

Auckland Regional Public Health Service

Working with the people of Auckland, Counties Manukau and Waitemata

Te Ora ō Tāmaki Makaurau



**Annual Operational Plan
for 2018/19**

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Kia hora te marino
Kia whakapapa pounamu te moana
Hei huarahi ma tatou i te rangi nei
Aroha atu aroha mai
Tatou ia tatou katoa
Haumi e hui e
Taiki e

E ngā tini mate kei waenganui ia tātou,
Haere, haere, hoki atu ra ki Hawaiki nui, Hawaiki
roa,
Hawaiki pāmamao ki te Hono-i-Wairua, ki reira
okioki ai.
Ki Ngā Mana Whenua o Tāmaki Makaurau, tēnei
mātou Te Ratonga Hauora a Iwi o Tāmaki
Makaurau e mihi ana kia koutou mō tō manaaki
kia mātou e noho ana ki roto i tō rohe i raro i te
maru o Te Tiriti o Waitangi. E rere ana te mihi
maioha kia koutou katoa.
Ka huri kia tātou, ngā iwi mataawaka, ngā
hāpori, ngā whānau, ngā kaimahi o Te Karauna e
noho ana ki tēnei takiwā, nei rā te mihi kia
koutou, oti rā kia tātou katoa.
Ko te Ratonga Hauora a Iwi o Tāmaki Makaurau
ngā kaiwhakahaere i ngā taupori kanorau ki
tēnei rohe. Mā te tiaki, te taupā me te hāpai i te
hauora tēnei kaupapa ka kawē. Ka whakarawe
mātou i ngā ratonga hauora kia ngāi tātou e
noho ana ki tēnei takiwā, mai Waitemata taenoa
ki Manukau.

*To the deceased among us, depart to Hawaiki,
To great Hawaiki, to long Hawaiki, to distant
Hawaiki, to the meeting place of departed souls.
There you shall be at rest.
Auckland Regional Public Health Service
acknowledges Ngā Mana Whenua o Tāmaki
Makaurau for the care and protection you
extend to all within the Auckland Region per the
articles of the Treaty of Waitangi. We extend
thanks and appreciation to you all.
Turning now to us all, of many tribes,
communities, families and civil servants who all
dwell in this region. Sincere greetings to you,
and to us all.
Auckland Regional Public Health Service is the
regulatory public health organisation serving the
diverse population of Tāmaki Makaurau through
health protection, prevention and promotion.
We aim to provide public health service to
people residing in Waitemata, Auckland, and
Counties Manukau.*

Section One

1.1 Introduction

Auckland Regional Public Health Service (ARPHS) is one of New Zealand's 12 Public Health Unit's (PHU). A key role for ARPHS is provision of regulatory public health services. ARPHS provides public health services to people residing in the three Auckland metro District Health Boards (DHBs) through health protection, prevention and promotion.

ARPHS' vision is Te Ora ō Tāmaki Makaurau. ARPHS' strategic long term outcomes are:

- People are protected from the harm of notifiable infectious diseases.
- People are protected from the impact of environmental hazards.
- People live free from the harms associated with harmful commodities.
- The environments in which people live, learn, work and play promote health and wellbeing.

ARPHS' work includes operational management of the regional tuberculosis control programme, and management of other notifiable infectious and environmental diseases. We provide advice and support on actual/potential environmental hazards such as drinking and recreational water quality, air quality, border health protection, and hazardous substances. We work with other agencies on liquor licensing, smokefree, early childhood education, obesity, emergency response, physical activity and nutrition activities including central government agencies, Auckland Council, non-government organisations and workplaces to improve the health and wellbeing of people living in Tāmaki Makaurau. ARPHS is also responsible for refugee health screening undertaken at the Mangere Refugee Resettlement Centre.

Services provided by ARPHS include:

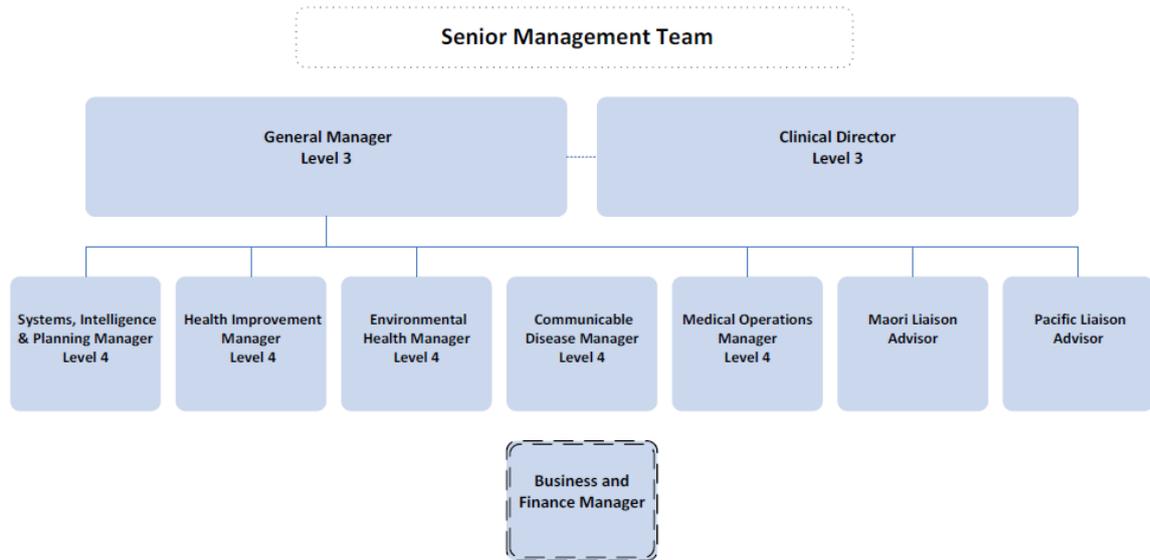
- receiving disease notifications and ensuring appropriate public health management
- early identification and management of outbreaks of communicable diseases
- providing a range of clinical services for the control of tuberculosis (TB)
- support for management of outbreaks of food borne diseases in healthcare and early childhood education and other institutional settings
- screening and treating (where appropriate) all incoming quota refugees and asylum seekers
- responding to environmental public health risks
- public health input to ensure the quality of community drinking water supplies
- Healthy Auckland Together collaboration and backbone support

- delivery of health promotion initiatives including early childhood education, nutrition and physical activity, workplace health, reduction of harm from alcohol and tobacco
- enforcement of tobacco and alcohol licensing legislation
- public health advocacy through submissions on local and central government policy and legislative processes and 'upstream' proactive engagement
- stakeholder management and engagement
- maintaining emergency planning and response capacity
- managing international public health risks through activities at the border including responding to potential disease vector incursions and managing ill-travellers under the International Health Regulations
- public health surveillance, and
- maintaining the regional register of women enrolled in the National Cervical Screening Programme register.



ARPHS maintains a 24 hour, seven day per week service for disease and public health event notifications and provides seven day a week monitoring for some community-based patients requiring medication for TB.

ARPHS employs approximately 160 staff, including Medical Officers of Health, senior medical officers, health protection officers, public health nurses, health promoters, systems intelligence and planning roles and management. The Senior Management Team structure is below.



1.2 Population Profile

ARPHS provides public health services to the populations residing in Counties Manukau, Waitemata and Auckland DHBs; see map below:

Auckland Regional Public Health Service by DHB boundaries

Auckland region population demographics:

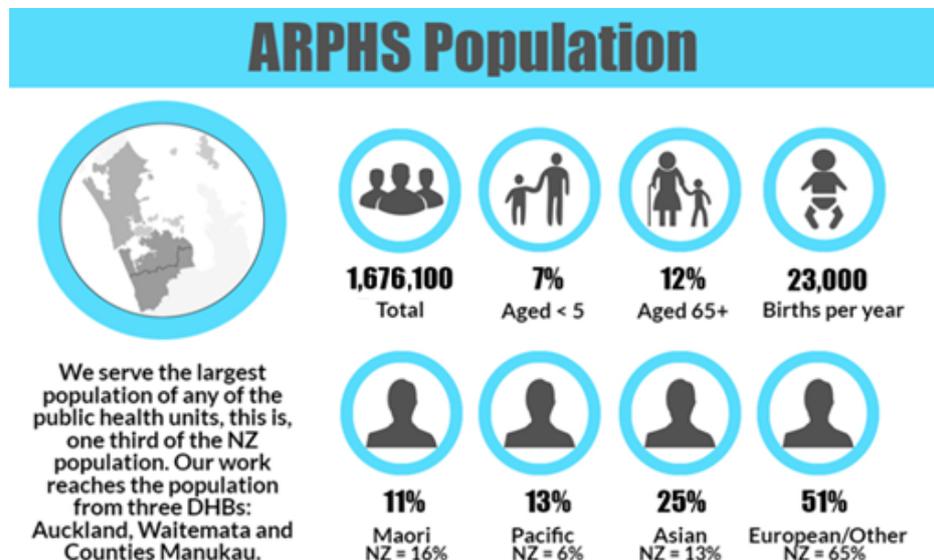
1,676,100 people reside in the Auckland region, approximately one third of New Zealand's population. Population by DHB constituency is:

Auckland DHB: 606,000 people
Waitemata DHB: 523,500 people
Counties Manukau Health: 546,600 people.

The Auckland region has 33.4 percent of New Zealand's population, and is growing quickly. Between 2006 and 2013, Auckland region population increased by 110,592 people, or 8.5 percent.¹ In the year ended June 2017, the Auckland region was the fastest growing region, with its population growing 42,700 to approximately 1.67 million.² Auckland region population is projected to grow to 1.9-2.1 million by 2028.³

Along with population growth, other factors unique to the Auckland region such as a diverse population, levels of deprivation, and population mobility are resulting in a high burden of disease.

Importantly, Auckland region is New Zealand's main international gateway where most economic activity and social mobility in New Zealand take place. A large number of visitors and cargo pass through Auckland's airport and ports.



¹ http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request_value=13171&parent_id=13170&tabname=#13171

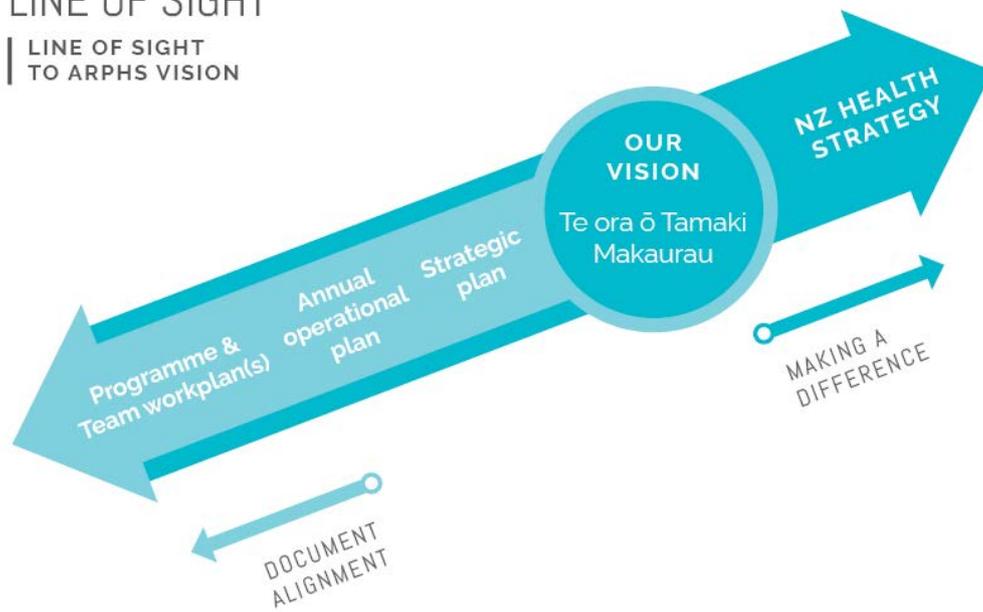
² <https://www.stats.govt.nz/news/population-growth-fastest-in-northland-auckland-and-waikato>

³ http://archive.stats.govt.nz/browse_for_stats/population/estimates_and_projections/auck-pop-alt-migration-2017.aspx

1.3 ARPHS Strategic Framework

LINE OF SIGHT

LINE OF SIGHT
TO ARPHS VISION



HEALTH SECTOR GOAL

NZ Health Strategy – All New Zealanders live well, stay well, get well

WHY WE'RE HERE

VISION

Te Ora ō Tāmaki Makaurau

Our vision captures the essence of promoting and protecting the health and wellbeing of the region's people and environment.

