



Northland District Health Board  
Rheumatic Fever Prevention  
Plan  
July 2017 – June 2019

Original June 2015 - 2017

## INTRODUCTION

This plan outlines Northland District Health Board's revised actions and commitment going forward to maintaining the reduction of Rheumatic Fever by two thirds by 2017 (i.e. fewer than 6 cases/year or a rate of <3.5/100,000). A stakeholder engagement was undertaken to inform the refreshed Rheumatic Fever Plan in 2015. The Ministry requested from the 10 DHB's with the highest rates of Acute Rheumatic Fever to deliver a refreshed Rheumatic Fever plan for 2016-2017 which was accepted. Northland District Health Board was the only DHB to have reached the target June 2017.

This plan follows on from the work undertaken to date by Northland DHB, Maori Health Providers and other community health, social and pharmacy provider services in Te Taitokerau to address and decrease the incidence of Acute Rheumatic Fever (ARF).

In Te Taitokerau Rheumatic Fever remains a persistent indicator of health inequalities borne by tamariki Maori. This is an ongoing challenge requiring a clear understanding of the context in which health services are delivered and more importantly, the context in which whanau and tamariki live.

The Ministry of Health RF Prevention Programme provided funding for NDHB to trial initiatives to reduce the incidence of RF in high risk groups in Te Taitokerau/Northland with annual funding through to the end of 2017. After this time Ministry of Health funding will be available for 5 years to 2021/22 with a review in 2018/19 to assess the success of current initiatives and whether they should continue, and also whether MoH funding will continue post 2021/22.

## EXECUTIVE SUMMARY

Northland DHB, working with Maori providers and other NGOs contracted to deliver the Rheumatic Fever Prevention Plan have achieved a greater level of collaboration since devolution of the contract from the Ministry in July 2014 along with the establishment of a coalition model for Northland. It is envisaged that ongoing improvement will occur and there is an expectation that collaborations will continue to grow. One of the key strategies to maintaining the target is the coalition arrangement between Northland DHB; the whanau ora collectives of Te Taitokerau and current providers. Northland DHB met the Better Public Services (BPS) target June 2017, to reduce rheumatic fever by two-thirds to 1.4 cases per 100,000 people.

In seeking to achieve long-lasting targets of reduced/eradicated ARF in the Taitokerau/Northland region we are gaining a better understanding of the challenges faced by our communities. There are a range of dynamic factors affecting whanau and the communities of Te Taitokerau. This includes ongoing issues of adequate housing quality; social inequalities – low mainstream academic gain, low employment and low incomes; and intergenerational poverty. While Government's Better Public Service targets are being delivered to improve services to families and communities this may take time in embedding the outcomes envisaged and provides added context and challenges in which services are planned and delivered. Collaboration with our community providers is an important feature in ensuring we reach our target communities better and in a more timely and efficient manner.

The establishment of the coalition model has provided opportunities for more comprehensive development, delivery and oversight of the RFPP. Timely evaluation, a commitment to continuous improvement of all activities and information systems together with ongoing stakeholder engagement will continue to provide opportunities to develop inroads into achieving targets, and best practice delivery on initiatives, future collaborations and innovations.

Acceptability of the current School Based Throat Swabbing programme suggests that value be placed on good relationship and collaboration building; capacity and capability building of all staff and communities is just as valuable and will help deliver important targets over time. We are cognisant that while there may be a decreased rate of RF, the external pressures are still impacting on whanau/families and getting access to them is an ongoing issue. In addition, we have achieved a number of co-benefits which place us in a stronger position to plan forward, better referrals to PHNs, treatment for skin infections among them. The plan continues to support the delivery of RF prevention in schools where access for high risk children is enhanced.

Accordingly, for both the Rheumatic Fever Prevention Programme and working in coalition, NDHB and providers will continue to undertake school based throat swabbing and we will continue to support Rapid Response and housing initiatives.

