



Western Bay of Plenty  
Primary Health Organisation

TŌNGIA TE URURUA KIA TUPU  
WHAKARITORITO TE TUPU  
O TE HARAKEKE

# Te Rerenga

NEWSLETTER | AUGUST 2023

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## Intervention for healthier living

**Our self-management groups are a lifestyle intervention as well as an education, which aims to empower patients to make positive and meaningful changes to their health.**

The Western Bay of Plenty Primary Health Organisation Dietetic service are on a mission to tackle lifestyle conditions such as type 2 diabetes and cardiovascular disease (CVD) in the Western Bay.

"We aim to offer every person in the Western Bay of Plenty diagnosed with type 2 diabetes or prediabetes, amongst others, the opportunity to attend a self-management group," explains Amy Allport, Community Nutritionist.

Currently around 5% of the NZ population have type 2 diabetes, around 18.6% of the NZ population have prediabetes and 1 in 3 deaths in NZ are attributable to CVD.

"Lifestyle change in people with prediabetes reduces their chance of

developing type 2 diabetes by circa 50-60% over 3 years and 27% over 15 years," adds Amy. "Our self-management groups, are a lifestyle intervention as well as an education, which aims to empower patients to make positive and meaningful changes to their health."

The regularly occurring free courses, look at everything from nutrition, to sleep health, stress levels, behaviour change and exercise routine.

Amy shares, "we can take referrals from GPs, Nurses, HIPS, Health Coaches or self-referrals."

While a more urgent focus is on diabetes and CVD, the courses are for anyone who wants to learn more about how to live healthier lives and to reduce their risks of health issues in the future. ▲

*"We aim to offer every person in the Western Bay of Plenty diagnosed with type 2 diabetes or prediabetes, amongst others, the opportunity to attend a self-management group."*

— Amy Allport – Community Nutritionist







– Belinda Smith – Heart Foundation

# Health promotion well received at Ōtūmoetai College

The Ōtūmoetai College Health Expo was held on Tuesday 20th June with over 450 year 10 students in attendance.

Senior students were given the task to develop their own health promotion stalls alongside providers, which covered topics relevant to them and their peers, such as unhealthy relationships, body image, mental health, cannabis, consent, authentic self and vaping.

The senior students were recognised as doing a fantastic job in providing information, resources and engaging activities, which allowed their peers to interact with them and the topics they were sharing.

There was a buzz as students noted the value they found in the event. One student commented “that was mean, I got alot of information out of that”.

Provider feedback was also positive, with one stating “It was fantastic to have the opportunity to engage with so many rangatahi students around hauora. Working in preventative population health, this opportunity was golden to



– Ricky Dewstow – Gender Dynamix NZ,  
Leanne Fry – Rainbow Youth

share our message of eating well and moving your body for heart health”. Community Providers at the event included Huria Trust, Rainbow Youth, Gender Dynamix o Aotearoa, Get Smart, Mauri Ora from Ngāti Ranginui, Tautoko Mai, Heart Foundation, Pacific Island Community Trust and Oral Health from Te Whatu Ora. ▲

## Matariki Calls You Home

*In July, we had our public holiday and celebration for Matariki, which is in its second year of being a public holiday but has been celebrated in Aotearoa since the first waka made land. With its newness for many, we are posed with the question: What is Matariki?*

Dr Rangi Mātāmua, a leading expert in Māori astronomy, explains that Matariki is the name for the cluster of stars known as the Pleiades. When it rises in the north-eastern skies in late May or early June, it signals to Māori that the New Year will begin.

There are three key principles for Matariki. The first is Matariki Hunga Nui – Remembrance – remembering our loved ones who have passed. The second is Matariki Ahunga Nui – Celebrating the Present – gathering to give thanks for what we have. Our third is Matariki Manako Nui – Looking to the Future – looking forward to the promise of a new year.

In the office, we celebrated the 3 principles over the course of 2 weeks, keeping in mind the theme of this year ‘Matariki Calls You Home’. Remembrance with items that reminded us of past events or people who feel like home to us and the hanging of stars to remember those who had passed.

