Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 3rd October 2023		
Start Time:	15:30	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Regional Commissioner/Wayfinder, (Co-Chair) Danny Wu; Regional Director National Public Health Service Hayden McRobbie; Regional Director Te Aka Whai Ora, (Co-Chair) Tracee TeHuia; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand; Project Consultant, Ajit Arulambalam

Guest: Martin Dawe, Sarah Herbert, Tony Phemister, Matt Poutin and John Snook

In attendance: Liz Tafau – Minute purposes

Apologies:

Ref.	**Item**	**Method**	**Lead**
3.30pm	**Regional Health Well Being Plan: Update**		Martin Dawe, Sarah Herbert and Tony Phemister
4.15pm	**Workforce Planning & Development**		John Snook, Matt Pontin
4.30pm	**Northern Region Rep**	SAP TORs v1 APPROVED.docx	Danny Wu
4.40pm	**Improving Immunisation Paper**	20231003 Utilising reminaing CiTC funds	Hayden McRobbie/Harriet Pauga
4.50pm	**Immunization Plan**	2023-10-01_Progressing Northern Region	Danny Wu/Hayden McRobbie/ Harriet Pauga
5.00pm	**Karakia whakamutunga**		All

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Meeting Minutes

Meeting	Northern Regional Integration Team
Date & time	3rd of October 2023 – 3.30pm to 5pm
Present	Tracee Te Huia, Hayden McRobbie, Mark Shepherd, Harriet Pauga, Danny Wu, Penny Andrews, Sanjoy Nand and Ajit Arulambalam
Guest	Martin Dawe, Sarah Herbert, Tony Phemister, Mari Longhurst, John Snook and Matt Poutin
Apologies	

Item	Agenda Item
1	**Commencement** • Karakia • Welcome and Whakawhanaungatanga • Previous meeting minutes: • Matters Arising: Nil • AOB: Nil
2	**Regional Health and Wellbeing Plan: Martin, Sarah, Mari and Tony** • Draft 4.0 plan was sent out to all members last week to review along with a decision paper for feedback from all RIT members. • Currently draft of the plan are shared with the IMPB but they are not required to approve or endorse. • Plan is to tidy up draft plan and have it submit next week Friday 13th of October. *First recommendation is agreed by all members of the RIT.* • 80-page plan could do with some refining but is requiring approval from all the RIT members of the changes made. There is a window between today and next week Tuesday if members do require changes to it in track changes and send to Martin. *Second recommendation OK by all members of the RIT.* • Recommendation three, Any gaps or particularly critical areas that people think we need to to progress or like if there are gaps that we need to fill at this point? *Third recommendation OK by all members of the RIT.* • Te Pae Tata and access to primary care, ensuring well-resourced and kind of articulated. Recommendation to retain the Pauora deliverables as they are. *Recommendation OK by all members of the RIT* • Martin and team will work on the next version before next week Tuesday for and send to all RIT members to review and provide feedback. ACTION: • Martin to share the summary of deliverables with all RIT members.
3	**Workforce Planning & Development: John and Matt** • Meet and greet with the Northern RIT Team • National Plan has been packaged into programs of work that have program managers assigned to them and ed by workforce advisory groups that themselves are currently undergoing a reform on as they look at the term of reference. ACTION:

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	• Connect Matt & John with Martin, Sarah and Tony to have a conversation about the regional plan.
4.	**Improving Immunisation Paper & Immunisation Plan: Hayden** • Improving immunization rates across the life course, So this paper seeks agreement from the RIT to try to utilize our underspent funds and care in the community. • The recommendation is that we are agree to support this and proceed with the next steps as outlined. • *OK by all of the RIT members.*
5.	**General Business:** • Community pharmacy has been extend in Tai Tokerau – minor ailment service. • Term of reference for the RIT is currently still in process, Danny to review and send out.
6.	**Next meeting: Tuesday 10th of October 2023**

Actions	
Regional Health & Wellbeing Plan: Martin to share the summary of deliverables with all RIT members.	Martin
Workforce Planning & Development: Connect Matt & John with Martin, Sarah and Tony to have a conversation about the regional plan.	
General Business: Term of Reference	Danny

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Sustainability Advisory Panel – Terms of Reference

General role statement

The role of Te Whatu Ora – Health New Zealand's Sustainability Advisory Panel (SAP) is to provide advice to Te Whatu Ora management and Executive Leadership Team (ELT) to ensure Te Whatu Ora achieves its objectives and carries out its functions in accordance with the Pae Ora (Healthy Futures) Act and within that context:

- is guided by the health sector principles contained in section 7 of the Pae Ora Act, and is a pro-Tiriti champion, gives effect to equity, as a pro-equity champion within its scope
- discharges the SAP's work in line with the values and principles of the partnership between Te Whatu Ora and Te Aka Whai Ora | the Māori Health Authority.

The SAP will undertake the following activities:

Policy and Strategy:

a. Review and advise on sustainability policies for Te Whatu Ora
b. Develop and monitor the sustainability strategy and performance of Te Whatu Ora

Projects and work programmes:

c. Provide oversight of inflight and new sustainability initiatives, including Business Cases proposed by the Management of Te Whatu Ora
d. Monitor the progress made by management in implementing the sustainability work programme for Te Whatu Ora

Other:

e. Ensure Te Ao Māori perspectives are incorporated and embedded into Te Whatu Ora's sustainability practices and policies
f. Embed the outlined principles into its activities

Principles

1. Te Whatu Ora facilitates an organisational culture of sustainability, based on evidence and best practice
2. Te Whatu Ora fosters a collaborative approach with all relevant stakeholders
3. Te Whatu Ora supports multi-disciplinary team accountability and responsibility for sustainability outcomes
4. Risk management processes aid decision making by identifying priorities for the appropriate allocation of resources to reduce the possibility of harm and/or to maximise potential opportunities
5. Proposed solutions do not exacerbate health inequities
6. Outcomes used to measure environmental sustainability and greenhouse gas emissions reduction are quantifiable and measurable and external benchmarking is actively sought
7. Improved organisational communication and transparency relating to sustainability permeates all levels of the organisation, with clearly understood reporting and accountability
8. Initiatives for improving sustainability involve wider stakeholder input

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SAP Accountability

The SAP is accountable to ELT. It does not have a decision-making function. However, the ELT may, from time-to-time, delegate to the SAP the authority to make decisions and take actions on its behalf in relation to certain matters. Any such delegation must be in writing.

Any recommendations of the SAP must be ratified by ELT. However, where ELT delegates to the SAP the authority to make a decision or take certain actions, such decisions or actions do not need to be approved by ELT.

Consensus must be reached on matters and the SAP Chair does not have a casting vote.

SAP Membership

- Te Whatu Ora Head of Sustainability (Chair)
- Meeting Secretary (in attendance)
- Te Whatu Ora clinical representation
- Te Whatu Ora public health representation
- Regional Leadership representation (1 from each region)
- Climate and Health advocate (OraTaiao Co-convenor or Board member)
- External Sustainability Executive/Manager/s private sector (1 – 2 representatives)
- External Sustainability Executive/Manager/s public sector (1 – 2 representatives)
- Te Aka Whai Ora representation
- Manatū Hauora representation (at their discretion)

Any member of the ELT or Board of Te Whatu Ora or Te Aka Whai Ora may attend any SAP meeting. The SAP must have regard for any views shared by ELT or Board Members.

Meetings

Frequency:	TBA (at least bi-monthly) – meetings will generally be held online
Quorum:	If the total number of SAP members is an even number, the quorum is half that number, but if the total number of members is an odd number, the quorum is a majority of the members.
Invited persons:	Other individuals are able to attend to facilitate the business on hand with prior approval of the Chair. Any persons attending do so in the capacity of an adviser/observer.

Reporting

The SAP Chair is responsible for providing regular reporting to ELT and the Board Sustainability Committee on the group's activities and any recommendations.

Terms of reference review: Annual review, update and endorsement by Te Whatu Ora, Chief Executive Officer or delegate.

Approved: 19 September 2023

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Memorandum

Improving immunisation rates across the life-course

Date:	1 October 2023
To:	Northern Regional Integration Team
From:	Hayden McRobbie, Regional Director - Northern, National Public Health Service

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Purpose

1. The purpose of this paper is to seek agreement from the Northern Regional Integration Team (RIT) to commence a fixed term programme of work, that utilises unspent funds from Care in the Community and aims to increase immunisation rates within our communities in the Northern Region.

Background

2. There are a range of interventions aimed at increasing immunisation rates across the life-course, that are worth exploring.

3. We have an opportunity to use underspent funds S9(2)(ba)(ii) from Care in the community. Whilst this funding is time-limited, and not sustainable, it does enable us to try a range of interventions that could boost our immunisation rates by 30 June 2024, and also set a more positive trajectory for years to come.

4. Some examples are provided below, but these must be designed with the communities that are most poorly served by the current system. This means that this funding is best placed within our Māori and Pacific hauora providers who serve communities of highest need.

Community-based engagement initiatives to increase immunisation rates

5. The **'Trust Us' kaupapa**[1] was one such approached used in Tāmaki Makaurau is a powerful encouragement piece to those of our whānau who carry and hold mistrust, to consider or reconsider having the covid vaccination, and to place trust in the many Māori doctors, specialists, scientists, and leaders who stand by the safety and the efficacy of the vaccination. It was based on the knowledge that many Māori have long standing trust issues with authority, with the government, with agencies and with the many systems that we are often forced to rely on.

[1] See Trust Us video here https://fb.watch/nblH04dWOX/?mibextid=2Rb1fB

6. A similar approach has been tried using community health workers ('Aunties') to recruit Māori pregnant women into smoking cessation interventions.[2] The study found that Aunties were well-placed to find pregnant women and provide cessation support and referral in a way consistent with traditional Māori knowledge and practices.

7. The evidence for these types of community driven intervention may be modest, however a 2014 systematic review[3] concluded that (a) these probably increase the number of children who are vaccinated and (b) they may achieve most benefit when targeted to areas or groups that have low childhood vaccination rates.

Kaihāpai oranga

Build on initiatives developed and implemented during our COVID response to develop a team of respected and trusted members of communities that are poorly served by the health system to encourage and support whānau to access vaccination, and other health, services that are available.

A whānau-centred approach would be taken and address immunisation across the lifecourse. This would support winter preparedness for 2024.

Māori and Pacific hauora providers to lead the design and delivery of this project.

Whilst time limited funding, thought should be given to how these types of roles could be integrated into BAU.

The title of Kaihāpai Oranga is only a suggestion and reflects the new Kaihāpai Oranga and Pacific Oranga roles that the NPHS is introducing into the new regional structure. Job sizing of these roles has been completed.

Engaging with early learning settings

8. Partnering with early learning settings is also an opportunity to (a) engage with parents and (b) offer immunisation services, as well as other interventions (e.g. treatment of headlice). The Health (Immunisation) Regulations 1995 regulations require all early childhood services and primary schools to keep an immunisation register of children attending, born from 1 January 1995. The register can help reduce the spread of vaccine-preventable diseases and also encourages completion of the immunisations where parents or guardians may need a reminder to catch up with their children's immunisations.

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[2] Glover et al. Enlisting "Aunties" to Support Indigenous Pregnant Women to Stop Smoking: Feasibility Study Results. Nicotine Tob Res. 2016 May;18(5):1110-5.
[3] Saeterdal et al. Interventions aimed at communities to inform and/or educate about early childhood vaccination. Cochrane Database Syst Rev. 2014 Nov 19;(11):CD010232.

9. Pacific providers ran a successful pilot in the Auckland region utilising Pacific innovation funds. The focus was on ethnic specific ECE settings.

10. Face-to-face information, or education, may improve children's vaccination status, as well as parents' knowledge, and parents' intention to vaccinate.[4] Again, these interventions appear more effective in populations where understanding of vaccination is a barrier.

11. Western Heights Health Centre in Rotorua has a team of nurses that delivers health services across a range of settings, including early childhood centres and kohanga reo. This has supported an increase in immunisation rates.

Delivery of vaccinations in ECEs and kohanga reo

Develop and deliver a programme of work to enable the delivery of childhood vaccination services, and potentially other health services, within early childhood education settings that are based in communities with lowest childhood immunisation rates.

It is likely that this work requires development of engagement strategies with trusted community leaders (links with the kaihāpai oranga initiative, above). It will also require work that addresses what services can be delivered and caregiver consent.

Early and ongoing engagement with whānau

12. There are some data to show that if children receive their first (6-week) vaccinations on time then they are more likely to receive their subsequent vaccinations. Conversely data also show that those who decline the 6-week vaccination are also highly likely to decline subsequent vaccinations. For example, Te Tai Tokerau data (2016) showed that of caregivers of 897 (7%) of children declined the 6-week vaccination, 97% also declined the 3-month and 95% declined the 5-month immunisations, constituting 872/962 (91%) and 850/923 (92%) of all declined immunisations, respectively.[5] Early and appropriate conversations with these caregivers may reverse this.

13. We have heard the need for early engagement with Māori, and Pacific whānau from our Māori and Pasifika hauora providers. The current system requires whānau to fail (ie not engage with the system first) before they get referred to outreach immunisation.

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[4] Kaufman et al. Face-to-face interventions for informing or educating parents about early childhood vaccination. Cochrane Database Syst Rev. 2018 May 8;5(5):CD010038.
[5] Rumball-Smith J, Kenealy T. Childhood immunisations in Northland, New Zealand: declining care and the journey through the immunisation pathway. N Z Med J. 2016 Jul 15;129(1438):15-21.

14. Reminders sent to parents and caregivers is also an effective way of increasing childhood immunisation rates, with data showing that dual mechanisms, e.g. postal and telephone, being the most effective reminder-based intervention.[6]

15. We don't need to design intensive services for everyone. The majority of caregivers access vaccination services through primary care. We can also utilise low-cost options such as mobile phone-based interventions like TxtPepi that have demonstrated acceptability and uptake.[7]

Whānau engagement to offer options for 6-week vaccinations

This would aim to address a key action that was omitted from the Northern Region Immunisation Action Plan with the objective of offering all Māori whānau a range of options to have their pēpi 6-week vaccinations completed on time.

It is likely that this work links with the kaihāpai oranga initiative, that is that these kaimahi could have a role in engaging with whānau.

Next steps

16. There are a number of steps that need to be undertaken relatively quickly. These are:

    i) Approval to utilise CiTC funds to develop and delivery approaches that increase immunisation rates in our communities that are poorly served by the current system. Hayden McRobbie can work with Dani Coplon (NPHS) to progress this. As noted above funds are likely best placed with Māori and Pacific providers, but there is likely a need for project management. This could also be undertaken by our providers.

    ii) Partnering with Te Aka Whai Ora and our Pacific Directorate in design and delivery will be critical. This needs to occur at all levels (ie leadership and delivery).

    iii) Engage early with Māori and Pacific providers to seek feedback on ideas and develop an approach to be rolled out. Ideally interventions would be developed before the end of this calendar year, ready to be rolled out over Jan-June 2024.

    iv) Engage with the Te Whatu Ora district immunisation teams to support the development and delivery.

    v) There needs to be an oversight group. This could be the RIGG-N, or a separate group.

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[6] Harvey et al. Parental reminder, recall and educational interventions to improve early childhood immunisation uptake: A systematic review and meta-analysis. Vaccine. 2015 Jun 9;33(25):2862-80.
[7] Dobson et al. Development of a Culturally Tailored Text Message Maternal Health Program: TextMATCH. JMIR Mhealth Uhealth. 2017 Apr 20;5(4):e49. doi: 10.2196/mhealth.7205.

vi) Engagement with Kahu Taurima development and delivery leads to look for sustainability options for initiatives that are effective.

Recommendation

17. It is recommended that:

	Recommendation	Decision
1	Note the content of this memo	Yes/No
2	Agree to support this initiative and the next steps	Yes/No

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Te Whatu Ora
Health New Zealand
National Public Health Service

Memorandum

Northern Regional Immunisation Action Plan – next steps

Date:	2 October 2023
To:	Northern Regional Integration Team
From:	Hayden McRobbie, Regional Director - Northern, National Public Health Service

Purpose

1. The purpose of this paper is to guide discussion and to seek agreement on next steps to revise and progress our regional Immunisation Action Plan.

Background

2. Childhood immunisation is a national priority. The Minister has set a target of 90% of children aged 24 months in each Level 1 ethnic group being fully immunised by 30 June 2024.

3. The Northern Region has established a multidisciplinary Regional Immunisation Governance Group – Northern (RIGG-N). The stated purpose of RIGG-N is to plan and set strategies; to identify barriers; address the recommendations from the Immunisation Taskforce; and to identify resources available and funding streams to enable immunisation providers to achieve immunisation targets. RIGG-N has an explicit focus on tamariki Māori and is co-chaired by senior Māori clinicians.

4. A Regional Immunisation Action Plan (IAP) was developed in June/July 2023. This was based on the National Immunisation Taskforce's Initial Priorities with activities prioritised as indicated by the Immunisation Prioritisation Matrix. The Matrix prioritises tamariki Māori, Pacific children, Māori hapū māmā and pregnant Pacific women.

5. The activities within the IAP are grouped under workstreams that are being led by the RIGG-N working groups, which cover (i) Access, equity & outreach; (ii) Enablers, data & insights, locating whānau; (iii) Workforce; (iv) Communications and Health Promotion; (v) Supporting Primary Healthcare, including Newborn Enrolment and Pharmacy; and (vi) Covid/ Flu.

6. The IAP is presented as a living document with built in flexibility to adapt to need. Whilst the current IAP captures a number of options that will help achieve the target, it misses some key actions for Māori and needs to better reflect the knowledge of our Māori and Pacific hauora providers.

7. A hauora Māori provider hui was organised by Te Aka Whai Ora on 21 September that aimed to gather input from providers on barriers and facilitators for immunisation across the lifecourse. Whilst meeting notes are not yet available some key themes are provided in Appendix 1. Please note that these are just examples and do not represent the official minutes of the meeting.

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Current performance against the target

8. As of 29 September 2023, the northern region performance against the target is 63.6% for the total population, 47.1% for Māori, and 56.2% for Pacific (see appendix 2). There is also variation between districts.

9. Performance data are being provided on a fortnightly basis to support planning and operations. This report also provides a breakdown of geographical locations (SA2 geography) of highest need (number of unvaccinated children).

Accountability

10. The National Director NPHS is accountable for immunisation and it has recently been confirmed that the Regional Directors of Public Health will be accountable for the leadership of Immunisation regionally and to ensure there is a co-ordinated approach in each region. Obviously, this would not cut across the regional governance function of the Regional Integration Teams (RIT) but ensures there is a single point of accountability and leadership.

Discussion and next steps

11. The current data, and feedback, indicates that we need to do something differently. Whilst the system largely works for the majority of the population who trust and know how to use it, we are failing Māori and Pacific.

12. In moving forward, we need to act in partnership with Māori and be willing to try the solutions put forward. Similarly, we must act in the same way with our Pacific colleagues. This may mean that Te Whatu Ora takes a more supportive function that allows for Māori and Pacific to lead. There are a number of opportunities that we should consider.

    i) Creation of an enabling contracting environment that supports providers' whānau-centred and life-course way of working. Contract also need to be sustainable i.e. long-term, and allow for flexibility to pivot in outbreaks of vaccine preventable illnesses, crisis (e.g. floods), and supportive of mātauranga Māori and Pacific practice models.

    ii) A move from a reactive outreach approach to one that proactively engages with Māori, and Pacific whānau during pregnancy and before the 6-week immunisations are due. This should be by Māori for Māori, and similarly for Pacific.

    iii) Creation of a regional hub that provides back-office functions that support our hauora Māori and Pacific partners at the 'front-line'. Co-ordination of immunisation activities (e.g. how to increase immunisation rates in geographical areas of highest need) might also be a function. However, care must be taken that such as 'Hub' does not take a directive approach and instead is responsive to our Māori and Pacific partners. The new AIR eco-system (see Appendix 4) will help support greater co-ordination.

