

## Agenda

### Regional Integration Team: Central Region

<b>Date:</b>	Thursday 12 October 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.30pm
<b>Location:</b>	TEAMS		

**Members:** **Paula Snowden** (Regional Director Central Region National Public Health Service); **Sipaia Kupa** (Regional Director Pacific); **Richard Perry** (Service Improvement and Innovation); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Bonnie Matehaere** (Regional Clinical Lead, Te Aka Whai Ora); **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor); **Tricia Sloan** (Service Improvement and Innovation)

**In attendance:** **Peter Guthrie** (Planning, Funding and Performance CCHV); **Jason Kerehi** (Te Aka Whai Ora); **Stephanie Calder** (Manager, Regional Programmes); **Manja Kovincic** (Secretariat)

**Guests:** Item 3: Te Whatu Ora Accountability and Performance Team – **Ana Spader, Tracey Corbett**

Item 5: **Liam Munro**, Programme Manager, TAS

**Apologies:** **Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Central Region Wayfinder)

Time	Item	Method	Lead	Action
<b>1.00pm</b>	Karakia tīmatanga			
<b>1.00pm</b> (5 mins)	<b>1. General business</b> 1.1 Minutes from previous meeting 1.2 Action Register 1.3 Schedule of meetings	Minutes Register Schedule	Chair Chair Chair	Agree Discuss Discuss
<b>1.05pm</b> (5 mins)	<b>2. Regional Health and Wellbeing Plan</b>	Verbal	Peter Guthrie / Nathan Clark	Note
<b>1.10pm</b> (15 mins)	<b>3. Regional performance and accountability reporting</b>	Verbal	Ana Spader / Tracey Corbett	Discuss
<b>1.25pm</b> (10 mins)	<b>4. Regional Childhood Immunisation Report Update</b>	Paper	Paula Snowden	Note
<b>1.35pm</b> (15 mins)	<b>5. Regional risk framework</b>	Verbal	Liam Munro	Discuss
<b>1.50pm</b> (10 mins)	<b>6. Other issues</b> 6.1 NPHS Nick Chamberlain Letter response	Verbal	Paula Snowden	Note
<b>2.00pm</b>	Karakia whakamutunga			
<b>Next meeting:</b> 1pm Thursday 27 October 2023				

## Minutes

### Regional Integration Team (Central Region)

<b>Date:</b>	Thursday 28 September 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.00pm
<b>Location:</b>	Huitīma   Teams		

<b>Members:</b>	<b>Patrick Le Geyt</b> (Regional Director Te Aka Whai Ora); <b>Sipaia Kupa</b> (Regional Director, Pacific); <b>Bonnie Matahaere</b> (Regional Clinical Lead, Te Aka Whai Ora); <b>Nicky Rivers</b> (Regional Clinical Lead); <b>Tricia Sloan</b> (Service Improvement and Innovation); <b>Paula Snowden</b> (Regional Director, National Public Health Service)
<b>In attendance:</b>	<b>Stephanie Calder</b> (Director Central Region Programmes); <b>Jason Kerehi</b> (Director, Te Aka Whai Ora), <b>Manja Kovinčić</b> (Business Support Coordinator, Regional)
<b>Guests:</b>	<b>Nathan Clark</b> (Planning Manager, Planning and Accountability Team - Strategy, Planning & Performance, Capital, Coast and Hutt Valley); <b>Peter Guthrie</b> (Acting Director of Strategy Planning and Performance, Capital, Coast and Hutt Valley)
<b>Apologies:</b>	<b>Tricia Keelan</b> (Regional Wayfinder - Chair); <b>Richard Perry</b> (Service Improvement and Innovation); <b>Russell Simpson</b> (Regional Director, Hospital and Specialist Services)

<b>Welcome</b>
The Chair welcomed the members to the hui and led with a karakia tīmatanga.
<b>1. Confirmation of Minutes and Action Register</b>
<p><b>1.1 Confirmation of Minutes</b> Members were unclear whether they were able to confirm the minutes of the meeting as a true and accurate record given the number of apologies. The minutes of the meeting held 28 September 2023 will therefore be endorsed out of session via email.</p> <p><b>1.2 Matters Arising</b> There were no matters arising that were not already listed on the agenda.</p> <p><b>1.3 Action Register</b> The Action Register was worked through and discussed.</p>
<b>2. Regional Health and Wellbeing Plan</b>
<p><i>Nathan Clark and Peter Guthrie entered the meeting at 1.10pm.</i></p> <p>The Regional Integration Team noted the updated version of the RHWP and the following discussion:</p>

- Actions still require some work, ie clarity about who is leading every action in the plan, and estimated timeframe for every action. Blue zone concept with 13 October is the submission deadline.
- Workshops with the Iwi Māori Partnership Boards (IMPBs) have not yet been completed however there is no expectation for these to be facilitated prior to the date the first draft is due to be submitted. The planning team will engage with IMPBs prior to Christmas.
- The revised document was acknowledged as being more aligned now with Pae Ora

Further discussion is required on the naming convention for the Central Region and the use of Te Ikaroa.

### Actions

- The members to submit any final feedback by Friday 6 October 2023.
- Group to meet with Nathan Clark and Peter Guthrie kanohi ki te kanohi for further discussion in late October/early November 2023.

*Nathan Clark and Peter Guthrie departed the meeting at 1.27pm.*

Action Items	Person Responsible	Deadline
1. The members to submit any final feedback by Friday 6 October 2023.	All	6 October 2023
2. Group to meet with Nathan Clark and Peter Guthrie kanohi ki te kanohi for further discussion in late October/early November 2023.	Manja Kovinčić	November 2023

### 3. Risk Framework

Item deferred.

### 4. General Business

#### 4.1 Immunisation

Paula Snowden updated that a letter to be sent out endorsed by Executive Leadership Team will clarify that lead accountability for Childhood Immunisations regionally will be the NPHS Regional Directors. Paula noted that there is much variability across the region on how and where immunisation, including outreach and follow up services, are managed. Te Ikaroa has set up a subgroup that will be tasked with collectively bringing ideas and strategies that will focus on reaching the 20% and understanding the types of immunisation services offered so they can be mapped as key contacts for the immunisation gaps identified at SA2 levels. The next report to RIT is 12 October 2023.

The Chair closed the hui with a karakia whakamutunga.

**Meeting Closed: 1.37pm**

**Next meeting: Thursday 12 October 2023, 1.00pm – 2.30pm, Huitīma | Teams**

## Regional Integration Team: Central Region

### Action Register as at 28 September 2023

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
08-06-2023	1	IMPB engagement	Patrick / Tricia	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	<b>In progress:</b> <i>engagement with IMPBs underway</i>
	2	Regional Public Sector Commission Groups	Steph Calder	Obtain terms of reference for the Matariki Group / invite the three regional public commission groups in the Central region to meet with RIT.	September	<b>In progress:</b> <i>in process of confirming meeting time</i>
06-07-2023	3	Risks Framework	Steph Calder	Developing risk framework for RIT.	12 October	<b>In progress:</b> <i>framework to be shared with RIT for discussion 12 October</i>
31-08-2023	4	Regional Health and Wellbeing Team	Nathan Clark	Draft formal letter to IMPBs to request timeframe and preferred approach for engaging on the development of the RHWP.	ASAP	<b>In progress:</b> <i>Letter drafted and approved to go out</i>
	5	Service Improvement and Innovation Resourcing	Tricia Sloan / Tricia Keelan / Patrick Le Geyt / Richard Perry	Meet to discuss mechanism for managing requests for SI&I support in the region.	28 September	<b>In progress:</b> <i>Meeting scheduled with Tricia Sloan for beginning of October</i>
	6	Regional Wananga	Peter Guthrie	Arrange for placeholders to be sent for upcoming Wananga.	ASAP	<b>In progress:</b> <i>TBC</i>
14-09-2023	7	Regional Clinical Board	Bonnie Matehaere and Nicky Rivers	Discuss opportunities for engagement between RIT and the Regional Clinical Board and connect with Chair Sarah Jackson to discuss options for bringing back to the RIT.	Beginning of October	



Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
	8	Healthy Food and Drink Policy	Russell Simpson	Make contact with district food services teams to identify contacts who could support implementation of the plan alongside existing identified capacity	28 September	<i>To be followed up</i>
	9	Planned Care	Russell Simpson	Share the briefing on planned care that has been developed for the national team when able	As available	<i>To be followed up</i>
28-09-2023	10	Regional Health and Wellbeing Plan	All	The members to submit any final feedback by Friday 6 October 2023.	6 October 2023	
	11	Regional Health and Wellbeing Plan	Manja Kovinčić	Group to meet with Nathan Clark and Peter Guthrie kanohi ki te kanohi for further discussion in late October/early November 2023.	November 2023	

## Regional Integration Team: Te Ikaroa (Central Region)

### Meeting Register 2023 (Regular meetings)

Meeting Date	RIT business / internal discussion	External requests / items	Guests	Papers
12 Oct	Regional Risk Framework		Liam Munro (Programme Manager, TAS)	Nil – live demonstration of risk framework developed for commissioning
		Performance and Accountability team regarding regional reporting	Ana Spader / Tracey Corbett, National Performance and Accountability Team	Nil – verbal discussion
26 Oct		National Cancer Control Agency (Te Aho o te Kahu)	Rami Rahal (Chief Executive) and Cushla Lucas (Central Region Manager) Te Aho o te Kahu (National Cancer Control Agency)	Paper from Te Aho o te Kahu to come
		National Public Health Service	Jean McQueen Tess-Jane Dennes	Public Health Nursing Practice: Report on Workstream 2 Public Health Nursing Transition Project
30 Oct – 1 Nov	Regional Wananga (Palmerston North)			
9 Nov		Regional Cardiology Network	Alex Sasse (Clinical Lead, Regional Cardiology Network) Dianne Vicary (Regional Programme Manager – Cardiology Programme)	Cover Sheet – Synergia Report Next Steps Future System of Cardiac Care Final Report Future System of Cardiac Care Literature Scan
23 Nov				
7 Dec	<i>Regional Wananga?</i>			
21 Dec				

# Memorandum

<b>To:</b>	Regional Integration Team Te Ikaroa/Central
<b>From:</b>	Paula Snowden Regional Director - Te Ikaroa National Public Health Service
<b>Subject:</b>	Te Ikaroa Maternity and Childhood Immunisation Action Plan
<b>Date:</b>	12 October 2023

## Purpose

1. The purpose of this briefing is to update the Regional Integration Team (RIT) members on *Te Ikaroa Maternal and Childhood Immunisation Action Plan*, to outline the strategic and operational actions designed lift immunisation rates for tamariki Māori and hapūtanga and track our progress towards achieving the 90% childhood immunisations target at 24-months for tier one ethnicities to June 2024 and to achieve 95% in out years.

## Recommendations

2. It is recommended that RIT:
  - a) **Receive** the Maternal and Childhood Immunisation Report for September 2023
  - b) **Endorse** the development of the 'Te Matua o Māui Immunisation Outreach On-time and Accessible Childhood Immunisations Trial', an upstream approach.
  - c) **Note** the development of a Te Ikaroa School Based Immunisation Nursing Leadership Group to reorient this workforce to lift Māori and Pacific vaccination rates for under 2's
  - d) **Note** Tu Ora Compass Low Cost Vaccination Programme equity gap success for Māori and Pacific
  - e) **Note** in Whanganui a greater proportion of Māori tamariki were vaccinated compared to the total population.

## Regional Immunisation Action Group

3. In May 2023 RIT members agreed to the establishment a Maternal and Childhood Immunisation Steering Group. The group have met and will be convened regularly to review progress and bring in strategic approaches to addressing the ~20% gap for tamariki Māori and ~10% gap for Pacific children in vaccination rates.
4. Kelly Richards has been appointed as the Te Ikaroa Maternal and Childhood Immunisation Lead and is meeting with District immunisation leads to review the regional stocktake and identify what activity we can leverage.
3. Dr Nick Chamberlain has written on behalf of the Director General, our CEO, and the CEO of Te Aka Whai Ora requesting urgent support to lift immunisation rates which are well below the 95% required to achieve population immunity. The intention for Te Ikaroa is to establish a project team to plan approaches for each District.
4. We are set up to work to this with the Steering Group and the Maternal and Childhood Immunisation Lead roles in place coordinating the team of SROs, immunisation operational teams and NIR administrators to ensure there is a proactive and co-ordinated approach.
5. Future RIT reports will include a NPBS national reporting format attached at Appendix 1 and this will be the primary monitoring tool and accountability for RIT.

## Development Opportunities

6. It is of strategic importance that to reach the “missing 20%” we need to get our outreach “upstream” and at the same time lift the vaccination workforce and reach into untapped groups of tamariki. We are therefore exploring the following:
  - 6.1 The *Improving the accessibility, timeliness and acceptability of childhood immunisation delivery in Te Matau a Māui* project will trial an initiative to offer outreach first to whānau and not wait for the failed contact attempts that generate a referral to outreach. This will be an and/or approach so that outreach is immediately available to those most likely to need it. This project will be delivered in collaboration with the PHO.
  - 6.2 It is intended to work with Tu Ora Compass to see how we could leverage or support their successful Very Low Cost Vaccination (VLCV) initiative that reduced the 18% vaccination gap for Māori and 2.9% for Pacific to 6.1% AND 0.6% respectively.
  - 6.3 Te Ikaroa Vaccinator Training Wānanga, a 2 day workshop in Palmerston North to bring the regions’ vaccinator workforce together from NPHS, Hauora Māori/Iwi provider nurses and Pacific services, to increase vaccinator scope to administer childhood immunisations. This will be resourced by NPHS and will need a community event and collaboration so will likely need to be led out by Hauora Māori so that whānau can be engaged as the workshop will need tamariki participants. It is planned to deliver this late November/December. It will need significant project and event management resource. There is already enthusiasm for this from public health nurses in the region.
  - 6.4 Collaboration with Pacific Health and SI&I to work with Whānau Manaaki Kindergarten Association to support them identify the and reach out to the whānau of unvaccinated tamariki to offer centre based vaccination. Neither the centres nor the association have workforce capacity to do this so we will lean in on SI&I tools to find ways to support them engage. Whānau Manaaki have 5,500 tamariki in their centres across the region with high proportions of Pacific and Māori.
  - 6.5 Various initiatives (note para 7 below) are underway to support midwives to administer childhood immunisation, including engaging with NZCOM and the Midwifery Council to understand and address the barriers from their perspective.
  - 6.6 NPHS is reviewing its school-based vaccination programme to identify work that could be deferred to release more Public Health nurses for childhood immunisation outreach. This will require additional workforce investment. We will also reach out to public health nurses in HSS to collaborate on a 3 month push to vaccinate the under 2 cohort.

## Hospital and Specialists Services

7. It is proposed to review HSS opportunistic immunisation to support operational guidelines for inpatient and outpatient hospital settings. This will be based on a proven approach in Whanganui. Current models in different HSS districts will be audited and a best practice model developed and to be socialised in agreed settings.

### Māori and Pacific Provider Contracts

- The Steering Group will begin gathering information from Māori and Pacific providers to assess coverage in relation to SA2 mapping of where we know Māori and Pacific tamariki are behind in vaccination. The aim will be to identify ways to support those services and/or bridge gaps with other outreach services.

### Primary Care

- A series of engagements is planned with medical practices in target areas, working through PHO structures, to understand and support their enrolment and referrals challenges. We have retained the services of a former primary care nurse who will lead out on this work.

### Access to Data

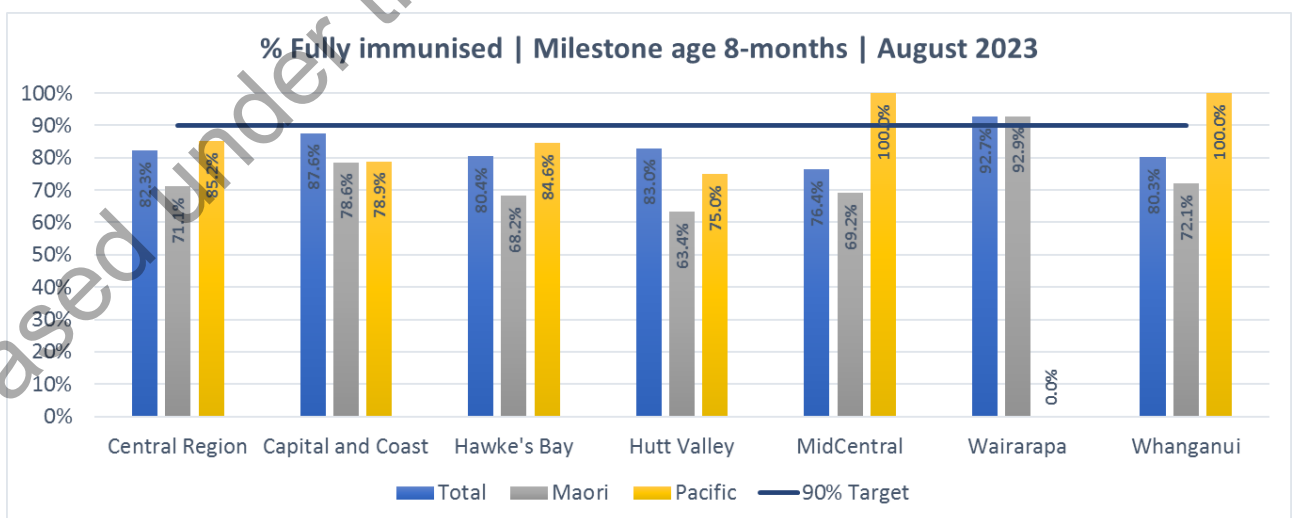
- Data access solutions and work arounds have been identified and the M&CI lead is identifying strategic champions in the Districts to enable the data to be used and understood.

### School Based Vaccination Programme

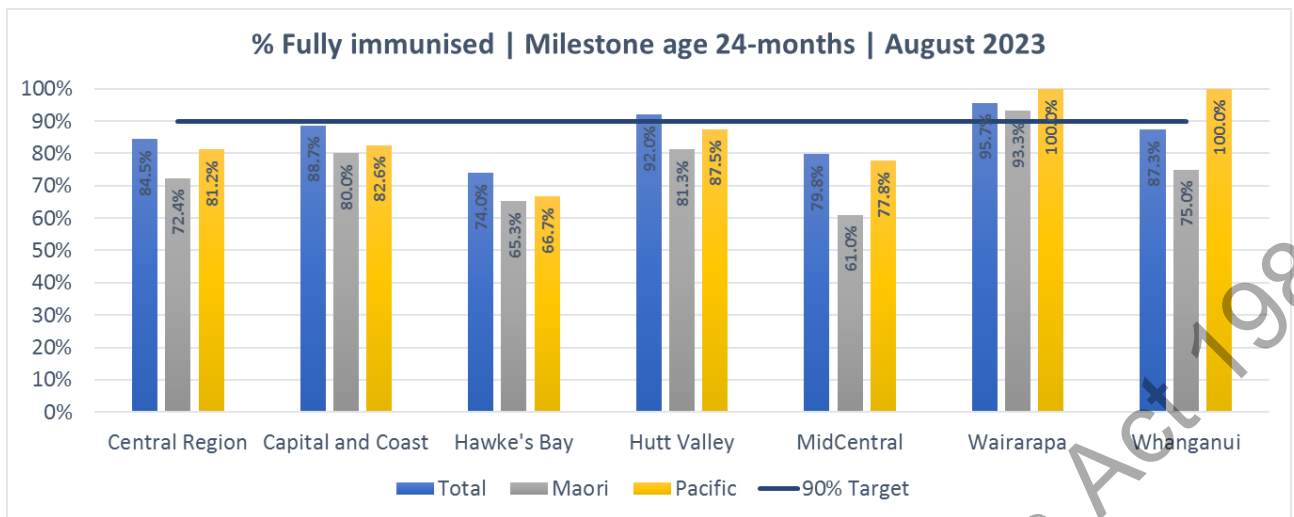
- There are currently two immunisation programmes delivered in schools: the Year 7 tetanus, diphtheria and acellular pertussis (Tdap) vaccine and the Year 8 Human papillomavirus (HPV) vaccine programme for girls (expanding to include boys in 2017). This programme is under review and is nearing completion and the findings will be presented in November.

### Regional Key Performance Metrics

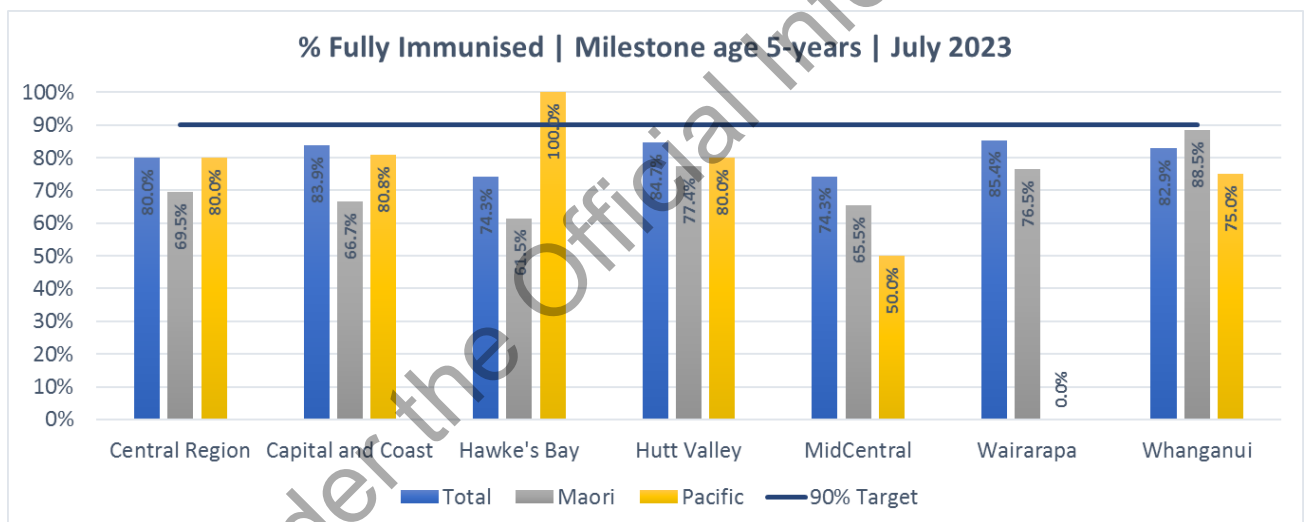
- The overall target of 90% Māori and Pacific children in Te Ikaaroa/Central region fully immunised was not achieved for the three milestone ages – 8-months, 24-months and 5-years. The following graphs show the percentage of eligible children who had completed all their age-appropriate immunisations by the time they turned the milestone age. Eligible children are the children who turned the milestone age during reporting period August 2023.
- In August, 82.3% of all eligible children in the central region were fully immunised at 8-months. The proportion of Māori tamariki fully immunised at 8-months was 71.1%, and 85.2% for Pacific children. In MidCentral and Whanganui, 100% of eligible Pacific children were fully immunised. In Wairarapa there were no eligible Pacific children for this time period.



- Overall, Māori tamariki had the lowest proportion of fully immunised children of 72.4%, and this is reflected across all districts.



15. In August, 80% of the total eligible children in the central region were fully immunised at 5-years. Māori tamariki had the lowest proportion of fully immunised children of 69.5%. In Hawke's Bay 100% of eligible Pacific children were fully immunised. In Wairarapa there were no eligible Pacific children for this time period. Whanganui Māori tamariki showed the equity gap has been achieved with a greater proportion of tamariki vaccinated compared to the total population.



### Weekly Reporting

16. Attached at Appendix 1 is a new reporting template that NPHS will be providing Te Whatu Ora and TE Aka Whai Ora ELTs. This will also be the basis of future reporting to RIT.

### National Developments

17. Implementing the National Immunisation Taskforce Report recommendations is the responsibility of NPHS and all recommendations are underway.
18. The National Immunisation Programme (NIP) have continued to work on the major project to deliver the Aotearoa Immunisation Register (AIR) Programme on track for November. The AIR team are currently preparing Districts for the AIR readiness plan and role mapping. The AIR programme cutover date of the NIR and the CIR is expected in November 2023.

19. The Public Health Agency, Manatū Hauora, are establishing a National Immunisation Technical Advisory Group to provide Clinical partnership and guidance for the whole of the immunisation landscape across the lifespan

### Outreach Immunisation Review

20. A review into the varied current arrangements for Outreach Services is underway with a view to identifying how to improve effectiveness. The review will focus on the drivers for high use of this service and timeliness of reaching tamariki. It is noted that there is outreach delivered directly out of public health and hospital and specialist services settings, and outreach delivered under contract with providers. The review will focus first on contracted services with providers but NPHS will also be reviewing its outreach programmes delivered by public health nurses.

### Workforce Developments

21. A review is underway into the immunisation support services currently provided to the workforce by the Immunisation Advisory Centre (IMAC). In the last four months NIP has been working with partners to review the service, holding a series of workshops. The final workshop on the 23<sup>rd</sup> August confirmed the redesign phase and next steps. An ROI for immunisation training provided will be live in October.
22. A Te Ikaroa Maternal & Childhood Provider Liaison scheduled to start in October, and this additional public health nursing resource will collaborate with Māori and Pacific providers and key medical practices of PHOs with high Māori and Pacific enrolled patients. The intention is to support those services either improve outreach and engagement and for Māori and Pacific service, to support them grow their workforces and increase their health promotion activity.
23. Data on the full vaccination workforce completing various levels of training is not currently available in relation to Childhood immunisation, including MMR, nor is it known how many vaccination qualified nurses there are working in Primary Care. This is something that needs to be better understood, along with the workforce status and needs in Hauora Māori and Pacific services. A vaccinator authorisation portal is in development and expected to be live in Q4 2023/24 which will provide greater visibility into the scale of the authorised immunisation workforce.
24. There are frequent questions from services and primary care on how to fast track nurses through under 5 vaccination qualifications. This is also under investigation.

### Provider Contracts

25. Provider engagement will happen in collaboration with Te Aka Whai Ora, Pacific Health and Commissioning – noting that work has started in Hawkes Bay and with Tu Ora Compass.

### Consumer Highlights

26. Whanau are increasingly finding it difficult to get timely appointments in primary care, even though practices prioritise vaccination appointments. This has resulted in whānau presenting to drop-in clinics and opting for home visits if needed.
27. Whānau are encouraged by an accepting place to receive vaccinations, indicating they prefer a 'well child space' to receive immunisations, in comparison to a waiting room with unwell people.
28. Drop-in clinics are becoming more attractive, and OIS nurses are acknowledged by community as 'expert' vaccinators, providing expert advice, with established mana within community.
29. 'I don't want to go to the GP anymore, OIS is so much better. GP environment is too stressful'<sup>1</sup>

## District Highlights

30. District highlights provide insights on what is working; what could be leveraged or to identify barriers that could be addressed through Commissioning, Service and Innovation, H&SS engagement and/or provider contract performance including PHOs.

## Whanganui & MidCentral

31. RIT August report identified an increase in referrals and administration of vaccines given by OIS in Whanganui. The Bexsero (MenB) vaccine was introduced on 1 April 2023, for which there was a catch up for tamariki. There were challenges in the rollout of this vaccine due to limited resources, consumer information and paracetamol protocols/access to standing orders for clinicians. This meant GPs were not ready to deliver this vaccine on this date, and because OIS were able to support it there was a consequent increase in referrals.
32. The Ikaroa Midcentral/Whanganui health promotion team are currently working on a project plan to streamline a regional communication strategy for childhood immunisations. Major stakeholders are Iwi, WRHN, and whanau engagement groups. Recommunicating and streamlining culturally appropriate immunisation messaging is the project aim.
33. Te Oranganui Trust, aside from their programme of engagement with whānau to rebuild trust and confidence in the health sector are also working with their data analyst and other providers to try and narrow reach down to households to ensure they are gradually getting complete coverage and keeping a collective eye on what is happening in the rohe.

## Te Matau a Māui

34. Antenatal clinic expansion – as well as offering vaccine to their booked high-risk women every weekday morning, they will offer a drop-in clinic one afternoon/week for walk ins. This will supersede the drop in clinic currently offered within the antenatal ward. This change is so that antenatal immunisations are offered in a more non-clinical area of the hospital and so that the existing midwifery workforce can pick up this mahi instead of the immunisation team who currently do this. This will free-up our team to support providers in other areas.
33. Workforce development is a high priority. Upskilling adult vaccinators into whole of life vaccinators is a focus with priority in the Māori Health Provider workforce. As Māori Health Providers do not

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<sup>1</sup> National Public Health Service – Te Matau a Māui, (2023). Improving childhood immunisation rates – the role of the outreach model: An exploratory study examining the contributory factors driving the increase in referral numbers to the childhood immunisation outreach service in Te Matau a Māui Hawke's Bay.



have an enrolled population, the vaccinators have to attend our Te Whatu Ora drop-in clinics to gain experience and have their clinical assessments. There is going to be some supportive work done with the Māori Health providers once the vaccinators are authorised to ensure they continue to be supported in their mahi.

### Capital Coast, Hutt Valley & Wairarapa

34. Tu Ora Compass PHO has started a 6-month support programme *Very Low Cost Access Support Project (VCLA)* to increase immunisation outcomes for Māori and Pacific and included provision for extra staff for clinics, including extended evening and Saturday home immunisations. Focus was also to reach tamariki eligible for influenza, promote a drop-in clinic for adults to access Covid and Influenza immunisations. At the beginning of the programme there was an 18% gap for Māori and 2.9% for Pacific. By the end of the programme the gap decreased to 6.1% for Māori and 0.6% for Pacific. It is intended that this approach will be rolled out across the district, and we will look taking this wider.
35. Pacific Health Services Hutt Valley have extended their hours and provide weekly clinics to increase accessibility for whanau. They also work alongside the WCTO team and offer vaccinations during checks.
36. Tamariki Ora and OIS collaboration is underway to increase immunisation uptake as services provide open clinics once a week on the same day to enable easier access for tamariki to have their Tamariki Ora checks and immunisations done at the same time. A general practice is also located next to the outreach teams, enabling vaccinations 'next door' should the practice team require support.
37. Hutt Valley Outreach has recently doubled its team numbers as well as altering hours of operation to include calling and the ability to visit whanau outside normal business hours.
38. A formal process is being implemented out of NPHS Hutt Valley team to capture due/overdue patients on admission with a view to immunise/promote prior to discharge. A working group has now been set up with SMO Paediatrics, CNM Childrens Ward, SMG Women's and Childrens Health and the NPHS Immunisation team for the Hutt Valley for the next 6 months trialling a roaming nurse to service all departments and the NPHS Immunisation team for the Hutt Valley for the next 6 months trialling a roaming nurse to service all departments.
39. Three pharmacies (Queens Street Pharmacy, Wellworks Pharmacy Hutt and Clives Chemist) are participating in an initiative by the Hutt Valley Immunisation Coordinator to onboard childhood vaccinators.

### Risks and Issues

40. A risk plan is under development.

Paula Snowden  
Regional Director, Te Ikaroa/Central, NPHS

# Agenda

## Regional Integration Team: Central Region

<b>Date:</b>	Thursday 26 October 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.30pm
<b>Location:</b>	TEAMS		

**Members:** **Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Central Region Wayfinder); **Paula Snowden** (Regional Director Central Region National Public Health Service); **Sipaia Kupa** (Regional Director Pacific); **Richard Perry** (Service Improvement and Innovation); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Bonnie Matehaere** (Regional Clinical Lead, Te Aka Whai Ora); **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor); **Tricia Sloan** (Service Improvement and Innovation)

**In attendance:** **Jason Kerehi** (Te Aka Whai Ora); **Stephanie Calder** (Manager, Regional Programmes)

**Guests:** Item 2: Te Aho o Te Kahu (National Cancer Control Agency) - **Rami Rahal** (Chief Executive); **Cushla Lucas** (Regional Manager – Central)  
 Item 3: **Nathan Brown** (Team Leader Analytics); **Nathan Clark** (Planning Manager)

### Apologies:

Time	Item	Method	Lead	Action
<b>1.00pm</b>	Karakia tīmatanga			
<b>1.00pm</b> (10 mins)	<b>1. General business</b> 1.1 Minutes from previous meeting 1.2 Action Register	Minutes Register	Chair Chair	Agree Discuss
<b>1.10pm</b> (20 mins)	<b>2. Te Aho o Te Kahu: introduction</b>	Paper	Rami Rahal, Cushla Lucas	Note
<b>1.30pm</b> (15 mins)	<b>3. Regional Integration Team Accountability Framework</b>	Paper	Nathan Brown / Nathan Clark	Discuss
<b>1.45pm</b> (15 mins)	<b>4. Enabling Māori Partnership and Engagement</b>	Paper	Russell Simpson	Note
<b>2.00pm</b> (10 mins)	<b>5. Planned Care Update</b>	Verbal	Russell Simpson	Note
<b>2.10pm</b> (10 mins)	<b>6. Vaccination Uplift Activity</b>	Ppnt	Paula Snowden	Note
<b>2.20pm</b> (10 mins)	<b>7. Other issues</b> 7.1 HSS Monthly Report 7.2 Regional Wayfinders Report	Paper Paper	Russell Simpson Tricia Keelan	Note Note
<b>2.30pm</b>	Karakia whakamutunga			
<b>Next meeting:</b> 1pm Thursday 9 November 2023				

## Minutes

### Regional Integration Team (Central Region)

<b>Date:</b>	Thursday 12 October 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.00pm
<b>Location:</b>	Huitīma   Teams		

<b>Members:</b>	<p><b>Acting Chair: Paula Snowden</b> (Regional Director, National Public Health Service)</p> <p><b>Sipaia Kupa</b> (Regional Director, Pacific); <b>Bonnie Matahaere</b> (Regional Clinical Lead, Te Aka Whai Ora); <b>Richard Perry</b> (Service Improvement and Innovation); <b>Nicky Rivers</b> (Regional Clinical Lead); <b>Russell Simpson</b> (Regional Director, Hospital and Specialist Services); <b>Tricia Sloan</b> (Service Improvement and Innovation)</p>
<b>In attendance:</b>	<p><b>Stephanie Calder</b> (Director Central Region Programmes); <b>Jason Kerehi</b> (Director, Te Aka Whai Ora); <b>Manja Kovinčić</b> (Business Support Coordinator, Regional)</p>
<b>Guests:</b>	<p><b>Tracy Corbett</b> (Principal Advisor), <b>Liam Munro</b> (Advisor), <b>Ana Spada</b> (Senior Advisor - Systems Accountability and Performance)</p>
<b>Apologies:</b>	<p><b>Nathan Clark</b> (Planning Manager, Planning and Accountability Team - Strategy, Planning &amp; Performance, Capital, Coast and Hutt Valley); <b>Peter Guthrie</b> (Acting Director of Strategy Planning and Performance, Capital, Coast and Hutt Valley); <b>Tricia Keelan</b> (Regional Wayfinder - Chair); <b>Patrick Le Geyt</b> (Regional Director Te Aka Whai Ora - Chair)</p>

<b>Welcome</b>
The Chair welcomed the members to the hui and Jason Kerehi led with a karakia tīmatanga.
<b>1. Confirmation of Minutes and Action Register</b>
<p><b>1.1 Confirmation of Minutes</b> The minutes of the meeting held 28 September 2023 were endorsed as a true and accurate record.</p> <p><b>1.2 Matters Arising</b> There were no matters arising that were not already listed on the agenda.</p> <p><b>1.3 Action Register</b> The Action Register was worked through and discussed.</p> <p><b>1.4 Schedule of RIT meetings</b> The draft schedule was noted and will be updated as required.</p>
<b>2. Regional Health and Wellbeing Plan</b>

Stephanie Calder updated the group that the Regional Health and Wellbeing Plan is on track to be submitted to the National Office by 13 October 2023. Any feedback from the National Office will be provided to the RIT.

**Noted** that Paula Snowden will provide a statement from the Iwi Māori Partnership Board and provide to Nathan Clark and Steph Calder for inclusion in the draft prior to submission to the national office.

**Action:** Steph Calder to follow up with Nathan Clark whether a revised draft can be provided to the RIT highlighting the revisions that have been made following feedback provided by Patrick Le Geyt.

Action Items	Person Responsible	Deadline
1. Steph Calder to follow up with Nathan Clark whether a revised draft can be provided to the RIT highlighting the revisions that have been made following feedback provided by Patrick Le Geyt.	Steph Calder	

### 3. Regional Performance and Accountability Reporting

*Ana Spada entered the meeting at 1.15pm.  
Tracy Corbett entered the meeting at 1.17pm.*

- Russell Simpson noted there was not earlier communication around the annual report which was received on the evening of 11 October 2023 (with deadline of midday 12 October) and expressed the wish to be linked in earlier in the future.
  - Tracy Corbett will revert Russell's feedback and offered to negotiate more time if required.
- It was noted that different enablers in the different functions have different reporting functions, noting Northern Region's report is in its own template style.
- Feedback was provided that a one-page summary of Te Whatu Ora achievements in the previous 12 months should preface the report, as a summary of performance is usually required in this type of report.
- Report developed by Ana Spada contains a section on equity; how they are embedding Te Tiriti o Waitangi principles, and how they are combining these aspects into health. Ana to touch base with Nathan Clark.
- Russell Simpson requested an identified set of national metrics to be able to provide reporting updates. Noting that if there are four regions are reporting independently, is it not possible to benchmark performance.
  - Tracy Corbett noted the national office has a Statement of Performance and Expectations (SPE).
- Tracy Corbett updated the group that Margie Apa has started a deep dive into all the reporting occurring in Te Whatu Ora in order to remove duplication of work.
- Ana Spada offered to be contacted for any information for Quarter 1 report of 2024. She will also circulate to the group the prepared 2024 timeframes and deadlines for submission.

*Tracy Corbett and Ana Spada departed the meeting at 1.30pm.*

### 4. Regional Childhood Immunisation Report Update

- Six areas of effort that are attempting to be grouped up across the region.
- A challenge being experienced is people are attempting to run it as if it is COVID-19. Each step of the process experiences lags.
- Planning on uplift investment in the vaccinator workforce.

<p>Feedback on document:</p> <ul style="list-style-type: none"> <li>Sipaia Kupa acknowledge the number of different initiatives listed are good.</li> </ul> <p>Proposed reporting:</p> <ul style="list-style-type: none"> <li>Russell Simpson noted that denominators are an important part of a report. Denominator as an overall number or standardised across Districts.</li> <li>Attempting to map to SA2 levels.</li> <li>Monitoring report to be circulated with RIT on fortnightly basis.</li> </ul> <p><b>Action:</b></p> <p>Paula Snowden to:</p> <ol style="list-style-type: none"> <li>Provide numbers/percentages.</li> <li>Confirm audience of the report.</li> <li>Have explanatory notes.</li> </ol>		
Action Items	Person Responsible	Deadline
<p>2. For the Regional Childhood Immunisation Report, Paula Snowden to:</p> <ol style="list-style-type: none"> <li>Provide numbers/percentages.</li> <li>Confirm audience of the report.</li> <li>Have explanatory notes.</li> </ol>	Paula Snowden	ASAP
<p><b>5. Regional Risk Framework</b></p> <p>Tricia Keelan commissioned work in Commissioning to develop a system to create a risk repository in the region which enables Districts to access the same platform/tool due to the fact that they are all located on different networks currently.</p> <p>Liam Munro shared his screen to show the created Regional Integration Team channel within Teams which contains an interactive Risk register with summary of information and various levels of detail. Impact is being collected rather than likelihood.</p> <p>Other dashboard functions:</p> <ul style="list-style-type: none"> <li>Functionality for adding new risks, editing existing risks, treatments view (which shows proposed treatments/mitigations). Liam noted he can set up reminders for owners of risk treatments.</li> <li>Data is stored centrally enabling work on interactive dashboards; ie able to at a glance view the: risks by current risk level, untreated risks by current risk level, risks by risk source, risks by impact category.</li> <li>Risks can be linked, for example, reporting for immunisation can be tied to risks in operational delivery risks.</li> </ul> <p>Liam Munro to connect with Darren Horsley and Paula Snowden to pass on contact details of person in similar role from her end.</p> <p><b>Action:</b></p> <p>Members to identify and connect person for the Regional Risk Framework tool with Liam Munro.</p>		
Action Items	Person Responsible	Deadline
<p>3. Members to identify and connect person for the Regional Risk Framework tool with Liam Munro.</p>	All members	ASAP
<p><b>6. Other Issues</b></p> <p>No other issues.</p>		

Jason Kerehi closed the hui with a karakia whakamutunga.

**Meeting Closed: 2.02pm**

**Next meeting: Thursday 26 October 2023, 1.00pm – 2.30pm, Huitīma | Teams**

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# Regional Integration Team: Central Region

## Action Register as at 12 October 2023

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
Ongoing agenda item		IMPB engagement	Patrick / Tricia	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	<b>In progress:</b> <i>engagement with IMPBs underway</i>
08-06-2023	1	Regional Public Sector Commission Groups	Steph Calder	Obtain terms of reference for the Matariki Group / invite the three regional public commission groups in the Central Region to meet with RIT. <b>Update 12.10.2023</b> Steph to follow up again.		<b>In progress:</b> <i>in process of confirming meeting time</i>
31-08-2023	2	Regional Health and Wellbeing Team	Nathan Clark	Draft formal letter to IMPBs to request timeframe and preferred approach for engaging on the development of the RHWP. <b>Update 12.10.2023</b> All members with IMPB relationships to follow up.	ASAP	<b>In progress:</b> <i>All members with IMPB relationships to follow up</i>
	3	Service Improvement and Innovation Resourcing	Tricia Sloan / Tricia Keelan / Patrick Le Geyt / Richard Perry	Meet to discuss mechanism for managing requests for SI&I support in the region. <b>Update 12.10.2023</b> Document providing complete programme and insight into workflow to be submitted by Tricia in 2-3 weeks' time.	3 November	<b>In progress:</b> <i>Document providing complete programme and insight into workflow to be submitted by Tricia in 2-3 weeks' time</i>
	4	Regional Wananga	Peter Guthrie/Tricia Keelan/Patrick Le Geyt	Arrange for placeholders to be sent for upcoming Wananga. <b>Update 12.10.2023</b> Agenda drafted by Nathan Clark awaiting Tricia Keelan's review. Marae booking TBC, waiting for Patrick's reply.	November 2023	<b>In progress:</b> <i>Agenda drafted by Nathan awaiting Tricia's review</i>

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
14-09-2023	5	Regional Clinical Board	Bonnie Matehaere and Nicky Rivers	Discuss opportunities for engagement between RIT and the Regional Clinical Board and connect with Chair Sarah Jackson to discuss options for bringing back to the RIT. <b>Update 12.10.2023</b> Nicky and Bonnie attending next hui	Beginning of October	<b>In progress:</b> <i>Nicky and Bonnie attending next hui</i>
	6	Healthy Food and Drink Policy	Russell Simpson	Make contact with district food services teams to identify contacts who could support implementation of the plan alongside existing identified capacity. <b>Update 12.10.2023</b> Court gone out to all Districts for names of all key contacts	28 September	<b>In progress:</b> <i>Court gone out to all Districts for names of all key contacts</i>
	7	Planned Care	Russell Simpson	Share the briefing on planned care that has been developed for the national team when able. <b>Update 12.10.2023</b> Numbers are a moving target, noting they will differ to the September numbers.	As available	<b>In progress:</b> <i>Numbers are a moving target, noting they will differ to the September numbers</i>
12-10-2023	8	Regional Health and Wellbeing Plan	Steph Calder	Steph Calder to follow up with Nathan Clark whether a revised draft can be provided to the RIT highlighting the revisions that have been made following feedback provided by Patrick Le Geyt.		
	9	Regional Childhood Immunisation Report	Paula Snowden	For the Regional Childhood Immunisation Report, Paula Snowden to: a) Provide numbers/percentages. b) Confirm audience of the report. c) Have explanatory notes.		



Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
	10	Regional Risk Framework Tool	All	Members to identify and connect person for the Regional Risk Framework tool with Lliam Munro.	ASAP	

## Cover Sheet

<b>To:</b>	Te Ikaroa Regional Integration Team
<b>From:</b>	Cushla Lucas, Regional Manager, Te Aho o Te Kahu
<b>Subject:</b>	Introduction Te Aho o Te Kahu Chief Executive and planned regional visits
<b>Date:</b>	4 October 2023

Decision       Discussion       Information       Action

**Seeking Funding**      **Yes**       **No**

**Funding Implications**      **Yes**       **No**

### Purpose

Thank you for the opportunity to connect over our shared kaupapa to improve cancer outcomes for the people of the Central Region. We would also like to take this opportunity to formally introduce our new Chief Executive Mr Rami Rahal, and to share plans for Rami and our regional team to undertake a series of visits to Te Ikaroa cancer care providers.

### Background

S9(2)(a) S9(2)(a) Since this time, he has had rapid introduction to cancer care and our reformed healthcare system more generally. As part of this orientation period he has visited hospitals and communities in Te Waipounamu and Northern regions. We are also working with the district leaders to visit the hospital and community providers in Te Ikaroa with some dates tentatively scheduled through November and December.

Rami has deep expertise and a commitment to cancer care. S9(2)(a)

He has dedicated his career to improving outcomes for people with cancer and those affected by cancer, with a particular focus on better outcomes for Indigenous populations.

S9(2)(a)

While our time together, at this meeting, will be largely focused on whakawhanaungatanga, Rami will also provide a brief update on our next steps as an agency. As part of this kōrero, we welcome your thoughts on the priorities for the Te Ikaroa region.

## Cover Sheet

<b>To:</b>	Te Ikaroa Regional Integration Team
<b>From:</b>	Nathan Clark, Regional Planning Team Nathan Brown, Health Insights Team
<b>Subject:</b>	Te Ikaroa Regional Health and Wellbeing Plan
<b>Date:</b>	19 October 2023

Decision       Discussion       Information       Action

**Seeking Funding**      **Yes**       **No**

**Funding Implications**      **Yes**       **No**

### Purpose

This paper, and the associated presentation, outline the proposed scope and approach to develop a regional performance monitoring framework for the Regional Integration Team (RIT), for discussion and feedback.

### Recommendations

It is recommended that the Regional Integration Team:

- Note** that we are proposing to develop a regional financial and non-financial performance monitoring framework and quarterly report to the RIT.
- Note** that the regional performance monitoring framework and report would focus on our three priority populations, and the five Te Pae Tata priority areas and the actions in Te Ikaroa Regional Health and Wellbeing Plan.
- Note** that the framework will use measure that link to our strategic, government and ministerial priorities, including the Government Policy Statement on Health, the five population-specific strategies developed by Manatu Hauora, and the Minister's Letter of Expectations.
- Note** that the report would be coordinated by the Office of the Wayfinder and include input from NPHS, Commissioning and HSS.
- Note** that the Northern Region is also scoping similar work and we are working with them and the other regions to align development of a regional performance monitoring framework and report with work happening at the national level, specifically the development of a new Te Pae Tata Performance Framework.
- Note** that we will start developing the framework and will provide the first draft regional performance report to the RIT next month, and we expect to refine and iterate the report over time based on feedback and work with our colleagues across Te Whatua Ora, Te Aka Whai Ora and our IMPBs.

### Background

Commissioning currently provides a monthly Regional Wayfinder's Report to Tricia Keelan and the RIT. This includes a progress update, a risk register update, and a financial and non-financial performance report across the Te Pata Tata priority areas. However, this report only has limited value for the RIT because we can only provide input from Commissioning and performance across the Te Pae Tata priorities requires a whole-of-system / cross-functional response. Monitoring performance across the Te Pae Tata priorities also requires that we use a range of measures from

across the system – including public health, primary and community care, hospital and specialist care, and quality and safety markers.

## Proposal

We are proposing to develop a regional performance monitoring framework and quarterly report to the RIT. The report will monitor progress implementing Te Ikaroa Regional Health and Wellbeing Plan and include a range of financial, non-financial, and quality performance measures from across the system with a focus on our three priority populations (Māori, Pacific, and Tāngata Whaikaha | Disabled People) and the five Te Pae Tata priority areas:

1. Pae ora - Better health and wellbeing in our communities
2. Kahu Taurima - Maternity and the early years
3. Mate Pukupuku - People living with cancer
4. Māuiuitanga taumaha - People living with chronic health conditions
5. Oranga hinengaro - People living with mental distress, illness and additions.

The report will be coordinated by the Office of the Wayfinder and include input from NPHS, Commissioning and HSS.

## Intended outcomes

The intended outcomes of this framework and report will enable RIT to:

- **Govern** delivery of a regional work plan and Te Ikaroa Regional Health and Wellbeing Plan.
- **Integrate** and advocate for ‘whole-of-system’ change and better population outcomes, particularly for priority populations.
- **Foster** partnerships and ensure vertical and horizontal integration across all services.
- **Provide** regional advice to inform national strategies.

## Key parameters/considerations

We have identified the following key parameters / considerations to guide development of the framework:

- The framework is likely to require multiple layers with a matrix of non-financial measures appropriate to different audiences and purposes, for example:
  - Vertical layers based on the **leadership/management** level – with measures that show line-of-sight between ‘on the ground activity’ and population changes / system impact.
  - Layers based on service type or **intervention points** across the system – from prevention and early intervention through to specialist hospital care.
  - Layers and measures based on care across the **life course**, from conception and starting well through to the health of older people and palliative care.
  - Horizontal layers based on the **Te Pae Tata priorities**.

*Visual representation of the matrix of measures included the regional performance framework*

Assessment within and across the system	Pae Ora	Kahu Taurima	Mate Pukupuku	Māuiuitanga Taumaha	Oranga Hinengaro
<b>Strategic: measures system impact / population changes</b>	Includes measures across system: Public health – prevention Primary care - early intervention Community care - holistic care Hospital & Specialist care - treatment		Includes measures across life course: Wahine Hapu Pēpe / Tamariki Adolescent Adult Older Persons		
<b>Function: measures business function performance</b>					
<b>Management: measures service performance</b>					
<b>Contract management: measures provider performance</b>					
<b>Client Level: client/whānau assessment of service</b>	All measures presented by ethnicity and, where possible, disability status				

- The framework will consider measures based on 'people', 'place' and 'investment' – with the aim of linking investment with service performance and the outcomes for different population groups across different areas across the region.
- We will engage with Service Improvement & Innovation to consider how quality and safety measures (including consumer/whānau engagement) can be incorporated into the framework, particularly at a system-performance level appropriate to the RIT.
- The framework will use measures that link to our strategic, government and ministerial priorities, including:
  - Objectives of the Pae Ora (Healthy Futures) Act 2022
  - Government Policy Statement on Health
  - The five population-specific strategies developed by Manatū Hauora<sup>1</sup>
  - The Minister's Letter of Expectations to Te Whatu Ora
  - Te Pae Tata - New Zealand Health Plan.
- We are also conscious of likely changes as a result of the new Government, including political party manifesto commitments, such as the National Party's five major Health Targets:
  - Shorter stays in emergency department
  - Faster cancer treatment
  - Improved immunisation
  - Shorter wait times for first specialist assessment
  - Shorter wait times for surgery.
- The framework will be underpinned by theoretical concepts related to measuring health system performance, including:
  - Sir Mason Durie's Whare Tapa Wha model, which means 'house with four walls' and provides a strength-based holistic approach to assessing health and wellbeing.
  - Results Based Accountability, which seeks to know from each provider how much did they did (quantity), how well they did it (quality), and whether anyone is better off (outcomes)
  - Tight-Loose-Tight approach: tight in relation to setting goals, loose in relation to implementing a service, and tight in relation to monitoring outcomes
  - Triple Aim Plus One: better population health, improved efficiency, improved patient experience / quality of care, and a thriving organisation.
- We will also look to incorporate the Whakamaua Te Tiriti o Waitangi framework developed by Manatū Hauora, and the Enabling Good Lives principles.
- We are proposing to work with the other regions and align with the new national Te Pae Tata Performance Framework that is being developed by the national Strategy Planning & Performance group. The new Te Pae Tata Performance Framework will sit alongside and align to other work being undertaken on equity and led by business functions across Te Whatu Ora and Te Aka Whai Ora.
- Implementation of new national Te Pae Tata Performance Framework is expected to be iterative over time, with some new datasets and measures being developed. Our regional performance framework will need to be flexible and updated over time to stay aligned to the national framework.
- To reduce our overall reporting requirements, we are aiming to align to the nationally developed and coordinated quarterly reports. This will enable us to use the RIT performance reports to inform our contribution the national quarter reports.
- We are planning to use existing measures that are aligned to the national quarterly report and Te Pae Tata Performance Framework. However, we know that we are likely to identify gaps

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<sup>1</sup> Pae Tū: Hauora Māori Strategy, Te Mana Ola: The Pacific Health Strategy, Health of Disabled People Strategy, Women's Health Strategy, and the Rural Health Strategy.

where new measures are needed. We will work with the national teams to address gaps and suggest proxy indicators instead.

## Regional Performance Report

We propose an initial focus on the development of the strategic leadership layer of the framework and report. This layer is appropriate for the RIT report and will focus on strategic/system-level performance, population-level outcomes, and equity across our priority populations and geographically (particularly rural and deprived areas).

The regional performance report will likely include:

- A high-level progress update on key initiatives or programmes of work. We intend for this to eventually become aligned to the programmes of work set out in Te Ikaroa Regional Health & Wellbeing Plan.
- Non-financial performance based on the five Te Pae Tata priorities and the matrix of layers described above.
- Management comments and contributions from NPHS, Commissioning and HSS about the issues and context impacting performance.
- Financial performance (with an aspiration of linking investment to service activity, outcomes and system impacts)
- Financial and non-financial risks.

## Next steps

We will start developing the framework and will provide the first draft regional performance report to the RIT next month. We expect to refine and iterate the report over time based on feedback.

We will seek to involve key people from across the region from Te Whatu Ora, Te Aka Whai Ora, and our IMPBs – including key portfolio experts, service managers, and equity and clinical leads – to help refine the framework and the RIT report.

CENTRAL REGION – HOSPITAL AND SPECIALIST SERVICES



Central Region – Hospital and Specialist Services

For:

X	Decision
X	Discussion
	Information

<b>To</b>	Regional Integration Team - Central
<b>From</b>	Russell Simpson, Regional Director, Hospital & Specialist Services - Central
<b>Author</b>	Dr Jeff Brown, District Director, Te Pae Hauora o Ruahine o Tararua   MidCentral
<b>Date</b>	28 September 2023
<b>Subject</b>	<b>Enabling Iwi Māori Partnership and Engagement</b>

**RECOMMENDATION**

It is recommended that the Regional Integration Team - Central:

- **note** the issues raised in the paper.
- **agree** who will take responsibility for developing a regional/national approach for resourcing to enable iwi Māori partnership and engagement.

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### 1. PURPOSE

To discuss issues around resourcing to ensure iwi Māori partnership and engagement in districts is supported in a consistent manner across the motu.

### 2. BACKGROUND

A local iwi has requested financial support from Te Pae Hauora o Ruahine o Tararua | MidCentral to enable them to actively participate in co-design and shared governance activities.

The details are provided in the following 'Problem statement' and 'Solution description and enablers'.

MidCentral believes other districts are likely to receive requests from iwi for financial support to enable them to participate in the health sector, so does not want to set a precedent that would impact others.

It is noted that page 18 of Te Pae Tata states: *“Te Aka Whai Ora will facilitate and resource iwi and Māori development and, along with Iwi Māori Partnership Boards, they will be equipped to exercise self-determination at all levels of the system.”*

### 3. ACTION REQUIRED

The Regional Integration Team - Central is asked to decide:

- Who should take responsibility for developing a national framework regarding resourcing to enable iwi Māori partnership and engagement at a district level.



# CENTRAL REGION – HOSPITAL AND SPECIALIST SERVICES

## Enabling Iwi Māori Partnership and Engagement

<i>Te Pae Tata</i>	<i>Problem Statement</i>	<i>Solution Description and Enablers</i>
<p>Page 18: Ngā kupu o te Tiriti Articles of the Treaty</p> <p><b>Article two:</b> We recognise that Māori are unique and indigenous (mana Motuhake). The health sector will enable Māori to exercise their authority over Māori health in accordance with Māori philosophies, values and practices.</p> <p>Te Aka Whai Ora will facilitate and resource Iwi and Māori development and, along with Iwi Māori Partnership Boards, they will be equipped to exercise self-determination at all levels of the system.</p>	<p>The number of requests received from the health system for engagement and partnership approaches with local iwi is increasing.</p> <p>One of Te Pae Hauora o Ruahine o Tararua   MidCentral (MidCentral) local iwi has requested resourcing support to enable them to actively participate in co-design and shared governance activities in the health system. The resource requested for this iwi includes financial support (up to \$75k) to backfill an iwi leader. This will enable iwi mahi to continue while the leader engages and participates in requests from the health system. This local iwi is progressing their Te Tiriti o Waitangi claim.</p> <p>Activities the iwi are involved in at MidCentral are wide-ranging and include Commissioning, Hospital and Specialist Services, Cluster Alliance Group, Clinical Services Plan, First 1000 Days. This work is in addition to their involvement with the Iwi Māori Partnership Board and locality developments.</p> <p>There is no established mechanism which outlines a framework to provide financial support to enable authentic partnerships. There is only guidance on Consumer and Whānau Voice reimbursement. This does not align with the relationships and the current and future ways of working to deliver on Pae Ora (Healthy Futures) for Aotearoa. Iwi relationships are different and more dynamic than solely consumer experience and should not be treated the same.</p> <p>This situation is not likely to be unique to one iwi and others across the motu could be in a similar situation.</p>	<p>Any local solution could be seen to set a precedent and a considered approach should be applied.</p> <p>Therefore it is recommended that a nationally consistent approach and framework be designed.</p> <p>Any approach would need to be consistent amongst iwi to ensure that inequities of engagement and partnership are not further exacerbated.</p> <p>Some of the issues to be considered include:</p> <ul style="list-style-type: none"> <li>• reviewing the requests made to iwi to clarify what we are asking of them and the time commitment required.</li> <li>• developing a 'sliding scale' of funding that reflects the time and commitment required.</li> <li>• deciding who will pay for iwi participation – should it be Te Aka Whai Ora (as noted in Te Pae Tata, page 18), or is it Commissioning; Hospital and Specialist Services; Te Whatu Ora; Iwi Māori Partnership Boards; or a combination of these?</li> </ul>

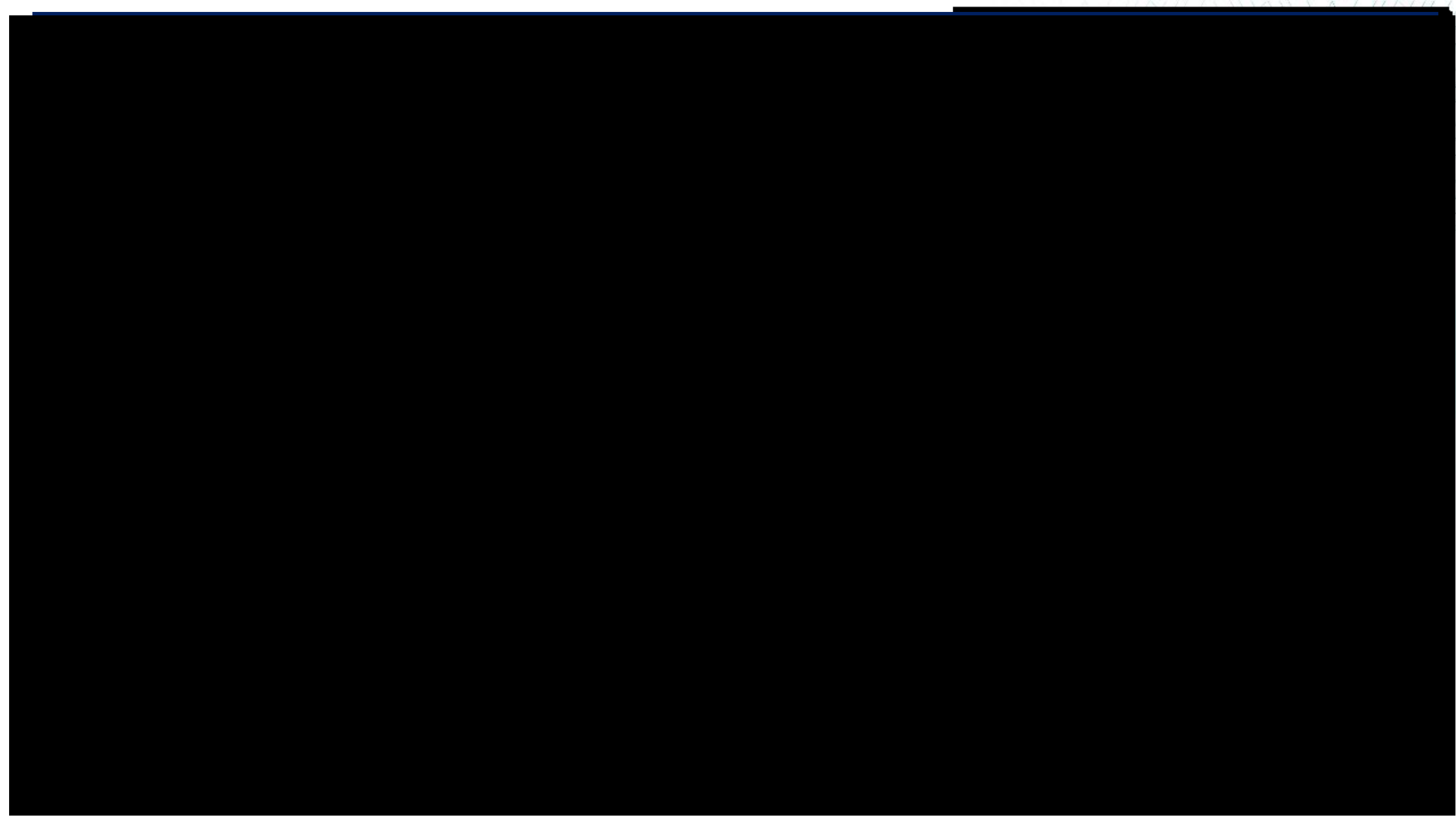
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S9(2)(b)(ii)









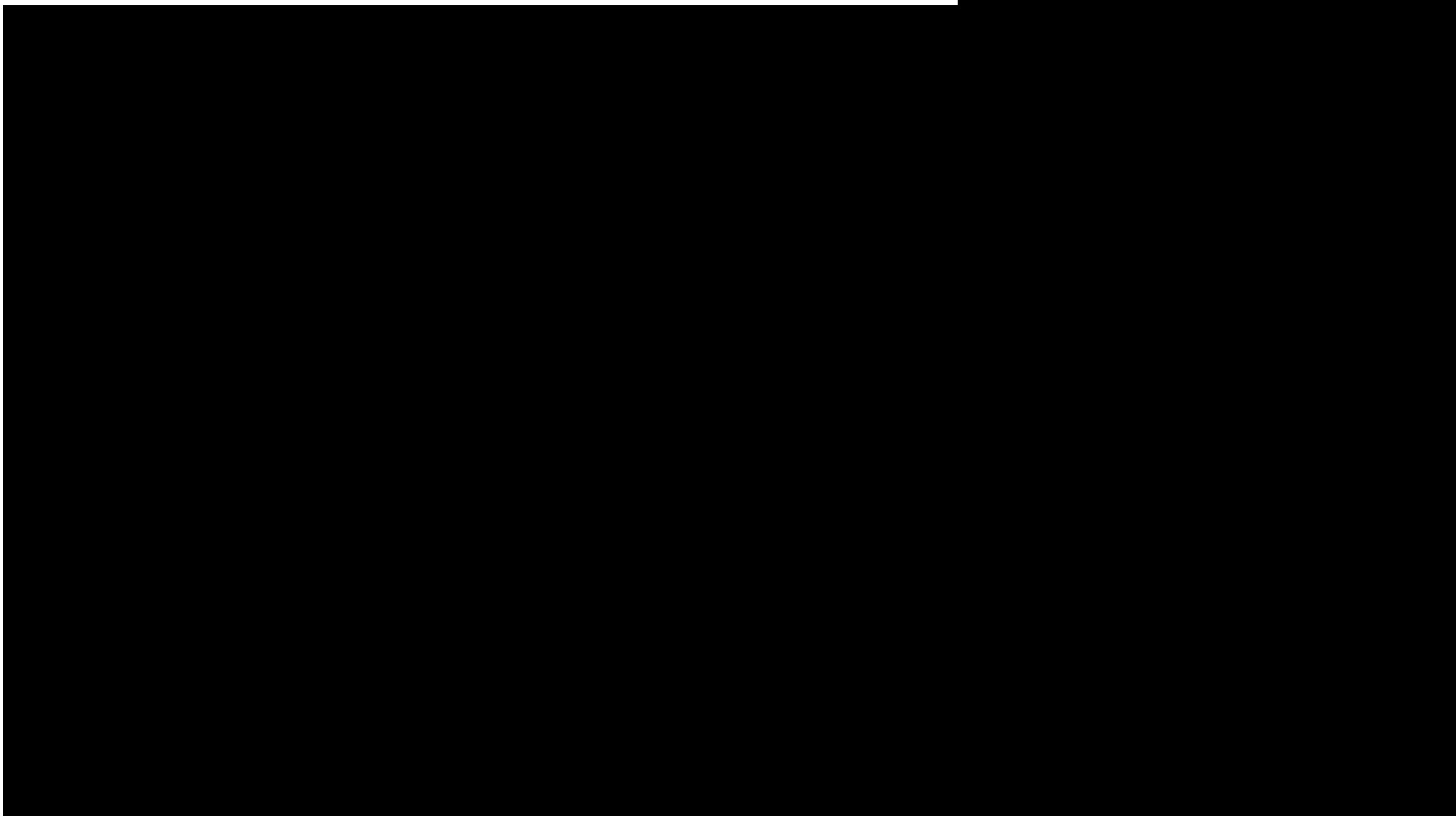




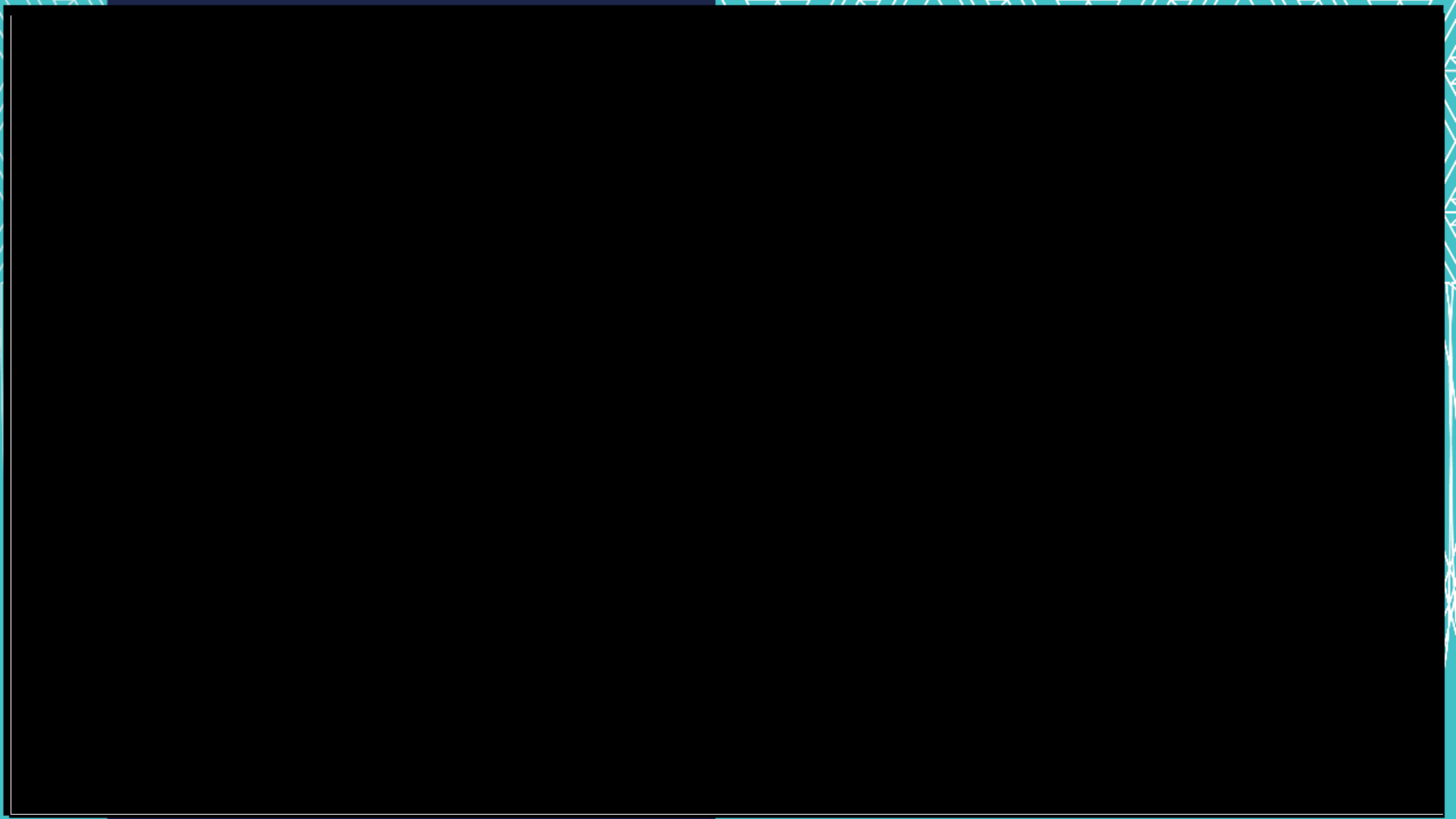


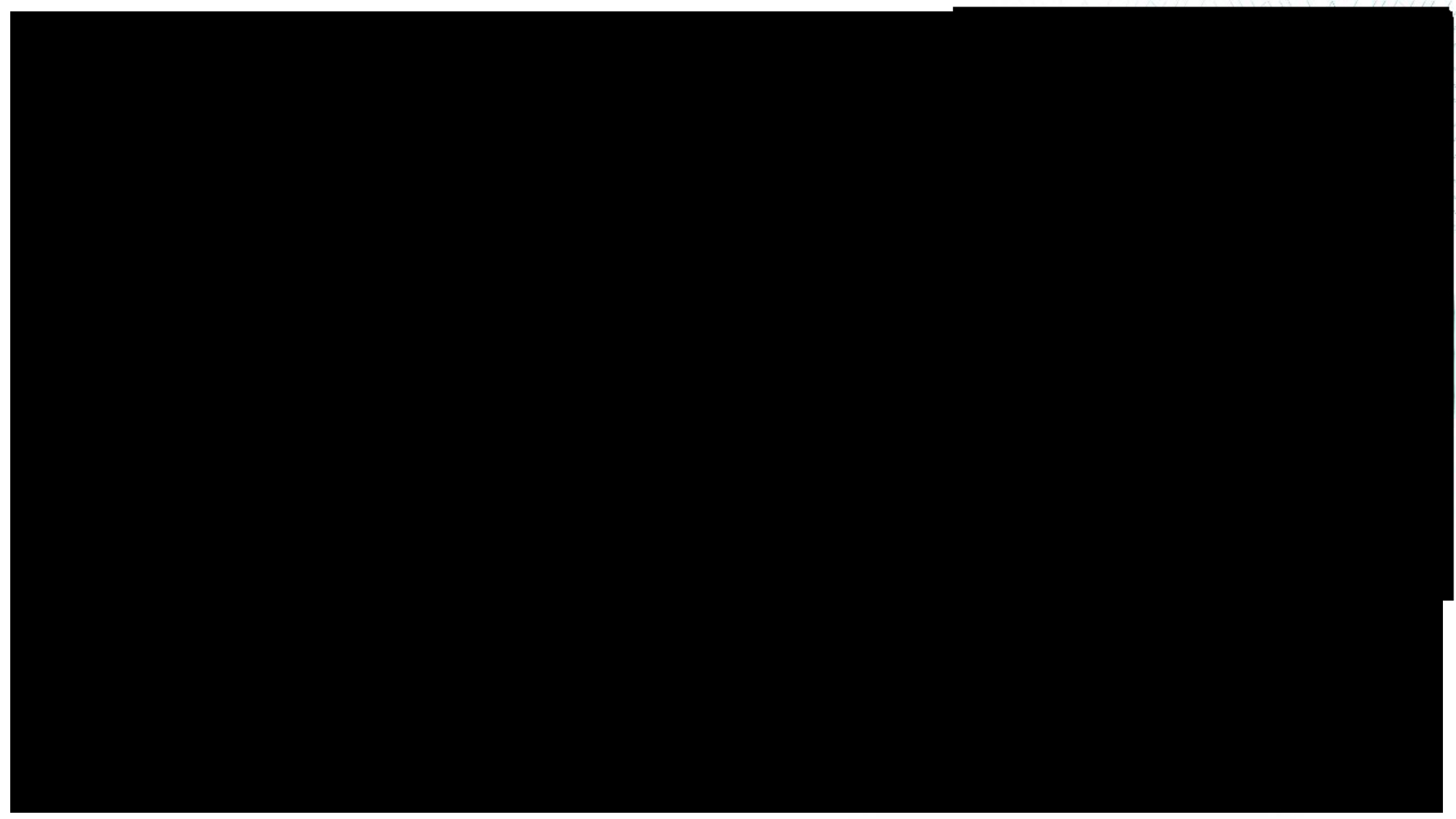












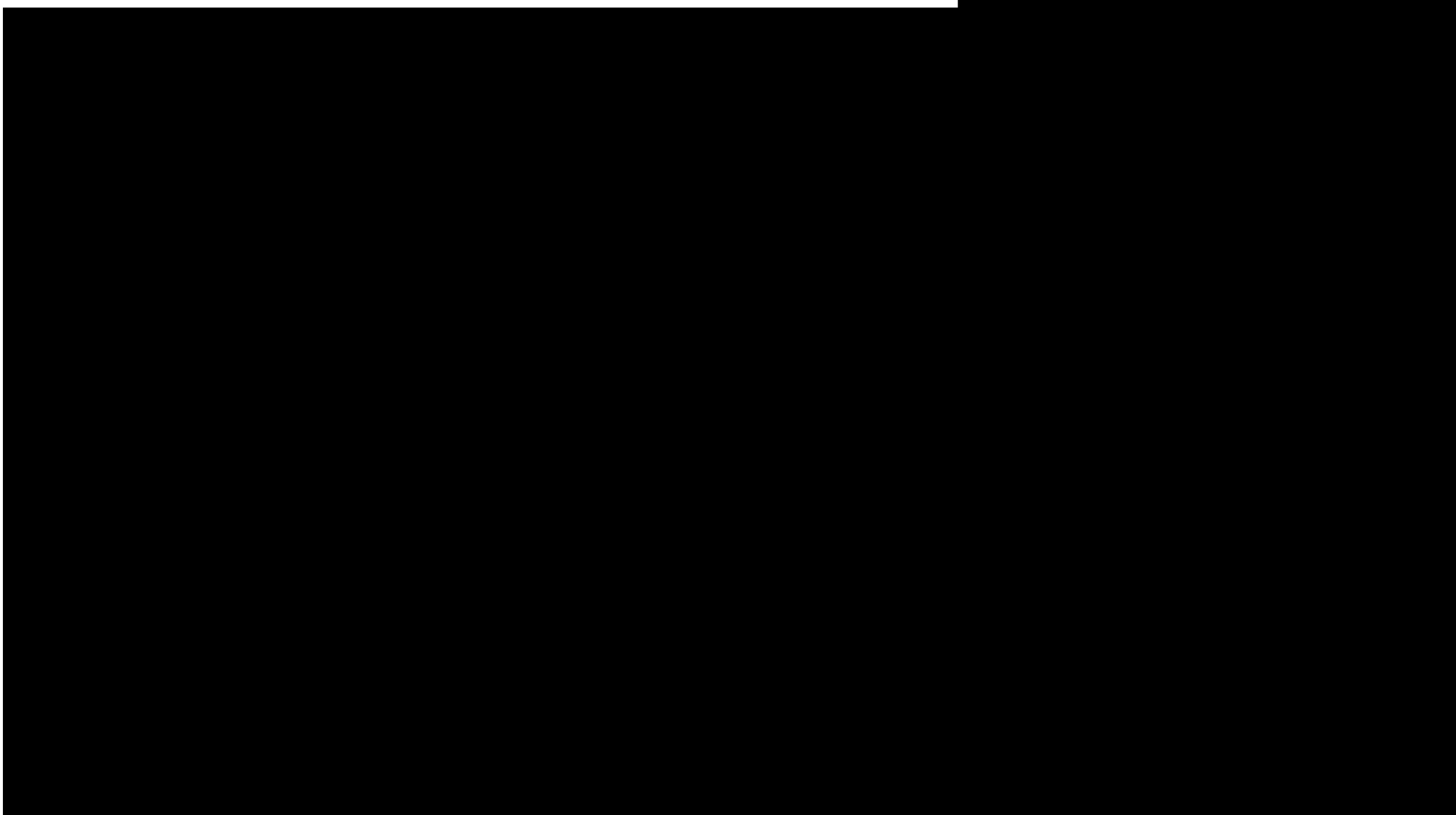


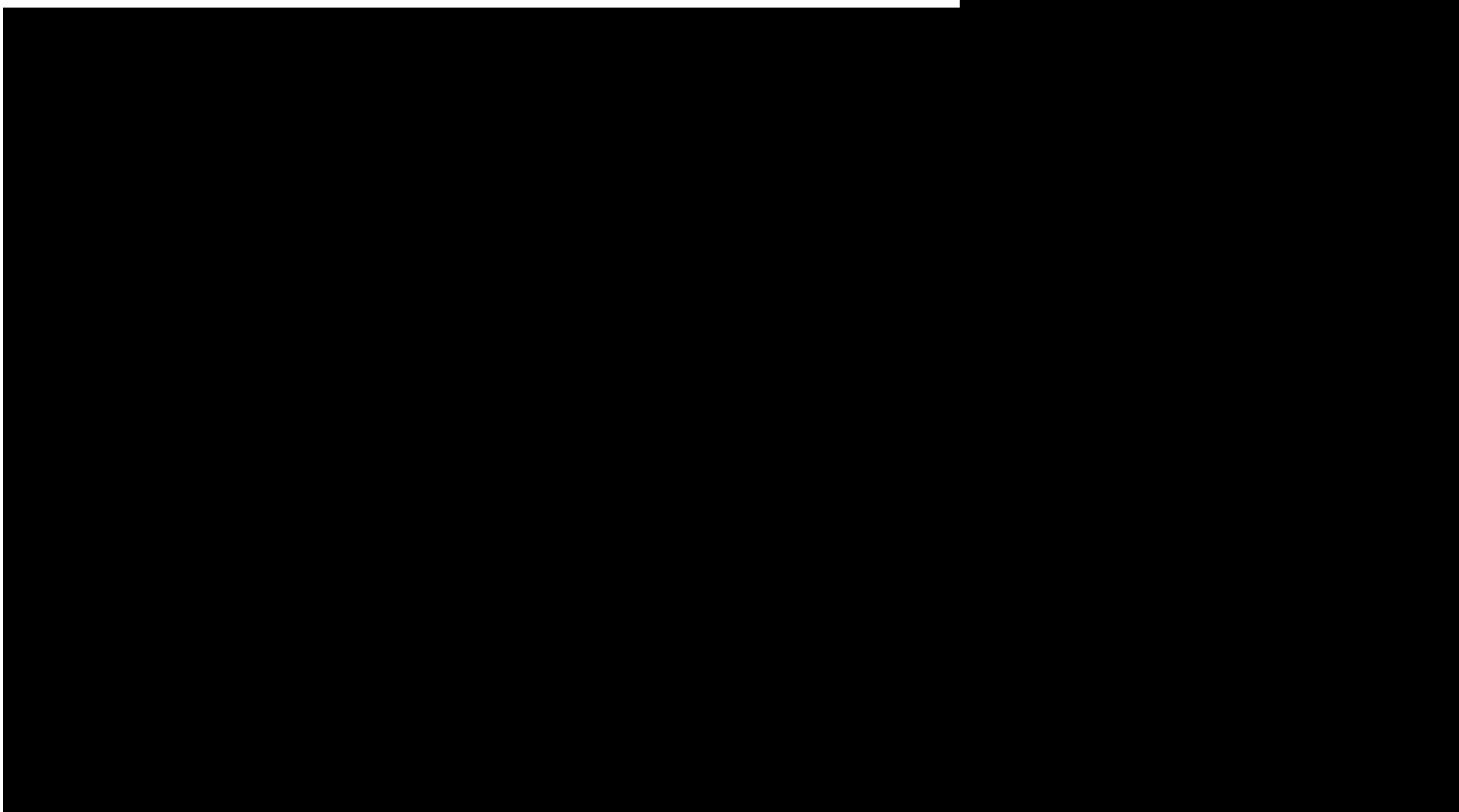




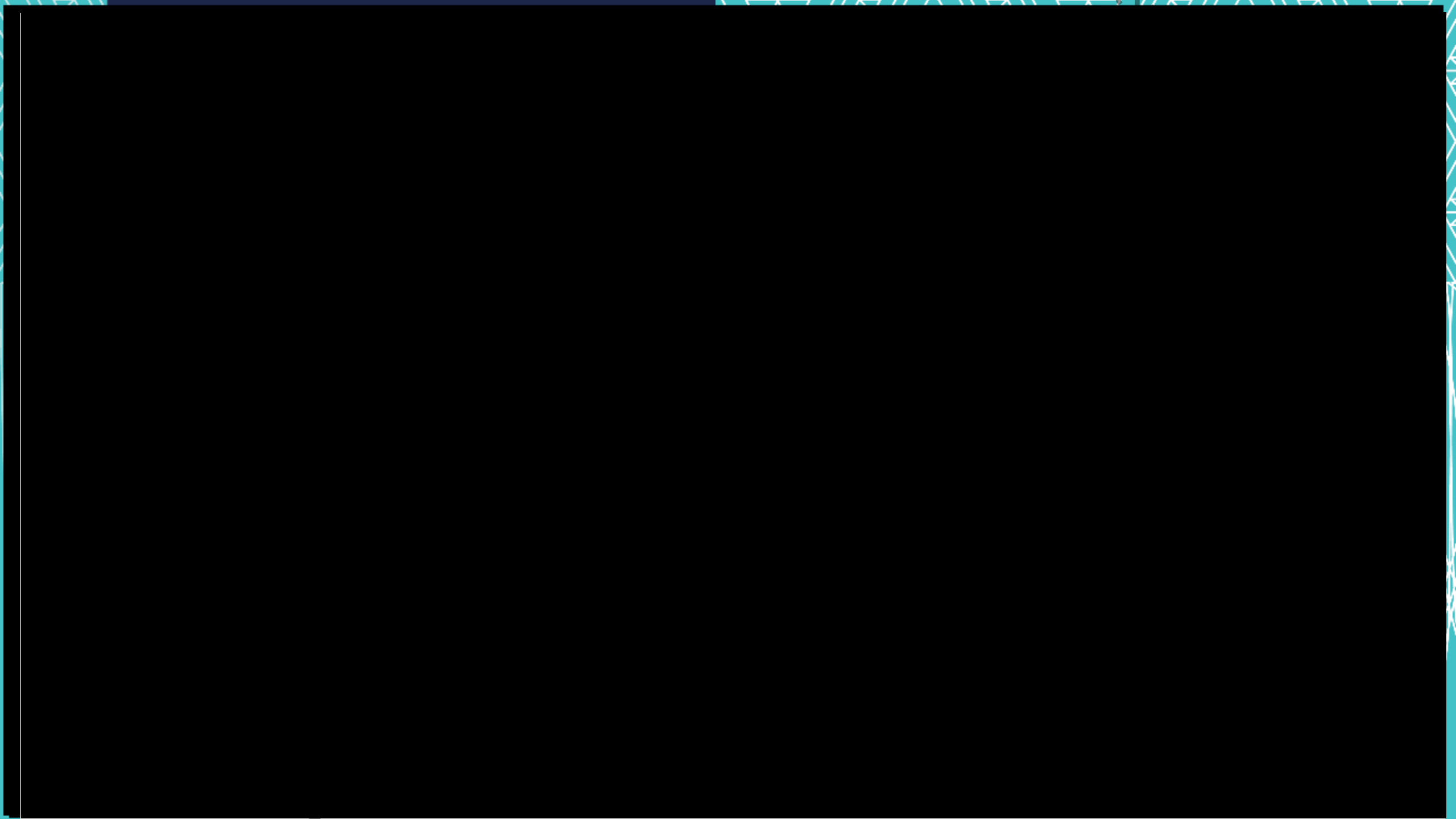


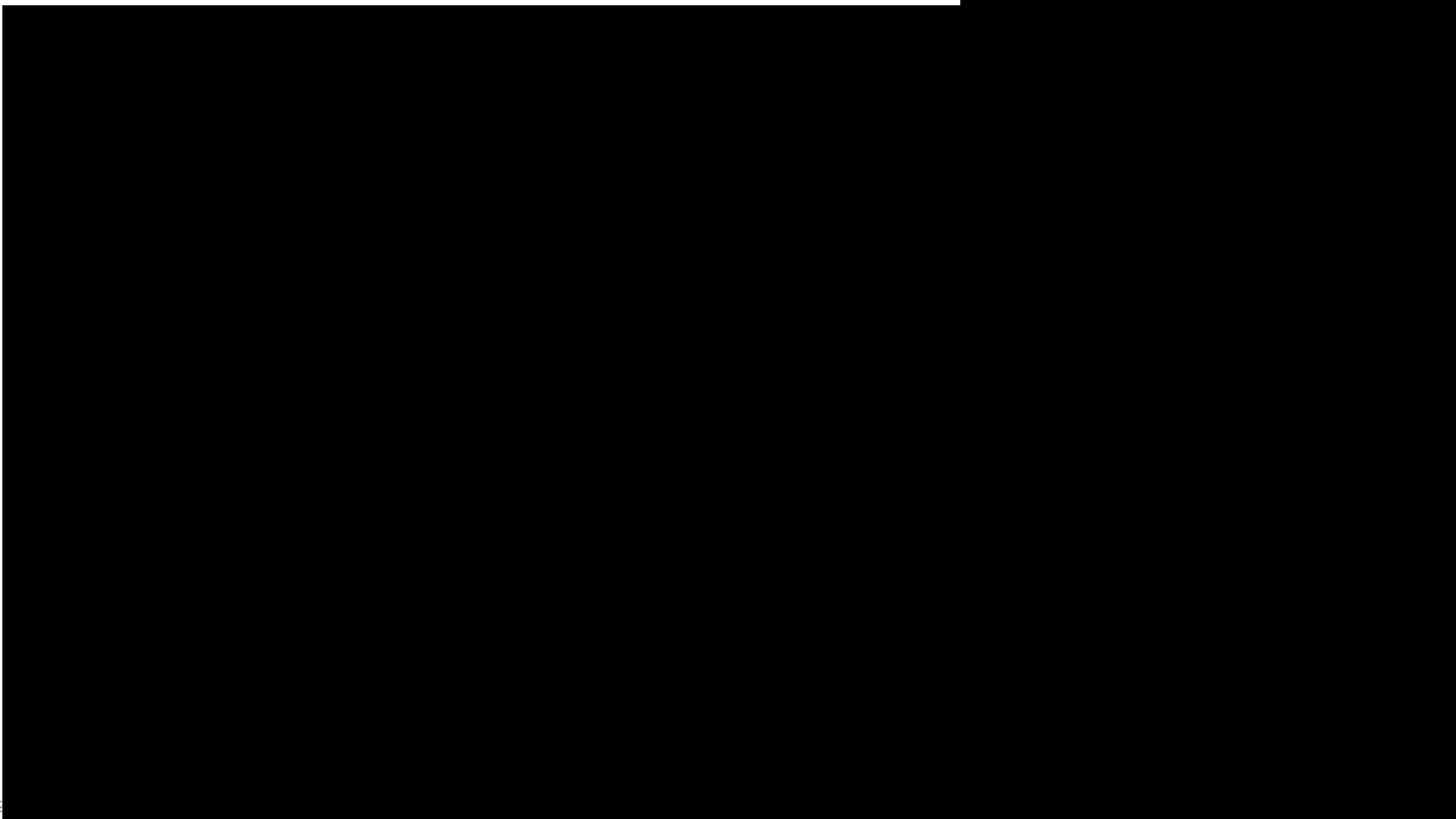












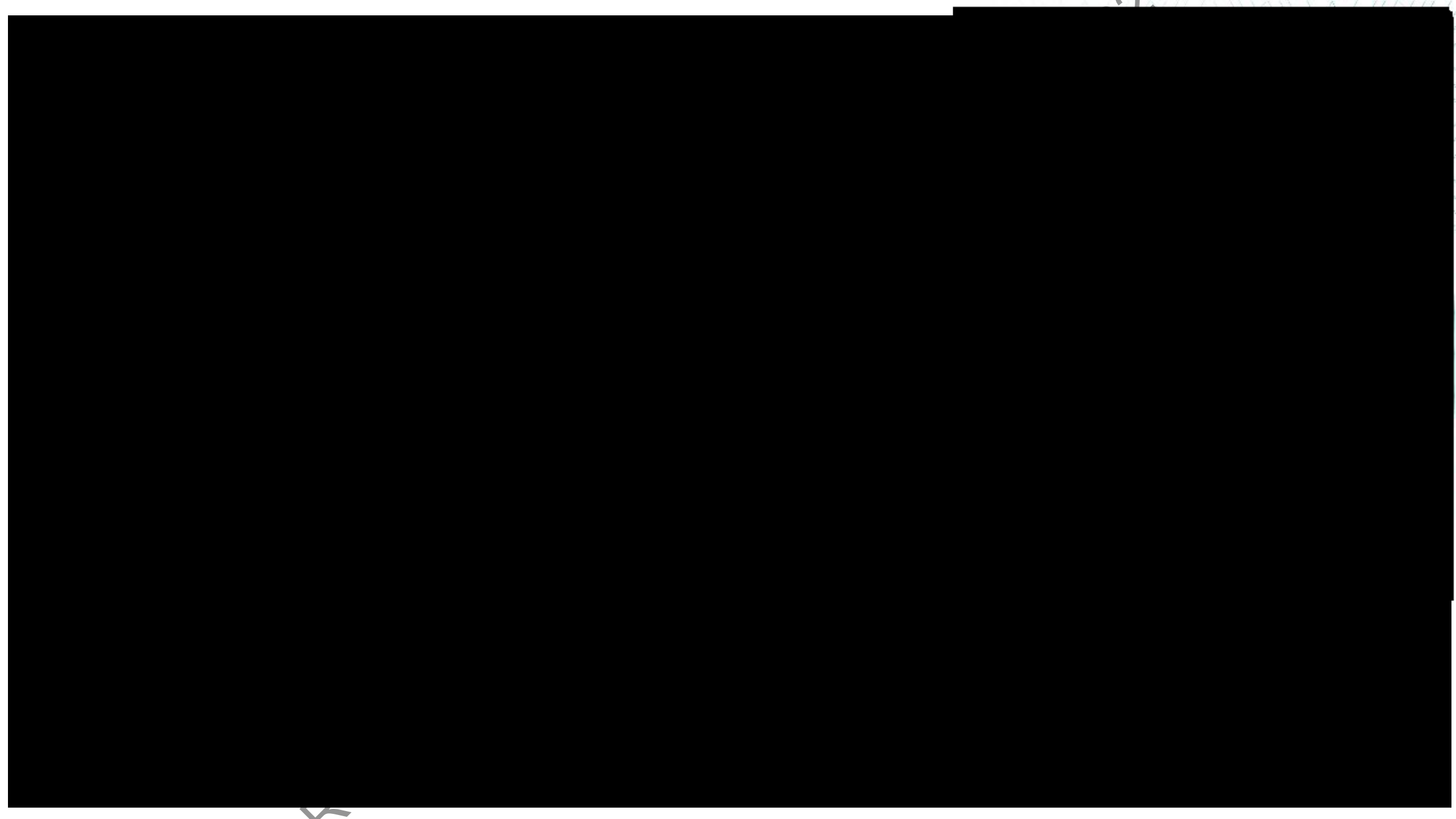


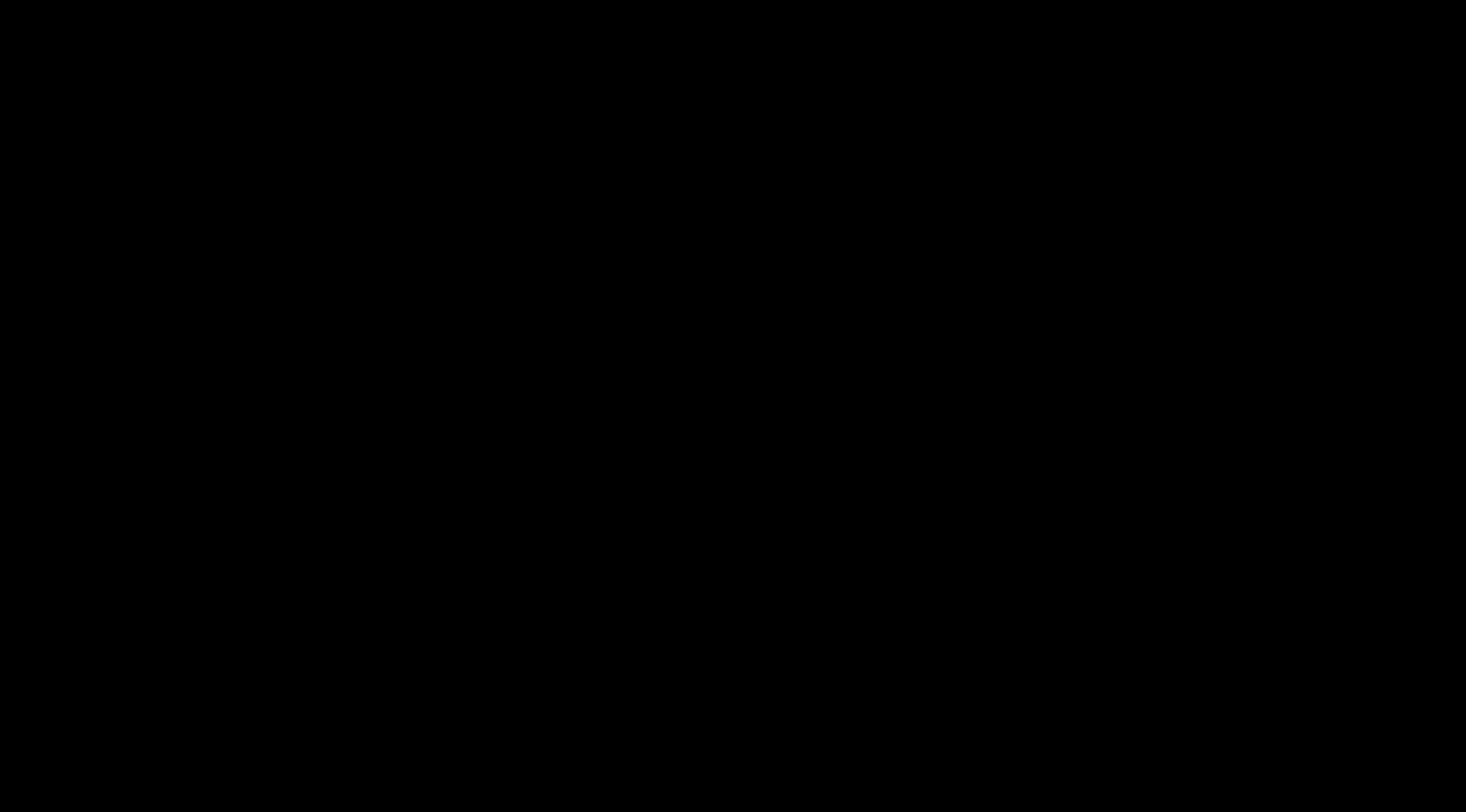


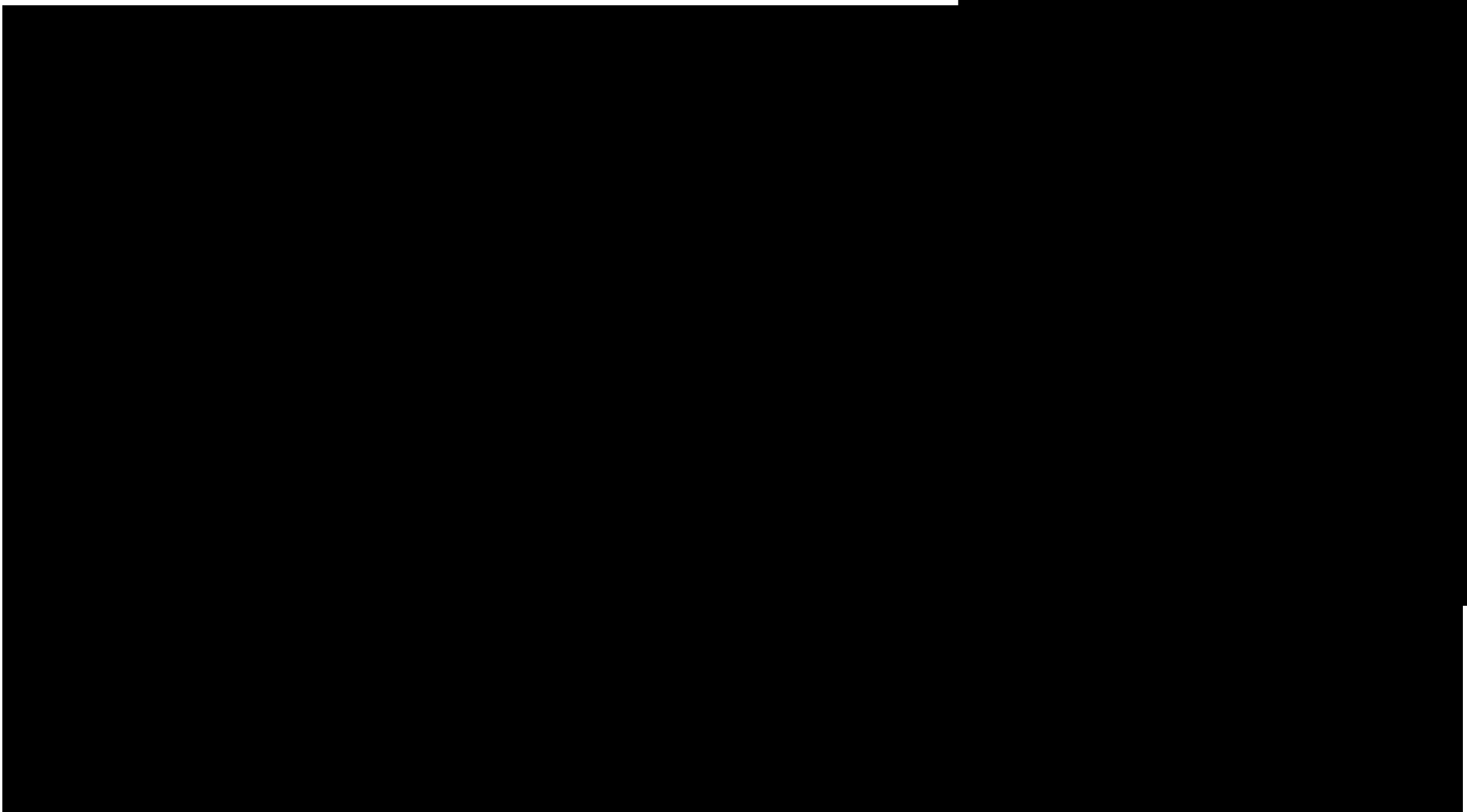








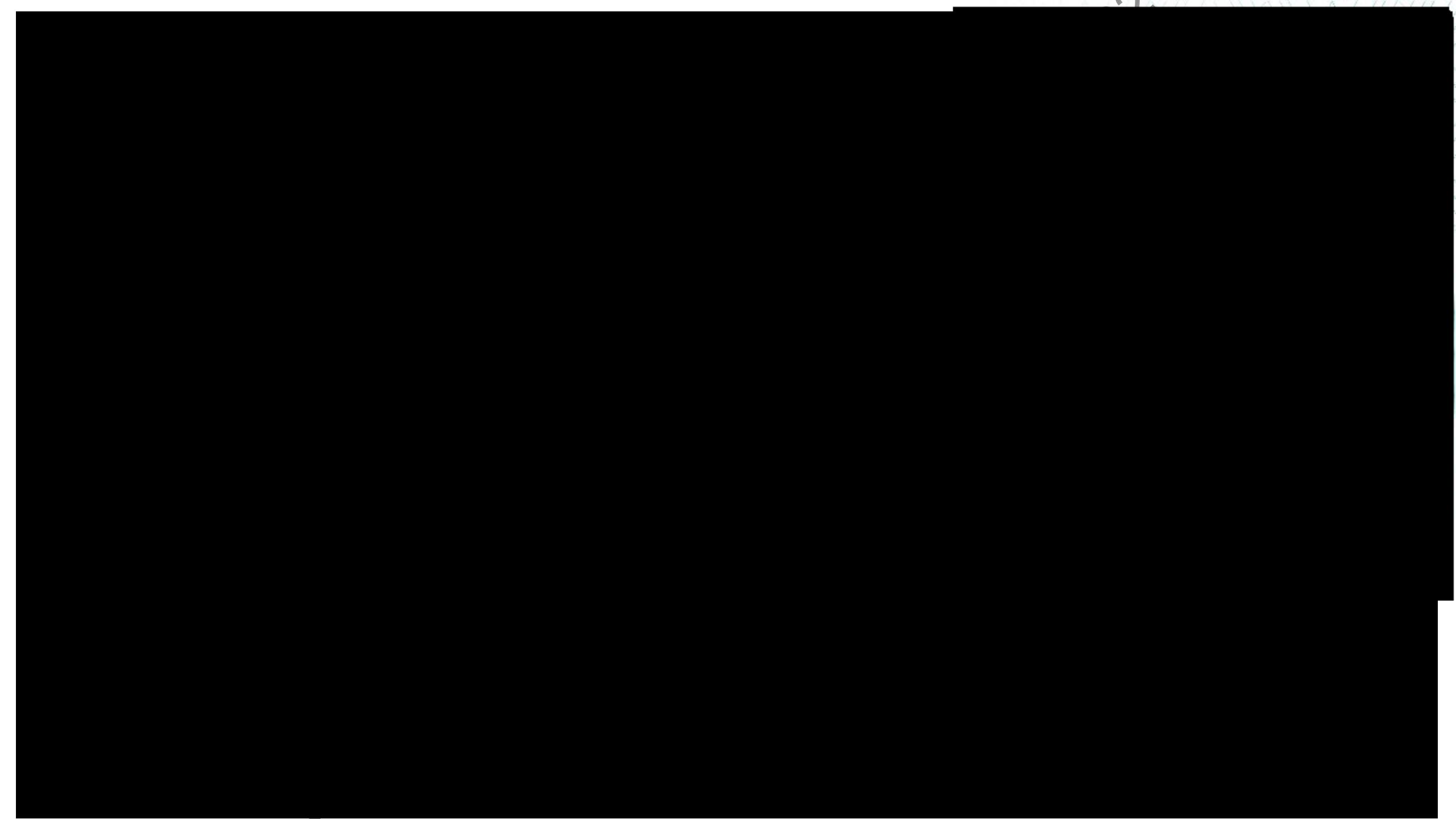




S9(2)(b)(ii)







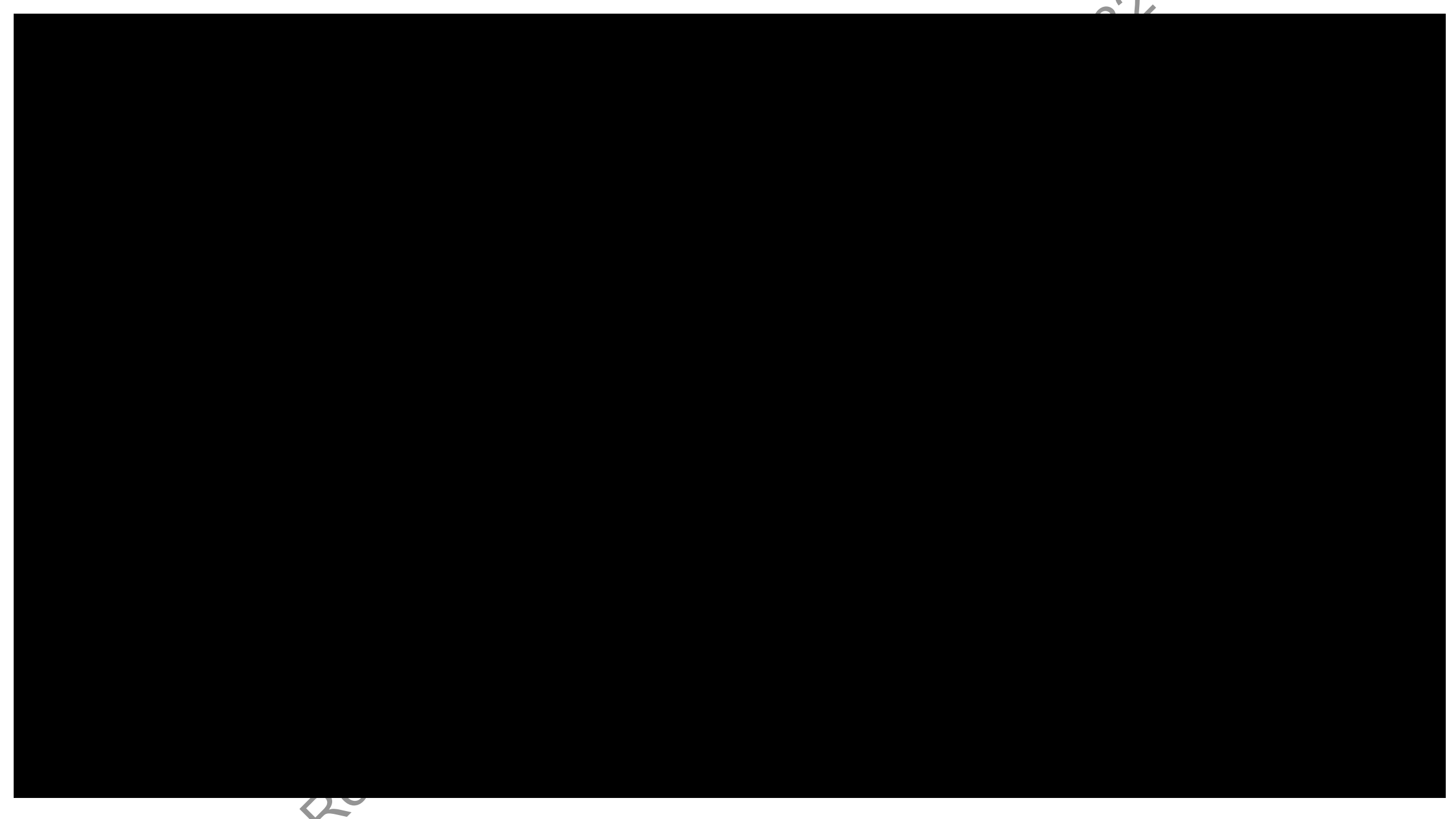






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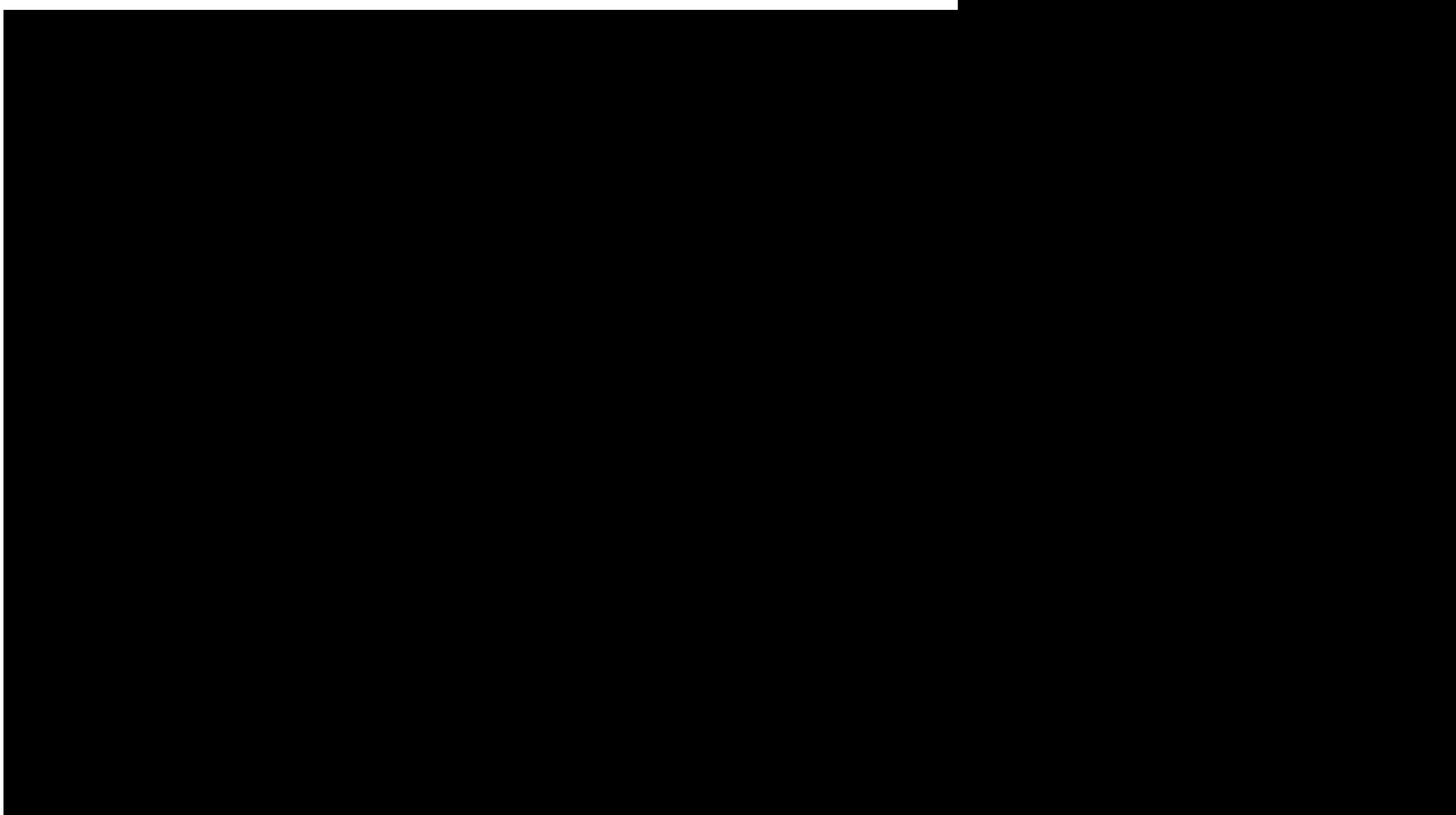


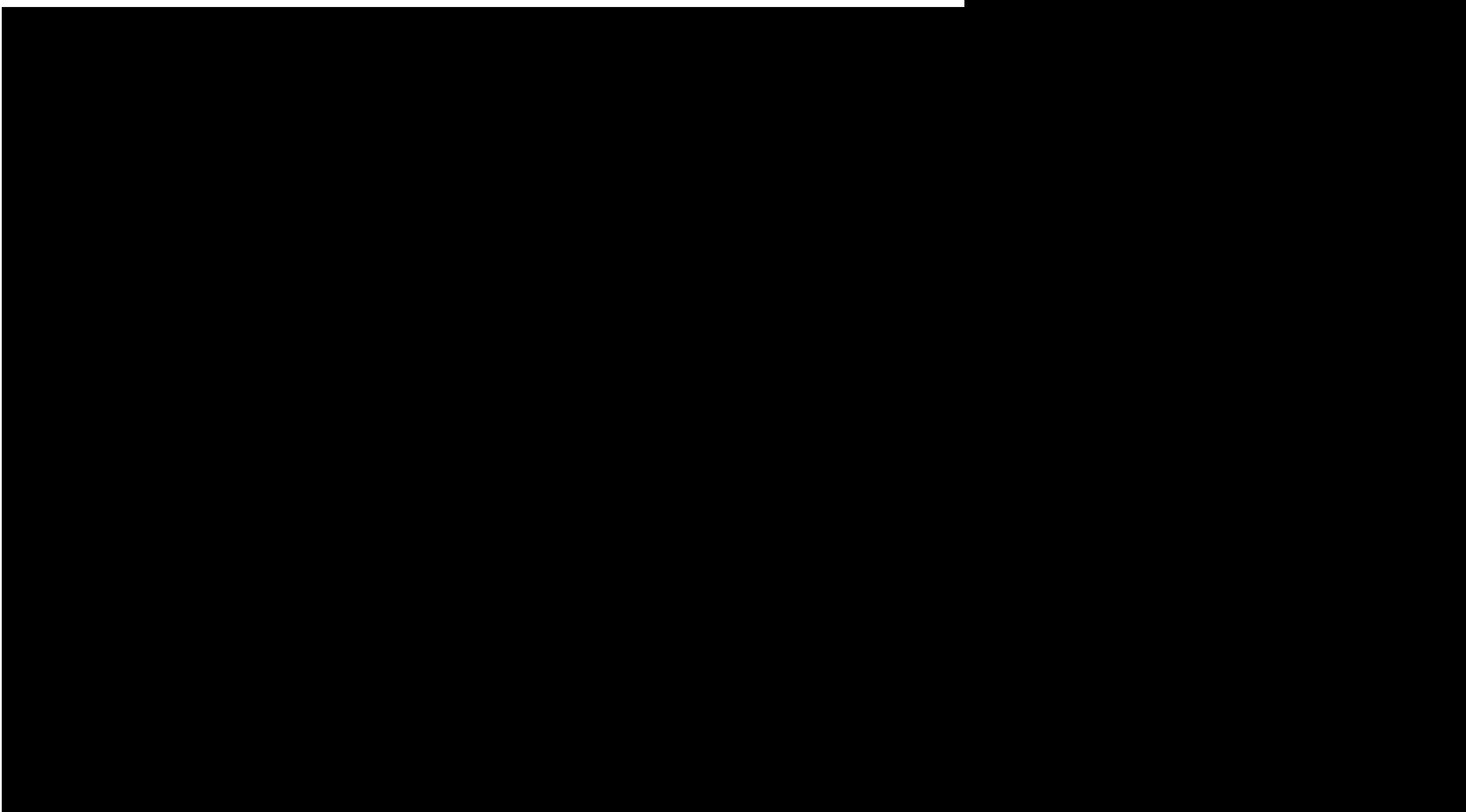


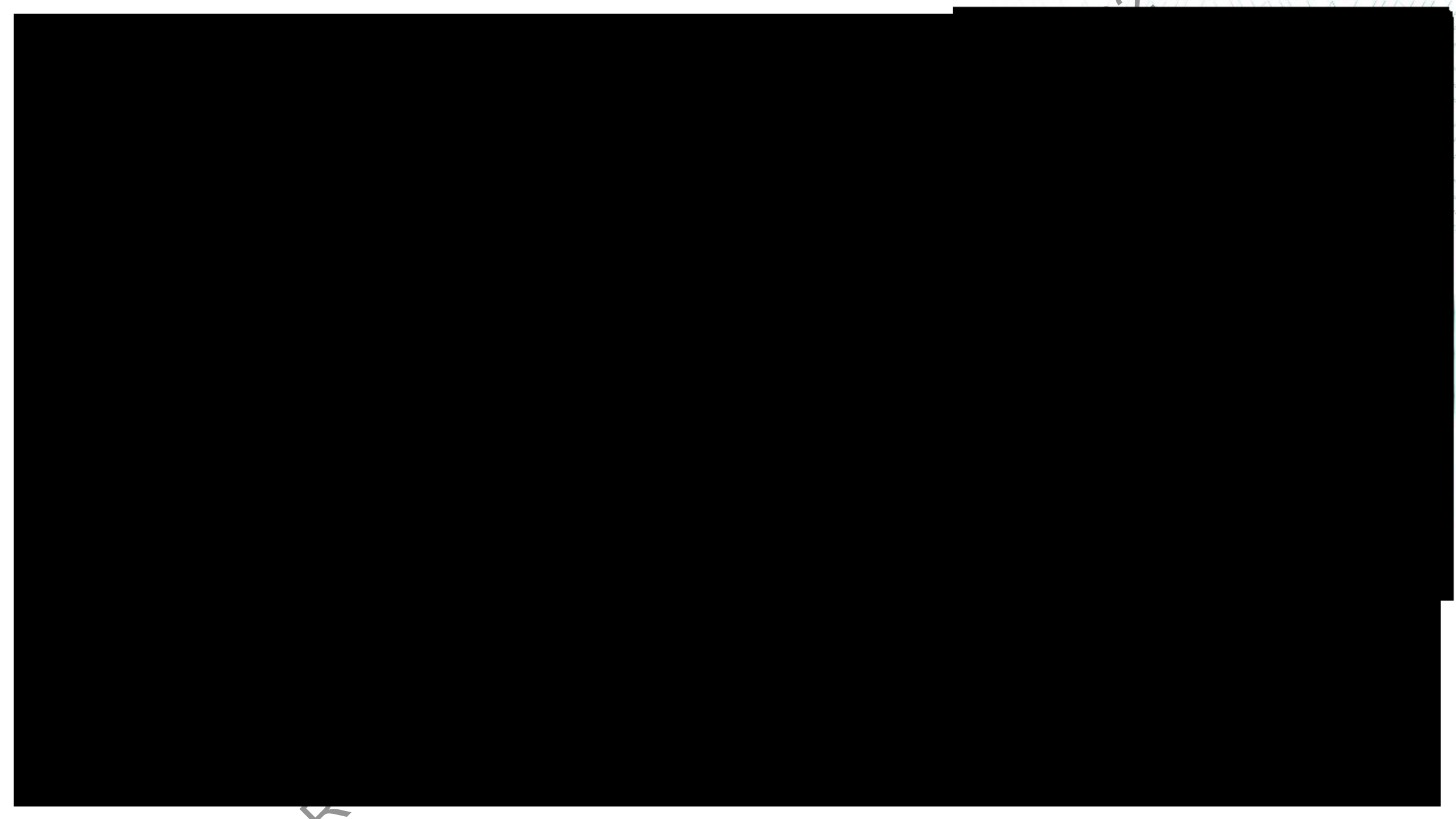










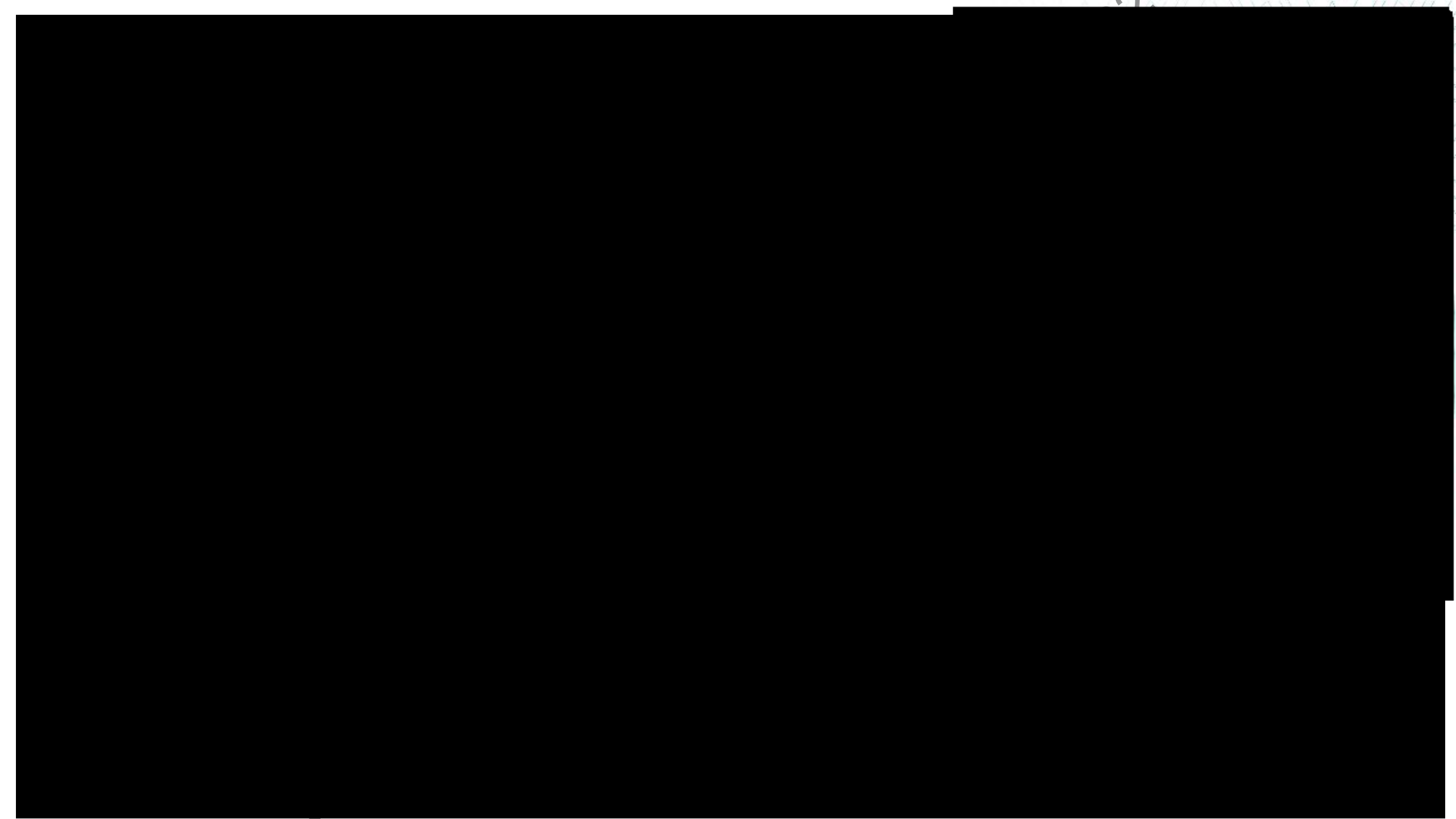




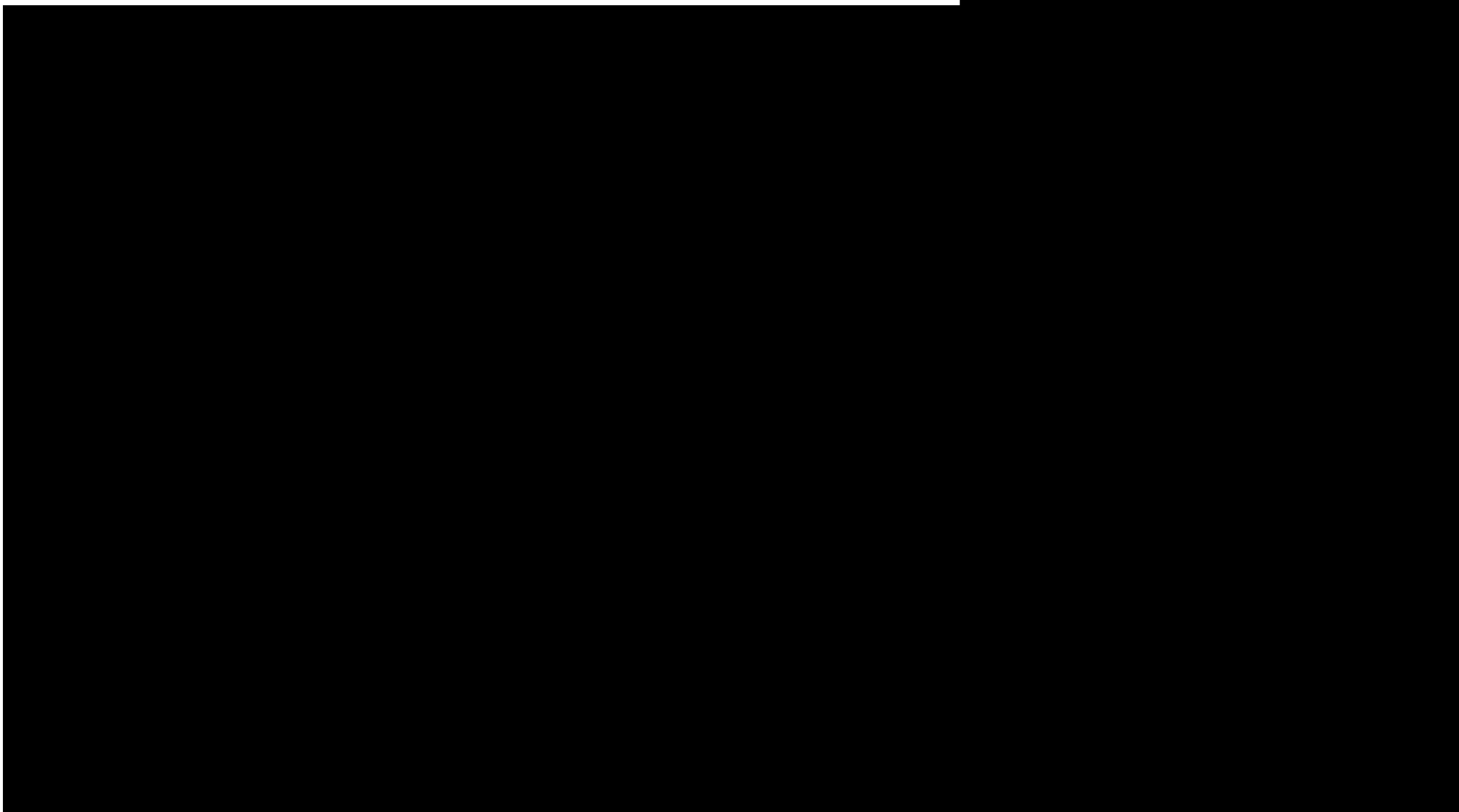


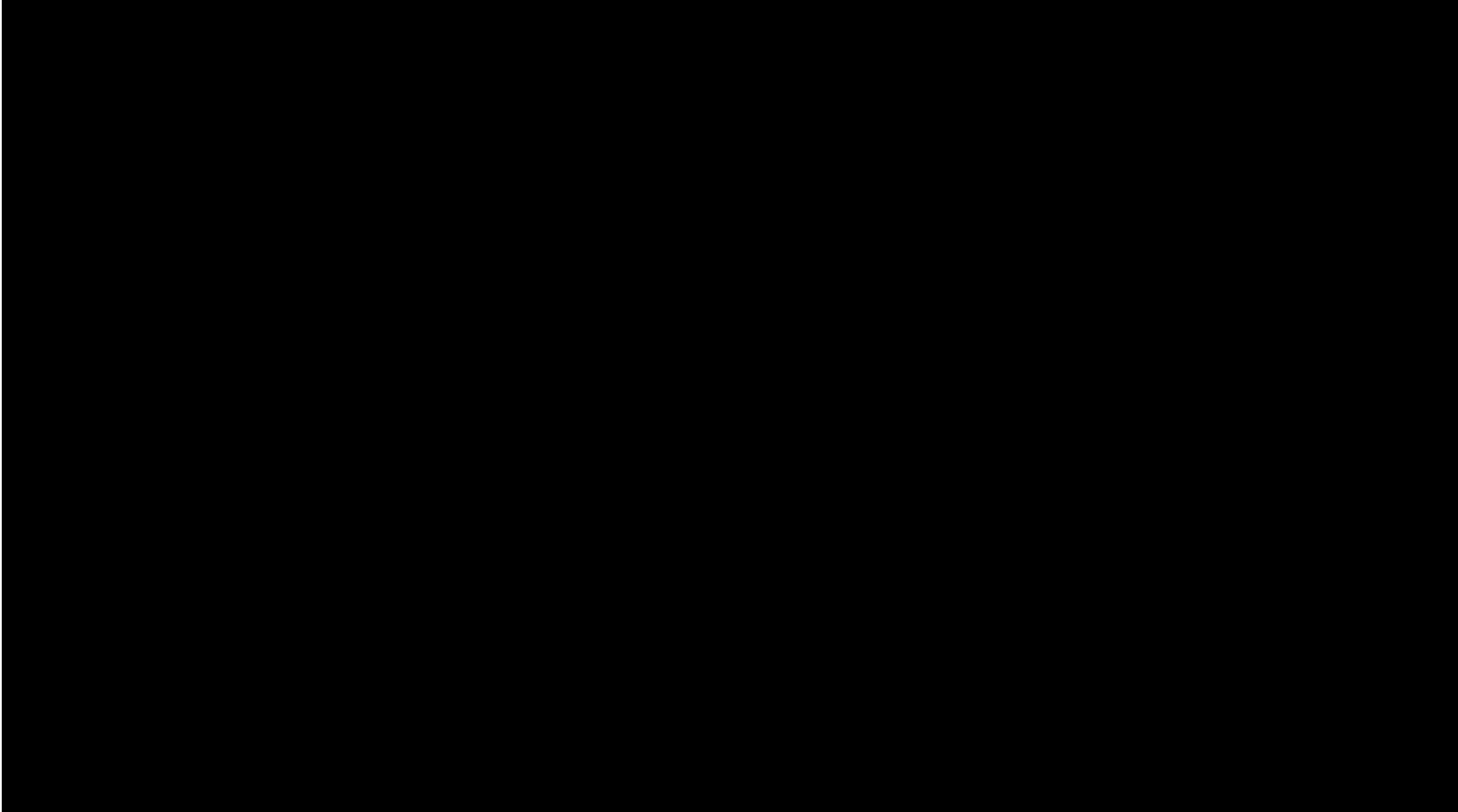


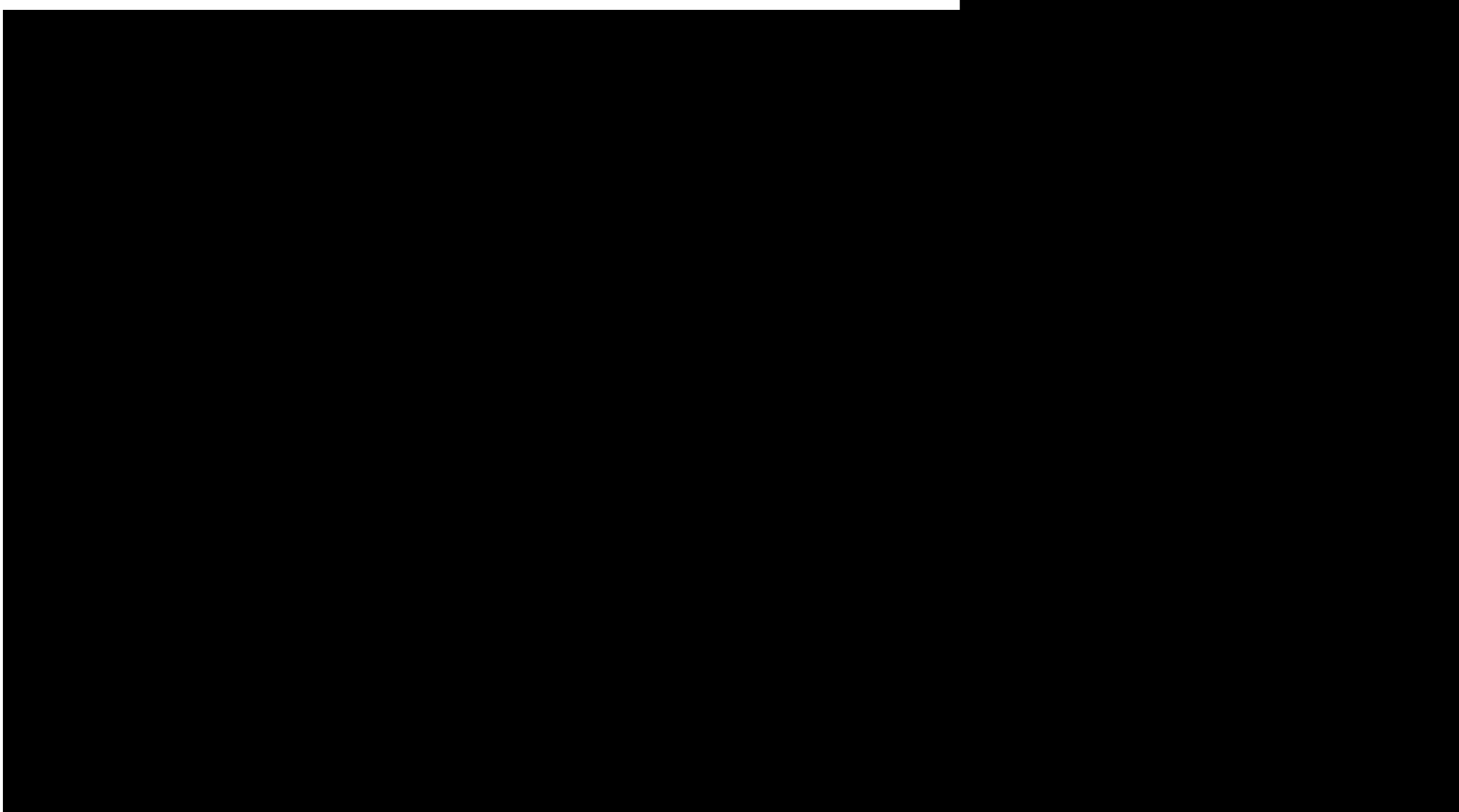










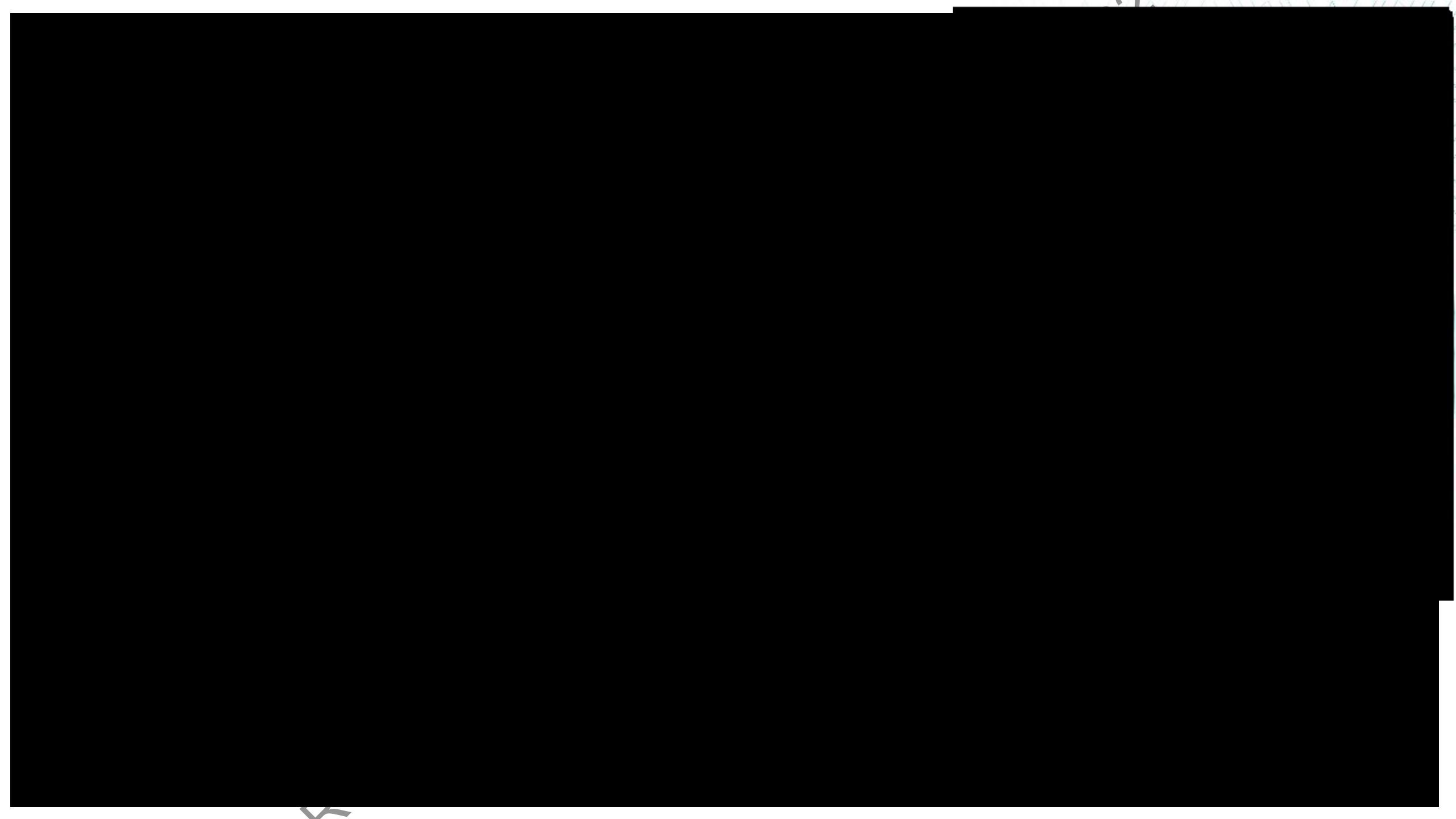












**Te Whatu Ora**  
Health New Zealand

**Ngā mihi nui**

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20 October 2023

# Central Region Wayfinder's Report: Monthly Financial and Non-Financial Performance

For Period Ending 31 August 2023

# Contents

Section	Description
1.	Progress Update
2.	Regional / District Risks and Mitigations
3.	Financial Performance
5.	Non-Financial Performance



# Section 1: Progress Update

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- Iwi Maori Partnership Boards
- Locality Prototypes and Development
- Provider Networks
- System Pressures
- Commissioning

## Regional Updates:

- Early Actions
- Commissioning
- Regional Planning
- COVID-19
- Transition
- Regional Programme Dashboard

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# Progress Update: Districts

## Iwi Māori Partnership Boards

- *Hawkes' Bay*: The primary focus for August included the development of a strategic plan and priorities – across a three-year horizon, and commissioning research on the best way to elicit authentic whānau voice. Engagement with Post Settlement Governance Entities also took place. Engagement with Hauora Providers took place in September 2023 and we expressed an interest in supporting the development of the Māori Health Equity Plan in light of the Hawkes Bay Hospital Redevelopment programme of work. In October we will begin implementing the recommendations laid out in our research on whānau voice. We are planning the development of a Māori Health Equity Plan. We are also in the market for a General Manager.
- *Whanganui*: Te Matuku and Te Hononga (Locality Prototype) met this month to finalise their relationship agreement - fundamental principles for conversations. Both groups will meet with the intent and purpose to contribute collectively for the communities. Te Matuku are reviewing their strategy and work programme in collaboration with Te Hononga.
- *MidCentral*: Continued engagement via regular hui presenting projects and programmes of interest.
- *Wairarapa*: Te Karu o Te Ika Poari Hauora (Te Poari) is working closely with the Wairarapa Localities Development Group on the next steps in the development of Locality/ies across the Wairarapa. A Wairarapa current state report, co-commissioned with Te Whatu Ora Wairarapa is in its final draft. Te Poari is awaiting confirmation of their proposed Locality Boundaries.
- *CCHV*: Shared proposed approach to Comprehensive Primary Care Team initiative with Chair of Āti Awa Toa and asked how they would like to be involved. The Chair's response was that they would like to hear about progress with the initiative but do not see they have a role in the local tailoring conversations with PHOs and other providers. The Chair also noted that Āti Awa Toa would not be taking the lead in determining locality boundaries and that this should be lead by Te Whatu Ora and Te Aka Whai Ora.

## Locality Prototypes

- *Hawkes' Bay*: Progressing CPCT contracts
- *Whanganui*: Te Hononga shared their localities engagement approach to David Moore from Sapere Research Group as part of the locality prototype evaluation. New networks and narratives are being formed with a shift from provider led views to providers being the backbone committed to relationships and providing system change with the communities. The local tailoring for CPCT was supported for submission to Te Whatu Ora and Te Aka Whai Ora, the strategy is to start small and build layers as they mature
- *MidCentral*: Horowhenua Takiwā Prototype Locality held a community exhibit on Wednesday 4 October through to Sunday 7th October at Te Takeretanga o Kura-hau-pō (the Levin Community Centre and Library). The exhibit featured a the collection of the community voice, and an opportunity to hear about the priorities for Horowhenua Takiwā. Nathan Clark and Jo Gemmell attended on behalf of the Regional Integration Team.
- *Wairarapa*: We continue to work with Te Poari to look at next steps in the process to develop a Locality/ies across the Wairarapa.
- *CCHV*: In August, the Porirua Locality Prototype
  - prepared for a provider network launch scheduled for 1 September
  - worked with Te Whatu Ora locally and nationally to clarify the requirements for release of 23/24 funding for initiatives and clarified with the national team that this involves completion of a Funding Plan for approval by the National Localities team
  - ran a 'reimagining' session with tāngata whaikaha and gathered rich data through the hui



# Progress Update Districts - continued

## Provider Networks

- *Hawkes' Bay*: No update for this month.
- *Whanganui*: No update for this month.
- *MidCentral*: No update for this month.
- *Wairarapa*: Planalytics has submitted the contracted 'Wairarapa Localities Current State Report'. Peer review of the data and information collated is in progress to finalise this report before the document is submitted to the Regional Wayfinder for sign-off. This report represents an initial step on the pathway to a locality plan for Wairarapa. The approved final Wairarapa Current State Report will support the Wairarapa Localities Development Group and other stakeholders understanding of the current key priority health needs of our communities, as well as social determinants contributing to whānau wellbeing. Further understanding will be gained through community and provider/stakeholder engagement and focus groups.
- CCHV: No update for this month.

