

1 September 2021

Bill Douglas

Via email: billdouglas@xtra.co.nz



100 Heads Road, Private Bag 3003
Whanganui 4540, New Zealand

Tēnā koe Bill

Official Information Act Request – OIA 13688

On 30 July 2021, under section 12 of the Official Information Act, you requested the following information from Whanganui District Health Board (WDHB):

1. Can you provide the discussion documents received by the DHB Board and the resolutions made by the Whanganui DHB Board regarding the threatened closure of WAM subsequent to the meeting in early December 2019?
I would like a copy of the deliberations and outcomes subsequent to the December 2019 meeting, please.
2. Can you provide copies of the discussion notes/minutes that went to WALT to inform the meeting attended by WALT in December 2019 with the CEO when WRHN was threatening closure of WAM if there was no financial assistance from the DHB and NHC.
3. Does the WRHN and or its subsidiaries have a contract with the Whanganui DHB to provide CBAC services and staffing on the hospital campus and in rural areas of the DHB district?
4. How many services/swabs have been provided at what rate and total monthly or quarterly remuneration and number of services?
5. Can you please provide the unredacted final Tobacco Control Plan(s) for 2019-2021 only the draft plan has been provided in 2020 so is incomplete and likely quite different from the plan finally adopted by the Whanganui DHB?
6. Why is it not available from the DHB that wrote the plans and reports?
7. Can I get a copy of the DHBs Tobacco Control Plans 2019/2020, 2020/2021, 2021/2022 and also the DHB price volume schedules for the last 5 financial years for its overall funded service? The draft plan only has been provided not the final approved by the Board and is missing important information.
8. Can you also provide copies for the annual Price volume schedules for primary care by PHO and service since 1/7/2016?
This information has been provided by other DHBs, most recently Bay of Plenty DHB for Eastern and western Bay of Plenty PHOs in the format requested. It was provided by Whanganui DHB in the annual plan to the board in 2001-2004 and subsequently when requested after I left the DHB board.
9. Is the one sheet annual report from the Whanganui regional Health Network the only reporting of outcomes and outputs the DHB required from the PHO in 2019, 2020 on the \$20million provided for the 55,000 patients enrolled?
Presumably there are reports on the skin lesion funding project that saves the DHB considerable expense and cost savings.

Can annual reports for the requested years for the skin excision project/contract please be provided under the OIA?

10. There is no breakdown of projects and services, patient numbers and costings for any of the cost centres of the PHOs, I assume if the DHBs provide money for patient services they require a report on the number of services provided and the needs met from the recipient of their taxpayer funding. It seems ludicrous to me that the DHB board would no longer require such reporting.

Whanganui District Health Boards response:

- 1. Can you provide the discussion documents received by the DHB Board and the resolutions made by the Whanganui DHB Board regarding the about the threatened Closure of WAM subsequent to the meeting in early December 2019?
I would like a copy of the deliberations and outcomes subsequent to the December 2019 meeting, please.**

Whanganui District Health Board received information at the December 2019 meeting. This information is withheld under section 9(2)(i) and 9(2)(j), to enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations.

- 2. Can you provide copies of the discussion notes/minutes that went to WALT to inform the meeting attended by WALT in December 2019 with the CEO when WRHN was threatening closure of WAM if there was no financial assistance from the DHB and NHC.**

WALT is a public excluded meeting and the information is withheld under section 9(2)(i) and 9(2)(j), to enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations.

- 3. Does the WRHN and or its subsidiaries have a contract with the Whanganui DHB to provide CBAC services and staffing on the hospital campus and in rural areas of the DHB district?**

No

- 4. How many services/swabs have been provided at what rate and total monthly or quarterly remuneration and number of services?**

I assume that this question relates to the previous one. Since WRHN is not contracted for these services, there are no payments.

- 5. Can you please provide the unredacted final Tobacco Control Plan(s) for 2019-2021 only the draft plan has been provided in 2020 so is incomplete and likely quite different from the plan finally adopted by the Whanganui DHB?**

The plan has not been finalised as the intention was to undertake an extensive needs assessment process to inform Tobacco Control planning, investment and commissioning of new services and activities contributing towards achieving a Smokefree Whanganui and the Government Goal Smokefree Aotearoa 2025. This work was not completed due to COVID-19 and subsequent impact on resources. This work is commencing and will in collaboration with key partners also develop an integrated Tobacco Control Strategic Plan to provide leadership, coordination and service development across all local Smokefree/Tobacco Control activities for the period 1 July 2021 – 30 June 2025

6. Why is it not available from the DHB that wrote the plans and reports?

See response above.

7. Can I get a copy of the DHBs Tobacco Control Plans 2019/2020, 2020/2021, 2021/2022 and also the DHB price volume schedules for the last 5 financial years for its overall funded service?

The draft plan only has been provided not the final approved by the Board and is missing important information.

Document attached

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See attached

9. Is the one sheet annual report from the Whanganui regional Health Network the only reporting of outcomes and outputs the DHB required from the PHO in 2019, 2020 on the \$20million provided for the 55,000 patients enrolled?

No

Presumably there are reports on the skin lesion funding project that saves the DHB considerable expense and cost savings.

Can annual reports for the requested years for the skin excision project/contract please be provided under the OIA?

