Te Whatu Ora
Health New Zealand

Agenda

Regional Integration Team: Central Region

Date:	Thursday 18 January 2024		
Start Time:	1.00pm	Finish Time:	2.30pm
Location:	Huitīma | Teams		

Members: **Co-Chairs: Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Regional Wayfinder)

Jason Kerehi (Director, Te Upoko o Te Ika, Te Aka Whai Ora); **Paula Snowden** (Regional Director, Central Region National Public Health Service); **Richard Perry** (Group Manager Service Improvement and Innovation); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Sipaia Kupa** (Regional Director Pacific); **Tricia Sloan** (Director of Operations, Service Improvement and Innovation);

In attendance: **Shung Wang** (Regional Integration Team Lead); **Carol Ratnam** (Programme Manager, Regional Integration Team)

Guests:

Apologies: **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor)

Time	Item	Method	Lead	Action
1.00pm	Karakia tīmatanga			
1.00pm *(15 mins)*	**1. General Business** 1.1 Minutes from 9 Nov 23 meeting 1.2 Minutes from 7 Dec 23 meeting 1.3 Action Register	 Minutes Minutes Register	 Chair Chair Chair/All	 Agree Agree Discuss
1.15pm *(15 mins)*	**2. Cyclone Gabrielle Recovery update**	Paper	Pania Shingleton / Tricia Keelan	Note
1.30pm *(20 mins*	**3. Draft Regional Health and Wellbeing Plan**	Verbal	Chair	Discuss
1.50pm *(20 mins)*	**4. Actions that sit underneath the goals in the Te Ikaroa Performance Framework**	Verbal	RIT Co-Chairs	Discuss
2.10pm *(15 mins)*	**5. Other Business** **5.1 Regional wānanga (19 Dec 23)**	 Paper	 Chair	 Discuss
2.25pm	Karakia whakamutunga			
Next Meeting: 1.00pm – 2.30pm, Thursday 1 February 2024, Huitīma | Teams				

Te Whatu Ora
Health New Zealand

Minutes

Regional Integration Team (Central Region)

Date:	Thursday 9 November 2023		
Start Time:	1.00pm	Finish Time:	2.30pm
Location:	Virtual		

Present: **Patrick Le Geyt** (Regional Director Te Aka Whai Ora), **Tricia Keelan** (Regional Wayfinder - Chair); **Tricia Sloan** (Service Improvement and Innovation), **Nicky Rivers** (Regional Clinical Lead), **Bonnie Matehaere** (Regional Clinical Lead Te Aka Whai Ora), **Russell Simpson** (Regional Director Hospital and Specialist Services), **Richard Perry** (Service Improvement and Innovation) – items 1 and 2 only

Apologies: **Sipaia Kupa** (Regional Director Pacific), **Paula Snowden** (Regional Director, National Public Health Service)

Guests: Item 2: Service Improvement and Innovation: **Dr Karen Bartholemew** (Director of Health Equity), **Aaron Turpin** (Group Manager, Health Analytics)

Item 3 **Nathan Clark**, Manager, Regional Planning; **Peter Guthrie**, General Manager Planning Funding and Performance

Item 4: **Alex Sasse** (Regional Clinical Lead, Cardiology); **Dianne Vicary** (Programme Manager, Cardiology)

In attendance: **Jason Kerehi** (Te Aka Whai Ora); **Shung Wang** (Regional Integration Team Lead) **Stephanie Calder** (Director, Regional Programmes)

1. General business

Patrick Le Geyt opened the meeting with karakia. Tricia Keelan chaired the meeting.

1.1 Minutes from previous meeting

Minutes approved as a true and accurate record.

1.2 Action Register

The action register was discussed and worked through.

2. Service Improvement and Innovation Update

Aaron Turpin and Dr Karen Bartholemew joined the meeting at 1.20pm

Noted update and powerpoint presentation provided by Tricia Sloan, Aaron Turpin and Karen Bartholemew which will be distributed to members with the caveat that it cannot be shared because some data has not yet been validated.

Noted key points and discussion:

- Operational model covers evidence research and clinical trials, health analytics, consumer engagement and whanau voice, equity, population health gain and operations
- Considerable focus on life expectancy gap
- Don't currently have data on disability as data set requires improvement

- Keen to progress AAA and AF screening work with engagement planned in Wellington
- Prioritisation of focus areas requires further discussion
- Pacific Health priorities aligns with Pacific programme
- Condition drivers of life expectancy gap have informed the priorities
- Governance is a joint oversight group that is in development. Governance with Maori health appears to have deteriorated and become fragmented
- How to interface with our planning eg RHWP and infographics and data

Action: Karen Bartholemew to be invited back to discuss lung cancer screening and AAA and how this work aligns with the RHWP

Karen and Aaron departed the meeting at 1.57pm

3. Regional Health and Wellbeing Plan

Noted that the RHWP is being revised. Work still required includes:

- Revising and reorganising content by land, people and wellbeing
- Strengthening the reimaging scenarios
- working with the IMPBs

Noted that timeframes may be extended to enable the incoming government to see its priorities are reflected in the plan.

Noted that this is Nathan Clark's last week before moving into HSS and that this work will need to be transitioned. Nathan's work was acknowledged by the RIT.

4. Future System of Cardiac Care in the Central Region

Alex Sasse and Dianne Vicary joined the meeting at 1.65pm.

Noted the paper provided on the future system of cardiac care in the Central region and the following key points:

- The strong willingness for engagement between the Central Region Cardiac Network and Te Aka Whai Ora.
- Five major areas of development proposed – IT developments; regional clinical integration projects; regional PCI service development; access to cardiology beds in the region; community cardiac pathways
- Needs of rural cardiology patients not visible and work needs to progress on this however support is needed to do this – how can the hospitals meet the need of people in primary care
- Further work is needed in cardiac rehab space and further discussion is required and decisions made on whether cardiac rehabilitation is a wellness activity and sits within Commissioning or whether it remains part of the HSS
- Work can progress on what a cardiac rehab programme could look like, and what the measures should be for further discussion about where this should sit

Actions: Dianne – note in the RHWP that the action planning for cardiology does not currently include actions relating to Synergia recommendations around actions in primary and community

Bonnie happy to support from a Te Aka Whai Ora perspective and take to the Clinical Senate.

Nicky to circulate to Clinical Leaders Group.

5. Other issues

5.1 Regional Integration Team Draft Terms of Reference

Deferred to next meeting

5.2 Regional Wananga
Agree that the next Wananga will be one day and in Hawke's Bay. Detailed discussion deferred to next meeting.
Meeting Closed: 2.36 Next meeting: 1 – 2.30pm Thursday 23 November 2023

Te Whatu Ora
Health New Zealand

Minutes

Regional Integration Team (Central Region)

Date:	Thursday 7 December 2023		
Start Time:	1.00pm	**Finish Time:**	2.25pm
Location:	Huitīma | Teams		

Members: **Chairs: Patrick Le Geyt** (Regional Director, Te Aka Whai Ora, Chair), **Tricia Keelan** (Regional Wayfinder, Chair)

Sipaia Kupa (Regional Director, Pacific), **Bonnie Matehaere** (Regional Clinical Lead, Te Aka Whai Ora), **Tricia Sloan** (Service Improvement and Innovation, National), **Paula Snowden** (Regional Director, National Public Health Service), **Shung Wang** (Regional Integration Team Lead, Commissioning)

Guests: **Justine Mecchia** (Principal Advisor, Oral Health National Commissioning) in lieu of **Charrissa Keenan** (Group Manager, Localities)

In attendance: **Manja Kovinčić** (Business Support Coordinator, Central Region Programmes, Commissioning)

Apologies: **Richard Perry** (Service Improvement and Innovation), **Nicky Rivers** (Regional Clinical Lead), **Russell Simpson** (Regional Director Hospital and Specialist Services)

Item 3.0: Justine Mecchia

1. General business

Patrick Le Geyt (Chair) opened the meeting with karakia tīmatanga.

The RIT noted the upcoming departure of Stephanie Calder and acknowledged her contributions.

The RIT noted the departure of Peter Guthrie and Nathan Clark in November 2023 and acknowledged their contributions.

1.1 Minutes from previous meeting

Draft meeting notes were not endorsed. Amendments to be made post-meeting.

1.2 Action Register

The actions were worked through, discussed and action register updated.

Noted Paula Snowden's resignation from Te Karu o Te Ika Poari Hauora Iwi Māori Partnership Board (IMPB).

2. Immunisation Action Plan Update

The RIT **noted** the paper and the presentation regarding the Immunisation Action Plan update.

Noted the discussion including:

- There is a high preference for face-to-face learning by the participants to build their confidence to stay and maintain with immunisation activities.

- A win has been a double-booked day (8 December 2023) for whānau's tamariki to be vaccinated by the newly trained nurses.
- The benefit of going through the kōrero with the māmā surrounding the pēpē, and the benefit of the mātua seeing the vaccinations taking place in real time to enable better understanding of the process and being more comfortable when their tamariki are being vaccinated.
- Vaccination data accessibility challenges for some local Māori and Pacific nurses at their clinics.
- Plans for the future such as holistic approach to address other health services (cervical screening, etc), exploration of greater synergy with Well Child Tamariki Ora nurses to provide to pēpē on their visits, and utilising existing health services (Oral Health Clinic, etc) for drop-in vaccinations.
- Further work to take place on how to engage with whānau to create a sustainable drop-in approach for vaccinations in a safe and child-friendly environments, including a whole-of-life approach through deployment of workforce into crucial areas of the community.
- A report summarising the system processes and challenges to the event will be drafted.
- Intention to engage with Kura, Kōhanga, Wharekura, etc and to revert to RIT when further updates occur.
- The RIT acknowledged the great work on this initiative and look forward to seeing spread through the region.

3. Mobile Dental Clinic Investment

Justine Mecchia attended the RIT hui and provided an update on behalf of Charrissa Keenan.

The RIT **noted** the presentation regarding the Mobile Dental Clinic Investment, and **endorsed** the paper.

Noted the discussion including:

- Challenges that community oral health services are experiencing, particularly for Māori and Pacific communities.
- Eight mobiles units have been delivered as part of the first tranche of activities, and further units are being pushed to be created as quickly as possible
- As part of the second tranche of activities, the group is connecting with each of the RIT across the motu to understand regional and district needs.
- Hawke's Bay received a new asset through the past DHB and had the last round of capital investment from a National level, so the decision was to invest in Wairoa as they have a very low level of investment.
- Discussions are taking place regionally to financially enable whole whānau approaches, and redesign for what community led oral health services look like.
- The various challenges arising from the current model of funding in particular for providers with lower service utilisation. Any changes need to have an equity component built in to ensure success.

The RIT endorsed their support for the work already accomplished and expressed the desire to be involved in the treading of new paths on approach and procurement.

Justine Mecchia departed the hui at 2.06pm

4. Other Issues

4.1 Regional Integration Team Draft Terms of Reference

The RIT **endorsed** keeping the Terms of Reference a live document and will review in beginning of 2024 pending any new directives from the Government.

4.2 Regional wānanga (31 Oct – 1 Nov)

The Co-Chairs discussed the paper and recapped the activities and learnings from the previous wānanga.

The RIT **endorsed** the notes from the paper as accurate.

RIT members were asked to examine the outputs from the previous wānanga and populate the information required from relevant teams/team members.

The following wānanga will be hosted in Hawke's Bay on 19 December 2023. Shung Wang, Charrissa Keenan and Rawinia Wilcox are supporting the coordination of the workshop.

A high level agenda for the upcoming RIT wānanga was discussed, with further details regarding hui agenda to be confirmed.

Noted apologies for the wānanga from Tricia Sloan and Richard Perry.

4.3 Hospital and Specialist Services Monthly Performance Report

The group noted the paper as being presented.

5. Other Business

The RIT noted the upcoming Te Matau a Māui Regional Stakeholder Engagement Hui scheduled for 15 December 2023 as an opportunity for early engagement with our partners and stakeholders across the region. An agenda has been prepared, alongside a PowerPoint presentation which will be spoken to at the hui.

Abbe Anderson (National Director, Commissioning) has been notified of the meeting and noting Patrick Le Geyt will send representatives to attend.

Meeting Closed: 2.25pm

Next meeting: Wānanga, Monday 19 December 2023, Te Matau-a-Maui | Hawke's Bay.

Te Whatu Ora
Health New Zealand

Regional Integration Team: Central Region

Action Register as at 11 December 2023

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
Ongoing agenda items		IMPB engagement	Patrick Le Geyt/Tricia Keelan	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	
		Regional Childhood Immunisation	Paula Snowden	Provide regular updates to the RIT on regional childhood immunisation.	Ongoing	
		Central Region Clinical Board	Nicky Rivers	Provide regular updates to the RIT on the CRCB. To provide RIT with recommended approach to engagement to deliver a structured deliverable approach.	Ongoing	Nicky attend the monthly meetings.
		Planned Care	Russell Simpson	Provide regular updates to the RIT on Planned Care.	Ongoing	
08-06-2023	1	Regional Public Sector Commission Groups	Shar Kingi	Invite the three regional public commission groups in the Central Region to meet with RIT.		**Update 9 Jan 2024.** Regional Public Commissioners to attend the 15th Feb RIT hui at 1pm. Attendees will be: 1. Karen Bartlett (Regional Commissioner, East Coast) 2. Emma Foster (Director, Regional Public Service Hawkes Bay) 3. Roy Sye (Director of Education & Regional Public Service Commissioner – Greater Wellington) 4. Darlene Rastrick (Regional Commissioner, Central Region)

Released under the Official Information Act 1982

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
12-10-2023	2	Regional Risk Framework Tool	All	This framework provides information on procedures, standards and tools that are to be used for managing risk within Te Ikaroa.	ASAP	**Update 7 Dec 2023.** RIT Members asked to provide Lliam Munro with a contact from their department that he can connect with so he can continue populating and working on the Risk Framework tool.
09-11-2023	3	SI&I engagement	Shung Wang	Karen Bartholomew to be invited back to upcoming RIT to discuss lung cancer screening, AAA and how this work aligns with the RHWP.	January 2024	**Update 10 Jan 2024.** Karen has been invited back for the 29th Feb RIT hui at 2pm.
	4	Future system of cardiac care	Bonnie Matehaere	Support engagement with Te Aka Whai Ora and take to the Clinical Senate.		**In progress:** Engaging with Dianne Vicary (Programme Manager) and Prof Alex Sasse (Chair, Regional Cardiac Network group). To set future meetings including with the Chief Officers in Te Aka Whai Ora.
	5		Nicky Rivers	Circulate to the clinical leaders group.	November	
07-12-2023	6	Updating RIT meeting minutes for 9 Nov and action register	Shung	RIT has requested accuracies to be made for the draft RIT meeting minutes for the 9th Nov hui, and updates to the action register	ASAP	**Update 8 Dec.** Done. To recirculate to RIT for endorsement at next RIT hui.

Released under the Official Information Act 1982

Te Whatu Ora Report
Te Matau a Māui Hawke's Bay Mental Wellbeing – North Island Weather Events Cyclone Gabrielle funding

15 December 2024

Summary

The commissioning of the Cyclone Gabrielle funding of $3.5 million is now 90 percent complete with most of the contracts paid in advance by December 2023. A Hauora and Wellbeing package is being launched this week for whānau displaced and cyclone affected in Hawkes' Bay.

The main contracts are with Health Hawkes Bay (PHO) $1.235m, MSD community grants $1.050m and Te Aka Whai Ora providers $650k, Age Concern Wairoa $275k and $370k on contingency, communications and mental wellbeing lead. The funds are being directed towards displaced, cyclone affected and Māori, Pacific and community card holders as priority populations.

Mana Ake will also be rolled out in Hawkes Bay and Tairawhiti in early 2024 to support the mental health of school aged children up to 12 years.

A review of the psychosocial and primary health needs and best use of funding was made working in collaboration with Te Aka Whai Ora and Director Te Ikaroa Ngaira Harker. The Hawkes' Bay Director of Allied Health Francis Oliver, Public Health officer Bridgit Wilson, and Wellbeing lead Mel Te Whaiti supported this planning, as well as the valuable input of stakeholders (listed below).

Unfortunately, there have been delays to getting this funding into the community due to a change in recovery manager in July 2023, a lack of capacity (around 50% of usual staff levels) in the Hawke's Bay district back office, and unclear processes for commissioning. A big thank you to everyone who has helped with this mahi.

Funding highlights

In mid-December 2023, $1 million in Hauora and Wellbeing Community Grants was distributed to 75 applicants in a joint partnership with the Ministry of Social Development. MSD leads the Regional Recovery Agency for Cyclone Gabrielle. Another $400k of funding was added to the original $600k for mental wellbeing owing to 115 community applications being received asking for $1.6million.

Psychosocial Mental 101 first aid and Powhiri Poutama training has been organised for MSD's (22) and Hastings District Council (12) connectors so they are able to allay the concerns of displaced and cyclone affected people at council land categorisation meetings. Communications and All Sorts information on wellbeing has also been printed and distributed through the community.

A Hauora and Wellbeing package has been launched for people who have been displaced (Category 2 and 3) and is available from 15 January until 30 June 2024.

The package provides free access to:

- 2 GPs and 2 nurse consultations
- 1 emergency after hours consultation
- Pharmacy advice and treatment for minor conditions
- Up to 7 counselling sessions, face to face or online, ask at GP clinics, or call/text 1737
- Practice Plus Telehealth (online doctor consults) are available by contacting a Māori hauora provider, listed on our Hawkes Bay website
- The listed Māori hauora providers are also available to support making online Practice Plus or counselling appointments
- Free rongoā through listed Māori hauora
- For more information see www.ourhealthhb.nz/hospital-services/mental-health-services/reach-out/

Psychosocial health needs

Hawkes Bay Director of Allied Health says there continues to be high psychosocial demand after Cyclone Gabrielle and it is assumed over time the trauma experienced may lead to more acute admissions.

Napier Family Centre, which provided free counselling sessions for cyclone affected people since February 2023, said they are experiencing a 30 percent rise in counselling demand over BAU.

We are contracting with Health Hawkes Bay through its 21 GP Clinics, Napier Family Centre and a kaupapa Māori service to provide free face to face and online counselling for cyclone affected people.

There is growing demand across all age groups: couples, whānau, and school aged children and youth and there are not enough trained counsellors in Hawkes Bay to meet this need.

We have funded Kura grants for Nuhaka, Wairoa College, Omahu and Hukarere schools to support student hauora.

While displaced people are the worst affected, many people (est 12,000) in the Hawkes Bay have been affected by the cyclone with job loss, housing and food insecurity, alcohol and addiction issues, rain anxiety, unresolved insurance and general insecurity over the future all being mentioned.

Primary health needs

Since Cyclone Gabriel, fully funded general practice, urgent care and after-hours services were provided to Hawke's Bay targeted towards the 12,000 people displaced, isolated or in rural communities.

GP, urgent care and after-hours services are being funded between January and June 2024 for an estimated 3200 Māori, Pacific and Community Card holders displaced from 1100 houses in Category 2 and Category 3. Some are still waiting on council and insurance decisions over what will happen to their houses and land. Some of these people have high health needs and are also uninsured.

There is a large unenrolled population estimated at 17,000 which we are encouraging to access virtual GP clinics using Practice Plus vouchers. The vouchers will be available to enrolled and unenrolled patients, Māori, Pacific and Community Card holders from cyclone affected areas.

The free GP clinics and Practice Plus is being communicated on Te Whatu Ora website and in social media with the Hauora and Wellbeing package for displaced and cyclone affected people. Five open access hauora clinics are funded to provide assistance for patients to access Practice Plus online.

Te Whatu Ora have been receiving public and environmental health reports and consider that skin infections and respiratory issues may surface again in summer when it is drier and there is greater risk of toxic silt and dust in the environment. Health promotion and proactive health messaging is ongoing to mitigate this issue.

Funding for Wairoa

Wairoa is a decile 9 area with an estimated 400 patients seen each month at the GP clinic, who tend to have high needs and the majority of which are Māori. An allocation to Queens Street clinic of $75k has been made so 2000 cyclone affected patients, including Maori, Pacific and Community card holders, can be seen twice before June 2024.

The loss of the Glengarry residential home led to calls for more support and home help for the 2000 est elderly over 65yrs living in the Wairoa community. The home care and support providers in Wairoa – Te Taiwhenua o Heretaunga (Te Oranga Tautiaki programme) and Healthcare NZ are considered adequately funded.

Transport has been funded for isolated and rural whānau to attend kaumatua days and GP Clinics in Wairoa as the existing bus is often fully booked. We have contracted Age Concern to connect with Māori hauora to provide transport to existing kaumatua days in Wairoa, GP clinics and other health appointments, and provide support. Kahungunu Executive Wairoa and Rongomawahine and Ngati Pahauwera in Wairoa are also being funded to provide primary care wellbeing checks and local hauora days.

An occupational therapist is till to be contracted to undertake an assessment of the equipment and temporary modifications needed to ensure Wairoa elderly can stay in their homes for longer, in the absence of Glengarry. Plus, education offered to whānau carers of the elderly, so they are better equipped to look after their kaumatua.

In the short term, $375k has been allocated towards this support until June 2024, including a transport fund of $75k for relatives wanting to visit (the 14 ex-Glengarry patients and other Wairoa elderly) who are now residing in Rotorua, Gisborne or Napier.

The Raupunga community has had ongoing issues with their drinking water supply since Cyclone Gabrielle. Ngati Pahauwera was funded $25k to assist this small community.

Targetted funding

The funding has been prioritised for:

- All displaced people and whanau in Category 2 and Category 3 housing
- Cyclone affected people needing psychosocial support all populations, especially Māori, Pacific and low income/community card holders
- Māori, hapu and iwi, and marae, in rural and isolated communities

- Pacific people (including RSE workers) displaced/affected by the cyclone.