## System pressures

- *Hawke's Bay*: Hawkes' Bay: Phase 2 System Pressures funding allocated to key programmes of work covering COPD pathway, extension of minor ailments programme, cadetship program to support ARC workforce, Urgent Care sustainability and unenrolled in General Practice pilot (including telehealth options) are in contract and close to finalising. Hawke's Bay has re-instated it's system pressures group with wide participation- Health Hawke's Bay (PHO), NPHS, Communications, HSS Community Nursing and Commissioning. A joint paper with Health Hawke's Bay has been prepared on sustainability of Hastings Urgent Care services. A new ownership model for Napier Urgent Care is being worked on and supported by TWO and Health Hawke's Bay. Short term solutions are being looked at in terms of opening hours to support current sustainability.
- *MidCentral*: PHO led mahi regarding the afterhours roster continues with a small group of stakeholders formed after a recent workshop .
- *Whanganui*: Working with PHO to progress initiatives and complete commissioning process
- *Wairarapa*: Central Region Systems Pressures Phase 2 approach. Wairarapa has been approved for a portion of the Phase 2 National funding allocation for Central Region. The Regional Wayfinder has provisionally approved a Central Plan put forward by the Districts. Wairarapa is working on two of three funding applications. The local applications include a local Ambulatory Diversion Service in Primary Care, Practice Plus fully subsidised vouchers for our Very Low Cost Access to Services. An example, is the consideration to support the coastal clinic, which is delivered out of Riversdale community, for rural patients.
- CCHV: No update for this month.





# Progress Update Districts - continued

## District Commissioning

- *Hawkes' Bay*: Cyclone recovery funding has been allocated to key programmes of work covering mental health and wellbeing, increased assess to primary and community services for cyclone impacted population's ( including telehealth) Signed off and in contract. In October we are expecting an options and recommendation report from Cranford Hospice Trust on integrating rural specialist palliative care.

- *Whanganui*:

### NGO Youth Services Trust – youth sexual health

Te Whatu Ora Whanganui have identified through the contract rollover process, effective 1 October, that this provider is not receiving sustainable funding for the provision of youth sexual health services. The current funding per annum is \$34,459.00 and the volume of services provided exceed the revenue provision. This will need to be addressed.

### Integrated Primary Mental Health and Addictions Update:

To date, we have not been able to resolve the funding discrepancy as outlined in the June Wayfinder report. We have escalated this matter to Jason Power.

### Lady Joy Rest Home closure:

On 8 September Te Whatu Ora Whanganui received formal notice from BDO New Zealand Limited, liquidators of Lady Joy Home Limited, that they intend to close the Lady Joy Rest Home. The formal notice advised that the final day of operations would be 8 October 2023.

Lady Joy Rest Home is a 31-bed facility providing rest home level care only. As at 8 September they had 14 long term residents, 3 transitional care residents and one respite care resident.

Your Way Kia Roha (NASC) has led the service coordination for the transfer of residents to other ARC facilities. All residents transferred to other facilities of their choice, with the last resident moving on 6 October 2023.

- *MidCentral*: No update for this month.
- *Wairarapa*: No update for this month.
- *CCHV*: No update for this month.





# Progress Update Regional

## Early Actions Programme

### Comprehensive Primary Care Team

Planning is continuing around tailoring positions for the CPCT. Discussion are underway for a Central region approach to roll out Phase Two. In Wairarapa a draft frontline phase 2 plan is to be developed. As we work through understanding the New System Changes and funding opportunities, we consider how this might work within Wairarapa communities and what opportunities there are to work collaboratively with key providers.

### Extended Primary and Community Care (POAC)

A Central Region Primary and Community Care (EPCC) plan is under development that is linked to Phase 2 National rollout. A current stock stake of local POAC delivered services and funding allocations is in progress, to include core programme delivery and three priority pathways (Emergency Medical Abortion, Lung Cancer & Abnormal Uterine Bleeding). This review, and local input to support the Regional plan is to be completed by December 2203 to enable any procurement ready for January 1, 2024. Cross regional engagement has also been initiated to enable alignment where appropriate and work towards a consistent delivery across the motu.

## Additional Regional Commissioning

- *Whanganui*: Contributing to the regional project implementing the 12 month internal Service Level Agreement (SLA) across Central Region (CR) for the transfer of complex patients from acute hospital to aged residential care (ARC). The project is being led by the Acting GM Wairarapa.
- Whanganui Commissioning started collecting the data for stranded patients waiting for discharge to aged residential care in August. There were two patients (one funded by Whaikaha) in August and none in September. None of the available funding has been utilised by this district.

## Te Ikaoroa Regional Health & Wellbeing Plan

- The draft Te Ikaoroa Regional Health and Wellbeing Plan was submitted to the National Planning Team on 13 October – noting further work is still required, including addressing Te Aka Whai Ora's feedback, working with the IMPBs and getting their agreement on the plan, and developing and including 're-imagining scenarios' throughout the plan. We are also planning some restructuring and tweaking to emphasize that our plan is focused on embedding Te Tiriti and achieving equity.
- Regional Wayfinder, Tricia Keelan, has written to all our IMPBs expressing a desire to engage with them on development of the Regional Health & Wellbeing Plan.



# Progress Update Regional - continued

## COVID-19

- FY 23/24 COVID-19 contracting, including for community providers, who are predominantly Hauora Māori providers, is late due to delayed Central Government decisions. It will be further delayed due to a back-log at Sector Operations. A Regional Procurement plan was approved at the end of July. As a region, we have opted for full year COVID-19 contracts for community providers as this gives more certainty in forward planning. This is qualified with the understanding that Care in the Community funding may need to be varied or phased out if Government settings change. It is noted that we were asked to wrap Te Aka Whai Ora and Pacific Services vaccination funding into the procurement plan and we worked collaboratively with our colleagues in those agencies to do so.
- National office are working on significant changes to Primary Care Demand driven care from 1 October 2023 and GP and Pharmacy contracts will need to be varied accordingly. Provision of RATs and masks is funded until 30 November.

## Transition

- The Central Region Commissioning Team has engaged a small transition team to support transition. Work began in mid July.
- Engagement session on transition challenges and opportunities were held with all district teams. Feedback was grouped into themes, which will guide priorities and actions for transition.
- The themes that emerged are; Systems and Processes, Change Process, Leadership and Workforce, Integration and Silos, Communication and Provider relations.
- Transition planning will focus on what can be achieved within the CR Commissioning team to prepare us to work in new ways once the new structure is in place and will ensure that our work and people are supported throughout the transition.



# Progress Update - Regional Programme Team Dashboard (Commissioning only)

RSP 2022/23	1. Executive Lead 2. Executive Sponsor 3. Lead (Clinical or Operational) 4. Programme Manager	Q1	Q2	Q3	Q4	Brief status and any specific change from last quarter
Well Child Tamariki Ora (WCTO)	1. vacant 2. vacant 3. N/A 4. Paula Spargo / Katie Kennedy					<p>WCTO Quality Improvement Managers have been mapped to 'Quality Improvement Advisor – WCTO' roles, in the Regional System Improvement team.</p> <p><b>Regional Project - Whakapakari Hunga Tautoko Project</b></p> <p>Whakapakari Hunga Tautoko concluded in June 2023. A three-year project managed by TAS, sponsored by Te Whatu Ora Te Matau a Māui, partnering with Hauora Māori Tamariki Ora Providers. The third and final project phase has seen the implementation of a Tamariki Ora kaimahi co-designed regional clinical support infrastructure solution for all central region Hauora Māori providers.</p> <p>Sustainable solution funding is yet to be secured – Pou Tārearea are in role until June 2024..</p> <p><b>District Quality Improvement Projects</b></p> <p><u>Whanganui</u>: Phase one of an early notification project has been completed with the implementation of a electronic new born enrolment process with a 13% overall improvement in timely enrolments, and a 6% improvement for Māori. Partnering with Te Whatu Ora Whanganui and key stakeholders, the project aims to improve timely completion of new born enrolment process, facilitating timely whānau engagement with WCTO provider; primary care, oral health, National Immunisation Register and Hearing screening.</p> <p><u>Te Whatu Ora Capital, Coast and Hutt</u>: This Early notification Project continues, activities completed to date include – gaps analysis and process mapping for new born enrolment process for both Kenepuru and Wellington Hospital with redesign of new born notification form. In development - a whānau facing WCTO provider options pamphlet and midwifery education approach to support new born notification process.</p>

RSP 2022/23 Quarter Reporting	1. Executive Lead 2. Executive Sponsor 3. Lead (Clinical or Operational) 4. Programme Manager	Q1	Q2	Q3	Q4	Brief status and any specific change from last quarter
Mental Health and Addiction	1. Nil 2. Peter Guthrie 3. Scott Ambridge 4. Jill Garrett					<p><i>The Programme Manager role has been disestablished with notice being given in November.</i></p> <p>The regional programme consists of six pou (workstreams): governance and leadership, learning and development, enhancing regional specialist services, analytics and insights, valuing lived experience and innovation and improvement. All areas have achieved milestones as set out in their annual programme of work and noted in the body of this report.</p> <p>Key achievements in each pou:</p> <ul style="list-style-type: none"> <li>• <b>Pou Tahī-Governance and Leadership:</b> Strengthening of relationships and collaboration across the central region. Expansion of membership that includes; Te Aka Whai Ora, Pasifika and Primary Care.</li> <li>• <b>Pou Rua-learning and Development:</b> Completion of Learning and Development stocktake for the region which has informed the drafting of a regional priority training program for 2023-24 with four main focus areas: Quality provision of foundational training, Clinical extension training in a range of therapies, Equity based training to address diversity of culture, gender, and ability, and partnering with peer and lived experience workforce.</li> <li>• <b>Pou Toru-Enhancing Regional Specialist Services:</b> Reform of the current Regional Specialist Services reporting framework to address equity of access and utilisation. Standardisation of Models of Service Delivery in line with SLA to be rolled out across all regional specialist services. Further strengthening collaboration within the Central region with the formation of a Clinical Directors and General Managers Forum.</li> <li>• <b>Pou Whā-Analytics and Insights:</b> Development of analytics that have identified the disparity in service entry and exit points for Māori, with a view to informing service investment by type and sector.</li> <li>• <b>Pou Rima-Valuing Lived Experience:</b> Progress to EOI stage for the formation of a Te Ikaroa Lived Experience Partnership Group drawing on members from existing national and local forum to inform regional planning. Each pou will then benefit from having lived experience expertise within their project team.</li> <li>• <b>Pou Onu-Innovation and Improvement:</b> Delivery of a seminar series that promotes; innovation and improvement examples within the region and nationally.</li> </ul> <p>The leadership group is committed to continuation and extension of the program based on the recommendations from each of the pou, stakeholders and partners and in alignment with national and regional priorities as determined by the RIT.</p>

RSP 2022/23 Quarter Reporting	1. Executive Lead 2. Executive Sponsor 3. Lead (Clinical or Operational) 4. Programme Manager	Q1	Q2	Q3	Q4	Brief status and any specific change from last quarter
Frail Elderly/Health of Older People	1. Vacant 2. Vacant 3. Dr Kate Scott 4. Kendra Sanders	Yellow	Yellow	Red	Red	Regional programme has closed down due to both challenges progressing the work and the departure of the Programme Manager to a National role in Te Whatu Ora.
Outbreak / surge planning	1. TBC 2. Deborah Davies 3. N/A 4. Lisa Bridge	Green	Green	Green	Green	<p>The activity includes:</p> <ul style="list-style-type: none"> <li>- financial monitoring and contract monitoring following the approval of the procurement plan nationally.</li> <li>- Covid-19 and vaccination budget is significantly underspent. This is due to low uptake of C-19 services across the region, and a bottle neck of contract variations with sector ops.</li> <li>- Working closely with partners Pacifica and Te Aka Whai ora to co-design, agree and update on progress.</li> </ul> <p>Supporting districts through the most recent policy settings changes.</p> <p>Tracking and monitoring the regional budget allocation for covid has also been a priority, identifying risks and escalating issues as required.</p> <ul style="list-style-type: none"> <li>- Daily and weekly regional reporting continues to be provided to Te Whatu Ora's Outbreak and Surge team.</li> <li>- Cyclone Gabrielle – Focus on supporting the newly appointed Hawkes Bay response manager with contract development, financial modelling.</li> </ul>

RSP 2022/23 Quarter Reporting	1. Executive Lead 2. Executive Sponsor 3. Lead (Clinical or Operational) 4. Programme Manager	Q1	Q2	Q3	Q4	Brief status and any specific change from last quarter
System pressures/ Extended Primary care/ Comprehensive Primary care teams	1. TBC 2. Deborah Davies 3. N/A 4. Lisa Bridge					<p><b>System Pressures</b></p> <p>Working with CR districts, financial leads and data and intelligence leads we have developed a regional plan using the Rawiri Jenson equity based allocation of funding for Phase 2 of 2.97M. This is being delivered in a phased approach and has been approved by Tricia Keelan. Phase 2 has seen funding prioritised to districts who have not had a previous allocation in phase 1: Hawkes Bay, Wairarapa and Whanganui for services. The services are those which can be mobilised quickly. Phase 2.5 funding allocation is to be implemented from 01 October and will include those services which have required detailed planning sessions with providers.</p> <p><b>POAC – Extended Primary Care</b></p> <p>With key members of the National team having departed for new roles, the funding allocation for POAC phase 2 will now be regionally planned and managed. New National team members are expected to join but are unknown at this stage.</p> <p>The Central Region have agreed to produce a POAC phase 2 plan to be active by the 01 January 2024.</p> <p>We are currently in the discovery phase, this includes:</p> <ul style="list-style-type: none"> <li>- A stock take of the prioritised pathways: AUB, EMA and lung cancer.</li> <li>- Mapping of POAC services against ASH top 5.</li> <li>- Working with HSS to understand synergy with primary care and community funding for AUB.</li> <li>- Developing a timeline for the work required ahead.</li> <li>- Supporting districts to work with providers <u>in order to</u> develop their plans.</li> </ul> <p><b>Comprehensive Primary Care teams (CPCT)</b></p> <p>The National team are set to depart with unknown replacements at this stage. There are multiple funds available for work force development services. This workstream is predominately in the discovery phase and planning phase.</p> <p>A workshop has been held, and Capital Coast and Hutt Valley have had their CPCT signed off by Tricia Keelan.</p>



## **Section 2: District and Regional Risks and Mitigations**

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# Regional Risks & Mitigations

Regional Risks	Description	Mitigations	Assessment of Risk
Delivering to Māori to realise Pae Ora / achieving equity	Te Whatu Ora has lost key capability (eg, staff, provider and funding relationships) to deliver equity for Māori and give effect to te Tiriti. We cannot expect Te Aka Whai Ora to be the sole voice of Māori in the system, because they are not resourced to be able to do that. We are interrogating what the gap is in relation to knowledge, expertise and funding levers within Te Whatu Ora to deliver the outcomes sought by the reforms.	<ul style="list-style-type: none"> <li>Te Whatu Ora needs to build its own strong relationship with local Iwi to understand the needs and tikanga of local Māori. We have submitted consultation feedback about this.</li> <li>Te Whatu Ora regions to build capability to work in partnership with IMPBs and co-design services with Iwi and Māori health providers - for example, provide staff with Māori cultural safety training and the Tātou Tātou Pro-Equity Co-Design training and guidance.</li> <li>Create pathways to enable Te Whatu Ora investment in partnership with Te Aka Whai Ora through these providers where we identify that the best outcomes will be achieved in this way (previously, we would have commissioned services directly through these providers)</li> <li>Establish strong regional partnership with Te Aka Whai Ora and clear links with its performance expectations for Te Whatu Ora in our regional planning and work programmes</li> </ul>	Major
Developing Partnerships	IMPBs and localities are in the very early stages of development, and some IMPBs and localities are still to be established. Te Whatu regional and district staff are in the early stages of developing partnerships with the IMPBs and the locality leads.	<ul style="list-style-type: none"> <li>Comms and cultural support to ensure appropriate protocols are respected and followed in our engagement</li> <li>Open and transparent approach, and clear and considered messaging in our engagement with IMPBs and locality leads to avoid misunderstandings</li> <li>Māori, Pacific, Disability population leads to help connect us into these communities</li> <li>Iterative approach to the development of the regional plan, with annual review.</li> <li>Concept that "planning is a journey, not a destination".</li> </ul>	Minor
Capacity constraints, particularly during restructure	The restructure has created an environment of uncertainty, and we are losing staff. There is a risk that more staff may leave during the process.	<ul style="list-style-type: none"> <li>Assign staff to interim roles now and assign permanent staff as soon as possible following the restructure.</li> <li>Reassure staff that they are valued and needed.</li> </ul>	Moderate
Loss of COVID community teams to the system	COVID teams, including our iwi/Māori teams are finding it increasingly difficult to retain staff and continue operating after a series of very short term contracts and no certainty of future funding. It is widely acknowledged that the model of care that they have developed through COVID to support high priority populations and contribute to winter wellness is desirable for other conditions. Note that some providers do plan to close (eg. Wairarapa) and will consider a new model when COVID funding beyond 1 July is known. The immediate pivoting of the COVID community teams to care for displaced people following the cyclone exemplifies the system resilience that these teams provide.	<ul style="list-style-type: none"> <li>Provide sustainable investment to selected COVID teams across the region so that they can develop services that provide proactive health and social wellbeing support within their localities.</li> </ul>	Major
Maintaining core service delivery over winter in response to COVID	Delay in confirmation of COVID procurement post 30 June further delays certainty for core providers and increases staff capability loss	<ul style="list-style-type: none"> <li>Escalate risk to the COVID planning directorate</li> <li>Identifying transition plans in the event of no continuation at a district level</li> </ul>	Major
Workforce shortages	Ongoing workforce challenges across several providers sectors including Aged Residential Care, Community Pharmacy, and other NGO's. For example, one of the Whanganui's NGOs has five social worker vacancies	<ul style="list-style-type: none"> <li>Participating in national initiatives, including virtual nursing.</li> <li>Supporting local providers case by case. Interim utilisation of locum workforce – and operating reduced hours based on locum availability (Whanganui Pharmacy example).</li> <li>One of Whanganui's NGOs is revamping advertising and utilising the services of a recruitment agency.</li> </ul>	Major



# District Risks & Mitigations

District	District Risks	Description	Mitigations	Assessment of Risk
Hawkes' Bay	Day Care Programmes	Due to Cyclone damage service provider based between Napier and Hastings is no longer providing day activity programme at that location. Some capacity was created in Hastings/Havelock, still need more capacity across the district especially in Napier. Unsuccessful in allocating cyclone recovery funding to cover the gap in first round.	Our Health Older People Portfolio Manager continues to explore options with other service providers to incentivise our establishment of a day programme including funding required.	Moderate
	ARC	Mary Doyle closing 23 bed Nimon House. All residents relocated between 14/08 and 7/09.	Ongoing operational concerns including long term management stability and leadership will continue to be monitored	Moderate
	Enliven Presbyterian Support	The Enliven (Presbyterian Support) building which housed their day programme's was damaged by Cyclone Gabrielle and is no longer useable.	HOP portfolio manager has been exploring funding options to support replacement of day programmes in Napier.	Moderate
	ARC	Mary Doyle - Arvida 22 beds hospital level beds closed due to staff shortages.	All residents with exception of one have been moved.	Moderate
Whanganui	ARC	Te Whatu Ora Whanganui were advised by two ARC providers (Jane Winstone Retirement Village, 69 bed ARC facility owned by Ryman and Masonic Court, 56 bed ARC facility owned by Ruapehu Masonic Trust) that they had received 3 months' notice of the termination of their Contract for Medical Services with their general practice (will end on 2 January 2024). It is likely that other ARC providers will have also received the same notice as this general practice services most ARC providers in the district.	Jane Winstone have escalated this within their organisation Te Whatu Ora Whanganui suggested some other general practice options (e.g. Green Cross Health, who have recently purchased a Whanganui practice) Te Whatu Ora Whanganui suggested that ARC providers might take a joined-up approach	Moderate
Wairarapa	Unenrolled Patient Clinic	The Wairarapa region has a growing number of unenrolled members of the community. Our current Wairarapa Unenrolled Clinic contract ends on 30 September 2023. This current unenrolled Clinic is a co-designed service with Te Whatu Ora - Wairarapa, Tū Ora PHO and Practice Plus. The service offers a Clinic for patient checks and screening. Initially the service was under utilised however the data has shown increased numbers accessing the in-person Clinic as knowledge of the service has risen. Tū Ora and Practice Plus are working with Masterton Medical Centre and now Community based 'First Health and Wellness Clinic' to support the clinics going forward.	We have been reviewing the current services provided and unenrolled data to understand what the needs are going forward. Work is currently underway to extend the current unenrolled Clinic, we will look at developing a variation to the current contract and extending the term utilizing the FY 2022/23 underspend that sits with Tū Ora Compass Health for a further six months. However, a longer term solution is yet to be determined.	Moderate
CCHV	Urgent Care Services	There is continuing pressure on three urgent care services within CCHV. Lower Hutt AH has increased volumes in the face of a major GP practice withdrawing its GPs. Kenepuru Accident & Medical is having challenges filling the midnight to 8 am shift and its hours of operation are being reviewed.  In Kapiti Team Medical have expressed a desire to shorten their hours of operation from 10 to 8 pm.	In terms of Lower Hutt AH sustainability funding has been provided to stabilise the situation. They still will not see >13 aged patients from the practice that withdrew KAMC is attempting to recruit extra staff and a contingency plan for virtual cover is being drawn up. A plan for replacing the face-to-face night shift with a virtual one for six months has been submitted for approval  A short term grant from a PHO has stabilised the situation in Team Medical until the end of 2023. Potentially it will request extra funding in 2024	Major
MidCentral	Risk of serious adverse outcomes for māmā and pēpi	The Te Whatu Ora, Te Pae Hauora o Ruahine o Tararua   MidCentral Clinical Services Plan for Radiology engaged with stakeholders, consumers and providers and identified an inequity in co-payments for maternal ultrasound resulting in some woman making the choice to not proceed to necessary scans.	The National Ultrasound Group has made recommendations, however in the interim period Te Pae Hauora o Ruahine o Tararua has implemented funding co-payments for Māori, Pasifika and Community Service Cardholders to mitigate the clinical risk and fund co-payments for Māori, Pasifika and Community Service Cardholders. However local sonography capacity is impacting timely access to scanning. The has been escalated to the National maternity Team with no response received to date.	Severe
Midcentral	Proposed reduction in Palmerston North After Hours Accident & Medical delivery	Due to significant clinical shortages and imminent loss of the one remaining A&M physicians, The Palms (one of two) A&M afterhours providers signalled a proposal (under consultation until May 26) to cease delivery of ACC contract from 1 July. Impact will be a reduction in Afterhours delivery at this site to enrolled / unenrolled populations.	Interim CE PHO working closely with GM CLC on an agreed urgent care work programme. On track for an interim solution for the A & M contract withdrawal. Focussed work on a wider After-hours stable roster underway.  Increased delivery capacity via Practice + in practices and selected pharmacies Stakeholder workshop held in September with a stakeholder group established	Major

# Section 3: Financial Performance

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# Commissioning Central Region Financial Summary

The Finance teams are working on a plan to have a consolidated financial variance report for the first quarter. This will be presented in next month's Wayfinder's report (for the period ending 30 September 2023).

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# Section 4: Non-Financial Performance

- Kahu Taurima – Babies first year of Life
- Māuiuitanga taumaha – End of Life
- Pae Ora - Influenza

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# Non-Financial Performance – Indicators used across rotation

## Kahu Taurima – Maternity and the Early Years

<b>Maternity</b>	<ul style="list-style-type: none"> <li>75% of pregnant women registered with a Lead Maternity Carer (LMC) within the 1<sup>st</sup> trimester</li> <li>80% of infants are exclusively or fully breastfed at two weeks</li> <li>85% of newborns enrolled in a PHO by three months</li> </ul>
<b>Babies (first year of life)</b>	<ul style="list-style-type: none"> <li>90% of babies living in a smokefree home at 1<sup>st</sup> WCTO Contact</li> <li>90% of infants receive all WCTO core contacts in first year of life</li> <li>95% of children fully immunised at 8 months</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>Decrease in the ambulatory sensitive hospitalisation rate (0-4 years)</li> <li>95% of children fully immunised at 5 years</li> <li>90% of children have their B4SC completed</li> <li>Percentage of children aged 5 who are caries free</li> </ul>
<b>Youth</b>	<ul style="list-style-type: none"> <li>Rate of youth enrolled in a PHO per 1,000 population</li> <li>Rate of youth enrolled in a PHO who have had a consultation in the last quarter per 1,000 population</li> <li>Rate of youth presenting to Emergency Departments per 1,000 population</li> </ul>

## Oranga Hinengaro - Mental Health and Addictions

Indicators still being determined for regional representation

## Mate pukupuku - People with Cancer

Bowel

Cervical

Breast

Indicators still being determined for regional representation

(Across the Central Region, bowel, cervical and breast screening is generally not managed by Commissioning. Cervical and breast screening are managed by the National Public Health Service and bowel screening by Hospital & Specialist Services.)

## Māuiutanga taumaha – People Living with Chronic Health Conditions

<b>Older People and Frailty</b>	<ul style="list-style-type: none"> <li>Percentage of people aged 75+ living in their own home</li> <li>Acute bed day rate per 1,000 for people aged 75+</li> <li>Acute readmission rate for people 75+ within 28 days</li> </ul>
<b>Long-term Conditions</b>	<ul style="list-style-type: none"> <li>65% of people with diabetes and HbA1c <math>\leq 64</math>mmol/mol and no inequity</li> <li>ASH admissions rate for cardiovascular conditions (45-64)</li> <li>ASH admissions rate for respiratory conditions (45-64)</li> </ul>
<b>End of Life</b>	<ul style="list-style-type: none"> <li>% of clients assessed by InterRAI with an Enduring Power of Attorney</li> <li>% of clients assessed by InterRAI having funded Advanced Care Plan</li> </ul>

## Pae Ora

<b>Covid</b>	<ul style="list-style-type: none"> <li>Number of Covid tests administered</li> <li>Number of Covid Vaccinations administered</li> <li>Covid Booster 2 uptake</li> </ul>
<b>Flu</b>	<ul style="list-style-type: none"> <li>% of the 65+ population Vaccinated</li> <li>Number of Vaccinations for the month</li> </ul>

Child Health - Youth - Maternity - Babies (first year of life)

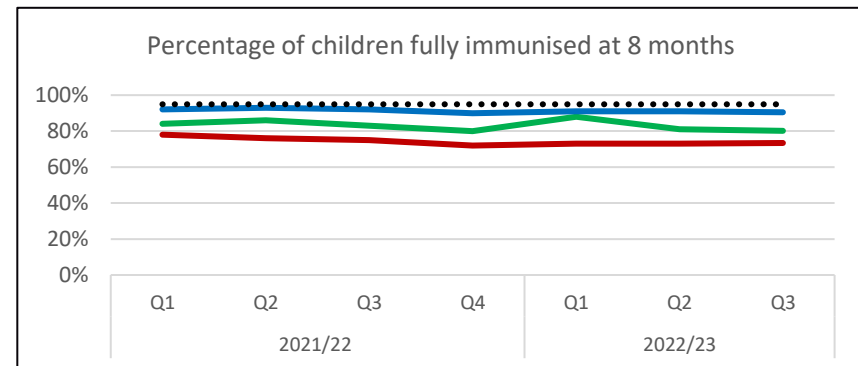
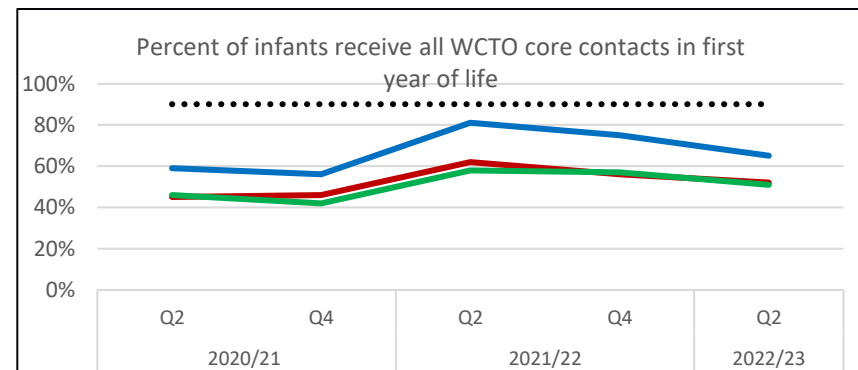
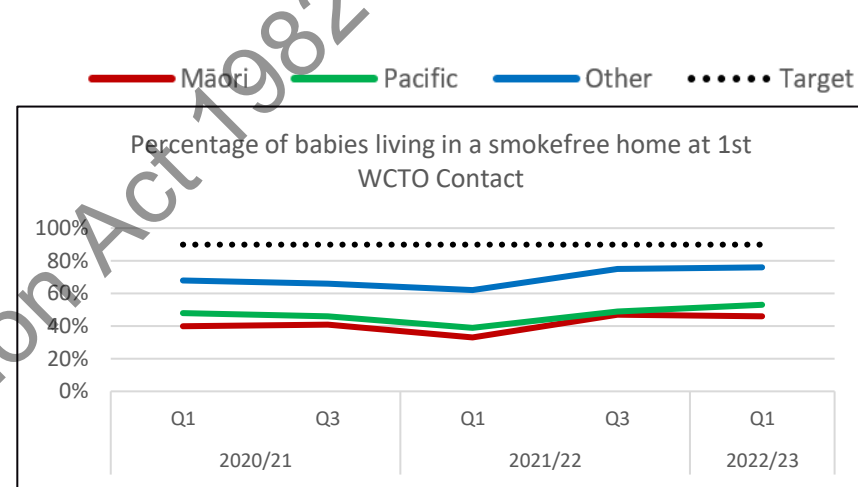
How are we performing?	Māori	Pacific	Other
90% of babies living in a smokefree home at 1 <sup>st</sup> WCTO Contact	46%	53%	76%
90% of infants receive all WCTO core contacts in first year of life	52%	51%	65%
95% of children fully immunised at 8 months	73%	80%	90%

What is driving performance?

- Smoking during pregnancy significantly high for Maori and Pacific women across the region. Routine smoking screening, brief advice and offer of referral to cease smoking interventions are part of services delivered by LMCs and Antenatal Services.
- The collaborative effort by the Child Health Coordinator and Public Health Nurses (PHNs) working alongside Kohanga Reo and Early Childhood Education Centres to reach Māori whānau and tamariki is contributing to the increase in the completed B4SC checks for Māori. Additionally, the extra effort of PHNs, and Vision Hearing Technicians (VHTs) providing relevant immunisation information and encouraging tamariki and whānau to receive immunisation has also contributed to the increased uptake.
- The acute housing shortage in the Hawkes Bay region is impacting engagement with whānau. Efforts to locate and engage with whānua are contributing to the poor performance in our child health outcomes.

Management Comment

- Some WCTO contracts have been transferred to Te Aka Whai Ora. CCHV portfolio managers, together with WCTO Quality Improvement, are going to engage with Te Aka Whai Ora to discuss how we can partner together to ensure shared information to support planning and reporting, and ongoing quality improvement in the WCTO space.
- A district immunisation plan has been developed across CCHV to achieve on-time vaccination for 0-5 years to target levels of 95% fully vaccinated, by June 2024. A steering group has been established to support this work.
- MidCentral: Te Uru Pā Harakeke staff are participating in whole of hospital planning to uplift screening, brief intervention and referral to quit smoking services led by Quality and Innovation team.
- A review of timing and messaging around maternity inpatient screening, brief intervention and offer of referral will be undertaken to target moments when hapū māmā are most likely to engage and to offer brief health advice.
- Changing our collective efforts from a national wide COVID response to a district and regional approach to improving the performance of these child health indicators is an imperative.



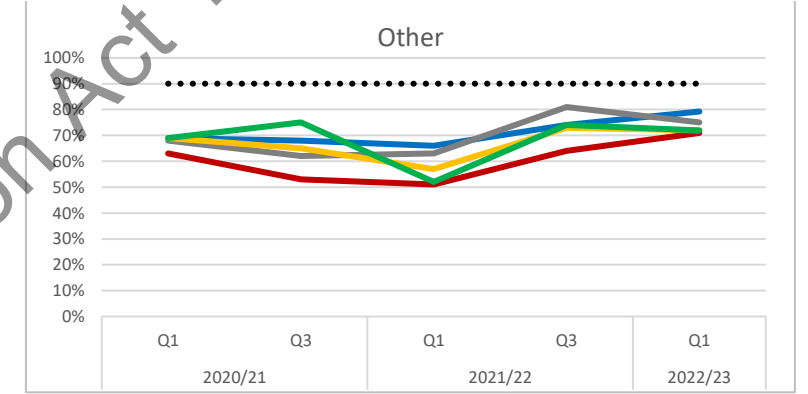
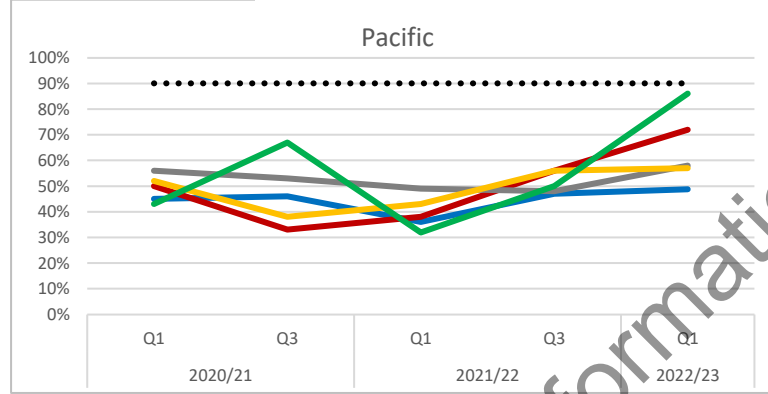
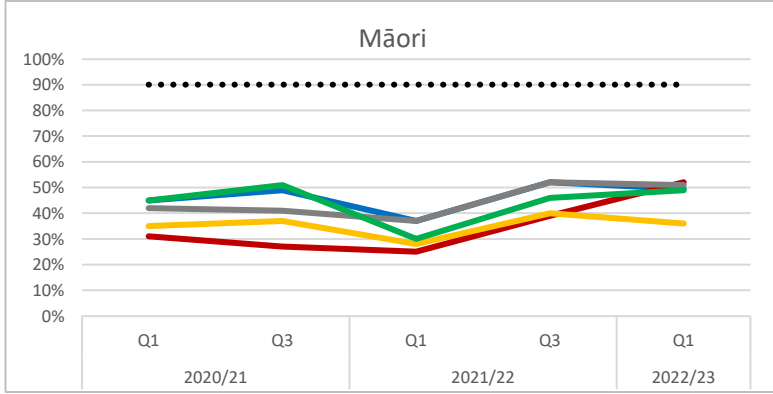


# Kahu Taurima | Maternity and early years | Regional View

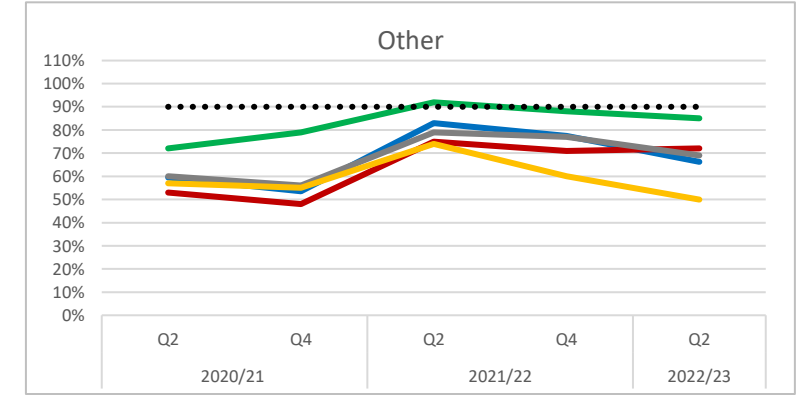
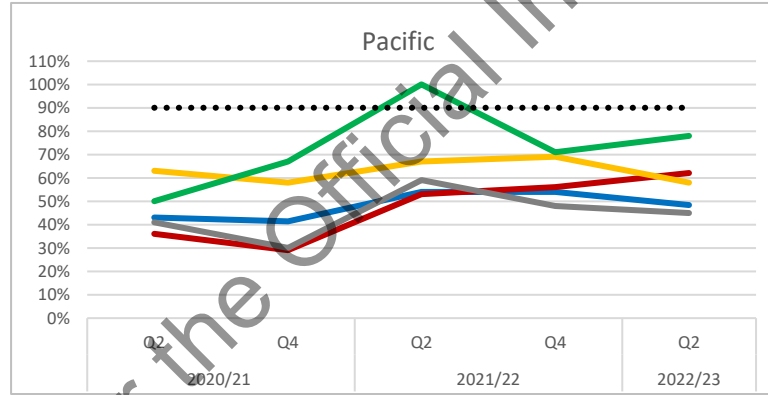
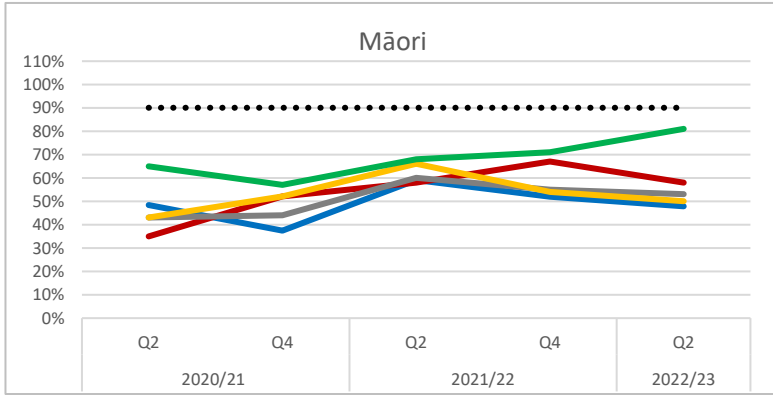
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90% of babies living in a smokefree home at 1st WCTO Contact

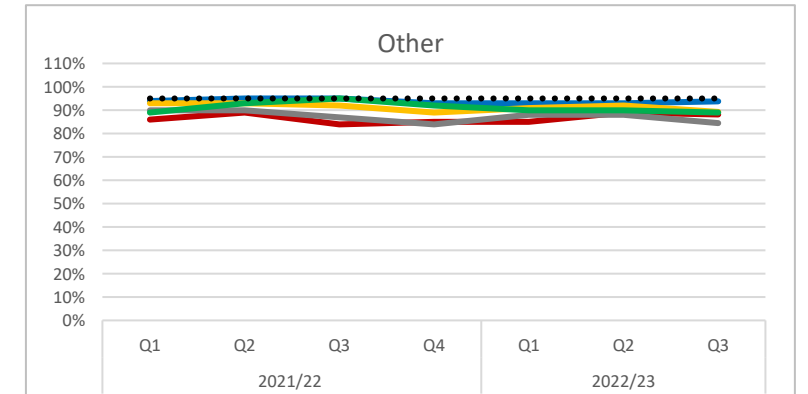
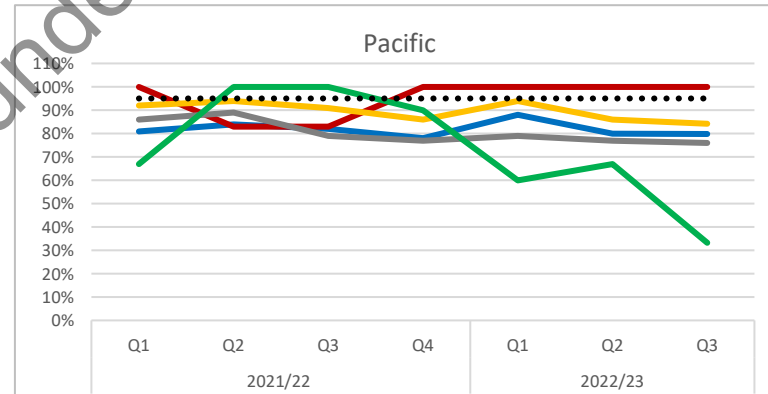
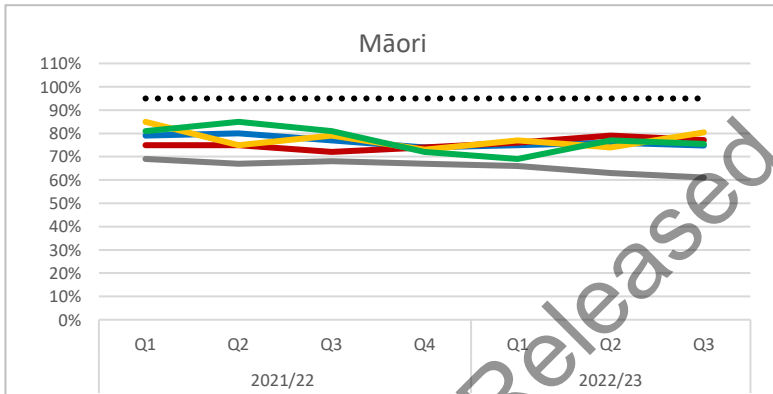
— CCHV — Whanganui — MidCentral — Hawke's Bay — Wairarapa ••••• Target



90% of infants receive all WCTO core contacts in first year of life



95% of children fully immunised at 8 months



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# Māuiuitanga taumaha | People living with chronic health conditions

## Older people and frailty – Long-term conditions – End of Life

### How are we performing?

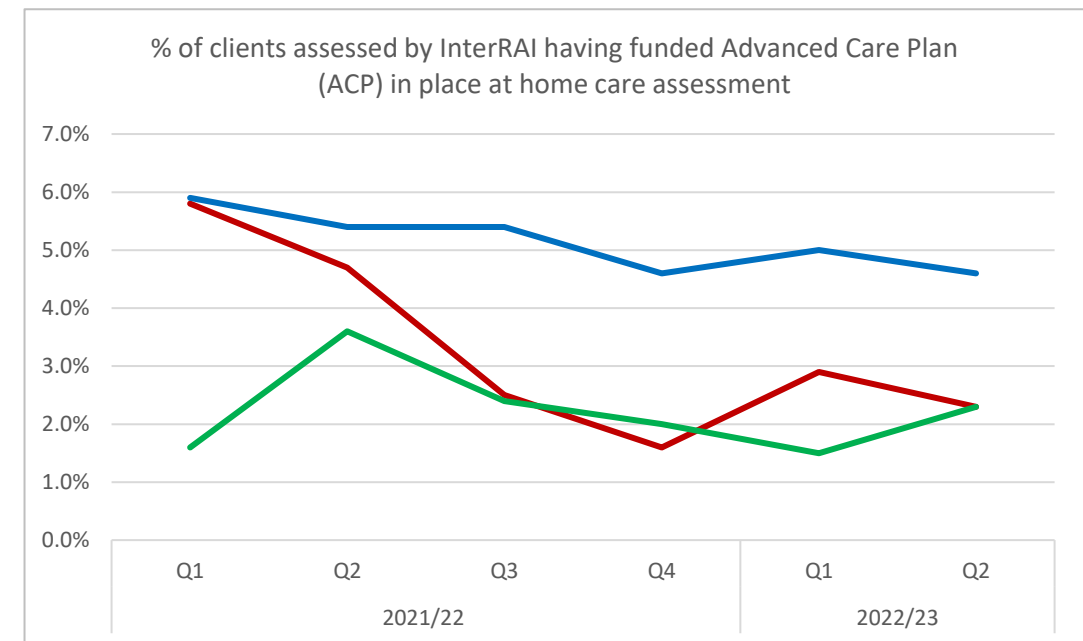
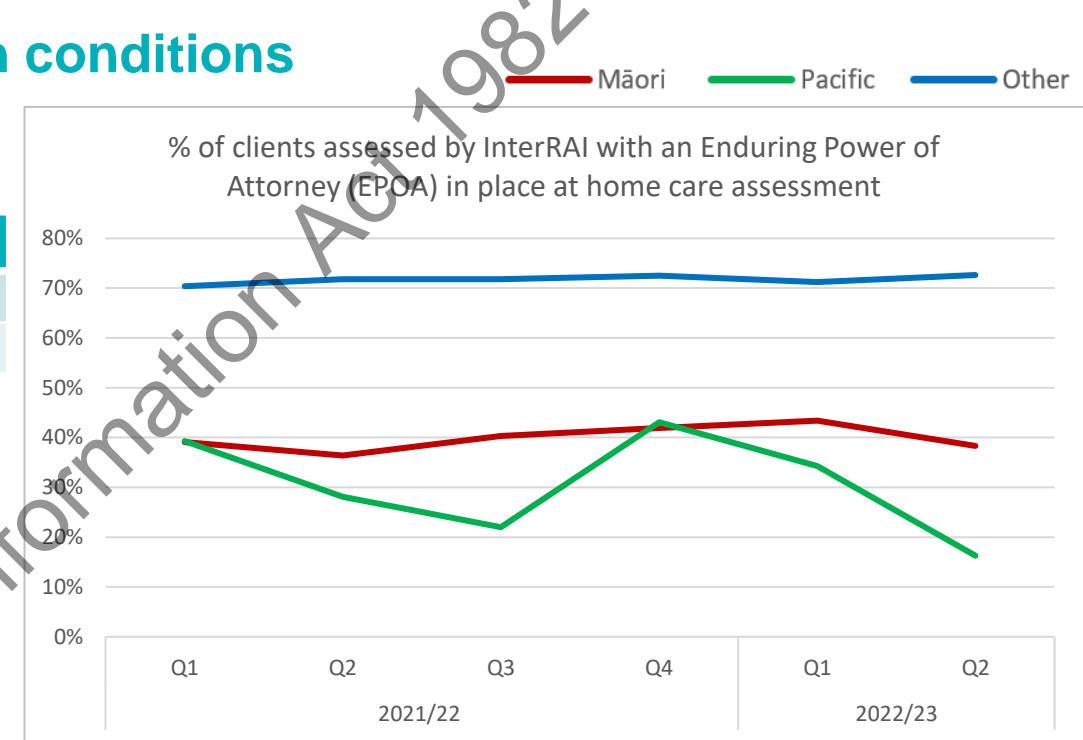
2022/23 Q2	Māori	Pacific	Other
% of clients assessed by InterRAI with an Enduring Power of Attorney (EPOA) in place	38%	16%	73%
% of clients assessed by InterRAI having funded Advanced Care Plan (ACP) in place	2.3%	2.3%	4.6%

### What is driving performance?

- Not all districts have a funded / fully funded ACP lead. High demand for ACP and serious illness communication education and resources in hospital and community settings, including requests from out of district.
- Across all districts, NASCs are currently prioritising their workload and pending lists. Higher number of contact assessments are being completed which do not code for ACP information
- High variability in the capability of IT systems to record and share information within and across hospitals, districts, primary health and ARC.
- Across all districts limited, if any, EPOA data is kept. Whānau struggle with the costs of EPOA set up. Hospitals and ARC are frustrated with the lack of EPOA set up.
- Note re end-of-Life Indicators: These indicators are only monitoring those that had an interRAI assessment, so a small pool.

### Management Comment

- The four proposed regional ACP Quality Improvement Advisors will greatly assist with visibility and equitable awareness of ACP across all regions.
- The changing regional approach to ACP will provide an opportunity to develop regional and national consistency in the development of the environment to encourage ACP and this will require considerable investment
- Administrative support will be crucial to enable ACP QIA roles to operate effectively.
- IT systems must adapt to better implement digitisation of health records, including ACPs and patients' end of life plans. ACP and patient-centred and directed care is guaranteed under the Bill of Rights Act and HDC Code
- If EPOA is a requirement for ARC residents, the cost barriers need to be removed for whanau, minimised or else ensure there is equitable access to EPOA establishment support.
- Palliative care development is ongoing while awaiting national work on models of care. Hawke's Bay does not fund ACP plans to be completed, our funding has been to targeted NGO's for workforce training and development.



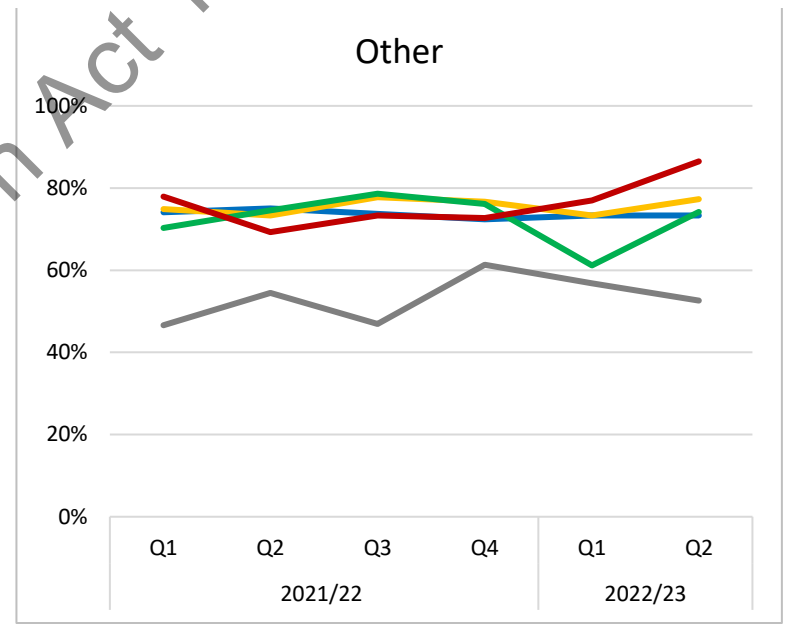
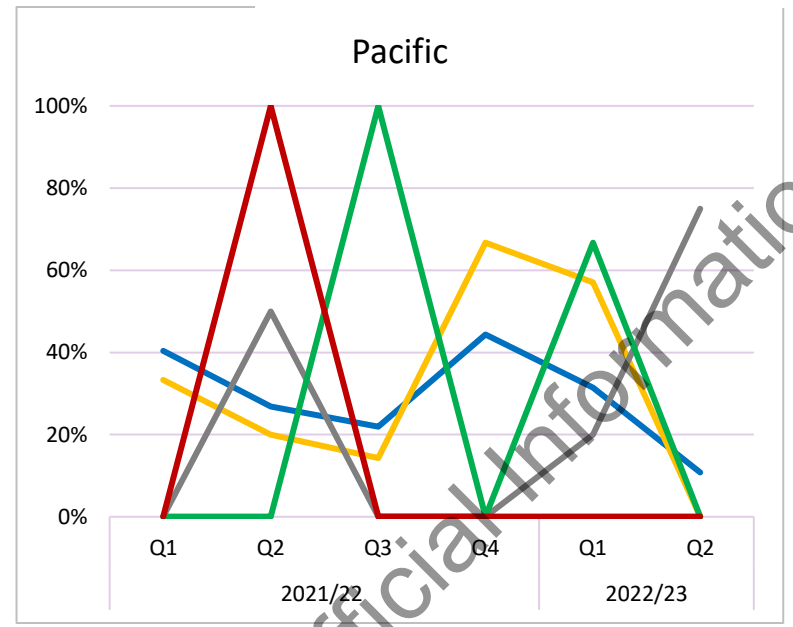
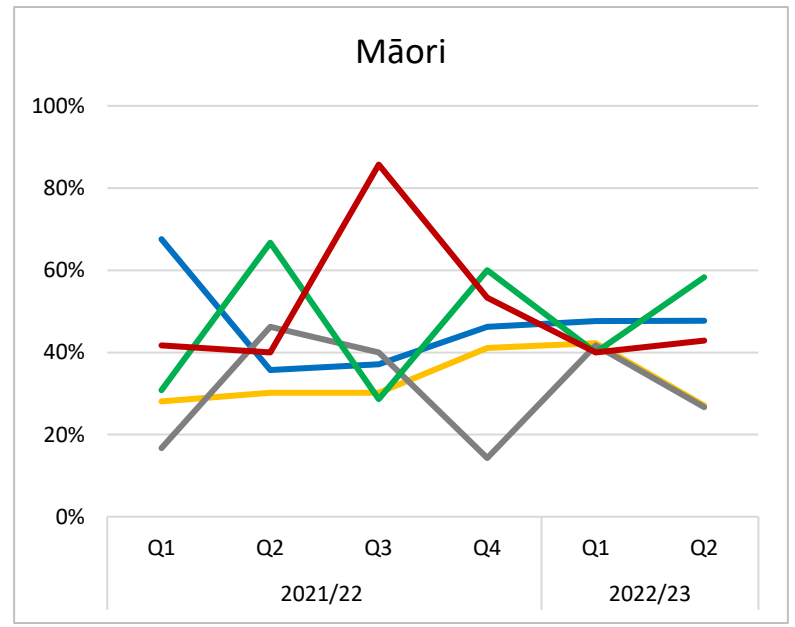


# Māuiuitanga taumaha | People living with chronic health conditions

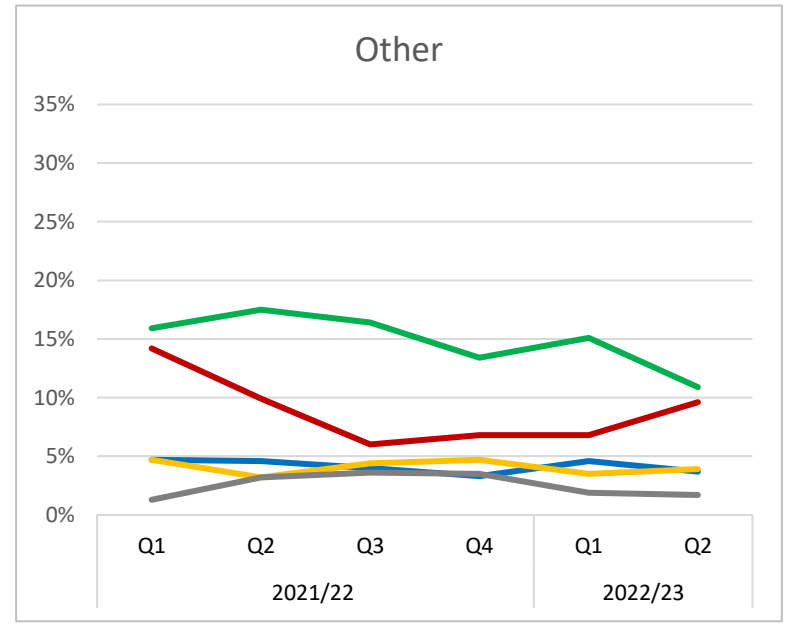
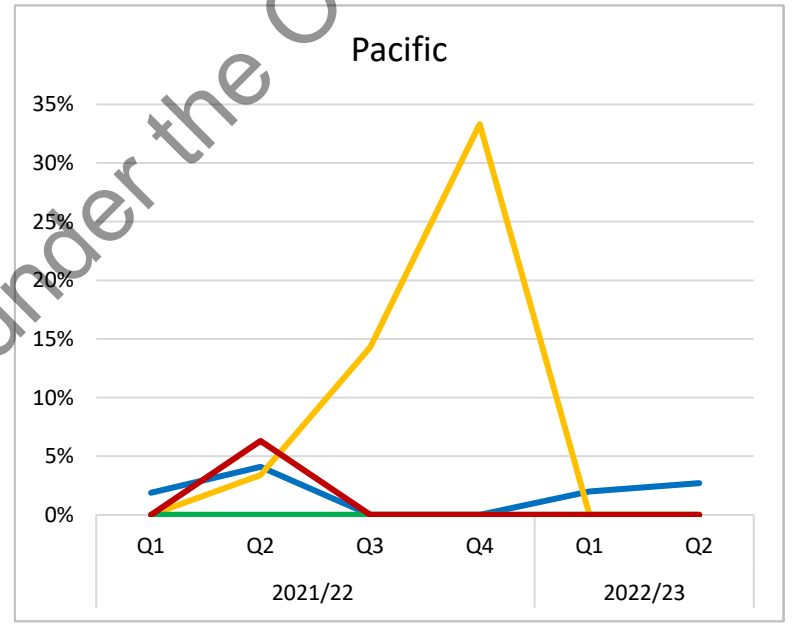
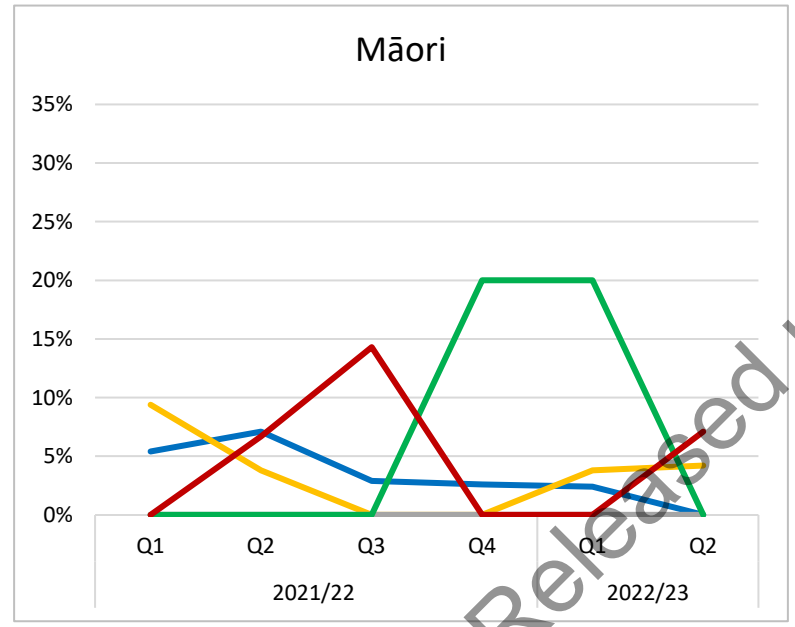
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Percent of clients with an Enduring Power of Attorney (EPOA)

— CCHV — Whanganui — MidCentral — Hawke's Bay — Wairarapa ●●●● Target



Percent of clients with a funded Advanced Care Plan (ACP)



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# Mate pukupuku | People with cancer

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Cervical Cancer – Breast Cancer – Bowel Cancer

Māori Pacific Other

New Indicators to be discussed for regional representation

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# Influenza Response | Regional View

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## How are we performing?

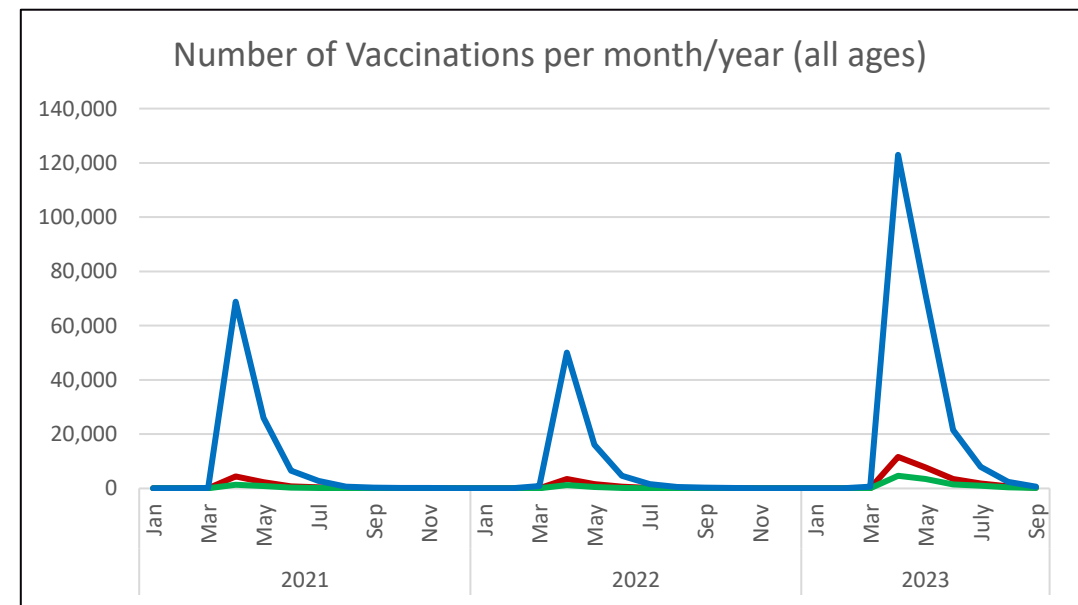
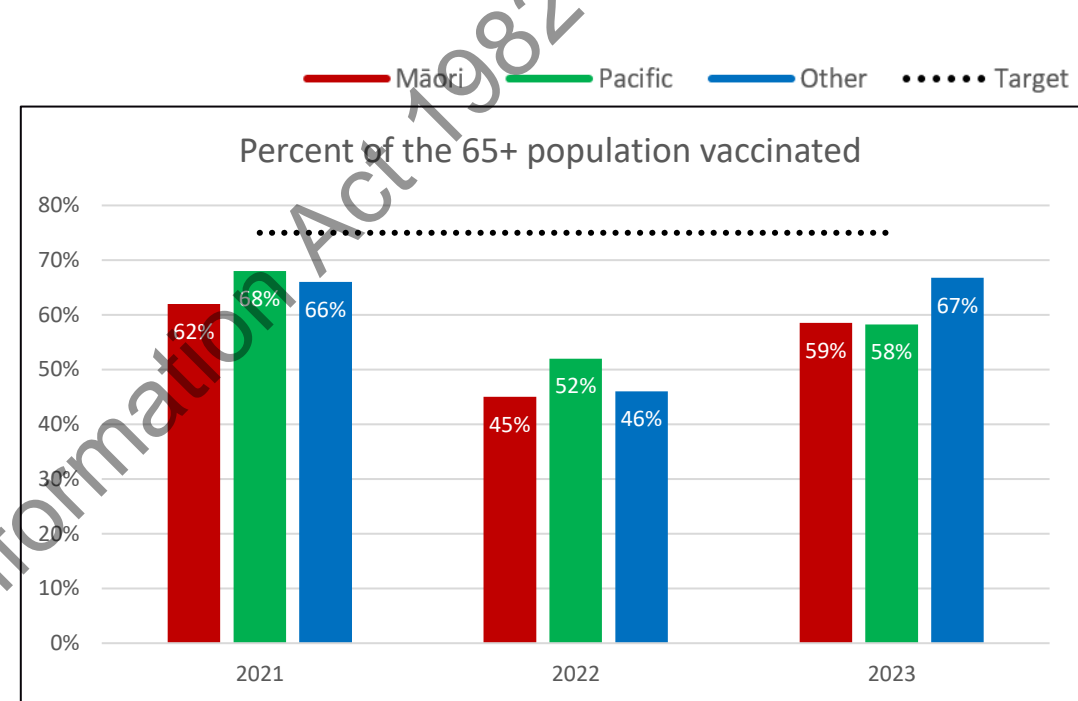
Measures as at September 2023	Māori	Pacific	Other
Number of Vaccinations for the month	240	190	604
Percent of the 65+ population vaccinated	59%	58%	67%

## What is driving performance?

- Wairarapa's childhood immunisation coverage rate (fully immunised) by key milestone age and by ethnicity for the 3 month period ending 31/08/2023.

## Management Comment

- MidCentral – overall we have seen an increase in influenza immunisation rates for the 65+ age group compared to 2022.
- Wairarapa Influenza vaccination continues to be promoted and offered to the eligible population including the HCW/staff through community service providers, primary care, and secondary care settings.
- Volume increases for influenza vaccinations for people over 65 in Hawke's Bay – back to 2021 coverage levels, except for Māori coverage not returning to 2021 levels. Need to clarify which team is leading this work.
- In Capital Coast and Hutt there was a 5.1 % (6980) increase in flu uptake in 2023 compared with 2022. This included a:
  - 5.8 % increase in uptake for those greater than 65 years
  - 8.3% (5465) increase in vaccination provided by community pharmacies
  - 13% (7060) reduction in vaccinations provided by GP practices.



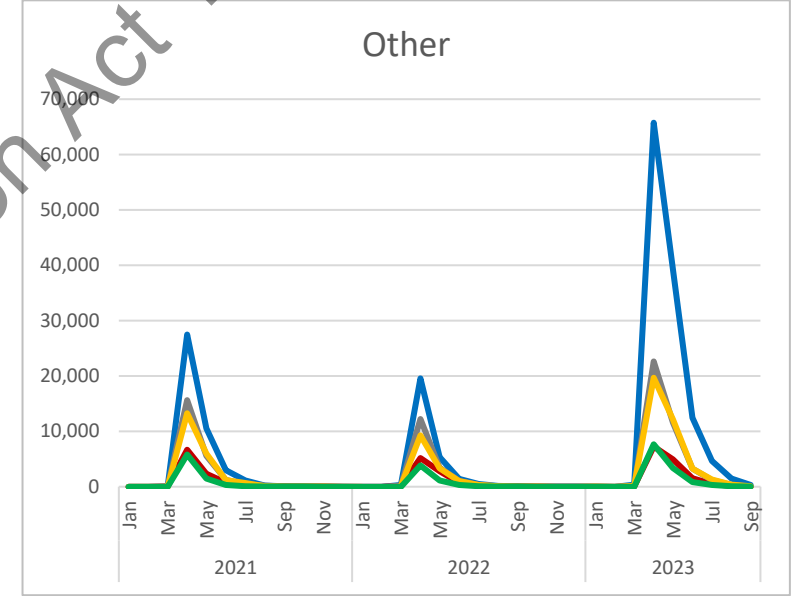
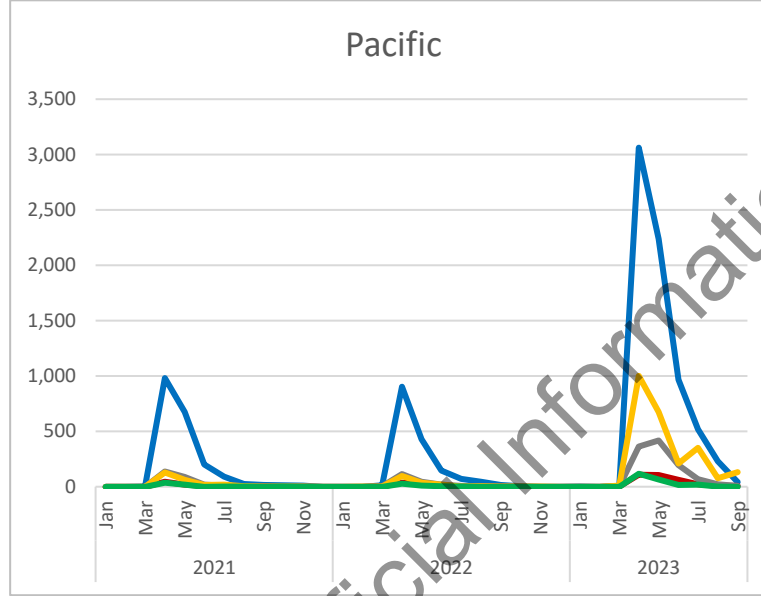
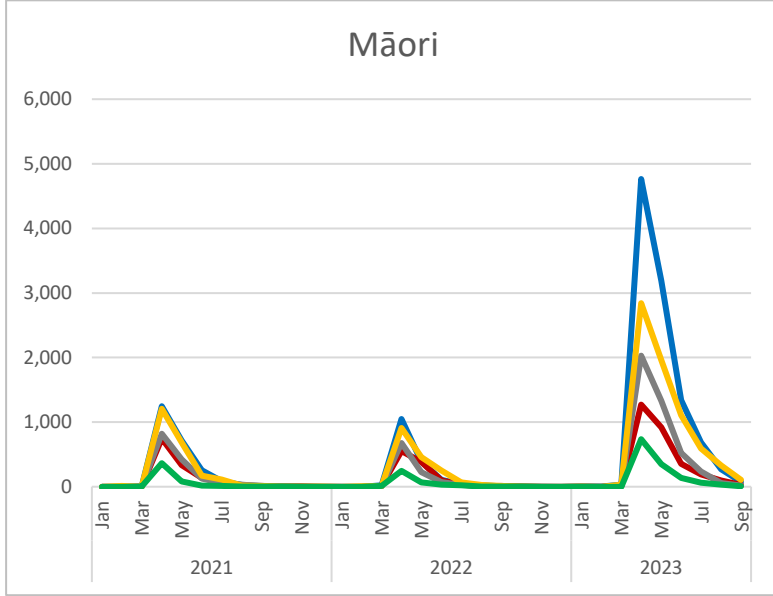
**Note:** due to changes in access, data has been obtained via both the MoH Qlik App, and from the National Influenza Vaccine Data website. This may result in some variance between figures.

# Influenza Response | Regional View

Number of Vaccinations per month/year (all ages)

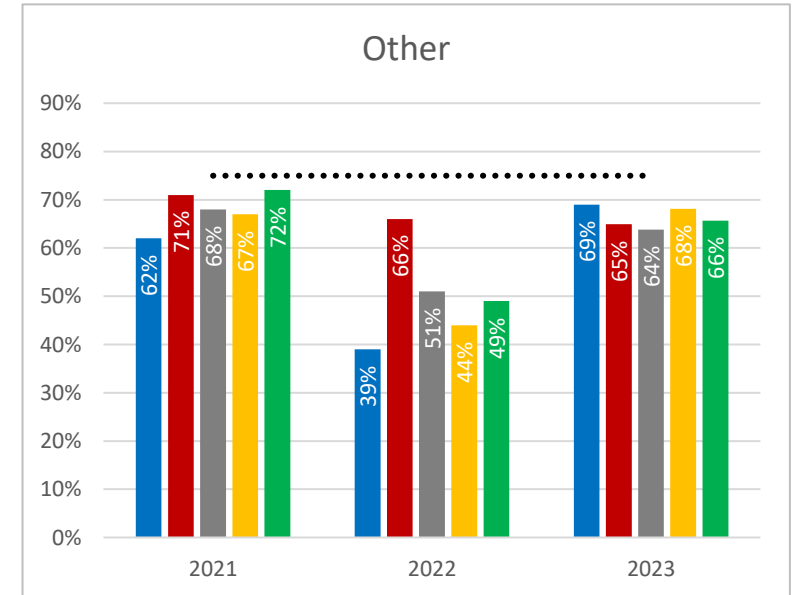
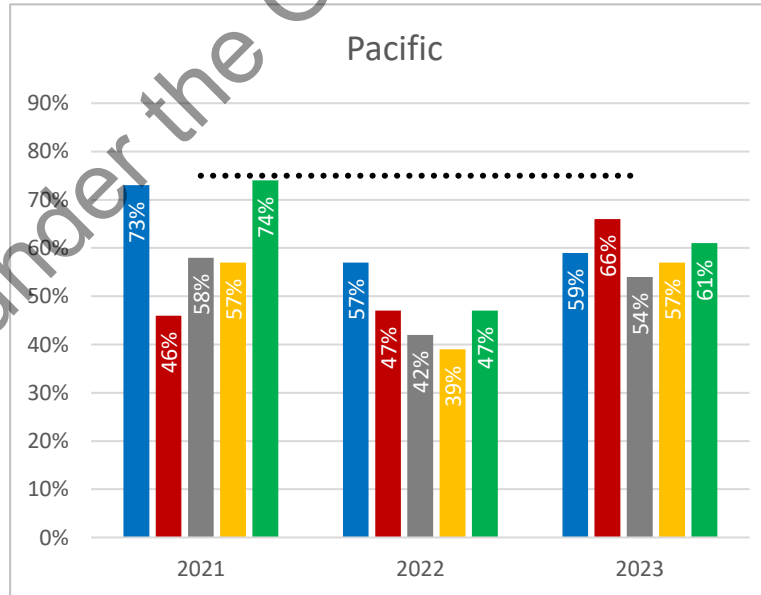
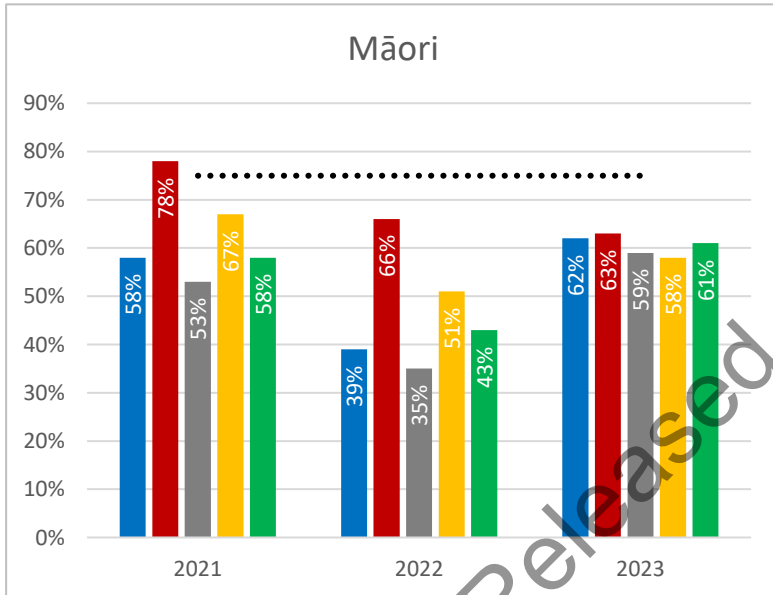
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**Note:** data is collated from NIR, CIR, and AIR (data captured on other systems not included). Following the 2021 Flu season, a higher proportion of privately funded vaccines are being recorded, e.g. from pharmacies, and so data between years are not directly comparable.

Percent of the 65+ population vaccinated



# Agenda

## Regional Integration Team: Central Region

<b>Date:</b>	Thursday 9 November 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.30pm
<b>Location:</b>	TEAMS		

**Members:** **Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Central Region Wayfinder), **Paula Snowden** (Regional Director Central Region National Public Health Service); **Russell Simpson** (Regional Director Hospital and Specialist Services); **Bonnie Matehaere** (Regional Clinical Lead, Te Aka Whai Ora); **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor); **Tricia Sloan** (Service Improvement and Innovation)

**In attendance:** **Peter Guthrie** (Planning, Funding and Performance CCHV); **Jason Kerehi** (Te Aka Whai Ora); **Shung Wang** (Regional Integration Team Lead) **Stephanie Calder** (Manager, Regional Programmes); **Manja Kovincic** (Secretariat)

**Guests:** Item 2: Service Improvement and Innovation: **Dr Karen Bartholemew** (Director of Health Equity), **Aaron Turpin**  
 Item 3 **Nathan Clark**, Manager, Regional Planning  
 Item 4: **Alex Sasse** (Regional Clinical Lead, Cardiology); **Dianne Vicary** (Programme Manager, Cardiology)

**Apologies:** **Richard Perry** (Service Improvement and Innovation); **Sipaia Kupa** (Regional Director Pacific)

Time	Item	Method	Lead	Action
<b>1.00pm</b>	Karakia tīmatanga			
<b>1.00pm</b> (15 mins)	<b>1. General business</b>			
	1.1 Minutes from previous meeting	Minutes	Chair	Agree
	1.2 Action Register	Register	Chair	Discuss
<b>1.15pm</b> (20 mins)	<b>2. Service Improvement and Innovation Update</b>	Verbal	Tricia Sloan / Karen Bartholemew / Aaron Turpin	Note
<b>1.35pm</b> (15 mins)	<b>3. Regional Health and Wellbeing Plan: feedback from the National Office</b>	Paper	Nathan Clark	Discuss
<b>1.50pm</b> (30 mins)	<b>4. Future system of cardiac care in the Central region</b>	Paper	Alex Sasse	Discuss
<b>2.20pm</b> (10 mins)	<b>5. Other issues</b>			
	5.1 Regional Integration Team Draft ToRs	Paper	Chair	Discuss
	5.2 Regional Wananga	Paper	Chair	Discuss
<b>2.30pm</b>	Karakia whakamutunga			
<b>Next meeting:</b> 1 – 2.30pm 23 November 2023				

## Minutes

### Regional Integration Team (Central Region)

<b>Date:</b>	Thursday 26 October 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.30pm
<b>Location:</b>	Virtual		

**Present:** **Patrick Le Geyt** (Regional Director Te Aka Whai Ora), **Tricia Keelan** (Regional Wayfinder - Chair); **Paula Snowden** (Regional Director, National Public Health Service), **Tricia Sloan** (Service Improvement and Innovation), **Nicky Rivers** (Regional Clinical Lead); **Sipaia Kupa** (Regional Director Pacific), **Bonnie Matehaere** (Regional Clinical Lead Te Aka Whai Ora), **Richard Perry** (Service Improvement and Innovation), **Russell Simpson** (Regional Director Hospital and Specialist Services)

**Guests:** **Item 2: Te Aho o Te Kahu: Rami Rahal** (Chief Executive); **Cushla Lucas** (Regional Manager)  
**Item 6: Nathan Brown** (Team Leader, Analytics); **Nathan Clark** (Regional Planning Manager)

**In attendance:** **Stephanie Calder**

<b>1. General business</b>
Patrick Le Geyt (Chair) opened the meeting with karakia. <b>1.1 Minutes from previous meeting</b> Minutes agreed as a true and accurate record <b>1.2 Action Register</b> The actions were worked through, discussed and action register updated.
<b>2. Te Aho o Te Kahu: introduction</b>
Rami Rahal and Cushla Lucas were welcomed to the meeting at 1.23pm. The RIT noted the paper and the key discussion points including: <ul style="list-style-type: none"> <li>the importance of prevention, early intervention and screening and public health and Hauora Maori providers in terms of reducing the cancer burden. NPHS provided an open invitation for discussion</li> <li>engagement with Te Aka Whai Ora is regular and ongoing engagement occurs with Rianna Manuel and Te Aka Whai Ora clinical leadership teams.</li> <li>lung cancer pilots have given useful insights and have wide ranging implications.</li> </ul> Rami and Cushla departed the meeting at 1.37pm
<b>3. Regional Integration Team Accountability Framework</b>
Nathan Brown, Nathan Clark and Livia Cosh joined the meeting at 1.39pm.

The RIT **noted** the paper and the presentation regarding the development of a regional accountability framework.

**Noted** discussion including:

- that it is imperative to have a monitoring framework in the region
- metrics required to tell a credible story about performance in the region. A starting point for this could be the information collected in the development of the Regional Health and Wellbeing Plan
- the impact of having to report at the expense of doing the work
- the purpose is to streamline the reporting process as much as possible.

Nathan, Nathan and Livia departed the meeting at 1.54pm

#### 4. Enabling Iwi Maori Partnership and Engagement

**Noted** the paper developed by Jeff Brown.

**Noted** the discussion including:

- clarity needed about the response to requests for funding and how requests should be managed (noting this is specific to MidCentral).
- agree this is a national issue for which national response is required
- recommend escalation to Te Aka Whai Ora HSS ELT (Mahaki) who should speak back to iwi Maori Relations (Deputy Chief Executive).
- applaud the persistence of the iwi and to Russell and his team for escalating to this group.
- there is no resource dedicated at present to partner with Te Whatu Ora on these issues given the capacity of Te Aka Whai Ora is very limited
- query whether other RITs experiencing same issues

Action	Responsibility	Timeframe
Identify with other RIT chairs whether similar issues have been discussed and escalate to Tier 2 leaders in Te Whatu Ora and Te Aka Whai Ora	Patrick	

#### 5. Planned care update

Russell Simpson provided an update on planned care. The RIT noted the following:

- Planned care numbers are moving quickly
- the Central region is on a performance watch and needs to check in twice weekly regarding the planned care procedures completed
- Hospital occupancy has been very high with hospitals at over 100% occupancy across the region
- A recovery plan will be provided in due course.

#### 6. Vaccination uplift activity

Paula will send a separate brief on uplift plans. Plans include:

- Workforce investment to increase vaccinators in the workforce (December)
- Drop in vaccination and other health services to be investigated using strategically place oral health clinics after school hours, noting that some branding may be required to support trust and confidence with whanau
- PHNs rostered to be in HSS to buddy up to deliver vaccination in hospitals. Noted this needs a system solution.

## 7. Other issues

### 7.1 HSS Monthly Report

Noted report and discussion including:

- the 10% drop in Maori workforce. Noted that the report on workforce has been developed by P&C and should be treated as under development.
- Shows concerning vacancies particularly in clinical workforces. Ability to service the demand with current workforce is not serving in the best interests of our population. There is a reliance on international recruitment overseas. Noted the need for cultural competence as part of an international recruitment process.

### 7.2 Regional Wayfinders Report

Noted report and discussion including:

- Commissioning workforce has a gap of over 50% in the workforce
- Staff are under immense pressure to deliver
- The report itself remains under development.

### 7.3 Public Health Nursing update

Noted paper

**Meeting Closed: 2.32pm. Next meeting: 1pm Thursday 9 November 2023**

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# Regional Integration Team: Central Region

## Action Register as at 2 November 2023

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
Ongoing agenda item		IMPB engagement	Patrick / Tricia	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	<b>In progress:</b> engagement with IMPBs underway. No engagements to report since last RIT meeting
08-06-2023	1	Regional Public Sector Commission Groups	Steph Calder	Obtain terms of reference for the Matariki Group / invite the three regional public commission groups in the Central Region to meet with RIT.		<b>In progress:</b> in process of confirming meeting time <b>Update 26.10.2023</b> Steph to follow up again.
31-08-2023	2	Regional Health and Wellbeing Team	Nathan Clark	Draft formal letter to IMPBs to request timeframe and preferred approach for engaging on the development of the RHWP.	ASAP	<b>In progress:</b> Letter has been sent to IMPBs signed by Tricia Keelan regarding engagement in workshops about the RHWP. IMPBs to advise of suitable dates.
	3	Service Improvement and Innovation Resourcing	Tricia Sloan / Tricia Keelan / Patrick Le Geyt / Richard Perry	Meet to discuss mechanism for managing requests for SI&I support in the region.	3 November	<b>In progress:</b> Document providing complete programme and insight into workflow to be submitted by Tricia Sloan for the next RIT in two weeks time
	4	Regional Wananga	Peter Guthrie/Tricia Keelan/Patrick Le Geyt	Arrange for placeholders to be sent for upcoming Wananga.	November 2023	<b>COMPLETED:</b> Wananga took place 30 October – 1 November

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
14-09-2023	5	Regional Clinical Board	Bonnie Matehaere and Nicky Rivers	Discuss opportunities for engagement between RIT and the Regional Clinical Board and connect with Chair Sarah Jackson to discuss options for bringing back to the RIT.	Beginning of October	<b>In progress:</b>
	6	Healthy Food and Drink Policy	Russell Simpson	Make contact with district food services teams to identify contacts who could support implementation of the plan alongside existing identified capacity.	30 October	<b>COMPLETED:</b> <i>Contact details provided to Simon Bowen 1 November</i>
	7	Planned Care	Russell Simpson	Share the briefing on planned care that has been developed for the national team when able.	As available	<b>In progress:</b> <i>26 October update the Central region is on a performance watch with Russell Simpson required to check in twice weekly regarding planned care. Russell will provide a recovery plan once the data has been provided</i>
12-10-2023	8	Regional Childhood Immunisation Report	Paula Snowden	For the Regional Childhood Immunisation Report, Paula Snowden to: a) Provide numbers/percentages. b) Confirm audience of the report. c) Have explanatory notes.	Ongoing	<b>In progress:</b> <i>weekly reports have been requested on how the region is tracking to 90% and other targets. A new reporting system is being worked on and projects underway that will be discussed with this group</i>
	9	Regional Risk Framework Tool	All	Members to identify and connect person for the Regional Risk Framework tool with Liam Munro.	ASAP	<b>In progress:</b> <i>some names provided</i>
26-10-2023	10	Enabling iwi Maori partnership and engagement	Patrick	Discuss whether issues raised have also been discussed at other RITs and escalate this issue to those responsible tier 2 leaders of Te Whatu Ora and Te Aka Whai Ora to design a solution.	9 November	<b>In progress:</b> <i>Patrick has made contact with other RIT leads (26 October)</i>

## Cover Sheet

<b>To:</b>	Te Ikaroa Regional Integration Team
<b>From:</b>	Nathan Clark, Regional Planning Team
<b>Subject:</b>	Update on Te Ikaroa Regional Health and Wellbeing Plan
<b>Date:</b>	21 September 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 an update on development of the Te Ikaroa Regional Health & Wellbeing Plan (RHWP), including the feedback from Te Aka Whai Ora and the national planning team.

### Recommendations

**It is recommended that the Regional Integration Team:**

- Note** that we provided our first draft Te Ikaroa RHWP to the national planning team for review on 13 October, and received their feedback (attached) on 25 October.
- Note** that on 6 October 2023, Patrick Le Geyt, Regional Director, Te Aka Whai Ora, provided the Planning Team with feedback on the draft RHWP from Te Aka Whai Ora.
- Note** that the feedback from national planning team and Te Aka Whai Ora are attached, with responses from the regional planning team and/or lead contributors shown in red.
- Note** that changes as a result of the feedback from Te Aka Whai Ora are shown in blue highlights in our draft RHWP.
- Note** that national planning team feedback generally aligns with our intention to shorten and refine the RHWP.
- Note** that the national planning team “highly recommends” that all regions structure their plans by Land, People and Wellbeing, which is what Te Waipounamu has done, as a way of streamlining the information in the RHWPs.
- Agree** to restructure that current draft Te Ikaroa RHWP by Land, People and Wellbeing as a consistent way of streamlining the information in all four RHWPs.
- Note** that the national planning team has told us they will provide regions with a detailed timeline for completing the RHWPs, and they expect the next national planning team review to be sometime in December 2023.

### Attachments

- Current draft Te Ikaroa Regional Health and Wellbeing Plan – with blue highlights showing the changes made as a result of the feedback from Te Aka Whai Ora (available on request).
- Current draft RHWPs from Northern, Te Manawa Taki and Te Waipounamu (available on request).
- Feedback from the national planning team, with responses from the planning team and/or lead contributors shown in red.

- Feedback from Te Aka Whai Ora, with responses from the planning team and/or lead contributors shown in red.

## Summary

On 13 October, we submitted a comprehensive draft RHWP to national office. We had plans to shorten and refine our draft RHWP, but the national office requested we submit our full draft before we shorten and refine it. Not unexpectedly, therefore, the national office feedback generally aligns with our intention to shorten and refine the RHWP.

Below is the list of tasks currently required to complete the Te Ikaroa RHWP:

- Re-structure the plan by Land, People, and Wellbeing (like Te Waipounamu's plan)
- Continue to address the specific feedback from Te Aka Whai Ora and national office
- Update the action tables to include Q3 and Q4 of 2023/24 year.
- Include the work completed in the RIT Planning Huis, including the framework for high performing teams, the "Healthier Communities Together" purpose statement and the various goals (which indicate how we are going to work together to implement the RHWP)
- Develop and include reimaging scenarios throughout our RHWP to illustrate how the Pae Ora reforms will impact people.
- Include the cloak or flax basket image as a way of showing the matrix of goals interwoven with our five system shifts
- Cut out the current activity from the plan, so that the plan is focussed on the future
- Investigate whether we can get life expectancy and/or morbidity data by TLA for our region (or a proxy measure) to help show what particular communities within our region need to be prioritised.
- Replace current state descriptions, graphs, and data with infographics (Siobhan Murphy is a graphic designer in NPHS that is helping with this)
- Working with the national team and the other regions to agree a consistent core set of measures to include in the RHWPs.
- Workshops with our partner IMPBs on their priorities and aspirations for Māori. (Tricia Keelan has written to all express our genuine desire to engage with the Iwi-Māori Partnership Boards in an ongoing way on development of our Regional Health & Wellbeing Plan).
- Engage with the wider health sector on the draft plan.

Changes in staff as a result of the EOI process mean that a new lead will need to be appointed to progress the RHWP. The regional Commissioning transition planning team has been informed of this.

I will continue to work on the above over the next week and intend to complete as much as possible. I will also make myself available to provide advice and guidance when needed.

## Regional Health and Wellbeing Plans – first draft feedback from the national planning team, October 2023

The feedback from national office and the response from Nathan Clark, Planning Manager, is provided below in red.

### Feedback for all regions

- **Photos of key personnel** - the review group propose that all regions include introductory photos of key people to enable regional ownership of the work. See Central's draft plan pages 6 and 8. **Agree.**
- **Use of images** generally – are images approved for use with appropriate talent release where relevant? Or have they been purchased from an image bank service? Otherwise, there can be copyright / intellectual property issues, particularly for public documents. **All images used in the Te Ikaroa RHWP come from CCHV district central database of images purchased by our Communications Team.**
- **Te Tiriti o Waitangi** - There are differing narratives being used across regions. The review group believe this should be consistent and propose all regions use the initial narrative supplied in a previous template from the national team (tbc). **The Te Tiriti o Waitangi section in the Te Ikaroa RHWP largely comes from the Human Rights Commission submission on the Pae Ora (Health Futures) Bill, which provided the best explanation of Te Tiriti relevance to health and wellbeing. The national planning team could take the best of all Te Tiriti o Waitangi sections in the regional plans to provide and suggest one set of consistent wording for all RHWPs.**
- **Te Mauri o Rongo | The NZ Health Charter** - should be included, consistently across regions. The national team could provide narrative for national context. The review group felt this is best placed under Workforce (Central have it in workforce) and should lead on to **Ao Mai te Rā | Racism in the health system**. The narrative in Te Manawa Taki plan (page 8) could be used then tailored by region. The review group believe all previous DHBs have activity in this area including cultural competency etc that can be built upon and formed into regional actions. **Agree, noting that we do not have a regional Workforce lead for Te Ikaroa RHWP.**
- **Te Aka Whai Ora priorities** – The review group propose that regions consider articulating these priorities in a similar way as in Central's draft plan, where they are listed specifically for each priority area. The three (commissioning) DCEs in Te Aka Whai Ora gathered national priorities from their GMs and shared the national priorities with Te Whatu Ora regions through DCE Selah Hart by memo in August. **Agree.**
- **Disability** – The review group felt a more consistent approach to disability is required; there is wide variability how this is presented in each regions' plan. It is suggested further work is required with the Disability team, facilitated by the national team, based on the initial meeting we had with them. **Agree.**
- **Emergency Planning / Preparedness** – The review group noted this section in Te Manawa Taki's plan and proposes that all regions should address this topic. (Central also has a piece). Where this should be placed is unclear; probably Pae Ora. **Te Ikaroa RHWP has a section on Emergency Planning / Preparedness under the Pae Ora section.**
- **Prevention** services queried – immunisation important, but is oral health / dental a national programme or should it be addressed regionally? **Thank you for clarifying national office ☺**

- **Action tables** – Regions have differing columns for the quarters / years in their action tables which has implications for monitoring and reporting. The review group proposes that all regions have the same columns as illustrated below. Please include Lead business unit in the relevant column. The review group also felt that partnerships, which are key to actions, should be reflected here. There should be clarity on where Te Aka Whai Ora is leading and where it is explicitly partnering (e.g. joint investment). For all other actions it is expected that Te Aka Whai Ora has a co-commissioning role with Te Whatu Ora.

Deliverables/Milestones	Lead	Implementation date				
		2023/24				
		Q3	Q4	24/25	25/26	26/27

The suggested approach/table above is similar to the one used in Te Ikaroa's RHWP – except that national office recommends splitting 2023/24 into Q3 and Q4. This requires a further level of specificity that our lead contributors would need to provide for their 2023/24 actions.

- **Measures** – Some regions have proposed measures for their actions, others haven't. The review group proposes that a core set of measures / metrics across all topics should be consistent across regions, and that further work is required in collaboration with the Design & Insights / Performance national teams where performance measures are being developed, led by Jane Allison, to achieve this. National team will facilitate. **Agree that measures are needed in the RHWPs to monitor progress and performance. We have suggested measures in Te Ikaroa RHWP that align with the national Te Pae Tata Performance Framework that Jane Allison is developing.**
- The review group suggest looking at other regions' draft plans - noting the **Te Waipounamu** plan was particularly well received. The imagery was very well presented and clustering the information by Land, People and Wellbeing was a streamlined way of presenting information that would drive some consistency across the 4 plans. The Review Group would highly recommend all regions take this approach. **Agree.**
- It is acknowledged that regional plans will need to mature over time, in terms of engagement and whanau voice. **Agree.**
- It is acknowledged that Ministerial priorities may change due to pending change of Government. Currently, regions have responded differently to the 3 W's in their draft plans. **Agree, which again reiterates the need for the RHWPs to be living documents that are updated annually.**

#### Additional information

- On 17 October, ELT approved Terms of Reference (TOR) for the Regional Integration Teams (RIT).
- Regional Health and Wellbeing plans will be subject to approval from the boards of Te Whatu Ora and Te Aka Whai Ora.
- RITs will be accountable for delivering on key priorities in national plans as well as those identified in regional plans. In general, these will be key deliverables that require integration and success across multiple service delivery areas, e.g. Winter Plans.



- RITs will promote a team of teams approach to deliver on regional work plans and will identify any support required.
- RITs will report quarterly to ELT on achievements, risks, opportunities and challenges of/for the RIT. RITs will assess and generate insights from periodic performance reports provided to the RIT by other parts of Te Whatu Ora and Te Aka Whai Ora and will provide advice to ELT every 6 months for enhancing the interface of national, regional and local arrangements.

### Feedback for Central

- **Photos of key personnel** - the review group appreciated these, that enable ownership of the plan. Proposed that other regions do the same. **Agree.**
- Introduction a bit long, suggest editing. iGPS not necessary – review group suggests deleting Te Tiriti – as per feedback to all regions above. **Agree.**
- Part 2 – throughout this section the review group proposes that national information is not necessary as it is published elsewhere and doesn't need to be re-told. Implementation of national direction in your region is the key thing to articulate.
  - Notably the Pacific section is all national information.
  - Disability – as per feedback to all regions (including info on page 23)

Part 4 – Implementation of national direction in your region is the key thing to articulate. National information can be pared back or removed. Review group suggests data graphics can go into an appendix.

National information was included for context, to bring all the information together in one place for the reader, under the assumption that the reader is not a health expert and does not know the wider context for the RHWP. I have received comments from RIT support staff that draft Te Ikaroa RHWP was a useful read because it brings all relevant information together in one place. I agree that the current draft Te Ikaroa RHWP is too long and needs refining, but do not agree that we should automatically cut all national information from the plan.

While I agree with national office that implementation of national direction in our region is important to articulate, but would say that our response to local priorities and needs are more important.

- Part 5 - The review group appreciated the themes from community engagement and proposes these sections start with these, and the Te Aka Whai Ora priorities (which has been proposed to other regions as well). **Possibly, but I also think some introductory context-setting information is important to include for the reader.**

Again, national information can be pared back or removed. Review group suggests data graphics can go into an appendix.

- Pae Ora actions page 49 – no actions to June 24? And review whether national actions are relevant here or only regional actions.
  - Kahu Taurima actions – review group suggests some of these need to be more specific.
  - Mate Pukupuku – similar to the above, pare back national info, start with community engagement.
  - Māuiuitanga taumaha – similar review notes to the above.
  - Oranga Hinengaro – good regional info. Similar review notes to the above. Graphic on page 84 - unclear if this is national or regional
- Part 6 – These may of course, change. Again, implementation of national direction in your region is the key thing to articulate.
- Workforce – Should this possibly sit in part 7, enablers? Note feedback above to all regions re 3 W's.

We are working to turn all the paragraphs and graphs that describe the current need into infographics, which will be easier for the reader to digest.

- **Appendices** – Review group proposes that appendices from appendix 4 onwards are not necessary. If there are any important priorities in these to include in the plan, a page titled 'Other Regional Priorities' can be added.

We were originally told that draft RHWP's were required to national office by September 2023, in order for regional priorities to be considered in the budget setting process (alongside Te Pae Tata 2.0). For this reason, some services (eg Radiology and Cardiac Services) have done the right thing by planning alongside development of the RHWP. They have developed their plans that sit alongside the RHWP and have therefore been appended. We can remove these from the RHWP but would still assume that the information in these plans has been considered by national office as part of the budget process.

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# Te Aka Whai Ora - Te Ikaroa Regional Team Review of Regional Health and Wellbeing Plan

Below is feedback from Te Aka Whai Ora on the draft Te Ikaroa Regional Health & Wellbeing Plan (at 22 Sept 23), and the responses to this feedback in red from Nathan Clark, Planning Manager (unless otherwise stated if the response is from a lead contributor).

## General review of document.

- The document needs to explicitly note that all data is presented by ethnicity. **Agree - added.**
- Would be important to review for consistency across each condition specific to Te Ikaroa. **Agree.**
- Reads like a report rather than a plan. There are several examples of mahi that is happening and what some Māori Hauora Providers are doing. I wouldn't include this as part of a "plan". However, including these examples in brief or a separate part or highlighted in some way would add to the plan. **Agree.**
- Acronyms are being used without any reference of what the acronym stands for. **Fixed.**
- Could do with more pictures or graphs or something to break up all the writing. Include templates that clearly identifies equity gap in each area to emphasize gap and rationale for different approaches to care. Visual graphs outlining the equity gaps in each chronic condition would support visual impact. **Agree and we are working with NPHS graphic designer (Siobhan Murphy) to address. Once all the content for the RHWP is completed, Siobhan will format the plan into a more accessible and readable format. Siobhan is also working on infographics to insert in the plan.**
- Spelling and grammatical errors throughout document. A review of typo's is essential. **Fixed.**
- There is also no mention of a consultation and engagement process at all. These might be addressed elsewhere in other documents, but external links should be referenced in this document. **The importance of partnering with our IMPBs and engaging with the community and sector stakeholders is highlighted throughout plan. An engagement plan is also appended to the RHWP.**
- Resembles traditional mainstream documents despite discussing equitable gains. **Agree and working to address.**

## Part One: Introduction (Page 7)

- Reference to "maori enjoy equity" – unsure of this statement as it is not something to enjoy, but essential to ensure Māori enjoy their rightful share of opportunities and well-being. Use of subjective phraseology....e.g. 'Enjoy'. Consider replacing with 'Experience' or 'Receive' **Fixed. Changed to 'Māori experience equity'.**

*Mana Whenua in our region (Page 18) – suggest making it sound more positive? Rewritten below?*

- Te Ikaroa is adorned with ancient archaeological sites that whisper stories of our ancestors' footsteps. These tales begin with the first settlers who, guided by the stars, called the shores along Raukawakawa (Cook Strait) in south Wairarapa, Te Whanganui a Tara, and the upper South Island their home. With time, their descendants journeyed to Porirua, Horowhenua, Whanganui, and Mahia, weaving the rich tapestry of Māori culture throughout the region. In the 1820s, new tribes from Taranaki and Waikato joined this vibrant mosaic, bringing their unique traditions to Kapiti and beyond, even gracing the shores of the South Island. Not long after, European pioneers etched their history alongside that of the Māori. Post-World War Two witnessed yet another significant migration, as Māori communities, guided by the rhythms of change, left rural and coastal landscapes to embrace the heartbeats of townships and cities. This migration, like a cultural waiata, echoed the allure of new opportunities in manufacturing and primary industries, blending tradition with progress in the ever-evolving narrative of Te Ikaroa.

Thank you – have added the above into the plan.

*Radiology (Page 20)*

- Should this include recommendations from Hawkes Bay radiology report? To indicate what is currently being worked through. Although a local report, cultural competency of staff is recognised throughout the region. I have passed this feedback onto Radiology.

*Cardiology (Page 31)*

- I would challenge that this is happening consistently across all cardiac services.

Response from Di Vicary, Planning and Improvement Manager – Cardiology & Radiology:

The Cardiac Network does not have authority or potentially influence over these, and we had specifically didn't include them as areas of focus within our plan.

- Incentivise healthcare initiatives that keep people well and receiving care in the community. Have systems that routinely identify financial barriers for patients in accessing cardiac care, especially for Māori and other priority groups, and make funding available to overcome them.
- Standardise appropriate transport, parking, and accommodation options for whānau and support people.

We are taking the Synergia Report to RIT on 24th October when Alex is back from overseas and once this has happened it may be a better time to have more in depth discussions with Commissioning and Public Health on our plan, which we have made very H&SS focused due to primary care and prevention now sitting with Commissioning and Public Health.

Regarding cardiology - we totally support Te Aka Whai Ora feedback, it isn't being done currently across all areas of the region, but it is our plan to work towards this as best we can. Working out how to do regional co-design and whom with, and how that works within the new teams of teams with SI&I and national teams will be the next challenge and what needs to be worked through.

*System pressures (page 87)*

- Can we link with the work that is in clinical service planning where Iwi are involved with post discharge and follow up of whanau in home, education around medication and assessments and also any other services such as phlebotomy?

I am not aware of this work sorry. Requires follow-up with Te Aka Whai Ora and system pressures lead to identify what is being referred to in the above.

## Critical Analysis of Te Pae Tata Priorities

### 1. Pae Ora

#### Key insights:

- The approach to operationalising Pae Ora should prioritise wairuatanga.

I have passed this feedback onto NPHS. Requires follow-up with Te Aka Whai Ora. I would be interested in learning more about how we prioritise wairuatanga (spirituality) in our Pae Ora planning.

- Implementing Māori models is crucial for genuine change.

Yes, I agree – especially in relation to changes for Māori. This approach is consistent with RIT agreed principles in the planning framework.

- Māori stakeholders must be included from the start of scoping, policy, project development, implementation and monitoring.

Yes, I agree – as above.

- Māori influence, including in governance, is essential.

Yes, I agree – as above.

- Māori-centred perspectives should guide hauora solutions.

Yes, I agree – as above.

- Western frameworks no longer serve Māori hauora outcomes.

Did they ever? Yes, I agree – as above.

- A high trust model is preferred: provide resources and let Māori lead.

Yes, I agree – as above. This approach is also consistent with the Tight – Loose – Tight model being explored in the development of the regional performance monitoring framework and RIT quarterly report.

- Rongoā Māori promotes whānau health and well-being. Reviving Rongoā Māori supports Māori spiritual health

Yes, I agree – this approach is consistent with RIT agreed principles in the planning framework and has been expressed through community engagement with Māori.

- Building relationships with Iwi Māori Partnership Boards (IMPBs), Hauora Māori Partners (HMPs) and hapū is vital.

Yes, I agree. That is our intention. We have been working closely with Te Aka Whai Ora throughout development of this plan. Our Regional Wayfinder, Tricia Keelan, has written to our IMPBs to express a desire to work in partnership with them.

- Te Ao Māori frameworks, tailored to hapū-specific kawa and tikanga, are recommended.

Good advice – thank you.

- Addressing unemployment and housing issues requires a Māori-centric system.

Good advice – thank you.

- Appropriate resources based on true costings rather than FTE and volume based to support Māori stakeholders.

Agree.

- Equitable funding moving beyond just population based to include areas of deprivation.

Agree.

- Local Māori solutions offer better service and trust.
- Integrated contracts and bi-annual reporting in a more qualitative style will enable our pūrakau to be the dominant korero and alleviate admin heavy contracts.

Yes, agree – and we were certainly moving in that direction across Commissioning.

All the above points independently and collectively contribute to meeting Te Tiriti obligations and addressing inequities.

The success of Pae Ora hinges on early cultural responsiveness and foundation in Tikanga and Mātauranga Māori. Involving key stakeholders from the beginning is paramount, with IMPBs playing a significant role. Ignoring this approach may pose reputational risks.

Yes, agree.

## 2. Kahu Taurima

- Page 48. Change program to move the settings and redesign the model of care and service delivery models to ensure health is making its greatest contribution.
- Page 49. Improve health literacy & understanding. Increase community language/literacy content and diminish clinical language/literacy. Provide glossary of clinical language so whānau to understand. (I've included "increase community language/literacy")
- Page 49. improve coordination - identifying/acknowledging interconnectedness between similar programs I.e., Pregnancy & Parenting Service and Kahu Taurima. (I've addressed this one)
- Page 49. increase workforce support and education: acknowledgement of whanau/hapu/Iwi expertise, knowledge and pathways to be inclusive of this. (Added in 'Pathways to be inclusive of whanau/hapū/iwi knowledge and expertise')
- Include cultural competency. (I've addressed this one)
- Page 50. Te Aka Whai Ora priorities for Kahu Taurima: Clearly outline that Kahu Taurima identified as a key priority in Te Pae Tata. (We've already done that – in my view)
- Page 50. Regional Kahu Taurima Priorities: Service delivery models should be locally tailored by Hauora Māori Partners to meet the needs of whānau. (I've addressed this one)
- Thoughtful and authentic services delivered in a way that builds confidence and trust; Consider a better phrase than highlighted. Replace with Considered and well researched. (Okay – I've done this )

First 2000 days of life: Should we include in this paragraph a brief description of how Mid Central engaged with these communities. Wananga? online? (I think we have already, without going into too much detail).

## 3. Mate Pukupuku

- Page 57, each current state factor needs an individual reference. I have attempted to ensure all data and graphs are referenced. This section will change from bullet points into infographics.
- Page 57, last bullet point should include mention of access to care / experience of care, as this has locally found differences in care for Māori / Non-Māori. Yep, done.
- Page 59: In partnership with Sport Wellington and the Ministry of Education - clarity required that this is delivered to whole region. Yes, I have clarified that it is regional.

- *Page 59/60:* List of bullet points. More clarity required around where each of the services are provided. **Noted – thanks.**
- *Page 62:* Accommodation to support the equitable completion of cancer treatment. This section needs to identify the accommodation services in each of our districts available to cancer patients. **This feedback has been provided to the Cancer lead contributors.**
- *Page 65:* Key Indicators. This section needs to explicitly note that all data is presented by ethnicity (applies to entire doc) **Yes, done.**
- Travel and the NTA are a huge barrier for whānau Māori accessing cancer treatment. The NTA scheme is inflexible and lacks an equity lens. This needs to be identified and noted as a deliverable in this section. **This feedback has been provided to the Cancer lead contributors, but they have not yet suggested any changes. I have added a suggestion to add this as an action in the plan.**
- No mention of the lung cancer screening project with Midcentral and Northern teams. If the funding proposal is successful, funding would cover the cost of CT scans and all staffing required to participate in the research in the hospital and at Hauora Māori providers. The research will look at:
  - The role Hauora Māori Providers play in lung cancer screening
  - The use of a blood test to determine your risk of lung cancer, and,
  - The use of artificial intelligence (AI) to read lung cancer screening scans.

**This feedback has been provided to the Cancer lead contributors, but they have not yet suggested any changes. Continued work with the Cancer lead contributors is required to address the above feedback.**

#### 4. Māuiuitanga Taumaha

**The feedback on this section of the RHWP has been provided to the Māuiuitanga Taumaha lead contributors, but they have not yet suggested any changes. Continued work with the Māuiuitanga Taumaha lead contributors is required to address the above feedback.**

**Feedback from the national planning team also needs to be considered alongside the feedback below.**

*Page 66:*

- Emphasize investment in Primary Health as this would save health dollars. People living with chronic health conditions would be one of the highest health costs across the Te Pae Tata Priorities. The cost of hospitalization and ongoing complex care that result in long term need for specialists, expensive treatment and major care from multi-disciplinary teams.
- Emphasizing the importance of primary care in and prevention in reducing costs would be important. (Page 66 add to introduction)
- I would add that these conditions are preventable with improved early health promotion, education and early intervention in primary health care that is responsive to the groups who experience the major burden.
- In addition, it is important that chronic health conditions are recognized in the context of socio-cultural and economic determinants of health. Need to emphasize importance of equity across agencies to address chronic health burden as this is equally as important.

**Good suggestions – thank you.**

*Diabetes Page 66 – 67:*

- Critical areas discussed in this section, but the current state does not address dialysis and treatment. In Aotearoa/New Zealand, Māori experience chronic kidney disease three times the rate of non-Māori and non-Pacific New Zealanders. Māori commence dialysis treatment for end-stage kidney disease at three times the rate of New Zealand European adults.
- It is important that renal failure and the burden of dialysis is acknowledged as major burden for people effected and whānau.
- Reference - International Journal for Equity in Health  
<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0737-9>

Added the above into the current draft plan – thank you.

*Cardiovascular disease Page 67:*

- Important to recognise that Māori females are twice as likely to be hospitalized for ischaemic heart disease and stroke than non-Māori females.
- Important to recognise this as there is often a focus on Māori male ischaemic heart disease which results in wāhine not recognizing signs and symptoms.

Added the above into the current draft plan – thank you.

*Respiratory Conditions Page 67:*

- The graphs identifying Māori rates of hospitalization are not clear – ethnicity data required.
- Graphs need to identify age and ethnicity (childhood data) to emphasize burden.
- Māori and Pacific children suffer more severe symptoms and have more days off school from asthma and respiratory illness.

Noted – thanks. Follow-up with the Health Analytics Team about the graphs/data is required.

*Stroke Page 68:*

- Important to include rate stroke Māori for Te Ikaroa Region to compare to other regions as a baseline in this document (stroke rate has been provided for other regions).

Noted – thanks. Follow-up with the Health Analytics Team about the graphs/data is required.

*Gout Page 68:*

- No comments clearly articulated current situation.
- Need to add deliverable or key indicator in this section for the inequities present in Gout, i.e., evaluation of Mate Taiha.

Noted – thanks. This feedback has been provided to the Māuiuitanga Taumaha lead contributors.

*Themes from community engagement Māuiuitanga taumaha Page 68,69:*

- Themes connect with evidence and the same key as identified from communities over many years. Good to know – thank you.
- Would be good to see these themes prioritized identifying which are most important or are they equally identified.

I agree - thanks. This feedback has been provided to the Māuiuitanga Taumaha lead contributors.

*Te Aka Whai Ora Priorities Māuiuitanga taumaha*

- Respiratory and Asthma needs to have a focus on childhood asthma and support for whānau in the community (imms, care and support over winter - prompt action to gear up for winter).



- It would be good to have a Tamariki mapping of need to ensure connections are seen across care.
- Preventative approaches include improved access and informed staff who are aware of inequities and provide effective and culturally responsive treatment and care enabling positive outcomes.
- Increase Telehealth options need to confirm that within a year improved telehealth services and planned care will be available in rural settings within Te Ikaroa i.e., Wairoa, CHB. This is important as these areas have the highest burden and opportunity in telehealth have been developed but not yet delivered – need outcomes and prototypes to measure success.
- Require clarity surrounding the definition of Primary Early Actions Implementation. Is this the CCT comprehensive care teams and other primary health care workforce groups e.g., Nurse Practitioners/Nurse Prescribers in communities and or implementation of screening programmes open access?
- Dental Care/Oral Health - Invest in long term sustainable dental treatments.
- Workforce: need much more emphasis on workforce as critical to all other priorities – this should include:
  - Better access to training and development e.g., credentialling and kaiawhina workforce initiatives rurally.
  - Mobile workforces and collaboration across primary health with CCT may be something to add.
  - Targeted rural workforce recruitment.
  - Need to identify what workforce development is occurring and who are the key groups supporting this.
- No mention of outcome focus in this section:
  - Outcomes for chronic conditions are more likely to be in 3 areas: Prevention, Management and Quality of Life. We need to ensure outcomes are relevant to types of conditions and stage of health issue.

Feedback on Te Aka Whai Ora Priorities for Māuiuitanga taumaha noted with thanks. There are issues with making changes to these sections, because they have come from Te Aka Whai Ora DECs to be included in all four regional plans.

## 5. Oranga Hinengaro

Page 79 – 80:

- Our Te Ikaroa Mental Health & Addictions Leadership Group is building a programme of work, based on consultations with sector partners, to improve our mental health and addiction services across the region. The leadership group includes representation from Māori, Lived Experience, NGOs, primary care, community, and hospital and specialist services. **Yes – I've updated as suggested.**
- A lot of Hauora Māori Providers have lived experience kaimahi who offer peer support for tangata whaiora who struggle with mental health, especially in Midcentral. These HMP would be the subject matter experts in this space and would contribute valuable information to a program of work for Mental Health and Addictions. So, it would be good to tap into these providers and consult and work with them before going anywhere else. **Yes, I agree – and this approach is consistent with our principles. I think this would just be a matter of considering the most appropriate engagement approach. We should work with Te Aka Whai Ora to engage with these Hauora Māori Providers.**

- The content in this section seems like something that should be consulted with HMP. Some of the data and info in there could come across as whakaiti towards HMP especially because a lot of them carry out mental health services. Where is this data coming from if it doesn't have a footnote reference next to it. **I agree. I have changed the tone to be more neutral and added a reference to the source. There is a definite intention to consult with the wider sector on the plan.**
- Overall, emphasise on the lack of engagement this seems to have with HMP as a lot of them carry out mental health services and hold contracts with both TWO and TAWO on mental health. There is a lot of discussion on mental health frameworks, peer-support and kaupapa Māori models when HMP may already have the answer. **The work to finish a draft plan within 8 months – as requested by national office to align with budget processes – has been challenging, especially during this time of considerable change and reduced staff capacity. To meet the timeframe, we prioritised using existing work and previous community engagement to inform the plan. However, we have emphasized throughout the process and in the plan itself that this is a living document that will iterate over time. There is certainly an intention to engage and we have appended a Community Engagement Plan to the RHWP.**

*Spelling / grammatical errors:*

*Pg 78 top*

- “The following insights have comes” - should be come. **Was already corrected – but thank you for spotting.**

*Pg79 bottom*

- “The goal of this work is to ensure of services...” of should be deleted. **Was already corrected – but thank you for spotting.**

*Pg 81:*

Toward the bottom - “provision of service for Māori.” should be services. **Fixed – thank you.**

*Pg 82*

Toward the bottom - “The unit is estimated tom be completed in 2025” should be **to** not tom. **Was already corrected – but thank you for spotting.**

## **6. Data and Digital**

*Part Seven: Enablers Page 94:*

In April 2021, the Government announced a significant health and disability system transformation in response to the health and disability system review. The health and disability system review were charged with recommending system-level changes that would be sustainable, lead to better and more equitable outcomes and shift the balance form treating illness towards health and well-being in Aotearoa.

- Automate processes and streamline admin.
- Make reporting for compliance less time consuming.
- Ask whānau what they need and deliver to that need.
- Grow engagement with whānau.
- Grow breadth of services to meet holistic needs and outcome of whānau.

*Can we reflect some of these in the Te Ikaroa initiative please? (Page 95)*

- Security operations. Providers cannot monitor security events adequately and it is unreasonable to expect them to do so.



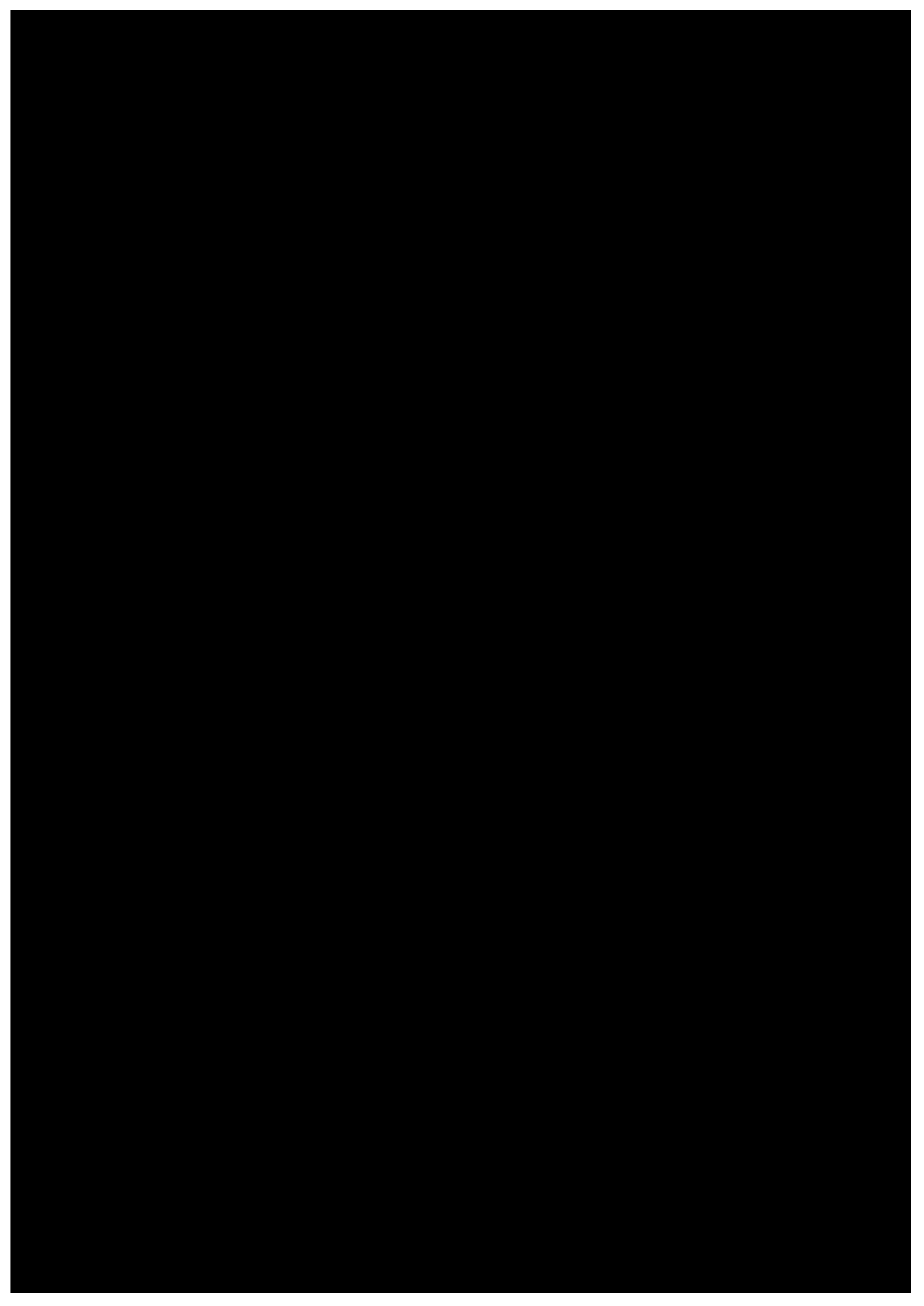
- Network resilience where hardware upgrades are arranged and no established network provider is engaged, network hardware could be sourced and maintained by a managed service provider.
- Security vulnerability - the expertise needed to assess and maintain security vulnerability governance cannot reasonably be performed by providers and best delivered as a service to sector standards.
- Reporting data auditing, linking, report building, and the fostering of champions within kaimahi will require leadership and support before it becomes BAU.
- Process automation – the expertise and focus needed to architect and build digital process evolution is beyond what any provider could be expected to fund or develop quickly.
- Digital story telling digital skills and technologies need to be introduced and encouraged if they are to come to life (e.g., podcast, VR).
- Business data analyst fast and effective adoption of applications and reporting is not possible without the supply of these specialised crafts.
- Data platform providers are clear on the need for data platforms but do not have the expertise or funds to build and maintain their own.
- Mobile digital services overcoming disadvantage in remote NZ requires special investment in connectivity beyond the scope of provider operation budgets.

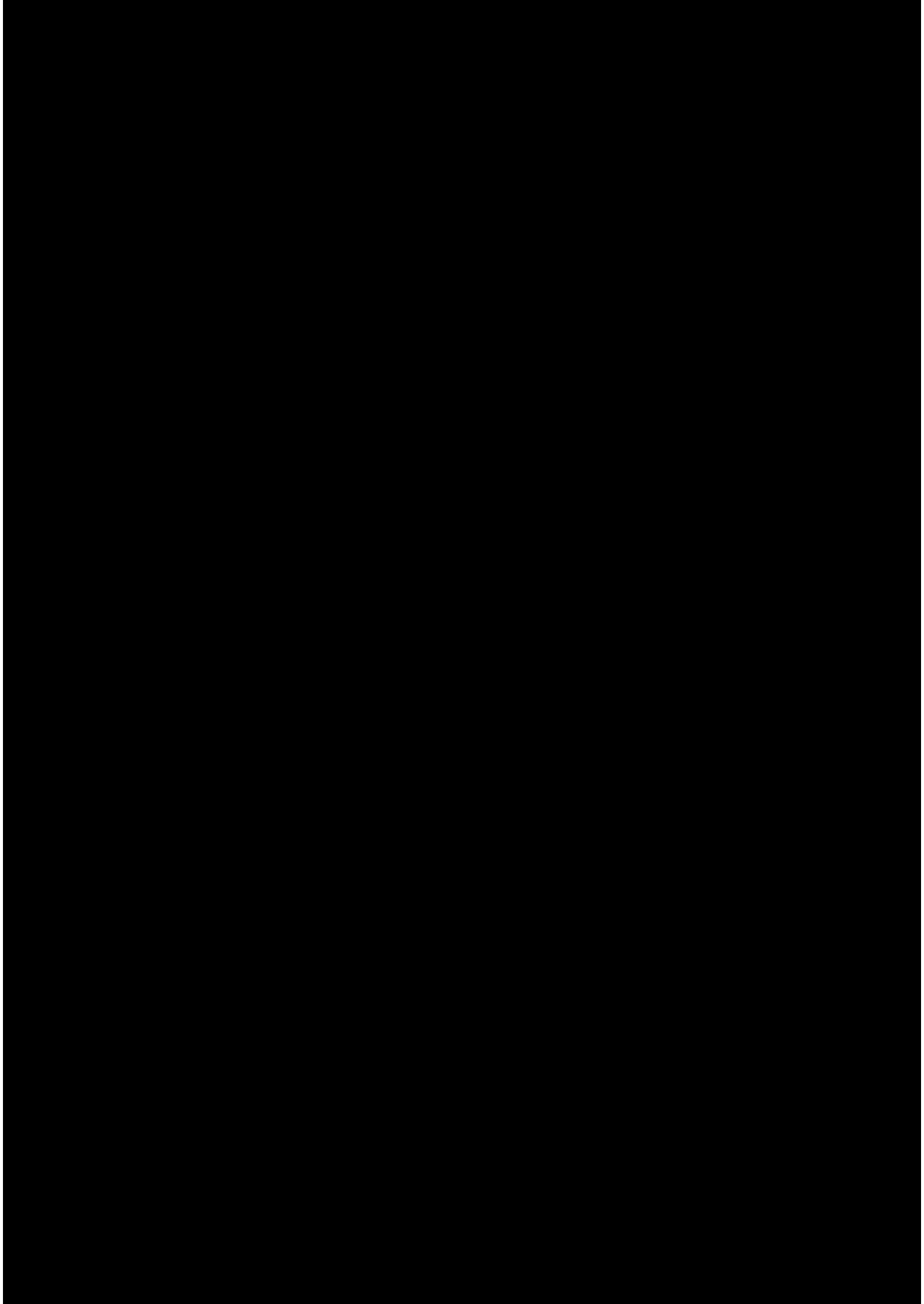
*Telehealth as an alternative to in person visits (Page 95):*

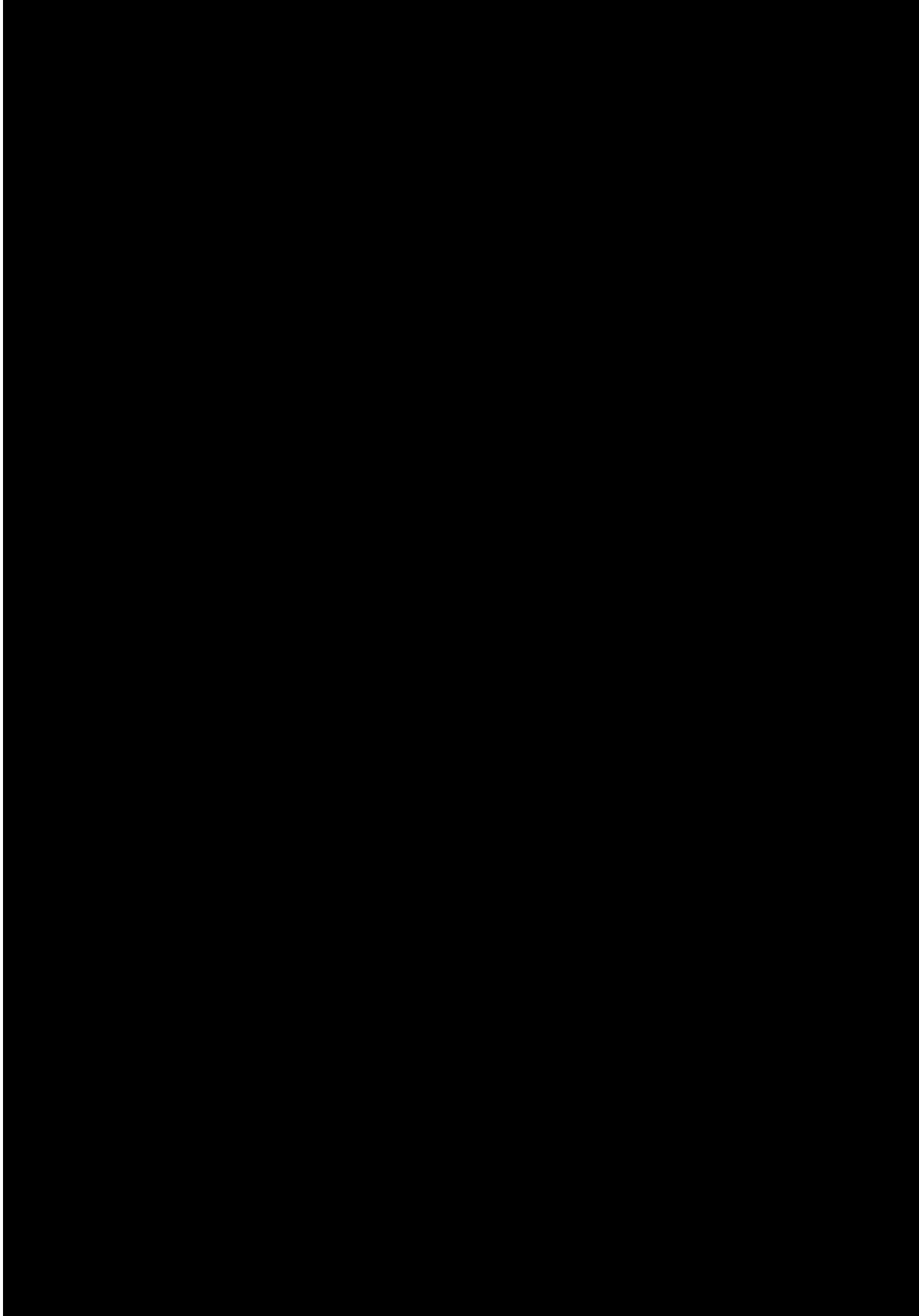
- Are you referring to Practice Plus here? Or other initiative? Suggest rewording last sentence to reflect its contribution to consumer rather than clinician?
- If Practice Plus would be happy to provide a korero on this which is also reflective of national project, not just specific to Midcentral.
- This document that lacks vision and displays a fundamental lack of understanding of the health sector and the tremendous opportunities Digital Health can offer to support system transformation while delivering equity and inclusion by design. The community digital enablement projects and what the Hospital team is doing stand out as beacons of hope.
- The specific Data & Digital sections are tired, with many of the proposals being on the Te Ikaroa Data & Digital to-do list since 2018 without progressing, to the enormous frustration of the clinical communities and management. Other projects like Badgernet rollout and NHI upgrades are pre-existing in-flight projects. There is no articulation of a central vision of a reformed indigenous community-focused health sector and how digital health could empower this process.
- From a Digital Health perspective, I expected to see the use of a framework like HIMSS for the H&SS sector and to propose leverage initiatives like Hira as an HIE. There is no articulation of how digital enablement of Iwi-Māori providers will enable the delivery of Te Ao Māori-based care for whānau closer to home using tools like Whānau Tahi with PMS integration. The document misses any mention of the Primary Care, the NGO and ARC sectors.
- There is also no mention of a consultation and engagement process at all. This may be in another document, but it is not referred to in this section. Not discussed is how the Data & Digital Team plans to address the horrendous problem of legacy infrastructure. These bespoke legacy apps run on obsolete hardware which supports critical clinical processes. Again, these might be addressed elsewhere in other documents, but external links should be referenced in this document.

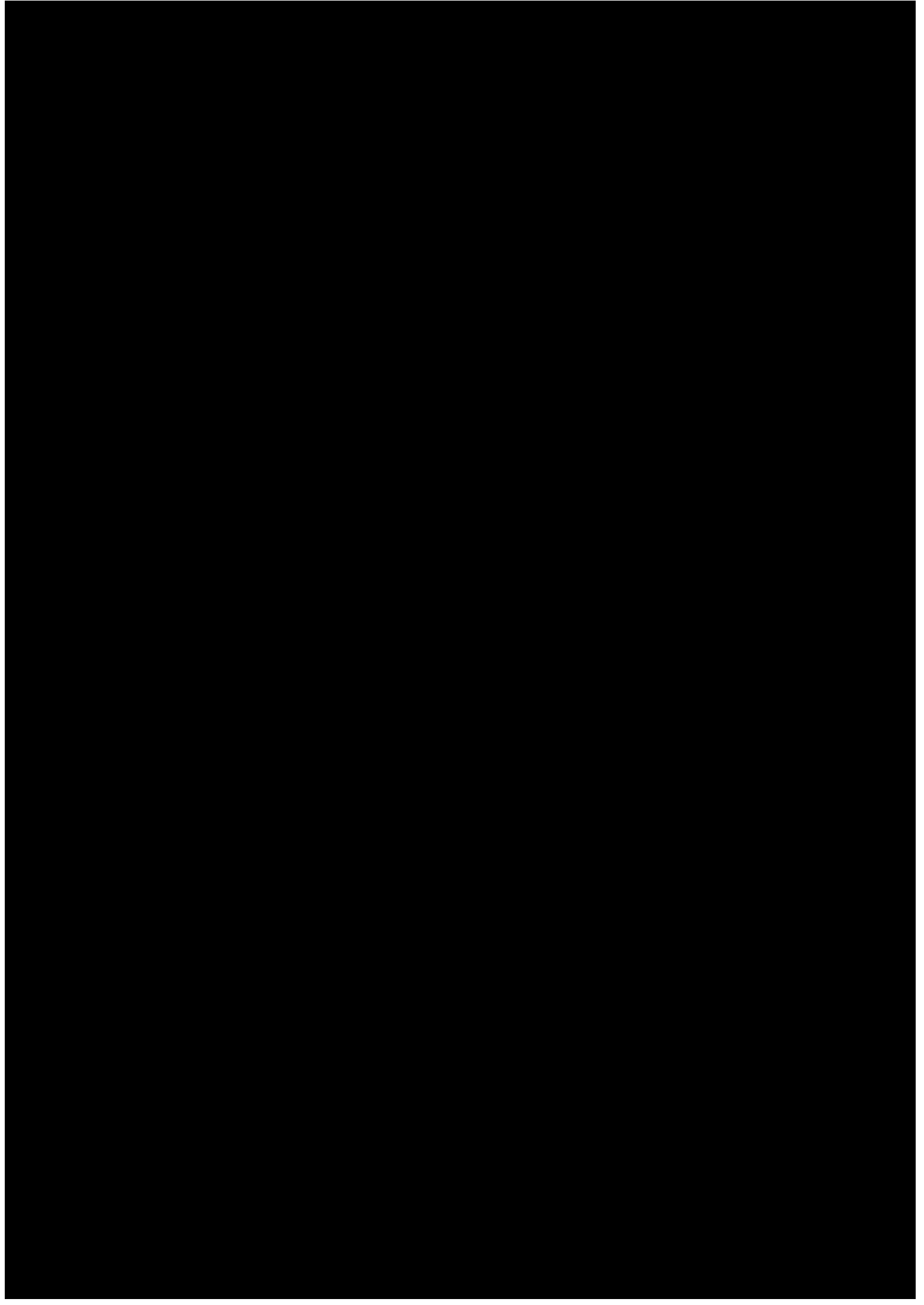
*Response from Rosemary Jones, Principal Advisor – Strategy | Strategy Planning & Architecture, ICT Department: I note the comments from Te Aka Whai Ora on the D+D section – we have had to lift these from strategy and roadmap documents in the absence of more detailed planning given that the restructure of this large enabling service is still ongoing. We can't comment yet on technology legacy debt as work is under way in this area and we don't have a firm statement to make at this point.*

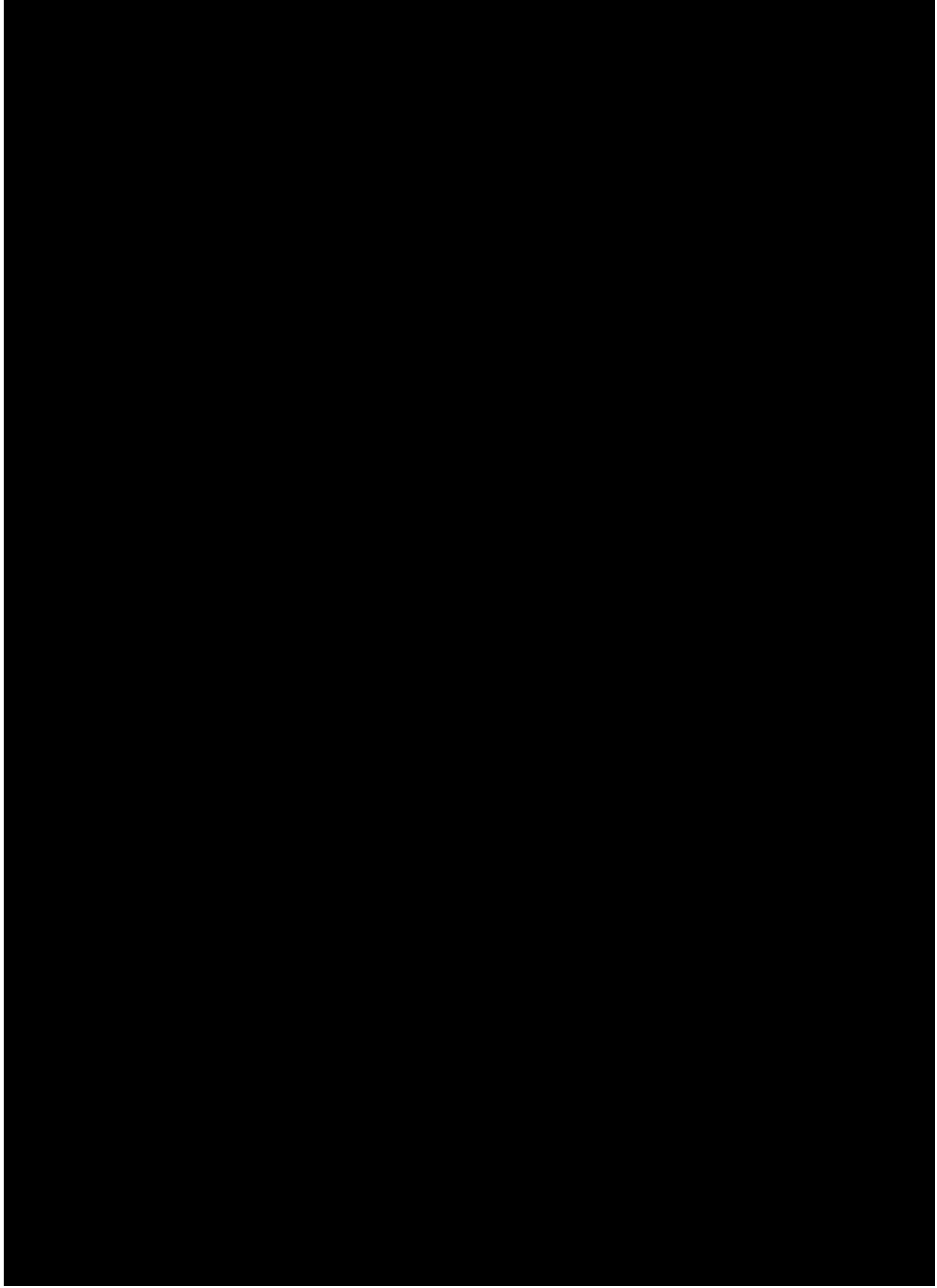
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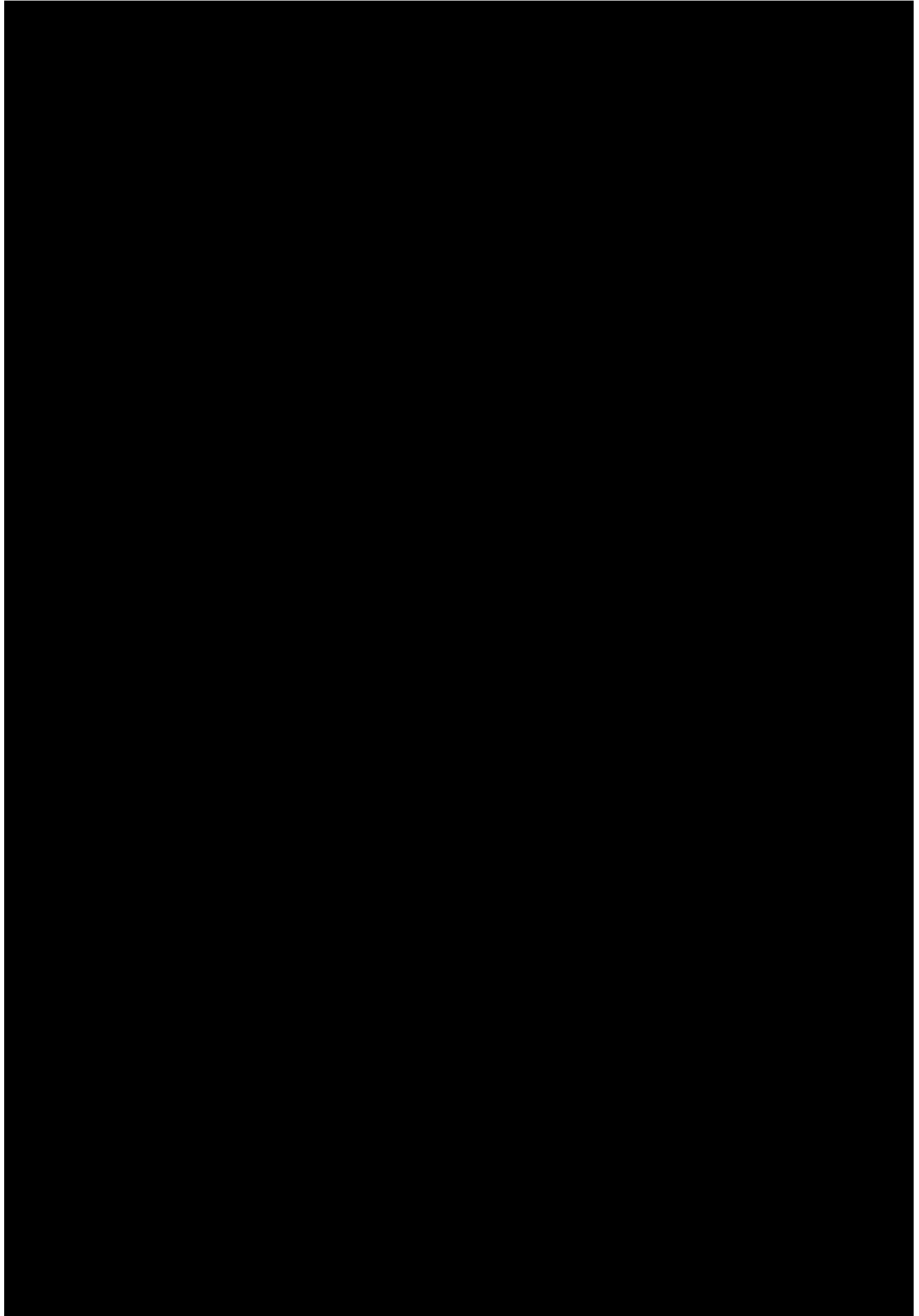
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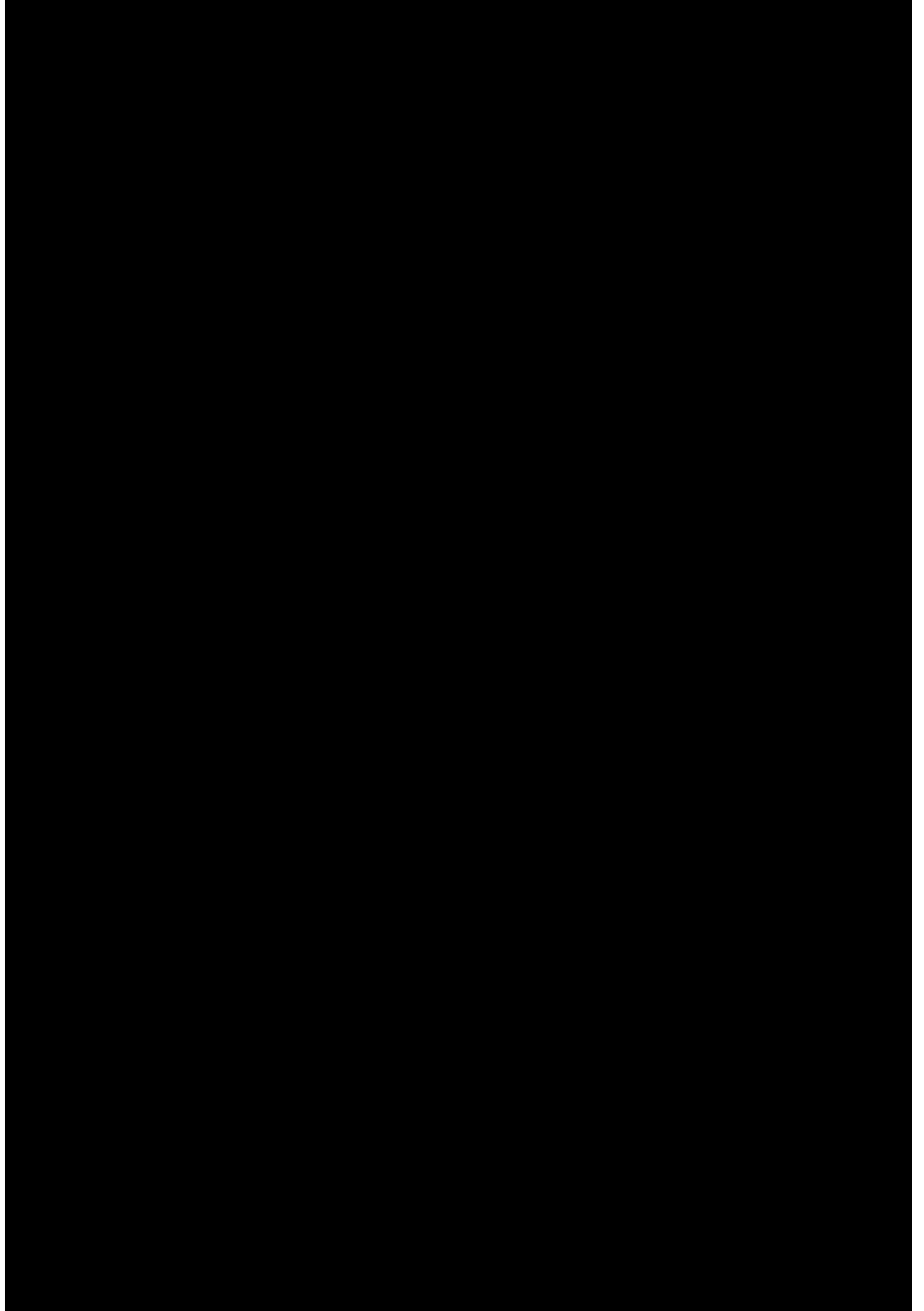
of the study, the authors conclude that the use of a 3D model of the head and neck is a promising approach to study the effects of head and neck postures.

