

18 August 2020

Bill Douglas

**Via email:** billdouglas@xtra.co.nz



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

Dear Bill

**Official Information Act Request – OIA 12997 Unredacted Copies of WDHB Tobacco Control Plans for 2018/2019 and 2019/2020.**

On 21 July 2020, under section 12 of the Official Information Act, you requested the following information from Whanganui District Health Board (WDHB):

1. Can you please provide unredacted copies of the reports by the WDHB Tobacco Control Group for the years 2018/2019 and 2019/2020?  
These should have been provided to the Board already and also to the Ministry of Health.
2. Can you advise the numbers of smokers recorded by each PHO in Whanganui DHB as recorded from their GP registers as at 30/6/2018, 31/12/2018, 30/6/2019, 31/12/2019 and 30/6/2020 Please?
3. Can you provide a hard copy of the current Whanganui DHB Tobacco Control Plan 2019/20, 2020/21 or that which covers a longer period.

**Whanganui District Health Board response:**

**1. Can you please provide unredacted copies of the reports by the WDHB Tobacco Control Group for the years 2018/2019 and 2019/2020?**

Please see following documents attached:

- Tobacco Control Contract Report January to June 2019
- Tobacco Control Contract Report July to December 2019
- Report to Ministry of Health July to December 2018 sent 31 January 2019

**2. Can you advise the numbers of smokers recorded by each PHO in Whanganui DHB as recorded from their GP registers as at 30/6/2018, 31/12/2018, 30/6/2019, 31/12/2019 and 30/6/2020 Please?**

WDHB does not hold this information, please contact Whanganui Regional Health Network and National Hauora Coalition direct.

**3. Can you provide a hard copy of the current Whanganui DHB Tobacco Control Plan 2019/20, 2020/21 or that which covers a longer period.**

The tobacco control plan is currently in draft form and a new plan is being developed on completion of the needs analysis. See draft attached board approval required for the tobacco control plan which is currently in draft form as a new plan is to be developed. See draft attached.

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

Yours sincerely



Russell Simpson  
**Chief Executive**



**Tobacco Control Contract Report**  
**Provider 242804 / Agreement 360570**  
**January to June 2019**

PERFORMANCE MEASURES	OUTCOMES															
<b>Progress against Tobacco Control Plan</b>																
<p><b>Better Help for Smokers to Quit health targets</b>            90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months</p> <p>90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or lead maternity carer are offered brief advice and support to quit smoking</p>	<p>Target performance has been reported as:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">2018-19</th> <th style="text-align: center;">Q1</th> <th style="text-align: center;">Q2</th> <th style="text-align: center;">Q3</th> <th style="text-align: center;">Q4</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">PHO</td> <td style="text-align: center;">91.2%</td> <td style="text-align: center;">91.2%</td> <td style="text-align: center;">WRHN 90.7% NHC 87.5%</td> <td style="text-align: center;">WRHN 88% NHC 98%</td> </tr> <tr> <td style="text-align: center;">Maternity</td> <td style="text-align: center;">85.7% 86.7% Maori</td> <td style="text-align: center;">97.3% 94.7% Maori</td> <td style="text-align: center;">89.5% 93.3% Maori</td> <td style="text-align: center;">90% 90% Maori</td> </tr> </tbody> </table>	2018-19	Q1	Q2	Q3	Q4	PHO	91.2%	91.2%	WRHN 90.7% NHC 87.5%	WRHN 88% NHC 98%	Maternity	85.7% 86.7% Maori	97.3% 94.7% Maori	89.5% 93.3% Maori	90% 90% Maori
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<b>Leadership &amp; Coordination</b>	<ul style="list-style-type: none"> <li>- Target Champion Dr John McMenamin continues to support general practice</li> <li>- WDHB Smokefree policy updated to include Vaping</li> </ul>															
<b>Working in Partnership</b>	<ul style="list-style-type: none"> <li>- Whanganui District Council Smokefree &amp; Vape free Outdoor Areas Policy adopted 18 July 2017. Community signage to support the policy has been developed and rollout commenced</li> <li>- Healthy Families Smokefree 2025 Project has commenced. With an emphasis on prevention, Healthy Families WRR aims to accelerate the local Smoke-Free 2025 movement and foster community-led action towards a Smoke-Free community 2025. This will be done by applying the Healthy Families NZ principles and techniques to amplify efforts and action in preventing the rise in Māori uptake-rates of smoking, while advocating for new, or alternative solutions</li> <li>- Tobacco Advisory Group Terms of Reference reviewed and updated with inclusion of education representative</li> <li>- Smokefree Coalition Group reinstated</li> </ul>															
<b>Health Promotion</b>	<ul style="list-style-type: none"> <li>- Signage continues to be rolled out across the region to support the Smokefree vapefree policy</li> <li>- Signage &amp; billboards erected outside WDHB &amp; audio messaging updated</li> <li>- Smoke free vape free messaging and support was provided to the Masters Games event being held in Whanganui in February 2019. The integrated approach between the district council, public health, PHOs, Stop Smoking Services, Cancer Society and Vaping Vendor included:               <ul style="list-style-type: none"> <li>• Inclusion of a smokefree vapefree message in the participants and venue hosts handbooks</li> <li>• Promoting smokefree vapefree with signs and messaging on the digital screens at the games village</li> </ul> </li> </ul>															

