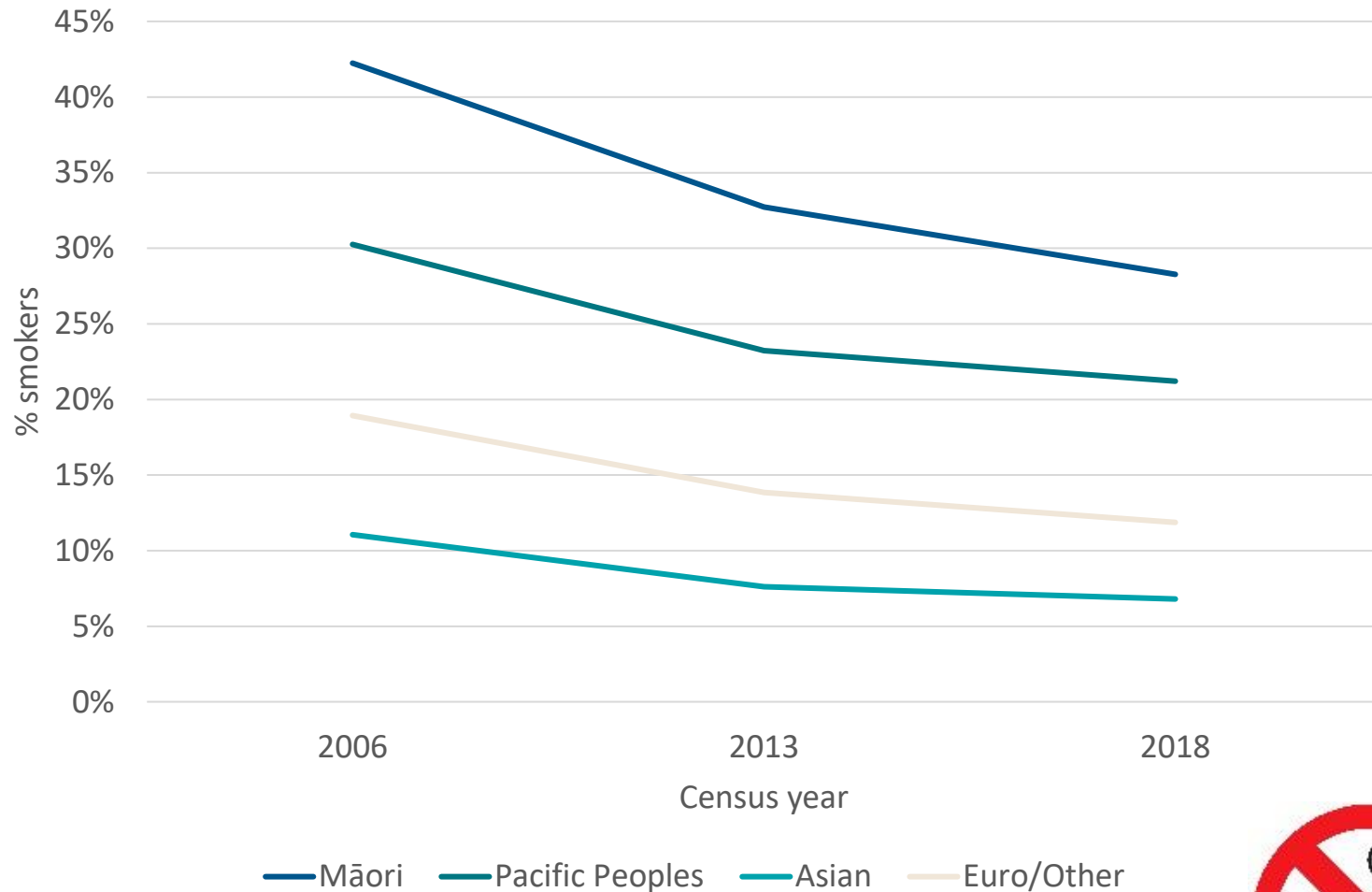
There are significant ethnic and socioeconomic inequities across most health and social outcome measures for children in Aotearoa New Zealand.

