Waitemata
District Health Board
Best Care for Everyone

Waitemata District Health Board

Rheumatic Fever Prevention Programme

1 January 2016 to 30th June 2017

Endorsed by Dr Dale Bramley, CEO

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SECTION 1: OVERVIEW ON PROGRESS TO ACHIEVING THE BETTER PUBLIC SERVICE TARGET FOR 2017 AND NEXT STEPS

1.1 Background

The reduction in the incidence of Rheumatic Fever is one of the Government's 10 Better Public Services results, chosen for their importance in improving the lives of New Zealanders. Delivering public services better and achieving the Better Public Service results requires a collaborative approach across government agencies and with relevant organisations and with communities. WDHB's Rheumatic Fever Prevention Plan is outcome-focused and the DHB's contribution to the Better Public Service target is owned by Waitemata District Health Board. WDHB is accountable to the Minister of Health for our role in achieving the Rheumatic Fever targets through our commitment to the WDHB Annual Plan.

The Waitemata District Health Board (WDHB) refreshed Rheumatic Fever Prevention Plan (RFPP) builds on the 2013 RFPP[1] and identifies the approach and commitment to delivering a range of actions that contribute to reducing the incidence of Rheumatic Fever in WDHB and to achieving the Rheumatic Fever (RhF) target. This document outlines a summary of lessons learned and stakeholder involvement in the review and refresh of the programme, as well as the minimum ongoing activities that WDHB will undertake to reduce the incidence of Rheumatic Fever.

1.2 Overview

Acute Rheumatic Fever (ARF) is a condition which typically occurs in children aged 5-14 years as a result of an autoimmune response to untreated Group A Streptococcal (GAS) infection. If it goes undetected it can lead to heart valve damage and Rheumatic Heart Disease (RHD). For people with RHD there is a significantly increased lifetime-risk of stroke, hypertension and infective carditis as well as a significant risk of premature death. ARF is a preventable life-limiting illness that is rare in other developed countries.

The New Zealand incidence of ARF is 4.1:100,000; however the rate for the WDHB population is 2.3: 100 000 (Rheumatic Fever prevention plans: Guiding Information for District Health Boards with a high incidence of acute Rheumatic Fever hospitalisations, July 2013). In the Auckland region the rates are 47 times higher for Māori children and 69 times higher for Pacific children, compared to non-Māori and non-Pacific children. Children living in the most socioeconomically deprived areas in the Auckland Regions (NZDep index 9-10) have a 36 times higher rate than those children living in the least deprived areas (NZDep index 1-2)[2]. The Auckland Regional Rheumatic Fever Register shows that ARF rates are highest in school years 1-8, where the school is in the most socioeconomically deprived areas (MoE decile 1) and has a high Māori or Pacific Island enrolment.

WDHB's key goals for this programme are:

1. To reduce the incidence of ARF amongst the target population within the Waitemata DHB catchment area

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[1] Waitemata DHB Rheumatic Fever Prevention Programme 20 October 2015 – 30th June 2017

[2] Jackson, C. and Lennon, D. RhF in the Auckland Region. 2011

2. To increase health literacy about importance recognising sore throats, what action to take, what Rheumatic Fever is, treatment, prevention and healthy communal living

3. To prevent recurrences of Rheumatic Fever

4. To improve the life expectancy of the WDHB population, particularly Māori and Pacific who are known to be most affected as well as preventing serious cardiac morbidity.

1.3 Outline of WDHB'S Progress to Date for our Better Public Service Rheumatic Fever Target for 2017

In June 2012, the MoH set Waitemata DHB a target incidence of 0.8 new RhF cases per 100,000 total population by 2016-17. WDHB has only partially achieved the Better Public Service Target. Interpretation of WDHB RhF numbers is difficult due to the natural variation in small numbers and does not reflect a significance difference from year to year as confidence intervals would overlap. The number of new RF cases this year is half of last year with 3 months to go.

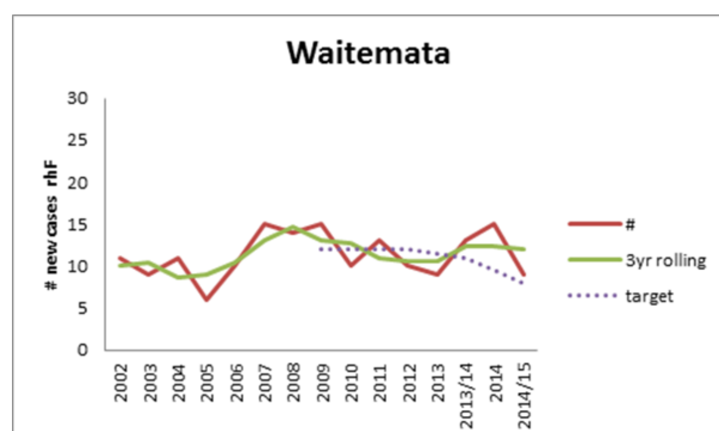
Table 1: Rheumatic Fever Better Public Service Target for rate of new cases of RhF:

Baseline rates	2009/10–11/12 Baseline rate (3-year mean rate/100,000)	2012 Remain @ baseline	2013 Remain @ baseline	2013/14 10% reduction	2014/15 40% reduction	2015 /16 55% reduction	2016/17 2/3 reduction
Target	2.2	2.2	2.2	2.0	1.6	1.0	0.7
Actual	1.8	1.8	1.6	2.3	1.6		

Table 2: Rheumatic Fever Better Public Service Target for numbers of new cases RhF:

No. of new RhF cases	2009/10–2011/12 Baseline	2013 Remain at baseline	2013/14 10% reduction from baseline	2014/15 40% reduction from baseline	2015 /16 55% reduction from baseline	2016/17 2/3 reduction from baseline
Target	12	12	11	8	6	4
Actual	10	9	13	9		

Figure 1: Numbers of new cases of Rheumatic Fever:



1.4 Focus of the WDHB Plan to Increase Rheumatic Fever Prevention to June 2017

The following sections in this plan provide an overview of activities and key learnings since 2013 along with next steps /actions by WDHB to increase Rheumatic Fever prevention.

Recent stakeholder engagement has taken place with PHOs, Māori and Pacific and youth stakeholders from a range of government, NGO and community organisations with the specific intent of informing this refreshed plan. Feedback gained through this process is incorporated in this plan.

WDHB is mindful that providing preventative coverage to the Rheumatic Fever target population (Māori , Pacific and Quintile 5 aged 4 – 19 years) will require a range of activities, as there will be no single solution. The school-based sore throat programme currently in five primary schools (5 – 13 year olds) provides prevention coverage for 9% of the target population and access to free primary care (13 years and under) provides 61% coverage. The WDHB School Based Health Service in low decile secondary schools (GPs and nurses working under standing orders) provides cover to 42% of the 14 – 19 year old target population during school hours.

The next phase of the WDHB Rheumatic Fever Prevention Programme has the following key areas of focus:

- Service improvement in the Rapid response service
- Tailored awareness-raising for the Rheumatic Fever target population in WDHB. Localised community, sector and youth engagement will reinforce key messages and entitlement to free sore throat checks and encourage access to free sore throat clinics
- Maintenance of current levels of our school-based sore throat management programme to give sufficient time for a more robust evaluation, examine effectiveness and make recommendations for the future
- A sustainable service delivery model to identify and refer children and their families at risk of Rheumatic Fever living in crowded conditions for housing assessments and plans to be completed and implemented
- A revised governance structure that reflects the move from implementation to service review and improvement.

SECTION 2: REVIEW AND UPDATE OF THE PLAN & NEXT STEPS FOR ACHIEVING THE BETTER PUBLIC SERVICE TARGET (1 JANUARY 2016 – 30 JUNE 2017)

The Rheumatic Fever programme was new and evolved with a number of different streams of activities. The set up and implementation phase of the programme has created new opportunities and learnings. WDHB appreciates the efforts to work together across the metro-Auckland DHB areas and with the MOH to share knowledge and expertise and for consistency and clarity of approach.

This refresh incorporates the key learnings from the establishment and implementation phase of the WDHB Rheumatic Fever Prevention programme. It identifies what we intend to do meet the WDHB target up to June 2017 in the following areas:

- Planned interventions to raise awareness of Rheumatic Fever and how to prevent it amongst priority populations
- Preventing the transmission of Group A streptococcal throat infections in households
- Treating group A streptococcal infection quickly and effectively.

2.1 RAISING THE AWARENESS OF RHEUMATIC FEVER AND HOW TO PREVENT IT AMONGST PRIORITY POPULATIONS

2.1.1 Activities 2013–15

The RhF Winter Awareness Campaign took place in the winters of 2013, 2014 and 2015. It was delivered by the Health Promotion Agency and aimed to raise awareness of the serious impact Rheumatic Fever can have on the lives of children, young people and their families. It focused on helping to increase knowledge of the link between sore throats and Rheumatic Fever, the serious heart damage that it can cause and the impact this has on families and communities who are at higher risk for RhF. The key campaign messages are:

- A sore throat can lead to Rheumatic Fever if it's left untreated. Rheumatic Fever is very serious and causes heart damage.
- Every time your child has a sore throat it could be serious. Don't ignore it, take them to a doctor or nurse straight away to get it checked.
- We know it is a big ask to get your child checked every time they have a sore throat, but it is important. Do it for them.

These messages have been turned into 'calls-to-action' for a range of communication channels designed to engage these audiences. These calls to action have been tested in focus groups with groups at higher risk for Rheumatic Fever. The 'calls-to-action' are:

- Every time your child has a sore throat it could be serious – take them to a doctor or nurse straight away to get it checked. Ring Healthline on 0800 611 116 to find out where your nearest free sore throat clinic is

- If you are prescribed a course of antibiotics, please take them for the whole 10 days or they might not work.

The Pacific Engagement Strategy (PES), delivered by Alliance Health Plus, is focused on face-to-face engagement, health literacy and community awareness raising activities aimed at increasing the awareness and understanding of sore throat management and the prevention of Rheumatic Fever for Pacific families across the Auckland region. In year one of the programme over 16,000 Pacific families received a health literacy engagement from a PES provider.

The National Winter Awareness campaign has been supported through a series of continuous awareness raising activities in WDHB. The WDHB Health Promotion team developed a toolkit with resources and lesson plans that could be used in schools and the community. This and other resources have been shared across the region enabling DHBs to access collateral, logos, education material, posters, postcards and stickers. These resources have used to reinforce the Rheumatic Fever 'Stop It' and 'Treat It' messages disseminated through existing and or/ newly developed health information networks. Awareness raising has occurred in a number of ways including, but not limited to, the following:

- Primary school-based sore throat management programme. Raising the awareness of Rheumatic Fever prevention has been key in engaging school staff and the school parent/carer and student community through a range of mediums. Information is also distributed at the beginning of each term and prior to school holidays encouraging the use of free sore throat clinics in primary and community care out of school hours
- Awareness-raising has taken place with staff and school communities in primary and intermediate schools not involved in the school based programme
- Primary and community care settings including GP practices, pharmacies and Decile 1-3 secondary schools involved in the Rapid Response programme
- WDHB website and Healthpoint
- Enua Ola (37 Pacific churches and their leaders and health committees)
- Programme support for the Rheumatic Fever Youth Engagement programme including Rheumatic Fever Youth Ambassadors and the Edutainment programme in secondary schools with high Māori and Pacific student populations
- Well Child Tamariki Ora providers who see a proportion of families at risk of developing RhF
- Regional Dental Service
- Health professionals in the hospital and in the community including doctors, nurses, social workers, community health workers and Māori and Pacific teams
- Attendance by health professionals at community based events across the WDHB area such as school community health days, cultural days and health expos, engagement with community groups in areas where there have been cases of RhF etc.

2.1.2 Learnings 2013–15

The National Winter Awareness campaign and Pacific Engagement Strategy are believed to have increased the understanding of the importance of getting sore throats checked. However this, and other activities outlined in 2.1.1 above, have not translated into the Rheumatic Fever target population calling Healthline for advice (it is understood that calls are, in the main, from the non-RhF

target population), or in a significant uptake of access to free Sore Throat clinics in primary care and the community.