13. Other steps that need to be taken include:

    - Discussion with RIGG-N Co-Chairs
    - Revision of the Regional IAP

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Appendix 1: Some themes from Northern region hauora Māori provider hui

- Our hauora Māori partners want an enabling contracting environment that supports their whānau-centred and life-course way of working, encompassing immunisation as one service offering - one contract to support their range of services. Future immunisation funding needs to be sustainable i.e. long-term, and allow for flexibility to pivot in outbreaks of vaccine preventable illnesses, crisis (e.g. floods), and supportive of matauranga Māori and Pacific practice models.
- Whānau trust in the system (or rather lack of it) and building trust will take time
- A different generation of parents need a different model. National Immunisation Programme comms (printed collateral, immunisation campaigns on TV and radio etc.) does not resonate with whānau. We need to be bold with our comms and consider the next generation of whānau, utilising platforms such as TikTok and Instagram.
- Outreach vs. early engagement and how we could switch from the former where whānau 'need to fail first' to the latter which is more positive and proactive
- Enablers – lessons from COVID, e.g. Street Chats (community leaders, trained in motivational interviewing who led conversations in their communities)
- Some hauora Māori partners are struggling without the support of key functions previously provided by NRHCC e.g. operations, clinical leadership and comms (immunisation updates and comms for their vaccination events).
- Tino rangatiratanga and Māori led immunisation infrastructure
- Strong linkages and integration within Kahu Taurima

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Appendix 2: Proportion of all children[1] fully immunised by age 2

Proportion of all children fully immunised by age 2

District	Fully Immunised	Partially Immunised	Declined - Partially Immunised	Declined - No Immunisation	No Immunisation
Te Tai Tokerau	52.1%	28.3%	12.5%	2.2%	4.9%
Waitematā	66.7%	26.5%	3.7%	0.4%	2.7%
Te Toka Tumai Auckland	67.6%	27.3%	2.4%	0.4%	2.4%
Counties Manukau	61.7%	30.5%	3.3%	0.4%	4.0%
Total	**63.6%**	**28.3%**	**4.2%**	**0.6%**	**3.3%**

Proportion of Māori children fully immunised by age 2

District	Fully Immunised	Partially Immunised	Declined - Partially Immunised	Declined - No Immunisation	No Immunisation
Te Tai Tokerau	44.8%	33.0%	14.2%	2.7%	5.2%
Waitematā	51.2%	36.3%	6.6%	0.7%	5.2%
Te Toka Tumai Auckland	51.5%	37.1%	5.1%	1.5%	4.8%
Counties Manukau	44.4%	40.1%	7.1%	1.3%	7.1%
Total	**47.1%**	**36.8%**	**8.7%**	**1.6%**	**5.8%**

Proportion of Pacific children fully immunised by age 2

District	Fully Immunised	Partially Immunised	Declined - Partially Immunised	Declined - No Immunisation	No Immunisation
Te Tai Tokerau	60.6%	22.1%	10.6%	1.0%	5.8%
Waitematā	55.5%	36.1%	3.5%	0.5%	4.4%
Te Toka Tumai Auckland	54.4%	38.1%	3.2%	0.5%	3.8%
Counties Manukau	56.9%	35.3%	3.1%	0.3%	4.3%
Total	**56.2%**	**35.8%**	**3.3%**	**0.4%**	**4.2%**

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[1] The cohort presented in these tables is those born on or after 1 April 2022, the first of whom will turn 2 in the quarter to 30 June 2024. These data are as of 29 September 2023.

Appendix 3: Proportion of all children[2] fully immunised by 6-weeks

Proportion of all children fully immunised at 6-weeks

District	Fully Immunised	Partially Immunised	Declined - Partially Immunised	Declined - No Immunisation	No Immunisation
Te Tai Tokerau	58.2%	0.6%	0.9%	3.4%	36.8%
Waitematā	77.3%	1.4%	0.9%	0.4%	20.0%
Te Toka Tumai Auckland	77.2%	2.7%	1.0%	0.8%	18.3%
Counties Manukau	69.1%	1.5%	0.2%	0.5%	28.8%
Total	**72.1%**	**1.6%**	**0.6%**	**0.8%**	**24.8%**

Proportion of Māori children fully immunised at 6-weeks

District	Fully Immunised	Partially Immunised	Declined - Partially Immunised	Declined - No Immunisation	No Immunisation
Te Tai Tokerau	55.1%	0.6%	0.6%	3.9%	39.9%
Waitematā	59.9%	3.7%	1.2%	0.0%	35.2%
Te Toka Tumai Auckland	62.2%	1.1%	1.1%	1.1%	34.4%
Counties Manukau	53.6%	0.8%	0.0%	1.2%	44.4%
Total	**56.6%**	**1.5%**	**0.6%**	**1.6%**	**39.7%**

Proportion of Pacific children fully immunised at 6-weeks

District	Fully Immunised	Partially Immunised	Declined - Partially Immunised	Declined - No Immunisation	No Immunisation
Te Tai Tokerau	50.0%	0.0%	0.0%	10.0%	40.0%
Waitematā	68.8%	2.7%	0.0%	0.0%	28.6%
Te Toka Tumai Auckland	69.2%	1.9%	1.9%	1.9%	25.2%
Counties Manukau	69.0%	1.1%	0.0%	0.3%	29.7%
Total	**68.7%**	**1.5%**	**0.3%**	**0.7%**	**28.9%**

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[2] The cohort presented in these tables is those born on or after 1 April 2022, the first of whom will turn 2 in the quarter to 30 June 2024. These data are as of 29 September 2023.

Appendix 4: AIR Eco-system

Te Whatu Ora
Health New Zealand

AIR ECO-SYSTEM | Mapping roles to applications overview

NIR supported many functions within one application, AIR is an expanded eco-system of applications that support users within the health workforce to deliver immunisation services, support newborn pre-enrolment and manage cases that are referred to outreach. The purpose of this document is to ensure users navigate to the right application to perform their role.

IMMUNISATIONS SERVICE

NEWBORN ENROLMENT SERVICE & OUTREACH

PAST

Many functions in one application

NIR

Recording / Editing Vaccination records

Viewing immunisation history

Manage data quality of NIR

Managing consumer status

Onboarding users to NIR

Reporting

Recording referral to outreach

Newborn pre-enrolment nomination

Notes

INTEGRATED APPLICATIONS

Newborn nomination follow up

Outreach case Mgmt

FUTURE

The functions are performed by multiple applications within the AIR eco-system

AIR ECO-SYSTEM

AIR Vaccinator Portal

AIR Admin System

Recording / Edit vaccination records

View vaccination history

Act as a Facility Manager for a site(s)

Manage data quality of AIR

Managing consumer status

Verify AIR Vaccinator portal users

INTEGRATED APPLICATIONS

Power BI

Qlik

Operational Reporting

Analytical Reporting

WHAIHUA

Outreach

Create outreach case

Assign outreach case to a provider

Connect with consumers

Record Outcomes

Newborn pre-Enrolment Service

Enter pre-enrolment details from manual form

Follow up pre-enrolment nominations when declined / or no answer

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Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 10th October 2023		
Start Time:	15:30	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Regional Commissioner/Wayfinder, (Co-Chair) Danny Wu; Regional Director National Public Health Service Hayden McRobbie; Director, Peter Thomas; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand; Project Consultant, Ajit Arulambalam

In attendance: Liz Tafau – Minute purposes

Apologies: Tracee Te Huia

Ref.	**Item**	**Method**	**Lead**
4.00pm	Commencement • Karakia • Apologies • Any matter arising. • AOB		Danny Wu
4.15pm	**Regional Health Wellbeing Plan**		Danny Wu
4.30pm	**Northern Region Rep**	SAP TORs v1 APPROVED.docx	Danny Wu
4.45pm	**General Business**		All
5.00pm	**Karakia whakamutunga**		All

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Meeting Minutes

Meeting	Northern Regional Integration Team
Date & time	10th of October 2023 – 4pm to 5pm
Present	Peter Thomas, Hayden McRobbie, Mark Shepherd, Harriet Pauga, Danny Wu, Penny Andrews, Sanjoy Nand and Ajit Arulambalam
Apologies	Tracee Te Huia

Item	Agenda Item
1	**Commencement** • Karakia • Welcome and Whakawhanaungatanga • Previous meeting minutes: • Matters Arising: NIL • AOB: Nil
2	**Regional Health and Wellbeing Plan: Update** • Martin is going to send out version 5, with Taikorihi asking if they can have the plan with Danny advising they can; Same with Ngapou down South. • Discussion is how we integrate the locality planning into the regional planning process. • There will be project plans sitting behind the regional plan, which will have some detail within them that members may want to double check.
3	**Northern Region Rep** • The sustainability advisory panel, Te Whatu Ora is setting up an advisory panel to provide advice to ELT. This monitor how we meet our obligations and objectives on sustainability and Danny has been asked to provide a Northern Region Representative. • Some facilities may have sustainability focus roles in the Waitemata District. Mark to review and come back to the RIT with an update.

5.	**General Business:**
	• Northern RIT Monitoring Indicators – Ajit
	    • Key page in the document is paged seven with the mock-up of the dashboard and suggested that RIT members have a consolidated view of performance, so a lot of it is performance on the system spaces, but also monitoring areas for your monitoring high risk over the next year at least.
	    • Hope is to bring together all reports that will/are already available within hospitals and public health and Pacific and commissioning that monitor both delivery and plan and possibly measure population health.
	    • Ajit is currently continuing setting up meeting offline to have these discussions with RIT members and other teams including Clifford LaGrange.

6.	**Next meeting: Tuesday 17th of October 2023**

Actions	

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Sustainability Advisory Panel – Terms of Reference

General role statement

The role of Te Whatu Ora – Health New Zealand's Sustainability Advisory Panel (SAP) is to provide advice to Te Whatu Ora management and Executive Leadership Team (ELT) to ensure Te Whatu Ora achieves its objectives and carries out its functions in accordance with the Pae Ora (Healthy Futures) Act and within that context:

- is guided by the health sector principles contained in section 7 of the Pae Ora Act, and is a pro-Tiriti champion, gives effect to equity, as a pro-equity champion within its scope
- discharges the SAP's work in line with the values and principles of the partnership between Te Whatu Ora and Te Aka Whai Ora | the Māori Health Authority.

The SAP will undertake the following activities:

Policy and Strategy:

a. Review and advise on sustainability policies for Te Whatu Ora
b. Develop and monitor the sustainability strategy and performance of Te Whatu Ora

Projects and work programmes:

c. Provide oversight of inflight and new sustainability initiatives, including Business Cases proposed by the Management of Te Whatu Ora
d. Monitor the progress made by management in implementing the sustainability work programme for Te Whatu Ora

Other:

e. Ensure Te Ao Māori perspectives are incorporated and embedded into Te Whatu Ora's sustainability practices and policies
f. Embed the outlined principles into its activities

Principles

1. Te Whatu Ora facilitates an organisational culture of sustainability, based on evidence and best practice
2. Te Whatu Ora fosters a collaborative approach with all relevant stakeholders
3. Te Whatu Ora supports multi-disciplinary team accountability and responsibility for sustainability outcomes
4. Risk management processes aid decision making by identifying priorities for the appropriate allocation of resources to reduce the possibility of harm and/or to maximise potential opportunities
5. Proposed solutions do not exacerbate health inequities
6. Outcomes used to measure environmental sustainability and greenhouse gas emissions reduction are quantifiable and measurable and external benchmarking is actively sought
7. Improved organisational communication and transparency relating to sustainability permeates all levels of the organisation, with clearly understood reporting and accountability
8. Initiatives for improving sustainability involve wider stakeholder input

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SAP Accountability

The SAP is accountable to ELT. It does not have a decision-making function. However, the ELT may, from time-to-time, delegate to the SAP the authority to make decisions and take actions on its behalf in relation to certain matters. Any such delegation must be in writing.

Any recommendations of the SAP must be ratified by ELT. However, where ELT delegates to the SAP the authority to make a decision or take certain actions, such decisions or actions do not need to be approved by ELT.

Consensus must be reached on matters and the SAP Chair does not have a casting vote.

SAP Membership

- Te Whatu Ora Head of Sustainability (Chair)
- Meeting Secretary (in attendance)
- Te Whatu Ora clinical representation
- Te Whatu Ora public health representation
- Regional Leadership representation (1 from each region)
- Climate and Health advocate (OraTaiao Co-convenor or Board member)
- External Sustainability Executive/Manager/s private sector (1 – 2 representatives)
- External Sustainability Executive/Manager/s public sector (1 – 2 representatives)
- Te Aka Whai Ora representation
- Manatū Hauora representation (at their discretion)

Any member of the ELT or Board of Te Whatu Ora or Te Aka Whai Ora may attend any SAP meeting. The SAP must have regard for any views shared by ELT or Board Members.

Meetings

Frequency:	TBA (at least bi-monthly) – meetings will generally be held online
Quorum:	If the total number of SAP members is an even number, the quorum is half that number, but if the total number of members is an odd number, the quorum is a majority of the members.
Invited persons:	Other individuals are able to attend to facilitate the business on hand with prior approval of the Chair. Any persons attending do so in the capacity of an adviser/observer.

Reporting

The SAP Chair is responsible for providing regular reporting to ELT and the Board Sustainability Committee on the group's activities and any recommendations.

Terms of reference review: Annual review, update and endorsement by Te Whatu Ora, Chief Executive Officer or delegate.

Approved: 19 September 2023

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Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 17th October 2023		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Regional Commissioner/Wayfinder, (Co-Chair) Danny Wu; Regional Director National Public Health Service Hayden McRobbie; Director, Peter Thomas; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand;

In attendance: Liz Tafau – Minute purposes

Apologies: Tracee Te Huia and Ajit Arulambalam

Ref.	Item	Method	Lead
4.00pm	Commencement • Karakia • Apologies • Any matter arising. • AOB		Danny Wu
4.15pm	**Regional Health Wellbeing Plan - Update**		Danny Wu
4.30pm	**Draft Term of Reference - Update**	Final RIT TOR ELT Versiopn September 2	Danny Wu
4.45pm	**General Business**		Danny Wu
5.00pm	**Karakia whakamutunga**		All

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Meeting Minutes

Meeting	Northern Regional Integration Team
Date & time	17th of October 2023 – 4pm to 5pm
Present	Peter Thomas, Hayden McRobbie, Mark Shepherd, Harriet Pauga, Danny Wu, Penny Andrews, Sanjoy Nand
Apologies	Tracee Te Huia and Ajit Arulambalam

Item	Agenda Item
1	**Commencement** • Karakia • Welcome and Whakawhanaungatanga • Previous meeting minutes: ○ To be added to the minutes, offline discussion to be noted. • Matters Arising: NIL • AOB: Nil
2	**Regional Health and Wellbeing Plan: Update** • Version five is a working version, will be sent out to Taikorihi as per request from JJ Ripikoi. • Danny and Sarah have had discussion regarding Ngapou and the regional health and wellbeing plan; Fletcher can have this discussion with them and discuss directly with Ngappou. • Valerio Maleas has been appointed programme manager for the RIT. He will be working with Martin and the team on what the implementation plan would look like. • Immunization – setting up the urgent response team to be implemented. ACTION • Danny and Martin to have a conversation regarding the next version and linking in Valerio for the implementation plan.

3	**Draft Term of Reference - Update**
	• New Members joining Northern RIT
	    ○ Request has been sent for hospital and specialist services Pacific Health to be part of the Northern RIT. Charles Tutagalevao to be a member of the RIT.
	    ○ Discussion among the members were options to have new members join steering groups, working group rather than the Northern RIT where it is a little more specifically focused.
	
	ACTION:
	• Danny to go back to Margarita and Abbe to have this discussion and embed Charles into specific working groups.

5.	**General Business:**
	• **Draft Northern Region Immunisation Urgent Response Group – Hayden McRobbie**
	    ○ Quick draft to lead some urgent action or response to the low immunisation rates within the Northern region and the idea of an IMT type structure would be that its very action focused.
	    ○ Discussion among the members, in summary, all agree to proceed and build it as it goes.
	    ○ Be clear that this is about a focus on Maori and Pacific and hapu Mama as well.

6.	**Next meeting: Tuesday 25th of October 2023**

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Actions	
Regional Health & Wellbeing Plan - Danny and Martin to have a conversation regarding the next version and linking in Valerio for the implementation plan.	Danny
Draft Term and Reference - Danny to go back to Margarita and Abbe to have this discussion and embed Charles into specific working groups.	Danny

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Regional Integration Team

Terms of Reference

This document lays out the Terms of Reference (TOR) for the Regional Integration Teams (RIT) for the financial year 2023/24.

Pae Ora – Healthy Futures

Pae Ora – Healthy Futures is the vision for the reformed health system where people live longer in good health, have improved quality of life, and there is equity between all groups. The Pae Ora (Healthy Futures) Act requires Te Whatu Ora to provide or arrange for the provision of services at a national, regional, and local level. Nationally planned, regionally coordinated and locally delivered services are the key to achieving equity in health outcomes among New Zealand's population groups, including by eliminating health disparities. The Pae Ora (Health Futures) Act requires Te Aka Whai Ora to ensure planning and service delivery respond to the aspirations of whānau, hapū, iwi and Māori; and design, deliver and arrange services that achieve the best possible health outcomes for Māori.

Te Tiriti o Waitangi is the foundation for achieving health aspirations and equity for Māori. Upholding our obligations to Māori under Te Tiriti is essential if we are to realise the overall aim of Pae Ora (Healthy Futures) Act 2022.

Context

Te Whatu Ora and Te Aka Whai Ora have four regions which play a critical role in supporting the integration and delivery of all our services, helping us ensure the wellbeing of populations we serve. Each region will be expected to:

- Implement a system of health delivery for the future that is equity driven, particularly for Māori
- Gives effect to the principles of Te Tiriti o Waitangi; Tino Rangatiratanga, Equity, Active Protection, Options and Partnership
- Plan and design an integrated system of care across their region and localities, built off both national planning and locality planning.
- Support the development of localities across their regions.
- Ensure the interim Government Policy Statement measures are prioritised.
- Effectively manage the delivery of health services
- Commission primary and community health services
- Participate in the development of localities across their regions
- Implement system wide transformation priorities resulting from Te Pae Tata

Kaupapa/Purpose

The regional integration team will ensure cohesion and alignment across Te Whatu Ora and Te Aka Whai Ora business units and Te Aka Whai ora within a region and deliver an agreed regional work programme. They will:

- Ensure **equity is prioritised**, particularly for Māori.
- Take a collaborative approach to ensure that the health system is **delivering the Pae Ora Act requirements** and implementing the resultant system-wide transformation priorities.

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- Develop and monitor delivery of a **Regional Health and Wellbeing Plan** That joins national system design and localities aspirations.
- Maintain appropriate **oversight of system-wide performance** across a region and identify inequitable variation in outcomes within and between regions.
- Make decisions and implement solutions as needed to **address emergent pressure points**.
- Provide regional advice to **help inform national strategy** and priority areas for delivery services and enabling functions.
- Partner with other regional integration teams and national teams to **ensure national consistency in decision-making** where appropriate.

It is not intended that the Regional Integration Team becomes a regional operation team, but instead how we take a system level view of our priority areas.

Function

Oversight and direction-setting

- Give effect to directives, requirements and expectations issued from time-to-time by the Chief Executive
- Identify a short statement of priorities for the RIT for each financial year.
- Maintain awareness of key initiatives being implemented or worked on in the region, to consider how best to maximise connections and integration across priority work.
- Provide a forum for workshopping and resolution of issues and challenges related to key initiatives, helping ensure the best possible progress and positions for Te Whatu Ora and Te Aka Whai Ora.

Operational delivery

- Support new ways of using health resources and the commissioning of place-based and other services, evaluating their impact and sharing lessons with other stakeholders.
- Identify new or improved ways to design or deliver services to improve the value of health spend in the region.

Relationships and connections

- Maintain awareness of key relationships (of all kinds) across the region, to help ensure a joined-up approach by Te Whatu Ora and Te Aka Whai Ora to their engagement and partnering work.
- Strengthen Te Whatu Ora and Te Aka Whai Ora connections with local and regional public commissioning partners to strengthen the public service's collective focus on influencing determinants of health.
- Maintain awareness of relationship agreements (existing and planned) with iwi Māori and Māori groups in the region (including IMPBs) to help ensure commitments can be effectively managed and delivered within the region.

Reporting and evaluation

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- Report quarterly to ELT on achievements, risks, opportunities, and challenges of/for the RIT
- Assess and generate insights from periodic performance reports provided to the RIT by other parts of Te Whatu Ora and Te Aka Whai Ora
- Provide advice to ELT every 6 months for enhancing the interface of national, regional, and local arrangements.
- Through the co-chairs, actively engage with each other to compare activity and approaches, including to share leading practice and what is and isn't going well.

Core Members

Regional leads from the following directorates will form the core membership of the regional integration teams:

- Te Aka Whai Ora **(co-Chair)**
- Wayfinders **(co-Chair)**
- National Public Health Service
- Hospital and Specialist Services
- Clinical Leadership (Te Aka Whai Ora)
- Clinical Leadership (Te Whatu Ora)
- Pacific Health

All regional leadership roles will report into respective national directors and enabling function regional leads will be invited as the agenda requires. As the line manager for Regional Wayfinders, the National Director, Commissioning, is the Te Whatu Ora sponsor for Regional integration Teams at the Executive Leadership Team.

Accountability

Members of the Regional Integration Teams hold collective responsibility and accountability for system wide outcomes. They will be responsible for ensuring they meet te Tiriti obligations and partner with Iwi Māori Partnership Boards in key decisions. This includes accountability for prioritising and addressing equity gaps within the region.

Regional Integration Teams will be accountable for delivering on key national priorities as well as those identified in Regional Plans. In general, these will be key deliverables which require integration and success across multiple service delivery areas – e.g. Winter Plans.

Regional Integration Teams will ensure their teams work together to deliver on this regional work plan and will identify any support required.

Delegated Authority

Regional Integration Team members will have no additional delegated financial or non-financial authority, above their individual roles in line with Te Whatu Ora delegation framework. Decisions outside these delegations must be authorised by the relevant national service delivery lead(s).

Frequency of Meetings

The Regional Integration team will hold Meetings at least once a month. Out of cycle meetings will be convened if required.

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Quorum

A quorum is five (5) appointed members, one of whom must be a Te Aka Whai Ora member. No appointment can be delegated except with the permission of a National Director of Te Whatu Ora, or Te Aka Whai Ora, as required.