The present was celebrated with learning about harakeke and its connection to whānau through an office harakeke star making workshop. The culmination of our Matariki, and celebration of the future, was with the sharing of kai and kōrero on the topic.

As we look forward to the promise of a new year, we consider our aspirations on a personal and professional level. As I reflect on my role at the WBOP PHO, I contemplate how I can further the objective of ‘equity’ in the work I do. What are your aspirations for the coming year? ▲

# Living well, while living longer

Aotearoa's first initiative for the UN's Decade of Healthy Ageing was launched in Tauranga on Wednesday 28th June, Tauranga being the country's highest ageing major city.

Stakeholders from across health, council, and social services are coming together to launch the joint United Nations (UN) and World Health Organisation WHO Decade of Healthy Ageing project, and to discover what that looks like for Tauranga – the first city in NZ to adopt the campaign's ethos and principles.

The Western Bay of Plenty Primary Health Organisation (WBOP PHO) is supporting the project and CEO Lindsey Webber says the project particularly resonates in the Bay.

"The project signals a vital time for planners, policymakers, and community agencies to include elders in co-design of community amenities, mobility options and healthcare services."

"Participation in housing, transport, health and social service planning ensures that they are valued and able to contribute their wisdom and knowledge to the appropriate use of resources and functional outcomes."

The four key themes being considered within the Decade of Healthy Ageing include changing how we think, feel and act towards age and ageing; developing communities in ways that foster the abilities of older people; delivering person-centred care and primary health service that are responsive to older people; and providing older people access to long-term care when they need it.

Tauranga National Council of Women (NCW) has initiated the collaborative project with key agencies and community organisations. Pauline Bennett President of NCW says "We want to encourage community initiatives that foster the purpose of these four key themes."

NCW representative and Decade of Health Ageing Facilitator Carole Gordon says community initiatives will enhance sustainable community well-being and improve the lives of our elders their families and whānau.

"Society needs to understand what today's generation of elders desire to enable them to stay healthy, independent, purposeful and connected," explains Carole.

"The Decade of Healthy Ageing is a vital platform for achieving sustainable environments, age-friendly cities, communities, and social cohesion. An age-friendly city with hyperlocal communities is accessible and designed for an age-diverse population, inclusion, cohesion, and care."

The WHO has just published an updated 2023 version Age-Friendly City Guide to assist Local Governments and communities progress change.

"Building age-friendly community ecosystems enables people to stay active and keep connected, while still being able



– Pauline Bennett & Carole Gordon  
– At the Launch

to contribute their elder wisdom and knowledge to economic, social, and cultural life," adds Carole.

Tauranga is a growth city that is part of a wider sub-region of the Western Bay of Plenty that has a rapidly growing ageing population along with youthful Māori and Pacific communities. In 2023, median ages were: Bay of Plenty, 39.9 years; Tauranga City, 39.7 years; Western Bay of Plenty District Council, 45.1 years. In Tauranga today 8,500 people are 80 and over 90 years of age.

In 2022 it was estimated that 21.7% of Tauranga's population are people 65, with numbers reaching 30% by 2030. The number of Māori elders 65-100+ are expected to double from 2021 to 2038. The number of elders over 85 years is expected to increase rapidly by over 400% in the coming decades. Western Bay of Plenty District Council is home to 13,800 people 65 to over 100 years. ▲

## A boost to equity of pay for community nurses

Last year the Government announced that it has provided additional funding of up to \$40 million for the period ending 30 June 2023 to reduce pay gaps between nurses and kaiāwhina employed in the primary and community sector as well as those working in Te Whatu Ora hospitals (the pay disparities funding).

The funding has now been increased to \$200 million from 1 July 2023, to further address the pay disparities. The intent of the initiative is to minimise the flow of nurses and kaiāwhina from the funded sector to Te Whatu Ora hospital services, due in part to pay disparities between comparable roles.

"We are thrilled to announce that we have received an increase in funding to

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### **A boost to equity of pay for community nurses – continued**

start to address the pay gap between PHO employed nurses, Kaiāwhina and Te Whatu Ora employed nurses”, says Lindsey Webber – CEO WBOP PHO.