PURPOSE

Collective action for the health and wellbeing of Tāmaki Makaurau

HIGH LEVEL OUTCOMES

- Increased life expectancy
- Increased quality of life
- Māori health gain
- Equity for all

LONG TERM OUTCOMES

- Outcome 1: People are protected from the impact of environmental hazards
- Outcome 2: People are protected from the impact of notifiable infectious diseases
- Outcome 3 : People live free from the harms associated with harmful commodities
- Outcome 4 : The environments in which people live, learn work and play promote health and wellbeing

SUPPORTED BY

- Leadership, workforce development and organisational sustainability

TOP STRATEGIC PRIORITIES

TOP STRATEGIC PRIORITIES

- Reduce the harm of notifiable infectious diseases, in particular:
 - Reduce the spread of Tuberculosis through TB case and contact management
 - Actively manage infectious diseases and pursue an 'up stream' approach to infectious disease prevention
- Build healthy and resilient environments and communities, in particular:
 - Early identification and active management of enteric diseases
 - Active support for high quality water and waste management
- Reduce obesity, improve nutrition, and increase physical activity
- Support Smokefree 2025
- Enhance surveillance of communicable and non-communicable diseases and risk factors for public health action and reporting
- Enhance and build stakeholder relationships with organisations and communities to continuously improve public health for Tāmaki Makaurau

ARPHS COMMITMENT TO THE TE TIRITI O WAITANGI

We work to support mana whenua aspirations for health, wellbeing and the reduction of inequalities. As a Crown agent we support mana whenua in its role to manaaki (care for) all people within its tribal rohe (area). We ensure participation of mātāwaka (those with affiliations other than mana whenua) in planning and providing services that promote the wellbeing of all people living in Tāmaki Makaurau.

1.4 Financial summary

Note: Still under negotiation with the Ministry of Health

Section two

Annual Operational Plan 2018/19

This Annual Operational Plan (AOP) describes ARPHS work for the 2018/19 financial year and is complemented by ARPHS programme workplans. In the development of this document consultation occurred with our key DHB stakeholders and feedback was collected and incorporated into the plan where applicable.

We have included a brief description for each service grouping which aligns with ARPHS Strategic Plan 2017-2022.

Our AOP is aligned with the Results-Based Accountability (RBA) framework as per the Ministry's guidance. This section describes activities and includes performance measures as per the RBA.

To demonstrate our performance accountability, as per Ministry's guidance, we provide the following performance measures covering three dimensions:

- How many (quantity of effort): # (number)
- How well (quality of effort): % (percentage)
- Is anyone better off (quantity and quality of effect): #/% (number and percentage).

2.1 Outcome 1: People are protected from the impact of environmental hazards⁴

2.1.1 Drinking Water

Goal	To ensure potable ⁵ and wholesome ⁶ drinking water is supplied to Tāmaki Makaurau by drinking water suppliers.
Service description	The Drinking Water Assessment Unit (DWAU) supports drinking water suppliers to provide potable water and wholesome drinking-water to Tāmaki Makaurau; and ensures suppliers have policies and monitoring procedures to comply with the Health Act 1956 and the Drinking Water Standards for NZ 2005 (Revised 2008).
Target Population	General Population.
Objectives	<ol style="list-style-type: none"> 1. To optimise the safety and quality of drinking water available for public consumption in Tāmaki Makaurau. 2. To assess and/or investigate drinking water related incidents and complaints; and assist drinking water suppliers to manage incidents as per the Drinking Water Standards New Zealand (DWSNZ) 2005 (Revised 2008). 3. Work with the three Auckland metro DHBs on proposed regulatory change for community water fluoridation. 4. To advocate for the continued fluoridation of the drinking water supply in Tāmaki Makaurau.
Lead	Environmental Health.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Maintain accreditation of Drinking-Water Assessors and DWAU and support other DWAUs.	Number of Drinking Water Assessor FTEs. 17/18: 3.4 FTE	Percentage of Drinking-Water Assessors that maintain accreditation. 17/18: 100% Maintain DWAU accreditation. Yes/No.	Complementary narrative.

⁴ All work will be carried out in accordance with the Ministry's Environmental Health Protection Manual and other relevant Manuals and Guidelines.

⁵ Drinking water that does not contain or exhibit any determinand to any extent that exceeds the maximum acceptable values specified in the Drinking-water Standards for New Zealand (DWSNZ)

⁶ Potable water: is drinking water that does not contain or exhibit any determinand to any extent that exceeds the maximum acceptable value (MAVs) specified in the Drinking Water Standards New Zealand 2005 (Revised 2008). (source: Health Amendment Act - Drinking Water 2007).

Wholesome water: is potable drinking water that does not contain or exhibit any determinands that exceed the guideline values for aesthetic determinands in the Drinking Water Standards New Zealand 2005 (Revised 2008) (source: Health Amendment Act - Drinking Water 2007).

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Identify, investigate incidents, complaints and notifications of adverse drinking water quality supplies.	<p>Number of investigations related to incidents, complaints and notifications. 17/18: 38</p> <p>Number of drinking water transgressions⁷ and/or non-compliance notified to and managed by ARPHS. 17/18: E.coli/Chemical transgressions: 25 Non-compliance: 7</p>	<p>Number and percentage of serious drinking water incidents reported to MoH within 24hrs of notification. 17/18: 100%</p>	<p>Percentage of serious incidents reported to DWAU to which ARPHS responded. 17/18: 100%</p>
<p>Register and conduct annual review of drinking-water supplies.</p> <p>Promote drinking-water supplies compliance.</p> <p>Assess water suppliers' water safety</p>	<p>Number of water supplies surveyed in the annual review. 17/18: 305</p> <p>Number of WSPs assessed. 15/16: 17 16/17: 7 17/18: 19</p> <p>Number of WSPs approved. 15/16: 17 16/17: 7 17/18: 17</p>	<p>Percentage of drinking water register entries (network supplies) verified or updated. 17/18: 100%</p> <p>Percentage of networked water supplies (by class of water supply) receiving at least one compliance inspection per annum with findings confirmed in writing. 17/18: 100%</p> <p>Percentage of water suppliers' WSPs approved within 20 working days.</p>	<p>Number and percentage of network water suppliers⁸ that are compliant with the Act in Tāmaki Makaurau. 17/18: Large suppliers: 18 (100%) Medium suppliers: 2 (100%) Minor suppliers: 19 (76%) Small suppliers: 6 (75%) Rural agricultural suppliers: n/a</p> <p>Proportion of the population receiving drinking water from a network supplier with an approved water safety plan.</p>

⁷ Transgression: when any maximum acceptable value is exceeded.

⁸ Broken down by class ie. large, medium, minor, small and rural agricultural.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>plans (WSPs) as required and provide a report to the water supplier within 20 working days.</p> <p>Assess and process applications as required for the use of temporary drinking water supplies.</p>	<p>Number of temporary drinking water supplies assessed and approved. 17/18: 0</p>	<p>17/18: 100%</p> <p>Percentage of networked water supplies (by class of water supply) where timely response was provided by PHU to transgressions, contamination or interruption. 17/18: 100%</p>	<p>17/18: 97.2%</p> <p>Percentage of water supplies meeting the DWSNZ. 17/18: 55 (94.5%)</p>
<p>Undertake implementation assessment of water safety plans. (Certify the implementation of WSPs)</p>	<p>Number of assessments. 17/18: 6</p>	<p>Percentage of networked water suppliers serving more than 100 people with approved WSPs. 17/18: 100%</p> <p>Percentage of network drinking water supplies with an approved WSP that have had an implementation completed in the last 3 years (expected 100%). 17/18: 100%</p>	
<p>At least annually check that water suppliers' water safety plan is being maintained⁹</p>	<p>Number of checks.</p>		
<p>Authorise organisations for the purposes of ensuring compliance with the Act, drinking water standards, and</p>	<p>Number of assessments related to requirements of the Act, drinking water standards, and water safety plans¹⁰ (number of authorisations)</p>		

⁹ The WSP is a living document and the water supplier does not wait for the five year review period to update the plan.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
water safety plans.			
Ensure compliance with the Health Act 1956, drinking water standards, and WSPs and conduct enforcement of the Act.	<p>Number of assessments related to requirements of the drinking water standards 17/18: 280</p> <p>Number of investigations related to enforcement (please specify in narrative). 17/18: 0</p>		Complementary narrative.
Refer issues with self-supplies to the appropriate Territorial Authority.	Number of issues referred.		Complementary narrative.
Provide advice to the three Auckland metro DHBs on community water fluoridation.	Narrative reporting.		Number and percentage of water supplies serving 1000 people that are fluoridated.
Form collaborative arrangements with water suppliers and Auckland Council to share information about potential risks to drinking-water catchments, drinking-water supplies and other relevant issues.			Complementary narrative on outcomes.
Conduct grading of water supplies managed by Watercare and Veolia water (on request).	<p>Number of grading assessments received.</p> <p>Number of grading assessments completed.</p>		Complementary narrative.

2.1.2 Hazardous Substances¹¹

Goal	People and communities living in Tāmaki Makaurau are free from the adverse health effects of hazardous substances.
Service description	ARPHS responds to hazardous substance emergencies ¹² and manages environmental notifications of poisonings. ARPHS works with Auckland Council, Hazardous Material Co-ordination Committee Auckland Area and Auckland Regional Methamphetamine Working Group (ARMWG) to deliver on this goal and to ensure timely and coordinated responses to hazardous substances emergencies. ARPHS also liaise with Waikato and Hauraki Councils.
Target Population	General Population.
Objectives	<ol style="list-style-type: none"> 1. Respond to emergencies involving Hazardous Substances and New Organisms (HSNO) substances (including asbestos and radiation). 2. Investigate chemical poisoning notifications resulting from environmental exposures and hazardous substance injuries. 3. Undertake vertebral toxic agent (VTA) regulatory activities. 4. Maintain effective HSNO stakeholder relationships.
Lead	Environmental Health.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Maintain sufficient HSNO enforcement officers.	Number of public health HSNO enforcement officers. 17/18: 6	Increase from 6 to 8 public health HSNO enforcement officers/HPO in the Environmental Health Team. Yes/No.	Narrative on increasing our team competence and capability of responding to all HSNO incident and notifications in the Auckland region.
Report all notifications of hazardous substances injuries to the science provider in the format required. Investigate notifications of lead poisoning,	Number of cases of hazardous substances injuries that are notified by GPs, hospitals and others. 17/18: 578	Percentage of debriefs/audits that show responses have been consistent with the Ministry's advice and guidelines ¹³ 17/18: 100%	Narrative on improved timeliness of notifications. Narrative of any proactive and preventative corrective actions

¹¹ Including hazardous substances and asbestos.

¹² Including asbestos emergencies.

¹³ Including the National Hazmat Response Plan, Major Response to Fires; guidelines for public health units (Revised 2014), Investigation and Surveillance of Agrichemical Spraydrift Incidents: guidelines for public health units.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
poisoning from chemical contamination of the environment, and hazardous substances injuries as required.	Number of Direct Laboratory Notifications (DLN) of elevated blood lead levels.		conducted to prevent future cases of elevated blood lead levels from common lead sources.
Process applications for VTA operations. Ensure conditions imposed for the use of controlled VTA agents are complied with.	<p>Number of applications for VTA permission received. 17/18: 4</p> <p>Number of applications for VTA permission issued. 17/18: 4</p> <p>Number of desk top audits of 1080 operations. 17/18: 1</p> <p>Number of field audits of 1080 operations. 17/18: 0</p> <p>Number of desk top or field audits of non 1080 operations. 17/18: 4</p> <p>Number of VTA complaint investigations received and investigated. 17/18: 0</p> <p>Number of VTA complaints referred to another agency.</p>	<p>Percentage of routine applications for VTA permissions processed within 20 working days. 17/18: 100%</p> <p>Percentage of 1080 operations with permissions audited, either by desktop or field audit, for compliance with permission conditions (expected 100%). 17/18: 100%</p>	<p>Number and percentage of audited VTA operations compliant with permit approval conditions 17/18: 4 (100%)</p>

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	17/18: 0		
Engagement with regional HAZMAT. ¹⁴ Provision of advice to lead agencies as appropriate. HAZMAT meeting attendance as appropriate.	Number of incidents where advice was provided. 17/18: 20 Number of Area Hazardous Material Coordination Committee (AHMCC) meetings attended. 17/18: 4	Percentage of advice given to HAZMAT / Fire and emergency NZ on HSNO incident notifications.	Narrative of the learning outcomes from our joint engagement with regional HAZMAT. Narrative of the any improvements of HSNO regulatory interagency relationships & agreements.
Audit compliance with, investigate breaches of, and where appropriate, enforce the relevant Acts and Regulations. Undertake investigations/activities as notified.	Number of investigations/activities undertaken for HSNO notifications (spills, leaks, asbestos fires, etc). 17/18: 25	Advice is provided to all HSNO notifications received. Yes/No.	Narrative of outcomes.
Advise, encourage and/or assist Local Authorities in relation to contaminated land.	Number of joint HSNO Regulatory Agencies Quarterly meetings with Auckland Local Authorities & WorkSafe NZ		Narrative reporting: Outcomes related to whether Auckland Local Authorities have been responding appropriately to public health risks from contaminated land.
Continue participation in Auckland Regional Methamphetamine Working Group (ARMWG).	Number of joint ARMWG Quarterly meetings with Auckland Local Authorities & WorkSafe NZ		Narrative of outcomes.