# Contents

1. Review of Rheumatic Fever Prevention Plan - Overview
2. Governance
3. Stakeholder engagement
4. Ongoing investment in rheumatic fever prevention

## SECTION 1. OVERVIEW – REVIEW OF THE RHEUMATIC FEVER PREVENTION PLAN

### Which activities do we believe were successful and why?

The Northland DHB school-based throat swabbing programme evaluation (2014) clearly demonstrated the acceptability and accessibility of this approach for high risk children. This contrasts with the historical and persistent inequities in access for this population to traditional general practice, despite “free” care at point of use for <6yr olds and more recently children <13yrs. The programme had less success in secondary schools and other approaches are needed to ensure high risk youth are accessing throat swabbing appropriately. Uptake of pharmacy-based throat swabbing to date also shows that access is being achieved for the population at greatest risk of RF (i.e. Maori children and youth and children living in socio-economically deprived communities).

Healthy Homes Tai Tokerau now has a well-established health referral pathway with both Manawa Ora and Healthy Homes Initiative referrals which has been reinforced through work on the RFPP. The Manawa Ora programme had some early gains in terms of enhancing collaboration between Ministry of Social Development (MSD), the health sector and Housing NZ (HNZ), but the numbers referred are small to date, and the outcomes for whanau less clear. Much of the work carried out by Manawa Ora providers appears to be what should really be “business as usual” for MSD and HNZ.

## SECTION 2: GOVERNANCE

A Rheumatic Fever Steering Group (RF Steering Group) was established in August 2015 comprising of NDHB, PHOs, and Whanau Ora Collective representatives to oversee the development and delivery of the refreshed RFPP. The Steering Group has evolved and is inclusive of those within the Coalition (see Appendix 2). This group is called the Rheumatic Fever Coalition Steering Group.

The senior NDHB Manager who leads the RF Coalition Steering Group is Jeanette Wedding (General Manager, Child Youth Maternal Oral & Public Health Services). As Chairperson and joint-RF Champion with Harold Wetera (General Manager Maori Health), Jeanette reports directly to NDHB CEO and is a member of the Executive Leadership Team (ELT). All programmes under the current RFPP report to Jeanette in her GM role and also as NDHB contract funder. The other members of the group also provide services to the current contract either in RFPP directly or via housing initiatives.

The Role of Rheumatic Fever Champion is pivotal in ensuring the RFPP is appropriately socialised and resourced at executive level, providing strong leadership and advocacy to ensure successful implementation.

Ministry guidelines require that the RF Steering Group membership will adapt as the Rheumatic Fever Prevention Plan is implemented, this is to ensure fair representation of all stakeholders involved in the governance of the RFPP.

The DHB RF Coalition Steering Group provides oversight of all RF activities in the Northland DHB boundary. It is accountable for improved RF outcomes in Northland, with a priority given to achieving targets for the district set nationally, monitors priority areas of focus within an annualised RF Plan that aims to improve **outcomes**, access to services, timeliness and equity of RF coverage. The Terms of Reference is attached (please see Appendix I).

## SECTION 3: STAKEHOLDER ENGAGEMENT

Stakeholder engagement was undertaken by an external contractor from mid-August 2013 to mid-September 2014 with Iwi Runanga, Hapu, Maori NGOs (health and social services), school/kura

contacts and kaimahi Maori, and community groups. Engagement findings were fed back to the Steering Group in September 2015 and helped inform the decisions reached in developing this refresher plan.

While the stakeholder engagement process was condensed to meet the timeframe for Refresher delivery to the Ministry, further engagement pathways continued to be identified and established with relevant Maori communities, Maori NGOs (such as social service providers, and parenting programmes), and Hapu and Iwi collectives to further increase their understanding of rheumatic fever and its prevention – and to help inform the ongoing delivery of the plan until RF is eliminated.

Iwi and Hapu gave strong endorsement of Maori providers and the importance of the Maori providers participating at all levels in the overall prevention programme. While encouraging their active involvement and ownership of local solutions as important in a sustainable plan to reduce rheumatic fever, they supported community owned and designed programme delivery. Successes achieved in Whangaroa were seen as important to informing how to develop the RFPP programme.

Clear leadership was recommended so that a co-ordinated collaboration could be effectively managed and early, consistent trouble-shooting achieved in meeting difficult contract deliverables (given all the external pressures facing whanau and their communities).

Whanau impacted on by ARF identified disconnection as a barrier to accessing good support at an early stage of investigating Strep A infections and that some had to be very insistent with General practitioners to take their child's sore throats seriously.