Attendance by Others

With the approval of the Co-Chairs, authors of agenda papers or advisors required to speak to items on the agenda may be invited from time to time to attend the Regional Integration Team meeting.

If unable to attend a meeting, an appointed member may send a delegate (if appropriate, depending on the specific agenda items) with the permission of their respective National Director. Regional Integration Team colleagues should be informed in advance where this will be occurring.

Distribution of Papers

Papers will be distributed three (3) working days prior to the meeting. Any late papers for tabling at the meeting will be considered at the discretion of the Co-Chairs prior to the meeting.

Minutes

The minutes, at a minimum, will include record of attendance, conflicts of interests register (including mitigations where applicable), summary of action points (including outcomes/resolution) and recommendations for the Te Whatu Ora and Te Aka Whai Ora ELTs and DFA holders.

The minutes and progress on the action points will be confirmed/discussed at the subsequent meeting.

Regional Integration Team minutes will be submitted to Executive Leadership team.

Conflicts of Interest

Where any member has a potential or actual conflict of interest pertaining to an agenda item, that member shall bring notice of that possible conflict of interest to the attention of the Co-Chairs for consideration.

After due consideration, the Co-Chairs shall decide whether any actual or perceived conflict of interest exists. If so, the Co-Chairs shall direct the member to exclude themselves from the decision-making in relation to the item.

Review of Terms of Reference

The Terms of Reference will be reviewed annually, with the process lead by the National Director, Commissioning in conjunction with Regional Integration Team co-chairs.

Issued by

These Terms of Reference are issued by [NAME], [ROLE] on [DATE]

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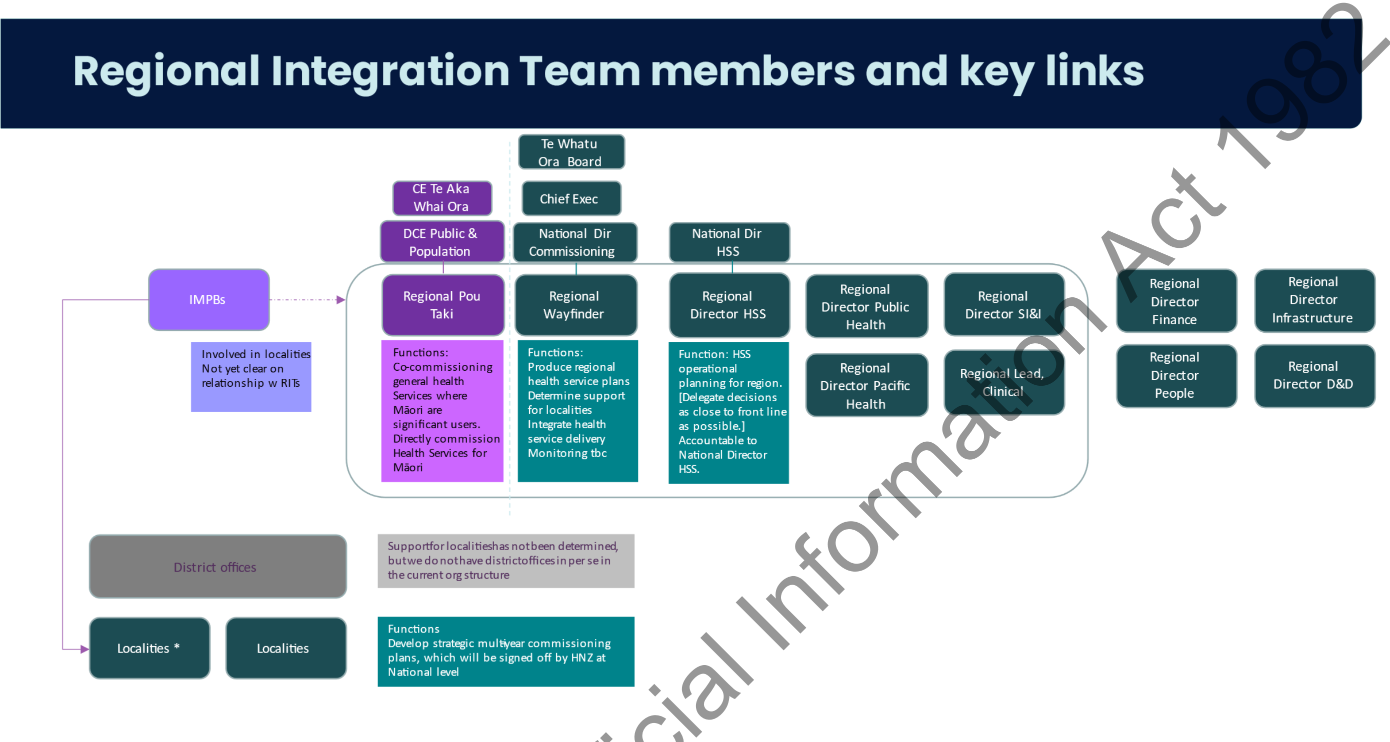
Regional Integration Team members and key links



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Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 25th October 2023		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Regional Director Te Aka Whai Ora, (Co-Chair) Tracee Te Huia; Regional Director National Public Health Service Hayden McRobbie; Director, Peter Thomas; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand;

In attendance: Liz Tafau – Minute purposes

Apologies: Danny Wu

Ref.	Item	Method	Lead
4.00pm	Commencement • Karakia • Apologies • Any matter arising. • AOB • **Agenda Items to add**		Tracee Te Huia
4.15pm	**Regional Health Wellbeing Plan - Update**		Tracee Te Huia
4.30pm	**Regional Report**	20231025 Draft Regional Q1 Performa	Ajit Arulambalam
4.45pm	**General Business**		All
5.00pm	**Karakia whakamutunga**		All

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Memo to RIT

RE: Draft Regional Q1 Performance Report

As recently discussed by RIT (17 October 2023), National Office has asked RIT to prepare a short regional performance report for the first quarter 2023.

2 RIT has been asked to provide:

- 2- 3 Highlights from the Quarter
- Main Updates for quarter 1 on:

a) Public Health
b) Hospital and Specialist Services
c) Primary and Community Care
d) Performance strides or setbacks in delivering equitable services for Māori and Pacific *(if any)*.

3 National Office has advised they are keen initially to understand the performance "as reported by the region". At some time in the future, National Office will provide more direction on their expectations on regional performance (presumably, aligned to statutory requirements, government policy/directives, and the regional wellbeing and health plan). National Office will provide guidance on the reporting content and format.

4 At this stage, the regional Q1 performance report can be a mix of analytic assessment and subjective narrative. The key audience group for the report are:

- Public: This report is published on the Te Whatu Ora website and information and data can be used by the media
- Minister of Health
- Executive Leadership Team and the Board
- Internally circulated to all staff

5 For information, the National Office has published the reports for the previous year's Q2 and Q3 on the Te Whatu Ora Website (in the section on 'Regional Reporting'):

Q2: *https://www.tewhatuora.govt.nz/whats-happening/news-and-updates/older-news-items/second-quarter-report-released/.*

Q3: *https://www.tewhatuora.govt.nz/publications/quarterly-performance-report-1-january-31-march-2023/ (Note: The activity graphs which were produced by Manatū Hauora will no longer be made available for the reports).*

6 Recommendation

That RIT:

Note the regional Q1 performance report is due to be submitted on 27 October 2023

Note performance reports have been received from Public Health, Hospital and Specialist Services (who have already submitted their report to national office), and Primary and Community Care. We are expecting reports from Te Aka Whai Ora and Pacific Health this week.

Review the preliminary draft and provide feedback/direction as appropriate.

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Draft

RIT Northern Region

REGIONAL Q1 PERFORMANCE REPORT

Highlights

1. Recruitment has been completed for the Northern Region's Tier 4 positions, as Tranche 1 of the national restructure (except those within the Innovation and Improvement delivery unit where the consultation document was confirmed late September). For the confirmed Tier 4 roles, advertisement and recruitment is underway for the Tier 5 positions.

2. Successful Hui were held: (i) community weight management symposium with provider and other external stakeholders to discuss the spectrum of care from surgical interventions, non-surgical medical care to community based preventative lifestyle options; (ii) xx

3. Access to urgent after hours' clinics was improved over Q1 with fewer closures or reduction in opening hours. We gave support to clinic managers in recruitment strategies/incentive payments.

4. Community NGO contracts related to Maori health have now been transferred to Te Aka Whai Ora. Te Aka Whai Ora have completed their setup of a centralised commissioning service.

Main Updates

a) Public Health

Preparing and responding to all-hazards emergencies: The NPHS Northern region has been busy responding to events of public health significance:

- Two measles cases involved case and contact management. For one of the cases, the contact management was confined to Tāmaki Makaurau and for the second case; contact management included Tai Tokerau.
- Three tuberculosis outbreaks involved case and contact management, including a complex contract trace at a local college.
- Two pertussis household clusters required case and contact management across the Northern region.
- Worked with Ministry of Primary Industries to manage two large enteric disease outbreaks.
- Provided regional support to Te Wai Pounamu with a cryptosporidiosis outbreak in Queenstown.

Immunisation: Northern Region Immunisation Action Plan has been completed and approved by RIT. Mpox mass vaccination was held in mid-August in Tāmaki delivering

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460 immunisations, 358 mpox (primarily second dose), 64 HPV and 38 MMR alongside sexual health checks, with positive feedback from everyone involved. Te Aka Whai Ora coordinated a Hauora Māori provider Hui, which Commissioning and NPHS attended, to better understand expectations around immunisation and their needs. The key findings from this Hui is informing future activities.

Working intersectorally: Healthy Auckland Together Safe Speeds campaign has progressed with an approved position paper, community engagement pack, scorecard report, website update and social media content to support community involvement. Presented on to two local boards in Auckland. Engaged with Auckland Council's Tāmaki Makaurau Future Development Strategy and the "Storm Recovery and Resilience Consultation" opportunity to influence proposed new storm water infrastructure investment and maintenance without inadvertently creating public health issues. In collaboration with the S9(2)(ba)(ii) submitted an application to HRCNZ for a three year, S9(2)(ba)(ii) – "Shifting Paradigms for Te Haahi Mihinare: Embracing aroha for whānau impacted by suicide". In collaboration with Te Aka Whai Ora, supported S9(2)(ba)(ii), to strengthen youth programmes, foster innovation and create a strong support network to help the Moerewa community. FASD workshops held in Kerikeri, Whangarei and Kaitaia. In collaboration with Te Aka Whai Ora, supported S9(2)(ba)(ii), to strengthen youth programmes, foster innovation and create a strong support network to help the Moerewa community.

System transformation: Engagement is progressing with IMPBs who have identified housing, youth vaping and other drugs identified as priorities for the region. Leading the Pae Ora section of the Regional Health and Wellbeing Plans

Minimising hazardous commodities harm: Provided feedback to the National Vaping Network's schools' vaping resources and participated in a Hui with Tāmaki Makaurau Marae Collective to minimise alcohol harm.

b) Hospital and Specialist Services *[already submitted]*

Planned Care: HSS Northern Region has had a relentless focus on reduction of patients waiting over 1 year for First Specialist Appointment or Treatment and has made significant progress with a 70% reduction in patients waiting for treatment and a 62% reduction in those waiting for First Specialist Appointment over the last 12 months. However, over the last quarter progress has slowed so there is now a renewed focus and of district production targets have been introduced that are monitored weekly to ensure the target of zero patients waiting over 1 year for treatment is met by 1 December 2023. There are currently 1262 patients who have waited over 1 year or will have waited over 1 year by 1 December and the region is tracking to achieve the target of zero by 1 December. As well as tracking production targets, the region has focused on 'Treat in Turn' to ensure that booking and scheduling teams and clinicians treated their longest waiting patients first and data is reviewed weekly to track treat in turn achievement

Acute Flow: HSS Northern Region has been challenged this quarter with high hospital occupancy and ED presentations. The region has established an Acute Flow

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programme to deliver the recommendations from the diagnostic reviews that were undertaken at each hospital. Recommendations include improvements to ED processes as well as hospital and management processes. Each district is tracking their progress against these actions and a range of measures has been established to track improvements. In addition to this, the region is working closely with St John and meeting regularly to identify and resolve issues and agree on process changes. Targets for improving the ED 6-hour wait, and ambulance ramping have been set for the next 6 months in preparation for next winter. Each district is now reporting their progress against these targets and performance against each is reviewed weekly.

Hospital in the Home (HITH): HSS Northern Region initially implemented HITH services in the metro districts in response to the COVID-19 pandemic. These services have expanded to include other clinical pathways and the region has established a regional network, reporting to the Regional Provider Group to provide leadership for the development and implementation of regionally standardised HITH services. This includes development of a regional service specification, regionally aligned pathways, implementation of a HITH service for Te Tai Tokerau and reduced duplication of resources. Implementation of the service at Te Tai Tokerau is expected to commence in the next quarter.

c) Primary and Community Care

Comprehensive Primary and Community Care Teams: To improve access to health care in our communities and promote better health and wellbeing Te Whatu Ora is working to support primary and community teams through funding additional roles. For consideration in creating Comprehensive Primary and Community Care teams (CPCT), five roles have been identified. These roles are: kaiāwhina, physiotherapists, pharmacists, care coordinators and in some rural areas, paramedics. The final make-up of the CPCT is determined through local tailoring to ensure the established roles are responsive to local needs.

The aim is to improve access to primary care for people with high and complex needs to receive early intervention, faster treatment and better support to change social and lifestyle factors, addressing the impact of chronic health conditions particularly for Māori, Pacific peoples, Tāngata whaikaha and isolated rural communities.

The Northern Region is working towards implementation and local tailoring of the roles into the allocated general practices and are expecting the first of the newly recruited roles in place by end of November 2023.

Winter Pressures: As part of the 2023 Winter Preparedness Plan, short term funding supported initiatives that reduced attendances at hospital ED.

- **Radiology -** the Northern Region increased community access to radiology by engaging more private radiology providers. Referrals from Primary care for urgent and acute x-rays were sent to private radiology, through Primary Options for Acute Care (POAC), instead of hospital radiology services. Private radiology providers were able to undertake CT Head scans following a minor head injury instead of attending ED. Middlemore radiology service was able to reduce their significant x-

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ray waitlist. Their schedulers ran a phone campaign 7 days per week, contacting people who have been on their waitlist the longest.

- **Pharmacy Minor Health Conditions Service –** Funding was provided to Community pharmacists to see and treat patients with a minor health condition (advice and treatments for minor health conditions such as acute diarrhoea, bacterial eye infections, pain/fever, minor skin infections, eczema/dermatitis, scabies and head lice). Information about this service as an alternative to attending ED or a GP was shared across social media, schools/early-childcare education centres and various ad campaigns. The service (from 13 June to 30 September 2023) was open to tamariki under 14 years old, whanau members who present with the same condition as the child, all Māori and Pasifika people and Community Services Card holders. The service was available across a majority of community pharmacies. An evaluation is now underway for this initiative, with so far positive feedback on reducing barriers to accessing care for priority populations and alleviating pressure on general practice.

- **Urgent Care -** 17 Urgent Care Clinics were funded to ensure free afterhours care was provided for under 14 year olds, and priority populations (including CSC and HUHC holders, over 65s and those living in quintile 5 areas). There was a capped co-payment S9(2)(ba)(ii). Te Tai Tokerau also fund one urgent care clinic to ensure U14s were provided with free care 8am-8pm. Staff shortages across both medical and nursing teams did influence the number of clinics offering afterhours. In such cases, the clinics activated business continuity plans where patients and staff were re-directed to nearby urgent care clinics to avoid additional volumes presenting to emergency departments. Direct to doctor telehealth services and referrals to the winter pharmacy minor ailment scheme had been well utilised.

Over the quarter, the number of clinic afterhours closures has reduced. Recruitment plans were put in place to mitigate workforce shortages, including overseas recruitment and utilisation of other clinical staff such as pharmacists, advance paramedics and nurses.

There is evidence that acuity levels and complexity of presentations are increasing in UCCs, meaning more time is spent on individual patients, leading to longer wait times. These are almost three times the number of consultations at UCCs to the Metro Auckland EDs. The funded UCCs have a significant amount of utilisation afterhours, and the majority of Māori and Pacific are eligible for reduced co-pays. There has been an increasing number of closures at Urgent Care Clinics in Metro Auckland in the last financial year, with the second most in June 2023 of any month, but this is still minimal in terms of the total hours of closure to that available. On average, ED volumes do not increase when UCCs are closed.

Immunisations (Ajit to ensure public health will be providing this)

d) Performance strides or setbacks in delivering equitable services for Māori and Pacific

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Evolutionary steps are being progressed such as XX

Tracee to review Selina's paragraphs; awaiting Harriet's paragraphs.

1. Commissioning – That putea was transferred to Te Aka Whai Ora from Te Whatu Ora and our regional role of managing relationships with Hauora Service Partners, managing expectations and the setup of centralised commissioning services.

2. Planning of new/existing programmes. Bariatric services, dental…. To name just a few.

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Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 31st October 2023		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members:

Regional Commissioner/Wayfinder, (Co-Chair) Danny Wu; Regional Director Te Aka Whai Ora, (Co-Chair) Tracee Te Huia Regional Director National Public Health Service Hayden McRobbie; Director, Peter Thomas; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand;

In attendance:

Apologies:

Ref.	Item	Method	Lead
4.00pm	Commencement • Karakia • Apologies • Any matter arising. • AOB		Danny Wu
4.10pm	**Northern Regional Oral Health Plan**		Deepa Hughes & Ruth Bijl
4.30pm	**Regional Health Wellbeing Plan - Update**		Tracee Te Huia
4.40pm	**Regional Report**	PDF 20231031 Regional Q1 Performance Repc	Ajit Arulambalam
4.50pm	**General Business**		All
5.00pm	**Karakia whakamutunga**		All

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Meeting Minutes

Meeting	Northern Regional Integration Team
Date & time	31st of October 2023 – 4pm to 5.30pm
Present	Peter Thomas, Hayden McRobbie, Mark Shepherd, Harriet Pauga, Danny Wu, Penny Andrews, Ajit Arulambalam
Guest	Deepa Hughes & Ruth Bijl
Apologies	Tracee Te Huia, Sanjoy Nand,

Item	Agenda Item
1	**Commencement** • Karakia • Welcome and Whakawhanaungatanga • Previous meeting minutes: ○ *Regional Health & Wellbeing Plan - Danny and Martin to have a conversation regarding the next version and linking in Valerio for the implementation plan.* ▪ Completed, Danny has asked Martin for the time being, not to send the working versions to localities and the IMBPs while versions are still in progress. ○ *Draft Term and Reference* - Danny to go back to Margarita and Abbe to have this discussion and embed Charles into specific working groups. ▪ Danny has had a discussion with Abbe, Harriet will be our representative for Northern RIT and Charles is welcome to attend the RIT to discuss specific agenda items. Abbe will discuss it with Margarita. • Matters Arising: NIL • Agenda Items to add: ○ Well Child Tamariki Ora Contracts
2	**Northern Regional Oral Health Plan – Deepa Hughes & Ruth Bijl** ○ This plan is to make some more immediate improvements, but we recognise that we need to be doing more than what this plan offers. ○ A pragmatic approach and recognizing what's yet to come through the national oral Health Equity plan. Next Steps/Actions: • Ajit and Valerio to work with Deepa and Ruth on implementing and interested in what is the investment that is required. Ajit and Valerio to get this plan into a delivery plan within a week. RIT members are happy to use it as a working document that's there are some things that requires more refinement. **Recommendation on Mobile Clinics** • End vision and using every opportunity that's going to come along between now and where we get there to incorporate and support our community providers with the capacity and capability. RIT members are currently looking at the mobile clinic proposal as an opportunity, review those delivery models that were discussed, whether it's described as a network model or a partnership model. RIT members agree that there need a lot more sophistication around what our strategy is here.
3	**Regional Health Wellbeing Plan - Update** • Defer to next week

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4.	**Regional Report** • Ajit will send this out to all member via email for feedback
5.	**General Business:** • Well Child Tamariki Ora Contracts ○ Discussion about decrease in contracts during the time of COVID of the Wild Child Tamariki Ora contract with the same expectations to deliver. ACTION: • Danny and Ruth to discuss this project with Harriet
6.	**Next meeting: Tuesday 7th of November 2023**

Actions	
Northern Oral Health Plan - Ajit and Valerio to get this plan into a delivery plan within a week.	Ajit Arulambalam
Well Child Tamariki Ora - Danny and Ruth to discuss this project with Harriet	Danny Wu

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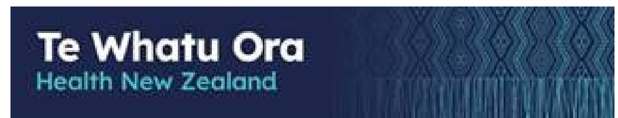

Memo to Northern Region RIT

From: Danny Wu/Ajit Arulambalam

RE: Regional Q1 Performance Report

RIT recently discussed (17 October 2023) a National Office request for a regional report on performance over the first quarter 2023/24. The report was due 27 October 2023.

2 National Office had advised they were keen to understand the RIT's view of performance "as reported by the region". In the future, National Office will enable national consistency, and will provide more direction on their expectations for regional performance and reporting, presumably, aligned to statutory requirements, government policy/directives, and the regional wellbeing and health plan (to identify agreed regional priorities for service delivery).