Feedback from Māori and Pacific stakeholders, and preliminary findings into consumer experiences of rapid response clinics, consistently indicate:

- whilst these activities have highlighted the importance of getting sore throats checked, there is a lack of clarity about eligibility to free sore throat treatment and the location of free sore throat clinics
- the preferred method of receiving information is:
    - face-to-face and through community engagement
    - in first languages through ethnic-specific radio shows
    - tailored resources that are in first language and highly visual for Pacific ethnic community members with English as a second language.

Feedback from young people through the Youth Engagement Strategy, reiterated by Māori and Pacific stakeholders, is that the preferred approach to sharing the Rheumatic Fever key messages is:

- through peer to peer support. Young people want youth driven engagement supported by organisations and people they trust
- activity to engage young people should be continuous and delivered incrementally
- youth festivals are a good way of tailoring and delivering youth-friendly messages
- a multi-channel approach, including social media, should be utilised to reach more young people
- health professionals and others involved in the Rheumatic Fever prevention programme must deliver consistent messages to families/whānau and communities.

Furthermore engagement with young people who have had Rheumatic Fever and their families indicates a lack of understanding about the disease, lack of understanding of the importance of sore throats and the importance of preventing a recurrence of Rheumatic Fever[3]. This is concerning as a family history of Rheumatic Fever means family members are more at risk of Rheumatic Fever.

2.1.3 Planned Interventions to Increase Awareness of Rheumatic Fever Prevention 1ST January 2016 – 30 June 2017

The evaluation of the 2015 National Winter Awareness campaign and the Pacific Engagement Strategy are not available as we write these updated plans. However if, as initial evidence suggests, the national campaign has been successful in raising the importance of treating sore throats to prevent Rheumatic Fever and possible heart damage, we would anticipate these activities continuing until at least June 2017 along with existing DHB led activities outlined in 2.1.1.

WDHB's key additional focus moving forward is a localized community and sector engagement plan and to enhance engagement with the 14 – 19 year old target population, to improve access to free sore throat treatment. We note the importance of, in tandem, ensuring staff at practices providing

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[3] Naea N, Dobson A, Knott, K, McKee-Body T, Williams S, Leversha, A, and Dickinson A. Rheumatic Fever and Pacific Health Literacy: A qualitative study investigating the awareness and understanding of Rheumatic Fever among Pacific people in Auckland. In press: Neonatal, Paediatric and Child Health Nursing

free sore throat clinics are responsive in their provision of this treatment. The process for addressing this is outlined in section 2.3.5.

Community and Sector Engagement

A joint Waitemata and Auckland Rheumatic Fever Community and Sector Engagement Plan will be implemented in Waitemata and Auckland DHBs through the employment of two dedicated and experienced staff. The plan will be developed in conjunction with the Rheumatic Fever champions and other clinical leaders, the Māori Health Gain Team, Pacific Health, the Pacific Engagement Project Manager (Alliance Health Plus), Waitemata and Auckland DHBs Community Engagement Managers, the Ministry of Youth Development Youth Engagement project manager and other relevant staff.

The aim of the plan is to reinforce the key Rheumatic Fever prevention messages and promote an understanding of entitlement to free sore throat treatment and access to Rapid Response sore throat clinics. During the engagement process, Living Well Together will also be promoted. Activities will include:

- Community engagement with the Rheumatic Fever target population through existing community networks to develop and implement a specific delivery approach with each unique community. Engagement will occur with Māori, Pacific and communities living in Quintile 5 areas across the geographically diverse locations where they live, work and play
- Engagement with the Māori workforce in Iwi / Māori organisations, and the Pacific workforce in Pacific organisations, from the NGO, community, health, education, justice and social sectors
- Cross sector engagement with frontline workers in mainstream government, NGO and community organisations currently interfacing with the Rheumatic Fever target population
- Capturing feedback from the community and workforce pre and post engagement to:
    - inform what works in raising awareness of Rheumatic Fever prevention and access to free sore throat clinics so this can be replicated
    - inform the Auckland metro PHO Rapid Response Service Improvement Working Group (section 2.3.5), the Waitemata and Auckland Clinical and Operational Group and the WDHB Rheumatic Fever Steering Group (section 3).

Youth Engagement

The Ministry of Youth Development (MYD) is responsible for delivering a youth engagement strategy across the Auckland region. This includes the *Rheumatic Fever Ambassadors* programme, the *'Clear ya throat'* spoken word programme where young people are encouraged to find real life stories of Rheumatic Fever in their community and create a poem, rap, or battle that tells this story, and linking sore throats with Rheumatic Fever, and the *Dramatic Fever Edutainment Road Show.*

Waitemata and Auckland DHBs continue to support and work alongside MYD and other key stakeholders to ensure young people are aware of Rheumatic Fever prevention and free sore throat clinics in the community and utilise their feedback to improve these services. We will invest in the following activities:

- Sore throat clinics will continue to be provided in low-decile secondary schools in Waitemata and Auckland. As well as treating sore throats, this programme enables nurses an

opportunity to discuss with students, either one-on-one during private consultations or in bigger group classroom presentations, the importance of throat swabbing, rapid response clinics and answer questions that students have about RhF

- A Health and Youth Priority Event (HYPE) will focus on bringing together the RhF Ambassadors and young people receiving bicillin. The initial event will provide consistent key messages regarding the link between sore throats and RhF, the entitlement to sore throat treatment for them and their family and where to access sore throat treatment. The event will be delivered through youth friendly processes and, whilst it is funded by Waitemata and Auckland DHBs, it is collaboration with MYD, Te Puni Kokiri, Ministry of Pacific Island Affairs and Counties Manukau DHB. Clinical leadership for this project is provided by Dr Alison Leversha and regular communication is maintained with clinical leads for the RhF programme in WDHB to ensure key clinical staff (school nurses, public health nurses, community health workers, district health nurses) are consistent in the delivery of messages to young people. It is anticipated the HYPE event will be a catalyst for future activity. Feedback from the event will inform:
    - a future plan for ongoing and regular engagement with youth in Waitemata in 2016
    - the preferred location for young people to access free sore throat treatment (e.g. pharmacies and/or GP practices) so as to tailor messaging to youth and to support services to be responsive to this age group
    - how best to ensure youth feedback is provided to the Rheumatic Fever Steering Group and Clinical and Operational Group so as to inform the development of the programme as it relates to youth.
- The work underway in ADHB with young people to co-design healthy literacy material using an animation to illustrate how Rheumatic Fever affects the heart, as well as information on Rheumatic Fever recurrence prevention will be shared with WDHB. The materials developed through this process will be used as appropriate with young people and other relevant groups in the Rheumatic Fever target population. See section 2.4.2 for more detail.

2.2 PLANNED INTERVENTIONS TO PREVENT THE TRANSMISSION OF GROUP A STREPTOCOCCAL THROAT INFECTIONS IN HOUSEHOLDS

2.2.1 Healthy Homes Initiative Activities 2013–15

The metro Auckland DHBs are responsible for generating referrals to the Auckland Wide Healthy Homes Initiative (AWHI) and were actively engaged in the development phase of this initiative. However this was not sustained during the initial implementation phase and consequently there was a lack of common understanding about time and resource required to set up relevant systems and processes.

Set up of the AWHI identification and referral system and process required engagement and active buy-in from a wide range of clinical, social and cultural teams, as well as IT, records and administration, all of whom had competing priorities. In acknowledgement of the additional resource needed, and to ensure quality referrals were made to AWHI, MOH supported Auckland and Waitemata DHBs to employ an AWHI co-ordinator from a medical background.

The three regional Auckland DHBs have worked closely together to share resources, knowledge and learning from the programme. Referral pathways were developed in Waitemata's Rangatira ward and Starship Children's Hospital and created an opportunity for the nursing staff to engage and work with the Māori and Pacific cultural teams and social work teams re: roles, responsibilities and thresholds in the multi-disciplinary context.

Relationships have been further developed over time with continued engagement of the DHB AWHI project coordinator and stakeholders (including, Doctors, Ward Nurses, Māori and Pacific Teams, Public Health Nurses, Home Care for Kids Nurses, Community Workers and Child Health Social Workers). Ongoing training continues with staff that could refer to AWHI, including new hospital staff. Staff are contacted and updated personally and regularly as the AWHI timelines and referral process are continually changing. There has been increased correspondence between the coordinator and referrers to assist in good quality referrals and expediting feedback from AWHI. The changes to the eligibility criteria has been challenging to implement due to the need to re-engage and retrain the large number of staff who can refer to AWHI, but this has also allowed for continual contact from the coordinator and further developed relationships and understanding.

Furthermore changes in the AWHI Hub resulted in a consistent and helpful feedback loop from AWHI to the DHBs through monthly meetings. This has led to referrals being more smoothly processed and better outcomes for families (although the lack of supply side means housing improvements have been much fewer than anticipated). Collaboration with Counties Manukau DHB and the sharing of systems and processes has also supported service improvement.

Waitemata and Auckland DHBs developed a Results Based Accountability (RBA) framework to measure the performance of the AWHI system for DHB patients referred to AWHI from secondary care, the school-based and bicillin services. Some of the data required to inform performance is available from DHBs and other data will need to be supplied by AWHI. The OLA Board have agreed to support the DHB through supply of this data to use the RBA framework. In the RBA quadrant 'Was Anyone Better Off' the performance measures are specifically related to outcomes for families as a result of their engagement in the AWHI initiative. Information on outcomes is important for maintaining the motivation of health professionals and cultural staff to continue making referrals to AWHI. Further sharing of data by AHWI to inform these RBA performance measures, including outcomes for families, needs to be further addressed and improved.

There continue to be challenges with the supply side of AWHI and it is understood work is underway to address this. When supply has been available, families have been able to access appropriate housing and / or have repairs made to their homes to reduce overcrowding. However there is still a large proportion of families (to date we have not been unable to get actual numbers) who have been waiting for some time for interventions to assist reduce overcrowding. As referrals to AWHI continue there is a cumulative increase in the number of families waiting for these interventions and a significant risk of referrer disengagement in the process as they fail to see major change in many families' housing situations.

2.2.2 Learnings 2013–15

A key learning has been the importance of having a DHB resource and internal champion to support the set up and implementation of this programme, and to have meaningful liaison with AWHI once internal changes enabled this to occur. The provision of ongoing support and training for staff

involved in referring to AWHI, as well as monitoring and ensuring the quality of referrals, has ensured continuity of focus from relevant DHB staff on crowding and housing for at risk children and their families/whānau.

There have been additional positive spin offs from the AWHI initiative in the DHB. For example, the issues of housing has been raised and profiled with doctors, nurses and health professionals. Whereas previous data suggest health professionals rarely asked about housing[45], housing information is now an integral part of the admission and healthcare process. This is evidenced by AWHI assessments and referrals being recorded on the white board in Waitemata's Rangitira Ward along with doctors and nurses recording housing circumstances in patient records. There is active engagement between Māori, Pacific, social work and ward staff to ensure assessments are undertaken with eligible families/whānau and referrals made to AWHI. Our 'point in time' surveys, whereby we track back through the system to determine if all eligible children and their families have been considered for AWHI and referred as appropriate, inform us we are performing well in this area. These are undertaken every 6months.

Further key learnings are on the importance of having a timely and accessible supply of housing interventions to reduce crowding for eligible families, along with consistent and ongoing feedback to referrers on outcomes for families especially when interventions take some time to complete. This is critical to the success of the ongoing project.

2.2.3 Planned Interventions to Prevent the Transmission of Group A Streptococcal Throat Infections in Households 1st January 2016 – 30 June 2017

Auckland Wide Healthy Housing Initiative

WDHB commits to coming together with the other Auckland metro DHBs and the Ola Coalition before the end of the first quarter 2016 to identify service improvement processes and structures for delivering the initiative from June 2016. The DHB is keen to ensure a sustainable model is adopted. It should enable regular feedback to health professionals and cultural teams referring to AWHI in order to motivate them to continue to focus on housing conditions for children at risk of Rheumatic Fever.

We look forward to feedback from the Southern Initiative regarding co-design of a housing intervention supply system and ideas on how to progress this in the future. The ADHB & WDHB AWHI co-ordinator is part of the core design team who are looking at ways to build a sustainable supply of interventions for AWHI families.