	<ul style="list-style-type: none"> <li>• Smokefree support information for the sports coordinators</li> <li>• Vape to quit information stall at the Village</li> <li>• Support and information provided to venues to support a smokefree sports event and key messages to use during the sports event</li> </ul>
<p><b>Increase cessation attempts</b></p>	<ul style="list-style-type: none"> <li>- A new inpatient Mental Health specific referral form for tangata whaiora to stop smoking services has been implemented</li> <li>- Electronic referrals from general practice to Stop Smoking Services enabled</li> <li>- Advice and Brief Intervention training continues to be provided to primary care and community providers with a current focus on midwives</li> <li>- General practice training on prescribing stop smoking medications and increased role of Vape to Quit with further upskilling on vaping in next quarter with HPA resources</li> <li>- Smokelyzers have been provided in community pharmacies along with training and publicity</li> <li>- A robust relationship with local vape business has been established with addiction training provided to their staff</li> <li>- Further to introduction of a smokerlyzer into the DHB Outpatients early pregnancy clinic, free nicorette inhalators have been provided as an alternative method of NRT</li> <li>- Outreach continues to be provided to practices resulting in a large increase in the number of smokers contacted and offered brief advice or cessation support</li> <li>- Support co-payment for high need/priority patients accessing general practice cessation support</li> <li>- Focus on DHB mental health services including reinstatement of a vaping/smoking area for escorted inpatient mental health services in response the level of Riskman incidents reported relating to smoking. A process, procedure and guideline have been developed</li> </ul>
<p><b>Projects</b></p>	<p>The Hapu Mama Vaping to Quit Smoking In Pregnancy pilot study was undertaken and aimed to determine whether issues impacting on the supervised approach vape to quit smoking for pregnant women supported full development of the programme.</p> <p>Evaluation of the project found the supervised Vape to Quit Smoking programme for pregnant women was not an efficient or effective quit smoking intervention for the participants attending the Quit Smoking Clinic Whanganui. However there was success for three of the women who liked the vape, two appeared to be reducing and one had quit smoking.</p> <p>For many smokers social occasions, such as Christmas, make it difficult to quit when family and friends are smokers. Vital to success is the support of others. Getting to clinic appointments when pregnant, perhaps with other children, is likely to result in drop-out. Home visits would individualise the support and may enlist the backing of family / whanau.</p> <p>Barriers to quitting smoking have been identified by local LMCs with other products such as patches, lozenges, gum; also when other family members smoked; and there is a period of initial appeal and then a falling off. Thus Vape to Quit Smoking is additional tool in the tool box of resources to assist pregnant women to stop smoking. Although the sample size was small the project demonstrated that vaping will suit some and not others. This conclusion is not surprising as individuals will respond according to their motivation and personal preferences.</p> <p>Smoking in pregnancy is a known risk to the foetus and new-born. Pregnancy can be a motivating force to quit however support of family,</p>

friends and social networks is important. Whanau focused care is a possible strategy with the quit smoking coaches making home visits or to client selected locations so that the woman's support can be extended to include significant others. The strategy would benefit other smokers also.

A further project, the Kaiwhakatere Oranga pilot was undertaken to inform the Stop Smoking Service about opportunities to improve smoking cessation support within a wellbeing model suitable for young Maori and others.

The focus of smoking cessation for stop smoking services for 2019-2021 is on supporting priority groups to quit smoking which includes Hapu Mama pregnant Maori women in this age group estimated at 200 smokers per year.

A kaiawhina was encouraged to use a flexible approach in response to perceived needs of smokers in the community, meeting smokers at workplaces and learning centres, responding to the smoker's agenda, and adjusting interventions in partnership with the smoker. A motivational approach to smoking cessation activities based on the Matua Raki training document *Takitaki mai – motivational interventions for Maori* aimed at client-developed solutions, encouraging readiness to quit with an intended increased probability of sustained involvement in formal enrolment in the quit programme.

**Communication**

Collective Communications Network has been established to lead an integrated approach to collective health messaging, health promotion and prevention, consistent information and systematic engagement approach to include smoke free

**STAFFING & BUDGET**

Funding is allocated to programs/services and is not allocated by FTE

<b>2018/19 WDHB Tobacco Funding</b>			
Funding carried forward from previous year		\$	89,771
Ministry of Health funding 2018-19		\$	435,000
			<b>\$ 524,771</b>
<b>Expenditure</b>			
<b>Provider</b>	<b>Description</b>	<b>Budget</b>	<b>Actuals 2018/19</b>
<b>variance between 17/18 IIA per report and actual</b>			
Provider Division	Hospital Smokefree Coordinator	\$ 93,000	\$ 93,000
WRHN	Clinical Championing, Stop Smoking Service Leadership & Hospital Liaison	\$ 58,000	\$ 58,000
WRHN	Training & Development (0.6 FTE)	\$ 30,000	\$ 30,000
WRHN	General Practice cessation support	\$ 224,000	\$ 221,256
NHC	General Practice cessation support	\$ 30,000	\$ 32,301
HST & Intermedical UK	WDHB Innovation Fund		\$ 4,007
Community Pharmacies	Pharmacy NRT		\$ 2,511
		<b>\$ 435,000</b>	<b>\$441,622</b>
	<b>Funds to carry forward</b>		<b>\$ 83,149</b>