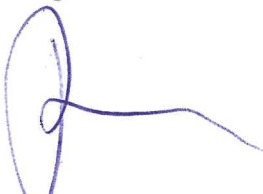
There are volume reports provided of procedures undertaken. Samples are attached. There are no annual reports.

10. There is no breakdown of projects and services, patient numbers and costings for any of the cost centres of the PHOs, I assume if the DHBs provide money for patient services they require a report on the number of services provided and the needs met from the recipient of their taxpayer funding. It seems ludicrous to me that the DHB board would no longer require such reporting.

No response required to a statement

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at anne.phoenix@wdhb.org.nz

Ngā mihi



Russell Simpson
Chief Executive



WHANGANUI
DISTRICT HEALTH BOARD

Te Poari Hauora o Whanganui

**Tobacco Control Plan
2018-2020**

Whanganui District Health Board



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Introduction

Smoking tobacco contributes to negative health effects including addiction, increased risk of stroke, heart disease and cancers and is the single biggest cause of preventable death in New Zealand.

Exposure to second hand smoke also accounts for significant illness with children and young people most susceptible to conditions caused or exacerbated by tobacco smoke including low birth weight, sudden infant death syndrome and respiratory infections.

The impact for Maori is even greater with smoking rates of Maori almost double that for the rest of the population. Minimising the impact of and preventing the uptake of cigarette smoking are key to preventing illness and death.

While there has been a steady decline in the number of adults who smoke in New Zealand since 1997; from 25-16% of the total population, there are still around 605,000 adults who smoke with between 4500 – 5000 deaths a year due to tobacco use.

The adoption of the Smokefree 2025 goal for New Zealand has set an aspirational target to reduce smoking prevalence and tobacco availability to minimal levels essentially making New Zealand a smokefree nation by 2025. While there has been a significant improvement in the smoking rates over the past ten years, with the current prevalence and trends, the indications are the target will not be met.

1 Background

This document outlines the smokefree strategy for the Whanganui district health board region for 2018-20. The Whanganui Tobacco Advisory Group has led the development of the strategy with input from other key stakeholders and key documents.

The founding Whanganui Tobacco Control Plan 2015-18 outlined the commitment of the district health board to the governments Smokefree 2025 Goal and the importance of reducing the negative health effects of smoking on the population.

This strategy identifies a framework which will focus on reducing tobacco uptake and increasing cessation in priority groups; Maori, Pacific, pregnant women, youth and mental health & addictions. It is intended to achieve this with an increased emphasis on:

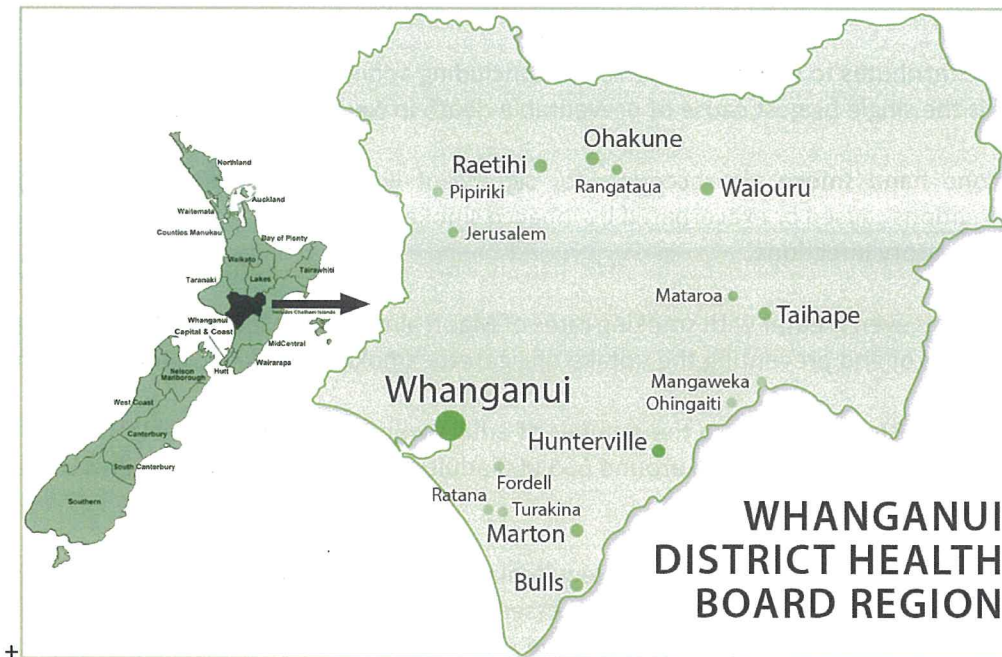
- providing the best support options for quitting
- appropriate education and training for those who support smokers to quit
- community public health messaging
- leadership

There has been significant change in the tobacco control environment in the past three years with the realignment of tobacco services undertaken by the Ministry of Health. The introduction of vaping has begun to change the landscape and provides an opportunity to make a difference in smoking cessation.