3 National Office asked RIT to report on:

- 2- 3 Highlights from the Quarter
- Main Updates for the quarter on:

a) Public Health
b) Hospital and Specialist Services
c) Primary and Community Care
d) Performance strides or setbacks in delivering equitable services for Māori and Pacific *(if any)*.

4 The report on the above will be available to the public (This report is published on the Te Whatu Ora website and information and data can be used by the media), the Minister of Health, the Executive Leadership Team and the Board and be internally circulated to all staff.

5 Recommendation

That RIT:

Note the attached quarter one report, 'NORTHERN REGION REGIONAL INTEGRATION TEAM (RIT) QUARTER ONE 2023 REGIONAL PERFORMANCE REPORT'.

Note the report was submitted on 27 October, presenting a 'snapshot' view of performance across the region; and we are now awaiting feedback.

Note we have set up an informal network across the motu to consider future reporting, and the associated development of qualitative and quantitative indicators for assessing performance trends. The network involves the other three regions, national office ('Strategy Planning & Performance' from the office of the chief executive); and we have linked in to Te Aka Whai Ora staff who lead their performance function.

Consider/discuss the use of more quantitative information into: (i) the quarterly reports so that performance trends are more readily observable compared to a snapshot view; (ii) performance monitoring reports to RIT.

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NORTHERN REGION
REGIONAL INTEGRATION TEAM (RIT)

QUARTER ONE 2023/24 REGIONAL PERFORMANCE REPORT

Co-Chairs, RIT
Danny Wu, Regional Wayfinder / Commissioning, Northern Region (SRO – Regional Report)

& Tracee Te Huia, Regional Director Northern / Public Population Health Directorate

Highlights

1. Recruitment for the Northern Region's Tier 4 positions was completed as Tranche 1 of the national restructure (except for the Innovation and Improvement delivery unit, which confirmed their consultation document in late September). Advertisement and recruitment is now underway for the Tier 5 positions.

2. A Hui for a weight management symposium was successful with external community provider stakeholders to discuss the spectrum of care from surgical interventions, non-surgical medical care to community based preventative lifestyle options.

3. Access to urgent after hours' clinics improved with fewer closures or reduction in opening hours. We gave support to clinic managers in recruitment strategies/incentive payments.

4. Community NGO contracts related to Maori health have now been transferred to Te Aka Whai Ora. Te Aka Whai Ora have completed their setup of a centralised commissioning service.

5. HPV Pacific Cervical Screening Campaign (Mission 1000) has reached over a hundred Pacific women who have already embraced the new HPV self-test. This campaign tackles historical screening disparities, raising awareness and participation to save lives, ensuring equitable access to cervical healthcare.

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Main Updates

a) Public Health

Preparing and responding to all-hazards emergencies: The NPHS Northern region has been busy responding to events of public health significance.
Two measles cases involved case and contact management. For one of the cases, the contact management was in Tāmaki Makaurau and for the second case; contact management included Tai Tokerau.
Three tuberculosis outbreaks involved case and contact management, including a complex contract trace at a local college.
Two pertussis household clusters required case and contact management across the Northern region.
We worked with Ministry of Primary Industries to manage two large enteric disease outbreaks and provided cross-regional support to Te Wai Pounamu with a cryptosporidiosis outbreak in Queenstown.

Immunisation: Northern Region Immunisation Action Plan has been completed (and endorsed by RIT). A Mpox mass vaccination in mid-August in Tāmaki Makaurau delivered 460 immunisations, 358 mpox (primarily second dose), 64 HPV and 38 MMR alongside sexual health checks. Te Aka Whai Ora coordinated a Hauora Māori provider Hui, which Commissioning and NPHS attended, to better understand expectations around immunisation and their needs. The key findings from this Hui is informing future activities.

Working intersectorally: Healthy Auckland Together Safe Speeds campaign has progressed with an approved position paper, community engagement pack, scorecard report, website update and social media content to support community involvement. Presented on to two local boards in Auckland. Engaged with Auckland Council's Tāmaki Makaurau Future Development Strategy and the "Storm Recovery and Resilience Consultation" opportunity to influence proposed new storm water infrastructure investment and maintenance without inadvertently creating public health issues. In collaboration with the S9(2)(ba)(ii) submitted an application to HRCNZ for a three year, S9(2)(ba)(ii) – "Shifting Paradigms for Te Haahi Mihinare: Embracing aroha for whānau impacted by suicide". In collaboration with Te Aka Whai Ora, supported S9(2)(ba)(ii), to strengthen youth programmes, foster innovation and create a strong support network to help the Moerewa community. FASD workshops held in Kerikeri, Whangarei and Kaitaia. In collaboration with Te Aka Whai Ora, supported S9(2)(ba)(ii) to strengthen youth programmes, foster innovation and create a strong support network to help the Moerewa community.

Minimising hazardous commodities harm: Provided feedback to the National Vaping Network's schools' vaping resources and participated in a Hui with Tāmaki Makaurau Marae Collective to minimise alcohol harm.

b) Hospital and Specialist Services

Planned Care: We have had a relentless focus on reduction of patients waiting over 1 year for First Specialist Appointment or Treatment and has made significant progress with a 70% reduction in patients waiting for treatment and a 62% reduction in those waiting for First Specialist Appointment over the last 12 months. However, over the last quarter progress has slowed so there is now a renewed focus and of district

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production targets have been introduced that are monitored weekly to ensure the target of zero patients waiting over 1 year for treatment is met by 1 December 2023. There are currently 1262 patients who have waited over 1 year or will have waited over 1 year by 1 December and the region is tracking to achieve the target of zero by 1 December. As well as tracking production targets, the region has focused on 'Treat in Turn' to ensure that booking and scheduling teams and clinicians treated their longest waiting patients first and data is reviewed weekly to track treat in turn achievement.

Acute Flow: There has been high hospital occupancy and ED presentations. We have established an Acute Flow programme to deliver the recommendations from the diagnostic reviews that were undertaken at each hospital. Recommendations include improvements to ED processes as well as hospital and management processes. Each district is tracking their progress against these actions and a range of measures has been established to track improvements. In addition to this, the region is working closely with St John and meeting regularly to identify and resolve issues and agree on process changes. Targets for improving the ED 6-hour wait, and ambulance ramping have been set for the next 6 months in preparation for next winter. Each district is now reporting their progress against these targets, with a weekly review of performance.

Hospital in the Home (HITH): We have expanded HITH services in the metro districts (which were initially in response to the COVID-19 pandemic), to include other clinical pathways. We have established a regional network, reporting to the Regional Provider Group to provide leadership for the development and implementation of regionally standardised HITH services. This includes development of a regional service specification, regionally aligned pathways, implementation of a HITH service for Te Tai Tokerau and reduced duplication of resources. Implementation of the service at Te Tai Tokerau is to commence in the next quarter.

c) Primary and Community Care

Comprehensive Primary and Community Care Teams: To improve access to health care in our communities and promote better health and wellbeing Te Whatu Ora is working to support primary and community teams through funding additional roles. For consideration in creating Comprehensive Primary and Community Care teams (CPCT), five roles have been identified. These roles are: kaiāwhina, physiotherapists, pharmacists, care coordinators and in some rural areas, paramedics. The final make-up of the CPCT is determined through local tailoring to ensure the established roles are responsive to local needs. The aim is to improve access to primary care for people with high and complex needs to receive early intervention, faster treatment and better support to change social and lifestyle factors, addressing the impact of chronic health conditions particularly for Māori, Pacific peoples, Tāngata whaikaha and isolated rural communities. We are working towards implementation and local tailoring of the roles into the allocated general practices and are expecting the first of the newly recruited roles in place by end of November 2023.

Winter Pressures: As part of the 2023 Winter Preparedness Plan, short term funding supported initiatives that reduced attendances at hospital ED.

- **Radiology -** the Northern Region increased community access to radiology by engaging more private radiology providers. Referrals from Primary care for urgent and acute x-rays were sent to private radiology, through Primary Options for Acute

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Care (POAC), instead of hospital radiology services. Private radiology providers were able to undertake CT Head scans following a minor head injury instead of attending ED. Middlemore radiology service was able to reduce their significant x-ray waitlist. Their schedulers ran a phone campaign 7 days per week, contacting people who have been on their waitlist the longest.

- **Pharmacy Minor Health Conditions Service –** Funding was provided to Community pharmacists to see and treat patients with a minor health condition (advice and treatments for minor health conditions such as acute diarrhoea, bacterial eye infections, pain/fever, minor skin infections, eczema/dermatitis, scabies and head lice). Information about this service as an alternative to attending ED or a GP was shared across social media, schools/early-childcare education centres and various ad campaigns. The service (from 13 June to 30 September 2023) was open to tamariki under 14 years old, whanau members who present with the same condition as the child, all Māori and Pasifika people and Community Services Card holders. The service was available across a majority of community pharmacies. An evaluation is now underway for this initiative, with so far positive feedback on reducing barriers to accessing care for priority populations and alleviating pressure on general practice.

- **Urgent Care -** 17 Urgent Care Clinics were funded to ensure free afterhours care was provided for under 14 year olds, and priority populations (including CSC and HUHC holders, over 65s and those living in quintile 5 areas). There was a capped co-payment S9(2)(ba)(ii) Te Tai Tokerau also fund one urgent care clinic to ensure U14s were provid ith free care 8am-8pm. Staff shortages across both medical and nursing teams did influence the number of clinics offering afterhours. In such cases, the clinics activated business continuity plans where patients and staff were re-directed to nearby urgent care clinics to avoid additional volumes presenting to emergency departments. Direct to doctor telehealth services and referrals to the winter pharmacy minor ailment scheme had been well utilised.

  Over the quarter, the number of clinic afterhours closures has reduced. Recruitment plans put in place helped to mitigate workforce shortages, through overseas recruitment and utilisation of other clinical staff such as pharmacists, advance paramedics and nurses. Acuity levels and complexity of presentations are increasing in UCCs, meaning individual patients need more clinical time, leading to an increase in wait times on average for other patients. The funded UCCs have a significant amount of utilisation afterhours, and the majority of Māori and Pacific are eligible for reduced co-pays. The number of consultations at UCCs are almost at three times the level at the Metro Auckland EDs. On average, ED volumes do not increase when UCCs are closed.

d) Delivering equitable services for Māori and Pacific

Te Aka Whai Ora comment

Cyclone Gabrielle funding –This has been distributed across the Northern Region with recommendations and guidance given by the IMPB's and Hauora Partners. The funding provided packages of care; examples of items that were purchased included satellite phones, generators, petrol for generators, portable toilets, showers, blankets, pillows, mattresses for Marae. By enabling IMPB and Haoura partners to determine the best investment of the allocated funds, they have been given the flexibility to

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prepare their hapori for the next emergency as well as support those who continue to be affected.

Maori Regional Health Programmes - During this quarter the region has focussed and contributed the following areas of work including the Bariatric Pathway (Northland), immunisation action plan, Rheumatic Fever, oral health equity programme and promotion initiative, weight management plan (Counties), inter-sectoral development with housing, Cancer Services (Northland), measles and pertussis response, respiratory initiatives. The core purpose and involvement ensured a partnered approach, moving resources efficiently, developing plans and responses and advising on whānau centric services to improve whānau hauora outcomes.

Hauora Partners - In the early stages of establishing Te Aka Whai Ora, Hauora Partners were cautious of moving their respective contracts from Te Whatu Ora to Te Aka Whai Ora. With the increase in workforce & recruitment of Hauora Māori Relationship Lead's there has been enhanced confidence and engagement with Te Aka Whai Ora within the Northern Region – thus most contracts were transferred from June 2023.

Māori Partnership Board's (IMPB's) and Kaunihera Kaumatua - We have continued to work and support IMPB's to align their health priorities and assist in planning which supports their iwi aspirations and hauora outcomes for whānau. Some localities are in their infancy stages; however, the insights from Taikorihi locality are being utilised across the region. The Kaunihera Kaumatua have maintained oversight in the progression of localities and IMPB health priorities. Additionally, they have an important role since the review of their terms of reference to support the Directors across the region and the initiatives amongst iwi and localities.

Pacific comment

Outreach in Pacific Providers: We have established outreach teams in Pacific Providers to boost immunisations and screenings, specifically designed for Pacific communities.

Cultural Public Health Approaches: Our tailored approaches ensure public health responses are culturally sensitive, meeting the unique needs of Pacific communities.

Diabetes Project in South Auckland: We are actively tackling the diabetes burden in South Auckland, focusing on the Pacific and Māori population through an integrated healthcare project. We have invested in AI technology to enhance early retinopathy detection, particularly benefiting Pacific and Māori patients. Establishing The PPFC Pacific Provider Diabetes Consortium further strengthens our commitment to improving diabetes care.

Addressing Weight Management: In collaboration with the OHO MAURI network, the Weight Management Programme is shifting its focus from deficits to strengths. Together, they are working to amplify effective strategies and co-create integrated, equitable, and culturally safe pathways of care. This approach prioritises understanding what whaanau want, creating a judgment-free space for sharing struggles, and employing strength-based language. Building trust through Whanaungatanga (relationships) and nurturing the 'Va' (environment) ensures that individuals and whaanau are set up for success, rather than failure.

[Contact: Ajit Arulambalam; ajit.arulambalam@middlemore.co.nz]

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Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 7th November 2023		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Regional Commissioner/Wayfinder, (Co-Chair) Danny Wu; Regional Director Te Aka Whai Ora, (Co-Chair) Tracee Te Huia Regional Director National Public Health Service Hayden McRobbie; Director, Peter Thomas; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand;

Guest: Debbie Edwards

Apologies:

Ref.	Item	Method	Lead
4.00pm	Commencement • Karakia • Apologies • Any matter arising. • AOB		Danny Wu
4.10pm	**Regional Health Wellbeing Plan - Update**		Tracee Te Huia
4.30pm	**Engaging With Manatu Hauora**	RIT Memo - Engaging with Manatū Hauora F	Debbie Edwards
4.45pm	**General Business** • **Regional Report – Update** • **Immunization Update**		
5.00pm	**Karakia whakamutunga**		All

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Memo for Northern RIT

Manatū Hauora Partnership Directors and Collaboration with the Northern Regional Integration Team (RIT).

To:	Northern RIT
Copy to:	Martin Chadwick, Partnership Director, Regulation and Monitoring, and Chief Allied Health Professions Officer Ezra Schuster, Partnership Director, Regulation and Monitoring Robyn Shearer, Interim Deputy Director-General, Regulation and Monitoring
From:	Debbie Edwards, Partnership Director, Regulation and Monitoring
Date:	31 October 2023
For your:	Information
Classification:	IN CONFIDENCE

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Purpose

1. You have requested a memo that provides background information to inform our discussion at your northern RIT meeting, about the relationship with Manatū Hauora Partnership Directors, respective roles and opportunities for collaboration.

Recommendations

2. I recommend that the northern RIT:

a) **Note** that as Partnership Directors, we have key roles to play in Manatū Hauora's strengthened role as the steward of the system, including monitoring.

b) **Note** that a strong relationship and effective engagement between Manatū Hauora and the RIT will help us to understand our roles and responsibilities as part of one system, strengthen our connections, problem-solve, learn and improve together, and tell a cohesive performance story.

c) **Note** that we would welcome discussion on potential engagement opportunities, including:
- quarterly attendance at RIT meetings for deeper dives on key issues
- workshops on key themes idenfitied during the Wellington hui
- supporting relevant RIT projects and engagement with regional cross-agency groups
- informal engagement on emerging risks, issues and opportunities as required.

Context

The key responsibility of Manatū Hauora as system steward is principal advisor to the Minister and ensuring accountability for system performance and outcomes

3. The reforms have strengthened the Manatū Hauora kaitiaki and system stewardship role. John Whaanga (Deputy Director-General, Te Pou Hauora Māori, Manatū Hauora) has described kaitiakitanga as:

   … doing whatever you have to do to look after something, including understanding what and who you are caring for, planning for, serving… It can be a legacy. To be the kaitiaki means to be the carer.

4. Kaitiakitanga weaves together the core concepts of whakapapa, whenua and whānaungatanga – recognising the interconnectedness of everything, and understanding the connections between the people we serve in whānau and communities, the people we work with in the health system and across government agencies.

5. As stewards, our responsibility is to guide our waka on our journey towards pae ora and equity, and create the conditions for the whole system and the people to thrive and reach their potential. This means our focus is on:

   - setting and driving long-term, national-level strategy
   - strengthening overall system cohesion and system components including finances and distribution of resources, data and technology, infrastructure, workforce, etc.
   - governance (rather than operations), recognising that we also need to understand and use our levers to optimise how entities, regions, programmes/services contribute to the system and achieving pae ora and equity.

6. Table 1 summarises initial work that Manatū Hauora has undertaken to define its stewardship role in terms of leading, convening, assessing and advising.

Table 1: Indicative summary of stewardship functions

LEAD	CONVENE
• Drive **one system** ethos, with clear roles/responsibilities, so we can maximise our resources and levers for impact • Build momentum and optimism • Embed **Te Tiriti o Waitangi and Māori health equity** in partnership with Te Aka Whai Ora • Demonstrate tikanga and kawa, our values and principles • Set **strategic direction and priorities**, e.g. Pae Ora Act strategies, GPS • Establish and support leadership, governance and advisory structures • Administer our legislative/regulatory system • Develop system capacity, capability and culture	• Strategically, intentionally facilitate strong **connections, relationships** • Promote **alignment across the system**; participation and consensus-building; joined-up, collective action; commitment and a culture of collaboration • Convene and collaborate with health agencies, central/local govt, whānau/communities to **identify, understand, resolve and escalate problems, and create solutions together**
ASSESS	**ADVISE** (*and listen to...)
• Build **accountability** into the system, incl. risk management, measurement frameworks, other accountability documents • **Monitor** system and entity performance and progress towards pae ora and equity • **Broadly and deeply understand** the system/sector, and whānau and communities, what is on the horizon • Tell a consistent, helpful narrative • Assess **funding** requirements, trade-offs and the value of investment • Produce, analyse and apply **evidence and insights** • Drive continuous improvement	• **Principal advisor to Ministers/Government** so they make the good policy decisions, government policy drives the system (e.g. GPS, Vote:Health), and they are **assured of system performance** (noting that Boards are responsible to the Minister) • Ministers on Māori health and equity • Health sector entities through structures, tools, resources, guidance • Other agencies on health-related priorities, collaboration opportunities • Whānau and communities on health and wellbeing issues

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7. As a Ministry, our key responsibility is principal advisor to Ministers and Government. This includes providing assurance on system performance by building accountability into the system (e.g. through agreements such as Letters of Expectations), driving system improvement and monitoring performance.

8. We are developing a Unifying System Performance Framework and a monitoring plan for Te Whatu Ora which includes the following question:

   How is the Board assured of coherent and effective planning and delivery arrangements between national, regional and local levels of operations?

The partnership director roles were established to help lead and support the stewardship function based on trusting, respectful and reciprocal relationships

9. To be an effective system steward, Manatū Hauora needs broad and deep understanding of the health system, health entities and performance so we can provide high quality analysis and advice to Government. In addition to robust system and reporting data, we also rely on real-time, real-world relationship-based insights. To do this, we need build trust and confidence with Ministers, health sector entities, whānau and communities based on trusting, respectful and reciprocal relationships.

10. The Partnership Director positions were established to help lead and support the Manatū Hauora system stewardship role, with a particular focus on system improvement and monitoring. The roles will continue to evolve as the reformed system matures.

11. We are responsible for:

    a. developing key and strategic partnerships at the most senior levels within regions and in relation to particular portfolio areas

    b. building mutual trust, transparency and common purpose

    c. joined-up problem-solving from top governance and management of entities and throughout the system.

12. We provide a gateway (te waharoa) for the two-way sharing of information - promoting shared understanding, alignment and commitment towards achieving pae ora and equity across the health and disability system, and government sectors. We are a resource for the Ministry, health sector entities and all-of-government initiatives.

13. The designation of portfolios reflects our experience, expertise and established relationships:

	Martin Chadwick	Debbie Edwards	Ezra Schuster
Internal Manatū Hauora functions	Office of the Chief Clinical Officer Evaluation, Research and Innovation	PHA Strategy, Policy, Legislation Reforms	Māori Health Pacific Health (PHA)
Regional	**Te Ikiroa/Central**	**Northern** **Te Wai Pounamu** (temporarily shared)	**Te Manawa Taki**

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Health sectors (national level)	Hospital and specialist services Innovation Workforce	Population and public health Primary and community	Commissioning Mental health and addictions Māori and Pacific health
*While cross-sectoral engagement is a core role for all Partnership Directors, Ezra Schuster (who is also a Regional Public Service Commissioner) will be the lead for this area.			

Engaging with the RITs

Engagement will help us to understand our roles and responsibilities as part of one system, strengthen our connections, problem-solve, learn and improve together, and tell a cohesive story of performance and progress

14. Our regional portfolios recognise that the RITs are a significant component, and very much at the centre, of the reforms in a complex and changing system. We want to ensure we have clear lines of communication and constructive engagement with each RIT.

15. Members of your RIT joined the hui we convened with all members of the RITs in July. This was early – RIT membership had been (largely) established and regular meetings started, but Terms of Reference had not been finalised and there was some uncertainty about the purpose and scope of the RIT, and how they fit in the wider system.

