

MidCentral District Health Board

Te Pae Hauora o Ruahine o Tararua

ōtaki

Health and Wellbeing Plan 2018-2023



He Mihi | Greetings

Kua hau mai te rongō he ao hou kei te waihangatia e tātou. Arā, he ao hou e noho nei ko te tangata e tino ora ana, ko te hauora te tino aronga, ko te whai whakaaro o tētahi ki tētahi, ahakoa ko wai, ahakoa nō hea. Nau mai e hika mā ki tēnei whakaaro kua marara ki ngā tōpito katoa o Ōtaki. Nei te mihi kau ake o Te Pae Hauora o Ruahine o Tararua. Ka tukua ko ngā waiora o ngā wai kaukau e kawē atu i ēnei kupu ki ngā kāinga katoa o Ōtaki.

The word is out there a new world being created. A new world where everyone is very healthy and health is the focus, along with thoughtful to each other, regardless of who or where we are from. So welcome to this new perspective being dispersed to all corners of Ōtaki. This is an unconditional greeting from Te Pae Hauora o Ruahine o Tararua. Let us leave it the healthy waters of bathed by the ancestors to convey these words to all homes of Ōtaki.

He Kupu Whakataki | Foreword

To achieve Quality Living – Healthy Lives – Well Communities we need to think and work differently.

We want nothing but the best health care, and the best health and wellbeing for everyone. Every day in our communities people face a range of challenges; some live with mental illness, some live with a chronic disease, others may become acutely unwell and need emergency care.

Thinking beyond health, some live in cold, damp houses, some may experience violence, and others struggle to afford the everyday costs of living. Health and its partners need to work together as one team, taking a more collaborative approach so that we can achieve better health outcomes for our communities. This also means partnering with individuals, accepting them as experts in their own health and in their own lives.

What strategies guide the Health and Wellbeing Plan? | Ngā Rautaki

The strategic intentions guiding this Health and Wellbeing Plan for Ōtāki are our Strategic Imperatives:

- Partner with people to support health and wellbeing
- Connect and transform primary, community and specialist care
- Achieve quality and excellence by design
- Achieve equity of access across communities, and

Our Vision...



Te Mahere Hauora | Ōtāki Health and Wellbeing Plan

The Ōtāki Health and Wellbeing Plan has two parts:

Locality Approach: This outlines the approach taken, what we did and how we did it. It highlights the key findings at each stage, providing a snapshot of Ōtāki's population and their strengths and challenges in regards to health and wellbeing.

Plan of Action: This section looks at what can be done to improve the priority areas identified by the Ōtāki community. Each of the four priority areas has a series of actionable steps that are intended to be carried out within a five - year time frame.

The Health and Wellbeing Plan aims to make a positive contribution to the health outcomes of Ōtāki. It will be used to make changes necessary to continuously improve our health system, as part of the wider health sector and social service network. The Plan places Ōtāki residents and their families/whānau at the centre of planning decisions and design to best meet the needs of their communities.

Part 1 | **Locality Approach**

Listening To The Community | He Whakarongo Ki Te Hapori

We need to better understand our communities, people's lifestyles, their health needs, their experience of care and what their priorities are. Understanding our communities will enable us to work in partnership with them to better design services that meet that community and its people's needs.

A locality approach:

- Provides a voice for communities; acknowledging different needs, cultures and priorities.
- Places people, families/whānau at the centre of planning decisions and design to best meet the needs of their community. Providing local solutions for local issues.
- Engages with other sectors in common community health and wellbeing agendas to reduce inequity and improve health outcomes.
- Helps to develop active partnerships with people, communities and other agencies who work within or across health at all levels.
- Will help inform investment decisions and provide focus for future planning.
- Acknowledges that health and wellbeing is affected by many factors, including the environment, housing and employment.

What is a locality?

A locality is a defined geographical area. In this case it is the Ōtaki ward of the Kāpiti District Council. This plan encompasses all people who usually live in this area (not just those enrolled with local general practice teams).

Health and Wellbeing plans have also been developed for other localities (based on TLA boundaries) within the MidCentral DHB area. Plans for the Tararua District, Manawatū District and the Horowhenua District are completed with a Palmerston North City plan under development.