These include:

- deaths
- hospital admissions
- Infections and immunisation coverage
- injuries
- oral health (decayed, filled and missing teeth)
- exposure to family violence, including often lasting developmental impacts.

Inequalities in adults are often set in childhood.

Key risk factors for health loss: Smoking



Prevalence of regular smoking among people aged 15+ years, national by ethnicity at 2006, 2013 and 2018 censuses



- The Global Burden of Disease Study 2019 ranks tobacco use as the leading risk factor in Aotearoa New Zealand, contributing 10.1% to the total burden of health loss
- Tobacco is the largest single factor in the life expectancy gap for Māori – eg in 3 of the top 4 – CVD, lung cancer and COPD
- The most recent smoking prevalence estimates are from the NZ Health Survey (2021/22), declining to 8.0% of adults smoking daily, from 9.4% the previous year. Momentum needs to be maintained to get close to the 2025 Smokefree target.

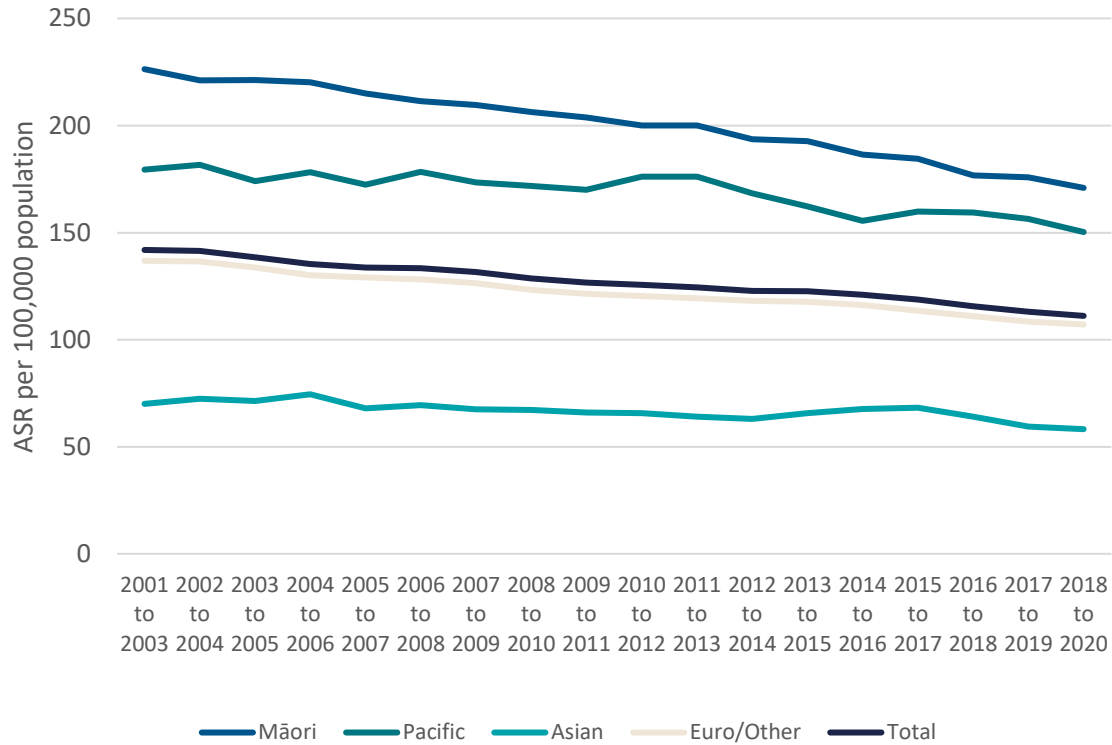
Key risk factors for health loss: Nutrition, physical activity and body weight, and alcohol use