16. The hui was also attended by our Interim Deputy-Director General, Robyn Shearer and other senior colleagues from Manatū Hauora. Members of the Ministry of Social Development Regional Public Service team attended as observers to help strengthen understanding and connections across government agencies at the regional level.

17. The primary purpose of the hui was whakawhanaungatanga. It was also an opportunity to:
    - build shared awareness and understanding of our respective roles and responsibilities in the new system
    - share information about regional plans and priorities
    - agree how we can collaborate and problem-solve effectively
    - identify early priorities for collaboration.

18. We also identified potential opportunities for workshops on a range of themes including:
    - a deeper dive into the Manatū Hauora stewardship role, including monitoring
    - alignment of locality plans, regional plans, Te Pae Tata, GPS and the six Pae Ora Act strategies
    - how we engage and support at a local level, including connecting the Regional Public Service Commissioners, cross-agency groups and Regional Strategic Leadership Framework.

19. We have also recently initiated work to map out regional cross-agency groups so that we can work with the RITs to streamline and better coordinate the health sector approach to regional cross-agency engagement.

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20. Since the July hui, we have continued to meet with each RIT to clarify the best way to continue our engagement. We have heard preferences to "stay close" and to have relationships that go "beyond accountability". We are also progressing with our workshops. For example, in early November, Ezra Schuster is hosting a workshop with the Te Manawa Taki RIT on navigating the all-of-government space and connecting to Iwi-Māori Partnership Boards (IMPB) and localities.

21. For Manatū Hauora, continued, purposeful engagement will be critical for us to effectively discharge our stewardship, system improvement and monitoring roles. It will increase the breadth and depth of our understanding of the system and we will reflect this in our analysis, advice and assurance. It will enable us to provide well informed advice on Te Whatu Ora's Monitoring Plan reports.

22. For both parties, our expectation is that our engagement will improve our understanding of our roles and responsibilities, strengthen strategic alignment, create better connections within the health sector (including across Manatū Hauora) and all-of-government (including with the Regional Leadership Framework), and create more collaboration opportunities to understand and resolve problems.

23. It is also important that while many will form views on the performance of the health sector, we will be able to tell a cohesive and compelling story as "one system", sharing successes and demonstrating progress.

We recognise the inherent tensions and want to find the best way to work with the RITs, finding the right balance over time as the system matures

24. Following the recent internal restructure at Manatū Hauora, the Partnership Directors are now part of the Regulation and Monitoring Directorate. Our role supporting the system improvement and monitoring cycle provides catalysts for engagement with the RITs:

- providing internal monthly updates into the monitoring process that draw on our broad engagements, including local/regional, strategic issues and emerging themes, opportunities for collaboration, risks and mitigation, and next steps
- leading responses to priority issues in line with our portfolios
- facilitating connections between health sector entities and wider all-of-government processes
- facilitating workshops to progress strategic issues and problem-solve
- providing advice to our Ministry colleagues, Ministers and Government.

25. In particular, we will be required to provide advice on Te Whatu's Ora's Monitoring Plan reports in relation to regional and local planning and delivery (as noted in paragraph 8).

26. We expect that our stewardship role and relationships will evolve as the system (including the RITs) matures. We recognise both the benefits of working together closely, and the inherent tensions. It will be important to work out together how we can strike the right balance between close, trusted relationships and our role as system steward and monitor.

27. We are also realistic about the maturity arc and capacity of each RIT to engage. We expect our future relationships will need to reflect the needs and preferences of each group.

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28. Our proposal is that we work towards engagement that includes:
    - quarterly attendance at RIT meetings to take deeper dives into key areas of interest such as the Regional Health and Wellbeing Plan
    - planning and delivering workshops on the themes identified at the Wellington hui (as noted in paragraph 18)
    - participation (as appropriate) in relevant RIT projects
    - streamlining and coordinating health sector engagement with regional cross-agency groups
    - informal/ad hoc engagement as required on emerging risks, issues and opportunities.

Questions for discussion

29. How can we support your work as a RIT?

30. What concerns do you have?

31. What is the best way to engage in the short term?

32. How do we continue to strengthen and develop our relationship?

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Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 28th November 2023		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Regional Commissioner/Wayfinder, (Co-Chair) Danny Wu; Regional Director Te Aka Whai Ora, (Co-Chair) Tracee Te Huia Regional Director National Public Health Service Hayden McRobbie; Regional Director Hospital and Specialist Services, Mark Shepherd; Regional Director Pacific, Harriet Pauga; Executive Director Penny Andrews; Regional Clinical Lead, Sanjoy Nand; Programme Manager, Valerio Malez Projects Consultant, Ajit Arulamlalam

Guest:

Apologies:

Ref.	**Item**	**Method**	**Lead**
4.00pm	Commencement • Karakia • Apologies • Any matter arising. • AOB		Danny Wu
4.05pm	**Nga Hau Paper**	20231128 Nga Hau Māngere Birthing Cen 20231128 Nga Hau Māngere Birthing Cen	Danny Wu
4.30pm	**Healthy Food and Drink Paper**	RIT Memo - Implementation plan f	Hayden McRobbie
4.45pm	**General Business** • **Immunization Update** • **Regional Report – Update** • **Oral Health Update**		Hayden McRobbie/ Ajit Arulamlalam
5.00pm	**Karakia whakamutunga**		All

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Meeting Minutes

Meeting	Northern Regional Integration Team
Date & time	28th of November 2023 – 4pm to 5.30pm
Present	Tracee Te Huia, Hayden McRobbie, Harriet Pauga, Danny Wu, Sanjoy Nand, Ajit Arulambalam
Guest	Valerio Malez
Apologies	Mark Shepherd, Penny Andrews, Daniel Gotz

Item	Agenda Item

1	**Commencement**
	• Karakia
	• Welcome and Whakawhanaungatanga
	  ○ Action Point: Ensure Daniel Gotz is added to meeting invites (Quinton)
	• Previous meeting minutes:
	  ○ Approved by All
	• Matters Arising:
	  ○ After-hours services: No decision yet to invest in those services.
	• Agenda Items to add:
	  ○ None.

2	**Ngā Hau Paper** • Opportunity to create a launchpad for Kahu Taurima in South Auckland, not necessarily restricted to the Counties Manakau boundaries. • Intention to provide more holistic model of care. • Feedback from Northern Region Commissioning's SLT team is that the paper is too focused on birthing capacity although it is about Kahu Taurima well child services, as well as providing a broader model of maternity services. • Paper still needs to go through a funding board decision and commissioning. • More clarity needed on this proposal and the benefits over other similar proposals.
3.	**Healthy Food/Drinks options paper** • Implementation of Te Whatu Ora's healthy food and drink policy. • Previous policies poorly implemented. • Questions around source of funding for implementation. • In-principle agreement that resourcing to come from Hospital and Specialist Services. • Policy sitting with the National Director of Health Promotion within NPHS. • ELT supportive of policy roll-out. • Hayden to liaise with the promotion team for feedback and return to RIT in the new year.
4.	**Immunisation update** • Hayden provided an update on Immunisation. • An urgent response group for Northern Immunisation was established at the end of October. • Four RIT members are members of the response group. • Two working groups established (Pacific, and Multi and Strategic Group).
5.	**Oral Health** • Danny provided an update on oral health. • NR Commissioning have been asked to work on how to support improved preventative and treatment options for kids. • Need for staff to working more closely together.

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	• Data analysis needs to be more comprehensive, particularly in Te Tai Tokerau. • NR Starting Well have been working on a baseline reduction plan, Valerio to share with RIT members.
6.	**Regional Plan** • Danny suggested that an operational steering group be formed around the plan in terms of implementation and engagement with the wider workforce. • Further suggestion that the wider organisation align thinking around how to deliver on plans. • Danny to come back around the level of management of the group. • Members asked to have a think about this and come back with feedback.
7.	**RIT Face-to-Face** • Request to hold a RIT face-to-face meeting before Christmas. • Focus to be around the regional plan, with particular attention to quantum chronic conditions. • Quinton to find a workable date.
8.	**General Business:** • Mark shared an update on 365-day treatment patients dropping from 1800 overdue to 25 as at today's date.
	Next meeting: Tuesday 5th of December 2023

Actions	
Find at date for a RIT face-to-face	Quinton

National Commissioning Senior Leadership Team
Northern Region Integration Team

Nga Hau Māngere Birthing Centre: Cover Paper

Date:	27 and 28 November 2023	**Author:**	Kate Dowson, Group Manager, System Integration, Northern Region Michelle Nicholson-Burr, Programme Manager Samantha Gregory, Living Well Manager, Northern Region
For your:	Endorsement	**Approved by:**	Danny Wu, Northern Region Wayfinder
Seeking funding:	Yes	**Funding implications:**	Yes
To:	National Commissioning Senior Leadership Team and Northern Region Integration Team		

Purpose

1. The Nga Hau Māngere Birthing Centre currently provides antenatal, birthing, and postnatal services in South Auckland and is solely funded and operated by the S9(2)(ba)(ii) who wish to exit from this arrangement by 31 December 2023. The purpose of this paper is to present options for Te Whatu Ora to consider with this service going forward.
2. The recommended option is for Te Whatu Ora to strategically invest in a proposal received from an alliance between two providers S9(2)(ba)(ii) , a local Māori health provider. Endorsing in principle this proposal will enable the current service to continue operating, expand the service to become financially viable, and grow the range of services offered at the site as a community-led 'village hub' which operationalises Kahu Taurima (one of five priority areas for Te Pae Tata: NZ Interim Health Plan). With support from Te Whatu Ora, Nga Hau Māngere Birthing Centre has the potential to become a leading provider in a collective to support a community led model of Kahu Taurima through its prioritisation of Māori and Pacific birthing. Community development and enablement to facilitate sustainability are key objectives (amongst others) for Kahu Taurima.
3. Endorsement of this approach is needed in principle by the Te Whatu Ora Executive Leadership Team to continue to a due diligence process and negotiation.

Recommendations

4. The National Commissioning Senior Leadership Team and Northern Region Integration Team are asked to:

   a) **Receive** the attached paper.

   b) **Discuss** and provide feedback on the content and recommendations.

   c) **Endorse** the paper to continue to the Te Whatu Ora ELT on 5 December 2023.

Executive Leadership Team Paper

Nga Hau Māngere Birthing Centre: Strategic Investment Proposal for Kahu Taurima

Date:	5 December 2023	**Author:**	Kate Dowson, Group Manager, System Integration, Northern Region Michelle Nicholson-Burr, Programme Manager Samantha Gregory, Living Well Manager, Northern Region
For your:	Endorsement	**Approved by:**	Danny Wu, Northern Region Wayfinder
Seeking funding:	Yes	**Funding implications:**	Yes
To:	Te Whatu Ora Executive Leadership Team		

Purpose

1. The Nga Hau Māngere Birthing Centre currently provides antenatal, birthing, and postnatal services in South Auckland and is solely funded and operated by the Wright Family Foundation who wish to exit from this arrangement by 31 December 2023. The purpose of this paper is to present options for Te Whatu Ora to consider with this service going forward.
2. The recommended option is for Te Whatu Ora to strategically invest in a proposal received from an alliance between two providers: Tagata Moana Maternity Trust, the existing Pacific maternity service provider at Nga Hau Māngere Birthing Centre and Turuki Health Care, a local Māori health provider. Endorsing in principle this proposal will enable the current service to continue operating, expand the service to become financially viable, and grow the range of services offered at the site as a community-led 'village hub' which operationalises Kahu Taurima (one of five priority areas for *Te Pae Tata: NZ Interim Health Plan*).

Recommendations

3. The ELT is asked to:

    a) **Receive** this paper.

    b) **Note** that this paper has been endorsed by the Te Whatu Ora Northern Region Integration Team (which includes regional representation from Te Aka Whai Ora, Pacific Health and Hospital and Specialist Services), National Commissioning Senior Leadership Team and Te Aka Whai Ora.

    c) **Note** that the Nga Hau Māngere Birthing Centre currently provides antenatal, birthing, and postnatal services and is solely funded and operated by the Wright Family Foundation.

    d) **Note** that Wright Family Foundation is requesting that Te Whatu Ora agree to fund Nga Hau Māngere Birthing Centre by December 31, 2023, so that the Wright Family Foundation can exit from involvement. This gives Te Whatu Ora the opportunity to strategically invest into services

provided by an alliance between local Māori and Pacific providers. This will ensure that the current service continues (as it is strongly supported by the local community and maternity providers) and then grows the services offered as a platform to operationalise Kahu Taurima and become financially viable.

e) **Note** that Te Whatu Ora has assumed responsibility for the following birthing units previously established and owned by the Wright Family Foundation:

   a) Bethlehem Birthing Centre, Tauranga.

   b) Te Papaioea Birthing Unit, Palmerston North.

   c) Te Awakairangi Birthing Centre, Lower Hutt.

   These are all services agreements focussed on continuing primary birthing services rather than expanding to other services.

f) **Discuss** the transition of Nga Hau Māngere Birthing Centre to one of the below strategic options:

   a) *Option A:* Te Whatu Ora endorses the proposal received by an alliance of two providers: Tagata Moana, the existing Pacific maternity service provider at Nga Hau Māngere Birthing Centre, and Turuki Health Care, a local Māori health provider. The proposal is Te Whatu Ora funds a 3.5-year services agreement for this group to continue providing primary birthing services plus expanded services offered at the site as a community-led 'village hub' which operationalises Kahu Taurima. Estimated total cost of S9(2)(ba)(ii) over the 3.5-year period (an average of S9(2)(ba)(ii) per annum).

   b) *Option B:* Te Whatu Ora takes responsibility for the facility and service management of Nga Hau Māngere Birthing Centre (in addition to maintaining the existing primary birthing units). This would require re-negotiating the existing lease, which has 17 years left on its term, and finding staffing for the centre. Estimated total cost of S9(2)(ba)(ii) over the 17-year life of the lease term remaining (an average of S9(2)(ba)(ii) per annum) if the service continues as a primary birthing unit for the whole term.

   c) *Option C:* Te Whatu Ora continues to run the existing primary birthing units and does not take on the management of Nga Hau Māngere Birthing Centre. Nga Hau would likely shut down. A hub of services (excluding primary birthing) could be considered in an alternative location if desired. No additional investment required but impacts on service capacity at other units.

g) **Endorse** Option A as the recommended option in principle and approve Te Whatu Ora Commissioning to go ahead with outlined next steps.

h) **Note** that if Option B is preferred then a re-worked version of this paper would need to proceed to the Te Whatu Ora Board given the estimated term of the lease which may need to be entered into in line with appropriate Delegated Financial Authority policies.

Contribution to Strategic Outcomes

4. This paper describes the contribution Nga Hau Māngere Birthing Centre will make to achieving Pae Ora for māmā, pēpi, tamariki and whānau. Kahu Taurima is one of five priority areas identified within Te Pae Tata: Interim New Zealand Health Plan (2022) to improve equity and outcomes for whānau.

The aim of Kahu Taurima is to drive integration of maternity and early years services for a child's first 2,000 days, including to:

a) Redesign the universal model of care, working with Lead Maternity Carers and Well Child Tamariki Ora providers.
b) Design and commission Te Ao Māori, whānau centred and Pacific whānau-centred integrated maternity and early years services *(Te Pae Tata: New Zealand Health Plan 2022).*

5. Endorsing in principle this proposal (Option A) will enable the current service to continue operating, expand the service to become financially viable through additional volumes, and grow the range of services offered at the site as a community-led 'village hub' which operationalises Kahu Taurima. This will support Te Whatu Ora to:
   a) Ensure equitable access to sustainable, clinically, and culturally safe maternity and other health care.
   b) Provide a solution that is whānau centric, honouring the different cultures that reflect the communities of Tamaki Makaurau.
   c) Build community trust by enabling a co-design process that highlights whanau voice and Māori and Pacific expertise.
   d) Support an integrated Te Tiriti based approach to service delivery during the first 2000 days.
   e) Prevent over-burdening existing health resources.
   f) Expand service delivery, meaning some of Te Whatu Ora's resources allocated to primary maternity services can be reallocated.
   g) Promote ongoing positive maternal, neonatal and child health outcomes, enabling Māori and Pacific whānau to achieve Pae Ora.

   The above strongly aligns with the health sector principles noted in section 7 of the Pae Ora (Healthy Futures) Act 2022, in particular the need for equitable services; engaging with Māori and other population groups to develop and deliver services that reflect their needs and aspirations; and providing a choice of quality services that are culturally safe and culturally responsive to people's needs, develop and maintain a health workforce that is representative of the community it serves, provide services that are tailored to a person's circumstances and preferences and, provide services that reflect mātauranga Māori.

Executive Summary

6. The Wright Family Foundation is requesting that Te Whatu Ora agree to take over funding Nga Hau Māngere Birthing Centre from them by December 31, 2023. At current birthing volumes, funding attracted via the Primary Maternity Services Notice is not sufficient to cover the costs of the centre.

7. Although there is currently sufficient birthing capacity across the region, there is not good geographic access for those living in Māngere, Ōtāhuhu, Papatoetoe, Manukau localities to give birth in a primary birthing unit, and there is a high fertility rate in these localities. Instead, women are required to birth at Middlemore Hospital which is not whānau centric and places unnecessary burden on Hospital and Specialist Services.

8. Te Whatu Ora has received a proposal from an alliance between two providers: Tagata Moana, the existing Pacific maternity service provider at Nga Hau Māngere Birthing Centre, and Turuki Health Care, a local Māori health provider. This proposal is for Te Whatu Ora to fund a 3.5-year services agreement for this group to continue providing primary birthing services plus expanded services

offered at the site as a community-led ‘village hub’ to operationalise Kahu Taurima in South Auckland (Option A).

9. Alternatives to this proposal are to either for Te Whatu Ora to take over the 17-year lease and find staffing for Nga Hau, or allow the Wright Family Foundation to exit and Nga Hau would likely shut.

10. It is therefore recommended that the Executive Leadership Team endorse Option A as outlined in this paper.

Background

Impact of Primary Maternity Services

11. The importance of offering low-intervention, physiological births for low-risk pregnancies to facilitate optimal maternal and neonatal outcomes is well recognised.

12. Birthing in a primary maternity unit is associated with significantly lower odds of maternal morbidity and women who birth in this setting are twice as likely to have a normal vaginal birth without intervention (including caesarean section and instrumental delivery) (Scarf et al. 2018; Farry et al. 2019; Griggs et al. 2017).

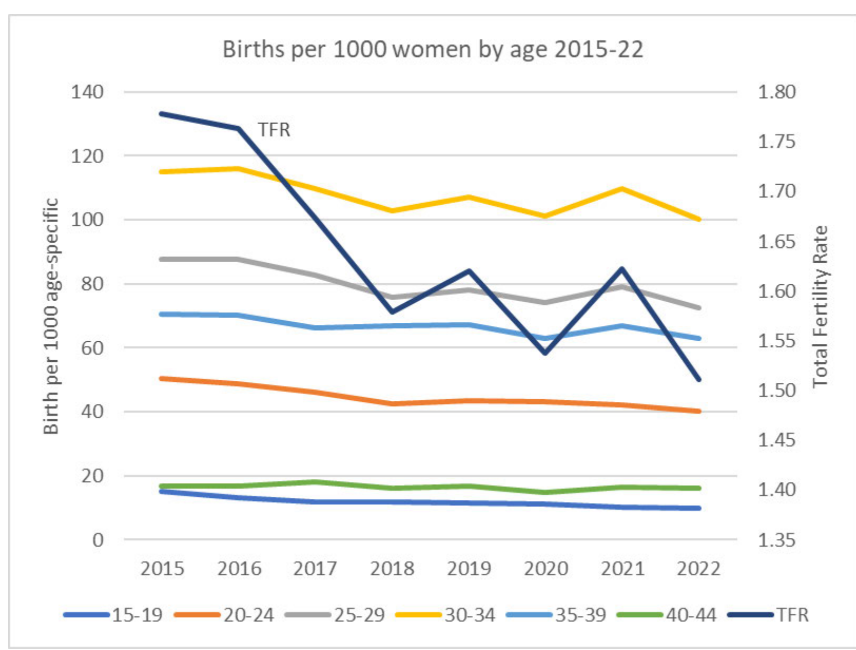
13. In Aotearoa, a greater proportion of women who choose a primary maternity unit as their planned place of birth are Māori, suggesting that the option of primary birthing is important for supporting positive birthing outcomes that are culturally aligned (Dixon et al. 2014; Griggs et al. 2014). Rebalancing the trend toward community based low-intervention births represents a significant shift back towards a holistic, māmā and whānau-centred approach leading to longer term health benefits.

14. Fewer medical interventions during birthing also result in cost savings for healthcare systems by minimising expenses associated with surgical procedures, medications, and longer hospital stays, as well as protecting healthcare resources to focus on cases that require medical interventions.