Living Well Together

[4] Coster, E and Leversha A. Housing and Health: Missed Opportunities for children admitted to Starship Children's Hospital 2011

[5] Coster, E and Leversha A. Housing and Health: Knowledge, Attitudes and Culture at Starship Children's Hospital 2012

We will ensure all staff involved in healthy housing assessments and referrals, along with community health workers, social workers, district nurses, public health nurses and relevant NGOS promote Living Well Together when they interface with families from the target population.

Living Well Together will also be promoted through community and sector engagement and with young people from the Rheumatic Fever target population.

Auckland and Waitemata DHBs have begun training with the Well Child Tamariki Ora providers who will now invest time on Living Well Together as well as discussing Rheumatic Fever, sore throats, antibiotic compliance and local clinics for families to attend. This will be done as an adjunct to B4 school checks during home visits, with families from the Rheumatic Fever target population group.

2.3 PLANNED INTERVENTIONS TO TREAT GROUP A STREPTOCCAL THROAT INFECTIONS, QUICKLY AND EFFECTIVELY, TO JUNE 2017

2.3.1 School-Based Sore Throat Management Programme 2013–15

This programme is in five identified high need primary schools. WDHB has implemented a 3 day a week School-Based Throat Swabbing programme with an emphasis on household and family education and health promotion messages. An adjunct to the RhF prevention has been the addition of skin assessment and management as part of providing school health clinics in low decile schools.

Public Health Nurses (PHNs) and Community Health Workers (CHWs) work together to ensure best practice and the National Heart Foundation Sore Throat Management Guidelines are implemented and adhered to. Community Health Workers undertake throat swabbing and PHNs provide treatment for GAS positive throat swabs, home visits and skin condition treatment, as well as antibiotic compliance checks with follow up at 5 and 10 days post administration of medication. PHNs notify the family GP to ensure continuity of care for children and their families. PHNs and CHWs will also refer onto other agencies for family support across a range of identified needs, including referrals to AWHI.

A recent interim evaluation report described activities associated with implementation of the programme and indicated that the progamme had been very well received by the schools and community.

2.3.2 School Based Programme Learnings 2013–15

A key learning is the importance of engaging with the school community, principals, staff and their Boards of Trustees individually to work together and overcome presenting challenges.

An initial evaluation demonstrated that the school-based sore throat management programme had been implemented in line with the programme logic. Intermediate outcomes show some evidence of falling GAS positive rates and increased health literacy in the target population as well as high programme acceptability. Findings also suggest school health clinics in low decile schools have had other advantages including increased student health and wellbeing, increased health literacy, improved health seeking behaviour, and reduced school absenteeism. However, as supported in the *Interim Evaluation of the Sore Throat Management Component of the New Zealand Rheumatic Fever Prevention Programme Qualitative Findings Report* (ESR, 2015), the programme has not been implemented long enough to obtain information regarding its effectiveness and it has been

recommended the current school-based programme is maintained at the current level for a further period to enable a meaningful evaluation to be conducted.

New cases of RhF occur across the year but more commonly present in the weeks after the school holidays. Cognisant of this, we have produced area-specific postcards with the National Communication picture re the importance of sore throats on the front with the locations of the free sore throat clinics on the back. These are distributed as the standard end of term reminder to get sore throats checked and the importance of basic skin care.

A more robust evaluation will be undertaken during 2016 to help inform decisions regarding the programme from 2017.

2.3.3 Rapid Response Programme 2013–15

Rapid Response in GP practices and pharmacies

The Rapid response programme is delivered via primary care in identified GP practices and community care through pharmacies and secondary schools. In developing the Rapid response service, including the model of care and funding, Waitemata worked closely with Auckland and Counties Manukau DHBs to ensure consistency of approach. The location of clinics was determined through identification of geographical areas that align with Quintile 5, with the number of Rheumatic Fever target population enrolled with a practice (on the assumption this was indicative of accessibility) and accessibility to Māori , Pacific and Q5 school communities. Given the diverse spread of the RhF target population in the Waitemata DHB area this involved a number of GP practices that vary in size.

The set up and implementation of the Rapid Response service in primary care was undertaken by PHOs. They were supported with training and advice from WDHB clinicians including an SMO and Rapid response clinical lead employed for this purpose, who also was responsible for the implementation of these services in pharmacies. The establishment phase took longer than anticipated for a range of reasons, including practices reluctant to engage in a new programme prior to the Christmas and New Year break (especially smaller practices), the time required to develop and consult on the technology to support decision making and reporting (specifically the Advanced Form and query builds) and a new model of care for some practices. An additional unanticipated challenge was a key primary care provider reluctant to engage with the Rapid response programme due to concerns they would be inundated by non-enrolled patients. This provider has, in the last week, indicated a willingness to join the programme in the WDHB area.

Once established, results have been variable in terms of numbers of the eligible population accessing clinics and much lower than anticipated. Whilst initially numbers may have been skewed due to challenges with the Advanced Form and/or a lack of accuracy of input at the practice level, PHOs confirm these were resolved in the first 6 months.

Rapid Response in Secondary Schools

The model for sore throat treatment in decile 1 – 3 secondary schools, whereby a community health worker assists the school nurse with swabbing and family follow up, was developed in consultation with school nurses.

Implementation of the programme in WDHB secondary schools has been slower, partly due to the recent establishment of the school based health services in their current form in Waitemata. This has shown that in secondary schools where there are existing robust systems for managing the school health clinic and supportive clinical staff including the GPs, along with ongoing promotion of the service, the sore throat clinic has worked well. The outreach support provided by the community health worker to families when a young person is GAS positive is beneficial, and, during home visits, community health workers are using this opportunity to promote 'living well' using the tool developed through MOH.

Participating schools in Waitemata have needed to develop processes and systems to actively support sore throat management in their school. Other challenges have included nurse capacity and turnover and issues regarding privacy and IT systems. Two low decile secondary schools were not in a position to a accommodate a community health worker due to a lack of physical space, however these schools are actively promoting sore throat prevention and treatment options.

2.3.4 Rapid Response Programme Learnings 2013–15

As noted earlier, the Rheumatic Fever Awareness Winter campaigns and the Pacific Engagement Strategy are thought to have been successful in assisting people to understand the importance of getting sore throats checked. However this has not translated into significant numbers of the target population action accessing sore throat clinics in GP practices or in pharmacies despite promotional flags, posters and handouts, along with promotion of the Rapid Response service on a regular ongoing basis through schools involved with the Rheumatic Fever programme and the MOH Healthline.

Given that both Waitemata and Auckland DHBs have a more geographically dispersed incidence of disease, with some identifiable clusters, it was decided to work together and take a localized community and sector engagement approach, along with youth specific activities. The intention is to reinforce the Rheumatic Fever prevention messages and, most importantly, provide a direct message to the target population about their entitlement to free sore throat treatment and the location of sore throat clinics. Information on the community and sector engagement and youth specific activities are detailed in section 2.1.3.

A further learning is the need to promote responsiveness of staff in practices and pharmacies delivering the free sore throat service so that the target population is welcomed and encouraged to access the service. Feedback has been gained through a variety of sources, including Māori and Pacific stakeholders and community members, preliminary findings from a consumer and provider survey, and a recent phone survey. This indicates there is not a consistent understanding from frontline staff in GP practices about the rapid response service, including the RhF target population's eligibility for free sore throat treatment regardless of enrolment status.

A recent workshop with PHO representatives from metro Auckland DHBs to inform service improvement in this area identified the following factors believed to impact on responsiveness:

- While funding to establish the **nurse-led model** of care was thought to be supportive for engaging GP practices in delivering the rapid response service, it would seem to be more challenging for those practices not already working with such a model to implement this.

- **A whole of practice understanding and approach** is important to support delivery of the Rapid response service. This would include the GP clinical lead, practice nurse, practice manager and front desk staff who are often the first point of call for whānau. This also includes implementing a two-tier training framework that provides appropriate training for clinical and non-clinical staff. All staff must be familiar with the service and the guidelines and ensure they are culturally competent/responsive.

- There is a need for a **GP clinical lead and champion in PHOs** supporting them with active and planned implementation and delivery of the service

- **Training and support** need to be constant and ongoing to address staff turnover and conducted at a time, and in a way, that works for practice staff.

- Locality- centric communication strategy implement to ensure **visibility and access** to key information regarding the Rapid Response clinics.

2.3.5 Planned Interventions to Prevent the Transmission of Group A Streptococcal Throat Infections in Households 1st January 2016 – 30 June 2017

School-Based Programme

Waitemata DHB hase been delivering targeted school-based throat swabbing programme in 5 high needs primary schools since 2013 (. The school-based programmes were introduced as part of the DHBs' RFPP and were a key component of the strategy to reduce the incidence of RhF by 2017, in line with the Better Public Service (BPS) target. The programme will continue in Waitemata through 2016/17. Decisions regarding the future of the programme will be made following a robust evaluation.

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Rapid Response Programme

A Rapid Response Service Improvement Working Group, with representation from PHOs, including GP clinical leads for Rapid Response and practice nurse advisers has been set up to develop and implement a rapid response / primary care service improvement plan. It will address the issues in section 2.3.4. The group is chaired by Dr David Jansen, clinical director of National Hauora Coalition. This is a metro Auckland working group to enable sharing of knowledge and expertise and to provide consistency of approach across the region.

The initial focus is on engagement and review of the Rapid response services being delivered in identified GP practices and pharmacies. A Rapid Response clinic review was undertaken by each of

the PHOs in 2015 to identify key critical success factors and areas for improvement. The following critical success factors were identified by the PHOs:

- Clinics being accessible (walk in, free, open wide range of hours).
- Good signage and promotion of service visible.
- Rapid Response Practices being Nurse Led.
- Registered Nurses working under “Standing Orders”.
- Robust practice staff knowledge of the Heat Foundation Sore Throat Management Guidelines.
- A culturally responsive workforce.
- Accurately completing the Advanced Form (thereby allowing accurate data collection).
- Good education to families/ whānau/ aiga and follow up on antibiotic adherence.
- Effective assessment/treatment of household contacts.
- Good clinical governance/ completion of Standing Order Audit and Rapid Response Audit tool.
- Most importantly, newly diagnosed cases of Rheumatic Fever/ Rheumatic Heart Disease significantly reduce or equal zero.

Significant amendments to the rapid response contracts reflect the findings of the Rapid Response clinic review. A renewed individual contract framework with each of the PHO’s has been established to give the PHO’s responsibility for clinical leadership and service monitoring, improvement and innovation across the network of rapid response clinics. PHO’s will be contracted to drive on-going development of the service through:

- Strengthening clinical support at practice level
- Utilising available national and regional resources to develop a consistent and effective communication strategy
- Implement initiatives to support community and sector engagement across the network
- Develop and implement an effective training and education programme across the network

The Results Based Accountability (RBA) model is being utilised to inform practice level scorecards for Rapid response clinics and these will be used to determine, monitor and review key performance measures. In addition to contractual requirements, PHOs will complete the RBA activity monthly to report back to the COG.

The working group will also consider a strategy for promoting Rheumatic Fever prevention ‘Stop It’ and ‘Treat It’ with all GP practices providing free access to primary care for 13 year olds and under.

This working group will receive stakeholder feedback on family/whanau, parents and youth experiences of sore throat services.

The plan developed by the working group will identify future funding requirements for Rapid Response / primary care associated with agreed actions. There will be clear links between this group and the Clinical and Operations Group (COG) through the involvement of the co-chair/s on both groups.

2.4 ONGOING QUALITY IMPROVEMENT IN SECONDARY RHF PREVENTION CARE

Secondary prevention refers to the on-going management of RhF to prevent recurrences. Approximately 60-80% of people affected with ARF have Rheumatic Heart Disease (RHD). Recurrences of ARF increase the severity of RHD and thus significantly affect long term outcomes. The most important activity in prevention is the regular administration of antibiotic treatment to reduce the risk of untreated strep infection and thus reduce recurrences of ARF. The most common prophylaxis regime is deep intramuscular long acting penicillin (Bicillin) administered every 28 days. In WDHB, this is provided by PHNs for children and young people still at school, and primary care and/or district nursing service for young people and adults.