The information gained from the stakeholder engagement is consistent with findings from other research and evaluation conducted thus far and is relevant in determining the best model moving forward.

Overwhelming support for School Based Throat Swabbing programme through collaboration with Maori providers was identified as the best means to access tamariki and their whanau.

Confidence was expressed by all parties in Maori provider collaboration with clinical staff in delivery of the School Based Throat Swabbing programme.

The desire for 'more equity' in funding was identified as a barrier to achieving success in reaching targeted, inherently difficult-to-reach-and-influence population given all pressures facing whanau. Notably, other sectors in Te Taitokerau experience similar difficulties and also required intensive attention. Further, in lower socio-economic areas where providers are delivering services to the higher health burden, costs are considerably higher than in other areas. Providers felt the expectation on delivering to a historically difficult region and community placed them in an invidious position for want of, "recognition of the already complex nature of the target community/ies" while appearing to be missing targets or 'not appearing to meet them'.

Adherence by all clinicians to appropriate NZ Heart Foundation sore throat management guidelines were also a feature for want of correct and 'more engaged' GP oversight. In several cases discussed, tamariki were treated with pain relief medications instead of the appropriate antibiotics.

The steering group was welcomed and seen as an opportunity to provide early and regular feedback on issues affecting progress in achieving successful reduction of RF.

Good information capture and sharing between all health providers in Northland was recommended as was clear, contract reporting templates (to be developed by NDHB as the Funder).

The development of a coalition model for the delivery of the school throat swabbing program (articulated further in the action plan) is significant in that it is made up of a collective of Maori health providers who will be empowered to develop the model utilizing their community networks throughout Northland.

**Commentary:**

Clearly there are more dynamics and contextual challenges associated with new cases of RF than provider contract performance in throat swabbing alone. Other important determinants include housing, employment, education, and assertiveness in achieving a good, healthy sustainable and achievable level of health and wellbeing. Taitokerau/Northland still faces ongoing challenges of an unrelenting economic downturn that has impacted greatly on the historical picture of poorer health for vulnerable families and communities where more are now living in poverty.

In terms of health-focused initiatives and Prevention of GAS transmission activities a dedicated communication plan has been rolled out by Northland DHB and supported by providers and successfully recognised by whanau and communities.

**Rheumatic Fever Prevention Plan 2017-2019**

The following tables provide a breakdown of the planned interventions over the next period to June 30 2019:

1. Increase awareness of RF and how to prevent it;
2. Prevent the transmission of Group A Streptococcal Throat Infections (GAS) within households;
3. Treat Group A Streptococcal infections quickly and effectively.
4. Governance
5. Stakeholder Engagement