2 The Whanganui District Health Board Region

2.1 Location and Boundaries

The Whanganui District Health Board serves a population of 62,445 people with the location and boundaries outlined below:



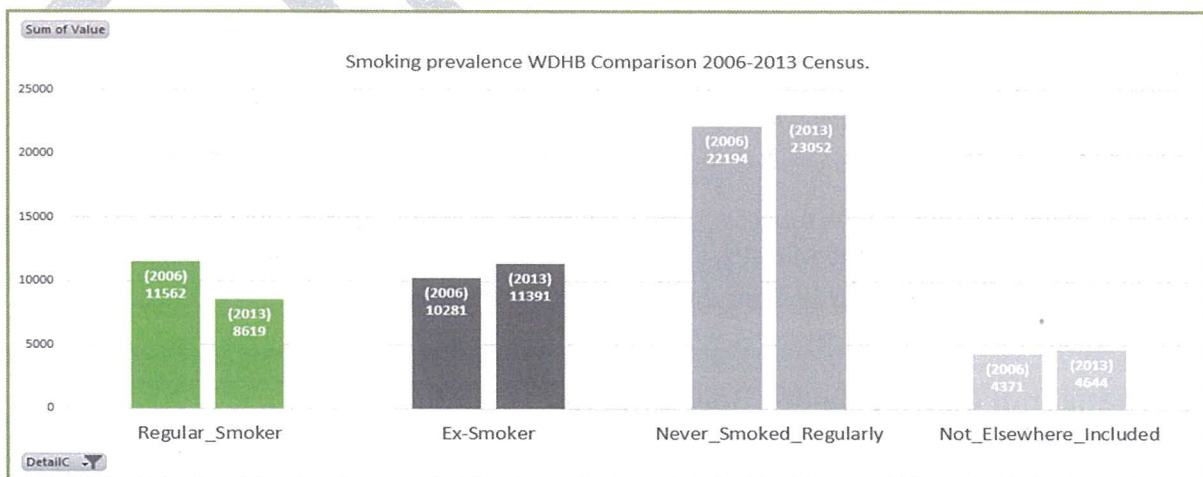
3 Whanganui District Health Board Profile

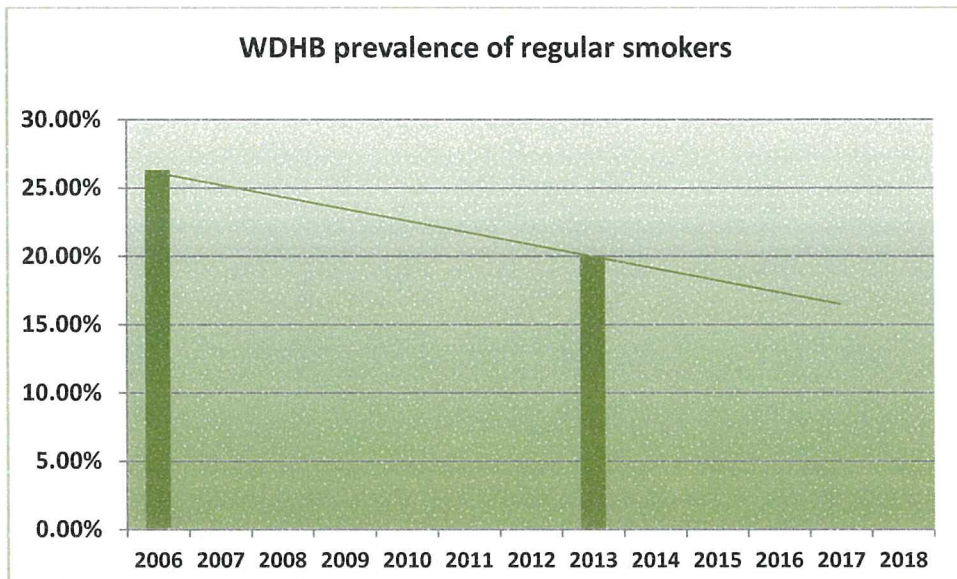
Whanganui District Health Board (WDHB) has an approximate population of 62,445 with a unique profile compared to the rest of New Zealand including a growing proportion of people over the age of 65 years (26%), higher rates of deprivation (37% in quintile 5), a high and growing rate of Māori (26%) and generally poorer health status. While this presents challenges for the district health board and the community, there are also opportunities to improve the health and wellbeing of the community and reduce inequalities for Māori through support to reduce the impact of smoking.