**Tobacco Control Contract Report**  
**Provider 242804 / Agreement 360570**  
**July to December 2019**

PERFORMANCE MEASURES	OUTCOMES												
<b>Progress against Tobacco Control Plan</b>													
<p><b>Better Help for Smokers to Quit health targets</b>            90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months</p> <p>90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or lead maternity carer are offered brief advice and support to quit smoking</p>	<p>Target performance has been reported as:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">2019-20</th> <th style="text-align: center;">Q1</th> <th style="text-align: center;">Q2</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">PHO</td> <td style="text-align: center;">91.2%</td> <td style="text-align: center;">91.2%</td> </tr> <tr> <td style="text-align: center;">Maternity</td> <td style="text-align: center;">86.7%</td> <td style="text-align: center;">97.3%</td> </tr> <tr> <td></td> <td style="text-align: center;">83.3% Maori</td> <td style="text-align: center;">94.7% Maori</td> </tr> </tbody> </table>	2019-20	Q1	Q2	PHO	91.2%	91.2%	Maternity	86.7%	97.3%		83.3% Maori	94.7% Maori
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<b>Working in Partnership</b>	<ul style="list-style-type: none"> <li>- Smokefree Coalition Group regular hui undertaken</li> <li>- Collaborative working relationships between DHB, stop smoking services, council and other key stakeholders</li> <li>- Relationship developed between Mushroom Cloud Vape Store, Stop Smoking Service and Smokefree Project Lead</li> <li>- Stop Smoking Service working with Healthy Families to work with rangatahi to identify solutions</li> <li>- HEAT assessment workshops have been undertaken with key stakeholders to inform the development of a framework/model underpinned by the Whānau Ora concept to shift focus from smoking cessation to providing a person-centred pathway to smokefree and including a shift from cessation focus to addressing barriers to quit. The complexity of working through the HEAT tool has required multiple workshops to be undertaken with work continuing to complete in the next quarter</li> </ul>												
<b>Health Promotion</b>	<ul style="list-style-type: none"> <li>- Signage continues to be rolled out across the region to support the Smokefree vapefree policy</li> <li>- Signage &amp; billboards erected outside WDHB &amp; audio messaging updated</li> <li>- SONYA</li> </ul>												

<p><b>Increase cessation attempts</b></p>	<ul style="list-style-type: none"> <li>- A new inpatient Mental Health specific referral form for tangata whaiora to stop smoking services has been implemented</li> <li>- Electronic referrals from general practice to Stop Smoking Services enabled</li> <li>- Advice and Brief Intervention training continues to be provided to primary care and community providers with a current focus on midwives</li> <li>- General practice training on prescribing stop smoking medications and increased role of Vape to Quit with further upskilling on vaping in next quarter with HPA resources</li> <li>- Smokelysers have been provided in community pharmacies along with training and publicity</li> <li>- A robust relationship with local vape business has been established with addiction training provided to their staff</li> <li>- Further to introduction of a smokerlyzer into the DHB Outpatients early pregnancy clinic, free nicorette inhalators have been provided as an alternative method of NRT</li> <li>- Outreach continues to be provided to practices resulting in a large increase in the number of smokers contacted and offered brief advice or cessation support</li> <li>- Support co-payment for high need/priority patients accessing general practice cessation support</li> <li>- Focus on DHB mental health services including reinstatement of a vaping/smoking area for escorted inpatient mental health services in response the level of Riskman incidents reported relating to smoking. A process, procedure and guideline have been developed</li> <li>- Kaiwhakatere service expanding to live, learn, work and play spaces – any space for potential contact possible. Exploring expansion to virtual/social media outreach</li> </ul>
<p><b>Projects</b></p>	<p>A summer studentship position for development of social media opportunity for smokefree and cessation, and are creating a long term social media programme was undertaken in the stop smoking service</p> <p>A number of general practice training options link with the service including offer of GP staff attending the clinic for experience, and training in conversations to engage smokers for referral.</p> <p>Development continues on development of an enhanced outreach approach across current primary care programmes including healthy homes and pregnancy &amp; parenting to work alongside whanau/families to maximise outcomes and reduce SUDI. Through a kaiawhina role, this support will enhance the services overall ability to connect with whanau identified through general practice or primary settings to the right resources, linkages and support with an absolute emphasis on smoke free homes.</p>
<p><b>Communication</b></p>	<p>Collective Communications Network has been established to lead an integrated approach to collective health messaging, health promotion and prevention, consistent information and systematic engagement approach to include smoke free</p> <p>Collective messaging ensures it is targeted at the priority groups, right messaging</p> <p>Health Matters flyer for Nov-Mar 20 includes Smokefree messaging. Circulated to all schools, GP, community organisations, workplaces, pharmacies, facebook etc</p>

**STAFFING & BUDGET**

Funding is allocated to programs/services and is not allocated by FTE



ref: DUN0004

MOH	SCU	
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Dunedin Office  
 Level 9, 481 Moray Place  
 Phone: 0800 855 066  
 Fax: (03) 474 8582  
 Email: performance\_reporting@moh.govt.nz

**PERFORMANCE MONITORING RETURN**

**Whanganui DHB**

**Provider Number:** 242804  
**Agreement Number:** 360570/00 Tobacco Control  
**Agreement Term:** 01 July 2018 to 30 June 2019  
**Agreement Manager:** Anna Redican  
**Agreement Deputy Manager:** Colin Charan (Wellington)  
**Agreement Funder:** Ministry of Health

Reporting Period		
Start Date	End Date	Due Date
01 July 2018	31 December 2018	31 January 2019

Please ensure you complete and forward this Performance Monitoring Return by 31 January 2019. This completed Performance Monitoring Return should be forwarded to:  
 Performance Reporting  
 Sector Services  
 Ministry of Health  
 Private Bag 1942  
 DUNEDIN 9054

I, the duly authorised person, confirm that the information provided in this report is accurate:

Print Name: Cardace Sixtus  
 Signature: [Handwritten Signature]  
 Position: Port Folio manager  
 Date: 20.1.19

Please assist Sector Services in maintaining accurate records:

Please print clearly the name of the person within your organisation to whom Performance Monitoring-related correspondence should be addressed for this agreement:

First Name: Cardace  
 Family Name: Sixtus  
 Email address: cardace.sixtus@wdhb.org.nz

For Sector Services use only

Date Received	Date Processed
---------------	----------------

24 October, 2018

360570/00

## Instructions

If you would prefer to send and receive these templates electronically via email, please forward your email address to [performance\\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz) and we will email these templates to you (please include your agreement number in the email).