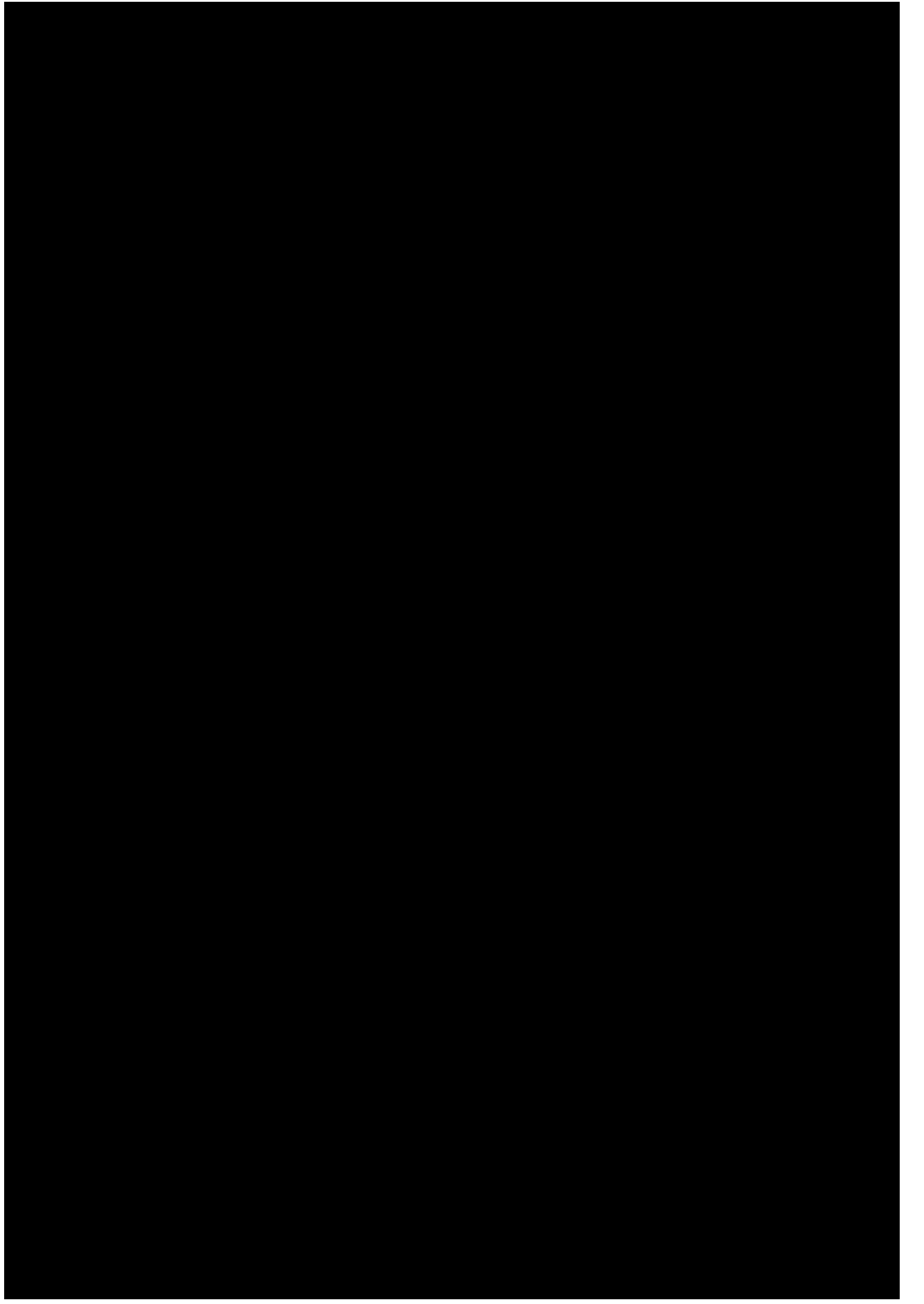
The authors also discuss the limitations of the study. One of the main limitations is the use of a 3D model of the head and neck, which does not take into account the individual differences in head and neck anatomy. The authors suggest that future studies should use a more realistic model of the head and neck, such as a cadaver or a subject-specific model, to improve the accuracy of the results.

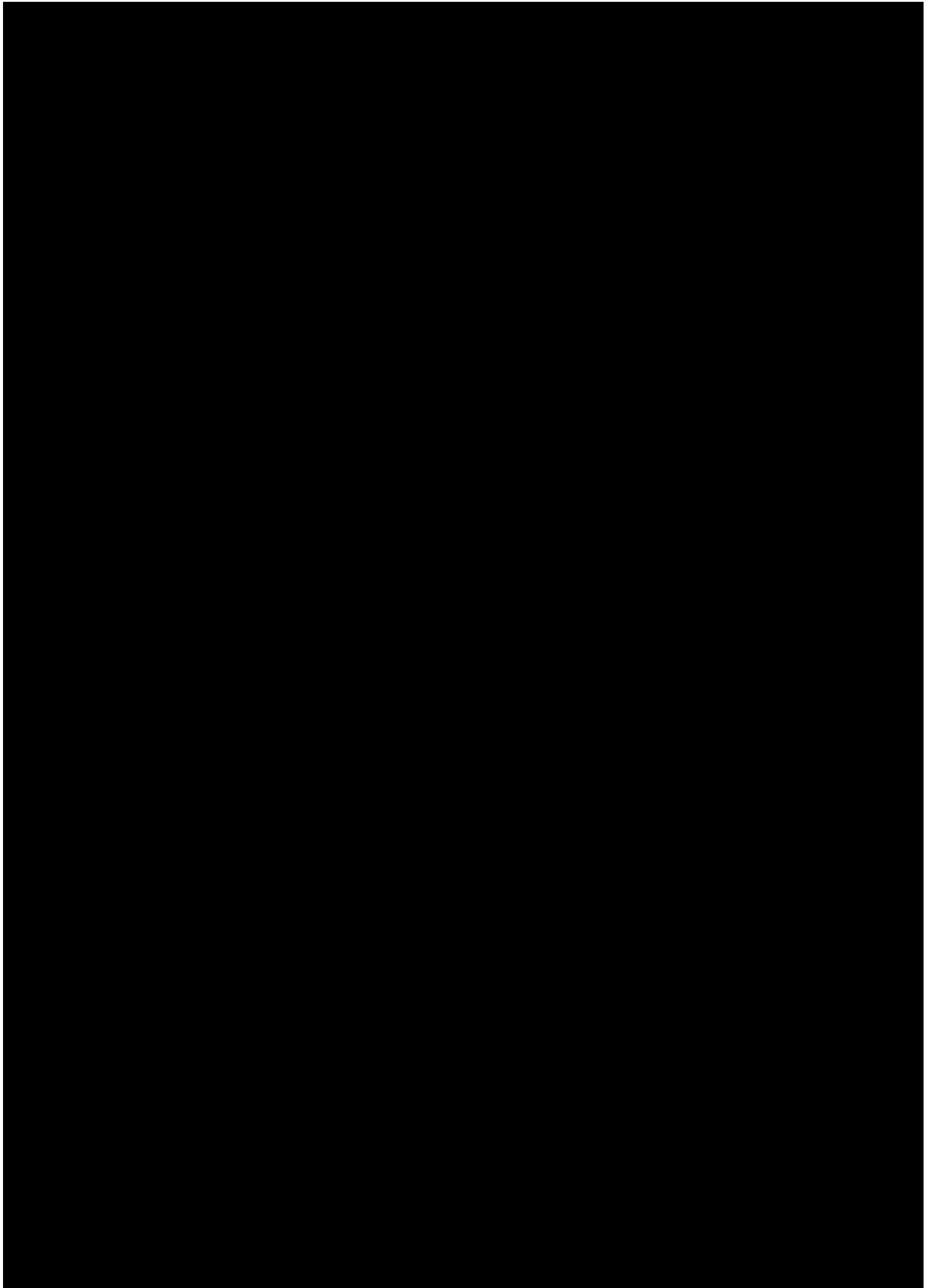
In conclusion, the authors conclude that the use of a 3D model of the head and neck is a promising approach to study the effects of head and neck postures. However, the authors also acknowledge the limitations of the study and suggest that future studies should use a more realistic model of the head and neck to improve the accuracy of the results.

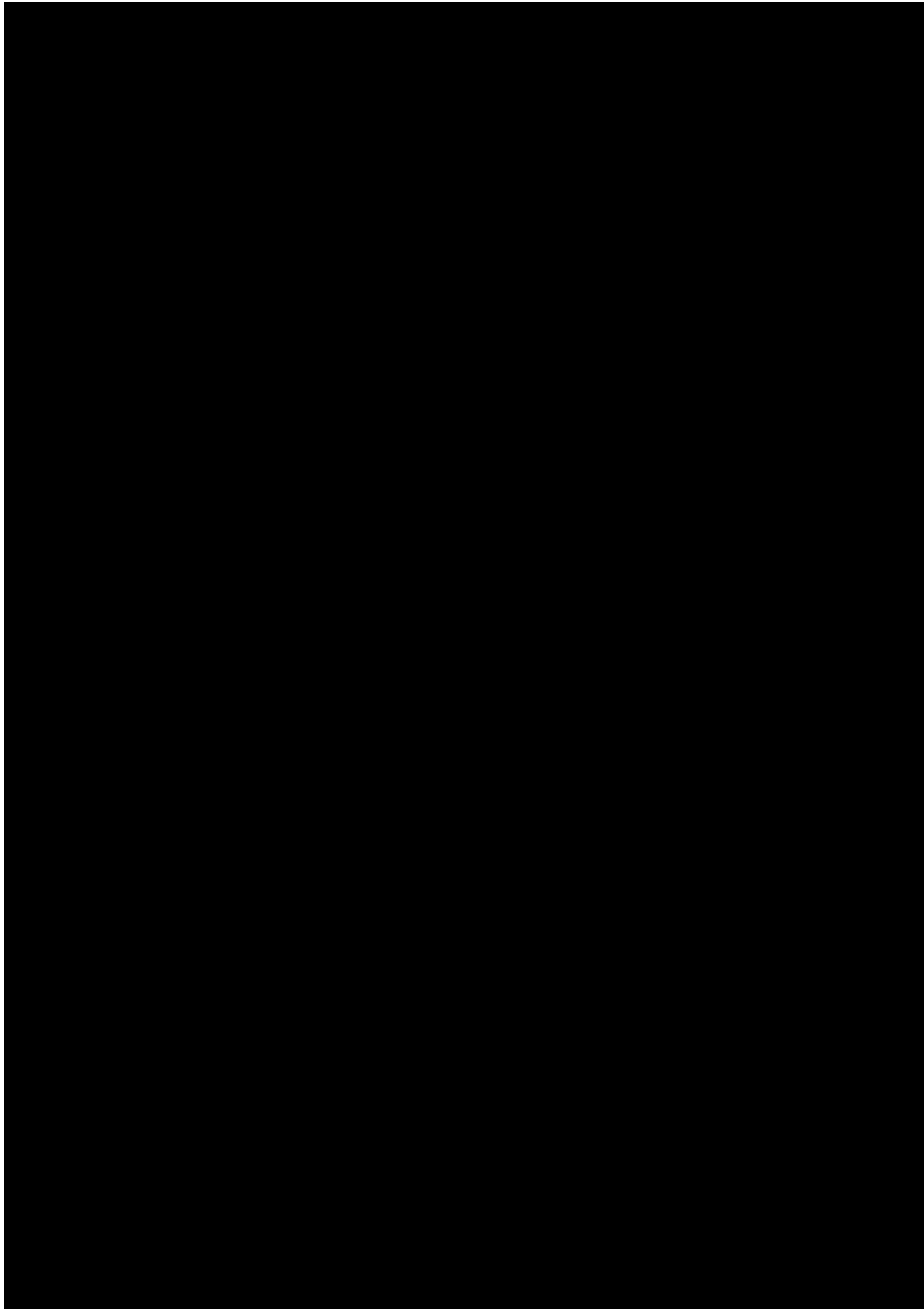
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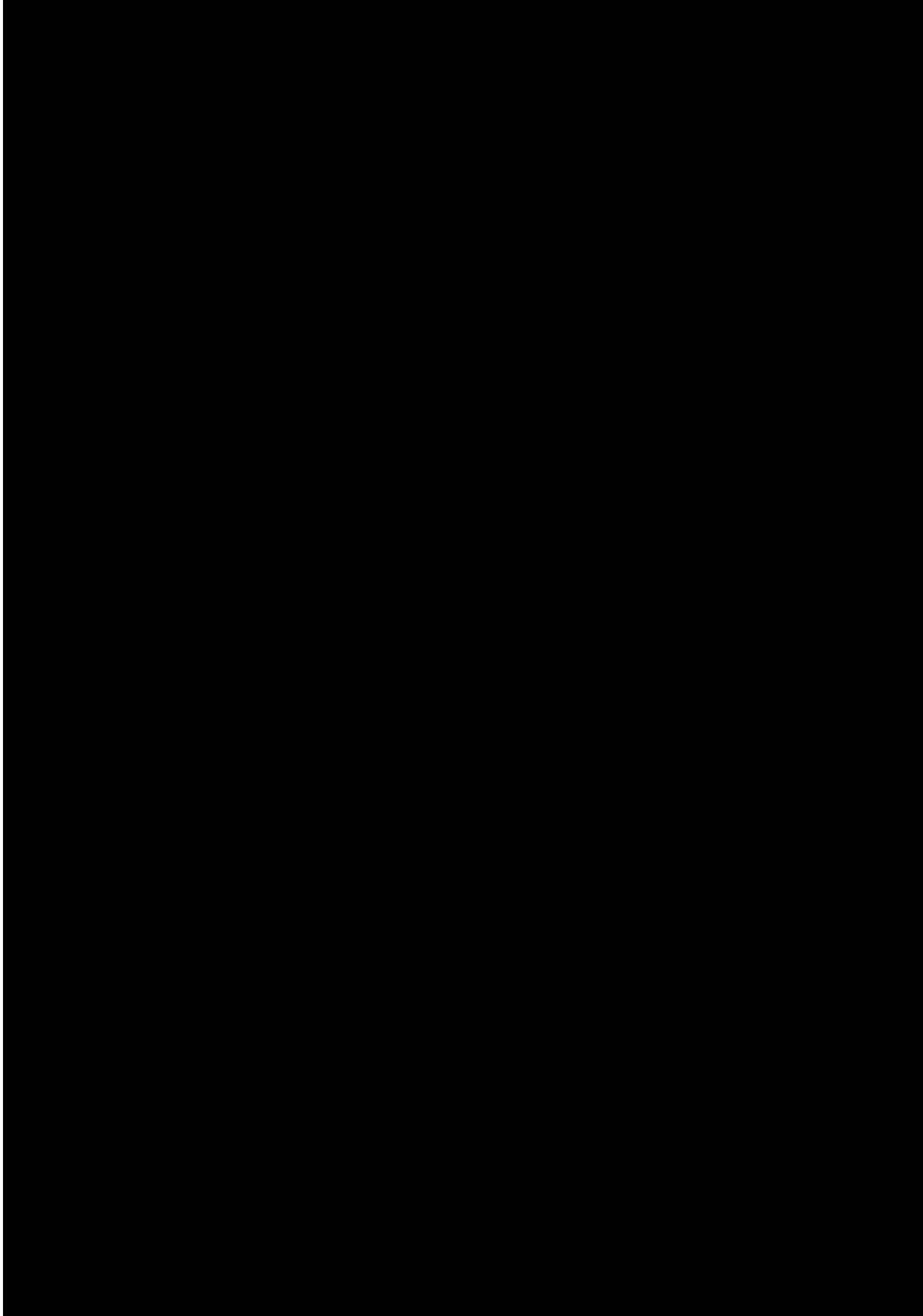
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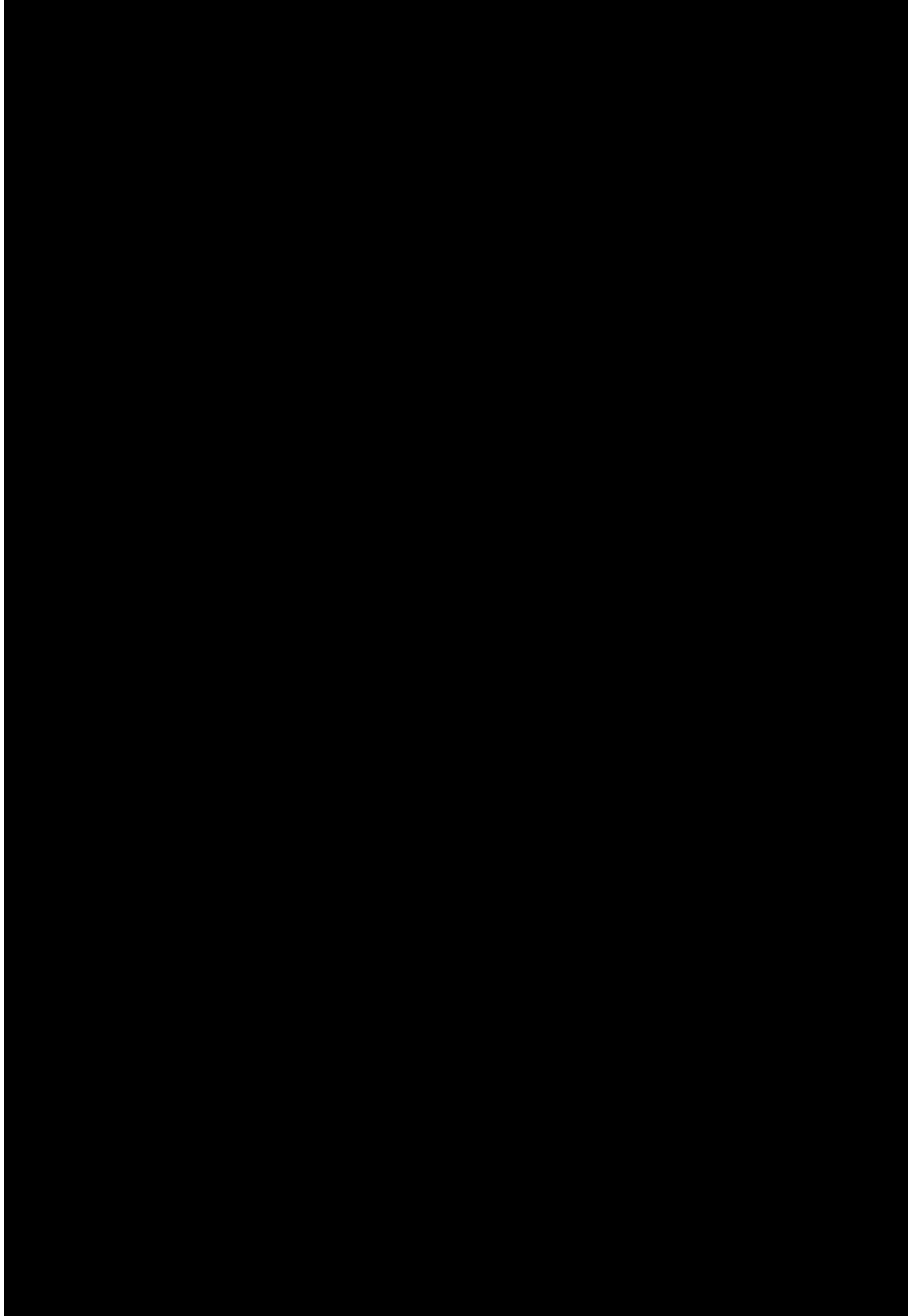




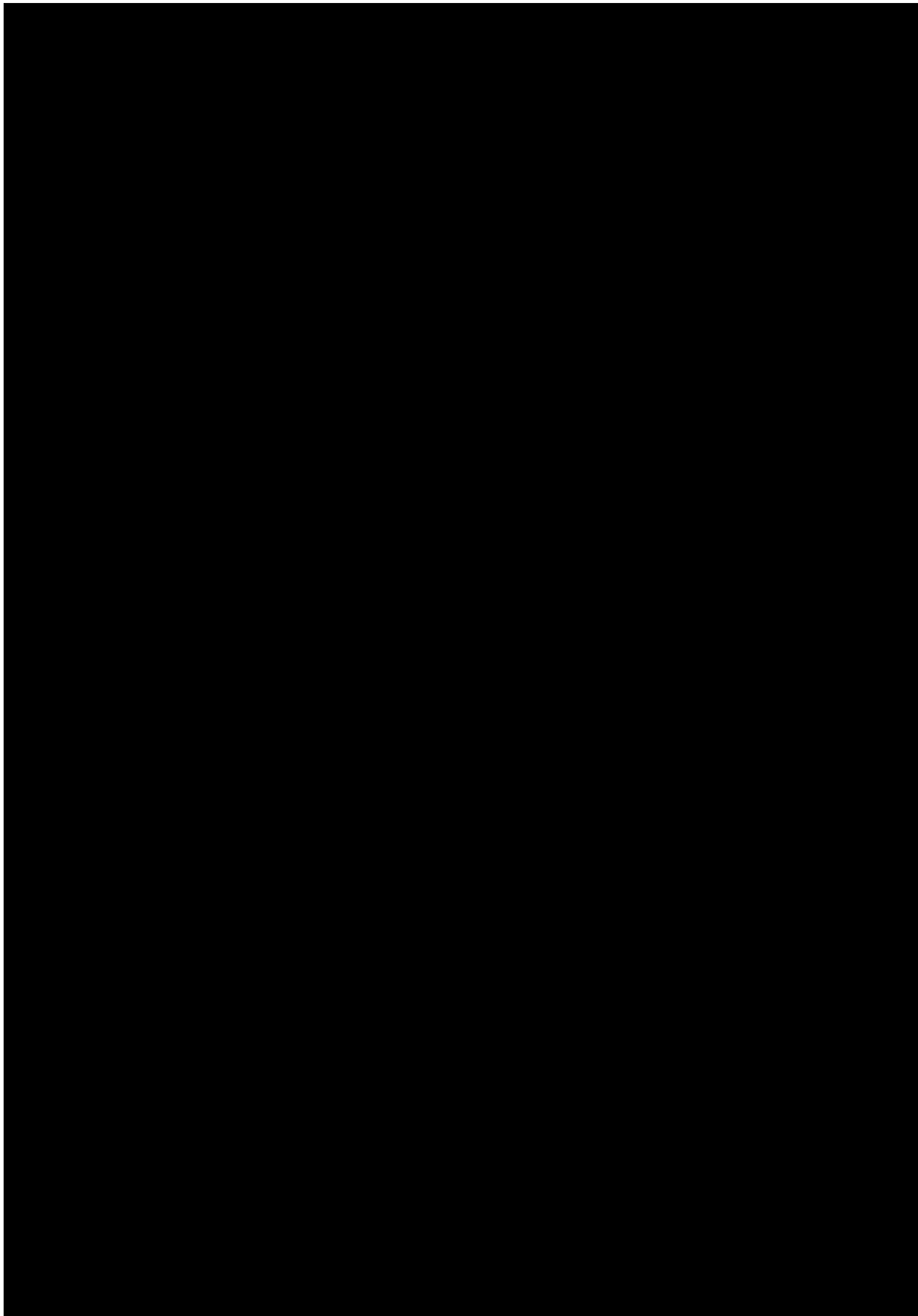


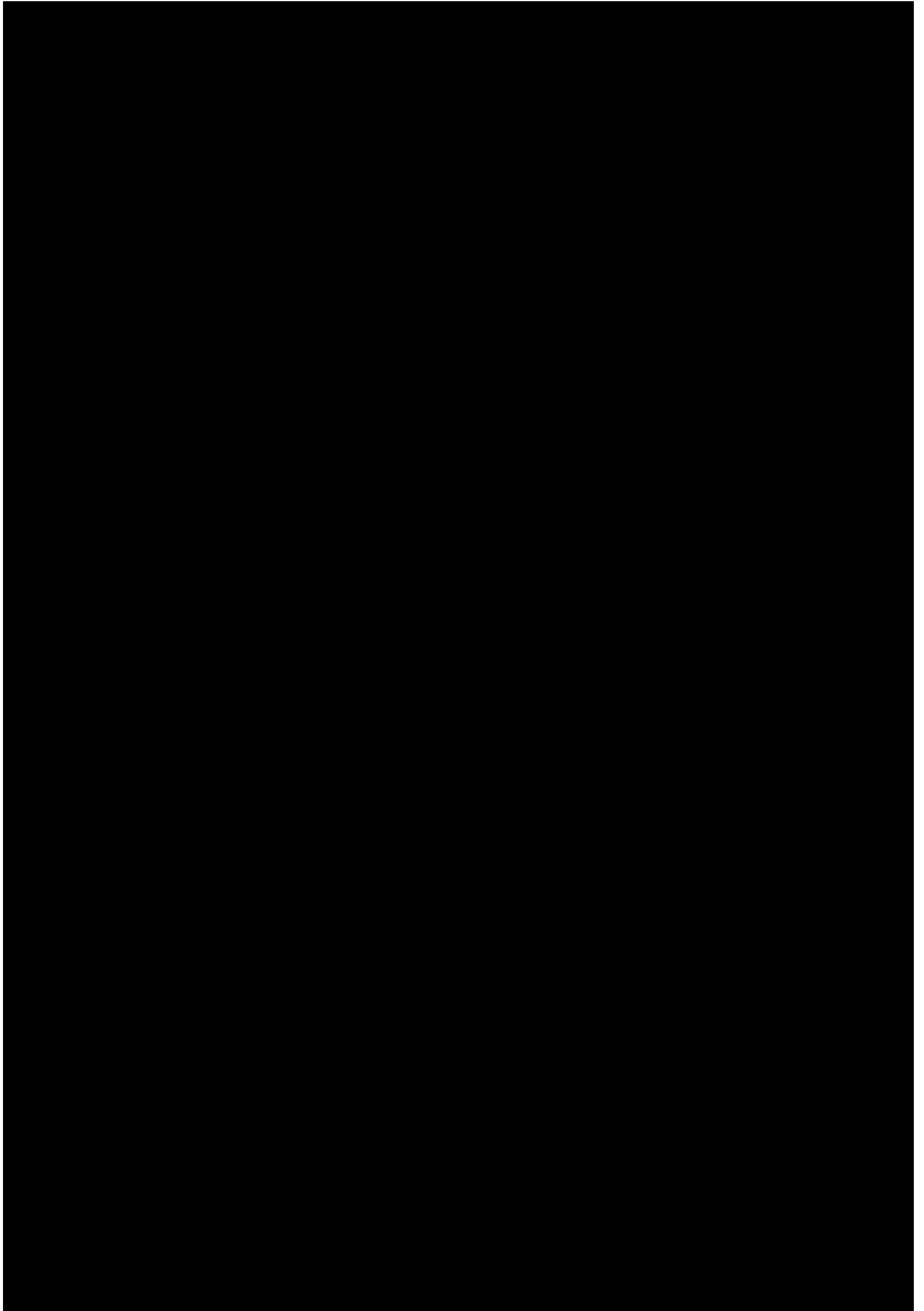


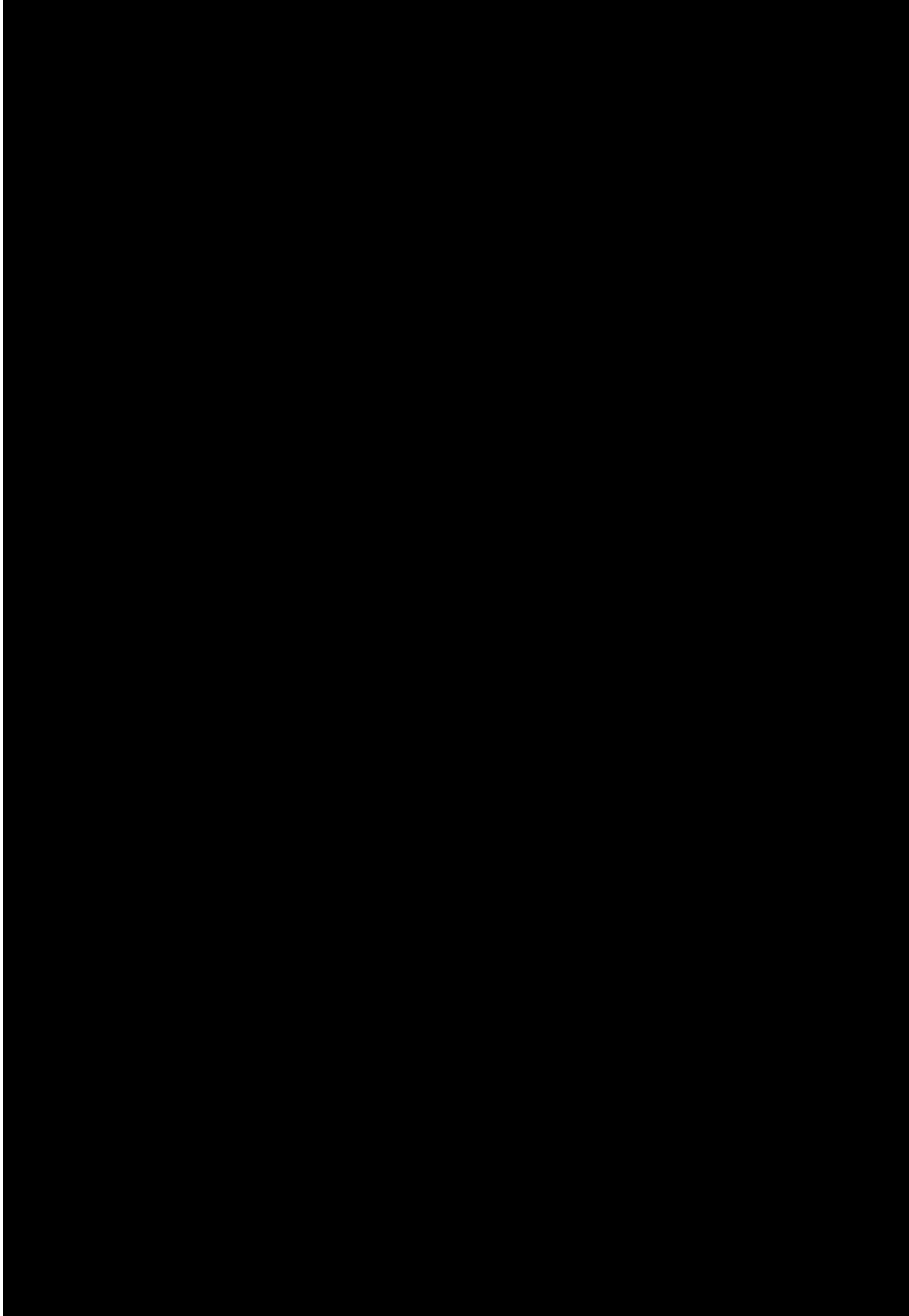


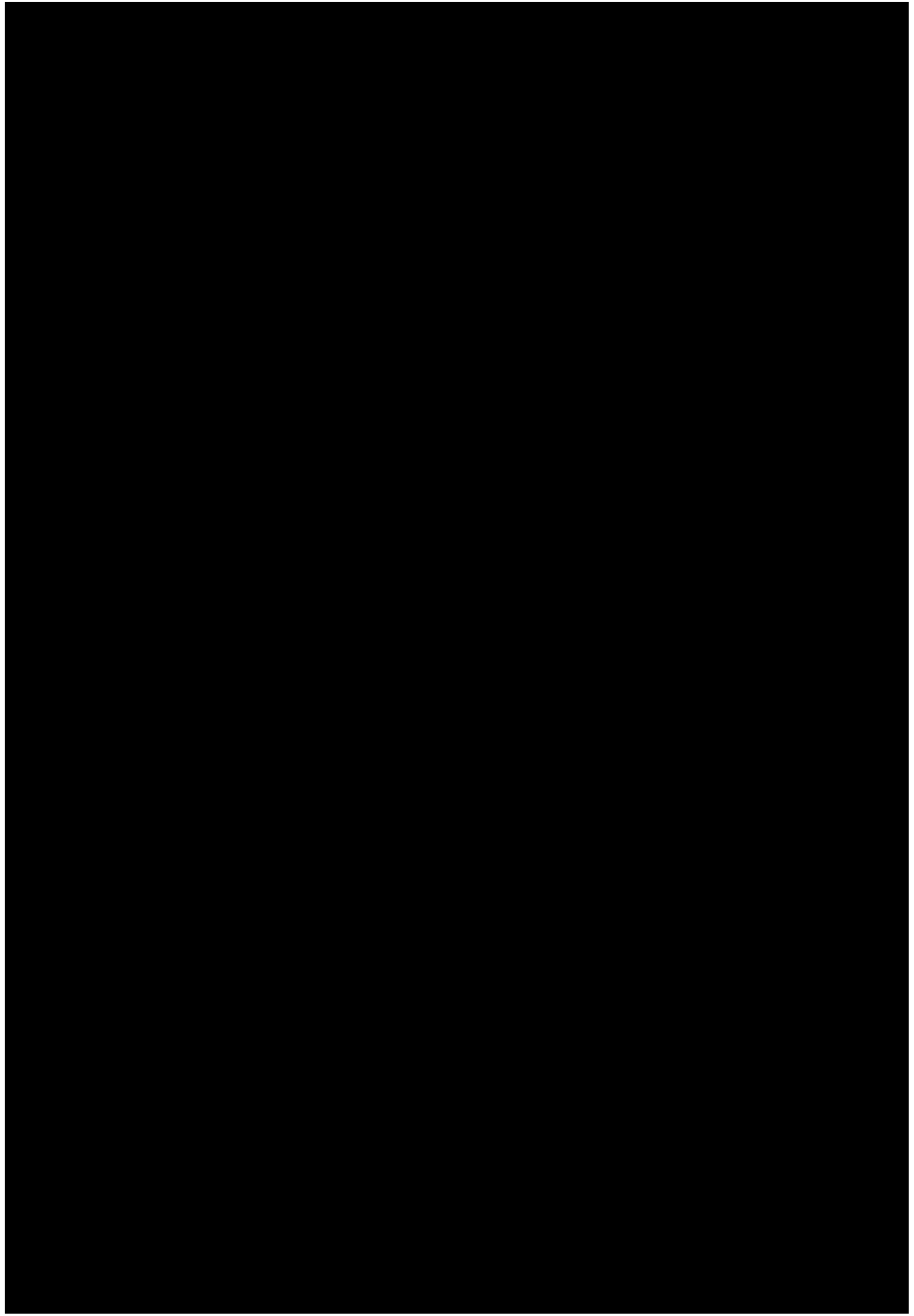


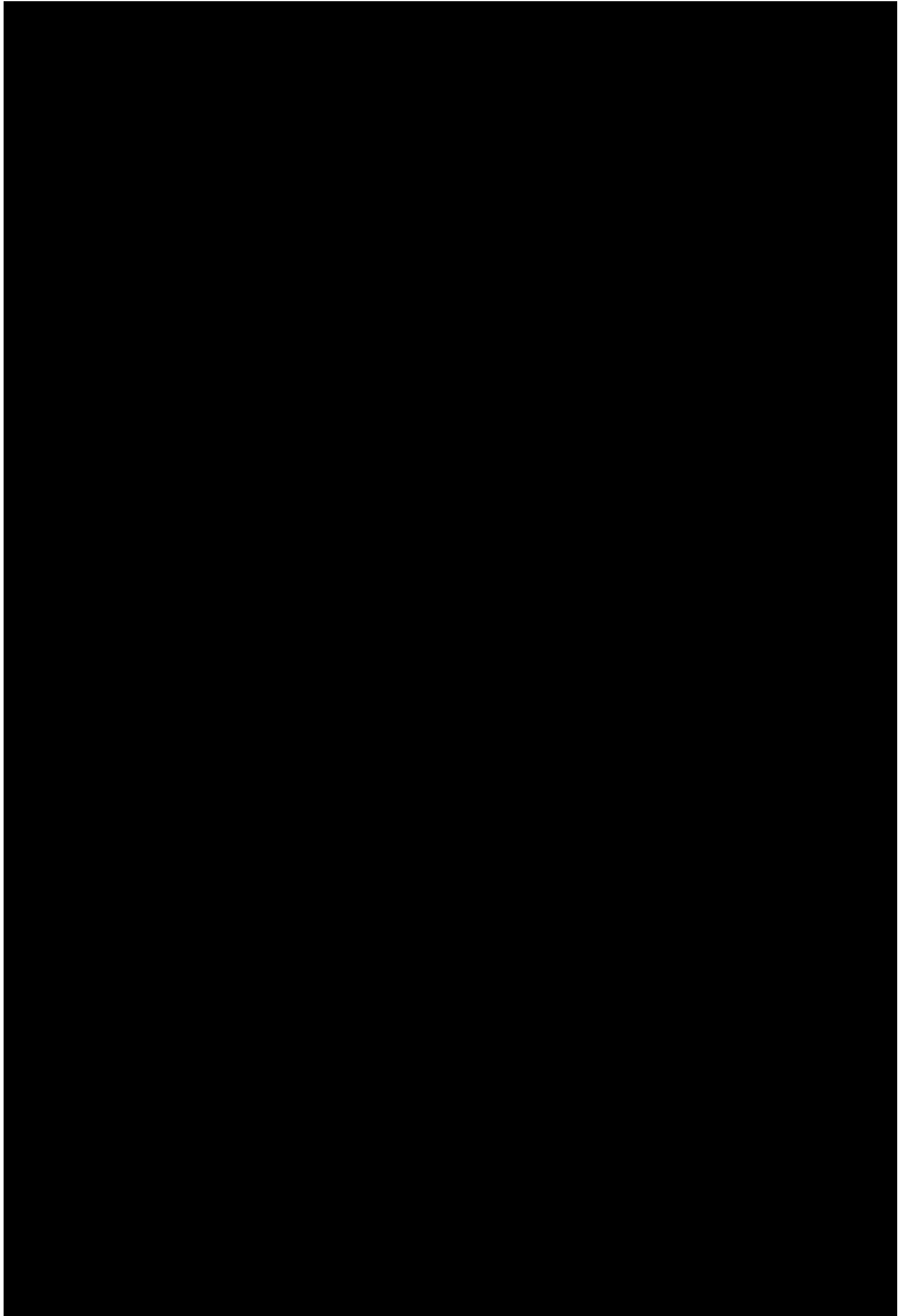


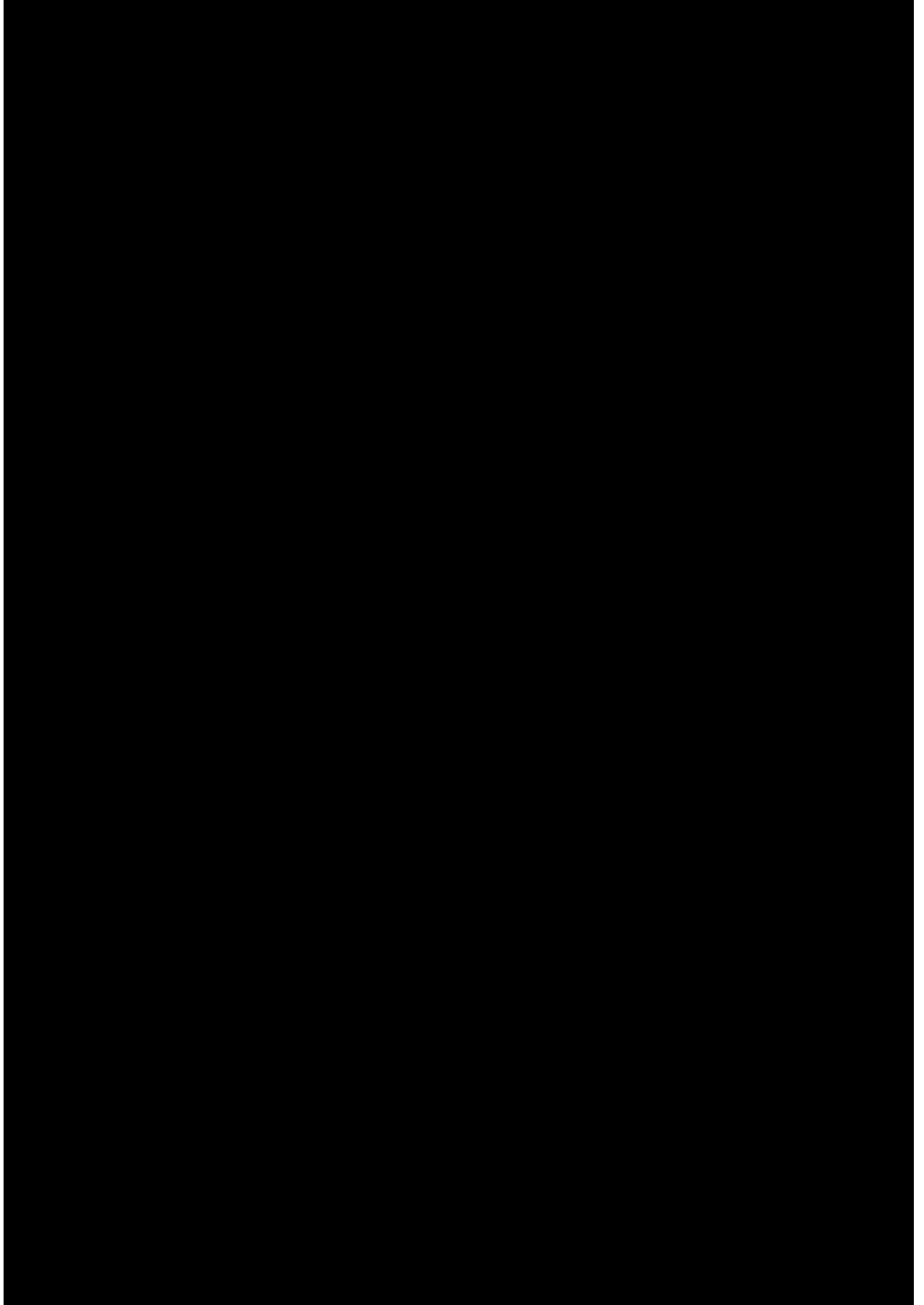


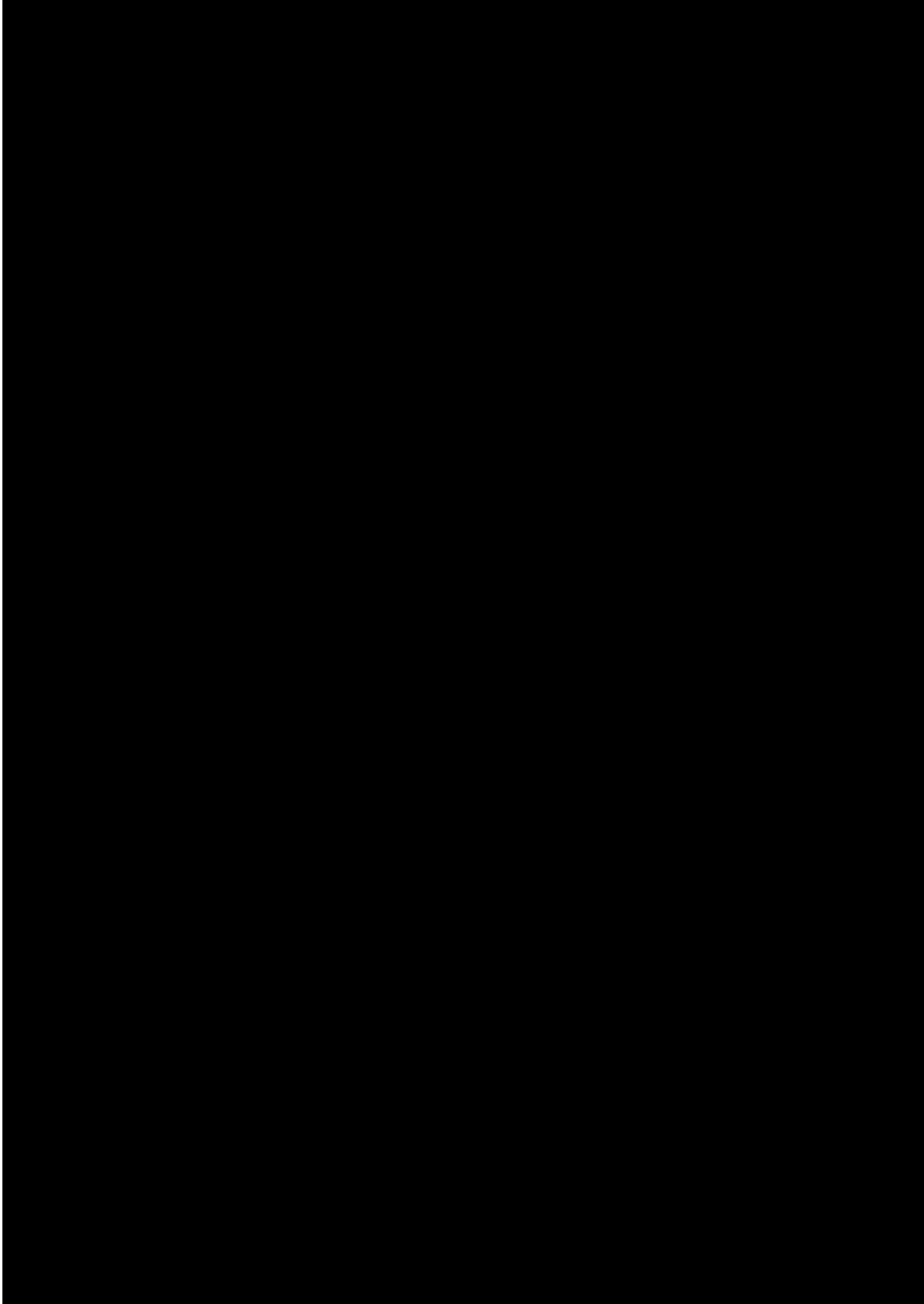


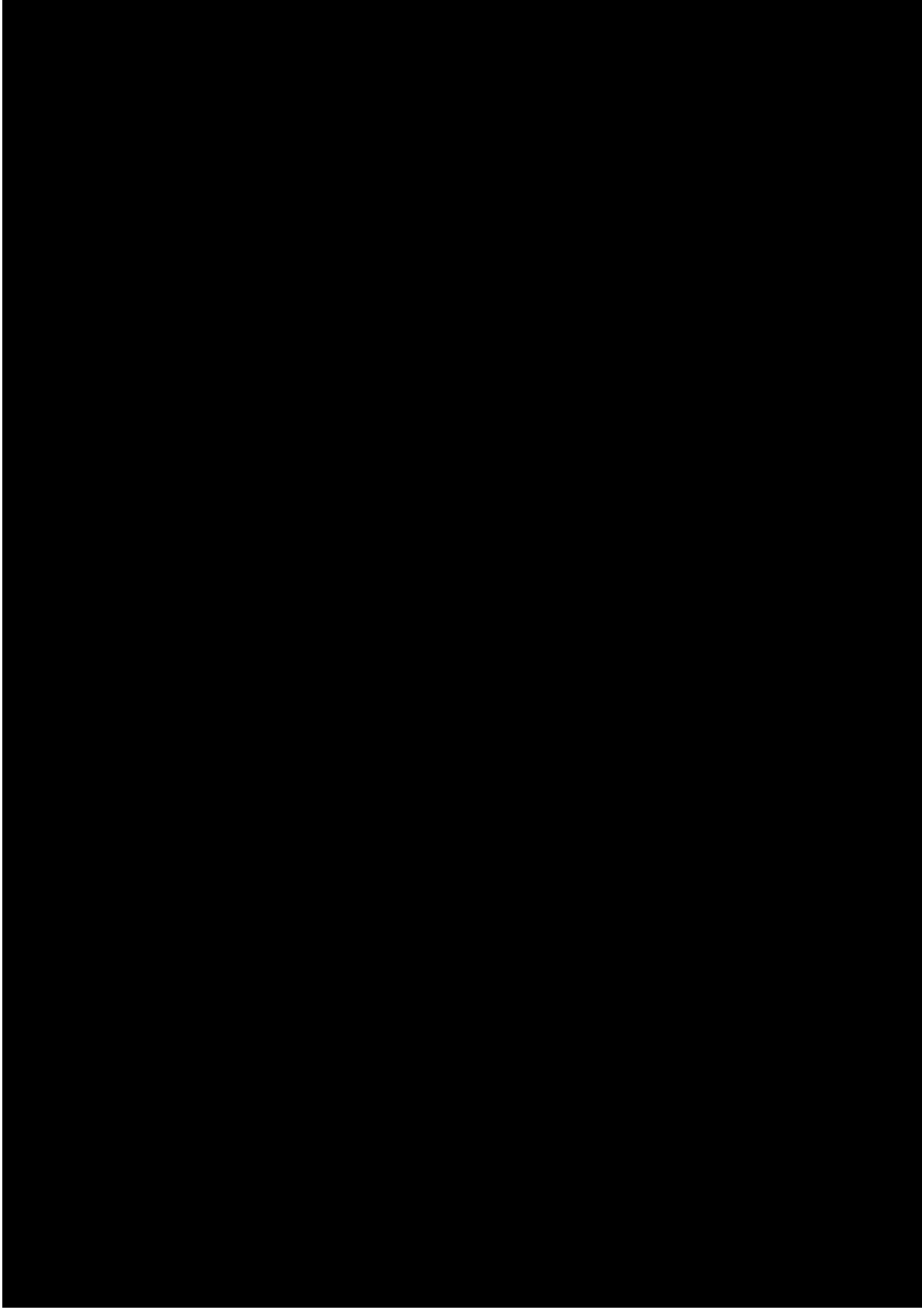




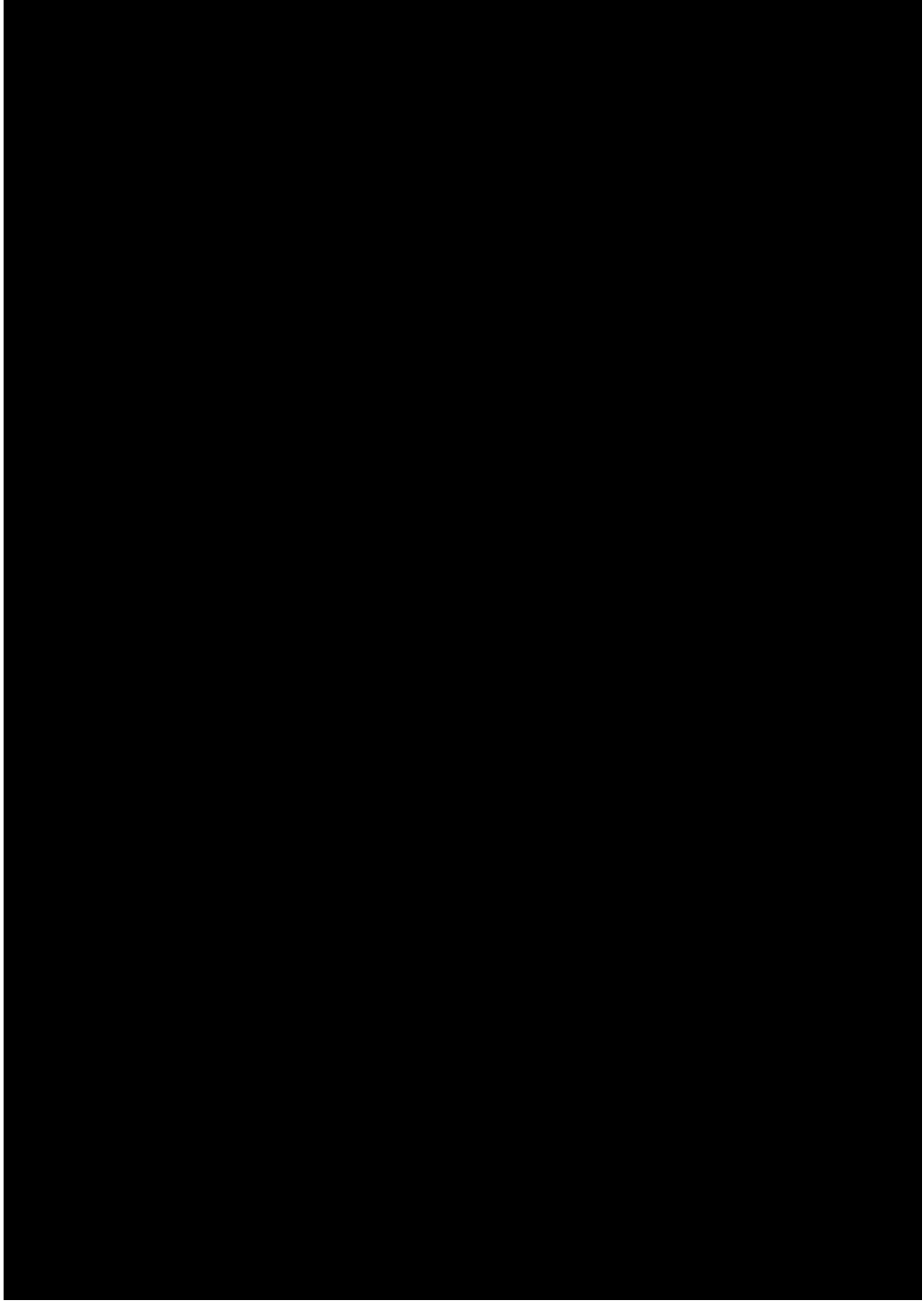


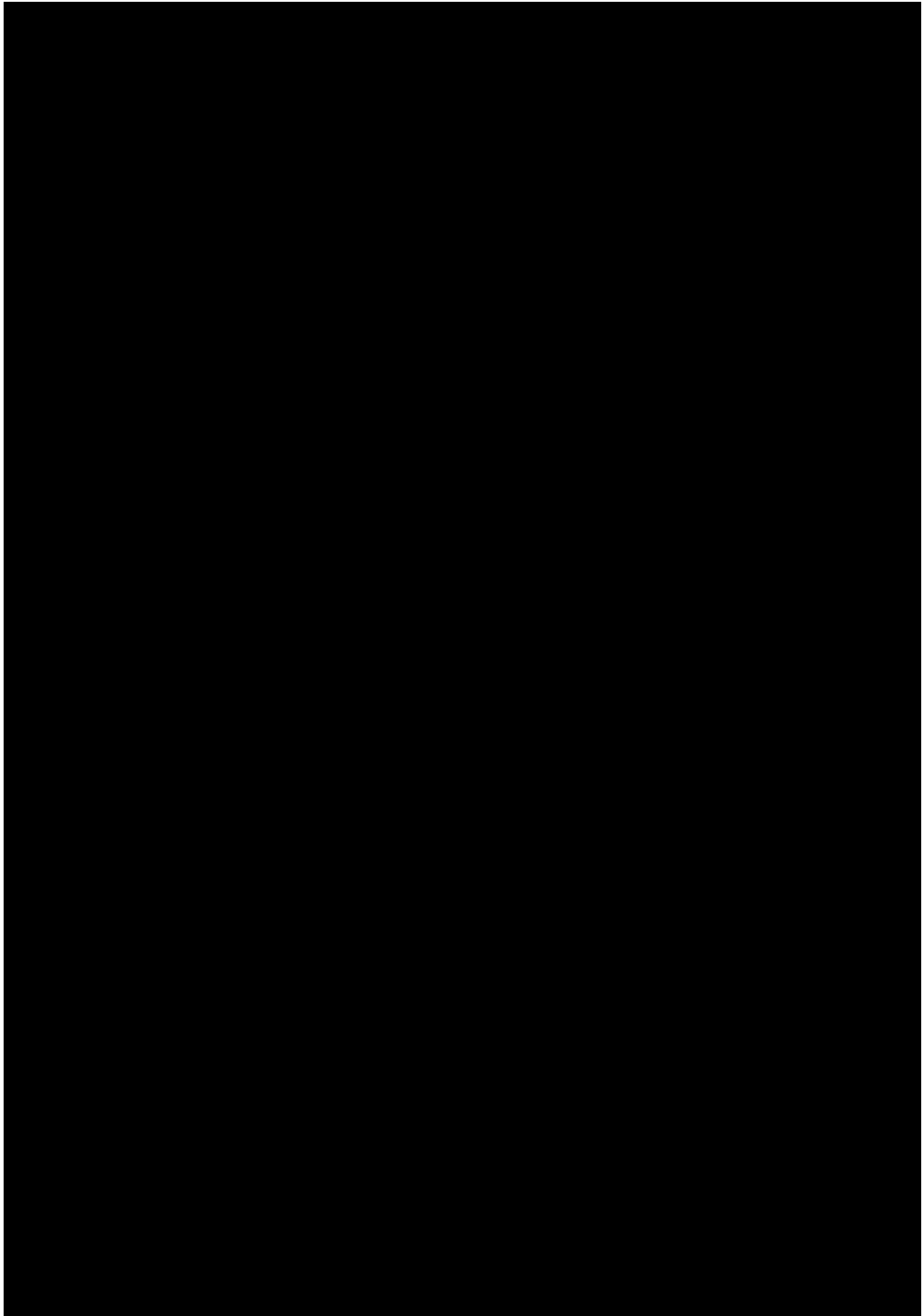








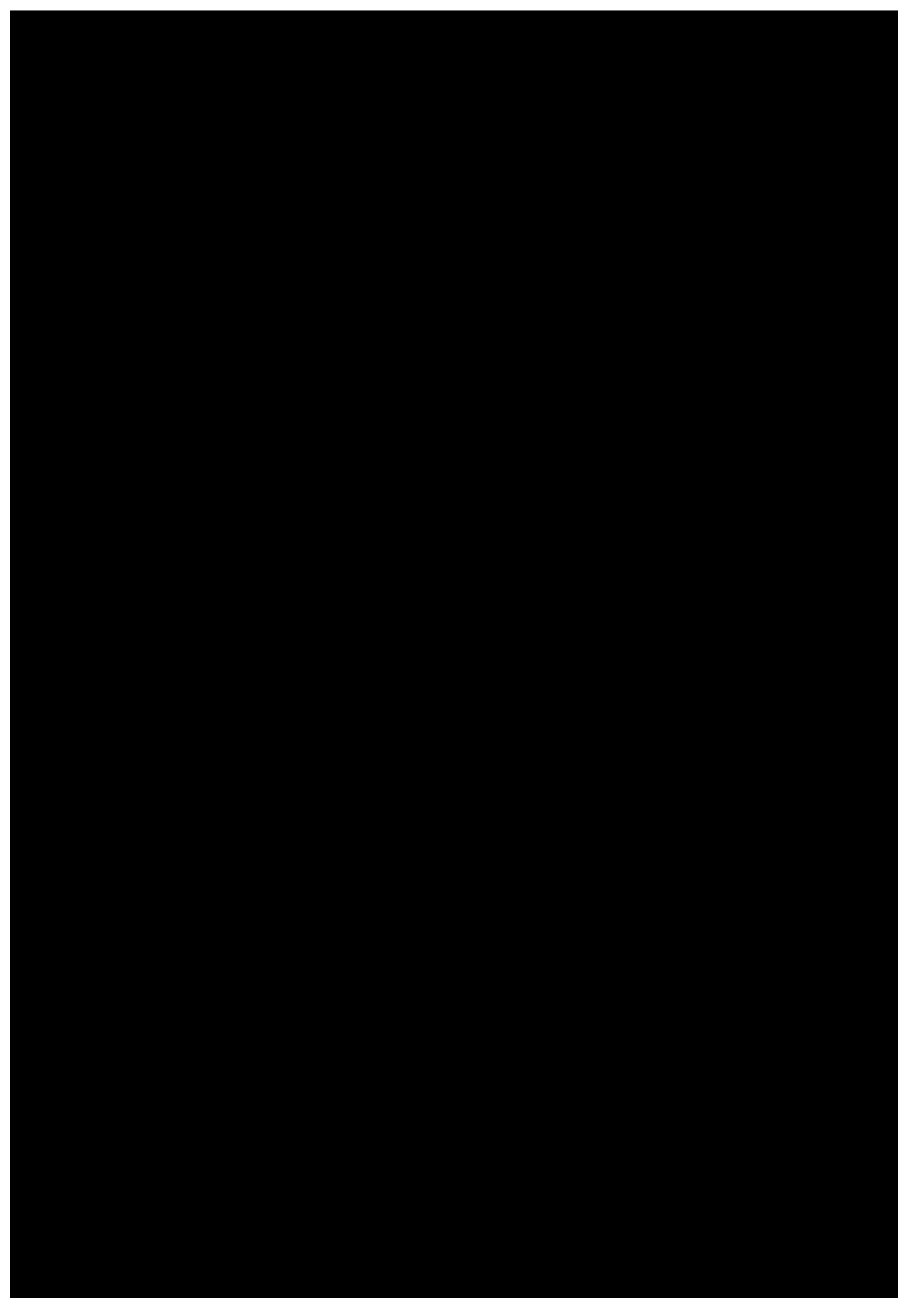


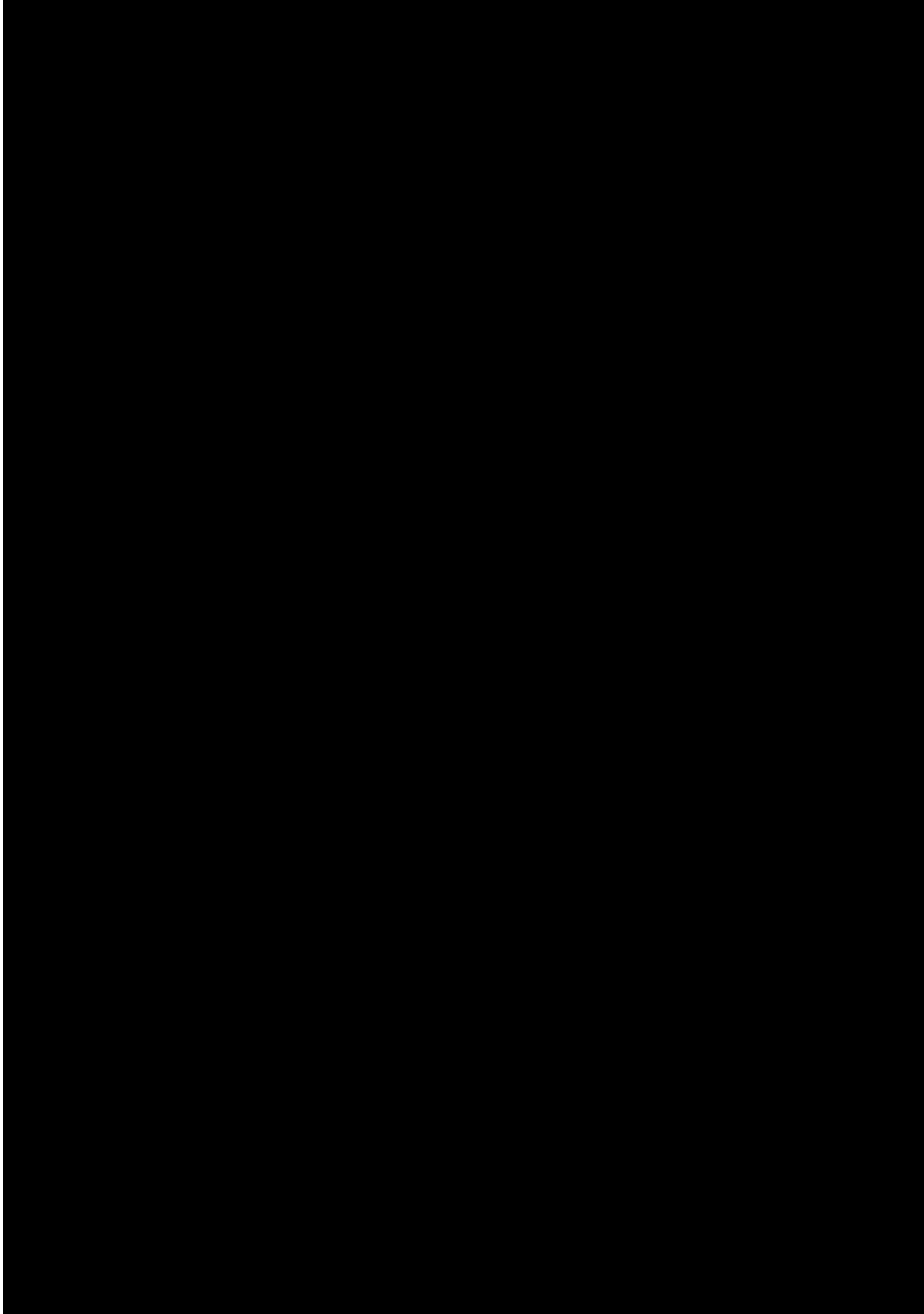


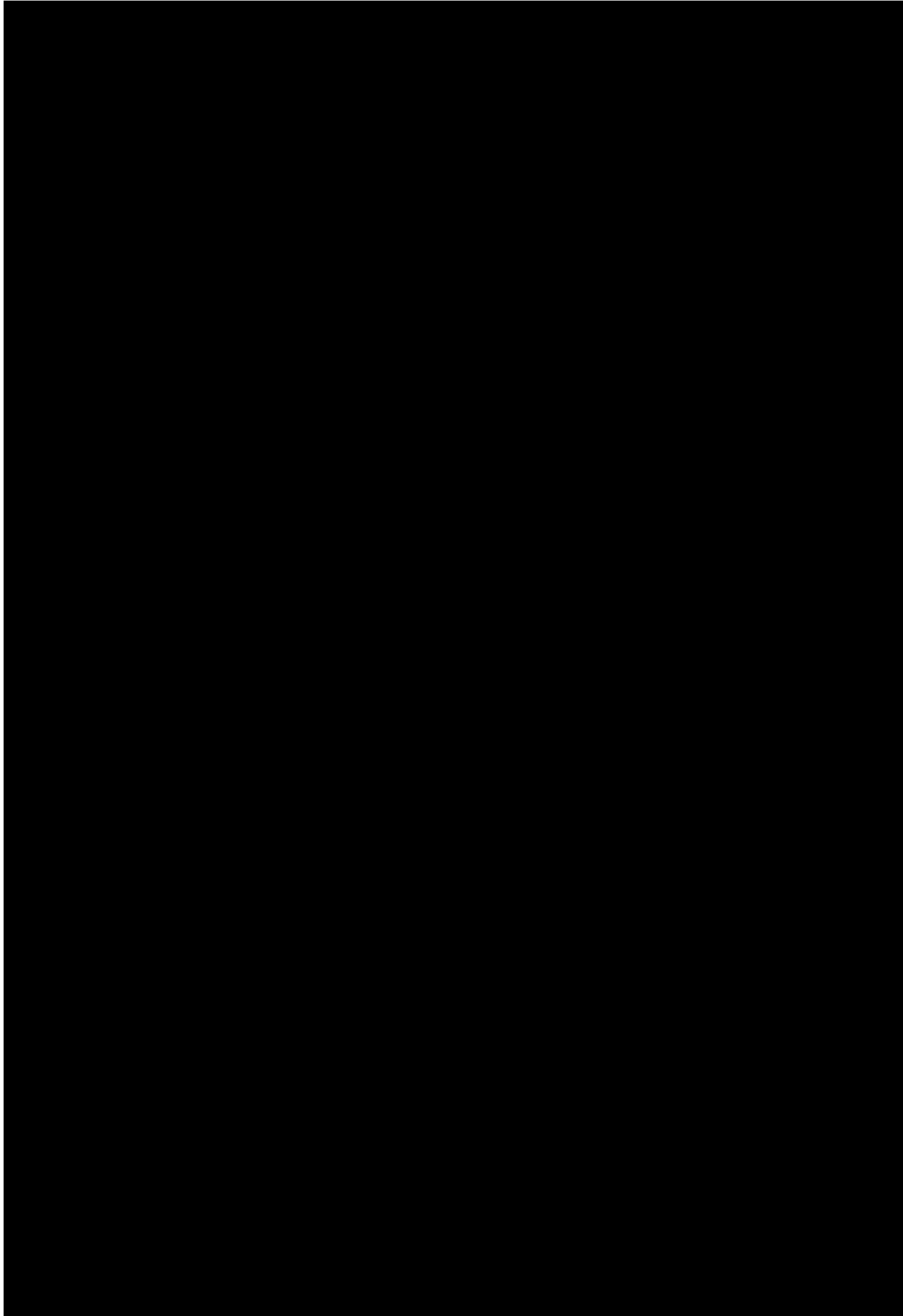
The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document provides a detailed list of items that should be tracked, such as inventory levels, accounts payable, and accounts receivable. It also outlines the procedures for recording these transactions, including the use of double-entry bookkeeping to ensure that the books are balanced.

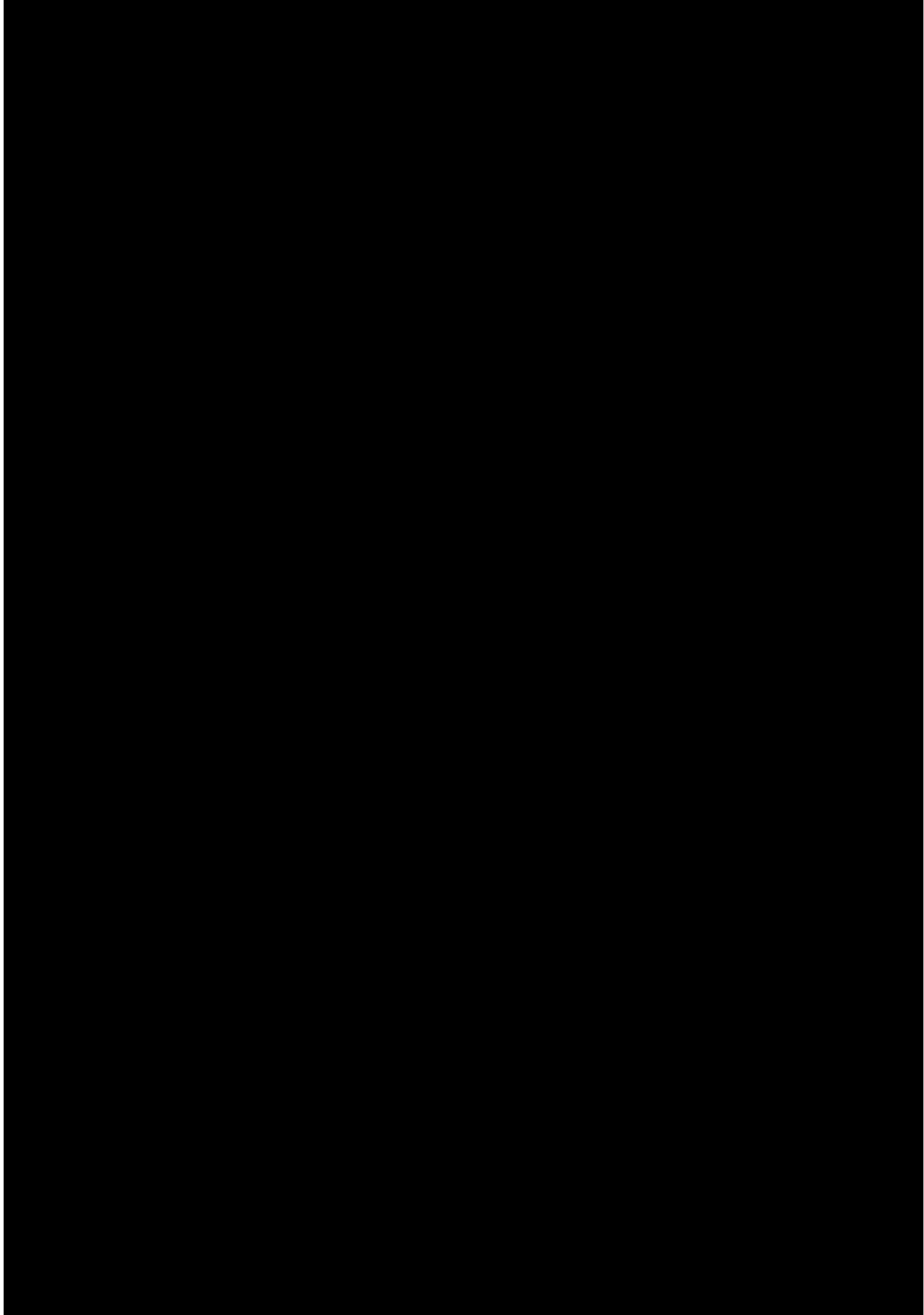
The second part of the document focuses on the analysis of the recorded data. It explains how to calculate key financial ratios and metrics, such as the gross profit margin, net profit margin, and return on investment. These calculations are essential for understanding the company's financial performance and identifying areas for improvement. The document also discusses the importance of comparing the company's performance against industry benchmarks and historical data to provide context for the results.

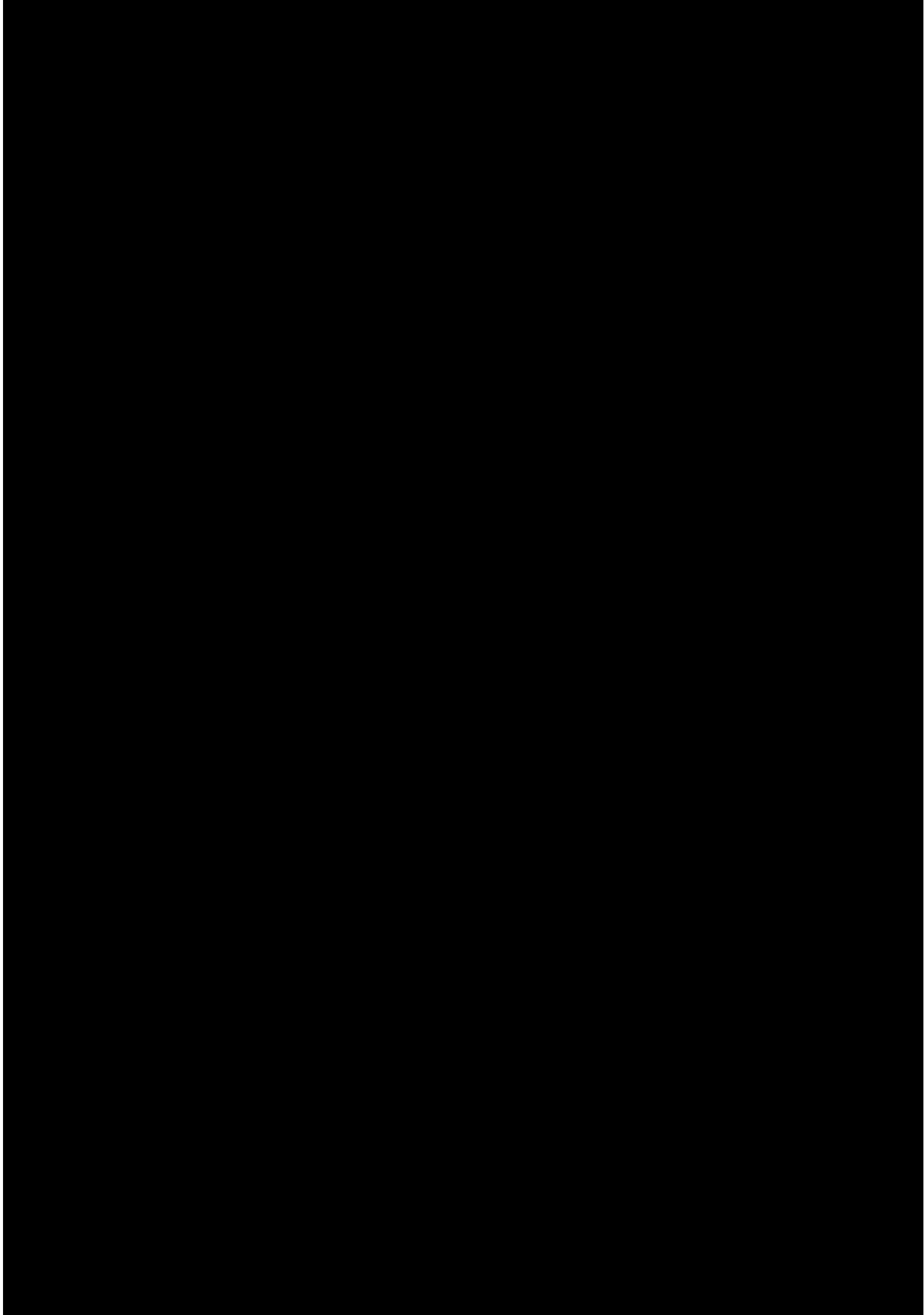
The final part of the document provides a summary of the findings and offers recommendations for future actions. It highlights the strengths of the company's financial management and identifies areas where further attention is needed. The document concludes by emphasizing the ongoing nature of financial management and the need for regular review and adjustment of the accounting system to ensure it remains effective and accurate.