- **Three in ten (31%)** of the adult population have excess body weight - BMI ≥ 30 . Excess body weight is much more common in Māori (48%) and Pacific (66%) populations and much less common in Asian populations (15%).
 - Adults living in those areas with the most socio-economically deprived NZDep scores are twice as likely as adults living in those areas with the least socio-economically deprived NZDep scores to have excess body weight (44% vs 23% in 2019/20)
 - Only 65% of adults eat the recommended daily intake of vegetables, 52% eat that of fruit
 - Under half of children eat recommended servings of fruit and vegetables (44%). Around one in ten eat takeaways three or more times per week.
 - The largest single factor in the life expectancy gap for Pacific – diabetes and CVD are directly related.
- Alcohol use is **the leading risk factor for health loss in people aged 15-49 years**
 - Approximately four out of every five people in Aotearoa New Zealand drink alcohol (79.1%). Nearly one in five adults (18.8%, approximately 780,000) reported a hazardous drinking pattern - Asian lowest at 6.0%, with Māori at 33.2%, Pacific 21.7% and European/Other 20.1%.
 - Key risk factor for liver disease, various cancers, mental illness and injury.

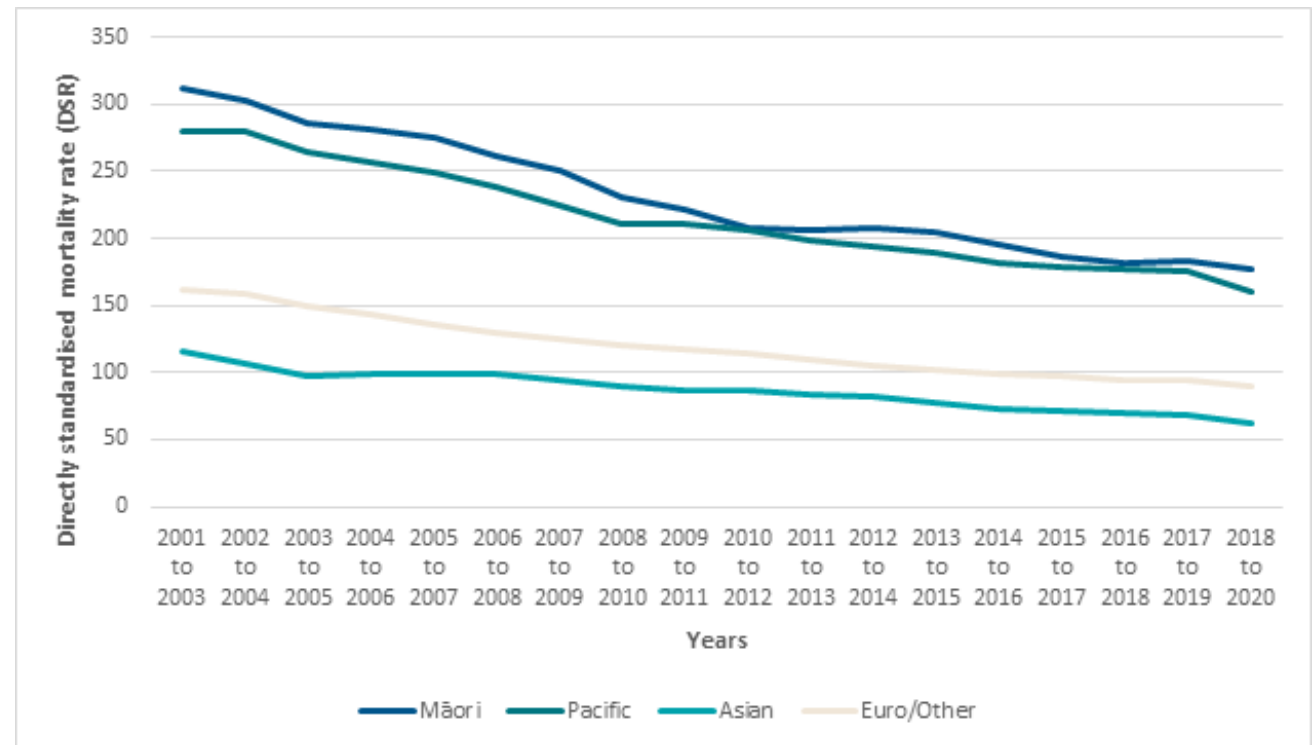


Positive gains in cancer and CVD mortality rates – especially smoking reductions

Health Status: Cancer



Cardiovascular disease

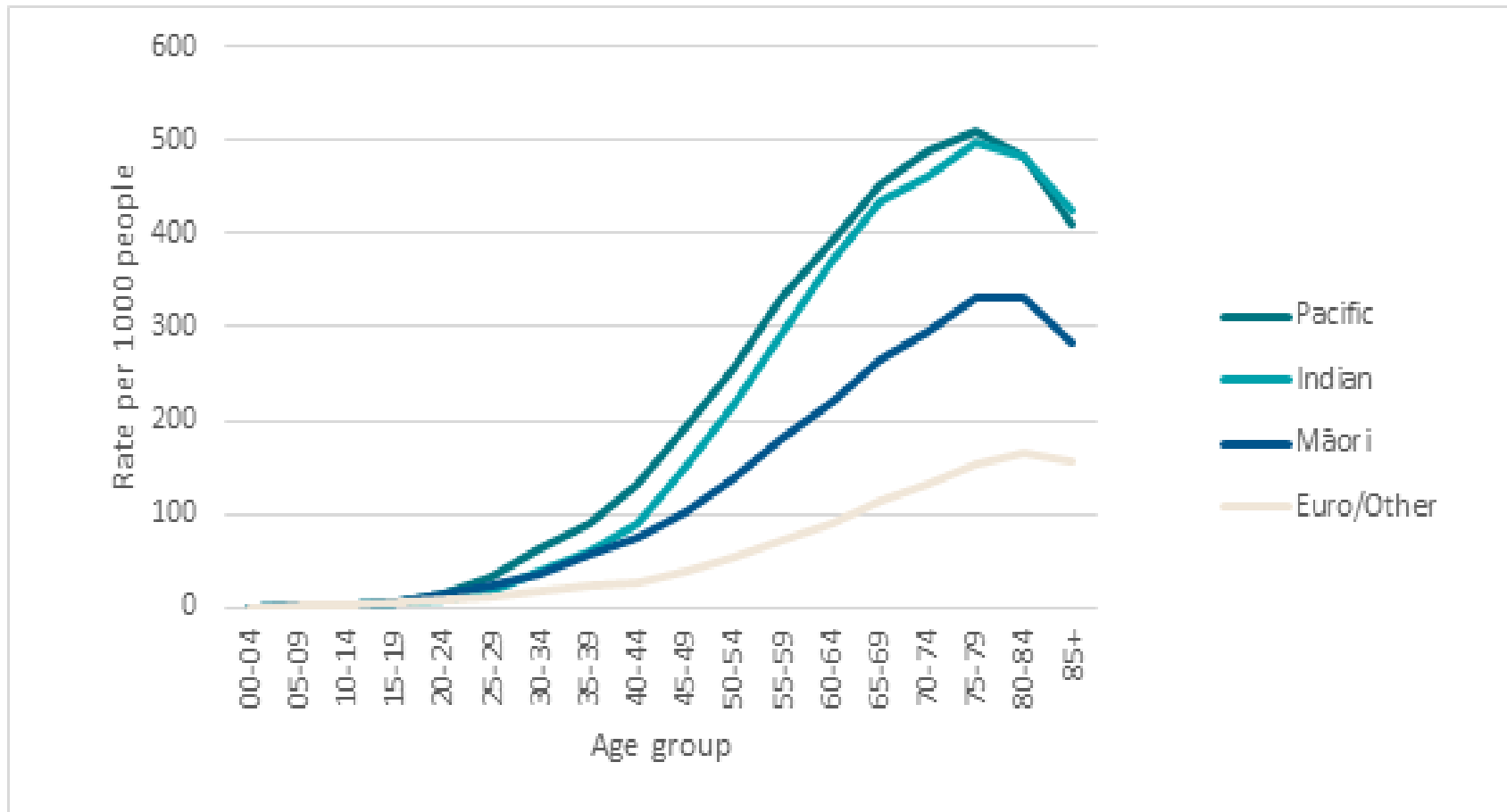


Directly age-standardised mortality rate per 100,000 population for all cancers (left), and CVD (right), national by ethnicity, three-year rolling average, 2001-03 to 2018-20

- In 2019 the equivalent of over 220,000 years of life in full health was lost due to cancer. It was the leading cause of health loss, closely followed by CVD
- For both causes mortality has been dropping steadily, with falling tobacco consumption and other risk reductions, along with significant treatment gains.