¹⁴ Key stakeholders: Fire, Police, Auckland Council, WorkSafe NZ and others.

2.1.3 Border Health Protection

Goal	New Zealand's population is protected from imported health hazards at its main international points of entry.
Service description	Tāmaki Makaurau is New Zealand's busiest international point of entry for passengers and freight. ARPHS assesses points of entry for compliance with the International Health Regulations (IHR, 2005) and the Health Act, 1956 (Quarantine regulations). ARPHS is involved in border health protection activities at Ports of Auckland, Auckland International Airport and The Royal New Zealand Air Force Base Whenuapai. ARPHS works closely with the Ministry of Health, Ministry for Primary Industries (MPI), Customs New Zealand, Ports of Auckland, Auckland International Airport, and the Royal New Zealand Air Force (RNZAF) to deliver on this goal.
Target Population	General Population.
Objectives	<p><u>Mosquito and other organisms surveillance</u></p> <ol style="list-style-type: none"> Timely response to interceptions of potential disease vectors e.g. mosquitos, rats. <p><u>Notifications</u></p> <ol style="list-style-type: none"> Investigate notifications to identify New Zealand acquired versus overseas acquired vector-borne diseases (VBD).¹⁵ <p><u>Border Health</u></p> <ol style="list-style-type: none"> Work collaboratively with key stakeholders including border agencies to support border health protection. Ensure that the international points of entry into Tāmaki Makaurau comply with the International Health Regulations (IHR) 2005. Respond to ill traveller notifications under the IHR 2005.
Lead	Environmental Health and Systems Intelligence and Planning.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Mosquito and other vector surveillance</p> <p>Provide mosquito interception response situation reports to the Ministry of Health.</p> <p>Respond promptly to interceptions of pests with a human health significance eg. rats, ticks, poisonous spiders.</p>	<p>Number of interceptions.</p> <p>15/16: 73 16/17: 81 17/18: 43</p> <p>Number of incursions.</p> <p>17/18: 0</p>	<p>Percentage responses initiated within 2 hours of notification.</p> <p>17/18: 100%</p> <p>Narrative report on mosquito surveillance.</p>	<p>Number and percentage of exotic mosquitos that have crossed the border and established in the region.</p> <p>17/18: 0</p> <p>Narrative of the identified common sources or sites where interceptions are occurring to work with those</p>

¹⁵ Arboviral diseases (as defined in EpiSurv which includes Dengue) and Malaria.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	Number of responses to other vectors. 17/18: 4 rodents		stakeholders to adopt or implement their integrated pest management plans.
Respond promptly to cases of imported diseases. Respond to suspected or confirmed cases of VBD ¹⁶ of border health significance to determine the likely country in which infection occurred (i.e. NZ or overseas acquired). ¹⁷	Total number of VBD notifications of border health significance. 15/16: 182 16/17: 92 17/18: 281 Number of confirmed and probable environmental VBD. 15/16: 175 16/17: 86 17/18: 255	Percentage of VBD with a completed travel history Target: 100%.	Rate of confirmed and probable environmental VBD disease cases likely overseas acquired per 100,000 people. 15/16: 11.0 16/17: 5.1 17/18: 15.21
Conduct routine sentinel surveillance at Ports of Auckland. Undertake site surveys at Ports of Auckland, Auckland International Airport and the RNZAF Base Whenuapai. ¹⁸	Number of site surveys conducted at Ports of Auckland, Auckland International Airport, and the RNZAF Base Whenuapai. 17/18: 14 Table-top verification of RNZAF mosquito surveillance documents occur twice per year. Yes/No.	Trap servicing undertaken twice a week. Yes/No.	Narrative of the timely response to our trap servicing audits from the Port of Auckland, Auckland International Airport,, NZDF-RNZAF Base Whenuapai. & other Transitional facilities etc. Narrative of any identified improvements to NZDF RNZAF mosquito surveillance documents.
Border Health	Number of authorised and/or accredited persons under the	Narrative report on requirements of a competent authority met by PHU.	Number ¹⁹ and percentage of international points of entry that meet

¹⁶ Arboviral and Malaria

¹⁷ Depending upon source and VBD concerned, ARPHS has a process for deciding what communications need to occur. This may include via MoH – National Focal Point.

¹⁸ This includes habitat surveys.

¹⁹ Points of entry: Ports of Auckland, Auckland Airport, Whenuapai Airport.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Ensure designated points of entry achieve and maintain core capacities as required by the International Health Regulations 2005; assess core capacities annually as required by the Ministry of Health.</p> <p>Ensure all other ports of first arrival achieve and maintain as many core capacities as feasible for their situation.</p>	<p>Biosecurity Act 1993. 17/18: Accredited: 1x officer Authorised: 7x officers</p> <p>Narrative</p>		<p>requirements of annual verification assessment under International Health Regulations 2005. 17/18: 3 (100%)</p> <p>Number and percentage of international points of entry that have contingency plans to deal with ill travellers and other border health responses that are interoperable with public health response plans. 17/18: 3 (100%)</p>
<p>Identify and monitor border health protection risks from biological, chemical and physical hazards.</p> <p>Respond to ill traveller notifications received as per relevant protocols.</p>	<p>Number of responses to border public health incidents.²⁰ 17/18: 0</p> <p>Number of ill traveller notifications received. (New measure)</p>	<p>Percentage of responses to border public health incidents (New measure)</p> <p>Percentage of responses to ill traveller notifications. (New measure)</p>	<p>Narrative of trends or learning from these incidents.</p> <p>Narrative of timely public health response and advice.</p>
<p>Attend border and other intersectoral meetings with relevant agencies and organisations on matters relating to border health protection.</p> <p>Maintain contingency plans to deal with border health risks including surveillance, ill travel protocols, and border emergency response plans.</p> <p>Work with border stakeholders to support the inclusion of public health response plans</p>	<p>Number of intersectoral meetings (#airports, # seaports). 17/18: 4 airport, 2 seaport</p> <p>Amendments made (as required) to the Ill Traveller Protocol as an outcome of inter-agency discussions. Yes/No</p>	<p>Strategies and plans updated. Yes/No.</p>	<p>Relationships are maintained across multiple agencies. Roles and responsibilities are discussed and agreed at regional meetings. Yes/No.</p>

²⁰ This only relates to those incidents following St John assessment which requires public health action.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
within sea and airport emergency response plans.			
Respond promptly to requests for pratique, inspections and certification (eg ship sanitation).	<p>Number of maritime pratiques issued. 17/18: 913</p> <p>Number of maritime pratiques issued on arrival. 17/18: 0</p> <p>Number of ship sanitation exemption, extension and control certificates issued. 17/18: 79</p>	<p>Percentage of current staff members involved in ship sanitation inspections who have completed the WHO on-line ship sanitation course (expected 100%). 17/18: 100%</p>	<p>Narrative of improvements in Ship Sanitation status on returning maritime vessels to Auckland.</p>
Provide public health training to air and sea port staff, as required, on border health protection risks and their management.	<p>Number of public health training (eg, advice, update, event) to air and sea port staff. 17/18: 1</p>		<p>Narrative of improvement of Border Health agencies in responding to future ill traveler / interception responses, as per protocol.</p>

2.1.4 Emergency Planning and Response

Goal	Plan, prepare, respond to and recover from the impact of public health emergencies in the region.
Service description	ARPHS has a role in emergency management including to plan for functioning during and after a public health emergency, be capable of continuing to function to the fullest extent possible, to develop, review and improve emergency plans, and respond to emergencies as required.
Target Population	Internal ARPHS staff, external stakeholders and public.
Objectives	<ol style="list-style-type: none"> 1. Maintain organisational capability to respond effectively to business disruption, operational surge or emergency events and/or public health incidents. 2. Ensure appropriate policies, plans and guidance are provided to ARPHS staff for business continuity and responses to emergencies. 3. Maintain strong working relationships in order to integrate and align plans with those of other stakeholders, and to improve the ability to coordinate in an emergency. 4. Support appropriate response to business disruption, operational surge or emergency events and/or public health incidents of significance as per plans, protocols, legislation and guidelines. 5. Support national preparedness and emergency responses as required.
Lead	Systems, Intelligence and Planning.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Carry out all emergency management planning, preparedness and responses in collaboration with other relevant agencies and according to MoH guidance.	Number of responses: <ul style="list-style-type: none"> • Incident Management Team (IMT) activation. • ARPHS Emergency Operations Centre (EOC) Activation. 17/18: 7 events Emergency: 0 events	Engagement with Auckland region emergency stakeholders occurs to ensure regional preparedness (narrative).	Appropriate debriefs conducted to discuss ARPHS response to events. Yes/No Review of local, regional and global incidents across the health sector to establish 'lessons learned'. Yes/No Continually monitoring 'Readiness' to respond to next event. Yes/No

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Maintain stakeholder relationships ²¹	Maintain relationships with stakeholders through regular communications and meetings as required by the ARPHS Stakeholder Plan ²² . Yes/No. Participation at local/regional/national meetings/ forums. Yes/No.		Stakeholder relationships (narrative)
Maintain and review Emergency Response Plan(s). ²³ Take appropriate emergency actions, as the need arises.	Support reviews of pandemic documentation	Percentage of plans tested, including emergency communications (required 100%). ²⁴ 17/18: 100% Percentage of exercises and responses that are followed by a debrief (required 100%). ²⁵ 17/18: 100%	Number and percentage of emergency planning and response plans interoperable with other stakeholders plans. ²⁶ 17/18: 2 (100%) Narrative on quality improvements made based on exercises and debriefs.
Maintain public health emergency planning and response capacity, and ensure there are appropriate numbers of staff trained in emergency management/CIMS.	Number of exercises. 17/18:5	Narrative on CIMS training opportunities for staff.	Number and percentage of Health Protection Officers and Medical Officers of Health graduated from CIMS 4 or CIMS (Health) training. MoH target: 100% over a four- year period. 17/18: 12 (54%). ²⁷

²¹ Also reported in the Border Health section

²² Including: Ports of Auckland, Auckland Airport, RNZAF Base Auckland, Civil Defence, DHBs, Regulatory agencies

²³ Covering the following minimum areas: Border Health, Communicable Diseases – Outbreak/Pandemic, HSNO, Civil Defence/National Disaster.

²⁴ Checking that all emergency phone numbers are still correct as a minimum.

²⁵ Including only major exercises and responses.

²⁶ Regional Health Emergency Plan and 5 year Civil Defence Plan.

2.1.5 Other Regulatory Issues²⁸

Goal	Healthy and safe physical environments for the population of Tāmaki Makaurau.
Service description	ARPHS undertakes activities to protect the public from environmental risks around the following public health issues: air quality, the disposal of the dead, environmental noise, ionising radiation, non-ionising fields, recreational waters, gaseous, liquid and solid waste, other environmental health issues:
Target Population	General Population.
Objectives	<ol style="list-style-type: none"> 1. Respond to emergency events involving radioactive sources. 2. Maintain an in-house radioactivity measuring capacity by Geiger Counter. 3. Respond to queries about non-ionising radiation. 4. To minimise the impacts of the built environment on health (insanitary housing). 5. To manage environment related disease notifications likely to be acquired in New Zealand.²⁹ 6. Work collaboratively with key stakeholders³⁰ to reduce the environmental risk of legionella. 7. Collaborating with health and community agencies on climate change and sustainability. 8. To ensure the correct procedures are used for disposal of the dead and any subsequent international movement of remains. 9. To deal sympathetically and objectively with requests for exhumation of human remains. 10. Implement the Burial and Cremation Act and associated legislation; investigate apparent breaches. 11. Help reduce or prevent any potential health risks associated with recreational waters, and wastes (liquid and solid). 12. Work collaboratively with Watercare Services to reduce or prevent any potential health risks from sewage overflows. 13. Engage with key stakeholders including Auckland Council.
Lead	Environmental Health.

²⁷ Numbers included: Health Protection Officers, Medical Officers of Health and Environmental Health Programme Supervisors.
Denominator 17/18: 22 staff

²⁸ Air quality; the disposal of the dead; environmental noise; ionising radiation; non-ionising fields; recreational waters; gaseous and liquid and solid waste.

²⁹ Including Leptospirosis, Murine typhus, Rickettsial disease and Legionellosis. Note: Biotoxin and Jellyfish are reported separately. See Recreational Water. Arboviral and Malaria are reported separately. See Border Health section.