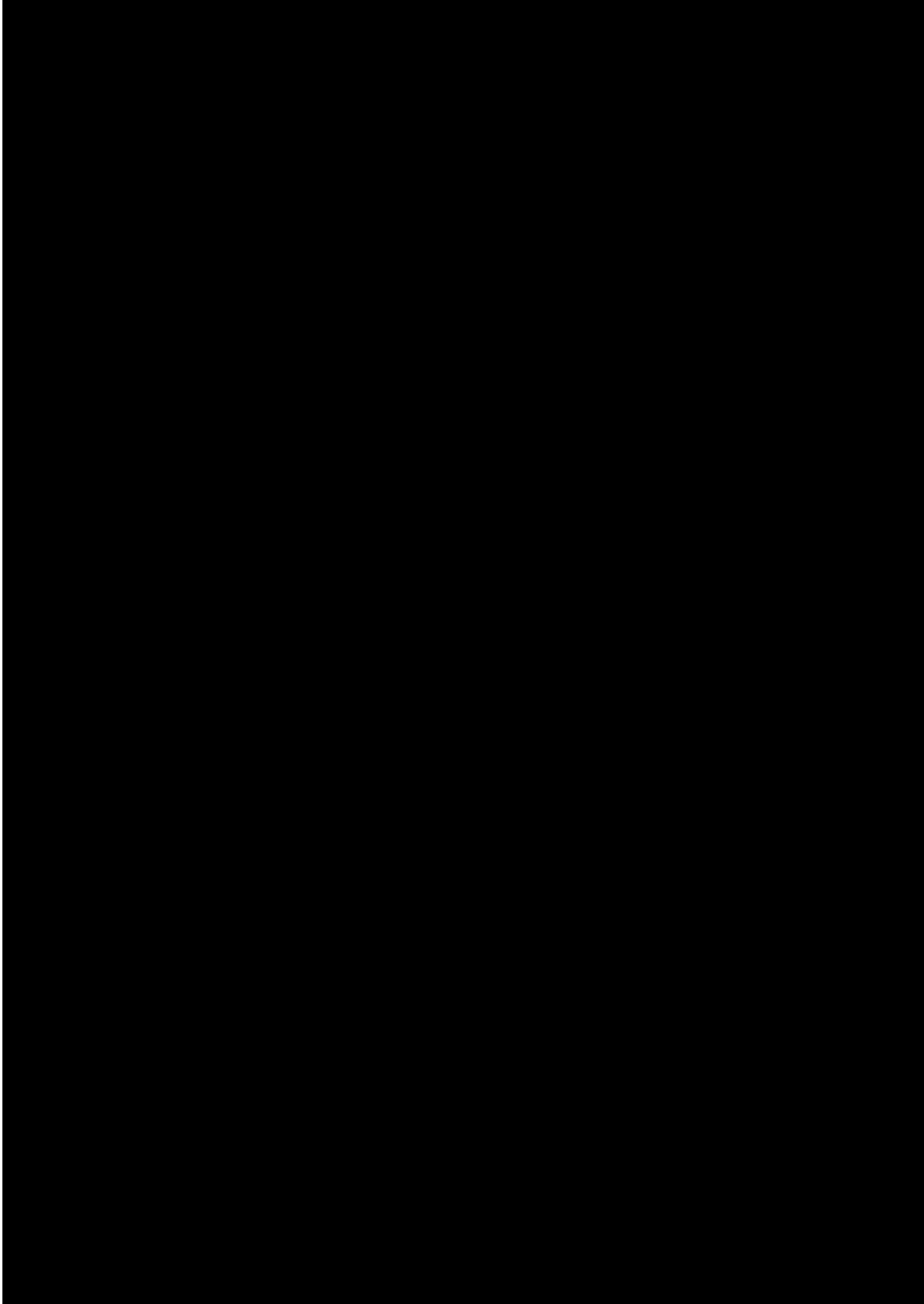


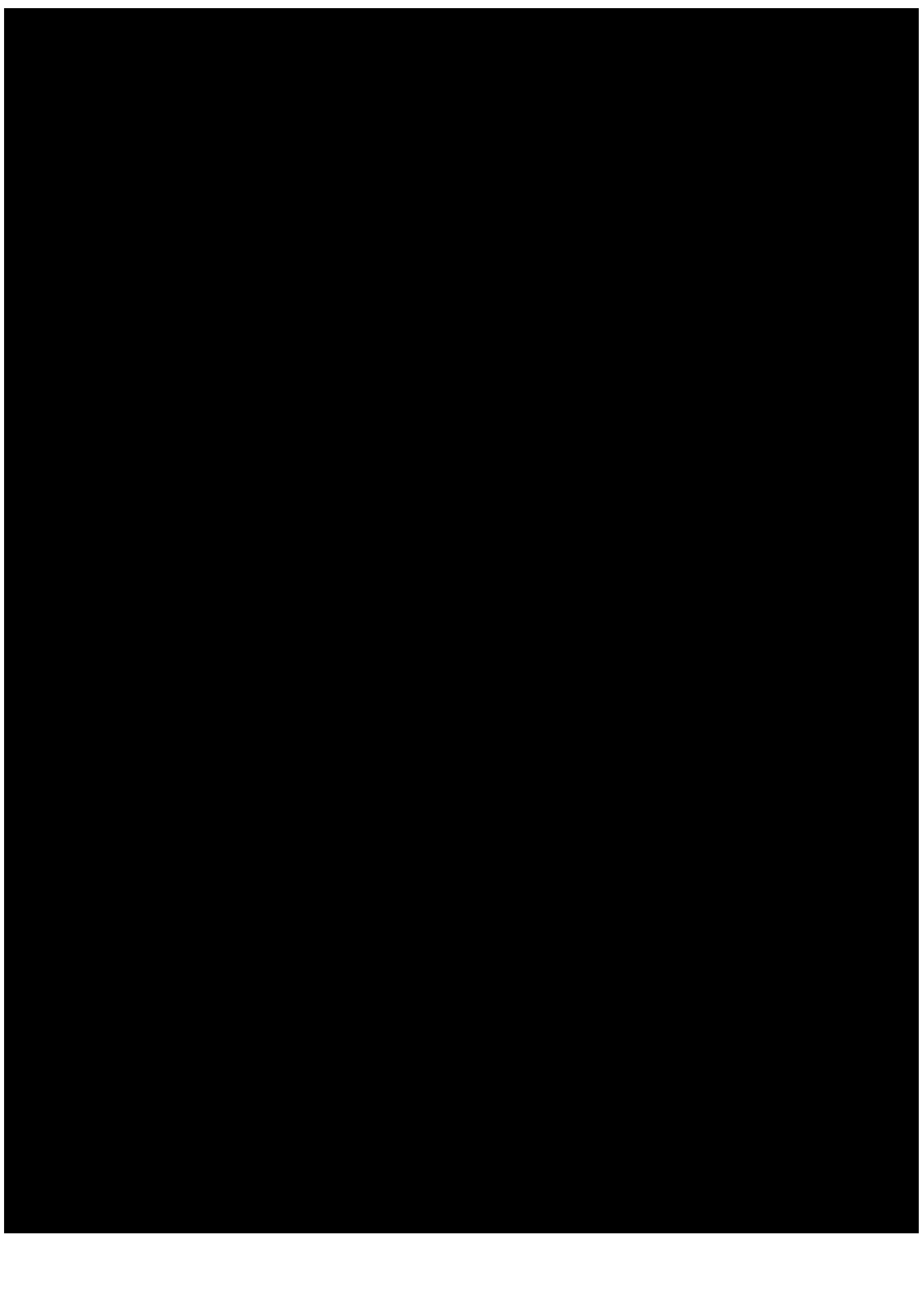






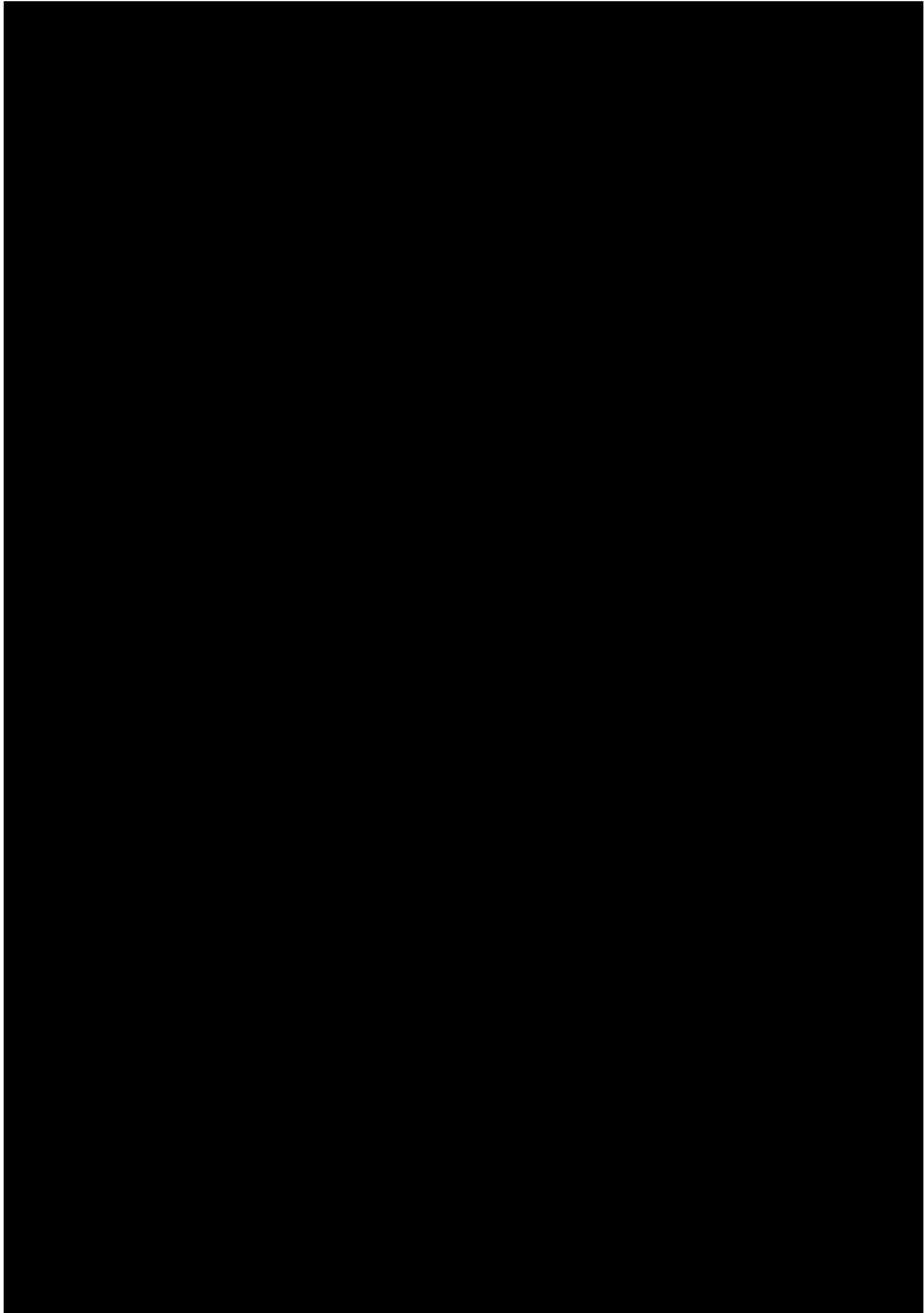


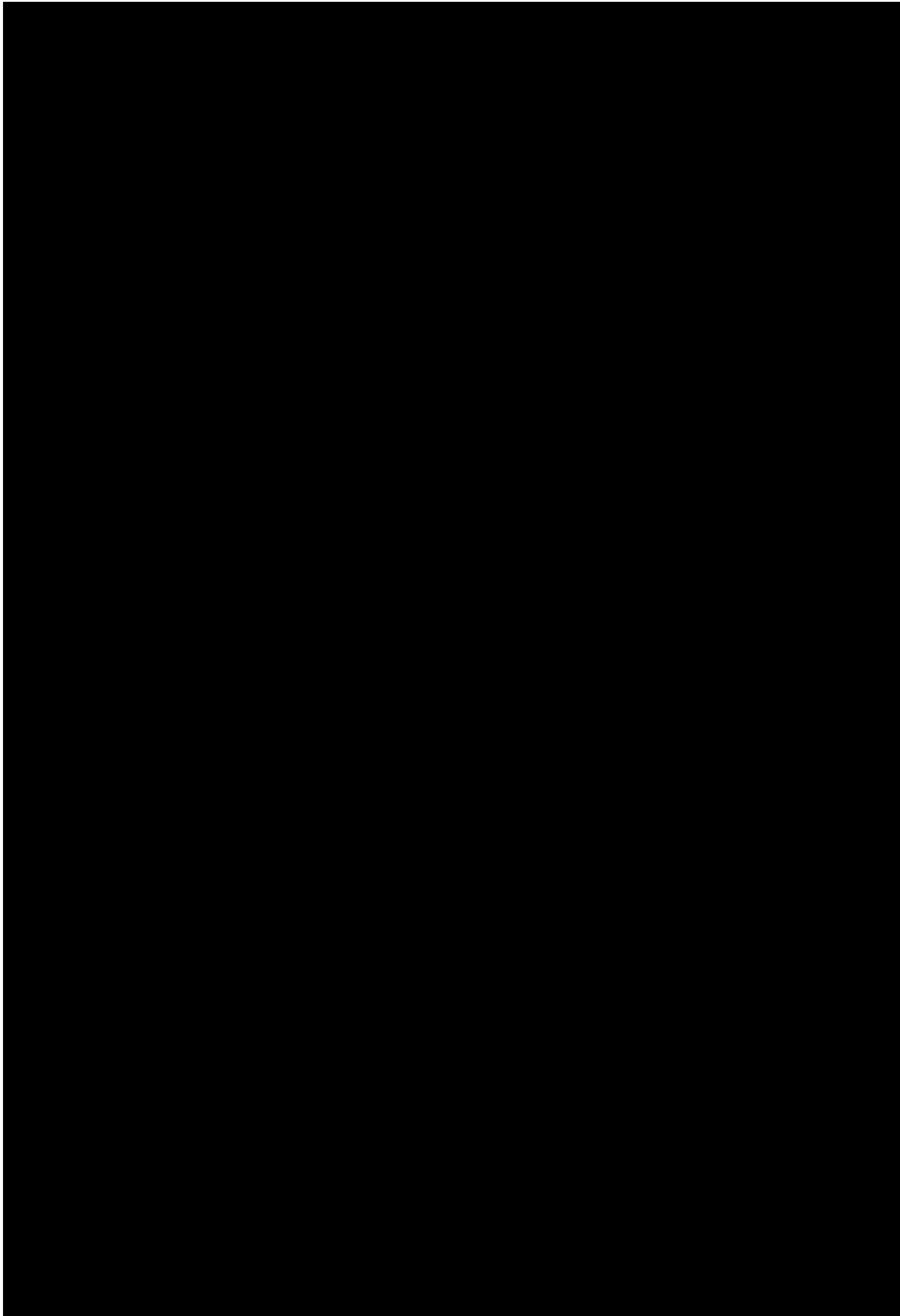


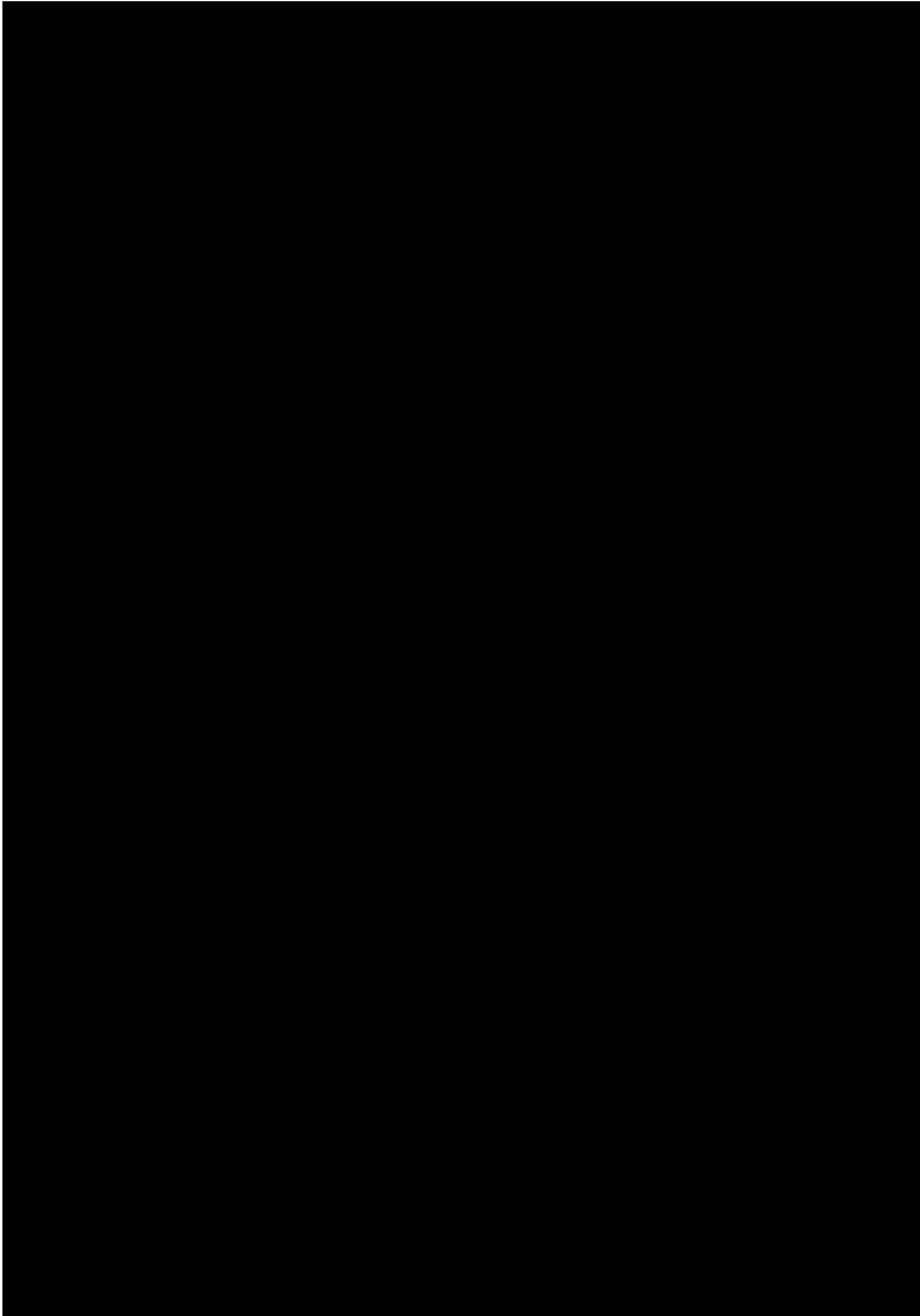


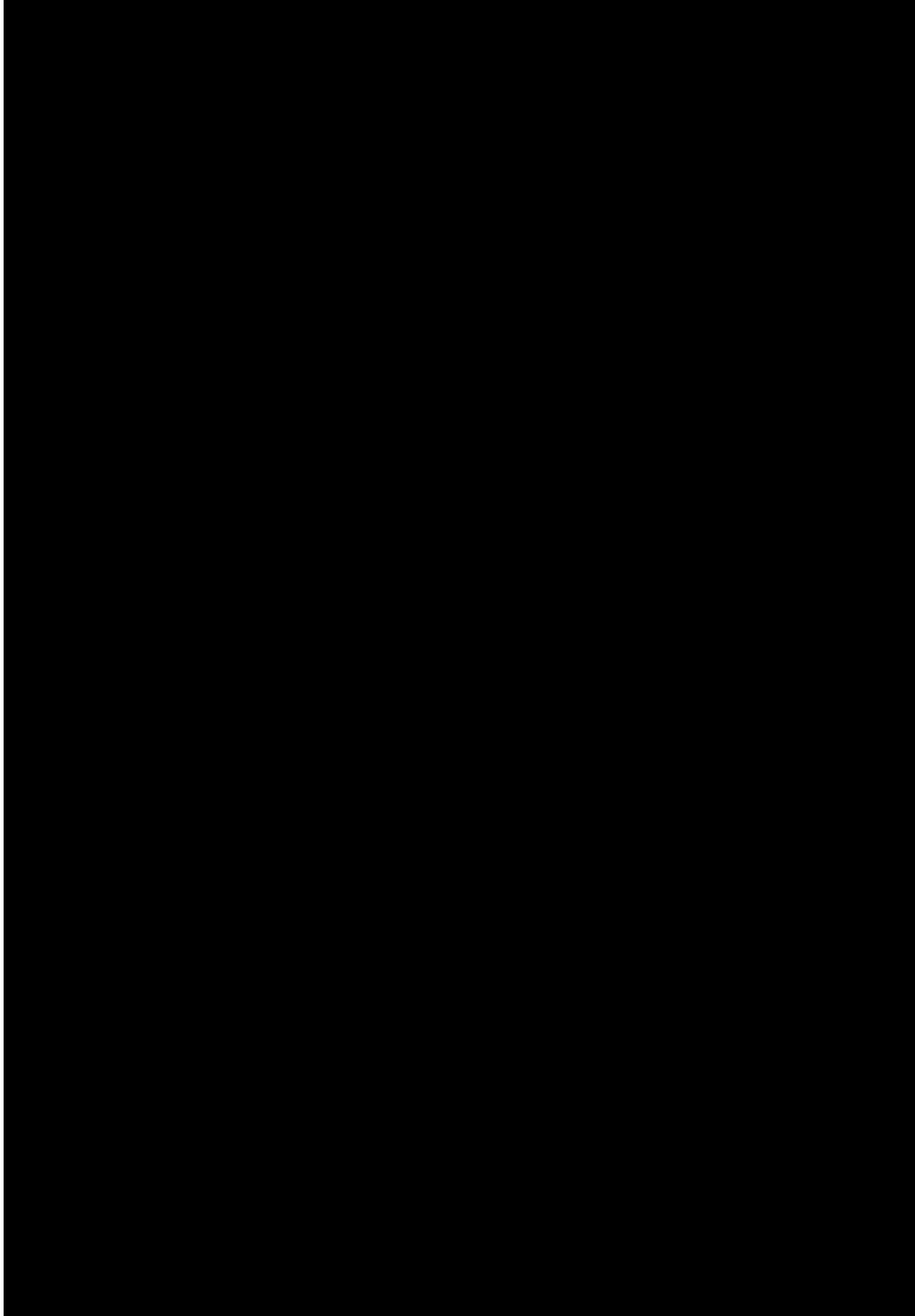




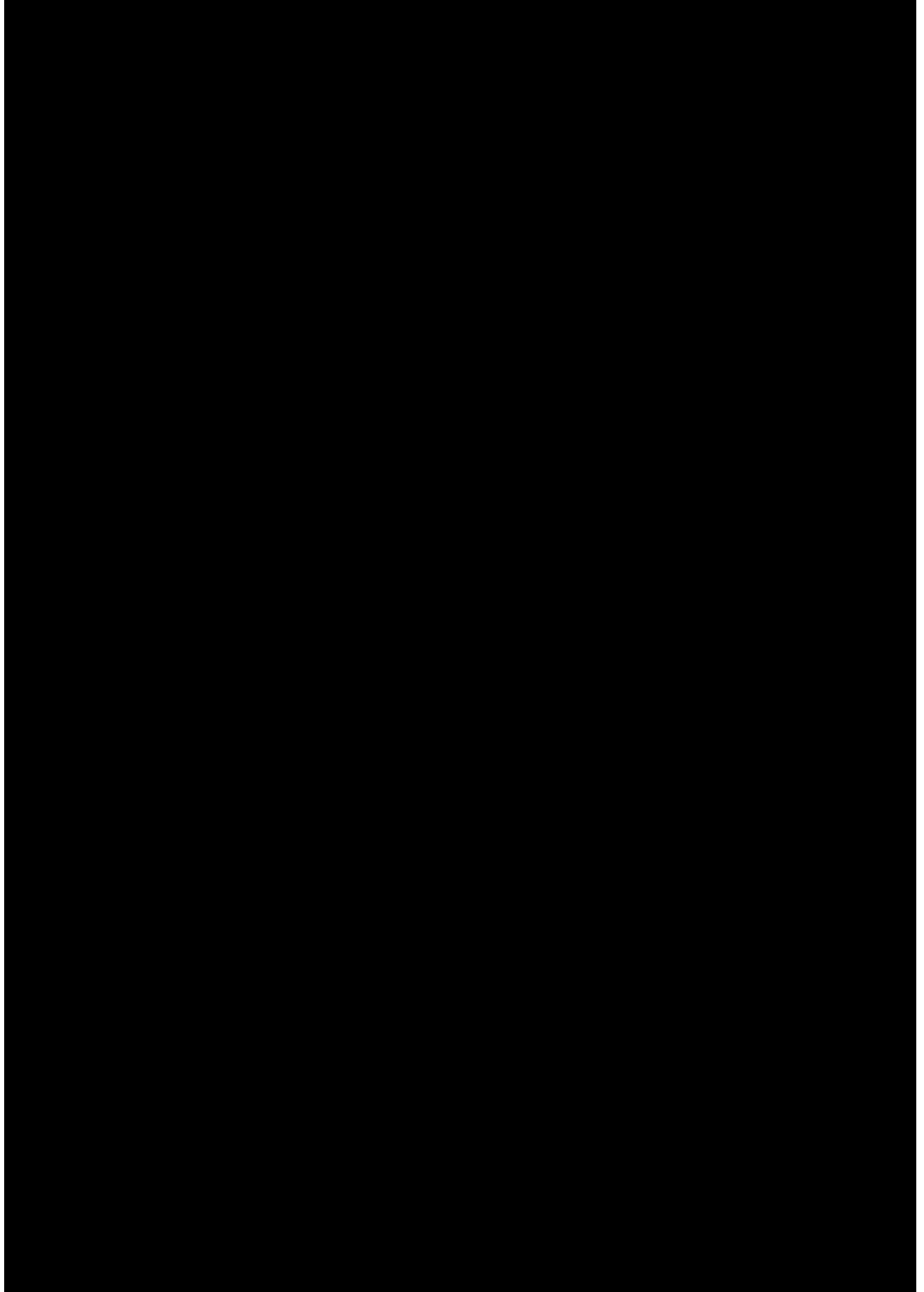


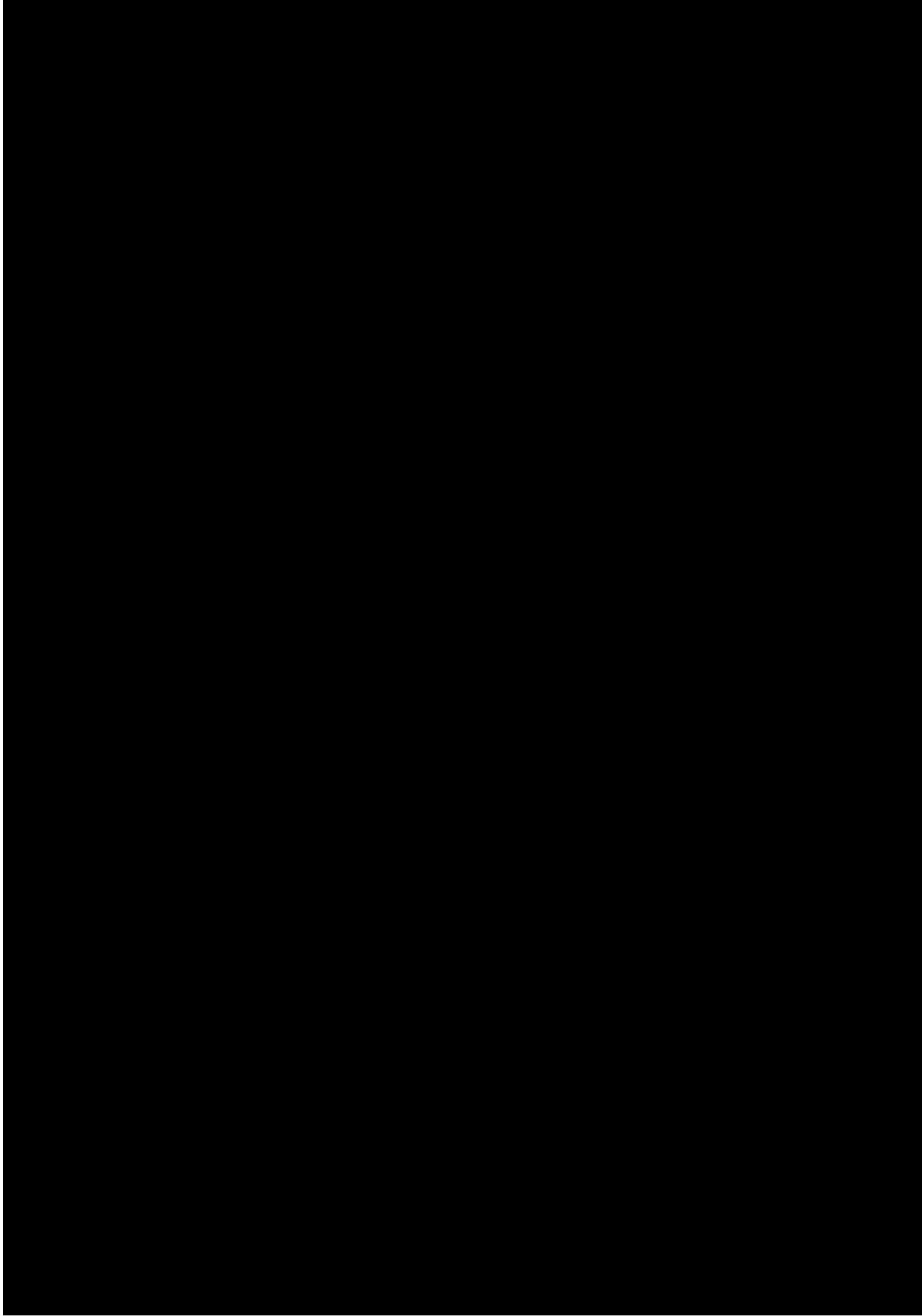


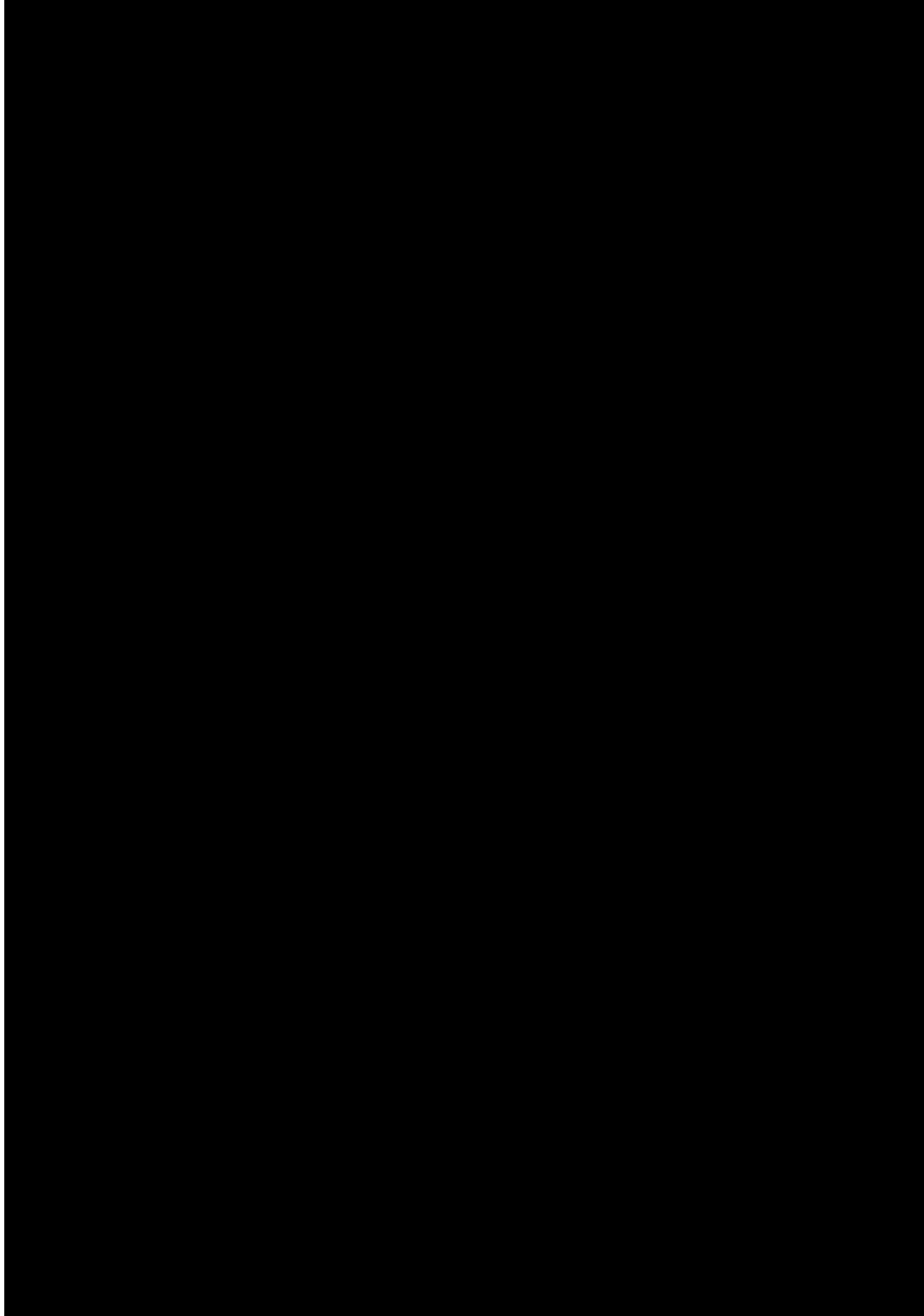


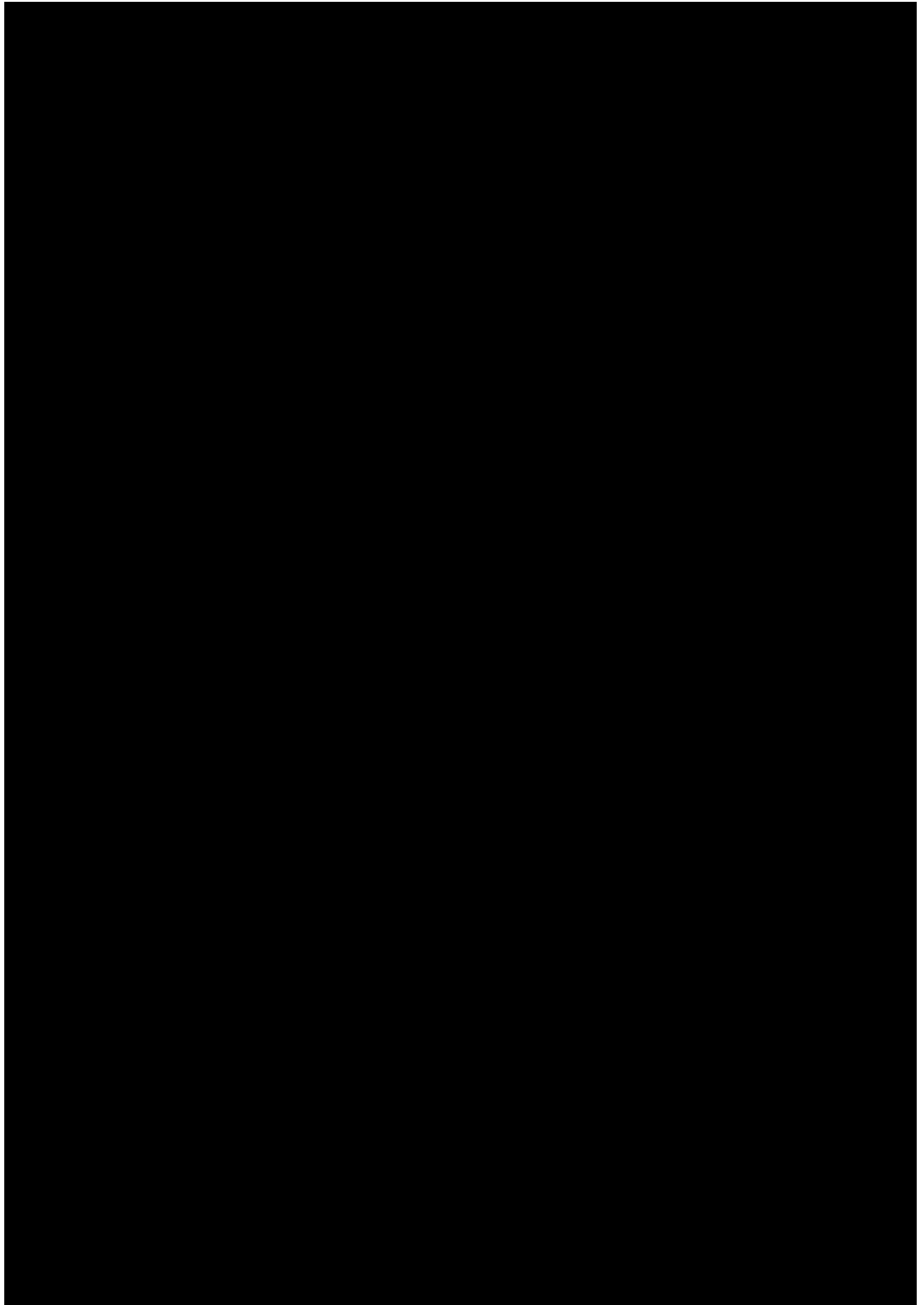


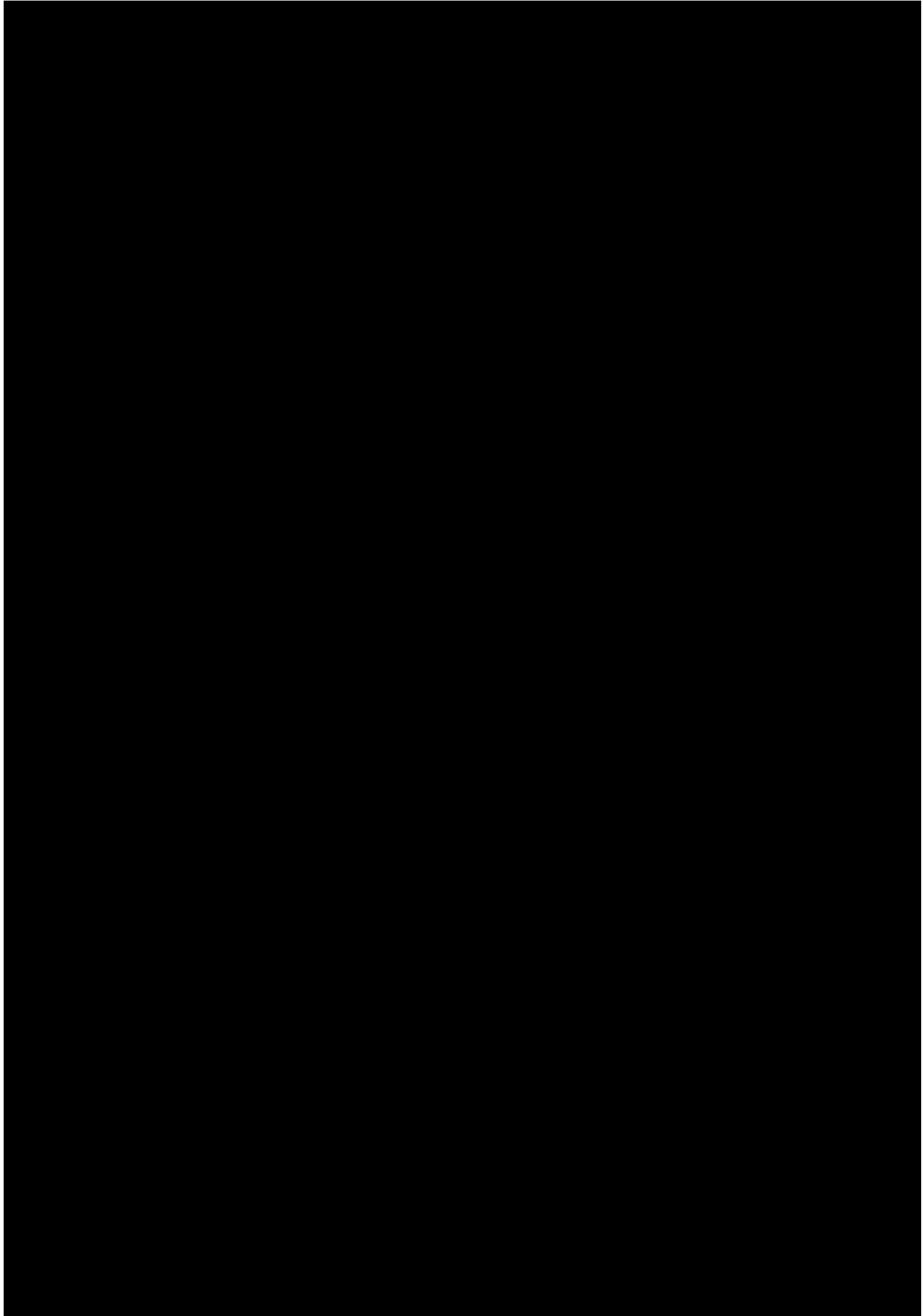


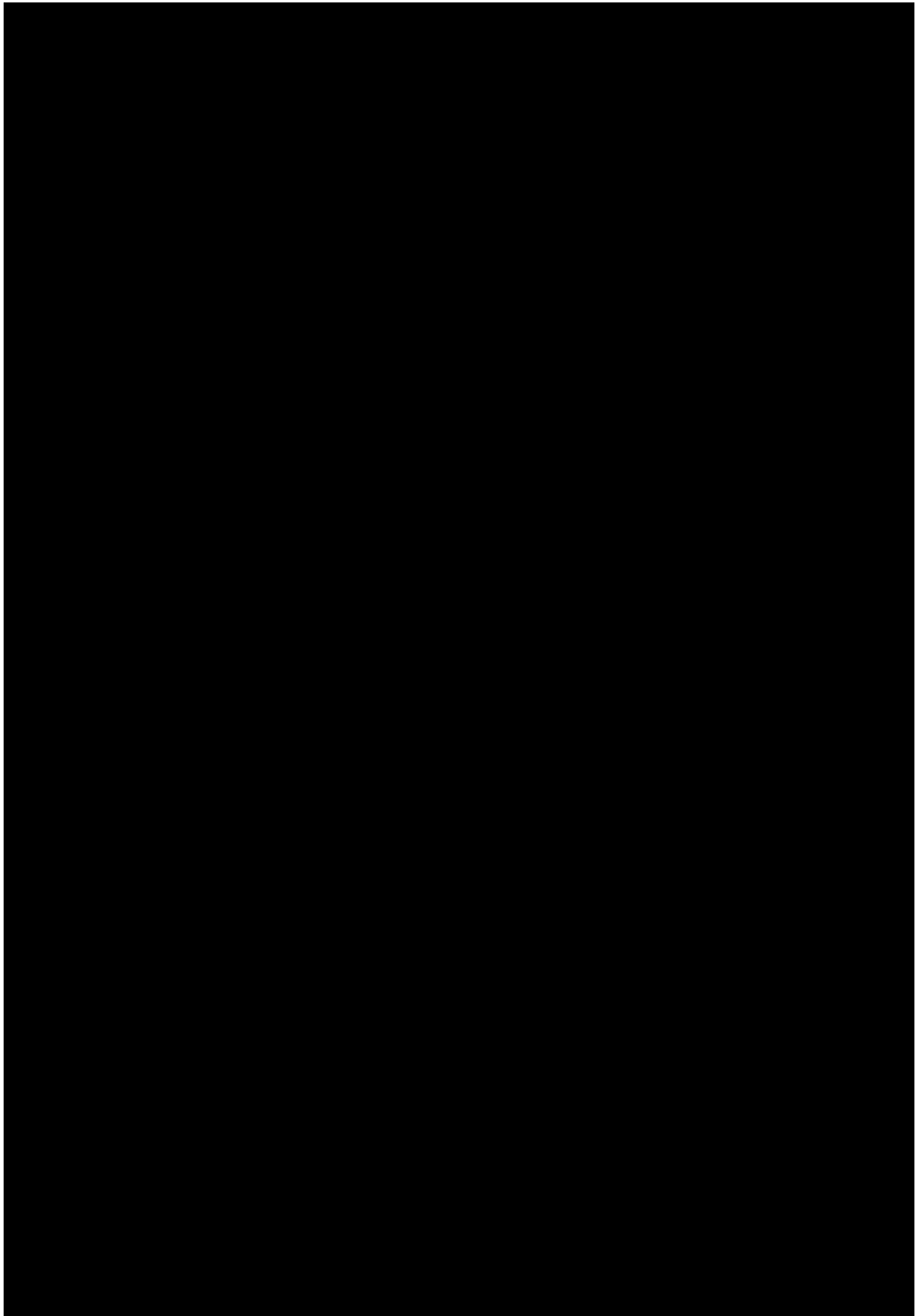


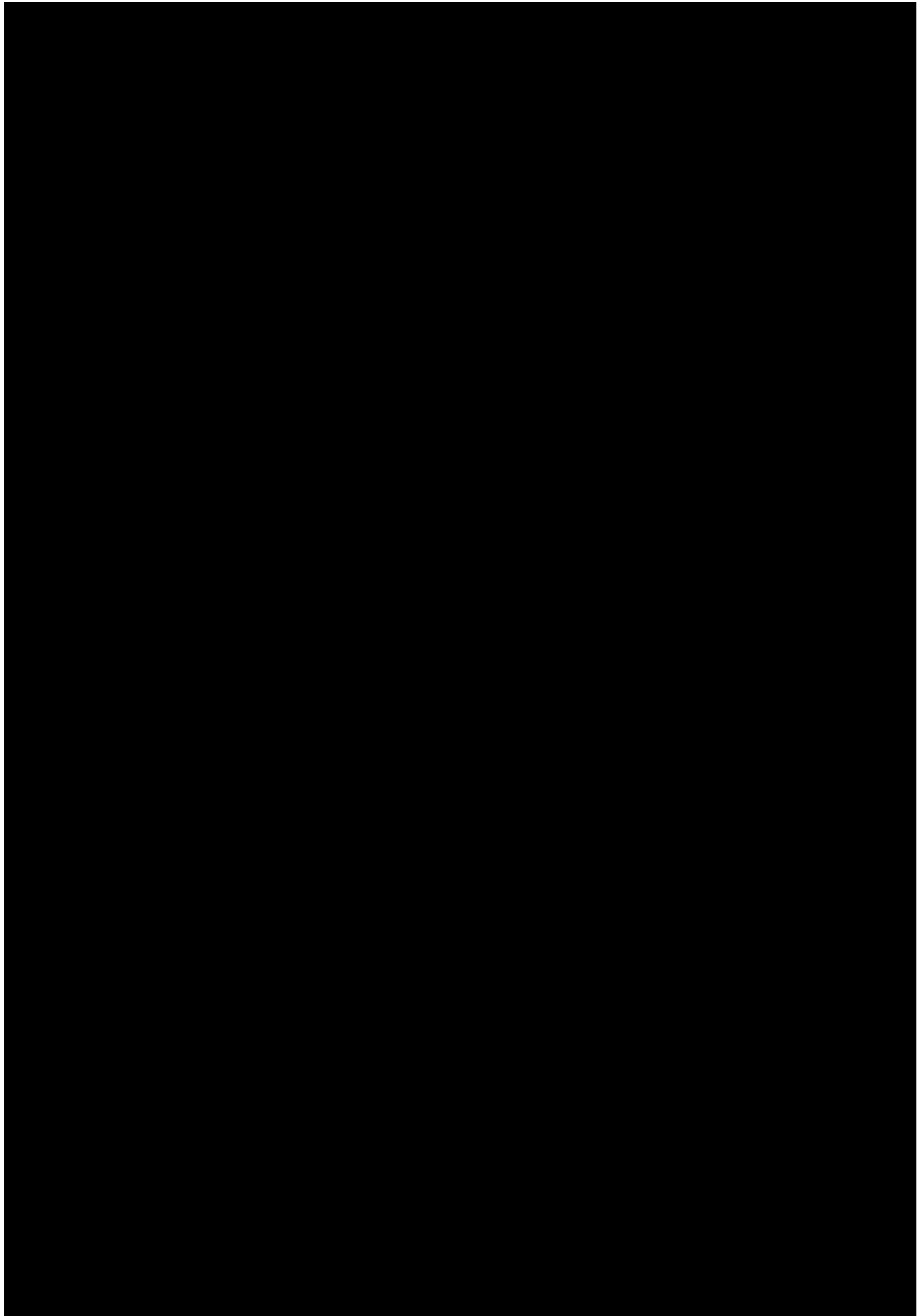


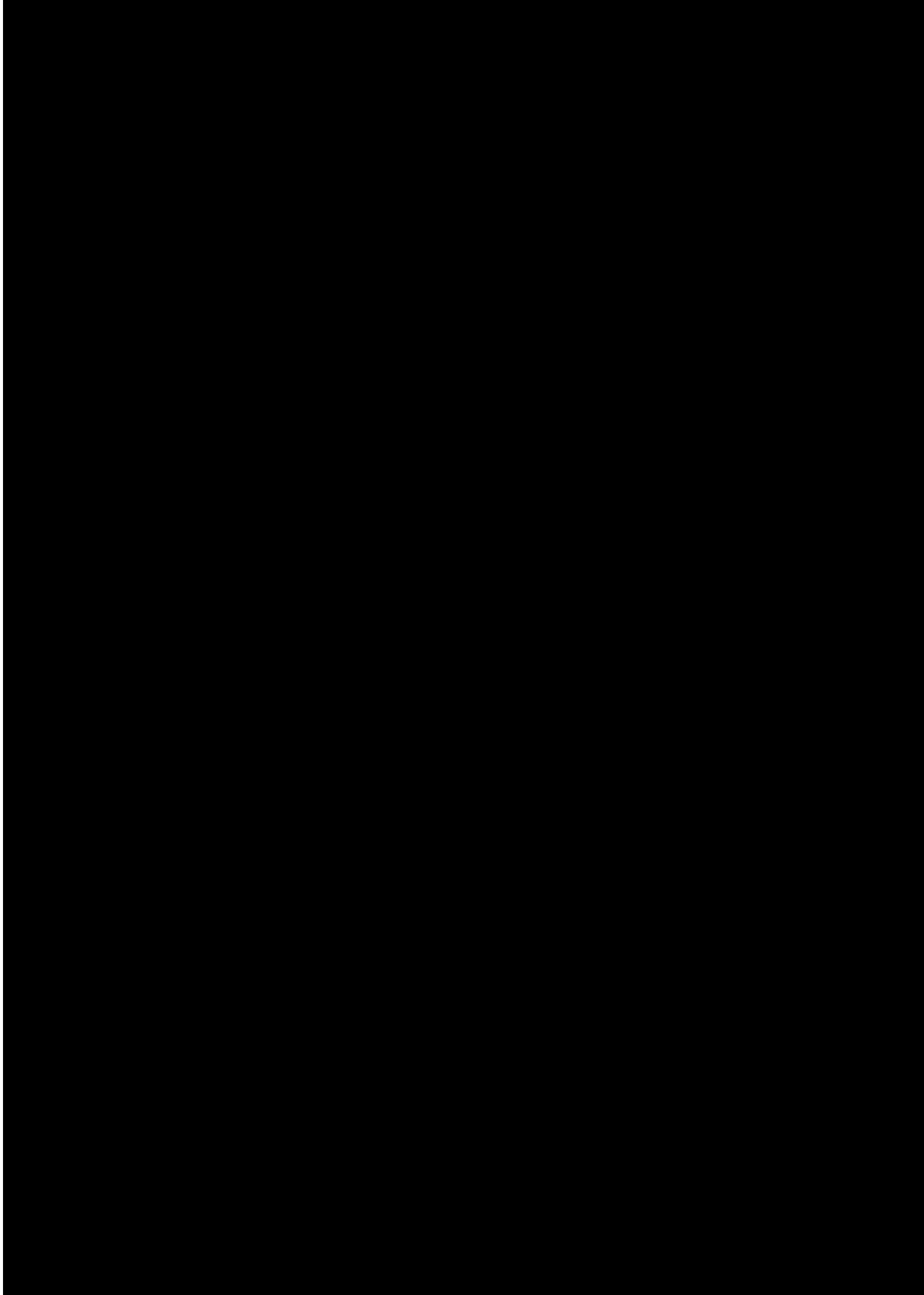




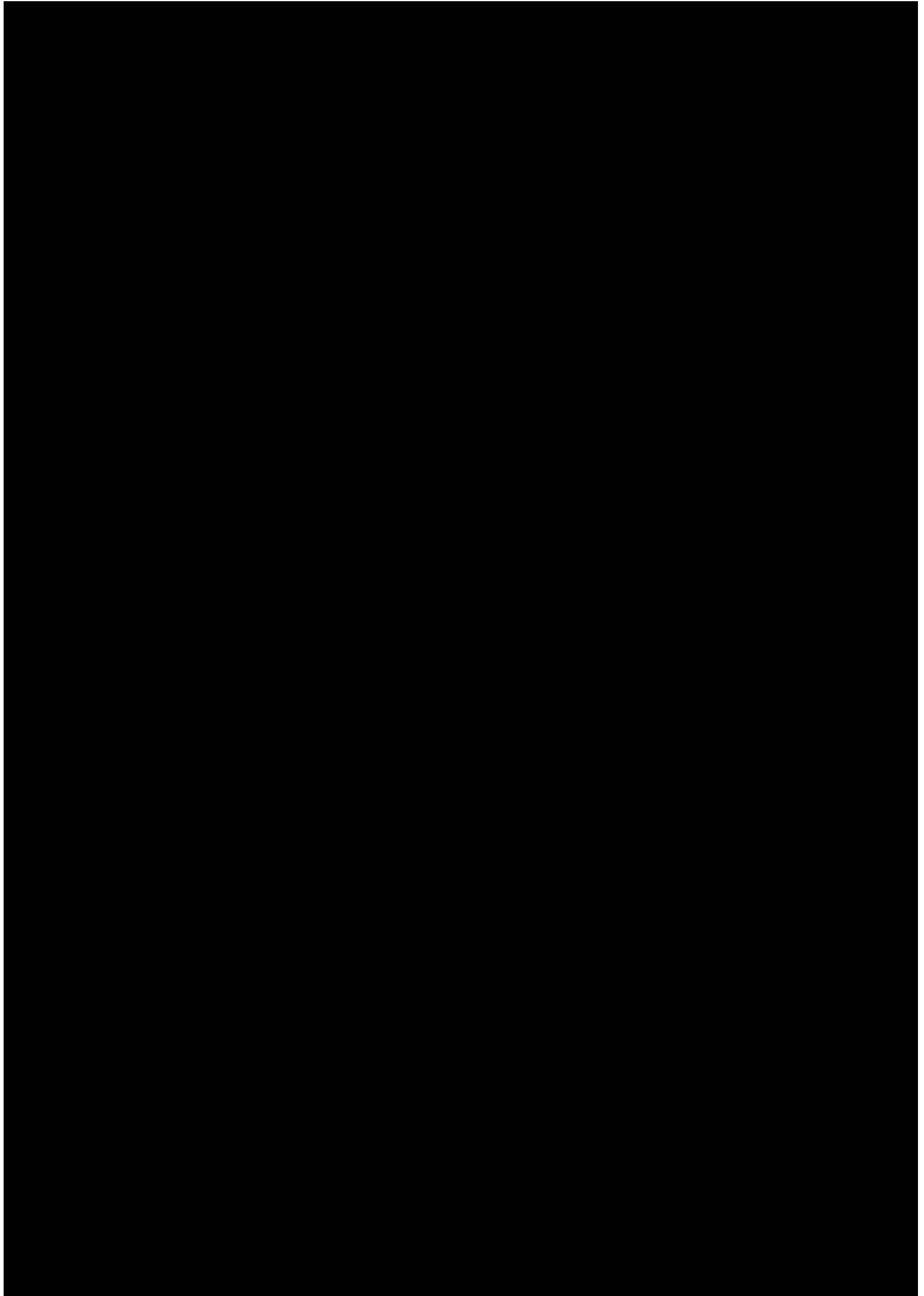


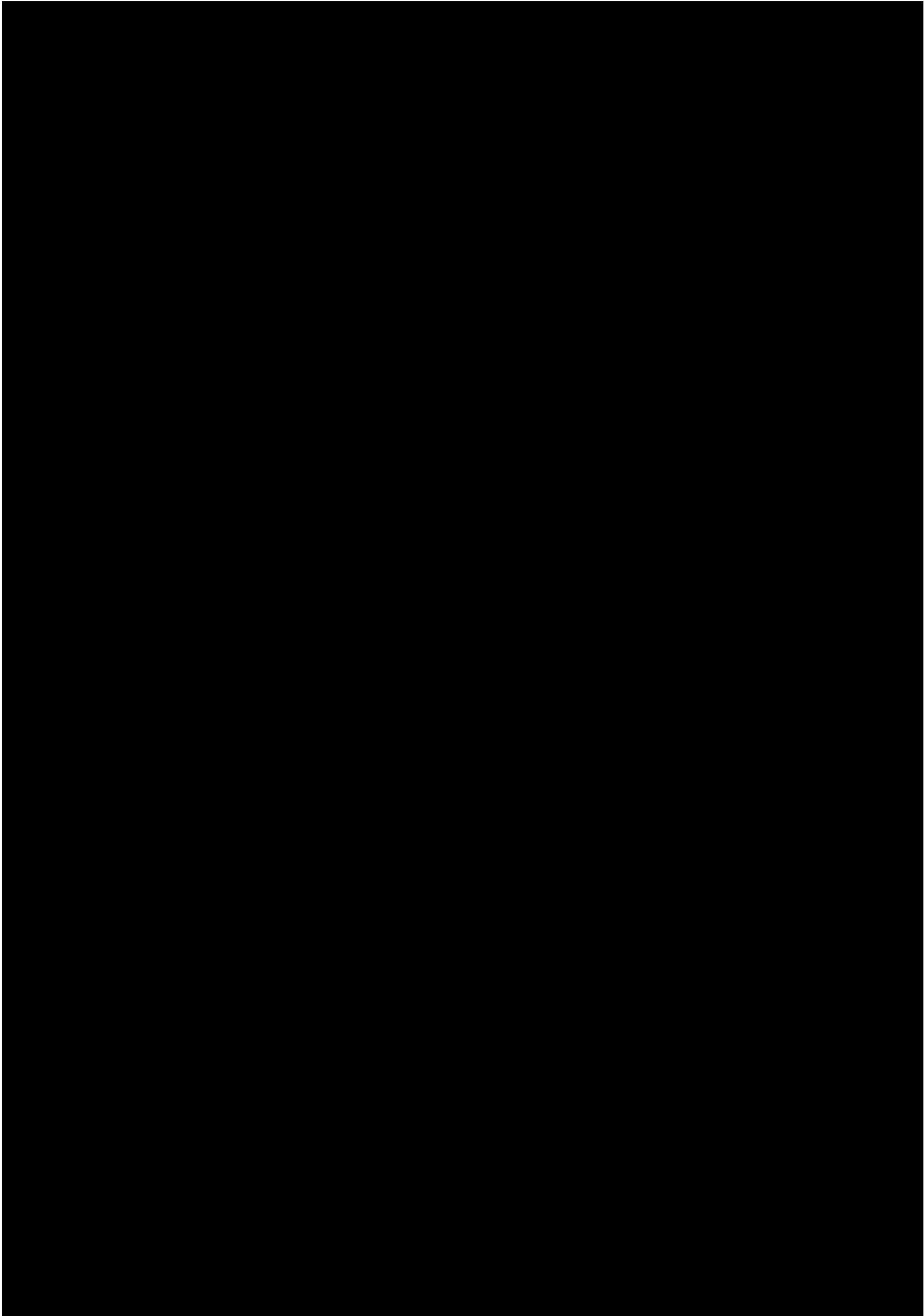


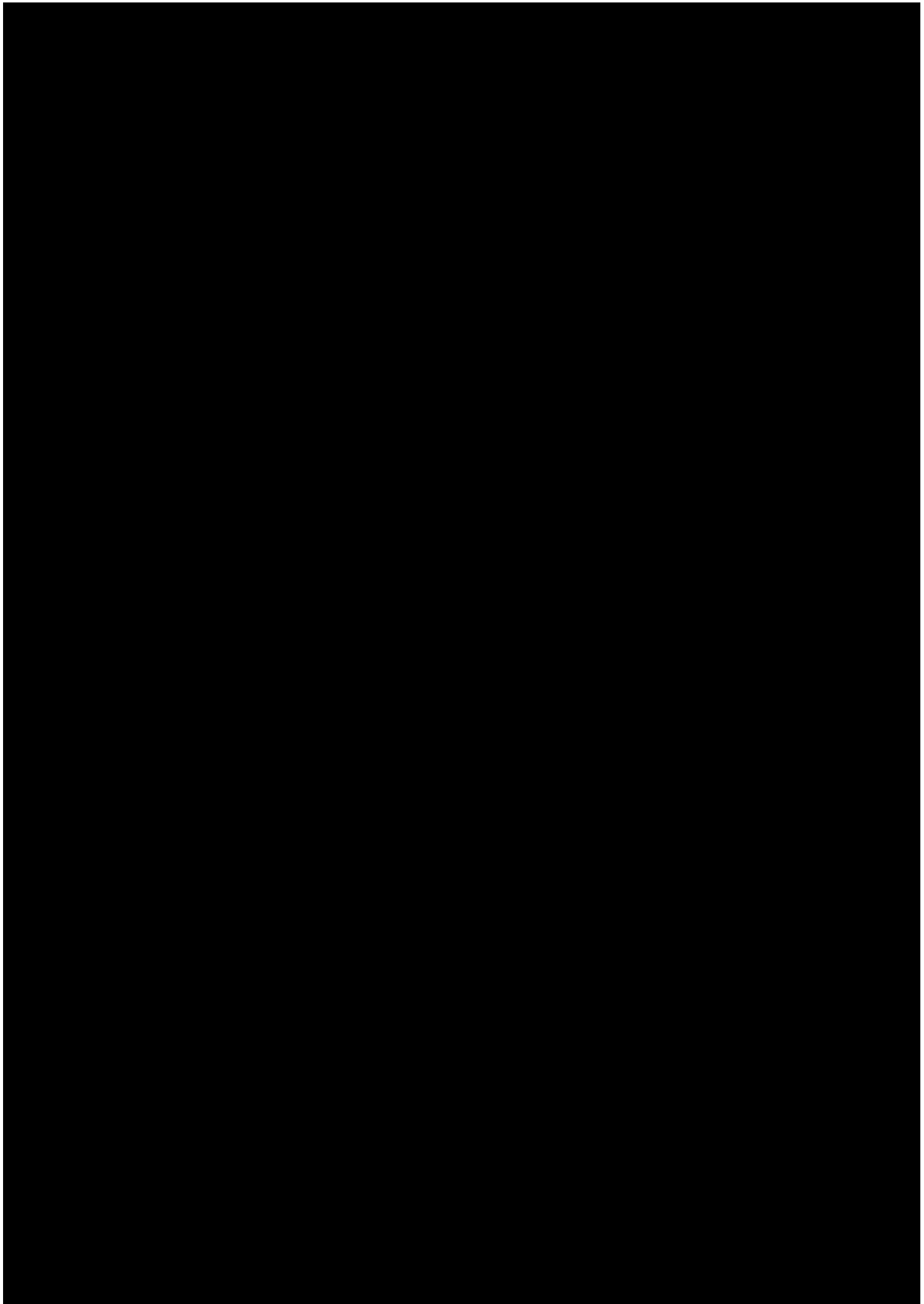


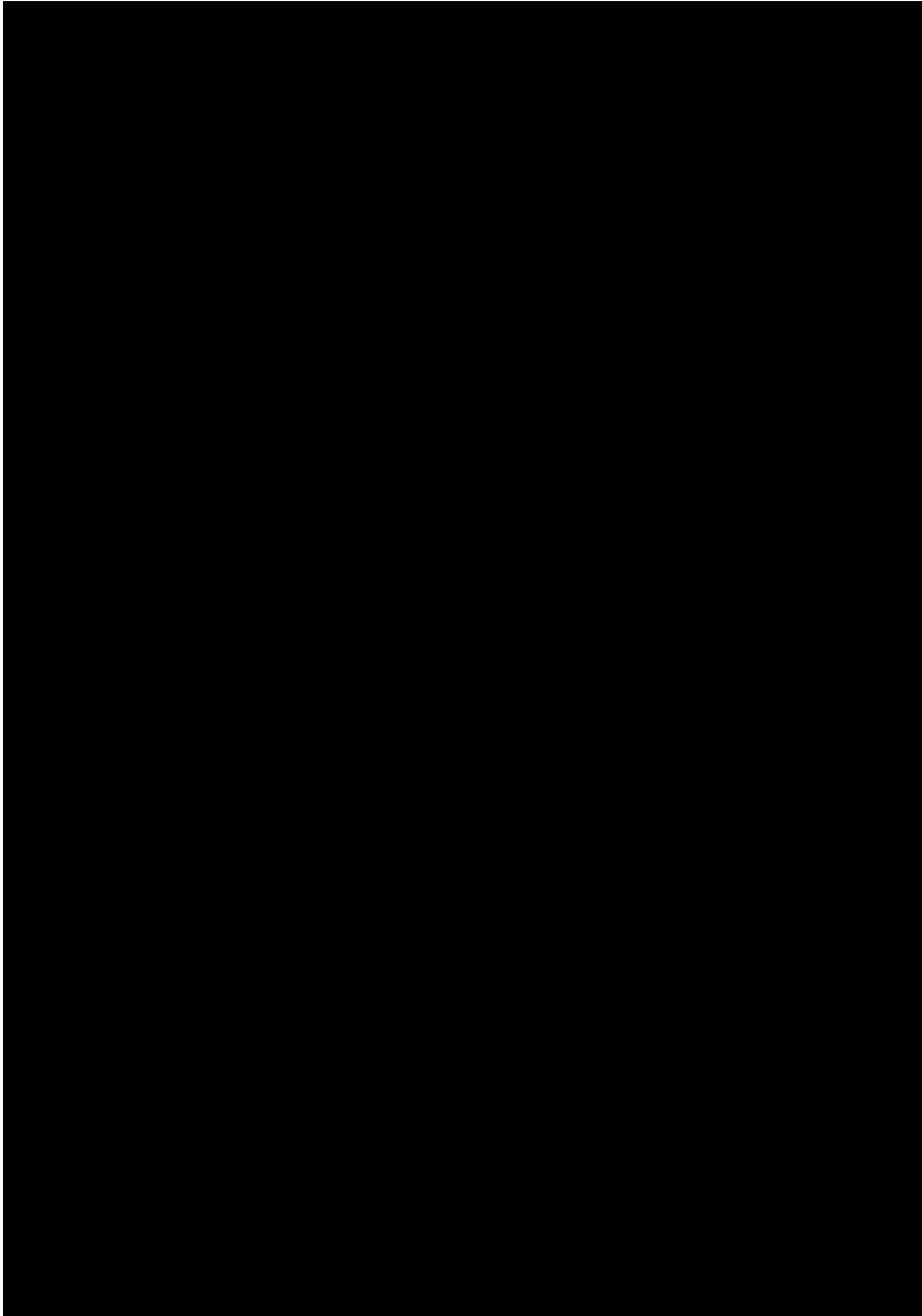


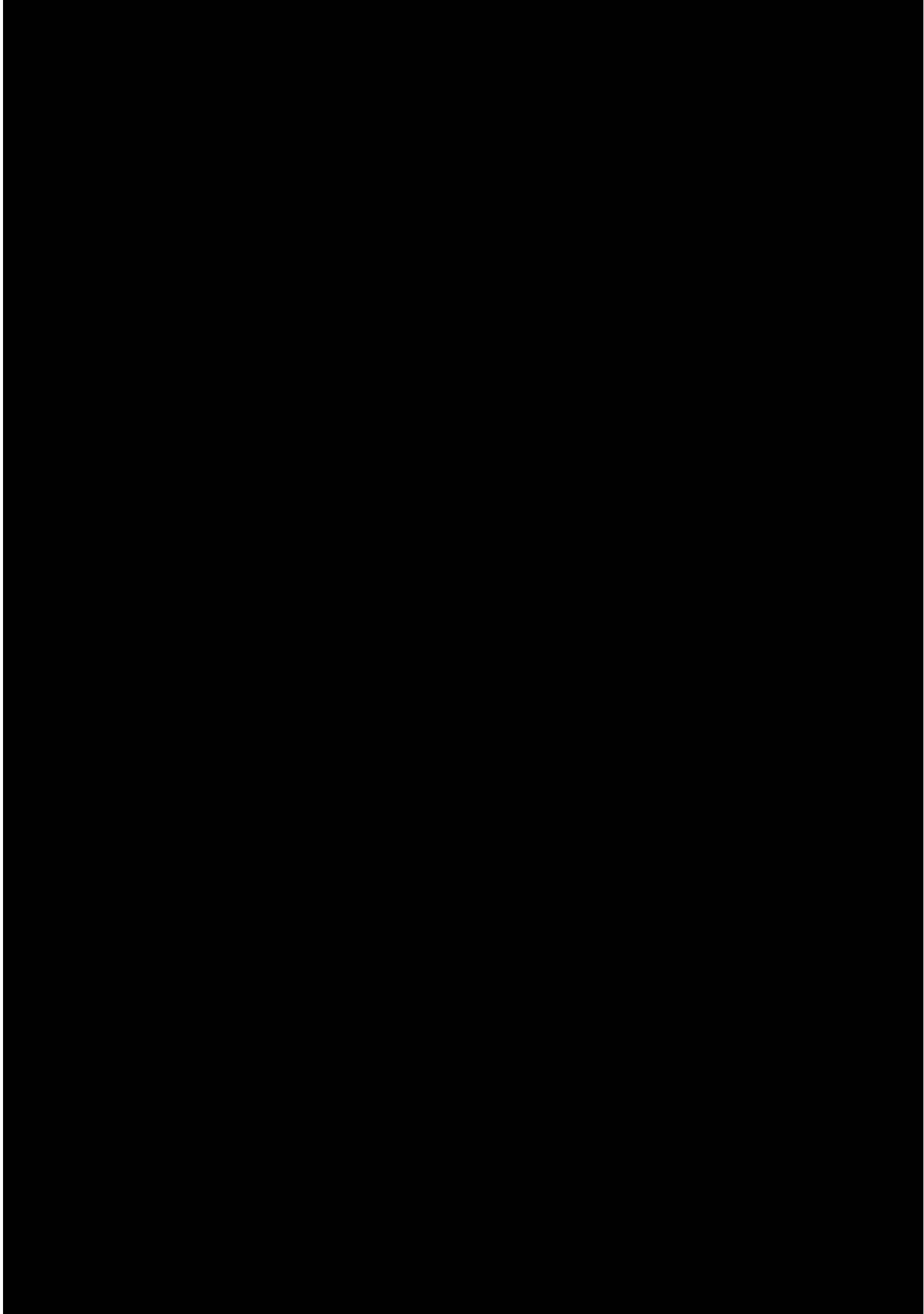


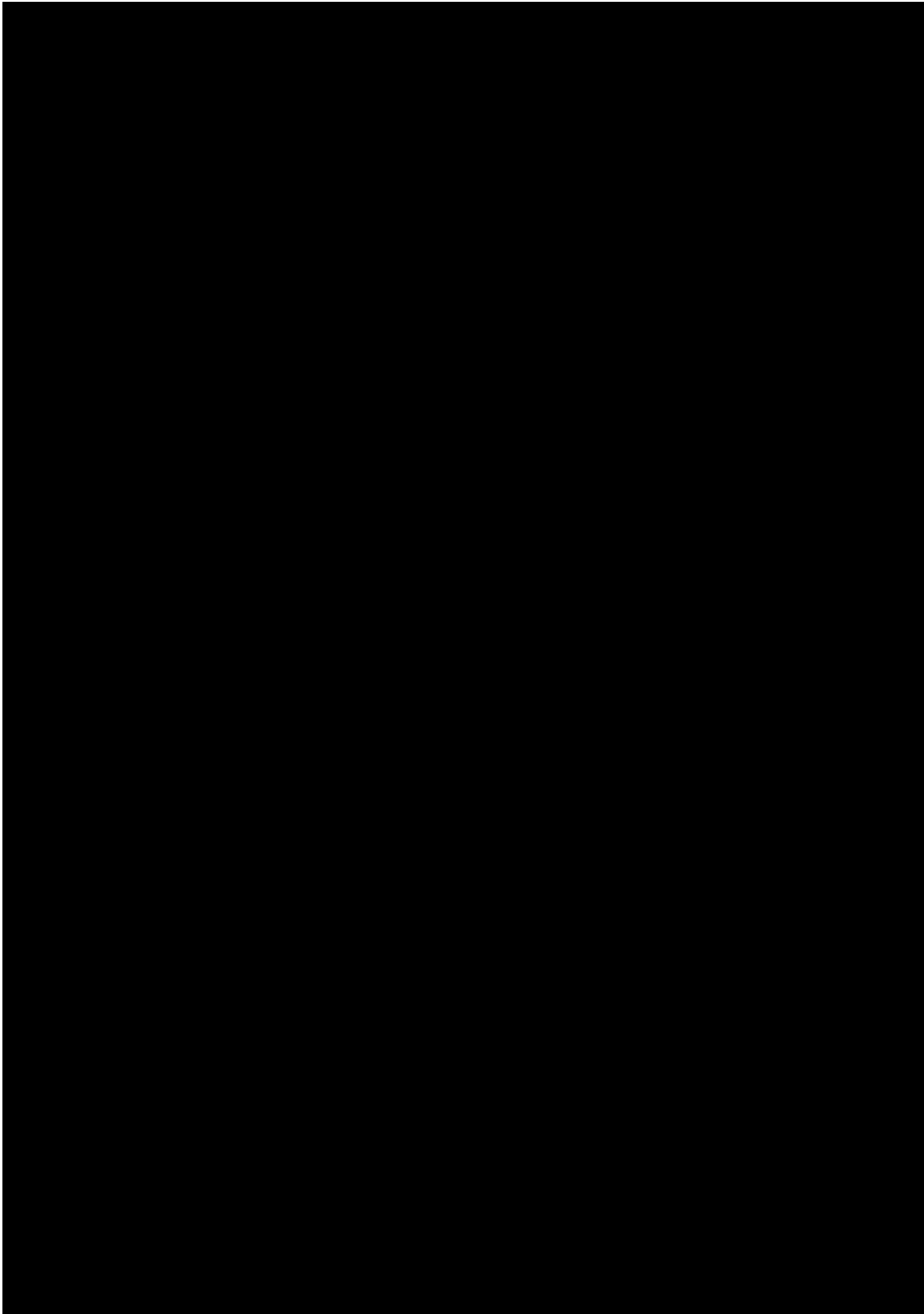


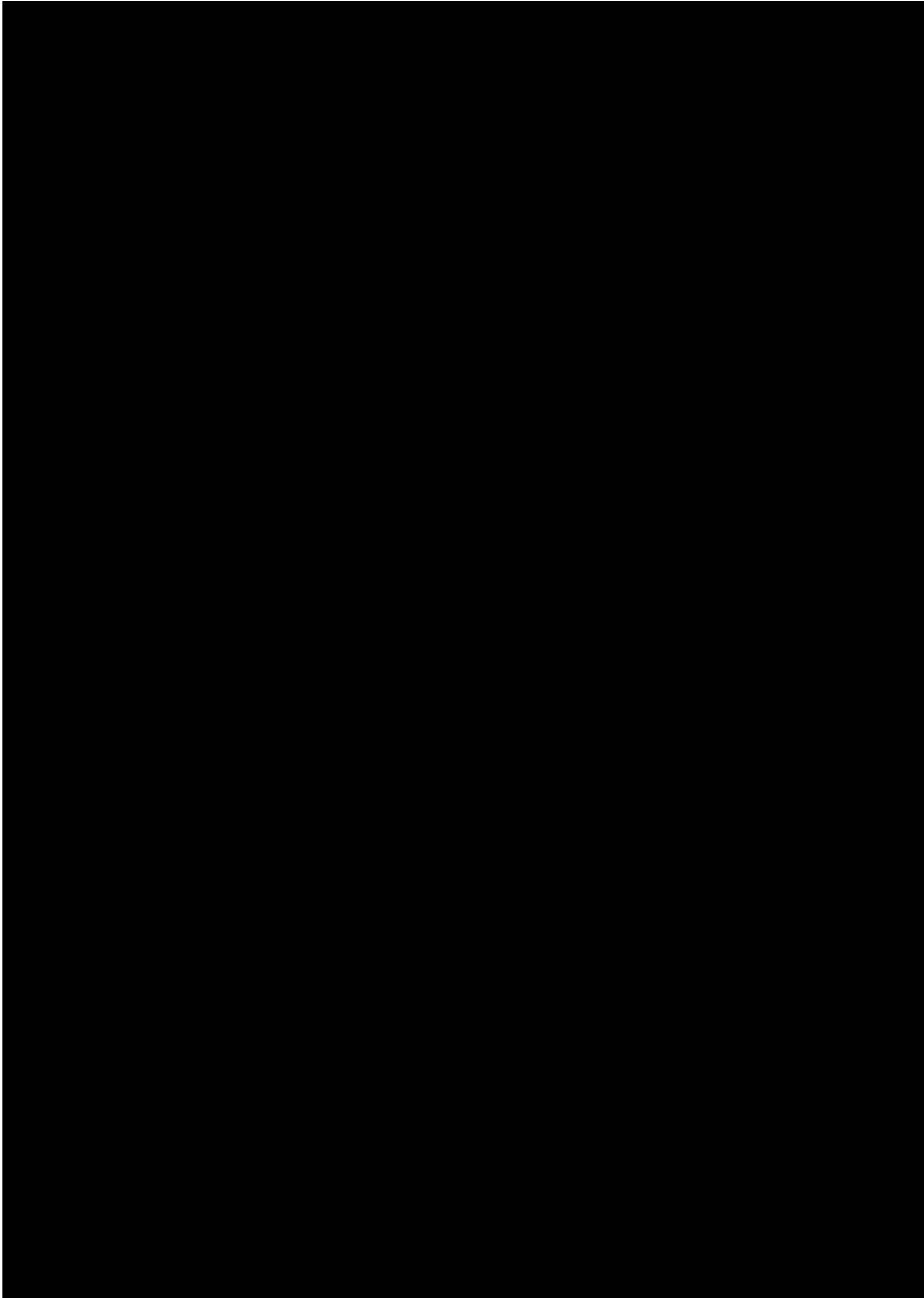


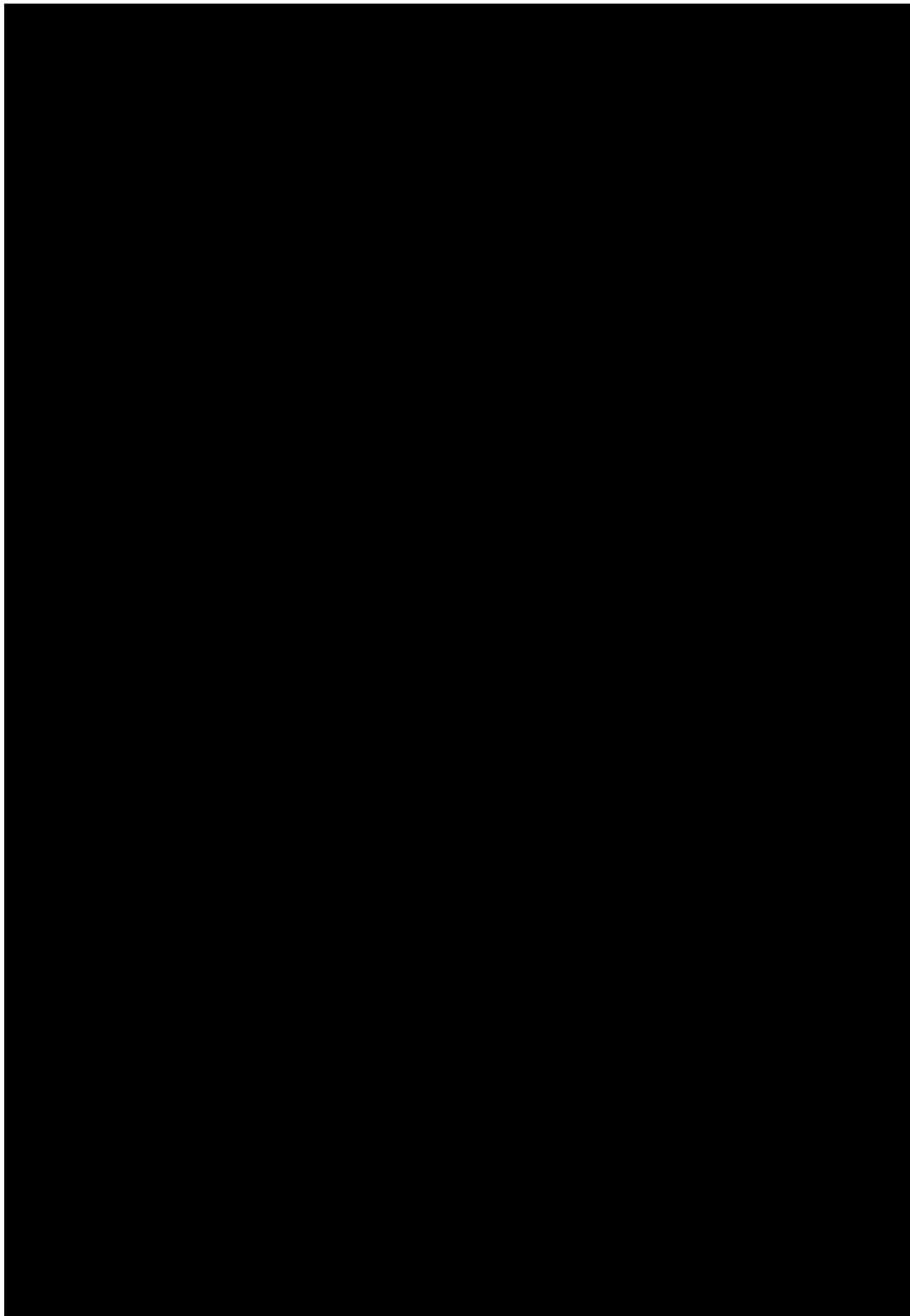




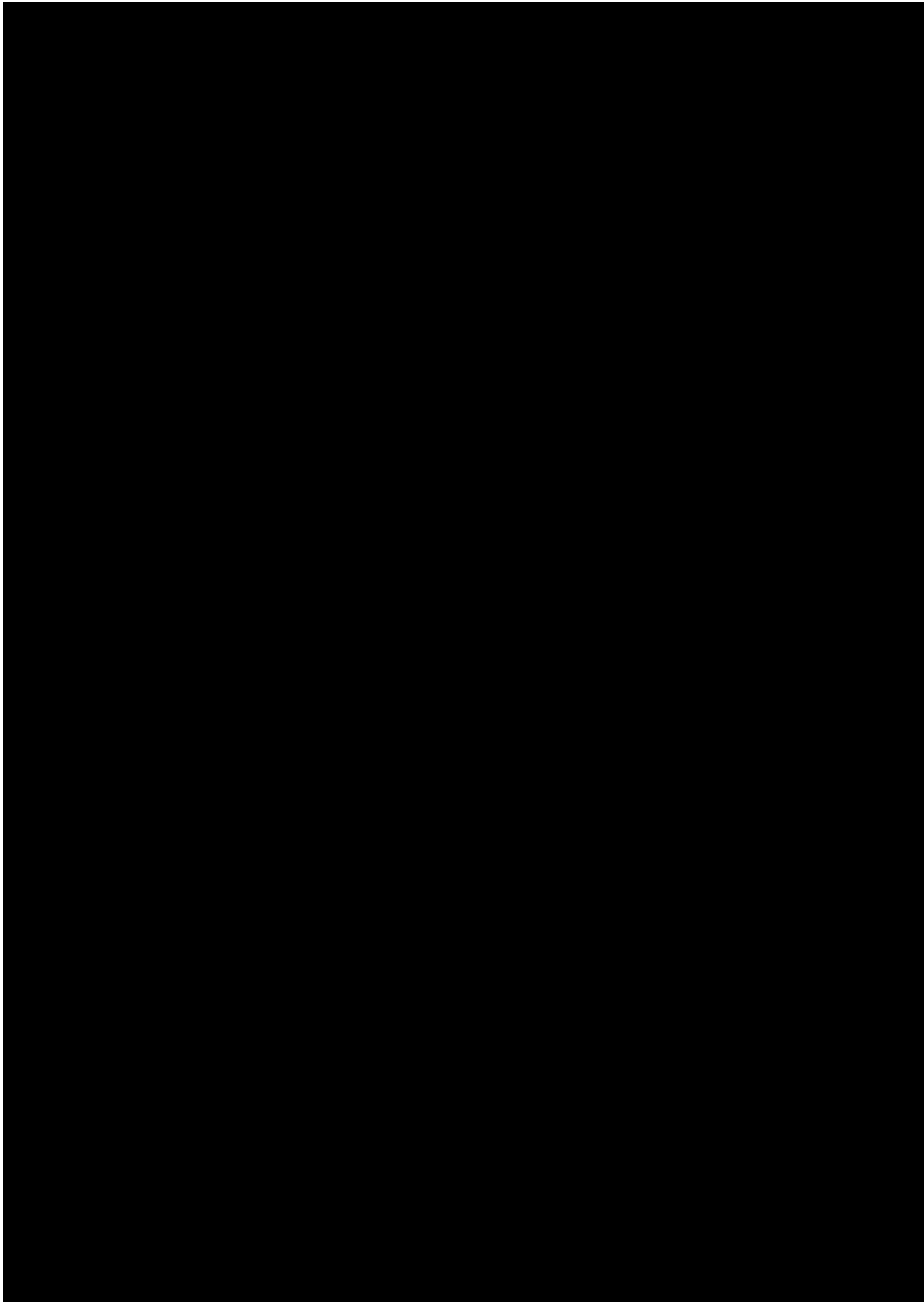


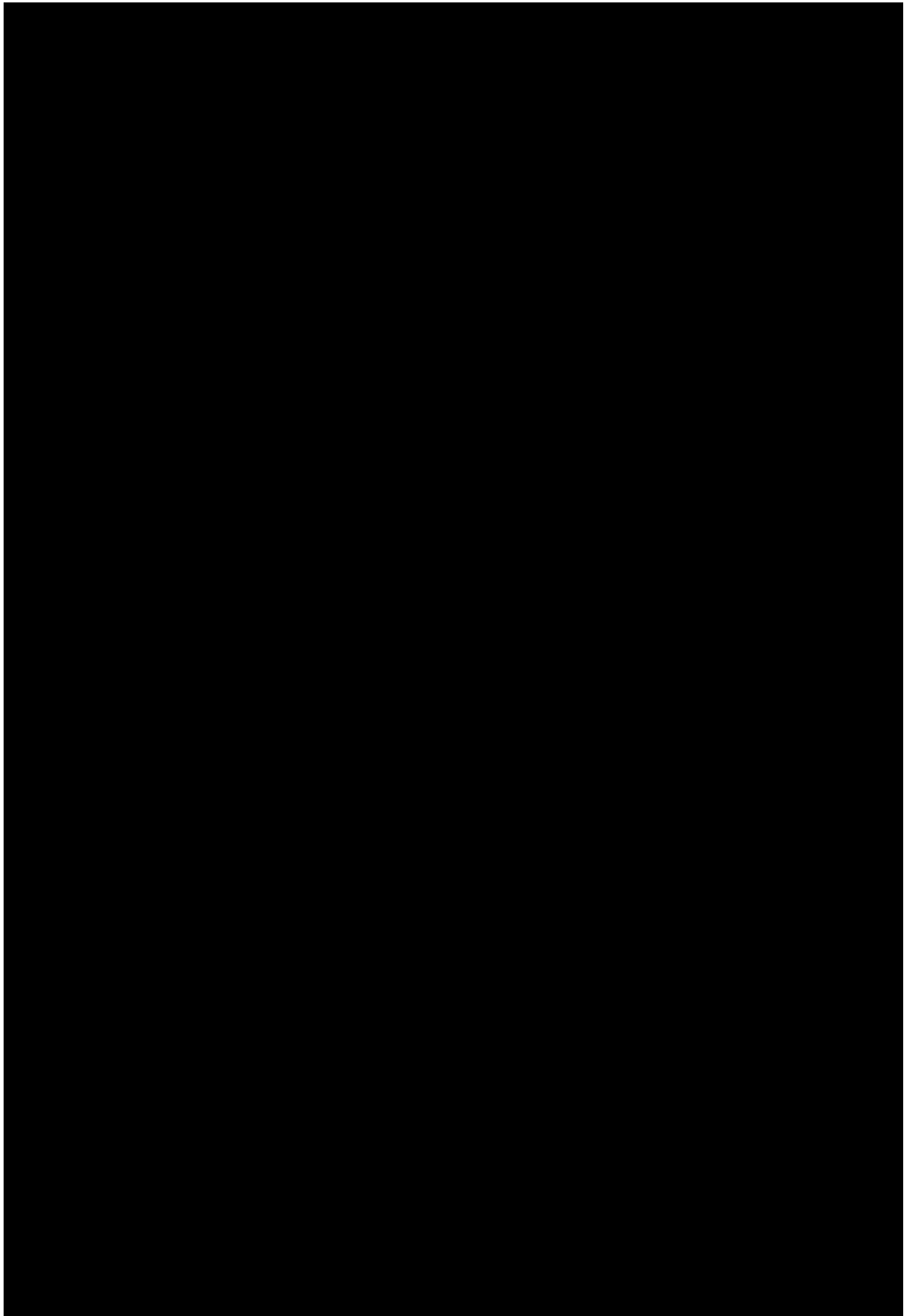


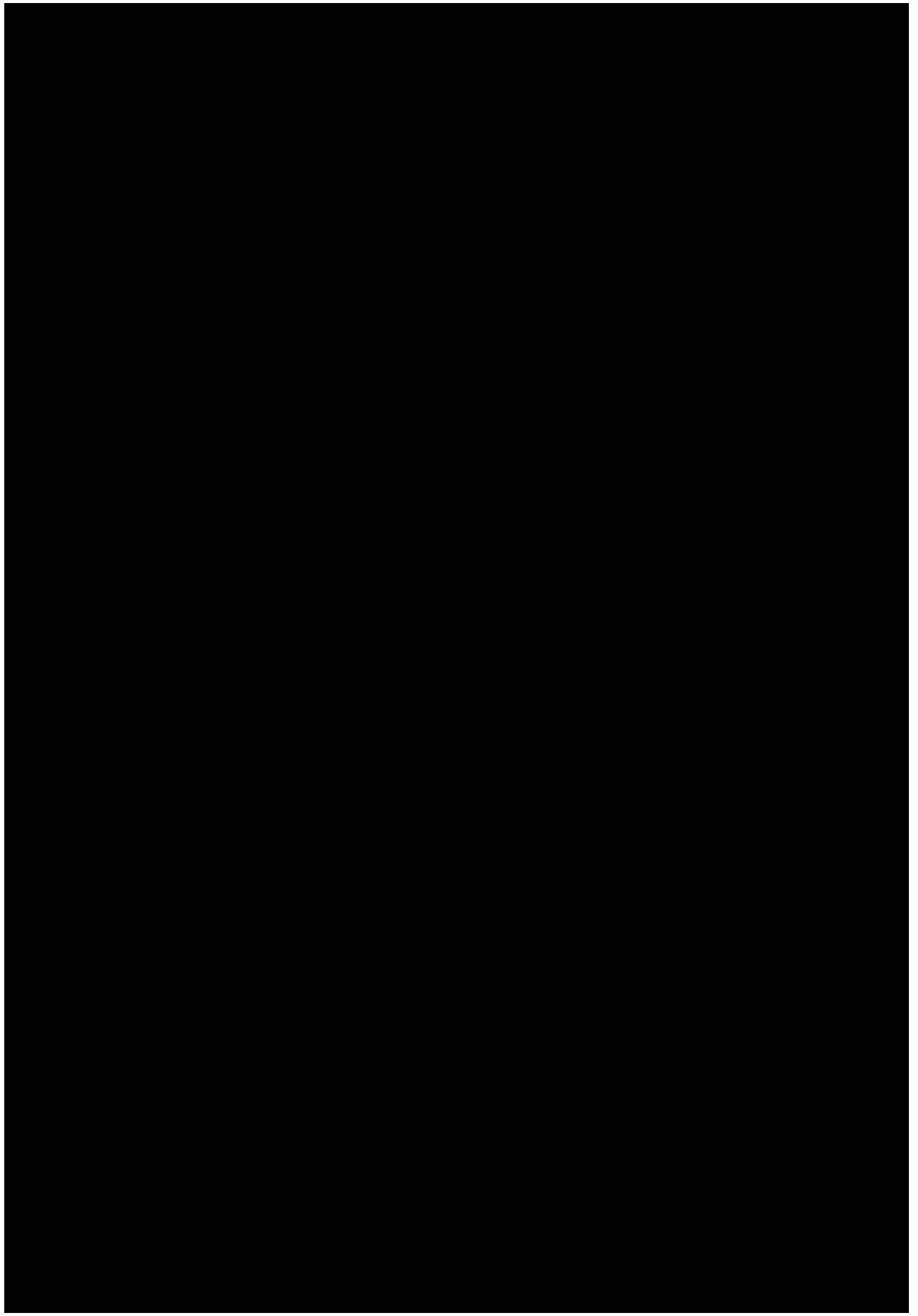


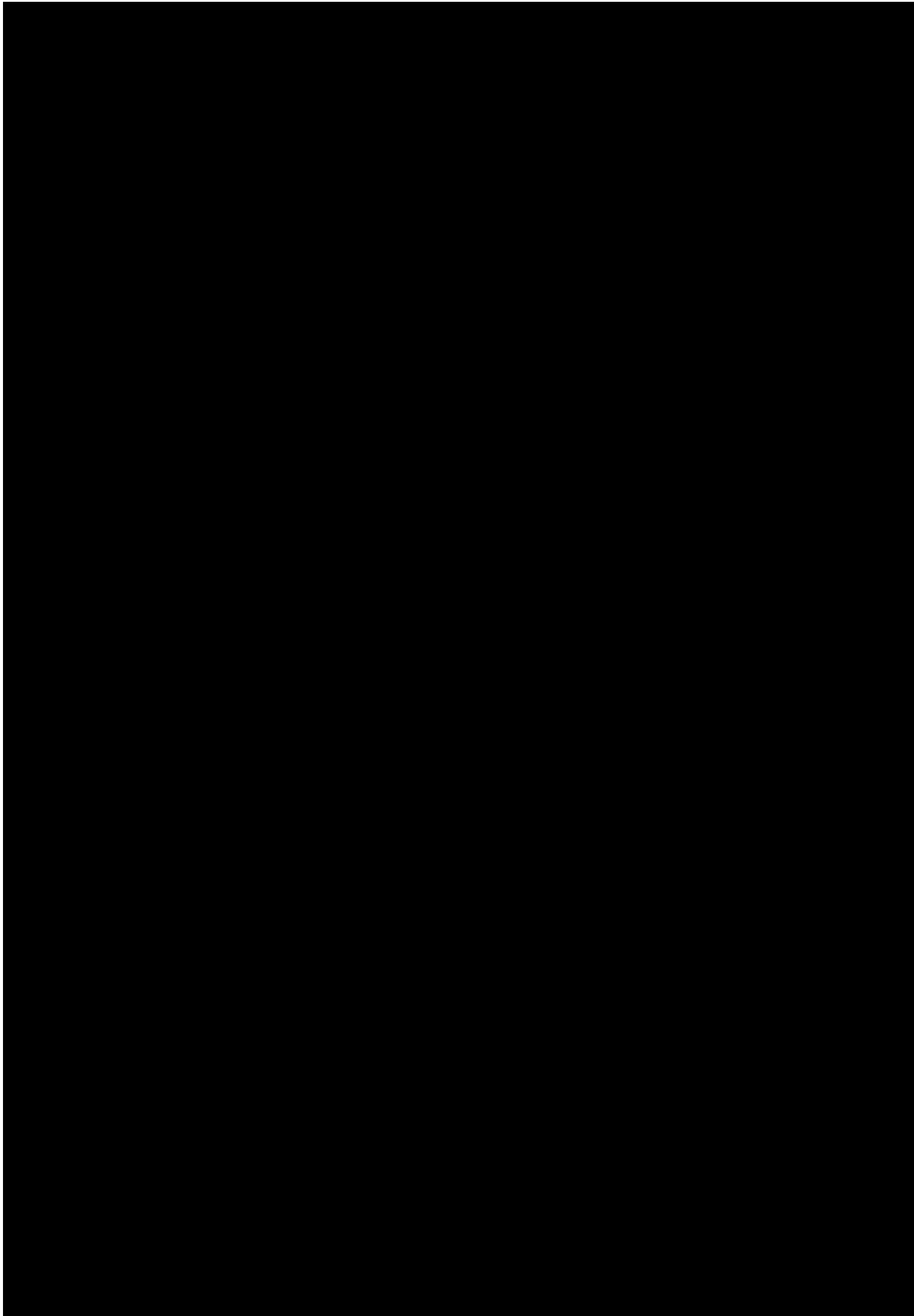


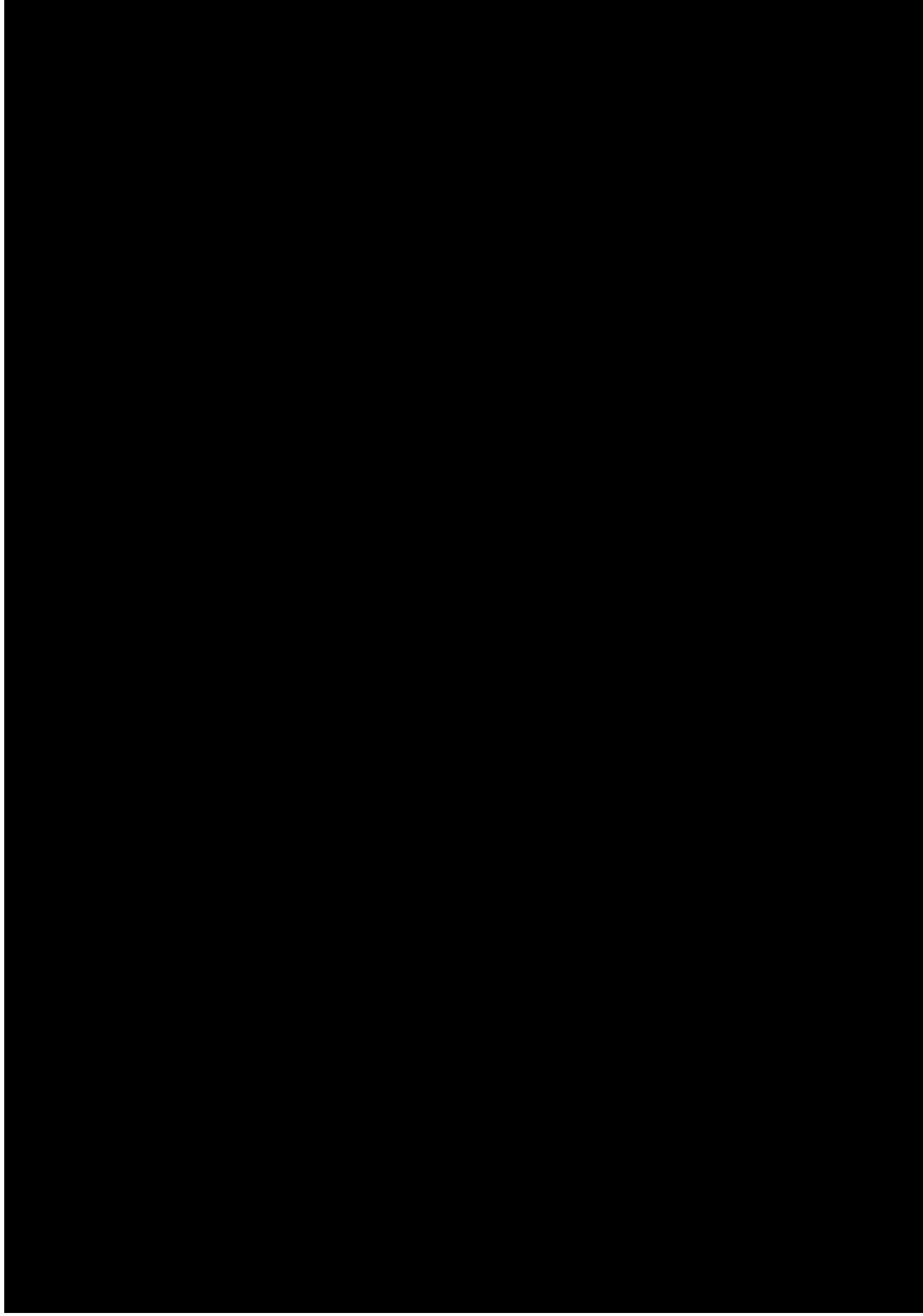


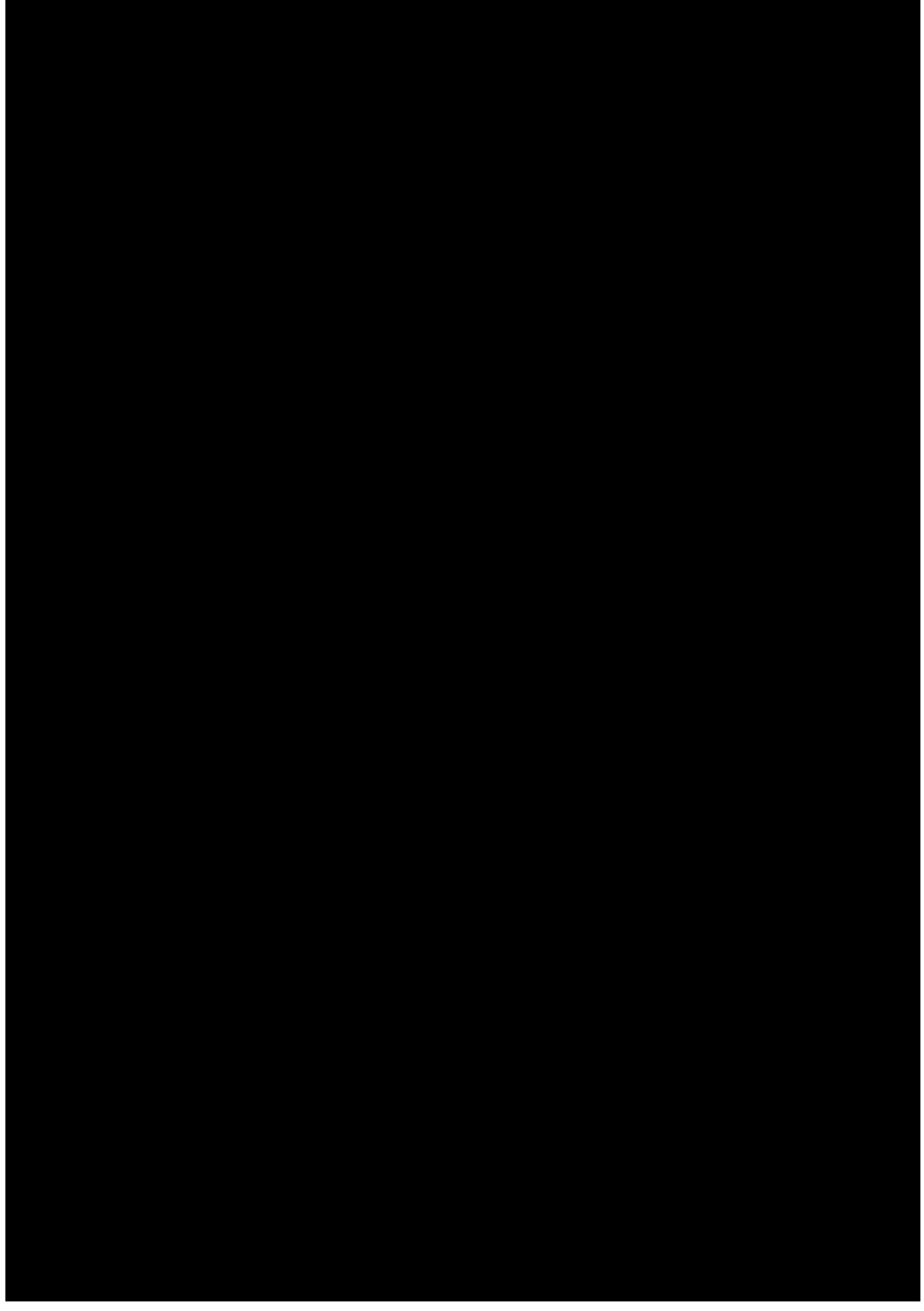


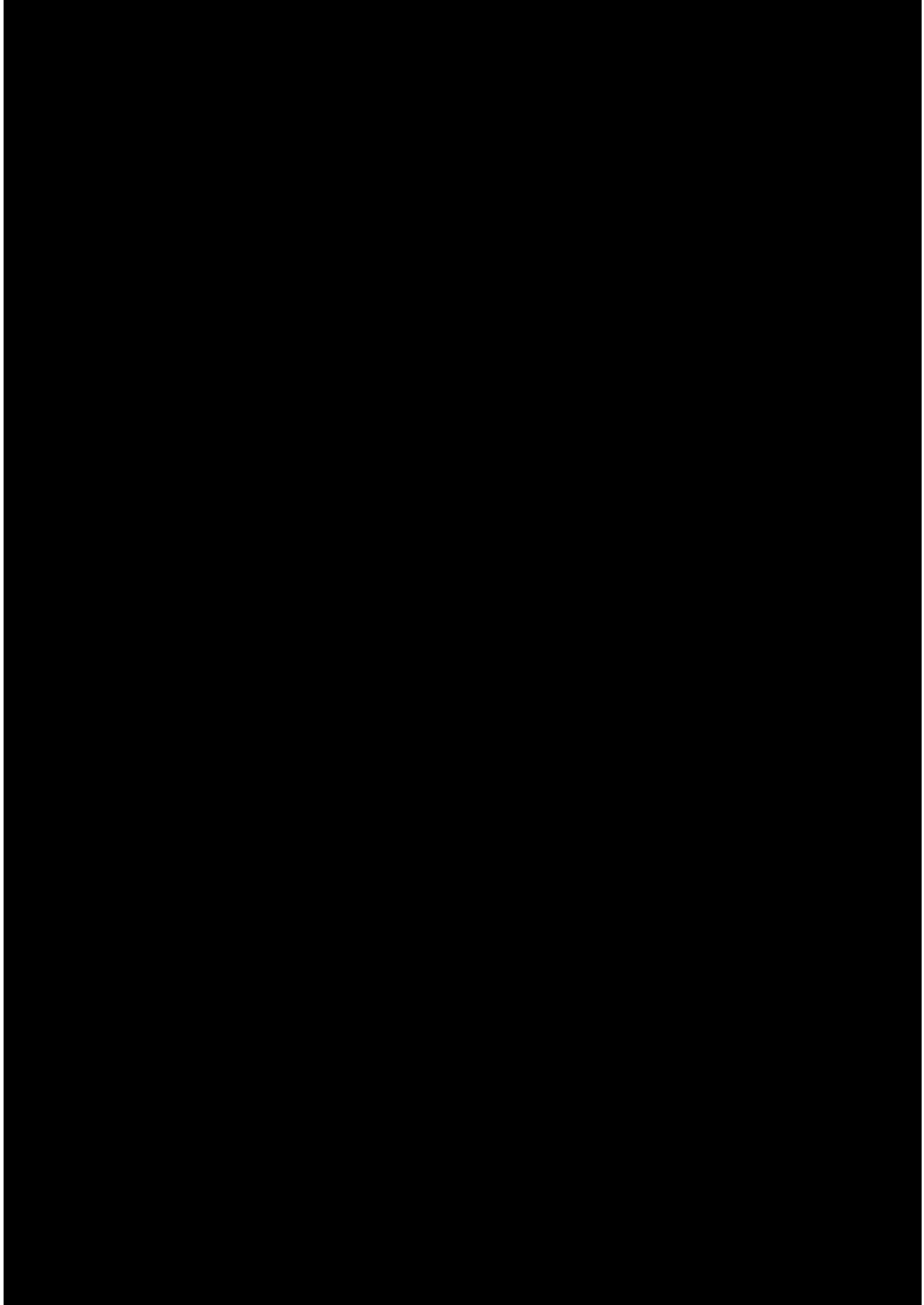


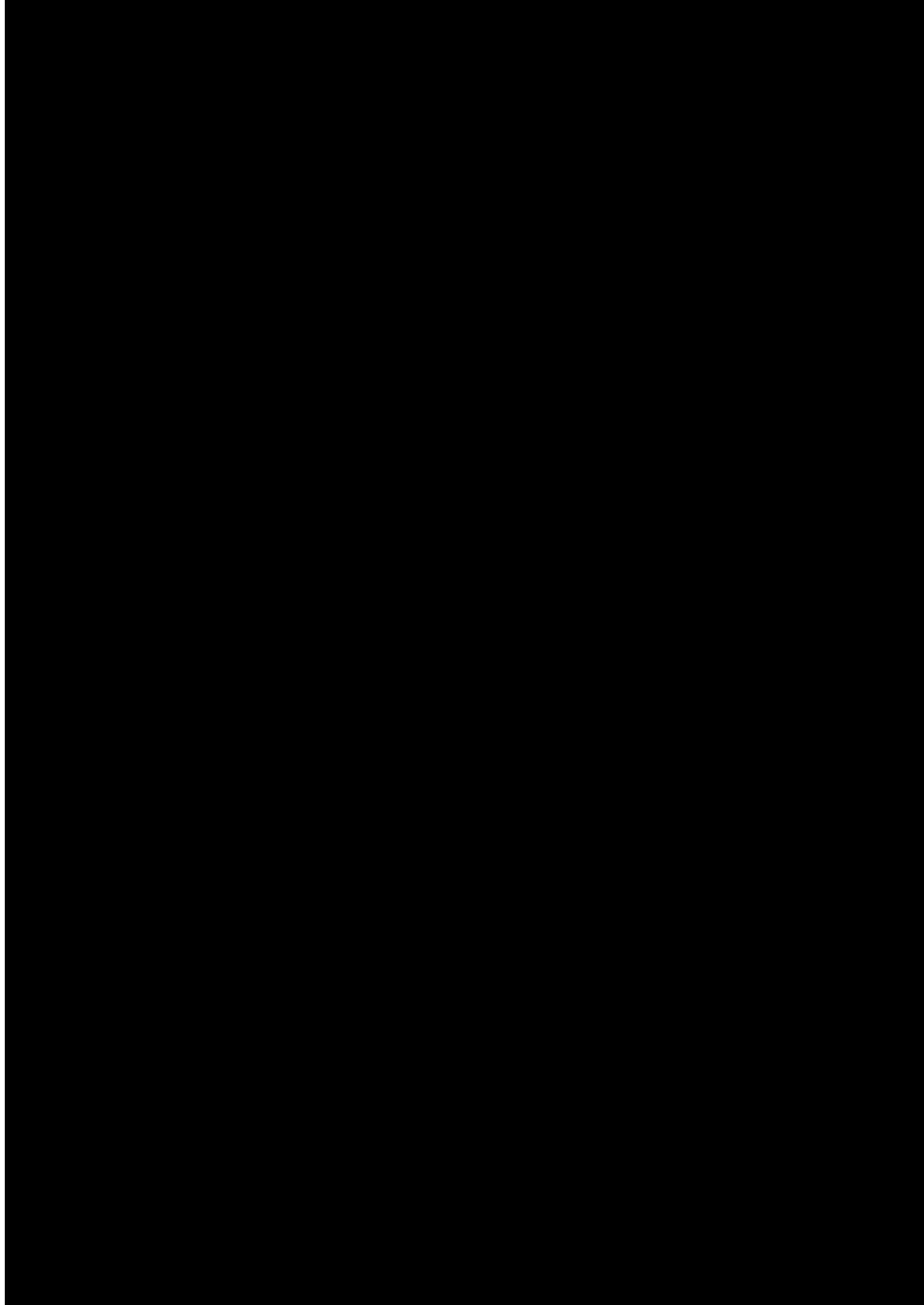




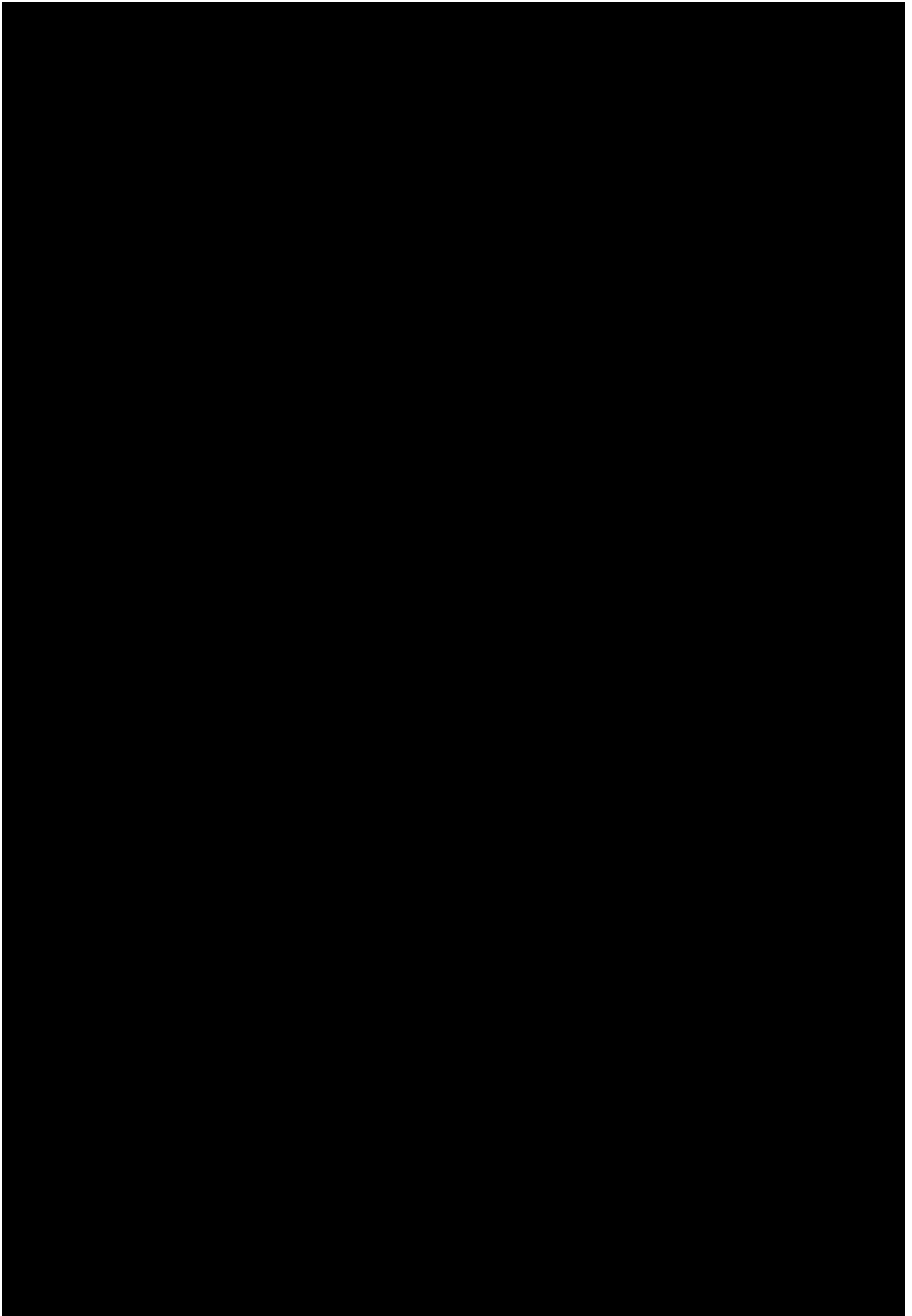


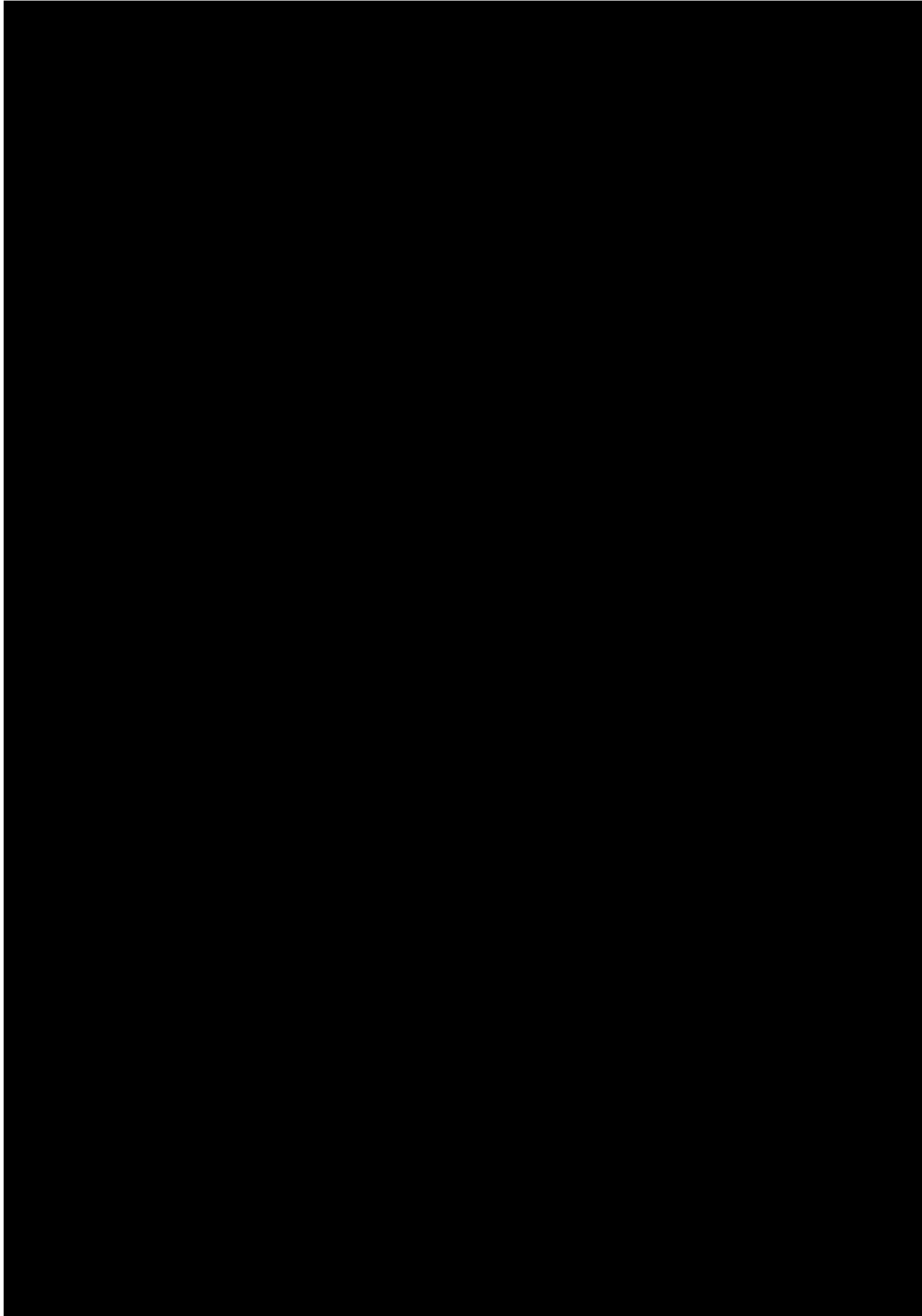


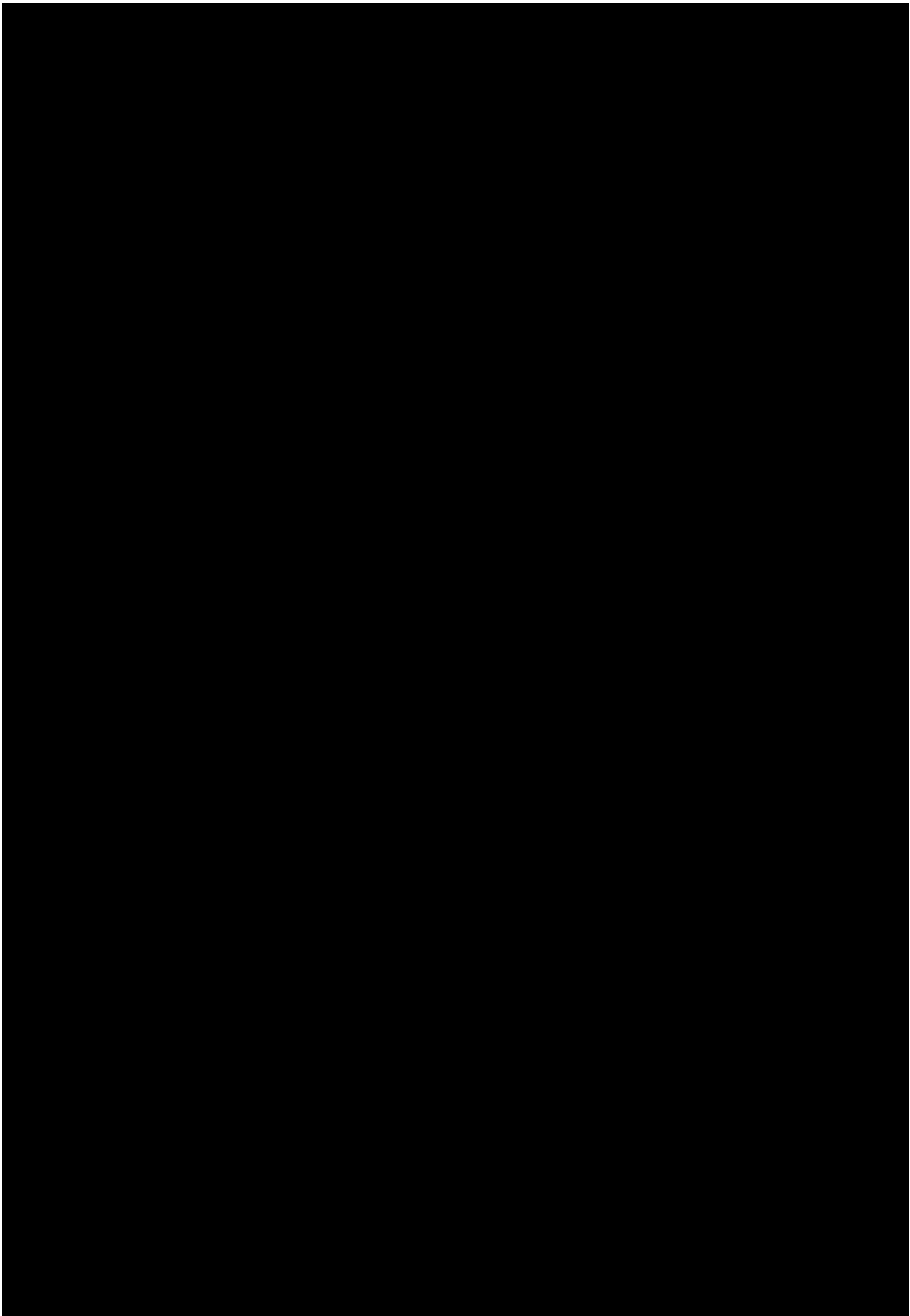












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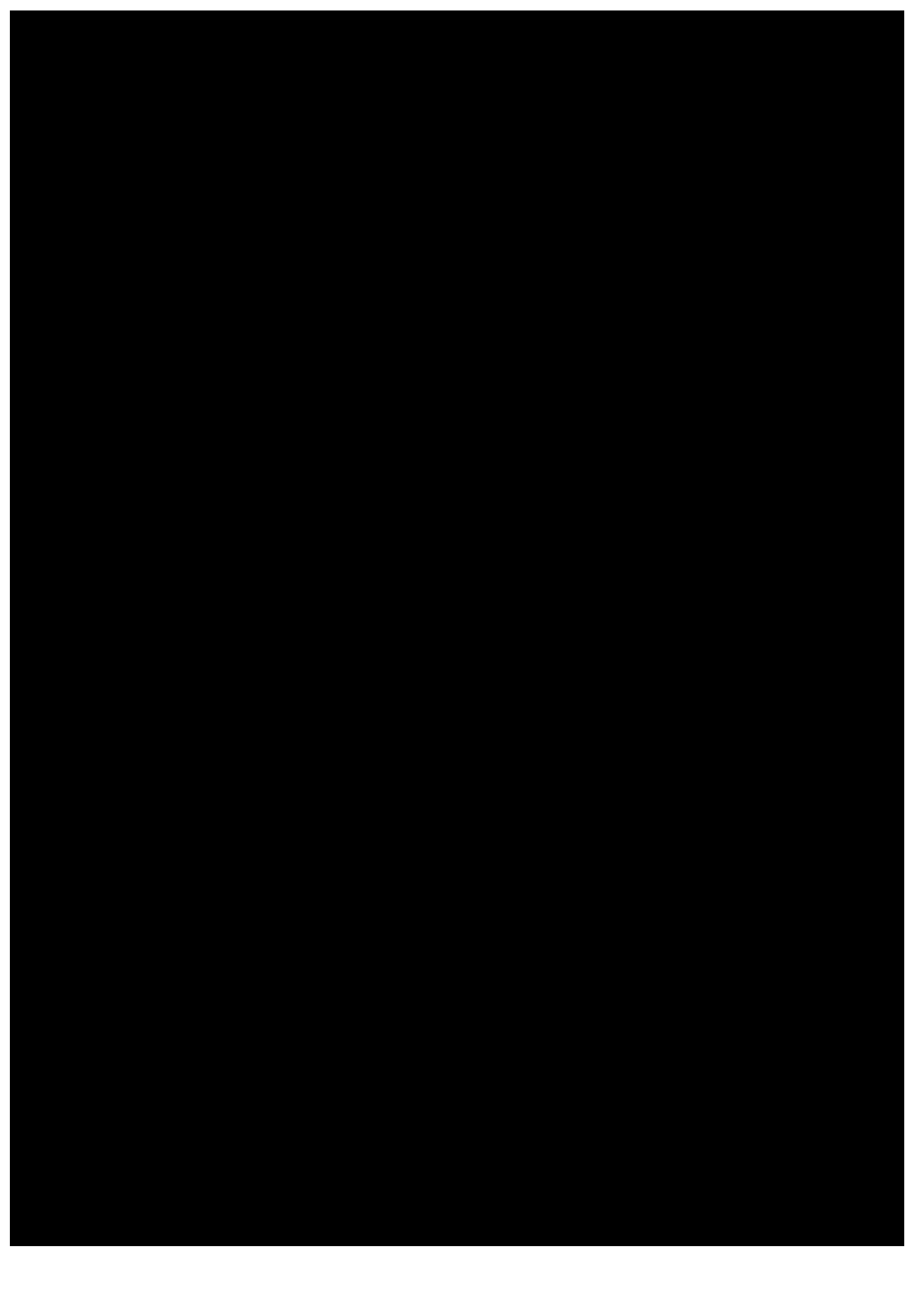
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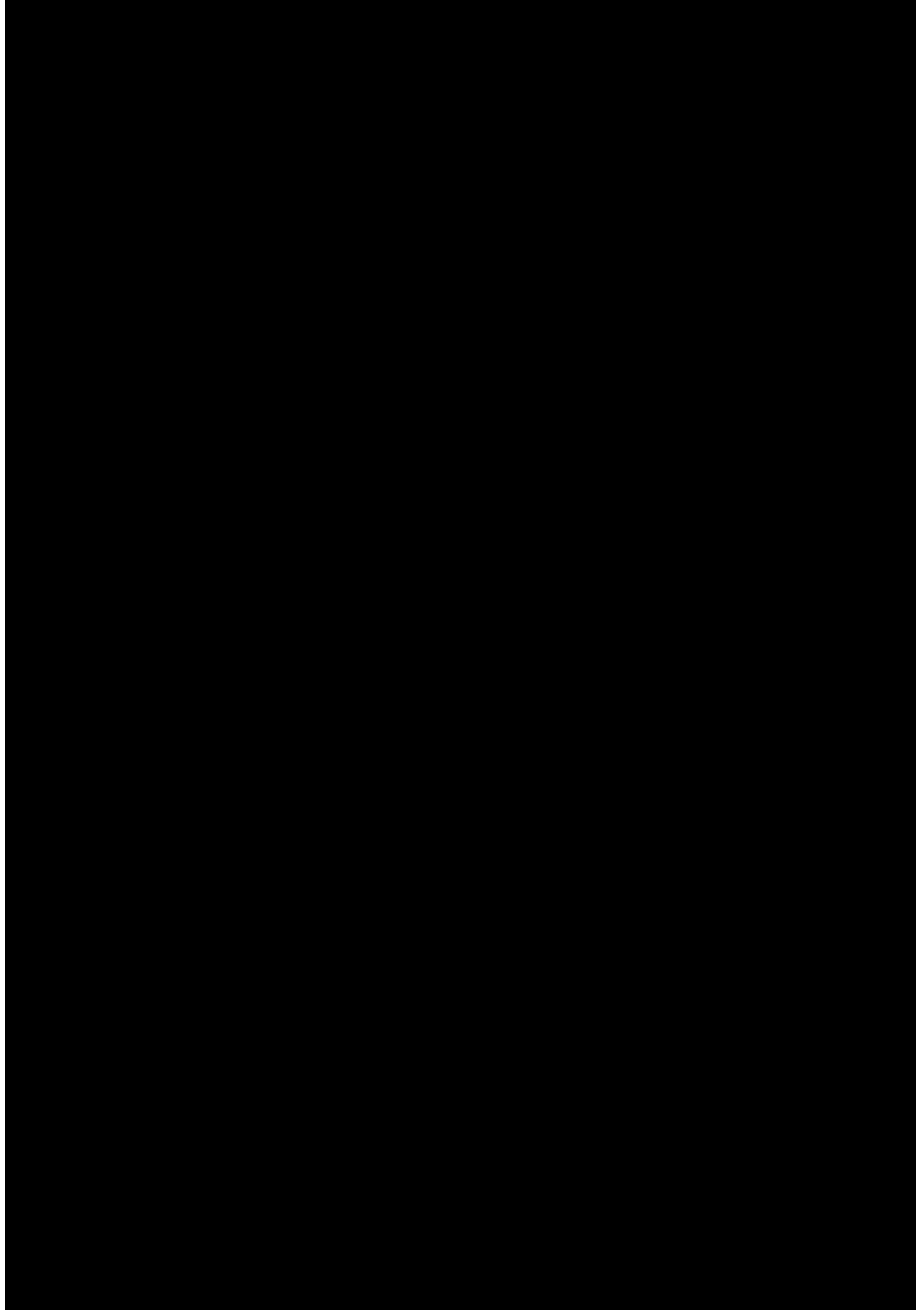
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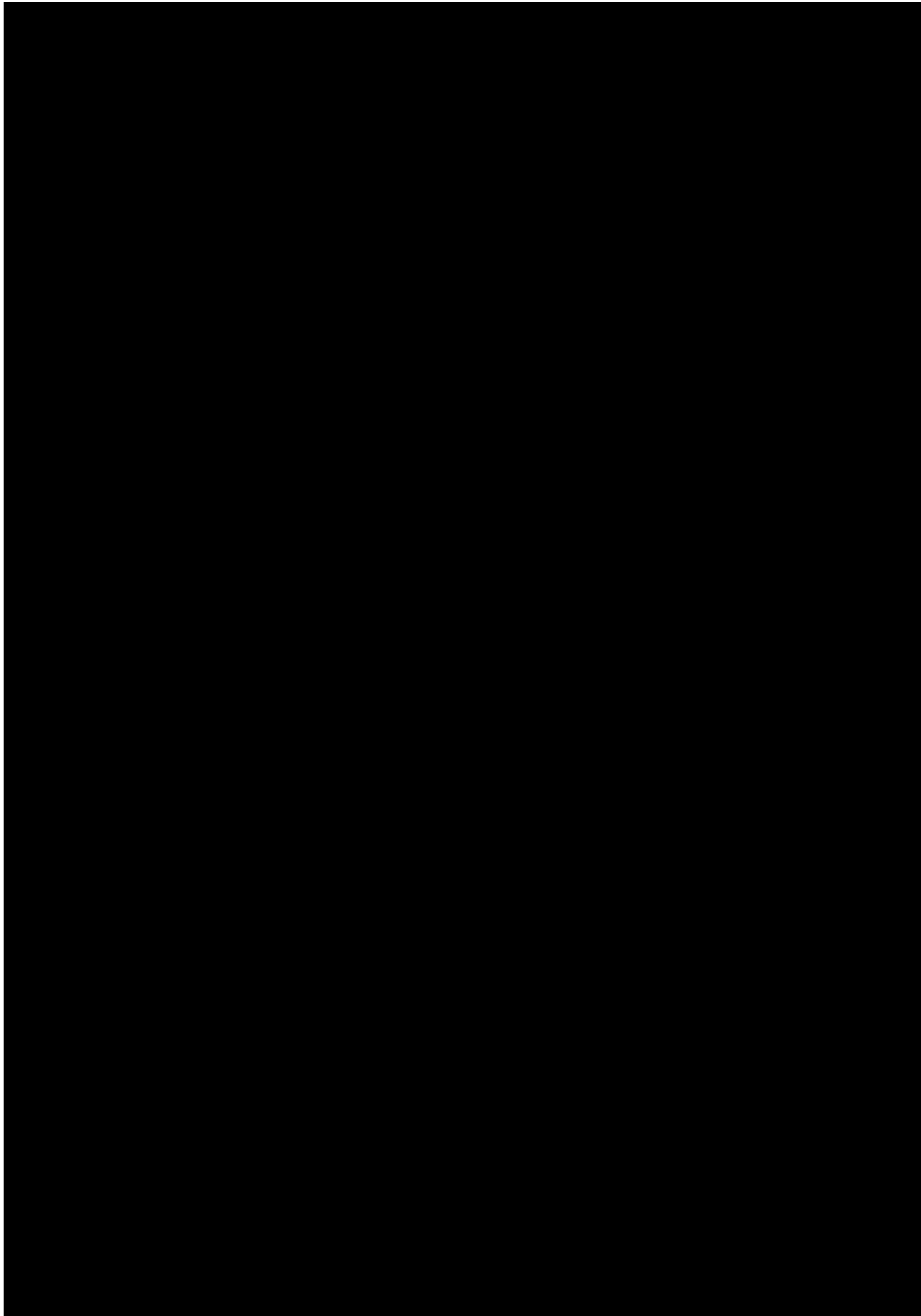
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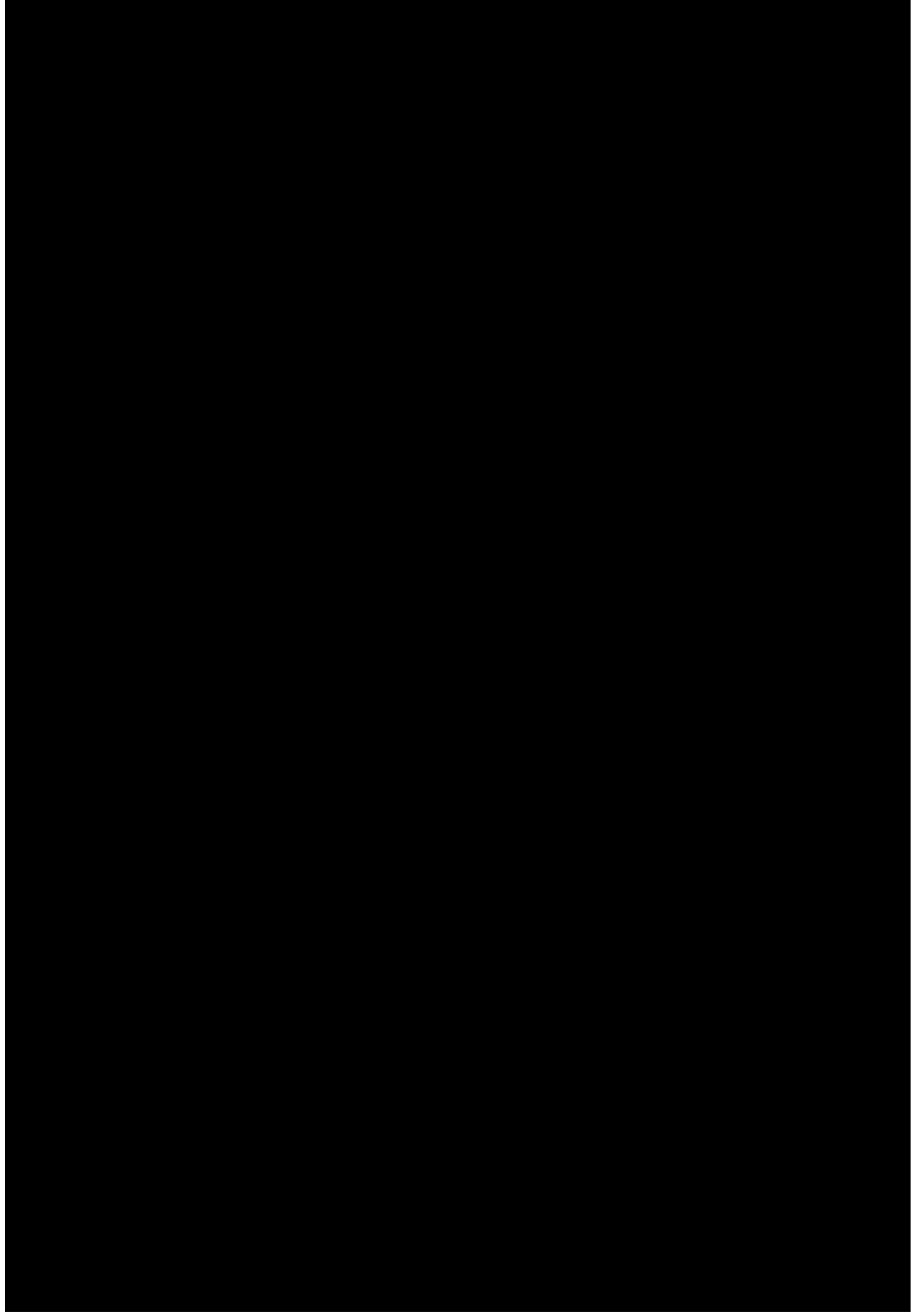
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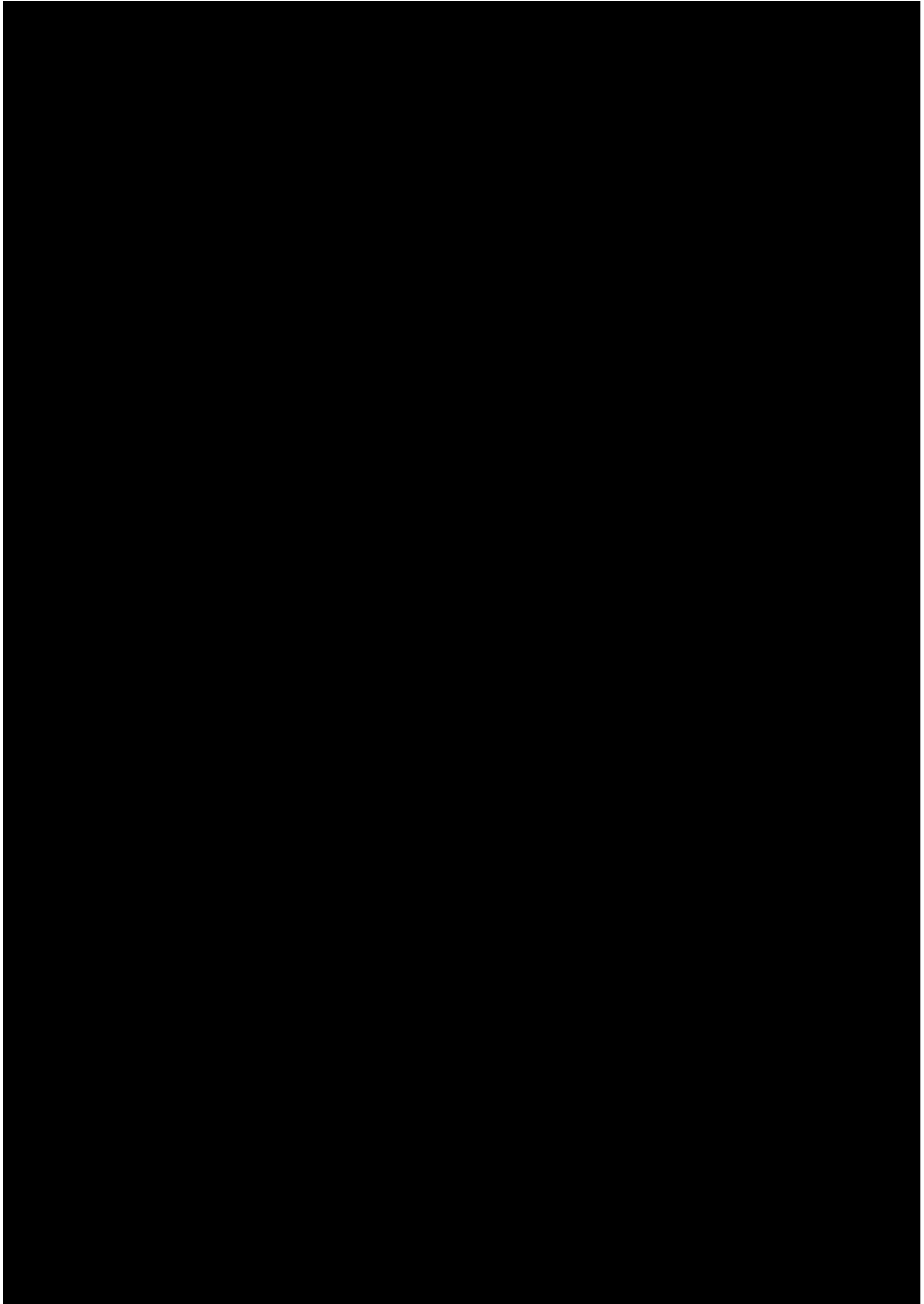