2.4.1 Activities and Learnings 2013-15

Current systems and practices across all these services were examined and changes put in place as required to improve these and to link the young person and family/whānau to required medical, social and housing services. Feedback from young people on bicillin and their families/whānau regarding Rheumatic Fever recurrence prevention has shown there is a lack of understanding about this and rheumatic heart disease. WDHB has committed to a whole system examination and response to RhF diagnosis and management. Consequently WDHB has:

- adopted the standardised case review process for first incidence RhF, recurrence of RhF, and first presentations for RHD in children. This examines all aspects relating to diagnosis and management against the National Heart Foundations Guideline.
- Been part of the working group involved in developing an excellent recording and tracking mechanism for people that receive bicillin via community nursing services across the region. This is common across all 5 nursing services and has facilitated good linkages across DHBs for patients who receive shared care or who move as this was previously lacking. Unfortunately this is not yet contained in a single spreadsheet with common access by all involved in the care of the children, young people and adults with RhF. We have identified that children who are still at school receive excellent care by the DHBs Child and Youth service with adherence >99% for the whole duration and risk pros completed for any injection administered more than 5 days late. However findings in ADHB reinforce concerns that bicillin compliance for young people who have left school reduces from 99% to between 0 – 40% under the community nursing service. As yet, we are unable to identify or track young people who are under primary care for their bicillin. Early figures from ADHB identify significant issues with bicillin adherence and very few systems in place to remediate these and it is likely this is reflected in WDHB.

2.4.2 Planned and Ongoing Interventions Current – 30th June 2016

As a result of these activities and learnings we have:

- Established a webpage on the WDHB intranet summarising key information and activities to be undertaken by clinicians at the time of diagnosis of RhF and prior to discharge
- Developed systems for feedback and monitoring of notification to Medical Officers of Health (as well as timeliness)
- Arranged a routine social work +/-cultural assessment for every new case of ARF
- The RhF programme manager for Waitemata and Auckland and the ADHB community paediatrician won a Hackathon promoting the use of technology to facilitate transition from school and development of self-management skills to prevent RhF recurrence for young people who have left school and their families / whānau and wider community. As a result funding has been awarded to ADHB from the New Zealand Health Innovation Hub to:
  - co-design, with the target group, resources to support young people to be compliant with bicillin and prevent RhF recurrence (working with Enspiral and the NZHIH). The first co-design was earlier this month and identified many great ideas of areas for future development
  - develop animations to illustrate how Rheumatic Fever affects the heart through the work of final year digital design students (AUT). This has resulted in many 'ah ha' moments for children, young adults and parents alike as they can see what a normal heart looks like, as well as one with mitral regurgitation and one with mitral stenosis. These animations will be further developed and placed on i-pads, along with other related resources (including x-rays, echocardiograms, the Heart Foundation booklets, child and family stories (PES and HPA videos) for teaching about RhF.
- Engaged with the District Nursing service who provide bicillin for anyone who has completed schooling and choose this care option.

SECTION 3: GOVERNANCE

3.1 Commitment to the Establishment of Governance Group Overseeing the Development and Implementation of the Updated Plan

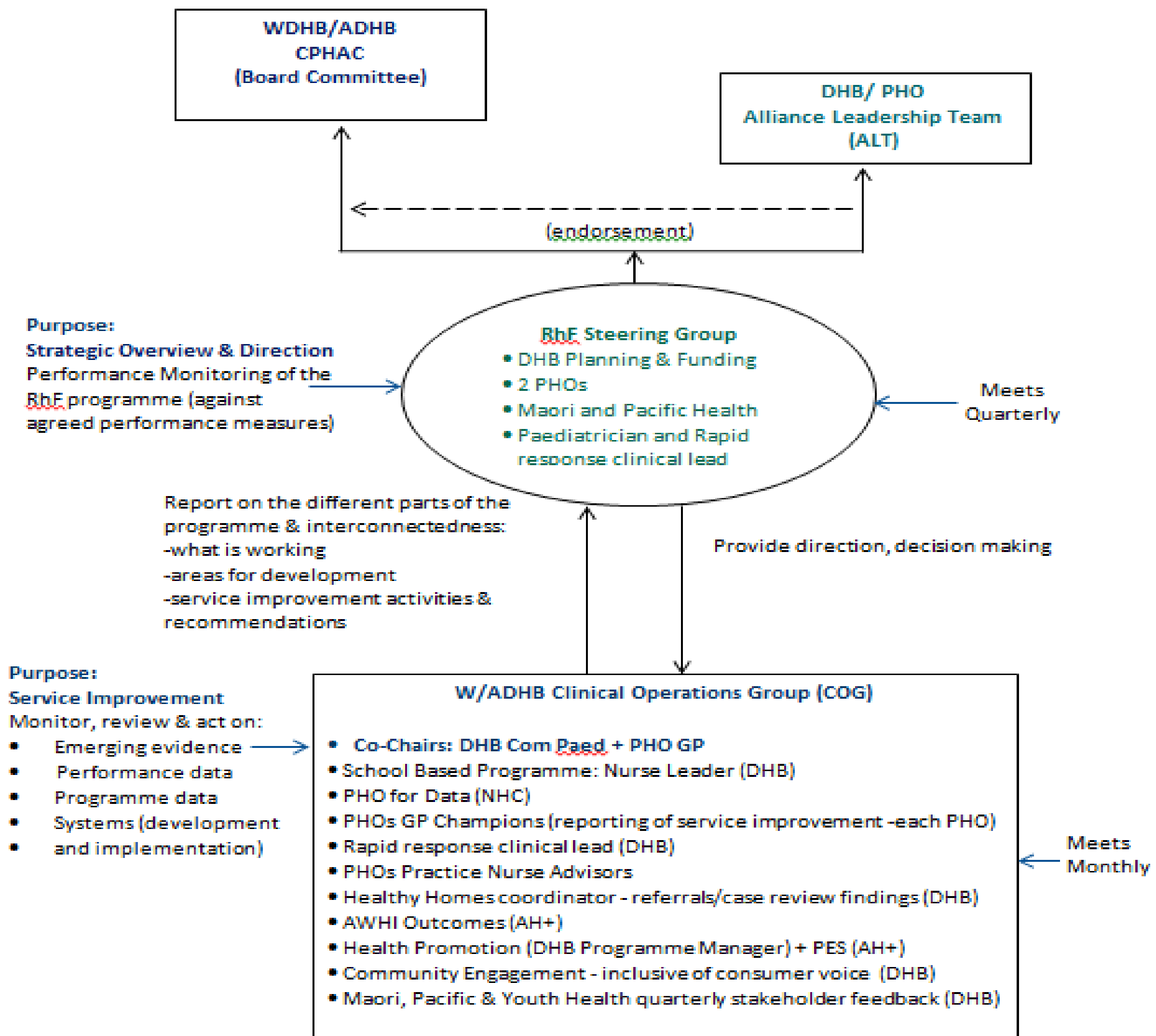
A Rheumatic Fever Service Alliance was formed for the establishment and implementation phase of the Rheumatic Fever Programme. The Alliance was made up of representatives from the two PHOs (Waitemata PHO and Procare), the WDHB Funding and Development Manager and Rheumatic Fever project manager, a physician and portfolio manager from the Māori Health Gain team, a Pacific Health representative, the DHB nurse director and Child and Youth manager and representatives from Waipareira Trust, Healthwest and West Fono.

Over time, and once the work streams and associated funding for the RhF programme in WDHB were determined and underway, Māori and Pacific provider representation has been predominantly through relevant RhF related operational groups, including the WDHB clinical governance group, and stakeholder engagement activities outlined in Section 4.

The WDHB clinical governance group formed to provide clinical support for the establishment and implementation phase of the WDHB RhF programme. PHOs, DHB, Māori and Pacific providers were invited to have clinical representation on the group chaired by the WDHB paediatrician for Child Women and Youth.

A recent review of these arrangements has indicated support for changes to better reflect the move from establishment to service improvement. The following agreed arrangements reinforce the importance of having both governance and operational groups in place, along with clarity of direction and stronger clinical input and leadership, particularly from primary care. In addition there is a desire for a 'whole programme' and 'system's perspective' approach, with a continual focus on service review and improvement.

Diagram 1: DRAFT RhF Programme Governance – WDHB



The recommended approach for delivering this is as follows:

3.1.1 Rheumatic Fever Clinical and Operational Group (COG)

This group will meet monthly and take a Waitemata and Auckland wide approach. The purpose of this group is to monitor and review the different parts of the Rheumatic Fever service system and to create and maintain important links between them at the operational level. This includes the school-based and rapid response programmes, the AWHI system as it relates to improvement in outcomes for families/whānau referred by the DHBs, and awareness raising/health promotion activities in the community and sector-wide and with youth engagement. We have requested full participation from, and have extended invitations to, the AWHI Hub and the Pacific Engagement Strategy for representation on this group. There is appropriate representation from each of the PHOs and the DHBs, and the COG is co-chaired by the ADHB Community Paediatrician and a GP representative from a PHO. Ideally the Māori Health Gain and Pacific Health representatives would attend this group on a quarterly basis to share feedback gained through their 3 monthly

engagements with provider networks. The DHB Rheumatic Fever programme manager provides secretariat support.

The COG will provide quarterly reports to the Steering Group on the performance of different parts of the programme as assessed using an RBA approach. The reports will provide information on what is working and areas for improvement, along with how this impacts on the overall system. COG will make recommendations to the Steering Group on how to maintain and/or address any issues.

3.1.2 Rheumatic Fever Steering Group

The purpose of the steering group is to provide advice, support and direction in response to feedback from the COG on the overall performance of the Rheumatic Fever programme and ensure high level links are made across the different and relevant areas in child and adult health. This group meets quarterly and has senior management and clinical representation from the two PHOs, the WDHB Funding and Development Manager, the WDHB Māori Health and Pacific Health representatives, the Child Women and Family Paediatrician, the DHB Rapid response clinical lead and the Rheumatic Fever programme manager in an ex-officio capacity.

The terms of reference are being revised to reflect this structure, currently out for review by stakeholders, once it is confirmed and / or amended to reflect feedback. The terms of reference will also ensure there is a review of governance arrangements annually to ensure appropriate membership and that sustainable change is being delivered.

Formal escalations, if required, will go to the established Alliance Leadership Team and Boards where there is representation from PHOs, DHBs and the community.

The following chart shows membership of the Rheumatic Fever Clinical and Operational Group, and the Rheumatic Fever Governance/Steering Group.

	Governance / Steering Group	**Clinical and Governance Group (COG)**
Frequency	**Quarterly**	**Monthly**
PHOS		
Alliance Health +	Alan Wilson	Viv Pole, Nua Tupai
Auckland PHO	Barbara Stevens	Carol Ennis
National Hauora Coalition	Simon Royale /Dr David Jansen	Phil Light / Alicia Berghan/Laura Broome
Waitemata PHO	Craig Murray	Jane Williams
East Tamaki Healthcare	Mark Vela	Gillian Davies
Procare	Nancy Wheeler / Brian O'Shea	Sarah Travalgia /Lorraine Heteraka-Stevens
Community Paediatricans		
ADHB	Dr Alison Leversha	
WDHB	Dr Tim Jelleyman	
DHB Providers		

WDHB	Linda Harun, Stephanie Doe	Gaylene Leabourn, Karen Smart, Patsy Prior
ADHB	Dr Michael Shepherd (provider)	Karen Wilks, Krish Knott
A/WDHB Clinical RR pharmacies, AWHI coordination		Nicky Cranshaw
AWHI	Dr David Jansen (Ola Chair)	Shea Simpson
Pacific Engagement Strategy	Alan Wilson	Viv Pole
RhF community and sector engagement	via Programme Manager	Sjimmy Fransen, Natasha Williams
A/WDHB Planning and Funding	Ruth Bijl	Theresa Rongonui
Secretariat Support	Theresa Rongonui	Theresa Rongonui

3.2 WDHB RHEUMATIC FEVER CHAMPION

Dr Timothy Jelleyman, Community Paediatrician will continue in the role of Rheumatic Fever champion.

SECTION 4: STAKEHOLDER ENGAGEMENT

4.1 Evidence of Work with Local Stakeholders Including PHOs, Māori and Pacific Health and Social Organisations, Health and Social Sector Providers and Other Agencies and Community to Obtain Active Involvement and/or Ownership of Local Solutions

4.1.1 Rheumatic Fever Specific Engagement

The Waitemata DHB Rheumatic Fever programme has, by its very nature, included ongoing and continuous work with key stakeholders to develop the entire programme. This on-going engagement has shaped the development of this plan and the programme in its entirety. Each of these groups, through identification of key topics for discussion and outcomes at meetings have contributed to the actions included in this Plan.