The planning, co-ordination and delivery of this programme will be enabled by the coalition governance over the RFPP programme.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
<b>1.Planned interventions to raise awareness of Rheumatic Fever and its prevention.</b>				
1.1 Implement NDHB-wide Communication Plan	<ul style="list-style-type: none"> <li>• Key messaging across Northland</li> <li>• Communication theme includes warmer drier homes, sore throat – visit your GP, , complete full course of antibiotics.</li> </ul>	Strengthening relationships with providers.	30 <sup>th</sup> June 2017 ongoing.	Increased opportunistic points of access by high risk tamariki/taitamariki and whanau.
	<ul style="list-style-type: none"> <li>• Utilize Social media - Facebook resources – warmer, drier homes video newsfeeds</li> <li>• Provide all RF Providers with Antibiotic Sticker adherence books</li> <li>• Regional radio campaign –warmer, drier homes</li> <li>• Distribution of the HPA Warmer, drier homes toolkit</li> </ul>	Raise awareness of free, achievable things families can do to provider warmer, drier homes – which will help prevent Rheumatic Fever.	On-going	Increased opportunistic points of access by high risk tamariki/taitamariki and whanau.
	<ul style="list-style-type: none"> <li>• Provide targeted and specific communications for Maori / high risk population.</li> <li>• Work in partnership with DHB and NGO providers to raise awareness of Rheumatic Fever in communities.</li> <li>• Explore and support local initiatives with providers across northland to raise awareness of Rheumatic Fever</li> </ul>	Raise awareness of Rheumatic Fever across communities in Northland	30 <sup>th</sup> June On-going	As above
1.2 Health Promotion in Schools	<ul style="list-style-type: none"> <li>• Each school has a key Rheumatic Fever message that aligns with agreed key messages as part of their school health plan, including sore throats, hand hygiene, cough etiquette and early recognition of Acute Rheumatic Fever</li> </ul>	Increased health literacy amongst Tamariki, whanau and school communities.	School term 1, 2, 3 and 4.	End of term reports provided by Public health nurses for each school.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>RF throat swabbing providers promote at the minimum 1 x term key messages that align with key messaged for Rheumatic Fever in school and school community.</li> </ul>	Increased health literacy amongst tamariki, whanau and school communities	In alignment with National Awareness Campaign as per Ministry of Health	Reported promotion event in provider quarterly reports.
1.3 Health Promotion of RF key messages at community key community events.	<ul style="list-style-type: none"> <li>Provider-identified opportunities to participate in events within their rohe/Te Taitokerau</li> <li>Public Health Nursing promotion at Community events.</li> </ul>	<p>Maximise provider knowledge of their respective communities;</p> <p>Raise awareness in communities of services; build community capacity.</p>	<p>Nga Puhī Festival – January 2018 - 2019</p> <p>Waitangi Day – February 2018 - 2019</p> <p>School and School Communities, Wananga, as per school calendars</p> <p>Children’s Day – March 2018 - 2019</p>	<p>Reported participation at events by providers.</p> <p>Increased utilisation of throat swabbing services and uptake by tamariki/taitamariki and whanau.</p>
	<ul style="list-style-type: none"> <li>Collaboration with Ministry of Youth Development (MSD) to coordinate approaches to Youth focused RF-related health promotion, including “Dramatic Fever” and Youth ambassador. Identify key person in MSD to assist with coordination pathways to identify events that MSD are engaging; and support these events.</li> <li>Engage with key person in Ministry of Health and Ministry Social Development to coordinate Youth focused RF related health promotion in Northland.</li> </ul>	To have a cohesive vision, key messaging and delivery to maximise youth engagement.	Engage with MSD October 2017 for programme delivery 2018.	Events identified and scheduled with DHB support.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
<b>2. Planned interventions to prevent the transmission of Group A Streptococcal throat infections (GAS) within households.</b>				
2.1 Increase Healthy Homes Initiative and Manawa Ora Tai Tokerau referrals for at risk tamariki and whanau	Ensure targeted identification and delivery to at-risk whanau.			
	<ul style="list-style-type: none"> <li>Collection and analysis of housing programs information to ensure target groups are receiving appropriate referrals.</li> <li>Data information is collected and reviewed quarterly in partnership with Manawa Ora and Health Homes Initiative program key persons.</li> <li>Work in partnership with Manaia PHO to support increase in referrals.</li> </ul>	To provide healthy housing for those at high risk of RF.	Quarterly scheduled meeting with Manaia PHO Healthy Homes, Manawa Ora contract holder.	Number of Māori, Pacific and children living in NZDepQ5 referrals actioned and completed.
	<ul style="list-style-type: none"> <li>Healthy Homes Initiative Coordinator to attend quarterly hui with Rheumatic Fever Providers to support identification and referral of at risk whanau to Health Homes initiative programme.</li> </ul>	To provide healthy housing for those at high risk of RF.	Attendance by the Health Homes Initiative Coordinator at Regional Hui held quarterly.	Rheumatic Fever provider reports and DHB evaluation / feedback of each hui.
	<ul style="list-style-type: none"> <li>Health Homes Initiative coordinator to identify and support re-engagement of at risk whanau that previously declined Healthy homes and or Manawa Ora programs.</li> </ul>	Whanau are informed and have access to program.	Quarterly scheduled meeting with Manaia PHO Healthy Homes, Manawa Ora contract holder.	Number of Māori, Pacific and children living in NZDepQ5 referrals actioned and completed. Health Homes Initiative reporting.
	<ul style="list-style-type: none"> <li>All Bicillin clients to have referrals to Manawa Ora Program via Public Health Nursing Service.</li> <li>Referrals to the Health homes initiative / Manawa Ora programme are completed on discharge from Children Ward NDHB.</li> </ul>	Whanau have access to the programme.	Completed for all Bicillin clients – audited 6 monthly. Audit of children discharge Children’s Ward 6 monthly.	Audit reports
2.2 Ongoing advocacy on housing issues via RF champions (GM Child	<ul style="list-style-type: none"> <li>Regular reporting on housing outcomes to relevant groups (Northland Inter sectorial Forum</li> </ul>	Increase leadership awareness and responsiveness at	Attendance at NIF quarterly meetings.	Improved inter-sectorial engagement and effective pathways for whanau across