Regions affected

These are the main areas affected by the cyclone:

- Wairoa (Waihīrere and Ruataniwha and urban area of North Cylde, Awamate, Frasertown, Whakakī, Nūhaka and Māhia)
- Central Hawkes Bay (Porangahau, Waipawa, Elsthorpe, Kairakau, Mangakuri, Papanui, Otane, Waipukurau, Tikokino etc)
- Napier (Tangoio, Patoka, Puketapu, Awatoto, Rissington, Whirinaki, Esk Valley)
- Hastings (Omahu, Waiohiki, Moteo/Swamp Road, Twyford, Havelock North, Waimarama)

Objectives of investment

The intended health and wellbeing outcomes for reducing primary health Inequities in Hawkes Bay are:

- Pae Ora – whānau enjoying Whānau Ora and Mauri Ora
- Mana Motuhake – Empowered whānau making informed decisions
- Equity for Māori, Pacific and low decile populations

Consultation/Stakeholder engagement

The following recommendations have been informed through meetings and discussions with Hawkes Bay Director of Allied Health Francis Oliver, Melanie Te Whaiti Recovery mental wellbeing lead, Practice Plus GM, Te Aka Whai Ora Patrick La Geyte and Recovery manager Ngaira Harker and Flood Recovery manager Wi Ormsby, Public health Officer Bridgit Wilson, Public health commissioner Karen Bartlett, Regional recovery manager Emma Foster, Napier Family Centre, Sam Christie manager Awhina Whānau Trust, City Medical, HHB Deb Fothergill and Brendan Duck, Pacific health manager Talalelei Taufele, Mana Ake project manager Mara Andrews; Te Piringa Hapu Authority (Omahu) Renata Hakiwai and Te Puni Kokiri Housing rebuild George Mackey, Waiohiki marae representatives, Hayley Lawrence, Tangoio; Anna McNaughton Addiction and Mental Health Commissioning; Mathew Kiore, Emmeline Croft Pae Ora Programme Manager. Kahangunu Executive Wairoa CEO Sarah Paku; Frances Grover, Queens Street GP Clinic; CEO Robin Hape, Celia Albert, Ngati Pahauwera; Shelley Smith CEO, CEO Jean Te Huia Enabled Wairoa, Maria Elstone, Choices Kahungunu, and CEO Nathan Harrington, Te Kupenga o Ahuriri Hauora; Di MacDonald Business Manager, Te Taiwhenua o Heretaunga, CEO Riripeti Paine, Aged Care Wairoa, Rongomawahine, Waikaremoana and Ngati Pahauwera.

Recovery Manager Hawkes' Bay

Pania Shingleton

Funding provided to Hauora Providers for delivery of care.

Health Hawkes Bay (PHO) – hauora and well-being ($1.235m)

- Mental Well-being – up to 7 free counselling sessions for displaced and cyclone effected whanau.
- Health Hawkes Bay PHO support information re: access to sessions.
- Up to 2 x free GP consults and free Practice Plus – Virtual GP clinics.
- 1 emergency after hours consult for displaced
- free rongoā for displaced and cyclone affected
- minor ailments for cyclone affected

Hauora and Wellbeing Community Grants – primary health and well-being ($1.050m)

- Te Whatu Ora and Te Aka Whai Ora assisted in the distribution of funds to community groups. MSD are the lead agency, with funding allocation reviewed by Te Whatu Ora and Te Aka Whai Ora representative on the application panel. The funding related to:
- Primary health support events and initiatives
- Support health promotion and health messaging

Te Whatu Ora / Te Aka Whai Ora recovery activities

We have been working with Te Aka Whai Ora to inform funding opportunities within their funding allocation. We have collaborated closely in mahi in Wairoa. Support to date:

Whanau Primary health and Well-being checks for cyclone affected areas. ($650k)

- Communication and information regarding hauora and well-being packages health promotion.
- Encourage and facilitate isolated rural whānau to use Practice Plus through outreach clinics.
- Visit elderly and provide support care in the community.
- Organisation of Social and hauora days for kaumatua
- Contracting Te Kupenga, Te Taiwhenua, Kahungungu Exec Health Services and Kahungungu Executive Wairoa, Rongomawahine Charitable Trust, Ngati Pahauwera Wairoa.

Age Concern Wairoa - Support aged care ($275k)

- Currently there is mahi to further support care for kaumatua. This includes: - Occupational Therapist support – equipment and modification needed for home.
  - Education for whanau carers to assist pakeke to stay in the home
  - Transport costs visiting elderly or assisting with transport out of Wairoa

Mana Whenua Grants –– Well-being ($25k)

- Mental Well-being support for five mana whenua and marae affected by cyclone. Four to be paid.
- Funding paid to affected Tātau Tātau O Te Wairoa.

Māori Kura Grants - Well-being ($70k)

- Funding for impacted Kura (cyclone effected and displaced) – to support student mental well-being and resilience. (Nuhaka, Wairoa College (paid), Omahu and Hukurere (paid)).

Soul Te Kaahu o te Ora rongoā – well-being ($80k)

- Rongoa and Mirimiri services delivered in Wairoa in December
- Provide information on Hauora and Well-being packages.
- Focus on Cyclone affected community and marae delivery.

Amokura Enterprises – Powhiri Poutama – well-being ($30k)

- Powhirii Poutama kaupapa Māori training for kaimahi and community groups
- Provide information on Hauora and Well-being packages.
- Focus on Cyclone affected community and marae delivery.

S9(2)(f)(iv)

2

Te Ikaroa RIT High Performance Framework

ALIGNMENT	COMMITMENT	GROWTH
Purpose Healthier Communities Together	Goals 1. Engaging community led healthcare 2. Enabling innovation 3. Developing effective culture and leadership 4. Enhancing collaboration across the region and NZ	Track
Membership **List of Names**	Accountability 1. Lead: Patrick LeGeyt, Sipaia Kupa 2. Lead: Paula Snowden, Russell Simpson 3. Lead: Patrick LeGeyt, Tricia Keelan 4. Lead: Russell Simpson, Tricia Keelan Some important additional details on following pages.	Evolve
Operating Principles The above the line O.P. were identified as being the following themes: **Theme 1: Task Focused** - Achievement or Excellence (How would you describe this?) **Theme 2: Self Focused** – Courage (How would you describe this?) **Theme 3: People focused** - Growing people (How would you describe this?) **Theme 4: People focused** – Building relationships (How would you describe this – Whanaungatanga?) The detailed construct of these themes is further developed overpage.	Processes	Integrate

Notes:

Framework for High Performing Teams

- The Human Synergistics Framework for High Performing Teams is a framework, not a model, because we jointly agree and determine the purpose, goals and outputs.
- The framework is adaptive and will iterate over time.
- The focus for RIT will be on constructing the framework efficiently and facilitate a shared understanding of terminologies so the group can be successful together.
- The building blocks of the framework include:

ALLIGNMENT:	COMMITMENT	GROWTH
Purpose - needs to be crystal clear.	**Goals** – those that have the greatest impact on the purpose.	**Tracking performance** – to learn, adjust and support each other (not judge)
Membership - knowing and trusting people (not judging) – we are all working towards the same purpose, getting to know yourself and how you think and your challenges ('the mountain within us')	**Accountability** – who will do what and where, and acknowledging that we are all accountable for helping each other to achieve the goals and purpose.	**Evolve** – how do we evolve across the framework (up, down and across) and maintaining open communications.
Operating principles – RIT behaviours and thinking styles - what is above and below the line (refer to first planning hui notes for these)	**Processes** – for all members to help us achieve the purpose.	**Integrate** – who do we need to integrate with? Who are all our partners and stakeholders?

- The group discussed what we thought of the framework. There was strong support for developing and using the framework. A consensus that the framework provides a common language and reference for decision-making and problem-solving issues.

Purpose

RIT Purpose Statement

- The group reviewed previous work on the Purpose and agreed on the purpose statement below.

RIT purpose statement: "Healthier Communities Together"

- This purpose is inclusive, collective, memorable and inspirational.
- "Healthier" requires that we take action to improve, and it requires a population health approach caring for our people, land, and environment.
- "Communities" includes the people we serve in our communities, and also the community of our staff – who we also need to look after.
- "Together" includes the members of the RIT, the functions represented on the RIT, our communities, Localities and IMPBs, and all our partners and stakeholders from across local government, health and social sectors.

Membership

Aspect 1: Whanuagatanga has been conducted each meeting. Getting to know people is to get to trust them. Continuous proactive effort needs to be undertaken to build this trust.

Aspect 2: The members of the Te Ikaroa RIT have been identified but it has been a tumultuous period. Further changes may be afoot and so the team will need to keep updating its membership, and ensuring effective onboarding. The question of priority of effort towards the RIT goals versus day to day expectations is open for discussion.

Operating Principles

Theme 1: Task Focused - Achievement or Excellence (How would you describe this?)

- Plan ahead
- Set challenging goals
- Consider options before acting
- Aspire to excellence
- Work for a sense of achievement
- Take considered risks
- Be enthusiastic

Theme 2: Self Focused – Courage (How would you describe this?)

- Maintain their personal integrity
- Quality over quantity
- Be transparent
- Enjoy your responsibilities
- Look for opportunities to be better
- Be flexible and adaptive
- Challenge current conventions

Theme 3: People focused - Growing people (How would you describe this?)

- Recognise people's efforts
- Encourage people to be their best
- Show concerns for the needs of everyone
- Help people grow and develop
- Help people think for themselves
- Involve people in decisions that affect them
- Use conflict to generate more ideas

Theme 4: People focused – Building relationships (How would you describe this – Whanaungatanga?)

- Work with others in friendly ways
- Collaborate with others
- Share your feelings and thoughts
- Use diplomacy to engage
- Be open and warm towards others
- Motivate others through friendliness
- Treat people as more important than things

Goals

RIT goals:

- The group brainstormed and discussed various goals to meet the purpose.
- Key themes that emerged: enabling mana motuhake, supporting our workforce, encouraging innovation, investing in and supporting community initiatives and services.
- The group discussed the idea of a cloak or flax basket image to achieving equity, a commitment to Te Tiriti, and the five system shifts are priorities woven together in threads across all goals.
- The group talked about using existing and new networks across the region to gather information and ideas, and promoting forums such as 'TED Talks' to bring people together to foster innovation.
- The group talked about community as an eco-system which encompasses the wider sector such as the environment, public sector, private sector (eg supermarkets), council, etc.
- The group raised the option for RIT leads to delegate attendance to members of their team in the event that the lead cannot attend – to support continuity of traction for the RIT.

Accountabilities

- The group landed on the following goals, actions, and accountabilities for our working framework:

Engaging Community-led Healthcare Lead: Patrick LeGeyt, Sipaia Kupa	**Enabling Innovation** Lead: Paula Snowden, Russell Simpson	**Culture and Leadership** Lead: Patrick LeGeyt, Tricia Keelan	**Collaboration** Lead: Russell Simpson, Tricia Keelan
Investment *Lead: Patrick LeGeyt, Russell* Simpson*, Sipaia* Kupa*, Tricia Keelan*	**Support** *Lead: Richard Perry, Patrick LeGeyt*	**Identify ideal culture** *Lead: Angela J, Naira*	**Networks** *Lead: Bonnie Matehaere, Charissa, Charles, Debbie Davies, Tutungalevao*
Community designed and driven *Lead: Charisa, Sipaia* Kupa	**Training** *Lead: Richard Perry, Patrick LeGeyt*	**Identify ideal leadership** *Lead: Richard Perry, Russell* Simpson*, Sipaia* Kupa	**Relationships:** *Lead: Jamie Duncan*
Community as an eco-system *Lead: Charissa, Paula* Snowden	**Investment** *Lead: Patrick LeGeyt, Paula* Snowden*, Russell* Simpson*, Sipaia* Kupa*, Tricia Keelan*	**Identify actual culture** *Lead: Angela J, Naira*	
		Identify actual leadership *Lead: Richard Perry, Russell* Simpson*, Sipaia* Kupa	

Te Whatu Ora
Health New Zealand

Cover Sheet

To:	Te Ikaroa Regional Integration Team
From:	Shung Wang, Regional Integration Team Lead
Subject:	Te Ikaroa RIT Wānanga
Date:	22 December 2023

Decision ☒	Discussion	☒	Information	☐	Action	☐
Seeking Funding	**Yes**	☐	**No**	☒		
Funding Implications	**Yes**	☐	**No**	☒		

Purpose

The purpose is to provide the Regional Integration Team (RIT) with the draft notes of the third RIT Wānanga held at Pukemokimoki Marae on 19 December 2023.

Recommendations

It is recommended that the Regional Integration Team:

1. **Endorse** the draft notes (Appendix One) as an accurate reflection of the outputs from this wānanga.
2. **Endorse** the statement below that you can share with your teams to outline the outputs from this wānanga.
3. **Discuss** whether to change the goal: "Engaging Community-led Healthcare" to "Engaging Community-led Wellbeing" to reflect a more holistic integration of hauora.
4. **Discuss** the timing for future RIT wānanga sessions, and the preferred location(s).
5. **Nominate** members from your teams to work together in future workshops on the actions that sit underneath the goals as identified in the Framework.

Notes from the RIT Wānanga

Draft notes from the RIT Wānanga at the Pukemokimoki Marae are attached as Appendix One.

Statement about the RIT Wānanga

Below is a proposed statement that RIT members can provide to their teams about the outputs from the Wānanga at Pukemokimoki Marae.

About the RIT Wānanga at Pukemokimoki Marae

Every Te Whatu Ora region has a Regional Integration Team (RIT) that comprises Te Whatu Ora commissioning and service delivery regional leads, the Te Aka Whai Ora Regional Director, and clinical leadership representation.

The Regional Wayfinder, Tricia Keelan and Te Aka Whai Ora Regional Director, Patrick LeGeyt Co-Chair the RIT in Te Ikaroa (Central). The RIT is a team tasked with ensuring that all parts of our system are integrated and work together to improve health outcomes and achieve equity.

There first RIT wānanga was held at Takapūwāhia Marae in Porirua in Aug 2023, and the second wānanga at Te Hotu Manawa O Rangitāne O Manawatū Marae in Palmerston North over 31 October and 1 November 2023.

Third RIT Wānanga – 19 December 2023

At the third wānanga, the RIT met for whanaungatanga (relationship building) and strategic planning at the Pukemokimoki Marae. The Co-Chairs led the wānanga focussed on bringing relationships and successful leadership to the fore of RIT conversations.

The first part of the day was dedicated to progressing discussion of the Te Ikaroa Performance Framework, and planning the next steps for gearing up work programmes to deliver on the respective actions that sit underneath the four overarching goals as populated in the Framework. The RIT also discussed about its priorities for 2024, with a focus on the Te Ikaroa Regional Health and Wellbeing Plan and the importance of strengthening stakeholder engagement as part of the process.

The second part of the day was focused on leadership development using the Lifestyle Inventory tool as a guide to reflect the different leadership approaches and their impact on peers and team culture. A goal of the session was to leave the group with an increased clarity on different leadership profiles and an improved understanding of different leadership values.

Priority next steps include:

- *Further work on the Te Ikaroa Performance Framework, including setting up of teams to work on the actions that sit underneath the goals as identified in the Framework.*
- *Complete the Te Ikaroa Regional Health and Wellbeing Plan by Q4 2023/24 FY.*
- Further strengthen and nurture Te Ikaroa Regional Integration Team's relationship with Iwi-Māori Partnership Boards through continued proactive engagement.

Future RIT Wānanga

The RIT has held a wānanga at Takapūwāhia Marae in Porirua in Aug 2023, at Te Hotu Manawa O Rangitāne O Manawatū Marae in Palmerston North in Oct/Nov 2023, and at Pukemokimoki Marae in Napier on 19 December 2023.

At the third wānanga in Pukemokimoki Marae, the Co-Chairs expressed the desire to set up an advanced schedule for future RIT wānanga and workshops to bring relevant members from the RITs to mahi on the actions that sit underneath the goals as identified in the Framework.

It is recommended that the RIT discuss the timing for future RIT wānanga sessions, and the preferred location(s).

Once decided, the team will work with the RIT Co-Chairs and Human Synergistics to draft proposed agendas for future RIT Wānanga sessions, connect with the relevant marae to make the necessary arrangements, and issue invitations to the RIT members.

Next steps

- Endorse the notes and statement about the RIT Wānanga at Pukemokimoki Marae.
- Discuss and agree the dates and locations for future RIT wānanga sessions.
- Nominate members from their team to work on the actions that sit underneath the goals as identified in the Framework.
- The team will work with Human Synergistics and the RIT Co-Chairs to draft proposed agendas for future RIT wānanga sessions, and connect with the relevant marae(s) to make the necessary arrangements.

Appendix One. Notes from the RIT Wānanga at Pukemokimoki Marae

Tuesday 19 December 2023

Welcome, introduction, recap and whanaungatanga

- Hui commenced with the gifting of the koha to the tangata whenua and then the pōwhiri from the marae.
- Karanga performed by the women of the tangata whenua and was responded by the manuhiri.
- Whaikōrero took place with speeches from both the tangata whenua and manuhiri.
- Te Aroha was sung as the waiata by the manuhiri.
- The manuhiri was invited to come forward to harirū - shake hands and hongi.
- The group shared kai which signified the end of the pōwhiri.
- A recap of the previous wānanga was made.
- The group noted the significance of having the wānanga in Pukemokimoki marae, and having the wharehui setting the sight, sound and colour for the RIT wānanga and kōrero.
- The Co-Chairs acknowledged the resignation of Bonnie Matahaere, and thanked Bonnie for her contributions as a member of the RIT.
- Jason Kerehi (Regional Director – South, Te Aka Whai Ora) has stepped in as an interim member of the RIT.

Te Ikaroa Performance Framework

- The group recapped the previous work on the Te Ikaroa Performance (the Framework).
  a) The Purpose Statement of the RIT is: “Healthier Communities Together”; talked about the importance of clear articulation of the purpose to provide clarity and direction so our teams are able to do their jobs better.
  b) The Goals that will have the greatest impact on the purpose, and which are based on the key themes of enabling mana motuhake, supporting our workforce, encouraging innovation, investing in and supporting community initiatives and services. The four regional Goals of the Te Ikaroa RIT are: “Engaging Community-led Healthcare”, “Enabling Innovation”, “Cultural and Leadership”, and “Collaboration”.
  c) The four underlying themes which form the pillars for the RIT’s Operating Principles for how the group will collaborate together are: “Task Focused – achievement or excellence”, “Self-Focused – courage”, “People Focused – growing people” and “People Focused – building relationships”.
- A question was raised around whether the goal “Engaging Community-led Healthcare” should be amended instead to “Engaging Community-led Wellbeing” to reflect a more holistic integration of hauora.
- The group talked through the populated framework to date, and reaffirmed that the Framework is not intended as a model but to facilitate continued conversations for the RIT.

- The group expressed the strong desire to make the RIT wānanga sessions as an opportunity to nurture stronger and more collaborative relationships between the RIT members and serve as the vehicle for driving systemic and/or longer-term health and wellbeing enablers to work towards pae ora for the central region.
- The group talked about setting up workshops to bring together appropriate members from their respective teams to mahi together on the actions that sit underneath the four regional goals as set out in the Framework.

Preparing for 2024

- The RIT recapped where the group is at and will be heading towards in 2024.
- The Co-Chairs noted that there's a clear commitment to establishing the RIT membership and its way of working, the Regional Health and Wellbeing Plan (RHWP), finalising the actions within that plan, and creating a success framework that will illustrate how the RIT will collaborate together to deliver on the actions and deliverables as set out in the RHWP.
- The group talked about the preparations for 2024 and in particular the importance of ensuring that the RWHP captures the voice of our communities, providers, and all our partners (in particular Iwi-Māori Partnership Boards) and stakeholders from across local government, health and social sectors.
- Some key follow-up actions noted from the kōrero include:
  i. Cementing our Te Ikaroa Performance Framework and accompanying work programmes by end of 2023/24 FY.
  ii. Completing the draft RHWP by Q4 2023/24 FY.

Leadership development – Life Styles Inventory 1 (LSI1)

- The group undertook some leadership activities based on the LSI1 profile.
- Discussions and learnings around the formula: "Situation + Think (LSI1) = Response (LIS2) which leads to impact (and drives culture)"
- The group reflected on the different profiles generated from LSI1, and how they demonstrate different styles of leadership.
- The group noted the different constructive leadership styles and how they can be applied in the context of the RIT mahi to lead to more effective and impactful outcomes.

Next steps:

- The draft Te Ikaroa Performance Framework will be sent through to each RIT member to populate and for further discussion at the next wānanga.
- The RIT will nominate members from their team to come together in workshops in 2024 to work together on the actions that sit underneath the regional goals as identified in the Framework.
- The RIT will further strengthen and nurture its relationship with Iwi-Māori Partnership Boards through continued proactive engagement.
- The RIT will continue working towards the deadline to complete the Te Ikaroa Regional Health and Wellbeing Plan.

Te Whatu Ora
Health New Zealand
Capital, Coast, Hutt Valley and Wairarapa

Hawkes' Bay Cyclone Gabrielle Recovery Report

Pania Shingleton

27/03/2024

Affects of Cyclone Gabrielle on hauora

Rain anxiety amongst the young is an ongoing issue

- 12,000 people affected, 3200 displaced
- Mental wellbeing and rain anxiety
- General primary health needs
- Silt, dust and mould causing respiratory issues
- Wider health determinants affected and ongoing

Cyclone funding $3.5m is 90% complete

- Our main contracts are with Health Hawkes Bay (PHO) $1.235m
- MSD community grants $1.050m
- S9(2)(ba)(ii) [redacted],
- S9(2)(ba)(ii) [redacted] and
- $370k on contingency, communications and mental wellbeing lead.
- Mana Ake will roll out in Hawkes Bay and Tairawhiti in early 2024 to support school aged children.