The following table outlines the key community and sector engagement that has taken place to contribute to the development of this plan.

Table 1: Stakeholder Engagement

	Group	Description
Rheumatic Fever Specific Engagement	Service Level Alliance Team (SALT)	Representation from PHOs (including Māori and Pacific PHOs), Māori Health Gain, Pacific Health and DHB representatives involved in clinical leadership, funding and operational management for delivery of all aspects of the RhF programme.
	RhF Operational Team	The team has a focus on service performance and improvement at the operational level and provides an opportunity to share what is working, challenges and proposed solutions. Made up of representatives responsible for the actual delivery of key aspects of the RhF programme, including the rapid response service, the school-based sore throat management programme and Pacific Engagement Strategy.
	Rapid Response Improvement Working Group	Chaired by the Clinical Director of National Hauora Coalition with representation from PHOs across the metro Auckland area.
	Health literacy/RhF prevention promotion across schools Group	
	Advanced Form in Primary Care Group	Established to develop and implement the Advanced From for data collection and decisions making in GP practices.

School – based sore throat management programme	To share resources and ideas and ensure consistency of delivery and links across Auckland
Rapid response service in secondary school	The design and implementation of sore throat clinics in secondary schools
Auckland Wide Healthy Homes Initiative	Annual updates between the metro Auckland DHBs and OLA coalition board representatives and AWHI, along with monthly operational meetings for process and service review and improvement
Rheumatic Fever Technical Advisory Group	Monthly meetings of clinical staff representing the Rheumatic Fever programmes across the Auckland region: Paediatricians, public health physician, infectious diseases clinicians, Auckland Regional Public Health, nursing representatives from the school-based programmes (from DHBs and PHOs) as well as bicillin services and clinical leads from some of the PHOs. Provided advice during implementation of the programme to ensure regional consistency and also responded to questions. Now meeting quarterly for business as usual
AWHI partnership forum	MOH led with the outcome of co-ordinating the provision of health and housing for families at risk of Rheumatic Fever in Auckland and eligible for AWHI
Rheumatic Fever Prevention Plan Community Communications Partnership Group	Aimed at sharing knowledge and expertise about the communications approach for winter 2014 and the future.
Localised Community and Sector Engagement	engagement with the Auckland Social Sector Leaders Group to ascertain and confirm key government agencies interest and support for a localized approach to community and sector engagement for Rheumatic Fever prevention
Regional bicillin working group	Representatives from each of the 5 community nursing teams met monthly to develop consistency across the region for monitoring and reporting adherence and for transfer of information re patients across DHBs and services throughout the year. Many children receive shared care: bicillin administered by one DHB during school terms and another DHB during the holidays

4.1.2 Māori Specific Stakeholder Engagement

WDHB Māori Health Gain Team hosts an annual Rheumatic Fever engagement strategy Hui with Māori providers and the Māori workforce. This Group includes Treaty Partners, Māori organisations (NGOs and PHOs) and the DHB Māori workforce involved in the management and /or delivery of Rheumatic Fever related programmes in DHBs (school based, rapid response and AWHHI). Moving forward, these meetings will be convened quarterly. Relevant feedback from Māori gained through the MHGT, and the RhF specific community and sector and youth engagement processes regarding service improvement, will be shared with the Governance and Operational Groups and the Rapid Response Service Improvement working group.

Feedback received in 2015 has informed the development of this programme, and more specifically this refreshed plan. Opportunities to strengthen the delivery of the service across the programme from a kaupapa Māori perspective were identified and included:

- Targeting messages for Māori whanau, community and organisations
- Implementing a cross sectoral approach to service development and delivery
- Identify opportunities for innovative service delivery and promotion of key health messages, particularly utilising social networking opportunities
- Better utilisation of the youth ambassadors programme in Rheumatic Fever
- Create stronger relationships with schools, particularly Kura kaupapa

4.1.3 Pacific Specific Stakeholder Engagement

Pacific Health is actively engaged with the Rheumatic Fever programme at the Governance level. A two way dialogue is maintained with Pacific providers involved in the RhF programme and the community through a range of avenues. This includes the Healthy Village Action Zone and Enua Ola Pacific programmes covering 79 church and community groups in Waitemata and Auckland, the Pacific Engagement strategy, the Rapid Response programme and the Tautai Fakataha Team who work with Pacific inpatients and undertake AWHI assessments. There are also links with pacific community organisations in the Auckland region involved with the Rheumatic Fever programme through the community initiatives fund. Ongoing engagement with these Pacific stakeholders will continue through the Pacific collective forum held quarterly. Feedback from Pacific community gained through Pacific Health, and the RhF specific community and sector and youth engagement processes regarding service improvement, found the following:

- Pacific families are diverse in language, culture, family structure, socio economic
- Support talanoa between Pacific families and frontline healthcare workers
- Promotion to Pacific communities
- Ethnic specific Pacific resources
- Build the Pacific workforce and the capacity of the non-Pacific health workforce
- Integrated system/programme

Specific feedback from Pacific communities will be relayed to the Governance and Operational meetings, along with feedback from Pacific obtained through RhF specific community and sector engagement.

4.1.4 Broader Stakeholder Engagement

Stakeholders are also engaged through other networks with a broader child health focus but where there is time allocated for Rheumatic Fever as requested. This includes:

- Child Health Stakeholder Advisory Group (CHSAG) a regional multi-sector group meets every 2 months to discuss and workshop issues for vulnerable children and families. Participants include representatives from the 3 Auckland DHBs planning and funding teams, community paediatricians, public health, primary care and PHOs, Ministry of Education (MoE), Ministry of Social Development (MSD), Starship Child Health, maternity services, Housing New Zealand, and the Police. Prevention of Rheumatic Fever has been the focus of a two hour workshop on an annual basis
- Northern Region Child Health Plan. ADHB is party to the Northern Region DHBs Child Health Plan which has Rheumatic Fever was one of the 5 child health priorities and is signed off by the CEOs of the 4 DHBs. There is a child health steering group which includes clinicians and managers from the DHBS, primary care and Auckland Regional Public Health service and information is shared with this group on progress of the Rheumatic Fever Prevention Plan.

SECTION 5: OUTLINE OF DHBS PLANNED INVESTMENT IN INTERVENTIONS UNTIL JUNE 2017

Table 1 provides an overview of the investment in the Rheumatic Fever programme provided by MOH and Waitemata DHB. .

WDHB Rheumatic Fever Revenue and Expenditure Rheumatic Fever Specific Revenue		
	2015/16	**2016/17**
School Based Throat Swab	**$50,000**	**0**
Rapid Response	$550,028	0
Not tagged	$58,963	$558,991
TOTAL	**$658,991**	**$558,991**
Rheumatic Fever DHB Contracted Programme Delivery Costs		
	2015/16	**2016/17**
School Based Throat Swab	**$90,000**	**$90,000**
Provider arm- CHW's in Primary	$90,000	$90,000
Rapid Response	**$541,492**	**$404,855**
PHOs	$161,351	$161,351
Pharmacy Rapid Response Clinics	$30,450	$10,200
CHW in secondary schools	$126,896	$0
Data Reporting	$11,960	$12,500
Engagement	$84,867	$75,000
Printing and Promotional Material	$0	$10,000
NRA/ labtests	$30,804	$30,804
Programme Manager (Contractor)	$32,164	$0
Clinical Leadership (Contractor)	$63,000	$45,000
Youth engagement	$0	$10,000
B4SC Add on	$0	$50,000
Other	**$20,000**	**$35,000**
AWHI- Project Coordinator (Contractor)	$20,000	$10,000
Evaluation	$0	$25,000
Total Contracts including SLA	**$651,491.70**	**$529,855**
DHB net position Revenue less contracts (contingency)	$7,499	$29,136
DHB contribution	**2015/16**	**2016/17**
(Funder) Programme Management	$12,000	$22,000
(Provider) School Based Programme Service Reorientation	$310,535	$310,535
(Provider) Community Paediatrician	$28,000	$28,000
DHB contribution	**$350,535**	**$360,535**

Other stakeholders, including PHOs, NGOs and those from other sectors provide an ongoing investment in supporting implementation and service improvement of the programme through their engagement in range of governance, clinical, operational and working groups and at stakeholder huis.

SECTION 6: WAITEMATA DISTRICT HEALTH BOARD RHEUMATIC FEVER WORK PLAN

	Activity	Timeframe for completion	Deliverables	Rationale
Governance	Provide an effective forum to improve service integration and a systematic approach to programme monitoring and development	Structure agreed by 31 December 2015 Terms of Reference agreed by 31 March 2016 2016 COG meeting dates: • 18 Feb • 17 March • 21 April • 19 May • 16 June • 21 July • 18 Aug • 15 Sep • 20 Oct • 17 Nov	• Terms of reference agreed for the combined Auckland and Waitemata DHB Steering Group. Group meeting quarterly from February 2016. • The Rheumatic Fever Clinical and Operational Group (COG) (which meets monthly) will provide a report for quarterly Steering Group meetings.	Commitment to the establishment of a Governance Group overseeing the development and implementation of the Updated Plan

	Revise current governance structure	• Steering Group established by 31 December 2015
		• Auckland and Waitemata DHB Steering Group 2016 meeting dates:
		  • 15 March
		  • 14 June
			1. Establish an Auckland and Waitemata DHB joint Steering Group and quarterly meetings	

		• 13 Sep • 13 Dec		
Raising awareness	Implement the **Community and Sector Engagement Implementation Plan**	• Implementation plan, completed 31 October 2015 • Toolkit to be developed by Nov 2015 • Identification of key stakeholders by Dec 2015 • Engage key stakeholders- on going • On-going engagement and feedback loop with PHOs through the COG	1. Develop an implementation plan to guide community and sector engagement. Plan to include specific tasks: 2. Develop a toolkit to be utilised during community engagement that is tailored to meet the specific needs of each community 3. Identify key community groups, organisations (including mainstream organisations) in high priority areas to engage 4. Engage key stakeholders identified	RhF Community and Sector Engagement Implementation Plan complete (see Appendix 1). This is face to face localised engagement, taking place in geographical areas and through communities of interest with members of the RhF target population. Priority areas are determined through engagement with engagement with other members of the RhF programme, particularly community paediatricians, the school based programme and PHOs through the Rheumatic Fever Clinical and Operational Group (COG). Feedback from the community is also provided to the COG form the community and sector engagement personnel through this process. As per the Litmus recommendations, communities are provided with information on their entitlement to free sore throat treatment and the location of local clinics. They are also invited to give feedback, through the community and sector personnel, on their experience of attending a free Sore Throat clinic and this, in turn is feedback through the COG.

	PHO led engagement activity to raise awareness	New contracts effective 1 Jan 2016. Performance monitoring through monthly reports to COG from January 2016 & quarterly reporting to DHBs from April 2016, including clinical training provided and action taken against Quality Improvement Framework and innovations in engaging the target community.	• From 1 January 2016, PHOs will: ➢ Increased engagement by PHO practice liaisons through more regular communications. This may involve regular site visits or phone/email communications; the response will vary according to clinic and PHO need ➢ Communication to all clinics to reiterate contractual requirements and develop shared service expectations ➢ Develop a regional communication strategy for rapid response for promotion of clinics ➢ Standardise health promotion/literacy resources across all metro Auckland DHBs. ○ Review existing resources ○ Agree communications pack ➢ Develop common signage across all reception areas	As part of their new contracts, PHOs are expected to be responsible for displaying available national and regional resources that have been tested with the community consistently across their practices delivering the free sore throat service. They will undertake other innovations to engage the target populations. (Refer appendix 2 for service specifications).
	Implement **Youth specific engagement** activity	July 2016	1. Convene a youth specific engagement activity for 50 young people currently on bicillin and 50 RhF youth ambassadors with the Ministry	A youth event, led by the RhF Programme Manager, will take place in the 2nd term of 2016. Other agencies that are also involved include

			of Youth Development ambassadors programme.	Ministry of Pacific Island Affairs, Te Puni Kokiri and Ministry of Social Development. This will involve significant planning and liaison with schools as it will take place in school time and involve young people from the RhF target population group, including the Rheumatic Fever Ambassadors and young people on the bicillin programme.
	Pacific Engagement Strategy	Reported quarterly, ongoing delivery	1. Specific Pacific representation in the COG 2. Quarterly engagement fono with Pacific stakeholders	PES engagement in the COG to ensure Pacific views help contribute to the development and increase accessibility of the rapid response services. Ongoing quarterly engagement with Pacific stakeholders through the Pacific Health manager
	B4 School Checks	Pilot completed by contract negotiation by Mary 2016.	1. Engage Plunket to provide additional targeted health literacy regarding the impact of RhF, the importance of getting sore through checked, antibiotic compliance and tips for reducing transmission of Group Strep A in households.	Opportunistic health literacy visit during the B4 School check.