What will be the impact for people and communities?

- Health care that is flexible, responsive and adaptive to meet their needs.
- People receiving health care services delivered on time and closer to home where possible.
- People will have positive experiences of care from a joined-up health system.
- The health and wellbeing of all people in the community will be improved as a result of collaborative work between health, social services and community agencies.

Building upon existing work

It is important to acknowledge other plans and strategies that have been completed or are under development in Ōtaki. These documents and plans were used to help inform our planning process.

Who helped to guide and support this plan? | Nā wai i āwhina?

A Local Advisory Group was established to guide and support the locality planning process. It was important to have local leaders, who reside within Ōtaki, to guide the process as they have an in-depth knowledge of the best way to engage with a diverse range of people within their community.

Representation at the Local Advisory Group meetings

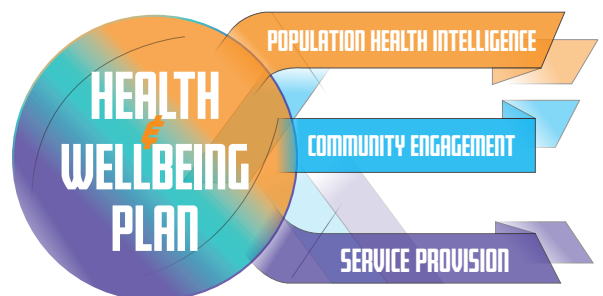
- Ōtaki Women's Health,
- Central PHO,
- Ōtaki Medical Centre,
- Public Health,
- Horowhenua Health Centre,
- Ngā Hapū o Ōtaki,
- Raukawa Whānau Ora,
- Kāpiti Health Advisory Group,
- Kāpiti District Council,
- Ōtaki Community Board representatives,
- Ōtaki Community Police,
- Birthright,
- Ōtaki Community representative.

Creating the Plan

Creating a Health and Wellbeing Plan for the Ōtaki District involved three main stages.

These were:

- 1) gathering population intelligence and health information
- 2) community engagement
- 3) establishing priorities and actions for service provision



Population Intelligence and Health information | Ōtaki Tangata, Ōtaki Hauora

- Information and data was gathered about the population of the Ōtaki District and research was undertaken, including analysis of current and previous strategies and plans.
- A district-wide Health Needs Assessment was completed.

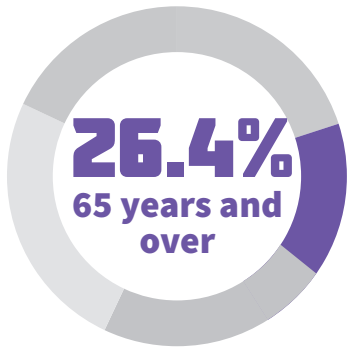
So, what did we find?

The following pages are a snapshot of some of the interesting data and information gathered about the population of Ōtaki.

ŌTAKI POPULATION SNAPSHOT

Ōtaki Population 2016

8,620



26.4% were 65 years and over. This is compared to 15.1% nationally.

20.8% were 0-14 years. This is compared to 19.5% nationally.

71%

Of people in Ōtaki live in areas designated as being among **the most deprived** in New Zealand.

Higher levels of deprivation are associated with higher mortality rates, and higher rates of many diseases as well as social problems such as crime, family violence, disengagement from education and risk-taking behaviours.

In the 2013 Census:

30.7% of families with dependent children in Ōtaki were single-parent families, 53.6% of single-parent families had a total annual family income of less than \$30,000.

By 2038 Statistics NZ predict that:

There will be a **109% increase** in residents aged **65 years and over**.

(4000 more residents aged 65+ than there were in 2013)


These trends are important because Māori and older people are known to have poorer health status than other New Zealanders.

The proportion of residents **identifying as Māori** is expected to **increase to 24% (from 14% in 2013)**.

- The 0-14 years and 40-64 years broad age groups are expected to decline, whilst the 15-39 years age group is expected to increase (with an overall decline in the number of people aged under 65 years).

Housing

Home ownership rates in Ōtaki are in line with the national average (2013 Census). 65% of households own their own dwelling in Ōtaki compared to 64.8% nationally.