“This positive development is a testament to our ongoing drive for equity and fair compensation for nurses across the health sector.”

Effective from July 1st, the increased funding will not only significantly bridge the pay gap, but also recognise the invaluable contributions of our dedicated staff. We understand the importance of

this issue and are eager to ensure that our nurses and kaiāwhina receive the recognition they deserve.

“The increase in pay is more than financial, it is a recognition and acknowledgement of the passion and dedication our kaimahi have shown to their communities, even with the pay disparity,” explains Sarah Johnson – Clinical Services Lead.

The WBOP PHO are currently working diligently to finalise the details of the revised remuneration. Shortly they will provide affected staff with information

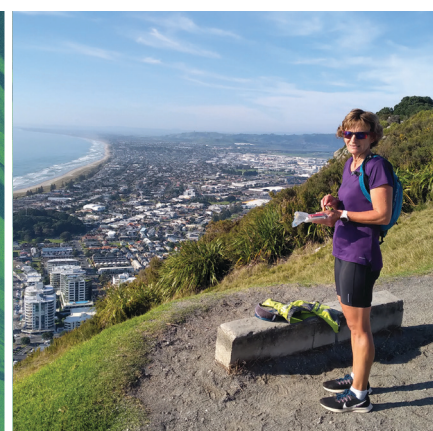
and outline the specific adjustments that will be implemented. Additionally, they aim to process the increases promptly, nurses and kaiāwhina can expect to receive these revised payments by the end of July. Any increase in pay rates will be backdated to 1 July 2023.

Lindsey also comments, “I extend our sincere gratitude to all staff members for their continued hard work and dedication. WBOP PHO are striving to create a more equitable and rewarding work environment.” ▲

### PROFILE

## Improving access through re-certification

We excitedly celebrate our first graduate of the Registered Nurse Prescriber in Community Health (RNPCH) Recertification Programme – Kristine Reid from Ōtūmoetai Doctors.



The re-certification programme is delivered via the Midland Collaborative, (made up of five former DHBs and eight PHO's) within the midland area.

The focus is on developing nurses who can safely manage care for a normally healthy population, presenting with common acute illness using a limited list of medicines approved for prescribing in a community setting.

### **How did you hear about the Re-certification programme?**

I heard about the nurse community prescribing course through an email sent out from the WBOP PHO via my Nurse Lead.

### **How were you supported throughout the programme?**

I received fantastic support, which I am so grateful, from my Supervising Doctor and the other GPs at the practice I work. Donna Hardie has been especially supportive and answered all the curly questions I threw at her during the training.

### **What prompted you to enrol?**

General Practice is extremely busy around the country, and it can be difficult to get into see your GP, so a nurse community prescriber can be another way to get access to the health care needed. It makes it more accessible for patients and that in turn, improves equity in our community.

### **How have you already seen the impact of your re-certification?**

Currently our practice books out time in our respiratory clinic, so I now see patients that are acutely unwell with sore ears, sore throats, skin infections, uncomplicated UTIs. Also, we have a nurse assessment clinic, so I can see patients in there who cannot get in to see their own doctor but need to be seen acutely. I have also completed the Family Planning Certificate in Contraception and Sexual Health, so I am able to prescribe contraceptives and STI treatment. For me, the positive impacts have been clear, people who are acutely unwell, are able to be seen faster and GP's have some pressure taken off.

### **Have you always wanted to be a nurse and work in the community?**

I always wanted to be a nurse and I did my nurse training at Manukau Tech in South Auckland, graduating way back in 1990. When I graduated, I particularly enjoyed working with families and babies, and so also completed my Plunket nurse training. Most of my nursing career has been in the community, with over 30 years in practice nursing.