Hauora and Wellbeing Package launched

For all cyclone affected

- 7 counselling sessions
- Practice Plus online doctor
- Free rongoā
- 5 Open access hauora supporting whānau to get online
- Minor ailments

And for displaced whānau

- Free x 2 GP/nurse visits
- 1 emergency A/H visit

Wairoa gets package & help for pakeke

Whānau from Whetu Marama Makoro Marae at Frasertown, Wairoa, reflect on effects of Cyclone Gabrielle

- Free GP visits for all cyclone affected
- Hauora and Wellbeing package
- Transport to support pakeke and whānau
- Training for whānau carers to look after pakeke at home
- Support social and hauora days
- OT to do home assessments

Other highlights

- **$3.7m Mana Ake allocated funding for Hbay and Tairawhiti 2024**
- **$1 million in grants distributed to community**
- **Rongoā avail for marae/rural and hauora kaimahi**
- **Kaupapa Māori Mental wellbeing for marae/rural**
- **Smaller grants to manawhenua, Māori Wardens, and kura**

- Partnered with Te Aka Whai Ora on commissioning for Māori and for equity
- Partnered with Regional Recovery Agency and MSD re $1m Community fund
- Put additional primary Health funding into Wairoa based on need and for elderly
- Whānau can access services from HHB and/or hauora.

Te Whatu Ora
Health New Zealand

Agenda

Regional Integration Team: Central Region

Date:	15 February 2024		
Start Time:	1.00pm	**Finish Time:**	2.30pm
Location:	Huitīma | Teams		

Co-Chairs: **Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Regional Wayfinder)

Members: **Jason Kerehi** (Director, Te Upoko o Te Ika, Te Aka Whai Ora); **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor); **Paula Snowden** (Regional Director, Central Region National Public Health Service); **Richard Perry** (Group Manager Service Improvement and Innovation); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Sipaia Kupa** (Regional Director Pacific); **Tricia Sloan** (Director of Operations, Service Improvement and Innovation)

In attendance: **Tania Woodcock** (Group Manager, Office of the Regional Wayfinder); **Georgie Ross** (Regional Planning Lead); **Carol Ratnam** (Programme Manager, Regional Integration Team); **Tracey Hunt** (Principal Advisor, Regional Integration Team)

Guests: **Darlene Rastrick** (Regional Commissioner, Central Region); **Karen Bartlett** (Regional Commissioner, East Coast); **Roy Sye** (Director of Education & Regional Public Service Commissioner – Greater Wellington)

Apologies: **Shung Wang** (Regional Integration Team Lead)

Time	Item	Method	Lead	Action
1.00pm	Karakia tīmatanga			
1.00pm *(30 mins)*	**1. Regional Public Service Commissioners**	Verbal	Chair/All	Discussion
1.30pm *(15 mins)*	**2. General Business** 2.1 Minutes from previous meeting 2.2 Action Register	 Minutes Register	 Chair Chair/All	 Agree Discussion
1.45pm *(15 mins)*	**3. Regional Health and Wellbeing Plan** **3.1** Update from Planners Forum **3.2** 6-month action plan **3.3** Next steps	 Verbal Paper Verbal	 Georgie Ross Georgie Ross Georgie Ross	 Noting Agree Noting
2.00pm *(15 mins)*	**4. Immunisation Action Plan and programme development**	Verbal	Paula Snowden	Noting
2.15pm *(15 mins)*	**5. Quality Improvement Scientific Symposium**	Paper	Tricia Sloan	Noting
2.30pm	Karakia whakamutunga			
Next Meeting: 1.00pm – 2.30pm, Thursday 14 March 202, Huitīma | Teams				

Te Whatu Ora
Health New Zealand

Minutes

Regional Integration Team (Central Region)

Date:	Thursday 18 January 2024		
Start Time:	1.00pm	Finish Time:	2.25pm
Location:	Huitīma | Teams		

Members: **Co-Chairs: Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Regional Wayfinder)

Jason Kerehi (Director, Te Upoko o Te Ika, Te Aka Whai Ora); **Paula Snowden** (Regional Director, Central Region National Public Health Service); **Richard Perry** (Group Manager Service Improvement and Innovation); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Sipaia Kupa** (Regional Director Pacific); **Tricia Sloan** (Director of Operations, Service Improvement and Innovation)

In attendance: **Shung Wang** (Regional Integration Team Lead); **Carol Ratnam** (Programme Manager, Regional Integration Team)

Guests: **Pania Shingleton** (Cyclone Recovery Manager (Health) Te Matau-a-Maui & Communications Specialist, Commissioning)

Apologies: **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor)

1. General business

Patrick opened the meeting with karakia tīmatanga. Tricia chaired the meeting.

The Chair noted that Tania Woodcock has come onboard as the Group Manager of the Office of the Regional Wayfinder and will start attending the RIT hui as the commissioning lead.

The Chair noted Georgie Ross has come onboard into the Planning team within the Office of the Regional Wayfinder to lead the drafting of the Regional Health & Wellbeing Plan. Georgie will also start attending the RIT hui to provide regular updates on the progress of the Plan.

The Chair requested that the combined pack to be numbered numerically from start to finish as one paper.

1.1 Minutes from 9 Nov 23 meeting

The RIT endorsed the meeting notes as accurate.

1.2 Minutes from 7 Dec 23 meeting

The RIT endorsed the meeting notes as accurate.

1.3 Action Register

The actions were worked through, discussed and the action register updated.

In particular, the following points were noted:

- Patrick will lead Action 1 (re: Regional Public Sector Commission Groups) and work with Tricia to determine desired output from the engagement.
- Shung to ensure a thorough process is in place to keep the action register updated prior to each RIT hui.

- To close actions 4 ("Future System of Cardiac Care") and 6 ("Updating RIT meeting minutes for 9 Nov and action register").

2. Cyclone Gabrielle Recovery update

Pania Shingleton (paper author) joined the hui at 1.00pm.

The RIT **noted** the paper and the presentation provided by the Chair regarding the ongoing Cyclone Gabrielle recovery.

Noted the discussion including:

- The great response from the health sector across the motu to support the Cyclone Gabrielle response. Highlights included logistics, emergency work, partnering with iwi, hapu, marae, Pacific health network, seasonal workers and communities to deliver a range of initiatives to enable continued and enhanced access to primary care and virtual primary care across the region and not just in Hawkes Bay.
- Acknowledged the great response and contribution from the National Public Health Units across the country coming in to support the cyclone recovery response.
- The extensive support provided by the Hauora and Wellbeing package, commissioned by Te Whatu Ora and Te Aka Whai Ora, to support the Cyclone Gabrielle response and recovery.
- The distinction of funding that went directly through iwi organisations / hapu organisations to support whānau with healthy housing as a key intervention to mitigate the risk of downstream health and wellbeing impacts arising from the damage caused by Cyclone Gabrielle.
- The Hauora and Wellbeing packages to enable wellbeing checks from community providers to consider of the holistic needs of the communities.
- Work is ongoing to survey the services for kaumatua to identify their availability and effectiveness.
- The potential escalation of the air quality public health issue throughout the summer as the climate becomes hotter and drier. Further updates on this will be provided as appropriate by NPHS.
- At this stage the emergency funding ends in June 2024 but cognisant that work will need to continue with respect to the recovery efforts.
- Paula Snowden to obtain a public health statement from the Medical Officer of Health for sharing with the RIT for communications regarding the air quality/respiratory public health issue.

Pania Shingleton departed the hui at 2.09pm

3. Draft Regional Health and Wellbeing Plan

Noted the discussion including:

- Tania Woodcock to start attending RIT hui to provide updates to the group.
- A summary of the workshop that took place on 10 January to work through the actions that are occurring in Q3 and Q4 2023/24 fy.
- The planning team has sent out an email to request confirmation of the actions as discussed during the workshop.
- A follow-up workshop will be taking place in February.

- There are likely to be two iterations of the Regional Health and Wellbeing Plan (the Plan): one outlining the 2023/24 fy Q3 and Q4 actions, and the other longer-term 3-year Plan to be completed by June.
- Ongoing discussions to align consistency of the Plan between regional teams and with the directions set by the National Office.
- The latest update communicated from the National Office:
  a. One designer to work across the four regional plans to ensure consistency between the plans.
  b. The date of 21 January 2024 for the new Government Priorities.
  c. Renaming of Te Pae Tata 2.0.
  d. Directive to limit the number of measurables in the Plan to only three to five measures.
- The RIT's intention to organise the Plan using the Te Manawa Taki's design work, using Te Waipounamu's framework for Land, People, Wellbeing, and that the Plan should be able to map back to the individual plans from each of the RIT members.

4. Actions that sit underneath the goals in the Te Ikaroa Performance Framework

The RIT noted the work to date on Te Ikaroa Performance Framework.

The following points were noted:

- The Chair requested the RIT members to review the Framework, including the section relating to the RIT goals, and provide comments and feedback to Shung Wang by Wednesday 24 January.
- The importance of making the connection between Te Ikaroa Performance Framework and the Regional Health and Wellbeing Plan to enable the RIT as a leadership team to leverage the Framework to deliver on implementing the Regional Health and Wellbeing Plan.
- The leadership success framework focusses on how the RIT as a leadership team will deliver on the Regional Health and Wellbeing Plan.
- The supporting team will work with the RIT members to set up further engagements with their teams to populate the remainder of the Framework and associated work programmes.
- Discussion around how SI&I can support the team with collation of intelligence to inform evidence-based decision making in Te Ikaroa.
- The Chair requested the addition of "data, intelligence and whānau voice" to sit across the RIT goals as identified in the Framework.

5. Other Business

5.1 Regional wānanga (19 Dec 23)

The RIT members who were at the wānanga endorsed the draft notes.

Noted the discussion including:

- The Chair requested the wording of the statement to be refreshed and kept concise.
- The Chair requested that a statement is added to inform of the stakeholder engagement hui that was held in late December.

- The Chair requested each RIT member to review the "Statement about the RIT wānanga" in the paper and return to Shung Wang by Wednesday 24 January 2024 with any comments / feedback. The statement can then be used by the RIT to publish to stakeholders as appropriate.

Other business:

- NPHS provided an update regarding the emerging Wellington water issue, including the steps being taken from a public health perspective in response to the issue. A further update will be provided via the public health communications team by the end of the week which the RIT can use to circulate to their stakeholders as appropriate.

Meeting Closed: 2.25pm

Next meeting: 1.00pm – 2.30pm, Thursday 15 February 2024, Huitīma | Teams

Te Whatu Ora
Health New Zealand

Regional Integration Team: Central Region

Action Register as at 13 February 2024

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
Ongoing agenda items		IMPB engagement	Patrick Le Geyt/Tricia Keelan	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	
12-10-2023	1	Regional Risk Framework Tool	All	This framework provides information on procedures, standards and tools that are to be used for managing risk within Te Ikaroa.	ASAP	Update 31-01-2024. As per advice from Lliam Munro (business owner for the Regional Risk Framework Tool), the tool is currently being trialled within Commissioning for further refinement.
09-11-2023	2	Future System of Cardiac Care	Nicky Rivers	Circulate to the clinical leaders group.	November	Update 30-01-2024. Update to come from Nicky re: action item (to send out schedule of 2024 meetings).
18-01-2024	3	Cyclone Gabrielle recovery	Paula Snowden, Tricia Keelan	Paula to obtain a public health statement from medical officer of health for sharing with the RIT for communications regarding the air quality/respiratory public health issue	NA	Update13-02-2024 attached. Note the memo on dust in cyclone affected communities from Dr Bridget Wilson, Medical Officer of Health
18-01-2024	4	The Ikaroa Performance Framework	Shung Wang	RIT members to review the draft Framework, including the section relating to the RIT goals.	23-01-24	Update 07-02-2024: Framework has been updated to reflect comments/feedback received from SI&I and Pacific Health.
18-01-2024	5	Notes for RIT wānanga at Pukemokimoki Marae on 19 December 2023.	Shung Wang	The Chair requested the wording of the statement to be refreshed and kept concise. The Chair requested that a statement is added to inform the partner/stakeholder engagement hui that was held in late December 2023.	23-01-2024	Update 07-02-2024. Wording of statement has been refreshed.

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
				RIT members to review the "Statement about the RIT wānanga" in the paper, and provide any comments/feedback as appropriate. The Statement can then be used by the RIT members to publish to their partners/stakeholder as appropriate.		

Te Whatu Ora
Health New Zealand

Memorandum

To:	Paula Snowden, Regional Director, Te Ikaroa, National Public Health Service.
From:	Dr Bridget Wilson, Medical Officer of Health
Subject:	Update on dust in cyclone affected communities.
Date:	13/02/2024

Background

Central Region, National Public Health Service has been working with other agencies, including NIWA and ESR to assess and communicate the potential public health risk created by increased levels of dust in cyclone affected communities.

Overall, the health risk increases when communities experience high levels of dust for long periods of time. The very young, the elderly, and those with underlying medical conditions are at greatest risk of respiratory and cardiovascular complications related to dust exposure.

A multiagency risk assessment based on the locations of silt deposition, truck movements, and vegetation coverage has identified communities in the lower Esk Valley and along the Tutaekuri river as communities which are at the greatest risk of increased dust levels.

In consultation with Ngati Kahungunu Iwi and other key stakeholders, NIWA has set up a network of air quality monitors in communities along the Tutaekuri river, Esk Valley, and in Wairoa.

Current Situation

To date, NIWA monitoring has reassuringly shown impacts of dust on air quality have been very well localised (i.e. only affecting small areas) and of short duration.

Widespread testing of silt by the Hawke's Bay Silt Recovery Taskforce and ESR has shown the likelihood of contaminants (e.g. heavy metals, herbicides etc.) within silt is very low which also reduces potential public health impact.

While prolonged levels of dust exposure does not appear to have occurred in cyclone affected communities to date, there is still significant uncertainty about the level of dust exposure likely to occur over coming months as this is highly dependent on weather conditions.

NPHS is therefore continuing to advocate for a precautionary approach which includes advocacy to other agencies to mitigate dust impacts. Public health messaging directly to communities on the practical measures they can take to reduce exposure has also occurred. These messages primarily centre around reducing the amount of time spent outdoors on very dusty days and wearing a mask if dust exposure can't be avoided.

Recommendation

1. Note the contents of this Memo for your awareness and information.

RHWP Cover Sheet

To:	Te Ikaroa Regional Integration Team
From:	Georgie Ross, Regional Health and Wellbeing Plan Lead
Subject:	Te Ikaroa (Central) 6-month Regional Action Plan to 30 June 2024
Date:	12 February 2024

Decision ☒	Discussion	☒	Information	☐	Action	☐	
Seeking Funding	**Yes**	☐	**No**	☒			
Funding Implications	**Yes**	☐	**No**	☒			

members

Purpose

The purpose of this memo is to seek the Regional Integration Team's (RIT) in principle approval of the Te Ikaroa (Central) Regional Action Plan to 30 June 2024 (the 6-month plan), subject to any additional input / refinements received from RIT Members and their nominated leads / Subject Matter Experts (SMEs) prior to the next scheduled workshop on 26 February.

Recommendations

It is recommended that the RIT:

1. **Approve in principle** the 6-month action plan (attached) subject to any additional input / refinements received from RIT Members and their nominated leads / SMEs prior to the next scheduled workshop on 26 February.
2. **Note** the 6-month plan will inform the action plan component of the Te Ikaroa (Central) Regional Health and Wellbeing Plan (RHWP) 2024-2027.
3. **Agree** that the 6-month plan is converted into a PDF, once approved, but is not put through a design process.
4. **Agree** that attention now immediately turns to progressing and finalising the Te Ikaroa (Central) RHWP 2024-2027 which is the document that will ultimately be published on the Te Whatu Ora website along with other RHWPs.

The 6-month plan

On 10 January, a workshop was held to discuss developing a 6-month regional action plan informed by the actions in the draft Te Ikaroa (Central) RHWP. The draft plan attached is deliberately a short, focused working action plan that reflects the discussion held on 10 January and follow-up work with some RIT members / their nominated leads. Note, it has been challenging to find out who the regional leads / SMEs are in respect of some of the Te Pae Tata priority or functional areas.

Next steps

- Progress the development of the Te Ikaroa (Central) RHWP 2024-2027 to reflect recent national office feedback on draft RHWPs, and priorities in the draft New Zealand Health Plan (expected February 2024).

S9(2)(f)(iv)

[redacted]

Te Whatu Ora
Health New Zealand

Proposal for partnering on the Quality Improvement Scientific Symposium – Regional, National and International

Date:	8 January 2024	**Author:**	Shelley Hanifan, Principal Advisor – policy, HQSC/ Tricia Sloan – Director Operations, SI&I
For your:	Note and endorse	**Approved by:**	Dale Bramley, National Lead, SI&I
Seeking funding:	To note funding impact	**Funding implications:**	yes
To:	**Board**		

Purpose

1. This paper proposes a partnership between Te Whatu Ora and Te Tāhū Hauora to deliver a QI programme, four regional Quality Improvement Scientific Symposiums (QISSs) in 2024, a national symposium (showcase). A larger national QISS (with international speakers and profile) in 2025 will be explored.

2. Partnering on the QISSs will be an investment in sector learning and sharing, to support the appropriate adoption and adaption of good quality improvement practice within service delivery.

Recommendations

3. The Operational Performance Group is asked to:

   a) **agree** to a partnership with Te Tāhū Hauora, to deliver 4 regional and 1 national Quality Improvement Scientific Symposiums in 2024.

   b) **note** SI&I will lead a QI programme to stimulate QI initiatives at care delivery level/ coal face. Small pump prime funds will be made available to enable teams to develop tangible initiatives / innovations.

   c) **note** that in 2024, Regional Groups made up of the RIT SI&I Lead (or their nominee) and nominated consumer / whānau voice, commissioning, HSS, Pacific and Te Aka Whai Ora representatives, will work alongside Regional Integration Teams (RITs). The purpose is to co-ordinate the regional and local quality improvement content for four regional symposiums. Connection with the RITs will be facilitated by the SI&I lead on each RIT.

Te Whatu Ora
Health New Zealand

d) **note** that in 2024, Te Whatu Ora will host a national symposium, bringing together a range of innovations and initiatives from the regional symposiums. This will showcase and promote spread of ideas across the motu.

e) **note** that in 2024/25, the National Conference Programme Committee will explore a larger event with international speakers who will provide thought leadership and inspiration for quality improvement in health service delivery.

Contribution to strategic outcomes

a. The QISS will facilitate sharing and learning about improvement efforts and practice within areas relevant to the health sector principles, Te Tiriti o Waitangi relationships, health equity and the six priority action areas of Te Pae Tata, as well as connecting with priorities of Health & Wellbeing Plans. The content of the QISSs will be developed by a National Conference Programme Committee (National Committee) and by regional groups, through the selection of topics, speakers and a range of abstracts for presentation. Content from within areas relevant to key strategic outcomes for the sector and health system will be actively sought.

Executive summary

4. Te Tāhū Hauora coordinates an annual QISS to build knowledge, understanding and share experience of health service quality improvement in action. The QISS is a popular event and attracts a growing number of participants each year, encouraging interest in, and focus on, health quality improvement.

5. This paper proposes that Te Whatu Ora partner with Te Tāhū Hauora to leverage efforts over the next two years, expanding this work to enable greater engagement and participation across the motu. Our partnership would enable:

   a) in 2024:

      i) expansion of the Te Tāhū Hauora plan for one national QISS with 200-220 attendees, to four regional QISSs with 100 to 120 participants within each region.

      ii) one national showcase event in late 2024 to draw from the regional symposiums (up to 400 attendees).

      iii) access to Te Whatu Ora facilities and regional networks, to support the four QISSs to be nationally and regionally led, regionally delivered and locally applied.

   b) In 2024, SI&I will lead a QI programme to stimulate QI initiatives at care delivery level/ coal face. Small pump prime funds will be made available to enable teams to develop tangible initiatives / innovations.

   c) In 2025, proposed expansion of the Te Tāhū Hauora plan for a larger national QISS (with international speakers and profile) with 400 – 500 participants.

Te Whatu Ora
Health New Zealand

Background

6. Te Whatu Ora and Te Aka Whai Ora have responsibility for delivering quality health services to consumers, whānau and population groups across Aotearoa. Te Tāhū Hauora influences and builds quality improvement science knowledge, including measures, methods and practice, throughout the health system.

7. Te Whatu Ora and Te Tāhū Hauora have discussed key opportunities to work in partnership, in order to leverage planned work in quality improvement capability building. Collaboration and coordination will maximise the impact of the work of both agencies, across the health system.

8. In the past, Te Tāhū Hauora has delivered an annual, national QISS to build quality improvement science capability in the health sector. The QISS has involved international speakers, showcased local successful and innovative quality improvement projects and programmes and attracted wide sector participation. Te Tāhū Hauora has budgeted seeding funds of $15,000 p/a, and has charged conference fees for attendance, in order to cover costs. As well as providing an opportunity for networking with others interested in quality improvement, the QISS has been a valued opportunity for learning and sharing throughout the motu. The QISS audience has been growing year on year.

Discussion

9. The QISS offers a key opportunity for Te Whatu Ora and Te Tāhū Hauora to work together to maximise reach and impact, in growing good and promising practice. By partnering on the QISSs Te Whatu Ora can leverage and build on the Te Tāhū Hauora planned investment in sector learning and sharing, and support broader understanding, adaption and adoption of aspects of good practice in quality improvement where appropriate.

10. A partnership is proposed, to leverage investment in quality improvement capability building through the QISS in 2023/24 and 2024/25. The goals of the QISS over the two years, will be to enhance improvement efforts and new knowledge, to better support the implementation of strategic priorities in service delivery throughout the motu.

11. The partnership will enable:

    a) expansion of the Te Tāhū Hauora plan for one national QISS with 200-250 attendees in 2023/24, to enable four regional QISS' with 100 to 120 participants within each region. It is expected that the regional QISS's will take place in the 2023/24 financial year, with dates and times to be worked out with Regional Groups and national agencies who will be sharing content.

    b) SI&I will lead a QI programme to stimulate QI initiatives at care delivery level/ coal face. Small pump prime funds will be made available to enable teams to develop tangible initiatives / innovations.

    c) One national showcase event in 2024 to draw from the regional symposiums (up to 400 attendees).