65%
OWN THEIR OWN HOME

The estimated mean weekly rent for the year to May 2017 was \$220 in Ōtaki compared to \$273 for the Manawatū/Whanganui region and \$421 for New Zealand.

\$220

Education

70–73%

The increase for all Māori school leavers with NCEA level 2 or above since 2009

78–80%

The increase for all school leavers with NCEA level 2 or above since 2009



Income

In 2013, 61.3% of people aged 15 years and over had an annual personal income of \$30,000 or less.

This section lists some of the key health services for Otaki residents. For a more comprehensive list of services in the district please refer to www.healthpoint.co.nz.

Ōtaki Medical Centre: 2 Aotaki Street

Services provided include:

- Primary Health Care (General Practice team of GPs and nurses) Monday – Friday,
- An urgent walk-in clinic Saturday mornings,
- Nurse-led clinics,
- Minor Surgery,
- Sexual Health,
- Immunisations,
- Diabetes Annual Reviews,
- Enhanced Care Plus,
- Prescriptions,
- MedLab Central.

Ōtaki Medical Centre Stats:

- Ōtaki Medical Centre caters for 6560 patients (2114 are Maori = 32%)
- A GP team of 5 GPs and 6 nurses provide over 2400 consultations per month

Ōtaki Community Health Centre: 186 Mill Road

Open Monday to Friday,

Services provided include:

- Sexual Health and Cervical Screening Clinics,
- Counselling,
- Total Mobility Agent,
- Health information, support and advocacy.

Ōtaki Residents visiting Horowhenua Health Centre Outpatients:

Attendances at Horowhenua Outpatients clinics by people from Ōtaki in 2016

ElderHealth	95
Medical	132
Paediatric	132
Cancer	73
Rehab	
Surgical	260
Women's Health	64
Total	756

Kāpiti Youth Support: 14 Matene Street

Open Tuesday,

Services provided include:

- A free medical clinic for 11 – 24 year olds,
- GPs, nurses, counsellors and support groups.

Other Health Services include:

- Raukawa Whānau Ora Health Service – a kaupapa Māori iwi health provider delivering a range of services specifically for Māori but not excluding non- Māori. They deliver mobile services to homes, marae, kōhanga reo, community venues, one of the base clinics or venues deemed appropriate.
- Muaūpoko Tribal Authority provide Whānau Ora services in the district.
- Ocean View Residential Care Rest Home caters for 28 residents.
- School Based Health services are provided at Ōtaki College and Alternative Education providers.
- There is one pharmacy in Ōtaki.
- Ōtaki PHO clinic room holds clinics for the following services: MCH Children’s Health team monthly clinic, Public Health Vision specialist monthly – U18yrs and Specialist Diabetes Nurse monthly.
- Various providers deliver Child Health Services in the district, including: Pregnancy and Parenting Services, Well Child Services, Oral Health Services and Outreach Immunisation Services.

Ōtaki Residents visiting Palmerston North Hospital:

1019 Ōtaki residents presented to ED in 2016 and 422 were admitted.

Attendances at Palmerston North Outpatients clinics by people from Ōtaki in 2016

Clinic	Attendees
ElderHealth	7
Medical	1,349
Paediatric	64
Cancer	589
Rehab	4
Surgical	2,220
Women’s Health	204
Total	4,437

Stage 2: Community Engagement | Kōrero Tahī

- A three-month-long engagement process was undertaken to ensure residents had adequate time and opportunity to provide feedback and co-design the plan.
- Feedback was received from over 200 residents through a variety of mediums.
- Four key Priority Areas for improvement were identified using thematic analysis of the feedback.
- Three main areas of focus under each Priority were identified from the feedback.