Under the terms of this agreement you are required to provide information on all of the reporting requirements. Please note that your Agreement Manager will be advised if these requirements are not met, and payments may be withheld.

### Front Page

The reporting period of each template and the date for return is specified on the front page of the template.

### Additional Information Section

This section is to advise us of any issues you have, other information you would like us to know or any queries you may have. We will respond to these issues directly or pass them on to your Agreement Manager for resolution. You may also use this section to explain aspects of the reported data, if you believe further clarification is necessary.

### Reporting for each service within the agreement

You should enter your information into the 'Actual Data' column. If the number you are reporting is '0' this should be entered in the relevant field. Please provide an explanation in the Additional Information section for any requested data you are unable to supply as we routinely follow up missing information.

### Narrative Reports

If you are required to submit a narrative report and you are unsure what to write, please refer to the Service Specification section of your agreement. Under the heading Reporting Requirements you will find instructions about the information you should include in your narrative report. If you need further assistance, please contact your Agreement Manager.

### Sending your Performance Monitoring Return to Sector Services

You can return your templates by mail, email or fax to the addresses below. Please note that we only require one copy of your Performance Monitoring Return (for example, if you are sending your return by email or fax, then you do not need to mail a hard copy as well).

Mail:	Performance Reporting Ministry of Health Private Bag 1942 DUNEDIN 9054
Email:	<a href="mailto:performance_reporting@moh.govt.nz">performance_reporting@moh.govt.nz</a>
Fax:	(03) 474 8582

## ADDITIONAL INFORMATION

Please use this page for any issues you would like to discuss.

**Important**

If you are required to supply reporting which is not in the form of numerical data, such as a narrative (written) report, strategic plan, financial report or data spreadsheet, please enter 'Yes' or 'Y' in the 'Actual Data' column and attach your report to this template. For further information on narrative reports, please refer to the instructions on page 2 of this template.

**Reporting for each service within the contract**

1. Tobacco control Purchase Unit: RMPM28 PH Promotion - Smokefree Environments (Tobacco Control) Purchase Unit Measure: Service Facility:				
Reporting Unit	Start Date	End Date	ID	Actual Data
Six monthly reporting as specified in service specification	01 July 2018	31 December 2018	333341	✓
Staffing and budget report	01 July 2018	31 December 2018	311128	✓



**WHANGANUI**  
DISTRICT HEALTH BOARD  
*Te Poari Hauora o Whanganui*

**Tobacco Control Contract Report - Agreement 350584**  
**July to December 2018**

PERFORMANCE MEASURES	OUTCOMES									
<b>Progress against Tobacco Control Plan</b>										
<p><b>Better Help for Smokers to Quit health targets</b> 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months</p> <p>90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or lead maternity carer are offered brief advice and support to quit smoking</p>	<p>Target performance has been reported as:</p> <table border="1" data-bbox="667 806 1228 985"> <thead> <tr> <th>2018-19</th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td>PHO</td> <td>WRHN 91% NHC 97.67%</td> <td>WRHN 92% NHC 97.94%</td> </tr> <tr> <td>Maternity</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	2018-19	Q1	Q2	PHO	WRHN 91% NHC 97.67%	WRHN 92% NHC 97.94%	Maternity	100%	100%
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<p><b>Health Promotion</b></p>	<ul style="list-style-type: none"> <li>- Signage continues to be rolled out across the region to support the Smokefree vapefree policy</li> <li>- Signage &amp; billboards erected outside WDHB &amp; audio messaging updated</li> <li>- Smoke free vape free messaging and support is being provided to the Masters Games event being held in Whanganui in February 2019. The integrated approach between the district council, public health, PHOs, Stop Smoking Services, Cancer</li> </ul>									

	<p>Society and Vaping Vendor will include:</p> <ul style="list-style-type: none"> <li>• Inclusion of a smokefree vapefree message in the participants and venue hosts handbooks</li> <li>• Promoting smokefree vapefree with signs and messaging on the digital screens at the games village</li> <li>• Smokefree support information for the sports coordinators</li> <li>• Vape to quit information stall at the Village</li> <li>• Support and information provided to venues to support a smokefree sports event and key messages to use during the sports event</li> </ul>
<b>Increase cessation attempts</b>	<ul style="list-style-type: none"> <li>- Advice and Brief Intervention training continues to be provided to primary care and community providers with a current focus on midwives</li> <li>- Education and one on one support provided to general practice to encourage stop smoking medication prescribing and focus on increased role of vape to quit</li> <li>- Smokealyzers have been provided in community pharmacies along with training and publicity</li> <li>- A robust relationship with local vape business has been established with addiction training provided to their staff</li> <li>- Further to introduction of a smokerlyzer into the DHB Outpatients early pregnancy clinic, free nicorette inhalators have been provided as an alternative method of NRT</li> <li>- Outreach continues to be provided to practices resulting in a large increase in the number of smokers contacted and offered brief advice or cessation support</li> <li>- Support co-payment for high need/priority patients accessing general practice cessation support</li> <li>- Focus on DHB mental health services including reinstatement of a vaping/smoking area for escorted inpatient mental health services in response the level of Riskman incidents reported relating to smoking. A process, procedure and guideline have been developed</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>- Collective Communications Group established with youth and pregnant women identified as the priority focus</li> </ul>