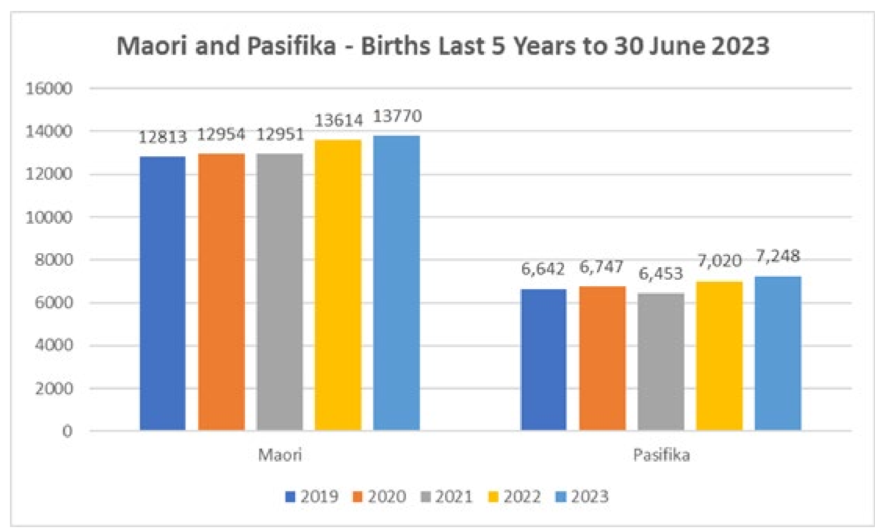
15. While most births in Aotearoa occur in hospitals, Tāmaki Makaurau offers eight primary birthing units, providing the community with additional options for childbirth (further information can be found in Appendix A). The benefits of utilising primary birthing units are numerous and have far-reaching positive implications for both Māori and Pasifika whānau and the wider healthcare system.

Key Metrics

16. In metro Auckland the overall birth rate is dropping across all ages, even with an increasing female population birth numbers will likely be stable at best, in the 19-21, range through to 2030. However, birth rates for Māori and Pacific are increasing.

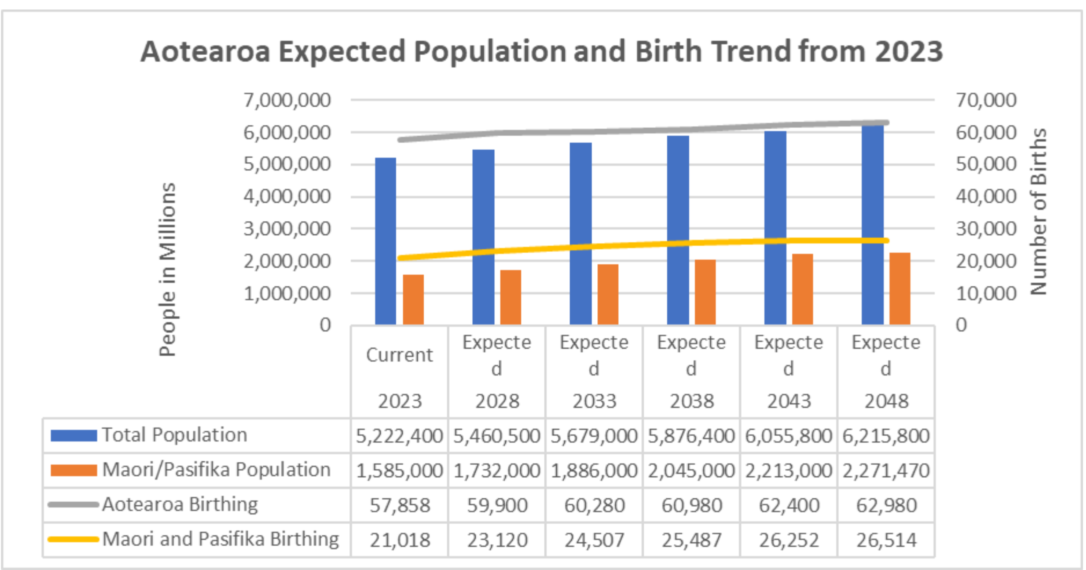


17. Historical data about Māori and Pasifika births across Aotearoa highlights an increasing trend over the years 2019 to 2023 (Statistics New Zealand).



18. Counties Manukau not only has the largest Pacific population and the second largest Māori population in Aotearoa. The fertility rate for Māori and Pacific women in South Auckland remains at or above replacement value of 2.1 (Tūranga Hauora o Te Mana Wāhine Report 2022).

19. Based on Statistics New Zealand "Summary of New Zealand ethnic population projections" this trend is expected to continue well into the future as displayed below. The birth rate nationally is forecast to continue its downward trend, however as the population grows the real number of births is increasing and expected to continue to do so.



	Current 2023	Expected 2028	Expected 2033	Expected 2038	Expected 2043	Expected 2048
Total Population	5,222,400	5,460,500	5,679,000	5,876,400	6,055,800	6,215,800
Maori/Pasifika Population	1,585,000	1,732,000	1,886,000	2,045,000	2,213,000	2,271,470
Aotearoa Birthing	57,858	59,900	60,280	60,980	62,400	62,980
Maori and Pasifika Birthing	21,018	23,120	24,507	25,487	26,252	26,514

20. ~8-10% of the births per annum in Counties Manukau are in a primary birthing unit (combined Te Whatu Ora operated and Nga Hau Māngere Birthing Centre). This is well below the national average of 26% and the expected number given primary birthing unit clinical criteria. There is therefore the opportunity to grow the rates of primary birthing in this area.

21. With Māori and Pacific fertility rates higher than the national rate, and the high Pacific/Māori population of childbearing age with a preference for primary birthing in Mangere, a Māori/Pacific led primary birthing unit in Māngere would likely be able to grow birthing volumes over time. If Option A outlined below is supported, it will also enable review of how to grow culturally appropriate primary birthing at other Te Whatu Ora primary birthing units.

Nga Hau Māngere Birthing Centre History

22. The Nga Hau Māngere Birthing Centre (Nga Hau) in Waddon Street, in the Māngere Town Centre, opened in May 2019 by the Wright Family Foundation. It is staffed and operated by the Tagata Moana midwifery group.

23. The unit offers free services to the public and features 20 birthing suites including breastfeeding support and other services. However currently there is limited utilisation as it is not Te Whatu Ora funded and does not provide post-natal only stays for women who did not birth there. There is therefore an opportunity to grow demand for the service – shifting demand from Middlemore Hospital and other primary birthing units in the region (particularly if it was a Māori and Pacific-led model of care).

24. Until Nga Hau opened, Middlemore Hospital was the only option for birthing in some South Auckland localities, with the closest birthing units in Papakura, Botany Downs, or Parnell. It was identified that transport to these other areas was a barrier for many women.

25. Existing birthing capacity is seen to be adequate across the Northern Region; however, it can be argued that the current capacity in South Auckland is not ideally situated geographically and does not promote access for several areas with high Māori and Pacific populations. Further information about primary birthing capacity can be found within Appendix A.

26. It was also noted that immediately upon opening, Nga Hau had a significant number of births at the facility, endorsing the acceptability of a local facility. There is strong community and professional advocacy for this centre, further information can be found within Appendix B. The establishment of Nga Hau in 2019 raised the Mangere-Otahuhu primary birthing rate from 7% to 20% almost immediately, showing the effect that a local service can have.

27. Over the last four years there has been on average 143 births per year at Nga Hau. Although births at Nga Hau currently represent a small number of the total primary births in South Auckland, there is significant capacity to increase the number of women birthing at the facility (shifting births from Middlemore Hospital and other providers) as well as postpartum transfers immediately following birth.

28. Hospital and Specialist Services currently provide an immunisation clinic in Nga Hau, and would like to expand service offerings there is space was available (for example for outpatient clinics and contraception).

Options Analysis

29. In 2023 Te Whatu Ora received a request from the Wright Family Foundation to Te Whatu Ora to manage and fund Nga Hau Māngere Birthing Centre from 31 December 2023. At current birthing volumes, funding attracted via the Primary Maternity Services Notice is not sufficient to cover the costs of the centre. Similar requests were received for the following birthing units previously owned by the Wright Family Foundation, all which Te Whatu Ora have agreed to and have assumed funding responsibility:

    a) Bethlehem Birthing Centre, Tauranga.

    b) Te Papaioea Birthing Unit, Palmerston North.

    c) Te Awakairangi Birthing Centre, Lower Hutt.

30. Nga Hau Māngere Birthing Centre's potential closure has gained significant media and political attention, leading to numerous community meetings and a petition with over 9,000 signatures advocating to keep it open (further information can be found in Appendix B).

31. Te Whatu Ora has received a proposal from an alliance between two providers: Tagata Moana, the existing Pacific maternity service provider at Nga Hau Māngere Birthing Centre, and Turuki Health Care, a local Māori health provider.

32. This option, as well as two other possible approaches for Te Whatu Ora, are outlined below.

OPTION A: Te Whatu Ora endorses the proposal received by an alliance of two providers: Tagata Moana, the existing Pacific maternity service provider at Nga Hau Māngere Birthing Centre, and Turuki Health Care, a local Māori health provider. The proposal is Te Whatu Ora funds a 3.5-year services agreement for this group to continue providing primary birthing services plus expanded services offered at the site as a community-led 'village hub' which operationalises Kahu Taurima.

33. ***Approach***

a) Turuki Health Care and Tagata Moana Midwives have formed an alliance to offer a community-led model of Kahu Taurima services and are seeking a services contract from Te Whatu Ora to provide these services over the next 3.5 years.

i. Tagata Moana Maternity Trust are the incumbent midwives operating at Nga Hau Māngere Birthing Centre and Turuki Health Care Limited is one of the largest kaupapa Māori organisations in Tāmaki Makaurau. Further information about Turuki Health Care Limited and Tagata Moana Maternity Trust is found within Appendix C.

ii. As part of the Kahu Taurima work programme, Te Aka Whai Ora has commissioned several Hauora Māori Partners (HMPs) to deliver a First 2,000 days Te Āo Māori model of care. Turuki Healthcare is one of these HMPs. Te Aka Whai Ora has a contract in place for S9(2)(ba)(ii) over 13 months. While the delivery plan is currently being finalised, Te Aka Whai Ora are confident in Turuki Healthcare's ability to deliver on this contract. However, this funding would be separate to the additional funding requested for this option from Te Whatu Ora, and Te Aka Whai Ora have not committed to further funding beyond the 13 month agreement.

iii. The proposal received is a unique proposition for Te Whatu Ora to consider. Neither provider wishes to enter into providing these services on their own. Tagata Moana is the incumbent service provider and will provide service continuity at Nga Hau, as well as being a unique Pacific-led maternity service provider with strong local connections and support from Lead Maternity Carers. They are also available to provide these services (there is likely very little capacity elsewhere given midwifery workforce shortages) and they will support the broad outcomes Te Whatu Ora is aiming to achieve in relation to culturally appropriate primary birthing. Turuki Health Care is the largest local hauora Māori provider, has strong business acumen, and already delivers a number of the expanded range of services elsewhere. The partnership between these two providers is unique, and strongly Māori/Pacific led.

b) Te Whatu Ora would not need to take over the lease for the Nga Hau Māngere Birthing Centre, and instead Turuki Health Care would take over the lease from the Wright Family Foundation to continue delivering maternity services from Nga Hau Māngere Birthing Centre (transition phase – six months) then add on additional services for the next three years.

c) The partnership would then look to grow the existing primary birthing service (including expanding capacity) and add additional Kahu Taurima-aligned services to meet local needs. This suite of services would include co-location of hubbed services include hapu wananga, breastfeeding advocacy and lactation consultants, start well and family start, teen parenting, engaging priority families in early childhood poipoia te mokopuna, static child immunisations and mobile outreach primary health care, community connectors and navigation services and proposed nurse led primary health care for women in Nga Hau and access to Aronui Turuki's traditional healing and rongoa services), addiction services, quit smoking, plus call centre and walk in primary care and midwifery consultancy rooms and services for children under five all represented in the hub.

d) Te Whatu Ora would enter a 3.5-year contract arrangement with Turuki Health Care Limited and Tagata Moana Maternity Trust to provide security of funding. A copy of the funding model provided by Tagata Moana Maternity Trust and Turuki Health Care Limited, as well as explanatory notes and key assumptions, is included within Appendix D.

e) Te Whatu Ora will remain the commissioner for this model and will be responsible for the overarching delivery of service in partnership with Te Aka Whai Ora, the National Pacific Health

Team and Māori and Pacific providers. Te Whatu Ora will also be a support partner for the collective, which is inclusive of training provisions, workforce support, technology integration and to facilitate integrative ways of working. Nga Hau plans to take midwifery student placements as part of a training programme to create a pipeline for Lead Maternity Carers and shifting preferences to birthing in a community led model.

f) This approach would maintain linkages with primary health care, well child services and other allied health services. Emphasis would be on codesigning the model with Māori and Pacific communities, and it is expected that the range of services will expand over the coming years.

g) While the proposed model of care for Nga Hau Māngere Birthing Centre is based on the Te Aka Whai Ora Kahu Taurima approach, the local model of care for Nga Hau Māngere Birthing Centre will be designed in partnership with local iwi and localities.

h) Estimated total cost of S9(2)(ba)(ii) over the 3.5-year period (an average of S9(2)(ba)(ii) per annum). If the partners involved in Option A are supported to develop Kahu Taurima services, in parallel to enhanced uptake of primary birthing, this would be an investment in the health and wellbeing of the population of Māngere and beyond with the split of funding being approximately 40:60 at the 3.5-year point (40% primary birthing: 60% Kahu Taurima).

34. ***Benefits***

a) Nga Hau Māngere Birthing Centre would continue to operate and provide primary birthing services.

b) Te Whatu Ora would not be required to enter into a long-term lease agreement for the building, this risk would be taken on by the Turuki Health Care/Tagata Moana Midwives Alliance. Instead, Te Whatu Ora would be required to enter a 3.5-year services agreement.

c) This approach to commissioning seamlessly aligns with Te Whatu Ora's future vision, emphasising the empowerment of local community voices, Māori and Pacific leadership, and the integration of a diverse range of services and partners.

d) Tagata Moana Maternity Trust and Turuki Health Care Limited are confident in their ability to achieve strategic outcomes envisioned within Pae Ora, Te Pae Tata, Pae Tū (Hauora Māori strategy), Te Mana Ola (Pacific Health Strategy) and Ola Manuia (Interim Pacific Health Plan). Appendix D expands on this further including why this is a unique proposition for Te Whatu Ora to consider.

e) The women of the Tagata Moana Maternity Trust are the most experienced Pasifika midwives in Aotearoa. Turuki Health Care had already an extensive history of midwifery service to the population of Mangere and South Auckland. This is an alliance between two strong partners.

f) This model offers promising opportunities for implementation across other primary birthing units in Aotearoa. It can serve as a strong foundation for integrating public and private organisations to provide an equity focussed delivery framework.

g) Māori and Pacific māmā, pēpi, tamariki and their whānau will benefit from community-driven, equity-centred, culturally informed services. This hub approached model is expected to be further enhanced through the collaboration between Turuki Health Care Limited and Tagata Moana Maternity Trust, aiming to reduce fragmentation across services.

h) Operational continuity for existing employees of Nga Hau Māngere Birthing Centre will not be interrupted.

i) Despite birthing capacity being adequate across Counties Manukau, it is not ideally situated geographically, which may impact the number of people choosing to birth in primary birthing units. Nga Hau Māngere Birthing Centre in the Māngere area will therefore better serve the population of this area.

j) Will target and prioritise workforce development for Lead Maternity Carers to ensure homegrown response to workforce shortages for maternity and early years services.

k) This approach would possibly allow the centre to be used for postnatal stays transferring from Middlemore Hospital, which would reduce bed days spent at Middlemore, is more whānau centric, and is strongly supported by the local community. Having this available is supported by Middlemore Hospital Women's Health services.

35. ***Risks***

a) Te Whatu Ora wish to enter this arrangement as an exemption from the Government Rules of Procurement on the basis that this is an unsolicited unique proposal and all of the following apply: i. the proposal is unique ii. the proposal aligns with government objectives iii. the goods, services or works are not otherwise readily available in the marketplace iv. the proposal represents public value.
"Public value includes using resources effectively, economically, and responsibly, and taking into account both the procurement's contribution to the results you are trying to achieve, including any Broader Outcomes you are trying to achieve, and the total costs and benefits of a procurement (total cost of ownership) … Broader Outcomes are the secondary benefits that are generated from the procurement activity. They can be environmental, social, economic or cultural benefits" (*MBIE Government Procurement Rules*, 2019).

The reasons this exemption is appropriate would need to be explicitly documented to ensure Te Whatu Ora is not open to risk of challenge (see Next Steps).

b) Turuki Health Care wish to take over the existing lease held by Wright Family Foundation (albeit that Te Whatu Ora will be funding the rent and lease costs via the funding), which currently has a 17-year term left out of 20 years. Turuki Health Care have assured Te Whatu Ora that they can commit to such a term even if Te Whatu Ora are only offering a 3.5-year agreement for services. However there is risk that: a) the provider does not negotiate beneficial terms (which Te Whatu Ora will then have to fund); b) if the provider breaches the lease and is required to leave the premises, then Te Whatu Ora will have no right to the premises and will not be able to step-in to provide continuity of service; and c) if the provider cannot continue providing services after it has stopped receiving Te Whatu Ora funding, Te Whatu Ora will have no right to the premises and again, will not be able to step in to provide continuity of service.

c) As part of next steps, Te Whatu Ora would need to negotiate with the provider and carry out due diligence to test some of the assumptions in the financial modelling provided to us.

d) Possible underutilisation of the service if demand for primary birthing did not grow. A strategic shift in primary birthing numbers will require community education and awareness about primary birthing, together with collaboration and coordination with the Lead Maternity Carer workforce, primary healthcare providers, well child and Hospital and Specialist Services. Te

Whatu Ora will need to take a partnering approach with Nga Hau in addressing this. Te Whatu Ora case loading midwives will be invited to birth at Nga Hau. We will need to review the use of the primary birthing unit on an ongoing basis at set milestones in our agreement to ensure that volumes continued to grow.

e) Workforce pressures particularly for midwives are occurring across the system currently, Nga Hau could therefore also experience this.

f) Analysis of some of the specific service risks and mitigations can be found within Appendix F. The key mitigation to risks is to complete a due diligence process once this option has been endorsed in principle (see Next Steps).

***Option B*: Te Whatu Ora takes responsibility for the facility and service management of Nga Hau Māngere Birthing Centre in addition to maintaining the existing primary birthing units.**

36. *Approach*

a) Te Whatu Ora will take responsibility for the current lease arrangement of Nga Hau Māngere Birthing Centre and will manage the services in alignment with a Kahu Taurima whānau centred approach. Once the lease is secured, there may be an approach made to providers to explore contracting to deliver services.

b) Work would need to be undertaken to reconfigure this service and grow the number of primary births to make it a financially viable model.

c) Co-designing a new model of care and collaborating with Mana Whenua, Iwi Māori Partnership Board, Lead Maternity Carer networks, Te Aka Whai Ora and National Pacific Team would need to occur over the next 6 months, whilst ensuring whanau and community voice is prioritised.

d) Nga Hau Māngere Birthing Centre staff would be supported to apply for suitably similar positions within Te Whatu Ora.

e) Estimated total cost of S9(2)(ba)(ii) over the 17-year life of the lease term remaining (an average of S9(2)(ba)(ii) per annum).

37. *Benefits*

a) This approach would ensure the continuation of the existing service and respond to local demand. Nga Hau Māngere Birthing Centre's potential closure has gained significant media and political attention, leading to numerous community meetings and a petition with over 9,000 signatures advocating to keep it open (further information can be found in Appendix B). This would also avoid additional demand being placed on Middlemore Hospital, which is the closest other provider, which is particularly important as the population grows.

b) This approach would possibly allow the centre to be used for postnatal stays transferring from Middlemore Hospital, which would reduce bed days spent at Middlemore, is more whānau centric, and is strongly supported by the local community.

c) The integration of Nga Hau Māngere Birthing Centre into the Te Whatu Ora Counties Manukau locality network may support the region-wide distribution of primary birthing units and enable services to be developed to meet the needs of all birthing whānau who reside in the Māngere community.

38. ***Risks***

a) The most significant risk is that the existing lease held by The Wright Family Foundation has 17 years left on a 20-year lease. This lease would need to be taken over by Te Whatu Ora (or renegotiated). Such a commitment will require Te Whatu Ora Board approval.

b) Te Whatu Ora would need to find staffing for the site. This is likely to be challenging given midwifery workforce shortages. Although those working for Tagata Moana currently may be willing to work for Te Whatu Ora, we do not know this and there would likely be impacts on service continuity.

c) Procurement rules will need to be closely adhered to reduce the risk of Te Whatu Ora being challenged by a Provider who did not have a fair opportunity to compete for the lease.

d) Due to a variety of pressures in the current health system, there may be a reduced resourcing and capacity to take on a large acquisition such as this.

e) There is a risk that Te Whatu Ora may not have the level of cultural expertise or community connection required for this to be successful, compared to our local Māori and Pacific providers.

f) A full due diligence proposal would need to be completed before entering this approach, see Appendix G.

g) As with Option A, possible underutilisation of the service if demand for primary birthing did not grow. A strategic shift in primary birthing numbers will require community education and awareness about primary birthing, together with collaboration and coordination with the Lead Maternity Carer workforce, primary healthcare providers, well child and Hospital and Specialist Services. This is likely to be challenging.