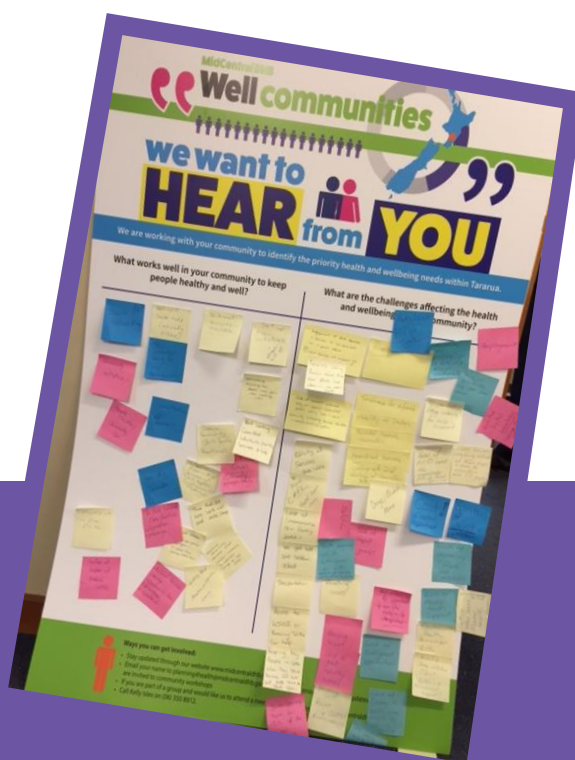
120 surveys were completed and more than 80 people attended various workshops, meetings and forums.

Methods of engagement:

- Community workshops
- Newsletters distributed to a wide database
- Surveys left at various locations
- MidCentral DHB Website
- Option to email or phone Project Manager directly
- Articles in the Ōtaki Mail
- Online surveys
- Posters in various locations
- Social media

We attended a number of meetings and engaged with many groups and people to seek further feedback including:

- Two Community workshops, (attendees included representatives from the community as well as over ten community organisations, service providers and government agencies),
- Half a day was spent at the Ōtaki Library speaking with residents,
- Meeting with the Kāpiti District Council Mayor,
- Meeting with Kāpiti Health Advisory Group,
- Meeting with Ōtaki Medical Centre,
- Te Puna Oranga Board.



What we asked

The key questions we put to the community were:

- *what works well in your community to keep people healthy and well?*
- *what are the key issues/challenges affecting the health and wellbeing of your community?*
- *what actions could be taken to improve the health and wellbeing of your community?*

Below is a list of the strengths that were highlighted by the people of Ōtaki and the following two pages summarise the key messages that came through in regards to the challenges faced and how improvements could be made.

Strengths | Ngā Huapai

- A well - connected and close community where whānau look after each other.
 - Culturally responsive services: Māori health initiatives including language revitalisation, group exercise, Māori kaupapa sports teams and Marae-based services, help keep the community well.
 - Great natural outdoor spaces to play walk and recreate as well as gym facilities and a pool.
 - Health shuttle, although limited, provides a vital transport service.
 - Medical Centre, free for kids and low - cost for adults.
 - Lots of local initiatives by our people for our people.
 - Fresh air, a good environment, clean drinking water and swimming in local rivers.
 - Great sporting activities and facilities.
 - Dental visits in schools.
 - Access to fresh veggies and herbs in the council gardens.
 - Support from volunteers.
-

Common Themes

With over 200 people engaging in this process, it is important to note that many different strengths and challenges were identified. The themes identified were based on most commonly stated challenges for residents of Ōtaki.

WHAT PEOPLE SAID...

“Lack of choice of hospital, lack of choice of ambulance service, it would be nice to have a choice in our healthcare.”

“Boundary issues in central government services- namely access or limited access, impact on our health and wellbeing.”

“We are proud of Whānau orientated initiatives and knowledge of tikanga when dealing with Māori especially Kuia & Koroua.”

“12 takeaway eateries in Main Street Downtown Ōtaki. Too many junk food options not enough healthy options.”

“Local doctors have just introduced a new service to visit a nurse for patients with long term health issues, this is a step in the right direction.”

“Doctors visits are scheduled 3-10 days out. No same day appointments, you have to schedule to be sick these days!”

ŌTAKI

“Support early education and build resilient youth, they are our future. Better health promotion, building healthy habits and behaviours from a young age.”

“Mental health, drugs and alcohol are a real concern in our community. We need more support locally, face to face, not just a phone number. We need positive activities for our youth to engage with in the evening.”

“Lack of after hours or emergency care in our community is concerning.”