4 What the data shows

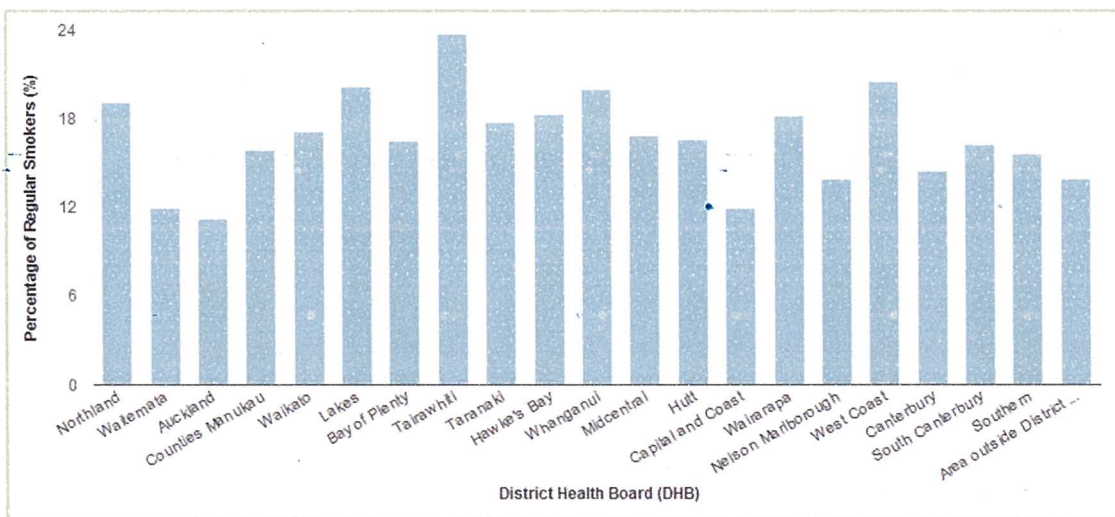
4.1 Smoking prevalence

The New Zealand Census data identifies the percentage of regular adult cigarette smokers across New Zealand has declined by 5.6% between 2006 and 2013. For Whanganui, there was a 6.3% reduction as outlined below:





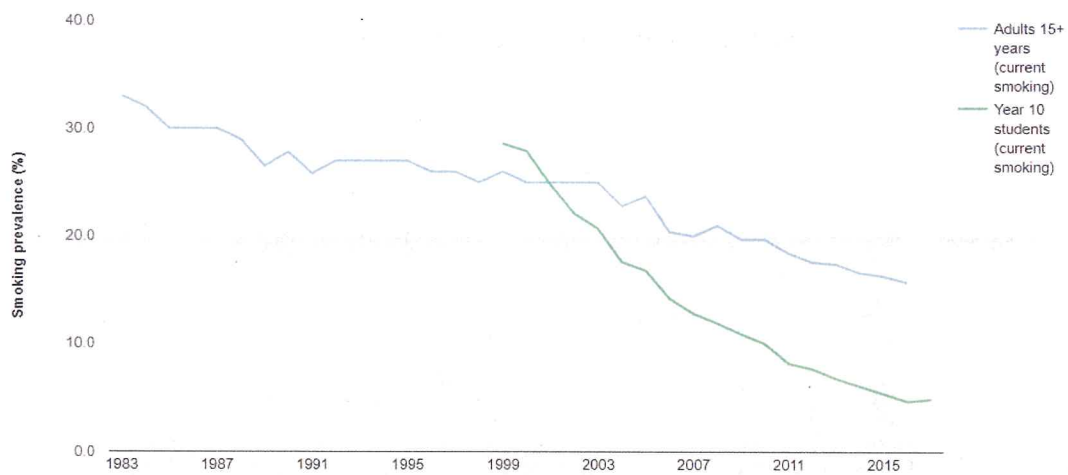
As a district health board region, Whanganui DHB region has a higher percentage of regular cigarette smokers (20.0%) compared to the rest of New Zealand as outlined below. Smoking prevalence is highest in Tairāwhiti (23.7%) followed by West Coast (20.55) and Lakes (20.2%).



Smoking prevalence by DHB
 (Sources: New Zealand Census 2013, Statistics New Zealand)

4.2 Has smoking prevalence changed?

Smoking prevalence among adults has decreased across New Zealand remarkably since the 1980s. In 2012/13, around one in six people aged 15 years or over were current smokers. The rate of current smoking among Year 10 students (aged 14-15 years) has decreased sharply compared to adults since the late 1990s.

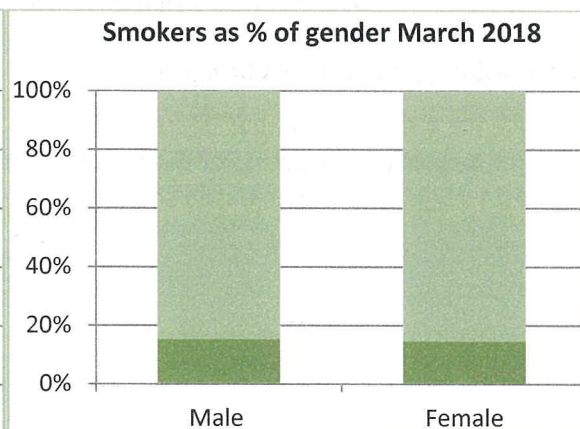
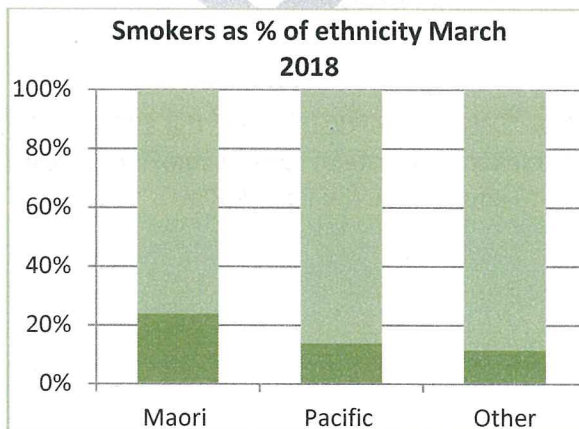
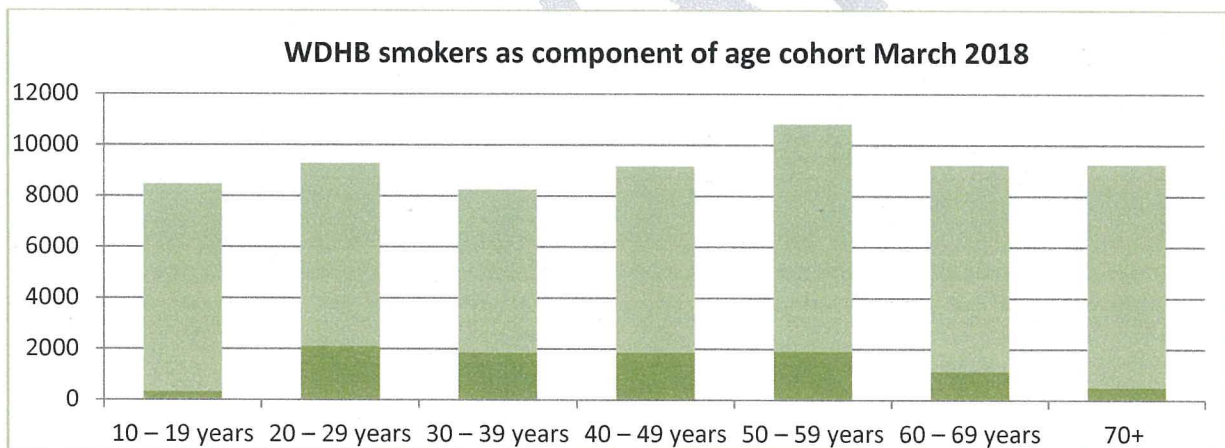