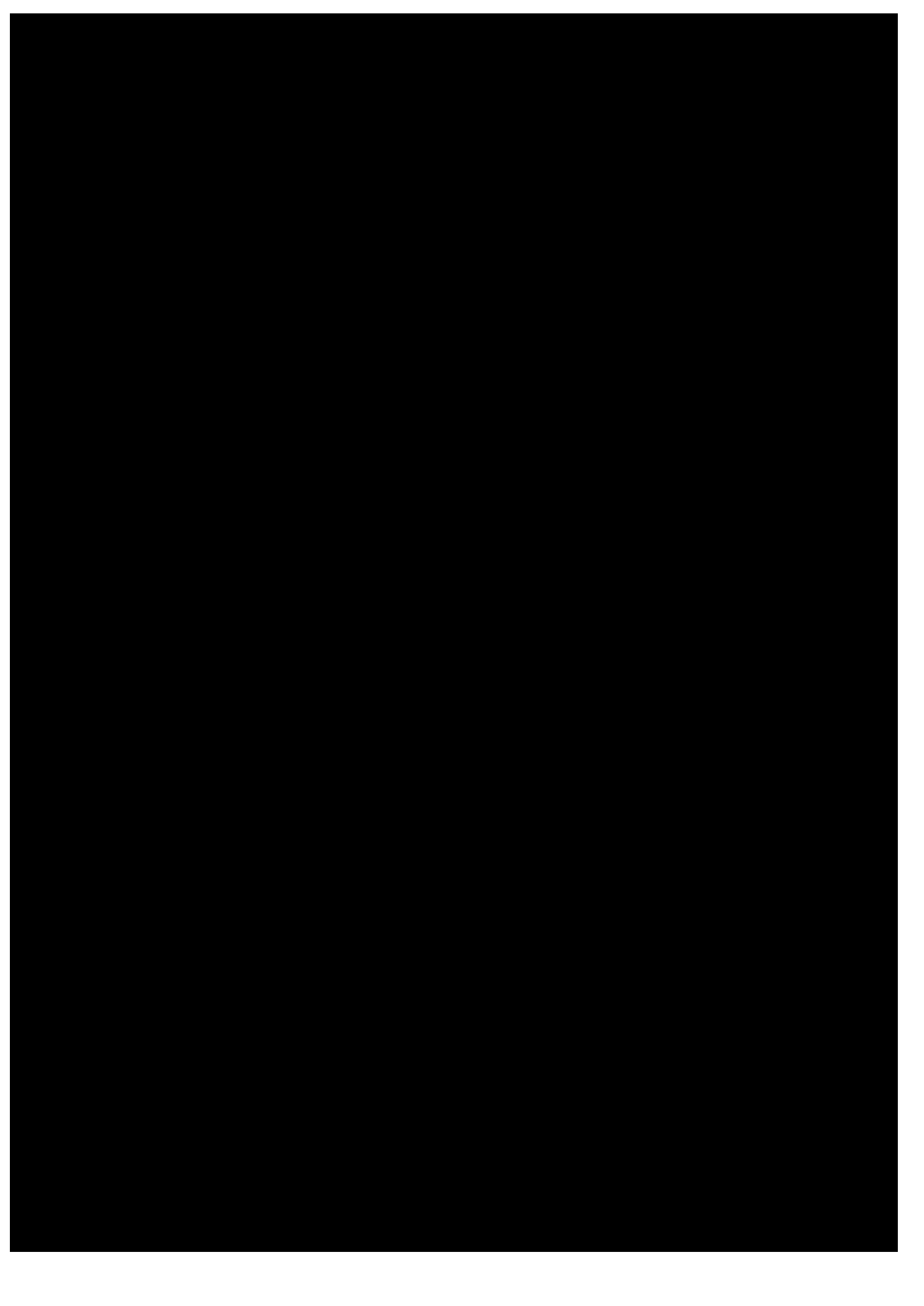


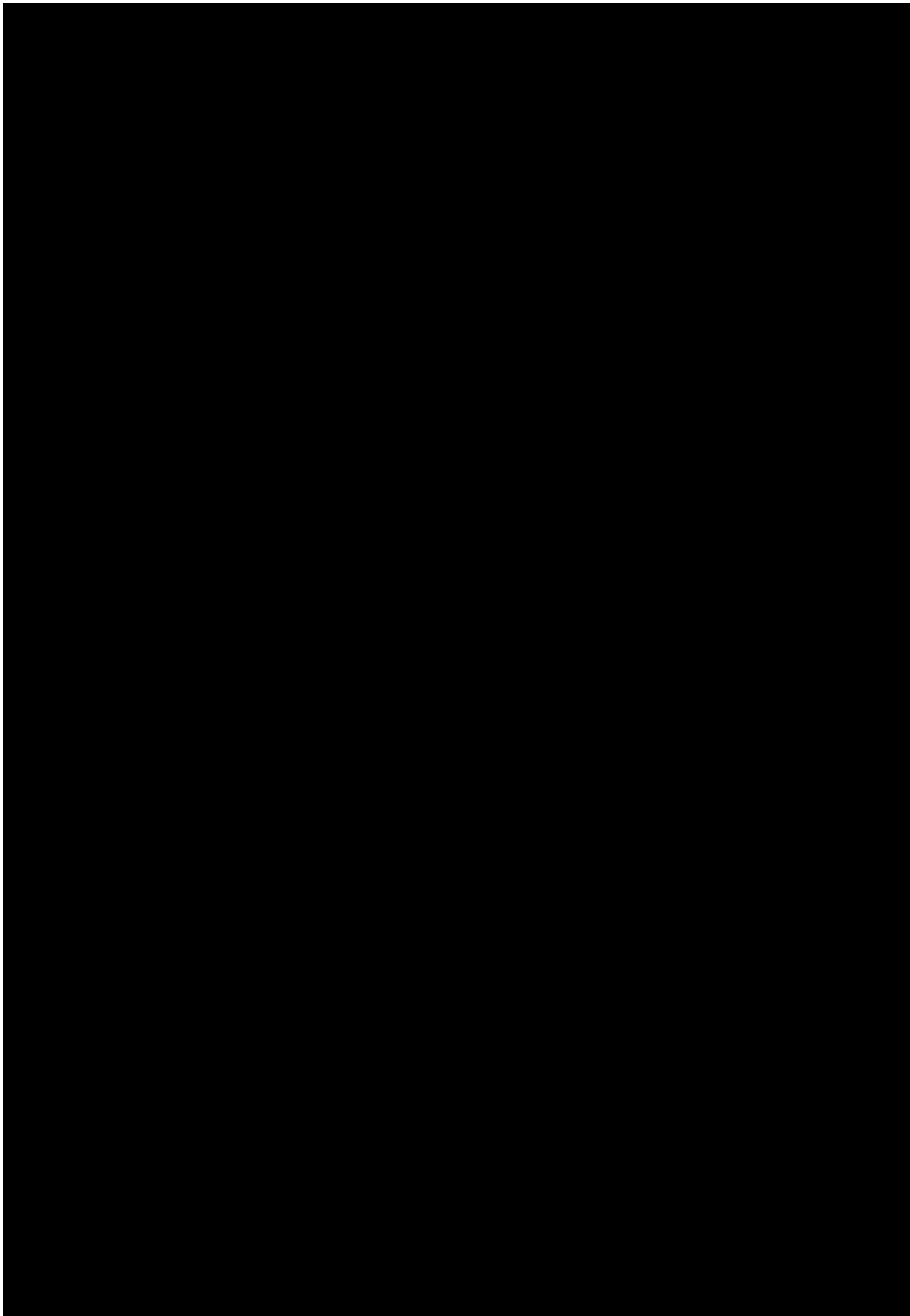


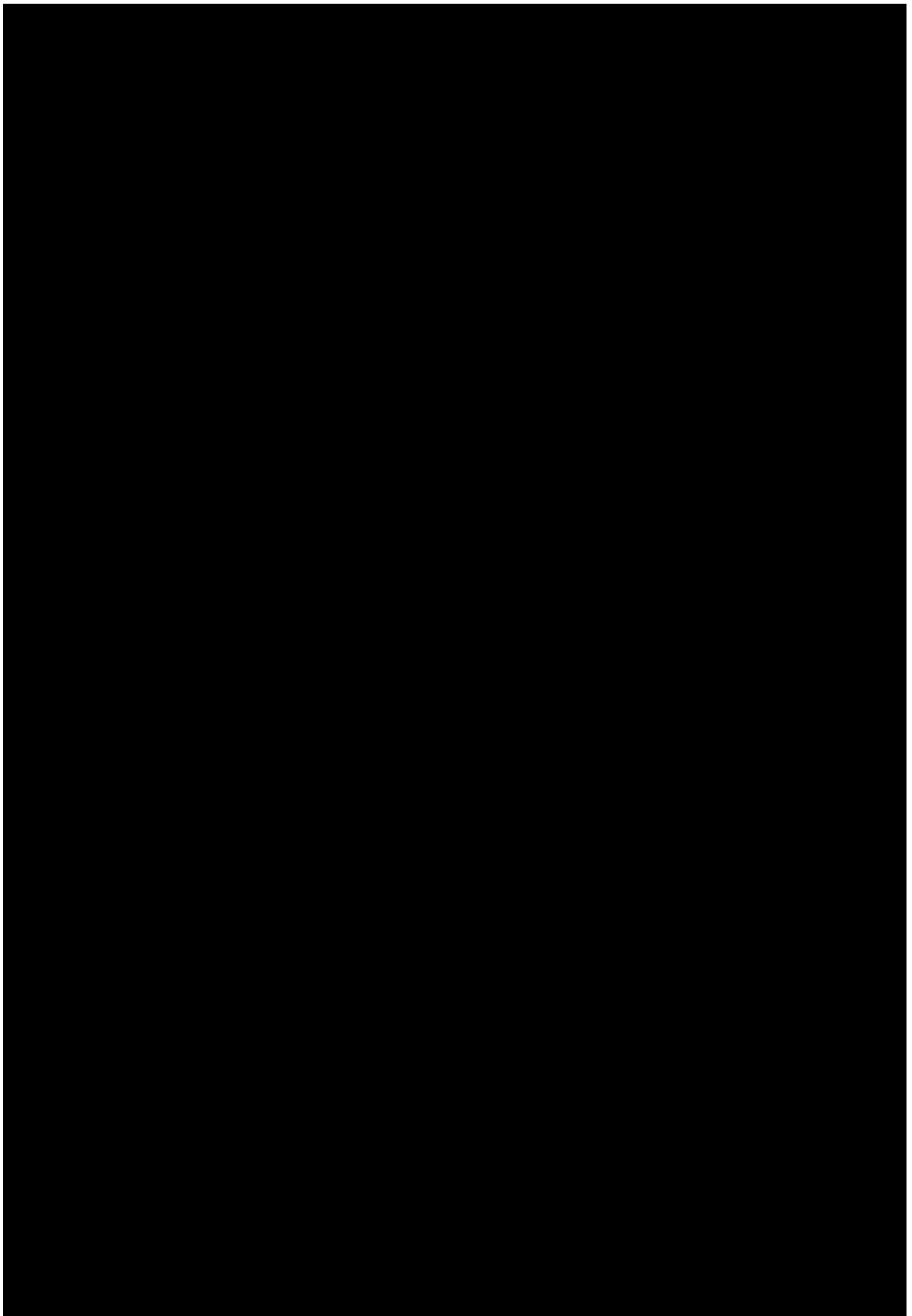


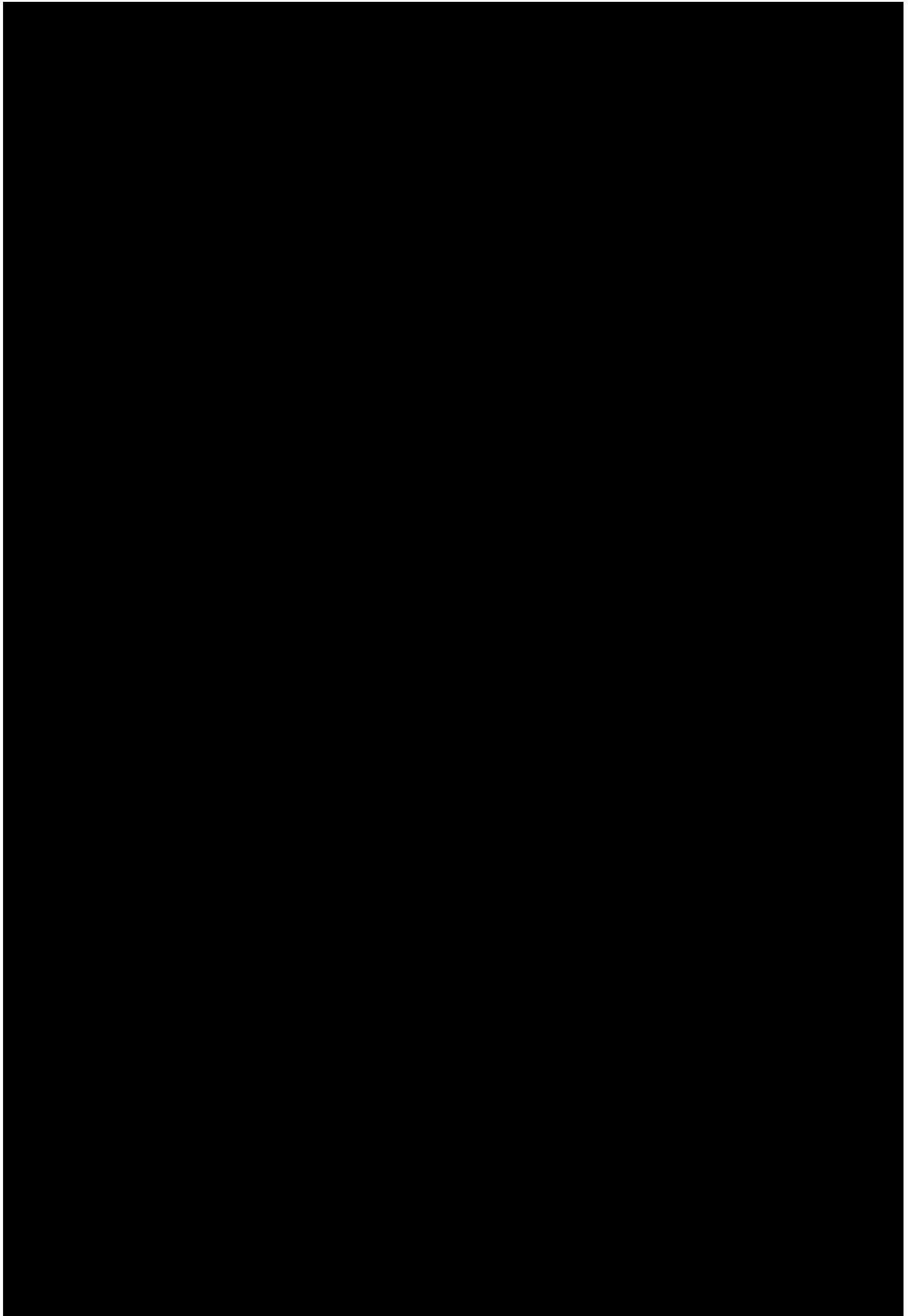


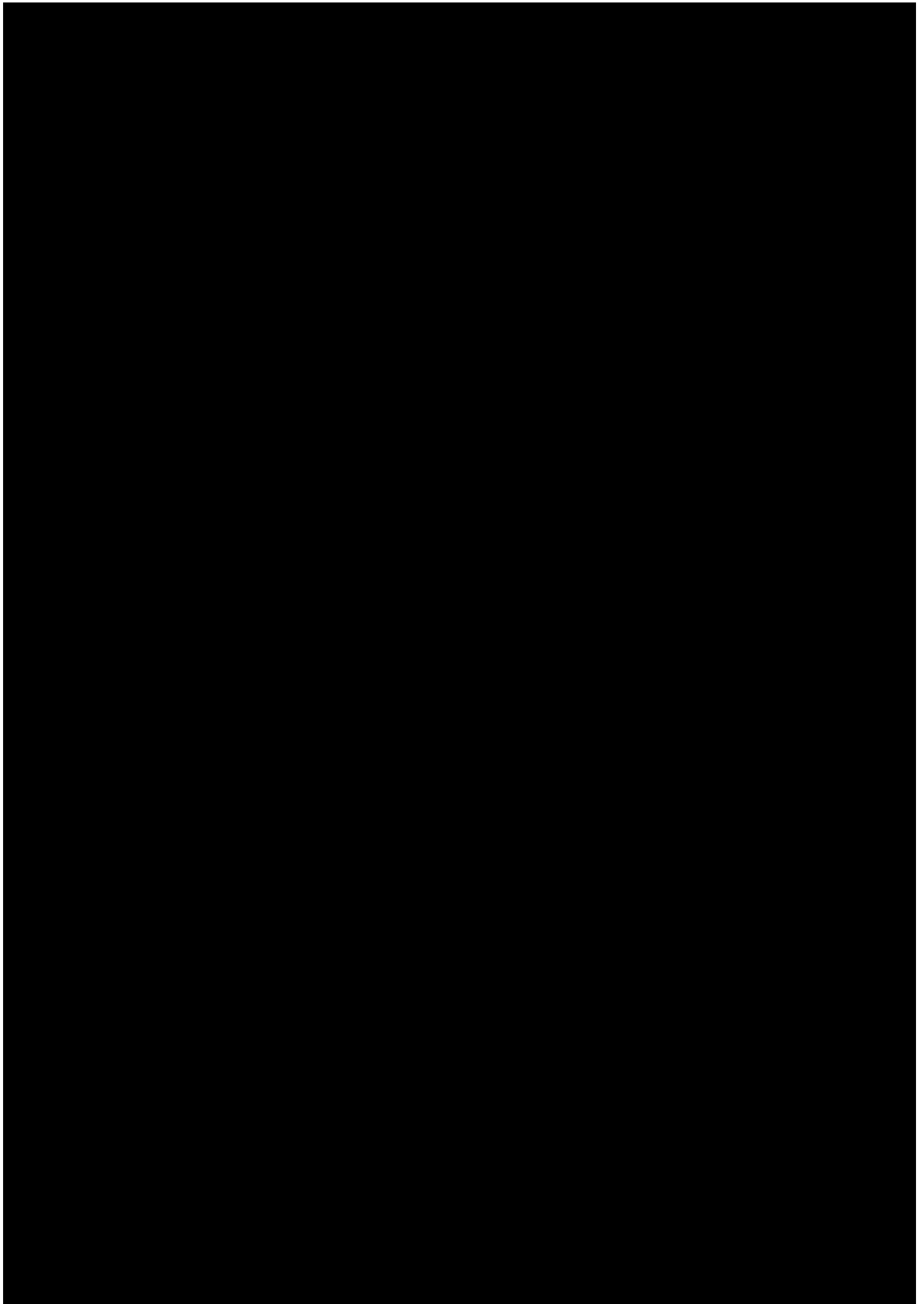


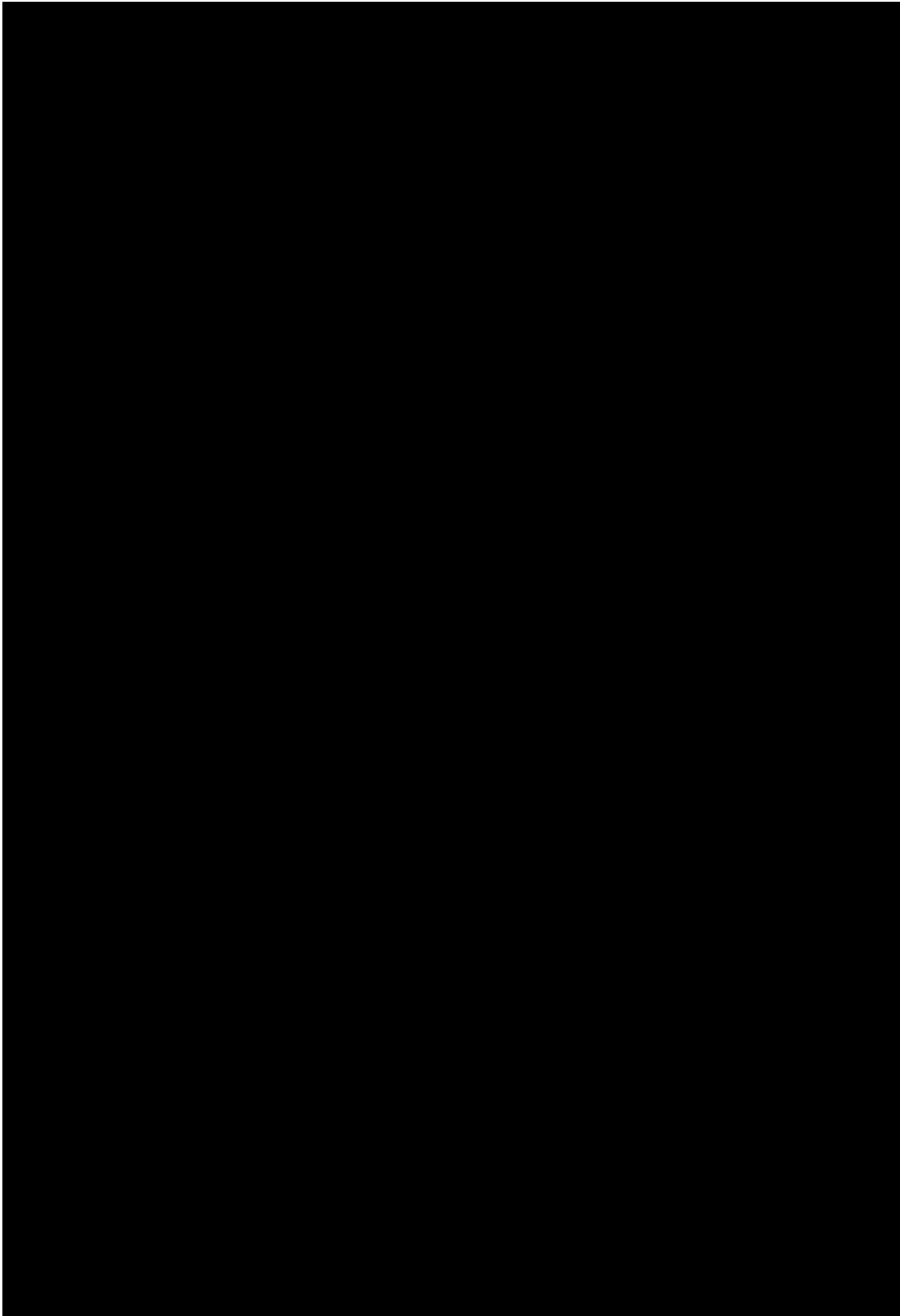


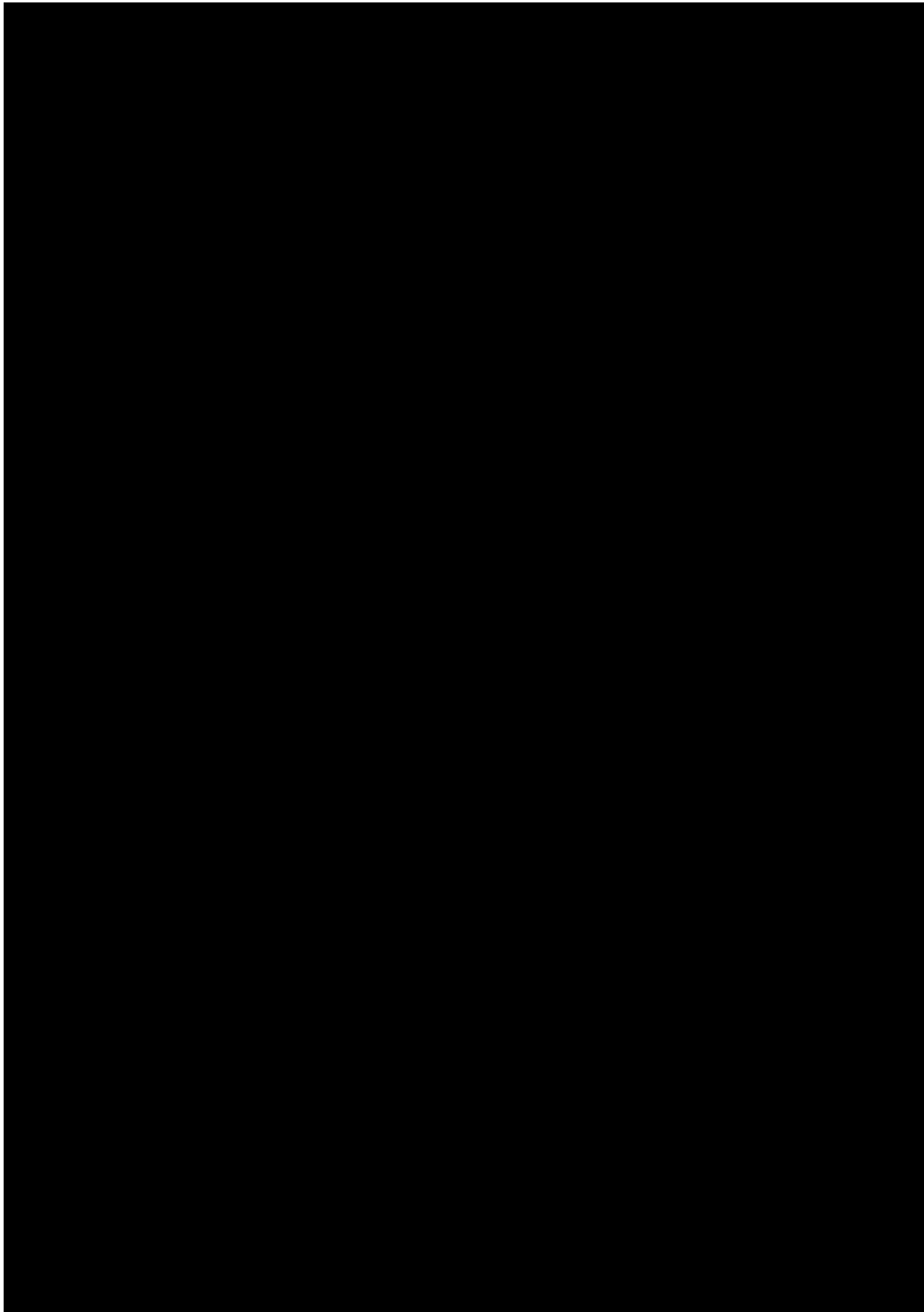




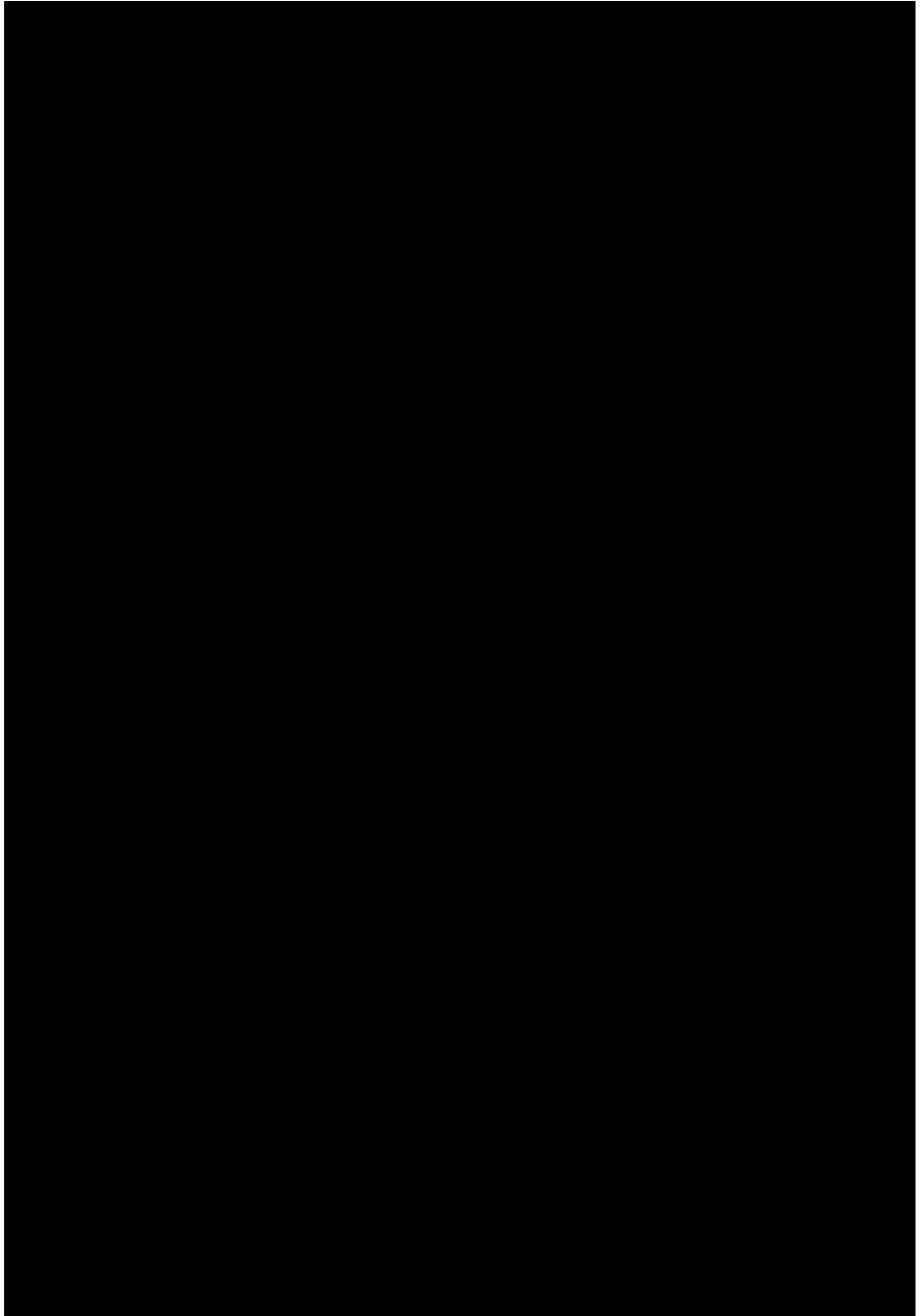


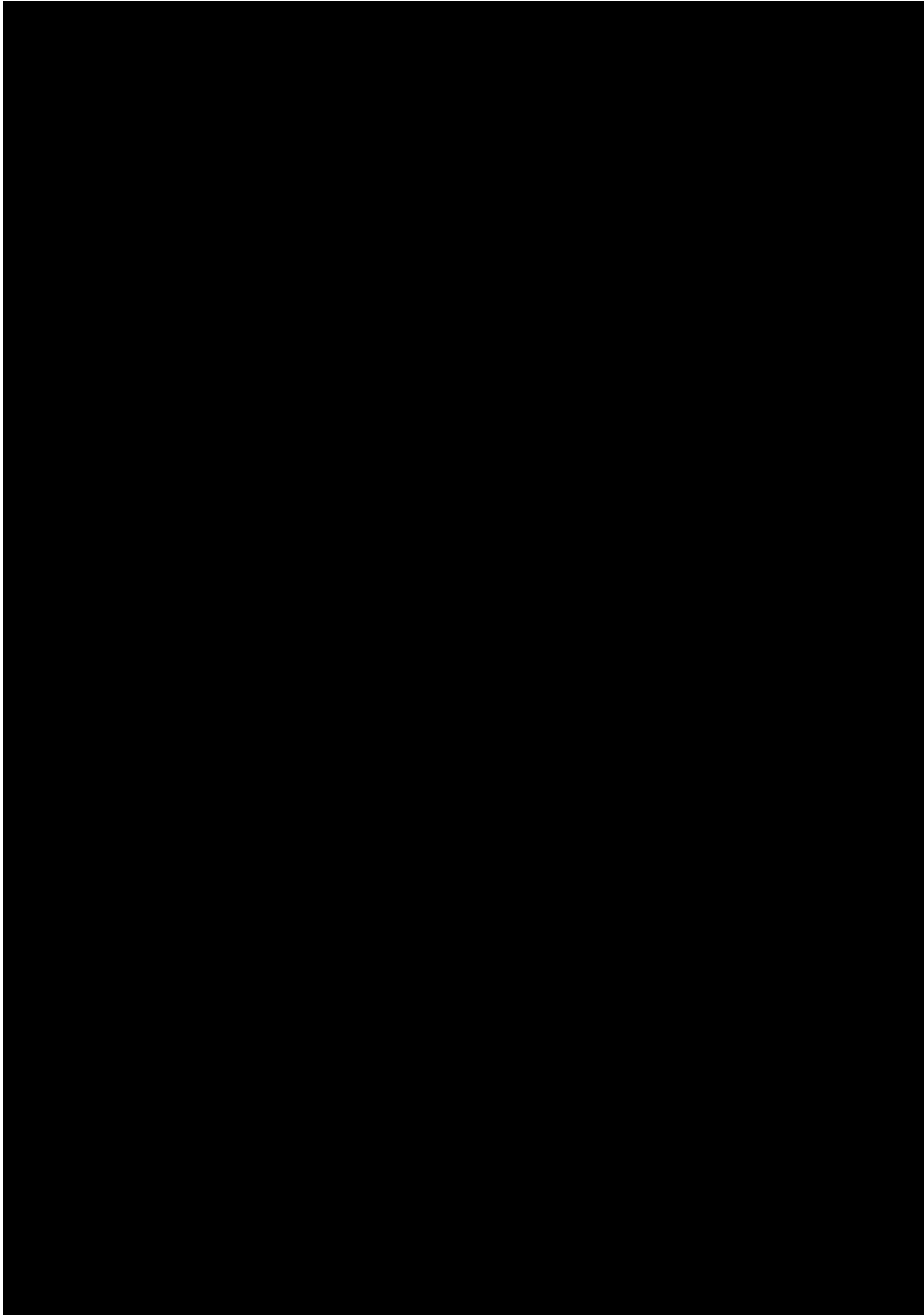


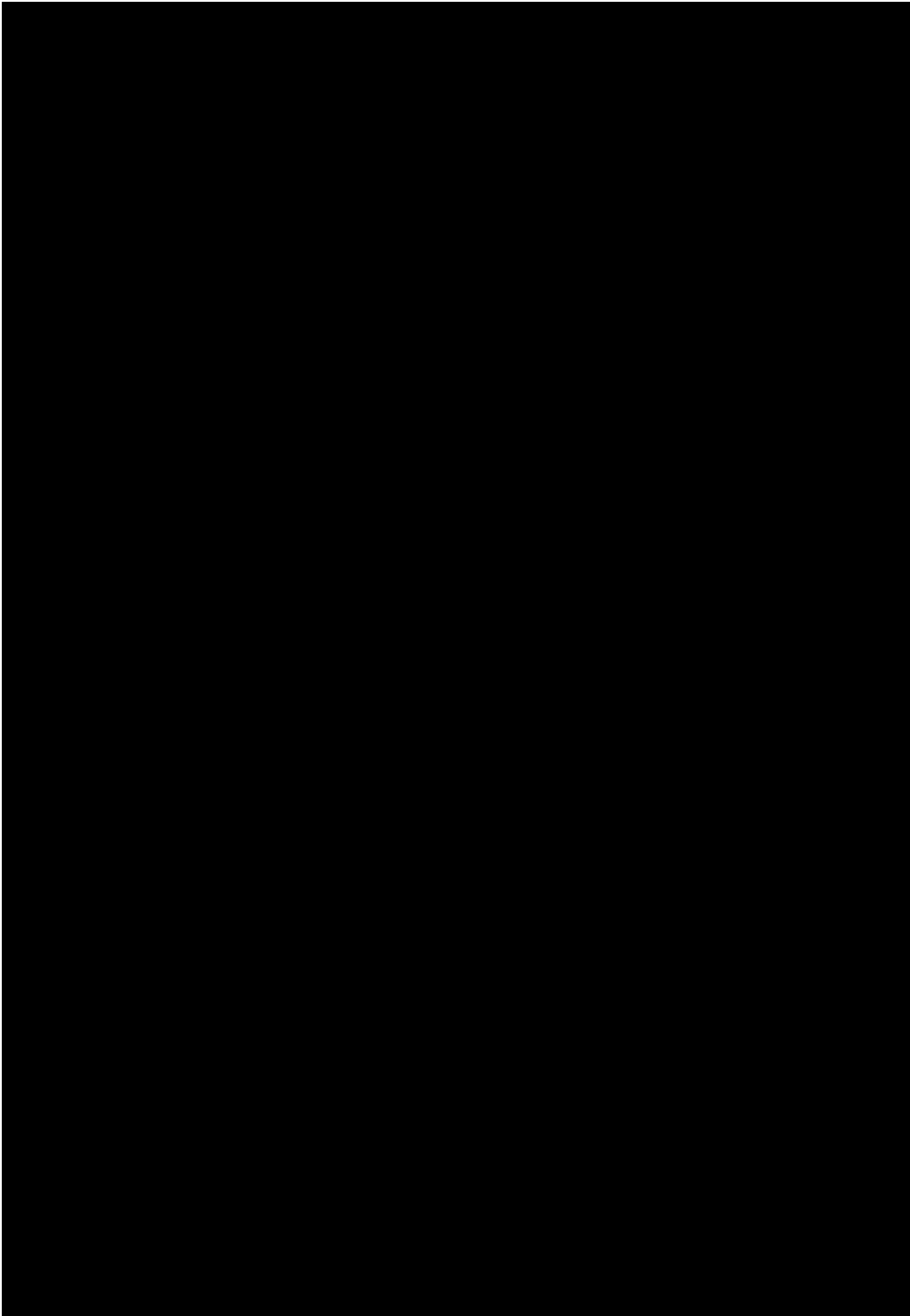


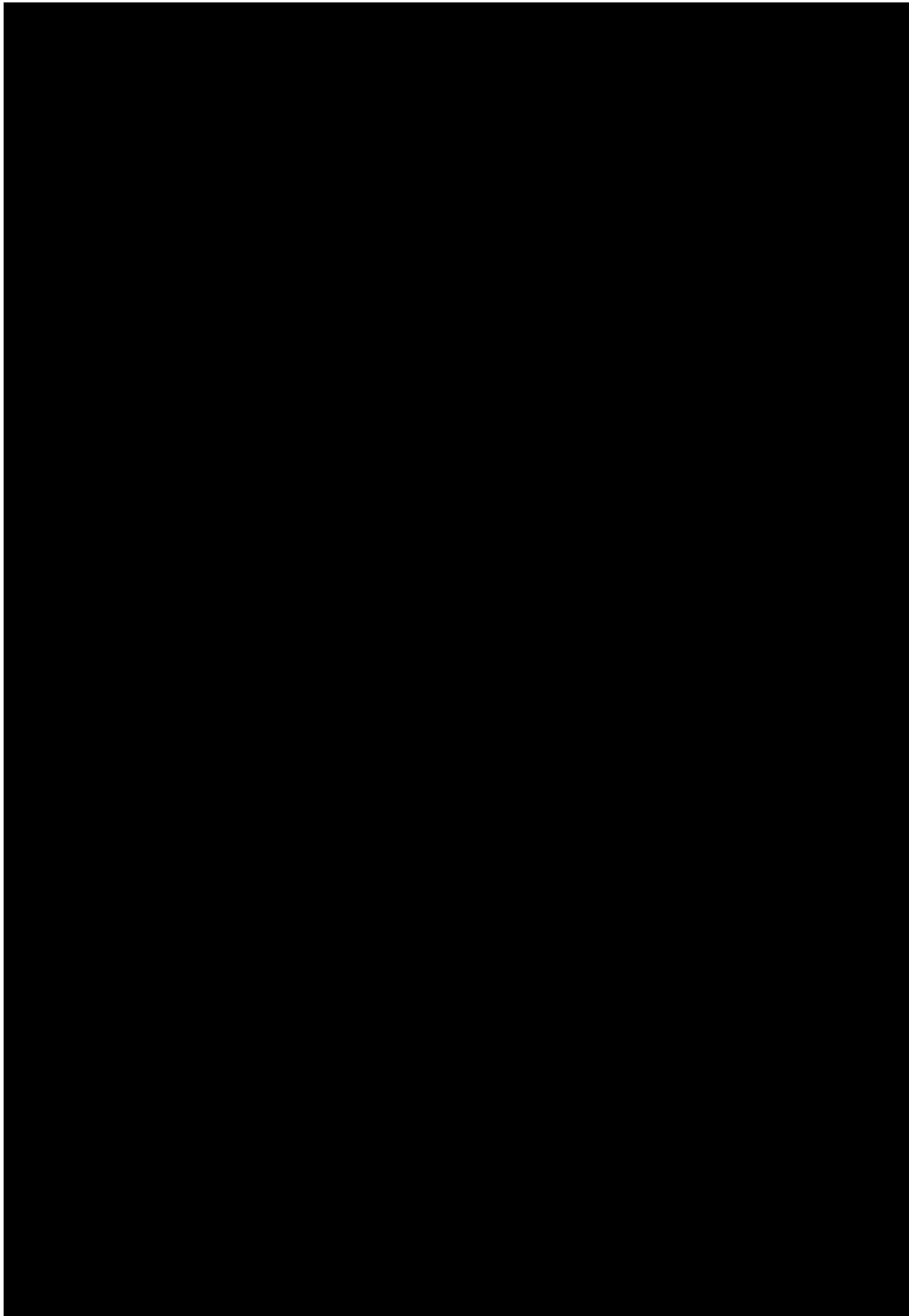


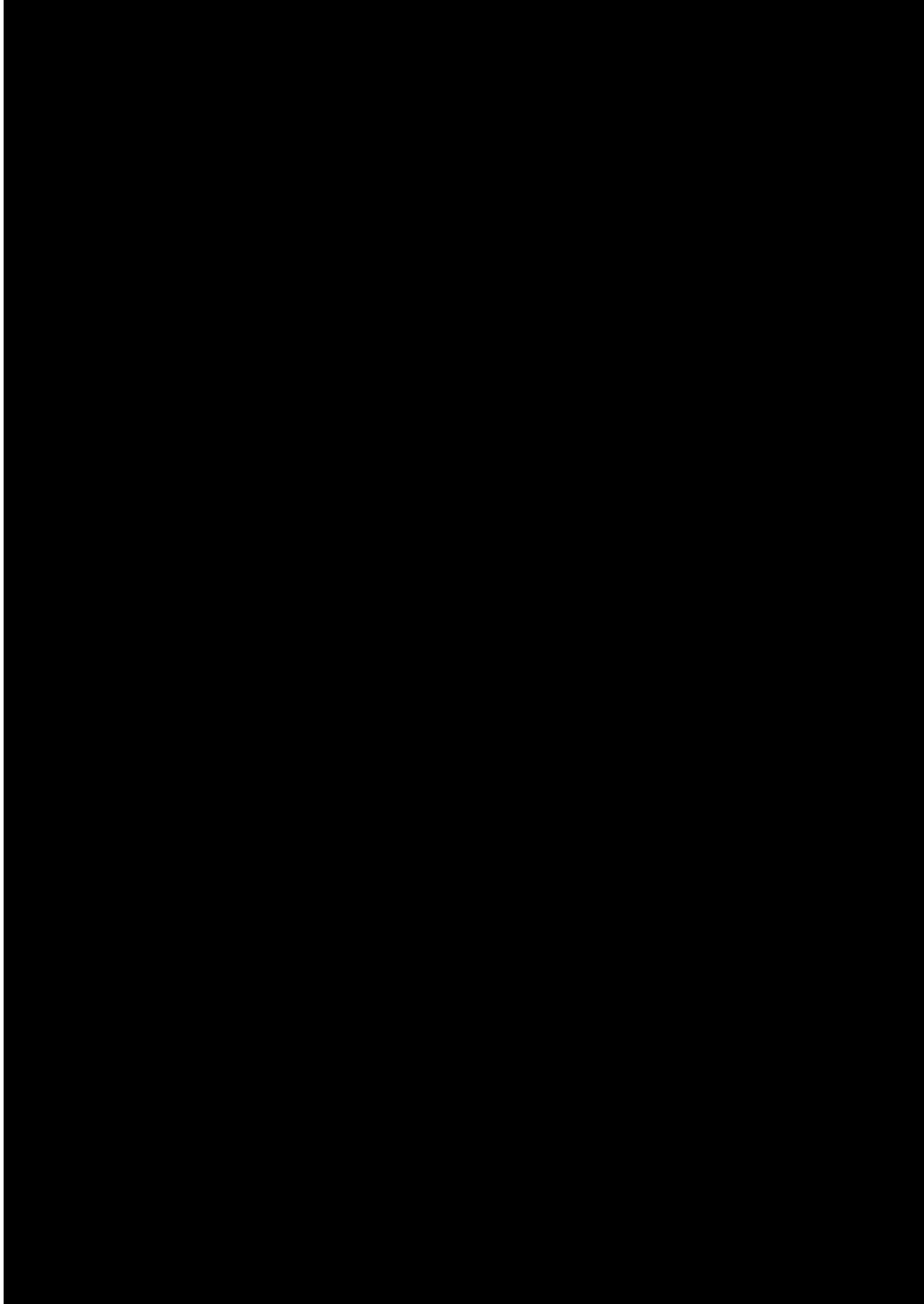


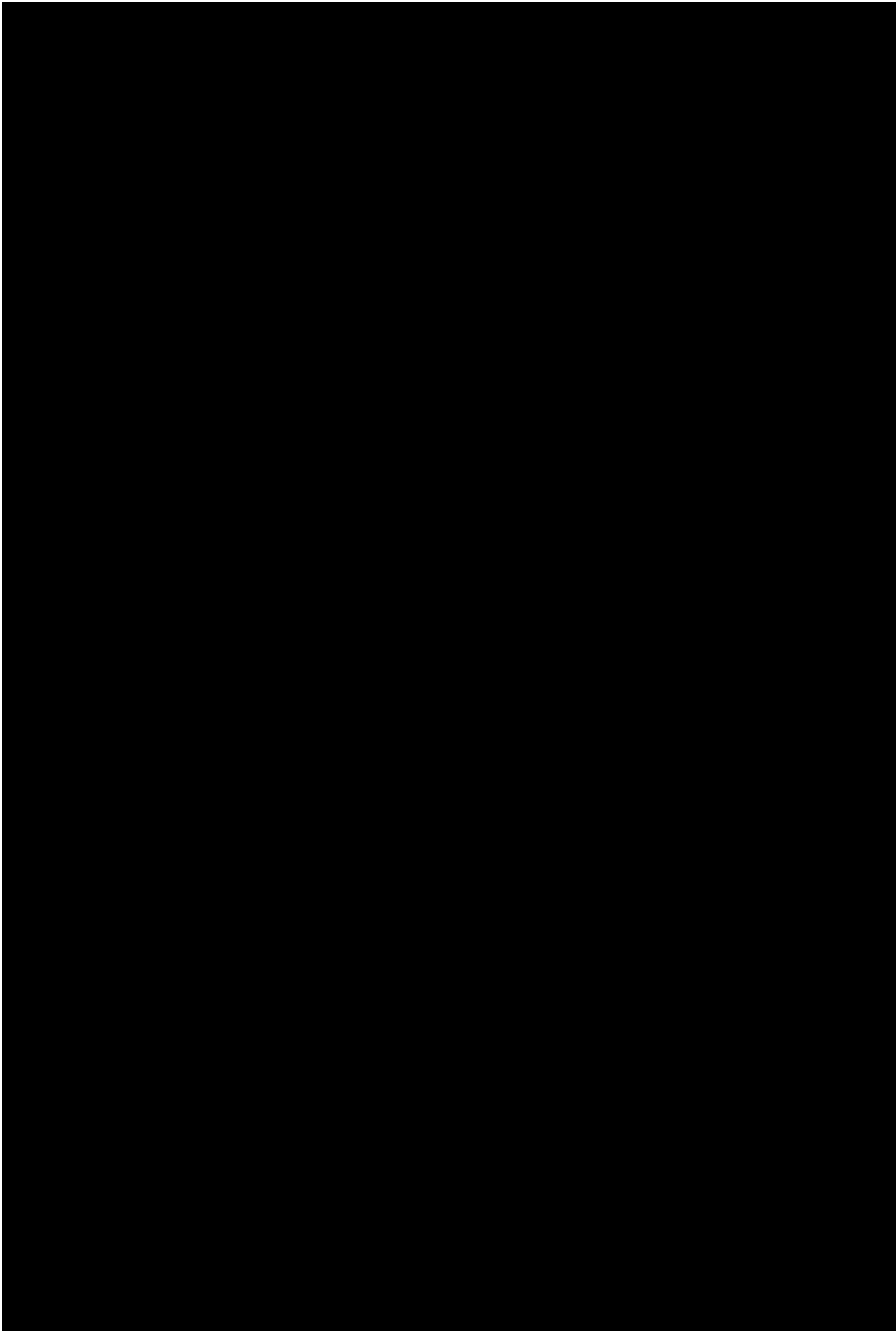


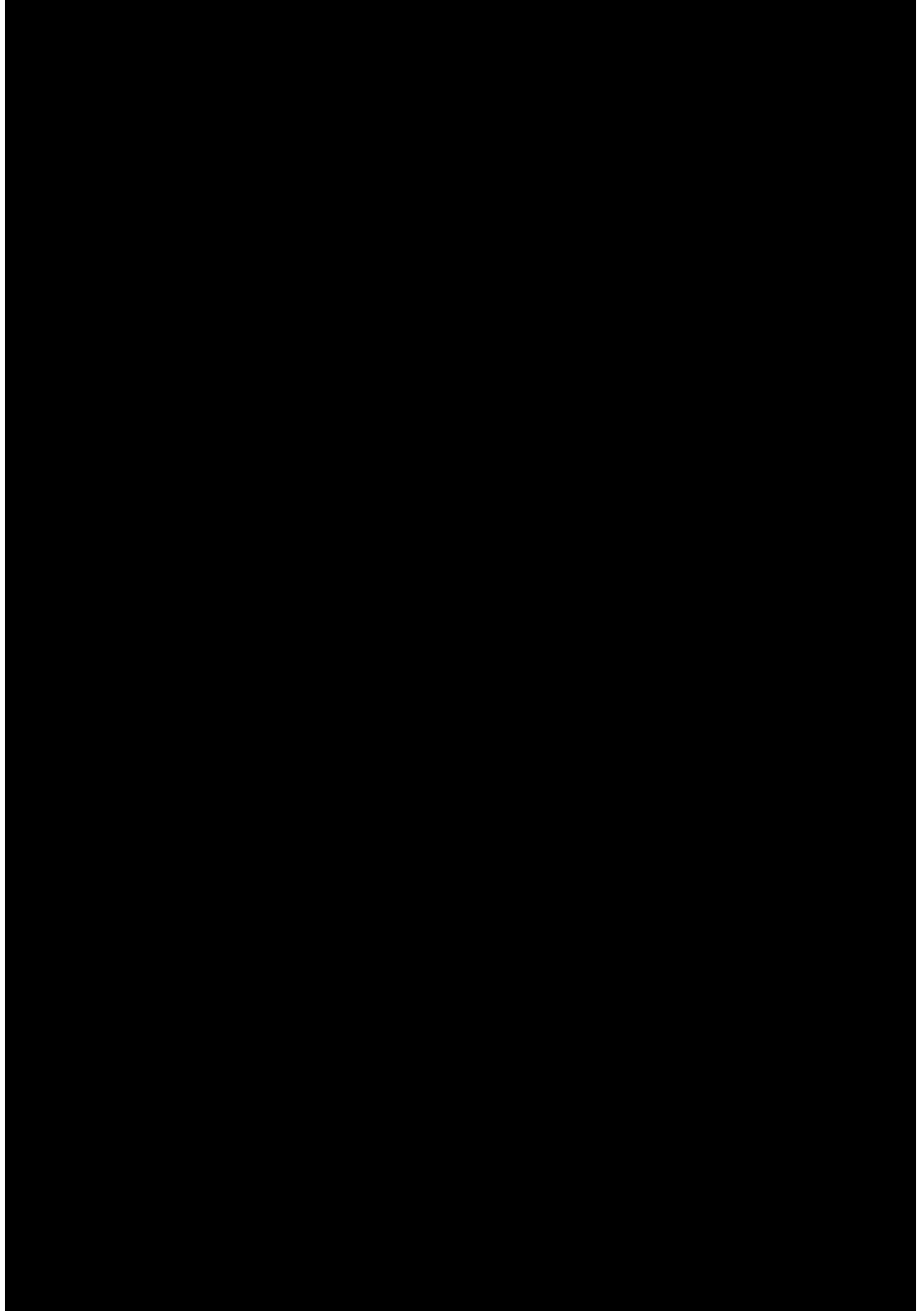


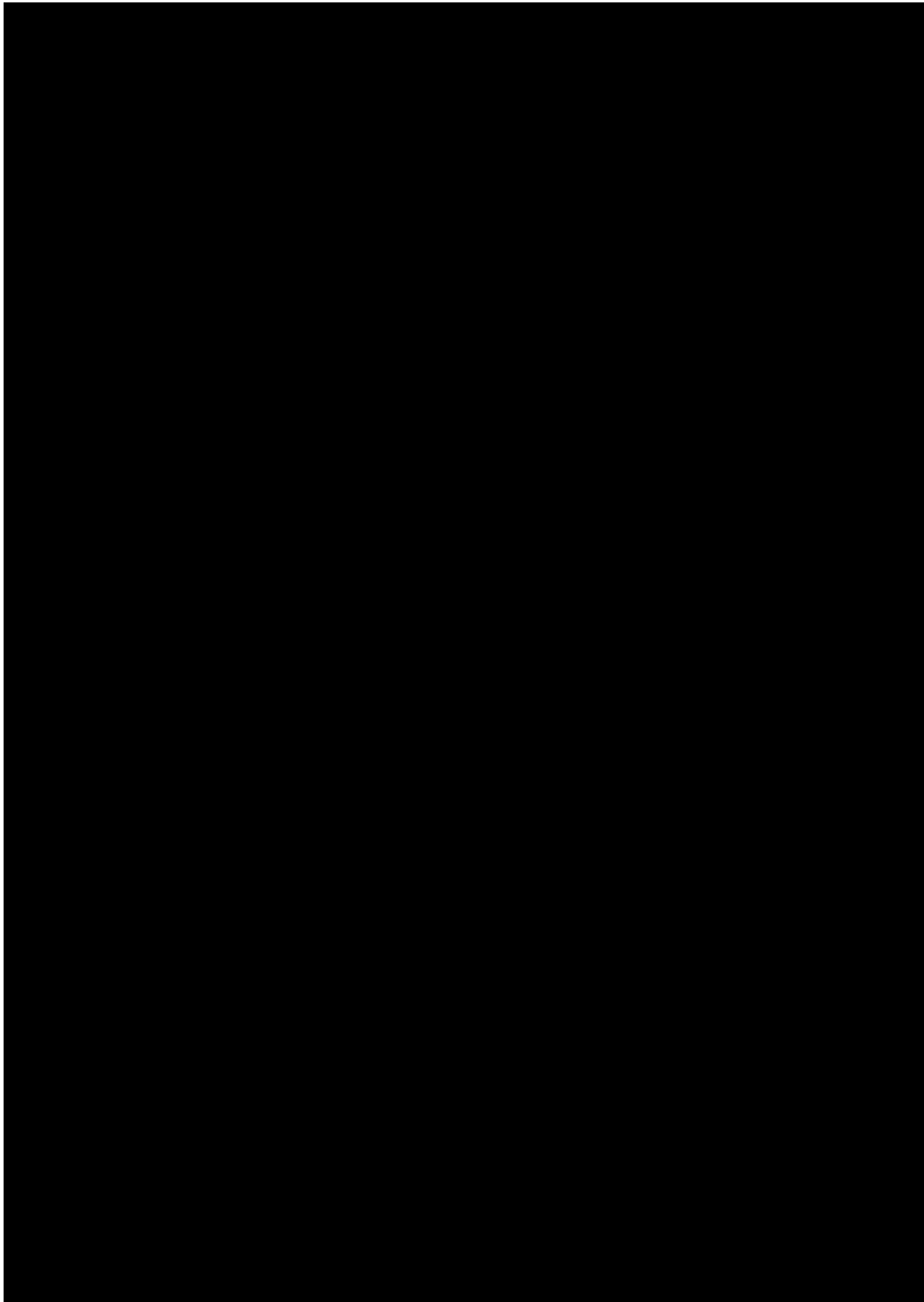




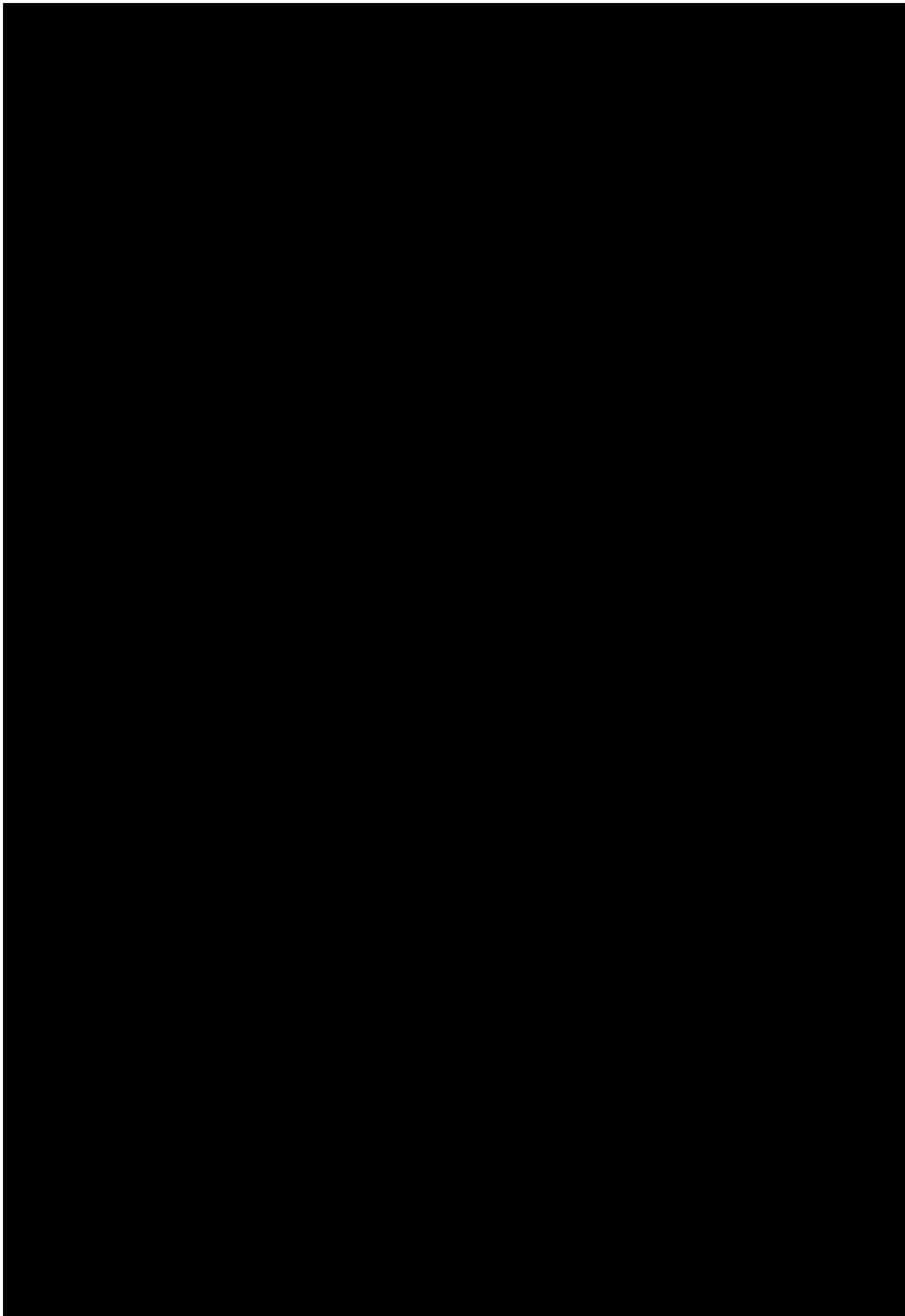


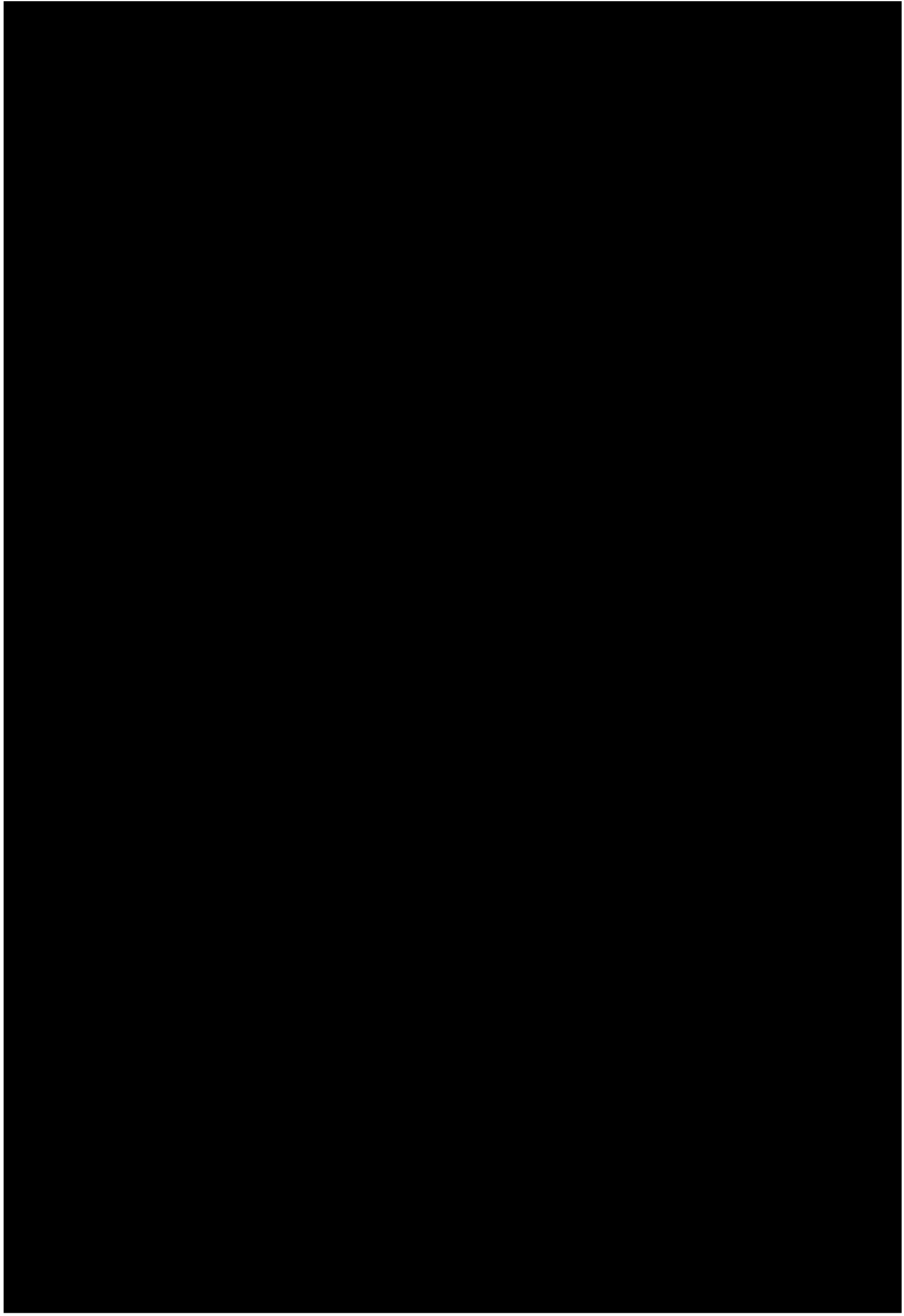


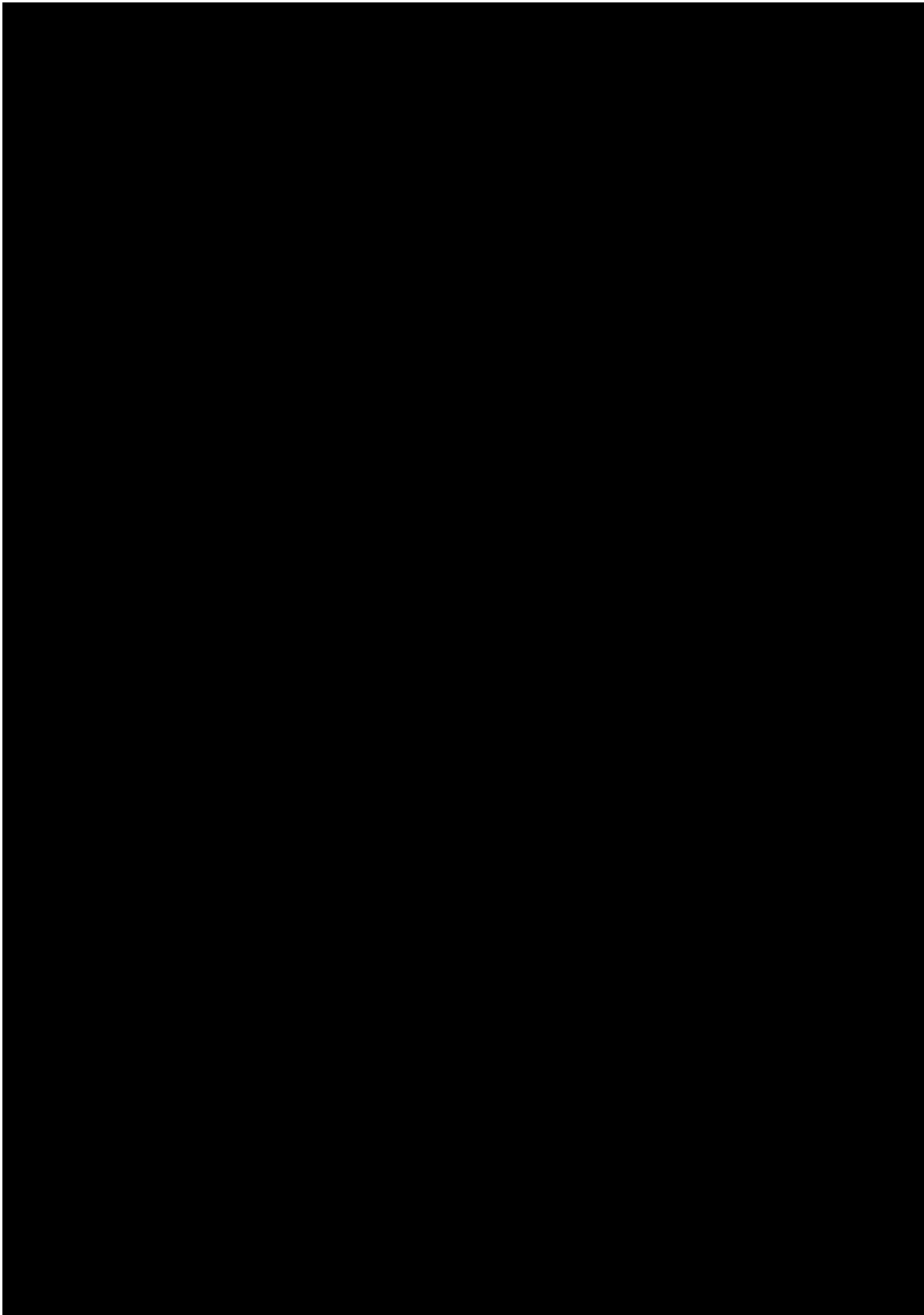


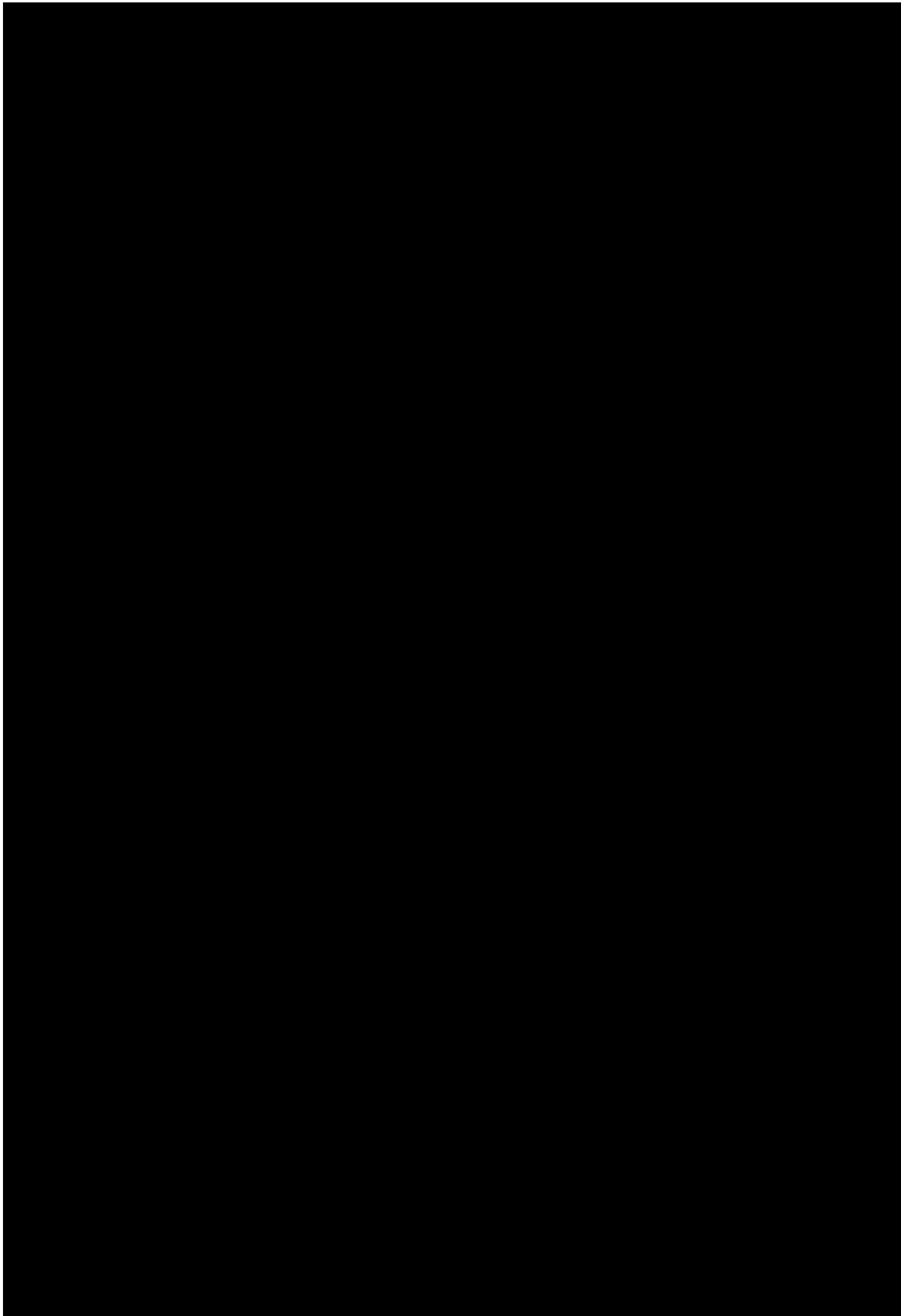


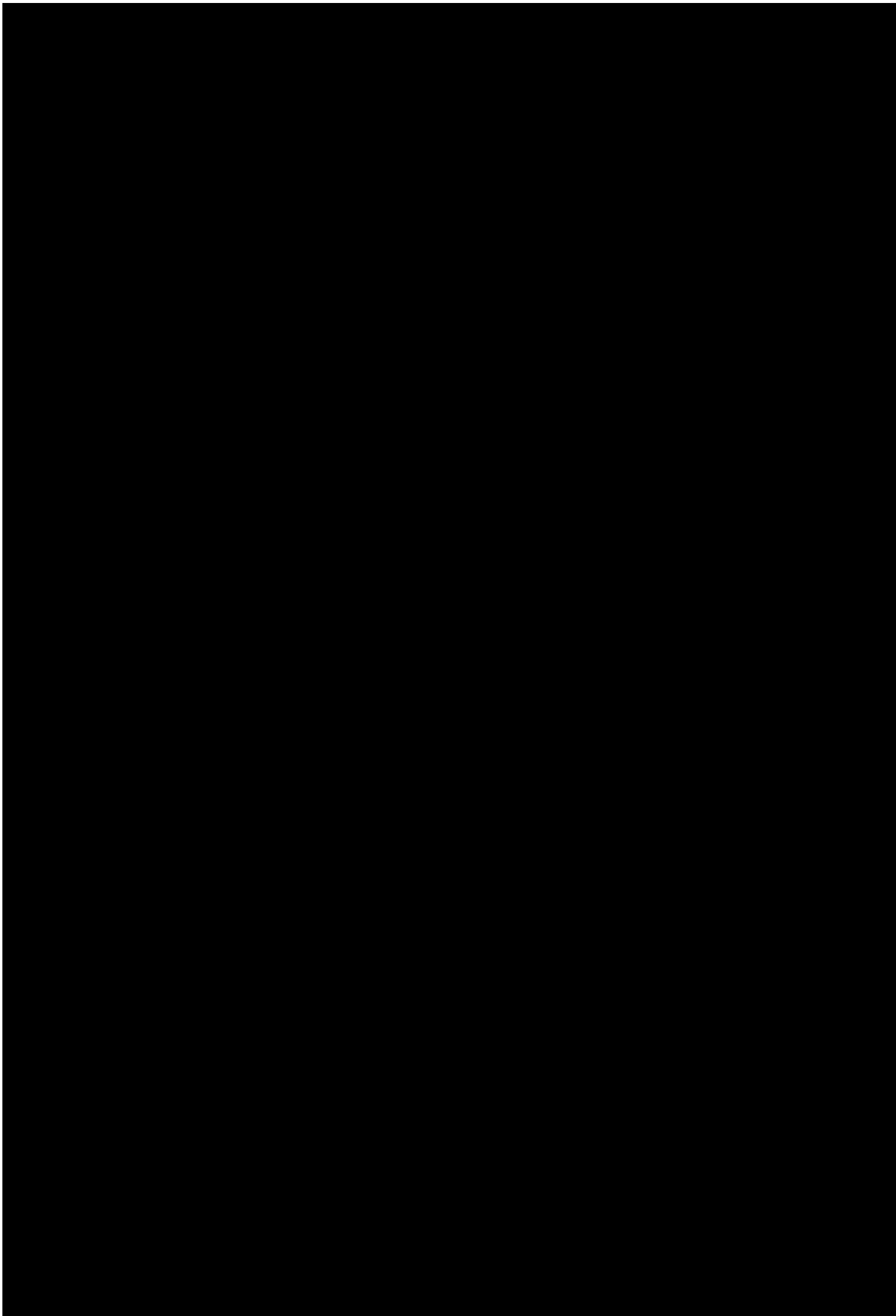


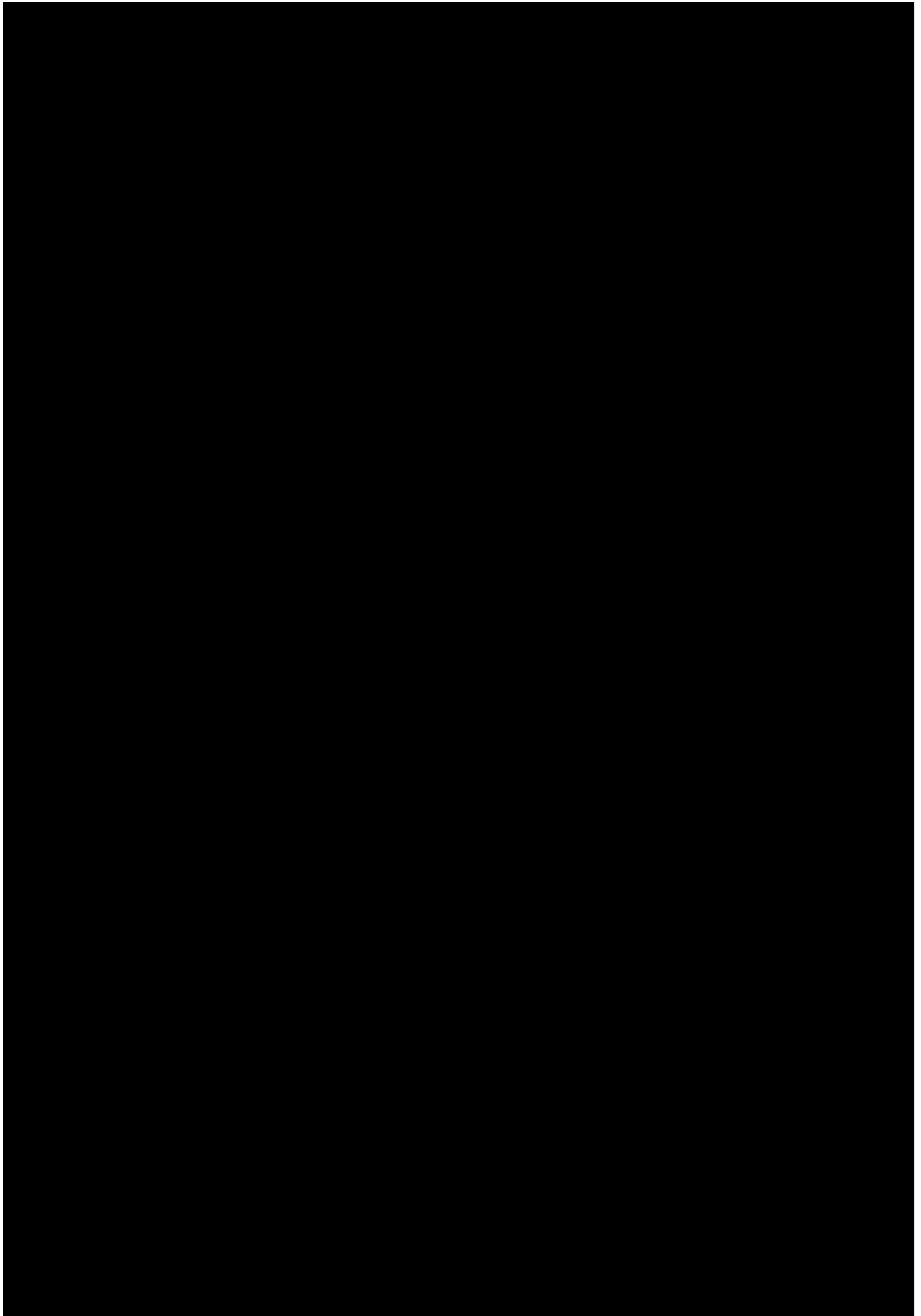


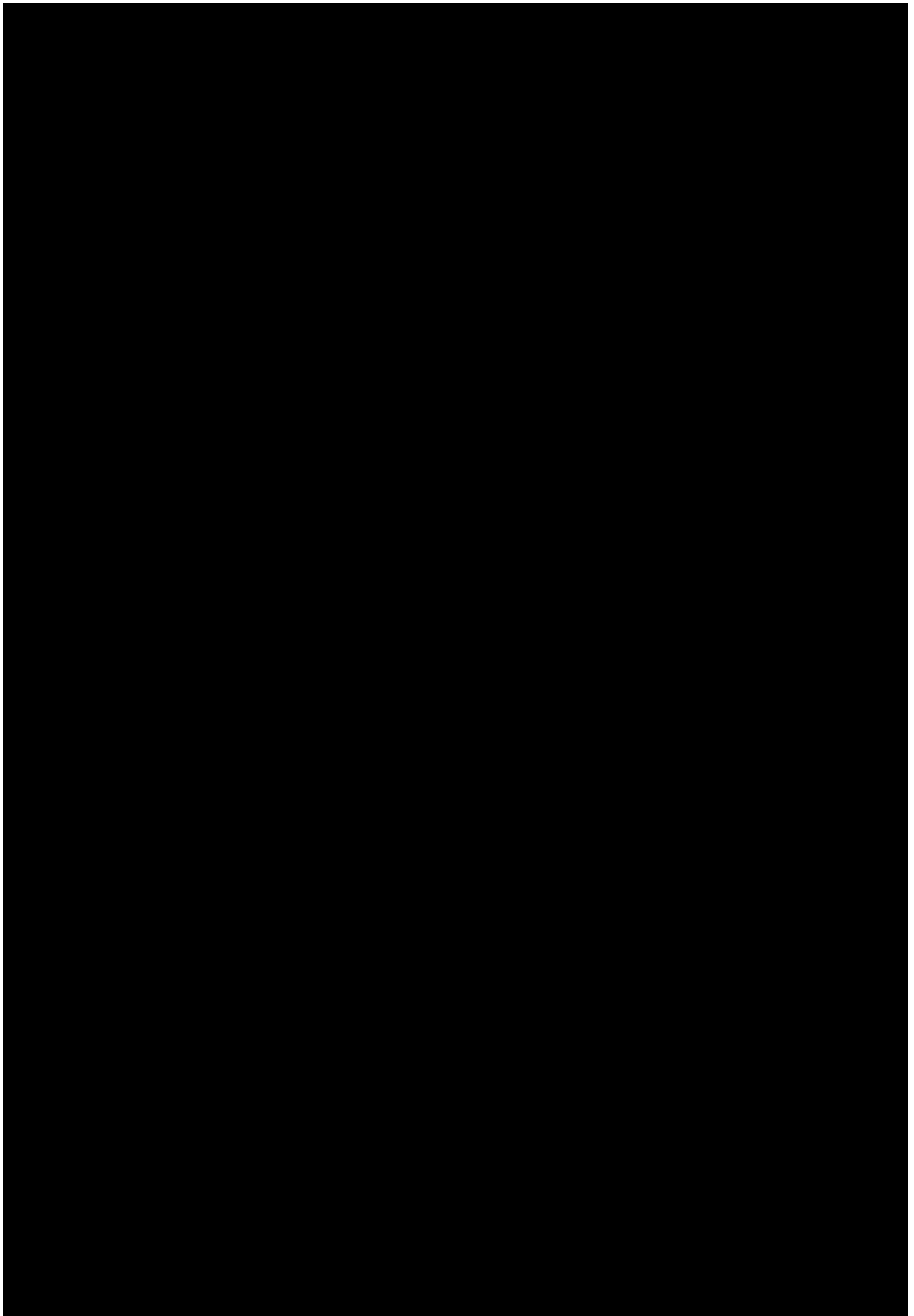


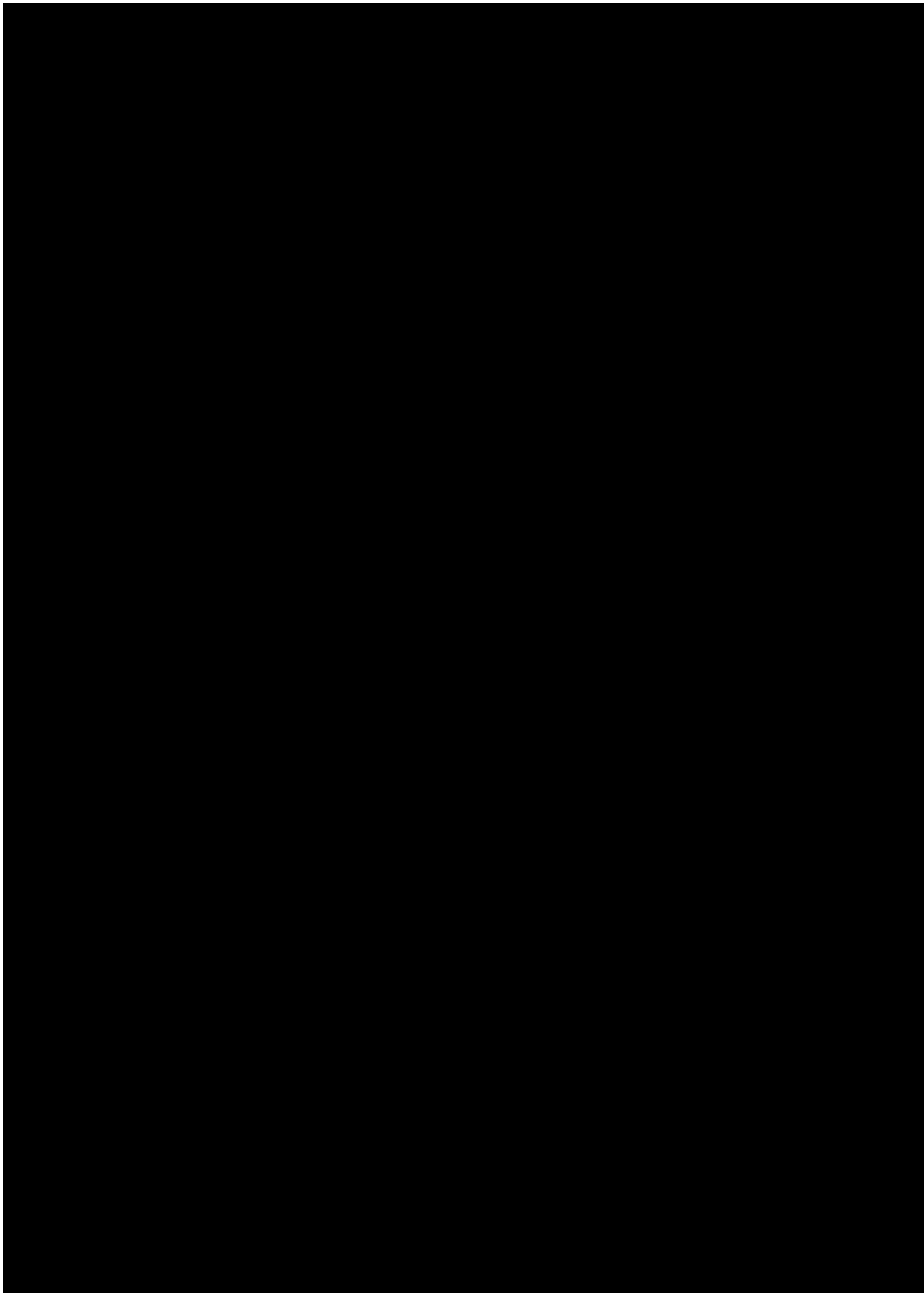




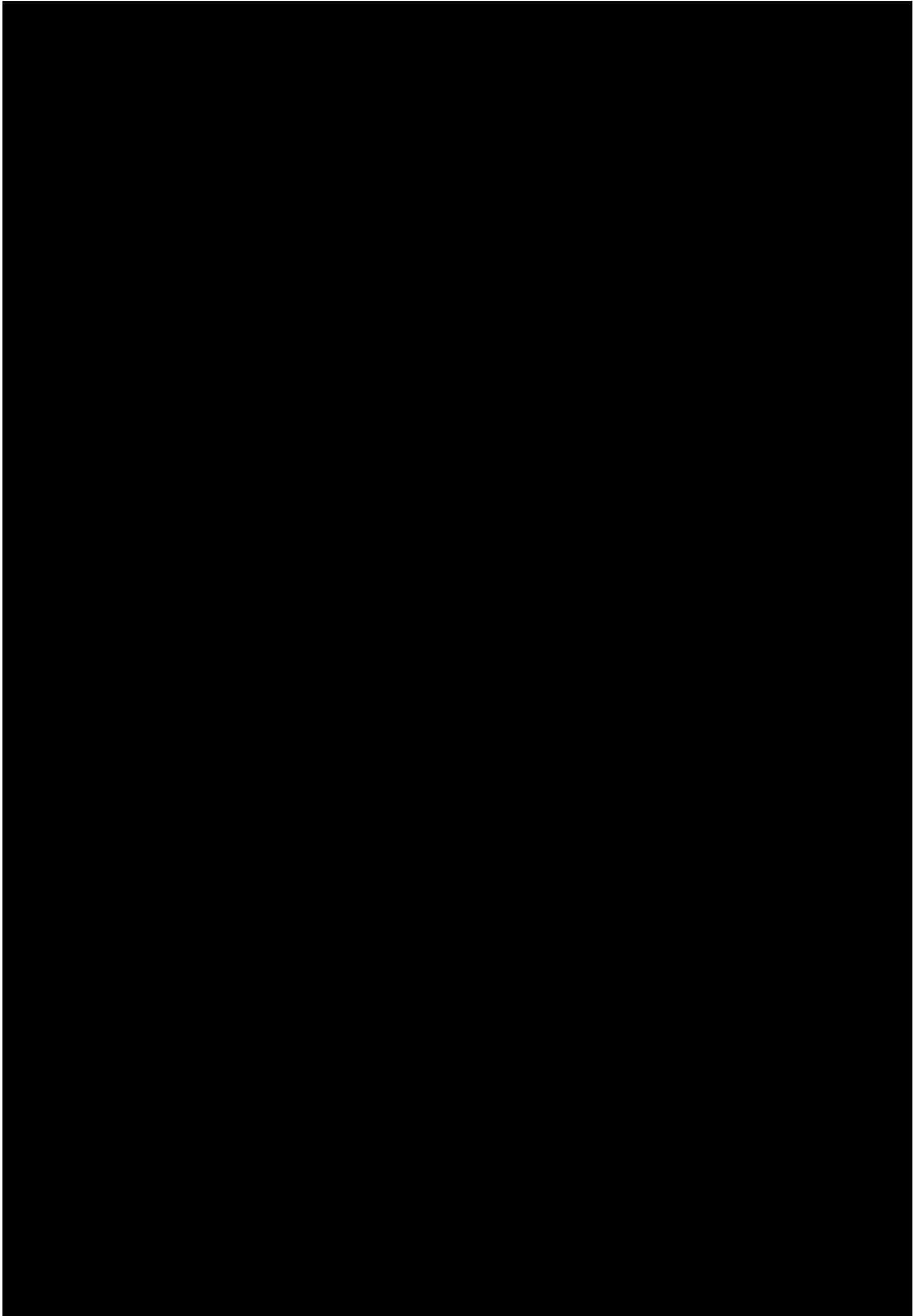


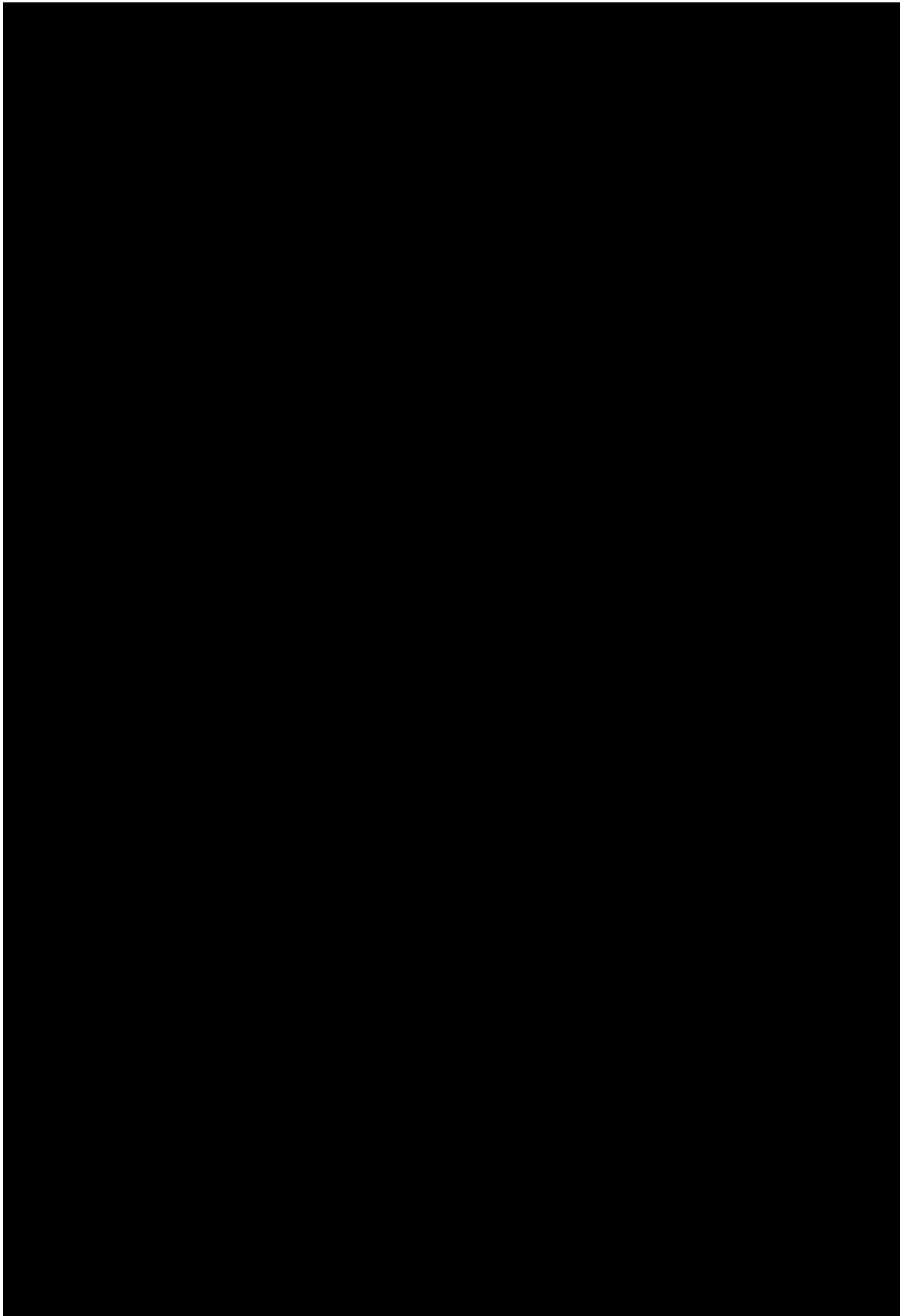


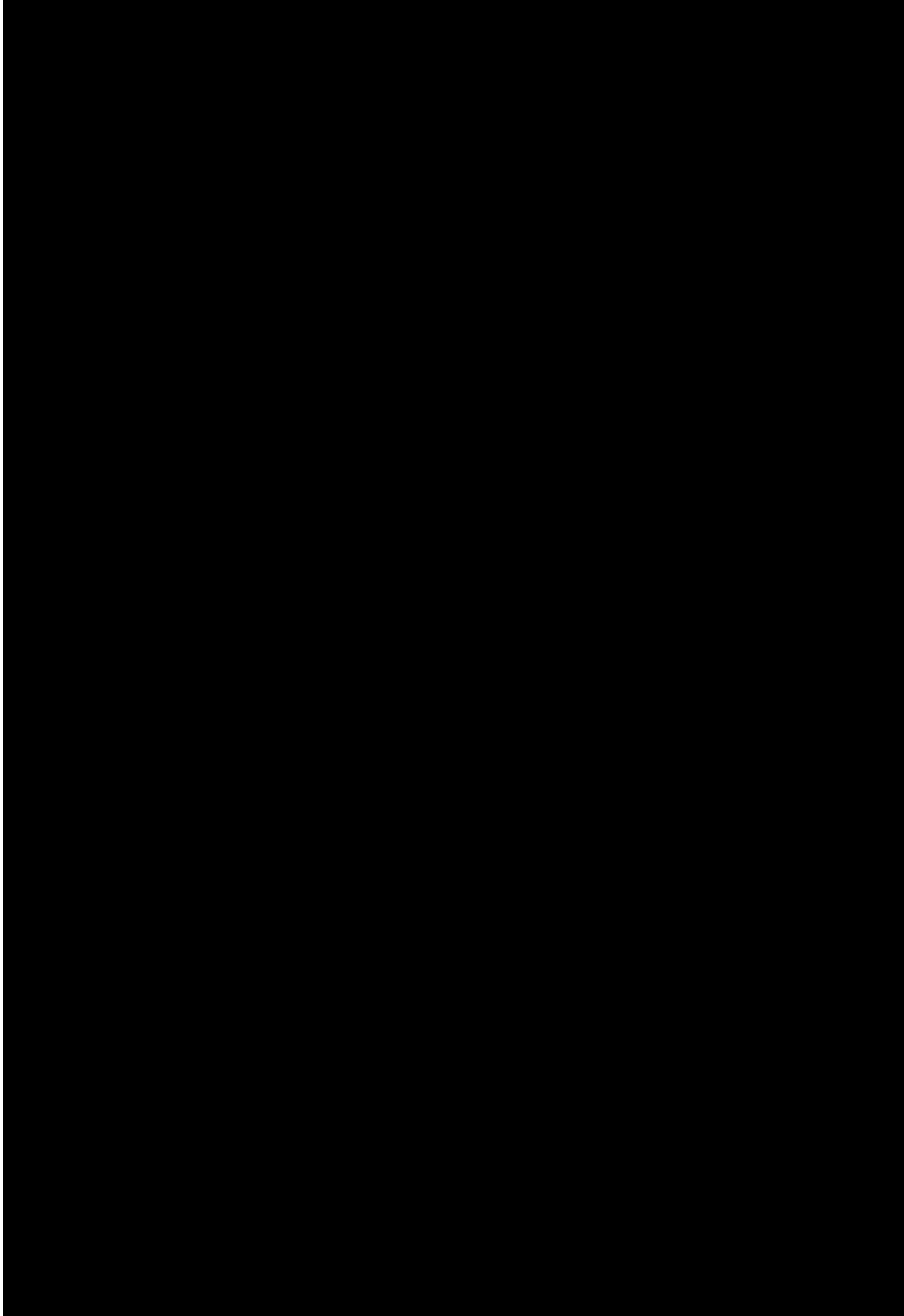


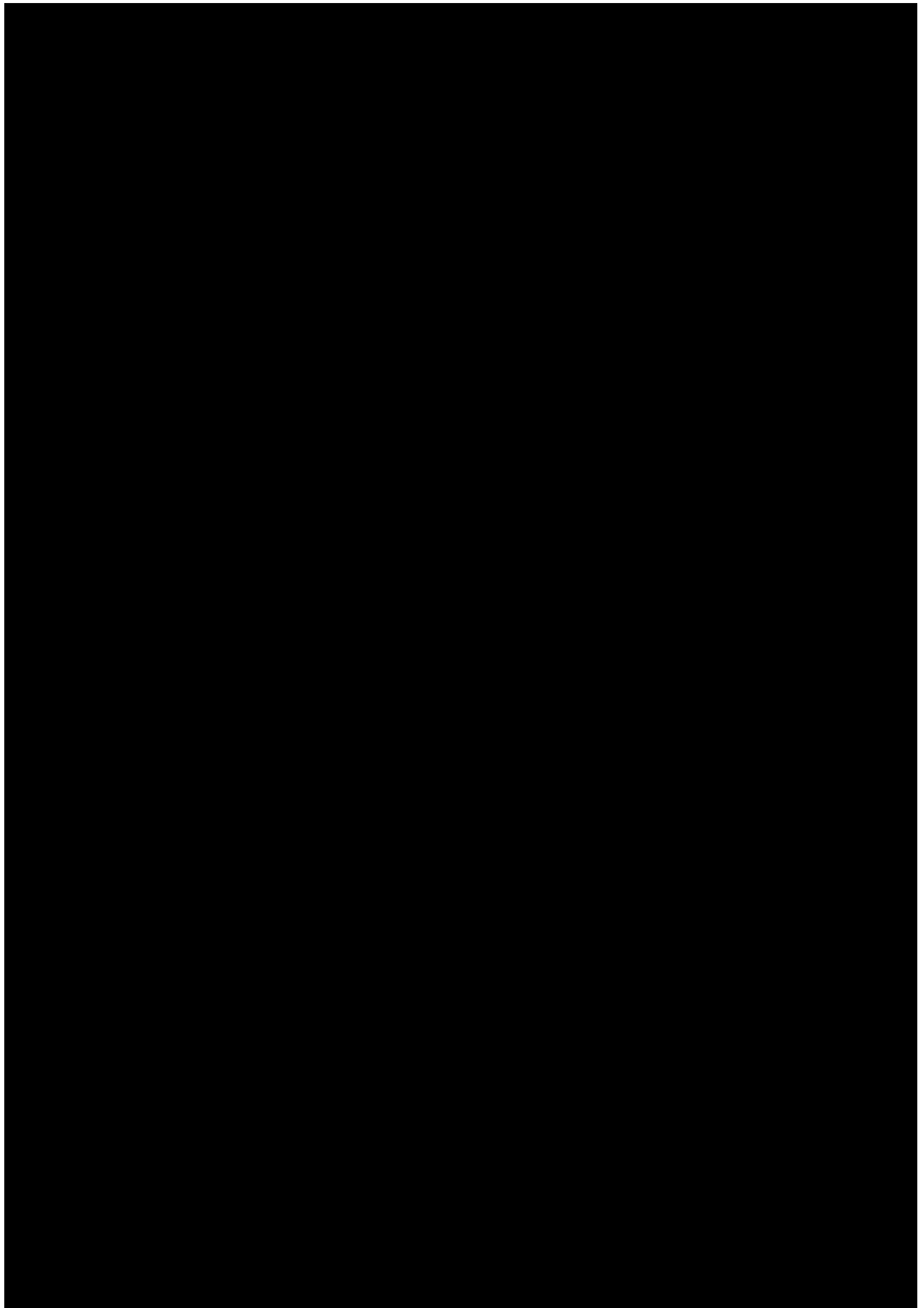


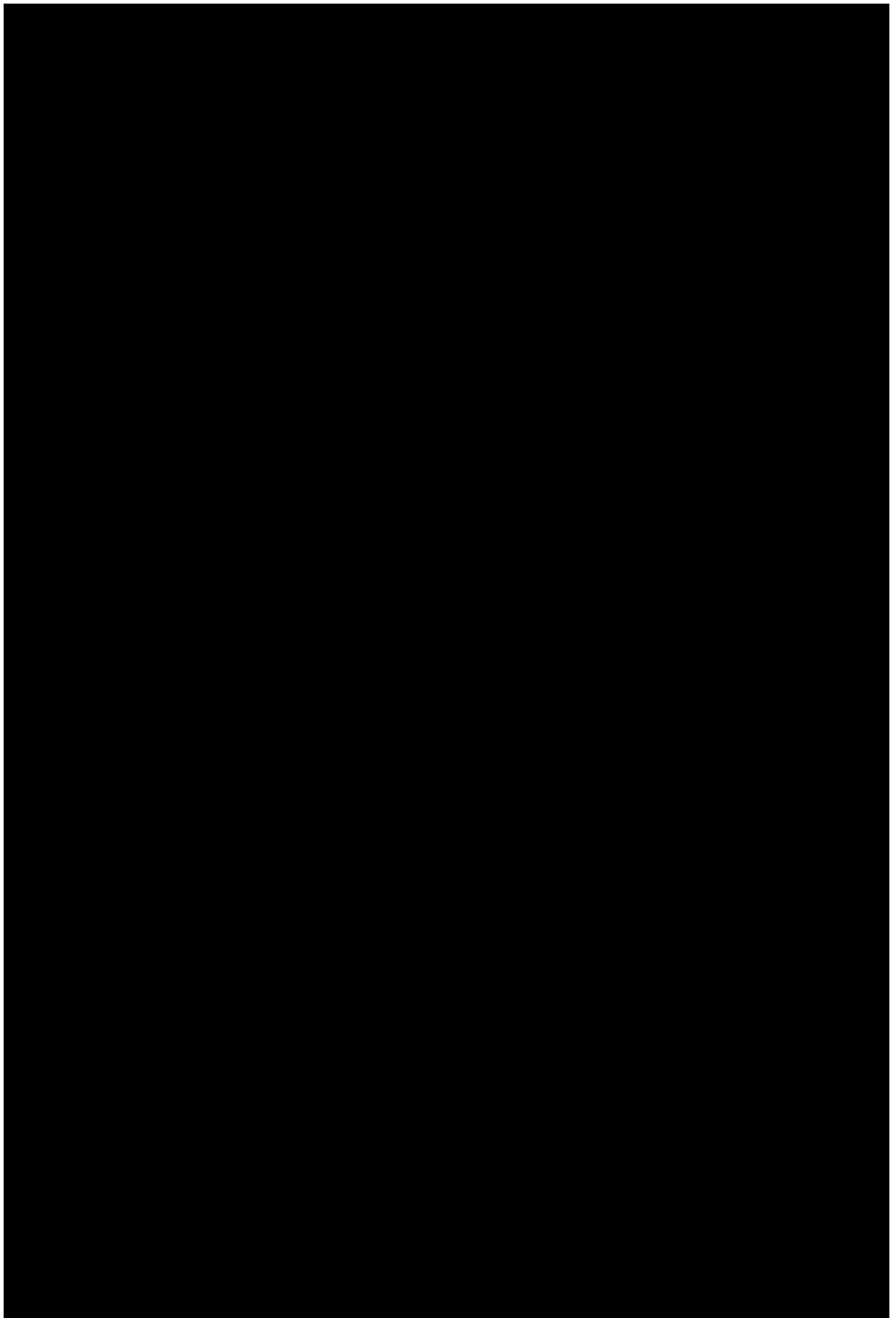


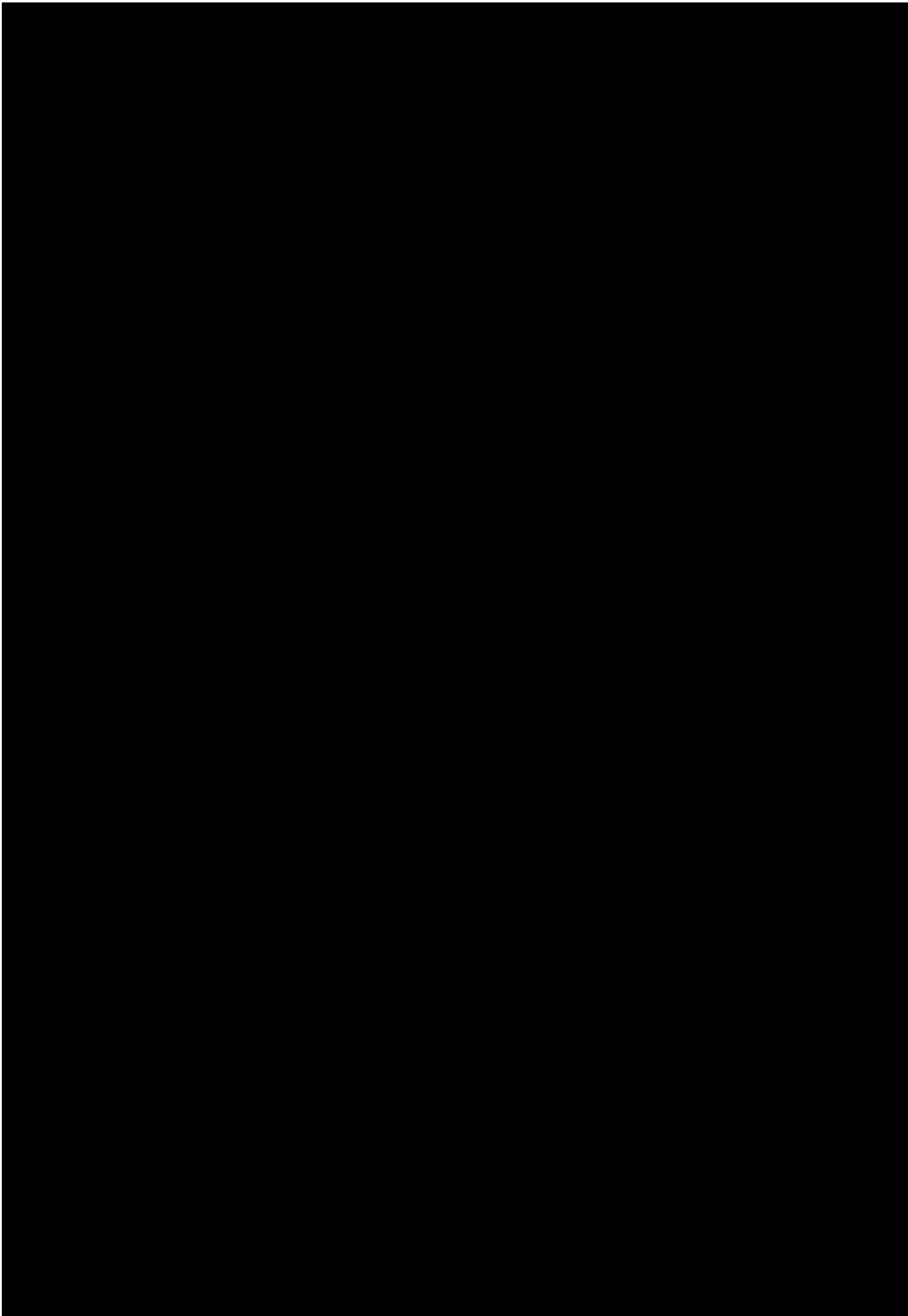


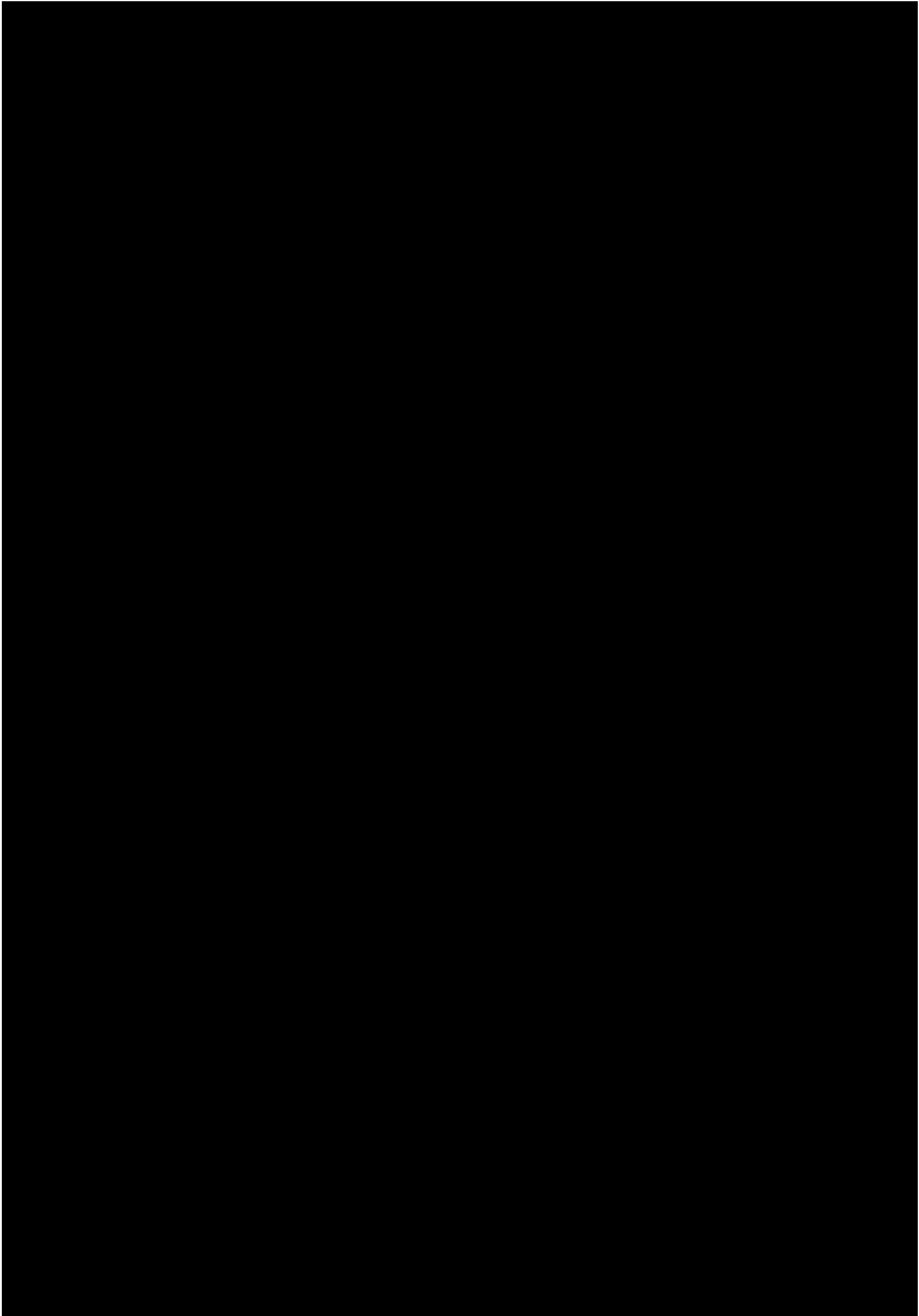


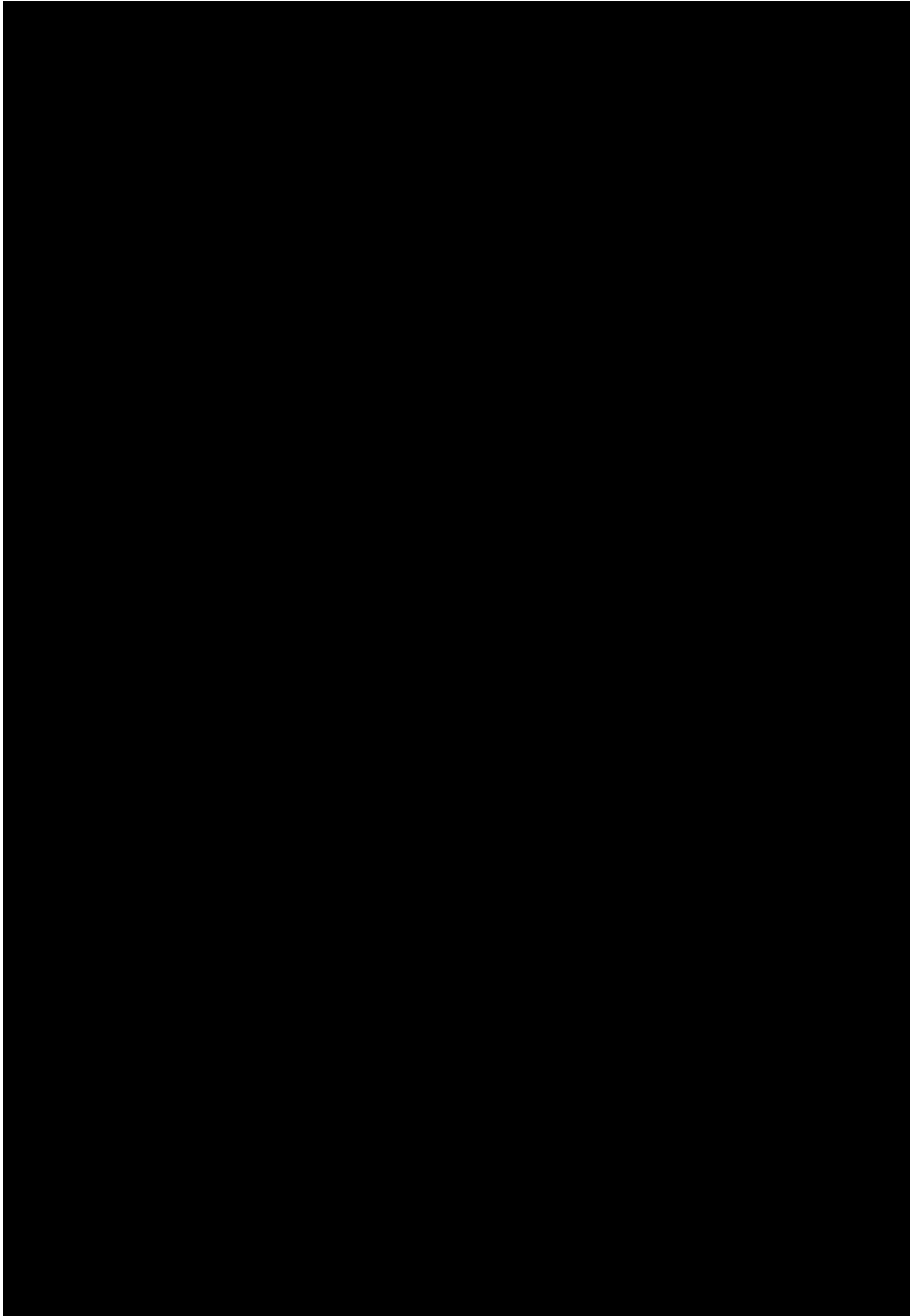




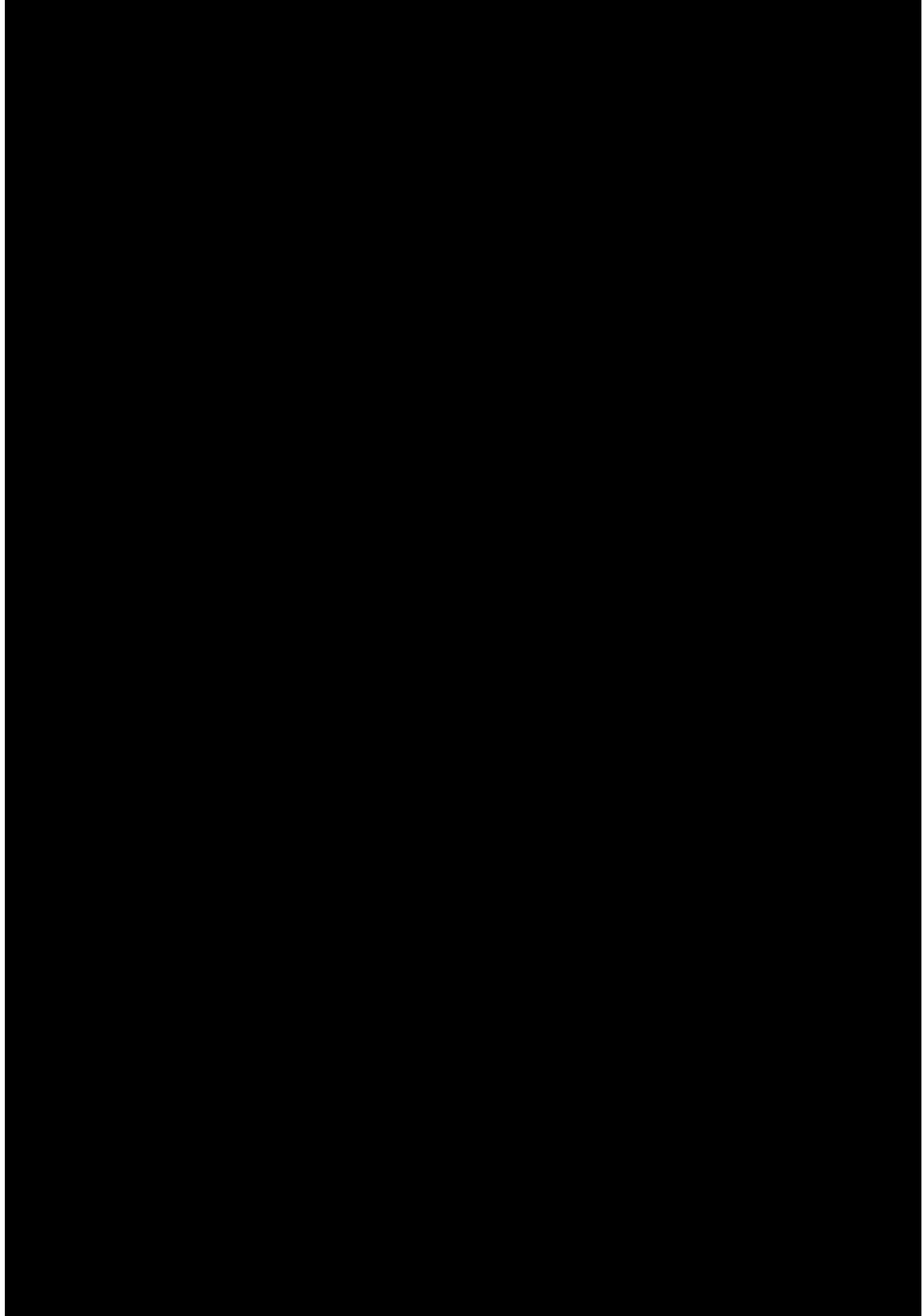


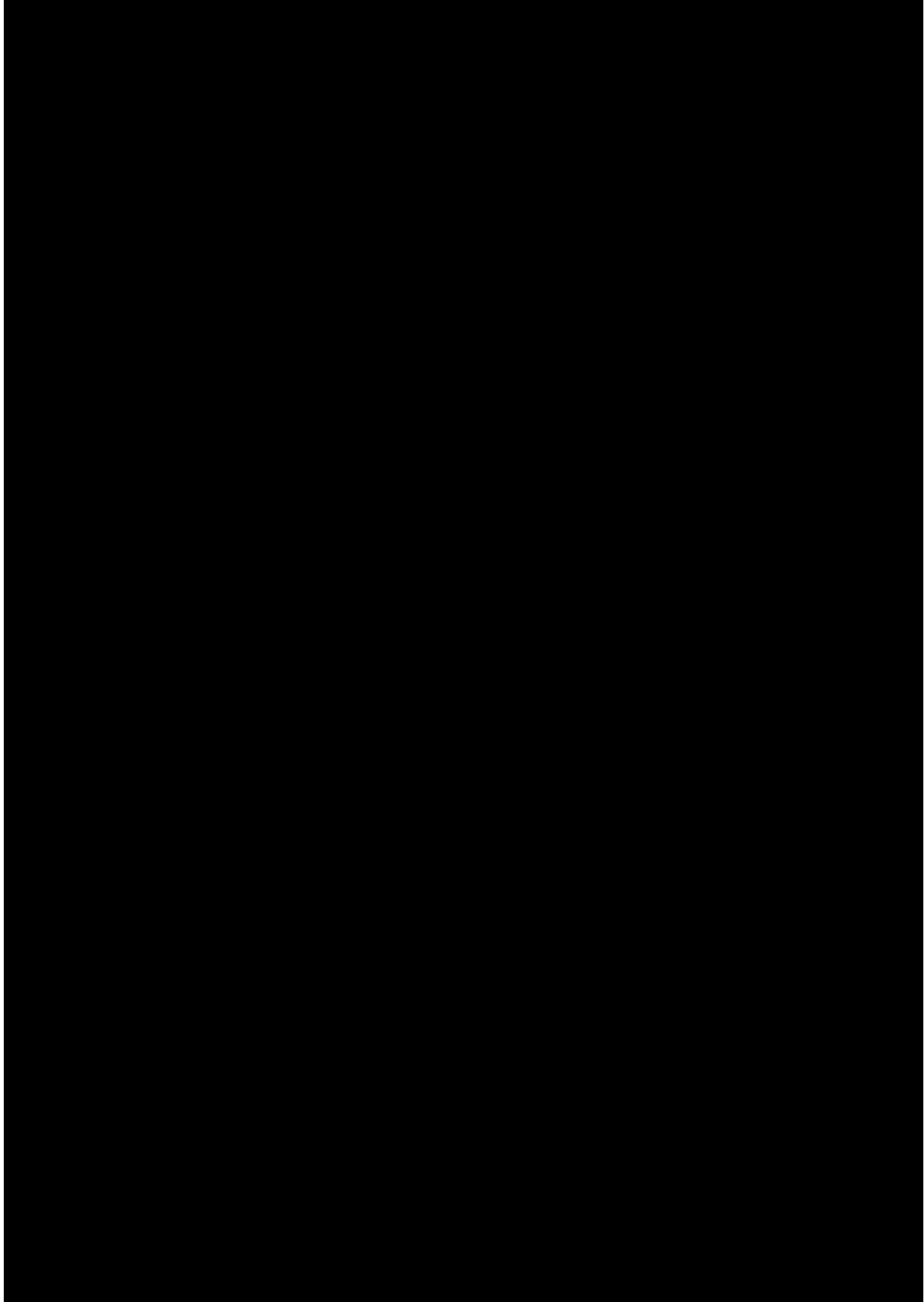


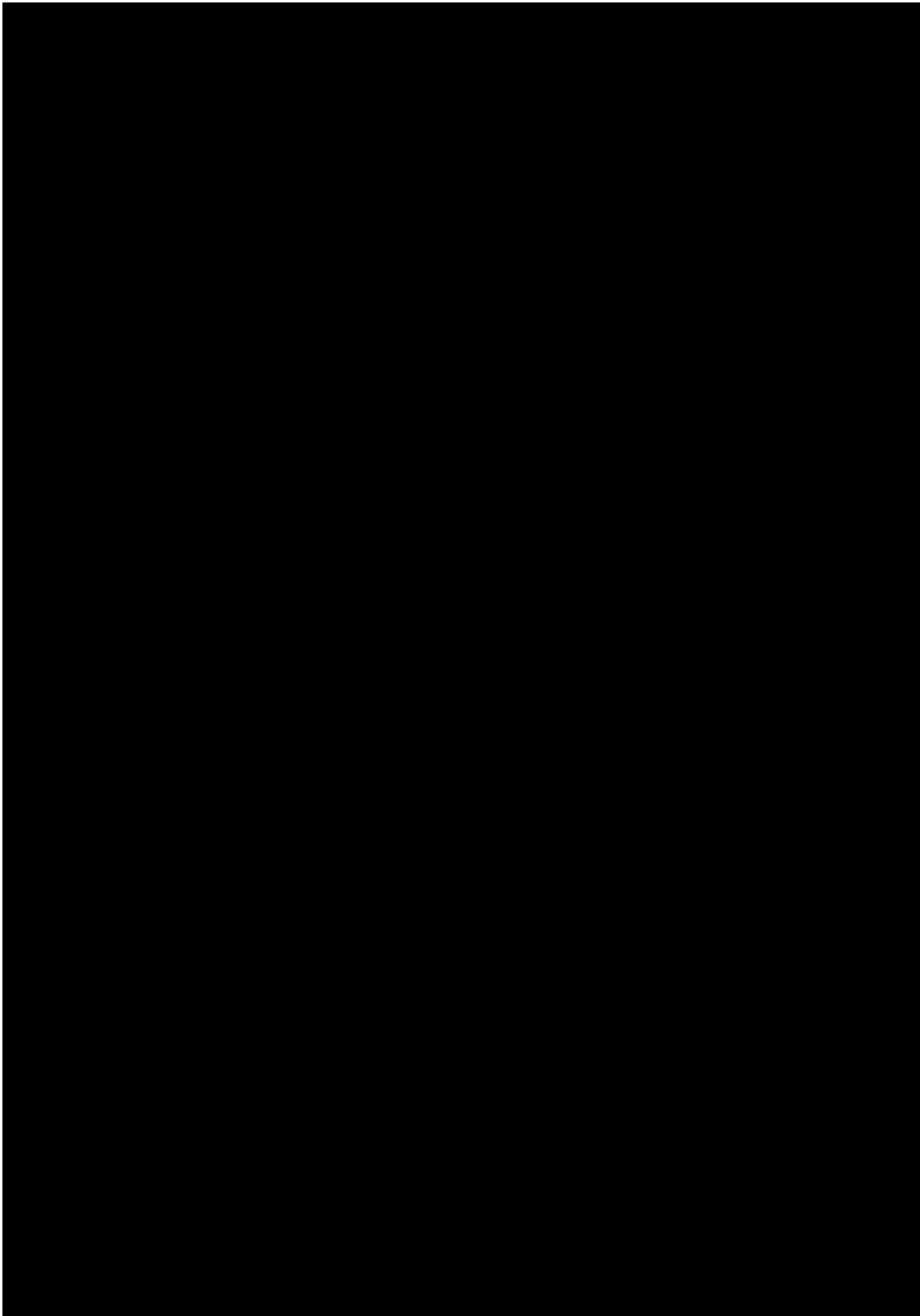


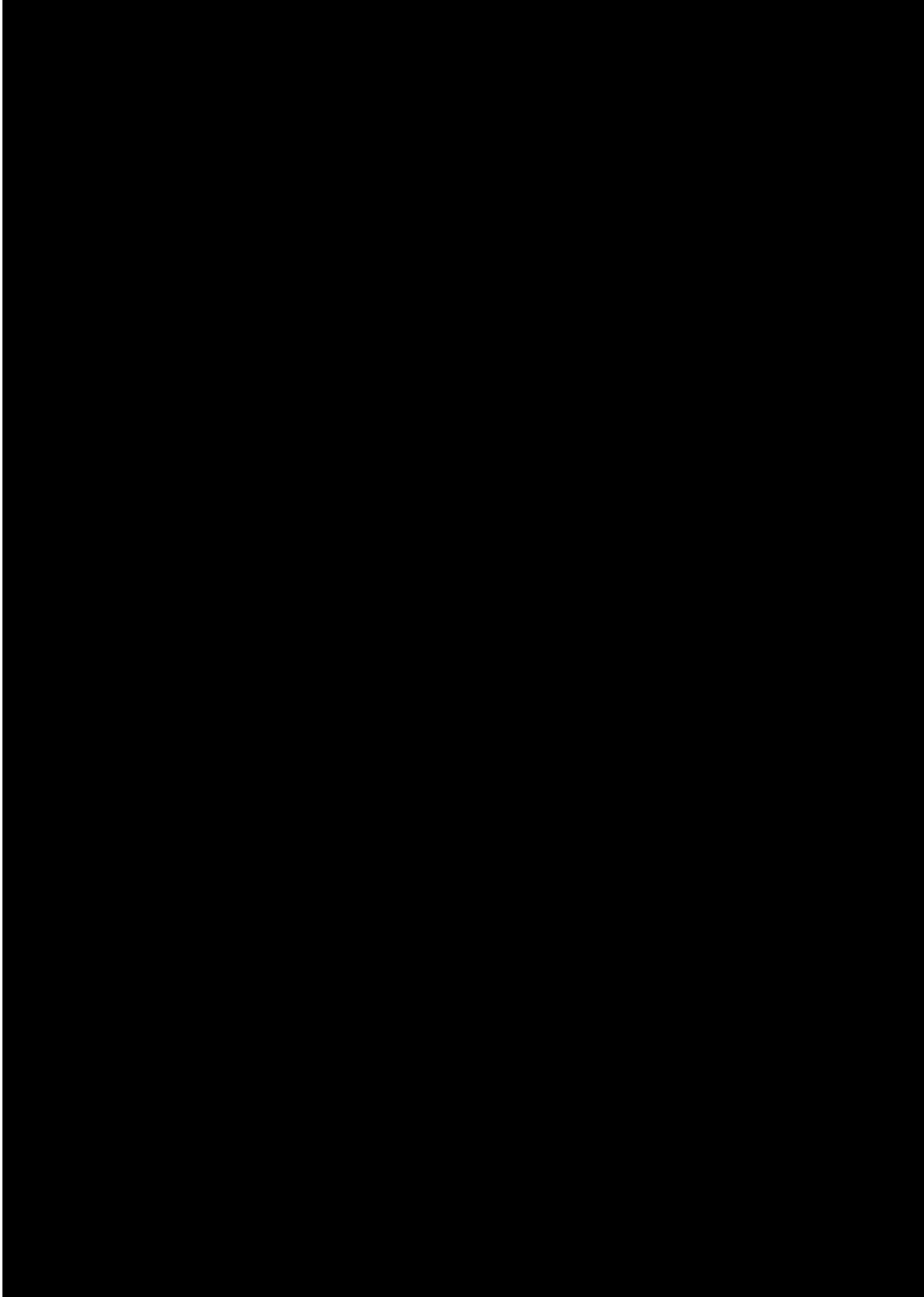


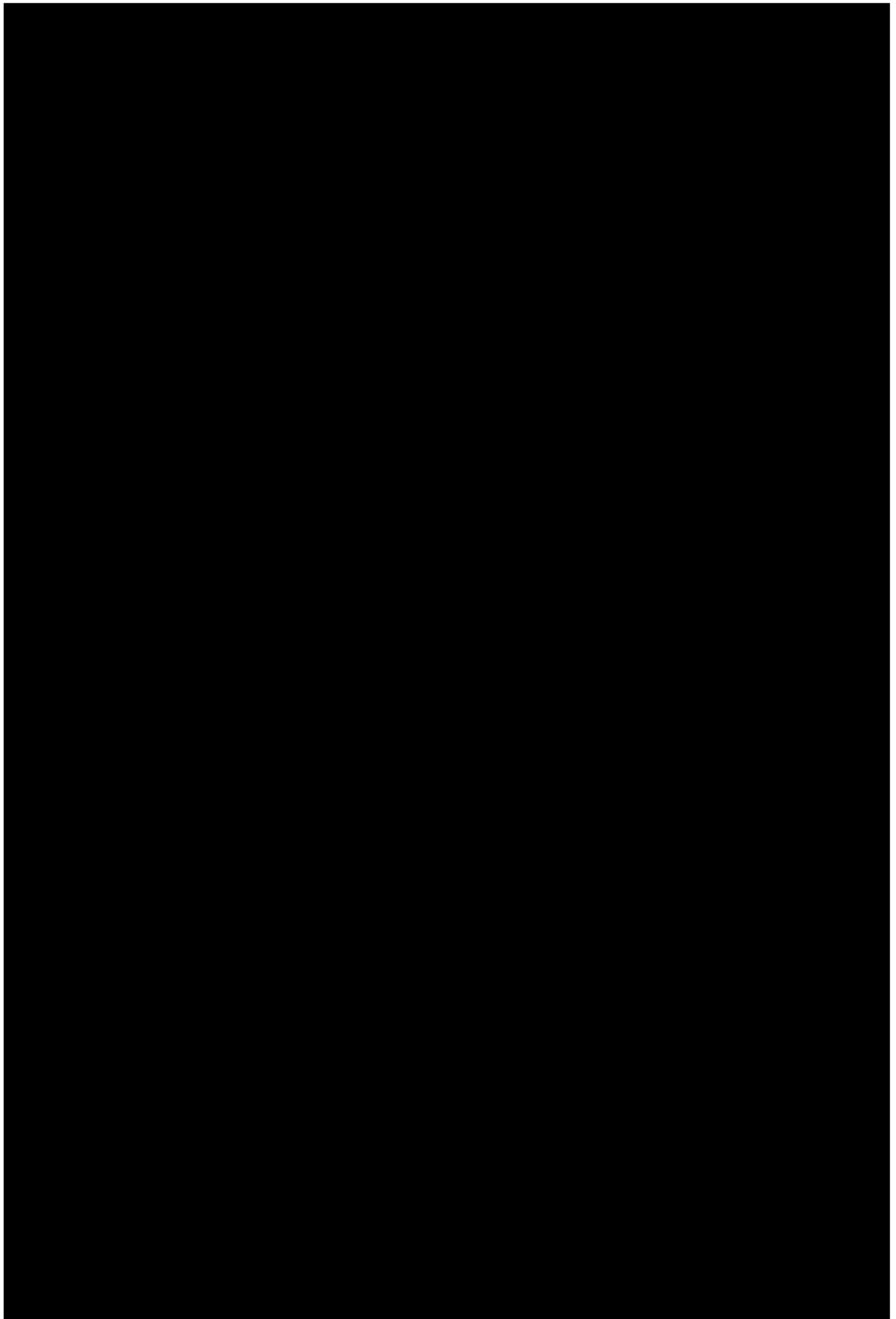


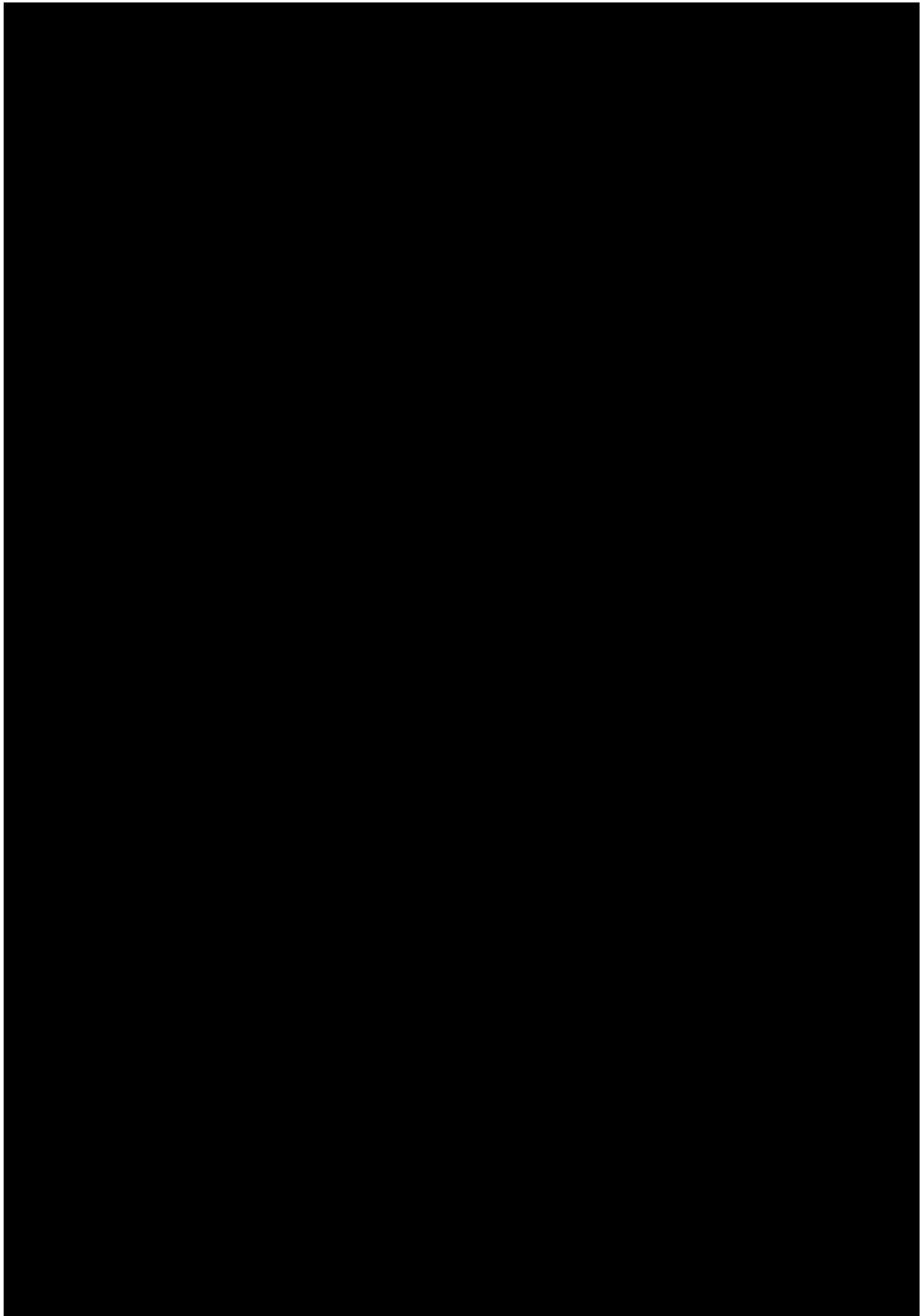


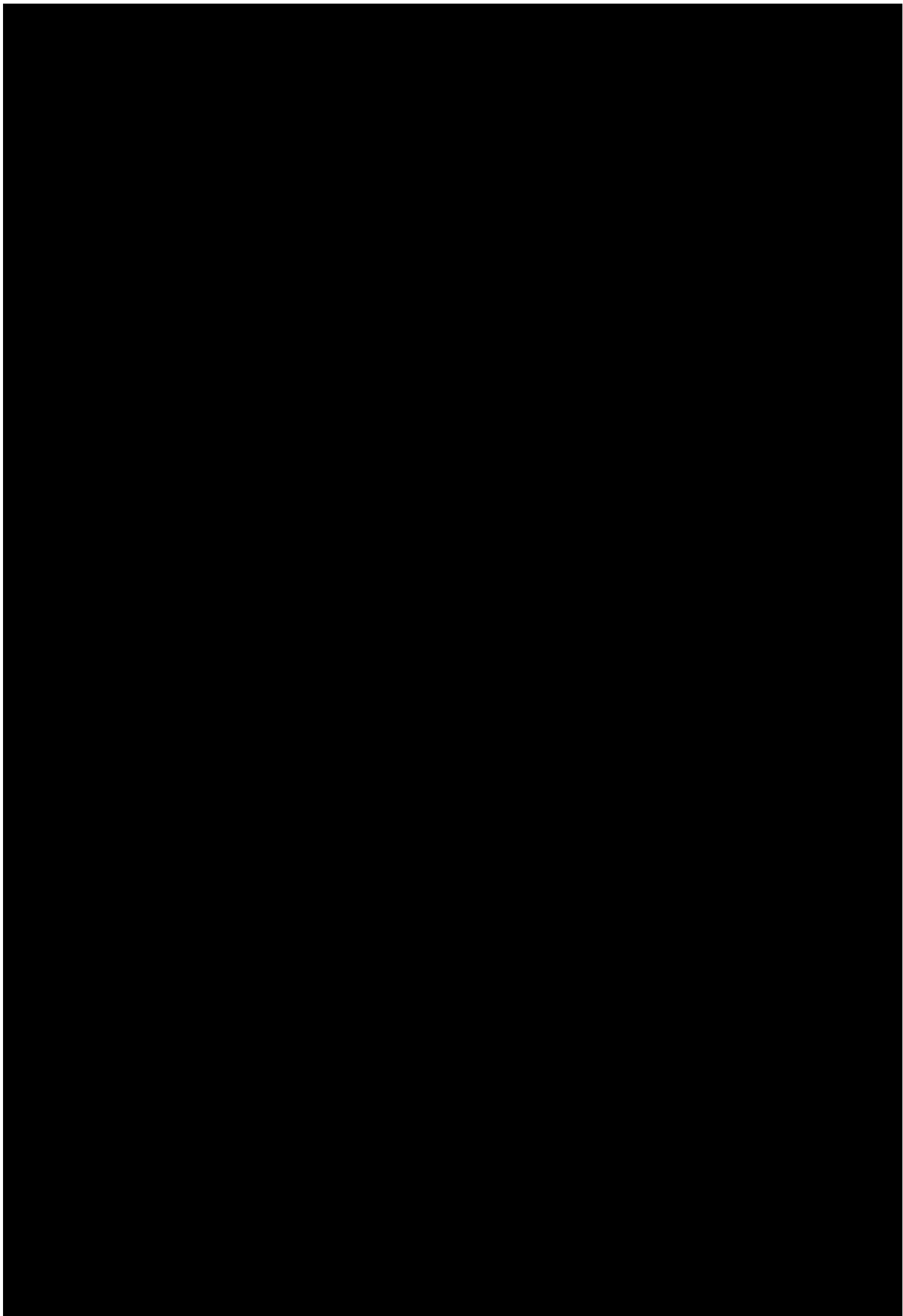


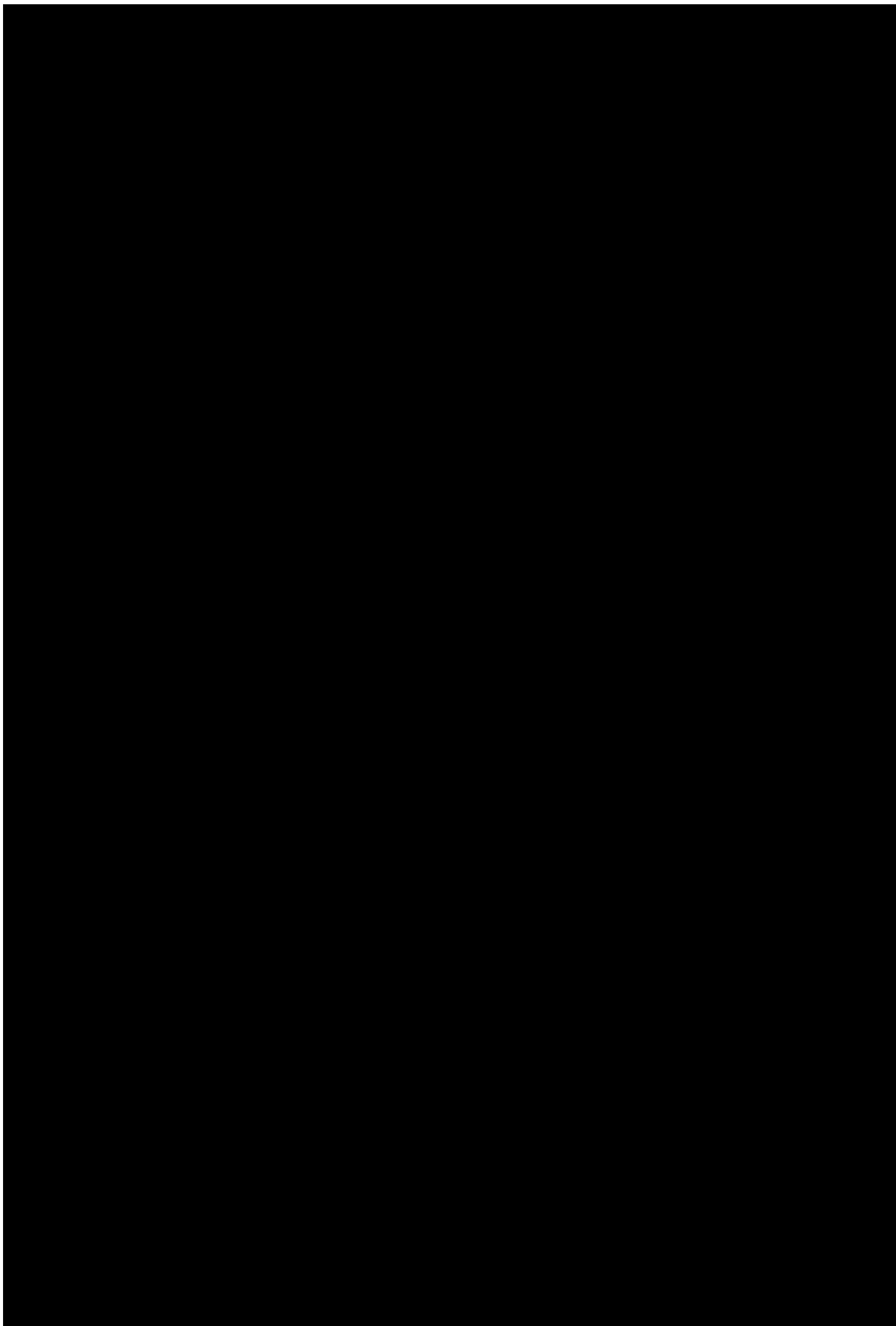




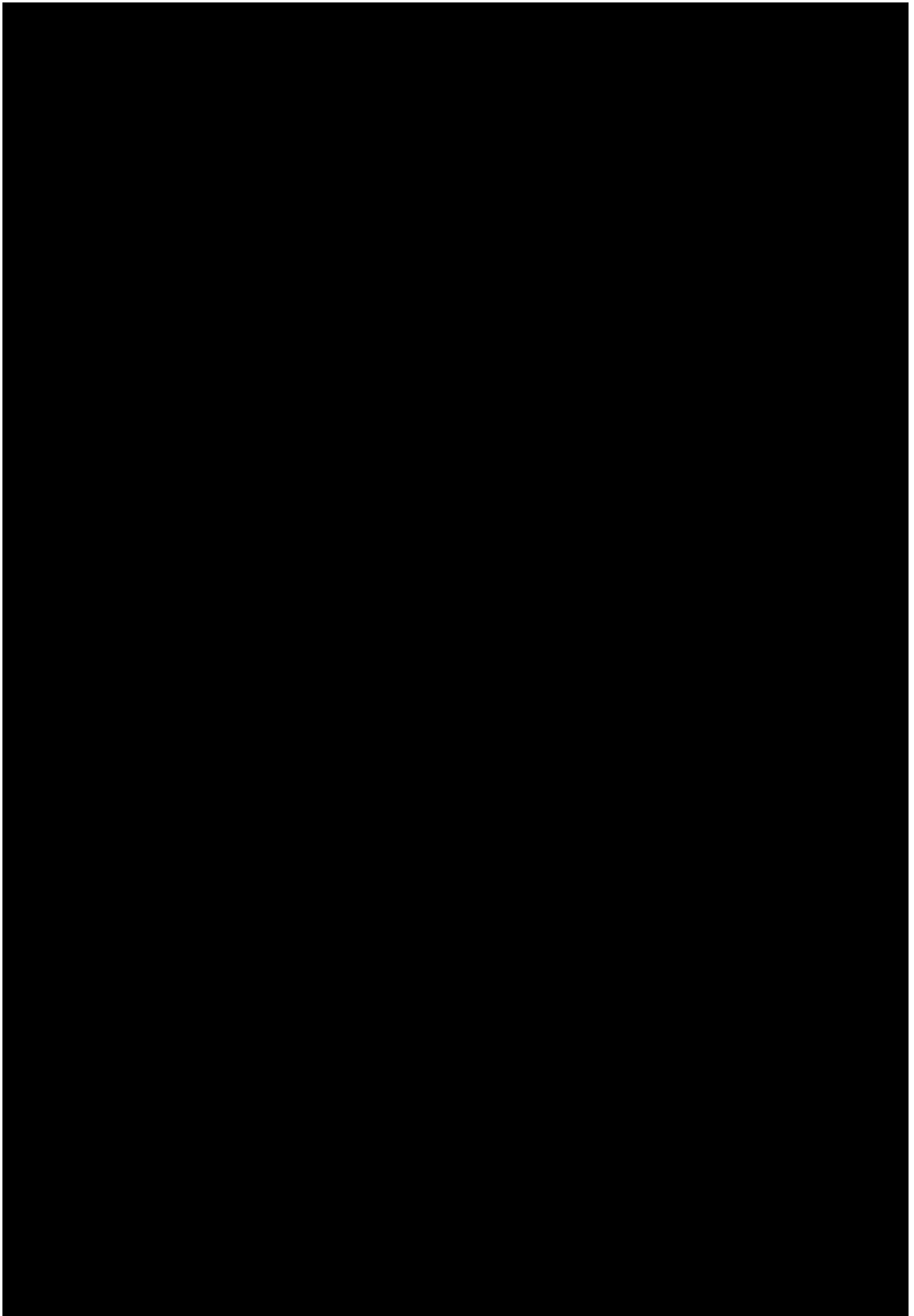


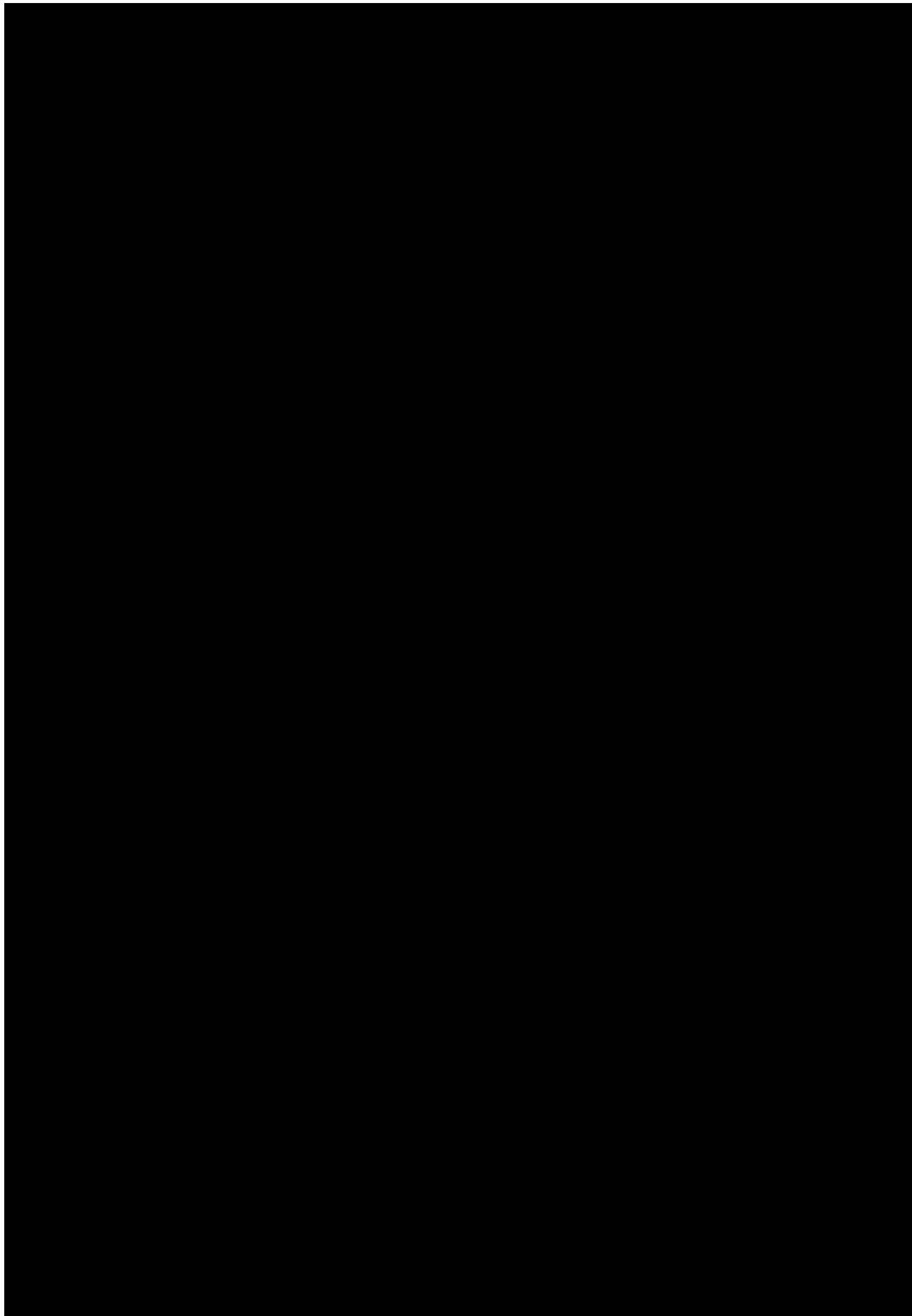


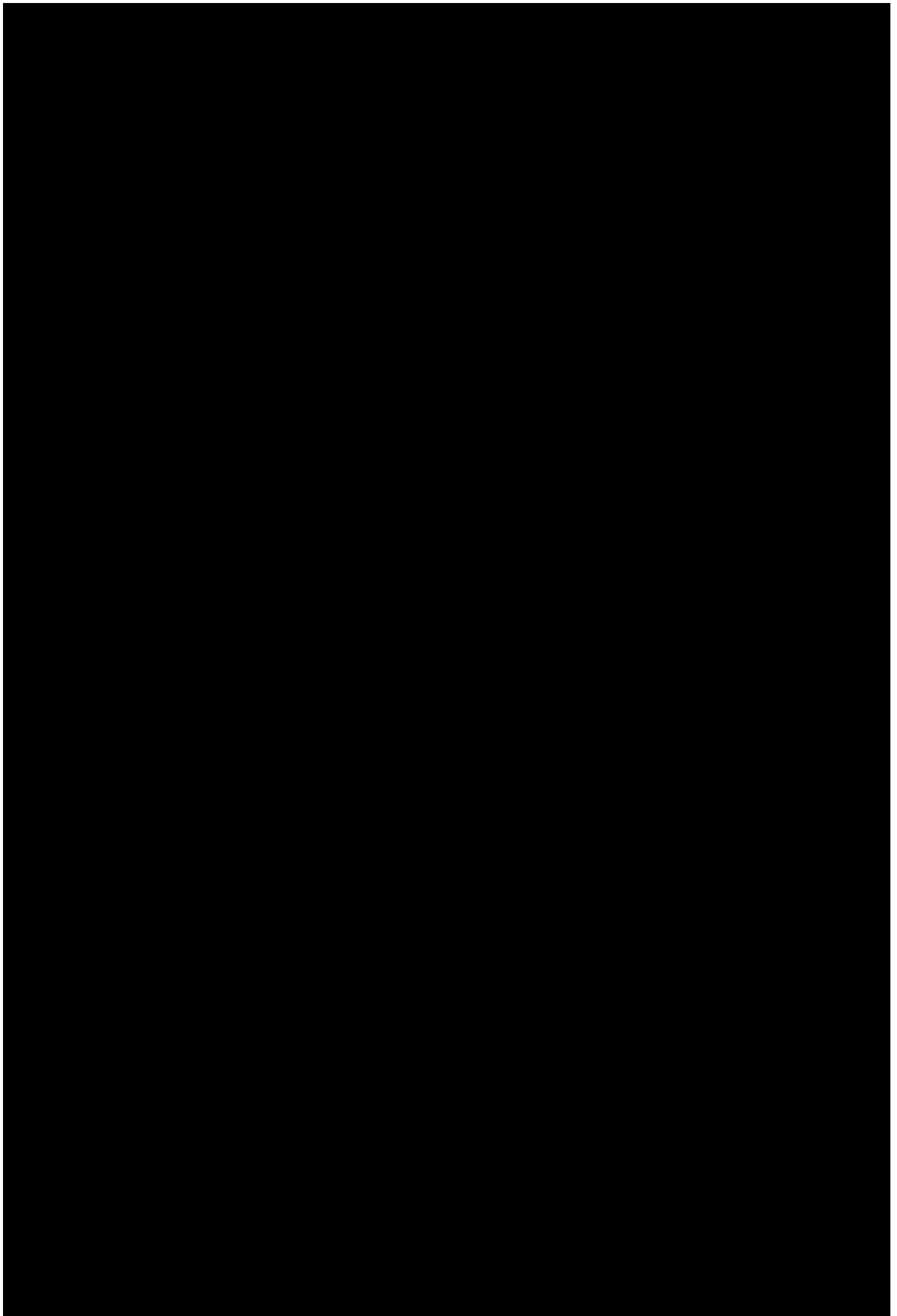


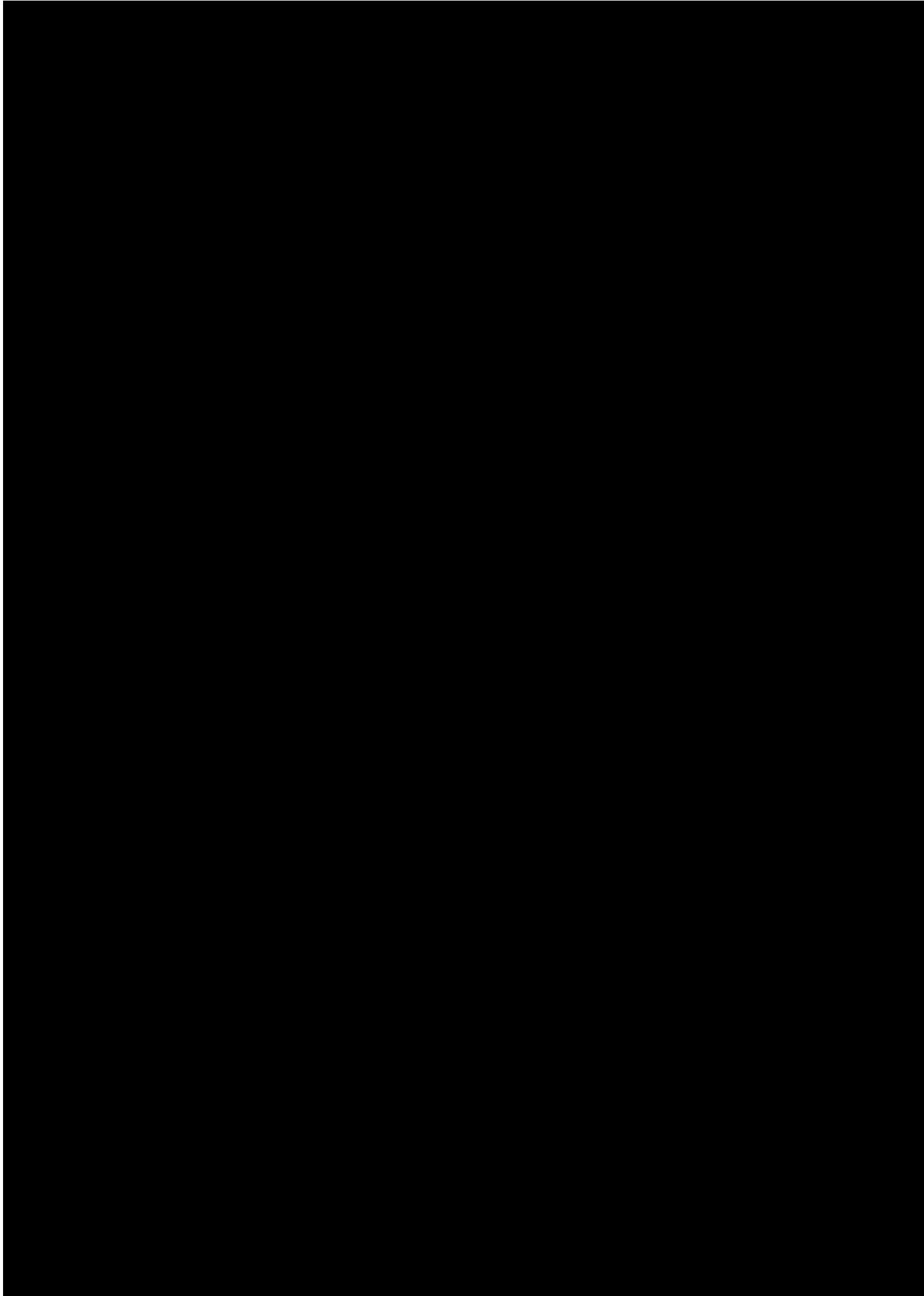


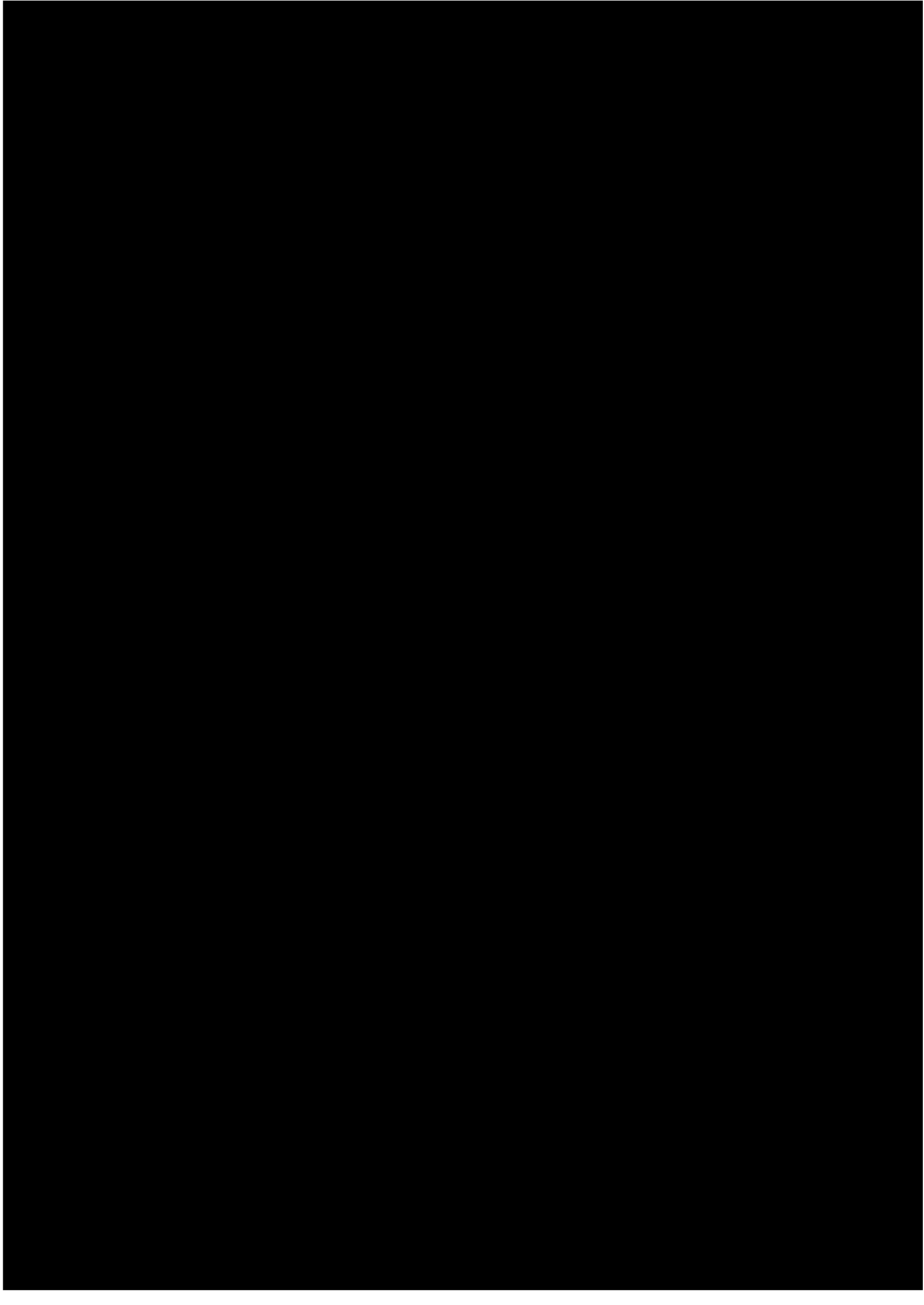


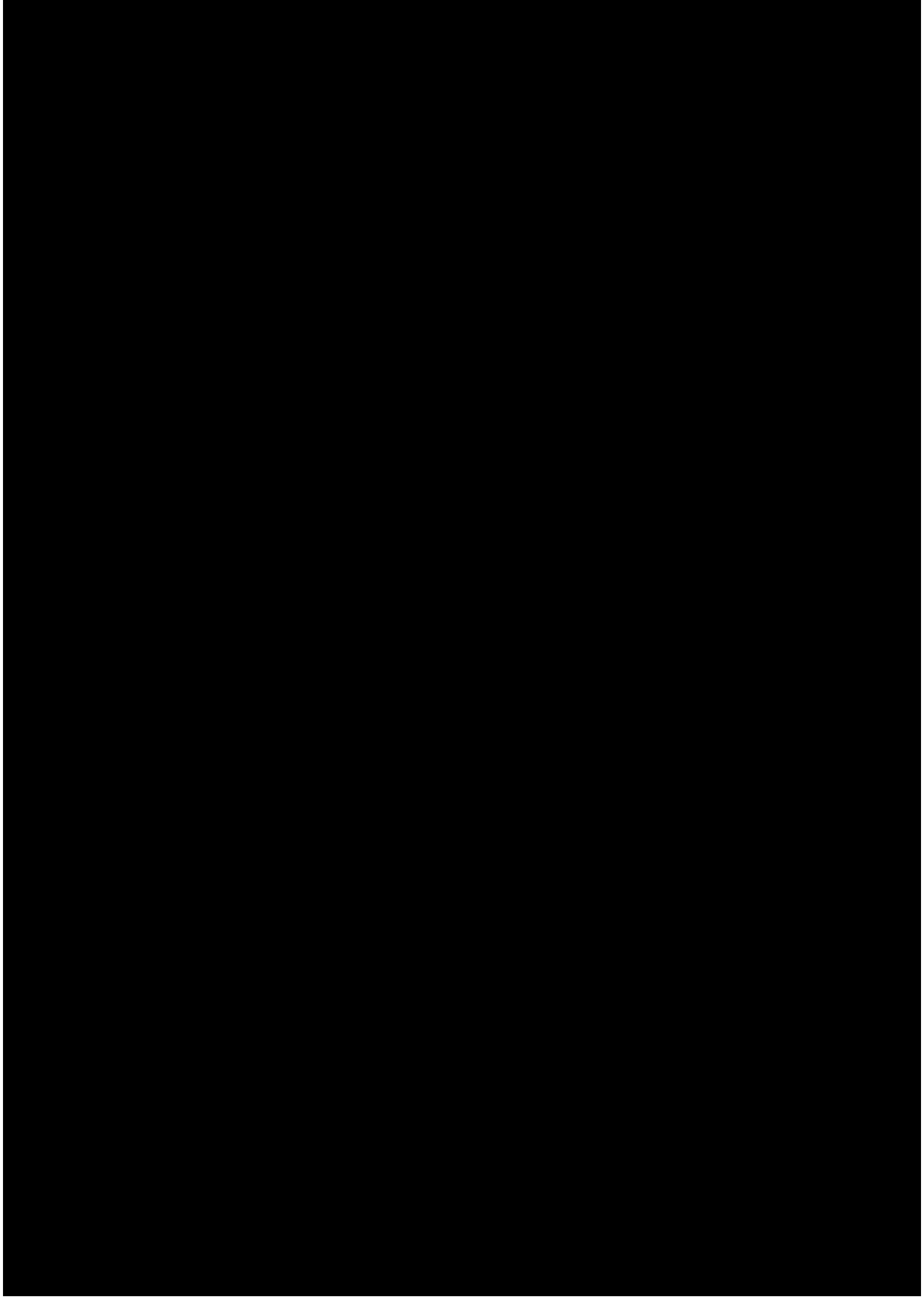


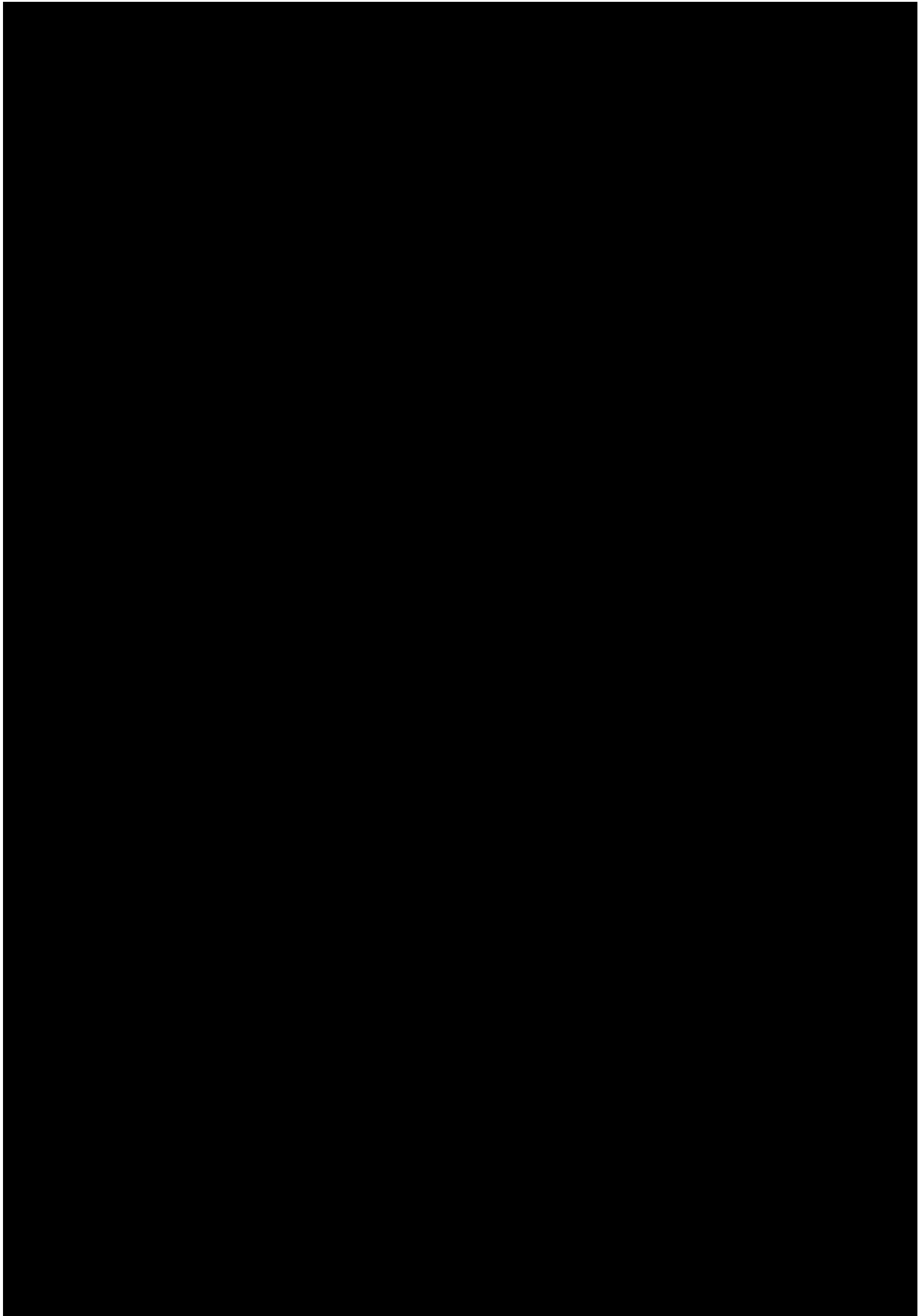










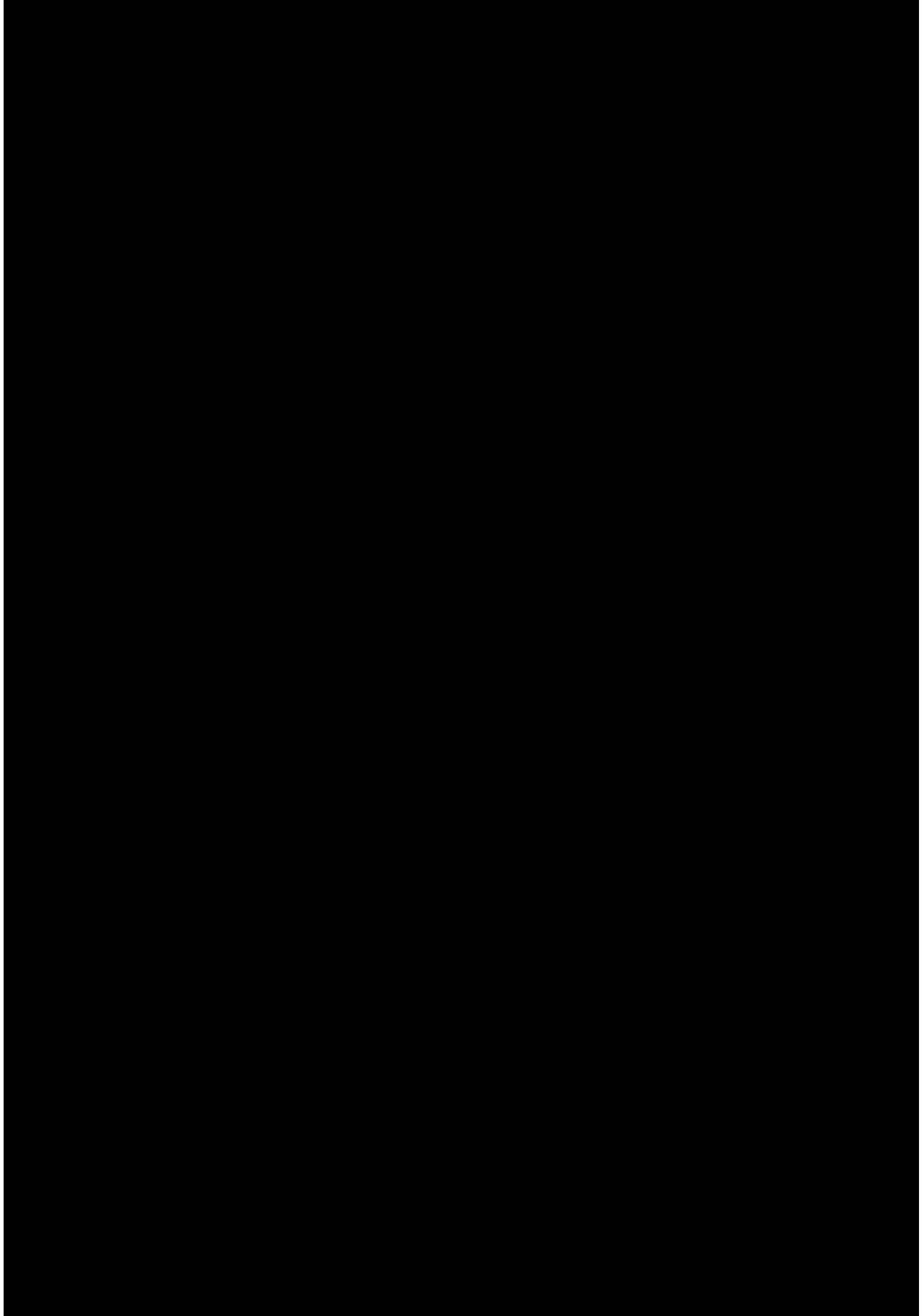


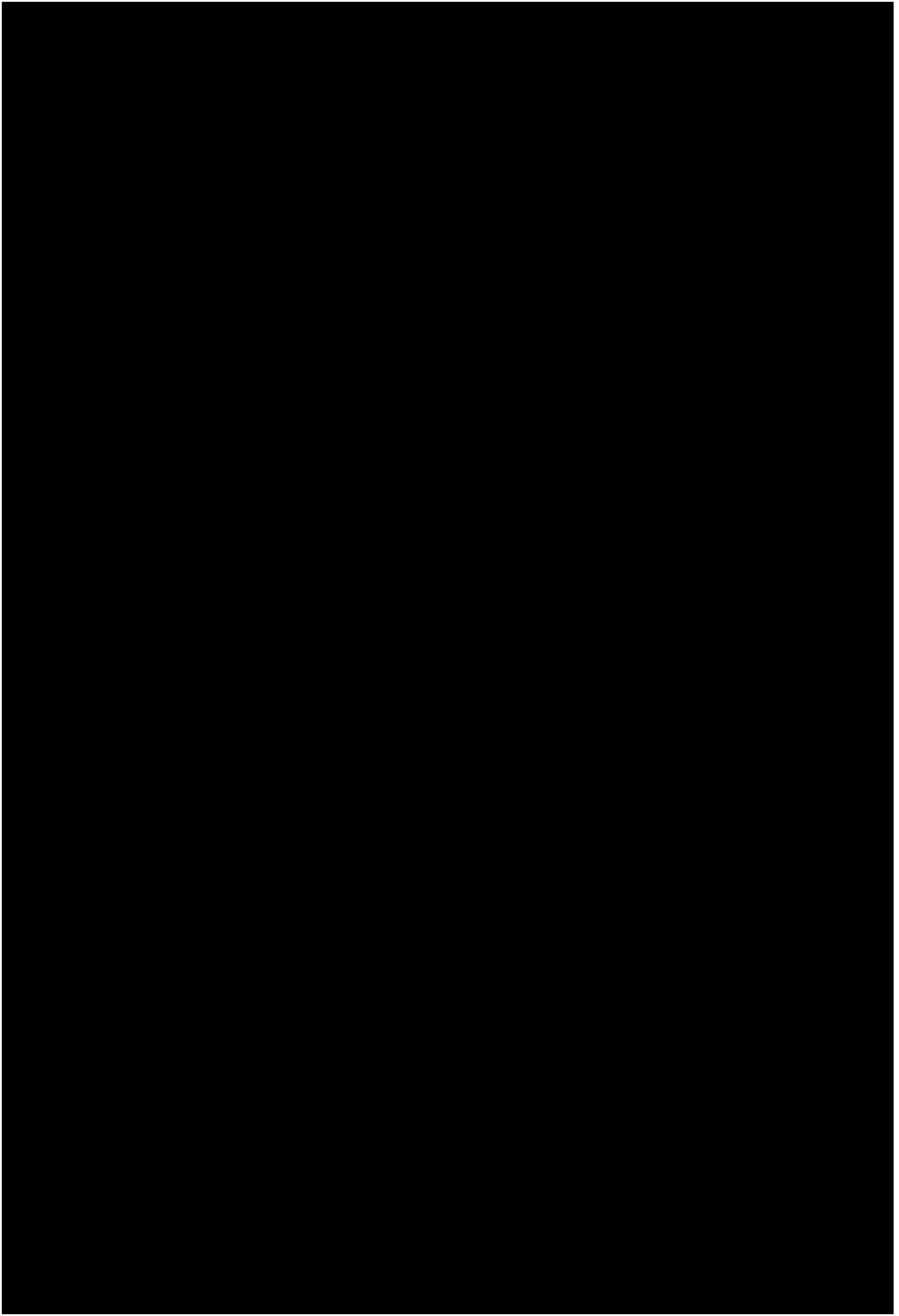
The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document provides a detailed list of items that should be tracked, such as inventory levels, customer orders, and supplier invoices. It also outlines the procedures for recording these transactions, including the use of specific forms and the assignment of responsibilities to different staff members.

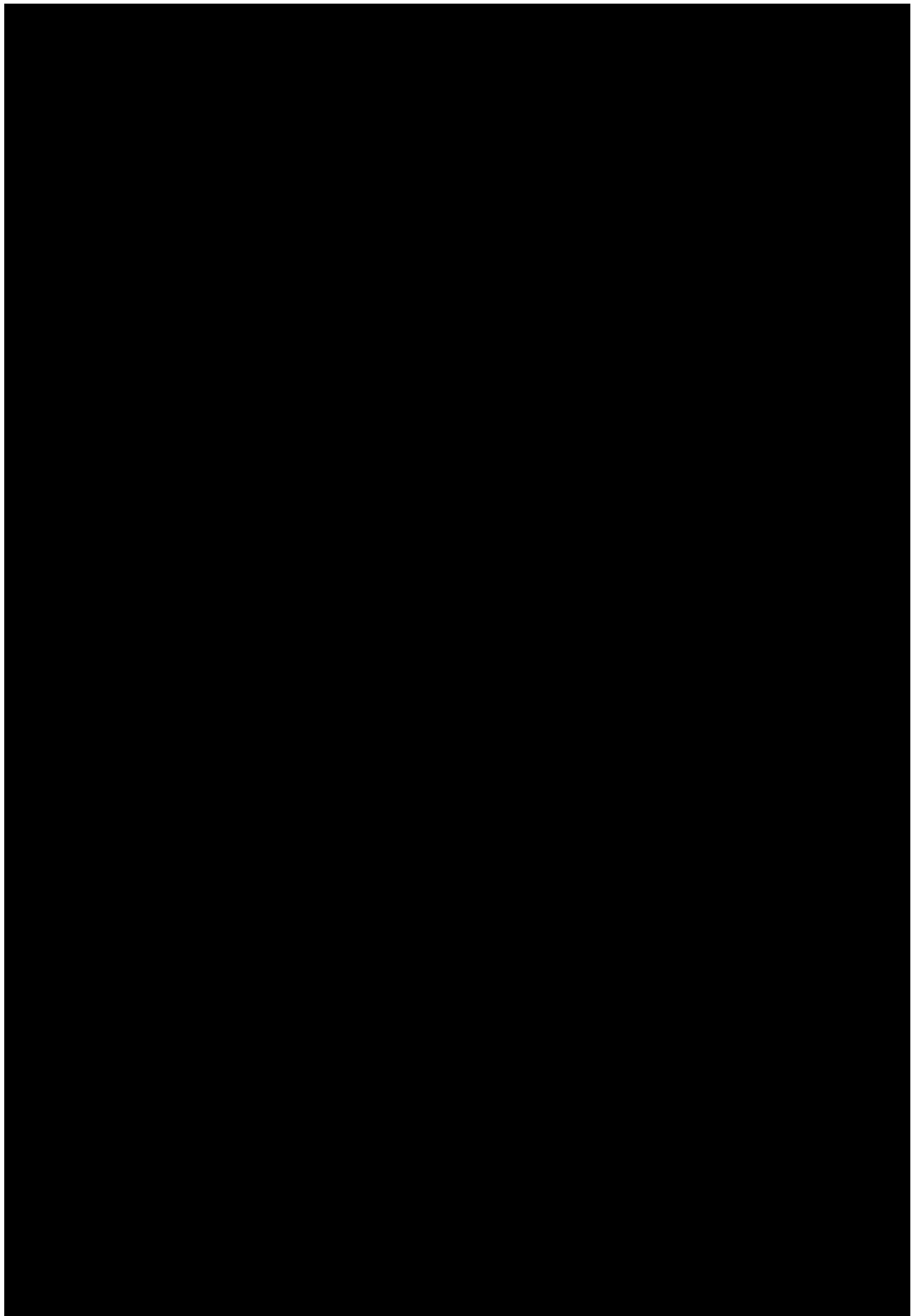
The second part of the document focuses on the analysis of the recorded data. It describes various methods for identifying trends and anomalies in the financial performance. This includes comparing current data with historical trends, as well as benchmarking against industry standards. The document also discusses the importance of regular reviews and audits to ensure that the records are accurate and up-to-date. It provides a step-by-step guide for conducting these reviews, from the initial data collection to the final reporting and analysis.

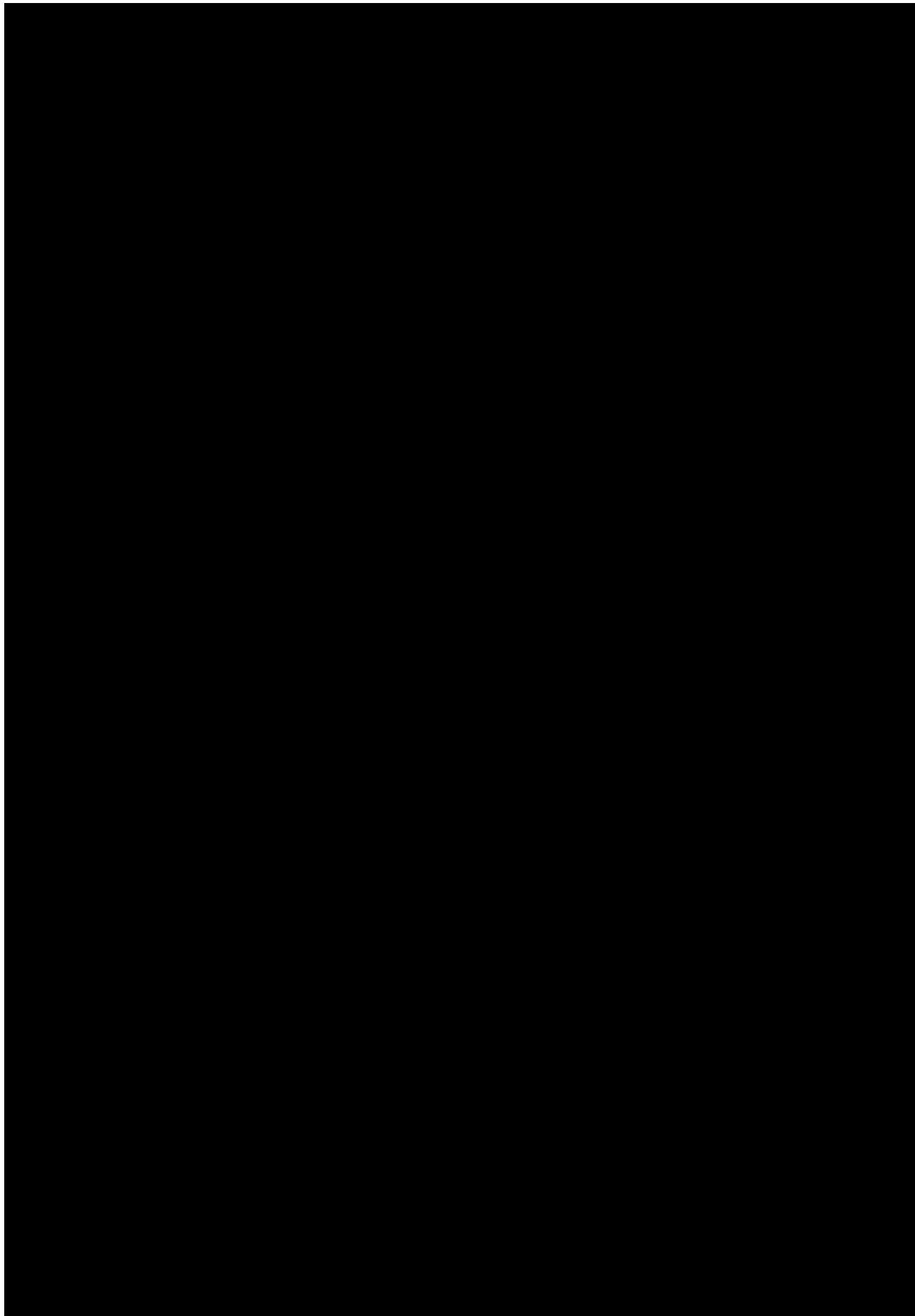
The final part of the document discusses the implications of the financial data for the overall business strategy. It explains how the recorded information can be used to make informed decisions about resource allocation, pricing, and marketing. The document also highlights the importance of transparency and communication in the financial reporting process, ensuring that all stakeholders have access to the necessary information to make their own assessments. It concludes with a summary of the key points and a call to action for the management team to implement the recommended practices.

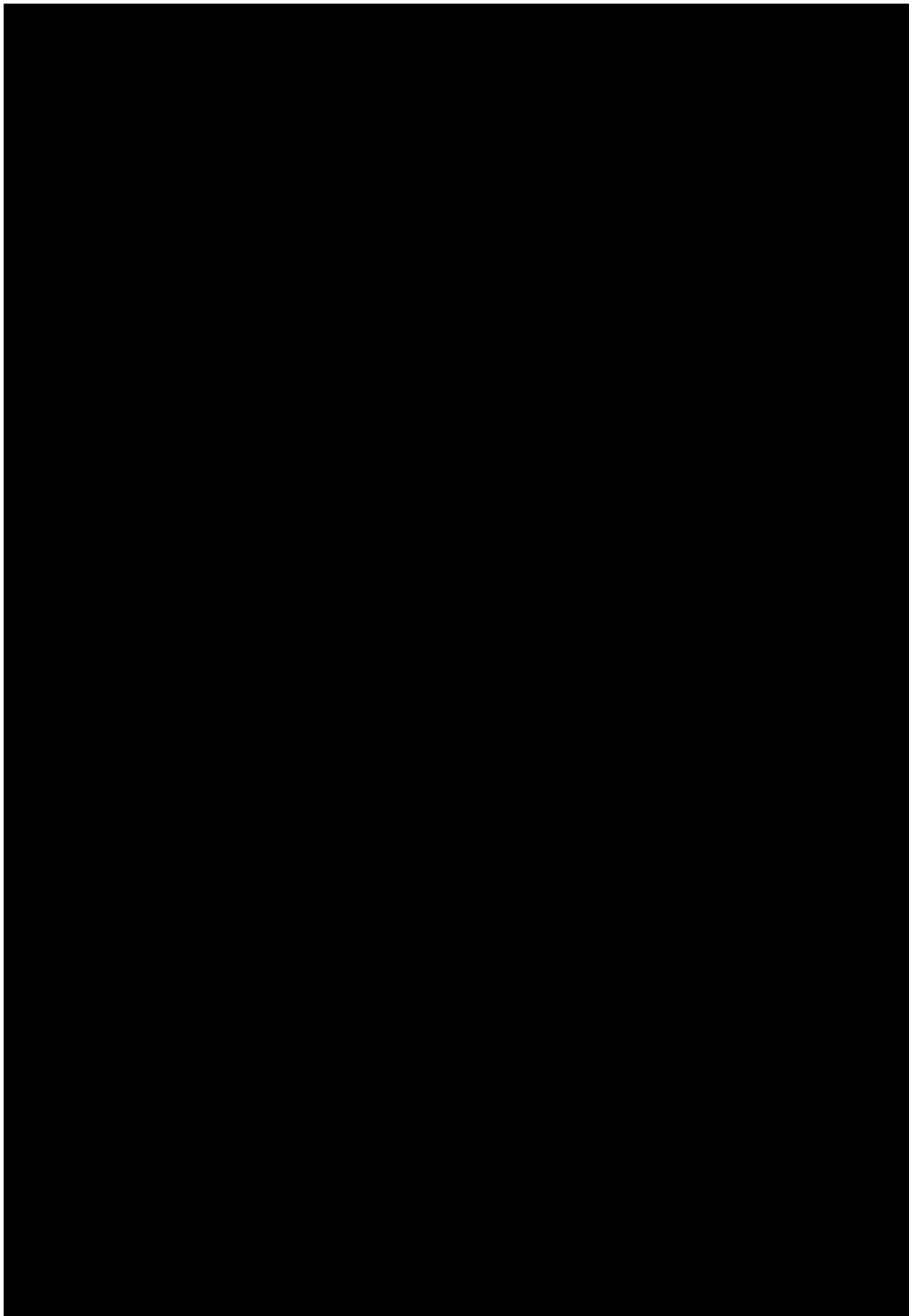












## Cover Sheet

<b>To:</b>	Regional Integrated Team (Central)
<b>From:</b>	Russell Simpson, Regional Director – Central Prof Alexander Sasse, Clinical Director, Cardiac Network
<b>Subject:</b>	Future System of Cardiac Care in the Central Region by Synergia
<b>Date:</b>	3 November 2023

Decision <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	Action <input type="checkbox"/>
<b>Seeking Funding</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>	
<b>Funding Implications</b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>	

### Purpose

This paper aims to share the Future System of Cardiac Care in the Central Region report, commissioned by the former Central Region DHB Chief Executives, and to seek agreement on the way forward.

### Recommendations

The Regional Integration Leadership Team is asked to:

- **Note** the Future System of Cardiac Care in the Central Region report written by Synergia.
- **Endorse** the recommendations alignment across Hospital and Specialist Services, Commissioning, and Public Health (Table 1).
- **Note** how the Central Region Cardiac Service Plan 2024 – 2027 (draft) proposes to focus on specific recommendation implementation (Table 2).
- **Discuss** the approach to recommendation implementation that fall outside of Hospital and Specialist Services (Cardiac Network) scope.

### Attachments

Future System of Cardiac Care Final Report – September 2022

Future System of Cardiac Care Literature Scan – September 2022

### Background

#### Commissioning of Future System of Cardiac Care in the Central Region Report

In 2022, the Central Region DHBs and Nelson Marlborough DHB via TAS commissioned Synergia to develop a single system of care for cardiology in the region. Clinical leadership, including implementation of recommendations, was via the Central Region Cardiac Network. The agreed key deliverables were:

- System description and guiding principles.
- Description of key roles and responsibilities.
- Gap analysis on services currently available and the future system of care.
- Road map to achieve this with key next steps for stakeholders.

Upon receipt of the report in September 2022, the Interim Regional Director and Cardiac Network Clinical Director formally accepted the report, however; noted to Synergia it had not met expectations due to several outlined shortcomings (see Appendix).

## Te Whatu Ora landscape

Established on 1 July 2022, Te Whatu Ora Health New Zealand leads the day-to-day running of the health system across New Zealand, through the merging of twenty former District Health Board functions, into regional divisions and district offices. Te Whatu Ora manages national contracts and nationally plans hospital and specialist services and primary health and community-based services, with purchasing via the four regional divisions.

Te Whatu Ora has established four regional integration networks. The regional teams will plan for population health needs and required clinical services and enable local networks to deliver in the way that best suits their communities.

It is important that the Regional Integration Team (Central) is aware of the Future System of Cardiac Care in the Central Region report, to support collective overview and ownership of implementation prioritisation and progress.

## Analysis

Now that Te Whatu Ora is in place, leadership and implementation of the report recommendations do not clearly sit solely with the Central Region Cardiac Network, which is part of Hospital and Specialist Services. Analysis of the recommendations suggest a broader approach across Te Whatu Ora, described in Table 1.

The Cardiac Network asks the Regional Integration Team to consider this analysis, modify where change is needed, and endorse to enable progress on recommendation implementation.

**Table 1. Implementation responsibility within Te Whatu Ora structure**

Future System of Cardiac Care Recommendations		Te Whatu Ora implementation lead
Establish regional Cardiac Governance Group		Regional Hospital & Specialist Services
Community Delivery workstream		Regional Commissioning Team
IT regionalisation workstream		Regional Data and Digital
Regional workforce workstream		National workforce task force
Quality and Standards workstream		National Cardiac Clinical Network
Clinical workstreams		Regional Hospital & Specialist Services
1	All staff are supported to deliver cultural safe services and understand their role in reducing racism within the health system.	Te Whatu Ora / Te Aka Whai Ora National
2	Develop and implement equity and acuity triage tools.	National Cardiac Network
3	Involve local iwi-Māori partnership boards, Māori, and Pacific Providers in co-design processes at all stages of the patient pathways to develop equitable and culturally safe cardiac services	Regional Integration Team
4	Overcome information barriers through the use of plain language and the use of interpreters/further support for	Regional Public Health

	those who may have language barriers to understanding complex health information.	
5	Engage with communities to give feedback rather than complaints.	Regional Commissioning – Localities
6	Consider the use of a whānau plan type tool across cardiac services to enable patients and whanau to express their key priorities and work with health providers to develop solutions.	Regional Integration Team
7	Incentivise healthcare initiatives that keep people well and receiving care in the community. Have systems that routinely identify financial barriers for patients in accessing cardiac care, especially for Māori and other priority groups, and make funding available to overcome them.	Commissioning national
8	Ensure there is clarity around what treatments increase CVD risk for mental health patients and that plans are developed to monitor their physical health at minimal cost.	Regional Commissioning – Mentally Well team
9	Specific training for General Practitioners regarding disability, including communication techniques and longer appointment times to ensure the patient can understand management plans in place.	Commissioning national
10	Local and timely access to basic cardiac prevention and care services in the community.	Commissioning national
11	Clear and regionally consistent community HealthPathways for cardiac conditions.	National Te Whatu Ora & National Cardiac Clinical Network
12	Review ways to support information sharing between primary and secondary care, including timely, clear communication that is delivered through fit for purpose IT linkages, with support for primary care to manage large amounts of correspondence.	National Te Whatu Ora
13	Improved access and consistency of CVD risk scores.	National Cardiac Clinical Network
14	Develop a clear strategy around evidence-based CVD health promotion and prevention activities to support positive outcomes for Māori and Pacific communities.	Public Health
15	Carry out a stocktake of community providers and develop a regional structure and funding mechanisms for CVD care that can be delivered by these providers across the patient and whānau pathway.	Regional Commissioning
16	Move toward more interdisciplinary care teams that include allied and support staff (e.g., HCAs, HIPs, and Health Coaches) as well as medication support (either in the practice or linked to community pharmacy)	Commissioning national & National Comprehensive Care Teams
17	Virtual support for community health care providers to ask questions and seek advice from cardiologists.	Hospital & Specialist Services
18	Involve local iwi, Māori, and Pacific providers in co-design processes around skill building and providing cardiac care to priority populations	Regional Integration Team



19	Consistent guidelines and process for ambulance and air retrieval that minimises delay.	National Cardiac Clinical Network & Commissioning national
20	Clear guidance for GPs, urgent care and emergency department management of acute cardiac presentations and improved links to local clinicians	National Cardiac Clinical Network Regional Cardiac Network
21	Standardised, appropriate, and supported transport, parking, and accommodation options for whānau and support people.	Te Whatu Ora national
22	Consistent networked triage across the region with clinical input for all elective procedures, outpatient appointments and imaging.	Hospital & Specialist Services
23	Standardised regional referral IT system.	Hospital & Specialist Services Regional Data and Digital
24	All speciality acute triaging when bed blocking is an issue	Regional Hospital & Specialist Services
25	Develop and implement equity and acuity triage tools based on clinical urgency, ethnicity, past attendance, rurality, and deprivation.	Hospital & Specialist Services / Te Aka Whai Ora
26	Local and timely access to imaging driven by clinical decision making (not availability). Includes access to CTCA, MRI, functional testing, Holter monitoring, pacemaker testing and ECHO.	Hospital & Specialist Services
27	IT compatibility across imaging for viewing and reporting	Regional Data and Digital
28	Establish a network across imaging and diagnostics to standardise clinical advice and reporting on imaging, including a regional on call service.	Regional Hospital & Specialist Services
29	Develop ways improve access to imaging for outpatients, especially for Māori and priority equity groups.	Hospital & Specialist Services / Te Aka Whai Ora
30	Everyone has access to a specialist cardiology outpatient appointment in an appropriate timeframe.	Regional Hospital & Specialist Services
31	Diagnostic and clinic appointments booked on the same day (ensuring booking occurs in the correct order).	Regional Hospital & Specialist Services
32	Ensure acute cardiology appointments are always available across the region.	Regional Hospital & Specialist Services
33	Outreach and outpatient options available across the region in a variety of locations.	Hospital & Specialist Services / Te Aka Whai Ora
34	Continuity of cardiac care clinicians/ whanaungatanga.	Hospital & Specialist Services / Te Aka Whai Ora
35	Networked clinical teams who can work across the region.	Regional Hospital & Specialist Services
36	Clear thrombolysis, diagnostic angiography, and elective PCI guidance.	National Cardiac Clinical Network
37	Provide opportunities for upskilling and training staff in other parts of the region.	Regional Hospital & Specialist Services

38	Shared on call responsibilities across the network.	Regional Hospital & Specialist Services
39	Networked acute STEMI and semi-acute NSTEMI/ACS management, introducing additional PCI capability in the region.	Regional Hospital & Specialist Services
40	Regional approach to recruitment, hiring, training and multi-site working.	Regional Hospital & Specialist Services
41	Interprofessional practise teams involved in decision making and clinical care.	Regional Hospital & Specialist Services
42	Enable the whānau to be involved in decision making regarding all clinical interventions.	Hospital & Specialist Services Te Aka Whai Ora
43	Improved access to services for Māori and other priority groups.	Hospital & Specialist Services Te Aka Whai Ora
44	An alternative and safe transport system to return people to their home should be developed.	Regional Integration Team
45	Timely notifications to local clinicians (hospital and primary care) of acute illness and care provided, with the ability to see discharge summaries, cardiology plans and imaging results.	Regional Data and Digital
46	Standardised cardiac health programmes (cardiac rehab) with options for online or in person attendance	Regional Hospital & Specialist Services
47	Incorporate cardiac follow up activities into cardiac health programmes	Regional Public Health and Regional Hospital & Specialist Services
48	Improve access to cardiac follow up services.	Regional Hospital & Specialist Services
49	Involve local iwi, Māori, and Pacific community providers in a co-design process around the delivery of cardiac health (cardiac rehab) programmes.	Regional Hospital & Specialist Services Te Aka Whai Ora
50	Increase opportunities for whānau involvement in cardiac rehabilitation.	Hospital & Specialist Services Te Aka Whai Ora

### Next steps

The Central Region Cardiac Service Plan 2024 – 2027 (draft) incorporates many recommendations from the Future System of Cardiac Care in the Central Region Report. The recommendation to establish clinical workstreams as began with the Central Region in Heart Failure working group established in July 2023. Table 2 outlines the recommendations featured within the 2024-2027 regional plan (draft).

**Table 2. Future System of Cardiac Care report recommendation alignment with Central Region Cardiac Service Plan 2024 – 2027 (draft)**

Future System of Cardiac Care Report Recommendation	Related activity with 2024 – 2027 draft plan
Move toward more interdisciplinary care teams that include allied and support staff as well as medication support	Focus on this approach for Heart Failure and Cardiac Outreach service
Involve local iwi, Māori, and Pacific community providers in a co-design process around the delivery of cardiac health (cardiac rehab) programmes.	2024-2027 regional cardiac service plan includes work to agree on equitable resource allocation to cardiac rehab. Request with Te Aka Whai Ora for membership on Cardiac Network and HF working group.
Clear guidance for GPs, urgent care and emergency department management of acute cardiac presentations and improved links to local clinicians	A component of the community pathway section of the draft plan.
Consistent networked triage across the region with clinical input for all elective procedures, outpatient appointments and imaging.	A component of the community pathway section of the draft plan.
Standardised regional referral IT system.	IT integration for ECG, ECHO, and CTCA
All speciality acute triaging when bed blocking is an issue	This is current practice and would aim to continue with this process.
Develop and implement equity and acuity triage tools based on clinical urgency, ethnicity, past attendance, rurality, and deprivation.	A component of the community pathway section of the draft plan.
Local and timely access to imaging driven by clinical decision making (not availability). Includes access to CTCA, MRI, functional testing, Holter monitoring, pacemaker testing and ECHO.	2024-2027 plan focuses on improved access for CTCA, ETT, structural CT, and ECHO
IT compatibility across imaging for viewing and reporting	2024-2027 indicates integrated IT as key strategic goal focusing on ECG, ECHO and CTCA reporting.
Establish a network across imaging and diagnostics to standardise clinical advice and reporting on imaging, including a regional on call service.	QA ECHO activity planned, Integrated reporting platform CTCA, ECG, MRI, and ECHO reporting repository.
Develop ways improve access to imaging and outpatients, especially for Māori and priority equity groups.	2024-2027 plan focuses are improved access to Heart Failure care, Cardiac Rehab, and secondary care services in community via outreach model. These will have significant impact for Māori.
Everyone has access to a specialist cardiology outpatient appointment in an appropriate timeframe.	2024-2027 plan develops outreach clinics, MDT approach to HF and CNS chest pain pathway.
Diagnostic and clinic appointments booked on the same day (ensuring booking occurs in the correct order).	2024-2027 plan outlines business case for outreach service that would be clinical and technical.