“Monthly checkups at Marae, BP & weight, are great. They are also a place to socialise with a cuppa, there should be more things like this.”

“My mother is 75 and can't drive, does she really need to travel all the way to Palmerston North Hospital for a 15 minute chat with the doctor!”

“Rental housing is becoming a problem - insufficient supply, becoming too expensive and low quality.”

“Waiting times to be seen by specialist clinics at Palmerston North Hospital are too long, and appointment times can make it challenging to get there in time as I rely on whānau for transport.”



COMMON THEMES

From our community engagement

Improve easy access, in a timely manner, to local community mental health support, (face to face care in our community).

Encourage and support healthy and active living for everyone.

Ensure people involved in my health and wellness work as one team.

Improve the quality, affordability and availability of rental housing.

Ability to access community care when needed, especially for people with long-term conditions.

Reduce the challenges boundaries present in us accessing the care we need.

Reduce the impact of isolation, especially for the aging population.

Reduce the presence and impact of drugs and alcohol on our community, especially vulnerable families.

People want to build and maintain a trusted relationship with their General Practice Team.

Ensure health care is culturally responsive, meeting the needs of me and my whānau.

Reduce the impact of time, distance and transport on access to the health services we need.

Step 3: Identifying Priorities | Ngā Mea Nui

Priority areas were identified through a second round of engagement.

We went back out to the Ōtaki community with the common themes identified after the initial engagement and asked:

- 1) what are the top 4 priorities?
- 2) within these priority areas, what should we focus on first?

The top four identified priorities through this process were:

Community Priority #1 Access to Healthcare

Easy access to Healthcare when people need it

Community Priority #2 Mental Health and Addiction

Improved Mental Health and Addiction support in communities

Community Priority #3 Better Communication and Connection

A district that has quality communications and connections between health services, people, whānau and communities

Community Priority #4 Healthy Living

A well community where everyone is supported to have quality living and healthy and active lives

It is interesting to note that in developing Health and Wellbeing Plans for other localities within the MidCentral District area (Taranua District, Manawatū District and Horowhenua District) the identified main priority areas were consistent, however, there were differences in the focus areas within these priority areas.

Part 2 | **Plan of Action** | *Mahia te Mahi*

So, what can we do?

The following pages summarise the four identified priority areas for Ōtaki and the plan of actions for each priority area. The plan takes a one to five year approach and focuses on how health and its partners can work together to make improvements within the priority areas.

Ōtaki Health and Wellbeing Plan

Community Priority #1: Access to Healthcare

Common things heard from Ōtaki residents:

“Trying to get a doctor’s appointment on the day you need one is challenging.”

“Monthly checkups at marae, (blood pressure and weight) are great. They are also a place to socialise with a cuppa, there should be more things like this.”

“Local doctors have introduced a new service for patients with high health needs to visit a support nurse; this is a step in the right direction.”

“Cost of travelling to see a specialist is challenging, and it takes a long time to get an appointment.”

“Lack of choice of hospital and ambulance service is frustrating.”

What the community wants to focus on first?

People are able to get help when they need it

- Improve people's ability to access General Practice team in a timely manner.
- Continuity of care for people with long-term conditions.

Improving people’s access to hospital and specialist care

- Easier access to specialists where appropriate.
- Reduce the impact of boundaries on accessing healthcare.

Health working together as one team

- Improve the ability for health services to work together supporting people's health journey.
- Work in partnership with communities and consumers when designing healthcare.

What will health and its partners do and how will it make a difference over the next 1- 5 years?

Improving Access

- Ōtaki Medical Centre will develop a Communications Strategy to increase awareness of services and better connect with the local community.
- People in need will be able to get appointments easier through new systems, which include GP triaging.
- People will be able to use online tools to get repeat prescriptions, make appointments and receive test results through a patient portal.
- People will be more aware of how to access the right health service to get the help they need. The “Right Choice” campaign will help this.
- People will have more choice by increasing awareness of what different health professionals can do and which service to choose when. E.g. Raukawa Whānau Ora Health Services deliver Podiatry clinics from Taarangaoroa.

Boundaries

- Health and its partners will work together to reduce the impact of boundaries on accessing healthcare and to provide greater choice of which hospital to access.