Preventing the transmission of Group A Strep in Households				
	Continue to actively contribute to the development of the **Auckland Wide Healthy Housing Initiative (AWHI)**	Maintain AWHI role to the end of June 2016 with option to extend. Meet with CMDHB to discuss model by May 2016 Draft housing concept by June 2016.	• Ongoing responsibility for coordinating the referral of appropriate families to AWHI and for maintaining a feedback loop • Consideration of how the DHB will prevent the transmission of Group Strep A in households post June 30 2017 • actively participate alongside other Auckland metro DHBs and the Ola Coalition to identify service improvement process and structures for delivery from June 2016. • Actively contribute to the housing intervention supply system co-design project with the Southern Initiative	The AWHI coordinator will continue to refresh and upskill staff from the 3 referral pathways in acknowledgement of the 'churn' and turnover of medical staff and health professionals AWHI champions identified within DHB to support programme development. Nicky Cranshaw is a key member of the Southern Initiative Co-design process in both her clinical and AWHI coordination role. It is hoped this work will provide some useful insights as to the next steps for this housing initiative.
	Promote the **Living Well Together** programme	Ongoing to June 2016	1. Utilise existing engagement opportunities to further promote the Living Well Together Programme.	Utilise the well-established engagement networks to promote the programme. These networks include community health workers, social workers, district nurses, public health nurses and relevant NGOs, community and sector engagement managers, RhF youth ambassadors.

Treating Group A Strep Infections quickly and effectively				
	School-based programme	Ongoing to June 2016	1. continue to deliver the school based programme to 16 high needs schools in ADHB 2. secure funding for the evaluation of school based programme 3. decision made regarding DHBs continuation of funding beyond June 2016	
	Rapid Response Service Improvement Working Group: ○ Review existing practice ○ Identify best practice ○ Recommend how best to support the PHOs to deliver on these outcomes	New contracts effective 1 Jan 2016. Activity to be implemented throughout this timeframe.	From January 2016 PHOs will: ○ hold regular meetings to monitor, review and support ongoing improvement of the service, hosted by Procare ○ actively participate in the Clinical and Operational Group (COG) where all parts of the RhF programme meet on a monthly basis to identify and address issues. Contracts will be revised to strengthen clinical leadership, increase activities across the entire GP network and encourage innovations in relation to engaging target populations.	Rapid Response service improvement working group met on 3 occasions. It was a metro Auckland working group at the request of Counties Manukau. The group: ○ identified enablers to supporting a responsive RR service ○ PHOS tested these enablers with their higher performing practices and brought findings back to the RR working group[6] ○ contracts being revised to incorporate relevant findings of the working group, including the importance of clinical leadership (GP and Nursing) within each PHO for the delivery of the Rapid Response service

[6] See Appendices 1 and 2 for an example of the template and data used to test

		Meetings to take place in March, May, July, September, November 2016.	Bi-monthly contract monitoring meetings between Funder and each PHO	

APPENDIX 1: COMMUNITY AND SECTOR ENGAGEMENT PLAN

Community & Sector Engagement Work Plan August 2015 – August 2016

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
THE RHF MESSAGE - DEVELOP A TOOLKIT FOR USE IN COMMUNITY AND SECTOR ENGAGEMENT						
Health Promotion Agency, , MOH, Community led resources, ADHB Communications	 February 2016 March - June	RF resource production for community distribution as part of engagement activities and contact with communities Create and develop Tool Kits based on existing resources to be used for training and supporting community networks to promote RF Programme Work with community leaders, including Pacific PES members, to identify most relevant resources from the existing toolkit and create tailored engagement approach which suits each specific population or community. Stocktake (collaterals) of available resources and liaise with HPA and MOH. Create and develop A6 postcards with RF message on the front and a list of all the free sore throat clinics in each area on the back. Encourage community social media resource development with organisation engaged with and posting of media on community platforms	Target populations are not receiving Rf resources Relevant, appropriate RF resources that can be shared with the targeted population to increase their knowledge and awareness of RF and the RR clinics. Encourage innovation around resource development and use of social media at a local level. Increased knowledge in the community of RR clinics, locations and function Increase message saturation through community participation and ownership of message	A community led and designed presentation and evaluations.to inform on-going workshop delivery, process and practice Distribution of resources to community and utilisation on social media measured by number of shares Increased knowledge in the community of RR clinics, locations and function	$500 per workshop for catering, workshop resources $4000 for localised ethnic specific	Sjimmy Fransen
MAORI ORGANISATIONS TO BE APPROACHED DIRECTLY INTERFACING WITH THE RHF TARGET POPN						

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
Maori Organisations • Te Hononga O Tamaki Me Hoturoa • Te Kotuku Ki Te Rangi • Mahitahi Trust Child and Youth team • Taikura Trust • Ngati Whatua • Hato Petera Trust • Awataha Marae • Ngā Tauira Māori • Māori Students Association Titahi Ki Tua (TKT) • Waipareira Trust • Piritahi Hau Ora Trust • Whānau Ora • Other Marae (as identified through Maori Health Gain Team) • Onepoto Awhina	February 2016 April 2016 July 2016 August 2016	Initial establishing of relationship building with key influencers/contacts in Maori organisations -Propose to deliver Rhf training at their team meetings and/or -Propose to deliver three Marae hui and invite workers from each Maori organisation - Deliver tailored RF workshops to Maori organisations: frontline workers, leaderships and resource people. -provide toolkits -Power point presentation about RF. **Why** it affects Maori, Pacific and Q5. 3rd world disease that causes heart damage and lessens lifespan -Promote What the Rheumatic Fever Programme is: the importance of getting sore throats checked to prevent Strep A that can lead to RhF and heart damage, and - taking full course of ABs to ensure the Strep A bug is killed), and - reducing overcrowding to help stop the sharing of the Strep A bug that can lead to RhF **HOW of the RhF programme:** - Access free sore throat clinics. This will include eligibility criteria, and where they are in the local area **Workshop within these groups how best to get the message out to their**	It will be beneficial to engage with a community of interest led approach supported by workshops and resources with regular review of resources and education techniques. Community involvement in planning of initiatives through workshops kaupapa Māori approach prioritised as a way to bring an explicitly political dimension to the issue of RF inequity and disparities. This requires an approach which is empowering and honouring of the people and of place. Maori might be more comfortable taking their whanau to local Marae instead of RR clinic to have their child's throat swabbed	Number of attendees to Maori hui -Increased knowledge of RF and understanding the importance of getting sore throat checked and taking full course of Abs -To educate whanau in their community and promote RR clinics to the targeted population -Increased attendance at RR clinics - Story telling shared -Whānau Ora will play a key role in raising community awareness -Whanau Ora navigators able to identify whanau at risk and support RF engagement	$7500 Marae/venue use for workshop hui Catering 20+ workshops	Natasha Williams (lead) and Sjimmy Fransen (as required)

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Te Ha Oranga • He Kamaka Waiora ADHB & WDHB • Ruapotaka Marae • Te Roopu O Wai • Tika Maranga Trust Women's Refuge • Tū Wahine Trust		**communities** Investigate the possibility of Free Throat Swabbing clinic set up at the Marae		Number of Maori attending Marae to have throat swabs		
PACIFIC ORGANISATIONS TO BE APPROACHED DIRECTLY INTERFACING WITH THE RHF TARGET POPN						
<u>**Pacific Organisations**</u> • MPIA (Ministry of Pacific Island Affairs)	January 2016	-Initial establishing of relationship building with key influencers/contacts in Pacific organisations	It will be beneficial to engage with a community of interest led approach supported by	-A community led Fonua model utilised model and	$6000 Pacific community	Sjimmy Fransen (lead)

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• AUPISA Pacific Island Students Association • The Village Trust • TAHA – Well Pacific Mother & Infant Service (School Pop Health) • Le Va connectors family: Pacific Public health Network • Henderson Community Initiative • Tongan Tamaki Langafonua Community Centre • Glen Innes Cook Islands Elders Group • Pasifika Health & Social Services Inc • Alliance Health Plus • Tautai Fakataha team (formally Pacific Family Support Service (PFSS) • HVAZ church network • Te Ama Pasefika Health (Melemele) • Pacific church programmes Healthy Village Action Zones	March 2016 April 2016	-Propose to deliver Rhf training at their team meetings and/or -Propose to deliver and-In consultation with AH+ & LeVa deliver one Fono hui and invite workers from nominated Pacific organisations) Deliver provider workshops with frontline staff, leadership and resource people. -provide toolkits -Power point presentation about RF **Why** it affects Maori, Pacific and Q5. 3rd world disease that causes heart damage and lessens lifespan -Promote What the Rheumatic Fever Programme is: the importance of getting sore throats checked to prevent Strep A that can lead to RhF and heart damage, and - taking full course of ABs to ensure the Strep A bug is killed), and - reducing overcrowding to help stop the sharing of the Strep A bug that can lead to RhF **HOW of the RhF programme:** - Access free sore throat clinics. This will include eligibility criteria, and where they are in the local area **Workshop within these groups how best to get the message out to their communities**	workshops and resources with regular review of resources and education techniques. Community involvement in planning of initiatives through workshops Fonua model utilised: The cyclic, dynamic, interdependent relationship (va) between humanity and its ecology for the ultimate purpose of health and wellbeing	designed presentation and evaluations -Increased knowledge of RF and understanding the importance of getting sore throat checked and taking full course of Abs -to educate whanau in their community and promote RR clinics to the targeted population -increased attendance at RR clinics	relevant catering for RF displays at Church/community forums	Natasha Williams (as required)

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Waitakere Waka Ama families • Oranga Ohana/ Ekalesia Fa'apotopotoga Kerisiano Samoa (EFKS) meeting attendees • Kelston Boys Rugby teams • Kelston Ohana meeting • Kelston Village Trust CAP program attendees • Kelston Youth group • Kelston Boys College community partnerships • Community Christian Fellowship Pacific fathers event • TOA Pacific (Otahuhu) • The Fono (Henderson) WDHB • Mt Wellington IFHC • Langimalie (Tongan Health Society) • Health Star Pacific (Panmure) • Pacific church programmes Healthy Village Action Zones	July 2016 August					

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Te Ama Pasefika Health • Alliance Health Plus • Pasifika Health & Social Services Inc • Le Va connectors family: Pacific Public health Network • TAHA – Well Pacific Mother & Infant Service (School Pop Health) • The Village Trust • AUPISA Pacific Island Students Association • Tongan Tamaki Langafonua Glen Innes						
NGO /COMMUNITY ORGANISATIONS TO BE APPROACHED WORKING DIRECTLY WITH HIGH PRIORITY COMMUNITIES						
NGO/Community Organisations working directly with high priority communities and to make links with other community groups to engage with them **WDHB rohe** • Teen Parent Units/ Teen Hubs • Plunket • Well Child Providers	January 2016	-provide a training session with staff from each organisation -provide toolkits Power point presentation about RF. **Why** it affects Maori, Pacific and Q5. 3rd world disease that causes heart damage and lessens lifespan -Promote What the Rheumatic Fever Programme is: the importance of getting sore throats checked to prevent Strep A that can lead to RhF and heart damage, and - taking full course of ABs to ensure the Strep A bug is killed), and - reducing overcrowding to help stop	These organisation work or network directly with RF high risk communities. It will be beneficial to engage with a community of interest led approach supported by workshops and resources with regular review of resources and education/engagement techniques. Community involvement in planning of initiatives through workshops	-A community led and designed presentation and evaluations- Increased knowledge of RF and understanding the importance of getting sore throat checked and taking the full course of Abs -to educate whanau in their community and	$3000	Sjimmy Fransen and Natasha