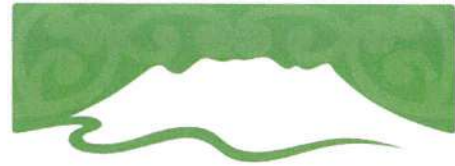
**STAFFING & BUDGET**

Funding is allocated to programs/services and is not allocated by FTE

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<b>2018-19 Whanganui DHB Tobacco Funding</b>	
Funding carried forward from previous year	\$ 89,771
Ministry of Health funding 2017-18	\$ 435,000
	<b>\$ 524,771</b>
<b>Expenditure</b>	
Description	Budget
Hospital Smokefree Coordinator	\$ 115,000
Clinical Champion (2 hrs per week)	\$ 10,000
Training and development (0.6 FTE) moved to WDHB	\$ 40,000

Hospital Liaison (0.2 FTE)	\$ 12,000
Stop Smoking Service Leadership	\$ 36,000
General Practice cessation support	\$ 190,000
General Practice cessation support	\$ 30,000
Tobacco Advisory Group	\$ 5,000
Innovation Fund	\$ 60,000
Community Signage	\$ 10,000
Communication Plan	\$ 10,000
Pharmacy NRT	\$ 6,000
	<hr/>
	\$ 524,000



WHANGANUI  
DISTRICT HEALTH BOARD  
*Te Poari Hauora o Whanganui*

**Tobacco Control Plan  
2018-2020**

**Whanganui District Health Board**





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## **Introduction**

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

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

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

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

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

DRAFT

## 1 Background

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

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

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

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

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

## 2 The Whanganui District Health Board Region

### 2.1 Location and Boundaries

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



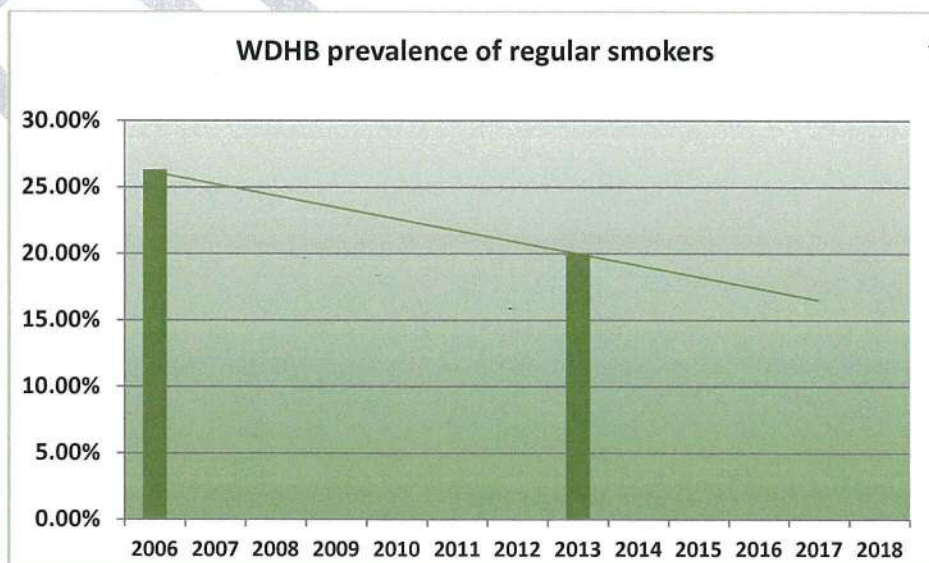
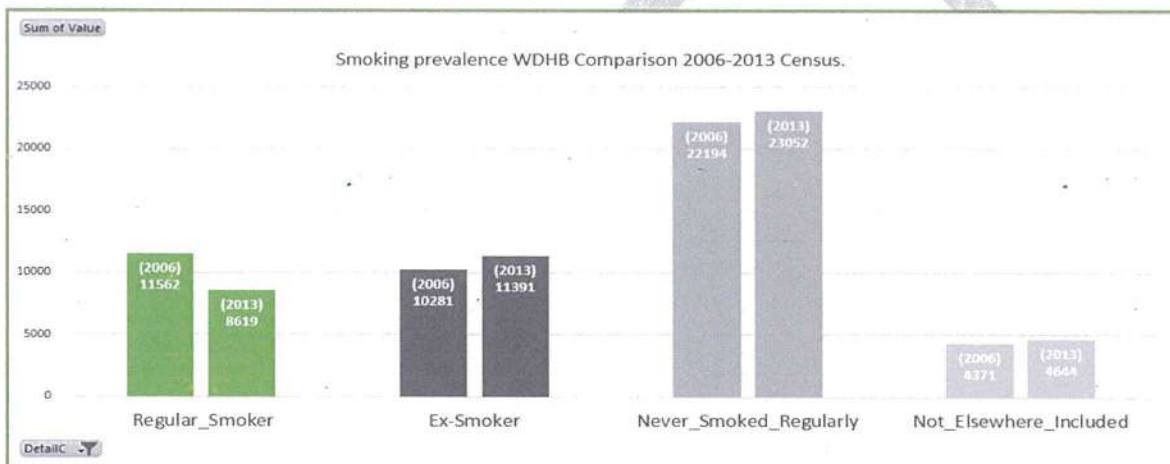
### 3 Whanganui District Health Board Profile