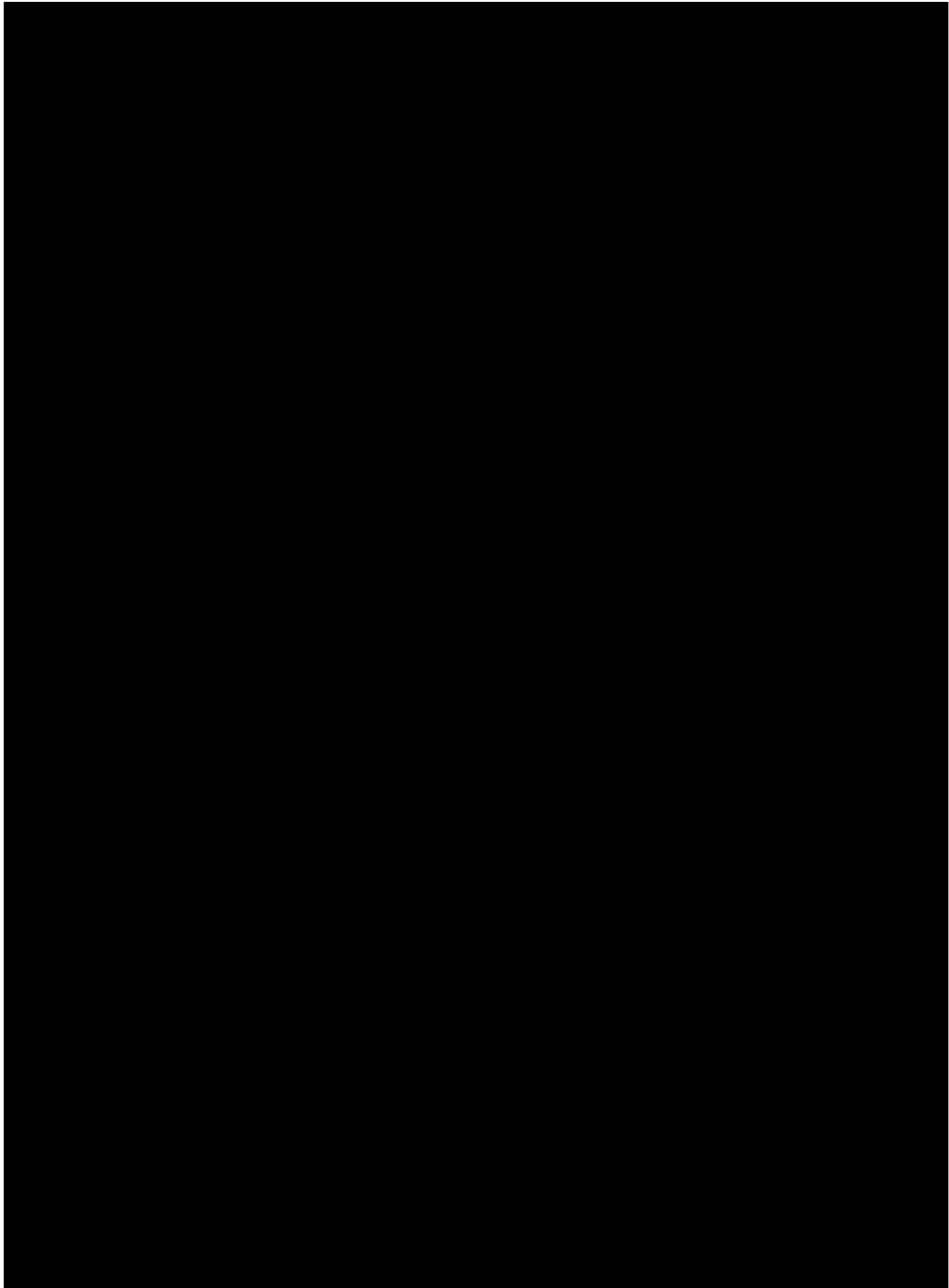
Ensure acute cardiology appointments are always available across the region.	Regional Hospital & Specialist Services.
Outreach and outpatient options available across the region in a variety of locations.	2024-2027 plan outlines business case for outreach service.
Continuity of cardiac care clinicians/ whanaungatanga.	2024-2027 plan outlines increased access to virtual clinics and visiting services to improve regional access for specialist services
Networked clinical teams who can work across the region.	2024-2027 plan outlines <ul style="list-style-type: none"> <li>• Visiting PCI service</li> <li>• networked district teams to provide outreach services</li> <li>• continue visiting structural heart disease services</li> </ul>
Clear thrombolysis, diagnostic angiography, and elective PCI guidance.	ECHO QA activity focussing on adherence to national minimum standards and referrers accreditation as per CSANZ guidelines.
Provide opportunities for upskilling and training staff in other parts of the region.	Focus on ECHO QA training activity and visiting PCI which will upskill / train staff across region.
Shared on call responsibilities across the network.	Focus on regional on-call for STEMI pathway
Networked acute STEMI and semi-acute NSTEMI/ACS management, introducing additional PCI capability in the region.	Regional PCI service business case and visiting PCI services
Regional approach to recruitment, hiring, training and multi-site working.	Focus on visiting PCI services, continue developing subregional partnership between Palmerston North and Whanganui hospitals.
Interprofessional practise teams involved in decision making and clinical care.	MDT approach for HF is planned.
Enable the whānau to be involved in decision making regarding all clinical interventions.	2024-2027 plan focuses are improved access to Heart Failure care, Cardiac Rehab, and secondary care services in community via outreach model. These will have significant impact for Māori and will be developed with this recommendation in mind.
Improved access to services for Māori and other priority groups.	Focus for increased bed capacity Wellington, increased regional PCI, pacing, diagnostic access, and outreach services.
Standardised cardiac health programmes (cardiac rehab) with options for online or in person attendance	Cardiac rehab is part of 2024-2027 planning.

Incorporate cardiac follow up activities into cardiac health programmes	
Improve access to cardiac follow up services.	
Involve local iwi, Māori, and Pacific community providers in a co-design process around the delivery of cardiac health (cardiac rehab) programmes.	
Increase opportunities for whānau involvement in cardiac rehabilitation.	

Released under the Official Information Act 1982

S9(2)(g)(i)

S9(2)(b)(ii)



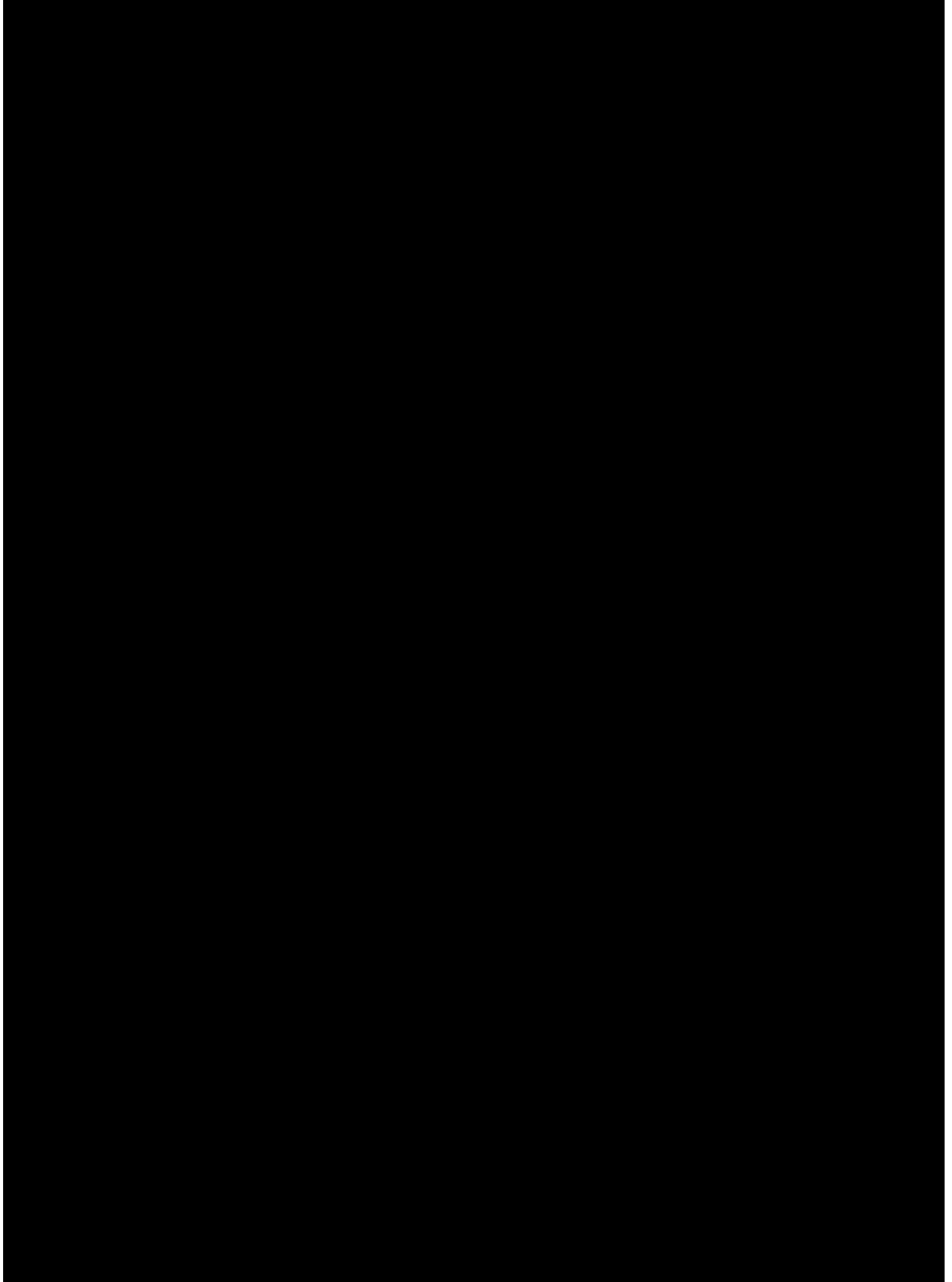


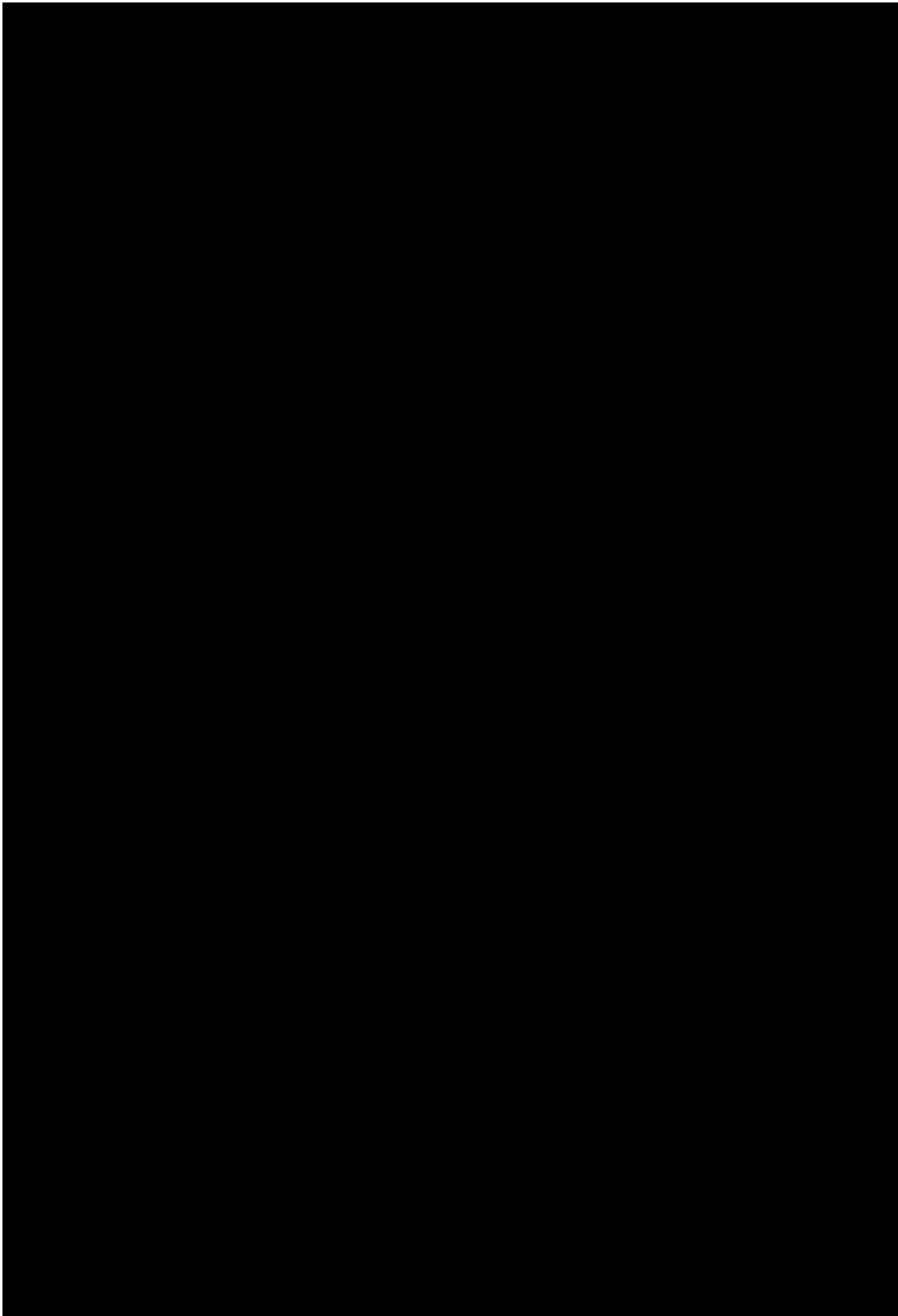
The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and transfers between accounts.

Next, the document outlines the process of reconciling bank statements with the company's records. This involves comparing the bank's record of transactions with the company's ledger to identify any discrepancies. Common reasons for differences include timing differences, such as deposits in transit or outstanding checks, as well as errors in recording or bank charges.

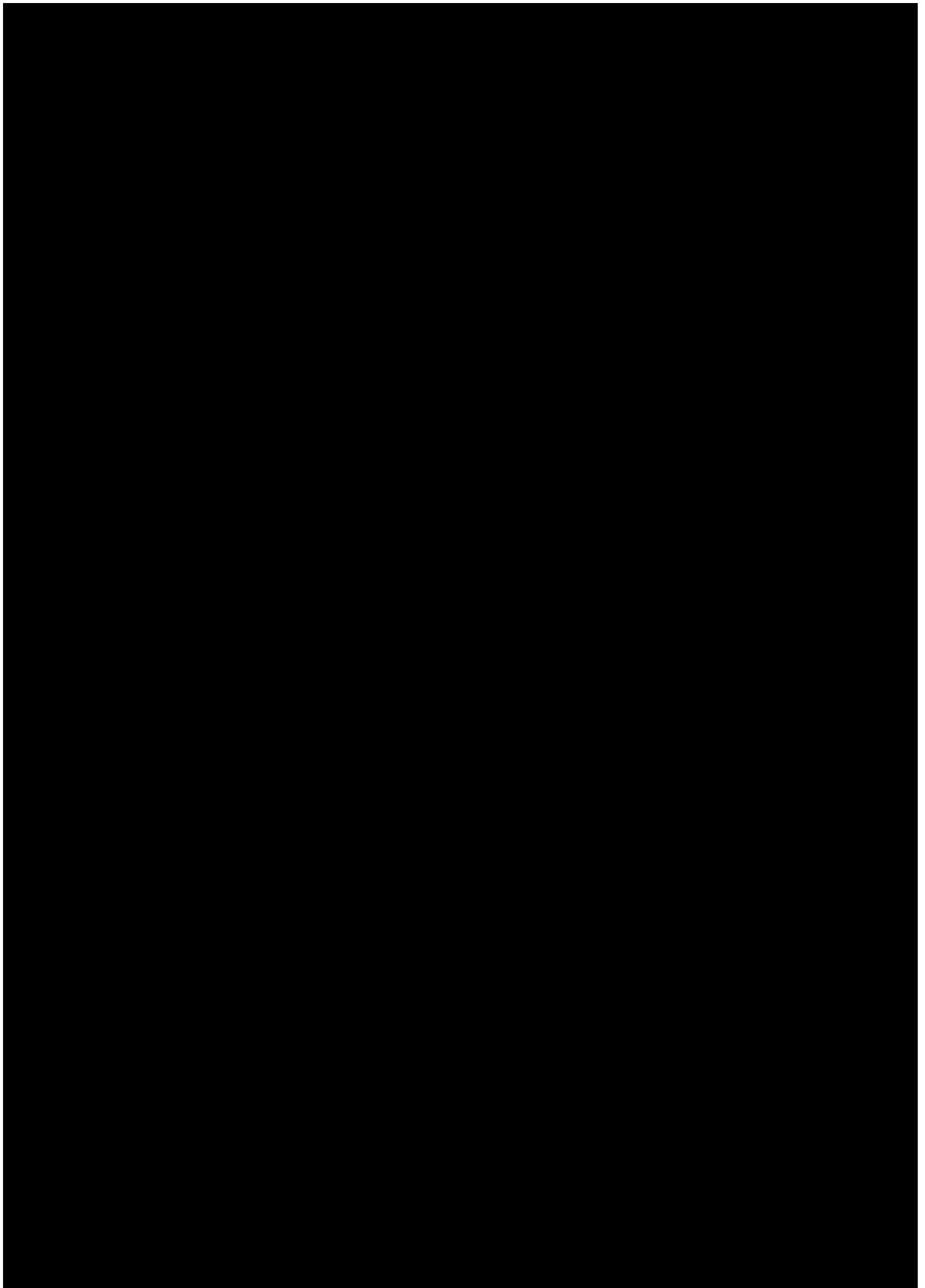
The document then moves on to discuss the preparation of financial statements. It highlights the need for accuracy and transparency in these reports, which are essential for stakeholders to make informed decisions. Key statements mentioned include the Balance Sheet, Income Statement, and Cash Flow Statement.

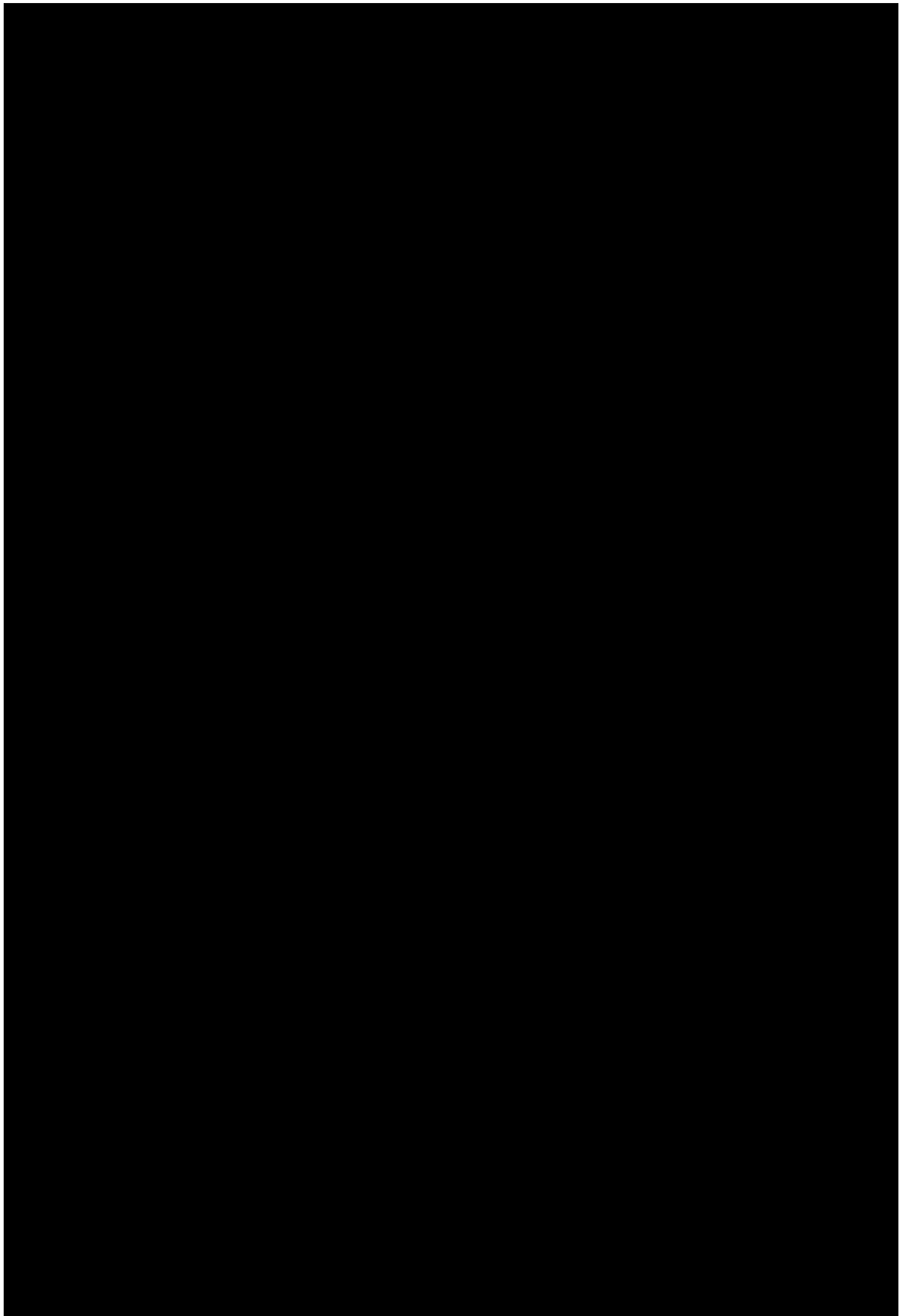
Finally, the document provides guidance on how to analyze these financial statements to assess the company's financial health and performance. It suggests looking for trends over time, comparing current results to industry benchmarks, and identifying areas where the company may need to adjust its operations or financial strategy.