Te Whatu Ora
Health New Zealand

d) In 2025 explore expansion of the Te Tāhū Hauora plan to enable a large national QISS (with international speakers and profile), with 400 – 500 participants.

12. Across the two years, the sector will have the opportunity to learn within and across regions, and from national best practice. The sector will also have the opportunity to learn from national and international thought leaders in quality improvement.

13. The work will involve establishing a National Committee to provide direction and content leadership for the QISS. This will involve setting clear strategic requirements for content that demonstrate linkages to advancing the health sector principles, Te Tiriti o Waitangi relationships, health equity or to one or more of the the six priority action areas of Te Pae Tata.

    a) In the first year, the makeup of the committee will include Te Tāhū Hauora, Te Aka Whai Ora and Te Whatu Ora quality improvement leads and Te Whatu Ora regional relationship leads.

    Te Whatu Ora regional relationship leads will be responsible for facilitating regional partnerships via the RITS with consumers/whānau, IMPBs, commissioning, NGOs and primary care, to advise on content, abstracts and presentations that showcase good work and promote useful learning regionally and locally. This approach will enable national leadership to support regional leadership and delivery through networks and relationships, with the purpose of showcasing locally applied content from within each region.

    b) the national committee will include agencies who provide seed funding to support the symposium, and key national stakeholders.

    A meeting between Te Whatu Ora and Te Tāhū Hauora quality leads will occur early in 2023 to develop a plan for engaging with appropriate agencies who will have an interest in supporting the QISS.

14. The Regional Groups and the National Committee will be responsible for:

    a) agreeing the core strategic drivers, themes and goals for each conference, in engaging the Regional Integration Teams, agencies, partners and stakeholders

    b) establishing the national symposium/ showcase in 2024

    c) identifying and securing appropriate national and international speakers for the larger national QISS in 2024/25

    d) calling for abstracts and speakers, for each QISS.

    e) selecting the successful papers and speakers (in close consultation with stakeholders in 2023/24).

    f) planning the full QISS series of conferences, event management and ensuring that information is available online afterwards, for sector sharing

    g) providing regular reporting to Te Whatu Ora, Te Tāhū Hauora and other agencies as required by each agency

Te Whatu Ora
Health New Zealand

h) evaluation of QISS's and reporting back to Te Whatu Ora and Te Tāhū Hauora ELT and boards at conclusion.

Organisational support from each organisation

15. Both agencies will work together to facilitate the regional QISS's in 2024 through the National Committee. Te Whatu Ora will provide the use of their facilities and regional networks. Staff time will be provided by each organisation, as agreed through the National Committee, to support a successful series of regional QISSs.

16. In 2024/25, it will be necessary to bring in other agencies, with seed funding to support and underwrite the larger conference. Funding will enable international speakers to be sought and secured, and appropriate facilities to be booked. It is expected that a conference fee will be required to cover costs, and this will be factored into planning as required, by the National Committee.

17. This paper has been shared with Te Aka Whai Ora, Commissioning and HSS. The feedback is positive with a willingness to engage and address their priorities via the proposed programme. Te Aka Whai Ora will join the partnership for planning and delivery.

Financial implications

18. For the regional symposiums, resource contributions will be shared, through workforce support, shared expertise and networks, the provision of facilities, equipment and personnel time for planning and delivery. Travel and disbursements for delegates will be met by the directorates in Te Whatu Ora.

    a) An initial budget allowance of $750,000 for the QI programme and the 5 events including administration/event support is recommended with expectation that this will be refined and reduced as event planning and requirements are identified.

    b) The International meetings will require further business case and costing analysis.

Next steps

19. Following your agreement to this partnership, quality improvement leadership staff from Te Whatu Ora and Te Tāhū Hauora will meet early in 2024, to plan and coordinate:

    a) the development of regional groups to facilitate and assist delivery of regional QISSs for 2024

    b) an approach to other agencies which may have an interest in supporting the large national QISS event in 2024/25

20. In early 2024, a National Committee will be established to support the 2024/25 QISS.

21. QISS invitations will be provided to ELT and the board when these are ready, regular reporting will be provided as you direct, and an evaluation will be shared on conclusion of this partnered project.

Te Whatu Ora
Health New Zealand

Agenda

Regional Integration Team: Central Region

Date:	14 March 2024		
Start Time:	1.00pm	**Finish Time:**	2.30pm
Location:	Huitīma | Teams		

Co-Chairs: **Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Regional Wayfinder)

Members: **Jason Kerehi** (Director, Te Upoko o Te Ika, Te Aka Whai Ora); **Ngaira Harker** (Regional Clinical Director Primary and Community Care, Commissioning); **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor); **Paula Snowden** (Regional Director, Central Region National Public Health Service; **Russell Simpson** (Regional Director Hospital and Specialist Services); **Sipaia Kupa** (Regional Director Pacific)

National Team – Service Improvement and Innovation Representatives: **Tricia Sloan** (Director of Operations, Service Improvement and Innovation); **Richard Perry** (Group Manager Service Improvement and Innovation)

In attendance: **Tania Woodcock** (Group Manager, Office of the Regional Wayfinder); **Georgie Ross** (Regional Planning Lead); **Shung Wang** (Regional Integration Team Lead); **Carol Ratnam** (Programme Manager, Regional Integration Team)

Guests: **Karen Bartholomew** (Director Health Equity, Service Improvement & Innovation)**;** **Erin Chambers** (Project Manager, Māori & Pacific AAA/AF Screening Project); **Pania Shingleton** (Cyclone Recovery Manager (Health) Te Matau-a-Maui & Communications Specialist, Commissioning)

Apologies:

Time	Item	Method	Lead	Action
1.00pm	Karakia tīmatanga			
1.00pm *(15 mins)*	**1. General Business** 1.1 Minutes from previous meeting 1.2 Action Register	 Minutes Register	Chair/All	Discussion
1.15pm *(20 mins)*	**2. Regional Health and Wellbeing Plan**			
	2.1 Update	Verbal	Tania/Shung	Noting
	2.2 Assessment Tool	Paper	Lliam Munro	Agree
1.35pm *(10 mins)*	**3. Cyclone Gabrielle recovery update**	Verbal	Pania Shingleton	Noting
1.45pm *(15 min)*	**4. Quality Improvement Scientific Symposium**	Paper	Tricia Sloan	Agree
2.00pm *(15mins)*	**5. Te Ikaroa Maternity and Childhood Immunisation Strategic Approach**	Paper	Paula Snowden	Agree
2.15pm *(15 mins)*	**6. National AAA screening programme**	Verbal	Karen Bartholomew	Noting

2.30pm	Karakia whakamutunga
Next Meeting: 1.00pm – 2.30pm, Thursday 11 April 2024, Huitīma | Teams	

Te Whatu Ora
Health New Zealand

Minutes

Regional Integration Team (Central Region)

Date:	Thursday 15 February 2024		
Start Time:	1.00pm	Finish Time:	2.30pm
Location:	Huitīma | Teams		

Members: **Co-Chairs: Tricia Keelan** (Regional Wayfinder); **Patrick Le Geyt** (Regional Director Te Aka Whai Ora)

Jason Kerehi (Director, Te Upoko o Te Ika, Te Aka Whai Ora); **Paula Snowden** (Regional Director, Central Region National Public Health Service); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Sipaia Kupa** (Regional Director Pacific), **Nicky Rivers** (Group Manager Community & Integration).

National Team - Service Improvement and Innovation Representatives: Richard Perry (Group Manager Service Improvement and Innovation) and **Tricia Sloan** (Director of Operations, Service Improvement and Innovation).

In attendance: **Tania Woodcock** (Group Manager); **Carol Ratnam** (Programme Manager, Regional Integration Team), **Tracey Hunt** (Principal Advisor, Regional Integration Team), **Georgie Ross** (RHWP Lead).

Guests: **Darlene Rastrick** (Regional Commissioner, Central Region); **Karen Bartlett** (Regional Commissioner, East Coast); **Roy Sye** (Director of Education & Regional Public Service Commissioner – Greater Wellington), **Tiffini Campbell** (Curriculum Lead, Education).

Apologies: **Shung Wang** (Regional Integration Team Lead).

Karakia Tīmatanga

Patrick opened and chaired the meeting

1. Regional Public Service Commissioners

Patrick opened the meeting with karakia tīmatanga and chaired the meeting.

The Chair welcomed everyone to the meeting and made special mention of how encouraging it was to see guests from across the public service in attendance. He reflected on the collaborative and integrated work completed during the pandemic and encouraged the attendees to continue working this way.

The following points were noted:

- One of the key emerging health themes is the social determinants of health and the critical role these play in health and wellbeing i.e. housing, education, employment. The lack of structure and process surrounding how agencies work together, including from a health perspective was noted.
- The following questions were posed to the group:
  - Where are the health representatives in these Regional Meetings?
  - How do we collaborate better together?
  - How do we contribute towards planning to address socio-economic needs?
- Acknowledged that connections are important.

- A Regional Public Service Leads Meeting had recently been held in Manawatu-Whanganui. RIT representatives are welcome to attend these meetings.
- Health is keen to be part of cross sector initiatives while acknowledging that Health are in the early stages of new structure and reforms.
- Where Health representation on regional forums exists and is effective, the RIT will continue to engage or otherwise seek to appoint representatives to engage. The overall intention is that meaningful partnerships will enable all parties to better serve the community.
- Recognised the value of working regionally but that often local solutions were also required and that these often made the most immediate impact on individuals health and wellbeing i.e. quality drinking water.

Action Point: Opportunities for active engagement and collaboration to be sought. Regional Commissioners have agreed to provide a list of their groups that would benefit from Health input. The RIT will provide Health representatives for those groups and ensure representatives have appropriate delegation levels. The RIT secretariat will track Health representative collaboration in those fora.

2. General business

2.1 Minutes from 18 January 2024 meeting

The RIT endorsed the meeting notes as accurate.

2.2 Action Register

The actions were worked through noting:

- Close completed:
  - Action 2 Future of Cardiac Care
  - Action 3 Cyclone Gabirelle
  - Action 4 Update Framework, and
  - Action 5 Update notes from RIT wānanga at Pukemokimoki Marae on 19 December 2023.

Note. RIT hui have been moved to a monthly schedule. There may be other ad hoc meetings as required.

Action Point: 26 February Regional Health & Wellbeing workshop. RIT members are asked to:

- Provide their nominations of SMEs for the hui to the RIT secretariat (carol.ratnam@tewhatuora.govt.nz) as soon as possible if not already done so.
- Review their items in the 6-month plan to ensure: the actions in their area are correct; they are being done now; and will deliver on the plan. This feedback is due by 23 February.
- Note the intention to incorporate the 6-month plan into the 3-year plan.
- Consider the RIT Performance Framework.

3. Draft Regional Health and Wellbeing Plan (RHWP)

Noted the discussion including:

- Georgie Ross provided the RIT with an update on the 6-month Action Plan and the RHWP 20204-27.

3.1 Summary of points raised at the Regional Planners Forum include:

- Government Policy Statement and Te Pae Tata 2 is still being worked on and expected at the end of February. These are key inputs to the RHWP.

- The Minister of Health is keen on the 5+5=90 Health Framework for measuring performance.
- Timelines for completing the RHWP are still be finalised but likely to be a mid-May signoff.
- Once timelines are confirmed a memo will be provided to the RIT.
- The content/structure for the RHWP will follow the life course approach but will be structured around a "Our Land, Our People, and Our Wellbeing" format.

3.2 An update on the 6-month Action Plan included:

- The 6-month Action Plan had been updated post 10 January Workshop.
- There had been some difficulty identifying leads for cancer and chronic health sections of the plan and so these had remained unchanged.

3.3 Next steps include:

Action Point: Georgie Ross to update draft 3-year plan and provide to Chairs by COB Friday 16 February for review.

Action Point: Georgie Ross to liaise with Russell Simpson re leads for Cancer and Chronic conditions.

Karakia whakamutunga

Patrick closed the meeting

Meeting Closed: 2.30pm

Next meeting: 1.00pm – 2.30pm, Thursday 14 March 2024, Huitīma | Teams

Te Whatu Ora
Health New Zealand

Regional Integration Team: Central Region

Action Register as at 21 February 2024

Meeting Date	No	Subject	Owner	Description	Due Date	Status Update
Ongoing agenda items		IMPB engagement	Patrick Le Geyt/Tricia Keelan	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	
12-10-2023	1	Regional Risk Framework Tool	All	This framework provides information on procedures, standards and tools that are to be used for managing risk within Te Ikaroa.	In progress	Update 31-01-2024. As per advice from Lliam Munro (business owner for the Regional Risk Framework Tool), the tool is currently being trialled within Commissioning for further refinement.
15-02-2024	2	Engagement with MSD & Education regional commissioners	Shung Wang	Regional Commissioners have agreed to provide a list of all their groups that require Health input. The RIT will respond with providing Health representatives with the right level of delegation.	In progress	Write to Regional Commissioners Update for next RIT hui 14-03-2024
				The RIT will track how Health representatives are collaborating.		
15-02-2024	3	Assessment of 6-month RHWP plan	Tricia Keelan	RIT members will assess their portion of the 6-month plan. Are the actions in their area correct; are they being done now; will they deliver on the plan, and the feasibility of incorporating into the 3-year plan.	In progress	Email drafted and sent out to RIT for feedback. The team supporting drafting of RHWP is continuing to engage individually with content contributor leads on the 6-month action plan, and 3-year RHWP.
			Patrick Le Geyt	Te Aka Whai Ora will review the 19 assigned deliverables for Te Aka Whai Ora to identify who were the responsible owners and whether Te Aka Whai Ora has the resources and capacity to complete the deliverables + confirm with Georgie Ross by 26 February 2024.	26-02-2024	Completed. Email response received and noted.

Meeting Date	No	Subject	Owner	Description	Due Date	Status Update
15-02-2024	4	Engagement and Discussion Document on the Public Health Nursing project	Paula Snowden	Keep RIT in the loop re the engagement and discussion document.	Ongoing	Document included as part of the combined pack 14Mar24.
15-02-2024	5	Draft 3-year plan	Georgie Ross	Provide an update of the draft 3-year plan to Chairs by COB Friday 16 February.	16-02-2024	Completed.
15-02-2024	6	SMEs Cancer & Chronic health	Georgie Ross	Liaise with Russell Simpson on who the SMEs are and how to engage with them.	Complete.	Email sent to Russell on 15-02-2024 and response received with nominated leads noted.

Cover Sheet

To:	Te Ikaroa Regional Integration Team
From:	Tricia Keelan, Regional Wayfinder Te Ikaroa
Subject:	Assessment Framework for Regional Health & Wellbeing Plan Actions
Date:	14 March 2024

Decision ☒	Discussion	☒	Information	☐	Action	☐
Seeking Funding	**Yes**	☐	**No**	☒		
Funding Implications	**Yes**	☐	**No**	☒		

Purpose

The attached process outlines a proposed general approach to framing, assessing and prioritising actions within the Regional Health and Wellbeing Plan.

Recommendations

It is recommended that the RIT:

1. Approve the proposed approach to assessing and prioritising RHWP actions subject to changes to Te Pae Tata and additional government guidance

Background

In developing the Regional Health and Wellbeing Plan it has become clear that there is a need for a consistent framework through which to consider whether and how initiatives align to government health priorities, while also taking into account factors such as credibility, feasibility and affordability.

The attached framework seeks to achieve through a scoring process in which points are assigned for alignment to Te Pae Tata priorities or the 5590+ behavioural factors and non-communicable diseases, with scores being modified based on:

- credible intervention logic
- feasible implementation
- affordability
- measurability, and
- value for money.

The process is necessarily a blunt tool and results should be taken as a guide on which to base further discussion. One key observation is that each of the assessment lenses is multifaceted: consideration of feasibility, for example, should encompass capacity and capability beyond internal resourcing, while community support is one potential indicator of both feasibility and value for money.

Next steps

We will update this approach based on feedback from the Regional Integration Team. One proposed modification is that lack of budget should not necessarily be considered a demerit if other indicators are positive, but should perhaps be flagged as a desirable project for which to seek future funding.

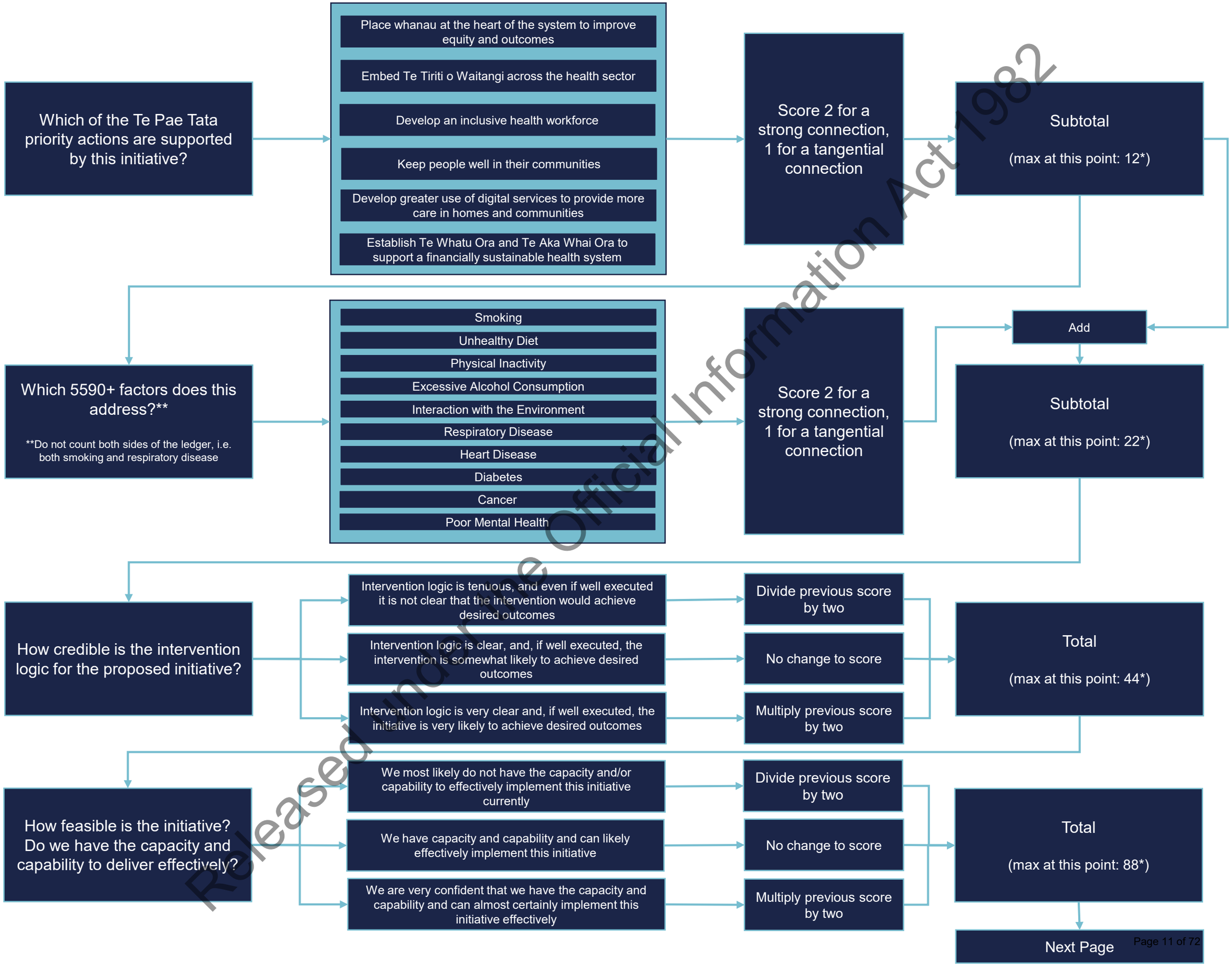
We have also received feedback to the effect that community support and Te Tiriti alignment should be made more explicit, rather than implicit. We will incorporate this into the next version of the process diagram.