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
Youth, Maternal, Public and Oral Health Services and GM Maori Health, Community (Paediatrician) and Rheumatic Fever steering group at governance level	NIF). <ul style="list-style-type: none"> <li>Raise awareness of RFPP and commitment to BPS targets at inter-sectorial fora.</li> </ul>	Governance Level.  Ensuring effective programme and uptake that meets the needs of vulnerable whanau in Te Taitokerau.		sectors.  Documented agenda and minutes.
	<ul style="list-style-type: none"> <li>Strategic/governance and CEO level conversations.</li> </ul>	Increased high level engagement and support for healthy housing initiatives to prevent Rheumatic Fever as conduit for improved health outcomes.	Vulnerable children team governance group. Meetings quarterly as scheduled.	Improved inter-sectorial engagement and effective pathways for whanau across sectors.
	<ul style="list-style-type: none"> <li>Paediatrician to opportunistically engage with media to promote key Rheumatic Fever messages including opportunity for families to engage with Healthy homes and Manawa Ora program.</li> </ul>	Increase high level engagement and support for healthy housing initiatives to prevent RF as conduit for improved health outcomes.	Opportunistic media events.	Number of communication opportunities taken.
<b>3. Planned intervention to treat Group A Strep infections quickly and effectively.</b>				
3.1 Increase access to throat swabbing for all decile 1-4 schools in Tai Tokerau that have a high proportion of Māori students	Northland Coalition Steering Group support and monitor access to throat swabbing for all decile 1-4 schools in Tai Tokerau.			
	<ul style="list-style-type: none"> <li>Coalition steering group to provide collaborative governance; monitor and ensure implementation of the Rheumatic Fever Plan inclusive of the school throat swabbing programme.</li> </ul>	Mutually accountable, collaborative governance; enhanced sharing of innovation and knowledge, and implementation of high quality, accessible RFPP services.	Quarterly Coalition Steering Group meetings.	100% of Māori students at decile 1-4 schools have enhanced access to throat swabbing.
<ul style="list-style-type: none"> <li>Maintain School Based Throat Swabbing Programme across Northland</li> </ul>	Access to throat swabbing services	June 30 <sup>th</sup> 2017 two year contract with providers.	School Based Throat Swabbing quarterly provider reports.	

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>Maintain Public Health Nursing opportunistic throat swabbing within all Northland School.</li> </ul>	Ensure enhanced access to throat swabbing services.	30 th June 2017-19	Each school will have an opportunistic throat swabbing programme delivered by the Public Health Nurse.
	<ul style="list-style-type: none"> <li>4.8fte Public Health Nursing workforce as direct support to Rheumatic Fever providers to deliver their plan as negotiated as part of the Northland Coalition process.</li> </ul>	Maximize access/opportunities for throat swabbing for highest risk children and youth.	30 th June 2017-19	Rheumatic Fever coalition model will incorporate up to 4.8fte Public Health Nursing as a resource.
3.2 Primary Care Engagement	<ul style="list-style-type: none"> <li>Explore with General Practices provision of appropriate care of children aged less than 13 years with emphasis on enhancing access, nurse-led sore throat management and opportunistic swabbing/empiric management of high risk children.</li> </ul>	Maximize access/opportunities for throat swabbing for highest risk children and youth	30 <sup>th</sup> June 2017 - 19	Quarterly review and analysis of PHO utilisation data report
	<ul style="list-style-type: none"> <li>Support and work with key persons in Primary care to ensure appropriate assessment and management of Rheumatic Fever.</li> <li>Up to date and best evidence Standard Operating Procedures for all providers of Rheumatic Fever including GP's</li> <li>Regular communications to General Practice from Clinical Lead via PHO communications for best practice assessment and management of sore throat.</li> </ul>	Ensure best health outcomes for tamariki in the assessment and management of sore throat.	30 <sup>th</sup> June 2017 - 19	100% of tamariki will have appropriate assessment management and treatment of sore throat..
	<ul style="list-style-type: none"> <li>Implement Health Pathways for use with Rheumatic Fever in Primary Care.</li> </ul>	Provide quality processes for Rheumatic Fever assessment	Work with key persons to monitor and support	Rheumatic Fever guidelines and process utilized in Health