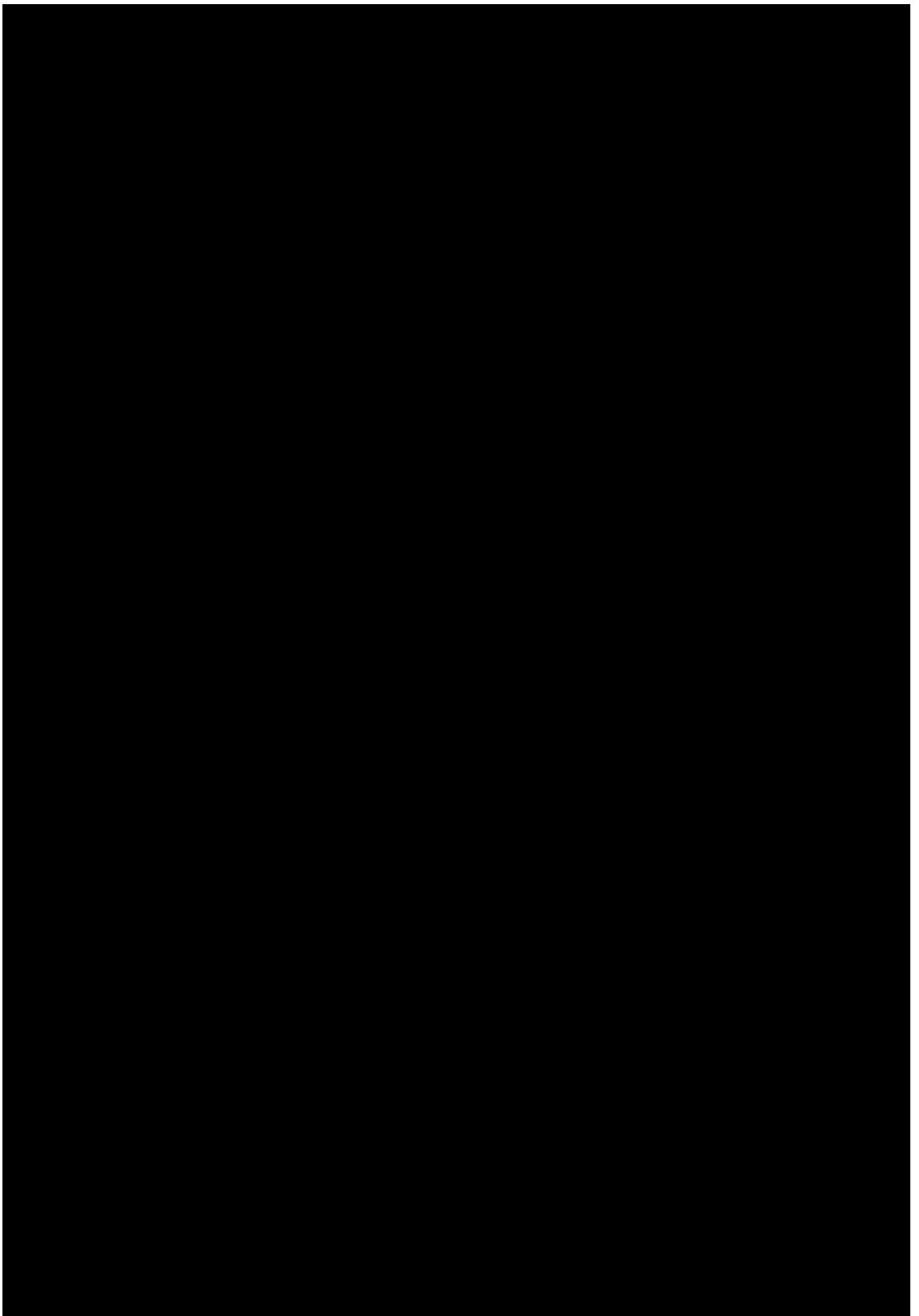


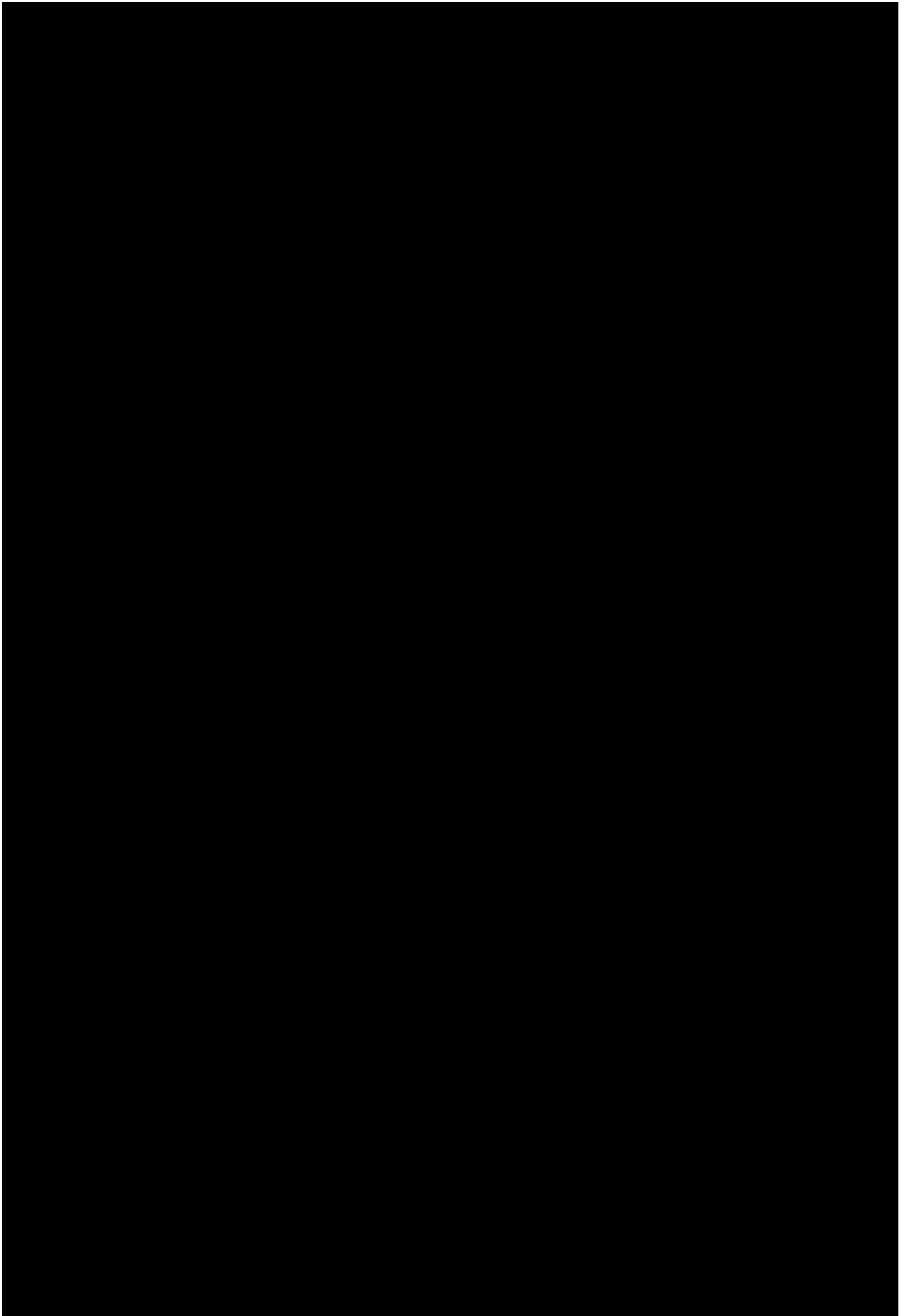




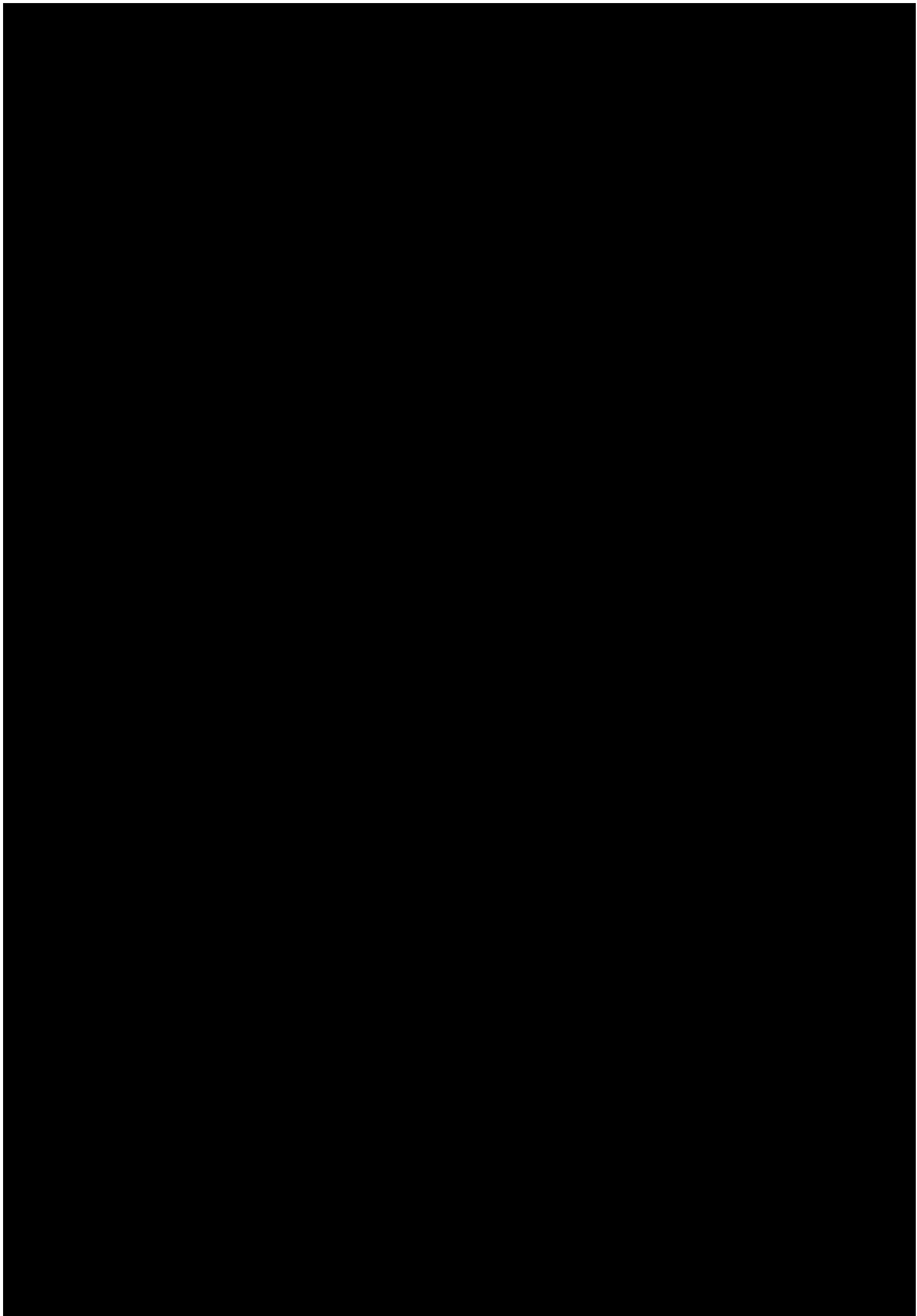


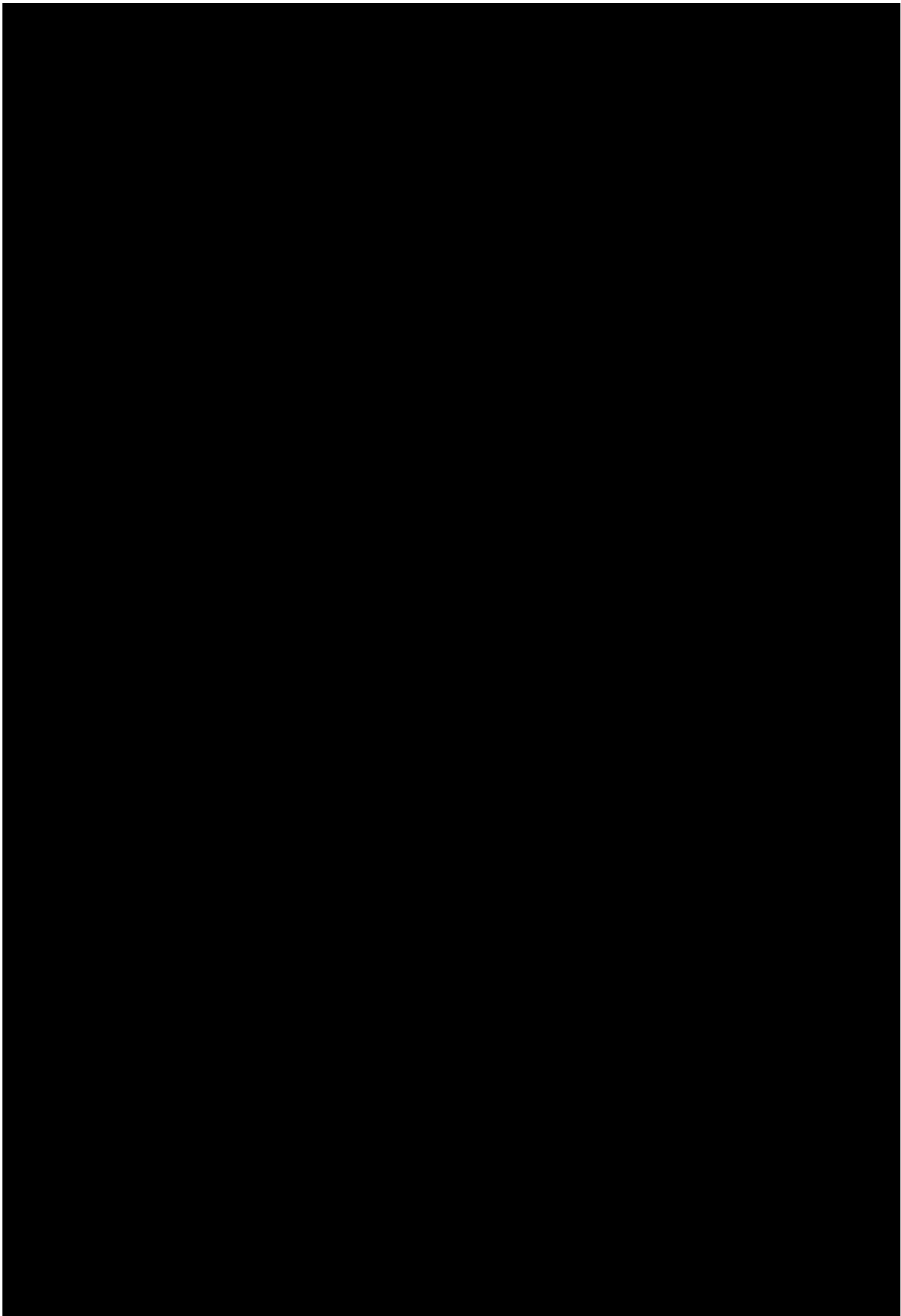


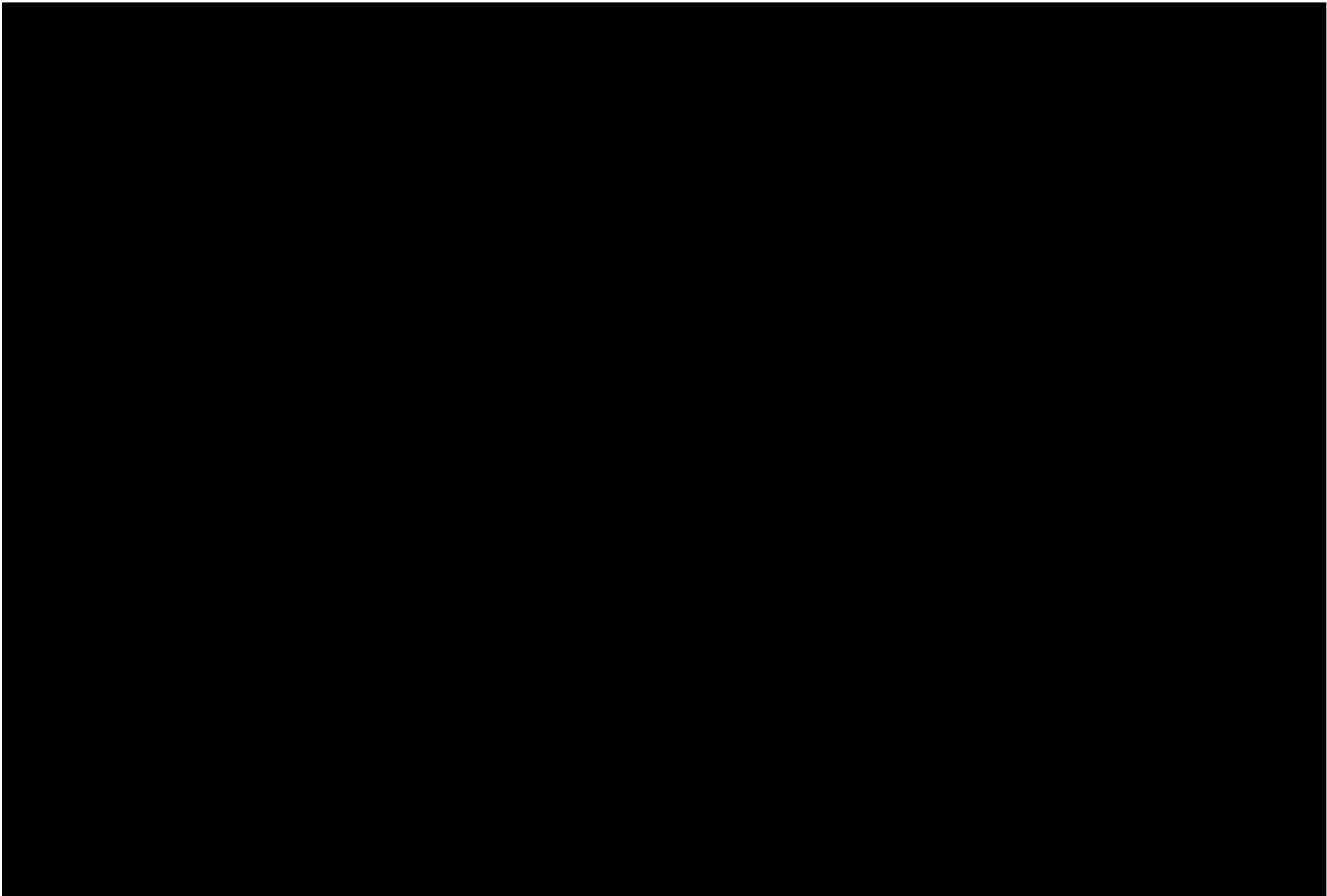


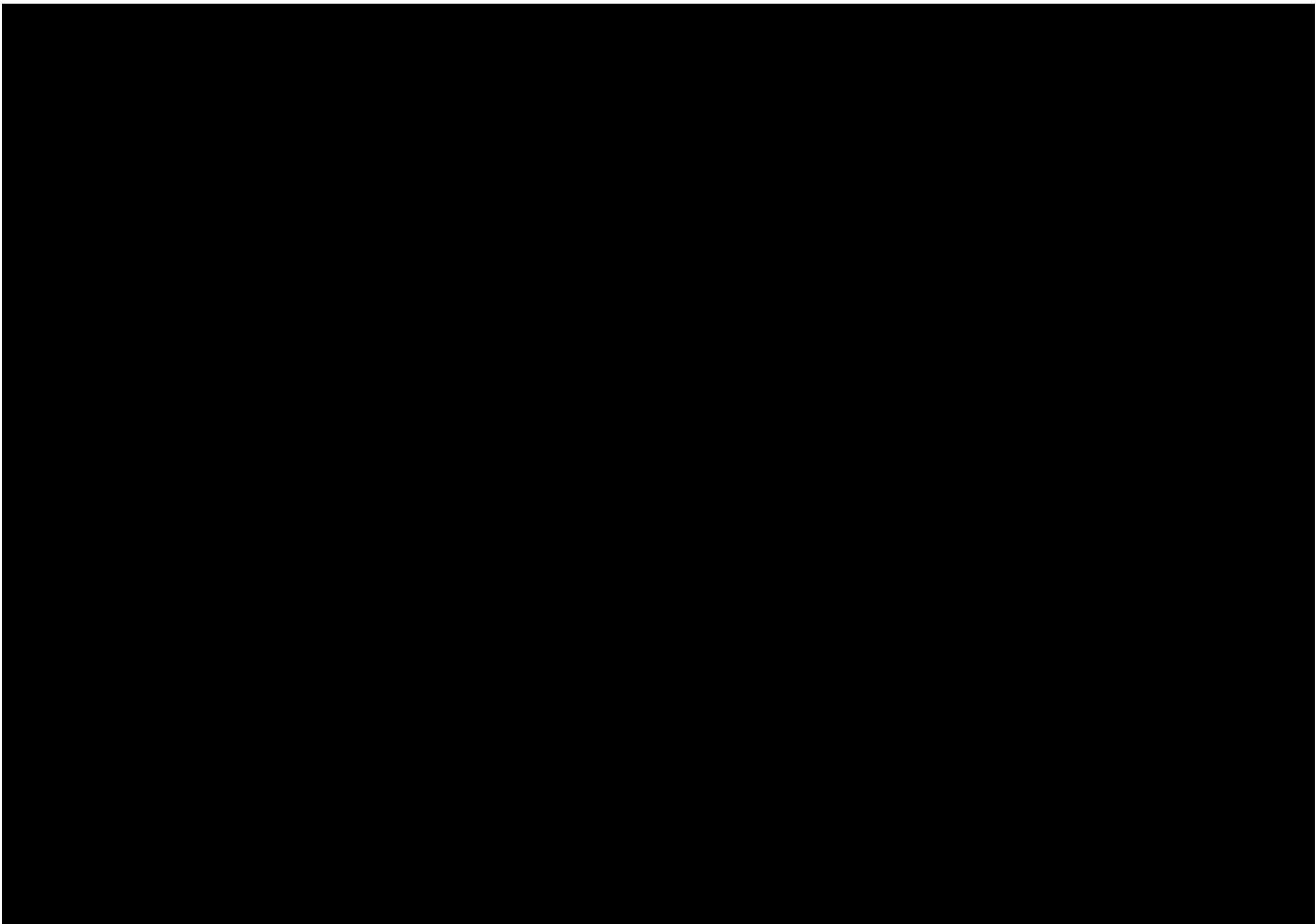


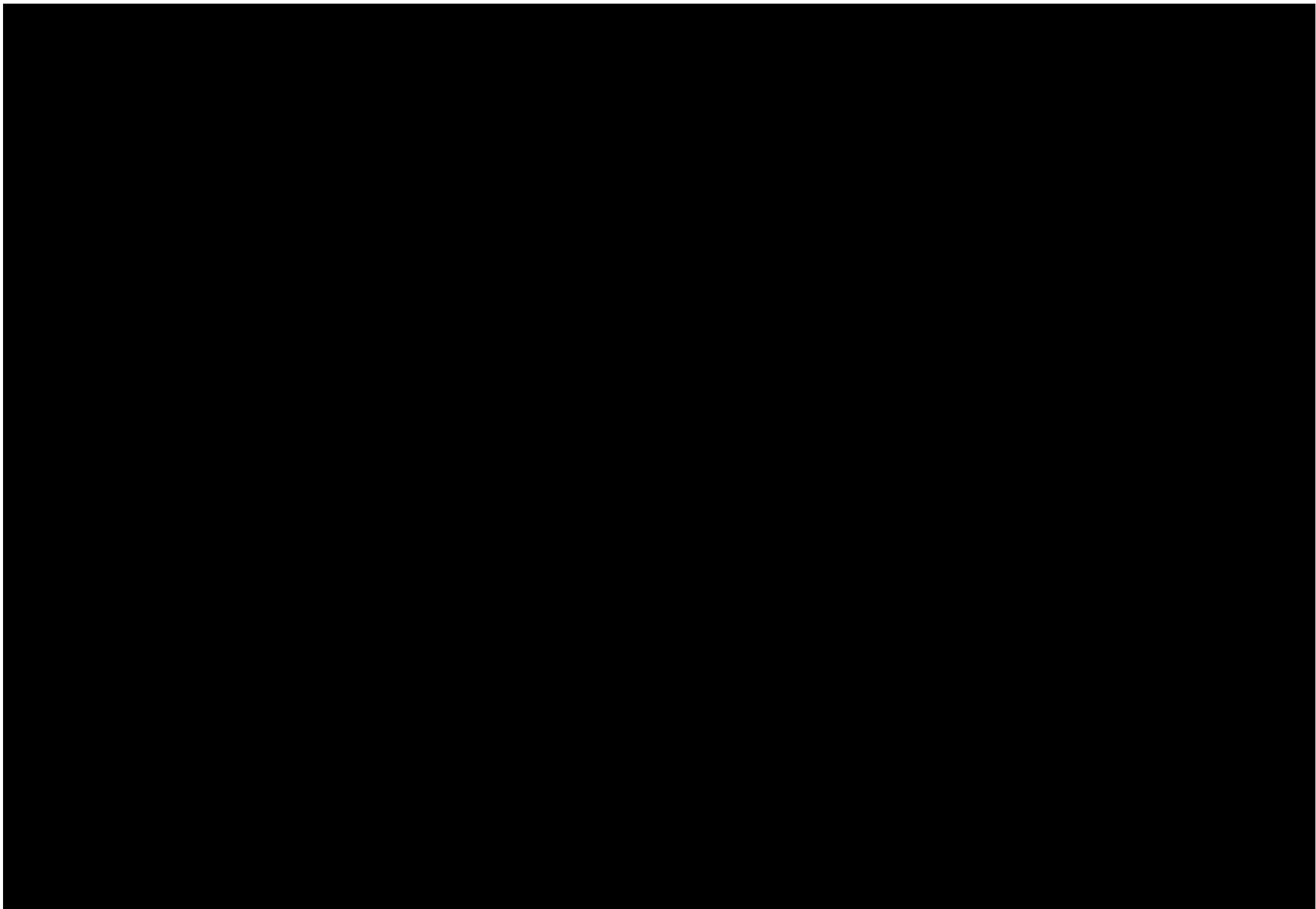


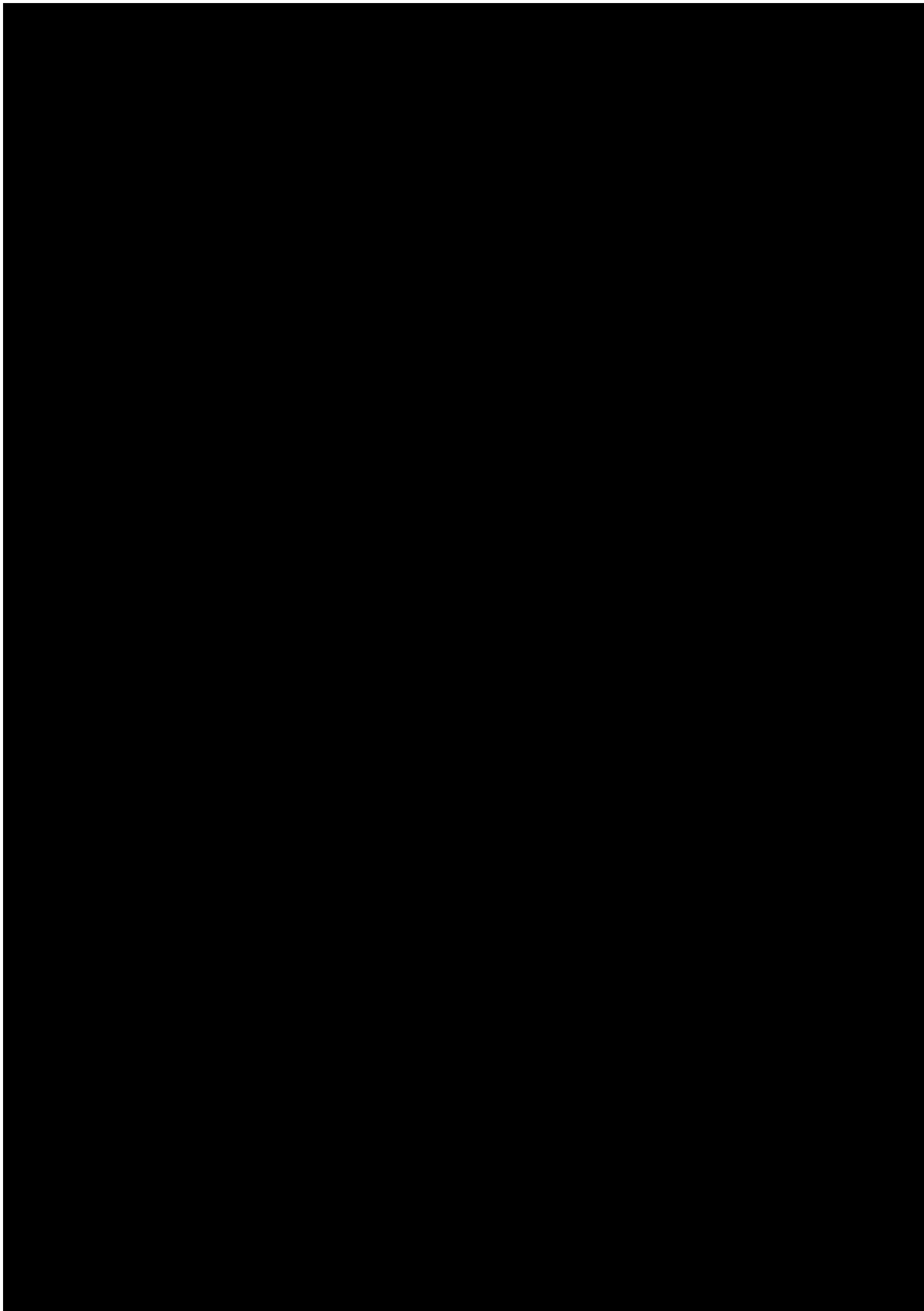


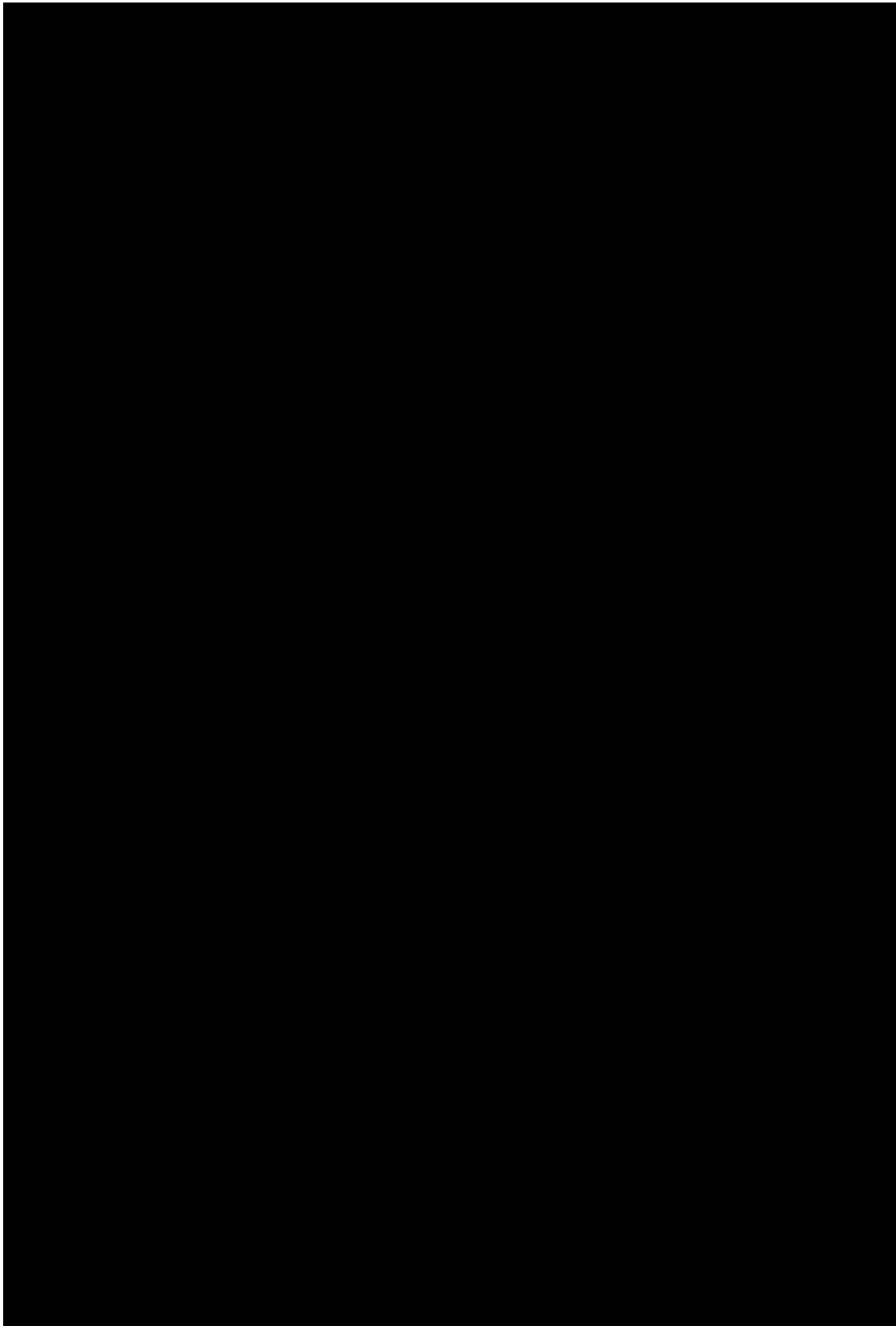


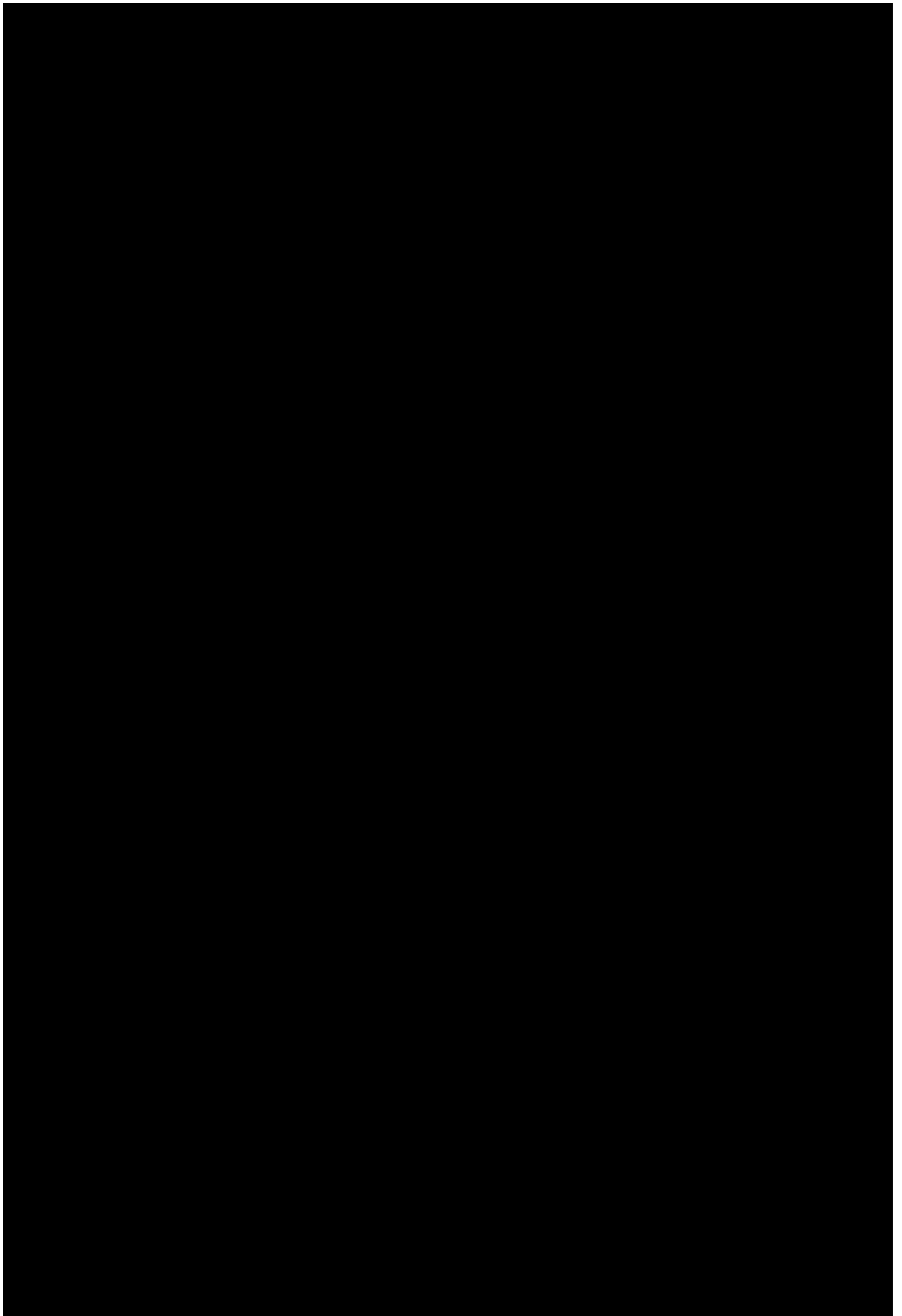




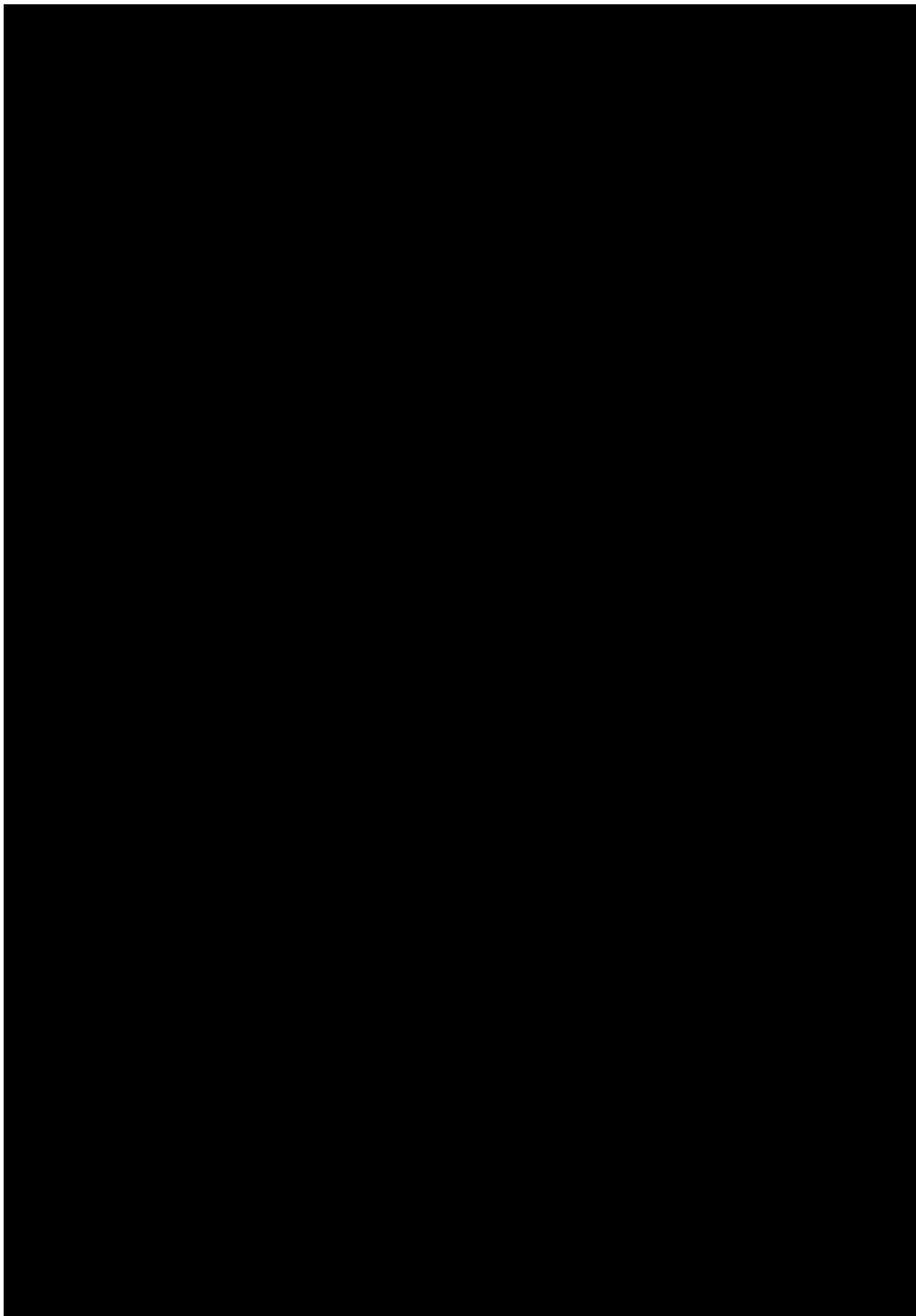


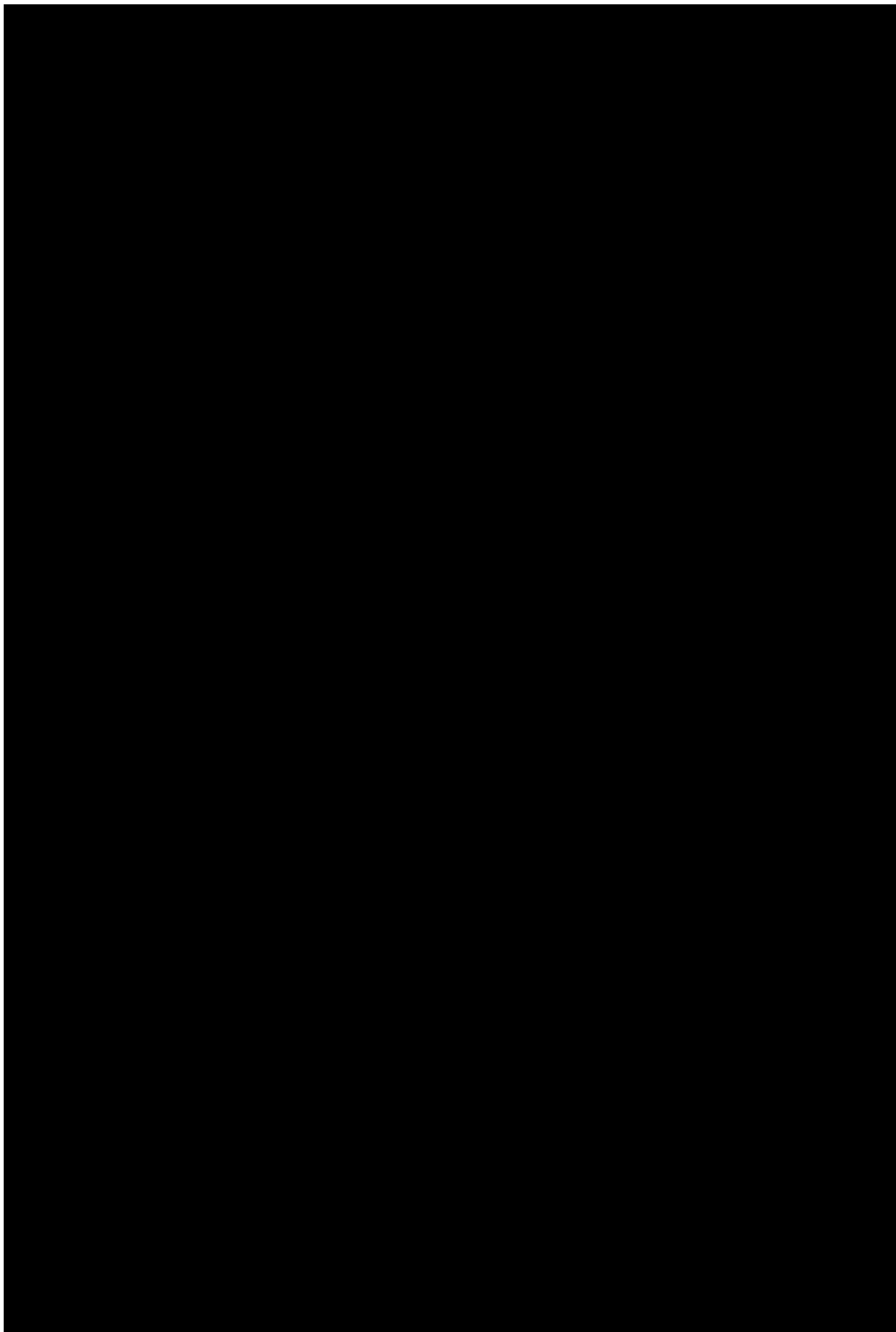


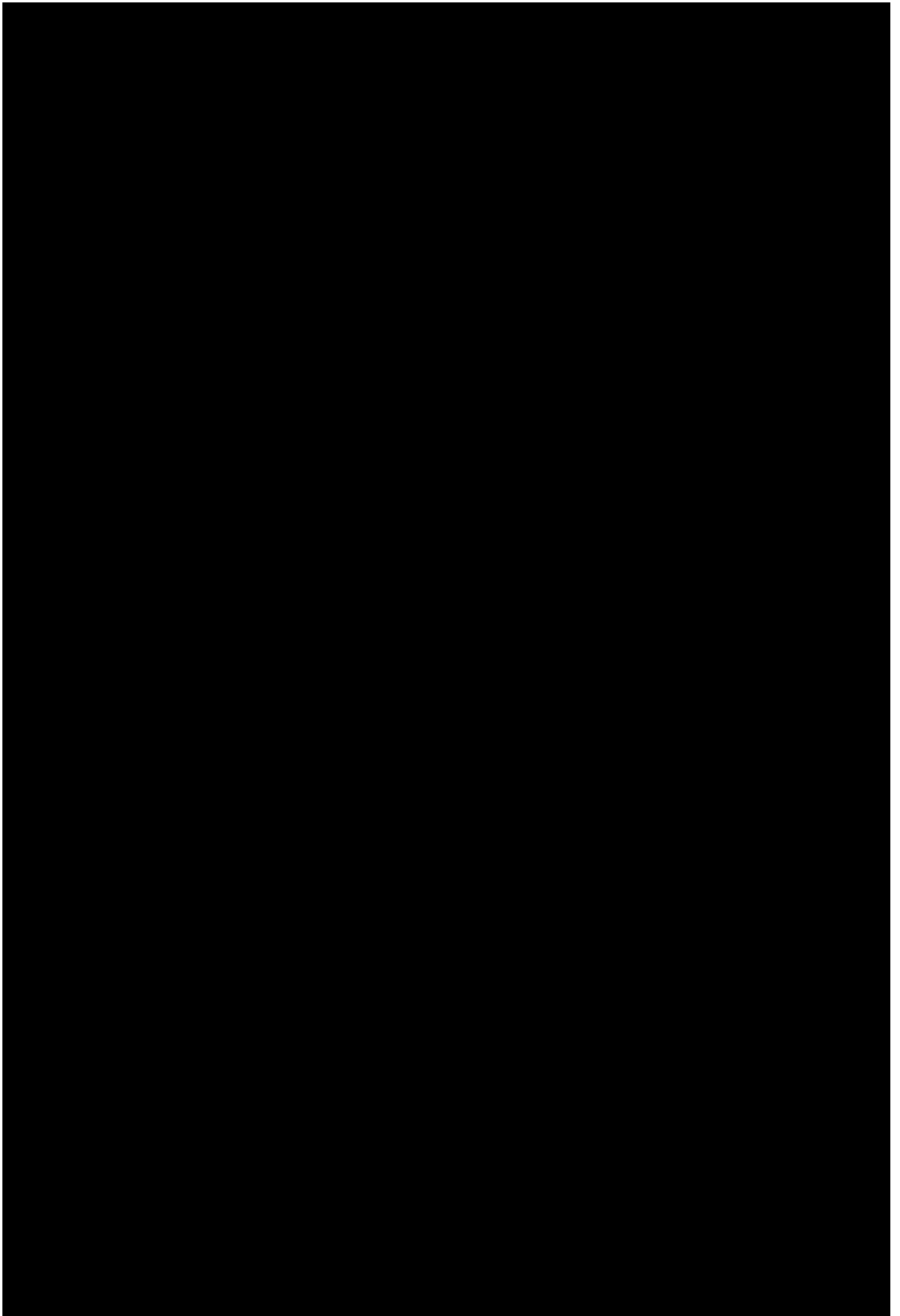


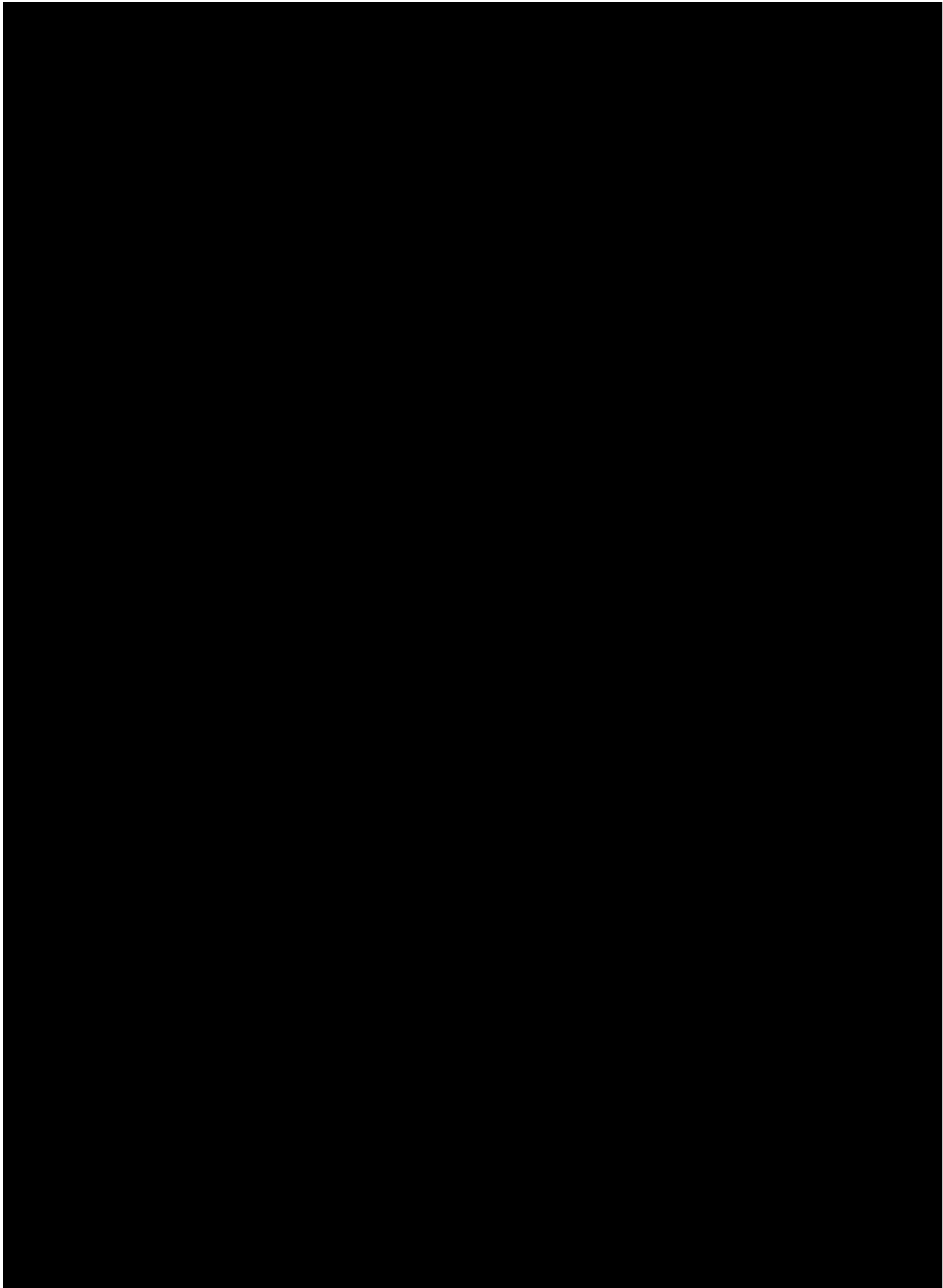


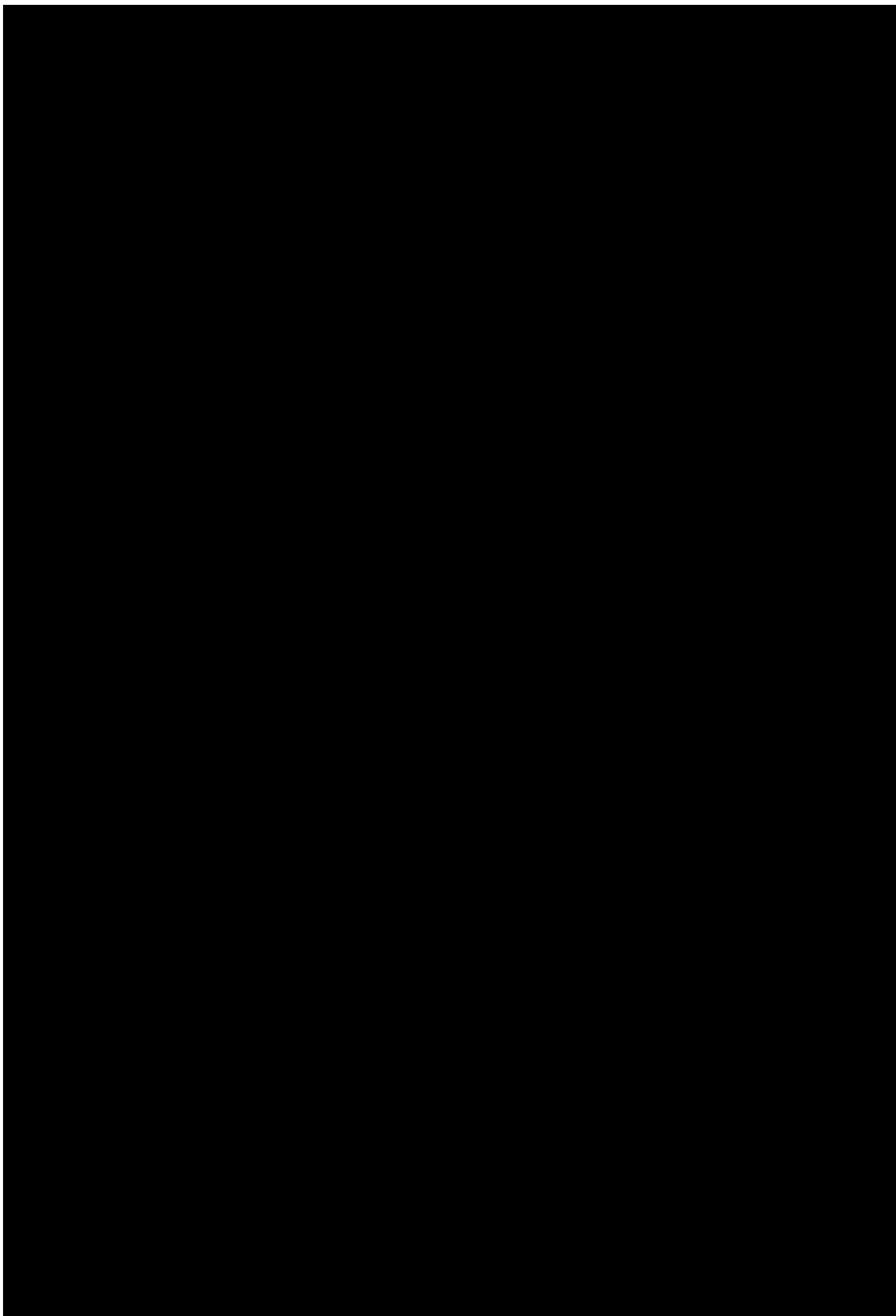


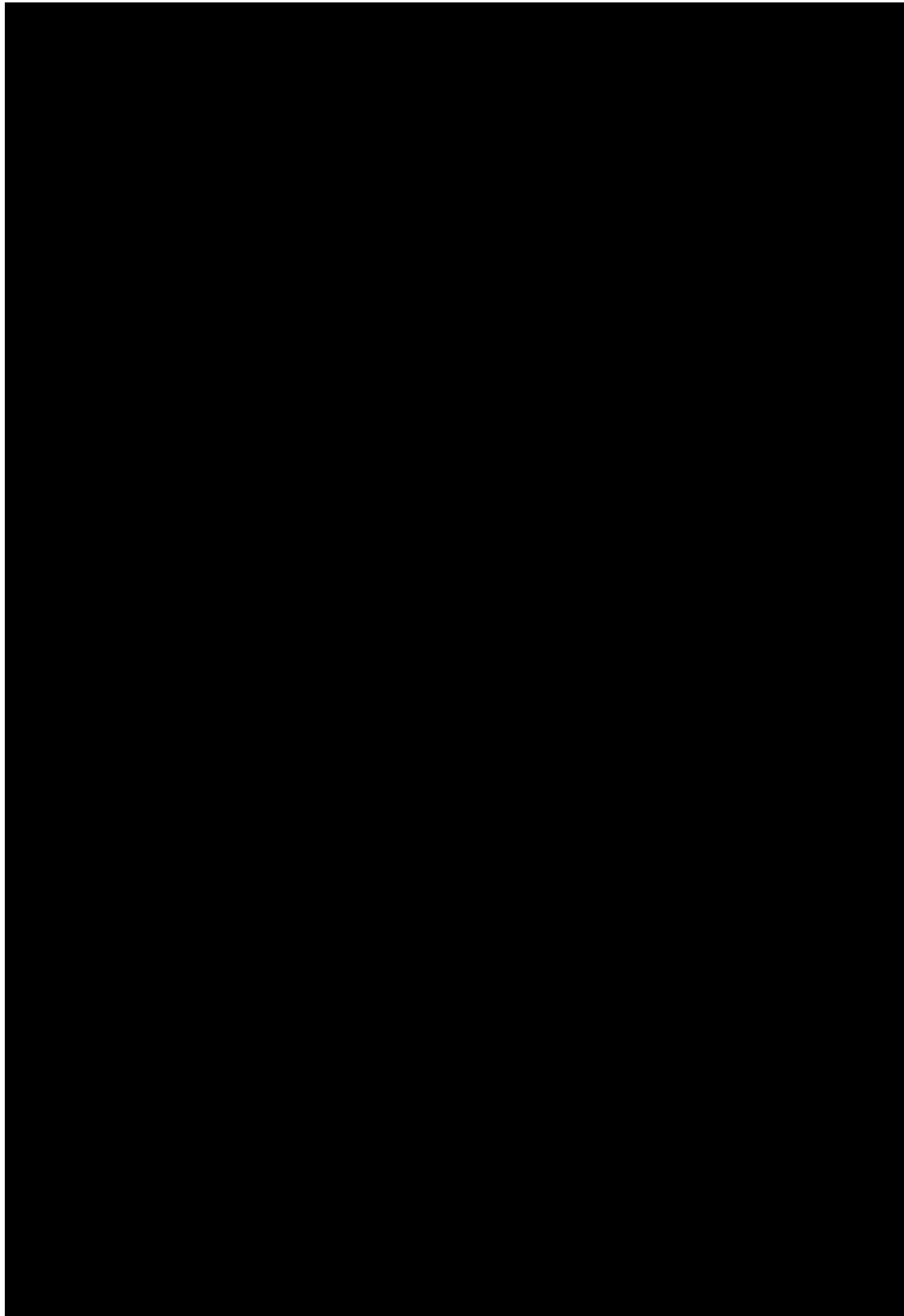


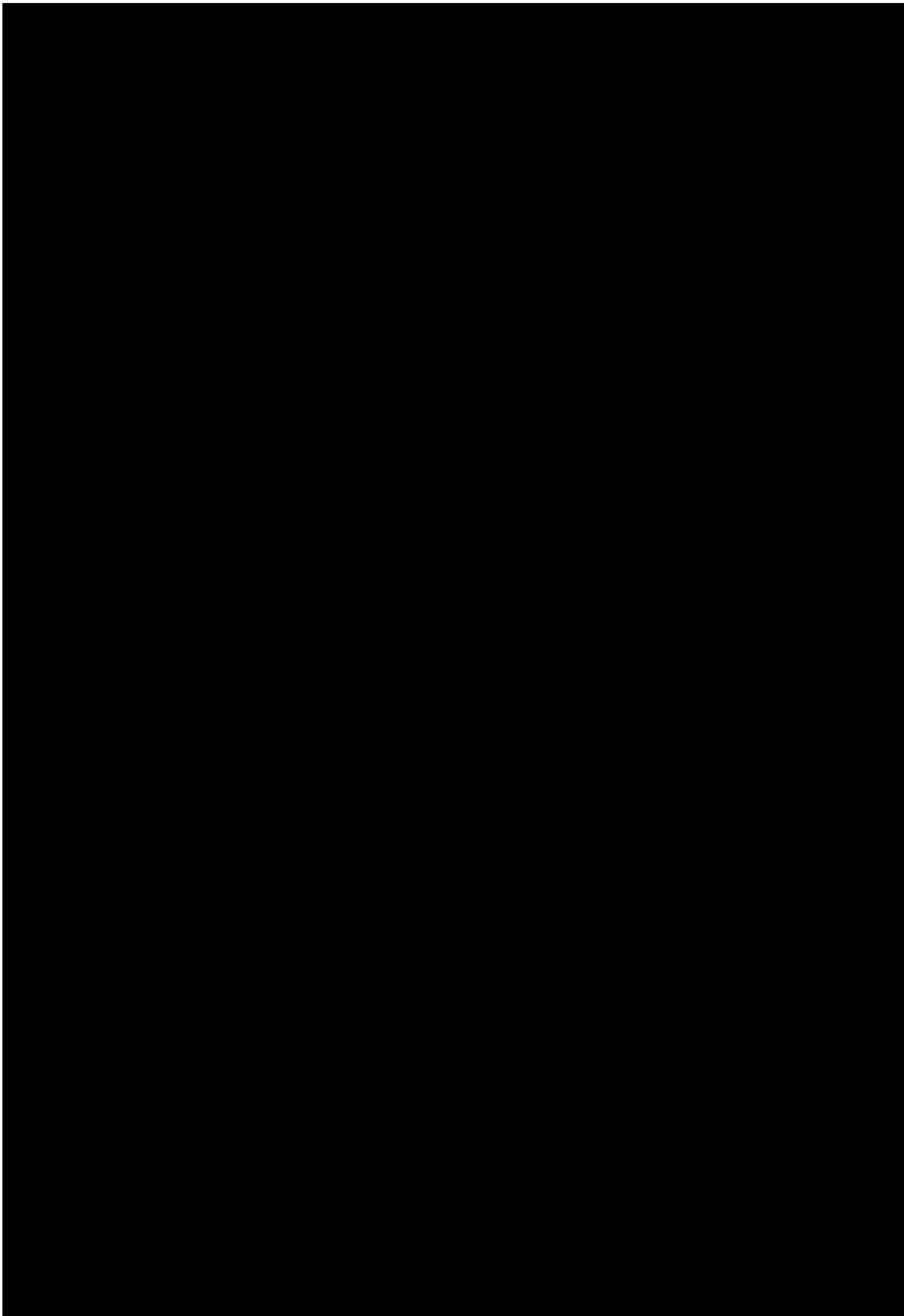


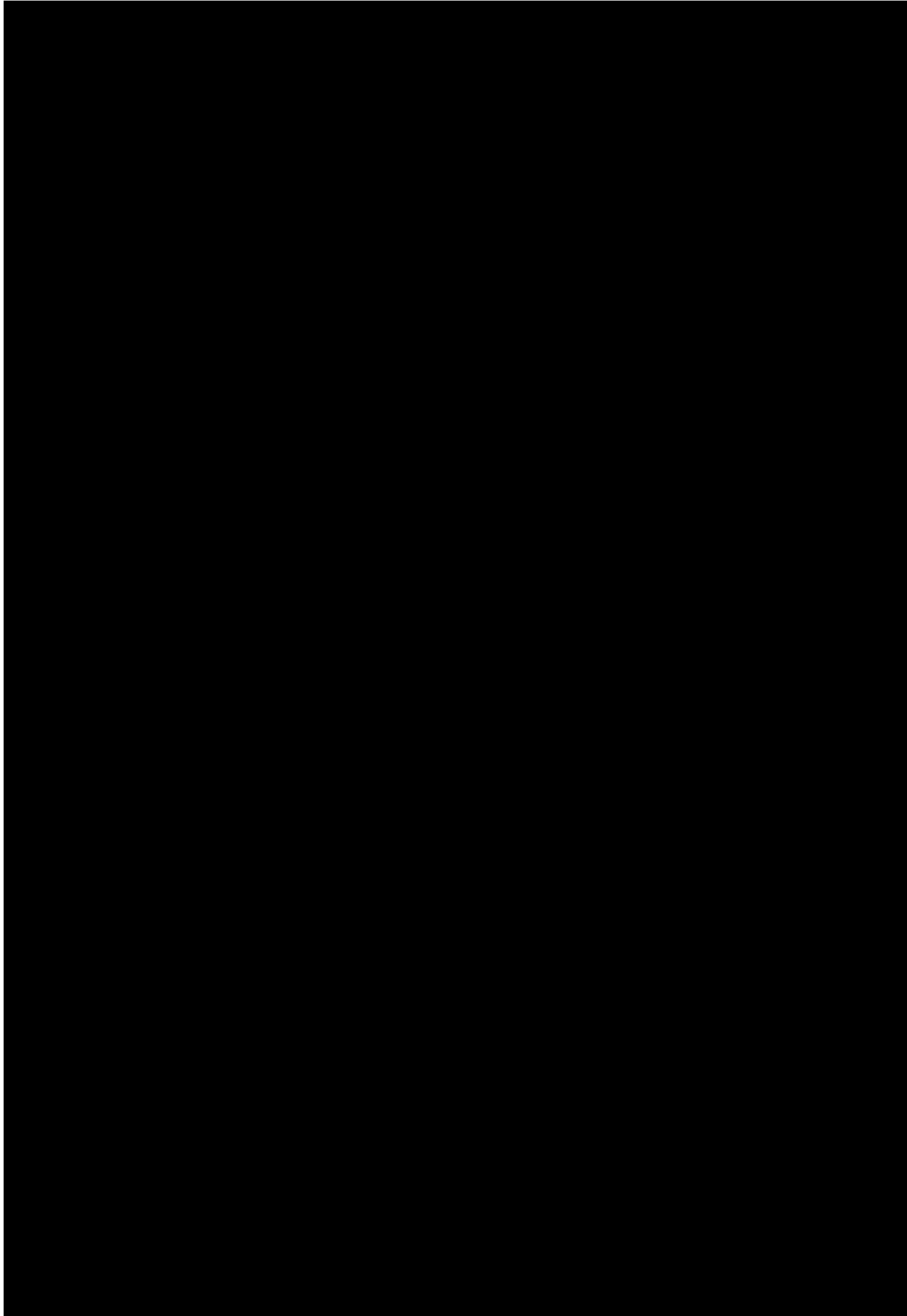




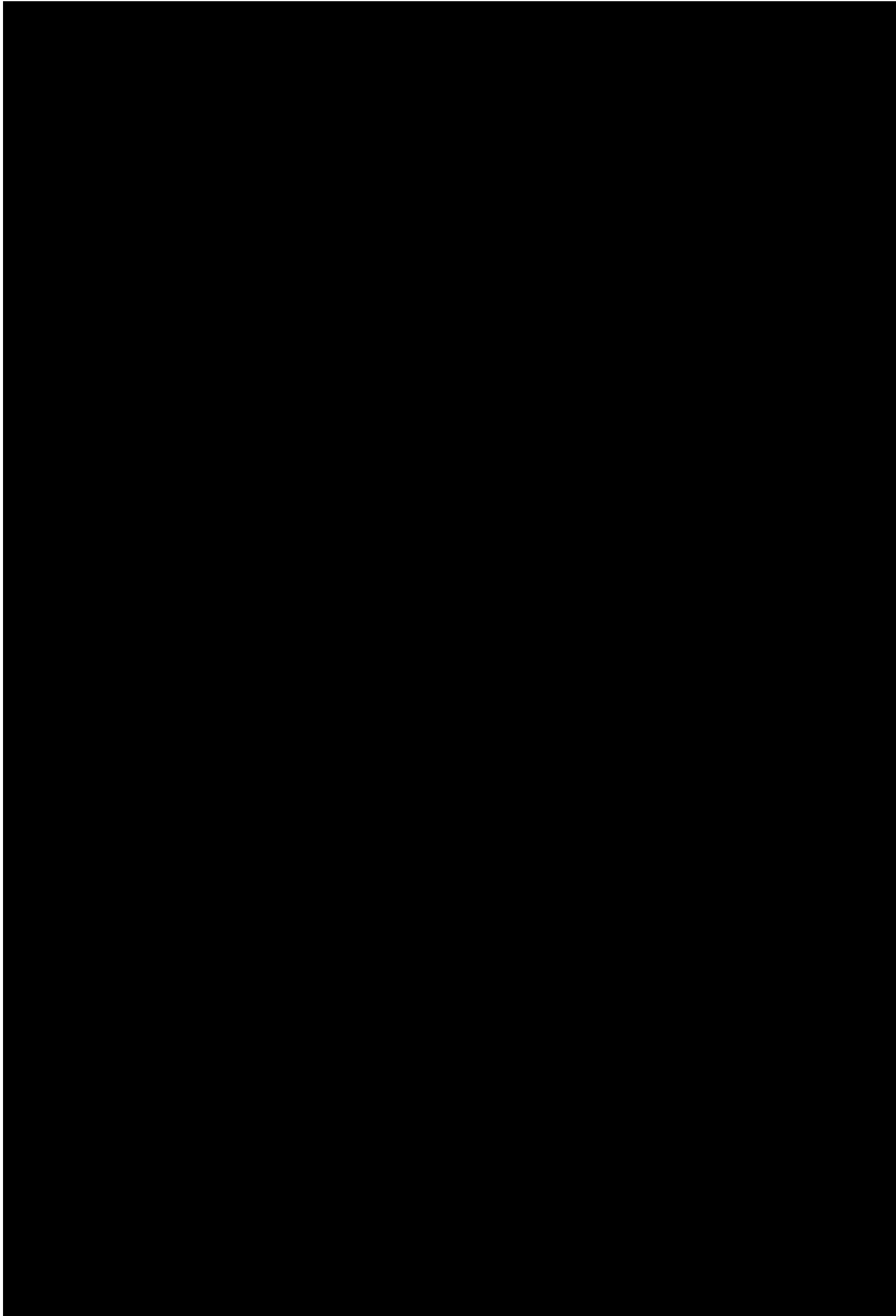


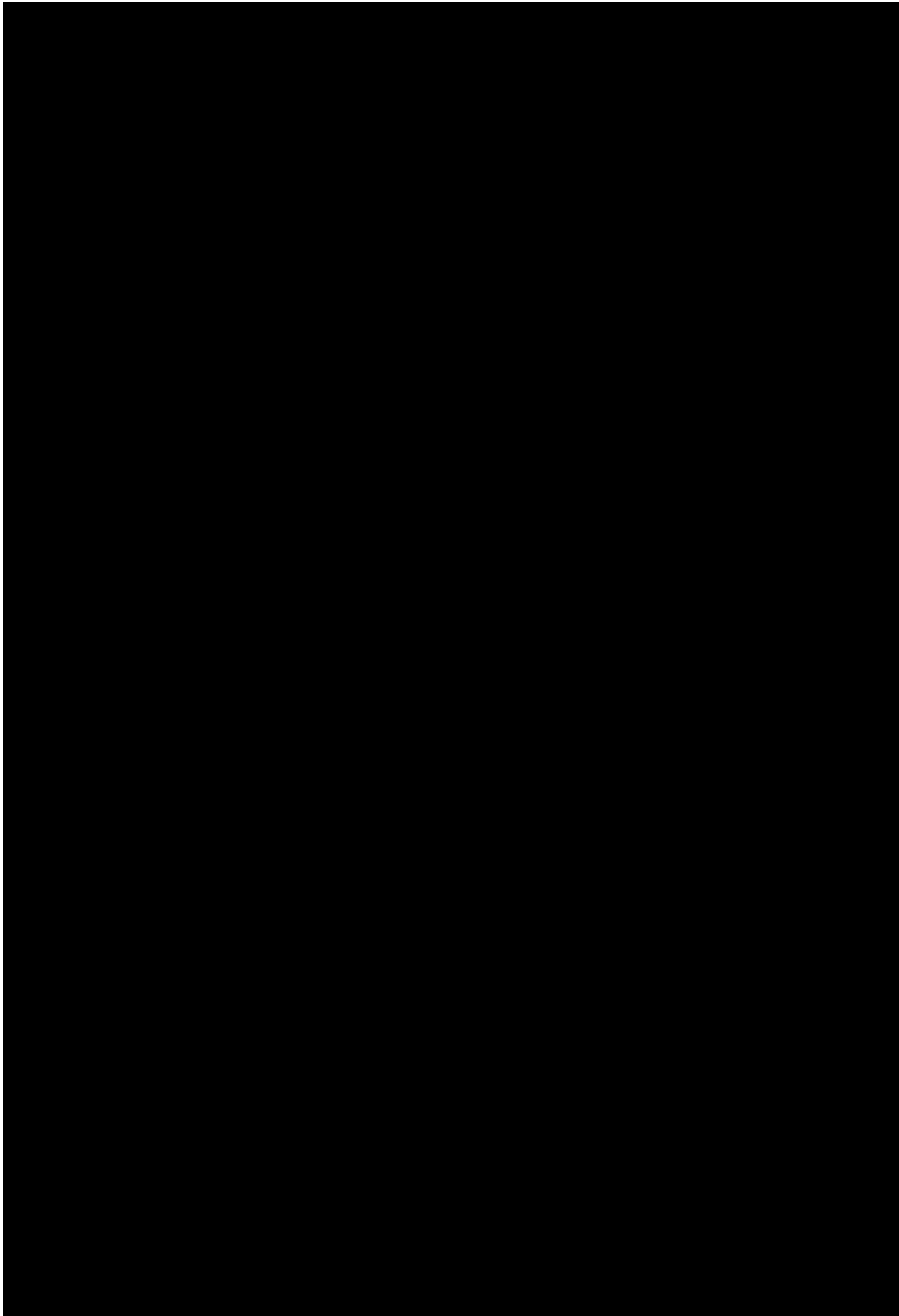




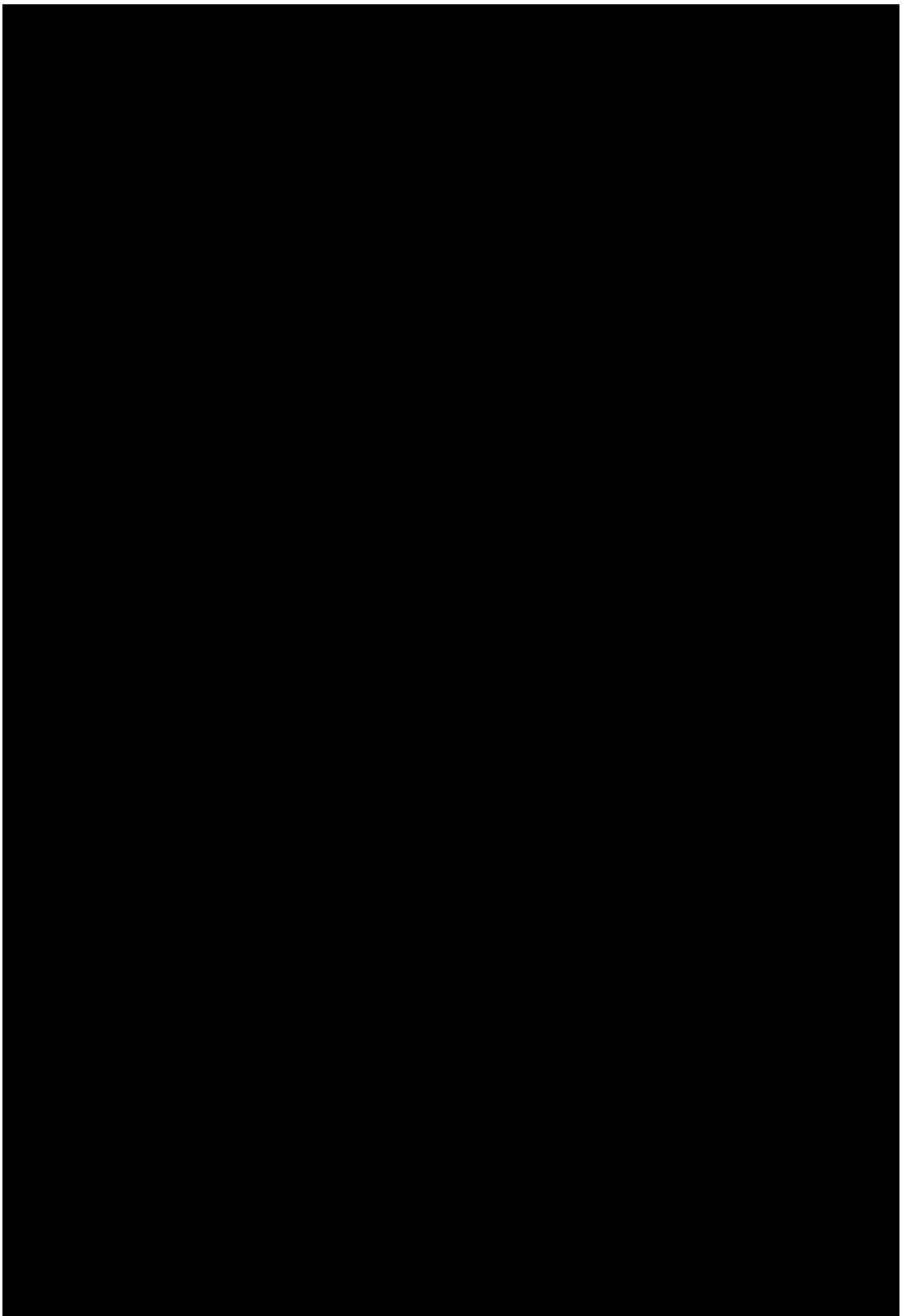


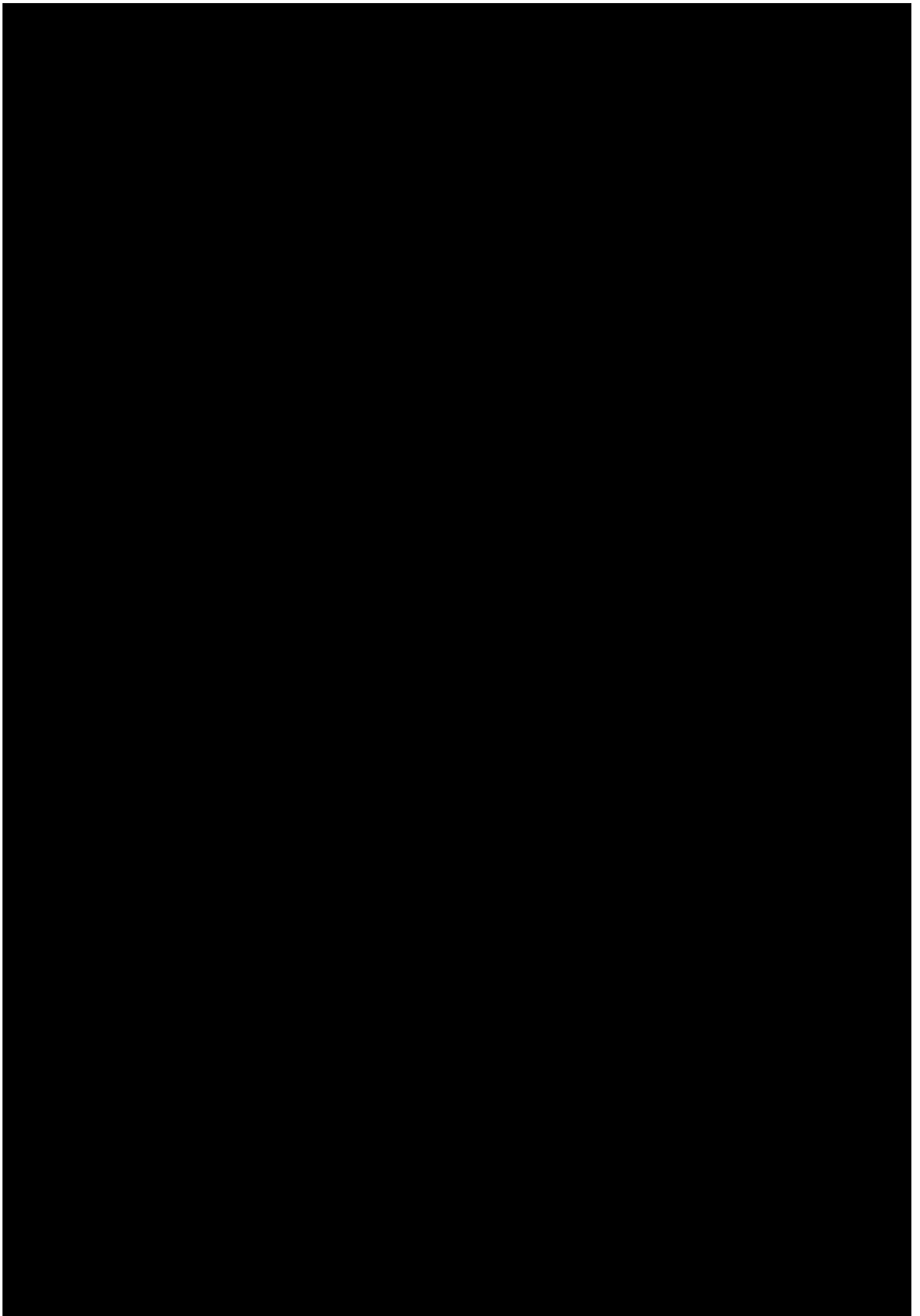


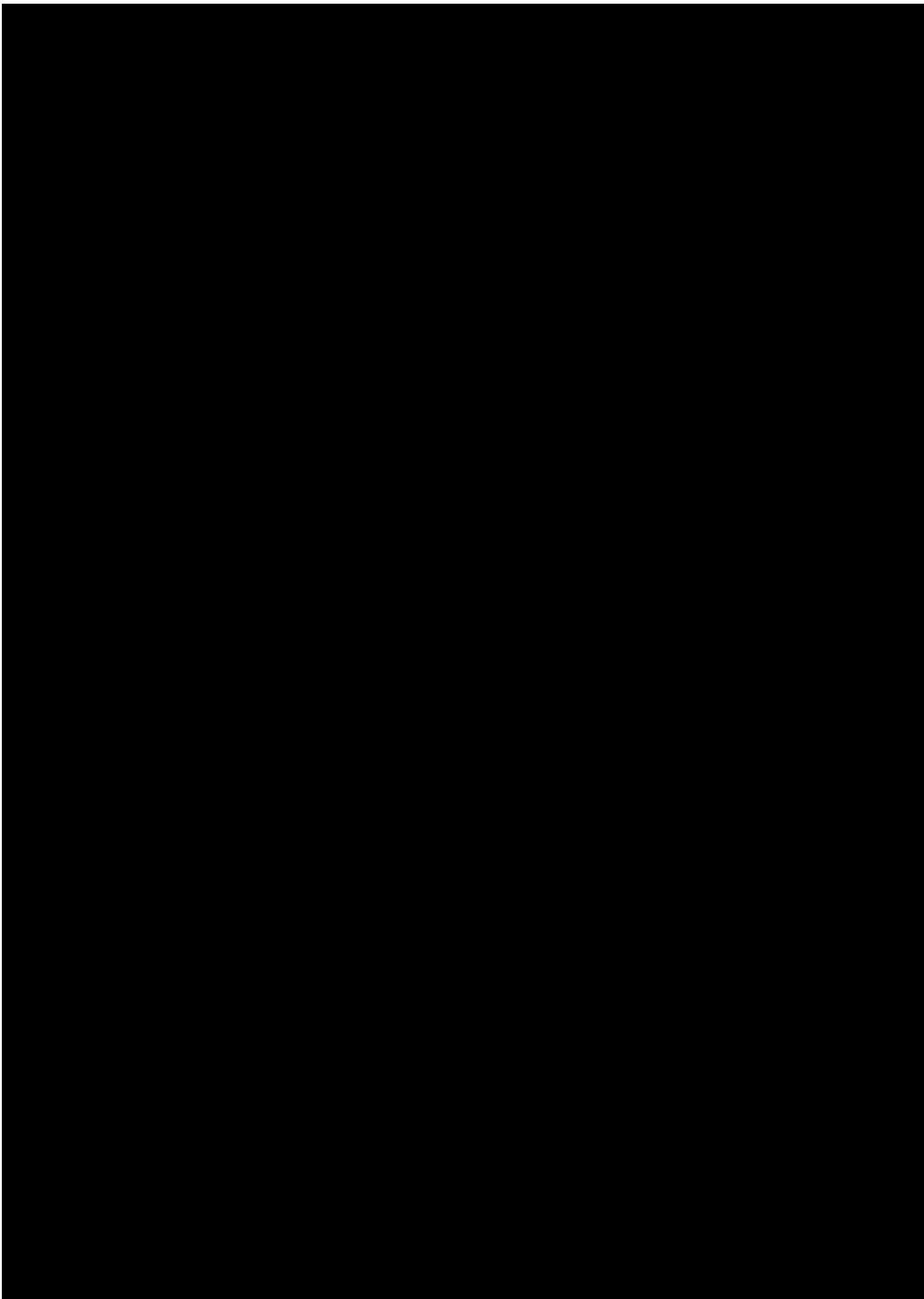


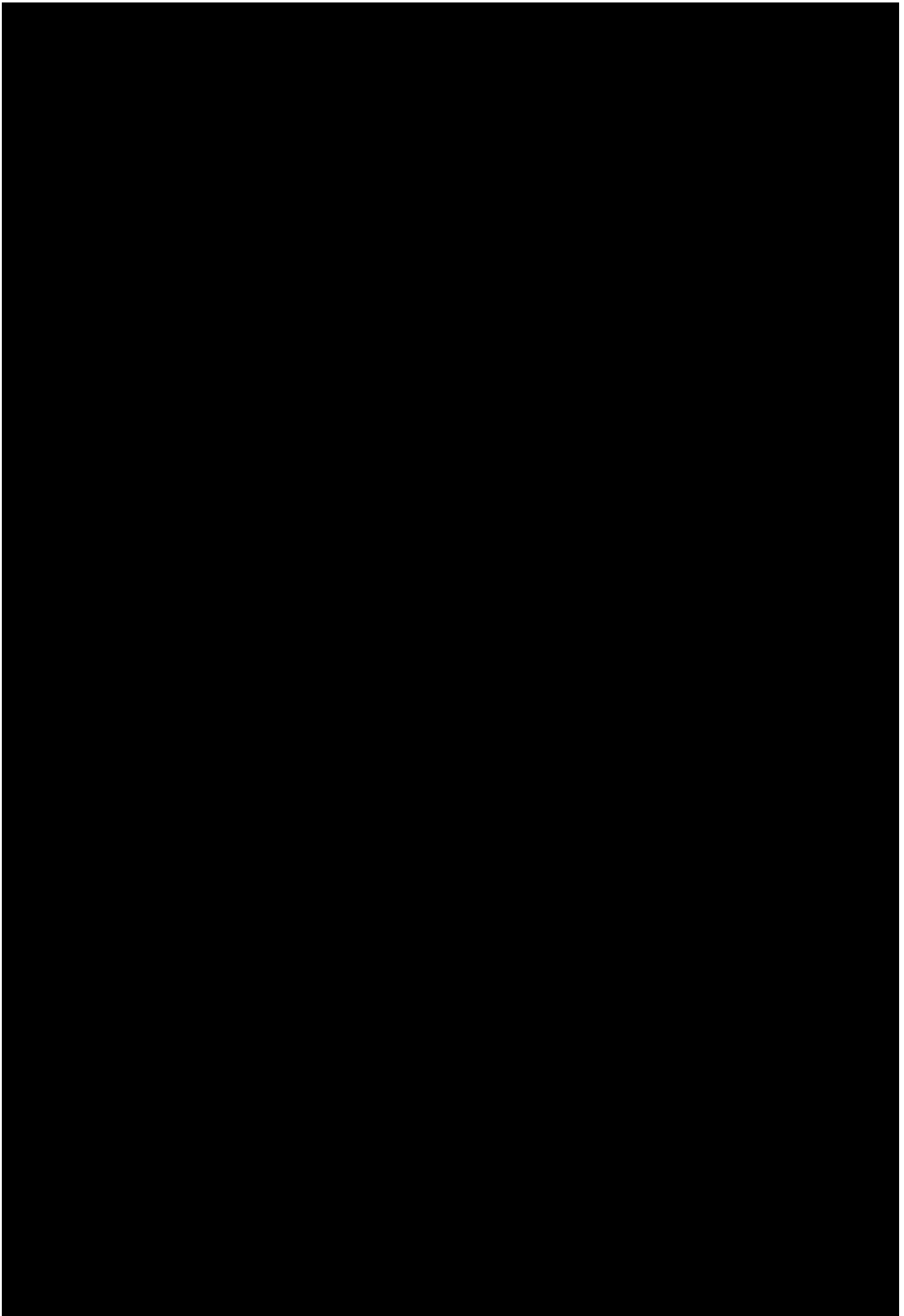


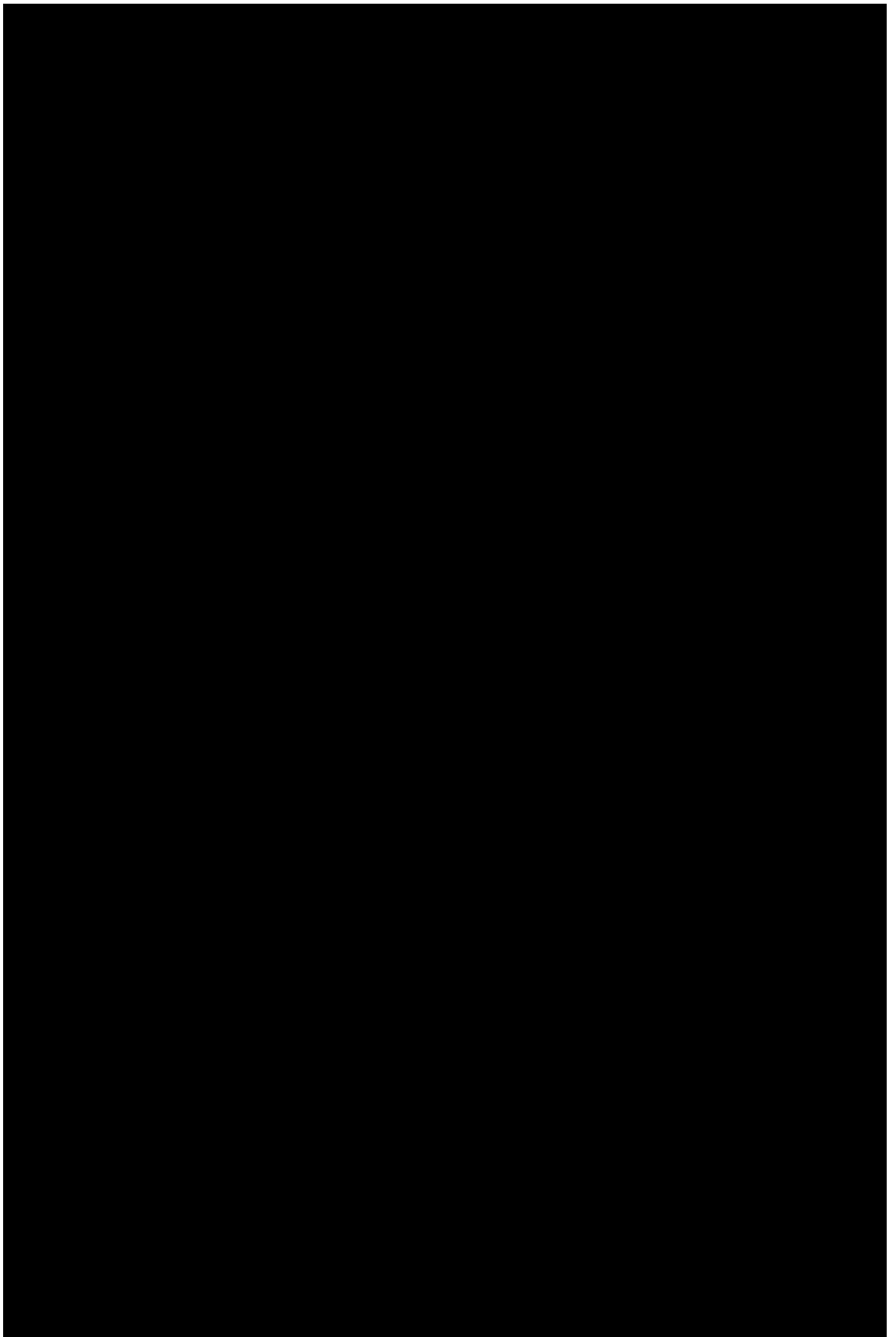




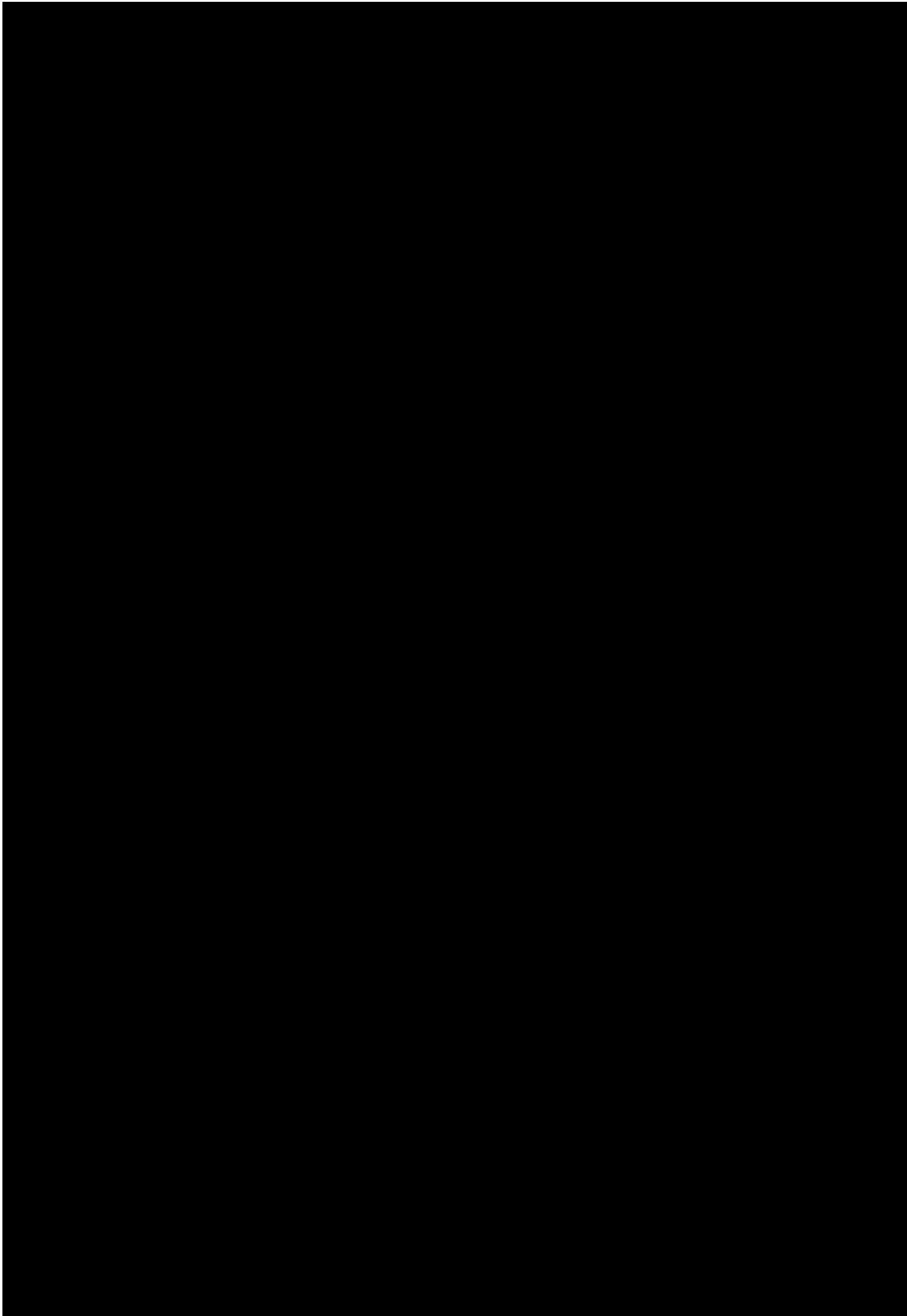


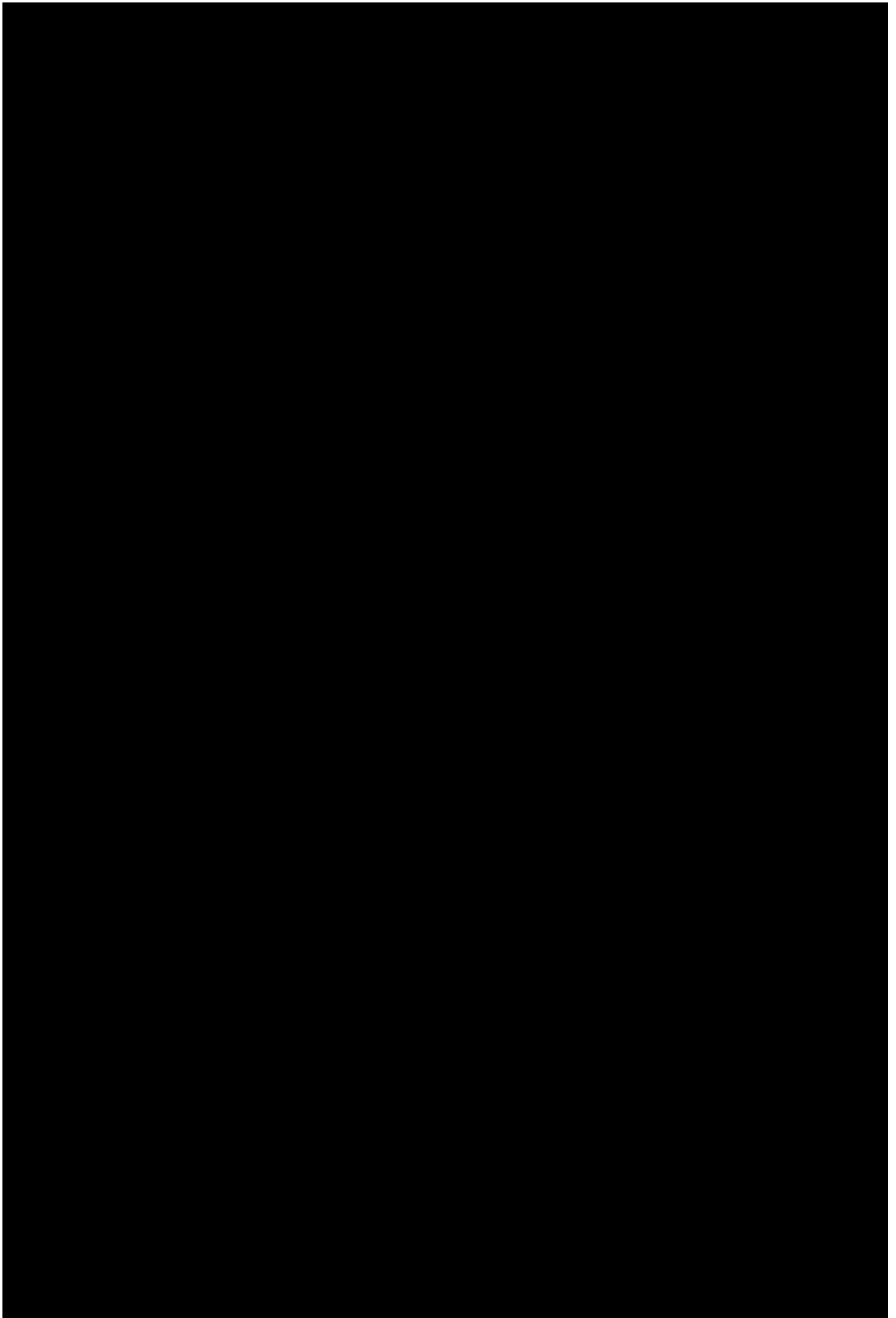


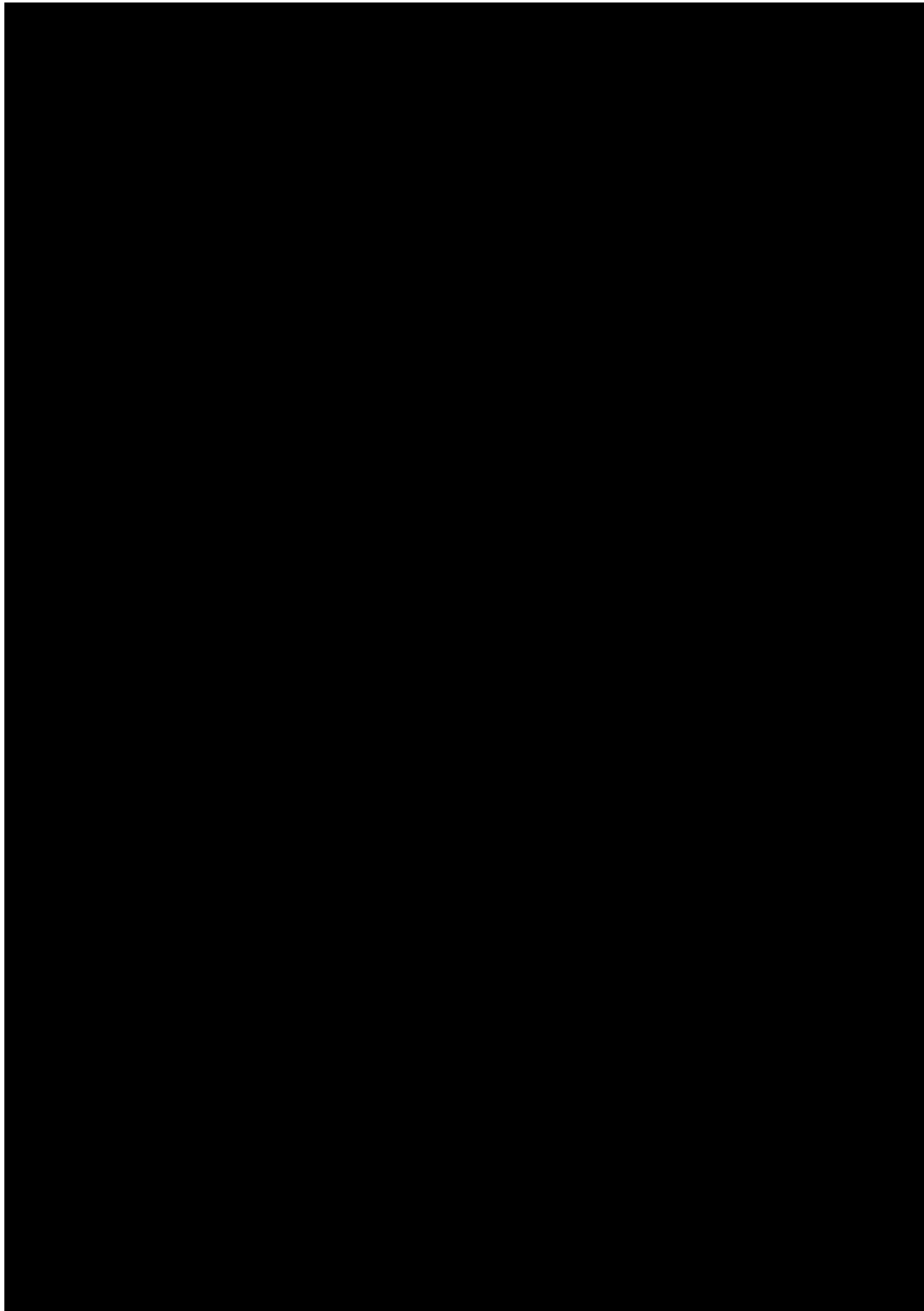


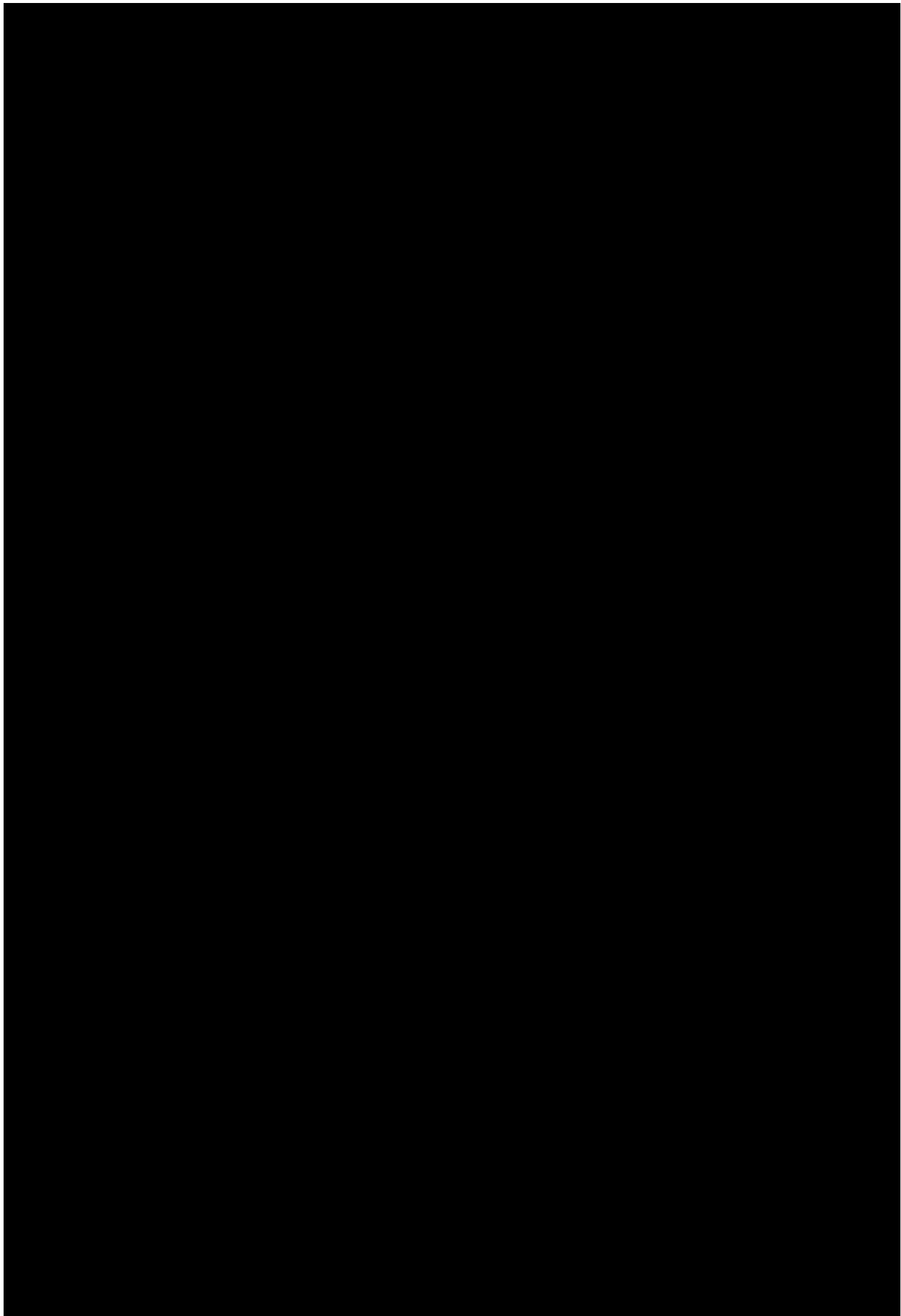


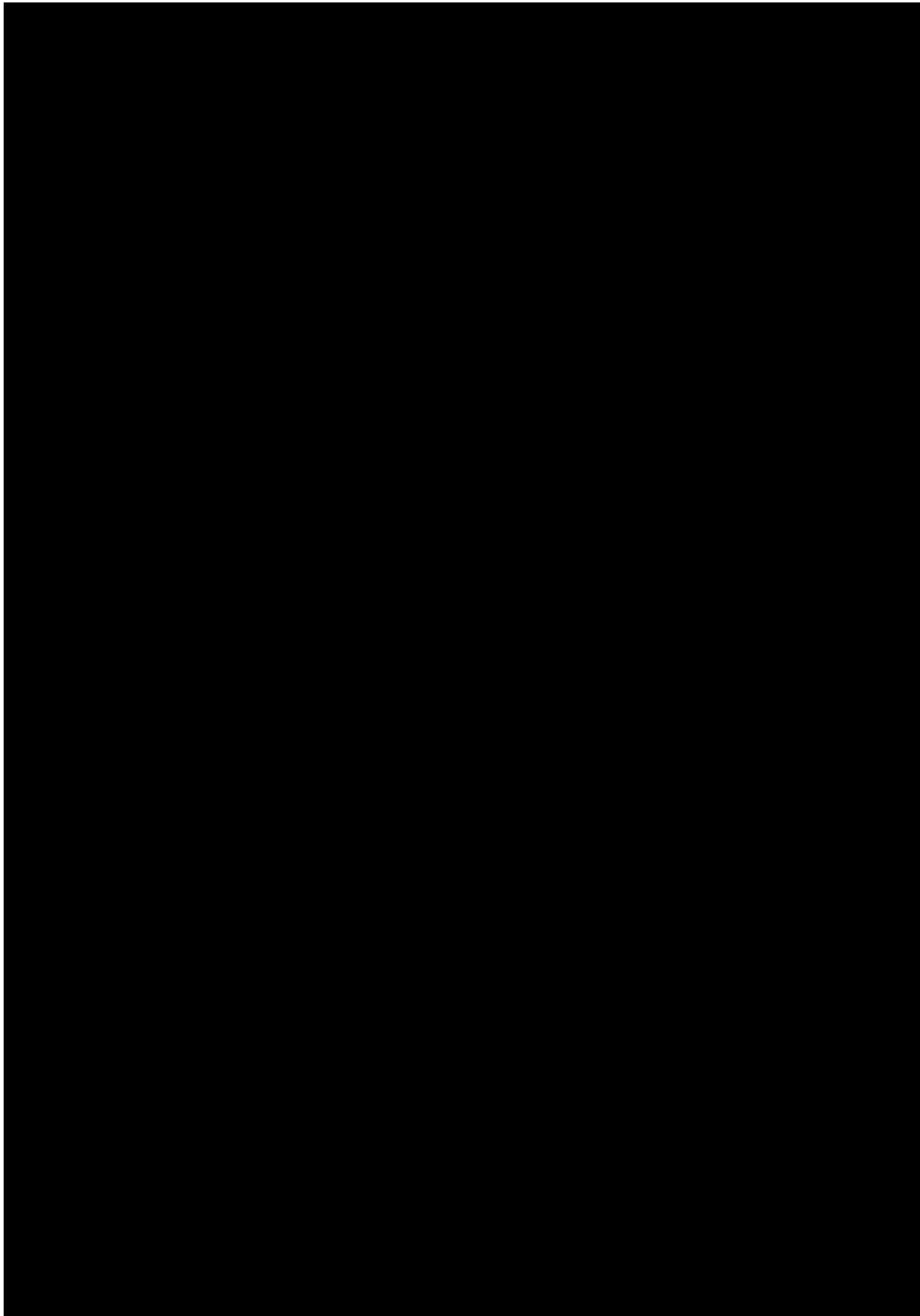


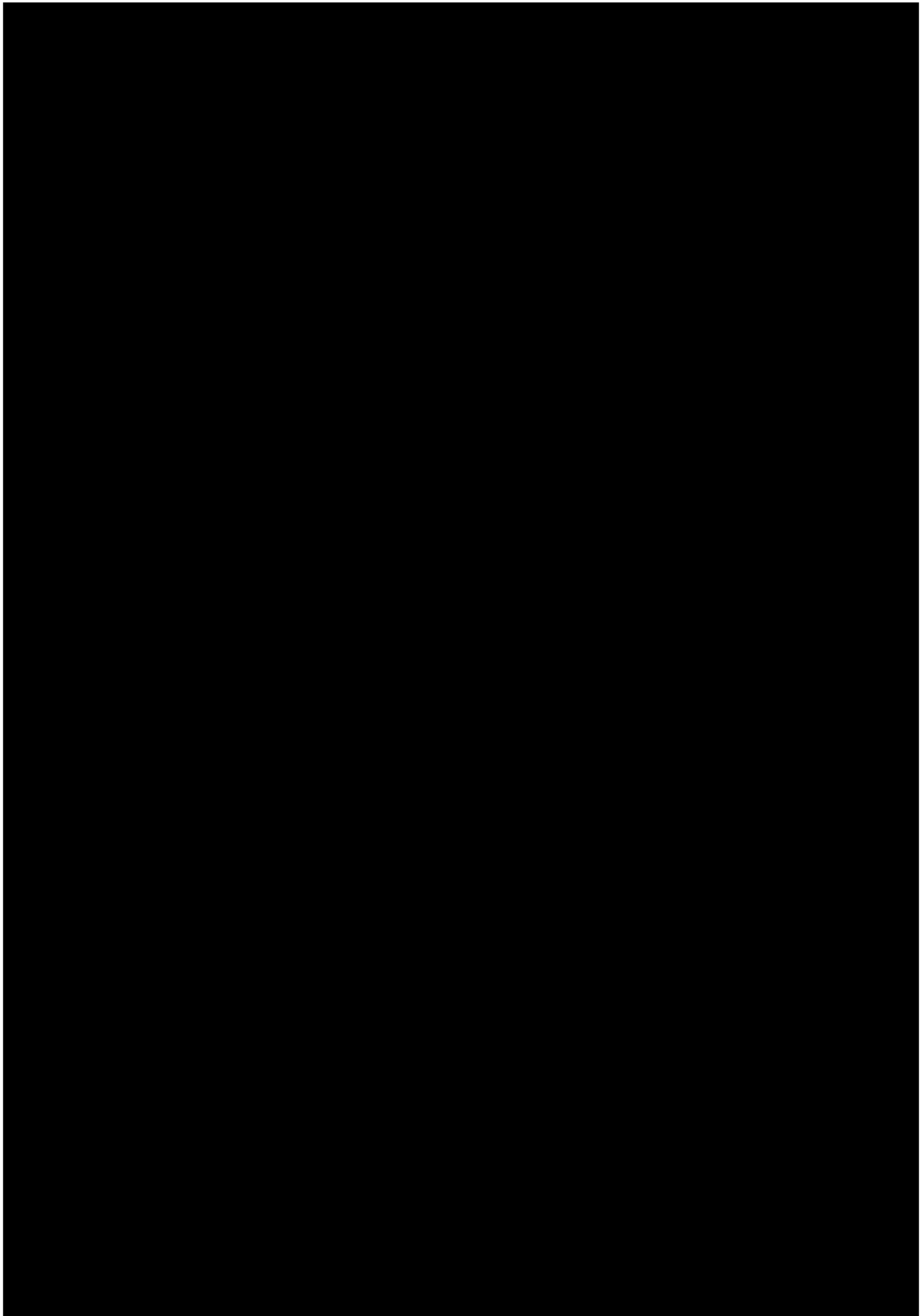


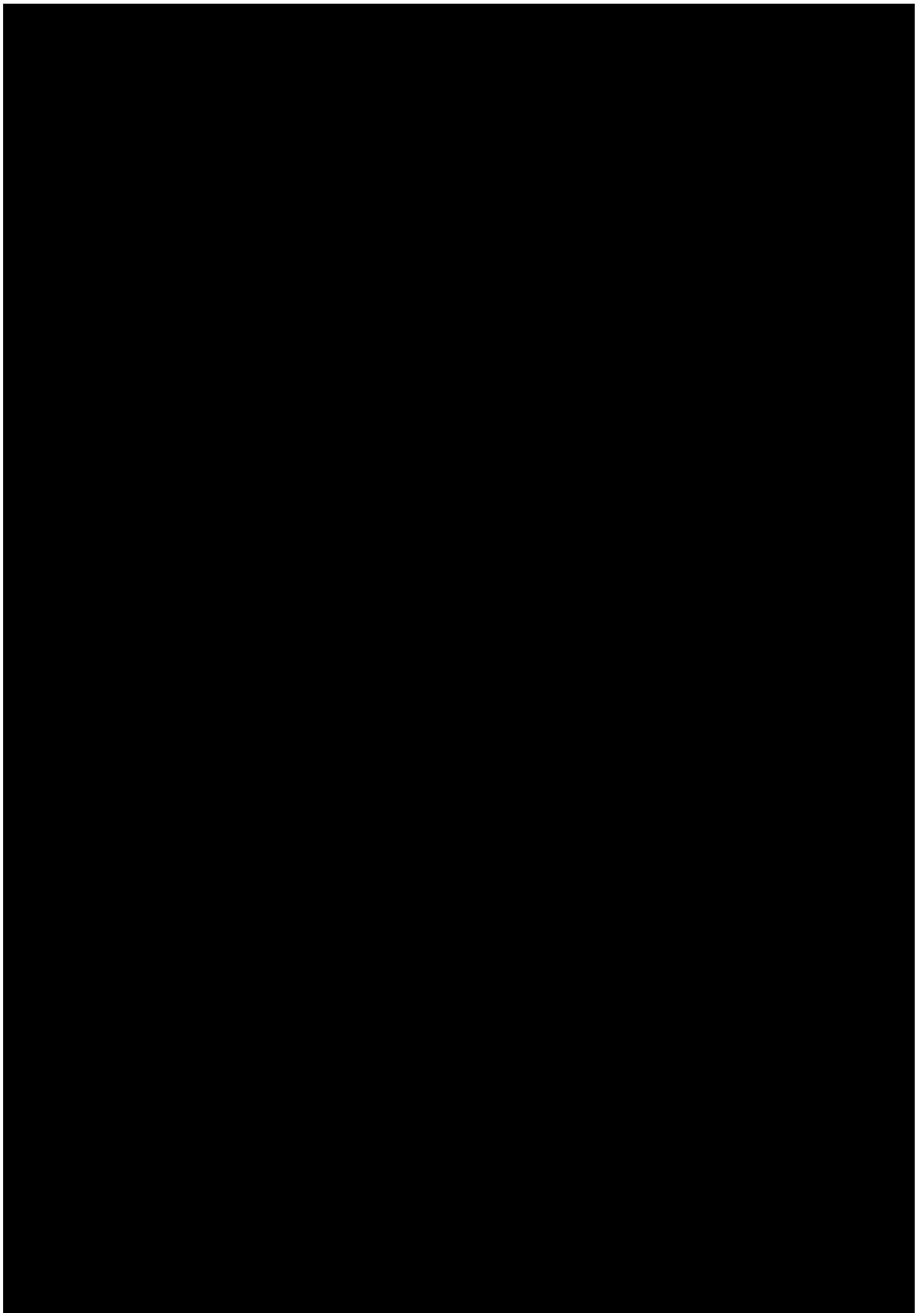


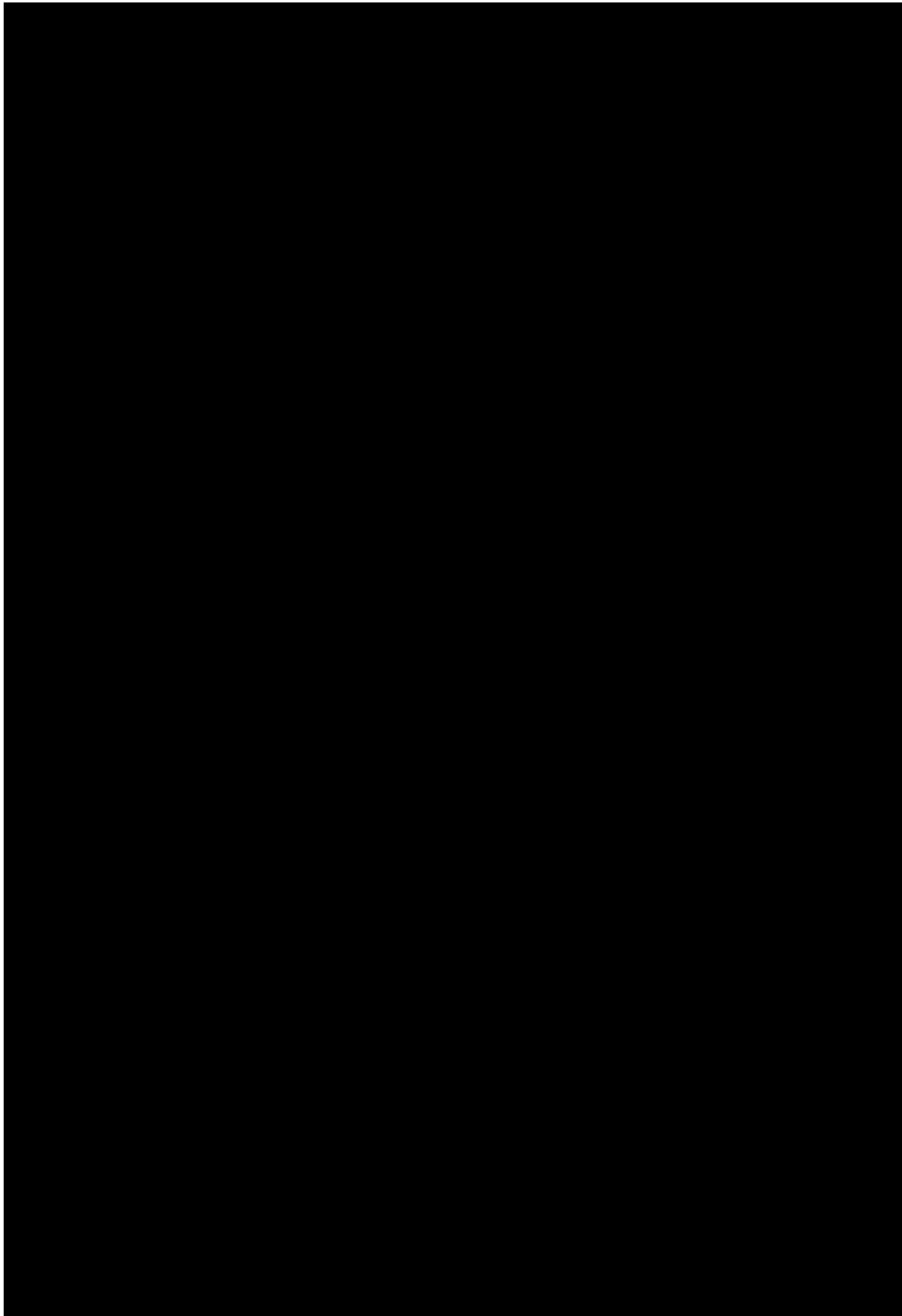




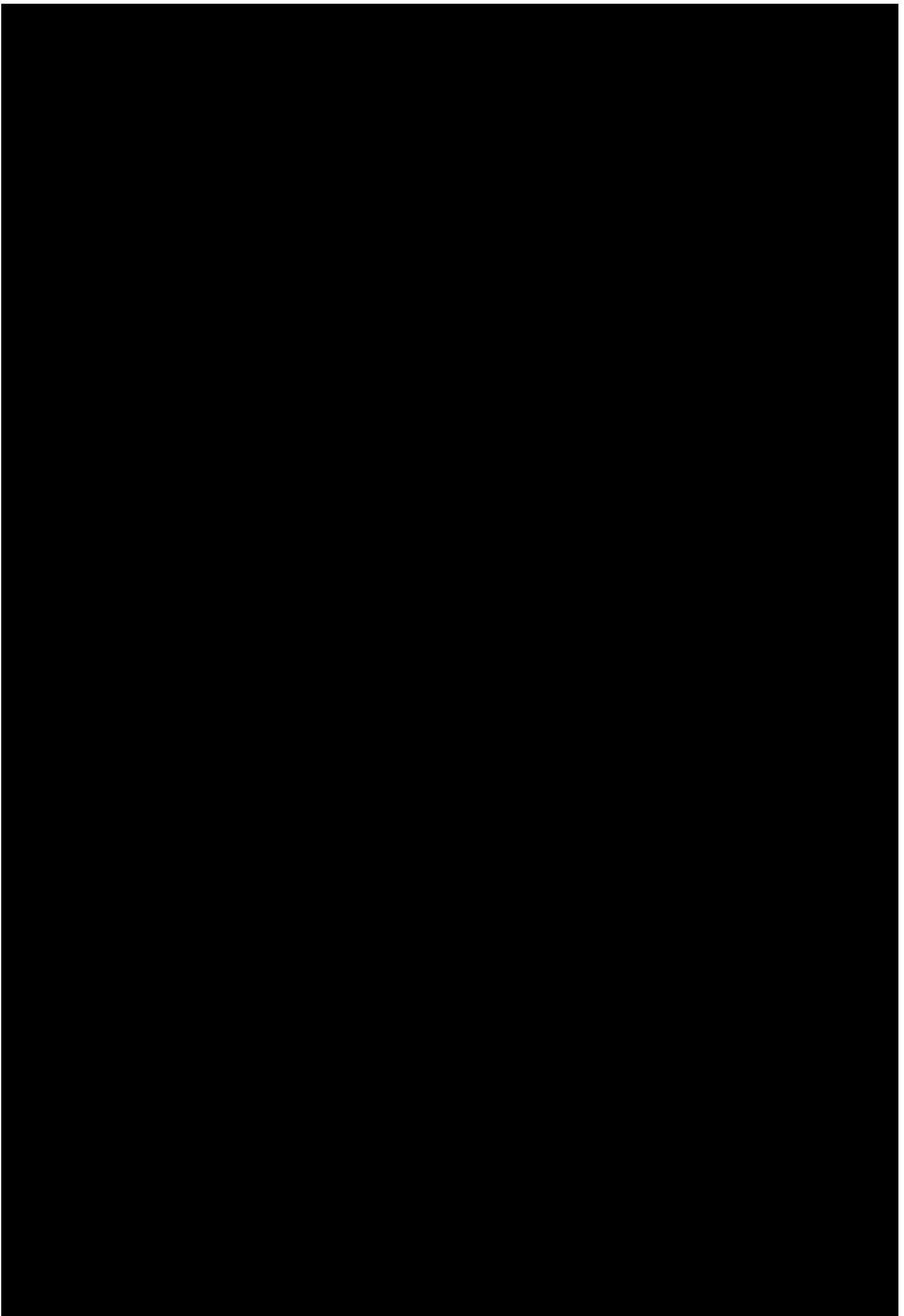




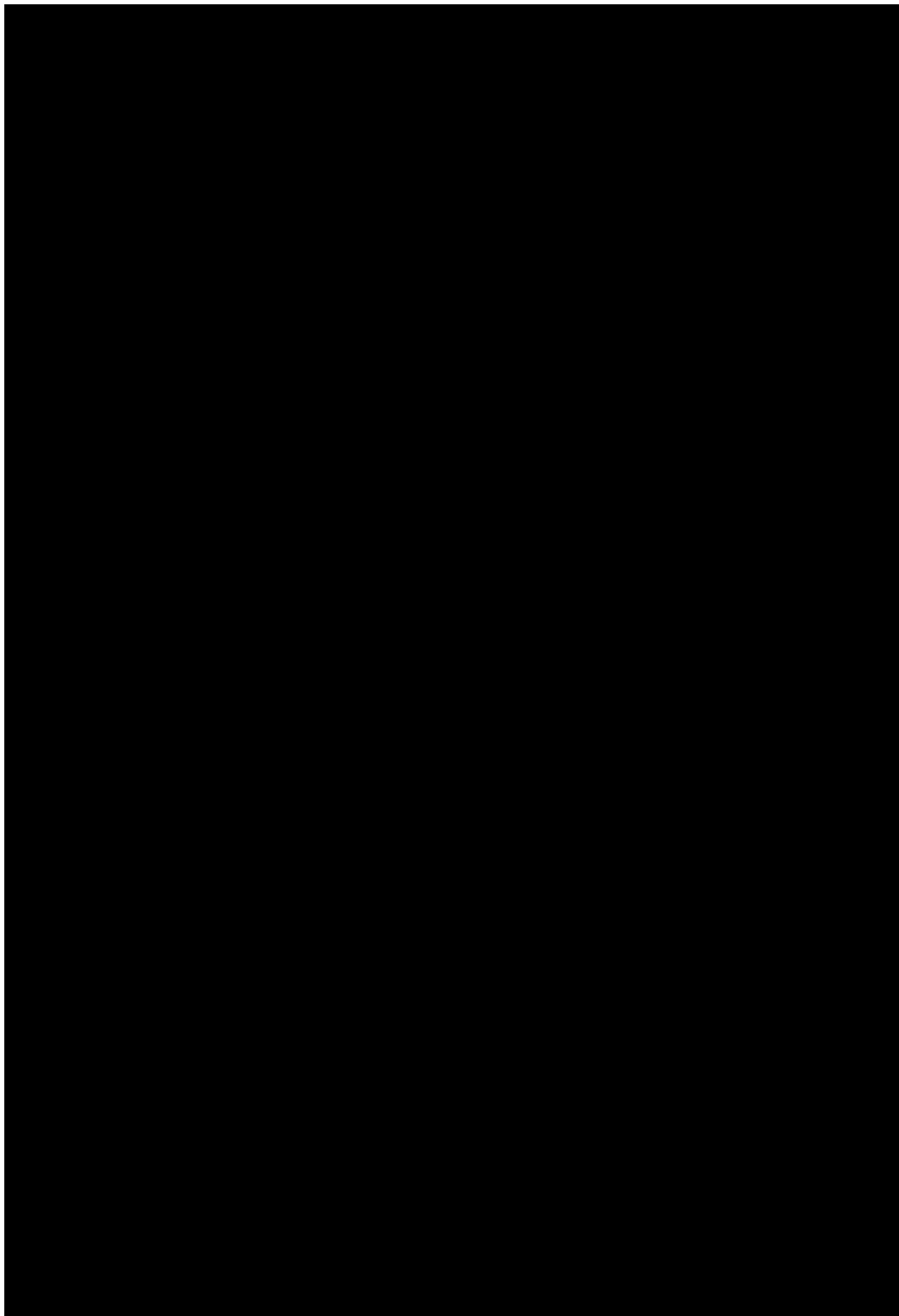


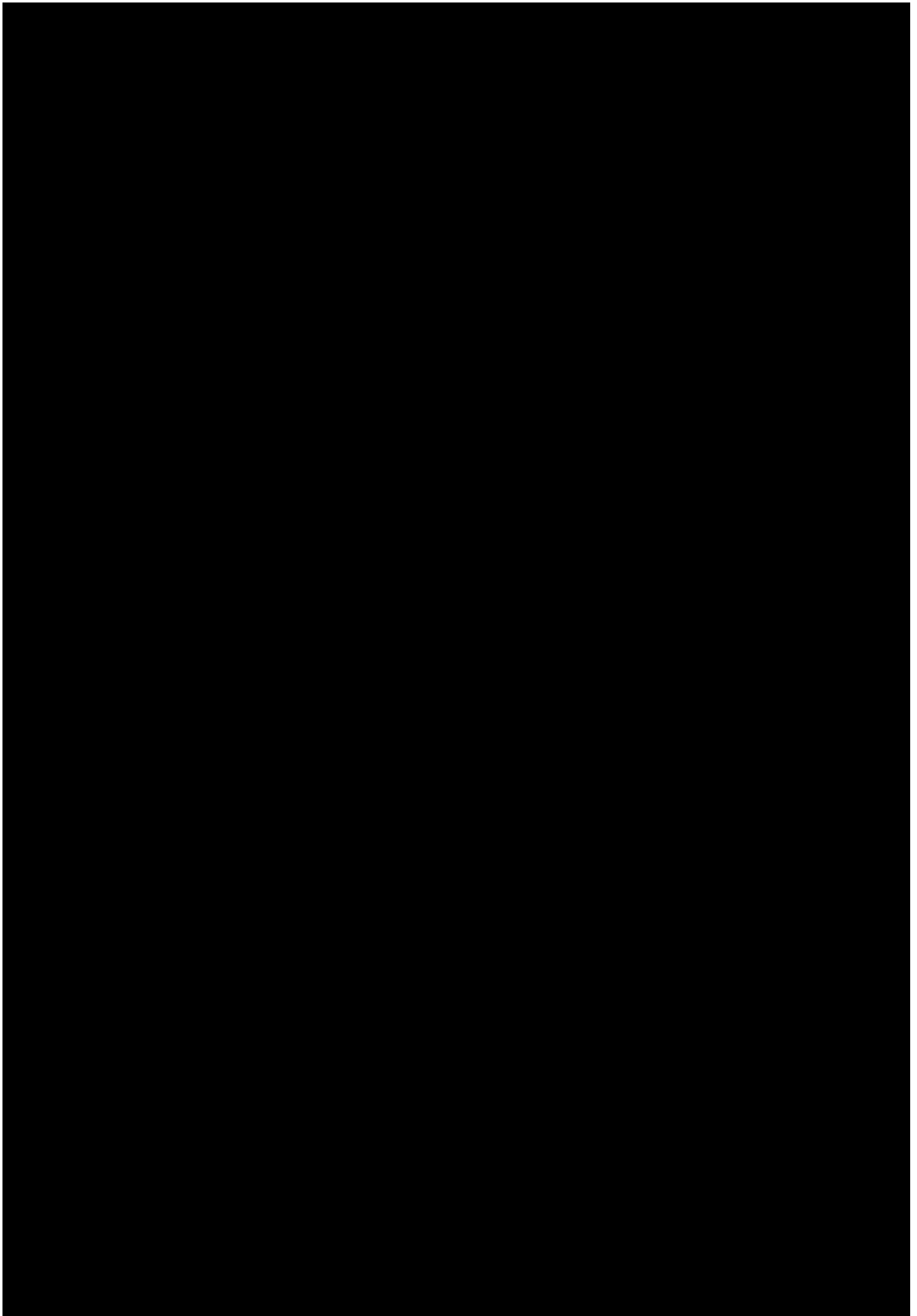


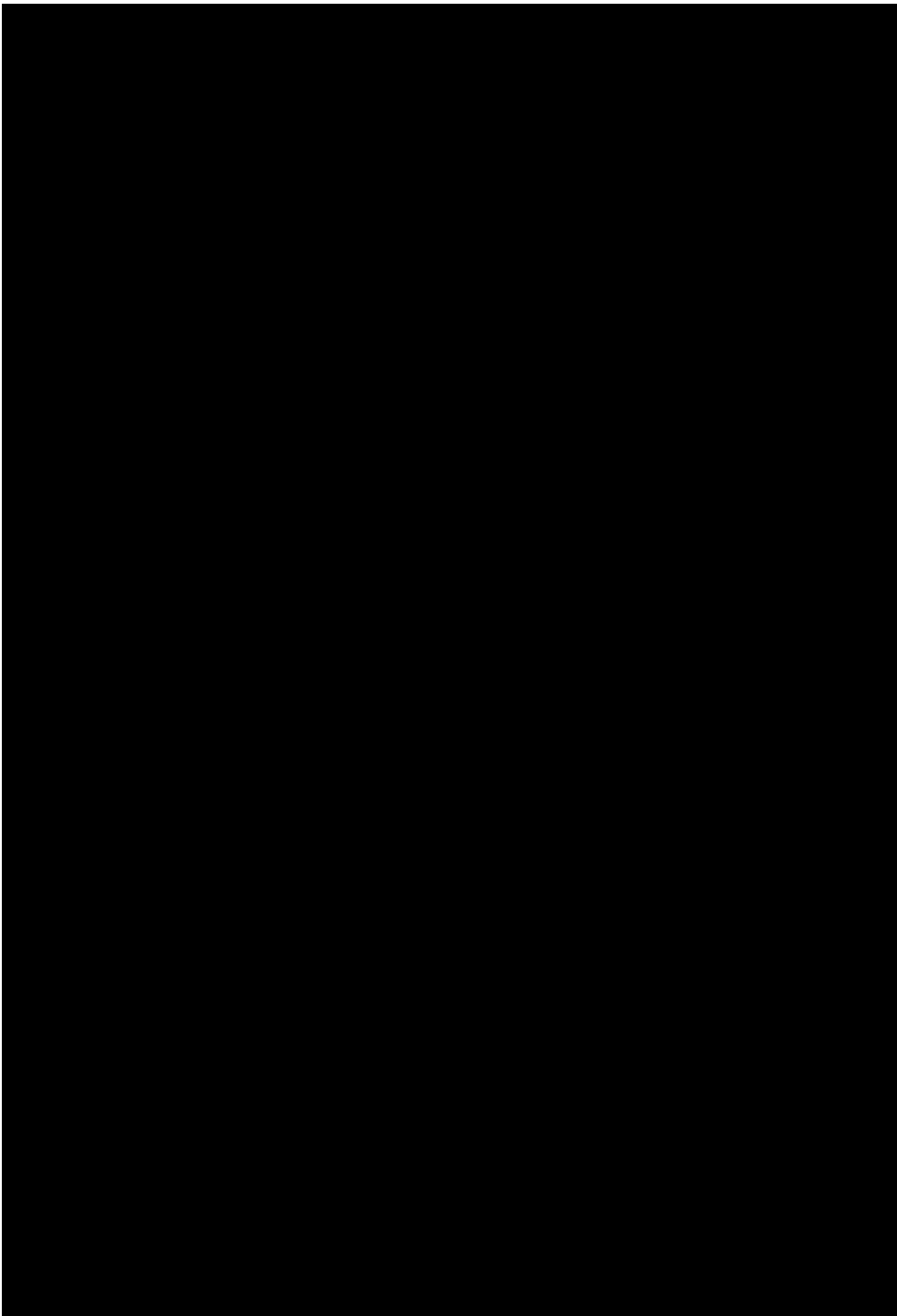


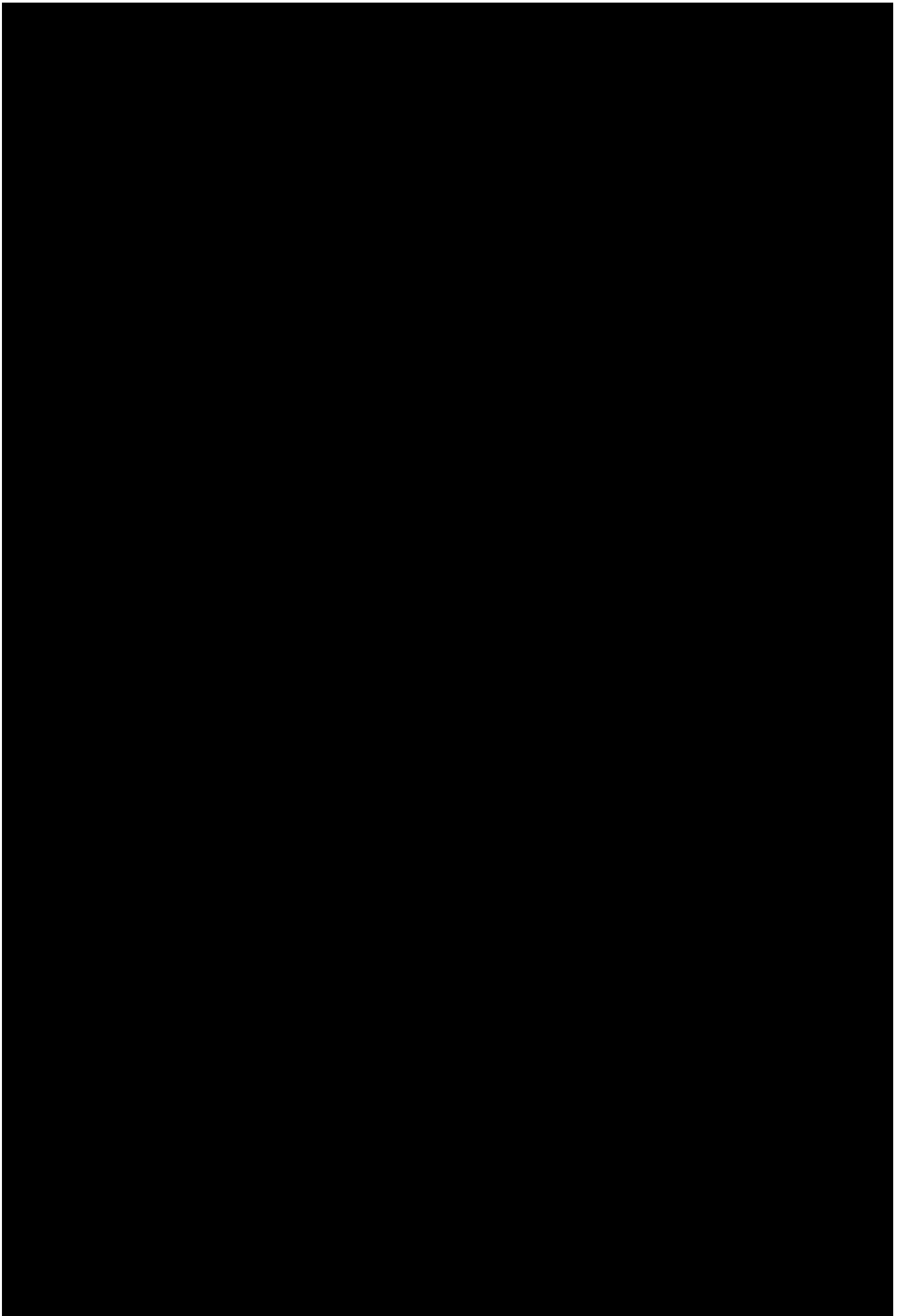


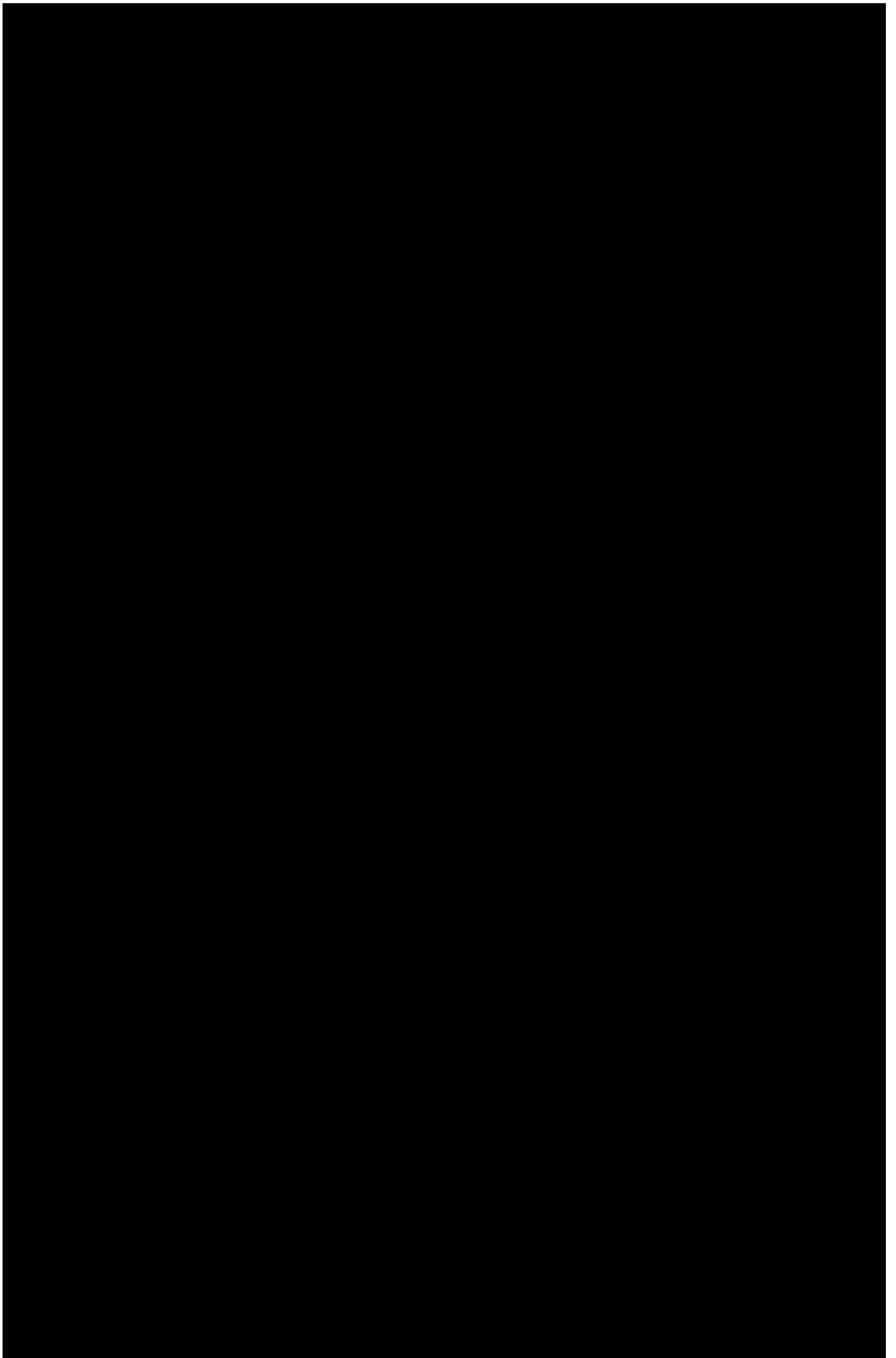


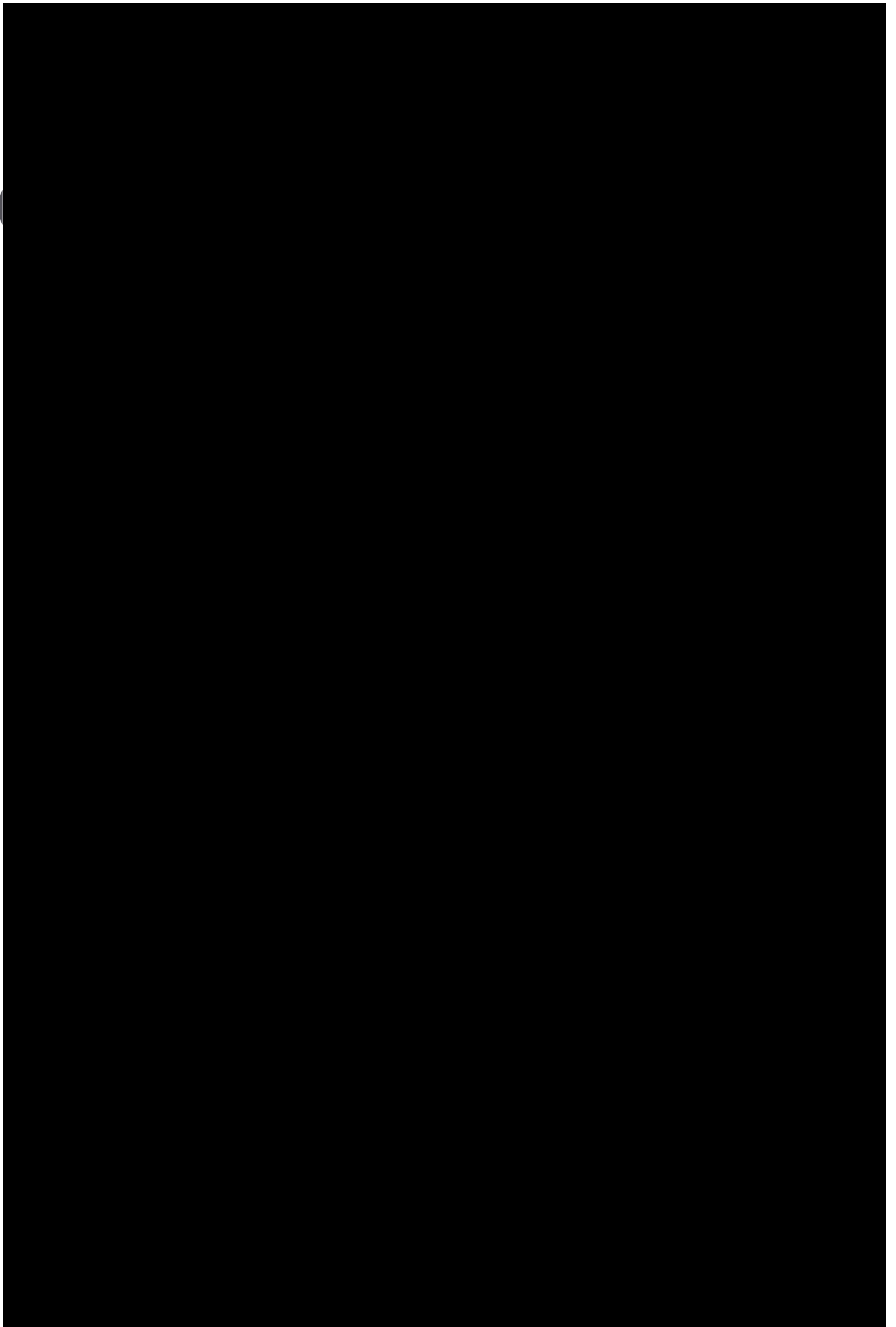




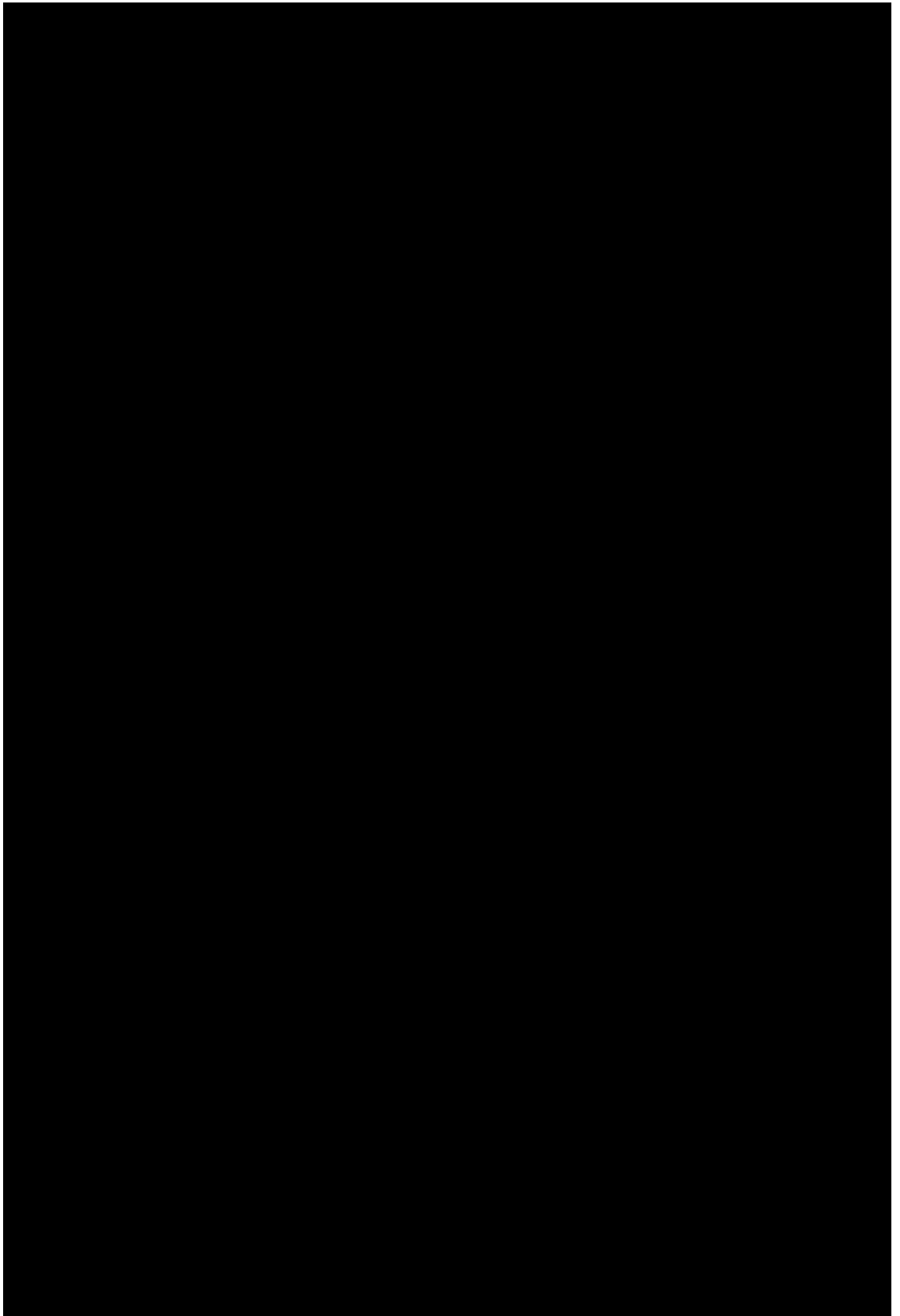


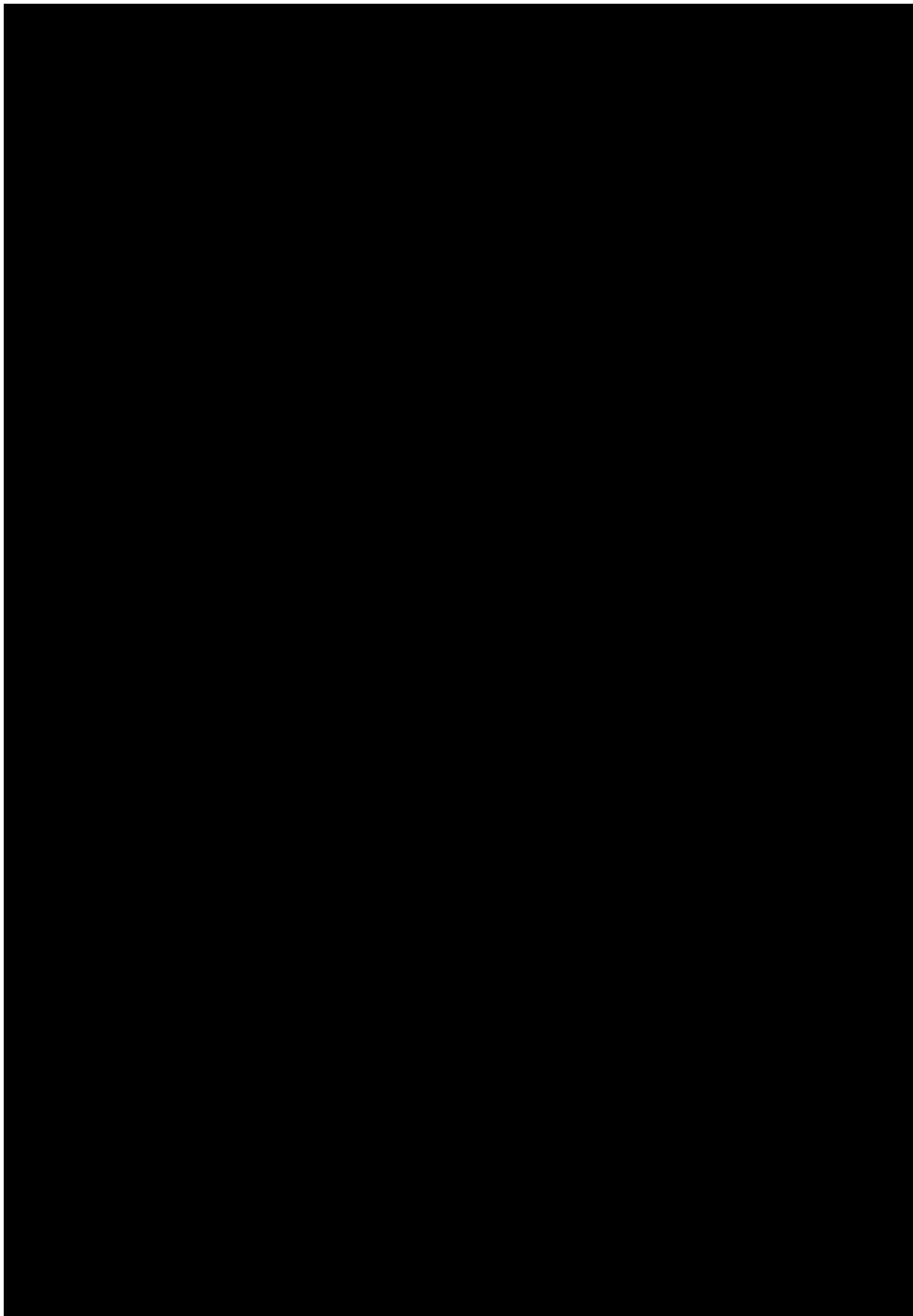


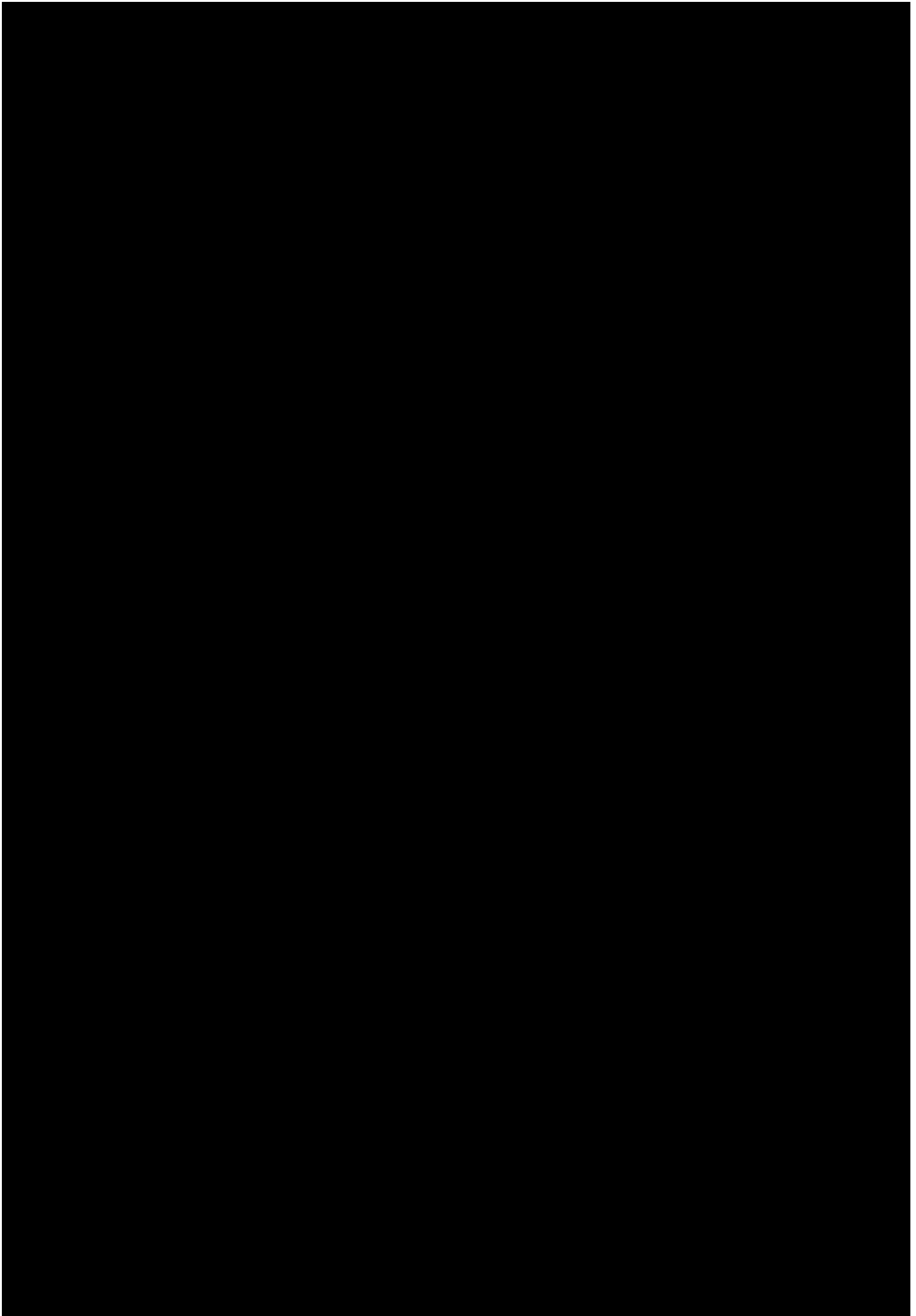


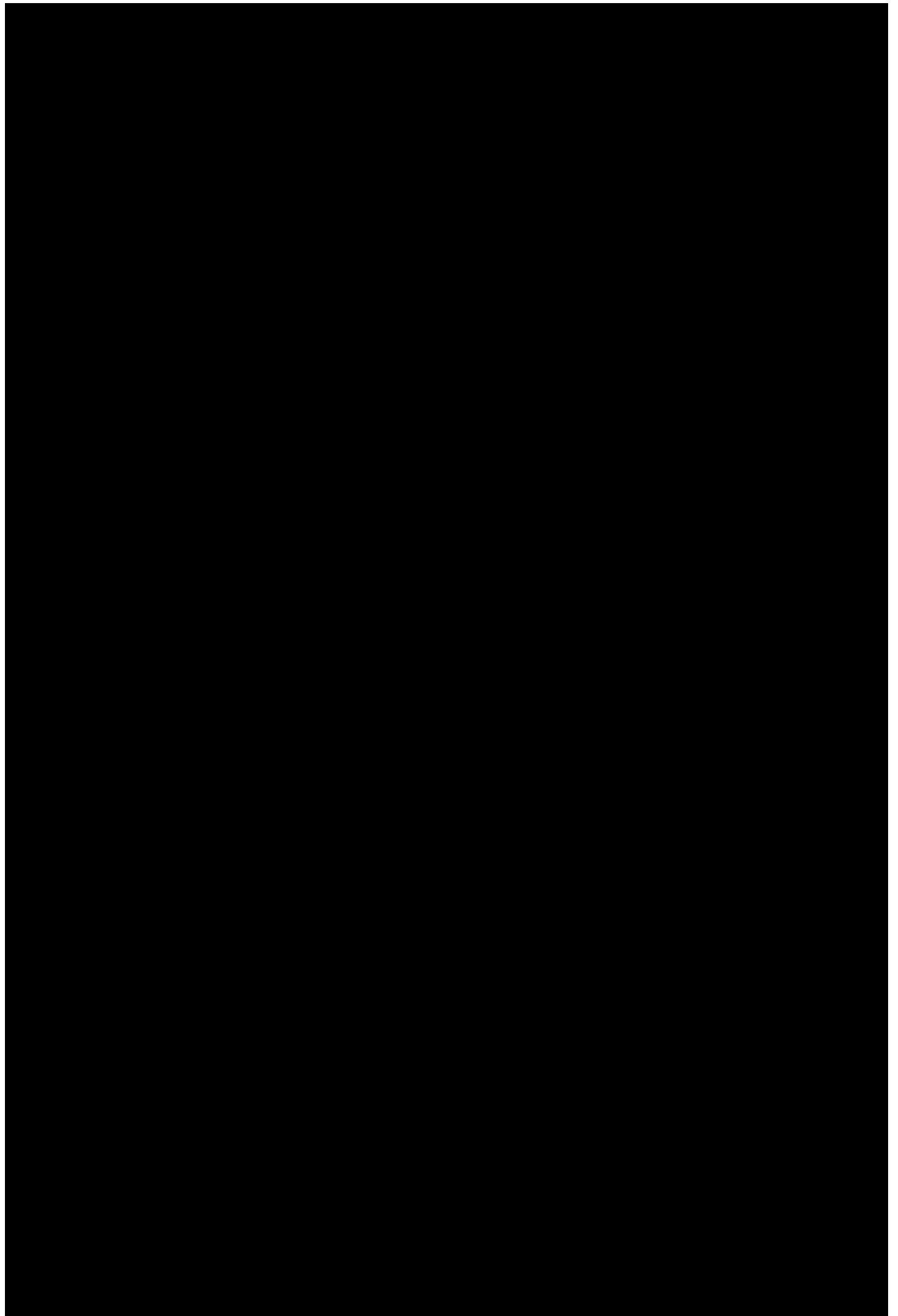


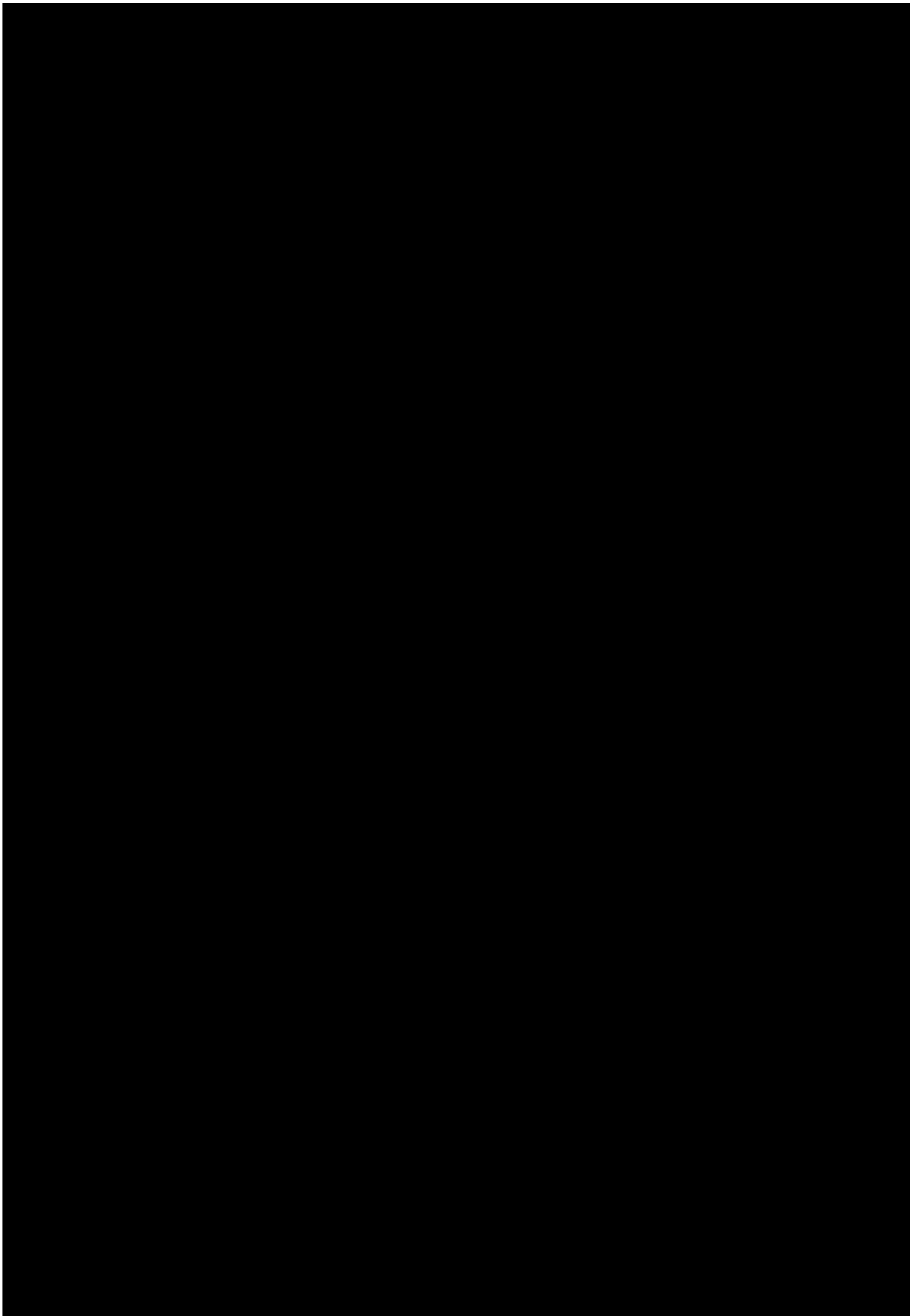


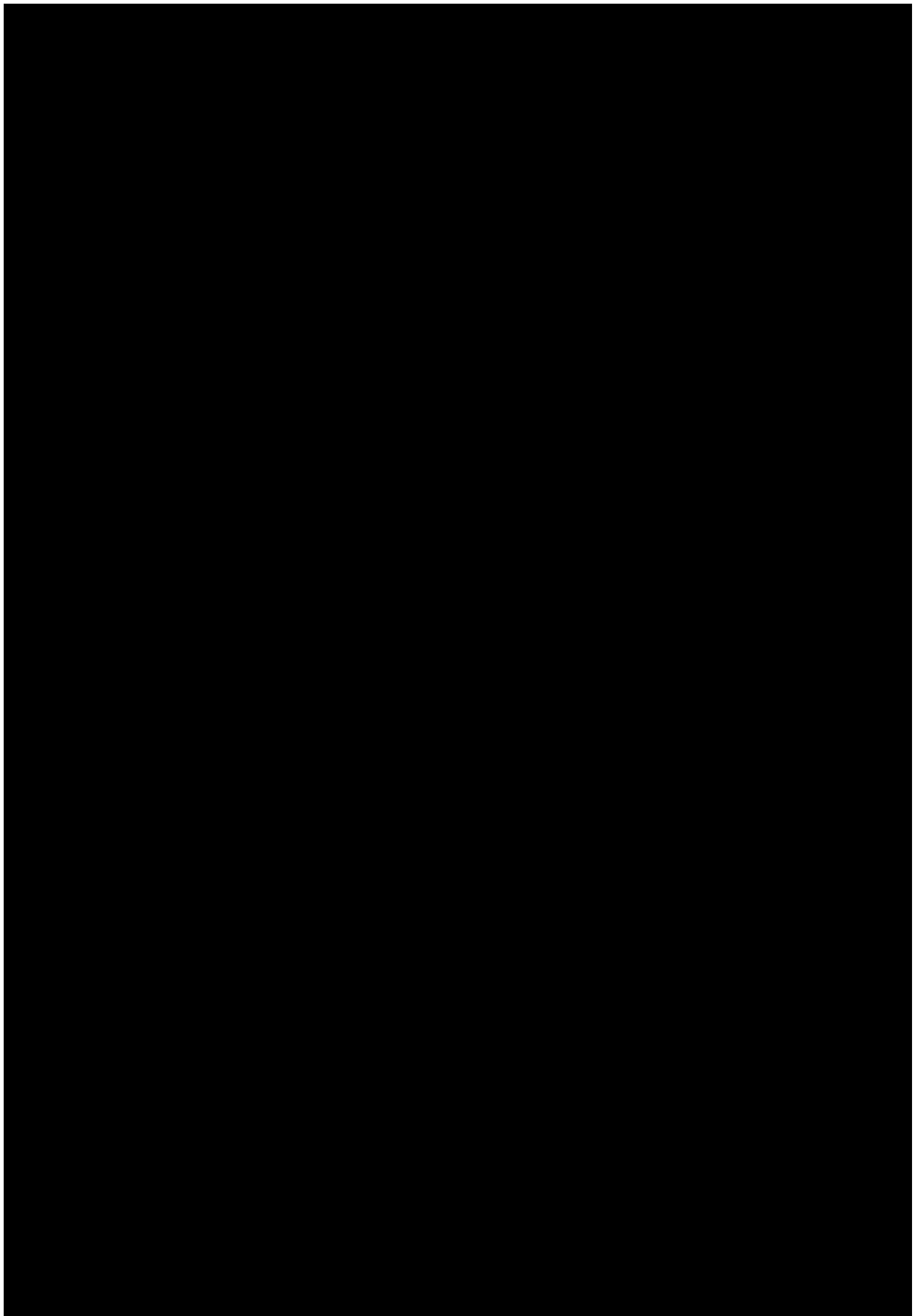


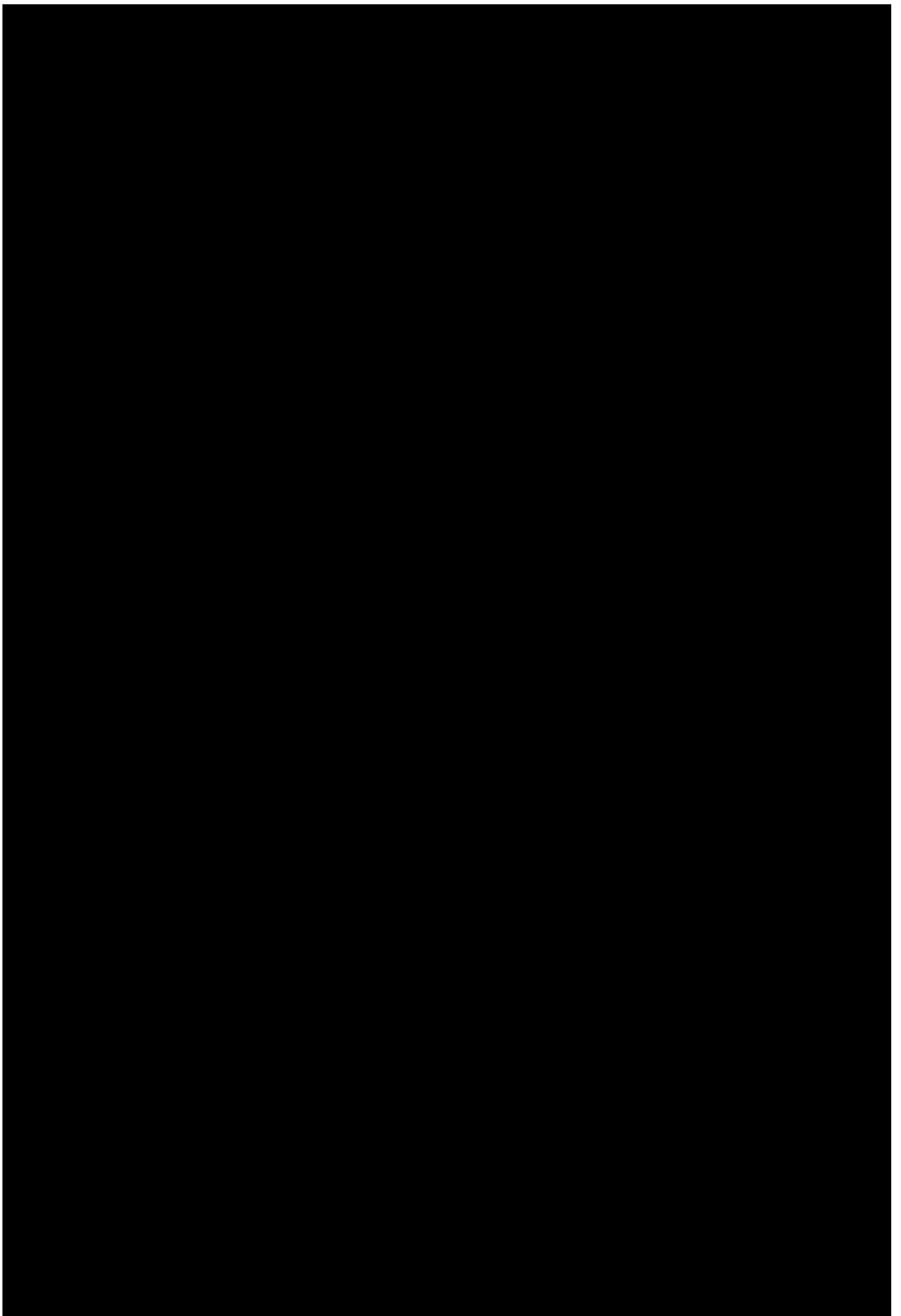


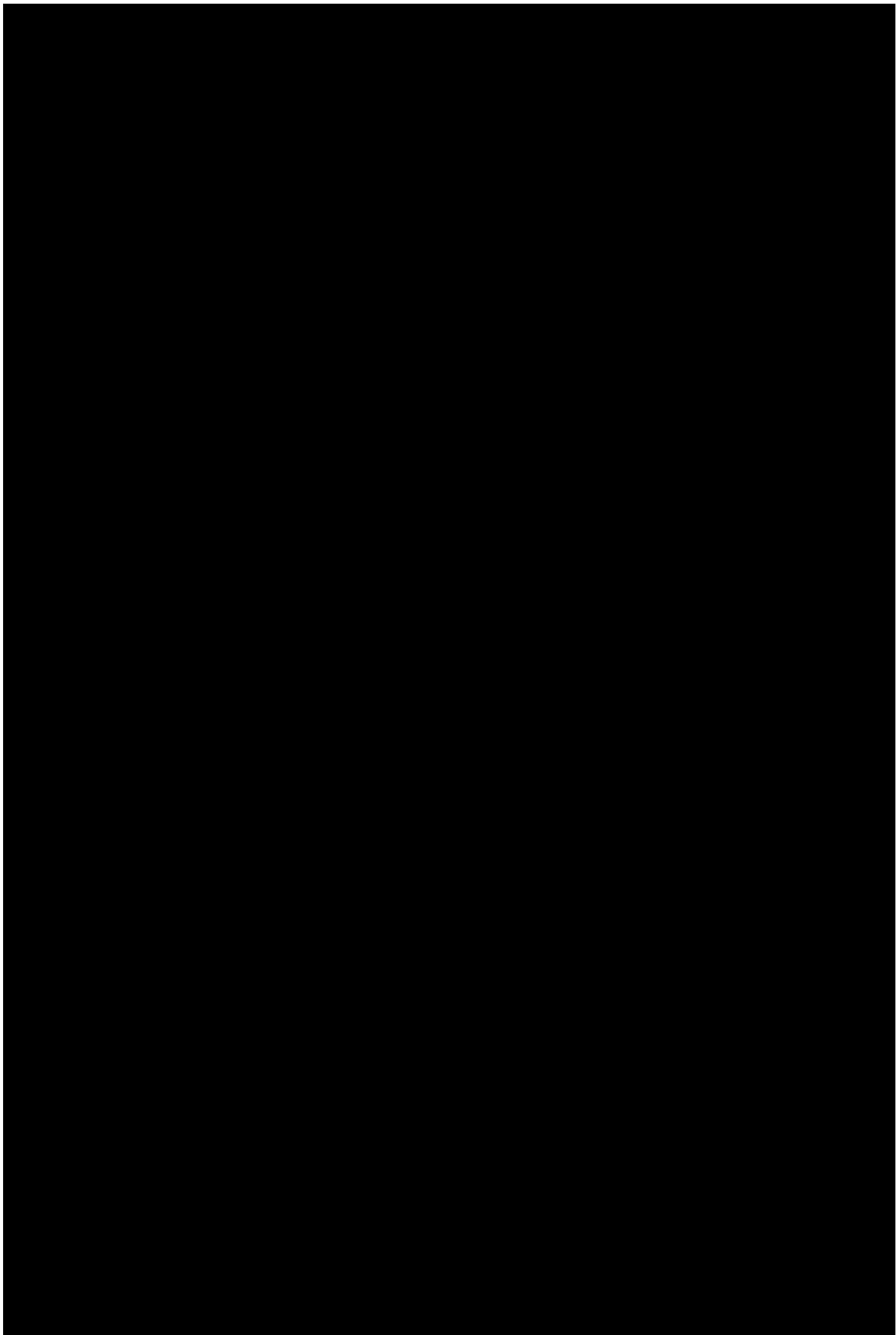




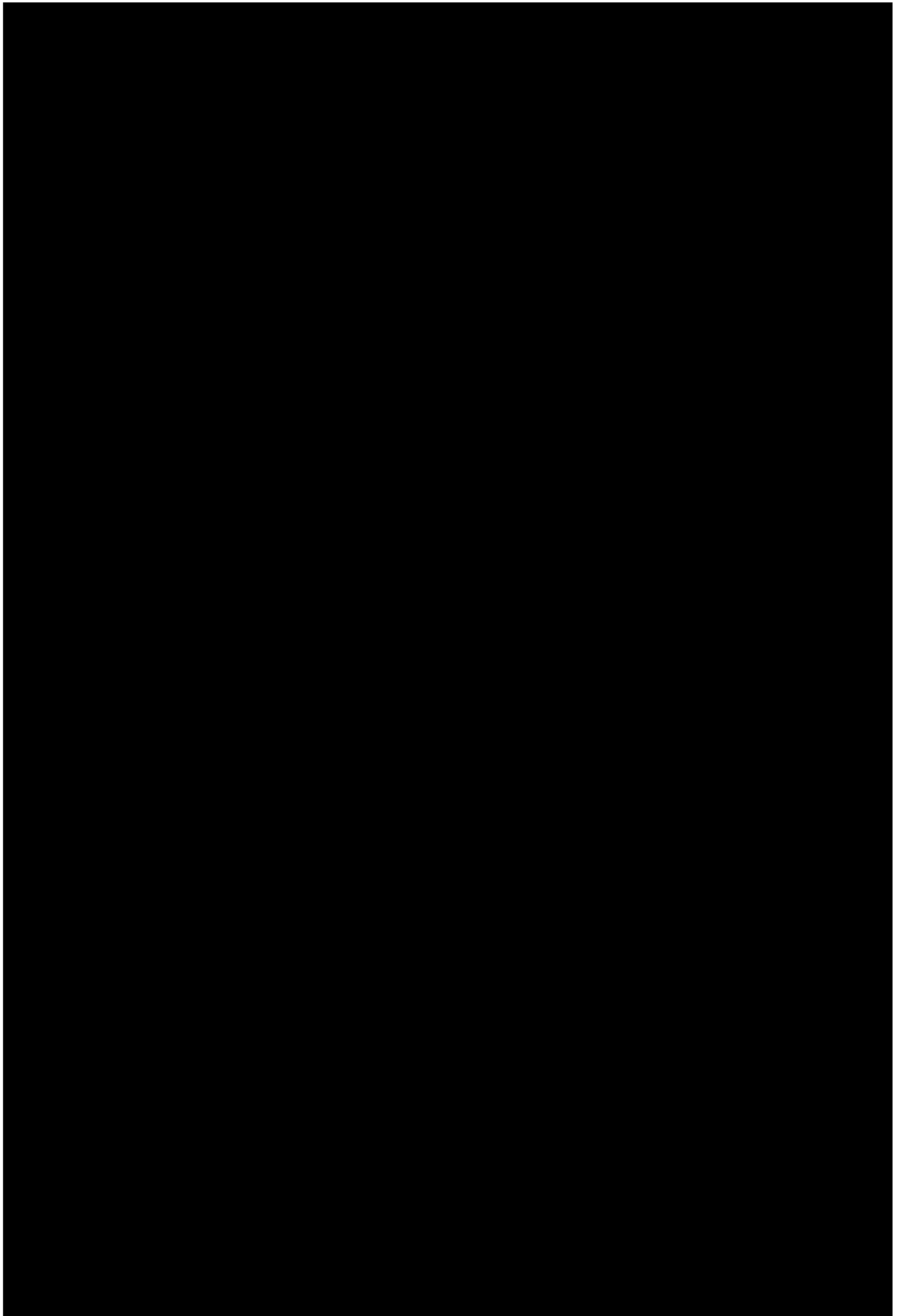


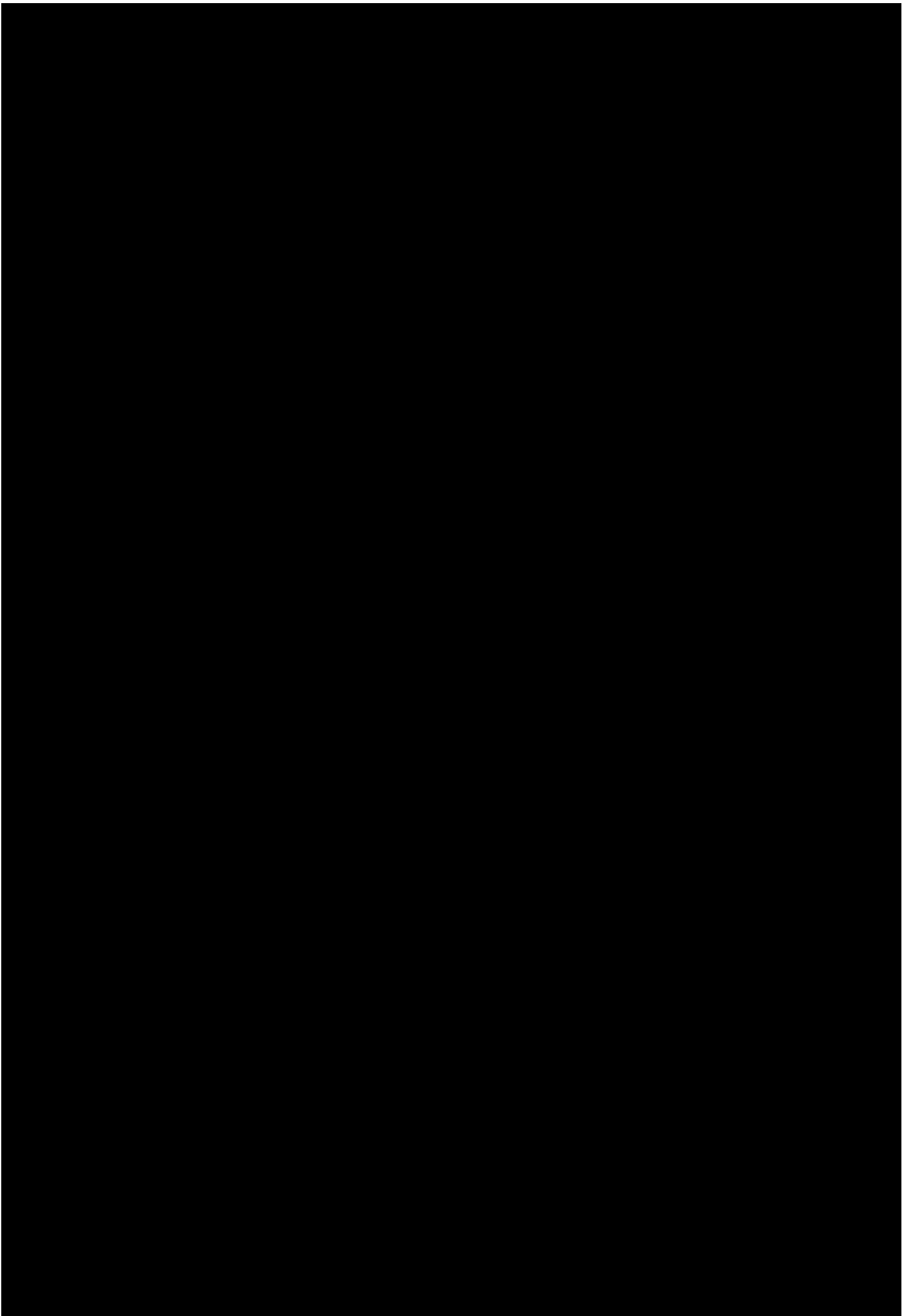


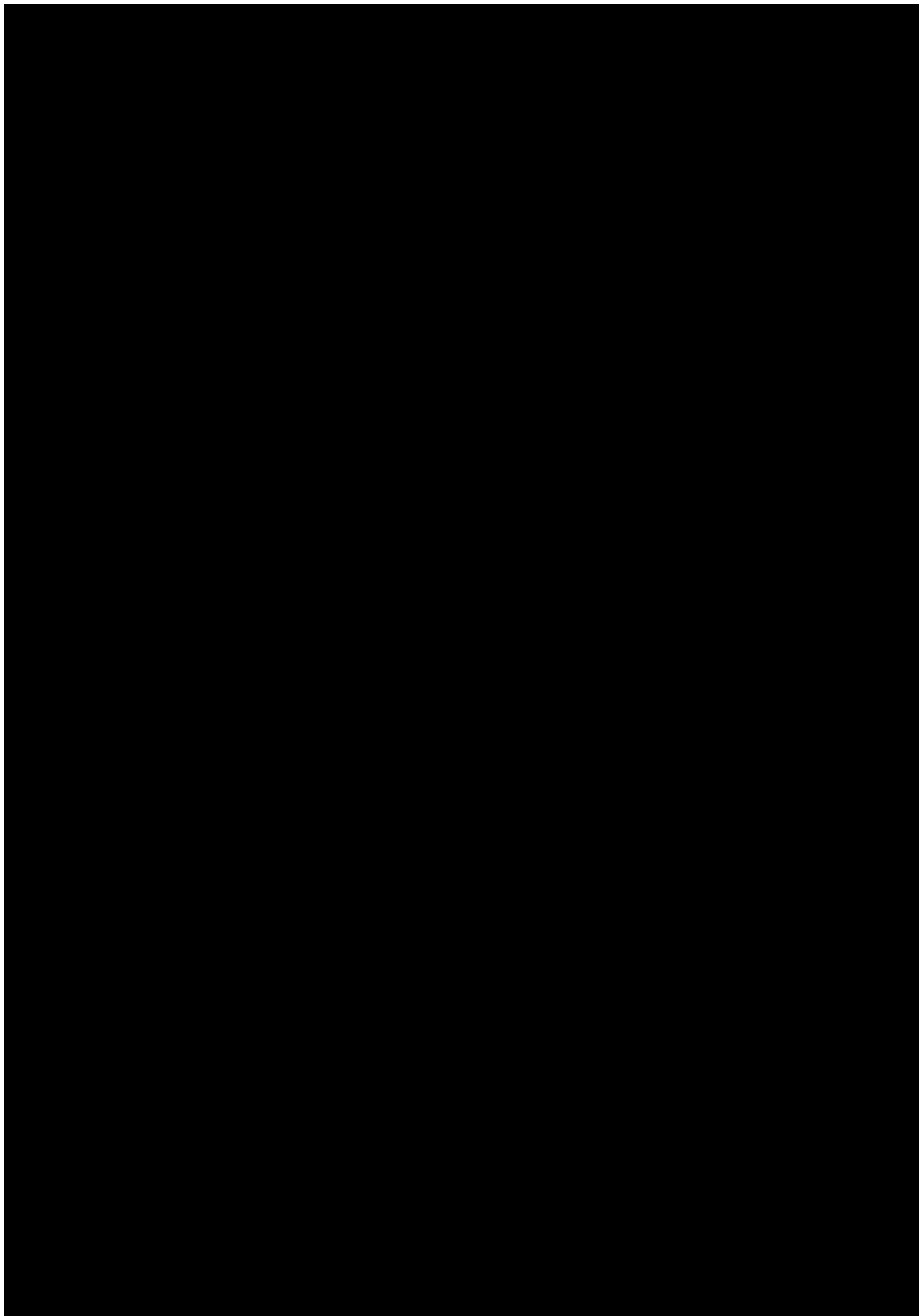


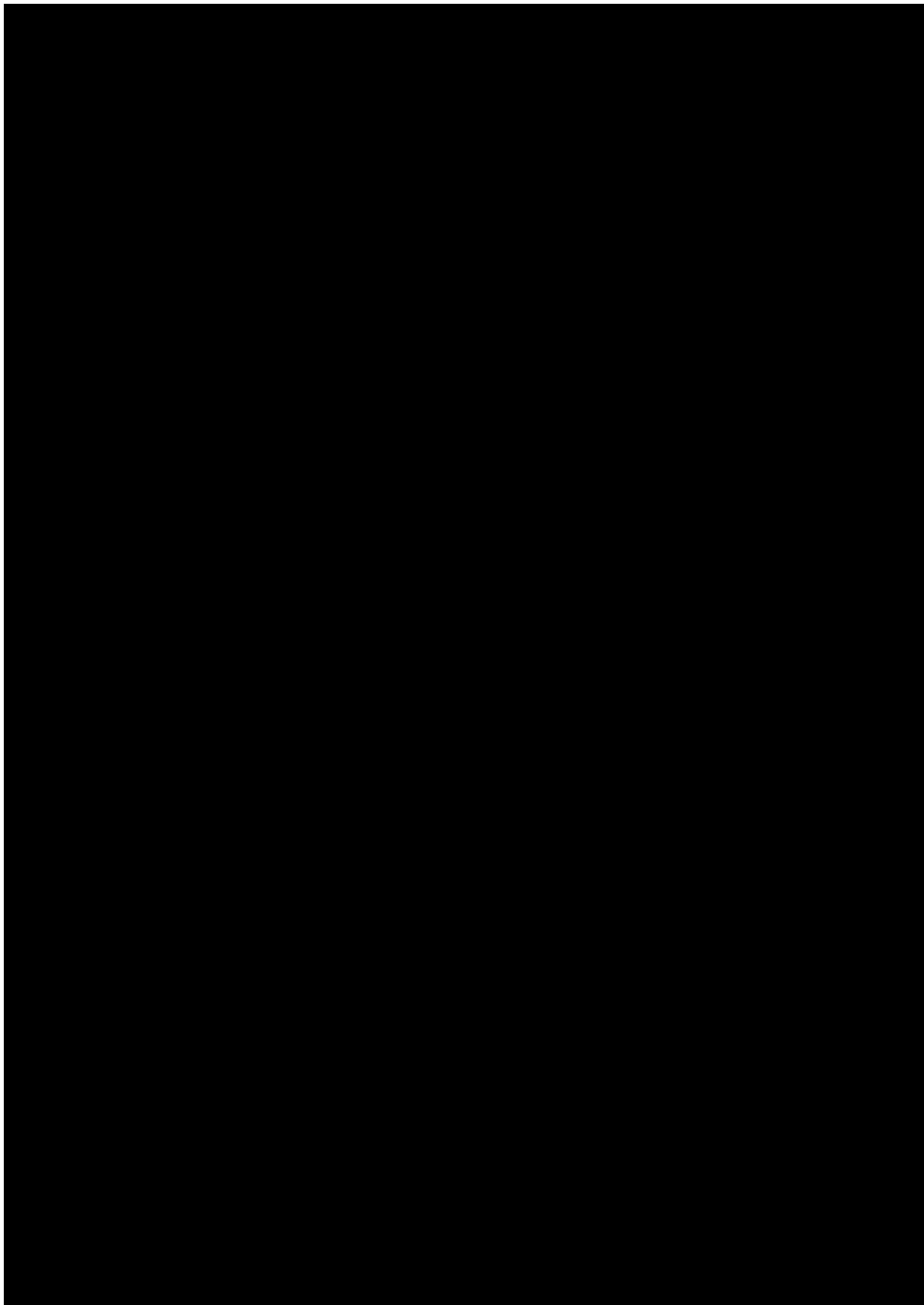


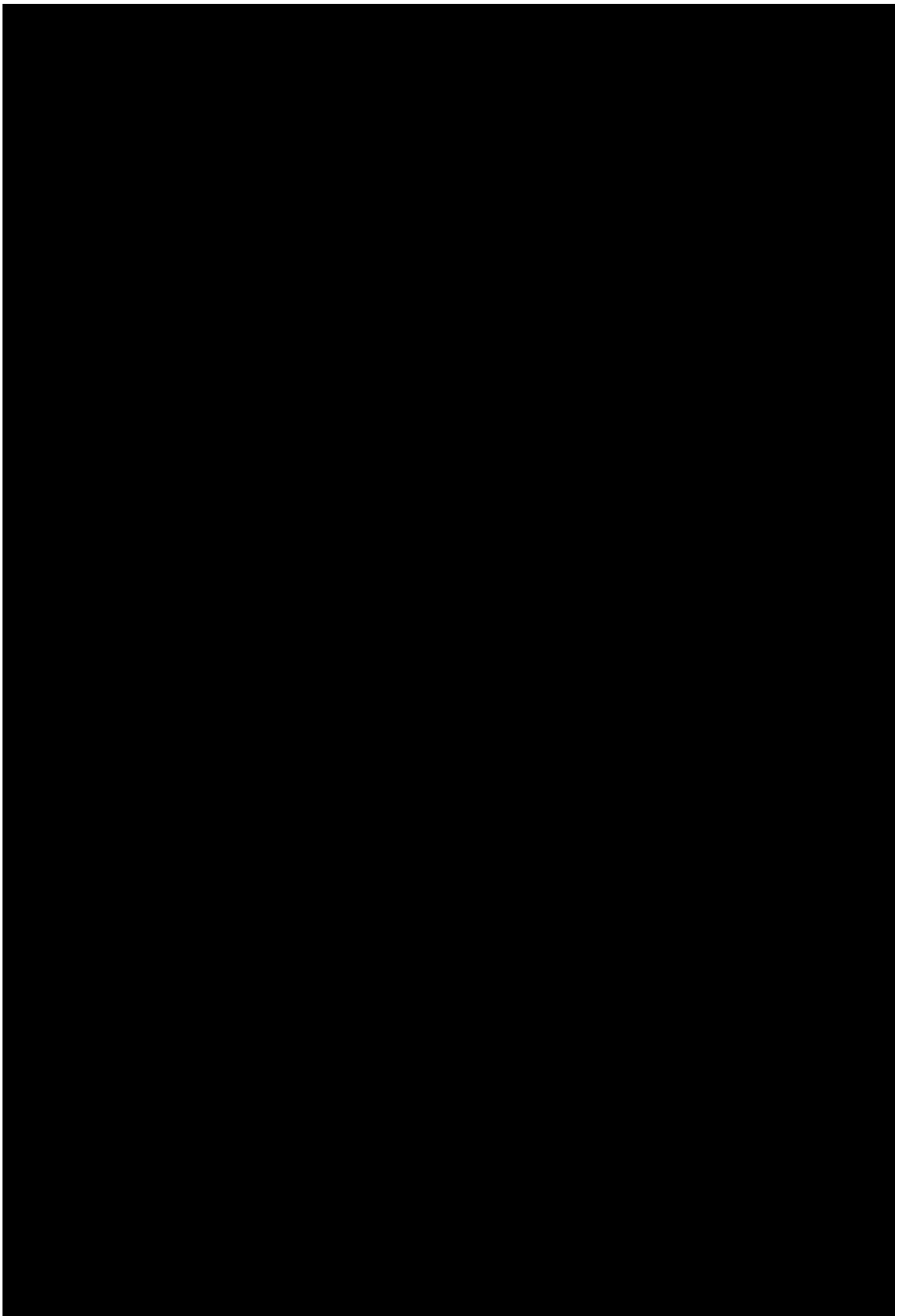


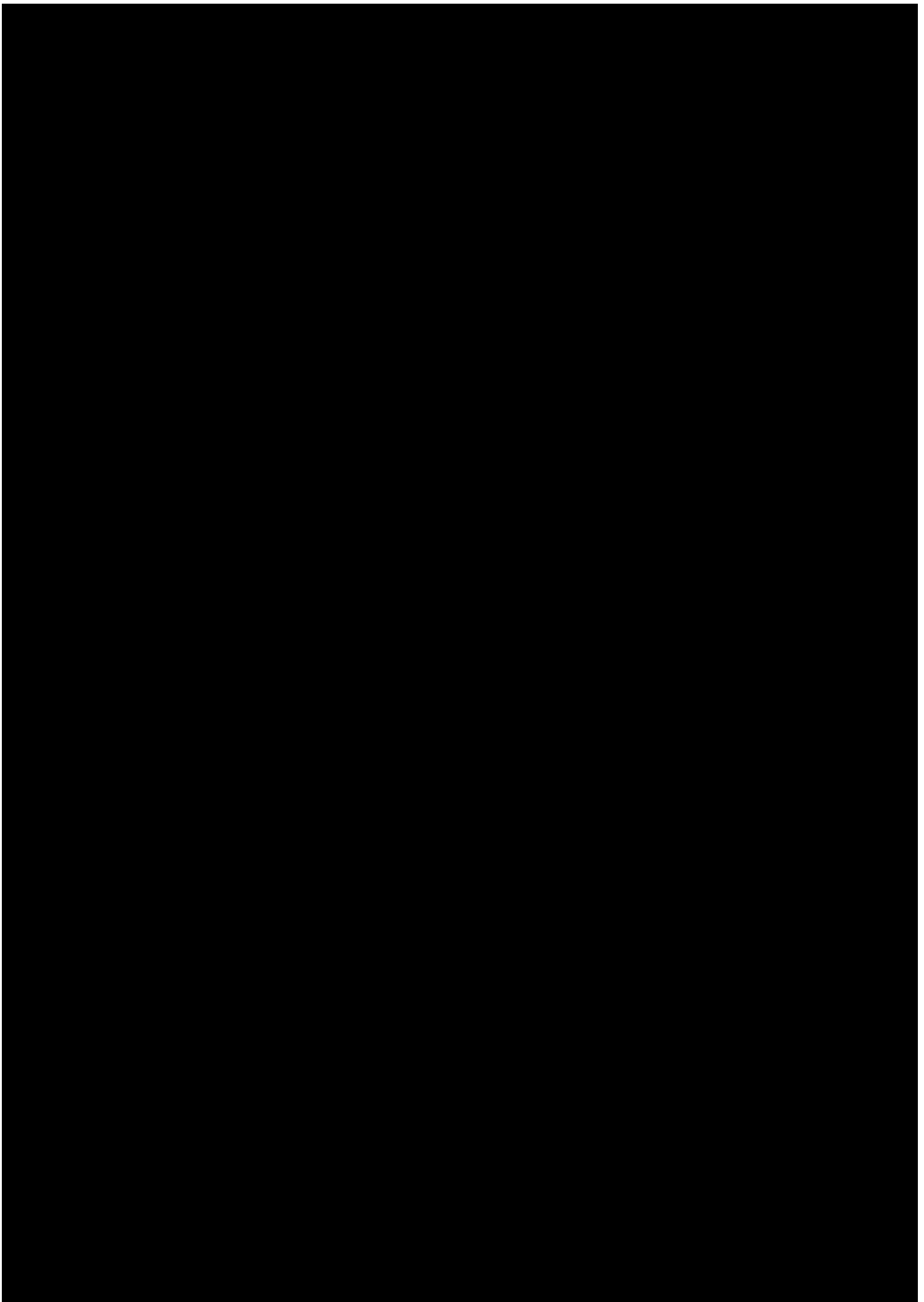


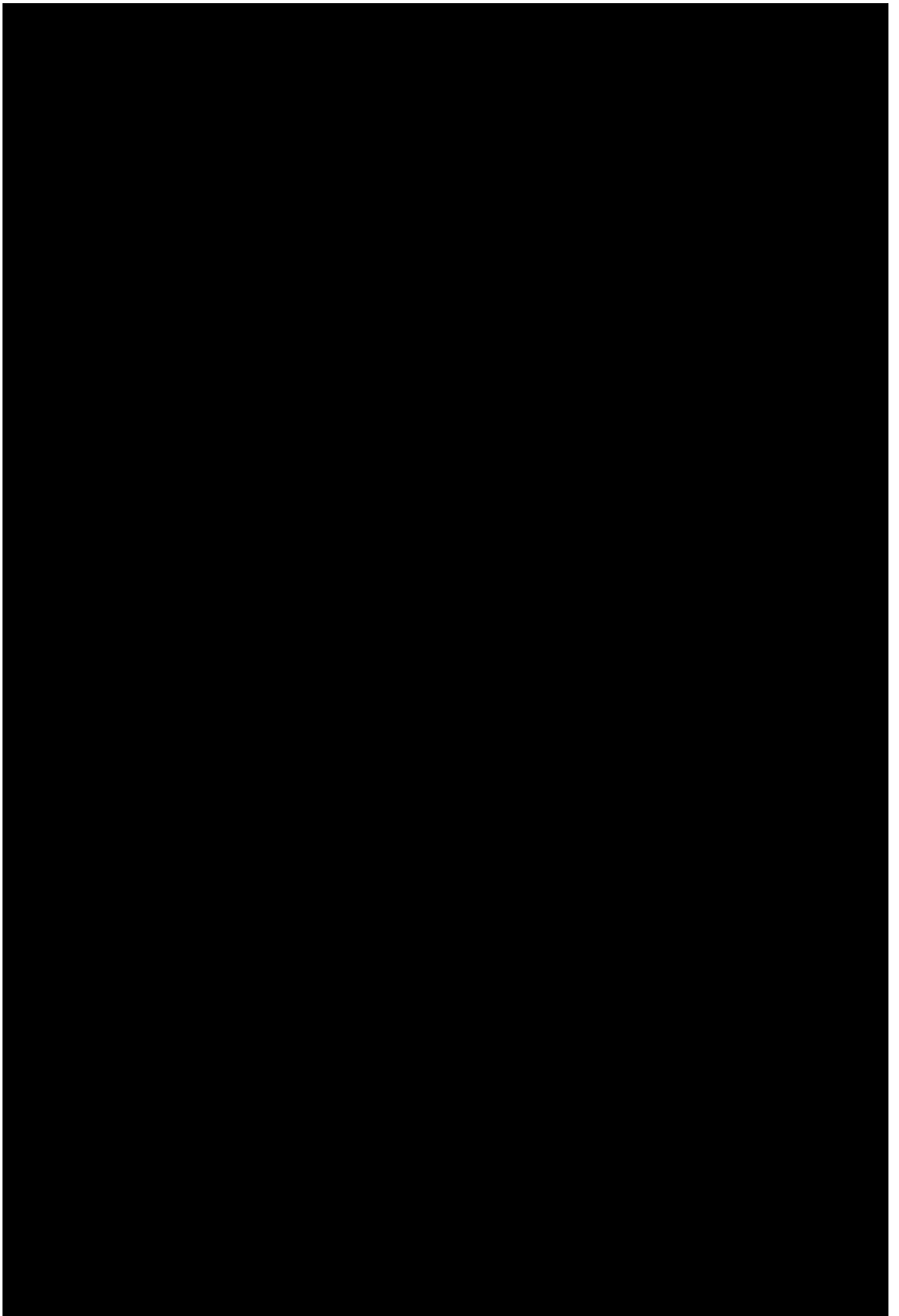


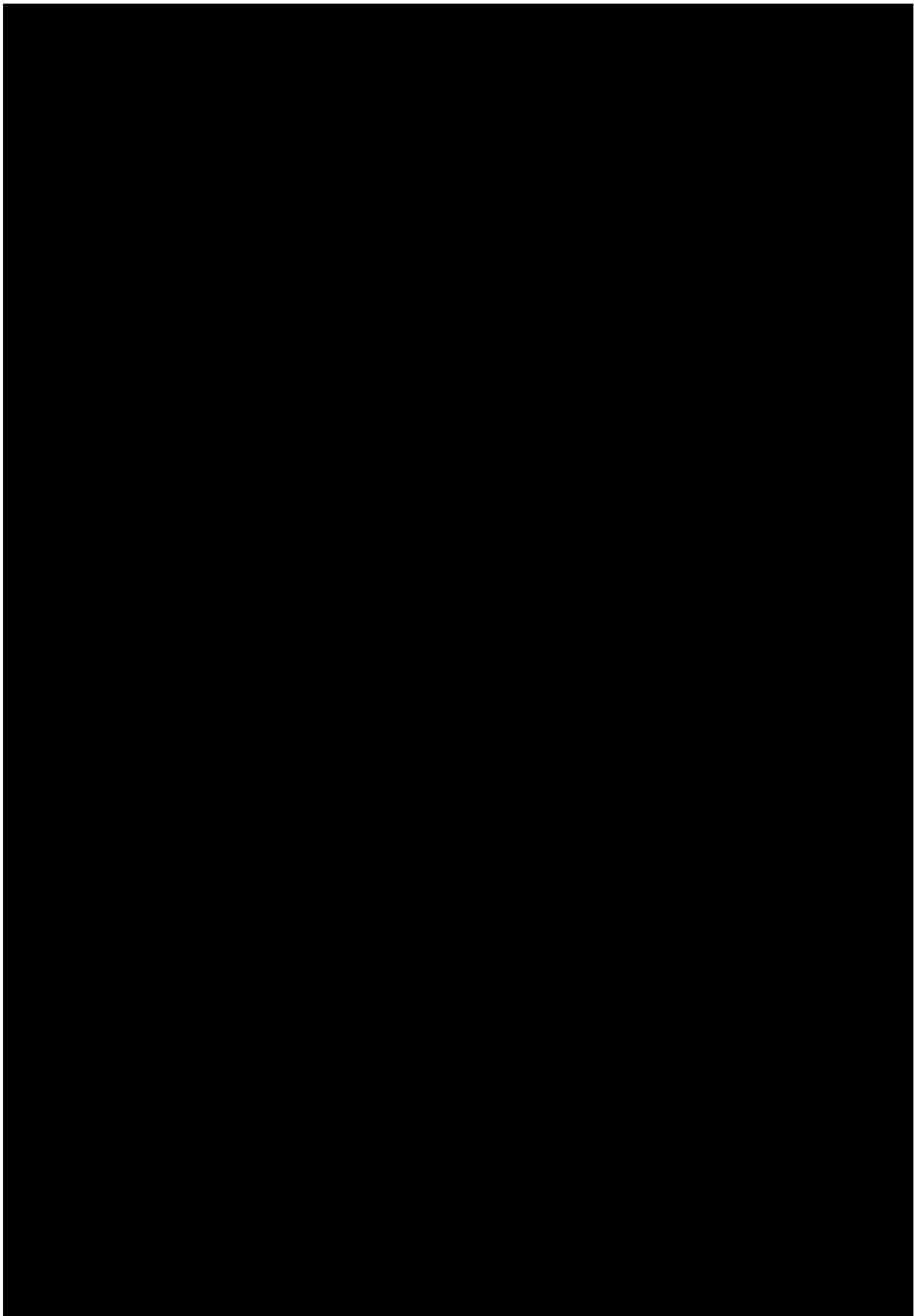




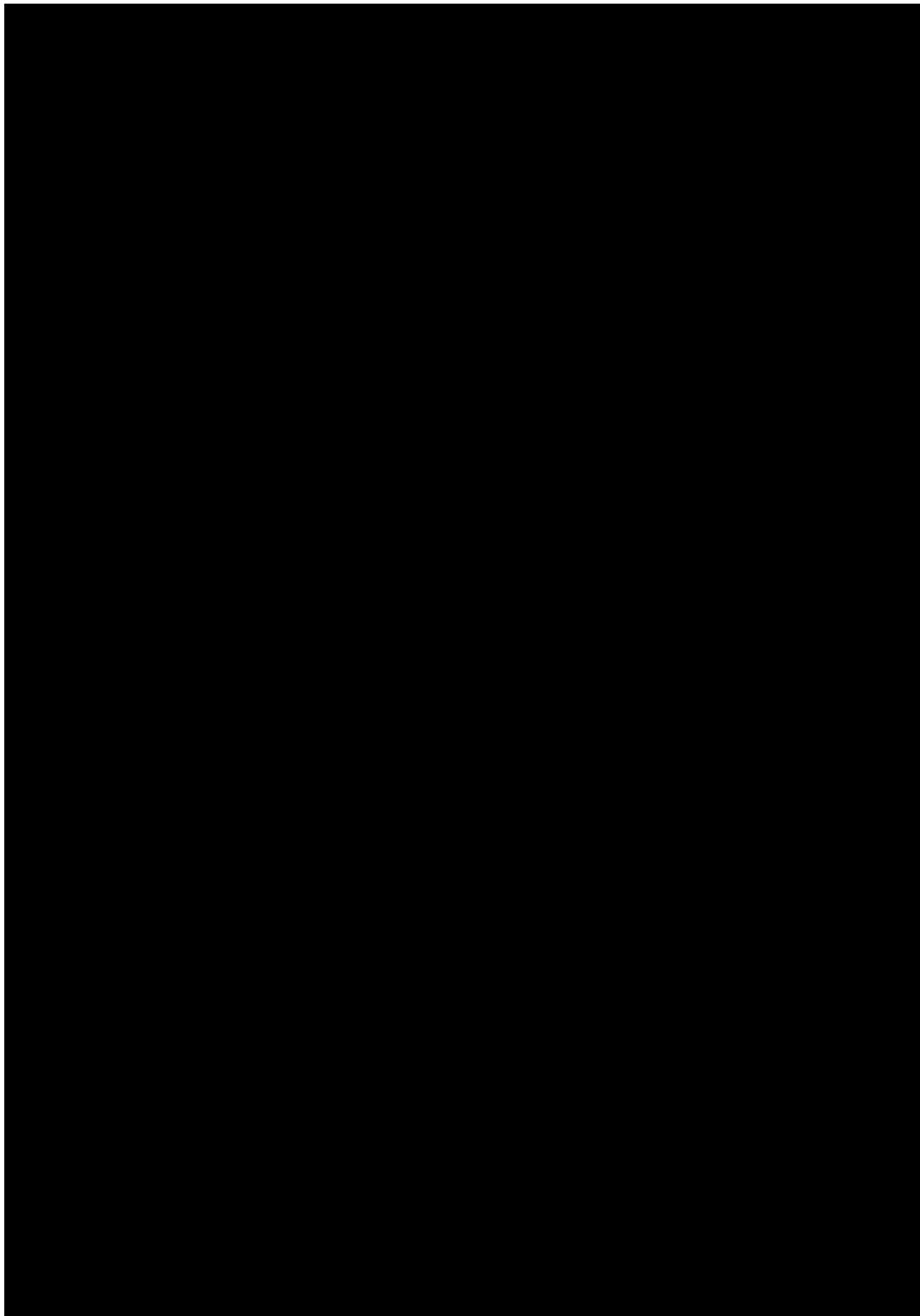


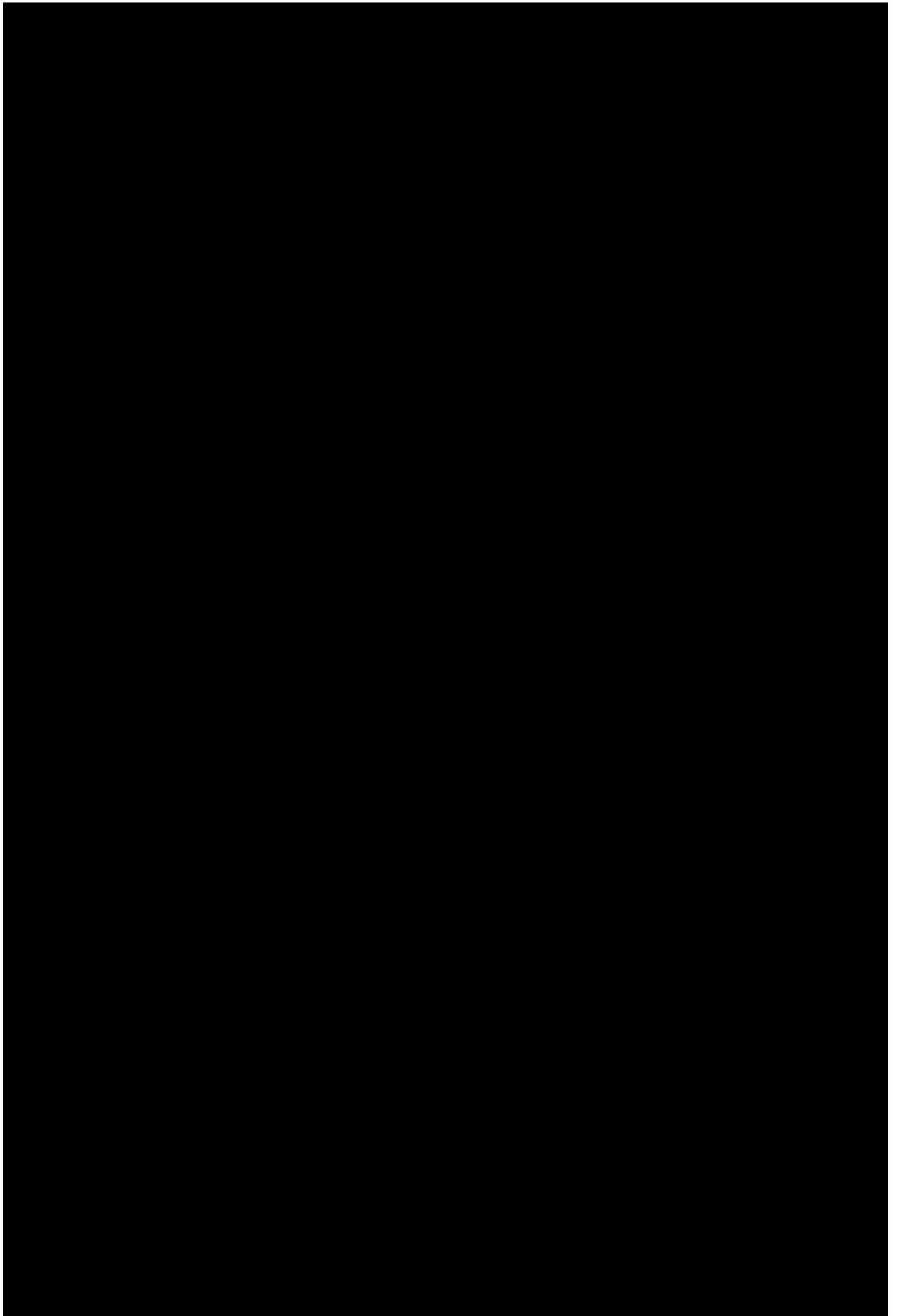


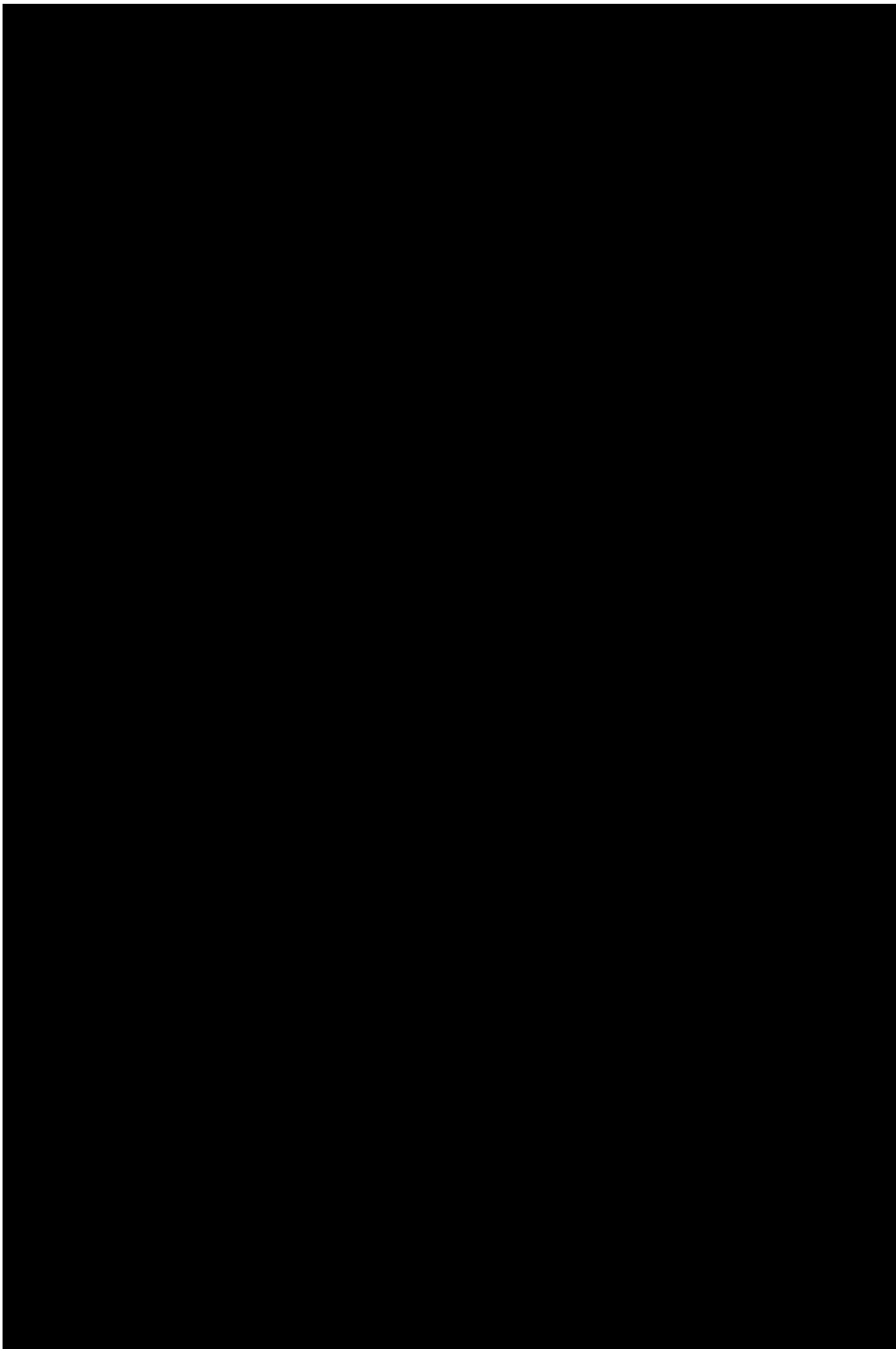


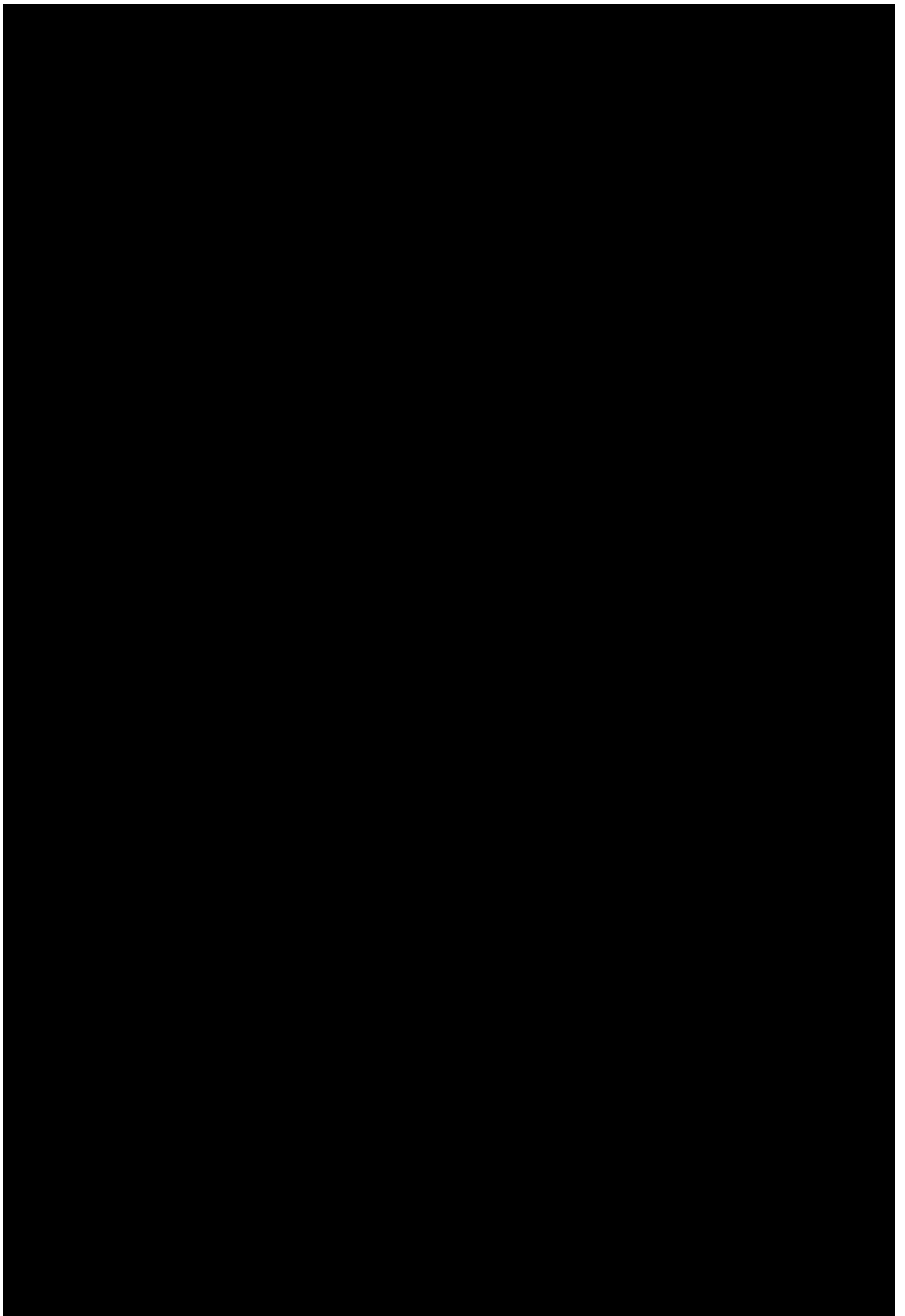


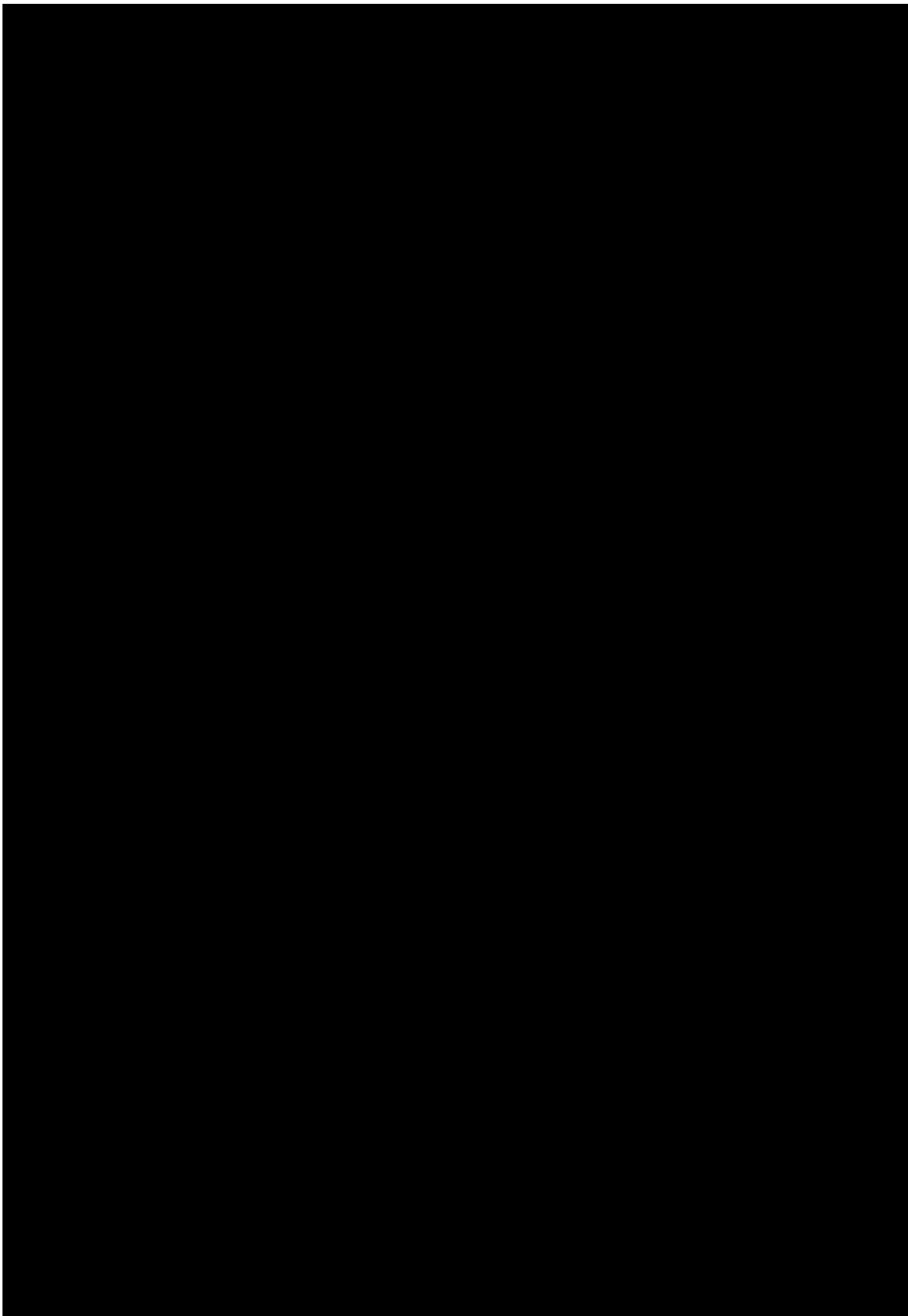


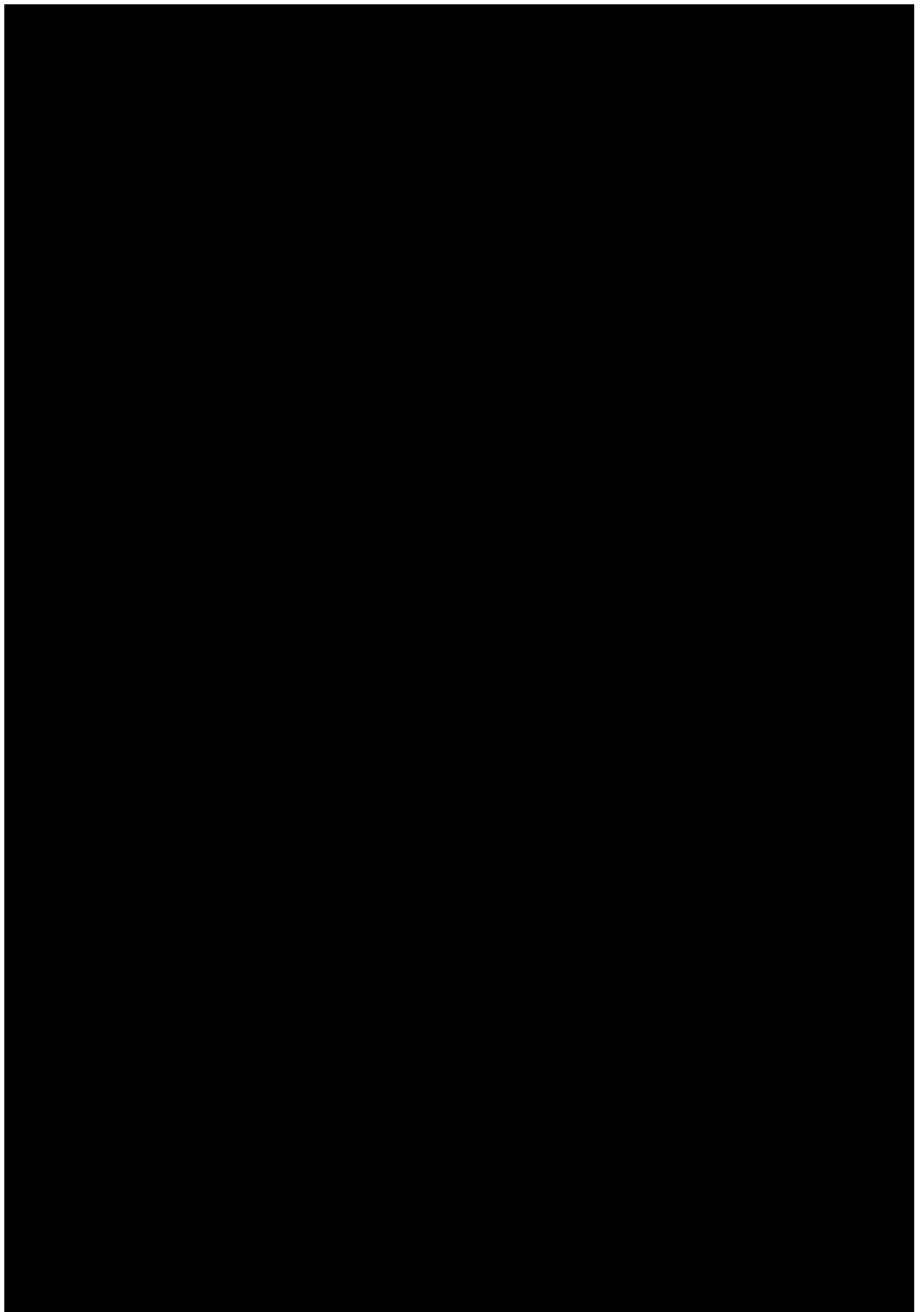


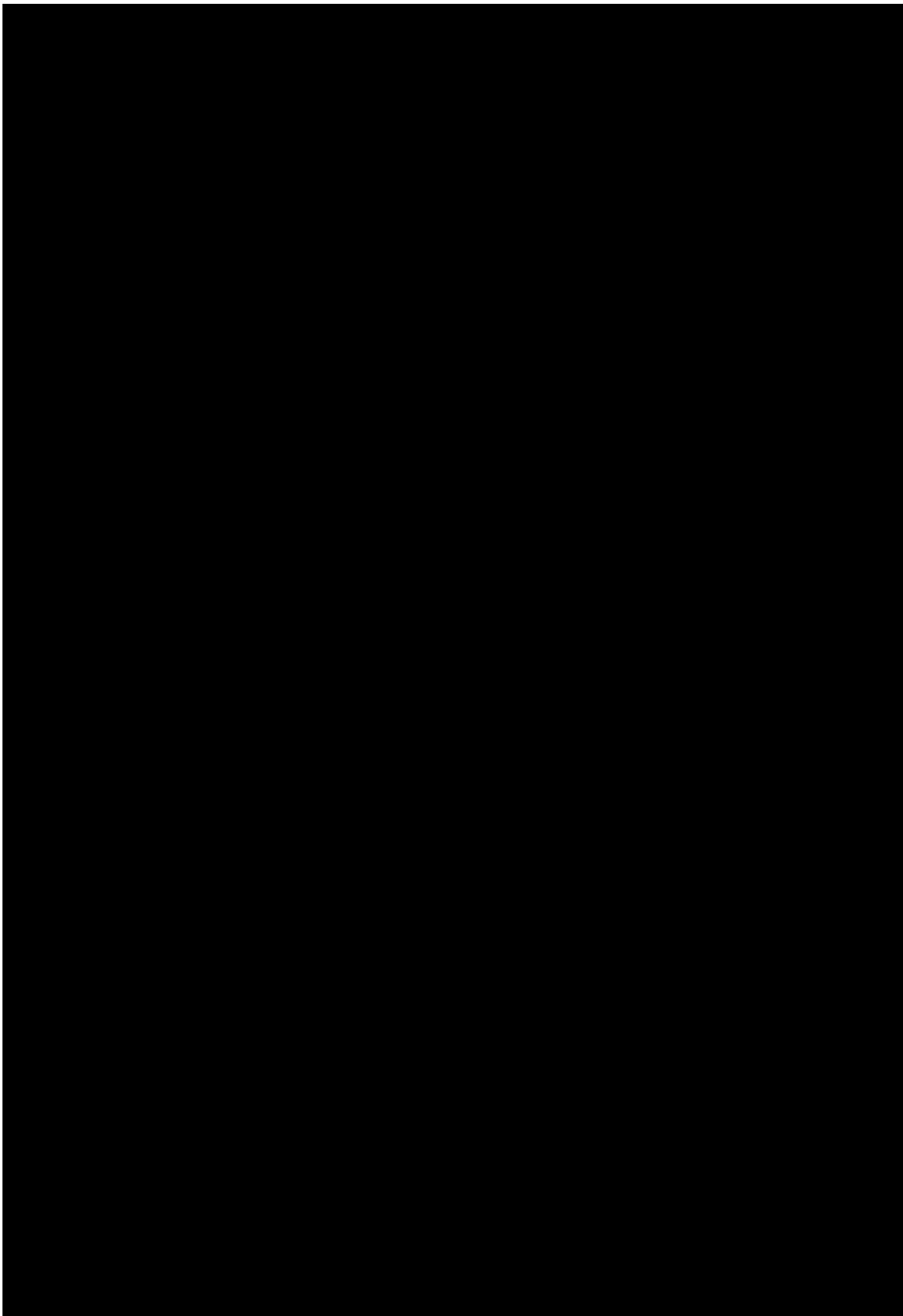


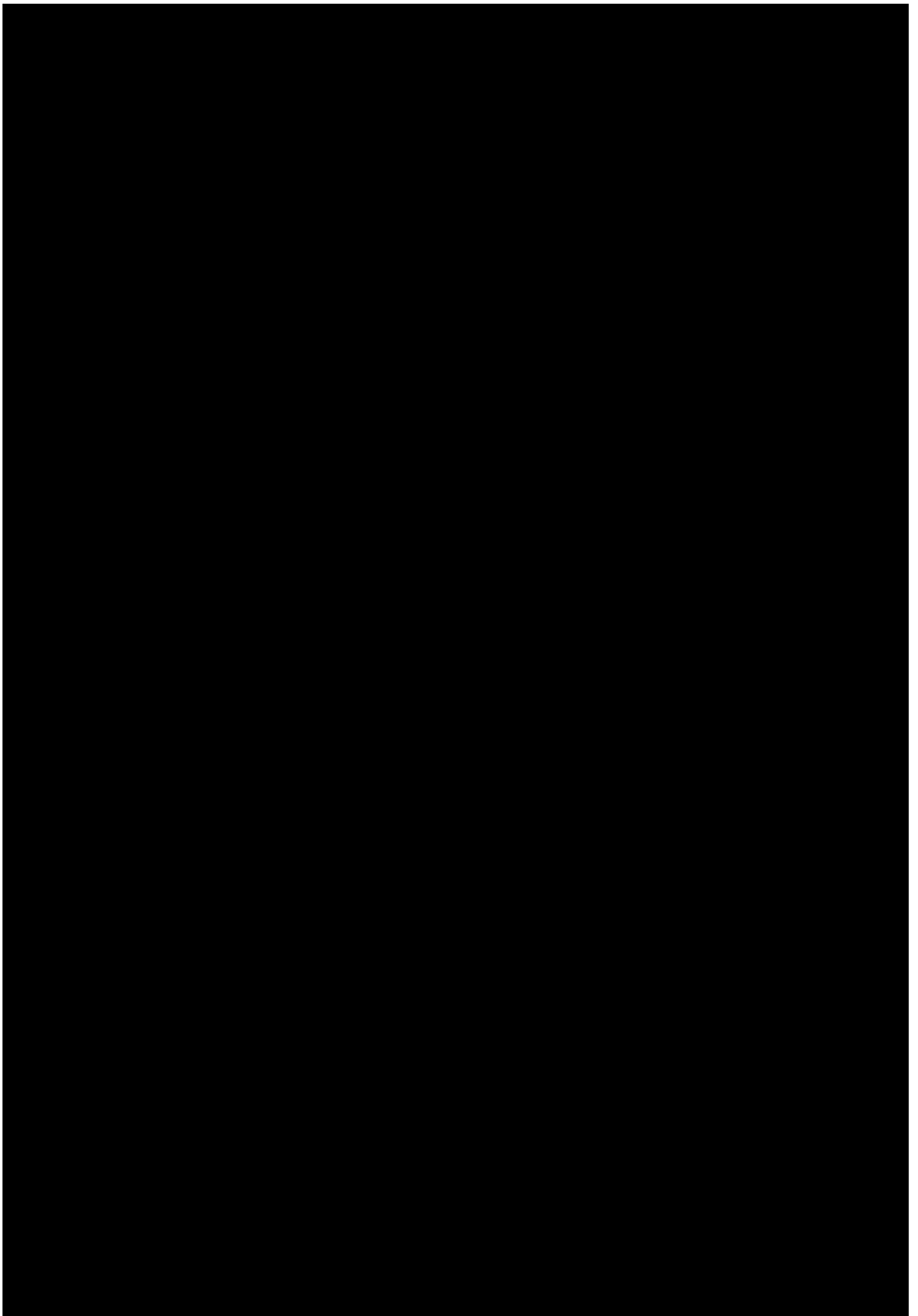




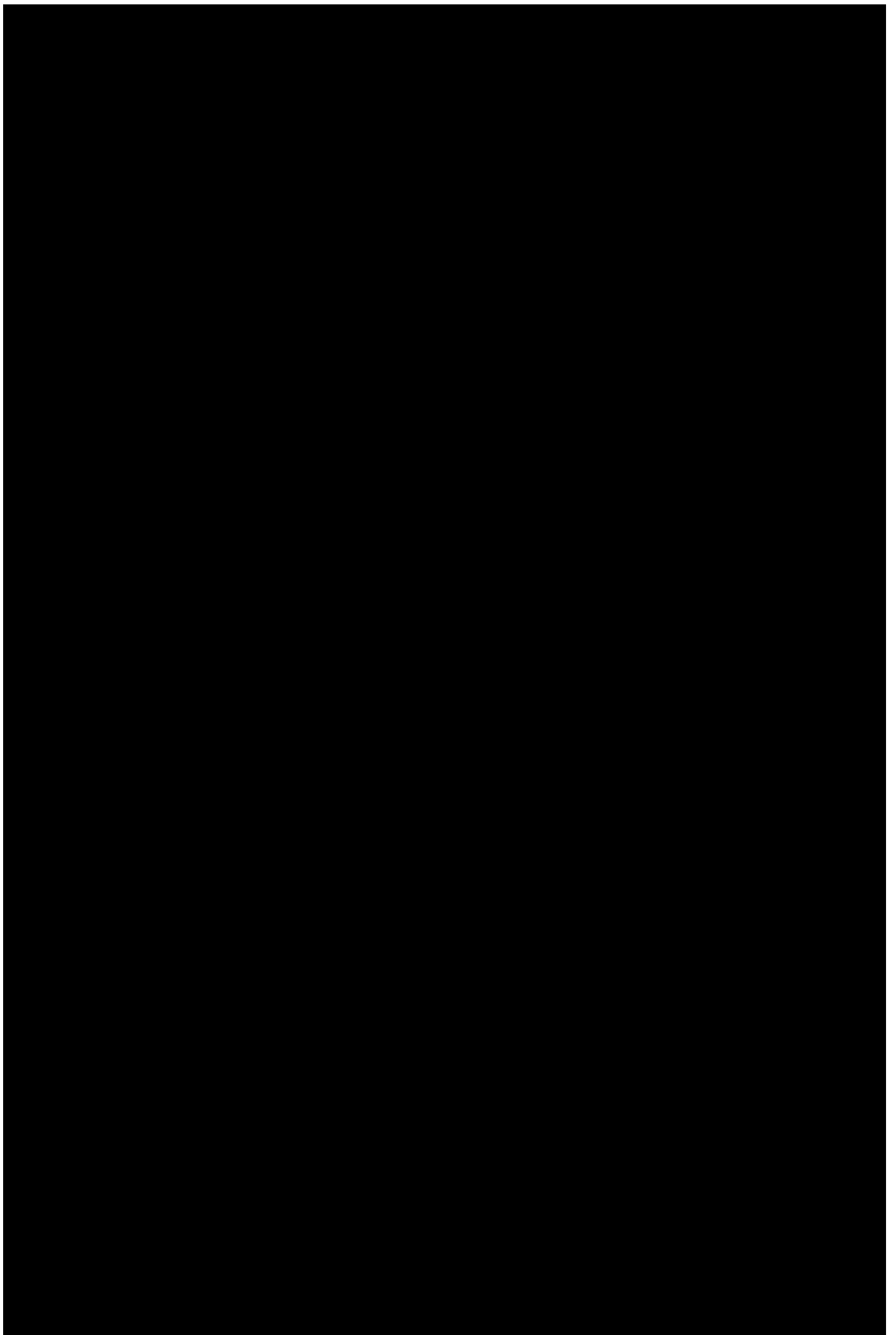


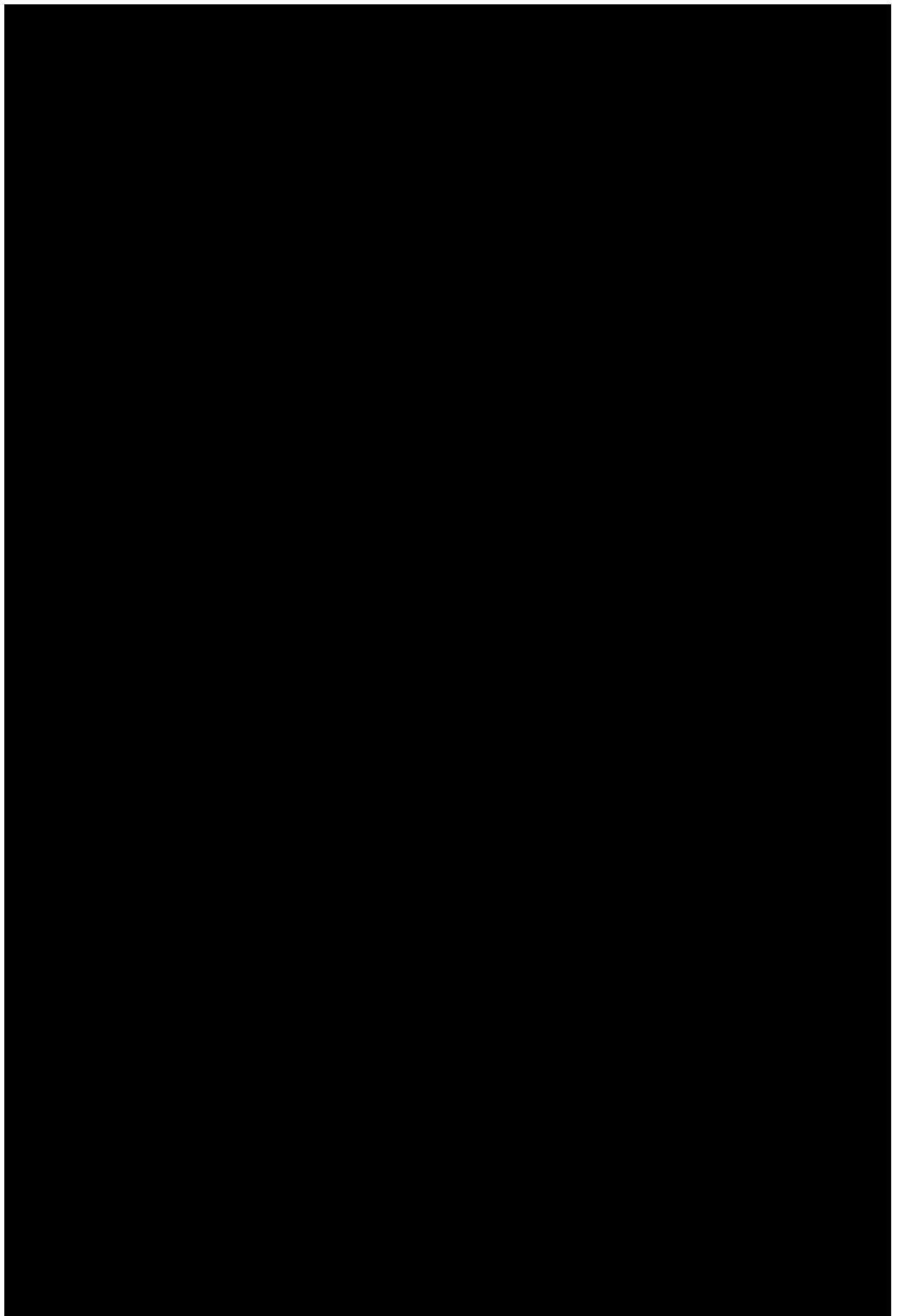


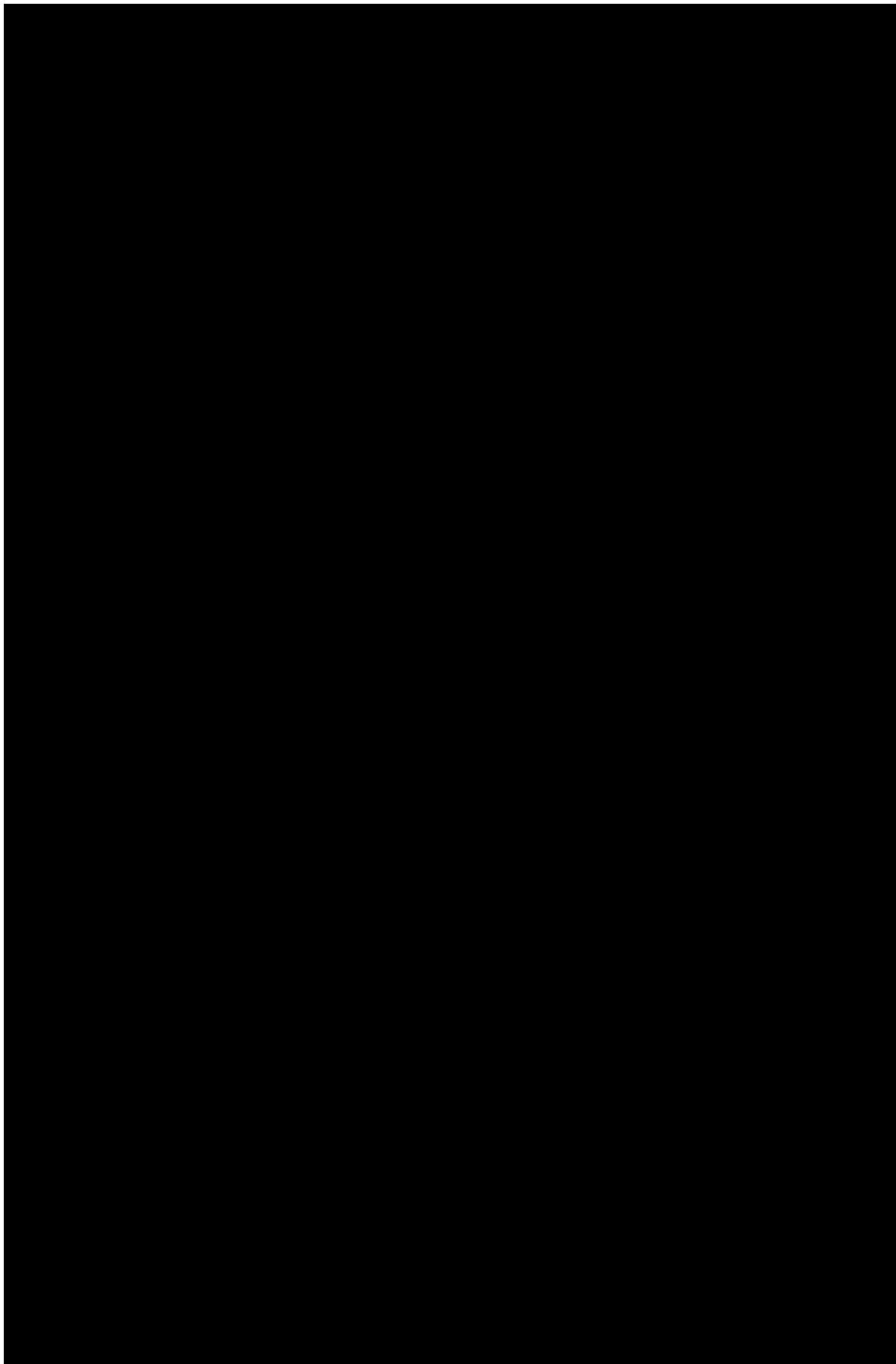


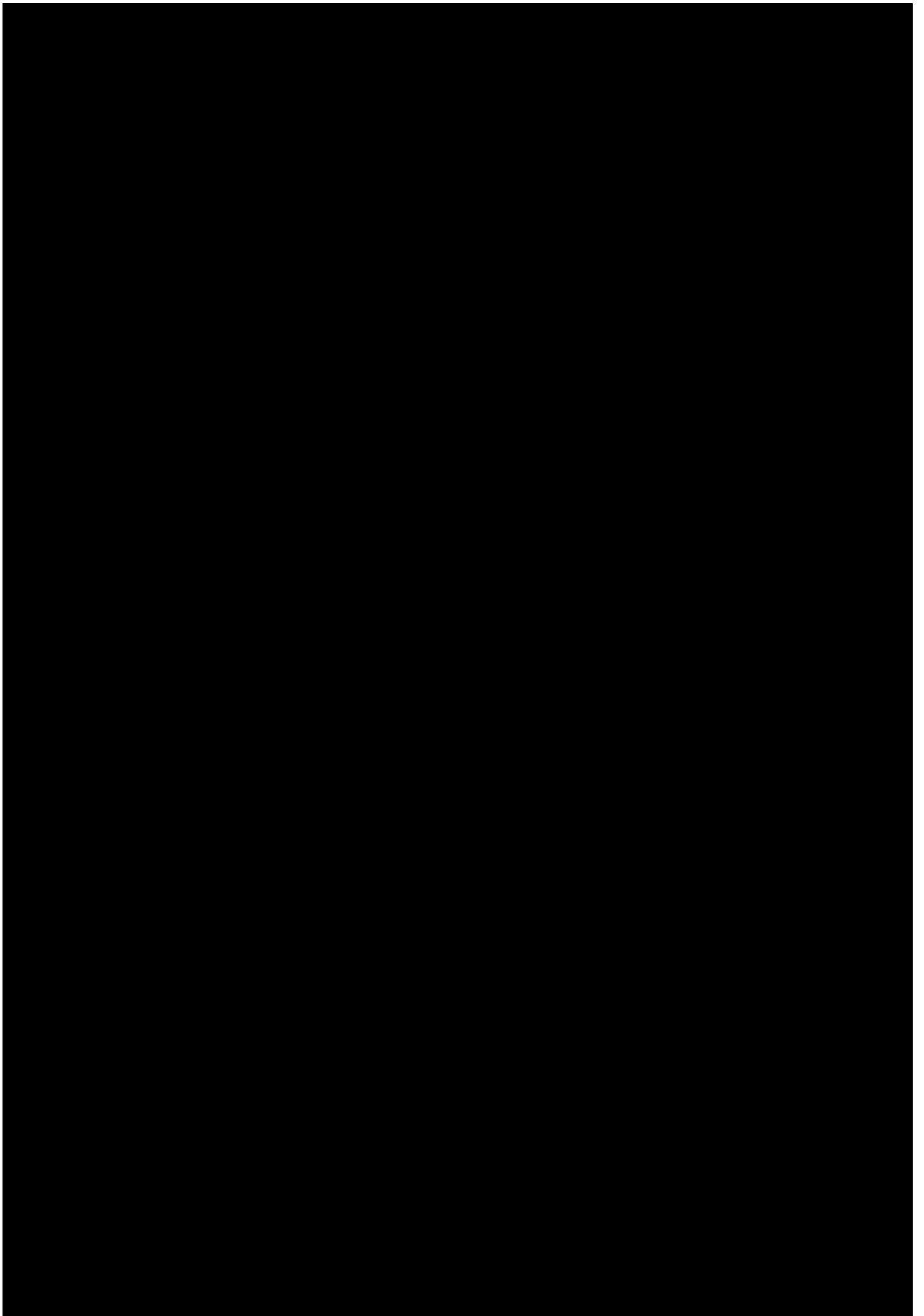


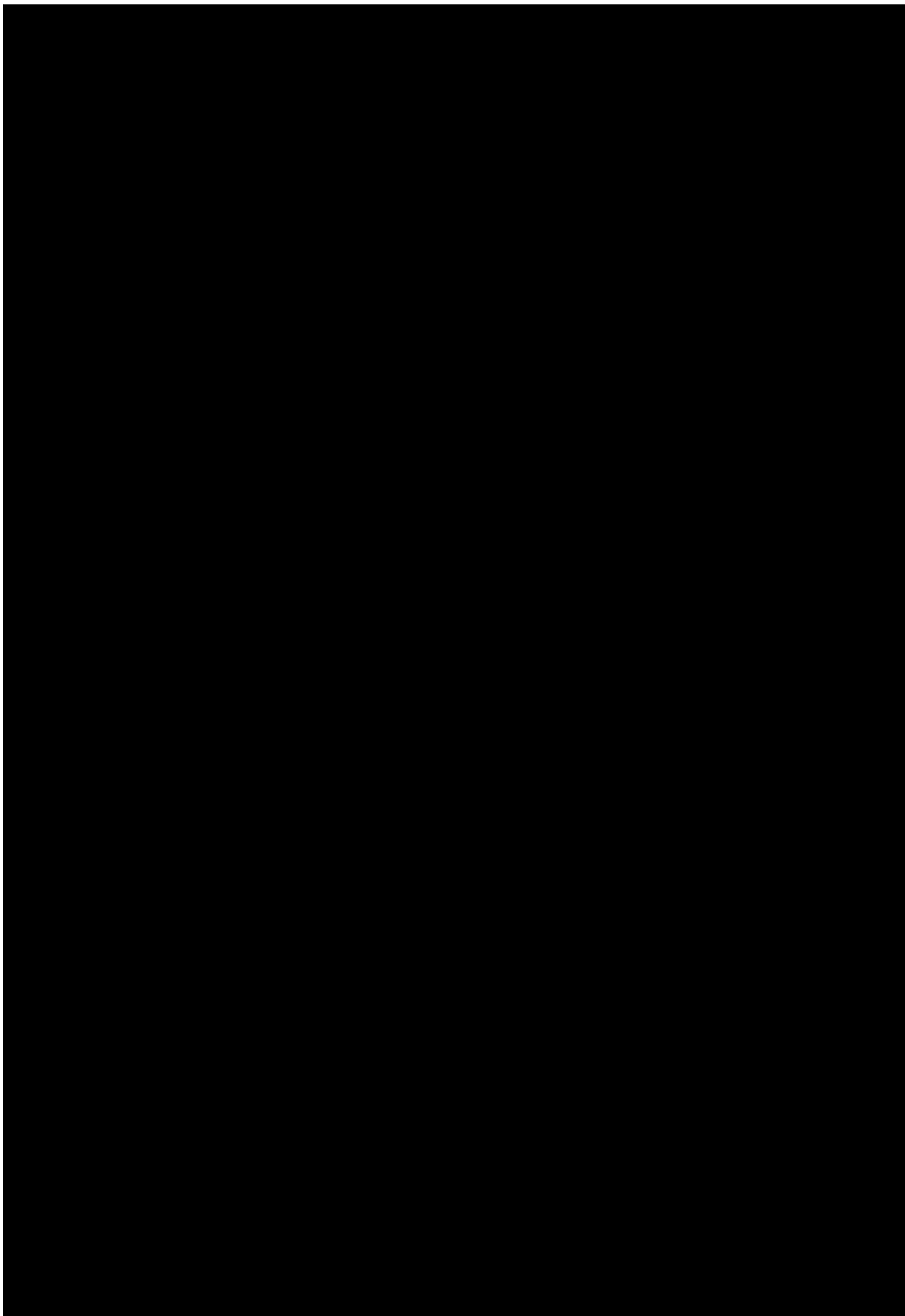


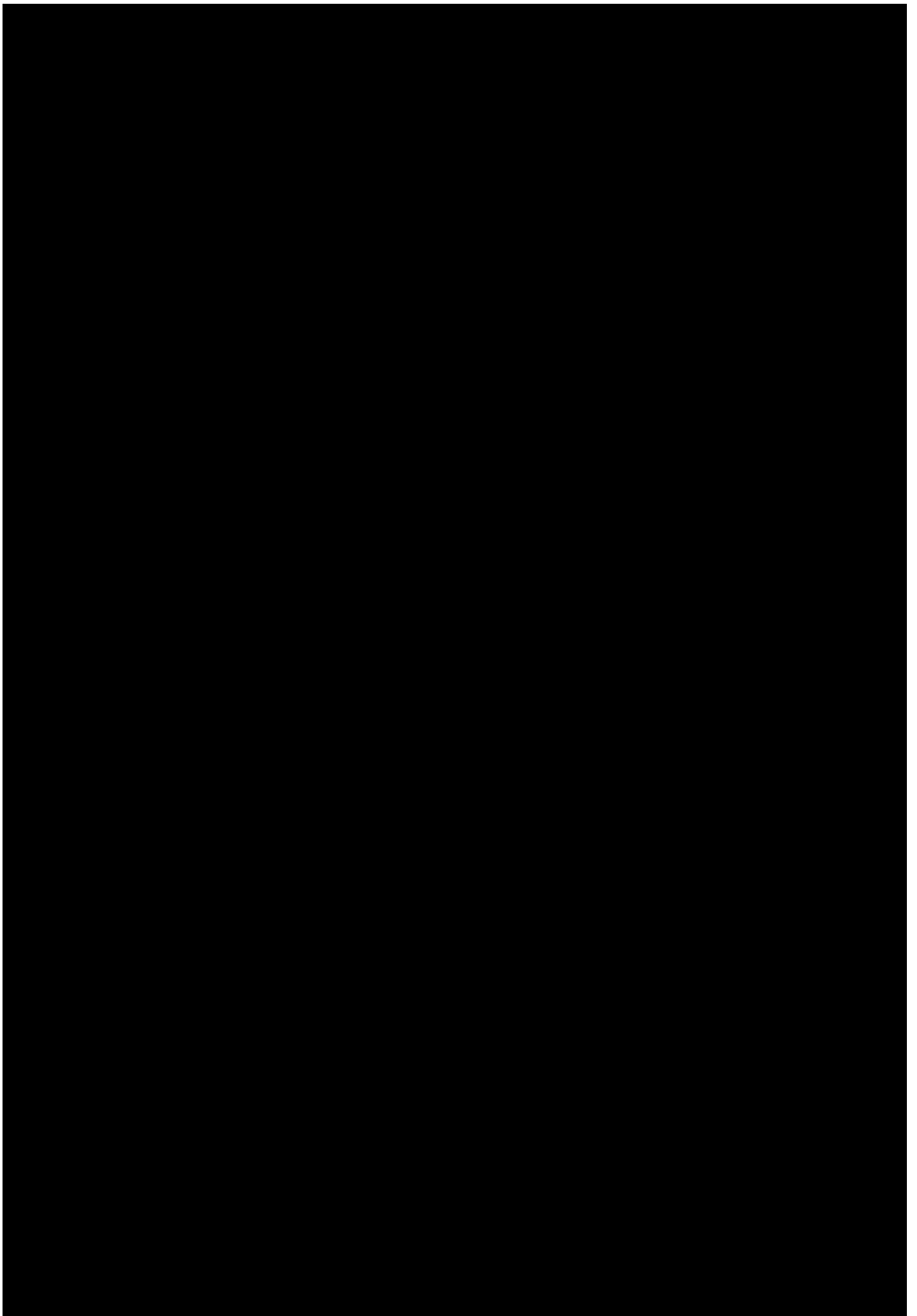


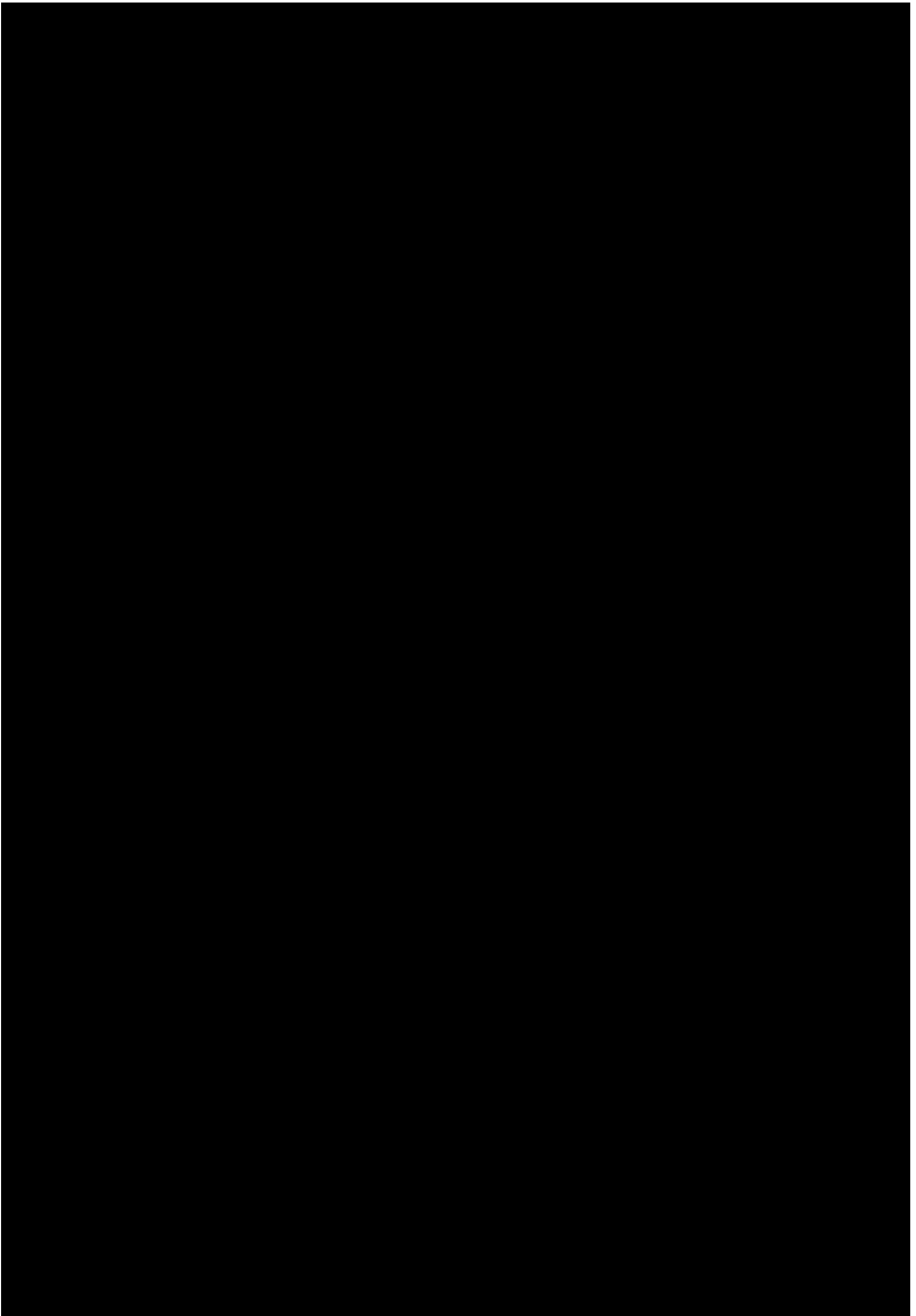


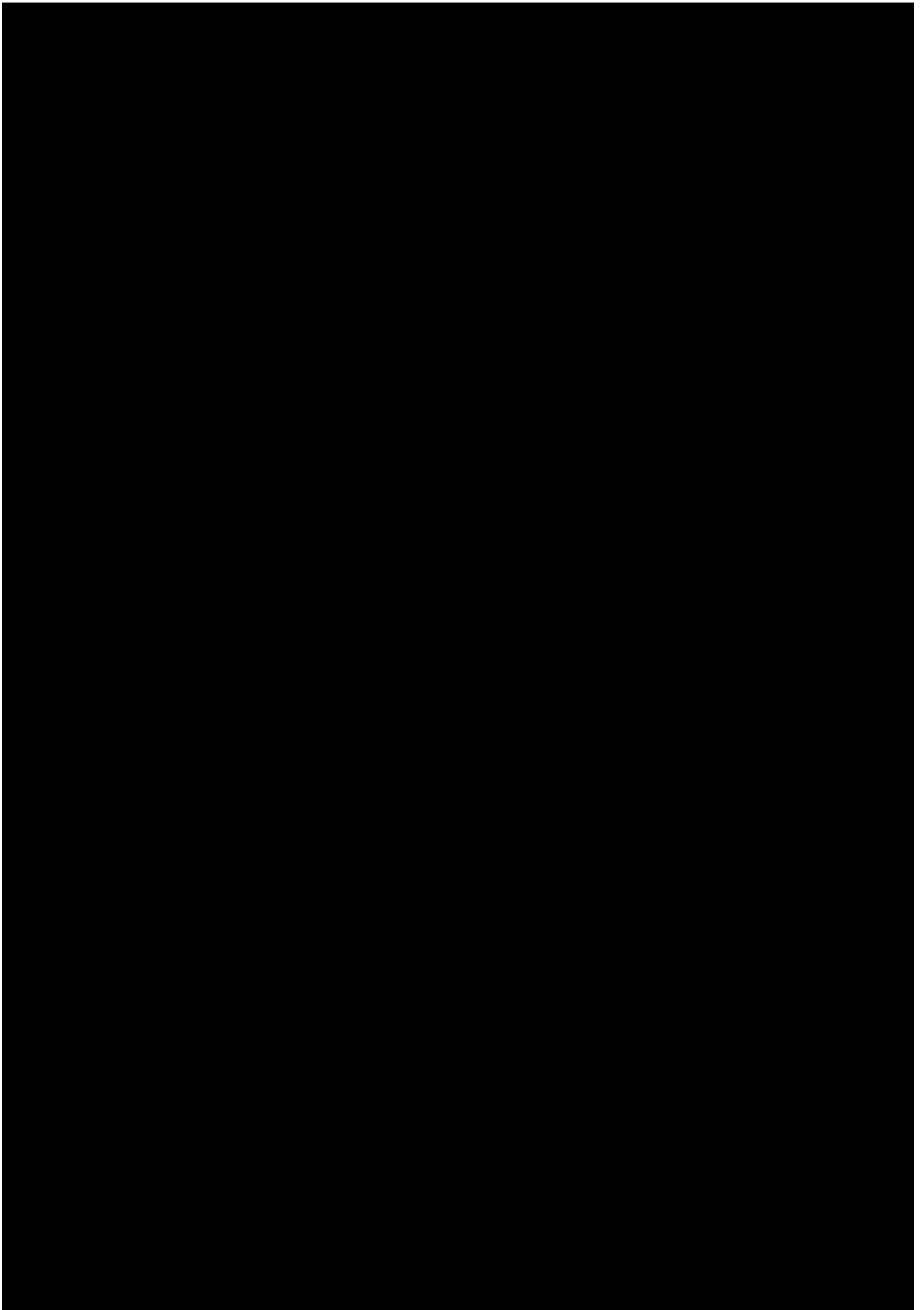




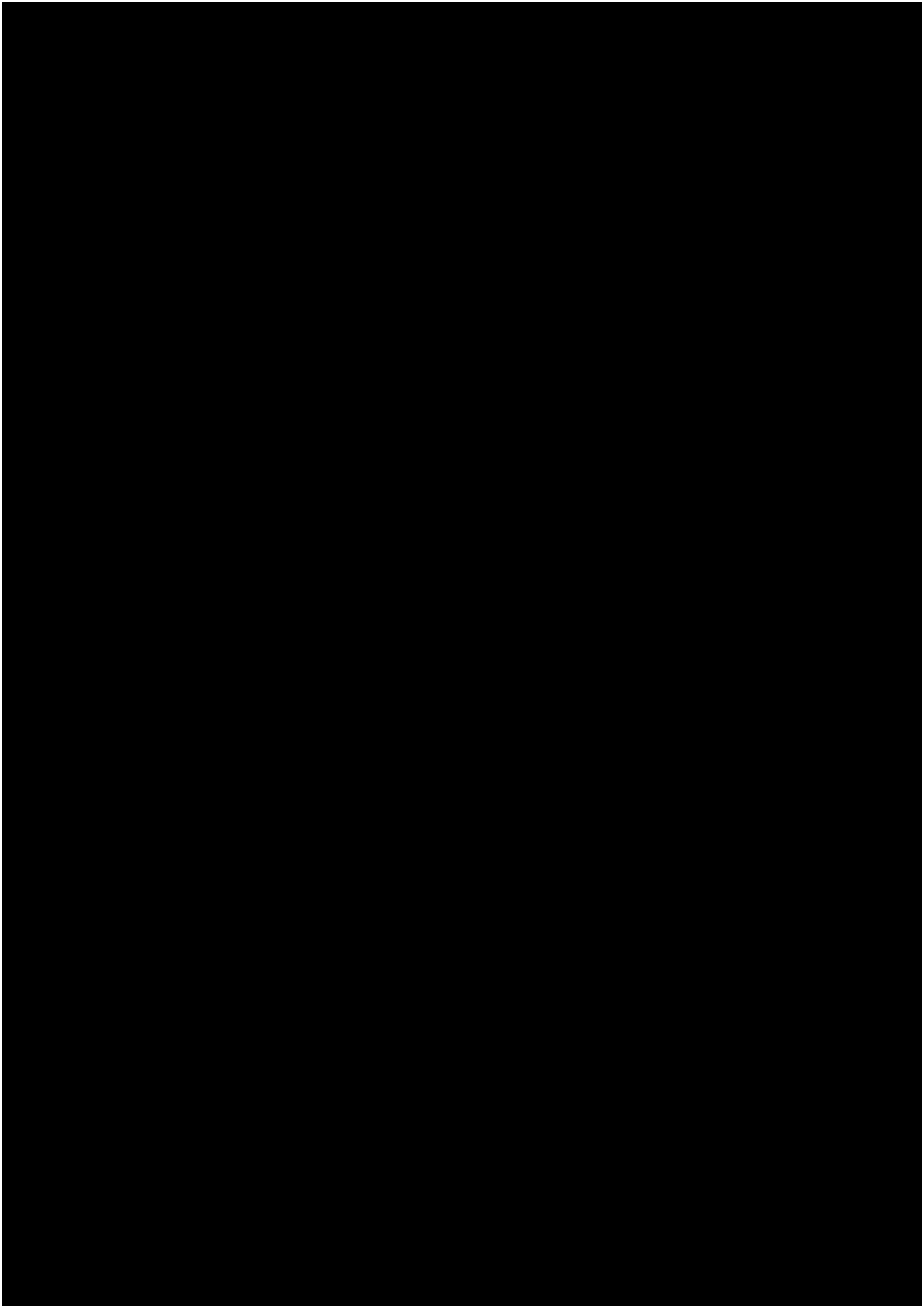


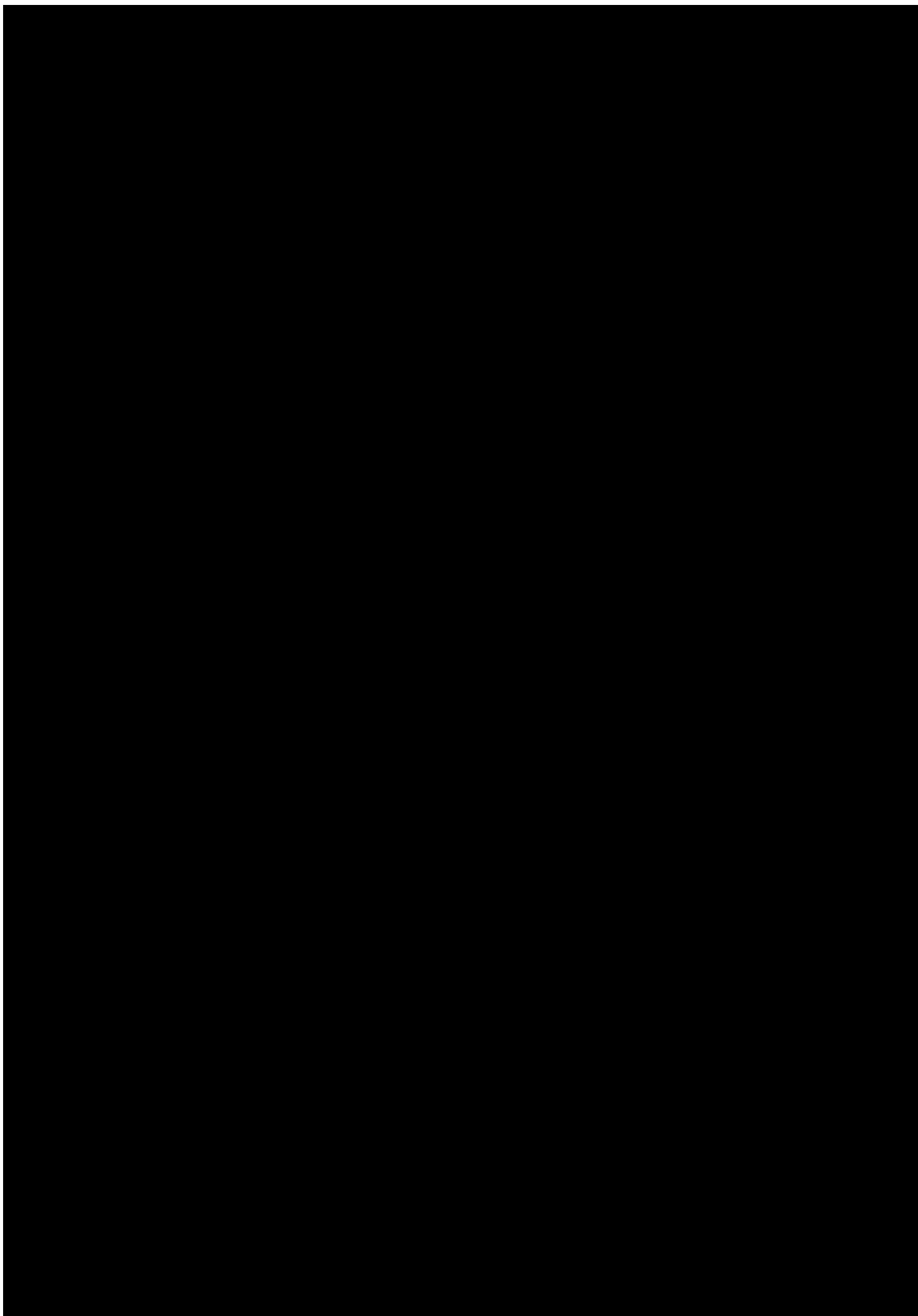


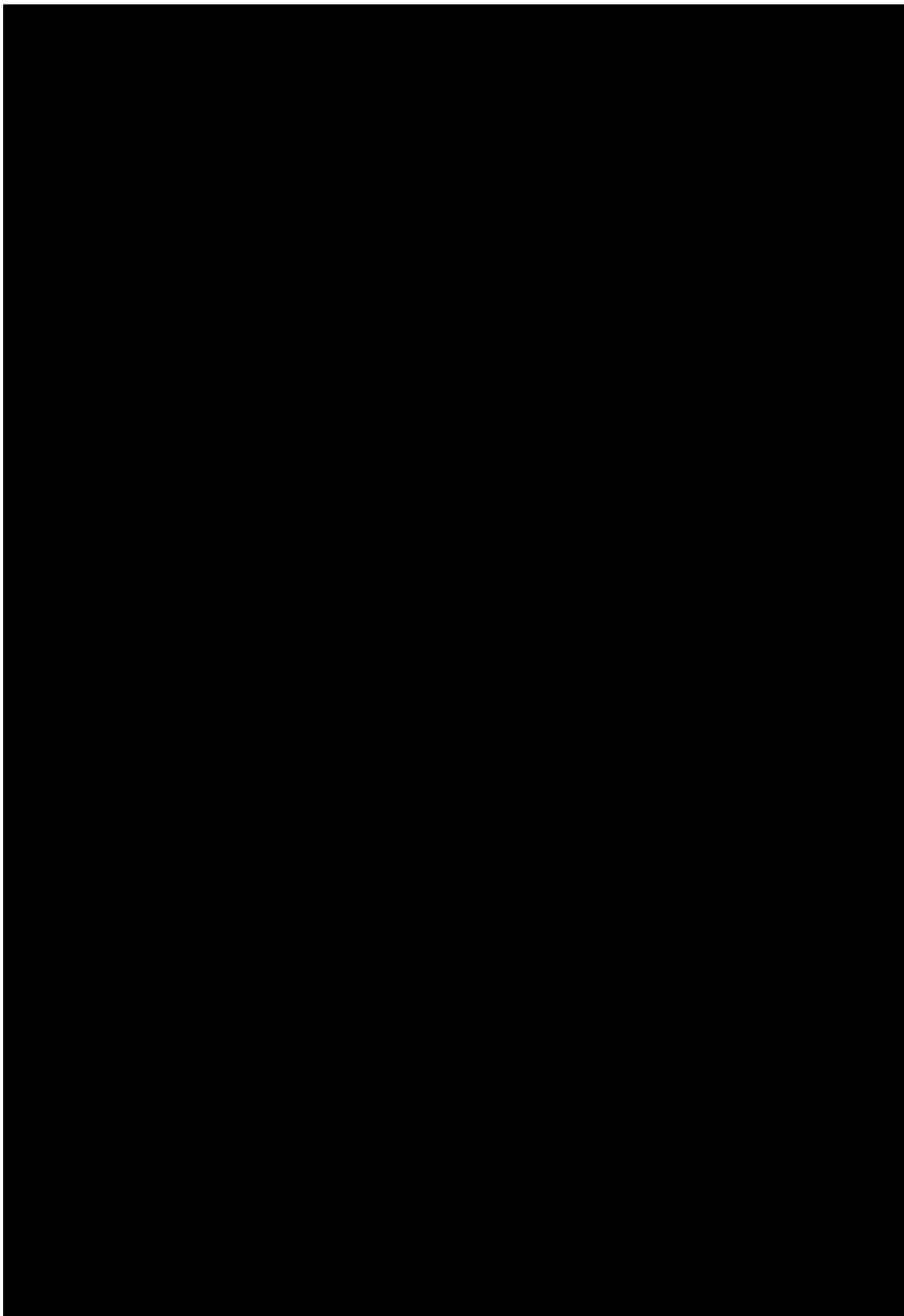


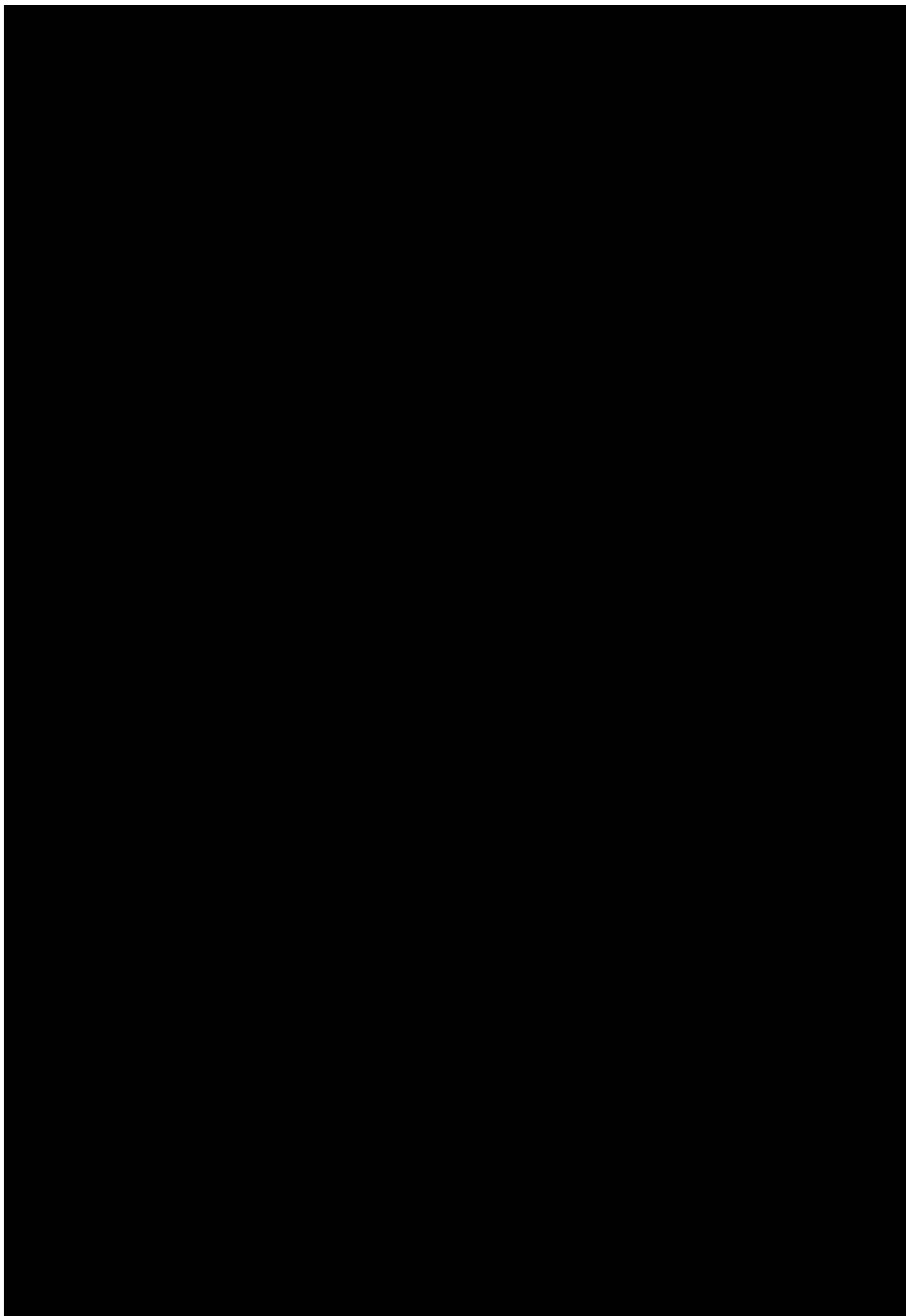


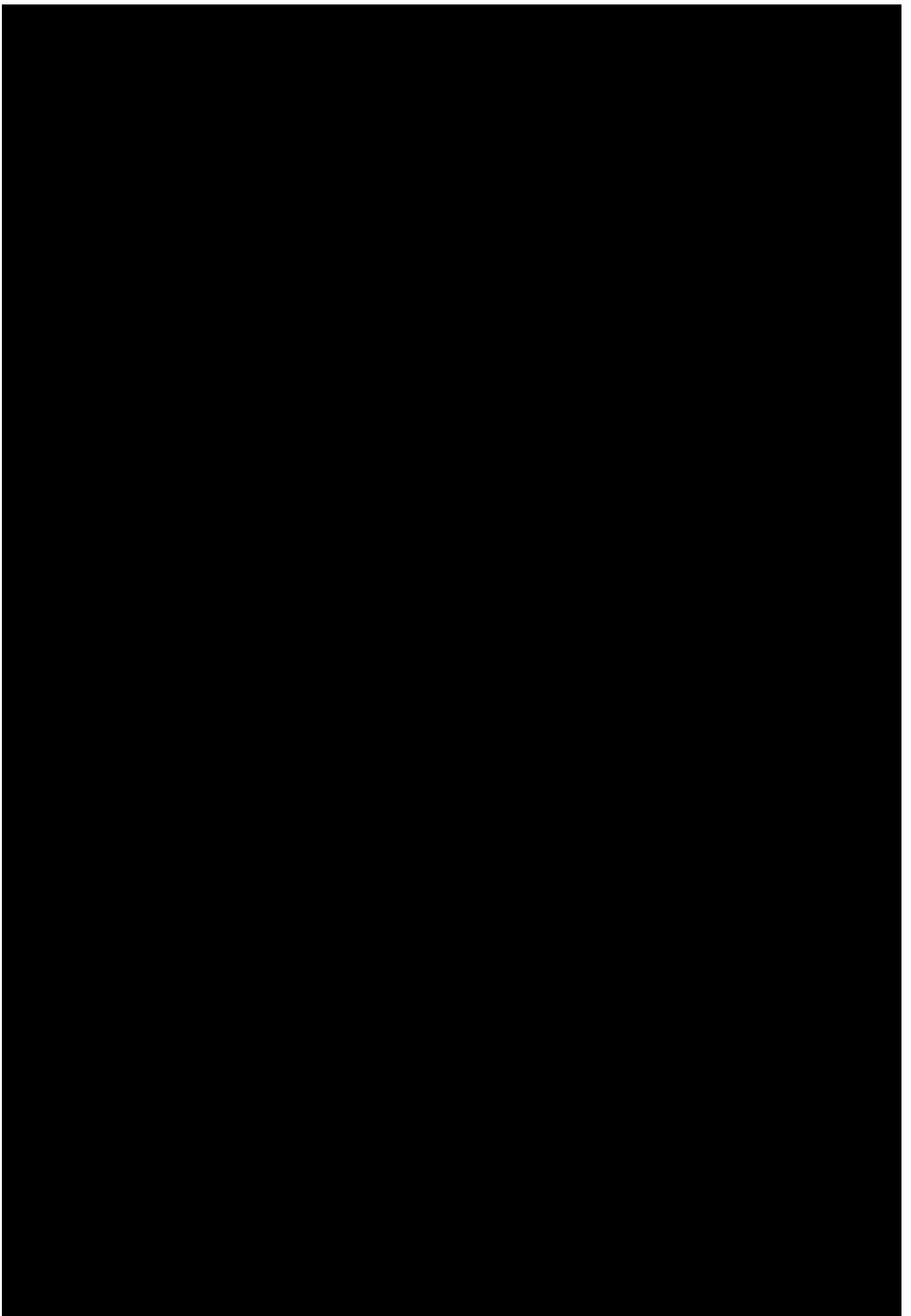


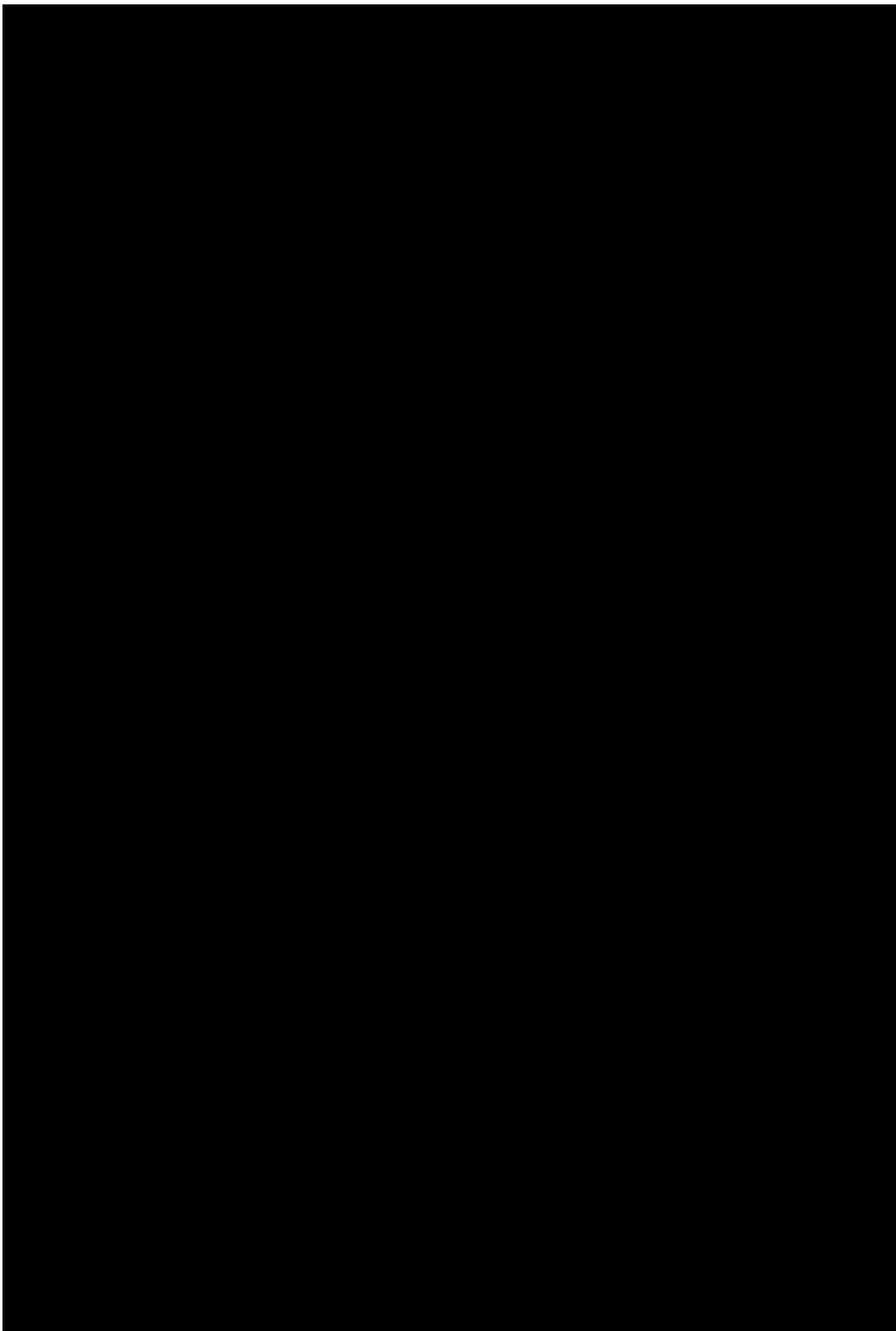


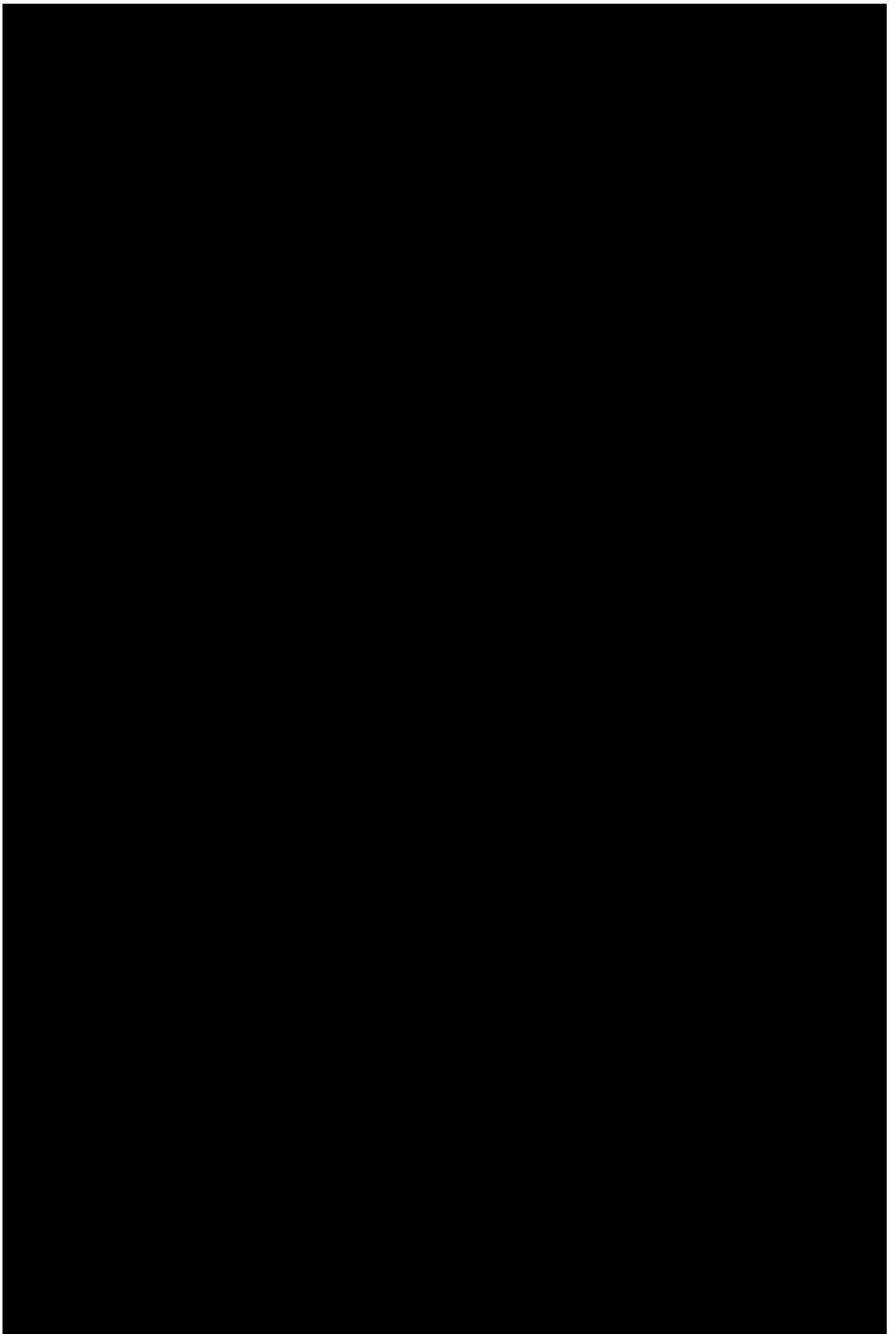












The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every sale, purchase, and payment must be properly documented to ensure the integrity of the financial statements. This includes recording the date, amount, and purpose of each transaction.

The second part of the document provides a detailed breakdown of the company's revenue streams. It identifies the primary sources of income and analyzes their contribution to the overall financial performance. This section also includes a comparison of current revenue trends with historical data to identify any significant changes or patterns.

The third part of the document focuses on the company's operating expenses. It details the various costs incurred in the course of business operations, such as salaries, rent, utilities, and marketing. This analysis helps in understanding the efficiency of the company's cost management and identifies areas for potential savings.

The fourth part of the document discusses the company's profit margins. It calculates the gross profit, operating profit, and net profit, providing a clear picture of the company's profitability. This section also includes a discussion on the factors that influence these margins and the company's strategies to improve them.