***Option C:* Te Whatu Ora continues to run the existing primary birthing units and does not take on the management of Nga Hau Māngere Birthing Centre.**

39. ***Approach***

a) Te Whatu Ora will maintain its existing birthing facilities, which include Middlemore Hospital and three Primary Birthing Units located in Botany, Pukekohe, and Papakura, without incorporating Nga Hau Māngere Birthing Centre.

b) There is potential to further develop the existing three primary birthing units. The Women's Health Division at Te Whatu Ora has developed a plan for alternative models of care to support whānau and create community-oriented services. Consumer feedback highlights the potential of a kaiāwhina role to navigate maternity care, enabling community-tailored, equity-based care in birthing units. Additionally, we propose a model of care with midwifery case loading teams, community midwives, and kaiāwhina workers at Nga Hau and Papakura Birthing Units. This model aims to target deprived areas and closely collaborate with whānau for localised services. The model has been piloted at Papakura Primary birthing unit since January 2023, with promising early results noted by the Women's Health Division.

c) It is noted that Papakura birthing unit will require significant upgrade in the next 10-20 years to remain fit for purpose.

d) While there is no estimated additional investment for Option C, there is expected to be impacts on service capacity at other units as the local population grows. This is particularly for Middlemore Hospital who has limited space currently but is the closest local provider to Māngere. This may lead to additional costs.

40. ***Benefits***

a) Less of a financial impact on Te Whatu Ora.

b) The low utilisation rates observed in the existing three primary birthing units suggest that Nga Hau Māngere Birthing Centre is not necessarily required to support capacity.

41. ***Risks***

a) Proactive communications from Te Whatu Ora teams will need to support any outward media attention that this decision may bring.

b) The need to work with the Wright Family Foundation to support sourcing another potential provider to take on Nga Hau Māngere Birthing Centre to serve the community.

c) The Wright Family Foundation may need to terminate staff.

d) Te Whatu Ora would need to consider the impact on the system and support approximately 15 births per month elsewhere.

42. **Total Investment Comparison**

Option A Investment

	Transition Stage Jan 24 – June 24 ($)	Year One July 24 – June 25 ($)	Year Two July 25 – June 26 ($)	Year Three July 26 – June 27 ($)	Total
Workforce* (FTE)	S9(2)(ba)(ii) (11.4 FTE x six month period)	S9(2)(ba)(ii) (21.5 FTE)	S9(2)(ba)(ii) (43 FTE)	S9(2)(ba)(ii) (44 FTE)	S9(2)(ba)(ii)
Lease (OPEX)**	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)
Overhead	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)
Total	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)	S9(2)(ba)(ii)

* Estimates of cost are based on a combination of current costs for existing workforce and a review of market salaries for new roles that would be established to support expanded activity under Kahu Taurima/First 2000 days.

** Assumes lease does not remain static due to renegotiation.

Option B Investment

	Current cost per annum* ($)	Estimated costs over 17 years lifespan of lease ($)
Workforce* (FTE)	S9(2)(ba)(ii) (22.8 FTE)	S9(2)(ba)(ii) (387.6 FTE + assuming at least a 20% increase in salary costs over this time)

Lease (OPEX)**	S9(2)(ba)(ii)	S9(2)(ba)(ii)
Overhead	S9(2)(ba)(ii)	S9(2)(ba)(ii)
Total	S9(2)(ba)(ii)	S9(2)(ba)(ii)

* Modelled off Option A transition phase costs.

** Assuming lease arrangements stay static.

Option C Investment

It is expected that there is no additional investment required for Option C. However, there are estimated to be at least (excluding population growth) an additional 143 births per year needing to take place elsewhere in South Auckland, at an estimated cost of at least S9(2)(ba)(ii) per annum.

Te Aka Whai Ora Comments

Contributed by:	Annabel Johns, Senior Advisor, Workforce, Kahu Taurima, Te Aka Whai Ora

43. Te Aka Whai Ora, working in partnership with both Manatū Hauora and Te Whatu Ora, has been tasked with the responsibility of ensuring the health system works well for Māori by leading changes in the way our health system understands and responds to Māori health needs, developing strategy and policy that will drive better health outcomes for Māori and commission Te Ao Māori solutions that target Māori communities.

44. Kahu Taurima is the joint Te Aka Whai Ora and Te Whatu Ora approach to maternity and early years for all whānau in Aotearoa New Zealand. It is a priority area within Te Pae Tata and a change programme to shift the settings and redesign the model of care and service delivery models to ensure health is making its greatest contribution.

45. As part of the Kahu Taurima work programme, Te Aka Whai Ora has commissioned a number of Hauora Māori Partners (HMPs) to deliver a Te Āo Māori model of care. Turuki Healthcare is one of these HMPs. We have a contract in place for S9(2)(ba)(ii) over 13 months. While the delivery plan is currently being finalised, we are confident in Turuki Healthcare's ability to deliver on this contract.

46. The recommended approach (Option A) is underpinned by Te Tiriti o Waitangi, and enables mana whakahaere – effective and appropriate kaitiakitanga, mana motuhake – the right of Māori self-determination, mana tangata – equity in life course outcomes and mana Māori – enabling Ritengā Māori which are framed by Te Ao Māori, enacted through tikanga Māori and encapsulated within mātauranga Māori.

Next Steps

47. The Te Whatu Ora Executive Leadership Team to discuss the three strategic options outlined and endorse a preferred approach.

48. If the recommended option, Option A, is endorsed in principle then the following next steps will be undertaken:

    a) Te Whatu Ora and Te Aka Whai Ora will engage with the local iwi-Māori partnership board (Ngā Pou Hauora ō Tāmaki Makaurau) in the next steps including the planning and design of the

expanded Kahu Taurima services available to ensure that these align to the needs, priorities and aspirations of iwi, hāpu and whānau in the area.

b) Te Whatu Ora will document that we wish to undertake an 'opt-out' procurement approach for the provision of these services under the Government Procurement Rules, and why, to ensure that the justification for this is documented.

c) A comprehensive due diligence process will be carried out (see Appendix G) including financial due diligence which tests some of the financial assumptions provided by Tagata Moana and Turuki Health Care.

d) Negotiation would be undertaken with the provider (alliance between Tagata Moana and Turuki Health Care).

e) If all the above steps are undertaken satisfactorily, then a services contract will be put in place following due process with Te Whatu Ora Chief Executive as signatory.

49. If Option B is endorsed, then the following next steps will be undertaken:

a) We would need to work with the landlord for the site to renegotiate the existing lease. Given the term of the lease, a re-worked paper would need to go to the Te Whatu Ora Board for endorsement.

b) Work would need to start being carried out to confirm if staffing was available.

c) Inform the Wright Family Foundation and other stakeholders.

d) A proactive media plan would need to be put in place given likely impacts to service continuity.

50. If Option C is endorsed, then the following next steps will be undertaken:

a) Inform the Wright Family Foundation and other stakeholders

b) A proactive media plan would need to be put in place given the impact on local continuity and access to services (including for people currently booked to birth at Nga Hau in the future).

51. A status update will be provided to the Te Whatu Ora Executive Leadership Team in six weeks.

Appendices

Appendix A: Primary Birthing Unit Capacity in the Northern Region

52. There are currently a range of providers who provide primary birthing services across the Northern region, some of which are operated by Te Whatu Ora and others which are commissioned privately.

Provider Name	*Facility Name*	*Capacity*
	EXISITING FACILITIES	
Birthcare Auckland Ltd	Birthcare	4 birthing rooms 36 + 4 post-natal
Rodney Coast Midwives (2020) Ltd	Warkworth Birthing Centre	2 birthing rooms, 11 postnatal
Helensville Health Trust	Helensville Birthing Centre	5 rooms (up to 4 for birthing)
Coast to Coast Health Care	Wellsford Birthing Unit	2 beds
Te Whatu Ora	Papakura Birthing Unit	9 beds, 8 resourced
Te Whatu Ora	Botany Birthing Unit	15 beds, 12 resourced
Te Whatu Ora	Pukekohe Birthing Unit	10 beds, 8 resourced
Wright Family Foundation	Nga Hau Māngere	20 beds, 7 resourced
	FACILITIES IN DEVELOPMENT	
Te Whatu Ora	Waitakere Hospital	6 combined birthing and postnatal rooms. Available from 2025. The unit will also have additional facilities such as assessment room, whanau room, community Breastmilk bank and community education rooms.
Te Whatu Ora	Auckland City Hospital	3 birthing rooms, up to 8 rooms in total, to accommodate birthing, assessment, and postnatal stay. Midwifery led space, which is re-allocation of capacity, and streaming within the existing tertiary hospital space. Resourcing is within existing allocated FTE, but currently only staffed for daytime M-F.

Appendix B: Community and Lead Maternity Carers' Feedback

Feedback received from the community	Testimonies from the Nga Hau Māngere Birthing Centre Consumer Group are available. These testimonies reflect the difference in service delivery between the Nga Hau Māngere Birthing Centre birthing experience and birthing experiences that have been experienced at other primary birthing or tertiary facilities. Key themes from these testimonies and community engagement indicate the following about Nga Hau Māngere Birthing Centre: • Changed my birthing experience and has influenced where I have birthed subsequently. • Is a modern birthing unit with high quality facilities that provide a unique environment for birthing. • Prioritises access to Māori and Pacific and this is evident within their model of care. • Antenatal, birthing, and post-natal care is clinically and culturally safe. • The experienced workforce and how midwives and Nga Hau work together play a significant part of the quality of care that is provided. • Has offered a healing experience from previous birth and maternity care trauma. • Provides an all of whānau experience – encouraging and supporting fathers and the wider whānau to be a part of birthing.
Feedback received from Lead Maternity Carers	• Nga Hau Māngere Birthing Centre has 42 access agreements with Lead Maternity Carers who can use Nga Hau Māngere Birthing Centre for birthing and who also support capacity where required. • A letter of support from a group of Lead Maternity Carers has been received, this highlights the benefits of Nga Hau Māngere Birthing Centre, including the focus on cultural connection, and that the model of care is incomparable to public birthing units.

Appendix C: Provider Summary of Turuki Health Care Limited and Tagata Moana Maternity Trust

53. **Tagata Moana Maternity Trust**
    a) Are a group of Pacific midwives that have operated out of Nga Hau from the inception in 2019. Tagata Moana is purpose driven midwifery collective focussed on the provision of high-quality midwifery care delivered in the community in a personal, clinical, and culturally safe way.
    b) Tagata Moana Midwives (TMM) are also Pasifika Midwives Aotearoa members who have worked within the Counties Manukau region. One of our long-term strategies was to establish a primary midwifery service within the Mangere area. These experienced midwives had worked across the midwifery scope of core services, management, education and self-employed practice and had a collective total of over 100 years in the profession.
    c) Learning that the Wright Foundation and its founder, Chloe Wright were constructing a primary birthing centre in Mangere, PMWA representatives approached Chloe Wright for a meeting. During that meeting we found alignment in our philosophies and kaupapa around the primary model of care being particularly beneficial for the population it would be serving.
    d) Chloe Wright's driven energy and willingness to share a service with this South Auckland community was inspirational to these midwives who had worked on the frontline in Counties Manukau. As Pacific midwives, they were ready to see an improved service and another choice for this population of increased birthing rates.
    e) A relationship with the Wright Foundation commenced whilst construction of a high-quality purpose-built facility was underway anticipating government funding. The appointment of a Pacific midwife to manage Nga Hau Mangere Birthing Centre set the scene to incorporate a strong message to Pacific midwives, students and whanau that this would be a primary birthing centre with a difference. Funding did not come but the Wright Foundation were committed to backed it.
    f) After just over 3 years of supporting Nga Hau Mangere Chloe Wright began to shift her focus to maternal mental health. She decided to step away from primary birthing but proposed that Pacific midwives consider continuing the service and partnering with another organisation. She offered to support the new venture through its transition phase with some interim financial help and back-office expertise.
    g) The vision that underpins the model of care is based on being able to positively impact hapu māmā to support the early days of life. With the majority of the midwives previously working through a tertiary setting, there is a strong desire to change the birthing experience of our Māori and Pacific māmā to be culturally and clinically safe. The model of care delivered at Nga Hau transforms the birthing experience for Māmā and their pēpi. In the short amount of time we have operated, we are already starting to see the impact of this model in the communities we serve resulting in a high percentage of repeat births at Nga Hau.
    h) TMM's vision was of a village model and whānau approach, a hub where maternity services would be interlinked and most importantly is community based. Whānau were able to choose and access the service e.g family planning, pregnancy, parenting and postnatal education, breastfeeding, family planning, paediatric and obstetric consultancy, immunisations, hearing screening, pregnancy, parenting and postnatal classes. Midwifery education, annual emergency days, midwifery standard reviews and a wide range of related topics were all anticipated.

54. **Turuki Health Care Limited**
    a) Part of the Turuki Health Care Trust Group, Turuki Health Care Limited is one of the largest Kaupapa Māori providers in Tamaki Makaurau and Aotearoa. Operating in South Auckland since 1995. Turuki Health Care has grown its services through a focusing on addressing the rising needs across health, social, education and employment. Turuki Health Care's vision is:
        a) "*Whakamanatia te wāhine, hei oranga whānau*"

b) Empowering women as the foundation of whānau wellbeing

b) Turuki Health Care had been formed in 1995 by a group of midwives who wanted to work together to serve the Mangere and the wider South Auckland community. The service soon attracted complimentary services such as a breastfeeding service and later developed and integrated health and social service pilot with South Seas visiting whanau at home - which was a forerunner of integrated service delivery and whanau ora. It sat alongside the midwifery service and the subsequent establishment of a primary health care clinic in Canning Crescent in Mangere.

c) The midwifery service was based on kaupapa Māori principles and values. It upheld the right of Māori and Pacific women to access Māori and Pacific midwifery service and was one of the few services that promoted birthing in the home and primary birthing allowing whanau to be an integral part of the birthing process and affirming cultural processes.

d) The service was acknowledged as a "gold star" one stop service for its time. It also incorporated the workforce development opportunities for women who were considering midwifery, tauira in training as well as providing internships for new midwives.

e) The service delivered over 300 births a year and continued to serve the same whanau many times over, whether it was the same mother or wider members of their whanau which was indicative of the positive experiences and trust in the service.

f) The missing piece was always a community led primary birthing facility. The service closed in 2016 due to a lack of sustainable funding despite it being the epitome of a fully integrated midwifery, primary health and social service. It was only a couple of years short of seeing the opening of Nga Hau.

g) However a strong legacy of experience, institutional knowledge and understanding of the significance of how this model had delivered better health outcomes to the whole community remains within Turuki and the midwives and students who worked at Turuki for those 21 years. We have over 12 multi agency contracts that continue to serve whanau with ante natal education, breastfeeding, mama and pepi support and navigation, early parenting, rapid response support, teen parenting and access to child immunisations and primary health care.

h) Turuki is now one of the largest kaupapa Māori integrated health and social service organisations in the country with over 260 staff across 8 locations, a satellite and mobile services across Central and South Auckland to Port Waikato.

i) This is what drives our organisation and underpins our model of care and service delivery models for 0 – 5 services. From our experience working with Māori and Pacific communities, we believe that whānau always present with more than one issue. As such we have developed an integrated service delivery model that is holistic in its approach. By doing so, we place whānau at the centre of what we do.

j) Our service approach is whānau driven, meaning we support their journey to better health and social outcomes alongside them at their own speed and choice so whānau maintain mana Motuhake. We have a proven track record across different sectors that this approach is working in changing the health and social outcomes of the Māori and Pacific communities we serve.

k) This approach is driven by a strong infrastructure and a breadth and depth of service that allows Turuki to work in spaces where there are existing gaps in service delivery whilst investing in our people and our systems to drive innovative approaches.

Appendix D: Turuki Health Care Limited and Tagata Moana Maternity Trust Proposal

The alliance between Tagata Moana Midwifery Trust and Turuki Health Care have outlined in their own words below why their unsolicited proposal should be supported:

"Tagata Moana Midwifery Trust and Turuki Health Care exemplify essential cultural competence as a way of better engagement and access for whanau to enduring relationships of trust between the providers and whanau. The data on the women using the service is rising fast in support of this kaupapa. The local community has raised strong and vigorous protest at the possibility that the service might close. These Māori and Pacific women can clearly articulate the 'why' of why they have chosen this service. Stories of women birthing here are the strongest possible narrative we have from the local population of why this is essential. This is the great reclamation story of primary birthing being reintroduced into this population. This is a community profile of low decile NZ citizens being birthed in a high-quality facility that truly reflects their mana. It is a magnet for midwives with the highest number of Māori and Pacific midwives practicing in any primary birthing centre in the country. Nga Hau is a core supervised training facility for Pasifika and Māori midwives that amplifies this grand purpose. This is what the health reforms were designed to achieve.
Every moment of seismic shift in social relations, groundbreaking alliances and new thinking begins with an origin story. This is our story.

55. The power of a Māori and Pacific alliance to challenge the received narrative

a) The women of the Tagata Moana Maternity Trust are the most experienced Pasifika midwives in Aotearoa. Turuki Health Care had already an extensive history of midwifery service to the population of Mangere and South Auckland. There has never been an alliance between Pacific and Māori of this comprehensively competent nature and the reason is clear.

b) Pacific and Māori women giving birth have often been categorised as high risk and not suitable for birthing outside of the main hospitals. Birthing within their own community setting has by default been unavailable to meet their needs. This is no longer the case.

c) Turuki and TMM are committed to demonstrating that the paradigm of care offered at Nga Hau is positive for mama pepi and they have the accumulating evidence of 1000 births on site at Nga Hau Birthing Centre to underpin this."

56. Why Kahu Taurima counts as a progressive intervention

a) In June 2023, Turuki was awarded a contract from Te Aka Whai Ora to design an integrated mama pepi tamariki model to align with the Kahu Taurima strategy. Turuki already has a number of antenatal and 0-5 year services that could be brought together with the addition of midwifery services. It made sense to seek the support and a collaboration of the Birthing Centre. Turuki has has started to think about the design and early implementation of a mama pepi tamariki hub. As the first services off the starting block Turuki would co-locate their Start Well service and a static child immunisation service and their primary care and vaccination mobile service.

b) By June 2024 Turuki will have added their call centre and navigators there to receive referrals whether by phone or "walk-ins". It is literally 20 steps from the front door of Nga Hau Birthing Centre and it plans to attract both midwives and whanau. The reason is simple. Whanau never present with just one issue, and it is hoped that whanau will experience a full wraparound service. The quality of the relationship and proximity between the Birthing Centre staff and Turuki staff is integral to the success of this new alliance achieving the outcomes for whanau.

c) In looking back at Counties Manukau strategic plan 2015 to 2020, the need to support whanau to be well in the early years was recognised for families and whanau in South Auckland as a need with the strategic objective: *"protecting our future generations through early engagement of*

pregnant mums in maternity services and seamless connection to early childhood and infant health services".

d) Because of the connections encouraged by Chloe, Tagata Moana Midwives and Turuki Health Care found common purpose immediately and were able to shape an alliance that could offer a community led model of a full suite of services that would meet the needs of whanau in the mokopuna's first 2000 days. This is opportunity to foster high trust models of care, focused on "doing whatever it takes" to get to the agreed outcomes for whanau.

e) This suite of services would include co-location of hubbed services include hapu wananga, breastfeeding advocacy and lactation consultants, start well and family start, teen parenting, engaging priority families in early childhood poipoia te mokopuna, static child immunisations and mobile outreach primary health care, community connectors and navigation services and proposed nurse led primary health care for women in Nga Hau and access to Aronui Turuki's traditional healing and rongoa services), addiction services, quit smoking, plus call centre and walk in primary care and midwifery consultancy rooms and Under 5s all represented in the hub.

f) Both Turuki and TMM exemplify essential cultural competence as a way of better engagement and access for whanau to enduring relationships of trust between the providers and whanau. A core supervised training facility such as Nga Hau for Pasifika and Māori midwives amplifies this purpose.

g) The data on the women using the service is rising fast in support of this kaupapa. The local community has raised strong and vigorous protest at the possibility that the service might close. These Māori and Pacific women can clearly articulate the 'why' of why they have chosen this service. Stories of women birthing here are the strongest possible narrative we have from the local population of why this is essential. This is the great reclamation story of primary birthing being reintroduced into this population. This is a community profile of low decile NZ citizens being birthed in a high quality facility that truly reflects their mana. It is a magnet for midwives with the highest number of Māori and Pacific midwives practicing in any primary birthing centre in the country.

h) Community based midwives are equally distraught at the possibility of Nga Hau discontinuing its services. They feel acutely the hurt of whanau they serve and it is also the reclamation of midwifery practice in its purest form of a natural life event in a whanau's life – whakapapa.

i) Both Turuki Health Care and Tagata Moana have agreed how Nga Hau will be operated in the context of a broader 0 – 5 delivery model. Turuki Health Care has an existing contract with Te Aka Whai Ora to develop a first 2,000 days Te Ao Māori and values based model of care that underpins an integrated service delivery approach. Turuki Health Care will be working with Tagata Moana Midwives to integrate a Pacific approach as part of this and will cover the preconception, maternity and early years services (planned early pathway initiatives 'PEPI') across the 0 – 5 continuum. Turuki Health Care and Tagata Moana Midwives will do this by:
   a) Developing a model of care that is māmā, pēpi, tamariki centred in the context of whānau;
   b) Delivering maternity and early year services as part of a māmā, pēpi, tamariki and whānau hub (a hub approach that includes both range preconception, birthing and early years services and alternative delivery models i.e. outreach / technology enabled);
   c) Elevating and valuing cultural practices (Māori and Pacific) to sit alongside clinical approaches (from maternity through to early years services);
   d) Combining existing Turuki Health Care service contracts (in health, wellbeing, social, education, housing) to provide a pathway for whānau that is truly holistic and intersectoral by covering off broader social determinants of health; and
   e) Reducing fragmentation across services through consolidation of services to provide improved continuity of care across the 0 – 5 years of life for pēpi, tamariki and the experience and support for māmā and the wider whānau, thereby improving access to services.

j) Taking a strengths-based approach, by establishing strong foundations, will support the achievement of broader outcomes and ensuring Option A is sustainable and viable. Critical success factors that will support this option include (but are not limited to):

57. Workforce Development

a) Developing a workforce strategy that acknowledges midwives and midwifery care assistants (kaiāwhina) are a key part of the sustainability of Option A. Both Turuki Health Care and Tagata Moana Midwives take a strong partnership approach to workforce development. Examples of this include existing partnerships with AUT Midwifery school and Manukau Institute of Technology (MIT) Nursing schools to support tauira complete their work experience requirements. The approach is already working and there is existing capacity in our programmes to allow for scale as well as presenting Nga Hau as a training facility for Māori, Pacific as well as other tauira to complete work placements as well as learn a model of care that values culture alongside clinical practice in line with Te Āra o Hine (Māori) and Tapu Ora (Pacific) midwifery workforce strategies.

b) Option A has the added benefit of having existing framework and systems to develop its own workforce pipeline (that can benefit the health system as a whole). For example, work is already underway on developing a stair-cased pathway for unregulated workforce. A multi-faceted approach is required to address the workforce shortages of midwives, midwife care assistants and other roles that support 0 – 5 services.