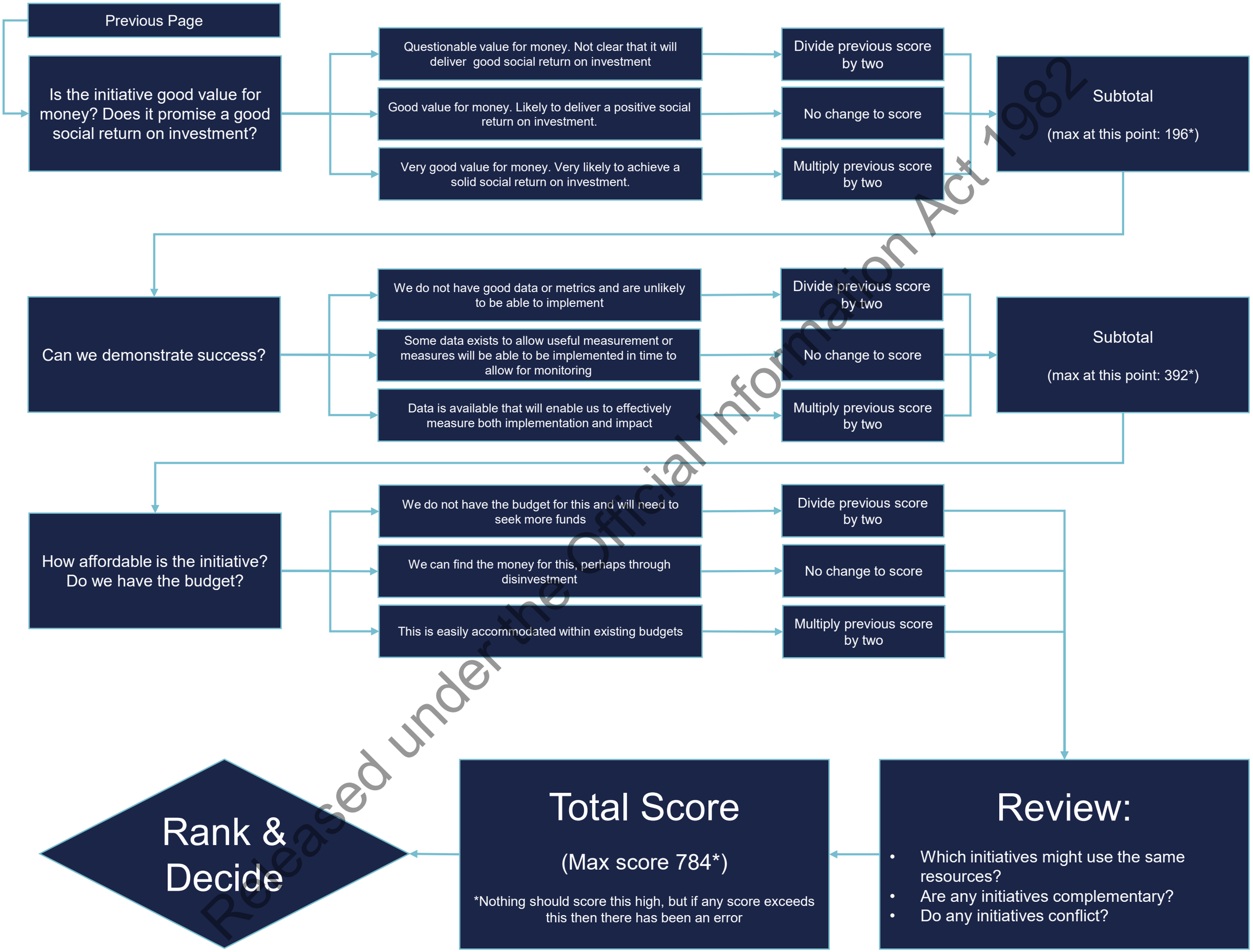
Te Whatu Ora
Health New Zealand

Te Ikaroa Regional Integration Team

RHWP Assessment Flowchart

Version 0.1





Te Whatu Ora
Health New Zealand

Memorandum to the Regional Integration Team: Te Ikaroa Central

Quality Improvement Scientific Symposium

Date:	15 February 2024
From:	Tricia Sloan, Director of Operations – Service Improvement & Innovation (SI&I) Richie Perry, GM Improvement & Innovation, Te Whatu Ora Improve – SI&I

Purpose

1. The purpose of this memo is to inform the Regional Integration Team (RIT) of ELT's (Te Whatu Ora) decision to deliver 4 regional and 1 national Quality Improvement Scientific Symposiums (QISS or 'symposiums'), in partnership with Te Aka Whai Ora and Te Tāhā Hauora (Health Quality & Safety Commission), in 2024 (see ELT paper Appendix 1).
2. Seek support from the RIT to facilitate delivery of the Te Ikaroa regional symposium.

Recommendations

3. The RIT is asked to:
   a) **note** ELT's decision (see ELT paper Appendix 1) to run 4 regional quality improvement scientific symposiums (QISS) and 1 national symposium, and for the RIT to facilitate delivery of the Te Ikaroa regional symposium in 2024.
   b) **note** proposed structure of the National QISS Programme (Appendix 2).
   c) **nominate** members from your teams to form a Regional Working Group (Appendix 2) to facilitate delivery the Te Ikaroa regional symposium.
   d) **discuss/ agree** key milestones - date and venue location.
   e) **note the** symposium themes will determined by Te Whatu Ora ELT. Themes are likely to be equity, consumer and whānau engagement, system flow planned care. There will also be the opportunity for regional priorities to be included.
   f) **discuss** themes specific to Te Ikaroa that could feature in the regional symposium.
   g) **note** SI&I will lead a programme to stimulate improvement & innovation initiatives at care delivery level. Small seed funds will be made available to enable teams to develop tangible initiatives.
   h) **note** SI&I and Te Tāhū Hauora will develop a 'toolkit' to support the RITs and Regional Working Group to facilitate delivery of the symposium.

Partnership with Te Aka Whai Ora

4. This programme of work is being developed and delivered in partnership with Te Aka Whai Ora. Te Aka Whai Ora Mātauranga Māori Directorate guidelines for engagement and relationship management[1] provide Mātauranga Māori Directorate representatives and Te Whatu Ora representatives with clarity and expectations of strengthening tō tātou whaka hourua as we navigate the programme of work together to achieve agreed outcomes and to mahi tahi. Through the guidelines each partner represents our respective expertise, mana and expertise with respect knowledge systems and worldviews, moving together in a common direction of achieving Pae Ora.

5. The guideline places the principle of mana at the centre of our living relationship to manage expectations, roles and responsibilities of the partners working together. It places obligation on all the partners to uphold with integrity their partnership obligations.

Principles underpinning our relationship

The Kawenata set out in the guideline defines the fundamentals of the relationship between Te Whatu Ora and Te Aka Whai Ora for this mahi. The Kawenata values are:

- **Mana Ōrite**: Respective views will be heard, considered, and afforded equal explanatory power.
- **Kotahitanga**: An operational culture of moving together with solidarity towards a common purpose.
- **Manaakitanga**: Derives from two words - 'mana' and 'aki'. Mana is a condition that holds everything in the highest regard. Aki means to uphold or support. Therefore, manaakitanga in this context means a governance and operational culture that its respectful and supportive and does not confuse accountabilities.
- **Whanaungatanga**: Strong transparent governance and operational relationships through respect, integrity, empathy, and commitment to the kaupapa of achieving Pae Ora for whānau.
- **Tū maia me mātātaki**: Brave, bold, capable, confident decision-makers - unafraid of free and frank advice and who are courageous in the face of the challenge.
- **Tū Waatea**: Inclusiveness through self-awareness. This means being open to others' views because we operate in good faith and are willing to be unencumbered by our own experiences.

[1] Mātauranga Māori Directorate Guidelines for Engagement and Relationship Management

Contribution to strategic outcomes

6. The symposiums will facilitate sharing and learning about improvement and innovation efforts and practice within areas relevant to the health sector principles, Te Tiriti o Waitangi relationships, health equity and the six priority action areas of Te Pae Tata, as well as connecting with priorities of Health & Wellbeing Plans. The content of the symposiums will be developed by a National Conference Programme Committee (National Committee) and by Regional Groups, through the selection of topics, speakers and a range of abstracts for presentation. Content from within areas relevant to key strategic outcomes for the sector and health system will be actively sought.

Background

7. Te Tāhū Hauora has hosted annual quality improvement scientific symposiums featuring keynote speakers, peer-reviewed papers, interactive sessions and learning and networking opportunities. The 2023 symposium focused on the science of improvement, by highlighting improvement methodology. Themes for the presentations were based on the Wai2575 principles.

8. Health professionals showcased initiatives at the QISS symposium - posters and presentations. Initiatives could be at different stages; 'Seed' (promising ideas and ways for improving care, too young to have results), 'Sprout' (some early results but not yet showing sustained improvement), 'Plant' (complete, demonstrates changes in processes and outcomes and shows sustained improvement with potential for, or has achieved, spread).

9. Te Whatu Ora and Te Tāhū Hauora will work in partnership on the symposiums to build quality improvement capability.

10. Partnering on the symposiums will be an investment in sector learning and sharing to support the appropriate adoption and adaption of good quality improvement practice within service delivery.

11. Four regional symposiums will be run in 2024 with up to 120 people attending each.

12. Funding has been approved to run the symposiums and to provide some stimulus funding to early ('Seed') initiatives.

Discussion

13. The goals of the symposiums will be to enhance improvement and innovation efforts and new knowledge, to better support the implementation of strategic priorities in service delivery throughout the motu.

14. The sector will have the opportunity to learn within and across regions, and from national best practice. The sector will also have the opportunity to learn from national and international thought leaders in quality improvement and innovation.

15. The proposed National QISS Programme structure includes a National Committee (reporting to ELT Steering Group) and Regional Working Groups.

16. The National Committee provides direction and content leadership for the symposiums aligned with ELT/CE direction. This will involve setting clear strategic requirements for content that demonstrate linkages to advancing the health sector principles, Te Tiriti o Waitangi relationships, health equity or to one or more of the six priority action areas of Te Pae Tata.

17. In addition to delivering the national symposium and awards evening, the National Committee will be responsible for:

    a) planning the full QISS series of symposiums, event management and ensuring that information is available online afterwards, for sector sharing

    b) supporting the RITs & Regional Working Groups by:

        i) developing a toolkit/how to guide with Te Tāhū Hauora

        ii) developing branding, marketing/event collateral with Ara Manawa (SI&I design team)

    c) evaluation of QISSs and reporting back to Te Whatu Ora and Te Tāhū Hauora ELT and boards at conclusion.

18. The Regional Working Groups will be responsible for facilitating regional partnerships via the RITs with consumers/whānau, IMPBs, commissioning, NGOs and primary care, to advise on content, abstracts and presentations that showcase good improvement and innovation work and promote useful learning regionally and locally.

19. Regional Working Groups will work closely alongside the RITs to facilitate the delivery of the regional symposium. Proposed membership include representatives from the following;

    a) Te Aka Whai Ora

    b) Pacific Health

    c) Commissioning

    d) HSS

    e) National Public Health Service

    f) SI&I (RIT lead or nominee)

    g) Consumer / whānau voice

20. The Regional Working Groups will be responsible for:

    a) ensuring themes and goals for each conference align with nationally set themes, and those identified by the RIT

    b) Content e.g. agenda, speakers, topics

    c) Calling for abstracts and speakers, selecting papers and speakers with the RITs

    d) RIT - award funding to initiatives in 'Seed' category

e) Support, encourage people to take part

f) Evaluation – align with National Committee approach

g) Logistics e.g. venue, AV, MC, catering, invitations, on the day event management.

21. Seed funding has been approved to support initiatives. These funds are to be awarded by the RIT to initiatives in the 'Seed' category to feature in 2025 symposiums and national event.

Financial Implications

22. For the regional symposiums, resource contributions will be shared, through workforce support shared expertise and networks, the provision of facilities, equipment and personnel time for planning and delivery.

23. Travel and disbursements for delegates will be met by the directorates in Te Whatu Ora.

Key next steps

24. Form the Regional Working Group with nominees to deliver the Te Ikaroa symposium in 2024. This group will meet weekly and partner with the National Committee to ensure alignment of approach.

25. Develop and execute programme, including identifying key stakeholders, communication channels, risks and mitigations and evaluation.

26. Action time critical elements - book a venue in the agreed location, identify and book speakers, stakeholder analysis, calendar placeholders.

27. Regular reporting will be provided to the RIT by the SI&I lead on the Regional Group, and evaluation shared on conclusion of this initiative.

Attachments

- Appendix 1: Proposal for partnering on the Quality Improvement Scientific Symposium – Regional, National and International. Dated 8 January 2024.
- Appendix 2: Proposed QISS National Programme Structure.

Te Whatu Ora
Health New Zealand

Proposal for partnering on the Quality Improvement Scientific Symposium – Regional, National and International

Date:	8 January 2024	**Author:**	Shelley Hanifan, Principal Advisor – policy, HQSC/ Tricia Sloan – Director Operations, SI&I
For your:	Note and endorse	**Approved by:**	Dale Bramley, National Lead, SI&I
Seeking funding:	To note funding impact	**Funding implications:**	yes
To:	**Board**		

Purpose

1. This paper proposes a partnership between Te Whatu Ora and Te Tāhū Hauora to deliver a QI programme, four regional Quality Improvement Scientific Symposiums (QISSs) in 2024, a national symposium (showcase). A larger national QISS (with international speakers and profile) in 2025 will be explored.

2. Partnering on the QISSs will be an investment in sector learning and sharing, to support the appropriate adoption and adaption of good quality improvement practice within service delivery.

Recommendations

3. The Operational Performance Group is asked to:

   a) **agree** to a partnership with Te Tāhū Hauora, to deliver 4 regional and 1 national Quality Improvement Scientific Symposiums in 2024.

   b) **note** SI&I will lead a QI programme to stimulate QI initiatives at care delivery level/ coal face. Small pump prime funds will be made available to enable teams to develop tangible initiatives / innovations.

   c) **note** that in 2024, Regional Groups made up of the RIT SI&I Lead (or their nominee) and nominated consumer / whānau voice, commissioning, HSS, Pacific and Te Aka Whai Ora representatives, will work alongside Regional Integration Teams (RITs). The purpose is to co-ordinate the regional and local quality improvement content for four regional symposiums. Connection with the RITs will be facilitated by the SI&I lead on each RIT.

Te Whatu Ora
Health New Zealand

d) **note** that in 2024, Te Whatu Ora will host a national symposium, bringing together a range of innovations and initiatives from the regional symposiums. This will showcase and promote spread of ideas across the motu.

e) **note** that in 2024/25, the National Conference Programme Committee will explore a larger event with international speakers who will provide thought leadership and inspiration for quality improvement in health service delivery.

Contribution to strategic outcomes

a. The QISS will facilitate sharing and learning about improvement efforts and practice within areas relevant to the health sector principles, Te Tiriti o Waitangi relationships, health equity and the six priority action areas of Te Pae Tata, as well as connecting with priorities of Health & Wellbeing Plans. The content of the QISSs will be developed by a National Conference Programme Committee (National Committee) and by regional groups, through the selection of topics, speakers and a range of abstracts for presentation. Content from within areas relevant to key strategic outcomes for the sector and health system will be actively sought.

Executive summary

4. Te Tāhū Hauora coordinates an annual QISS to build knowledge, understanding and share experience of health service quality improvement in action. The QISS is a popular event and attracts a growing number of participants each year, encouraging interest in, and focus on, health quality improvement.

5. This paper proposes that Te Whatu Ora partner with Te Tāhū Hauora to leverage efforts over the next two years, expanding this work to enable greater engagement and participation across the motu. Our partnership would enable:

   a) in 2024:

      i) expansion of the Te Tāhū Hauora plan for one national QISS with 200-220 attendees, to four regional QISSs with 100 to 120 participants within each region.

      ii) one national showcase event in late 2024 to draw from the regional symposiums (up to 400 attendees).

      iii) access to Te Whatu Ora facilities and regional networks, to support the four QISSs to be nationally and regionally led, regionally delivered and locally applied.

   b) In 2024, SI&I will lead a QI programme to stimulate QI initiatives at care delivery level/ coal face. Small pump prime funds will be made available to enable teams to develop tangible initiatives / innovations.

   c) In 2025, proposed expansion of the Te Tāhū Hauora plan for a larger national QISS (with international speakers and profile) with 400 – 500 participants.

Te Whatu Ora
Health New Zealand

Background

6. Te Whatu Ora and Te Aka Whai Ora have responsibility for delivering quality health services to consumers, whānau and population groups across Aotearoa. Te Tāhū Hauora influences and builds quality improvement science knowledge, including measures, methods and practice, throughout the health system.

7. Te Whatu Ora and Te Tāhū Hauora have discussed key opportunities to work in partnership, in order to leverage planned work in quality improvement capability building. Collaboration and coordination will maximise the impact of the work of both agencies, across the health system.

8. In the past, Te Tāhū Hauora has delivered an annual, national QISS to build quality improvement science capability in the health sector. The QISS has involved international speakers, showcased local successful and innovative quality improvement projects and programmes and attracted wide sector participation. Te Tāhū Hauora has budgeted seeding funds of $15,000 p/a, and has charged conference fees for attendance, in order to cover costs. As well as providing an opportunity for networking with others interested in quality improvement, the QISS has been a valued opportunity for learning and sharing throughout the motu. The QISS audience has been growing year on year.

Discussion

9. The QISS offers a key opportunity for Te Whatu Ora and Te Tāhū Hauora to work together to maximise reach and impact, in growing good and promising practice. By partnering on the QISSs Te Whatu Ora can leverage and build on the Te Tāhū Hauora planned investment in sector learning and sharing, and support broader understanding, adaption and adoption of aspects of good practice in quality improvement where appropriate.

10. A partnership is proposed, to leverage investment in quality improvement capability building through the QISS in 2023/24 and 2024/25. The goals of the QISS over the two years, will be to enhance improvement efforts and new knowledge, to better support the implementation of strategic priorities in service delivery throughout the motu.

11. The partnership will enable:

    a) expansion of the Te Tāhū Hauora plan for one national QISS with 200-250 attendees in 2023/24, to enable four regional QISS' with 100 to 120 participants within each region. It is expected that the regional QISS's will take place in the 2023/24 financial year, with dates and times to be worked out with Regional Groups and national agencies who will be sharing content.

    b) SI&I will lead a QI programme to stimulate QI initiatives at care delivery level/ coal face. Small pump prime funds will be made available to enable teams to develop tangible initiatives / innovations.

    c) One national showcase event in 2024 to draw from the regional symposiums (up to 400 attendees).

Te Whatu Ora
Health New Zealand

d) In 2025 explore expansion of the Te Tāhū Hauora plan to enable a large national QISS (with international speakers and profile), with 400 – 500 participants.

12. Across the two years, the sector will have the opportunity to learn within and across regions, and from national best practice. The sector will also have the opportunity to learn from national and international thought leaders in quality improvement.

13. The work will involve establishing a National Committee to provide direction and content leadership for the QISS. This will involve setting clear strategic requirements for content that demonstrate linkages to advancing the health sector principles, Te Tiriti o Waitangi relationships, health equity or to one or more of the the six priority action areas of Te Pae Tata.

    a) In the first year, the makeup of the committee will include Te Tāhū Hauora, Te Aka Whai Ora and Te Whatu Ora quality improvement leads and Te Whatu Ora regional relationship leads.

    Te Whatu Ora regional relationship leads will be responsible for facilitating regional partnerships via the RITS with consumers/whānau, IMPBs, commissioning, NGOs and primary care, to advise on content, abstracts and presentations that showcase good work and promote useful learning regionally and locally. This approach will enable national leadership to support regional leadership and delivery through networks and relationships, with the purpose of showcasing locally applied content from within each region.

    b) the national committee will include agencies who provide seed funding to support the symposium, and key national stakeholders.

    A meeting between Te Whatu Ora and Te Tāhū Hauora quality leads will occur early in 2023 to develop a plan for engaging with appropriate agencies who will have an interest in supporting the QISS.

14. The Regional Groups and the National Committee will be responsible for:

    a) agreeing the core strategic drivers, themes and goals for each conference, in engaging the Regional Integration Teams, agencies, partners and stakeholders

    b) establishing the national symposium/ showcase in 2024

    c) identifying and securing appropriate national and international speakers for the larger national QISS in 2024/25

    d) calling for abstracts and speakers, for each QISS.

    e) selecting the successful papers and speakers (in close consultation with stakeholders in 2023/24).

    f) planning the full QISS series of conferences, event management and ensuring that information is available online afterwards, for sector sharing

    g) providing regular reporting to Te Whatu Ora, Te Tāhū Hauora and other agencies as required by each agency

Te Whatu Ora
Health New Zealand

h) evaluation of QISS's and reporting back to Te Whatu Ora and Te Tāhū Hauora ELT and boards at conclusion.

Organisational support from each organisation

15. Both agencies will work together to facilitate the regional QISS's in 2024 through the National Committee. Te Whatu Ora will provide the use of their facilities and regional networks. Staff time will be provided by each organisation, as agreed through the National Committee, to support a successful series of regional QISSs.

16. In 2024/25, it will be necessary to bring in other agencies, with seed funding to support and underwrite the larger conference. Funding will enable international speakers to be sought and secured, and appropriate facilities to be booked. It is expected that a conference fee will be required to cover costs, and this will be factored into planning as required, by the National Committee.

17. This paper has been shared with Te Aka Whai Ora, Commissioning and HSS. The feedback is positive with a willingness to engage and address their priorities via the proposed programme. Te Aka Whai Ora will join the partnership for planning and delivery.

Financial implications

18. For the regional symposiums, resource contributions will be shared, through workforce support, shared expertise and networks, the provision of facilities, equipment and personnel time for planning and delivery. Travel and disbursements for delegates will be met by the directorates in Te Whatu Ora.

    a) An initial budget allowance of $750,000 for the QI programme and the 5 events including administration/event support is recommended with expectation that this will be refined and reduced as event planning and requirements are identified.

    b) The International meetings will require further business case and costing analysis.

Next steps

19. Following your agreement to this partnership, quality improvement leadership staff from Te Whatu Ora and Te Tāhū Hauora will meet early in 2024, to plan and coordinate:

    a) the development of regional groups to facilitate and assist delivery of regional QISSs for 2024

    b) an approach to other agencies which may have an interest in supporting the large national QISS event in 2024/25

20. In early 2024, a National Committee will be established to support the 2024/25 QISS.

21. QISS invitations will be provided to ELT and the board when these are ready, regular reporting will be provided as you direct, and an evaluation will be shared on conclusion of this partnered project.