### **Which part of the Tauranga Moana do you work at and what do you enjoy most about your role?**

I moved from Auckland to Tauranga just under 2 years ago and currently work at Ōtūmoetai Doctors. I enjoy Practice Nursing as every day is different. We provide care as varied as prevention and health promotion advice, through to helping patients to manage their chronic conditions or acute illnesses. Due to the continuity of care, we often see the same patient through different stages in their life, which I find motivating and rewarding. ▲



# A Kaumātua Connected Community

*“Our programme is about wrapping support around our kaumātua, so they feel protected, connected, and full...” – Carlin Tata*



– Local Kaumātua receiving their food packs. Photo compilation credit – Kylie Heke, Ngāti Ranginui

Local iwi, Ngāti Ranginui, is leading the way in its support of kaumātua in the community, through its Mauri Ora Programme.

“Our programme is about wrapping support around our kaumātua, so they feel protected, connected, and full. We drop off kai packs, offer kori kori tinana classes and keep our kaumātua

connected to their marae, hapū and iwi through organized activities,” explains Carlin Tata, Mauri Ora Pouārahi, Ngāti Ranginui Iwi.

One of the Kuia that has received a food bag from Mauri Ora with pork bones and kumara, which she turned into a delicious boil up, is Nanny Ataraita. Nanny Ataraita is 90 years young and continues to live independently within her community.

“We aim to give our tangata the tools to empower them for healthy living, which is in line with our whakataukī – Kia Tu te Mana o Ranginui, living a health-conscious lifestyle.”

Kaumātua, are one of the six focus areas of the Mauri Ora Programme, which looks at the whole whānau life and cycle - Wahine Ora, Tāne Ora, Tamariki Ora, Rangatahi Ora, Kaumātua and Marae Wānanga. The programme currently supports 70-80 kaumātua in Tauranga Moana, who live independently or with whānau.

Carlin notes, “we hope to increase this number and are working on Kaipapa to re-engage our kaumātua who have struggled to connect outside their homes post COVID-19. There is a fear post COVID-19 for many people, but especially with our kaumātua, who must be mindful of their health, and we want to create a safe environment with a sense of normalcy around mask wearing and sanitising.”

Mauri Ora, in partnership with WBOP PHO, was launched in 2016 and offers a variety of lifestyle programmes, which we will showcase in coming issues, including Māori fitness programme PATU Aotearoa, marae assistance to establish Maara Kai (veggie and herb gardens), Rugby development training, Men’s health programmes and Kaipapa that includes a focus on traditional kai gathering methods. If you are keen to learn more, or you have kaumātua who might benefit, please reach out to the Marketing team at the WBOP PHO. ▲

## Upcoming Events

### August

**9** International Day of the World's Indigenous Peoples

**25** Te Rā Daffodil, Daffodil Day (Cancer Society)

### September

**10** World Suicide Prevention Day

**11-18** Te Wiki o Te Reo Māori (Māori Language Week)

**18-24** Mental Health Awareness Week

**21** World Alzheimer's Day

### October

**10** World Mental Health Day

**11** International Day of the Girl Child

**12** World Arthritis Day

There are too many events to list, so this list is not comprehensive.

# Transformative Primary Mental Health Care

**The WBOP PHO whakatauakī – Tūngia te ururua kia tupu whakaritorito te tupu o te harakeke – Clear the undergrowth, so that the new shoots of the flax will grow, reminds us to consider new ways of thinking, to be bold, and courageous.**

This is exactly what our Primary Mental Health (PMH) team lead embarked on when she started her role. Taking a people-centred approach, Naomi transformed our mental health service provision.

The goal of Primary Mental Health is to provide early intervention and support for people aged 12 years and older, who are experiencing mild to moderate mental health difficulties. The aim of the Co-ordinated Primary Options Mental Health Programme (CPOMHP), which sits within PMH, is to support people presenting with mild to moderate mental illness, improving general mental wellbeing and minimizing the potential for acute hospital admissions.

WBOP PHO Primary Mental Health Lead, Naomi Malcolm, took the reins in 2021, following a review of the then programme of care for mental health in a primary care setting. Much came out of the commissioned review by Kawakawa Group, which identified issues that aligned with Naomi's own concerns.

"I have been extremely lucky to have had the opportunity to transform our service provision. Previously we had a system that presented major issues in allocation of funding, a plethora of missed opportunities for early intervention, was not person centered in its delivery and which did not maximize our resources," explains Naomi.