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

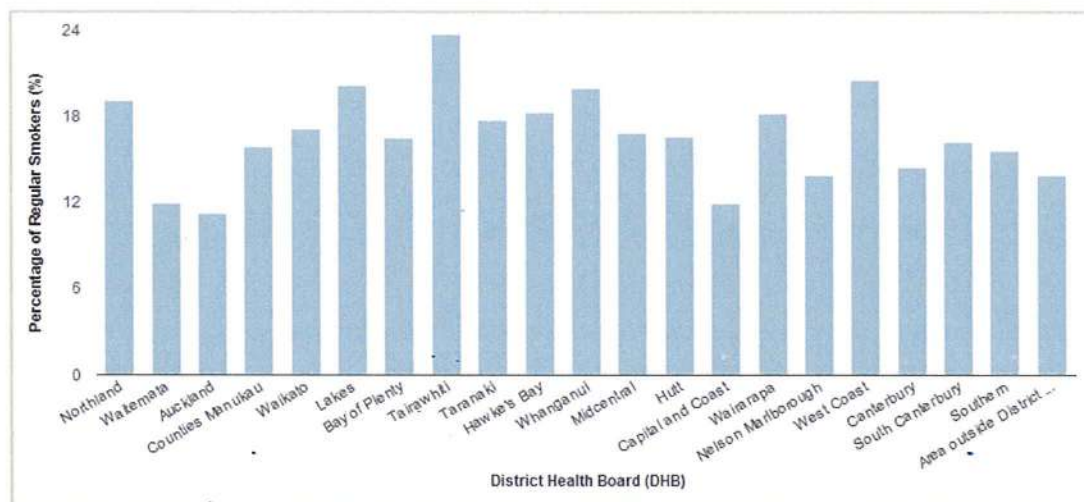
### 4 What the data shows

#### 4.1 Smoking prevalence

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



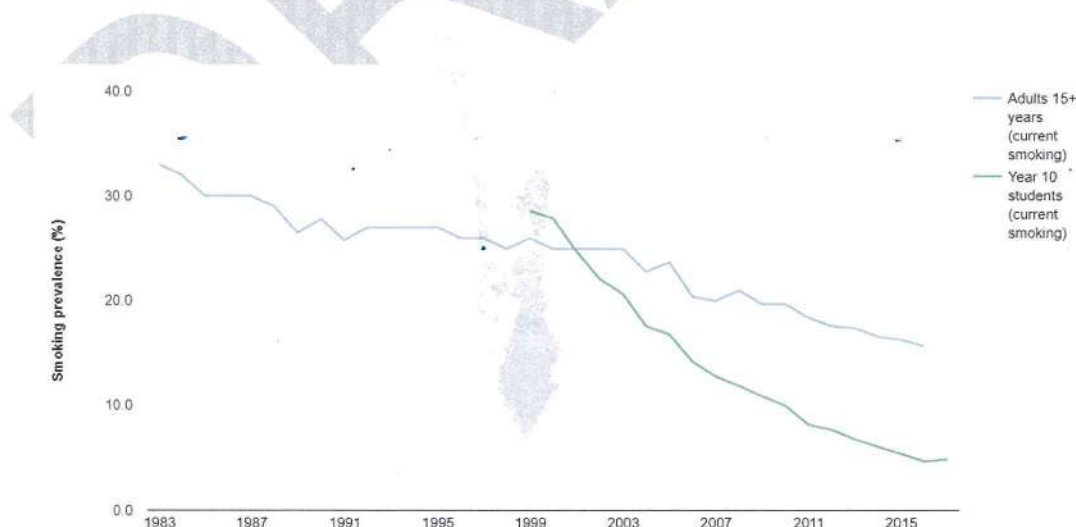
As a district health board region, Whanganui DHB region has a higher percentage of regular cigarette smokers (20.0%) compared to the rest of New Zealand as outlined below. Smoking prevalence is highest in Tairāwhiti (23.7%) followed by West Coast (20.55) and Lakes (20.2%).