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
	<ul style="list-style-type: none"> <li>Medical Officer of Health to deliver CME including assessment treatment and management of Rheumatic Fever as per RF Guidelines.</li> <li>GP and nurse CME, using regular staff meeting time, practice managers' meetings and nurse clinical leaders group (PHO) to ensure best practice standards for assessment and management of sore throat and Rheumatic Fever.</li> </ul>	<p>and diagnosis.</p> <p>Increased health literacy for health professionals.</p>	<p>implementation of Health Pathways 30<sup>th</sup> June 2017.</p> <p>As per educational calendar Manaia and Te tai Tokerau PHO.</p>	<p>pathways Primary Care.</p> <p>100% of tamariki who meet criteria are given appropriate treatment.</p>
<p>3.3</p> <p>Explore opportunities to increase opportunistic throat swabbing (additional to the School Based Programme) access points in identified communities.</p>	<ul style="list-style-type: none"> <li>Canvas opportunities to deliver services in existing NDHB health services which interface with high risk tamariki and taitamariki.</li> <li>Identify need and opportunity for Rapid Response Pharmacies and clinics within identified communities to enhance and support the proposed new coalition model.</li> </ul>	<p>Increase access points to opportunistic swabbing and promotion of key messaging.</p> <p>Increase access points to opportunistic swabbing and promotion of key messaging.</p>		<p>Numbers of high risk children/youth accessing services for throat swab.</p> <p>Number of hubs / clinics implemented.</p>
<p>3.4</p> <p>Rheumatic Fever Prevention Plan Evaluation</p>	<ul style="list-style-type: none"> <li>Evaluation proposed by mid-2018</li> <li>Ensure a robust plan is in place for evaluation of the programme mid - 2018</li> </ul>	<p>Continued process of service improvement and most cost-effective use of resources</p>	<p>April 2018 commence discussion for evaluation.</p> <p>2019 Completed Evaluation</p>	<p>Evaluation findings reported.</p>

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
<b>4. Governance.</b>				
4.1 Continuous Quality Improvement	<ul style="list-style-type: none"> <li>Standard Operating Procedures across all providers of sore throat management and further standardize key clinical processes.</li> </ul>	Provide quality Rheumatic Fever Prevention Program across Northland	Review of procedures biannually.	All providers have updated Standard Operating Procedures in place and standardized key clinical processes.
	<ul style="list-style-type: none"> <li>A root cause analysis of each reported case of Rheumatic Fever ongoing will be undertaken and recommendations made.</li> <li>Root Cause Analysis findings and recommendations will be fed back to the RF Coalition Steering Group to support implementation of recommendations for improvement.</li> <li>Root cause analysis finding and recommendations tabled at the Pediatric Governance Group.</li> </ul>	Provide quality Rheumatic Fever Prevention Program across Northland	Coalition Steering Group meetings as scheduled. Pediatric Governance Group meetings as scheduled.	100% of children who meet criteria are given appropriate treatment.
	<ul style="list-style-type: none"> <li>Work with Primary care (PHOs and clinical governance) to monitor and address disparities in access and utilisation for children under 13yrs via PHO utilization data.</li> </ul>	Address the persistent inequities in access to Primary Care Services for tamariki Māori in Tai Tokerau.		Quarterly review and analysis of PHO utilisation data report
<b>5. Stakeholder engagement.</b>				
5.1 Ensure equitable input and active engagement from all sectors.	Northland has commenced a coalition model to form a new model for Rheumatic Fever prevention in Northland.			
	<ul style="list-style-type: none"> <li>Coalition group formed following stakeholder engagement undertaken by NDHB external contractor.</li> </ul>	Shared accountability and ownership of the RFPP.  Mutually accountable,	Coalition Steering Group Quarterly Meetings	The agreed coalition / or agreed model is implemented, monitored across Northland.