Te Whatu Ora QISS Programme Structure

Chief Executive – Te Whatu Ora & Te Aka Whai Ora

National Steering Group

National Committee

Regional Working Group Northern — **Tracey**

Regional Working Group Te Manawa Taki — **tbc**

Regional Working Group Te Ikaroa Central — **Richie**

Regional Working Group Te Waipounamu — **Bernie**

National Steering Group:
- National Director, HSS - Fionnagh Dougan
- National Director, D&D - Leigh Donaghue
- Chief People Officer - Andrew Slater
- Interim Chief Clinical Officer - Richard Sullivan
- National Director, SI&I - Dale Bramley
- Te Aka Whai Ora, Mātauranga Māori Directorate (MMD) - *TBC*
- Director of Operations, SI&I - Tricia Sloan
- Director of Te Whatu Ora Improve, SI&I - Penny Andrew

National Committee:
- Director of Operations, SI&I - Tricia Sloan
- Director of Te Whatu Ora Improve, SI&I - Penny Andrew
- GM Innovation and Transformation, Te Aka Whai Ora - Marama Tauranga
- PMO, SI&I – *Cindy Tuitupou/Marizel Sanchez-Dizon TBC*
- Te Whatu Ora Improve GMs, SI&I – Bernie County, Richie Perry, Tracey Popham
- Event Programme Manager –*TBC*
- Administration/Coordination support - *internal TBC*

Key Responsibilities:
- Deliver national symposium (learning event), including awards night
- Set national themes with CE/ELT e.g. equity, system flow, planned care
- Content e.g. agenda, speakers, topics
- Support RITs & Regional Working Groups by;
  - developing toolkit/how to guide with Te Tāhū Hauora
  - developing brand, marketing/event collateral with Ara Manawa (design team)
- Evaluation
- Logistics e.g. venue, AV, MC, catering, invitations, on the day event management

Regional Working Groups: working alongside RITs
- Te Aka Whai Ora, MMD Innovation and Transformation - *TBC*
- Te Whatu Ora Improve GMs – Bernie County, Richie Perry, Tracey Popham
- Representatives identified by RIT – *TBC*
- Administration/Coordination support – *TBC, internal*

Key Responsibilities:
- Deliver regional symposiums
- Align with nationally set themes, and those identified by the RIT
- Content e.g. agenda, speakers, topics
- Calling for submissions, selection for presentation at event
- RIT - award seed funding to initiatives in 'Seed' category
- Support, encourage people to take part
- Evaluation – align with National Committee approach
- Logistics e.g. venue, AV, MC, catering, invitations, on the day event management

Memorandum

To:	Regional Integration Team Te Ikaroa
From:	Paula Snowden Regional Director - Te Ikaroa National Public Health Service
Subject:	Te Ikaroa Maternity and Childhood Immunisation Strategic Approach
Date:	11 March 2024

Purpose

1. The purpose of this briefing is to propose a leadership model and structure for Immunisation that will enable all Regional Integration Team (RIT) members across their various responsibility areas to support collaboration and programme delivery to lift immunisation rates for tamariki Māori and hapū Māmā; and deliver other Immunisation priorities for community and whānau.

2. This paper outlines the current state and the challenges in the existing operational landscape and puts forward a framework for Ikaroa-Central Region that facilitates delivery of an integrated programme for immunisation across the system.

Recommendations

3. It is recommended that RIT:

   a) **Receive** this paper.
   b) **Endorse** the proposed structures required to provide leadership, strategic direction, co-ordination, and operational support across multiple health entities for immunisation delivery in the Central region.
   c) **Note** the complexity in the Region and the opportunities to improve service for whānau across the system consistent with the unify to simply principles of the reform.
   d) **Endorse** the drafting of Terms of Reference, which will include membership, of the groups proposed in this new structure, if the proposal is accepted.
   e) **Agree** a deep dive on how immunisation is currently delivered across the Region is a priority including mapping out how all parts of the system work at the moment (reference Northern Region map attached)
   f) **Note** the preliminary outline of risks and opportunities
   g) **Note** the Regional Health and Wellbeing Plan for 24-27 is the document by which RIT will hold itself to account for achieving the Immunisation Targets.

Executive Summary

4. Immunisation is a highly effective intervention in reducing the morbidity and mortality of communicable diseases. The newly elected government has made vaccination coverage at two years of age, one of their five initial health priorities. With the recent structural changes in the health system, accountability for vaccination coverage now rests with the NPHS Regional Directors.

5. Establishing an **Ikaroa Immunisation Leadership Group (IIILG)** to provide thought leadership, oversight and decision-making for the immunisation programme.

6. The **Immunisation Operational Group (IOG)** will deliver the action plan that will enable a transparent system-wide approach. The **IOG** would also be responsible for presenting business cases to **IILG** for programme and investment changes for NPHS, HSS and Commissioning; service improvement data and analysis support to SI&I; and to Te Aka Whai Ora and Pacific Directorate to enable collaboration.

7. The IIILG would comprise of nominees from RIT and the IOG and led by an Senior Responsible Owner (SRO) from NPHS. The IOG would report monthly to the IIILG on programme progress and outcomes. These two groups would replace the single and existing Ikaroa-Central Steering Group.

8. The proposal, co-created with the four other Prevention Development and Delivery Leads from NPHS, suggests implementing identical immunisation structures in the four regions (Northern, Te Manawa Taki, Te Ikaroa, and Te Waipounamu) to ensure national alignment in our strategic and operational strategies. This approach has already been endorsed by Northern Region RIT.

Background

9. The health system has undergone significant structural change since the Pae Ora legislation was enacted in July 2022. The changes have resulted in a change in accountability for vaccination coverage. Instead of DHBs being responsible for achieving vaccination targets for their domiciled population, accountability now sits with the National Director of the National Public Health Service (NPHS). NPHS has a strategic lead but is cognisant that most vaccination is delivered in Primary Care, Hauora Māori and Pacific services, with the smaller vaccination numbers delivered by Public Health Nurses in NPHS and Nurses in H&SS settings.

10. Currently, there are multiple health entities across the Ikaroa/Central Region supporting immunisation service delivery, alongside several groups, both nationally and regionally, that are involved in planning and delivering initiatives to lift immunisation rates. This includes, PHOs and Immunisation Coordinators, IMAC and national, regional and local health promotion activity and the programme design work led by the Prevention Directorate of NPHS. In that area there are reviews of Outreach Immunisation Services and School Based Vaccination, and the Aotearoa Immunisation Register.

11. Added to this is a new Te Whatu Ora regional and national structure and a clear accountability for achieving the government's immunisation goals that now sits with the National Public Health Service. While the responsibility is clear, service delivery sits across the health and NGO sectors, so achieving the immunisation goals means all sectors need to unite with equity and community and whānau at the centre of what we do. Working in unified way will enable Te Whatu Ora to address the system barriers that will improve access and enable innovation. It will also hold us all accountable for outcomes.

12. The paper builds on the August 2023 inaugural report on the Te Ikaroa Maternal and Childhood Immunisation Action Plan. It proposes a revised system leadership structure that supports Regional Integration Team (RIT) governance and strategic direction oversight whilst recognising the individual service accountabilities of RIT members. The proposed structure will enable a programme-wide view of immunisation activity and enable enhanced monitoring.

13. While this paper addresses immunisation as a whole, the focus is on Childhood and Maternal Immunisations as this is priority for Health NZ and government. It is also true that the challenges faced to lift childhood vaccination rates when successful will benefit all immunisation, including for priority populations.

National Structures

14. The roles and responsibilities for immunisation sit at multiple places throughout the system (Appendix 1). The National Immunisation and Childhood Screening Group (encompassing what was previously the National Immunisation Programme) sits within the Prevention Directorate of NPHS. The function of this team is national programme delivery of an integrated approach across prevention to deliver on Pae Ora. This team will set the national strategy and priorities for immunisation, for regional teams to embed and deliver on. In addition, the following groups provide governance and oversight:

- **The Oversight Board**, led by Andrew Old, Deputy Director General of the Public Health Agency, is responsible for governance functions, reporting directly to Ministers, setting strategy, establishing priorities, allocating resources, and providing assurance and oversight.
- **The Outcomes Collective**, reporting to the Oversight Board, consists of accountable Directors and GMs for immunisation work. Their functions include establishing program settings, directing program activities, managing operational risks and issues, and overseeing monitoring, reporting, and budget management.
- **The National Immunisation Technical Advisory Group** (NITAG) is being established via an Expression of Interest process.
- **The National Immunisation Taskforce Group** advises the Chief Executives of Te Whatu Ora and Te Aka Whai Ora on actions to achieve childhood immunisation targets at local, regional, and national levels. Co-chaired by Dr. Owen Sinclair and Cathy O'Malley, this group is chaired by Dr. Nick Chamberlain (National Director, NPHS) with representation from Te Aka Whai Ora, PHA, NPHS, Commissioning, and the Immunisation Taskforce Co-Chairs.

Regional Structures

15. Previously, an SRO forum, led by the NIP director and attended by SROs from various regions, GM Clinical, and GM Operations, served as the primary link between national and local planning and implementation.

16. This forum has now been replaced by a Regional Prevention Development & Delivery Leads meeting, which convenes Regional Account Managers from the Prevention Directorate (NPHS) and Regional Development & Delivery Leads embedded in NPHS regions. The aim is for these individuals to work together in coordination with immunisation stakeholders in their respective regions.

17. The Primary Health Organisation structures in the central region make for a complex set of leadership responsibilities with Immunisation Coordination delivered out of NPHS in Te Matau a Māui but delivered by PHOs in Mid-Central, Whanganui and Te Upoko o te Ika a Maui (Wellington). Of the seven PHOs in the region, five hold immunisation coordination contracts. In addition, NPHS has 77 FTE public health nurses delivering immunisation directly to whānau in the three districts.

18. Historically, each Distict, under the old DHB stuccture, had its own immunisation group with nominated SROs from PHOs and NPHS. None of the SROs are from Hauora Māori providers or Pacific Service, with current immunisation groups included from COVID-19 immunisation contracts funded until June 2024.

19. A preliminary look at what is known of current contracts by district in the region shows the challenges of coordinating immunisation efforts. The complexity discussed further in the paper is inconsistent with the reform principles of Unify to Simply and does not enable integrated service.

Hawkes Bay	13 Providers (3 independent imms service, 2 well child contracts, 2 Māori Primary Health care services possibly include Imms)
Whanganui	6 providers (1 which provides imms, 2 others have well child contracts but unsure if includes imms)
Midcentral	11 Providers (9 of which provide imms services)
Hutt Valley	6 providers (1 of which provides imms outreach and 1 has a well child contract but unsure of imms status)
Cap & Coast	6 providers (2 of which provide imms services)
Wairarapa	2 providers (one of which provides outreach imms and Well Child Tamariki Ora)

20. Identifying an SRO across the region has only recently been established with the Prevention Development and Delivery Lead in NPHS. However, the ways of working across the system are still being

refined. There is currently a need for a district-level leader to address and provide oversight.

21. Because of its role funding primary care and this includes some Immunisation Coordinators, Commissioning has a critial role to play in lifting vaccination rates along-side Hauroa Māori and Pacific Services that work most closely with the Immunisation priority populatios.

Key issues to be addressed

22. The coordination and delivery of immunisation within the region are complicated by various factors, including:
    - Multiple entities and partners delivering immunisation services for communities.
    - Accountability for immunisation coverage shifting from districts to NPHS, with regional NPHS not commissioning or delivering services.
    - Absence of cohesive strategic plans and regional service delivery framework which focus on a collective approach to delivering immunisations and addressing health priorities for whānau.
    - Several groups offer varying levels of coordination and governance, but they lack connection to the regional decision-makers, such as the Regional Integration Team.
    - Fragmented layers and unclear accountability for childhood immunisation across primary care and Hauora Māori services.
    - A number of different groups exist and provide some degree of co-ordination and/or governance, but are not connected to the key regional decision-makers (i.e., the Regional Integration Team).
    - There is a lack of clarity regarding roles and responsibilities within the Central Region, potentially leading to significant overlap with functions of existing groups. Similarly, the national teams share some functions with the regional groups as they are currently articulated.
    - The need to understand the function of IMAC to explore how to increase access to and uplift of whole-of-life vaccination nurse training.

23. It is timely to reassess and redefine the current structure in the central region, ensuring it is suitable for its intended purpose and promotes collaboration and coordination. It is crucial to determine when it is best to implement consistent practices regionally and when localised solutions tailored to specific communities are required.

24. This regional framework should have transparent connections to national structures that support immunisation efforts, such as the National Prevention Directorate under the NPHS. Furthermore, it should align closely with developments and Commissioning within Te Aka Whai Ora to ensure seamless coordination of the entire regional strategy.

Proposal for a Regional Structure

25. The proposal is to establish a lasting whole of system Immunisation Leadership Group (IILG) and an IOG within the Central Region to foster effective, efficient, and cooperative practices. Both groups should include Māori co-chairs, mirroring the RIT structure; see proposed structure in Diagram Appendix 1 below. Appendix 2 is an outline of the Immunisation Landscape for Northern Region and this needs to be mapped out for Ikaroa-Central.

Terms of Reference

26. The key responsibilities of the IILG would include:
    a) Establishing connections with:
        - national groups such as the Immunisation Taskforce Governance Group and receiving guidance from the Oversight Board in conjunction with the Outcomes Collective.
        - Primary care

- Hauora Māori and Pacific Services

b) Adapting national strategies and investment directives to fit the regional setting.
c) Evaluating funding requests from the IOG;
d) Ensuring accountablility for vaccination efforts and attaining vaccination targets to Te Whatu Ora nationally.

27. The purpose of the IILG would be to provide oversight and decision-making for the immunisation programme in the Ikaroa-Central Region. The IILG will develop a well-defined strategic plan, stakeholder plan and regional service delivery programme, focussed on a collective approach to delivering immunisations across the life-course and addressing additional health and well-being priorities for whānau.

28. This group would be a subcommittee of the RIT, with the addition of strategic regional immunisation roles across the region that have strategic and financial decision-making remits and be permanent. This group would replace the current Steering Group RIT Sub-Committee and the Regional Director, Ikaroa-Central NPHS would co-chair this group. The proposed membership of the IILG should ensure strategic representation from those responsible for delivering key services.

29. The core functions of the IOG and its core purpose will be to:
    a) Deliver the programme of work approved by IILG
    b) Collaborate with:
        - Primary Care
        - Commissioning
        - Hauora Māori and Pacific services
        - Regional H&SS leads
        - Regional Te Whatu Ora Enabling Teams
    c) Set and track progress toward the Maternal and Childhood Immunisation targets for Ikaroa-Central Region.
    d) Identify where RIT can apply leverage across the system and identify gaps that need addressing
    e) Propose system improvements to Commissioning and/or H&SS and/or NPHS
    f) Report on primary care outcomes.

30. This group would hold responsibility for operational delivery across the region and would comprise of members who hold operational accountabilities. This group would be accountable to the IIILG for the operational delivery of the immunisation strategy and should include key stakeholders such as PHOs, Hauora Māori Partners, Pacific Providers, Pharmacy and Midwifery.

31. The Prevention Development and Delivery Lead NPHS for Ikaroa-Central will coordinate the activity of the IOG and will report to the IIILG. The IOG will liaise with District Leads who report into the SRO for the Region.

Delivering an Integrated Programme

32. Leadership structures are enabling but it is the coordinated programme of work driven by the Taskforce Recommendations, that will address the system and whānau and community barriers to achieving immunisation targets

33. The already established Regional Immunisation Action Plan needs to be embedded in the Regional Health and Wellbeing and performance targets need to be agreed for each deliverable and leads identified for various initiatives

34. The Action Plan is structured around the current programme and some one-off development initiatives.

Current Programme

35. The table below identifies the current immunisation activity and which parts of the system primarily lead delivery of those areas. It provides commentry on gaps and opportunities in the current landscape with recommendations for further invetigation and/or improvements.

Activity	Primarily Delivered By	Comment
Under 5 years of age vaccination	Primary Care (NPHS in some districts)	• WTO mostly do not vaccinate under 5 years of age. • Some Hauora Māori and Pacific services do despite not being funded. Plunket do not, yet contracts possibly under development. • Pharmacies under development
Outreach Immunisation Services	Primary Care Hauora Māori and Pacific	• An outreach and drop-in service is run by NPHS in Hawkes Bay. • Process and practice of Primary Care and referral to outreach vary widely.
Immunisation Coordination	Primary Care (NPHS in Hawkes Bay, Hutt Valley)	• Wide variation in how coordination is delivered and how the work of coordinators is prioritised. • Risk to quality cold chain management • Primary responsibilities are Cold Chain, Mentoring and Assessments but some deliver vaccination. • Lack of district mentoring support hinders growth in numbers of whole-of-life vaccinators (see IMAC below)
School-based vaccination	NPHS Hauora Māori (in some Kura)	• Much of the NPHS nursing workforce in Ikaroa-Central is focussed on this programme
Maternity vaccination	Primary Care HSS Midwifery LMCs	• Some Hauora Māori and Pacific services • Opportunistic immunisations provided in H&SS, albeit adhoc
Immunisation Data and Reporting	NPHS	• Challenges with AIR (the merging of CIR and NIR). High errors notications requiring detailed analysis, timely GP call to confirm vacciantions status creating a lack of trust in the systems (for whānau) as information it is not in real-time. • Hauora Māori and Pacific services often do not have access to the data they need to prioritise their outreach and health promotion. • Te Aka Whai Ora support Data Sharing Agreements (DSA)
Workforce Development	IMAC	• NPHS hold the IMAC contract • Training courses are ostly focussed on COVID and Flu workforce. • The availability and diversity of whole of life vaccinators in Primary Care practices throughout the region are uncertain. It is

		unknown how many whole-of-life vaccinators are needed to adequately support the community and whānau in Hauora Māori, Pacific services, or in outreach programs.
COVID and FLU	Primary Care Pharmacies	• Te Whatu Ora COVID programme ceases 30 June 2024 but some Hauora Māori and Pacific Services have contracts post 1 July

36. There are many information gaps across the various activities that different providers and services may know but that are not visible across the system and this limits problem solving, coordination and collaboration. A thorough and detailed process mapping of current state will inform where system improvements can be made. However, a first review of things that need a deep dive are:

- Variations in how Primary Care manage newborn referrals, outreach referrals and follow-up (recall and recall guidelines).
- Closed books in some GP practices and how to mitigate impact of unenrolled tamariki not being connected with a vaccination provider, such as a Drop-In clinics.
- Potential that referral to outreach delays access for whānau and passes problems on to Hauora Māori and Pacific providers where referrals are growing at a faster rate than services can respond to on time vaccinations.
- Hauora Māori and Pacific providers do not have the data they need to target their communities.
- Variations in priority of growing the whole-of-life vaccination workforce in Immunisation Coordination and IMAC services.
- No ready information on midwifery vaccination.
- Not enough whole-of-life vaccinators across the system.
- Potential that School Based Vaccination is over-supplied and potential to flex to provide targeted approaches to provide more holistic care for whānau.

Development Initiatives Underway

37. The COVIDunderspend[1], in the Region provided opportunity to test ways to improve some of the current challenges described above and to invest in some initiatives that can be leveraged in 24/25 and beyond.

38. These initiatives are described in the paper COVID Underspend Programme, tabled separately to RIT. In summary they include the inter-related investments of:

- Vaccination Wānanga to increase the numbers of whole-of-life vaccinators in the Ikaroa-Central Region
- Development of a mentoring programme to support whole-of-life vaccinators maintaing confidence along with competence and to grow the numbers of assessors
- Utilisation of Oral Health Clinics and other Te Whatu Ora facilities as permanent Drop-in Tamariki/Whānau vaccination centres
- Opportunistic vaccinations in H&SS settings where the NPHS nursing workforce systematically collaborate with whānau and tamariki in in patient and out patient services to provide vaccinations, including a Drop-In as an alternative.
- Whānau friendly branding for Drop-In Centres and whānau friendly uniforms for the vaccination workforce to use in outreach; Pīwaru immunsaiton tamariki friendly book; health promotion activites and community engagement

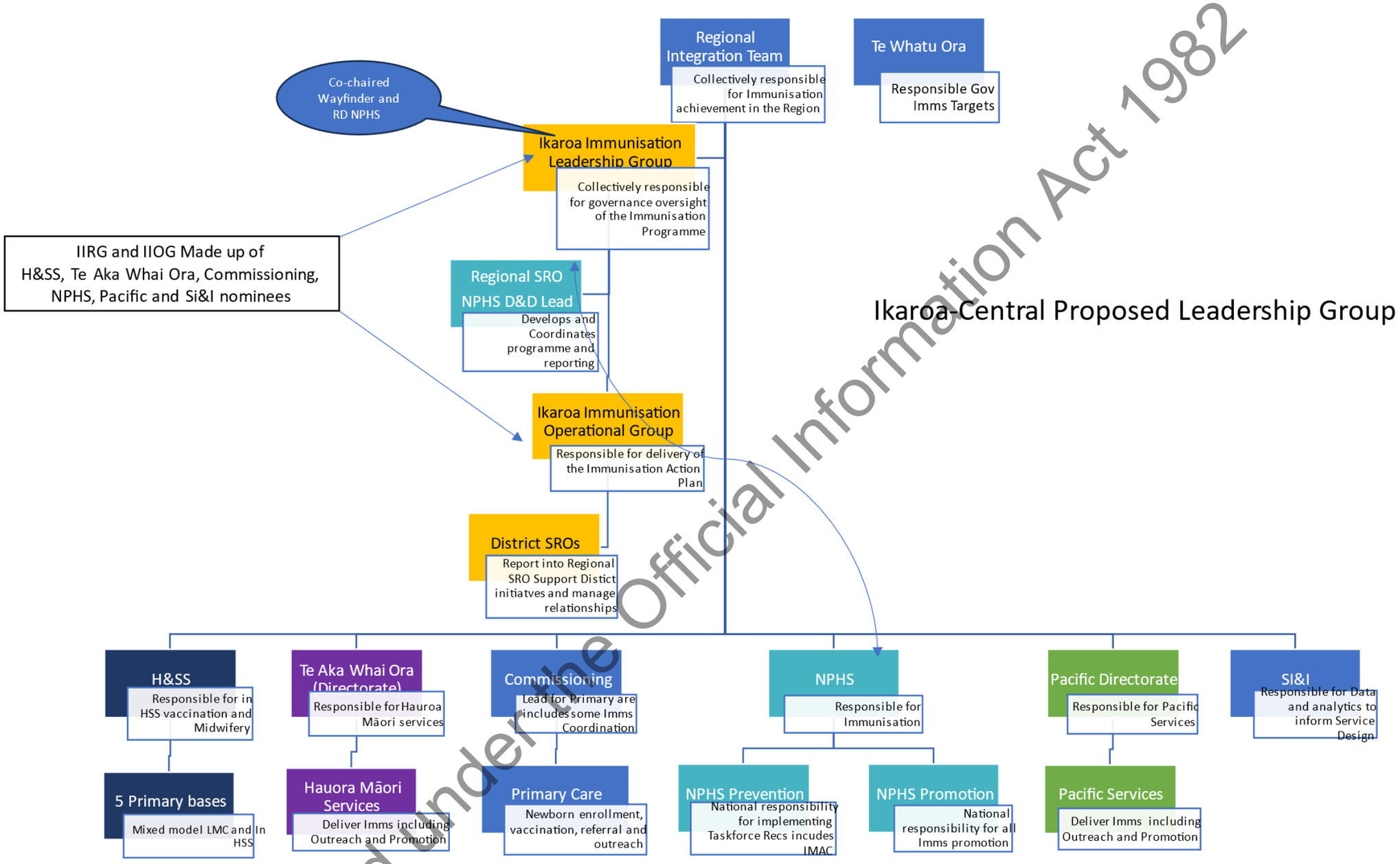
[1] There is also Manaaki provision up to 30 June 2024 in the event of an outbreak but this does not directly relate to Immunisation uplift.