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

#### 4.2 Has smoking prevalence changed?

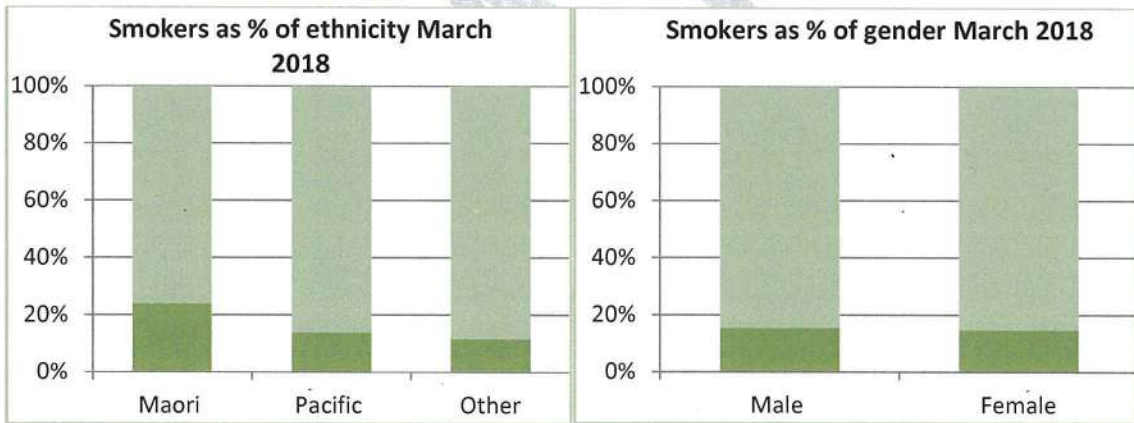
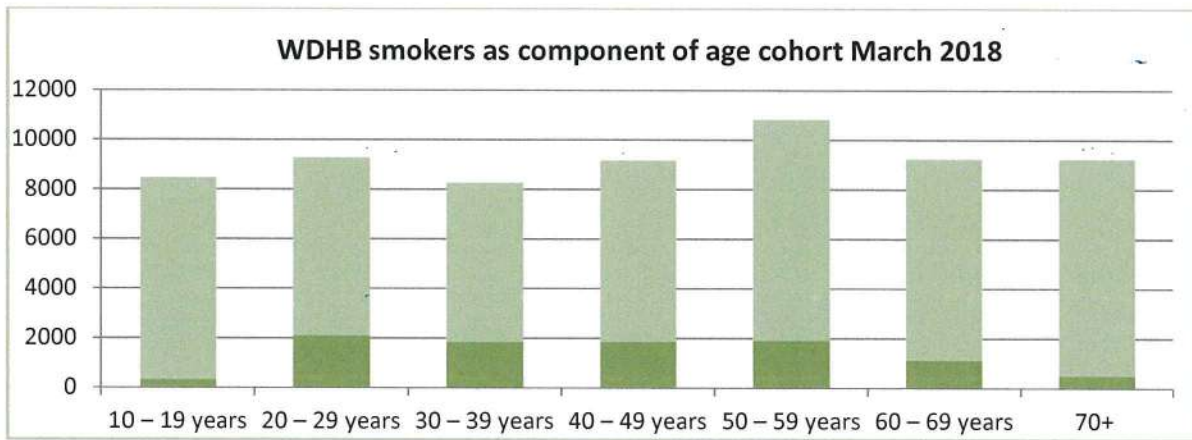
Smoking prevalence among adults has decreased across New Zealand remarkably since the 1980s. In 2012/13, around one in six people aged 15 years or over were current smokers. The rate of current smoking among Year 10 students (aged 14-15 years) has decreased sharply compared to adults since the late 1990s.



*Smoking prevalence in New Zealand from 1983 to 2017*  
 (Sources: AC Neilson; Census, Statistics New Zealand; New Zealand Tobacco Use Survey, Ministry of Health; New Zealand Health Survey, Ministry of Health; Year 10 Snapshot Survey, Action on Smoking and Health.)