Diabetes rates rising fast, major issue for Pacific, Māori

Health Status: Diabetes

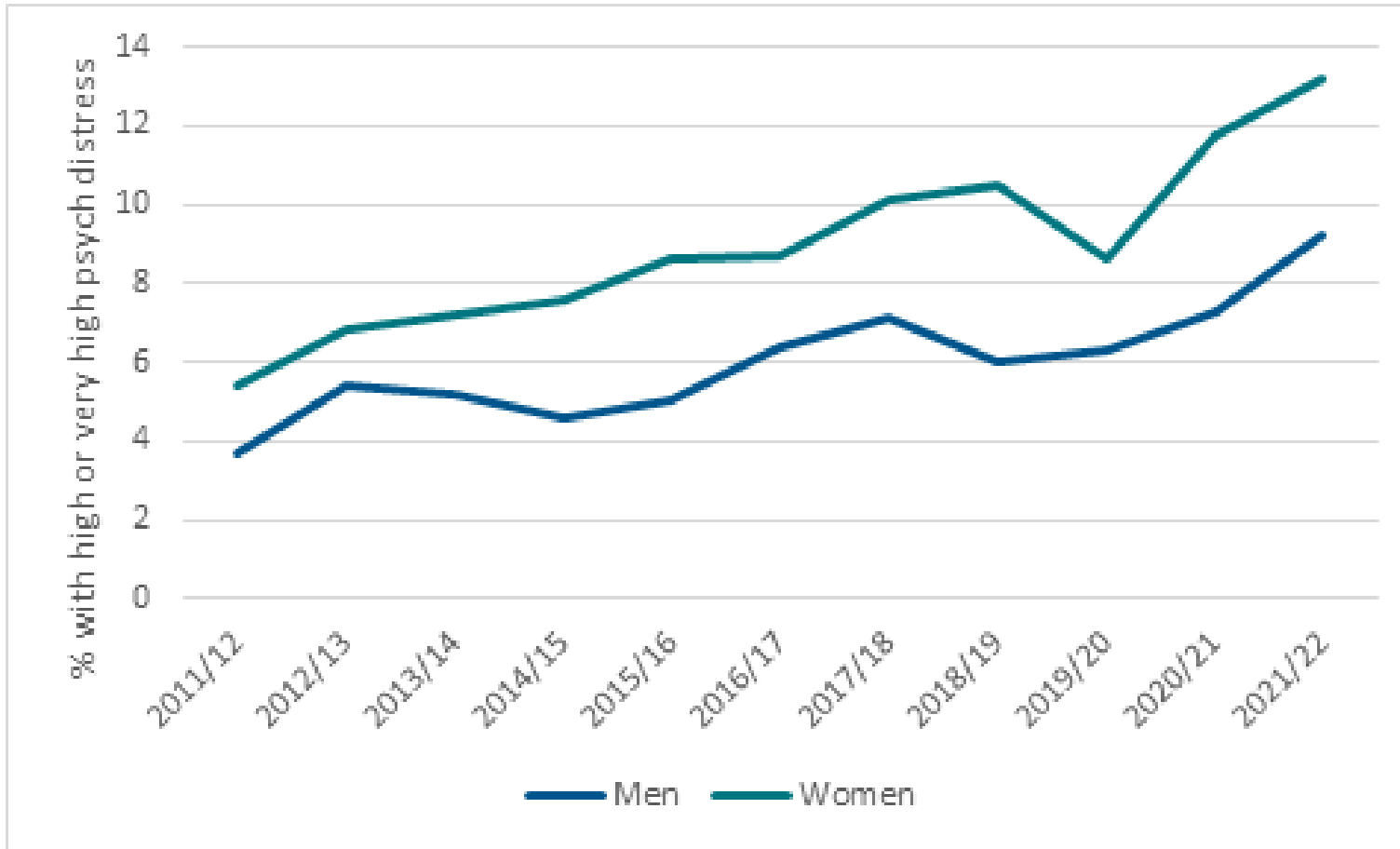


Estimated rate of diabetes per 1,000 people by age group and ethnicity, 2021

- Based on the Virtual Diabetes Register, the Ministry of Health estimated that 292,400 people in Aotearoa New Zealand have some form of diabetes as of December 2021
- Rates of diabetes are highest for Pacific, followed by Indians and then Māori. Rates of poor control and complications are inequitably high for Pacific and Māori
- Prevalence of diabetes is rising, mainly Type 2, mainly driven by increased weight.