³⁰ Including Auckland Council, Fire NZ, etc.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<ul style="list-style-type: none"> • Provide information and advice to other agencies, organisations and the public on their adverse effects. • Take appropriate action to minimise risks and to protect the public from environmental exposures to these issues. • Respond to public enquiries and investigate and/or redirect public complaints and queries on these issues. 	Number of requests for advice, information responded to and complaints investigated. 17/18: 315		
Radiation			
Undertake activities related to ionising radiation	Number of ionising radiation source transports overseen. 17/18: 0	Percentage of activities and advice related to ionising radiation undertaken in consultation and with approval of the Ministry's Office of Radiation Safety (expected 100%). 17/18: 0	
Built Environments			
Receive, investigate and manage environmental related disease notifications. ³¹	Total number of environmental related disease notifications received and managed. 15/16: 303 16/17: 96 17/18: 143		Rate of confirmed and probable cases of infectious diseases caused by environmental exposure per 100,000 persons per year. 15/16: 7.2 16/17: 4.1

³¹ Including Leptospirosis, Murine typhus, Rickettsial disease and Legionellosis. It excludes: Lead absorption, Chemical poisoning from the environment, Decompression sickness, and Hazardous substances injury (See HSNO section regarding the latter category).

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	Number of environmental related disease notifications investigated found to be a confirmed or probable case. 15/16: 114 16/17: 67 17/18: 59		17/18: 3.5
Burial and Cremation			
Investigate and manage issues related to burial and cremations. Provide advice to the public (industry and community) on enquires about burials and cremations.	Number of Air Transport Certificates (ATC) issued. 15/16: 147 16/17: 162 17/18: 204 Number of disinterment's supervised. 15/16: 12 16/17: 13 17/18: 18	Percentage of air transport certificates issued within 24 hours. (Expected 100%) 17/18: 100% Percentage disinterment's conducted according to the Burial Cremation Act. (Expected 100%) 17/18: 100%	Narrative of any improvements of processing ATC. Narrative of Best Practice advice shared with Cemetary & Funeral Director staff.
Waters and Wastes			
Engagement with Auckland Council on strategic and operational public health issues on recreational waste water and solid hazardous waste.	Quarterly operational meetings with Council's Regional Environmental Control Team. Yes/No.	Standard Operating Procedure with Auckland Council Licensing and Compliance team is implemented. Yes/No.	Narrative on governance and advisory group meetings for Safeswim programme. Narrative reporting on development and implementation of SafeSwim programme Narrative on waste management
Respond to waters and wastes incidents and inquiries as required.	Number of public complaints/enquiries received, advice given and/or followed		Number of notifiable disease cases possibly linked to recreational water ³³

³³ This measure only includes suspected cases and does not imply association of source with health outcome. The measure includes Cryptosporidium and Giardia.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Provide public and stakeholders, e.g. Auckland Council, with appropriate advice relating to recreational water.</p> <p>Liaise with councils to verify that sewage overflows that pose a significant public health risk are adequately responded to, engage with sewage collection and disposal providers to ensure overflows are appropriately managed and reduce overflows to high risk areas.</p>	<p>up when required. 15/16: 25 16/17: 23 17/18: 24</p> <p>Number of significant events responded to relating to contamination or other public health risks associated with recreational water quality.³² 15/16: 7 16/17: 0 17/18: 0</p> <p>Narrative reporting.</p>		<p>15/16: 95 16/17: 97 17/18: 26</p> <p>Narrative of further improvements to existing or new recreational water initiatives. (e.g. Safe Swim programme)</p>
Sustainability			
<p>Individually and collectively make efforts to reduce carbon emissions and, where appropriate, promote the adoption of CEMARS (or other carbon neutral scheme) by the public health unit, DHB and potentially by other healthcare providers.</p>			Complementary narrative.

³² Significant events include marine bio toxin and jellyfish.

2.1.6 Enteric Diseases

Goal	Minimise the impact of enteric diseases on the population of Tāmaki Makaurau.
Service description	ARPHS receives the highest number of enteric notifications nationally. ARPHS investigates and manages notifiable enteric diseases to reduce further exposure to infection source(s) (environment, food and/ or water); and prevent further disease transmission within the community. ARPHS works with the Ministry for Primary Industries (MPI) for managing foodborne illnesses in Tāmaki Makaurau.
Target Population	General population.
Objectives	<ol style="list-style-type: none"> 1. Respond to enteric disease notifications depending on risk assessment. 2. Manage enteric disease outbreaks (including water and food borne). 3. Maintain an effective working relationship with the Ministry for Primary Industries (MPI).
Lead	Environmental Health.

Activities	Key Performance Measures			
	How Many	How Well	Better Off	
Receive, investigate and manage food borne and water borne disease notifications. ³⁴	Total number water and food borne notifications received. 15/16: 4,023	% high risk disease cases for which the time of initial contact occurred during the notification day (Typhoid, Paratyphoid, Shigella and VTEC/STEC). (New measure).	Number and percentage of institutional outbreaks with duration of less than 14 days. 16/17: 14 17/18: 20 (29%)	
Investigate and manage outbreaks in Tāmaki Makaurau.	16/17: 3,696 17/18: 4,399			
	Number of food and water borne disease notifications found to be a confirmed or probable case. ³⁵ 15/16: 3,759 16/17: 3,667 17/18: 4,161			Average institutional gastrointestinal outbreak size. 17/18: 18.6 cases
	Total number of institutional gastroenteritis outbreaks. 15/16: 165			Rate of confirmed and probable enteric disease cases per 100,000 persons per year 15/16: 236.8 16/17: 224.7 17/18: 248.2

³⁴ Low risk cases are provided information by mail – all campylobacteriosis and yersiniosis cases and cases of giardia in people aged five years and older.

³⁵ Investigated enteric disease notification: is a notification that is assigned to an Health Protection Officer (HPO) to investigate.

	16/17: 144 17/18: 136		
Maintain an effective working relationship with MPI for managing food borne illnesses in Tāmaki Makaurau.	Number of operational meetings with MPI.	Narrative on process implementation and/ or change(s) resulting from operational meetings with MPI.	Narrative of improvements on the MOU between MPI and ARPHS.
<u>Surveillance and Public Health Capacity</u> (as per Environmental and Border Health Exemplar)	See section 2.2.1 Notifiable Infectious Diseases		

Note: See strategic engagement activity covering all Environmental Health areas included under the Intersectoral Collaboration section 2.4.1

2.2 Outcome 2: People are protected from the impact of notifiable infectious diseases

2.2.1 Notifiable Infectious Diseases³⁶

Goal	The population of Tāmaki Makaurau is protected from notifiable infectious diseases.
Service description	Tāmaki Makaurau receives the highest volume of infectious disease notifications in New Zealand. ARPHS responds, investigates and manages cases and contacts to minimise the spread of infectious diseases.
Target Population	General population.
Objectives	<ol style="list-style-type: none"> 1. Minimise public health risk from notifiable infectious diseases.³⁷ 2. Surveillance actively informs early identification of changing trends and outbreaks. 3. Contribute to regional workforce development with respect to notifiable disease prevention (i.e. midwife VPD³⁸ training, Infectious Disease Registrar public health competency development). 4. Maintain relationships with Needle Exchange Programme (NEP) head office and authorised NEP outlets in Tāmaki Makaurau as required. 5. Contribute to reducing the transmission from high risk HIV cases. 6. Authorise vaccinators, clinics and programmes for the safe administration of vaccines. 7. Process International Health Regulations (IHR) applications. 8. Maintain after-hours systems and processes.
Lead	Communicable Disease.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Maintain an appropriate and efficient system for receiving, considering and responding to ³⁹ :	Number of disease notifications received ⁴⁰ 15/16: 5,320		Rate of confirmed and probable notifiable infectious disease cases per 100,000 persons per year

³⁶ Including Surveillance, Rheumatic Fever and the Needle Exchange Programme.

³⁷These include all notifiable diseases with the exception of environmental health related notifications: Vector-borne disease (VBD), Leptospirosis, Murine typhus, Rickettsial disease, Legionellosis, Lead absorption, chemical poisoning from the environment, decompression sickness, and hazardous substances injury.

Selected notifiable infectious diseases are also broken down and reported separately including VPD, acute rheumatic fever, tuberculosis and enteric diseases.

³⁸ Includes notifiable VPD on the National Immunisation Schedule: Pertussis, Measles, Mumps, Rubella (congenital and not congenital), Haemophilus influenzae type b, Invasive pneumococcal disease, Hepatitis B, Tetanus, Polio, Diphtheria and seasonal influenza.

³⁹ Excludes STIs Percent

⁴⁰ This should include notifications that are subsequently assessed as non-cases

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<ul style="list-style-type: none"> • notifications of suspected and confirmed cases of communicable diseases. • public health management of cases of communicable diseases and their contacts. • enquiries from medical practitioners, the public and others about suspected communicable diseases of public health concern. <p>Provide all information and manage the local operation of databases and information systems, such as EpiSurv, and ensuring information is entered in a timely manner. Priority should be given to the communicable diseases with high public health risk.</p> <p>Ensure there is a high level of accuracy and quality of data entered into databases and information systems, such as EpiSurv, and information is entered in a timely manner. Priority should be given to the communicable diseases with high public health risk.</p> <p>Act on the deficiencies identified in the ESR Data Quality reports within two weeks of receipt of the reports.</p> <p>Conduct clinical review of completed case</p>	<p>16/17: 5,875 17/18: 8,128</p> <p>Number of notifications investigated and found to be a probable or confirmed case: 15/16: 4,657 16/17: 4,529 17/18: 6,536</p> <p>Number of Medical Officer's directions issued. (New measure).</p>		<p>15/16: 293.4 16/17: 227.5 17/18: 389.9</p> <p>Narrative Reporting: Describe whether notifications are received in a timely manner and the activities that will be implemented to improve timeliness.</p>

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>report forms by a Medical Officer of Health, Senior HPO or Communicable Diseases Nurse and feedback findings to staff during regular/planned programme to update/upskill investigating officers.</p> <p>Promote adherence to the Health Act 1956, Health (Infectious and Notifiable Diseases) Regulations 2016 and other relevant legislation relating to the control of communicable diseases. Ensure all staff are familiar with and give effect to the new overarching principles (S92A – 92H) of the Health Act.</p> <p>Identify, investigate, assess, monitor, manage and report significant outbreaks and emergent risks to public health from communicable diseases according to PHU’s risk assessment (in accordance with Ministry of Health’s manual and guidelines).</p>	<p>Total number of significant outbreaks⁴¹: (New measure).</p> <p>Communicable diseases outbreaks⁴²:</p> <ul style="list-style-type: none"> • # outbreaks where 20 – 50 cases and contacts were involved • # outbreaks where 50-100 cases and contacts were involved • # outbreaks where over 100 cases and contacts were involved • # outbreaks followed by a debrief 	<p>% significant CDC outbreaks that are followed by a debrief (required 100%). (New measure).</p> <p>% significant enteric diseases outbreaks that are followed by a debrief (required 100%). (New measure).</p>	<p>Narrative reporting: Describe whether debrief recommendations of significant outbreaks have/will be incorporated into future plans and Standard Operating Procedures, where applicable.</p> <p>Describe whether any longer term preventive measures are put in place to prevent similar outbreak/s.</p>

⁴¹ Significant outbreaks’ are defined as: 1) when a CIMS or Incident Management team has been implemented or, 2) where ‘business as usual’ resources have had to be supplemented with additional ‘surge’ capacity.