### 4.3 Current smokers

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



WRHN & NHC enrolment data March 2018

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

## 5 Priority Populations

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

### 5.1 Māori

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

### 5.2 Pacific Peoples

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

### 5.3 Pregnant women

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

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

### 5.4 Youth

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

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

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

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

ASH Year 10 Snapshot Survey 2017

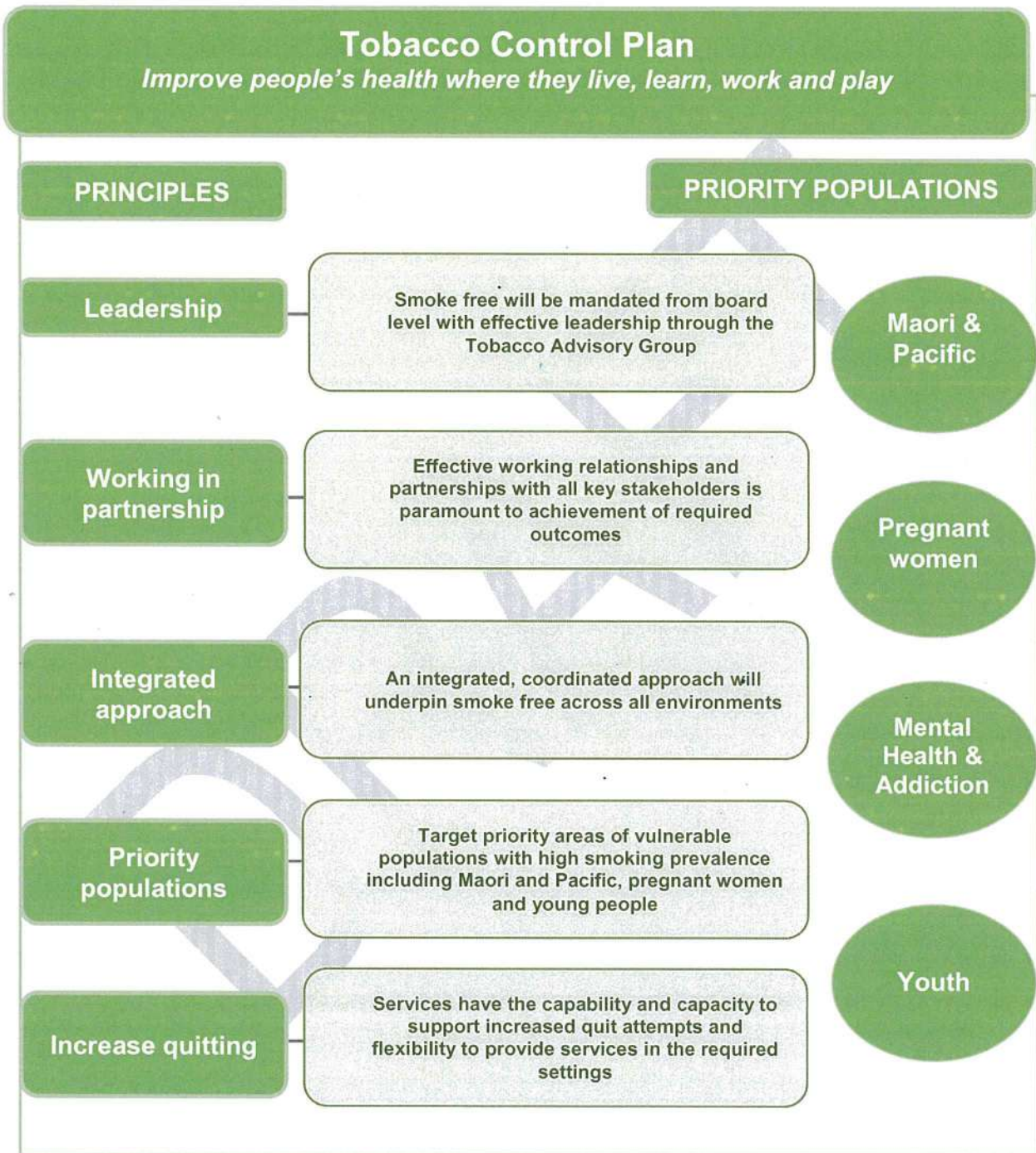
### 5.5 Mental Health

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

## 6 Our approach to smoking cessation

### 6.1 Overview

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



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



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

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

## **6.2 Vaping**

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

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

## **6.3 Whanganui Tobacco Advisory Group**

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

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

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

## **6.4 Smoking cessation options**

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

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

## 7 Funding

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

Description	Budget 2018-19	Budget 2019-20
WDHB Provider Division	\$115,000	\$115,000
Hospital liaison services	\$12,000	\$12,000
Innovation fund	\$60,000	\$60,000
Clinical Champion	\$10,000	\$10,000
Training & development	\$40,000	\$40,000
Primary care cessation support	\$220,000	\$115,000
Integrated communications strategy	\$10,000	-
Community signage	\$10,000	-
Pharmacy nicotine replacement therapy	\$6,000	\$10,000
Tobacco Advisory Group	\$5,000	\$13,000
Stop smoking services leadership	\$36,000	\$36,000

<b>Programme development &amp; coordination</b>		\$107,500
<b>Total</b>	<b>\$524,000</b>	<b>\$518,500</b>

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

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

## 8 Outcomes

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

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

## 9 Measures

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

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

## 10 Action plan

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

Activity	Measured by	Responsibility	Timeframe
<b>LEADERSHIP</b>			
The Tobacco Advisory Group will ensure alignment and integration of tobacco control activities within the region. Sponsorship of strategy and planning endorsed by the Tobacco Advisory Group will be with the relevant contributory			

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

<ul style="list-style-type: none"> <li>- Consider recommendations from Maternal Smoking Research Project</li> <li>- Explore including smoking questions in Whanganui DHB maternity survey</li> <li>- Review current incentive program for pregnant women to consider vape to quit program</li> <li>- Provide vaping education and support for LMCs &amp; health workforce</li> <li>- Undertake stock take of smoking cessation services targeting pregnant women and provide information to LMCs, Well Child Tamariki Ora services, core midwives and lwi providers</li> </ul>	<p>Mothers are smoke free at two and six weeks post natally</p>	<p>Stop Smoking Services</p> <p>Smokefree Project Lead</p>	
<p><b>Youth</b> - Prevent uptake and increase cessation support</p> <ul style="list-style-type: none"> <li>- Identify opportunities including linkages with Youth Services Trust to support youth to cessation support</li> </ul>		<p>Service &amp; Business Planning</p>	
<p><b>TRAINING</b></p>			
<p>Appropriate education and training is provided for those who support smokers to quit</p>			
<ul style="list-style-type: none"> <li>- Vape to quit education and training requirements are identified and provided</li> <li>- Updated education and training for Stop smoking service providers and those working with priority group populations</li> <li>- Support training and development of providers focusing on those working with priority groups, Maori, Pacific, pregnant women and mental health</li> </ul>	<p>Training plan developed</p>		<p>30 June 2019</p>
<p><b>VAPING</b></p>			
<ul style="list-style-type: none"> <li>- Develop a vaping framework</li> <li>- Establish working relationship with vape provider to support stop smoking programme</li> </ul>			
<p><b>2019-2020</b></p>			
<p>Undertake external evaluation to inform development of a framework / model underpinned by Whānau Ora concept to shift focus from smoking cessation to providing person-centred pathway to smokefree and including a shift from cessation focus to addressing barriers to quit</p> <p>Explore Whānau Ora approach based on learnings &amp; recommendations from the Kaiwhakatere Oranga initiative (kaiawhina) in priority areas, Maternity, Māori, Mental Health and Stop smoking services</p> <p>Introduce motivational interviewing training in priority areas including maternity settings</p> <p>Implement automatic referral of all pregnant women who smoke to stop smoking services from lead maternity carers</p>	<p>Framework developed with timeframes for activity</p> <p>Training programme identified</p> <p>Referral pathway established</p>	<p>TAG</p>	<p>Q2</p> <p>Q2</p> <p>Q3</p>

<p>Identify an integrated primary care approach within current programmes including healthy homes, outreach, pregnancy &amp; parenting to include linkages and support to stop smoking services</p> <p>Undertake cessation opportunities in other settings including workplaces, Marae and sports venues, targeted at priority groups</p> <p>Identify support for and active engagement with rangatahi targeting high risk &amp; need e.g. within alternative education settings</p> <p>Work alongside interagency networks, communities and key settings to raise awareness on the importance of quitting / smokefree</p> <p>Localise smokefree messaging targeting priority groups</p>	<p>Collective communications plan developed</p>		<p>Q3</p>
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