"Many people were declined service, there was a difficult referral process, which was not cognisant of the patients experience in seeking help."

With the new system, the most senior members of the team triage and provide brief intervention for the client. Naomi then matches clients with their therapists, who are contract providers aligned with the WBOP PHO organizational values, ensuring that the match not only aligns with the client's specific needs, but that they are also a good personality match.



– **Primary Mental Health Team** – Melanie Rundell Michelle Lowry, Michelle Rapana & Naomi Malcolm

Naomi says, "The development of a triage process was a vital step in streamlining workflow, as this ensured provision of intervention and psychoeducation up front by someone experienced, and a treatment plan developed in consultation with the individual."

The focus is also on ensuring sound clinical practice and clinical pathways are in place. If a specialist service is required, particular care is taken to develop a treatment plan that ensures a solid first line treatment delivery.

"If we are not the right service, we make every effort to link a person to the right service. This means that any door is the right door, and the chain of care is maintained till they reach the needed destination. For the community we serve, these changes have meant that no one is declined, everyone is referred and receives some level of intervention."

One of the major changes from 2021 to now, has been in transferring the allocation of funding for individual counselling. Previously, it was allocated out to Practices quarterly, now it is allocated on a case-by-case basis by a MH clinician, based on clinical presentation. The streamlining of the referral process to the programme has meant that funding previously

allocated, to compensate for the clunky referral process, could be redirected into provision of care. The change has reduced waitlists, of which rangatahi (youth) were most impacted.

Another change was moving a part of the programme, where funding is provided for extended MH Consultations, from a paper-based system into a digital Karo Halcyon database. The result, increased efficiency, and a better reflection of our new service provision. There is also now funding focused on high needs and target populations, in this part of the service, which goes some way towards addressing longstanding inequity.

Work continues with the roll out of an updated database, addressing issues of feedback to referrers and matching the system to the new processes. Once this is in place, the major issues identified in the review and Naomi's own concerns around service provision, will be addressed.

"It is very rewarding to give people a positive experience when reaching out for help, I have also been so very fortunate to have had the support of Leadership at the WBOP PHO to transform our service. It has been a career highlight to have taken this service from what it was, to what it is today." ▲



## PROFILE

# The WBOP PHO team behind Primary Mental Health

We talked to PMH Lead Naomi Malcolm, to get to know more about her rather extensive experience across the mental health sector, her family, team, and her love of mini breaks around New Zealand.

## Tell us a bit about yourself.

I am a 5th generation Kiwi whose ancestors arrived in Aotearoa in 1852, from Ireland, Scotland, and England. I was born in West Auckland, but my parents moved to Levin in Horowhenua when I was 12 - what a culture shock!

I have also lived in Auckland as a young adult, Wellington where I completed my nursing registration, and Christchurch where I lived until Feb 2011, before landing in Papamoa.

I have been married to Don since 1998, and we have a blended family with 5 children in total, the youngest a teenager and the oldest in their 30's.

## What do you like to do in your spare time?

I enjoy spending time with friends and family, travelling away for mini breaks around our country, and playing an online game, which involves doing the opposite to what I do during my working day. Sometimes, I team up online with my stepdaughter who lives in Christchurch.

## What is your professional background?

I graduated from Wellington Polytech in 1992, and I have worked across the spectrum of Mental Health since. Initially, I started in Intensive Care Psychiatric settings in Porirua Hospital and then at Sunnyside in Christchurch. I then discovered the addiction services after being asked to fill a shift at Kennedy Detox unit in 1995.

I continued working in Addiction Services until 2008. During that time, I worked initially at Kennedy Detox before transferring to the Christchurch Methadone Programme (as it was known then). I was tasked with focusing on the elimination of a 3-year wait list for

treatment, followed by the establishment and provision of a rural satellite clinic in Ashburton. After that I moved onto the Community Alcohol and Drug Service (CADS) in 1998.

While at CADS, I had the role of providing addiction care at Christchurch women's prison for seven years, which was a highlight of my career in Alcohol and other Drug Services. I was also subcontracted to the National Centre for Addiction Studies as a research clinician, assisting with several research projects focused on addiction treatment and outcome measures.