Smoking prevalence in New Zealand from 1983 to 2017

(Sources: AC Neilson; Census, Statistics New Zealand; New Zealand Tobacco Use Survey, Ministry of Health; New Zealand Health Survey, Ministry of Health; Year 10 Snapshot Survey, Action on Smoking and Health.)

4.3 Current smokers

The primary care data as at 31 March 2018 identifies 9570 smokers recorded for the WDH B region’s enrolled population represented below. For the total number of smokers, 43% identified as Maori, Pacific 2% and Others 55% as outlined:



WRHN & NHC enrolment data March 2018

The challenge for this Whanganui District Health Board is the higher number of Maori within the population who represent 43% of the total current smokers.

5 Priority Populations

The following groups are identified as the priority populations where significant inequalities exist in tobacco use and where there is a higher risk of adverse health related outcomes. These groups required targeted approaches to support the required outcomes.

5.1 Māori

Māori represent 26% of the total population in the WDHB region and 43% of the population who smoke. PHO enrolment data shows that there are 4,111 Māori smokers currently with 78% aged between 20 – 54 years.

5.2 Pacific Peoples

Pacific peoples represent 3% of the total WDHB region population and 2% or 195 total smokers with 87% aged between 20-54 years.

5.3 Pregnant women

Smoking during pregnancy increases the risk of harm to the unborn baby through exposure to chemicals contained in the cigarette smoke and can affect growth in the womb by restricting supply of oxygen and nutrients. Pregnant mothers also have an increased risk of miscarriage and premature labour.

Once the baby is born and if exposed to second hand smoke, they have a significantly higher risk of sudden unexpected death of an infant (SUDI). Children whose parents smoke have double the risk of lower respiratory illnesses including bronchitis and pneumonia compared to children of parents who do not smoke.

5.4 Youth

The ASH Year 10 snapshot survey for 2017 identifies that for the Whanganui DHB region, 78.6% of students report never smoking, 5.4% are regular smokers and 3.2% are daily smokers. The current primary care enrolment data shows there are 309 people aged between 10 – 19 years who identified as a regular smoker.

**Whanganui DHB and the ASH Year 10 Snapshot Survey
2003–2017**

Year	n	% Never Smoking		% Regular Smoking		% Daily Smoking	
		DHB	National	DHB	National	DHB	National
2003	756	38.4	42.4	23.2	20.7	14.7	12.1
2004	377	37.1	47.0	24.4	17.6	14.9	9.8
2005	554	51.8	49.4	16.8	16.8	9.8	9.0
2006	364	45.3	54.0	23.4	14.2	17.6	8.2
2007	394	51.5	57.3	18.8	12.8	11.9	7.3
2008	639	51.2	60.7	13.9	11.9	6.4	6.8
2009	543	62.3	64.0	10.3	10.9	3.5	5.6
2010	426	49.1	64.4	18.8	10.0	11.0	5.5
2011	408	63.7	70.4	11.8	8.2	4.9	4.1
2012	211	44.6	70.1	20.4	7.7	10.0	4.1
2013	614	64.8	75.1	9.5	6.8	5.7	3.2
2014	524	67.4	76.9	6.2	6.1	2.7	2.8
2015	489	73.4	78.6	6.3	5.4	3.5	2.5
2016	428	67.5	79.4	6.0	4.7	2.2	2.2
2017	471	78.6	82.0	5.4	4.9	3.2	2.1

Daily smoking include students who report smoking at least once a day.
Regular smoking include students who report smoking daily, weekly, or monthly.
n is the number of students participating from the Whanganui DHB area.