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Helensville Women & Family Centre (NW) • Te Runanga Ratonga Hapori o Te Raki-Pae-Whenua, ANCAD • Kaipatiki Community Trust • Beachhaven: Birkdale community network • Northcote: Raeburn House • Helensville – Comsup meeting • HealthWEST • Ranui Action Project (RAP) • Ranui Community Network meetings • Te Atatu Community Network • Waitakere Health Link (WDHB) • Health Link North (WDHB) • Comprehensive Care • Alliance health Manager Rf presentation and workshop • Auckland council Whau project	February March April May	the sharing of the Strep A bug that can lead to RhF **HOW of the RhF programme:** - Access free sore throat clinics. This will include eligibility criteria, and where they are in the local area	Using a Community Led Approach Community Engagement manager (WDHB) has requested engagement with these organisations and networks	promote RR clinics to the targeted population		

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• General community event: Ranui Baptist Church • Breakthrough centre Ranui Omega family day • Ranui community Rugby League community event (Knights NRL) • Father and Child Trust workshop Onehunga • Healthy Families Waitakere: • Youth Service West • Career Start Glen Innes • HIPPY Glen Innes • HIPPY Panmure • HIPPY Otahuhu • Anglican Trust Women's Centre Otahuhu • Oranga Primary School • Te Kura Kaupapa Maori O Nga Maungarongo Mt Roskill • Te Papapa Primary School Onehunga • Te Papapa SKIDS • Te Papapa Preschool	June July-August 2016					

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Panama Road School Otahuhu • Te Papapa: Oranga Community Centre • Te Papapa Onehunga Rugby Football and Sports Club Inc. • Te Waipuna Puawai Mercy Oasis • Puketepapapa community network • Maungakiekie Youth Network (MYN) • Onehunga Community Centre • Panmure Community Network • Glen Innes Family Centre • Dunkirk Road Activity Centre • Waikowhai Community Trust • Healthy Families: Tāmaki Healthy Families Alliance • Teen Parent Units/ Teen Hubs () • Tamaki Community Development Trust • Waikowhai Community Trust • CAB – Roskill • Roskill Together						

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Auckland Council Library staff and community centre staff to display Rf resources • Father & Child workshop and leadership meeting • YZUP Rf community Day Glen Eden/kelston supported by the Waitakere Local Board • Roskill Community Network • Kelston Community Christian Fellowship holiday program • Waitakere Waka Ama families • Kelston Community Christian Fellowship men's and fathers gathering • Wesley and Mt Roskill, social enterprise champions • Kelston Prime ministers awards The Village Trust youth program • Ranui parents and						

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
families • West wave holiday program • Kelston Community holiday program workshops and RF discussions • AROCA Waka Ama Waitakere/Kelston members • Healthy Families Sport Waitakere • Touch NZ (The Trusts Area) • Ranui Baptist Community Care • Birdwood School • Kelston Community Christian Fellowship men's and fathers gathering						
COMMUNITY NETWORKS TO PROMOTE RHF & RR CLINICS & TO MAKE LINKS WITH OTHER COMMUNITY ORGS DIRECTLY INVOLVED WITH THE RHF TARGET POPN						
Community Networks to promote RHF and make links with community organisations to engage with • Health Promotion Forum of New Zealand	June – August 2016	-provide a training session organised network meetings - individual organisational engagement to organise workshop or appropriate communication -provide toolkits Power point presentation about RF. **Why** it affects Maori, Pacific and Q5. 3rd world disease that causes heart damage and lessens lifespan	These organisations provide regional community/health promotion leadership and services and provide RF service	- Gain leadership support and access to networks and workforce -provide a training session at network meeting provide toolkits Power point presentation about	$1000	Sjimmy Fransen

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Hui E! Community Aotearoa Auckland NGO leadership network • WDHB Youth advisory group (YAG) • Rangatahi Advisory Group • Youthline • Auckland Council Community Network meetings WDHB/ADHB • Community Waitakere • Local Council of Social Services		-Promote What the Rheumatic Fever Programme is: the importance of getting sore throats checked to prevent Strep A that can lead to RhF and heart damage, and - taking full course of ABs to ensure the Strep A bug is killed), and - reducing overcrowding to help stop the sharing of the Strep A bug that can lead to RhF **HOW of the RhF programme:** - Access free sore throat clinics. This will include eligibility criteria, and where they are in the local area		RF Access social media and URL to promote RF message		
MAINSTREAM ORGANISATIONS TO BE APPROACHED WORKING DIRECTLY WITH HIGH PRIORITY COMMUNITIES						
• WINZ • CYF • MSD • Plunket • Barnardos • Auckland Council • Salvation Army • Presbyterian Support • ACROSS Anglican, Catholic and Community	March-2016 July 2016 August 2016	-provide a training session with staff from each organisation -provide toolkits Power point presentation about RF. **Why** it affects Maori, Pacific and Q5. 3rd world disease that causes heart damage and lessens lifespan -Promote What the Rheumatic Fever Programme is: the importance of getting sore throats checked to prevent Strep A that can lead to RhF and heart damage, and - taking full course of ABs to ensure the Strep A bug is killed), and - reducing overcrowding to help stop	These organisation work or with RF high risk communities. It will be beneficial to engage with them to get the RhF message out, especially eligibility to access sorer throat clinics and their locations These organisations provide key services to target populations and therefore create opportunities to display boards, resources, and access to their own media and	-RF messages are promoted locally -increased awareness and knowledge of RF -increased knowledge of where RR clinics are -increased attendance at RR clinics	$3000	Sjimmy Fransen and Natasha Williams

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
Support service • HNZ • Libraries		the sharing of the Strep A bug that can lead to RhF **HOW of the RhF programme:** - Access free sore throat clinics. This will include eligibility criteria, and where they are in the local area Consider supplying and displaying promotion Package in their work place for target population -Create and trial Rheumatic Fever Displays -Display RF posters and Information -Rapid Response Clinics Information	communications			
<u>LINKS WITH THE RHF YOUTH ENGAGEMENT STRATEGY</u>						
• WDHB • NZ police community and youth Ranui Neighbourhood Police Team • Youth Connections Auckland Council • Ranui community Rugby League community event (Knights NRL)	Feb – Mar 2016 April – August 2016	Support Youth Ambassador led Youth Health Expos in Warkworth, Helensville and Wellsford	Requested by WDHB as a good way to reach youth and parents	Distribution of resources to community and utilisation on social media measured by number of shares Increased knowledge in the community of RR clinics, locations and function	$1000	Sjimmy Fransen

Organisations	Timeframe	Activity	Rationale	Measured Outcomes	Budget 2015-2016	Owner
• Henderson & surrounds youth workers and Westwave • Youth Health EXPO (Waitemata)						
Rheumatic Fever ambassadors • MPIA Ministry of Pacific Island Affairs • Ministry of Youth Development	April 2016 July 2016	- Support RhF Youth Engagement strategy	Rheumatic Fever ambassador have the support from MPIA and also MYD as well as their schools	-Number or ambassador participating -Necessary resources provided to each support ambassador participation		Sjimmy Fransen
RF Resources						
Health Promotion Agency MOH	March-June 2016	Provide feedback about resources, any access issues and suggestions from the community. Identify barriers i.e. technology, cost of printing and production, broken links.	Reflective and quality resources developed for target audiences			Sjimmy Fransen Natasha Williams
Extended families with family history of Rf						
Extended whanau/aiga/families	May - August	Work with DHB/PHO teams to encourage specific families with historical Rf incidence to utilise RR.	A small but significant number of cases could be reduced by targeted extended family engagement with the support of PHO's and DHB clinical teams	Number of families participating	$1000	Sjimmy Fransen Natasha Williams

APPENDIX 2: RAPID RESPONSE CONTRACT SERVICE SPECIFICATION

SERVICE SPECIFICATION

Rapid Response Sore Throat Primary Care Services

Background

Reducing rheumatic fever is one of ten Better Public Services results to which the Government is committed in order to improve the lives of New Zealanders. The Government's target is to reduce the overall incidence of rheumatic fever by two-thirds to 1.4 cases per 100,000 people by 2017. The target for Auckland DHB is 1.1 cases for 100,000 people.

The Government has allocated funding for the identification and management of sore throats amongst 'high risk' populations in Porirua and the metro Auckland region. Statistics on rheumatic fever show that high risk children and young people include, but are not limited to, those who are aged 4 to 19 years, are of Māori or Pacific background, and/or belong in the Quintile 5 group. In the Auckland region rates for Māori children are 47 times higher and 69 times higher for Pacific children, compared to non-Māori and non-Pacific children. Children living in the most socioeconomically deprived areas in the Auckland Regions (NZDep index 9-10) have a 36 times higher rate than those children living in the least deprived areas (NZDep index 1-2)[7]. The Auckland Regional Rheumatic Fever Register shows that Acute Rheumatic fever rates are highest in school years 1-8, where the school is in the most socioeconomically deprived areas (MoE decile 1) and has a high Māori or Pacific Island enrolment.

As Auckland DHB did not achieve the 2014/15 target, additional efforts are required in Rapid Response clinics, across the entire primary care practice network and the Rheumatic Fever programme as a whole.

The focus of the rapid response sore throat rheumatic fever services is to reach as many of these children and young people who have sore throats, as possible. The services will be community based and offered free in areas of high deprivation and vulnerability, and will target primarily those children and young people aged 4 to 19 years who are not enrolled in a school-based sore throat swabbing service.

1. Definition

This Service Specification details the service [Insert PHO name] ("you" or "your") will deliver for the Rheumatic Fever Rapid Response Sore Throat Primary Care Service. Specifically, this includes:

1. the provision of free, rapid response, sore throat assessment and treatment through primary care ("the Service") as part of the Rheumatic Fever Programme ("RF Programme"). The Service will supplement the school-based sore throat swabbing services that is part of the RF Programme.
2. Identified actions to drive change within the rapid response sore throat programme at both the practice level and across the network, to increase uptake of the rapid response sore throat service by target populations.

2. Service Goal

2.1. The goal of the Rapid Response programme is for at least 80% of high risk 4-19 year olds to have access to free care for sore throats through the service and school based initiatives within Auckland DHB.

3. Service Objectives

3.1. The general objective of the Service is to reduce the incidence of acute rheumatic fever hospitalisation rates nationally by two thirds to 1.43 per 100,000 people by 2017. The Auckland DHB ("Auckland DHB",

[7] Jackson, C. and Lennon, D. RhF in the Auckland Region. 2011

"us", "we" or "our"),) target is 1.4 per 100,000 people by 30 June 2016 and 1.1 per 100,000 people by 30 June 2017.

3.2. The specific objectives of the Rapid Response Services component are to:

(a) Provide a free and timely rapid response sore throat service through primary Care The service will be targeted to, but not limited to, "high risk" 4-19 year olds in Auckland DHB.
(b) The Service will be provided at times convenient to families
(c) Target primarily children and young people aged 4 to 19 years who do not have access to primary school-based sore throat swabbing services. The aim is to reach at least 80% of the children and young people aged 4 to 19 years who are considered 'high risk';
(d) Provide access during school holidays to children and young people aged 4 to 19 years who would normally access the school-based sore throat services at school;
(e) Provide culturally appropriate services that meet the needs of all Service Users;
(f) Follow evidence based clinical protocols;
(g) Ensure that adequate education and advice is also provided to families
(h) Link patient's back to their medical home
(i) Drive change within the rapid response sore throat programme to increase the uptake within the target populations

3.3 The specific objectives of the Rheumatic Fever reduction across the network of practices are to:

(j) ensure all practices are aware of and comply with evidence relating to sore throat management and antibiotic compliance and associated clinical protocols;
(k) all practices provide culturally appropriate services that meet the needs of all Service Users in the Rheumatic Fever target population;
(l) ensure that families receive appropriate education and advice regarding Rheumatic Fever.
(m) Innovations in the model of care are shared across the network
(n) Innovations in communicating with the target population are implemented across the network.

4. Service Users

4.1. The target Service Users will be:

(a) children and youths aged 4 to 19 years considered 'high risk' and who are enrolled or not enrolled or who do not have access to a school-based sore throat swabbing service;
(b) children and youths aged 4 to 19 years old on school holidays but who would normally have access to school-based sore throat swabbing services at school.