39. The above initiatives will be completed by 30 June 2024 but the outcomes from the investment will be included in the Regional Health and Wellbeing Plan for 1 July onwards.

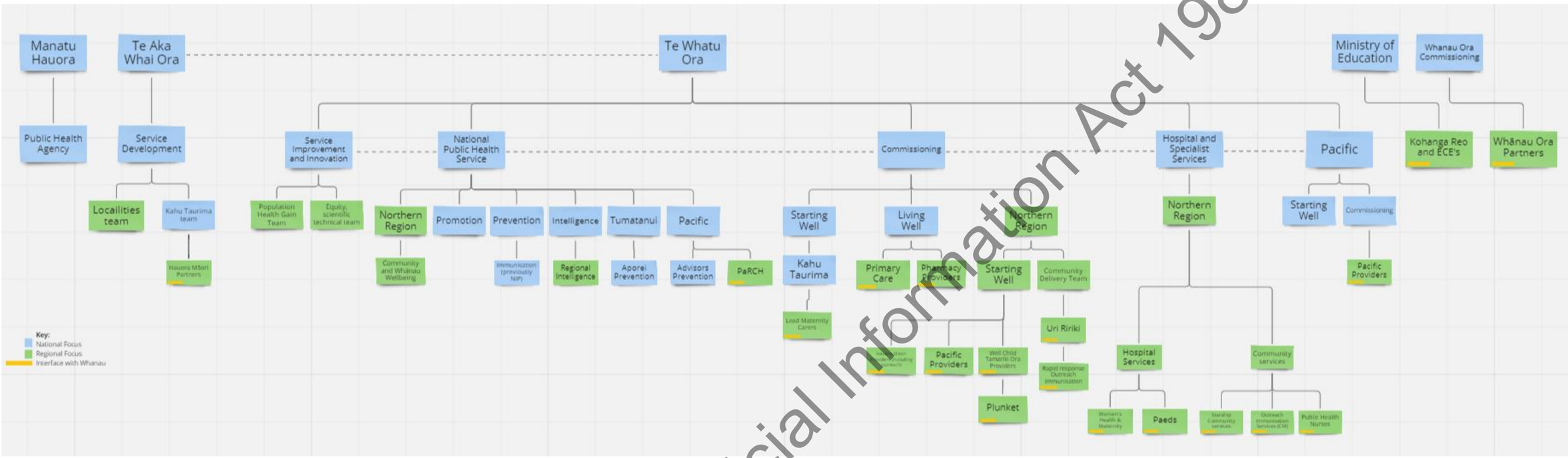
Next Steps

40. The Regional Health and Wellbeing Plan is the accountability document for how an integrated programme can be implemented and monitored. The development initiatives are already in the plan but it remains to identify key system improvement actions for the next 3 years.
41. The 3 year actions will be informed by key issues identified above and will include leveraging outcomes from the development initiatives.

Ends



Appendix 2
: <u>Draft</u> systems map – Immunisation for Northern Region



Te Whatu Ora
Health New Zealand

2024

Project Close Out Report
Vaccination Wānanga MidCentral

National Public Health Service
Te Ikaroa, Central Region

Contents

1 Vaccination Close Out Summary 2
2 Closing the Gap 2
3 Recommendations 3
4 Project Outcomes 4
4.1 Nurses Trained 4
4.2 Overdue Tamariki Vaccinated 4
4.3 Project Success Factors 5
4.4 Key success factors 5
4.5 System Learnings 6
4.6 Immunisation Coordinators 7
5 Governance Management 7
6 Observations and Insights 8
7 Project Activity Summary and Lessons Learnt 11
7.1 Quality Management 11
7.2 Resource Management 12
7.3 Risk Management 12
7.4 Digital Management 13
7.5 Meeting Performance 14
7.6 Communication Management 14
7.7 Issue Management 15
7.8 Incident Management 15
8 Project Metrics Performance 16
9 Budget Performance 17
Appendix A 19

1 Vaccination Close Out Summary

The expansion of vaccination wānanga training events is not just about building a larger pool of qualified whole-of-life vaccinators; it represents opportunity for enhanced cooperation, partnership and collaboration with health providers. Such collaboration is instrumental in ensuring that trained personnel are readily available to support immunisation efforts, consistent with the government's Childhood Immunisation priorities, and expanding the availability of trained personnel for NPHS, Hauora Māori and Pasifika Providers, Primary Care and the broader community is vital.

The Project Closure Report is the final document produced for the Vaccination Wānanga Project and will be used by NPHS senior management to assess the success of the project; identify best practices for future project; and resolve all open issues.

This report identifies strategic and system level improvements beyond the vaccination wānanga. The project has conducted workshops and a survey with the project team to extract lessons learned for next time. This report outlines Quality, Resource, Risk, Digital, Meeting, Communication, Issue, and Incident Management ratings, tactical actions with operational and strategic recommendations.

Note: This report does not focus on evaluating and measuring participants views on the value of the vaccination wānanga - see Evaluation Wānanga Report, circulated on 14/02/2024. Where it makes sense, there are some places in this report information has been taken from the Evaluation Wānanga Report (see the Project Highlights and Recommendations sections).

2 Closing the Gap

Addressing Challenges & Enhancing Performance in Immunisation Coordination

The vaccination wānanga highlighted the pivotal role of Immunisation Coordinators (ICs) in Te Ikaroa and their vital function in supporting the ongoing development of whole-of-life vaccinators post-training and accreditation. Despite this recognition, there is a concerning trend of underperformance among ICs, particularly in their support for Nurses and Midwives seeking advancement in accreditation or training. Anecdotal evidence points to a significant backlog in providing necessary practice and training opportunities, hampering timely progress for these professionals.

There is a pressing need for clearly defined IC roles and adequate lead time for training to bolster advisory capacity and improve training outcomes. Te Ikaroa stands to benefit from establishing a district-level mentoring program aimed at highlighting the critical role of ICs and enhancing support for whole-of-life vaccinators. There is a pressing need for clearly defined IC roles and adequate lead time for training to bolster advisory capacity and improve training outcomes. Te Ikaroa stands to benefit from training nurses and establishing a district-level mentoring programs to enhance support for whole-of-life vaccinators.

Furthermore, the wānanga team has observed significant delays in the training pathways for Nurses and Midwives, indicating a systemic issue with the performance of ICs in fulfilling their intended roles. Urgent action is required to scrutinise and revise the contracts of ICs to ensure that Nurses and Midwives are not neglected in their journey toward accreditation as whole-of-life vaccinators.

Additionally, there is a recognised need for diversity within the Immunisation Coordinator role, particularly regarding representation from the Māori and Pasifika communities. It is imperative to address questions surrounding the distribution and accessibility of Assessors, ensuring equitable access to resources among Hauora Providers. Design thinking approaches should be explored to optimise the allocation and utilisation of Assessor resources, with a particular emphasis on including Māori immunisation Assessor nurses. This strategic move is essential for delivering culturally competent and effective immunisation services to the Māori community, thereby contributing to improved health outcomes and reducing health disparities.

3 Recommendations

	Action	Lead	RHWB Plan 2024-2025
1	Childhood Immunisation Contracts to prioritise whole-of-life vaccinator workforce growth and development	Wayfinder RD NPHS	Co- lead Quarter 2
2	Fund Hauora Māori providers to design and delivery their own vaccination wānanga, tailored to their specific needs.	RD Te Aka Whai Ora	Quarter 3 on
3	NPHS deliver more wānanga at regional and district level linked to Drop-In centres and partner with Māori and Pasifika providers.	RD NPHS Ikaroa	Quarter 2-4
4	IMAC training programme to prioritise whole of life vaccination, support mentoring and deliver culturally appropriate modules to support nurses engage with priority populations.	NPHS Prevention Directorate	Quarter 3
5	IMAC to provide access to the registration system for key project team members from NPHS to support ease of wānanga registration process.	NPHS Prevention Directorate	Quarter 2
6	Review the immunisation coordination roles, functions and accountabilities across Primary Care.	Wayfinder RD NPHS	Quarter 2
7	Develop a district based mentoring programme to support nurses maintain confidence and competence.	RD NPHSS	
8	Develop best-practice guidelines on managing vaccination overdue lists.	Wayfinder RD NPHS	Quarter 3
9	Continue utilising Standing Order procedures with Medical Officers of Health (MOoH) until a National Standing Order for accessing new vaccinators is formally established.	NPHS Prevention Directorate	Quarter 4
10	Engage with Pasifika providers to co-design a Pasifika-focussed training programme.	RD Pacific	Quartr 3 on

4 Project Outcomes

The need to grow the vaccination workforce is identified as one of the priorities from the Immunisation Taskforce Report. This includes expanding training programs, creating more opportunities for professional development, and increasing access to resources for vaccinators.

In Te Ikaroa-Central Region there were a number of public health nurses whose accreditation had lapsed or were not confident to vaccinate tamariki under 5 years of age. Anecdotally, nurses found the IMAC on-line programme did not meet their practice needs, albeit it would provide clinical learning. In addition, IMAC had limited places available for whole-of-life vaccinator courses but were continuing to put people through Influenza and Covid courses and while important, these courses did not align with the childhood immunisation priorities in the region. The intent of this project was to address those factors by providing in person training that was both clinical and well-being based, supported by the IMAC course programme and staff as qualified Assessors. They delivered the education sessions and supported the supervised assessments at the community vaccination day.

4.1 Nurses Trained

The tables below identify the workforce training and overdue Tamariki vaccination outcomes.

Courses Attended	**Completed**	**Partially Completed** (online assessment at wānanga)
Refresher Course	25	11
Foundation Course	6	4
Whole-of-life vaccination status	**31**	**15***

Note: *As of 8th Feb 2024, six kaimahi in the MidCentral district have been clinically assessed as whole-of-life vaccinators either at or post Wānanga.*

Overdue Tamariki Vaccinated

Clinic Location	***Māori***	***Pacific***	***Other/ Unknown***	***Hapū Mama***	**Total Vaccinations**	**Whole of Life Clinical Assessments**
Fitzherbert Street	21	8	10	1	38	2
Kauri Health Centre	9	-	5	-	14	1
Te Wakahuia	8	1	6	-	15	1
Barraud Street	2	-	1	-	3	-
Palms Health Centre	2	1	4	-	7	-
Think Hauora	-	-	-	-	7	-
Total	**40**	**10**	**26**	**1**	**84**	**4**

Note: Fitzherbert Street, Palmerston North was promoted as a Drop-In centre with triple bookings clinic appointments and walk-ins, staffed by NPHS, PHO, Niuvaka Trust, and ICs.

Whānau were identified from the PHO overdue referral list. The drop-in centre continues to successfully operate as whānau have consistently been dropping on the Pasifika centric approach.

4.2 Project Success Factors

The Vaccination Wānanga was designed to support nurses become whole of life vaccinators by addressing barriers to the current system and ensuring that post training they had maximum opportunity to vaccinate tamariki under 5 in settings they would most likely experience in practice. This context also enabled Assessors to make practice-based decisions on accreditation.

An evaluation of the project was completed and all project participants, including whānau, nurses, Assessors and Hauora Māori and Pacific provider participants we surveyed. The following success factors were identified.

The Vaccination Wānanga aimed to empower nurses to become whole-of-life vaccinators by addressing existing barriers in the system. It ensured they could effectively vaccinate tamariki under 5 years of age in real-time, learning environment. This approach also allowed assessors to make informed decisions during their accreditation.

An evaluation of the project involved surveying all participants, including whānau, nurses, assessors, clinical staff and representatives from Hauora Māori and Pasifika providers, i.e., Niuvaka.

The project prioritised the community by selecting vaccination locations that were easily accessible and acceptable for whānau. Input from community members and staff working in local community and Hauora Māori and Pasifika services guided all aspects of planning and delivery. Additionally, the regional team ensured that the project adhered to national and regional standards and processes while working behind the scenes.

4.3 Key success factors

Enabling Future Service Contracts

Nurses from organisations outlined in the project's scope were selected from the vaccination program's registration process. Hauora Māori providers without current contracts for childhood vaccinations were welcomed, creating future service opportunities. The approach demonstrated forward-thinking in healthcare delivery and provider engagement.

Agility and Proactivity

Adopting an agile and proactive mindset, with a can-do attitude and a commitment to breaking down barriers that hinder collaboration.

Collaboration and Networking

Fostering collaboration by connecting with other service providers, developing regional networks, and creating opportunities for individuals to meet and work together.

Empowerment with Education

Empowering our kamahi and creating an accessible and supportive environment for learning and growth for nurses, personal and professional development built into the programme.

Flexibility and Adaptability
Embracing flexibility in approach, acknowledging that learning face-to-face, networking, and new training methods are essential components of success.

District Unity
Promoting a unified workforce that collaborates seamlessly across districts, working together as a cohesive Central Region team.

Supportive Whānau-Friendly Environment
Providing support with transport, kai for Tamariki, using drop-in options along with appointments for whānau to enable nurses to complete vaccinations under supervision.

Talent and Expertise
The project benefited from a diverse team with extensive clinical and non-clinical experience and a proactive "an-do" attitude. The project team performed tasks to a high standard, and their efforts have been noted.

4.4 System Learnings

At the project's outset in October 2023, it was discovered that no IMAC courses were scheduled for online or face-to-face delivery in 2023. At the beginning of the project in October 2023, it was found that no IMAC courses were planned for either online or face-to-face delivery throughout the year. This was due to the cancellation of courses, attributed to low registration numbers. Despite IMAC's emphasis on influenza and COVID training, these courses didn't align with the region's priorities for childhood immunisation.

Regionally, it was reported that nurses found the IMAC on-line programme did not meet their holistic learning needs, including culturally practice.

Nurses found the on-line courses (while accessible), did not support them with the confidence they needed to vaccinate in practice to maintain competence and confidence. Many on the wānanga had to complete refresher courses for this reason. This was evident in the high number of registrations for the Refresher course.

Customised training models developed with IMAC aligned well with the Wānanga approach, offering tailored solutions for effective training. There are three up-and-coming wānanga planned, 2 in Te Ikaroa and 1 in Northern, and it is important to continue to build on the collaboration with IMAC to further this new style of learning to serve these future events.

There would also be some benefit in working together with IMAC to sure their employees have completed training in Cultural competencies or Cultural Safety, specifically focusing on understanding Pasifika and Māori needs.

Recommendation: It is recommended that IMAC prioritise whole of life vaccination training over Influenza and COVID if there are resource challenges and that they have cultural competence and working with whānau built into the learning to ensure Te Whatu Ora grows the workforce where they are most needed.

4.5 Immunisation Coordinators

The role of Te Ikaroa ICs emerged as a risk to both growing the workforce and supporting the workforce maintain confidence and competence. Regionally ICs are spread across different Primary Care Organisations although in Matau a Maui, the IC role is part of the NPHS.

As the project team worked towards the planning of the wānanga, they uncovered barriers and identified challenges in the process and post-training service of ICs, which seemed to be underserving Te Ikaroa Nurses and Midwives, especially nurses working in Hauora Māori and Pacific services. There are no Māori and Pacific ICs and only one Māori Assessor and it calls to question the ability of some ICs to appropriately assess competence of a Māori or Pacific nurse working with Māori and Pacific whānau.

Competence is more than clinical knowledge. As the project team progressed with planning the wānanga, they discovered obstacles and recognised challenges in the process and post-training services provided by Immunisation Coordinators. This seemed to disproportionately affect Te Ikaroa Nurses and Midwives, particularly those working in Hauora Māori and Pasifika services. The absence of Māori and Pasifika ICs, along with only one Māori Assessor, raises concerns about some ICs' ability to adequately assess the competence of Māori or Pasifika nurses working with Māori and Pasifika whānau. Competence goes beyond just clinical knowledge.

The necessity for cultural diversity within IC coverage was identified as crucial for effectively assessing the vaccination workforce clinically and ensuring comprehensive support.

Obtaining full accreditation for Nurses and Midwives heavily depends on the role of an Immunisation Co-ordinator collaborating with local Medical Officers of Health. This requires a supportive and secure training environment, along with mentoring opportunities.

For the IC that is part of NPHS the responsibility for leadership of and support for the vaccination workforce, including cold change management, drop-in clinics and outreach is a joined up single system and process with clear lines of accountability.

Recommendation: It is recommended that the Immunisations Coordinators outside of NPHS have a clear set of performance standards and accountabilities that include cultural competence and knowledge of mātauranga Māori and Pasifika practice in working with whānau.

5 Governance Management

The District Medical Officer of Health (MOoH) was instrumental in providing governance and oversight, particularly in ensuring adherence to regulations and statutory requirements. This role was crucial in managing controlled documents, including Standing Orders for community events and the clinical assessment processes for nurses and midwives, underscoring the importance of rigorous document control in new public health initiatives.

The processes around Standing Orders are under review, and they need to support regional rather than district oversight. The role of ICs needs to also be in scope to ensure accountabilities between the MOoH and the IC are clear.

The Regional Integration Team (RIT) of Te Ikaroa, along with the Maternal and Childhood Immunisation Steering Group (RIT Subgroup), significantly contributed to the development of

the wānanga. Their involvement included offering support, guidance, and advice to navigate challenges, fostering collaboration with stakeholders to address issues, and promoting the innovative training approach. Furthermore, their collaborative work with Immunisation Advisory Centre (IMAC) was pivotal in designing a tailored training programme that met specific demands and interests, showcasing effective stakeholder engagement and programme customisation (see Appendix A)

6 Observations and Insights

Hauora Māori Providers

Some Hauora Māori / Pasifika Providers in Te Ikaroa are strategically positioned to take on immunisation contracts, as some of their nursing workforce have either been clinically assessed as whole-of-life or are on the path to achieving this status.

The government has recently unveiled a significant health initiative on December 21, 2023, introducing a two-year, $50 million package aimed at boosting immunisation rates through Māori health providers. As the wānanga training events expand and cultivate a growing pool of vaccinators, there is potential for increased collaboration with providers. Future wānanga could develop kaimahi working in Hauora Māori and Pasifika services for those services, aligning with the broader goal of enhancing immunisation efforts.

Increased Number of Clinically Assessed Nurses and Midwives

The programme saw an initial four nurses and midwives clinically assessed, with numbers increasing significantly at the beginning of February 2024. With more Assessors available, it is possible more could have qualified on the day.

The approach taken shows the effectiveness of the training and assessment processes, with kaimahi wanting to reach the next steps of accreditation. It was also noted that it would be worth exploring the involvement of Year 2 / 3 Nursing students in registration criteria.

Mentoring Programme and Immunisation Coordinators (ICs)

The vaccination wānanga has highlighted the importance of ICs in Te Ikaroa and the critical role they play in supporting whole-of-life vaccinators after their training and accreditation. Nurses and Midwives may require practice and training opportunities to achieve the next steps in accreditation or training; anecdotally, there has been unmet demand for these opportunities to come to fruition in a timely manner.

The need for clearly defined IC roles and sufficient lead time for training was identified to enhance advisory capacity and training outcomes. Te Ikaroa could benefit from the development of a district-level mentoring programme, to highlight the critical role and support ICs in supporting whole-of-life vaccinators.

The wānanga team noticed delays with Nurses / Midwives training pathways; this indicates under performance regarding the roles (Immunisation Coordinators) that are meant to serve the needs of that workforce. There is a need to carefully analyse and revise the contracts of ICs. The goal is to ensure that Nurses and Midwives are not overlooked in their accreditation journey towards Whole-of-Life.

To supplement the need for mentoring Ikaroa – Central could establish a small team of whole of life vaccination nurses to cohorts who have recently completed the vaccination wānanga. This

team should be efficient, effective, and agile, capable of moving around to support the region. This initiative may involve short-term contracts to sustain support for nurses and midwives.

Need for a diversity in Immunisation Coordinators' Role

The vaccination wānanga has highlighted the need for diversity within the Immunisation Coordination coverage for ICs who assess the vaccination workforce. It is essential to include Māori and Pasifika representation in IC roles and to explore effective ways to utilise and distribute Assessor resources among Hauora Providers.

Questions about Assessor distribution and their accessibility were raised. Some design thinking about how we could leverage and optimally utilise and share Assessor resources among Hauora Providers may be beneficial to reimagine how this could happen. One approach could be to have an agile workforce that could be deployed nationally to support region and district vaccination wānanga. Having Māori immunisation Assessor nurses is essential for providing culturally competent and effective immunisation services to the Māori community. This, in turn, contributes to improved health outcomes and helps reduce health disparities.

IMAC

The Vaccination Wānanga garnered registrations that diverge from mainstream courses, indicating a desire among Nurses and Midwives for alternative learning and engagement opportunities, which are Wānanga centric. In the beginning, onlookers did mention registrations for the event would be very low and a district roadshow would be better, but the project endeavoured to go forward anyway. Surprisingly, the project received over 20 expressions of interest in the first week.

The project had to close registrations and cap it at 40 participants after a few weeks. Between participants pulling out due to unforeseen circumstances such as sickness, the final participant numbers were at 31.