I left CADS in 2008 to go into education, with an academic position in the Bachelor of Nursing at Christchurch Polytechnic. I specialised in teaching Mental health and Addiction, and clinical lecturing across specialist mental health settings. I also had a private practice in Christchurch providing clinical supervision and education across the addiction and NGO sectors.

My life, like many other Cantabrian's, changed dramatically on 22 Feb 2011. I left Christchurch with my young family soon after the earthquake, grateful for having survived, but feeling the trauma. I left behind my academic position and private practice. We found ourselves in Papamoa, using the next couple of years to focus on healing, recovery and settling our family.

During this time, I worked in a local op shop as a volunteer and did some casual work for the local School of Nursing. This lived experience of trauma has a major influence on my current practice.

In 2015, I started with the BOP DHB as a casual MH clinician, responsible for Intake, before joining the addiction team in 2018. I then transferred to the

Consultation Liaison Psychiatric (CLP) team, providing mental health care in the public hospital, and working alongside medical teams. In 2020, I took the step from the bottom of the cliff in CLP to PMH care, where there is opportunity to stop people walking up the hill to the cliff in the first place.

## Why did you choose to work in health care and mental health specifically?

I was always encouraged into nursing by a great aunt who was a Matron of the old school variety, I nursed her in her last days which cemented the decision to pursue this path. When I graduated, I was offered positions in both Coronary Care Unit and Intensive care Psychiatry, both places where I had spent time as a student on my electives.

I accepted the role in psychiatry for several reasons, some industrial (rosters and pay rate), and because I loved the challenge of working in Mental Health. I was a political student, and there were changes looming in the new Mental Health act (1992), which I felt strongly about, particularly after my experiences as a student. It is never a boring day in mental health, and we never had to fetch the doctor's coat and cup of tea in the morning!

## Tell me about your team, who are they, what do they do?

Michelle Rapana is our team administrator and has been with our programme and the PHO for over a decade, her role has changed over the last year with the transformation of our service provision. Michelle's knowledge of how things all work in the background of our system is a lifesaver!

Michelle Lowry MH R/N Michelle joined us in Jan this year. She brings 30 years of MH nursing experience to our team and has held service leadership roles in DHB MH services before joining us. Michelle is a triage nurse extraordinaire, has sound clinical knowledge and judgement, with a huge background of experience in MH provision.

Mel Rundell is our Social Worker, who joined us in Feb of this year. Mel has a background of working as a co-existing disorders clinician, brings sound clinical skills and values-led passion for caring for our population. Mel is passionate and hardworking. ▲

## New Faces in the Whare

We have a few new faces in the whare, and we thought it best to make a mini introduction, especially as many will be seen out and about in the practices. To make it fun, we asked them to tell us something about themselves that most people wouldn't know...



– **Tammy Burgess**

*Health Improvement Practitioner*

"When I was a teenager my favourite snack was smoked oysters topped with Cherry Ripe on a cracker... I recently mentioned this to my husband, who after 37 years of marriage didn't know, thought it was disgusting, but went and bought the ingredients for me and it turns out, I still love it!"



– **Chanté Josephs**

*Network Support Administrator*

"I am very, very, very afraid of heights! I cannot walk over a high bridge and look down."



– **Kylie Duncan**

*Health Coach*

"I once worked as an English teacher in Barcelona and before studying Psychology I was a fashion Designer & Buyer."



– **Melanie Rundell**

*Social Worker*

"My favourite foot attire is gumboot socks and Redband's....the ultimate in comfort and practicality."



– **Rebecca Shooter**

*ADS & SSS Support*

"I chew my tongue when I concentrate."



– **Laura Bryant**

*Management Accountant*

"I immigrated from the UK, grew two beautiful mini me's and established a business, ohhh and I have a passion for interior design."



– **Juniper Ozbolt**

*Network Liaison Support*

"I love eating lemons - even just the thought of lemons makes my mouth water. I really love sour things."



– **Elena Affleck**

*Health Coach*

"I am petrified of public speaking, but I could get up at karaoke & sing for you (while I'm sober too)!"



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