⁴² Other than enteric diseases including VTEC/STEC, Shigellosis, Typhoid/Paratyphoid and Hepatitis A

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	Enteric disease outbreaks: <ul style="list-style-type: none"> • # outbreaks where 20 – 50 cases and contacts were involved • # outbreaks where 50-100 cases and contacts were involved • # outbreaks where over 100 cases and contacts were involved • # outbreaks followed by a debrief 		
<u>Surveillance</u> – see section 2.5.4 Public Health Intelligence.			
<u>Health promotion</u> Provide objective advice, information and education about antimicrobial resistance and communicable diseases control and its significance (eg, hand hygiene, cross infection, immunisation and skin infections). Plan, implement and evaluate project-based activities, as required, that are aimed at providing evidence of effectiveness of public health action addressing specific communicable diseases control concerns and issues. Inform the public through mass media and on-line/social media about communicable diseases control issues and antimicrobial resistance. Note: Please see section 2.5.2 Communications.	Narrative reporting: Describe stakeholders and advice provided. Narrative reporting: Describe pro-active and reactive liaison with the mass media and on-line/social media, if applicable. Note: Please see section 2.5.2 Communications.		Narrative reporting.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p><u>Capacity Development</u></p> <p>Maintain a communicable diseases response capacity and support investigating officers to attend ESR epidemiological skills development programme courses and other relevant courses.</p> <p>Each PHU to maintain a regular/planned programme annually to update/upskill investigating officers.</p> <p>Provide ongoing information/education to health professionals (external to the PHU) and promote the importance of timely notification of diseases (on clinical suspicion without waiting for laboratory confirmation), such as Measles, Mumps, Rubella, Tuberculosis and some cases of Meningococcal disease.</p>	<p>Number of investigating officers who attended at least one of the three ESR epidemiological skills development programme core courses⁴³. (New measure).</p> <p>Number of investigating officers who attended other relevant courses. (New measure).</p> <p>Narrative Reporting: Describe the ESR programme and the regular/planned programme attended by investigating officers.</p> <p>Describe the other relevant courses attended by investigating officers.</p> <p>Narrative Reporting: Describe ongoing information/education provided to health professionals (external to the PHU).</p>	<p>Percentage of investigating officers attended ESR epidemiological skills development programme core courses or other relevant courses.</p> <p>Percentage of investigating officers attended the regular/planned programme. (New measure).</p> <p>Percentage of investigating officers attended other relevant courses. (New measure).</p> <p>Narrative Reporting: Describe method/s in which the PHU regular/planned programme keeps investigating officers updated/upskilled.</p> <p>Narrative reporting: Describe how well education needs have been addressed.</p>	<p>Number and percentage of investigating officers who have undergone appropriate training are competently undertaking their roles.</p> <ul style="list-style-type: none"> • Health Protection Officers • Public Health Nurses • Medical Officers of Health and Medical Officers <p>(New measure).</p>

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p><u>Rheumatic Fever</u></p> <p>Work with DHBs to raise public awareness about the importance of getting sore throats checked and treated among the high risk populations.</p> <p>Undertake case reviews of notified rheumatic fever cases, liaise with relevant DHB clinician and provide feedback if systems failure is identified</p> <p>Manage and follow up Rheumatic Fever contacts for sore throat swabs, treat as required, and follow up on emm type for positive swabs.</p> <p>Where applicable, engage with the DHB Steering Group to provide public health perspectives in relation to Rheumatic Fever Prevention.</p>	<p>Number of eligible contacts of confirmed and probable ARF cases identified.</p> <p>15/16: 254 16/17: 246 17/18: 256</p> <p>Number of eligible contacts of ARF swabbed for group A streptococci (GAS).</p> <p>15/16: 226 16/17: 211 17/18: 243</p> <p>Number of positive swabs.</p> <p>15/16: 73 16/17: 41 17/18: 50</p>	<p>Percentage of initial ARF cases in which contact tracing was undertaken⁴⁴</p> <p>15/16: 62.7% 16/17: 77.0% 17/18: TBC</p> <p>Percentage of initial ARF contacts swabbed.</p> <p>15/16: 89.0% 16/17: 86.0% 17/18: 94.9%</p>	<p>Narrative reporting: Describe outcomes of engagement in DHB Steering Group on Rheumatic Fever Prevention.</p> <p>GAS carriage rate in asymptomatic contacts of cases of initial ARF.</p> <p>15/16: 32.3% 16/17: 16% 17/18: 19.6%</p>

⁴³ Outbreak Investigation and control course, or Outbreak investigation refresher or Effective Case Investigation Course.

⁴⁴ Excludes cases that were notified >1 month after hospital admission who were not eligible for contact tracing.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p><u>Immunisation</u></p> <p>Provide vaccinator and programme authorisations, as per clause 44a Medicines Regulations 1984.</p> <p>Support DHBs/Primary Care Organisations (PHOs) towards achieving the current immunisation health targets and performance measures.</p> <p>Provide clinical advice, as required, to DHBs/PHOs to support the delivery of the National Immunisation Schedule, as described in the Immunisation Handbook.</p> <p>Provide advice to the DHBs/PHOs on the management of individuals affected by cold chain failures and the local processes to address an immunisation provider's non-compliance to the requirements outlined in the National Standards.</p>	<p>Number of vaccinator applications received (processed). 15/16: 855 (new) 598 (re-approval) 16/17: 251 (new) 551 (re-approval) 17/18: 144 (new) 620 (re-approval)</p> <p>Number of vaccinator applications approved. (New measure)</p> <p>Narrative reporting: Describe key reasons why applications have been declined.</p>	<p>Percentage of vaccinator applications processed according to Ministry of Health guidelines. (New measure)</p>	<p>Number and percentage of vaccinators that are authorised to practise (CC, O). (New measure)</p> <p>Narrative reporting about supporting the delivery of the National Immunisation Schedule.</p> <p>Describe systemic issues or barriers that will be/are being addressed by various agencies to get the immunisation curve trending upwards.</p>

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p><u>Needle Exchange Programme (NEP)</u></p> <p>Authorise needle exchange persons/premises, as required by the Needle Exchange Regulations.</p> <p>Undertake observation visits (as capacity allows) to ensure needle and syringe exchange services operate in accordance with regulatory provisions and framework (Health [Needle and Syringe] Regulations 1998 and Misuse of Drugs Act 1975) and other relevant legislation.</p>	<p>Number of authorised needle exchanges. 17/18: 1</p> <p>Number of observation visits⁴⁵. (New measure)</p>	<p>% authorisation visits completed using Ministry of Health-approved form. (New measure)</p>	<p>Number and percentage of needle exchanges operating in accordance with regulatory requirements as authorised by the Medical Officer of Health. (New measure)</p>
<p><u>Sexually Transmitted Infections (STIs) and complex HIV</u></p> <p>Respond to requests for statutory powers by STI clinics and other health practitioners.</p> <p>Chair and coordinate HIV high risk advisory group, supporting management of high risk cases.⁴⁶</p>	<p>Number of times statutory powers have been used (New measure)</p> <p>Number of cases where there is an issue and where appropriate Public Health action has been taken. (New measure)</p>		
<p><u>After-Hours</u></p> <p>After-hours system and process updates, orientation and refreshers provided for staff</p>	<p>Number of after-hours systems/processes/orientation training sessions held.</p>	<p>Percentage of new staff who received training before first on-call shift. 16/17: 100%</p>	

⁴⁵ Visits undertaken only if a new application is received, changes to existing outlet occur or complaint about existing outlet is received.

⁴⁶ This is a regional service run out of ADHB.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
taking on-call duties.	15/16: 3 16/17: 8		
<u>On-call service</u> Maintain a continuous on-call response capability.	Capability is maintained. Yes/No		

2.2.2 Tuberculosis and BCG

Goal	Minimise the impact of tuberculosis (TB) on the population of Tāmaki Makaurau.
Service description	Tāmaki Makaurau receives more than 50% of the national TB notifications which are managed by ARPHS. ARPHS undertakes case follow up and TB education, contact tracing, management of Latent TB Infection (LTBI), outbreak management and provides BCG vaccination to 4,000-5,000 infants per year.
Target Population	General population.
Objectives	<ol style="list-style-type: none"> 1. Successful completion of Drug Regimens to treat TB cases. 2. Reduce transmission of TB in the community by contact tracing. 3. Prevent secondary cases (LTBI treatment). 4. Reduce the severity of TB in eligible children via BCG programme.⁴⁷
Lead	Communicable Disease.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Raise professional and public awareness about current knowledge on TB. <ul style="list-style-type: none"> • Deliver TB education to health professionals • Update TB webpages and online resources are available • Use social media to raise TB awareness for the public • Deliver proactive media messaging on TB/BCG matters • Ensure internal protocol is updated to reflect updated national guidelines Collaborate regionally with multidisciplinary teams dealing with TB to ensure best	Number of presentations delivered on TB to health professionals. (New measure) Annual update of TB webpage. Yes/No. Number of 'page views' measuring the number of clicks. (New measure) Number of Facebook and Twitter posts on TB shared by ARPHS. (New measure) Number of proactive media messaging done on TB/BCG. (New measure)	Narrative reporting on feedback from teaching, use of webpages, social media and proactive media messaging. Narrative reporting on engagement with social media posting. Number and percentage of attendance at each regional liaison meeting.	Narrative reporting on knowledge shared around new national TB guidelines. Include feedback from presentations done (audience number, target groups, wider sharing), analysis on number of 'page views' and meaningful engagement with webpages and social media posting.

⁴⁷ Programme delivery dependent on BCG vaccine supply. Shortage of vaccine since 31 May 2016. Waiting for Medsafe and the Ministry of Health to secure vaccine supply.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
practice, knowledge sharing- i.e organising regional liaison meetings and videoconference teachings on case and contact management	<p>Number of interdisciplinary northern region liaison meetings organised.</p> <p>Number of regional videoconferencing organised.</p>	Total number of people attending case videoconferencing.	
Receive TB case notifications and oversee case management in partnership with relevant clinical services.	<p>Number of TB disease cases (new and relapsed) managed.</p> <p>15/16: 183 16/17: 164 17/18: 196</p> <p>Number of confirmed and probable TB disease cases (new and relapsed) managed.</p> <p>15/16: 154 16/17: 153 17/18: 139</p>	<p>Percentage of smear positive pulmonary TB cases contacted by the Public Health Nurse within three days of clinical notification⁴⁸ (New measure)</p> <p>Percentage of notified TB diseases cases (new and relapsed) that have been managed by the PHU. (New measure).</p> <p>TeleDot satisfaction survey completed. Yes/No.</p>	<p>Number and percentage of TB cases (new and relapsed) that completed treatment during the financial year and within 12 months of treatment start date. (New measure)</p> <p>Narrative reporting: Describe reasons for non-completion of treatment where relevant.</p>
Systematically identify, trace and appropriately investigate TB contacts as well as manage LTBI cases discovered as a result of contact tracing	<p># of TB contacts followed up.</p> <p>15/16: 1,158 16/17: 539 17/18: 688</p> <p># of LTBI/cases on preventative treatment.⁴⁹</p> <p>15/16: 123</p>	% of TB contacts followed up. (New measure)	<p>Narrative reporting: Describe the multi-disciplinary approach (eg, involving paediatric, respiratory, infectious diseases, infection control and occupational health teams) to ensure effective TB management, and the main related issues.</p>

⁴⁸ Time starts from AMT Senior Medical Officer assignment email to Public Health Nurse.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	16/17: 144 17/18: 99		
	<p>Number of infants vaccinated by ethnicity. 17/18: Baseline year</p> <p>Number of BCG webpage 'page views' measuring the number of clicks.</p>	<p>Percentage of eligible infants vaccinated before six months of age. 17/18: Baseline year</p> <p>Percentage of booked appointments that were not attended. 17/18: Baseline year</p> <p>Percentage of neonates who Did Not Attend an appointment at least once and were eventually vaccinated. 17/18: Baseline year</p> <p>Engagement with BCG social media posting</p>	<p>Percentage of eligible infants vaccinated by ethnicity. 17/18: Baseline year</p> <p>Narrative reporting: Include process of reintroduction, multistakeholder consultation, Mantoux collaborative clinics with Labtest, BCG retraining, proactive messaging, popularity and demand for vaccine (website hits and engagement)</p>

2.2.3 Refugee Health Screening Service (RHSS)

Goal	To improve the health status of quota refugees and asylum seekers.
Service description	NZ accepts 750 quota refugees per year (+/- 10%) and an additional 600 Syrian refugees over a 3 year period (2015 – 2018). All quota refugees are screened through RHSS (Mangere) prior to settlement in New Zealand. Health screening includes the assessment of health status, diagnosis, treatment, education of health related issues and referrals as required.
Target Population	Quota refugees and asylum seekers.
Objectives	<ol style="list-style-type: none"> 1. Provide health screening for quota refugees & asylum seekers in New Zealand. 2. Improve the health status of quota refugees & asylum seekers (including immunisation). 3. Reduce the transmission of infectious diseases between quota refugees & asylum seekers and the general population of New Zealand. 4. Support resettlement nationally and in particular Tāmaki Makaurau, to engage with PHO's and mainstream services. 5. Collaborate with key stakeholders to inform strategic development in relation to refugees and asylum seekers.
Lead	Communicable Disease.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Provide health screening services for quota refugees and asylum seekers as per protocol.	Number of quota refugees screened per year: 15/16: 876 16/17: 1017 17/18: 1020 Number of asylum seekers screened per year: 15/16: 5 16/17: 40 17/18: 27	100% of quota refugees screened. Yes/No.	
All quota refugees are started on the NZ Immunisation Schedule 2014.			Number and percentage of quota refugees who have been started on the NZ immunisation schedule 2014. 15/16: 875 (99.8%) 16/17: 1016 (99.9%)

			17/18: 1019 (99.9%)
Provide screening for infectious diseases e.g. TB and Hepatitis B screening.	The number of hepatitis B carriers identified. ⁵⁰ 15/16: 16 16/17: 19 17/18: 13	Percentage of identified Hepatitis B carriers that have been informed, referred and are enrolled with the Hepatitis Foundation. Target 100%	Number and percentage of adult quota refugees with identified abnormal TB screening who have been referred to Specialist Services and a follow up plan is received. ⁵¹ 15/16: 41 (7.96%) 16/17: 48 (7.16%) 17/18: 38 (6.69%) Number and percentage of children with LTBI that are referred to an area PHN (Public Health Nurse) for treatment. (New measure)
Liaise with health stakeholders and key refugee sector stakeholders. ⁵²			Provide a brief narrative on initiatives and/or outcomes as a result of contributions to stakeholder meetings.