According to the Northern event organised by Te Aka Whai Ora, Auckland has seen similar numbers in their first week of opening, and many expressions of interest have originated from Hauora Māori providers. Māori Nurses and Assessors need on-going mentoring and support and require training to effectively serve the communities with which they work. Assessors will need to provide ongoing support to the nurses following the Wānanga.

NPHS need to service this unmet demand in partnership with IMAC for an alternative approach to learning.

Wānanga Engagement

Nurses and midwives were able to participate in a new way of learning and embrace te ao Māori values such as, manaakitanga, whānaungatanga and tikanga through-out the wānanga. A highlight was the creation and contribution of the korowai which will be available at the next wānanga to add onto. Also, "Whānaungatanga" resonated very high in the Nurse surveys asking them what they most liked about the wānanga.

Primary Health Organisations (PHOs) – List Administration

To ensure that there were enough tamariki available to vaccinate on the practice day of the wānanga, the team triple booked whānau from the PHO overdue list(s). This was effective but was but admin-heavy, both gathering the records and making the calls. It highlighted the necessity for dedicated resources and more efficient processes. It was advantageous to have kaimahi from our Pasifika provider, we could utilise their skills and language in relating to their

people. This approach needs to continue and be adopted for future wānanga, and potentially a call centre could be stood-up to book vaccination appointments for the thousands that are on district overdue lists.

Customised Training Modules

It was advised to continue customising tailored training approaches, foreseeing the delivery of more culturally safe and kaimahi-centric vaccination wānanga. This will involve leveraging IMAC's eLearning system. Enhancing coordination for future endeavours would be better facilitated by sharing registration and prerequisite information.

Health Promotion Involvement

Opportunities for Health Promotion to actively participate in the vaccination wānanga are encouraged, aiming to bolster health literacy and promote various health initiatives like screening and diabetes management. The goal is to offer whānau more than just vaccination support. However, it's emphasised that these efforts should be tailored around the voices and needs of whānau, potentially incorporating assistance with issues such as healthy housing.

Whānau were given oral health packs during the 20-minute wait time required in case of any adverse effects. There were missed opportunities for education and health promotion.

Vaccination Clinics Prioritisation

Observations on the operational challenges of running vaccination clinics within busy practices, including the impact of staffing shortages and nurse placements at clinics need to be taken into consideration to ensure a safe delivery of immunisation services for community and training environment for nurses. Standing up permanent shared drop-in clinics can mitigate this risk and increase access.

Community Engagement

Kaiāwhina, are, and will be crucial as community champions to boost engagement and vaccination rates within Te Ikaroa. Future consideration for their valuable role as support staff for future training programmes and/or wānanga.

Overdue Lists and Performance Improvement

While overdue lists were initially utilised for engagement purposes, reflection on the size prompted queries into process improvement and accountability, addressing these to improve their management.

Change to Recruitment for NPHS

When NPHS recruit for any public health nurse role, there must be a pre-requisite for whole-of-life authorisation for any Public Health Nurse job, or they must be involved in a mentoring programme.

7 Project Activity Summary and Lessons Learnt

The following section provides a comprehensive overview and summary of key project topics and activities, which have been evaluated through anonymous ratings and feedback collected from the project team.

The project team rated the following activities on a scale of 1 to 10. The table below displays an average score with summaries of the feedback received is below.

Quality Management	Resource Management	Risk Management	Digital Management	Meeting Management	Comms Management	Issue Management	Incident Management
8.67	**8.22**	**8.11**	**7.78**	**7.56**	**7.56**	**7.33**	**7.22**

7.1 Quality Management

The project team has rated the effectiveness of Quality Management and given a rating of **8.67** out of 10.

Lessons Learnt Summary

The new approach of collaborating with Medical Officers of Health (MOoH) to acknowledge standing orders for the event was innovative and required implementing a clinical framework. The use of templates for self-audit and onsite checklists was appreciated, as it facilitated internal checks and ensured adherence to quality standards.

The suggestions for improvements included the earlier development of Standing Orders, wider circulation of the cold-chain policy among vaccinators, and the provision of pre-reading materials for trainees. Collectively, these elements are recommended to be compiled into a toolkit for future Wānanga (educational workshops or seminars) to streamline the quality management process.

The involvement of ICs during wānanga days was seen as essential, including their presence at the community event which was considered crucial.

The project team observed that attendance at district level support was sub-standard. However, we were able to quickly escalate to our regional director to recruit support from outside of the region.

Actions for next time ...

- Ensure ICs are actively involved during wānanga days, by coordinating their presence and participation in training sessions and community events.
- Until a National Standing Order for accessing new vaccinators is established, maintain the utilisation of tailored Standing Order procedures with MOoH.
- Conduct a thorough sensibility check with MOoH and ICs within the hosting (Wānanga) district to guarantee clinical oversight regarding clinical practices and uphold health and safety standards.

7.2 Resource Management

The project team has rated the effectiveness of Resource Management and given a rating of **8.22** out of 10.

Lessons Learnt Summary

Overall, the project team felt that resource management was effectively handled within the constraints of the 11-week timeframe. The availability of resources and the ability to connect with other regions and IMAC were highly appreciated, enhancing the programme's execution. The decision to have a few leads with oversight was deemed beneficial for navigating the project through a fast-moving environment efficiently. The project team successfully identified subgroups for effective planning and design. However, challenges were noted, which sometimes led to confusion and overlap in responsibilities.

Working with whānau in a clinic setting, which was also providing a training environment; required an understanding from non-clinical staff that the kaimahi needed the space for administration to reflect on the practice, so they could absorb the feedback. In hindsight, more awareness could have been communicated about the needs of nurses in a training environment (i.e., Health and Safety).
One oversight that was mentioned was the potential need for a clinical sweep (Reviewing and assessing the clinical setting, in case of emergency, i.e., Adverse reactions).

Recognising that it takes time for a new team to "gel" and work to its full potential, there may have been elements of forming, storming and norming of the new group. Conduct was still high through-out the project and values were demonstrated to a high standard. This is testament to a strong team who worked tirelessly together to achieve a successful wānanga.

The short timelines did not provide a sufficient lead time to secure desired locations (that could provide suitable spaces that accommodate breakouts) and dates, and/or a suitable marae-based venue that could align with equity and fostering meaningful connections with Iwi, Hapu and the wider community.

The feedback also pointed out the effectiveness of using incentives like vouchers to reach hard-to-reach communities. Additionally, there were comments on the positive impact of leveraging the Fitzherbert Avenue venue, which is also used for COVID-19 vaccinations and a familiar well-known location to the wider community.

Actions for next time

- Establish clear channels of communication and delineate responsibilities from the outset.
- Check if a Clinical Sweep is required.

Related Action: Evaluation training wānanga report.

- *Explore a marae-based setting to strengthen and foster a deeper connection with Iwi, Hapu, and whānau.*

7.3 Risk Management

The project team has rated the effectiveness of Risk Management and given a rating of **8.11** out of 10.

Lessons Learnt Summary

The project team generally perceived the risk management efforts as well-managed, with specific roles such as a qualified clinical project lead overseeing safe clinical practice. The inclusion of a Community Event Site Manager in the risk management process was highlighted as essential for identifying and mitigating risks.

While the overall management of risk was viewed positively, there was a view that the process could have been clearer.

Actions for next time

- Develop and maintain comprehensive documentation of all risk management activities, including risk assessments, mitigation plans, and incident reports. Regular updates should be communicated to all stakeholders to ensure transparency and collective awareness.
- Implement a structured feedback mechanism where team members can share their observations and suggestions regarding the risk management process. Use this feedback to continuously improve the clarity and effectiveness of risk management strategies.

7.4 Digital Management

The project team has rated the effectiveness of Digital Management and given a rating of **7.78** out of 10.

Lessons Learnt Summary

The feedback on digital management presents a mixed picture. While some team members did not encounter any issues, others identified specific areas needing improvement. A notable external factor was the delay in the Aotearoa Immunisation System (AIR) system, which was launched the week of the event, which was beyond the project team's control. Navigating the new immunisation coverage register would impact operations.

Significant difficulties were encountered in accessing the overdue list for booking a vaccination appointment for tamariki on day three. The process was deemed inefficient and time-consuming due to barriers in obtaining an easily navigable list. It would further highlight, the extensive administration time required to manage the list. This highlights the need for a more streamlined and efficient system to improve the booking process and reduce administrative burdens.

This underscores the importance of implementing a more streamlined and efficient system to enhance the booking process and alleviate administrative burdens. It is crucial to address the fact that the list continues to grow each week due to referrals being received from Primary Care.

Actions for next time ...

- From the outset, complete a needs analysis on the following components: Information Sharing Agreements and System Access. Get these access requests rolling straight away so it's not a barrier for groups to access the data and lists.
- Ensure list expectations, roles and responsibilities are clear and work across partners or related health providers to ensure this process is streamlined and effective.

7.5 Meeting Performance

The project team has rated the effectiveness of Meetings and given a rating of **7.56** out of 10.

Lessons Learnt Summary

The project team appreciated the high frequency of meetings, which provided flexibility and accommodated their varying commitments. The structure and regularity of these meetings were crucial for addressing issues promptly, although there was a desire for longer sessions to delve deeper into details without feeling rushed. This need for extended discussions reflects the project's fast-paced nature, where the team had to adapt quickly to changes and a shifting landscape. The project's success, particularly in developing and building the Wānanga, was attributed to the flexibility and tenacity of the leads.

However, there were suggestions for clearer terms of reference (TOR) for different groups (Steering group, Working group, MOH team, and IC clinical group) to minimise duplication and clarify roles and information distribution requirements. Additionally, the feedback indicated a need for more advanced notice for meetings to ensure higher attendance and concerns about the redundancy of discussions across too many meetings with varying participants.

Actions for next time ...

- To address the issue with Microsoft Teams meetings, consider clearly labelling them, and using the one main meeting for all to jump in if an unscheduled huddle is required.
- Continue fostering a project culture that values flexibility and quick adaptation to changes, acknowledging the fast-paced nature of the project and the need for tenacity and resilience among the leads and team members.
- Future events need to recognise the time needed from staff to support project initiatives, especially when it's on top of BAU

7.6 Communication Management

The project team has rated the effectiveness of Communication Management and given a rating of **7.56** out of 10.

Lessons Learnt Summary

The team identified the need for a more streamlined communication process, suggesting the designation of a single main point of contact or ensuring there is a clarity of role(s) to prevent confusion. The effectiveness of communication varied among project team members with the responsible for communicating project progress to both regional and district networks, though the project manager was noted for good communication with the team.

There was a call for clearer communication regarding the advertisement of events, specifically targeting nursing staff and outlining the outcomes expected for them. Despite challenges, the project team worked well under pressure within short timeframes, with limited resources.

Actions for next time...

- Enlist a dedicated person responsible for managing and implementing the communication plan. This individual will serve as the main point of contact for media releases, media organisation, film crew, and work with leadership for media training. Including quick turn arounds.

- Implement a system for regular updates to all stakeholders, such as weekly bulletins that highlight achieved milestones and outline the plans for the following week. This can help keep everyone informed and aligned with the project's progress.

7.7 Issue Management

The project team has rated the effectiveness of Issue Management and given a rating of **7.33** out of 10.

Lessons Learnt Summary

The project team's feedback on issue management highlights a mixed experience, with communication challenges being a central theme. Miscommunications and the dissemination of incorrect information were noted concerns, although it was acknowledged that this was not attributed to any individual's fault. However, direct communication with the Project Manager cleared up confusion, indicating variability in information clarity.

The resolution of identified project issues was prompt, demonstrating an effective approach to problem-solving within the team. Meetings were a key forum for addressing issues, yet there were suggestions for improved communication with external bodies like MOoH, particularly concerning authorisation and clinical governance processes.

The IMAC process was specifically mentioned as an area needing enhancement. This would also include communication from the working membership in sharing and updating their networks about the vaccination wānanga progress and design methods.

Actions for next time...

- Work on improving collaboration and communication with external bodies such as MOOH, focusing on areas like authorisation and clinical governance. Establishing clearer lines of communication and understanding processes can help mitigate issues.
- Project team members (Internal/External) should champion the wānanga among wider networks to reach stakeholders that the project need(s) to manage closely. Creating desire and promoting awareness about the vaccination wānanga is important for gaining support to ensure the project can call on resources (if required).
- Clearer expectations about this should be communicated earlier on to ensure the team members align with the goal and vision of the project and wānanga event.

7.8 Incident Management

The project team has rated the effectiveness of Incident Management and given a rating of **7.22** out of 10.

Lessons Learnt Summary

The feedback indicates a generally effective approach to incident management, with rapid resolution of unexpected incidents credited to the proactive involvement of a project clinical lead. There was a noted gap in communication regarding the documentation and reporting of incidents, however the appropriate clinical process was adhered to with any incidents managed appropriately, accepted and closed (See Appendix A).

Actions for next time ...

- Establish mechanisms for feedback and learning from incidents, including after-action reviews or lessons learned sessions. This can help in identifying gaps in the current process and areas for improvement.

8 Project Metrics Performance

The following objectives were set and assessed as outlined in the table below.

Project Objective	Not met	Partially Met	100 % Met (Completed)
Provide a training programme to increase 'whole-of-life' vaccinator workforce.			✓
Provide a quality training wānanga for Central Region nursing kaimahi.			✓
Provide a specific training programme for Pasifika.	✓		
Community Event to support clinical assessments, practice settings. Including opportunities if available to work in outreach settings.			✓

All project goals were met, except for one, which was not met *Provide a specific training programme for Pasifika*. Timing constraints impacted the dedicated focus and resources required to complete a Pasifika-specific training programme. However, notable efforts and resources were devoted to successfully organising an engaging community event that was specifically focused on Pasifika in both intent and execution.

9 Budget Performance

The investment of **$49,979.94** in the vaccination training wānanga to educate **31** nurses and midwives is a proactive step towards expanding and strengthening our vaccination workforce, particularly in the face of the tangible risks associated with insufficient vaccination coverage. There are no outstanding invoices, or bills left to pay. The project was on time and within budget. Detailed breakdown is provided in the table below.

Supplier	Details	Actual $$ Expense	Existing Resources
AIR NZ	Keynote Speaker Flights:	1320.17	
Event Management	Project Management and Administration, Venue & Supplier Management, Programme and Presenters, Social Function.	20,060.00	
Coachman/Distinction	Accommodation, including breakfast	7750.00	
IMAC	Update Course Accreditation	1540.00	
Chalet Restaurant	Dinner, non-alcoholic corkage (70 ppx), Event hire (4hrs) Audio AV equipment hire	4585.00 700.00 250.00	
Print Copy	T-shirts	3000.00	
Palmerston North Hire Centre	Hire – extra chairs, table for training and pōwhiri	1000.00	
Kauri Health Centre	Conference Room	240.00	
Catering Day 1- Day 3	Light Lunch & Finger food dinner Day 1 Morning Tea, Lunch Day 2 Packed lunches Day 3	5155.00	
Keynote Speakers	Gift - locally commissioned artwork	190.00	
Guest Speakers	Gift: (3) PHNs,	300.00	
Trainee Certificate/Taonga	Pounamu	1045.50	
Pac n Save Vouchers	Sausage Sizzle Fitzherbert, Pasifika led clinic		*200.00*
Pac n Save Vouchers	Vaccination vouchers for whānau		*4200*
Henry Schein	Colgate Regime Packs/Whānau Packs 300	4164.44	
Media	Promotion Posters; Comms Graphic Design In house		*FREE*
Pac n Sav Vouchers	Gift Basket Xmas Draw Drinks		*400.00 (used Pac n Sav Vouchers)*
Evaluation & Findings	In house		*FREE*
	TOTAL	**$49,979.94**	

***Out of Scope – travel cost for nurses and midwives to travel to the event.**

Approximately 40.14% of the budget was dedicated to an external Project Management Company to provide Administration, Venue & Supplier Management, Programme Registrations, Presenters, and Social Functions. Although many aspects of this allocation were successful, the registration process faced challenges in terms of agility and adaptability. This was primarily due to the NPHS lacking visibility and control over the system, which was managed by the external vendor.

Actions for next time ...
Collaborate with IMAC to oversee the registration process to ensure efficient and effective training placement for nurses and midwives. NPHS needs visibility and access to the registration system for key project team members from the NPHS. This could involve shared administrative rights or at least, dashboard access to monitor real-time data and registrations.

Appendix A

Te Ikaroa Immunisation wānanga clinical quality, safety, and equity accountabilities framework

Te Ikaroa Immunisation wānanga clinical quality, safety, and equity accountabilities framework

Te Whatu Ora
Health New Zealand

Purpose:

1. To ensure the dimensions of clinical quality, safety, and equity are explicitly considered and embedded within the planning of the Te Ikaroa Immunisation wānanga.
2. To ensure that accountabilities for implementing agreed mitigation strategies for identified clinical quality, safety, and equity risks are visible.
3. To support the delivery of a successful wānanga that prioritises clinical safety for both trainee vaccinators and communities as well as ensures high quality training to support an increase in the whole-of-life vaccinator workforce.

Clinical safety, quality or equity dimension	Explanation of issue, risk, or opportunity	Agreed mitigation strategies	Person responsible
Legal frameworks for immunisation administration by trainee vaccinators need to be adhered to.	Trainee vaccinators who are administering immunisations under supervision to gain the clinical experience required to become an authorised vaccinator need to do this either under a prescription or a standing order. The National Immunisation Schedule currently requires Paracetamol to be co-administered with Bexero for those <2 years. Paracetamol administration by a registered nurse is required to be done either under prescription or standing order.	Standing order to be issued to cover trainee vaccinators to be able to legal administer the National Immunisation. Standing order will also be issued to cover the co-administration of Paracetamol with Bexero in those under 2 years of age.	Rob Weir
Content of wānanga needs to support trainee vaccinators to progress towards successfully applying for full authorisation under Regulation 44A (2) of the Medicines Regulations 1984	To support RNs successfully progressing to be authorised vaccinators, wānanga content must adhere to the below standards: Appendix 4.1.2 of the immunisation handbook outlines the Ministry of Health Assessment requirements to become a fully authorised vaccinator, which includes completing and passing a Vaccine Foundation Course (VFC) which meets the current Vaccinator Foundation Course Standards (published by IMAC). Appendix 4.1.4 of the immunisation handbook outlines the process when fully authorised vaccinator status has not been maintained or has not been achieved. This includes, when a vaccinator has not achieved or maintained their vaccinator status and it is less than five years since the vaccinator attended and complete a vaccinator update course that meets the current Vaccinator Update Course Standards.	Work with IMAC to ensure training content delivered within the wānanga meets the required standards to count towards becoming a fully authorised vaccinator.	Vicki Rowden / Shelley Daysh
Clinical Assessment	Clinical assessments usually take place within the workplace environment of the person who is applying to be an authorised vaccinator. This has the advantage of: 1) Ensuring the vaccinator is a confident and competent vaccinator within the context of their own working environment 2) Information about their practice environment, including cold chain and emergency management processes are collected at the time of the clinical assessment Any assessments done within the wānanga setting will be in a different setting to their usual workplace environment and information about cold	Written process/guidance will be developed to document the approach to offering clinical assessment as part of the wananga. The majority of attendees will have clinical assessments back within their home districts, and therefore important to manage expectations among participants	Vicki Rowden / Shelley Daysh

	chain and emergency management equipment can't be directly observed / assessed. It is also potentially harder in the wananga setting to identify when a trainee vaccinator is ready for clinical assessment to support their application for full authorisation.		
Variations in current local / district requirements for supported vaccination experience prior to undertaking clinical assessment	There are currently local variations in the requirements for experience prior to undertaking a clinical assessment. Te Matau a Māui's current policy requires a minimum number of supervised immunisation events prior to undertaking clinical assessment. In other districts in the central region clinical assessment is booked when the trainee vaccinator feels confident and when it is supported by peer supervisors within their workplace.	Te Mātau a Maui will update their local protocol to bring into line with other districts in the region.	Bridget Wilson / Kirsty Basher
High quality and culturally safe supervision and support needs to be provided for trainee vaccinations gaining clinical assessment	Trainee vaccinators gaining clinical experience need to be adequately supported by experienced and clinically safe supervisors.	Ensure adequate ratios of skilled and culturally safe authorised vaccinators / ICs that are available to ensure a tuakana/teina model to support trainee vaccinators Ensure there is a site lead for each vaccination clinic who has overall clinical responsibility to ensure a safe vaccination site.	Bonnie Matehaere / Vicki Rowden / Shelley Daysh
Informed consent	Consumers and whānau should be fully informed and consent to have their immunisation event be delivered as part of supporting clinical training or assessment.	Full informed consent needs to be gained from each consumer and their whānau Recommend collecting patient experience data	Supervisors responsible for ensuring individual informed consent as per usual clinical processes when trainee vaccinators are gaining clinical assessment.
Need to build an evidence base on successful initiatives to build the whole of life vaccinator workforce and to use resources in an equitable and efficient way.	This wānanaga is the first of its kind and is a unique opportunity to increase the whole of life vaccinator workforce, with an emphasis on providing a cultural safe way to support Hauora Māori and Pacific providers to build workforce. It is important that lessons are learned from this approach.	Evaluation of the wānanga, which should include: - consideration of the perspectives of consumers / whānau as well as attendees and clinical supervisors and assessors. - Investigating how effective the wānanaga has been in increasing the whole-of-life vaccinator workforce, with an emphasis on those who are working in Māori, Pacific, and low deprivation areas and who have roles which involve vaccinating children.	Kelly Richards
Adverse events	It is important to ensure there is a way of capturing and responding any adverse clinical events which occurs during this wānanga.	Utilising existing clinical vaccination sites means these processes are largely in place. However, will be a site lead in each site responsible for clinical oversight.	Vicki Rowden / Shelley Daysh

S9(2)(j)

s

W
R

O
s
re

W

H
B

L

T

T

i

i
or

i
or

i
or

i
or