Increases in mental distress across the lifespan

Health Status: Mental distress, illness and addictions

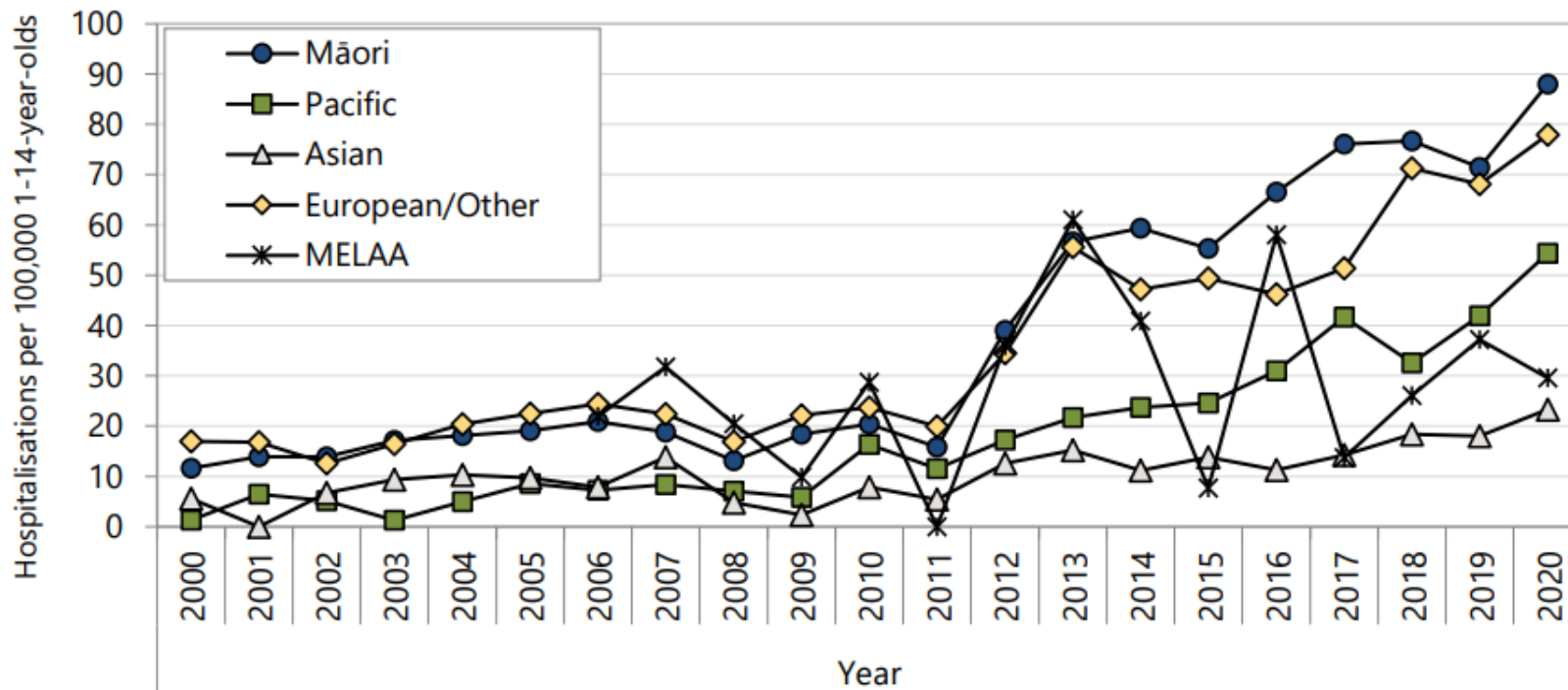


Proportion of population with high or very high psychological distress by gender, 2011/12 to 2021/22

- Mental and addictive disorders cause significant burden – 11.1% of all burden of disease in 2019 as measured in DALYs, and 21% of all years lived with disability in Aotearoa New Zealand
- Over half of New Zealanders will experience mental distress and addiction challenges at some point in their lives, with greater impacts for Māori
- Almost one in four (23.6%) young people aged 15-24 years experienced high or very high levels of psychological distress in 2021/22, up from 5.1% in 2011/12 (NZ Health Survey).

Child and youth mental wellness is deteriorating

Health Status: Mental distress, illness and addictions



Numerator: NMDS; Denominator: NZCYES Estimated Resident Population. Ethnicity is prioritised. Prior to 2006 MELAA was not a separately recorded ethnicity grouping, rates for MELAA based on small numbers.

Rates of national hospitalisation per 100,000 for intentional self-harm in 1–14-year-olds, by ethnicity, 2000–2020

- in the 2021/22 financial year, there were 538 suspected self-inflicted deaths in Aotearoa New Zealand
- Aotearoa New Zealand's suicide rate for adolescents aged 15-19 years was reported to be the highest of 41 OECD/EU countries (based on data from 2010)
- Rates of hospitalisation for self-harm among under-15-year-olds increased from around 14 per 100,000 age-specific population in 2000 to almost 70 per 100,000 in 2020.

Aotearoa's health status – summary

1. Overall our health status is doing well – internationally and over time
2. Inequities for Māori have improved, but remain unacceptably large across almost every health measure
3. Other groups – Pacific People, people living in more deprived areas – also show stubborn long-term inequity
4. The existing Te Pae Tata priorities (shown to the right) remain the most important areas of focus for equity and overall health gain
5. Perhaps the largest change compared to earlier health status reports is the rise and rise of mental health issues and psychological distress
6. The social determinants of health are of significant importance, require sound planning, investment and collaboration with other agencies to address. This is a long-term societal process
7. Investment needs to focus on upstream interventions – it makes population health sense, and it makes financial sense.

Pae ora | Better health and wellbeing in our communities

Kahu Taurima | Maternity and early years

Mate pukupuku | People with cancer

Māuiuitanga taumaha | People living with chronic health conditions

Oranga hinengaro | People living with mental distress, illness and addictions

Māori health

Pacific health

Tāngata whaikaha | disabled people