⁵⁰ Hep B Foundation registration initiated.

⁵¹ Note: Receiving a follow up plan is dependant on the Auckland Respiratory Service. RHSS works to ensure that this is done.

⁵² NRRS Key stakeholders: MoH, RHSS, NRA, CMDHB, WDHB/ADHB, MSD(WINZ), Auckland Council, TEC, MoE and Refugee/Language Education Providers, NZ Police, community and refugee provider NGOs including NZ Red Cross and Refugees As Survivors (NZ). Note that this is an inclusive but not exhaustive list.

2.3 Outcome 3: People live free from the harms associated with harmful commodities

2.3.1 Enforcement of Psychoactive Substances

Goal	To support the minimisation of harm from novel psychoactive products to people residing in Tāmaki Makaurau.
Service description	Conduct enforcement and compliance activities under the Psychoactive Substances Act 2013.
Target Population	General population.
Objectives	<ol style="list-style-type: none"> 1. Develop and define ARPHS role in relation to the Psychoactive Substances Act 2013. 2. Maintain capacity and capability to conduct enforcement and compliance activities under the Psychoactive Substances Act 2013. 3. Engage and collaborate with external stakeholders.
Lead	Environmental Health.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Respond to requests from the Office of the Psychoactive Substances Regulatory Authority (OPSRA), Police and members of the public.</p> <p>Engagement with the OPSRA as required.</p> <p>Develop an operational protocol once the retail regulations are available.</p>	<p>Number of requests from the regulatory authority responded to.</p> <p>Number of queries from members of the public or external stakeholders responded to.</p>	<p>Percentage of requests followed up (Expected 100%).</p>	
<p>Liaise with Police regarding Control Purchase Operations (CPOs) as required.</p>	<p>Number of CPOs carried out with the Police, when required.</p> <p>Network of Police key contacts in Tāmaki Makaurau refined and maintained. Yes/No.</p> <p>Number of times our office contacted Police on Psychoactive Substances initiatives.</p>		

2.3.2 Alcohol Programme (Health Promotion and Compliance)

Goal	ARPHS position and principles on alcohol are reflected in all relevant regional and national decisions.
Service description	ARPHS role is to act to reduce alcohol related harm and conduct enforcement and compliance activities under the Sale and Supply of Alcohol Act 2012 (SASA). ARPHS builds partnerships and capability to influence local decision making and increase awareness of alcohol as a public health concern. ARPHS supports the implementation and development of SASA through targeted case-law development and national leadership initiatives.
Target Population	General population with focus on high deprivation areas (NZDep 8-10) in Tāmaki Makaurau.
Objectives	<ol style="list-style-type: none"> 1. Influence how people talk and make decisions about alcohol in Tāmaki Makaurau. 2. Support the inclusion of public health expertise in all stages of the licensing process. 3. Develop and strengthen ARPHS partnerships with key regional stakeholders. ARPHS' actively supports progress against a shared vision and mutual goals. 4. Strengthen ARPHS reputation as a strong and effective leader in the alcohol harm prevention sector. 5. Have access to relevant alcohol-related data to provide the intelligence needed to achieve ARPHS strategic objectives for alcohol. 6. Fulfil responsibilities under the SASA.
Lead	Health Improvement.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Develop a communications plan to support ARPHS activities to strategically influence the way people speak about alcohol.	Communications and engagement plan developed. Yes/No.	Implementation has commenced. Yes/No.	Narrative of work undertaken to reframe the way people speak about alcohol.
Identify relevant licencing system stakeholders and communicate ARPHS priorities across key parts of the system.	Communications plan developed Yes/No.	Implementation has commenced. Yes/No.	Narrative of licencing system partners understanding the ARPHS position.
Engage agencies to support initiatives that help progress improvements in ARPHS priorities across key parts of the licensing system.	1-2 agencies are engaged.	Narrative of collaborative initiatives to progress improvements to the licencing system are undertaken.	Narrative of increase in public health perspectives reflected in the licencing system.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Progress projects derived from the Action on Alcohol Plan Executive Planning Group (EPG).	Complete at least two projects.	Projects are completed as directed under the Action on Alcohol plan.	Narrative of EPG partnership projects undertaken.
Show leadership across the sector through both our professional development and programme delivery.	1- 2 presentations delivered and at least one national alcohol stakeholder group is participated in.	Feedback is received from regional and national partners regarding ARPHS leadership. Narrative.	Sector and public health units are seeking leadership from ARPHS for professional development and programme delivery. Narrative.
Explore and gather novel data and information that will help us to achieve ARPHS alcohol goals.		Examples of how new data sets are used to help us achieve our alcohol goals.	Narrative explaining our influence of new data sets in daily practice.
<p>Undertake legislative obligations according to the Sale and Supply of Alcohol Act.⁵³</p> <ul style="list-style-type: none"> Inquire into on-, off-, club and special licence applications in line with regulatory plan. Provide Medical Officer of Health (MOsH) reports to District Licensing Committee (DLC), either where there are matters in opposition or recommendations. 	<p>Number of applications and renewals received for each licence type.</p> <p>15/16: 4,486 16/17: 3,870 17/18: 4,004</p> <p>Number of applications and renewals that were inquired into.</p> <p>15/16: 4,486 16/17: 3,870 17/18: 2,112</p> <p>Number of applications and renewals inquired into that had matters in opposition identified.</p> <p>15/16: 57 16/17: 45 17/18: 18</p>	<p>% reports (for premises where matters in opposition were identified) provided to the licensing committee within 15 days.</p>	<p>Number and percentage of matters in opposition made by PHU that are accepted by the receiving authority (DLC and/or ARLA).</p> <p>Narrative on hearings decisions</p>

⁵³ (Including licensing and inquires). We will prioritise activities according available resources and in alignment with ARPHS alcohol strategy

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	Number of appearances at DLC/ARLA hearings. 16/17: 6 17/18: 7		
Collaborate in police-led CPOs to reduce sale of alcohol to minors.	Number of CPO operations conducted. 15/16:14 16/17:13 17/18: 6 Number of premises visited during the CPO operations. 15/16: 195 16/17: 211 17/18: 82	% high risk premises visited during CPO operations.	Number and percentage premises that are compliant at the time of CPO with the Sale and Supply of Alcohol Act.
Undertake or work with other agencies to undertake monitoring visits of high risk premises.	Number of monitoring visits performed as part of multiagency efforts. 17/18: 31 Number of monitoring visits performed by PHU acting as a single agency. 17/18: 135		

2.3.3 Smokefree Programme (Health Promotion and Compliance)

Goal	Support the 2025 Smokefree initiative in Tāmaki Makaurau through environmental and system based initiatives that reduce access and exposure to tobacco.
Service description	Facilitate collective action towards Tupeka Kore/Smokefree Tāmaki Makaurau. ARPMS has a role in several key domains: building on changing social attitudes towards tobacco consumption and exposure in Tāmaki Makaurau, smokefree open areas and partnership based compliance activity (under the Smokefree Environments Act 2003).
Target Population	Work with organisations to support their work with the general public. Enforcement activities with a focus on high deprivation areas (NZ Dep 8-10).
Objectives	<ol style="list-style-type: none"> 1. Have evidence that ARPMS is working on the right things to reduce tobacco related inequities. 2. Support the development of strong, credible and diverse local champions for Tupeka Kore (Smoke free Aotearoa / New Zealand). 3. Support the increase of smokefree communal places that protect our people, culture and environment. 4. Have supported partners to progress the strategic objective (4) seeking to improve regulatory mechanisms that influence supply and demand. 5. Deliver our Smokefree Environments Act 2003 obligations.
Lead	Health Improvement.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Build and maintain the engagement of external stakeholders in the delivery of the Smokefree Auckland Tupeka Kore Tamaki Makaurau strategy.	<p>Governance group and working groups developed and working effectively. Yes/No.</p> <p>3-4 strategic projects commenced in 2018/19.</p>	<p>Number and type of stakeholders supporting a partnership approach to 1-2 strategic projects.</p> <p>End of year engagement survey completed. Yes/No.</p> <p>Projects delivered according to milestones (brief narrative).</p>	<p>Narrative describing outcomes of governance and working groups and related projects.</p> <p>Narrative describing how stakeholders have worked together to progress implementation of the Regional Smokefree Strategy.</p>
Complete annual monitoring to ensure that every project undertaken in the Smokefree Auckland Tupeka Kore Tamaki Makaurau strategy is aligned with the identified priorities in the inequities plan.	Annual equity assessment is undertaken. Yes/No.	Every project under the strategy is put through the equity plan criteria.	Narrative describing how projects are addressing smoking related inequities.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
In partnership with smokefree strategy partners, engage new and diverse sector champions to contribute to Smokefree 2025.	2-3 new and diverse sector champions engaged.	Narratives on actions by new champions contributing to Smokefree 2025.	Narrative describing outcomes of champion involvement.
Increase awareness, compliance and support for Smokefree outdoor public places by residents of, Iwi and business located in Auckland/Tamaki Makaurau.	Implementation of communications plan has commenced. Yes/No. Number of posts on social media and social media analytics.	Social media posts receive interaction from the community. Yes/No.	Examples of community engagement with social media communications.
Support government agencies who have influence over Auckland premises and property to implement effective Smokefree outdoor policies.	Number of agencies approached to implement smokefree policies.	Agencies committed to having a smokefree policy.	Narrative of increased smokefree outdoor areas on government controlled areas.
Engage smokefree champions to advocate for priorities legislative changes to reduce tobacco supply.	Number of smokefree champions engaged.	Narratives on actions by new champions contributing to reduced tobacco supply initiatives.	Narrative describing outcomes of champion involvement.
Deliver our Smokefree Environments Act 2003 obligations.	Number of CPOs (one CPO is one total organised operation that targets a number of premises). 15/16: 23 16/17: 16 17/18: 15 Number of tobacco retailers visited during CPOs. Target: 17/18: 300 15/16: 359 16/17: 316 17/18: 314 Number of breach of Act complaints responded to 17/18: 56	Percentage of tobacco retailers visited during CPOs in NZDep areas 7-10. 17/18: 69.45% Percentage of complaints responded to within 5 days as per the Smokefree Environments Act. Target 100%	Number and percentage of tobacco retailers that are compliant. 16/17: 293 (92.7%) 17/18: 305 (97%) before visit; 98.4% after visit. Number and percentage of tobacco retailers visited during Controlled Purchase Operations (CPOs) in which tobacco is sold to minors. 15/16: 11 (3%) 16/17: 5 (1.6%) 17/18: 4 (1.3%) Narrative on actions made after Complaints received.

2.4 Outcome 4: The environments in which people live, learn, work and play promote health and wellbeing

2.4.1 Intersectoral Collaboration

Goal	Work with key stakeholders to improve whole of government responsiveness to public health issues in Tāmaki Makaurau.
Service description	ARPHS leads and supports key regional intersectoral liaison to contribute to delivery of our population health outcomes. ARPHS works closely with the Auckland Intersectoral Public Health Group (AIPHG) to support regional engagement and the Auckland Social Sector Leaders Group (ASSLG) to support whole of government responsiveness. There are many partners engaged in other areas of work which is referred to throughout this Plan. Examples of this include working with the 21 organisations (health and non-health sector) in Healthy Auckland Together to improve nutrition, increase physical activity and address obesity. Another example is working with the multiple agencies to deliver on the Refugee Settlement Strategy.
Target Population	Key strategic stakeholders.
Objectives	1. ARPHS identifies and works collaboratively with key stakeholders to raise the profile of public health issues and their respective contributions to public health.
Lead	ARPHS.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Facilitate AIPHG meetings to co-ordinate health sector input into inter-sectorial activities. Participate in ASSLG meetings to provide health sector contributions.	Number of AIPHG meetings facilitated.	Maintain the level of AIPHG membership. Yes/No.	Brief narrative of regional inter-sectorial issues managed via AIPHG. Narrative on outcomes of collaborative work.
Engage with external stakeholders on operational environmental health issues.	Auckland Environmental Health Managers Forum is reactivated including Auckland Council, MPI and Worksafe. Yes/No An equivalent forum for ARPHS' southern councils is formed. Yes/No	Number of quarterly meetings. Number of quarterly meetings.	Narrative on areas of discussion and collaboration. Narrative on areas of discussion and collaboration.