ACTION	PROPOSED INTERVENTIONS	RATIONALE	TIMEFRAME	MEASURED BY
		collaborative governance; enhanced sharing of innovation and knowledge, and implementation of high quality, accessible RFPP services.		
	<ul style="list-style-type: none"> <li>Coalition group members include Rheumatic Fever providers across Northland including Iwi health providers, Whanau Ora and local Rununga.</li> </ul>	Support and encourage active involvement and ownership of local solutions.	Coalition Steering Group Quarterly Meetings	Group members representative of providers and community.

## NORTHLAND RHEUMATIC FEVER COALITION STEERING GROUP

### Terms of Reference / Principles

<b>Goal</b>	<p>“Whānau in Te Tai Tokerau living free of Rheumatic Fever”</p> <p>(This goal sits within with the bigger vision we have of Hauora for all tamariki/whānau in Te Tai Tokerau)</p> <p><b><u>Principles:</u></b></p> <p><b>1: Rangatiratanga</b></p> <p>We represent the leadership, whānau and hapū of our organisations/iwi. We respect each individual's organisation/iwi and communities. In addition, in this mahi as a collective group we aim take a view of what is best for all whānau across Tai Tokerau.</p> <p><b>2: Whakawhanaungatanga:</b> embedded in the meaning of rangatiratanga. We have meaningful, reciprocal relationships with each other.</p> <p><b>3: Tika me pono</b></p> <p>We expect high quality discussions and decision-making. We aim to ‘do the right thing’ and that which best serves our communities; to reach the best and most equitable outcomes for people. We operate face to face (kanohi ki te kanohi).</p> <p><b>4: <u>Decision making</u></b></p> <p>We aim to reach consensus in decision-making. When there is an impasse we revert back to the principle of rangatiratanga and we trust each of the people at this table. We will reflect; use questions to consider the other persons point of view. At times we may not have enough information and we will seek it from the relevant stakeholder.</p> <p><b><u>When in conflict:</u></b> the discussion is robust and courageous. We will be professional and keep to the kaupapa. We are able to express our point of view, to be free to say what we want to say, and know it stays at the table. We expect mature behaviour from all of us.</p>
<b>Membership</b>	<ul style="list-style-type: none"> <li>• GM Child, Youth, Maternal, Oral &amp; Public Health Services, NDHB</li> <li>• GM, Maori Health, NDHB</li> <li>• CEOs of Northland Primary Health Organisations</li> <li>• Clinical Director, Child Health – Primary Care</li> </ul>

	<ul style="list-style-type: none"> <li>• Medical Officer of Health with Rheumatic Fever portfolio</li> <li>• Community Paediatrician</li> <li>• School Based Throat Swabbing Programme Provider CE's / Directors</li> <li>• Programme Manager Rheumatic Fever NDHB</li> <li>• Invited representatives Whanau Ora Collectives</li> </ul> <p>Ex officio Members:</p> <p>Service Manager – Public Health/Community School Based Services</p>
<b>Chair</b>	General Manager, Child Youth Maternal Oral & Public Health Services
<b>Deputy Chair</b>	<i>To be confirmed</i>
<b>Frequency of Meetings</b>	Quarterly as a minimum
<b>Quorum</b>	Half + 1
<b>Record of Meetings</b>	Minutes to be recorded by Executive Assistant to GM CYMPHOS
<b>Reports</b>	The RF Steering Group will be provided with quarterly reports on achievements of the RF Plan and RF rates within Northland.
<b>Effective Date</b>	Terms of Reference effective : 14 <sup>th</sup> November 2017
<b>Review Date</b>	To be reviewed : 14 <sup>th</sup> November 2019

***Whaia te iti kahurangi – Ki te tuohu koe, me he maunga teitei, ko Aoraki anake***

*Pursue excellence – should you stumble, let it be to a lofty mountain*