58. Governance

a) Turuki Health Care and Tagata Moana Midwives have indicated a desire to work with Te Whatu Ora Counties Manukau in areas that are critical, not only to primary birthing, but across the first 2,000 days of life. From service design, service delivery (postnatal care) or through areas such as specialist services Option A provides an opportunity to continue developing innovative approaches that have sustained outcomes for Māori and Pacific peoples. Furthermore, it is acknowledged that the establishment of clinical governance is required to manage risk and ensure that services can be delivered in a clinical and culturally safe.

59. Infrastructure

a) Nga Hau is less than 5 years old and has remained underutilised since opening its doors. Its birthing rooms are of high quality, with all the facilities to provide a safe environment for birthing. A key difference of Option A is Turuki Health Care and Tagata Moana Midwives would like to establish a māmā, pēpi, tamariki and whānau hub which includes Nga Hau as well as buildings that are parallel to the birthing centre. The location of these facilities (in the heart of the community) provide opportunity for prenatal, postnatal and wrap around services all within the same area, making it highly accessible for māmā and whānau.

b) Infrastructure and facilities must include the incremental implementation of technology to support service delivery and ensure the outcomes that can be achieved is evidence based.

60. Proposed implementation timeline

6 months	12 months	18 months	30 months +
• Co-design and co- develop model of care* • Co design and co-develop integrated service delivery mode* • Stakeholder and community engagement* • Commissioning and contracting completed • Continue existing service delivery through māmā, pēpi, tamariki hub • Recruitment of new roles • Establishment of governance group	• Increase engagement with māmā, pēpi, tamariki hub services through active marketing and promotion • Outcomes and measurement indicators framework • Planning and contracting of expanded maternity and early years services integration between primary birthing and primary care • Annual reporting completed	• Process evaluation of māmā, pēpi, tamariki hub services (antenatal, birthing, postnatal and PEPI services completed • Recommendations from process evaluation implemented • Outcome framework and measures have been tested and reviewed (ensure process and benefits are in line with plan)	• Outcomes evaluation of model of care and integrated service delivery model • Recommendations from outcomes evaluation implemented

Appendix E: Financial Modelling Provided by Turuki Health Care Trust and Tagata Moana Maternity Trust (Option A)

Contributed by: Turuki Health Care Limited and Tagata Moana Maternity Trust

61. Funding in a primary care setting is significantly more cost effective in comparison to birthing in a tertiary facility.
62. The immediate capacity and business model of Nga Hau will result in immediate economies of scale.
63. Any additional cost savings from service delivery can be redeployed to innovation or supporting other interventions to be delivered creating a natural 'leverage' model across birthing and early years services delivered through primary care.
64. The broader 0 – 5 approach that will be delivered as part of the māmā, pēpi, tamariki and whānau hub will reduce the cost to the system in future years as we are able to support an all of whānau wellbeing approach for Māori and Pacific peoples.
65. For Option A to be successful, sustainable funding must be made available to support the development of model of care and integrated service delivery model that prioritises equitable approaches to ensure the health needs of whānau Māori and Pacific peoples are met and the start to life for pēpi meets the intent as described within the Pae Ora Act 2022.
66. Considerations to the financial modelling provided by Tagata Moana and Turuki Health Care includes:
    a) An FTE workforce model that represents a multi-disciplinary team approach to delivery of care to facilitate the coordination of services.
    b) Anticipating the extension of services over the coming years (through a specialise and permanent staffing model).
    c) Costs to expand infrastructure based on the model of care.
    d) Consideration of workforce development, training, and wellbeing to support retention of staff.
67. Key points about cost of investment
    a) The model is built around having a strong multi-disciplinary team across maternity services and early years services.
    b) Services will be available 24/7 access for maternity care.
    c) It will deliver an integrated service delivery model across maternity and early years.
    d) They will adopt a teams based approach in our workforce model made up of clinical (midwives, midwifery care assistants, lactation consultants) and non-clinical FTE care co-ordinators, kaiāwhina, community connectors.
    e) They have included workforce to support front line staff across quality, data and digital, back office and administration.
    f) Workforce development has been included in the approach. This allows Nga Hau to take a targeted approach to growing Māori and pacific workforce numbers and capability across maternity and early years to address a significant shortage in workforce numbers.
    g) Navigator and community connector services to support whānau navigate systems across health and other sectors.
    h) Evaluation and monitoring whānau pre and post birth to allow for insights and analysis of broader health outcomes.
    i) We envisage Nga Hau to be used as a training facility for placements through the inclusion of midwifery educators / maternity clinical coaches. Nga Hau already has provisional agreement with AUT.
    j) Additional costs to build the infrastructure to support the model of care and integrated service delivery model has also been included (IT systems).

Appendix F: Risk Analysis and Mitigation Plan (Option A)

Risk	Mitigation
Community acceptance and utilisation	• Turuki Health Care and Tagata Moana already provide services in the community Nga Hau Māngere Birthing Centre is located. Both entities have a built a trusted relationship with Māori and Pacific communities. • Engage with communities through media and hui / fono channels to describe positive birth experiences. • Invite community representatives to be part of the service through design, development, and monitoring. The service will be driven by community. • Māmā and whānau education about the scope of services offered at the community-based facility, including the criteria for transfer to a tertiary hospital. • Ensure patients understand the benefits and limitations of both a primary birthing and a tertiary birthing setting.
Immediate access to advanced emergency services may be limited	• Reinforce efficient communication pathways between Nga Hau Māngere Birthing Centre and secondary care for seamless transfer and consultation in case of complications. • Review shared clinical protocols and guidelines between the Nga Hau Māngere Birthing Centre and secondary care to ensure consistent and evidence-based care. • Establish joint care plans for high-risk cases involving both the community-based facility and secondary care. • Implement systems for secure data sharing between Nga Hau Māngere Birthing Centre and secondary care to facilitate seamless care transitions and informed decision-making. • Strengthen emergency response plans. • Establish appropriate clinical and community governance groups. • Continue with regular audits and reviews of cases to assess the appropriateness of care settings and identify areas for improvement
Establishing a wider community-based care environment	• Emphasise the principles of access, affordability, and adequacy, ensuring no or low charge for our Lead Maternity Carer's as a driver of activity (retain current policy). • Monitor usage rates and establish reporting to ensure services are being delivered to priority population groups. • Develop a range of different access enablers (e.g., transport subsidies) for māmā's and whānau.
Workforce Challenges	• Workforce development is a cornerstone of the solution. Regular training should emphasise early identification of complications. • Dual Training Staff - employ healthcare professionals who are trained to work in both community-based and hospital settings. They can provide continuity of care while having the expertise to manage higher-risk situations.

Risk	Mitigation
Financial Sustainability	• Provide funding that supports the model to be a success from the beginning. Infrastructure investment is required to enable process / productivity improvements to be realised as part of the model moving forward. • Adopt workforce / resourcing models that support streamlined services supported and delivered by a team approach. • Engage with the wider scope of funders across government to support the wider scope of services. • Existing lease held by Wright Family Foundation has a ~16-year term left out of 20 years. Turuki Health Care will not be able to commit to such terms particularly if Te Whatu Ora are only offering a five-year agreement for services; the lease will need to be renegotiated. • A full due diligence would need to be undertaken before entering into this approach, see Appendix G.

Appendix G: Due Diligence Requirements

A full due diligence process would need to be undertaken before entering into Option A or B including:

- Financial
- Tax
- Insurance
- Workforce
- Fixed Assets
- Lease
- Transition risks
- Sustainability
- Systems review (for compatibility and clinical safety)
- Model of Care (and impact on staffing/workforce)
- Governance structure, consumer representation

Task	Timeframe
• Agree terms of reference	2 weeks
• Develop an information request	2 weeks
• Information requested to be provided ahead of the first site visit	2 weeks
• Initial onsite visit, appointments for staff interviews to be arranged in advance	2 weeks
• Due diligence through interviews, review of data provided, access to payroll records, access to general ledger, detailed analysis, etc.	6 weeks
• Additional site visits to be determined and arranged for mutually convenient days	
• Discussions with management on findings and correction of interpretation where necessary	
• Prepare draft due diligence report for review and comment	2 weeks
• Finalise the due diligence report	4 weeks

Memorandum to the Regional Implementation Team

Implementation of the Te Whatu Ora Healthy Food and Drink Policy

Date:	9 August 2023	**Author:**	Rob Beaglehole, Lead Public Health Innovation and Advancement Team
For your:	Approval	**Approved by:**	Maria Poynter, Transformation Director , National Public Health Service
Seeking funding:	Yes	**Funding implications:**	Yes
To:	Regional Integration Team		

Purpose

This paper seeks support from the Regional Integration Team to progress the implementation of the Te Whatu Ora Healthy Food and Drink Policy including supporting the establishment of a project steering group and endorsing the resourcing required to implement the Policy.

Recommendations

The RIT is asked to:

a) **Note** that the National Healthy Food and Drink Policy was endorsed at the Te Whatu Ora ELT meeting on the 2nd May. This included:

'in-principle support for resourcing to fully implement the policy (from the National Public Health Service and Hospital & Specialist Services teams)'.

b) **Note** that implementation of the Healthy Food and Drink Policy and action of Healthy Food Environments are priorities for Te Whatu Ora and the NPHS.

c) **Note** the implementation plan in appendix 1.

d) **Note** the proposed steering group for the implementation of the policy.

e) **Agree** that the regional leads are resourced from within Hospital and Specialist Services.

Background

2. An unhealthy diet is the leading preventable risk for poor health worldwide. With increasing rates of obesity and the subsequent rise of associated poor health outcomes, including poor oral health, type 2 diabetes, cardiovascular disease and cancer, it is vital that the health sector shows leadership by providing healthy eating environments for staff, visitors, and their whanāu.

3. The National Healthy Food and Drink Policy was endorsed at the Te Whatu Ora ELT meeting on the 2nd May. This included:

'in-principle support for resourcing to fully implement the policy (from the National Public Health Service and Hospital & Specialist Services teams)'.

4. The Policy, which had been in place in various forms in DHBs for a number of years, presents a colour-coded food and drink classification system. Green category items should make up at least 55% of food and drinks available for consumption. Red category items are not permitted.

5. Compliance with the Healthy Food and Drink Policy across ex-DHBs has been poor. The recent HYPE study found that 40% of the items available for sale were red items that shouldn't be available. The HYPE study identified a number of barriers to implementation including:

   - That the policy is voluntary with no consequences for non-adherence
   - Lack of resourcing to oversee implementation and evaluation of the policy
   - Difficulties by retail staff in interpreting complex policy criteria (and no support or tools)
   - Challenges in sourcing healthier foods due to lack of demand.

Implementation Approach

6. Robust implementation of the Policy is required to address the barriers and recommendations noted above. The approach will need to engage with staff, customers, vendors and unions to ensure that they understand and support the changes being made. A detailed implementation plan is set out in Appendix 1. Key actions include:

   - **Governance** – establishing a steering group to oversee the implementation
   - **Project Management and Resourcing** – establishing the project team to support implementation
   - **Procurement** – ensure clauses are included in contracts and actively manage contracts to support compliance
   - **Communications and training support** – develop and implement at communications plan and provide training and support to food vendors
   - **Engagement with Unions -** engage and consult with unions re proposed changes
   - **Monitoring and Evaluation** – monitor and evaluate implementation of the Policy
   - **Policy content** – reviewing and updating the policy.

National Project Steering Group

7. A national project steering group is being established to oversee the implementation of the policy. Proposed membership of steering group is set out in the table below.

Table 1. Proposed Project Steering Group membership

Role	Person	Title
SRO / Chair	Kathrine Clarke	Director Health Promotion, NPHS
Te Aka Whai Ora	Selah Hart / Kim Dougal	Deputy Chief Executive, Te Aka Whai Ora
Pacific Public Health	Api Poutasi	Director Pacific Public Health, NPHS
Network Chair	Amanda Buhaets	Liaison Dietician, H&SS, Te Whatu Ora Auckland
Food services	Rachel Cadle	General Manager – Commercial Services, Waitaha Canterbury, H&SS, Te Whatu Ora
Procurement	Nicala Husbands / Mike Trevenen	National Procurement Lead – Support Services and Supplies, H&SS, Te Whatu Ora
Comms	Esther Munroe	Comms, NPHS

Policy / secretariat support	Rob Beaglehole / Simon Bowen	National Public Health Innovation and Advancement team

Resourcing to support implementation

8. A key barrier to the implementation of the Policy to date has been the lack of resourcing to support implementation. There are approximately 274 food vendors operating across 43 sites across the country. Engagement and regular visits with vendors is required to monitor and support compliance with the policy. Current resourcing is inadequate to engage with the number of vendors and support effective implementation of the policy across the country.

9. A number of people are involved in supporting implementation at a local level including food service managers, dieticians, finance and procurement staff but these people have very limited dedicated time for this work. The existing staffing (approximately 0.7FTE nationally) is required to maintain the status quo, but will not address the implementation issues identified by the HYPE study outlined above. The detailed work with vendors required to achieve compliance with the policy will require a full FTE in each region. This would need to be supported from the H&SS dietician pool as 1FTE secondments per region. The NPHS is providing a national lead (1 FTE) to coordinate and lead the work.

10. The implementation team would work with and support existing staff in each district. A draft role specification is set out in Appendix 2. Roles, responsibilities, and FTE for the team as well as where the staffing is expected to come from is set out in the following table:

Table 2. Roles and Responsibilities of the Implementation Team

Role	Responsibilities	FTE	Source
National Lead	• Overall coordination of the team • Strategic direction • Policy Development • Development of tools and resources • Quality improvement	1 FTE	**Health Promotion Directorate**
Regional support	• Retailer engagement • Support contract ngotiation • Food service staff training and support • Audit and compliance • Stakeholder collaboration • Communication and socialisation	1 FTE per region	**H&SS dietician supported by NPHS regional staff**

Funding Required

It is intended that staffing will be provided from existing staff and therefore covered by existing budgets.

Te Aka Whai Ora contribution

Contributed by:	Selah Hart, Deputy Chief Executive Public and Population Health.

11. Te Aka Whai Ora have supported the development and finalisation of the policy. They have provided specific feedback on the cultural importance of food for Māori, the equity implications of unhealthy food environments and supported the development of the recommendations.

Next steps

12. The key next steps are to agree the resourcing requirements for the national and regional implementation of the Policy, establish the project steering group and continue to engage with key stakeholders to progress implementation.

Appendix 1: Healthy Food and Drink Implementation Plan

Area	Actions required	Who	When
Governance	• Establish a steering group of ELT and senior staff members relating to public health, procurement, staff and consumers. • Develop TOR, identify members etc, agree senior sponsor / chair, set up meeting	SB	July / August
	• Review terms of reference for the existing Te Whatu Ora Healthy Food and Drink Network and revise to ensure it is fit for purpose to provide technical implementation guidance for the Policy.	AB	August / September
Project management	• Identify resources required to support effective implementation - Develop specification of work and FTE required to support implementation at a local level - Develop resourcing request for LT	SB AB	July / August
	• Undertake a stocktake of current staff and FTE available to support implementation and identify opportunities to increase staff availability and time in line with the resources required.	SB	May
	• Identify leads at a regional and local level	SB	July / August
Implementation Plan and Approach	• Develop detailed implementation plan and approach	SB	June
	• Develop a plan for removal of red items – identify priority items and timing for removal - Validate / understand detailed results from HYPE	AB	June / July
Procurement	• Undertake a stocktake of all contracts - SB to meet with food services group and request collation of contract details	SB	June /July/ August
	• Identify contracts that don't have a clause requiring compliance with the HF&D Policy	SB?	August
	• Renegotiate contracts that don't have a clause requiring compliance	SB	August - June
	• Assess the financial impacts of implementing the policy	SB	ongoing
Training, support and communications	• Develop comms plan, messaging and tools	EM	ongoing
	• Communicate with vendors about the adoption of the policy nationally and the implementation plan and implications		July / August

	- Organise regional meetings to brief vendors on the hype study results and the implementation plan / approach		
	• Provide training and support to vendors about the Policy and how to comply with it	Dietitians	August on
	• Work with vendors to address any areas of non compliance with the Policy	Dietitians	August on
	• Development of communications to support the Policy for vendors, staff and visitors	EM	July August
Engagement with Unions	• Meet with unions to update them on the planned approach	RB	April / May
	• Identify any specific changes that will require consultation with the unions	RB	
	• Consult with Unions about changes	RB	
Monitoring and evaluation	• Establish process and mechanism for monitoring and evaluation - ideally individual areas on a monthly basis, comprehensive annually	SB AB	July August
	• Review existing audit tool and compare with approach used by HYPE	AB	June / July
	• Audit compliance with the Policy across vendors - utilise audit results as part of contractual discussions	Network	Ongoing
Policy content	• Develop and agree scope and approach for the phase 3 Policy update	AB	May
	• Establish steering group to oversee the update of the policy	AB	June / July
	• Identify priority areas for change taking account of HYPE Study results	AB	June July
	• Develop proposed list of changes	AB	August September
	• Consult on proposed changes with unions etc		September October
	• Finalise and implement new policy		November December

Appendix 2: Role Description National Healthy Food and Drink Nutrition Support – NZ Registered Nutritionist or Dietitian

Retailer Engagement:

- Build & maintain positive relationships with retail managers, providing support and guidance on understanding the nutrition standards in the policy for product purchases and menu planning.
- Conduct regular meetings with retail managers to address any queries, provide updates, and foster collaboration.
- Develop a monthly/quarterly newsletter showcasing different retailers, new products, and ideas for healthy and sustainable food and drink options.

Foodservice staff training & support:

- Provide induction training and ongoing competency development to foodservice staff ensuring they understand the policy's background, requirements, portion management, and accommodation of dietary restrictions or special needs.
- Assist with menu planning, including reviewing and approving menus, recipe development or modification, testing recipes, and reviewing feedback.
- Support with nutritional analysis when needed for example Health Star Rating calculations.

Audits & Compliance:

- Conduct regular audits through random purchases from cafes and vending and assessing them (disassemble and weigh meal components if required) against the policy, ensuring compliance with nutrition standards, feedback and create action plans with retailers. Report back to regional leaders (Contract managers/local dietitians)
- Regularly review new product nutritional's, cost, popularity to make recommendations.

Stakeholder Collaboration:

- Collaborate with other stakeholders, including the National Nutrition Network, local/regional contract managers, Mana and Tangata Whenua, Unions, Staff, Visitors, Ministry of Health and Heart Foundation to ensure clear communication, engagement & alignment of objectives.
- Work with vendors such as Bidfood and Vending direct to directly impact food supply and work to create more suitable product availability.

Communication & socialisation

- Conduct Staff and Visitor surveys, analyse results, and create action plans based on feedback.
- Work with local communications teams to design fun, engaging, strengths-based communication to staff & visitors about the policy
- Answer any complaints or general feedback that comes through about the policy.

Research & Policy Development

- Stay up-to-date with industry trends, relevant research, and best practices for foodservices within institutions.

- Note audit and survey results and present them to National Network Group for future policy improvements.

HyPE initiatives

- Maintain HyPE 'Kai Finder' tool, by regularly reviewing products, adding or deleting items as needed to keep database up to date.
- Maintain HyPE online audit tool and ensure it reflects any changes in the policy.

Leadership

- Extra FTE to manage and lead the nutrition team, providing strategic direction and overseeing continuous improvement efforts.