Improve hospital booking systems

- People’s circumstances (such as locality and family/ whānau responsibilities) will be taken into consideration by more flexible hospital booking systems.

Providing phone or online consult options

- People will be provided with options of a consult over the phone or online where appropriate for follow-up specialist appointments. This will be piloted with some hospital specialist areas first.

Improve the Emergency Department

- People attending Palmerston North Hospital’s Emergency Department will find a more welcoming environment as the reception and waiting areas are improved (2018/2019).
- Patients will have improved privacy in redeveloped Emergency Department triage rooms.

Improve people’s experience of healthcare

- People will be better supported by health providers who can access the notes they need through improved IT systems.
- Locality-based teams will be put in place that address the unique needs of the community.
- A DHB digital strategy will be developed to identify priority areas for improvement, ensuring people and whānau have a more connected health journey by services working together as one team.
- People will feel better informed about their health by making it easier for them to access to their health information through improved technology.

Better utilise community feedback

- There will be more opportunities to provide feedback, which will be used to constantly improve health services. The Consumer Council will be involved in the design of this.

Ōtaki Health and Wellbeing Plan

Community Priority #2: Mental Health and Addiction

Common things heard from Ōtaki residents:

"Alcohol and drug use are a real concern for our community and they are too easily accessible for our teens."

"It is difficult to access Mental Health services when you need them and receive care in our community in a timely manner."

"There is a lack of support groups/ awareness for mental health issues."

"When we (or people we know) are struggling and need help with Mental Health we don't know where to go."

"We are a close community who look out for and support each other."

What does the community want us to focus on first?

People are able to find help when they need it locally

Increase knowledge of mental health and addiction support available in communities so that it is easier to find and access.

Locally designed and operated services

Increase support for local services, providing choice and better meeting the needs of people and whānau.

Youth-Friendly Services

Youth-friendly mental health and addiction services, with particular focus on early intervention services and programmes.

What health and its partners will do to improve these areas over the next 1 – 5 years

Services closer to home

- People who visit rural communities in their jobs will receive training and support to help them recognise the signs of depression, and help isolated and vulnerable people to seek help when needed. Health will work in partnership with Rural Support Services to achieve this.

Increase visibility and awareness of services and resources

- Build Mental Health and Addiction services visibility in communities by developing a relevant and modern communications strategy.
- People will be more easily able to find health information on alcohol and drugs through a more coordinated and modern approach to how information is distributed.
- People will be able to see how all services work and where they should seek help and support through the promotion of a service mapping document.

Services working together

- Promote the online directory of Mental Health and Addiction Services so providers can better connect and refer people to the right services to meet their needs.
- A Suicide Prevention Local Response team will be in place in the district in 2019. This will involve local agencies working collectively as one team to better support the community.

Youth Development

- The Mates and Dates programme will be available and promoted to local secondary schools, helping our youth build healthy relationships.
- Support & enhance Rangatahi Ora in collaboration with Te Kura-a- Iwi o Whakatapuranga Rua Mano. Focusing on strengthening Whānau ora, healthy lifestyles, resilience and well-being.

Ōtaki Health and Wellbeing Plan

Community Priority #3: Better Communication and Connections

Common things heard from Ōtaki residents:

"More visibility from health is needed, especially when we start talking about challenges with boundaries."

"We are a close and supportive community and would like to be included in conversations when new services are being discussed."

"We want to know more about what is happening in our community, what services are available, what's changing and what's working well for our people."

"Communication from the hospital is often not very people friendly; it can be difficult to understand where you need to go and what you need to do."

What does the community want us to focus on first?

Improving Communication

Make correspondence more people friendly. People feel well informed when coming to hospital.

Raising awareness of what is available in Ōtaki and how to access it

Support the sharing of knowledge, resources and skills across communities to increase awareness and empower people.

Increasing engagement and visibility

Engage with local people when designing new services. Stronger health leadership and presence in Ōtaki.

What will health and its partners do and how will it make a difference over the next 1- 5 years?