5. Access

5.1. The free Primary Care service (Rapid Response Clinics) will be:

(a) in priority geographic locations based on census data population estimates for Māori, Pacific and Quintile 5 children and young people aged 4-19 years and Rheumatic Fever case data. Statistics on rheumatic fever show that high risk children and young people include (but are not limited to) those who are:
    - Aged 4-19
    - Māori or Pacific
    - or in the Quintile 5 group
    - have a personal, family or household history of Rheumatic Fever

(b) provided at accessible times outside of usual school or work hours;
(c) provided free to all Service Users

5.2. Auckland DHB has worked with [Insert PHO name] to determine the selected general practice clinics to provide free swabbing and treatment within some or all of the priority areas as identified in the Auckland

DHB Rheumatic Fever Programme. The PHO will then manage the delivery of the rapid response clinic within these agreed general practice clinics.

6. Planning And Stakeholder Engagement

6.1. Ongoing planning of this Service will be through the PHO representation on the Auckland DHB Steering Group.

6.2. You must:

(a) Attend the monthly clinical and operational (COG) meetings with us and other providers of the Rheumatic Fever Programme;
(b) Co-ordinate activity and engage as required with other groups and stakeholders to work towards the achievement of the objectives of the Rheumatic Fever Programme;
(c) Provide updates at key points in the project for stakeholder communication.

7. Service Components/Model Of Care

The Government has allocated funding for the identification and management of sore throats amongst 'high risk' populations in Porirua and the metro Auckland region. Statistics on rheumatic fever show that high risk children and young people include, but are not limited to, those who are aged 4 to 19 years, are of Māori or Pacific background, and/or belong in the Quintile 5 group. In the Auckland region rates for Māori children are 47 times higher and 69 times higher for Pacific children, compared to non-Māori and non-Pacific children. Children living in the most socioeconomically deprived areas in the Auckland Regions (NZDep index 9-10) have a 36 times higher rate than those children living in the least deprived areas (NZDep index 1-2)[8]. The Auckland Regional Rheumatic Fever Register shows that Acute Rheumatic fever rates are highest in school years 1-8, where the school is in the most socioeconomically deprived areas (MoE decile 1) and has a high Māori or Pacific Island enrolment.

The Service will include the following components:

7.1. <u>Sore Throat Swabbing Service</u>

You must/will:

(a) Deliver a free 'sore throat' service to both enrolled and casual Service Users for GAS pharyngitis and/or rheumatic fever. Anyone presenting with a sore throat that has a personal or family history of rheumatic fever who is not currently receiving prophylaxis will be treated without delay. The risk factors are:
   i. Living in a high risk/ quintile 5 community and/or;
   ii. Being of Māori or Pacific ethnicity
   iii. Being aged 4-19 year olds; and
   iv. Having a sore throat.
   v. 3- 35 year old household member of a child fitting criteria i. to iv. above who:
      1. have a sore throat
      2. has had >3 cases of GAS Pharyngitis in the household in the last three months
      3. has a personal, household or family history of Rheumatic Fever.

(b) The Services will be based in primary or community care and will be targeted to children and young people, where they are not able to access a school-based programme. The focus is delivering the service via nurse led clinics in general practices;

[8] Jackson, C. and Lennon, D. RhF in the Auckland Region. 2011

(c) Where the patient is considered high risk, the general practice will provide antibiotics at no cost to the patient at the time of their presentation and after swabbing the patient

(d) Utilises existing relationships and infrastructure of primary and community health care services;

(e) The Service will be provided at times convenient to families;

(f) Facilitate appropriate household and individual follow up as per National Heart Foundation guidelines;

(g) If the children/young people are not enrolled with the general practice seen for the rapid response service then links need to be made with the patients' medical home;

(h) Make referrals to other services as required;

(i) Ensure that the service has a culturally appropriate focus to meet the needs of the Service Users;

(j) Link with existing rheumatic fever programmes to ensure an integrated and consistent approach locally;

(k) Use clinically appropriate protocols and follow appropriate guidelines when delivering the service. You must ensure that your clinical protocols have in place the following standard practice for the management of allergy or adverse reaction:

- Asking all Service Users (or their families) if they have an allergy to penicillin or penicillin-related antibiotics;
- Ensuring that Service Users and their families are aware of what symptoms of allergy to look out for and what to do if those symptoms occur;
- Ensuring that your nurses/health professionals are fully trained in recognising signs and symptoms of anaphylaxis, can manage anaphylaxis and you have the facility to treat an anaphylactic reaction.
- Provides sore throat swabbing services in accordance with the National Health Foundation Sore Throat Management Guidelines
- Uses clinically appropriate protocols outlined in a Manual of Operations, and undertakes clinical audits to ensure that agreed protocols are being complied with

(l) Undertake clinical audits (at least six monthly) to ensure that agreed protocols/guidelines are adhered to;

(m) Identify risks and develop mitigation strategies;

(n) Manage a database that will include detailed information such as NHI, name, address, gender, age, ethnicity, swab results, etc., so that data can be extracted and collated, if required[9];

(o) Collect data and information on general practice management systems if the Service Users are enrolled in a general practice;

(p) Support the promotion of or raise the awareness amongst the public regarding the importance of sore throat checking and provide the public with adequate information about the importance of rheumatic fever prevention;

(q) Practices are not to encourage patients, that attend your clinic as a casual Service User and who are enrolled elsewhere, to enrol with your general practice;

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9 Refer to Appendix 1 for template

(r) You will provide a free throat swabbing service to high risk casual Service Users, that is, no co-payment is to be charged to the patient;

(s) You will not submit a General Medical Services (GMS) claim for casual Service Users that present to your clinic for the free throat swabbing service. In turn this means that if one of your enrolled patients presents at another practice for the service then your practice will not receive a clawback.

7.1.1. Key Personnel: Sore Throat Swabbing Service

Staff employed by you to deliver the Service must be:

(a) Clinically competent – they must be appropriately qualified and able to administer medications consistent with the agreed treatment guidelines;
(b) Culturally competent – in particular, your staff delivering the Service will have demonstrated competence in working with Pacific and/or Māori communities;
(c) It is expected that the general practice will provide a nurse led service to undertake throat swabbing for high risk individuals

Key personnel are responsible for:

- Producing the deliverables specified in this service specification
- Assessment of the child/young person including but not limited to confirming the patient's weight and symptom checking
- Throat swabbing and antibiotic dispensing under standing orders
- Documentation, follow up and reporting

7.2 Rapid Response Service Monitoring and Improvement

To drive change within and support the ongoing development of the service of the Rapid Response Service you must/will:

(a) Strengthen clinical support at practice level through:
    - Appointing a named medical and a named nursing clinical lead within [Insert PHO name] to oversee the delivery of the service, promote nurse led clinics and other changes to the model of care and adhere to clinical evidence across the network
    - Engaging with practices to setup appropriate mechanisms to ensure all medication is free to patients
    - Ensuring practices are correctly using the appropriate forms to collect and collate data to inform the monthly scorecards.

(b) Utilise available national and regional resources to develop a consistent and effective communication strategy to support the ongoing promotion of the service to target populations. This includes:
    - Ensuring clinic signage and information is consistent, visible and regularly renewed
    - Assess the need for a locality specific service promotion in consultation with Rheumatic Fever specific community and sector engagement

7.3 Service improvement and innovation across the network of practices

(c) Implement initiatives to support community and sector engagement across the network. This includes:
    - Increased engagement by PHO practice liaisons through more regular communications. This may involve regular site visits or phone/email communications
    - Communications to all clinics to reiterate contractual requirements and develop shared service expectations
    - Support the community and sector engagement activity being undertaken by Auckland DHB Rheumatic Fever Community & Sector engagement team

(d) Develop and implement an effective training and education programme across the network. This includes:
    - Assess education and training opportunities available, including online and printed resource
    - Identify clinics that require additional training, including reception staff, practice manager, nursing, locum GP and GP
    - Deliver additional education and training to all practices to refresh and upskill all members of staff, including new staff members
    - Develop an information pack for receptionists outlining rheumatic fever and key tenets of rapid response initiative
    - Utilise innovative engagement and educational techniques, including text messaging and social media, to engage target population in rapid response sore throat treatment.

8. Service Outcomes

The primary aim is to achieve the Rheumatic Fever target.

8.1. It is expected that the outcome of the Service will include shared learning between primary health care providers, school-based sore throat services, District Health Boards, Primary Health Organisations ("PHOs") and the Ministry of Health. This will be via the stakeholder engagements meetings such as the Auckland & Waitemata DHB Rheumatic Fever Steering Group and Clinical and Operations Group.

8.2. Supporting the ongoing improvement in access to general practice and models of care with specific focus, but not limited to high risk population groups (i.e. Pacific and Māori, Quintile 5 (high deprivation). The types of services provided under this output will include:
- The ongoing improvement of the rapid response model of care for rheumatic fever
- The promotion of increased awareness by the general public of the importance of sore throat checking and management
- Assessment and treatment of children and young people in the high risk group
- Provision of antibiotics
- Referral to other services as required, such as the regional healthy housing programme
- Comply with clinical evidence across the network of practices.

9. Inclusions

The Service will ensure standard practice regarding the management of allergy or adverse reaction is in place. This includes:
- Asking all patients (or their families) if they have had an allergy or contra-indications to penicillin or penicillin-related antibiotics and any other medications
- Ensuring that patients and their families are aware of what symptoms of allergy to look out for and what to do if those symptoms occur
- Ensuring that the nurses are fully trained in recognising signs and symptoms of anaphylaxis, can manage anaphylaxis and services have the facilities to treat an anaphylactic reaction.
- Ensuring general practices are consistent with the National Heart Foundation Sore Throat Management Guidelines and any revisions associated with the Guidelines

Health professionals delivering the service need to be appropriately qualified and able to administer medications consistent with the agreed treatment guidelines.

10. Exclusions

Funding for the Service excludes:

(a) Laboratory costs for the sore throat swabbing service;
(b) Children/young people who are assessed as requiring a clinically enhanced consultation, related to rheumatic fever or otherwise, will be expected to book a paid consultation that is not covered within the rapid response funding.

11. Key Performance Indicators

11.1. [Insert PHO name] will undertake regular (at least quarterly) clinical auditing of sore throat management against clinical protocols and guidelines in every Rapid Response clinic

11.2. Management of a database that will include detailed information such as NHI, name, address, gender, age, ethnicity, swab results etc so that data can be extracted and collated, if required

11.3. Monthly reporting to Auckland DHB on the demographic profile of the children and young people they have seen (age, gender, ethnicity, 'high risk group', and others), how the person found out about the clinic (referral, drop-in, friend etc), swab results, the treatment given, number of repeat attendees, any referrals made (to a GP, hospital, health housing programme etc) any referrals received and whether the people seen were casual or enrolled patients-

12. Reporting Requirements

You must provide monthly reports for the term of this Agreement. The monthly reports will comply with the agreed scorecard and include:

- Information collated and aggregated at practice level, some of which is provided in the advanced form, including:
    - Total number of presentations
    - Total number of presentations of target population
    - Antibiotics prescribed
    - Number of patients followed up for antibiotic adherence
    - Number of target population treated as per the best practice guidelines

You must provide a quarterly narrative report for the term of the Agreement. The quarterly narrative report will include:

- Confirming the developmental progress of the rapid response model of care in each of the identified general practices and any related issues
- Demonstrating the ways in which the model continues to implement identified actions to improve the uptake of the rapid response clinics within the target population against a quality improvement framework
- Confirming that all practices are active in the delivery of the service
- Identifying any issues being experienced by the PHO and or general practices in relation to the delivery of the Service and the model of care and how these issues are being resolved
- Describe training and education provided by the named clinical leads including the number of participants from Rapid Response and from the general network who have participated in the education
- Describe any innovations in engaging the target community.

An end of year summary report is also required with a due date of 20 December 2016.

Monitoring reports are to be sent to:

1. Ministry of Health, Sector Services: performance_reporting@moh.govt.nz

2. Auckland District Heath Board: Theresa Rongonui, Rheumatic Fever Programme Manager, theresarongonui2@waitematadhb.govt.nz