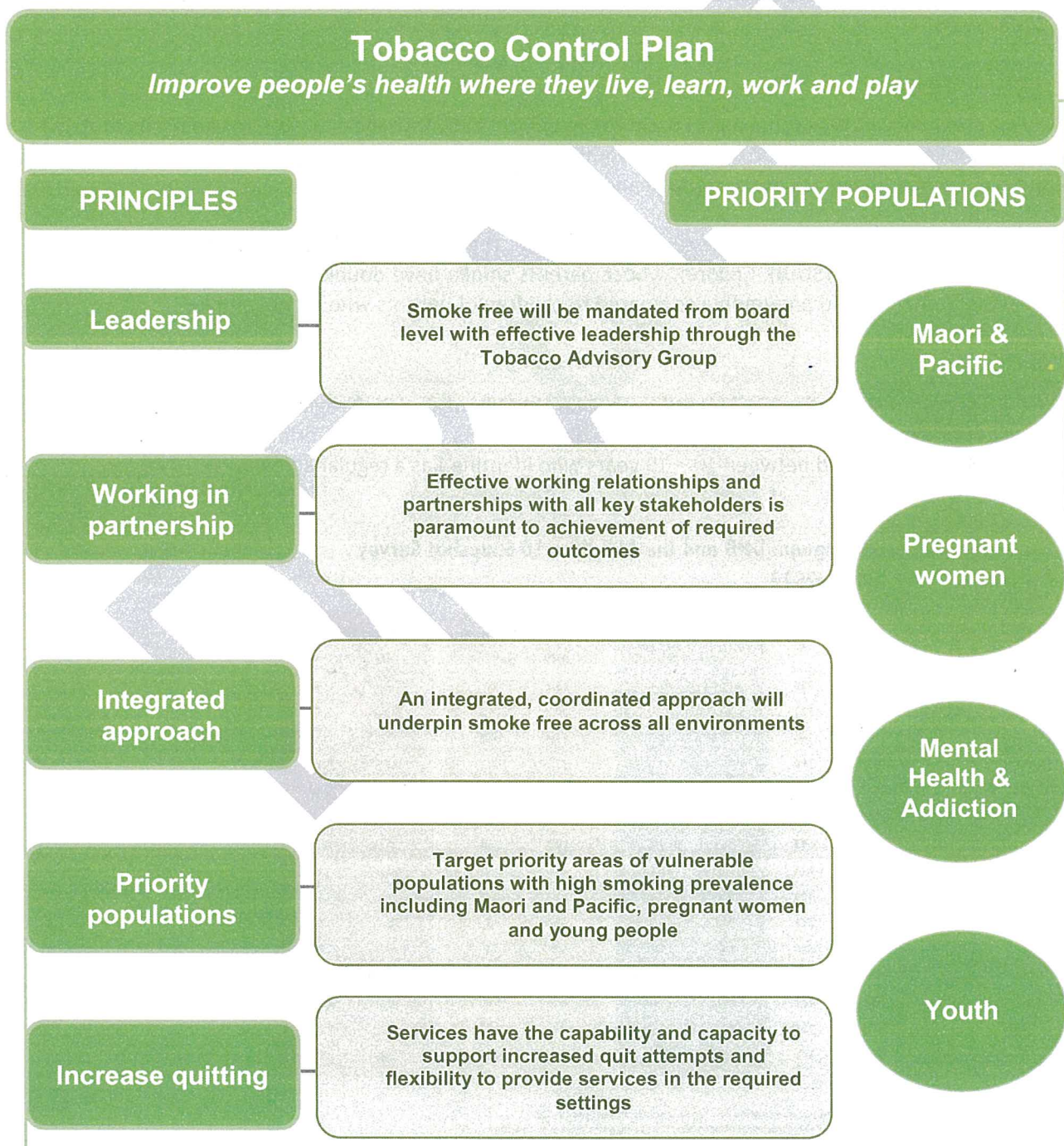
5.5 Mental Health

Smoking amongst people with mental health illness is significantly higher than the rest of the general population. EXPAND

6 Our approach to smoking cessation

6.1 Overview

Tobacco Control in the Whanganui region is guided by the framework below which identifies the principles of integration, leadership and working in partnership. This philosophy underpins the objectives to increase cessation focused on priority populations. The Whanganui regional smoke free strategy aims to achieve the Smokefree 2025 goal through a comprehensive approach to smoking cessation and reduction of smoking uptake



An integrated approach to support people to quit smoking is integral to ensure there is a consistency of messaging, access to a range of smoking cessation options and ensuring a level of training and education to provide a robust framework and provision of services. This approach will target priority areas of vulnerable populations with high smoking prevalence including Maori, Pacific, pregnant women, young people and mental health and addictions clients.

The overarching objectives of this plan are to identify an approach which enables a range of activities to support the following:

- Prevention, preventing smoking uptake by creating an environment where young people choose not to smoke
- Cessation, helping people to stop smoking
- Protection, creating smokefree environments

6.2 Vaping

The use of vaping products has the potential to support smoking cessation with a product that is less harmful than smoking tobacco. The approach is to support vaping within a Vape to Quit framework, recognising the harm reduction benefits even if some smokers continue to vape.