People-Friendly Communication

- Community members and the Consumer Council will be involved in the redesign of correspondence so that communications are clear and friendly.
- People will receive more relevant information when attending a hospital appointment, including parking and shuttle services.
- People will be able to access the new PN Hospital Navigation App through increased promotion of the App; helping people to navigate their way around the hospital.
- To ensure our communities are receiving clear and people-friendly messaging the DHB will continue to find new and innovative ways to communicate.
- Bi-lingual communications will be increased to better connect with Te Reo Māori speakers in the community.

Knowledge Sharing

- People will be more up-to-date with what's happening in the Ōtaki community by ensuring communication is distributed through: local newspapers, social media channels, community committees and other key groups.
- Local success stories and programmes and initiatives that are working well will be shared with the community.
- Identify opportunities to work with other health agencies to increase awareness of what's available in the community.

People feel more informed

- It will be easier for people to be able to choose a service appropriate to their needs through a website which offers reliable information on local and district health services.
- Communications from the DHB will be sent out to community groups and providers on a more regular basis, with opportunities for people to provide suggestions and feedback.

Finding local solutions to local issues

- When designing a new health service in Ōtaki people and families/whānau will be placed at the centre of planning decisions and design to best meet the needs of their communities.
- Feedback from Ōtaki residents about strengths, challenges and areas of priority within the community will be collected through at least one forum per year.
- Feedback from the Ōtaki community locality project will be used to help shape and support DHB's planning and future services.

Working together to achieve more

- A health and wellbeing group for Ōtaki will be developed or connect to an existing group, where we all work together on a common agenda to tackle the bigger issues.
- Health will be aware of key issues for Ōtaki by having a greater presence at key meetings.

Ōtaki Health and Wellbeing Plan

Community Priority #4: Healthy Living

Common things heard from Ōtaki residents:

“Support our kaumātua to stay well and live healthy quality lives within their community.”

“Culturally responsive services: Māori health initiatives including language revitalisation, group exercise, Māori kaupapa sports teams and Marae-based services, help to keep the community well.”

“There are too many fast food and unhealthy options available. More focus on supporting whānau to eat well and make good choices is needed.”

“The cost and accessibility of rental housing, employment and the environment have a real impact on the health and wellbeing of people in our community.”

What does the community want us to focus on first?

Wider determinants of health

Work alongside others to improve housing, transport, employment opportunities and other factors that can have an impact on health and wellbeing.

Supporting whānau to make good lifestyle choices

Better link people and whānau to information and community initiatives so people can stay active and eat well.

Quality living for older adults

Support older adults to stay well longer in their own homes.

What will health and its partners do and how will it make a difference over the next 1- 5 years?

Improve people's overall wellbeing

- A training programme for screening patients for family violence will be offered to all GP practices who will support people to talk about and seek help for family violence.
- People will be more aware of the financial support that is available to them and how to access it, through workshops run in partnership with other organisations in Ōtaki.
- The DHB will advocate, where appropriate, for positive changes in areas outside of health which have a fundamental impact on people's health and wellbeing within Ōtaki.
- Feedback will be submitted to the 2018 National Travel Assistance Policy Review to help make the process for registering and claiming travel expenses easier.

Increasing healthy eating and active living

- An Active Teens programme will run in the community focusing on goal setting, increasing physical activity and better nutrition.
- An Active Families programme will run in the community focusing on goal setting, increasing physical activity and better nutrition.
- Schools will be encouraged to be a “Health Promoting School”, where they partner with their community to make positive steps to improve the health and wellbeing of students.
- People will be more aware of the benefits of physical activity and healthy eating as physical activity and nutrition resources and information are distributed through a variety of local channels.
- More kids will be encouraged to ride bikes, by advocating to Council for a bike in schools programme and encouraging schools to adopt it.

Creating a healthy and well community

- The DHB will play a more active leadership role in connecting community groups and services; as collectively they can have a greater impact on the wellbeing of community members.

Helping older people stay well in their own homes

- Older adults will be assisted to maintain their strength and balance and remain independent through in-home strength and balance exercise support starting in Ōtaki in 2018.
- Community groups will have increased support to provide strength and balance classes for older people.
- People working with older adults in the community will be kept up-to-date with the different types of support, services and community activities available for older adults through regular communications.