2.4.2 Workplace Health and Wellbeing

Goal	Every workplace will actively strive to improve the health and wellbeing of their workforce and whānau.
Service description	Tāmaki Makaurau has 40% of all New Zealand employees. ARPHS takes a regional and national approach to workplace wellbeing; working with partners to create a future where workplaces will demonstrate commitment and ownership towards effective workplace wellbeing culture. This is supported by a systems approach that strengthens environments and reduces inequalities.
Target Population	Workplaces who have reported predominantly Māori, Pacific, or South Asian employees, and met the prioritisation criteria.
Objectives	<ol style="list-style-type: none"> 1. A set of nationally agreed best practice tools for Workplace Wellbeing are being accessed by Tāmaki Makaurau workplaces. 2. A core group of national and regional agencies are actively supporting shared visions and mutual goals for Workplace Wellbeing. 3. ARPHS has an active monitoring and response process for public policies, legislation and high profile issues impacting workplaces. 4. Tools and systems are in place for collecting accurate data about workplace. 5. Champions⁵⁴ are using best practice tools and frameworks and promoting and profiling Workplace Wellbeing by March 2019.
Lead	Health Improvement.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Undertake key developments to Good4Work.nz (the best practice tool for workplace wellbeing).	Number of developments.	Percentage of developments guided by recommendations from user and stakeholder evaluation.	Users and stakeholders report that Good4Work.nz has been improved as a result of developments. Narrative.

⁵⁴ Workplaces that are strengthening/strengthened their workplace health and wellbeing culture.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Support Auckland workplace sector to access Good4Work.nz	<p>Number of Auckland-based workplaces accessing Good4Work.nz.</p> <p>Number of prioritised partners aware of; accessing or promoting Good4Work.nz.</p>	<p>Number of Auckland-based workplaces accessing Good4Work.</p> <p>Percentage of prioritised partners aware of; accessing or promoting Good4Work.nz.</p>	Percentage increase of Auckland-based workplaces accessing Good4Work.nz
Progress collaborative Workplace Health and Wellbeing (WPH&W) initiatives with participating organisations.	Number of collaborative initiatives.	<p>Percentage of collaborative initiatives contributes to ARPHS WPH&W strategic objectives and bold goal.</p> <p>Maintained partnership agreement with agencies in national approach to WPH&W collaboration. Yes/No.</p>	Number of partnerships maintained and percentage of collaborative initiatives contributing towards ARPHS WPH&W strategy.
Monitoring and engaging in public policy, legislation and high profile WPH&W issues.	Number of policies, legislation or high profile issues identified.	Percentage of policies, legislation or high profile issues ARPHS engaged with.	Number of policies, legislation or high profile issues impacted by engagement from ARPHS.
Accessing data relevant to WPH&W identified indicators	Number of datasets relevant to Workplace Health and Wellbeing identified indicators.	Data accessed adequate to inform the vital indicators. Yes/No.	Percentage of data collected is relevant to identified indicators, accurately informing the status of workplace wellbeing.
Building relationships with WPH&W champions in Tamaki Makaurau	Number of champions.	<p>Percentage of champions identified using an equity lens.</p> <p>Percentage of champions using the communications approach to promote WPH&W.</p>	Number and percentage of champions promoting WPH&W.

2.4.3 Healthy Early Childhood Education

Goal	To improve the health and wellbeing of children (0-4 years) by strengthening environments and building the capacity of services and communities engaging with children across the greater Tāmaki Makaurau.
Service description	<p>ARPHS' key role is in the implementation of Pūrerehua (ARPHS EC Health Promotion Programme); an approach to influence early childhood education settings. Additionally, ARPHS undertakes and completes pre-licensing health and safety assessments, of new ECE centres and investigate complaints at the request of the Ministry of Education.</p> <p>Over the next 12 months ARPHS EC programme will focus on:</p> <ol style="list-style-type: none"> 1) the sustainability of the Purerehua programme and transitioning the work to become a standing element in ECE teachers training; and 2) strengthening the nutrition and physical activity focus of the ECE centres pre-licensing assessment process carried out by ARPHS Environmental Health Team. 3) During 2018/19, ARPHS EC programme will implement its new strategy to identify the priority areas where ARPHS could add value to regional health promotion that targets environments and systems influencing children's first 1-2000 days in Tāmaki Makaurau.
Target Population	Children aged 0-4 years in Tāmaki Makaurau.
Objectives	<ol style="list-style-type: none"> 1. Work with key stakeholders to transition the Kahuku-professional development programme into early childhood education tertiary teacher training. 2. Provide ongoing support and review of the effectiveness of the strengthened health and safety pre-licensing assessment carried out by ARPHS (Healthy Auckland Together action plan 3.4). 3. Ensure early childhood centres meet their regulatory requirements for licensing. 4. Implement the Early Childhood Health Promotion strategy in alignment with ARPHS and the Health Improvement Strategy including the following objectives: <ul style="list-style-type: none"> • Objective 1: By December 2019, we are changing hearts and minds through whānau voice, challenging and reframing relevant structures and narratives. • Objective 2: By December 2020, child-centric action at ARPHS is influencing partners for improved under 5 wellbeing outcomes in Tamaki Makaurau. • Objective 3: By December 2020, our engagement strategy facilitates smarter and deliberate partnerships.
Lead	Health Improvement and Environmental Health.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Work with five prioritised tertiary providers to roll out Kahuku-professional development programme in ECE teacher training curriculum (sustainability)	<p>Number of trainee Early Childhood teachers reached.</p> <p>Number of prioritised tertiary institutions that have incorporated Kahuku professional development into their teachers training curriculum.</p>	<p>Percentage of all trainee Early Childhood teachers in respective tertiary institutes reached.</p> <p>Percentage of prioritised tertiary institutions that have agreed to working with us to embed Kahuku professional development into their teachers training curriculum.</p>	<p>Number and percentage of trainee teachers that report increased knowledge in public health.</p> <p>Number and percentage of trainee teachers that report a shift in attitude towards public health.</p>
Deliver Kahuku to prioritised Early Childhood Education Centres across Auckland	<p>Number of Early Childhood Education Centres participating in Kahuku-professional development.</p> <p>Number of action plans developed and implemented.</p>	<p>Percentage of prioritised ECE centres that have participated in Kahuku PD.</p> <p>Percentage of action plan milestones achieved.</p>	<p>Number and percentage of teachers that report a shift in attitude towards public health.</p> <p>Number of ECE centres implementing action plans.</p>
Implementation of the Early Childhood strategy in alignment with ARPHS and the Health Improvement Strategy.	Number of actions implemented within agreed timeframes.	Number and percentage of stakeholders reporting the strategy is clear and aligned.	Narrative on outcomes of implementation.
<p>Conduct and report on pre-licensing inspections of early childhood centres, including compliance by the licensee of the premises with the Education (Early Childhood Centres) Regulations 1998.</p> <p>Respond to enquiries from the public or organisations.</p>	<p>Number of pre-licensing inspections⁵⁵:</p> <p>15/16: 44 16/17: 50 17/18: 54</p> <p>Number of complaints and inquiries responded to.</p> <p>15/16: 98 16/17: 98 17/18: 74</p>	<p>Percentage of completed Health and Safety reports within 7 working days from site assessments. (New measure)</p>	<p>Narrative of any trends or risks to students/staff at early childhood centres.</p> <p>Any common early childhood centres enquiries are identified and ARPHS ensures that our reference materials are updated to include these concerns. Yes/No. Complementary Narrative</p>

⁵⁵ Including those conducted at the request of the Ministry of Education.

2.4.4 Healthy Auckland Together

Goal	A social and physical environment that supports people living in Tāmaki Makaurau to eat well, live physically active lives and maintain a healthy body weight within their communities.
Service description	<p>Healthy Auckland Together (HAT) is a coalition of 22 organisations representing local government, mana whenua, health agencies, NGOs, university and consumer interest groups. HAT partners recognise that by working together to change policy, infrastructure design and planning, we can shape our environments to encourage physical activity and good nutrition. This means looking across the whole system - transport, urban planning, food supply and retail, education and business, so all Aucklanders benefit.</p> <p>In 2017, the 22 HAT partners agreed to review the 2015-2020 Action Plan. As a result of work done by the partners new collaborative actions will be added to the coalition work programme. This section outlines the activities ARPHS is undertaking as part of the HAT action plan and to support the HAT coalition.</p>
Target Population	General population and priority populations are Māori and Pacific, children and young people and other vulnerable groups.
Objectives	Improve nutrition, increase physical activity and reduce obesity.
Lead	Health Improvement.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Lead the coordination of the coalition by providing strategic direction and infrastructure support to enable actions to be achieved.	Inter-Agency-Group meetings. Yes/No.	Partners' awareness and engagement with HAT and stakeholder survey responses (benchmark and trends).	Number and percentage of HAT partners that report that Healthy Auckland Together has a positive impact on the reach and effectiveness of their work.
Lead communication activities that increase the visibility of HAT successes both publicly and within partner organisations.			Narrative on outcomes.
Produce monitoring evidence and analysis to support HAT objectives.	Monitoring report produced. Yes/No.	Narrative on evidence gaps.	Narrative on outcomes.
Identify and support projects that encourage and maximise HAT partners' collaborative working power.	Number of HAT collaborative projects.	<p>Partners show benefits from HAT membership.</p> <p>HAT projects on track and meeting key milestones.</p>	Number of HAT projects with at least 3 partners collaborating.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Other HAT projects delivered by ARPHS, including providing support to Wai Auckland implementation.			Narrative on outcomes.
Supporting Auckland metro DHBs and organisations to implement the Healthy Food and Drink Policy.	Number of organisations being supported by HAT.		Percentage of organisations supported by HAT reporting high engagement and better productivity outcomes.
Scope and develop an approach that addresses the harm caused by marketing unhealthy food and drinks to children and strengthens their food and drink environments.	Number of complaints submitted to Advertising Standards Authority.		Number of complaints upheld.

2.5 Organisational Enablers: Public Health Leadership, Sustainability and Workforce Development

2.5.1 Workforce Development

Goal	Strengthen skills and knowledge to support a high performing ARPHS workforce.
Service description	ARPHS has a comprehensive plan to ensure staff competence, compliance and ongoing learning opportunities.
Target Population	ARPHS staff
Objectives	<ol style="list-style-type: none"> 1. Regulatory officers meet the Ministry requirements to fulfil their statutory roles. 2. Work towards strengthening the public health workforce to improve Māori and Pacific health and reduce inequalities. 3. Annual workforce survey completed to inform staff engagement.
Lead	Systems, Intelligence and Planning.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Implement ARPHS People Plan.	ARPHS People Plan is reviewed and Implementation is commenced, including supporting alignment with the ADHB people strategy (narrative).		
Actively plan to meet the target of 75% of staff ⁵⁶ holding or working towards a qualification in public health and/or hold skills and expertise.	Ensure opportunities for staff to upskill in public health concepts (narrative).		Number and percentage of nominated staff currently holding or working towards a public health or relevant qualification and/or holding skills and expertise in public health.

⁵⁶ Permanent staff.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Plan and deliver Public Health fora.	Number of internal continuing Professional Development forums delivered per year.	Percentage of staff who report they found the fora to be good or excellent.	
Provide all staff with opportunities to upskill in organisational skills	Plan and implement public health forums for staff. (narrative) Number of forums delivered per year.	Percentage of staff who report they found the opportunities to be good or excellent.	
Facilitate and support access to competency training and development opportunities.	Record of training and development for each Statutory Officer.	Annual report on competency of Statutory Officers to MoH completed. Yes/No.	Number and percentage of Statutory Officers who maintain their appointment.
Support ongoing cultural competence of staff.	1:1 sessions between new staff and cultural advisors. Provide opportunities for staff to upskill and build skills in cultural awareness and verbal communication (e.g. Samoan Language week)		
Māori staff are enabled to attend monthly Tuhauora meetings.	Number of sessions run.		
Pacific staff are enabled to attend monthly Vaka Ola meetings.	Number of sessions run.		
All new staff ⁵⁷ complete internal orientation workshops.	Number of new staff attending.	Percentage of new staff attending.	
Staff symposium held.	One day staff symposium held.	Percentage of staff who reported that the symposium was excellent or very good.	

⁵⁷ Permanent staff

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Staff survey performed.	Annual staff survey completed. Yes/No. Percentage of staff who complete the survey. 15/16: 84.5% 16/17: 89.4% 17/18: 89.3%	Survey results analysed and discussed with staff. Yes/No.	