The development of a vape to quit option for smokers who have been unsuccessful with or are unable to use nicotine replacement therapy (NRT) and other medications. Smokers may be recruited for vape to quit from primary, secondary and community care settings and will be supported into Vape to Quit within the Stop Smoking Service. Primary and secondary clinical staff will be provided with education so that they have a good understanding of Vaping including risks and benefits, and Stop Smoking Services will achieve a high level of competence in practical support for Vape to Quit.

6.3 Whanganui Tobacco Advisory Group

The Whanganui Tobacco Advisory Group acts as an alliance for tobacco control in the WDHB region. The purpose of the TAG is to provide leadership and strategic guidance for tobacco control and smoking cessation across the region, to establish and support a collaborative approach and to monitor progress against the Whanganui District Health Board (WDHB) Tobacco Control Plan. The work of the group will be instrumental in supporting progress towards the outcomes of the Tobacco Control Plan 2015-18 which contribute to the overarching goal of Smokefree 2025.

The group's members are appointed for their ability to influence, drive and manage tobacco control strategies in their respective organisations and communities and for their individual experience, knowledge and credibility in representing the key stakeholders. The membership currently includes:

- Te Oranganui Trust
- WDHB Service & Business Planning
- WDHB Public Health Centre
- Whanganui Regional Health Network
- National Hauora Coalition
- Target Champion Primary Care
- WDHB Tobacco Champion
- LMC/Midwife representation
- WDHB Communications
- Whanganui District Council
- Whakauae Research for Māori Health & Development

6.4 Smoking cessation options

The Ministry of Health funds smoking cessation services for the Whanganui region including direct contracts with providers including the district health board. National services are also provided including Quitline. The table below outlines the existing services which provide support to become smokefree.

Provider	Service
Whanganui District Health Board	Brief advice & support to quit
Ngā Taura Tūhono Regional Stop Smoking Service, Te Oranganui Trust & Taihape Health	Free service available across the region offering help to become Smokefree. With advice and support from coaches and nicotine replacement therapy options available, the service is able to guide the community through the journey to become smoke free
Community Pharmacy	Community pharmacies throughout the region offer brief intervention and advice, nicotine replacement therapy (NRT) initiation and referral to Ngā Taura Tūhono Regional Stop Smoking Service
General Practice & Primary Care	General practitioners offer advice and pharmacotherapy support with referral to support and behavioural therapy from Ngā Taura Tūhono Regional Stop Smoking Service
National Quitline	Free ongoing support to quit smoking with a programme which offers phone, online and text support, nicotine replacement therapy and referral to face-to-face services

7 Funding

The Ministry of Health tobacco control contract provides funding to support achievement of the above objectives. The budget for 2018-20 is outlined below:

Description	Budget 2018-19	Budget 2019-20
WDHB Provider Division	\$115,000	\$115,000
Hospital liaison services	\$12,000	\$12,000
Innovation fund	\$60,000	\$60,000
Clinical Champion	\$10,000	\$10,000
Training & development	\$40,000	\$40,000
Primary care cessation support	\$220,000	\$115,000
Integrated communications strategy	\$10,000	-
Community signage	\$10,000	-
Pharmacy nicotine replacement therapy	\$6,000	\$10,000
Tobacco Advisory Group	\$5,000	\$13,000

Stop smoking services leadership	\$36,000	\$36,000
Programme development & coordination		\$107,500
Total	\$524,000	\$518,500

Innovation funding is available for initiatives which support activities required to meet the objectives of this plan. Proposals are invited along with responses to any expressions of interest process undertaken. Each proposal will be assessed by the Tobacco Advisory Group prior to being submitted through the service and business planning funding management group process. This ensures a robust evaluation of proposals including equity assessment.

The Smokefree Collective will identify opportunities for a collaborative approach across key stakeholders to progress actions outlined in the tobacco control plan.

8 Outcomes

The activities identified in the plan are expected to contribute to the following outcomes:

- Reduction in smoking prevalence
- Decreased exposure to second hand tobacco smoke
- Increased cessation across all priority areas
- Reduced smoking initiation in youth
- Increased smokefree environments
- Increased leadership for smokefree
- Increased quit attempts
- Knowledge and attitude change
- Reduced availability of tobacco and visibility of smoking

9 Measures

The following measures will monitor performance towards achievement of the vision and outcomes:

- Number of smokers provided with support to quit by ethnicity
- Reduced proportion of the population who smoke
- HT5: 95% of patients who smoke and are seen by a health practitioner in public hospital will be offered brief advice and support to quit smoking
- HT5: 90% of patients who smoke and are seen by a health practitioner in primary care will be offered brief advice and support to quit smoking
- HT5: 90% of pregnant women (who identify as smokers at confirmation of pregnancy in general practice or booking with a lead maternity carer) will be offered advice and support to quit smoking
- By 2025, less than 5% of the DHB's population will be a current smoker

10 Action plan

The following plan outlines activities to be undertaken to improve performance along with expected outcomes and timeframes for 2018-2019.

Activity	Measured by	Responsibility	Timeframe
LEADERSHIP			
The Tobacco Advisory Group will ensure alignment and integration of tobacco control activities within the region. Sponsorship of strategy and planning endorsed by the Tobacco Advisory Group will be with the relevant contributory organisations including WDHB Board, executive management team, WRHN clinical governance group, Te Oranganui and the Whanganui District Council			

<ul style="list-style-type: none"> - Review Tobacco advisory group structure and outcomes against Board and Ministry of Health expectations - Provide clinical leadership and advice to the sector 	Review undertaken	WDHB Service & Business Planning TAG	30 June 2019
<p>WORKING IN PARTNERSHIP – AN INTEGRATED APPROACH</p> <p>An integrated, coordinated approach will underpin smokefree across all environments. Effective working relationships and partnerships with all key stakeholders is paramount to achieve required outcomes. Stakeholder networking is a critical component of working in partnership and will be achieved through the activities of the Smokefree Network including representation from WDHB Public Health, WRHN health promotion, Healthy Families and the Stop Smoking Service. NGOs and other stakeholders may also work in partnership through the Smokefree Network and the Healthy Families Prevention Partnership</p>			
<ul style="list-style-type: none"> - Engage with sectors outside of health to support development of smokefree leadership in other settings - Identify community champions and provide support to develop locally led relevant and effective smokefree solutions - Development of smoke free support package for WDC owned facility use and WDC funded/sponsored events - Community signage implemented to support the Smoke/vape free policy 	Signage installation completed Toolkit developed	Health Promotion TAG Smokefree Network	30 June 2019
<p>INCREASE QUITTING</p> <p>Services have the capacity & capability to support increased quit attempts</p>			
<ul style="list-style-type: none"> - Delivery of ABC in clinical practice and other settings - Undertake independent survey of stop smoking service users to inform appropriate support needs - Review & implement efficient systems and processes to support referrals to and engagement with local stop smoking services 	Health target 90%	General practice Stop Smoking Services Healthy Families	30 June 2019
<p>PRIORITY POPULATIONS</p>			
<p>Mental Health</p> <ul style="list-style-type: none"> - Work with mental health community providers to become smokefree including vaping as an alternative - Explore development of smoke free plans for persons engaged with all mental health services (inpatient, specialist services, primary and NGOs) 		Smokefree Project Lead	30 June 2019
<p>Maori</p> <ul style="list-style-type: none"> - Support development of relevant cessation messaging for rangatahi - Review further integration of Whanau ora centered approach to engage Maori/Pacific 		TAG Health Families Project	
<p>Pregnant women</p> <ul style="list-style-type: none"> - reduce smoking in pregnancy & increase the number of Maori babies living in smokefree homes - Consider recommendations from Maternal Smoking Research Project - Explore including smoking questions in Whanganui DHB maternity survey 	Smoking status of pregnant women Mothers are smoke free at two and six weeks post natally	Smokefree Project Lead Stop Smoking Services Smokefree Project Lead	31 March 2019

<ul style="list-style-type: none"> - Review current incentive program for pregnant women to consider vape to quit program - Provide vaping education and support for LMCs & health workforce - Undertake stock take of smoking cessation services targeting pregnant women and provide information to LMCs, Well Child Tamariki Ora services, core midwives and lwi providers 			
<p>Youth - Prevent uptake and increase cessation support</p> <ul style="list-style-type: none"> - Identify opportunities including linkages with Youth Services Trust to support youth to cessation support 		Service & Business Planning	
<p>TRAINING</p>			
<p>Appropriate education and training is provided for those who support smokers to quit</p>			
<ul style="list-style-type: none"> - Vape to quit education and training requirements are identified and provided - Updated education and training for Stop smoking service providers and those working with priority group populations - Support training and development of providers focusing on those working with priority groups, Maori, Pacific, pregnant women and mental health 	Training plan developed		30 June 2019
<p>VAPING</p>			
<ul style="list-style-type: none"> - Develop a vaping framework - Establish working relationship with vape provider to support stop smoking programme 			
<p>2019-2020</p>			
<p>Undertake external evaluation to inform development of a framework / model underpinned by Whānau Ora concept to shift focus from smoking cessation to providing person-centred pathway to smokefree and including a shift from cessation focus to addressing barriers to quit</p> <p>Explore Whānau Ora approach based on learnings & recommendations from the Kaiwhakarete Oranga initiative (kaiawhina) in priority areas, Maternity, Māori, Mental Health and Stop smoking services</p> <p>Introduce motivational interviewing training in priority areas including maternity settings</p> <p>Implement automatic referral of all pregnant women who smoke to stop smoking services from lead maternity carers</p> <p>Identify an integrated primary care approach within current programmes including healthy homes, outreach, pregnancy & parenting to include linkages and support to stop smoking services</p> <p>Undertake cessation opportunities in other settings including workplaces, Marae and sports venues, targeted at priority groups</p>	<p>Framework developed with timeframes for activity</p> <p>Training programme identified</p> <p>Referral pathway established</p>	TAG	<p>Q2</p> <p>Q2</p> <p>Q3</p>

<p>Identify support for and active engagement with rangatahi targeting high risk & need e.g. within alternative education settings</p> <p>Work alongside interagency networks, communities and key settings to raise awareness on the importance of quitting / smokefree</p> <p>Localise smokefree messaging targeting priority groups</p>	<p>Collective communications plan developed</p>		<p>Q3</p>
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