2.5.2 Communications

Goal	Provide timely, accurate and appropriate public health information to practitioners and general public.
Service description	The communication team is responsible for supporting ARPHS with promoting public health messages and replies in response to media queries and statements along with ensuring relevant and timely information is provided on internal and external websites and social media forums. While there is a focus on the Tāmaki Makaurau population, often messages are relevant nationally. Tasks are both reactive (media requests) and proactive (media releases providing information on websites and social media).
Target Population	General population, health practitioners and ARPHS staff.
Objectives	<ol style="list-style-type: none"> 1. Leadership in public health communications. 2. Provide the Tāmaki Makaurau population with appropriate and timely public health information. 3. Clear communication processes and protocols are provided and adhered to. 4. Improve ARPHS' public profile. 5. Take advantage of efficiencies with improved technology and mediums.
Lead	Systems, Intelligence and Planning.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Efficient communication with primary care. Develop and commence implementation of a primary care communications plan. This includes Health Pathways, Medinz, HPA distribution and DHB collaboration. Development of primary care notification manual.	Number of Medinz uploads.	Narrative on primary care plan.	
Targeting messaging and new channels: <ul style="list-style-type: none"> • Develop and commence implementation of engagement strategy with prioritised communities. • Consider new channels for travel advice 	Number of stakeholder communications.	Narrative on engagement actions.	

Activities	Key Performance Measures		
	How Many	How Well	Better Off
and pandemic messaging.			
Messaging for organisations: Plan and develop messages/documents for Ministry of Education/schools on infectious diseases.		Narrative on development.	
Using digital media for public health messaging.	CWP content and functionality is maintained and updated. Yes/No. SharePoint content and functionality is maintained and updated. Yes/No. Social media plan is implemented. Yes/No.	Provide social analytics: <ul style="list-style-type: none"> Website analytics Facebook and Twitter analytics 	
Media: Produce timely and accurate media statements and media releases. Support ARPHS staff with communications support, advice and training. Communication and publications for internal events.	Number of media requests Number of media releases Narrative on training and upskilling of staff. Internal events supported.	Percentage of media releases picked up by outlets.	

2.5.3 Informatics

Goal	To provide the tools required to inform planning, monitoring, reporting and response activities for public health.
Service description	ARPHS has one main information solution, Public Health Information Management Systems (PHiMS), and uses other systems to deliver services. These include systems for data recording, contact tracing, disease notification and management.
Target Population	ARPHS staff.
Objectives	<ol style="list-style-type: none"> 1. High quality systems that collect, collate and produce high quality information for public health action. 2. Improved systems for data collection and reporting for ARPHS activities. 3. Ensure continuous development of policies and documentation.
Lead	Systems, Intelligence and Planning.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Maintain strong governance structure and regional relationships for informatics programme of work	Monthly governance group meetings which include key stakeholders (e.g. healthAlliance and ADHB). Yes/No.	Projects are delivered as per the approved business. Yes/No.	Projects delivered on time within budget and on scope. Yes/No.
Develop technical documentation for PHiMS and other essential information systems (SharePoint, CWP)	A technical document will be developed or maintained for each major function with PHiMS or other key systems. Yes/No.	Technical documentation will be reviewed by a technical peer. Yes/No.	No single point of failure across all systems. Yes/No.
Continued Quality Improvement (CQI) initiative around data quality.	One initiative delivered. Yes/No.	Reduction in the number of corrections required. Yes/No.	
Start delivering year two of the roadmap and informatics programme of work.	<p>Deliver at least one disease form in PHiMS. Yes/No.</p> <p>Design and plan building the new EpiSurv interface. Yes/No.</p> <p>Deliver 5 SharePoint workflows to support business processes. Yes/No.</p>	<p>Disease form is delivered as per the approved business case. Yes/No.</p> <p>The technical design will support planning of the live interface. Yes/No.</p> <p>Each workflow will only be approved if it supports and integrates with business practice. Yes/No.</p>	<p>Any disease outbreaks will be managed in PHiMS. Yes/No.</p> <p>Project delivered in scope. Yes/No.</p> <p>Improved document storage and retrieval. Yes/No.</p>

2.5.4 Public Health Intelligence

Goal	Provide high quality public health intelligence to support planning and evaluation, policy submission, quality and public health activities. Sustainable implementation of an organisation-wide focus on quality and continuous quality improvement.
Service description	Provide guidance for internal staff on ARPHS strategy and priorities, to monitor and produce public health activities which will make a difference to the health of people living in Tāmaki Makaurau.
Target Population	ARPHS staff, General population.
Objectives	Intelligence and Planning <ol style="list-style-type: none"> 1. Production of high value public health Intelligence. 2. ARPHS strategic and operational plans support Government and DHBs priorities. 3. Quality service performance information is provided. Healthy Public Policy <ol style="list-style-type: none"> 4. Improved public policy outcomes achieved through timely, evidence based submissions and policy advice. 5. Key stakeholders are engaged throughout the policy development process. Quality <ol style="list-style-type: none"> 6. Continue implementing ARPHS Quality Framework
Lead	Systems, Intelligence and Planning (Intelligence and Planning) and Medical Operations (Quality)

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Surveillance</p> <p>Conduct surveillance in which data and information is systematically collected, analysed, interpreted and acted upon for the purpose of preventing, identifying and responding to emerging communicable disease issues.</p> <p>Report on communicable disease data.</p>	<p>Standard surveillance reports completed:</p> <ul style="list-style-type: none"> • Real time. Enhanced surveillance activities for typhoid, shigellosis, VTEC, campylobacteriosis, cryptosporidiosis, giardiasis and salmonellosis. Yes/No • Daily: NDCMS Daily Summary Report⁵⁸. Yes/ No 	<p>Narrative reporting: Describe how well your surveillance system is performing and any challenging or emerging issues.</p> <p>Describe emerging issues and how PHU is/will be addressing these.</p>	<p>Narrative reporting: Provide a summary of outcomes of your surveillance activities.</p>

⁵⁸ Provided at 17:00 hours Monday to Friday and on demand.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
Produce and/or contribute to disease-specific reports for communicable diseases of concern (eg, Pertussis, other diseases causing outbreaks).	<ul style="list-style-type: none"> Weekly : NDCMS Summary report. Yes/No NDCMS Charts. All notifiable disease and HealthStat Flu & Gastro charts. Yes/No ARPHS Weekly Surveillance (Notifiable disease triggers and HealthStat Flu & Gastro). Yes/No Weekly Surveillance Triggers – Risk cube response framework. Yes/No Weekly Respiratory Virology Surveillance (Collated from ESR data). Yes/No Weekly Other Virus Virology report. Yes/No Weekly ARPHS - IHR Surveillance Bulletin (Collated from ProMed, WHO, CDC etc). Yes/No Weekly Public Health Aide review (ex ESR). Yes/No Weekly PacNet reporting . Yes/No AMT Weekly Handover Meeting (Summary of all of the above for on-call and weekend staff). Yes/No Monthly NDCMS Cumulative Disease Report. Yes/ No Monthly Laboratory Surveillance Report (Salmonella, VTEC, Shigella, Yersinia). Yes/ No Auckland Region Annual Communicable Disease 		

Activities	Key Performance Measures		
	How Many	How Well	Better Off
	Surveillance. Yes/No <ul style="list-style-type: none"> Bi Annual Communicable Disease Surveillance. Yes/No # of reports disseminated to the sector and/or community groups that ARPHS contributed to or produced.		
Healthy Public Policy Stakeholder engagement occurs to share ARPHS knowledge and expertise on public health topics and to promote Health in All Policies. Submissions performed to provide advice and recommendations on regional and national public health issues, guidelines and protocols. Provide reports on public health activities to local and regional bodies (eg CPHAC and AIPHG) ⁵⁹ .	narrative. Number of submissions made Regular reports to local and regional bodies (narrative).	Narrative on effectiveness of stakeholder engagement and submissions. Narrative on submission type.	
Quality Support quality initiatives across the Service in accordance with the Annual Quality Plan.	Quality Governance Group (QGG) core members are engaged in promoting quality initiatives. Yes/No. Three continuing quality initiatives are undertaken at any one time ranging in complexity.	70% of QGG meetings are attended by QGG core members. Initiatives have positive outcomes for the organisation evidenced by pre- and post-measurement data.	70% of QGG core members are involved in supporting quality outcomes. Yes/No. Operational leaders report that the Annual Quality Plan provides clear

⁵⁹ Community and Public Health Advisory Committee and Auckland Intersectoral Public Health Group.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Review annual Quality Plan for 2018/2019.</p> <p>Establish the methodologies and tools required to initiate, lead and participate in quality improvement initiatives.</p>	<p>An Annual Quality Plan is reviewed and approved with sign-off by the Senior Management Team (SMT). Yes/No.</p> <p>Quality training plan is agreed by QGG and approved with sign-off by the Senior management Team (SMT).</p>	<p>The Annual Quality Plan review is signed-off by SMT within 2 months of initial draft. Yes/No.</p> <p>Quality training plan is signed off by SMT within two months of initial draft. Yes/No.</p>	<p>direction. Yes/No.</p>
<p><u>Strategic Plan</u></p> <p>Complete alignment of workplans to the strategic plan.</p> <p>Complete monitoring framework.</p> <p>Commence monitoring of the strategic plan.</p>	<p>Plan baseline monitoring report. Yes/No.</p>		

2.5.5 ARPHS Business Support

Goal	Ministry of Health approved resources are sent to requesters in a timely and efficient manner.
Service description	ARPHS services the largest population of any authorised provider in the country dispatching a large number of resource items across Tāmaki Makaurau ⁶⁰ (Resource Centre).
Target Population	ARPHS Staff, health practitioners and the general population.
Objectives	1. Provide and distribute resources as per agreement with MoH and Health Promotion Agency (HPA).
Lead	Systems, Intelligence & Planning.

Activities	Key Performance Measures		
	How Many	How Well	Better Off
<p>Resource Centre</p> <p>Maintain an effective and efficient health education resource distribution service to support public health programmes, individuals, and external organisations.</p>	<p>Total number of orders processed.</p> <p>15/16: 2,968 16/17: 3,095 17/18: 2,903</p> <p>Total number of items despatched.</p> <p>15/16: 811,818 16/17: 682,920 17/18: 654,052</p>	<p>Percentage of orders processed within five days of receipt.</p> <p>15/16: 96% 16/17: 97% 17/18: 97%</p> <p>Percentage of orders processed and distributed.</p> <p>Target: 100%</p>	

⁶⁰ ARPHS is funded 0.6FTE to maintain this service

3. Section Three: Finance

Auckland Regional Public Health Service Annual Plan Costing Estimate for the 2018/19 Financial Year

Note: Still under negotiation with the Ministry of Health

5. Section Four: Non-core Programmes

Non-core programmes

ARPHS is contracted to provide Services under three other contracts as described below.

Work area	Core Function	Short Term Outcomes	Activities (What we will do to achieve outcomes)	Key Performance Measures	
				Quantity	Quality
<u>Physical Environment</u> Small Drinking Water Technical Advice Service (SDWSTAS)	H Prot	Support communities, consultants, mentors & drinking water supplies to improve the quality of their drinking water.	Provide technical assistance to enable water supplies to meet the relevant requirements of the Health Act 1956. Provide ongoing support for community supplies which have received drinking water subsidies.	As per contract performance measures.	
<u>Workforce Development</u> Public Health College: Registrar Supervision.	Cap Dev	Public Health Medicine Training Programme Supervisor role for Northern Region.	ARPHS to provide supervisory role for PH Registrars.	As per contract performance measures.	
<u>Screening/National Cervical Screening (NCS)</u> NCSP Register Services.	Prev Interv	A secure effective system of registration, recall and follow-up of participating women on the National Cervical Screening Register.	Maintain the system for registration, recall and follow up of eligible women to the NCSP.	As per contract performance measures.	
<u>Refugee Health Screening Service</u> Emergency Quota Refugees from Syria	Prev Interv	Improve the health status of Refugees.	Provide health screening services of 600 Syrian refugees over a 3 year period (2015 – 2018).	As per contract performance measures.	

List of Acronyms

ADHB: Auckland District Health Board

AIPHG: Auckland Intersectoral Public Health Group

AIAL: Auckland International Airport Ltd

CDEM: Civil Defence and Emergency Management

CMH: Counties Manukau Health

CPOs: Controlled Purchase Operations

DWAU: IANZ Drinking Water

Assessment Unit International

Accreditation New Zealand

DWSNZ: Drinking Water Standards for New Zealand

ECE: Early Childhood Education

HAT: Healthy Auckland Together

HPA: Health Promotion Agency

HSNO: Hazardous Substances and New Organisms

IHR: International Health Regulations

LTBI: Latent Tuberculosis Infection

MBIE: Ministry of Business, Innovation and Employment

MRRC: Mangere Refugee Resettlement Centre

NZRSS: New Zealand Refugee Settlement Strategy

PHiMS: Public Health Information Systems

PHO: Primary Health Organisation

PHU: Public Health Unit

POAL: Ports of Auckland Ltd

RHSS: Refugee Health Screening Service

RNZAF: Royal New Zealand Air Force

SASA: Sale and Supply of Alcohol Act 2012

SFE: Smokefree Environments

SMT: Senior Management Team

VBD: Vector-borne Diseases

VTA: Vertebral Toxic Agent

WDHB: Waitemata District Health Board