The fifth part of the document addresses the company's financial position and liquidity. It examines the balance sheet, showing the company's assets, liabilities, and equity. This analysis is crucial for assessing the company's ability to meet its short-term and long-term obligations.

The sixth part of the document discusses the company's cash flow. It details the inflows and outflows of cash, providing insight into the company's operational efficiency and its ability to generate sufficient cash to fund its growth and operations.

The seventh part of the document provides a summary of the company's financial performance over the reporting period. It highlights the key achievements and challenges, and offers recommendations for future financial management. This section also includes a forecast of the company's financial outlook for the following period.

The eighth part of the document discusses the company's compliance with applicable financial reporting standards and regulations. It ensures that all financial statements are prepared in accordance with the required accounting principles and are subject to external audit.

The ninth part of the document provides a detailed analysis of the company's debt and equity structure. It discusses the terms and conditions of any outstanding loans or bonds, and the company's capital structure. This analysis is important for understanding the company's financial risk and its ability to raise capital.

The tenth part of the document discusses the company's financial ratios and indicators. It calculates key metrics such as the current ratio, debt-to-equity ratio, and return on equity, providing a quantitative measure of the company's financial health and performance.

The eleventh part of the document provides a detailed analysis of the company's financial statements. It includes a breakdown of the income statement, balance sheet, and cash flow statement, and discusses the implications of each statement for the company's overall financial position.

The twelfth part of the document discusses the company's financial reporting process. It details the internal controls and procedures in place to ensure the accuracy and reliability of the financial statements. This section also includes a discussion on the role of the board of directors and the audit committee in overseeing the financial reporting process.

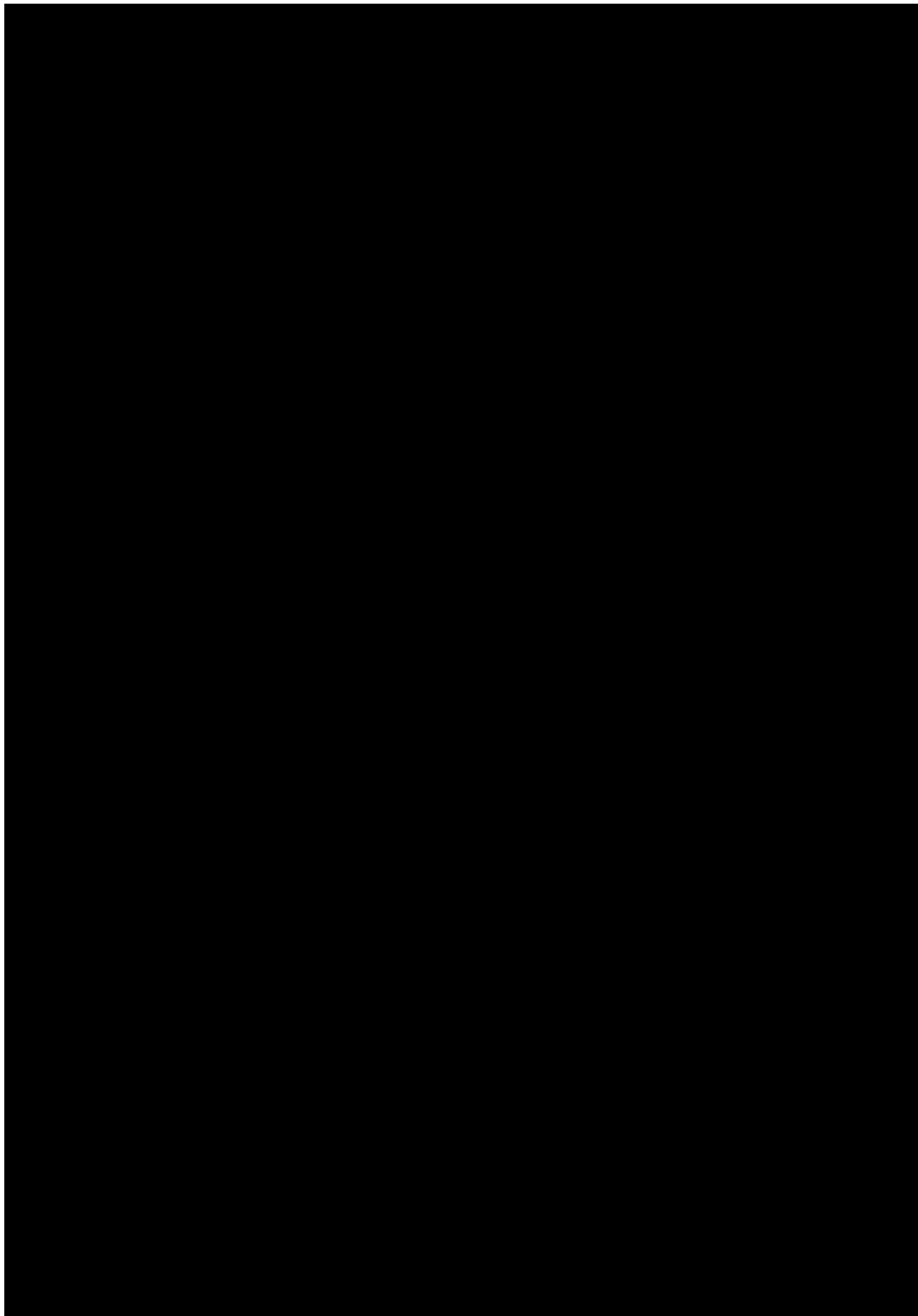
The thirteenth part of the document provides a detailed analysis of the company's financial performance relative to its peers in the industry. It compares key financial metrics such as revenue, profit margins, and return on equity, providing a benchmark for the company's performance.

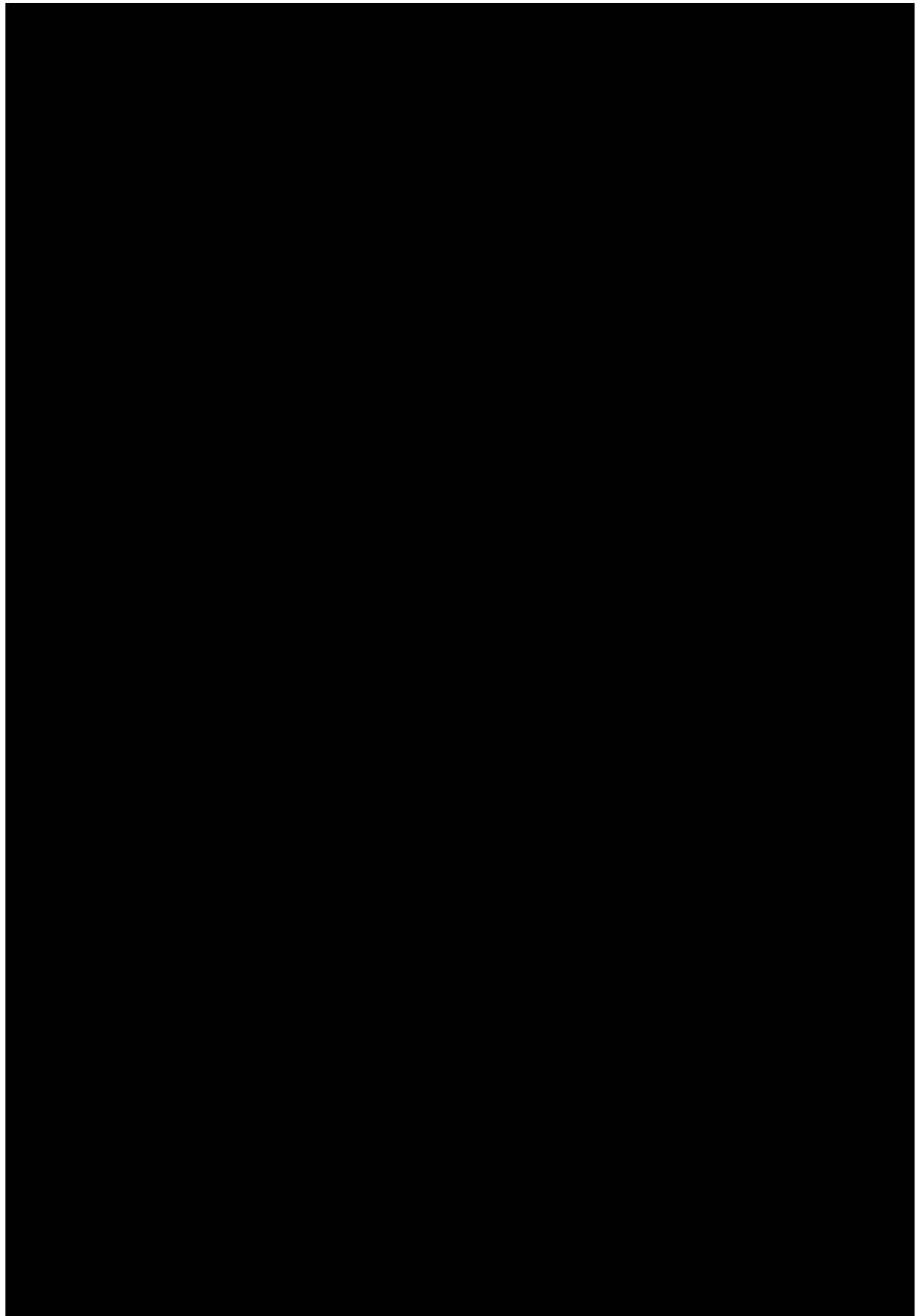
The fourteenth part of the document discusses the company's financial strategy and its alignment with the overall business strategy. It details the company's long-term financial goals and the actions it is taking to achieve them. This section also includes a discussion on the company's risk management and capital allocation strategies.

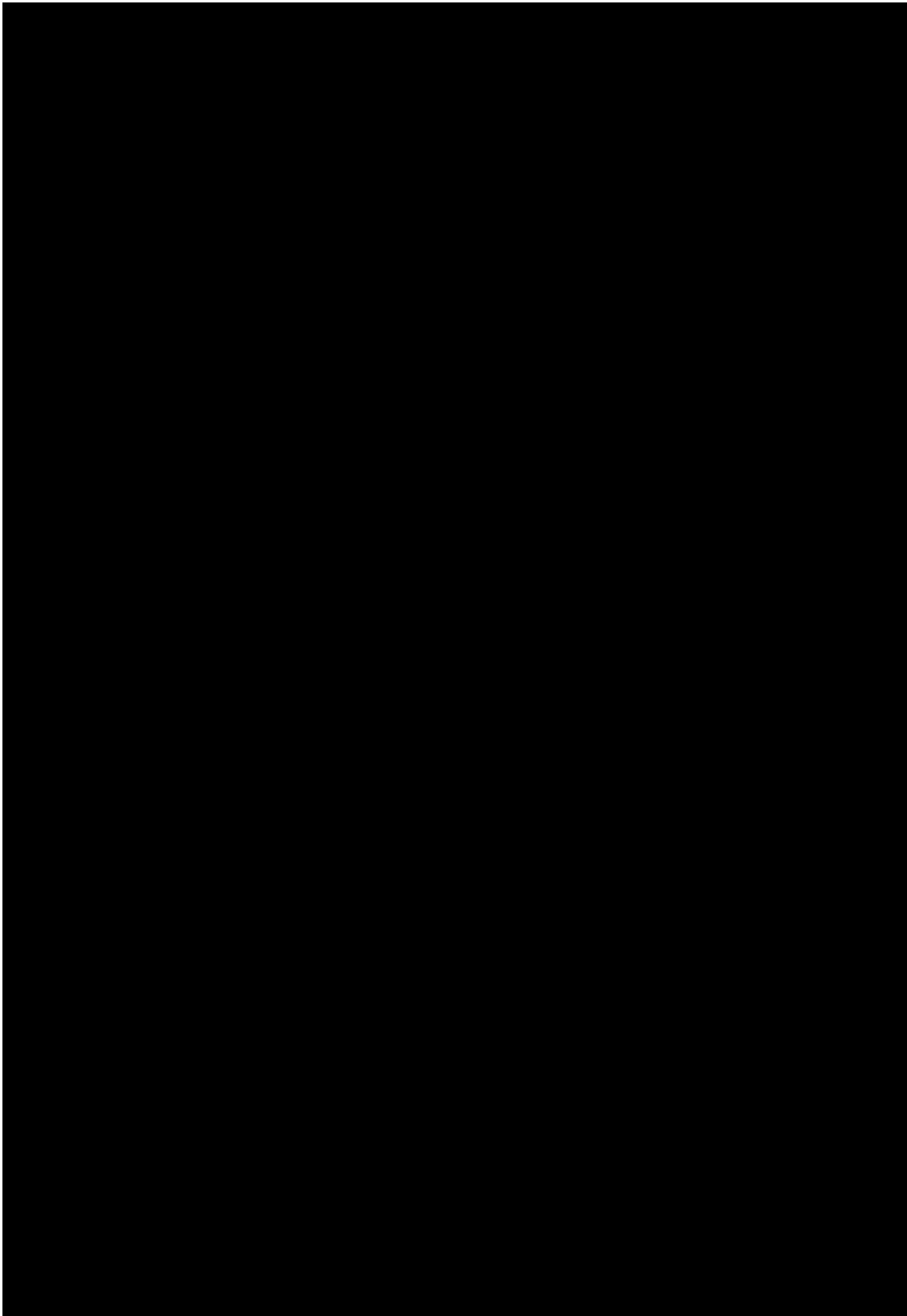
The fifteenth part of the document provides a detailed analysis of the company's financial performance over the reporting period. It includes a summary of the key findings and conclusions, and offers recommendations for future financial management. This section also includes a discussion on the company's financial reporting process and the role of the board of directors and the audit committee.

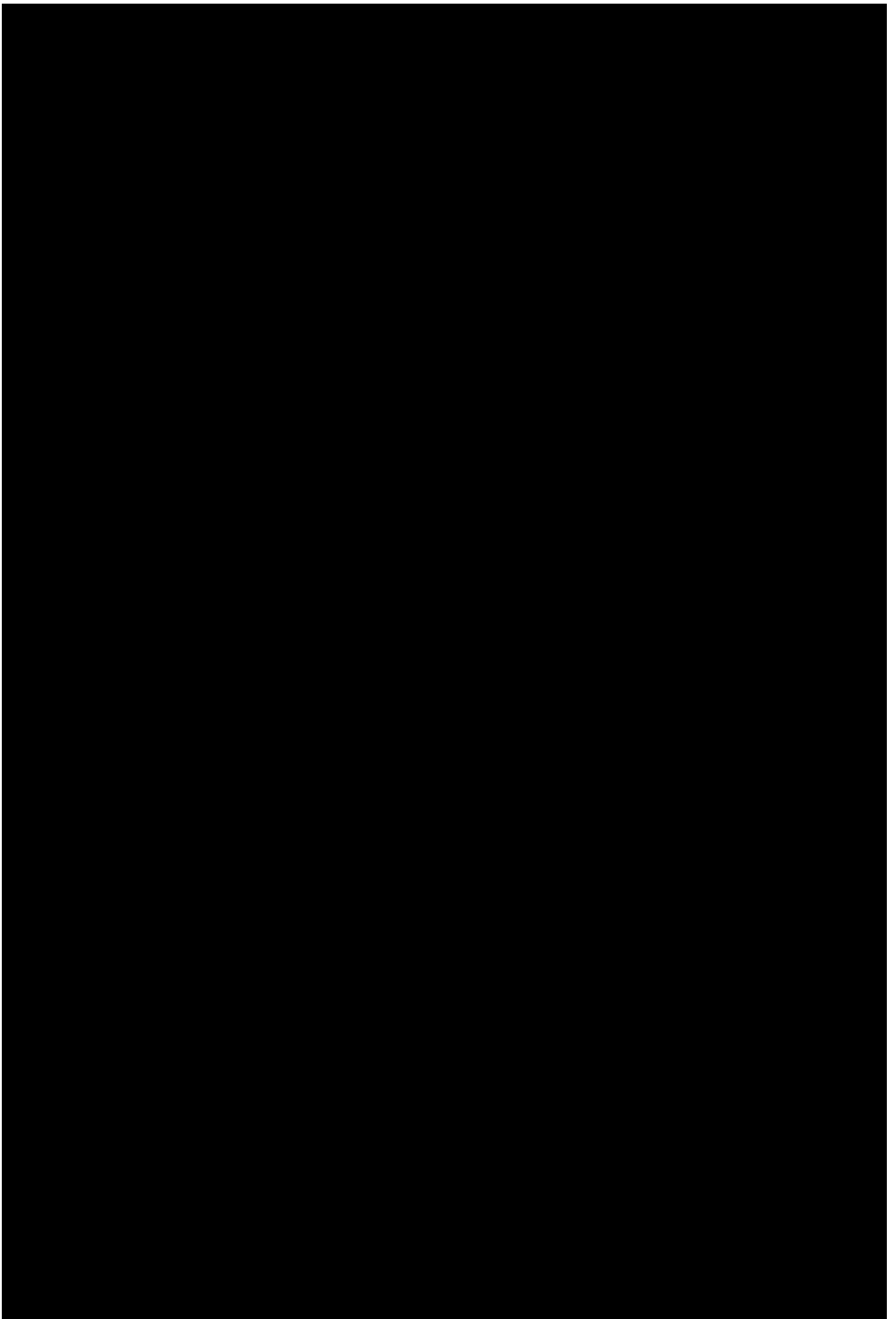


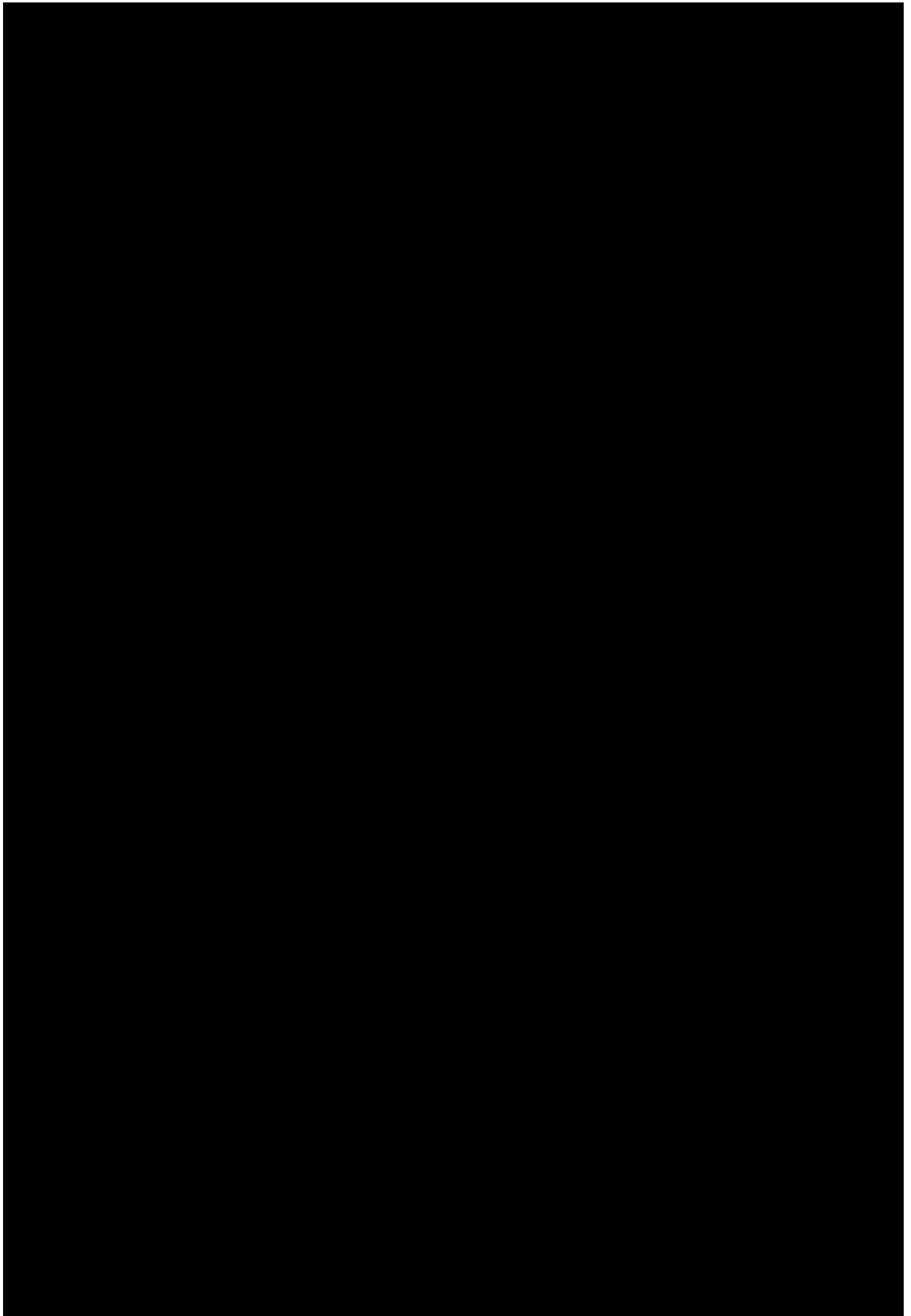


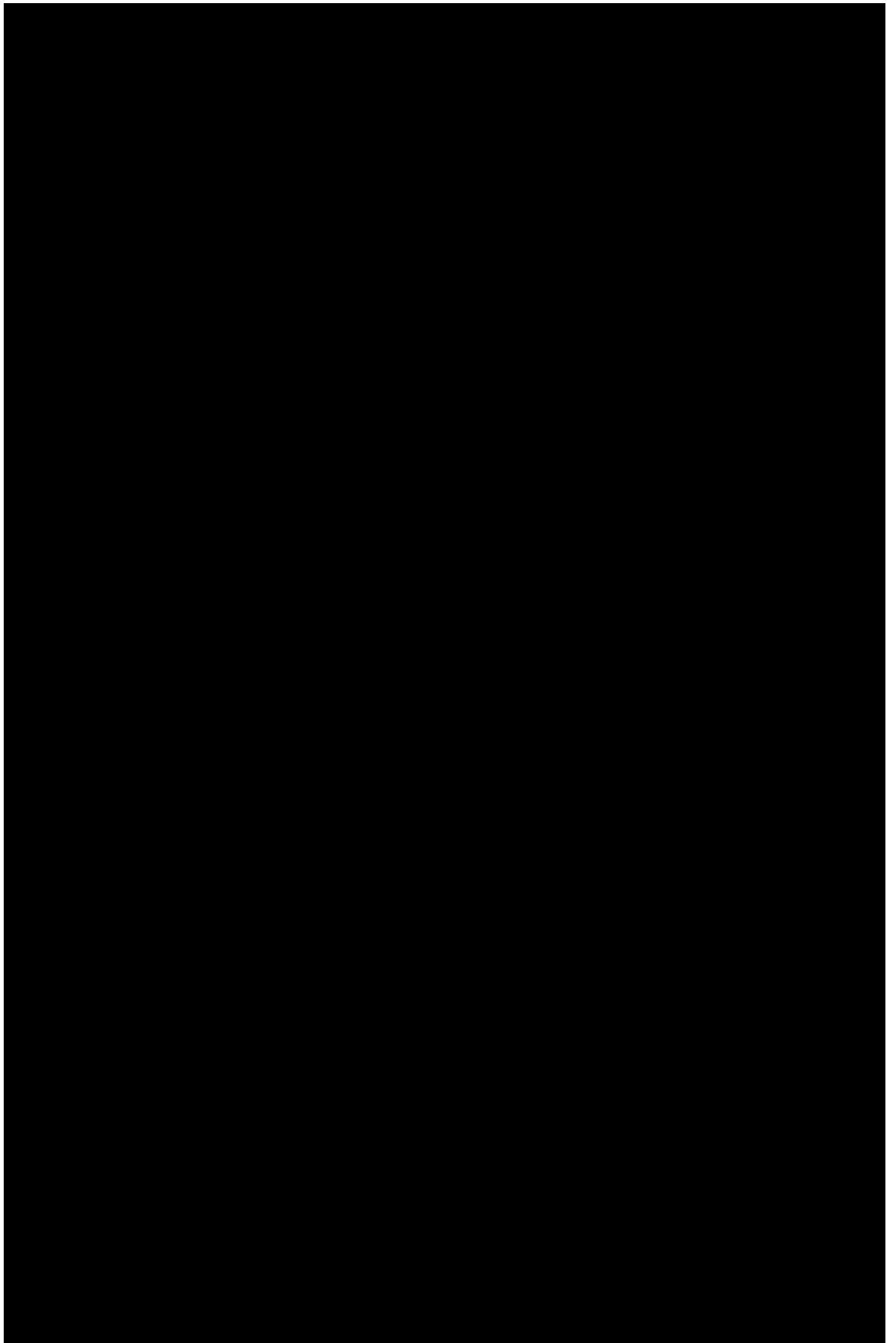


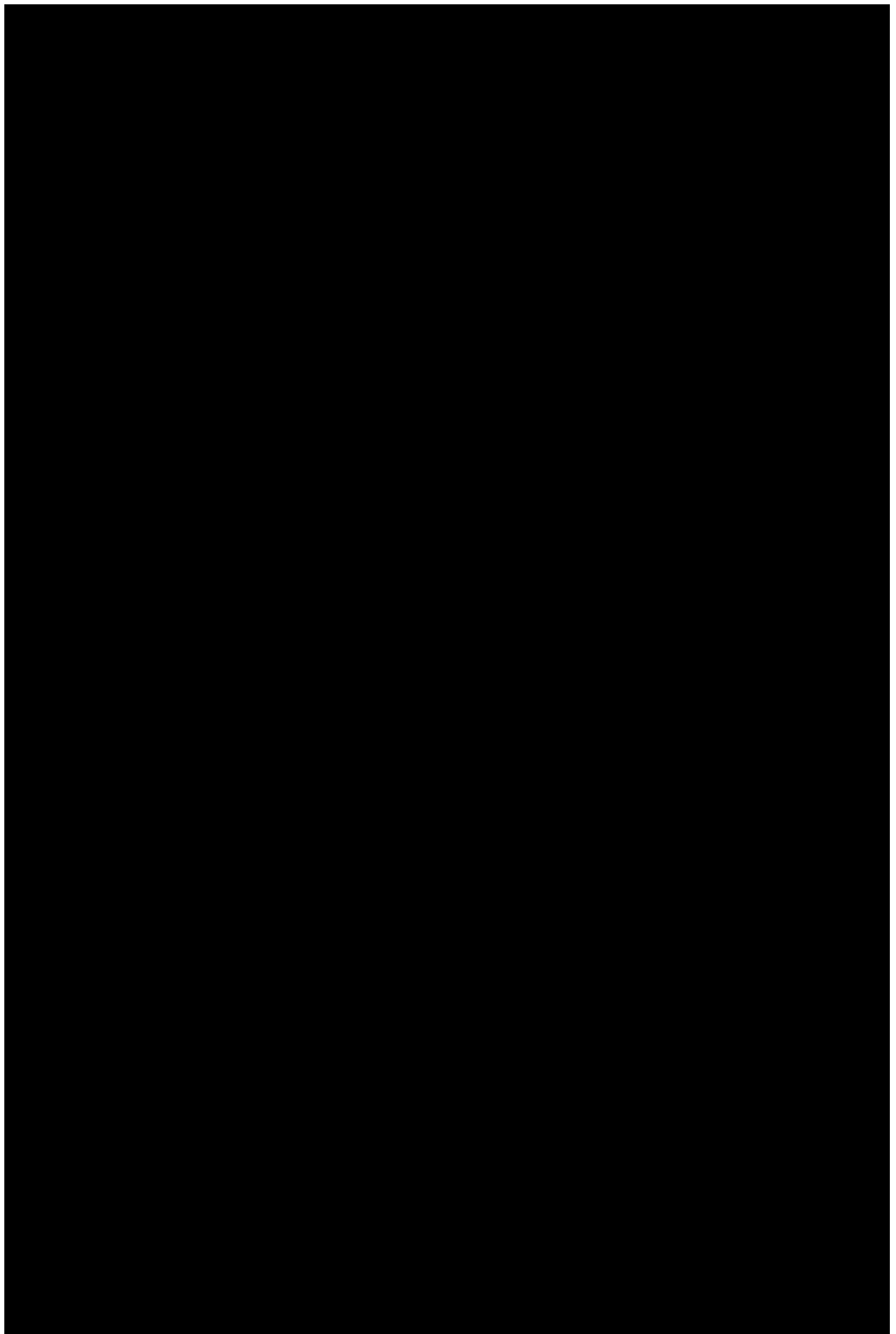




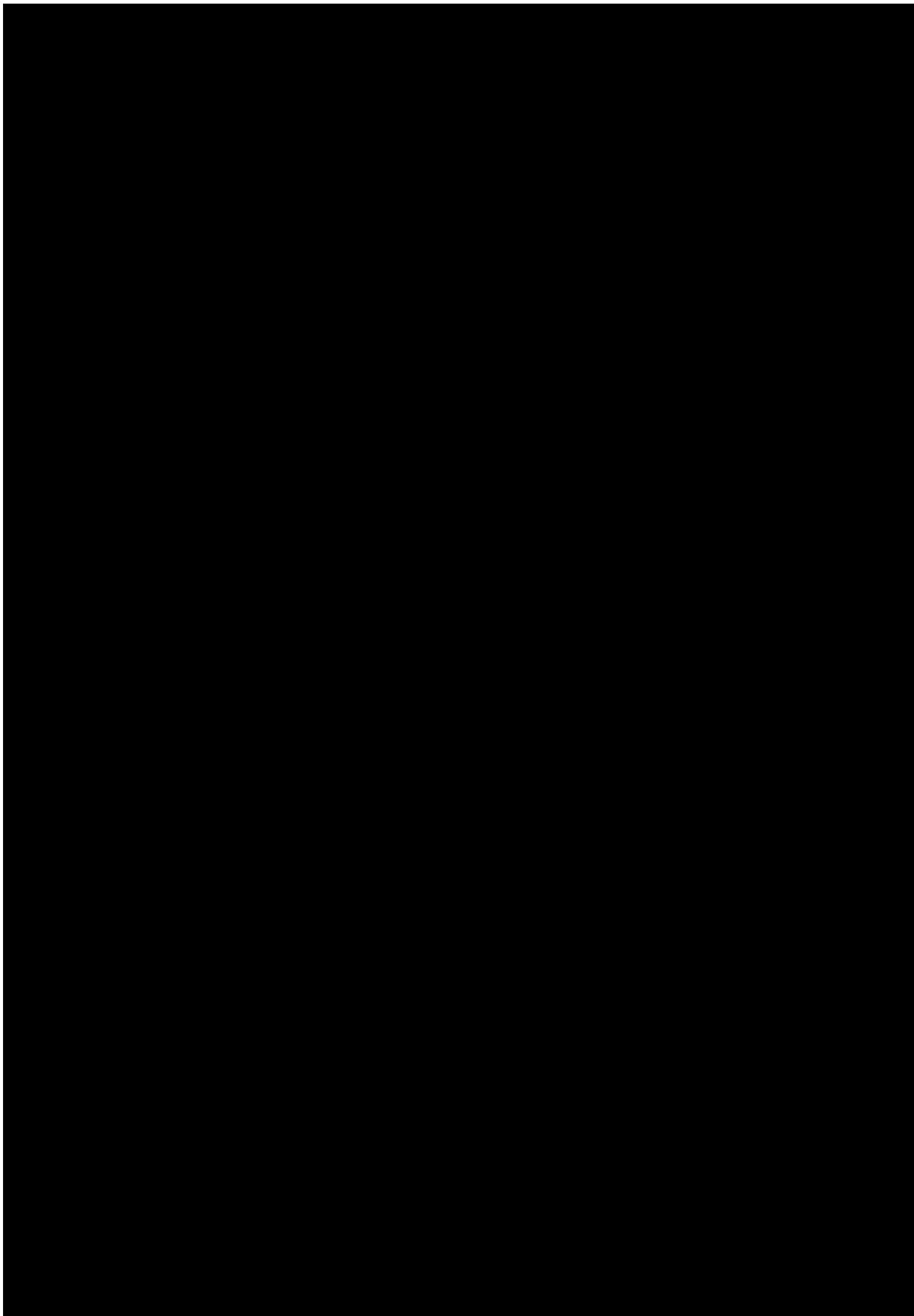


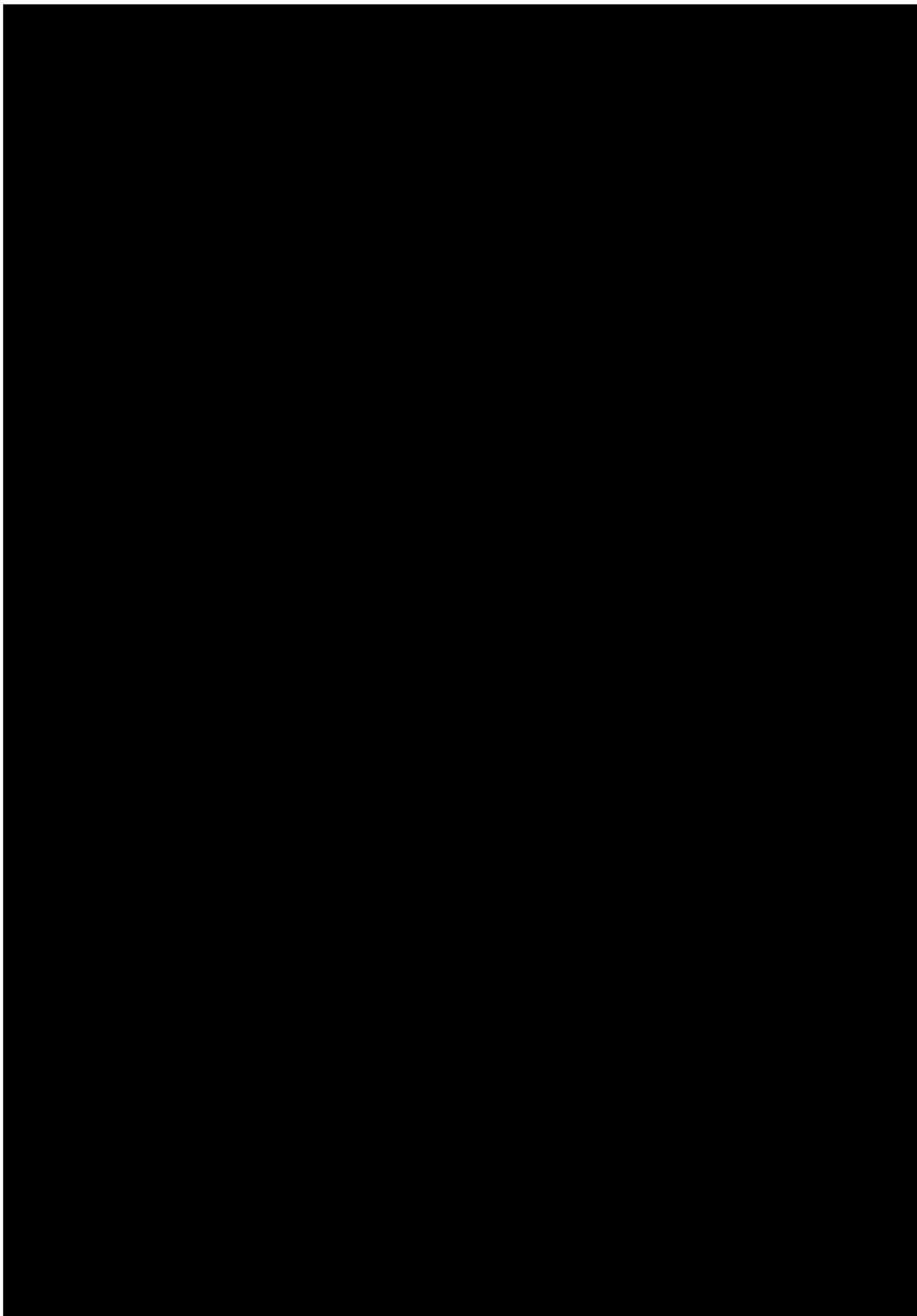


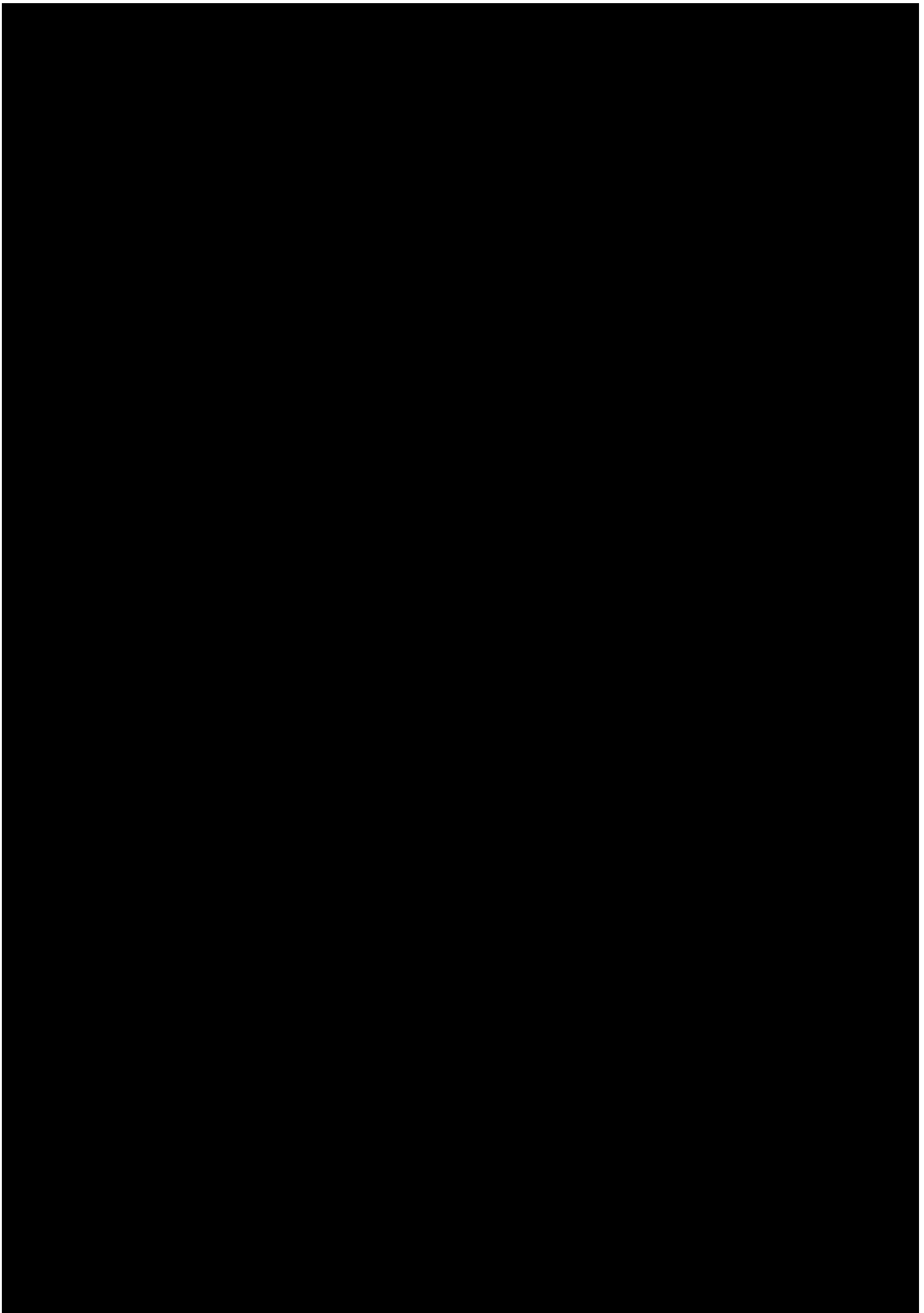


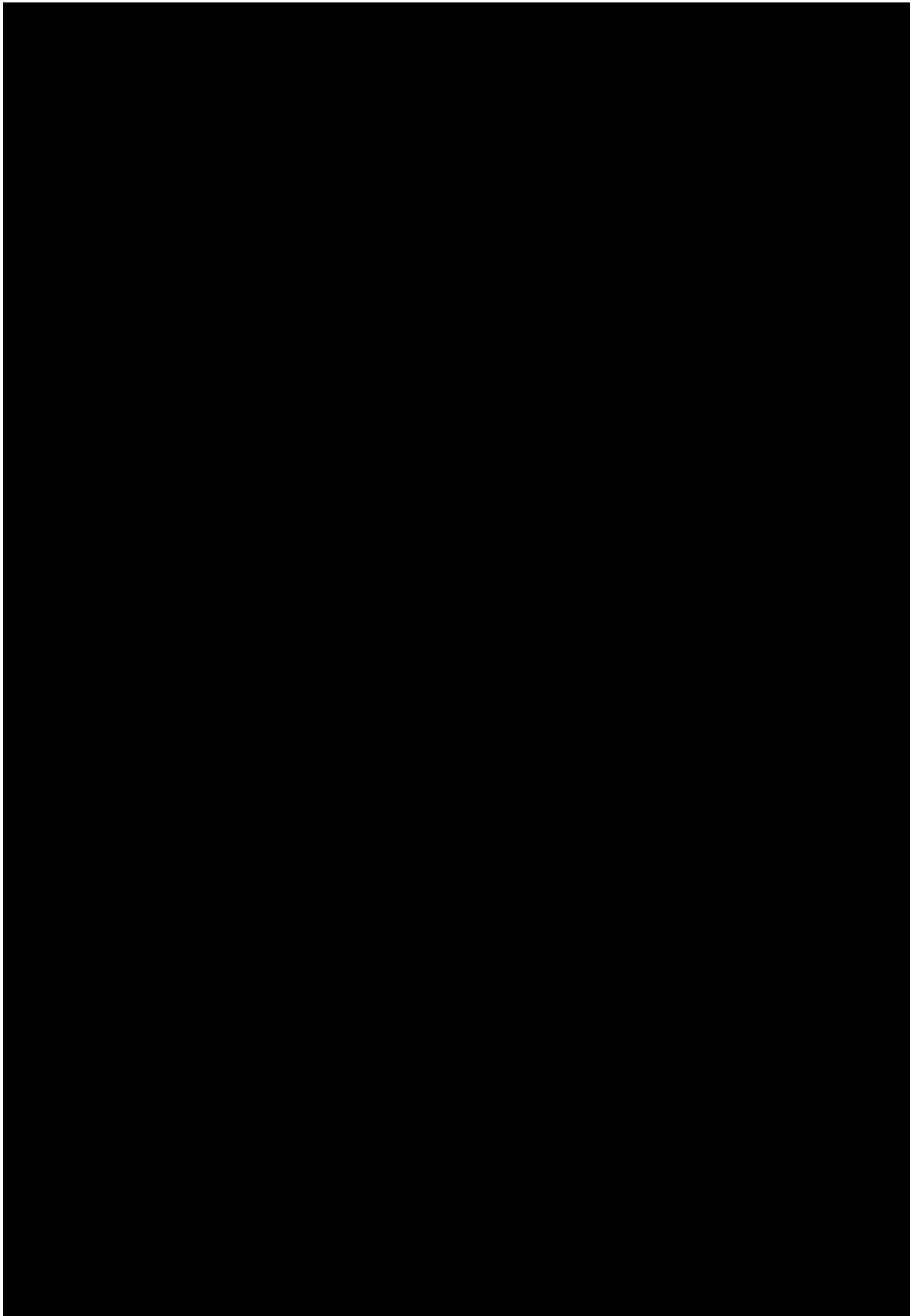


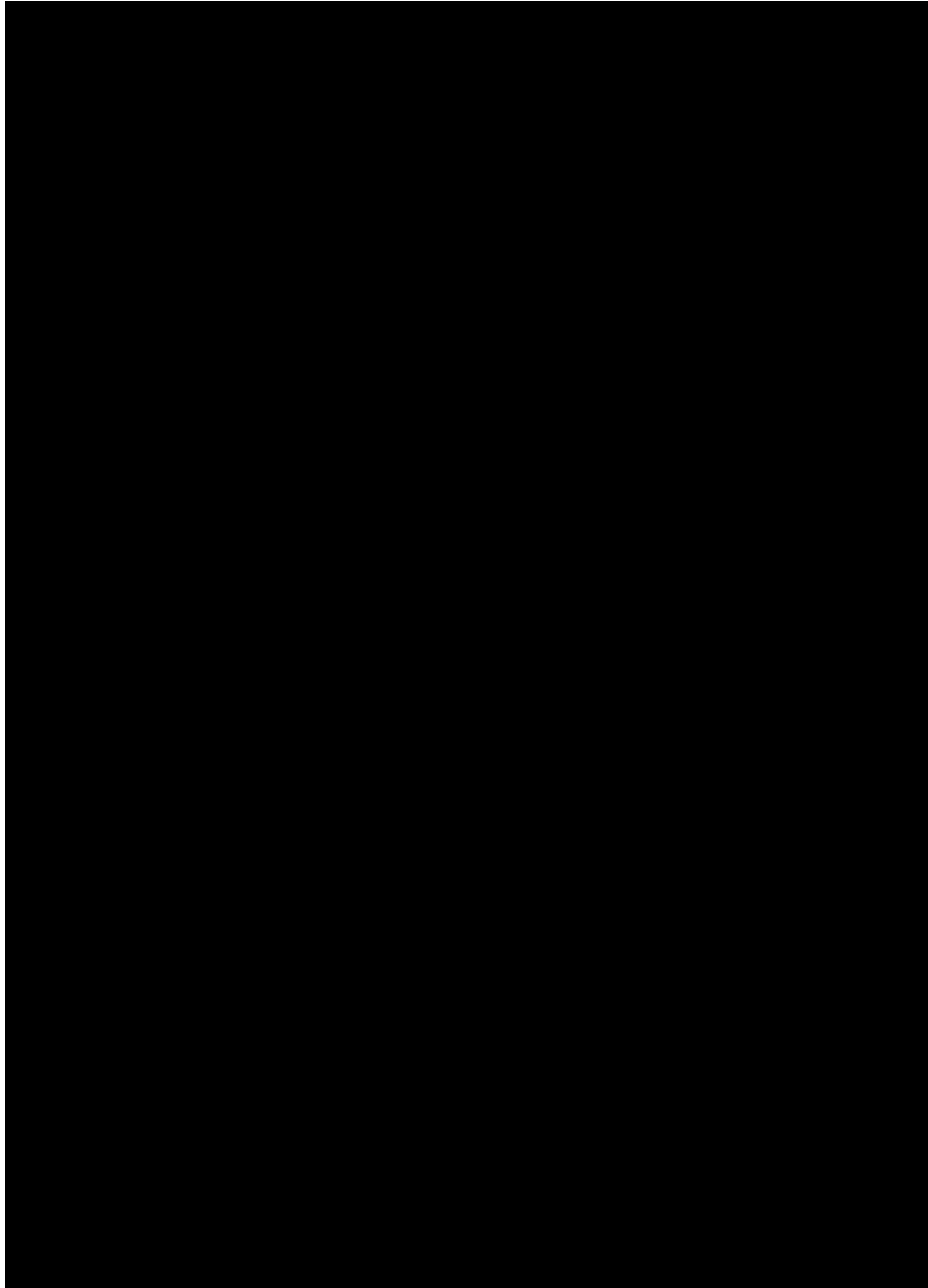


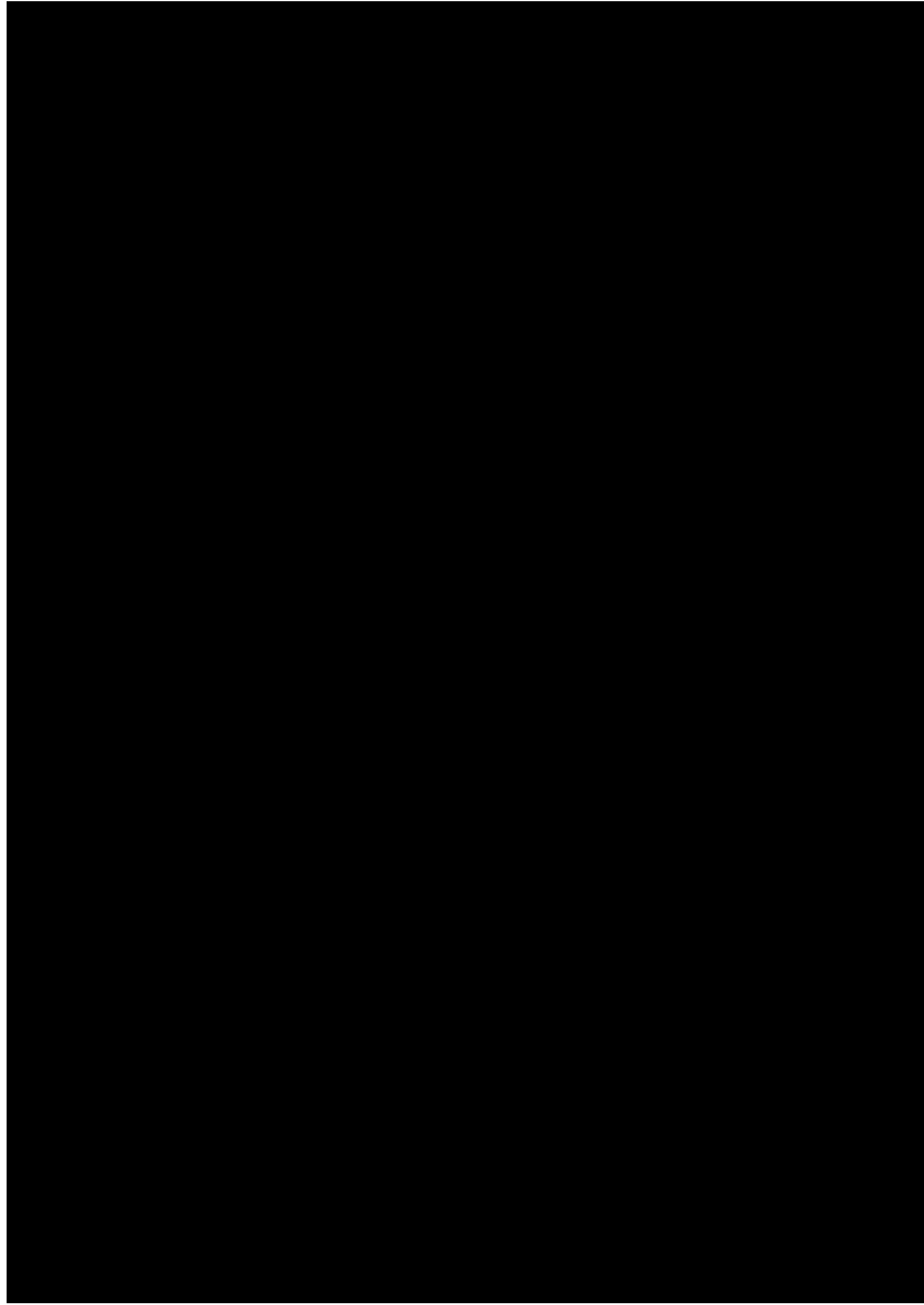


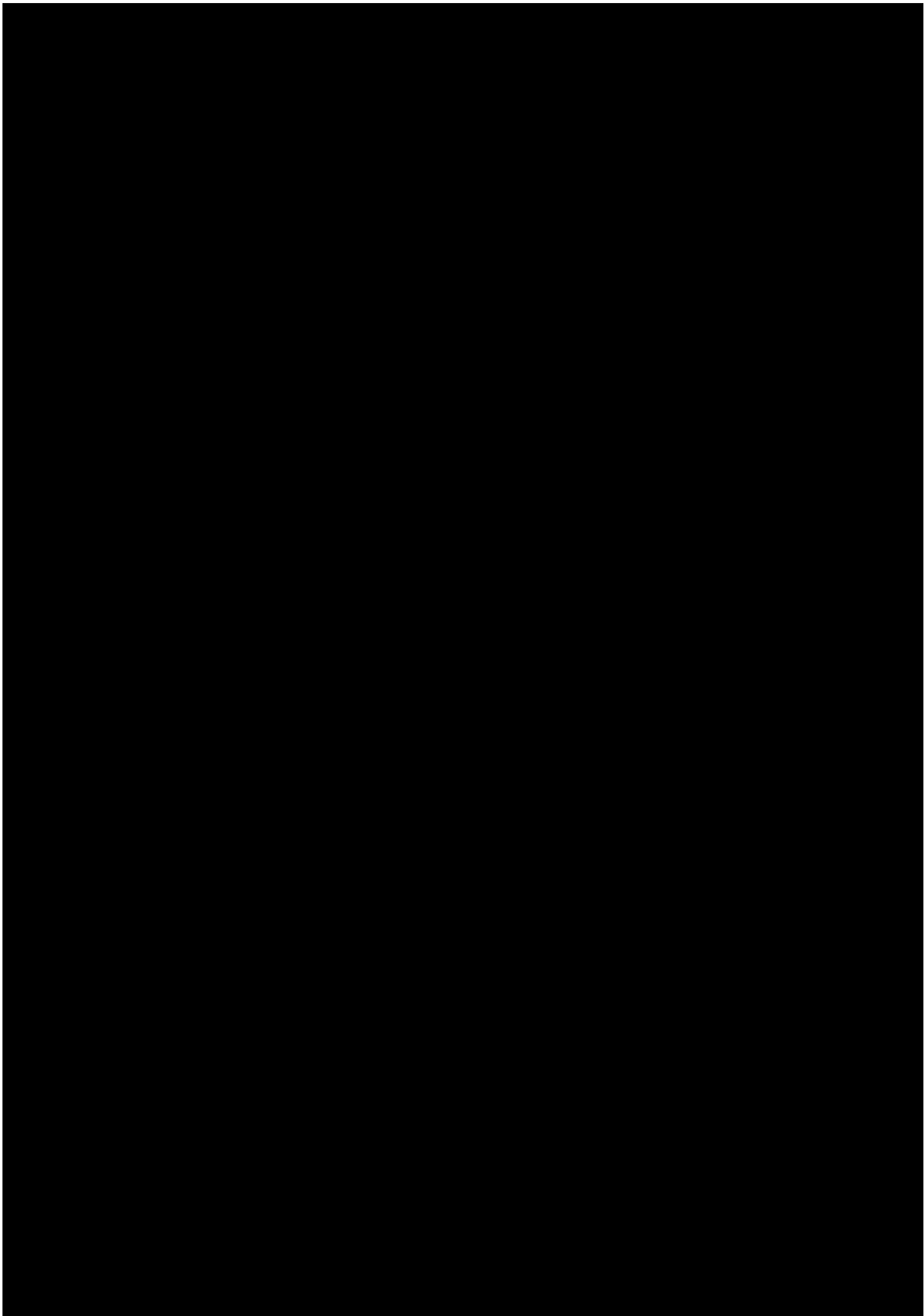


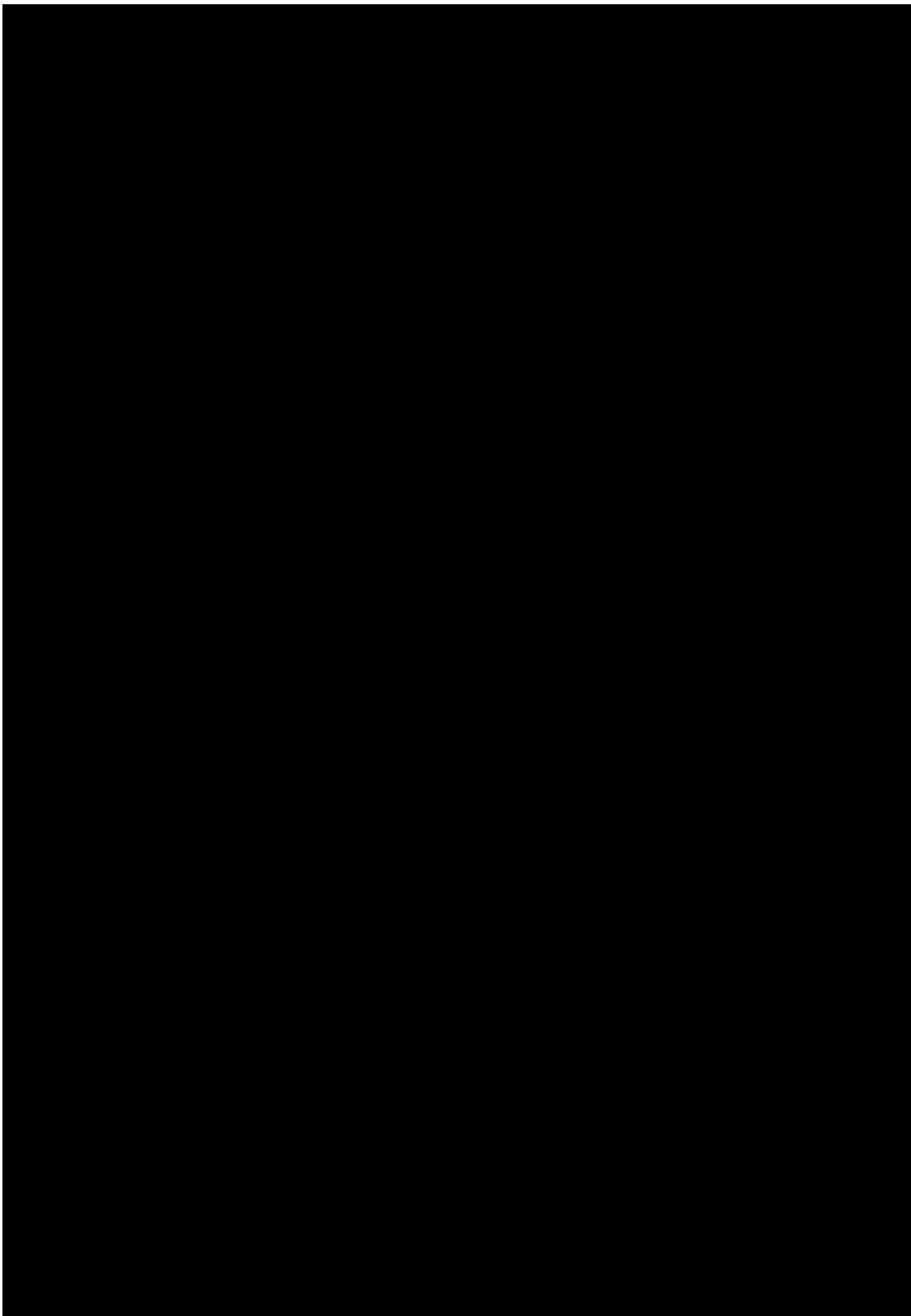




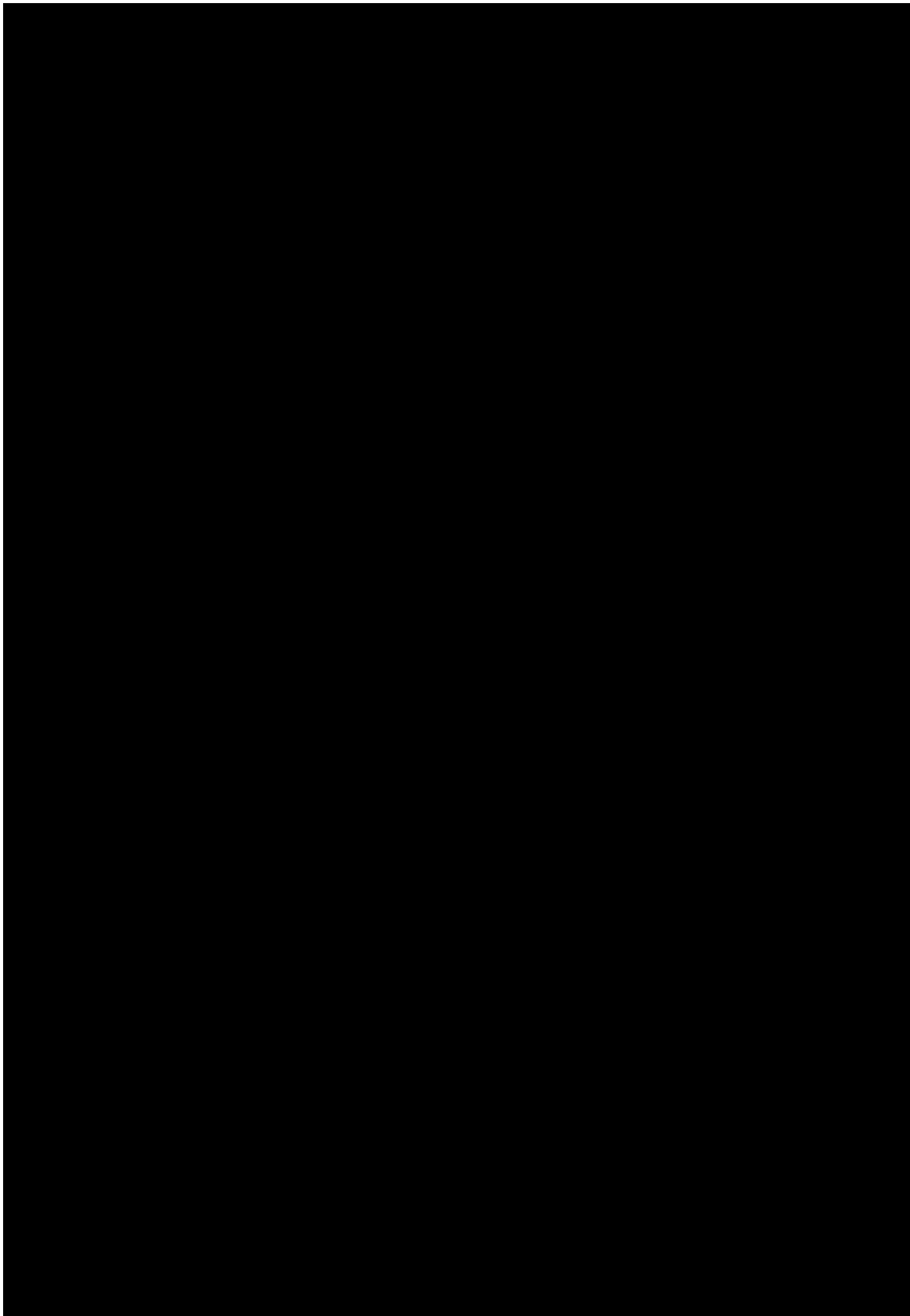


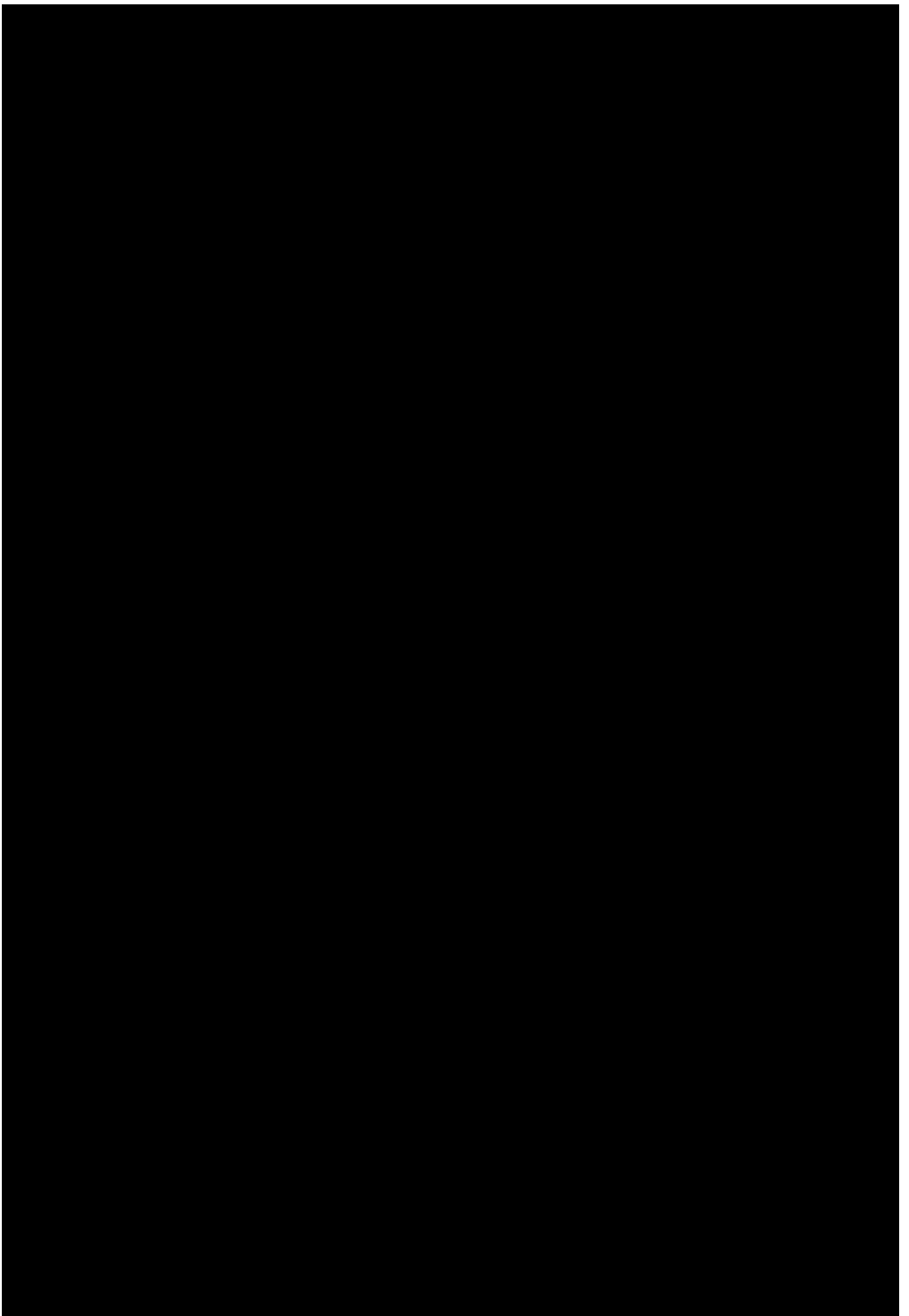


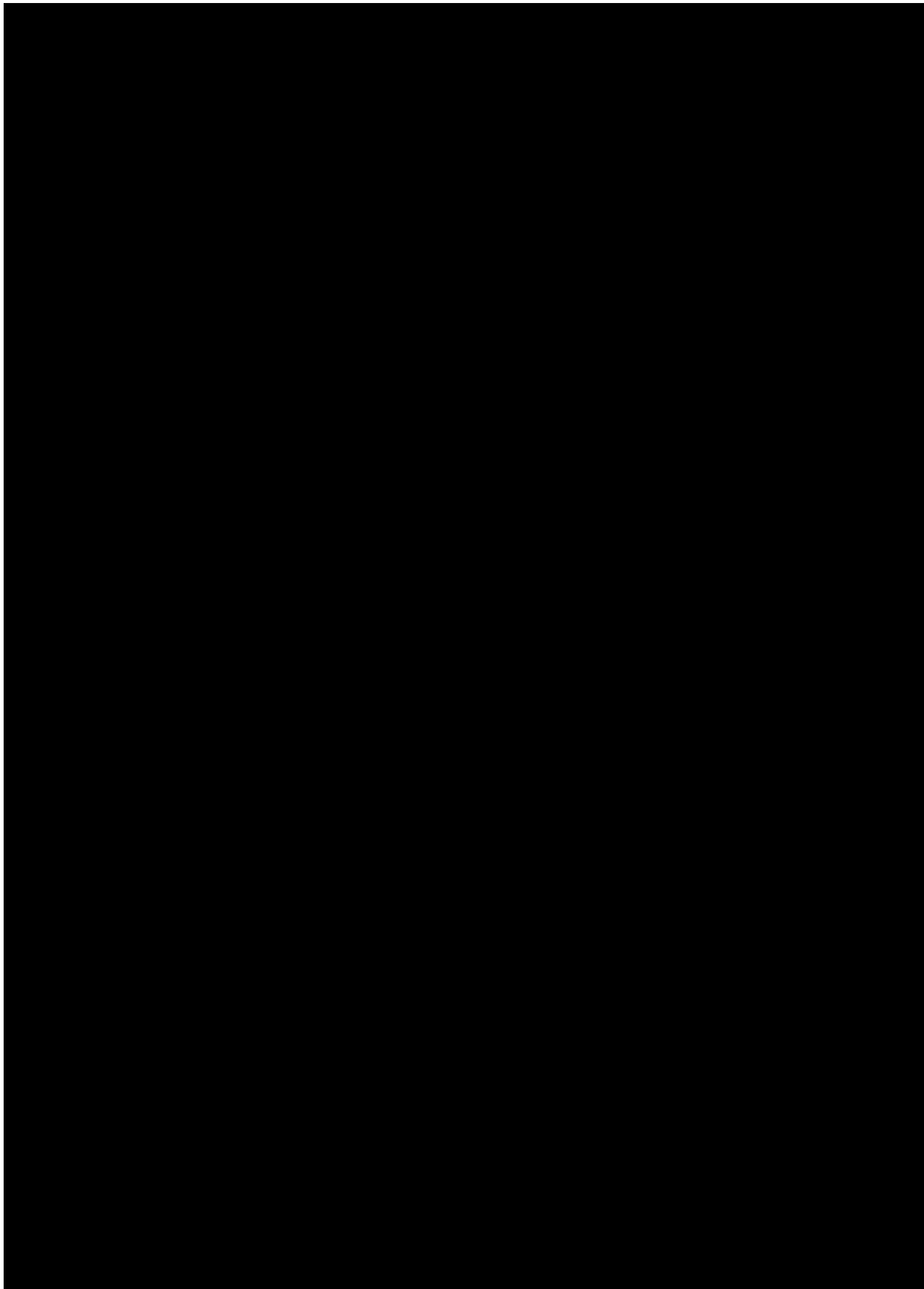


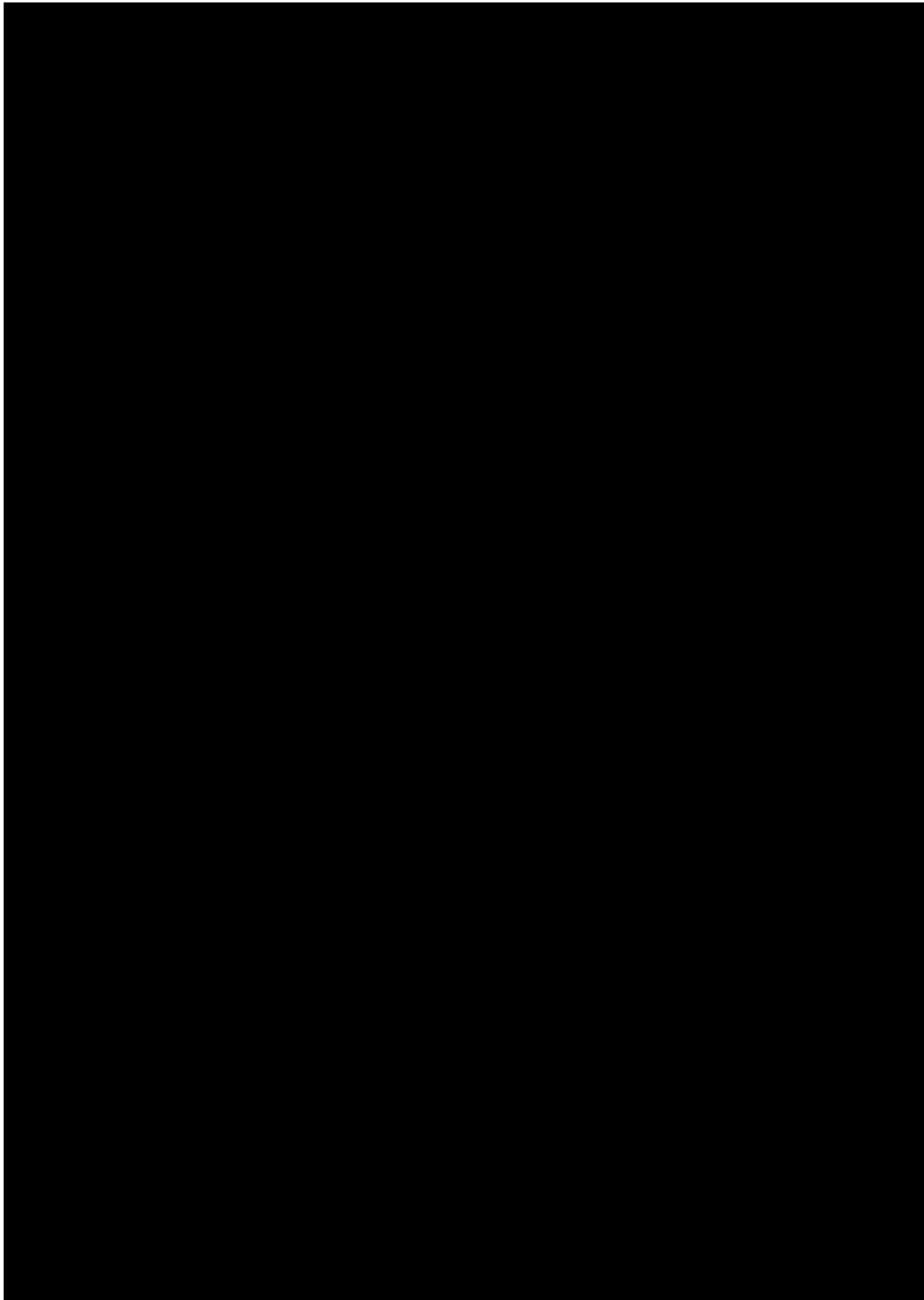


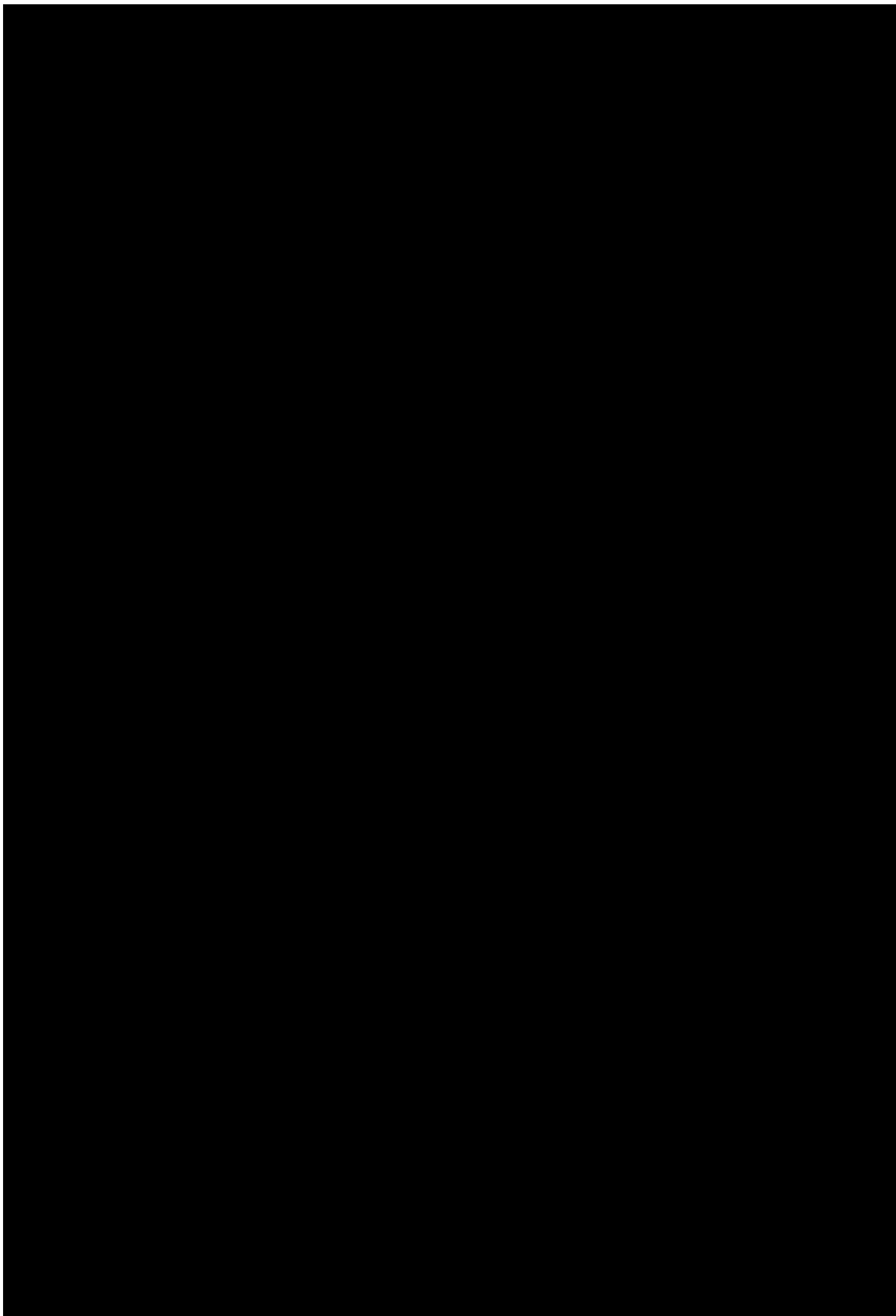


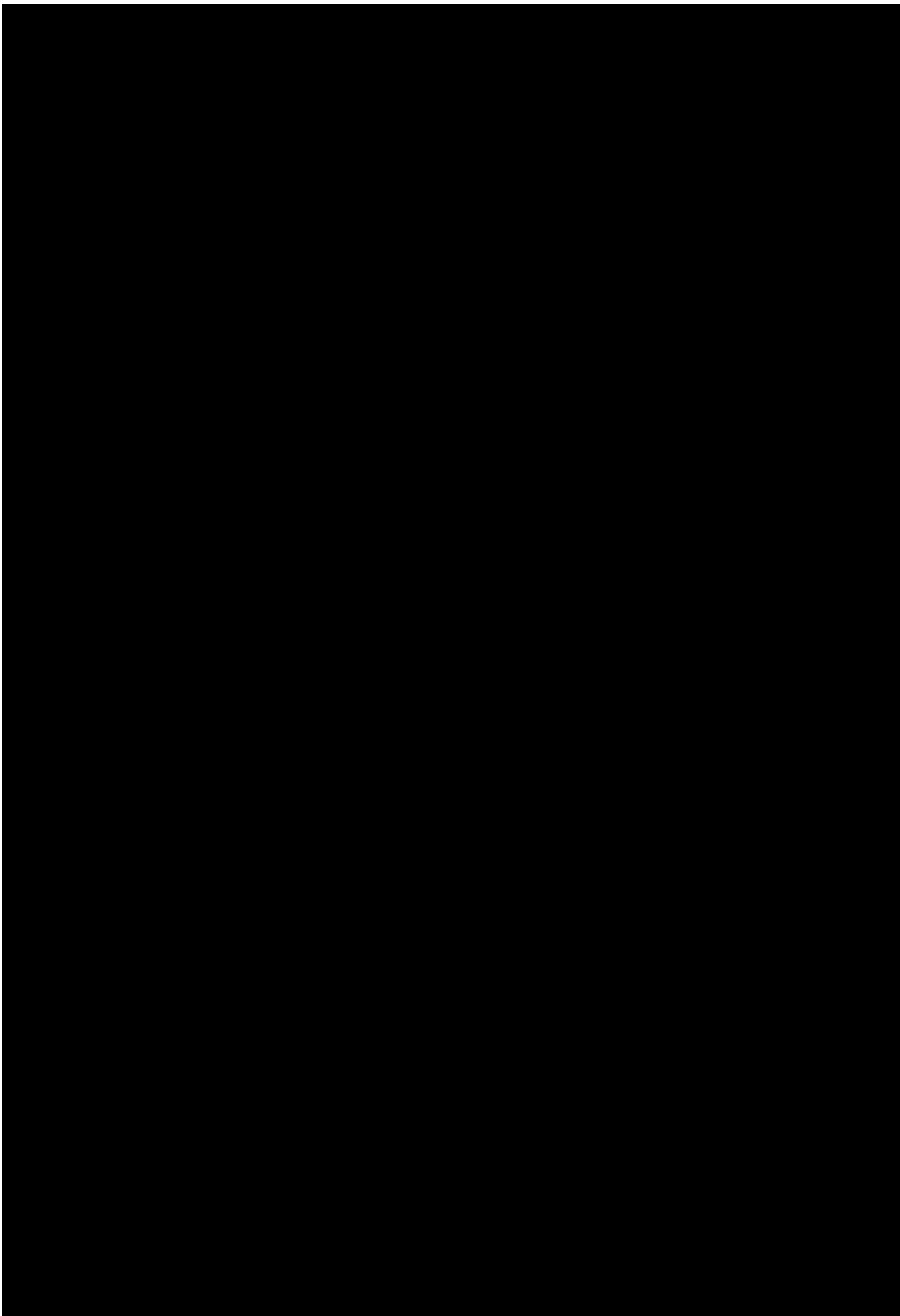


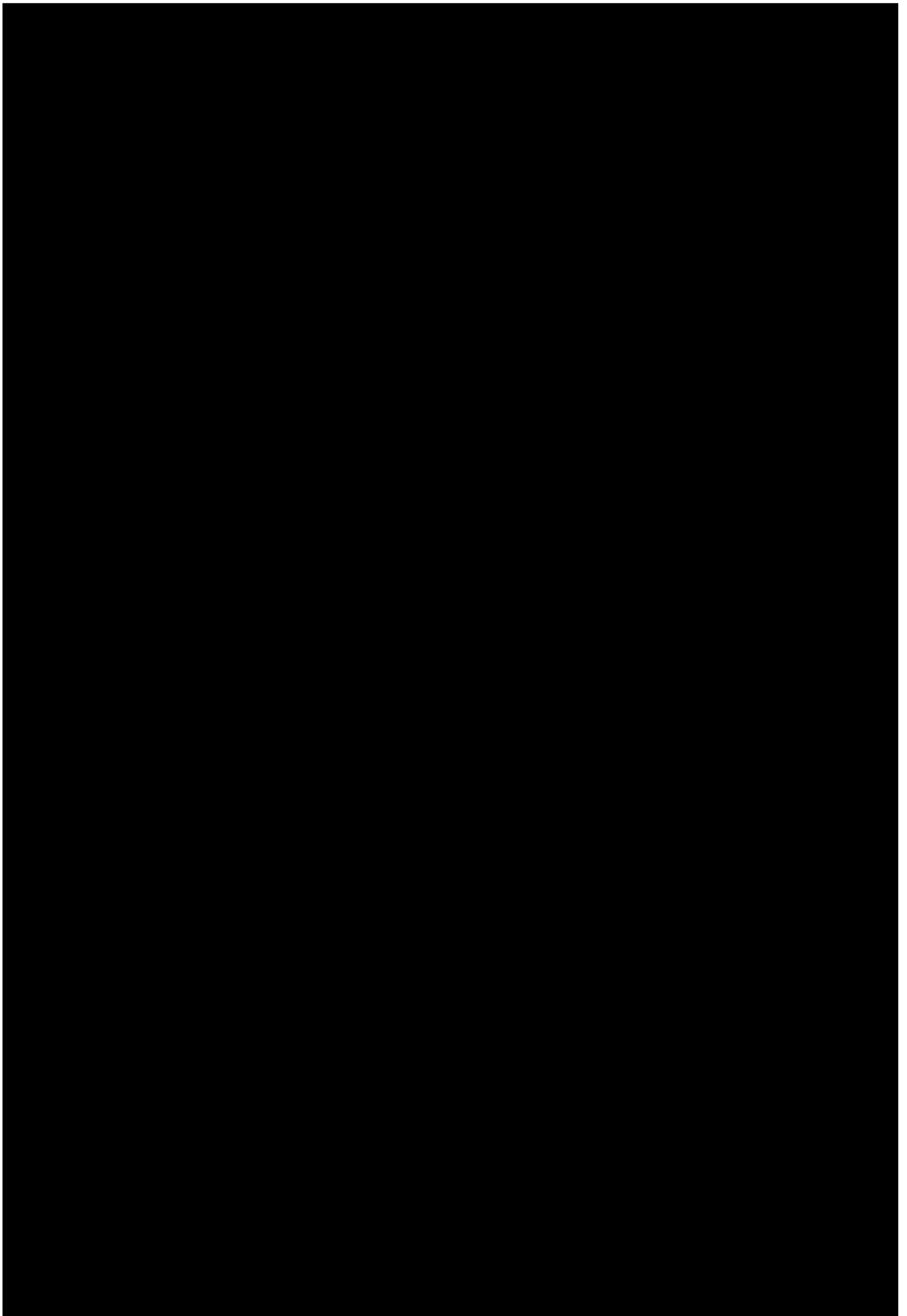


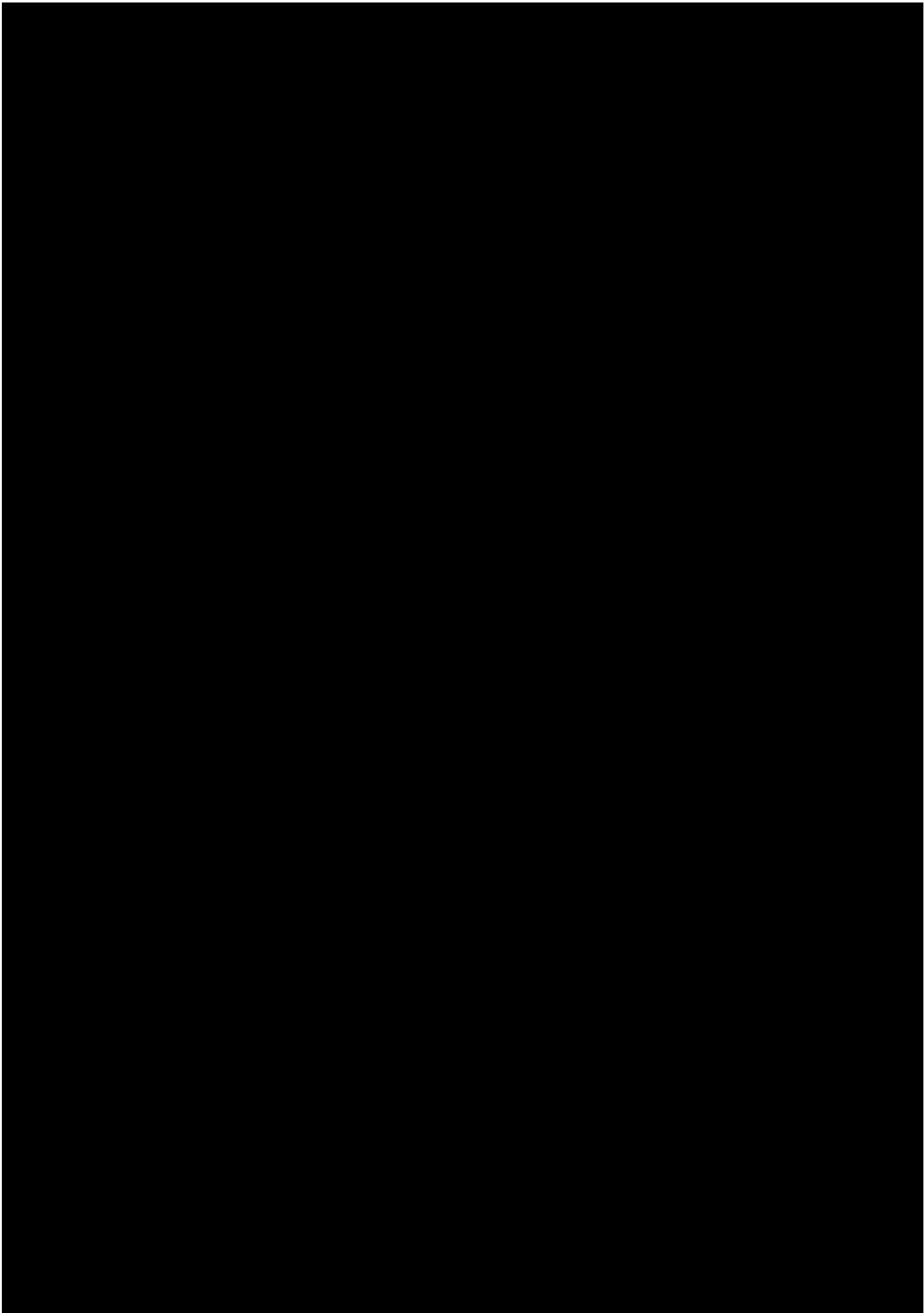




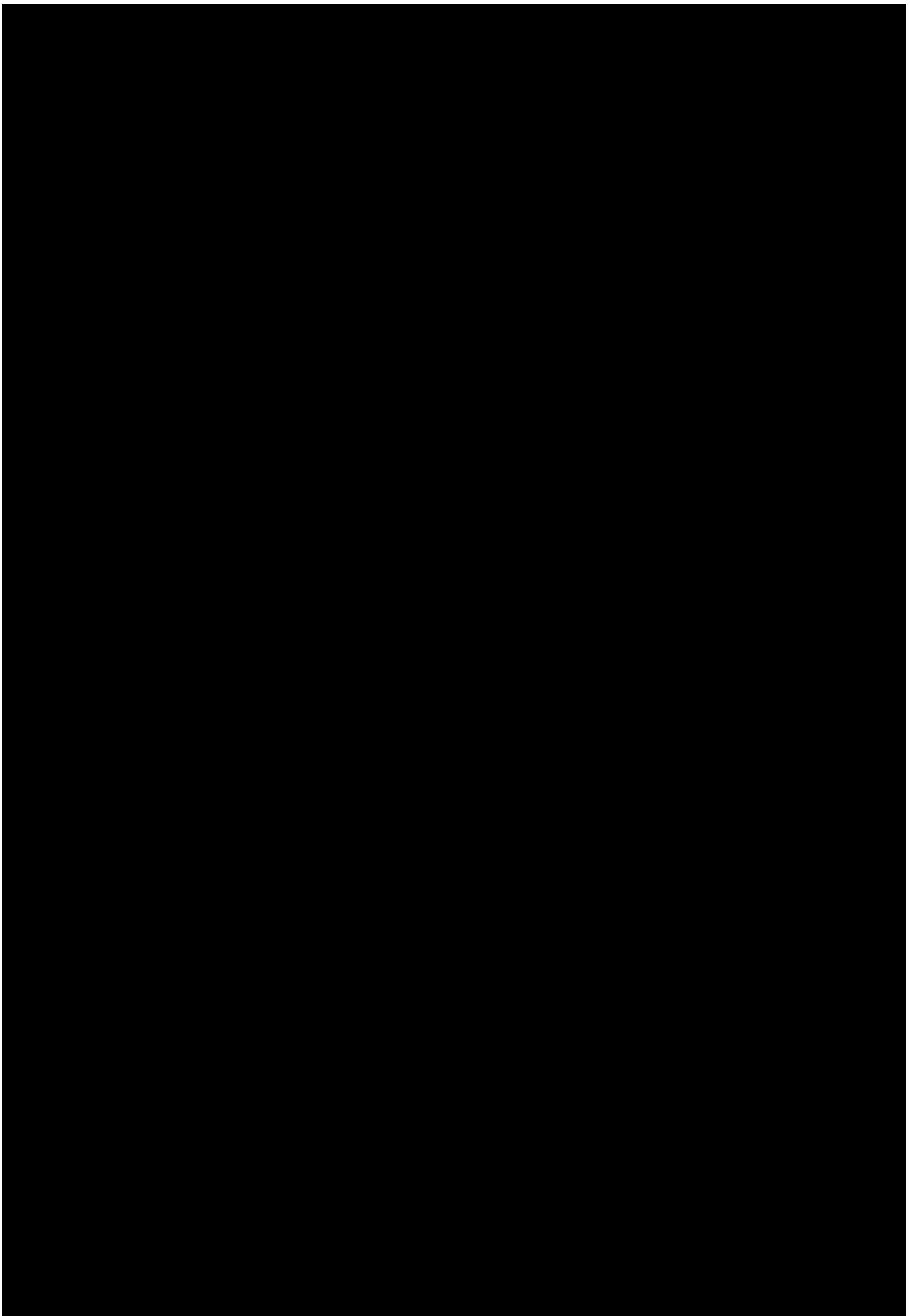


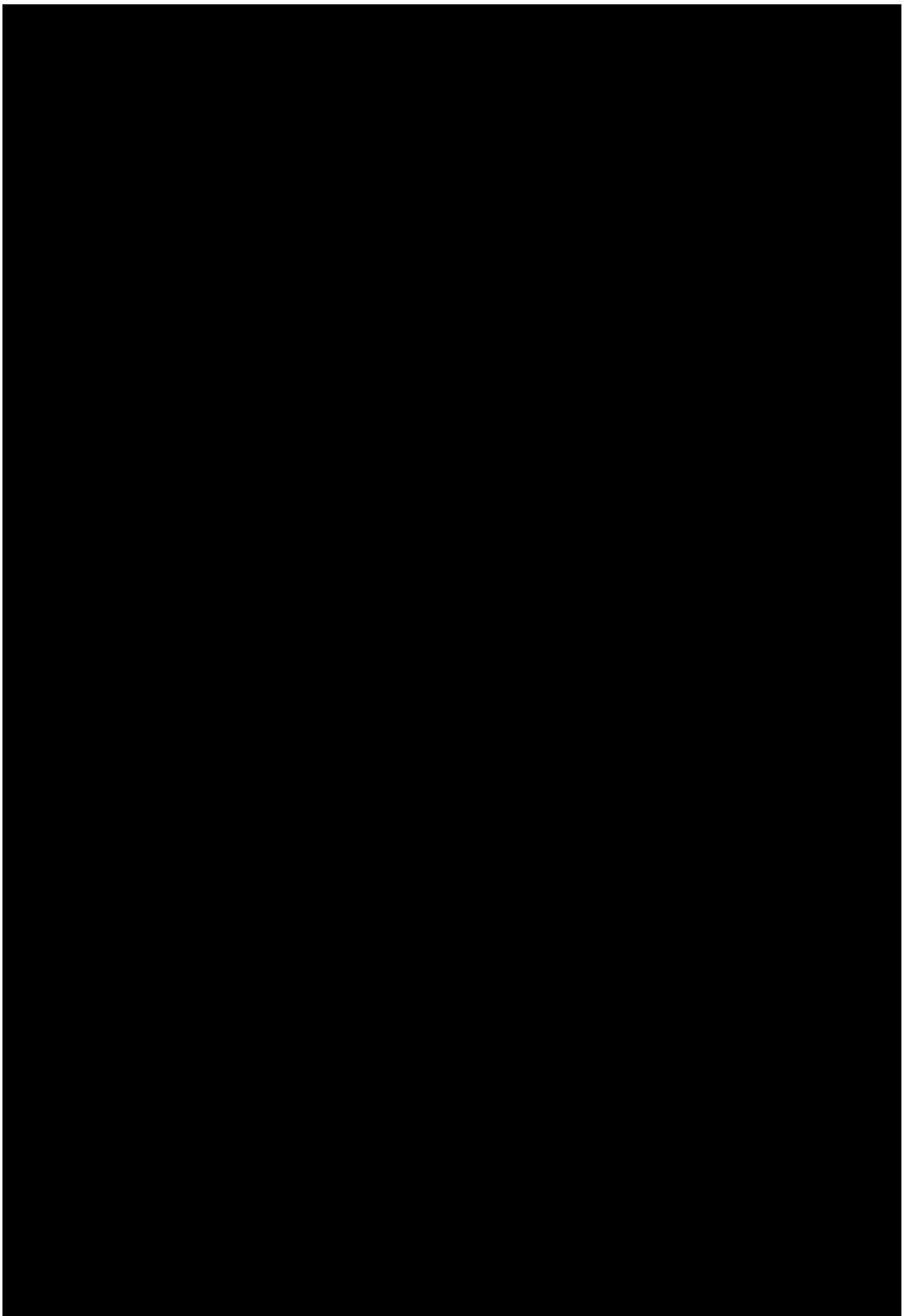


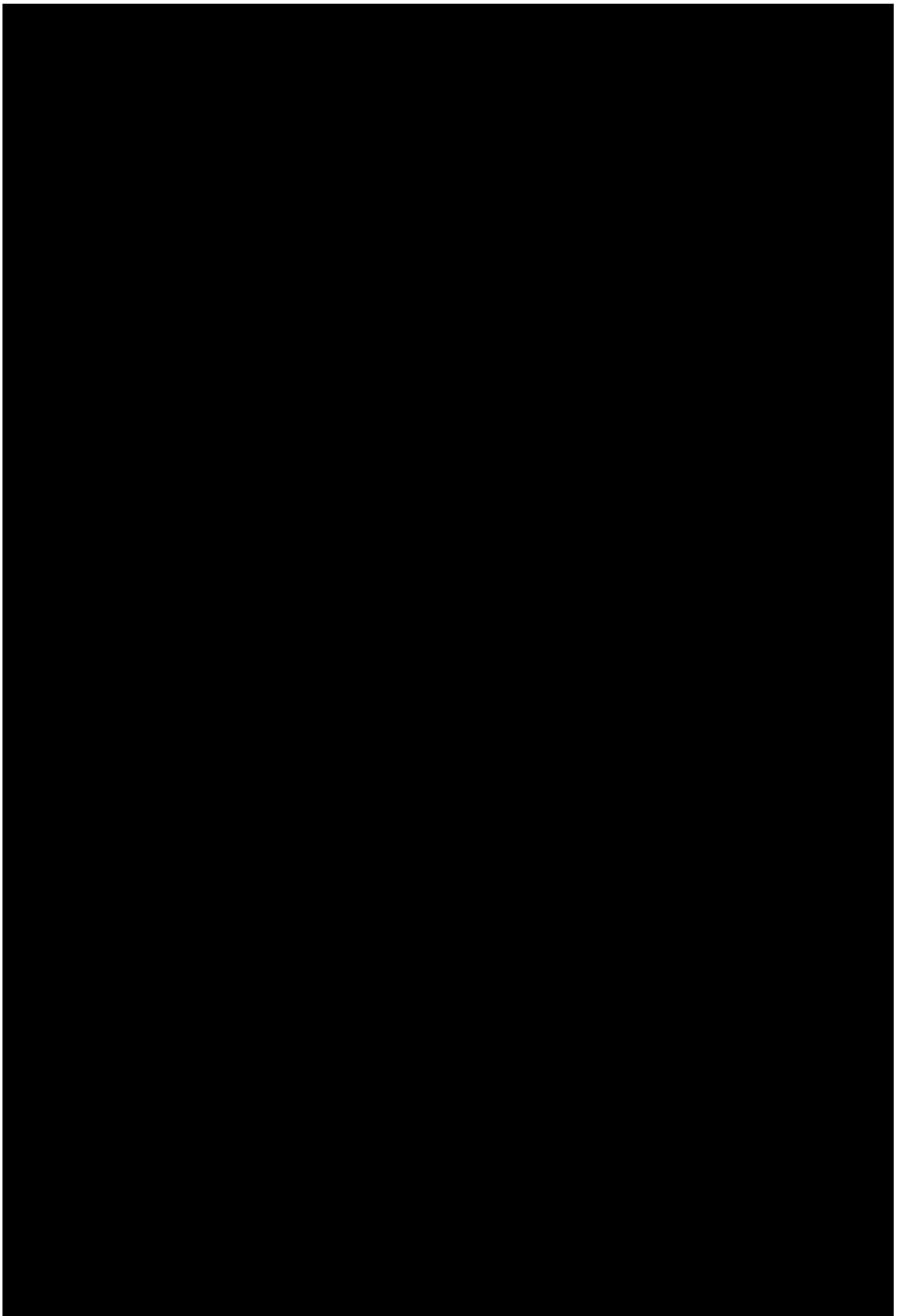


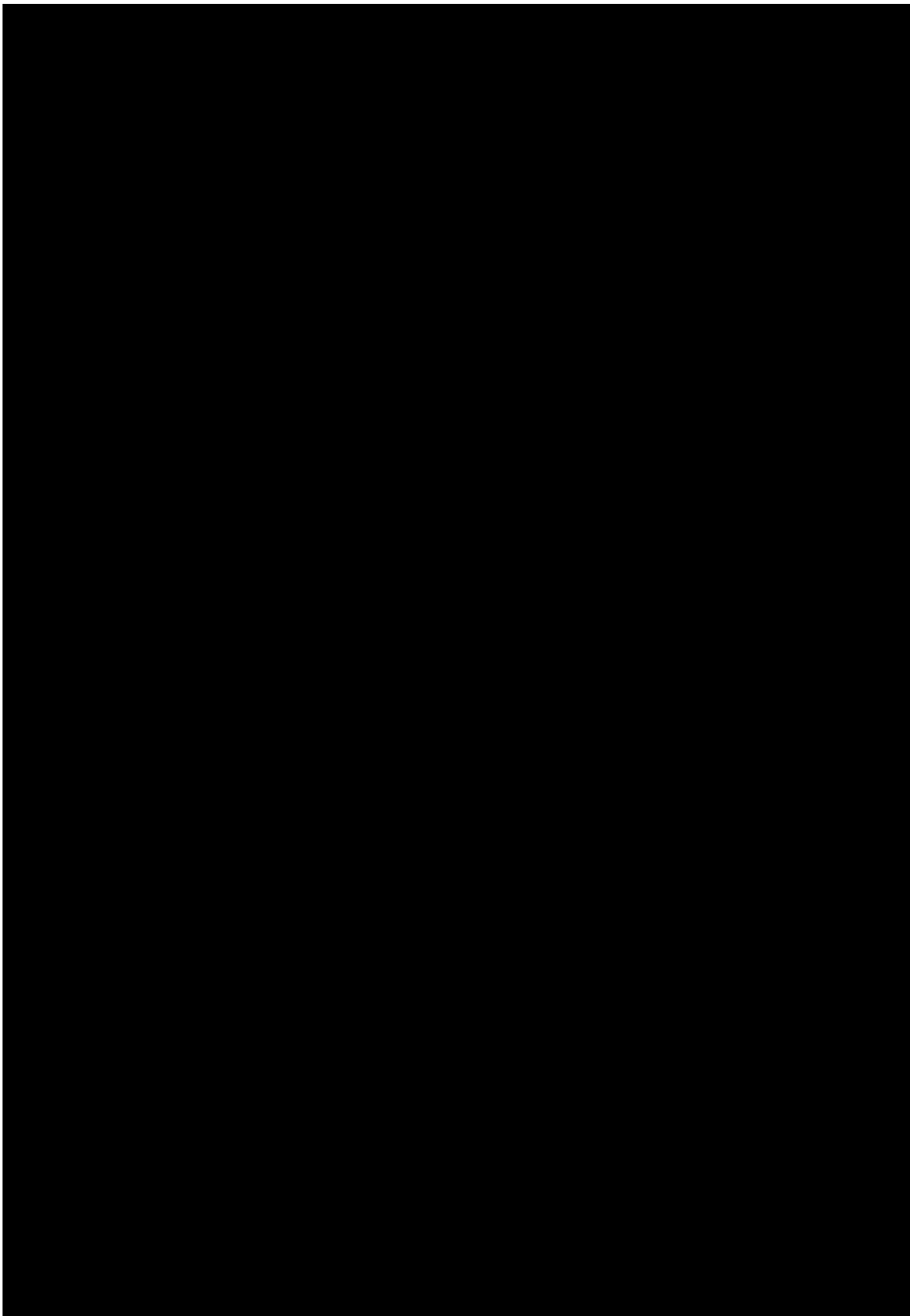


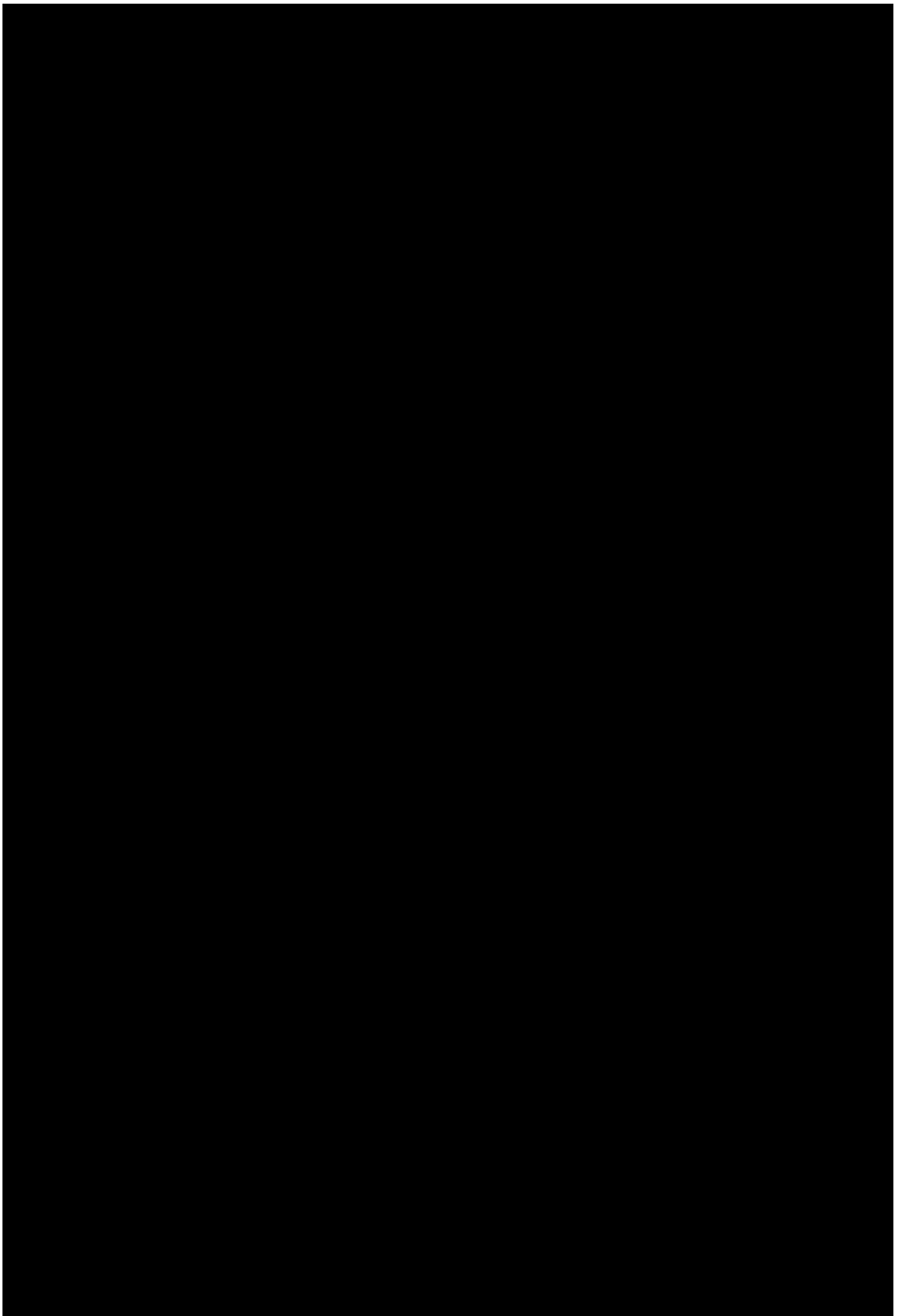


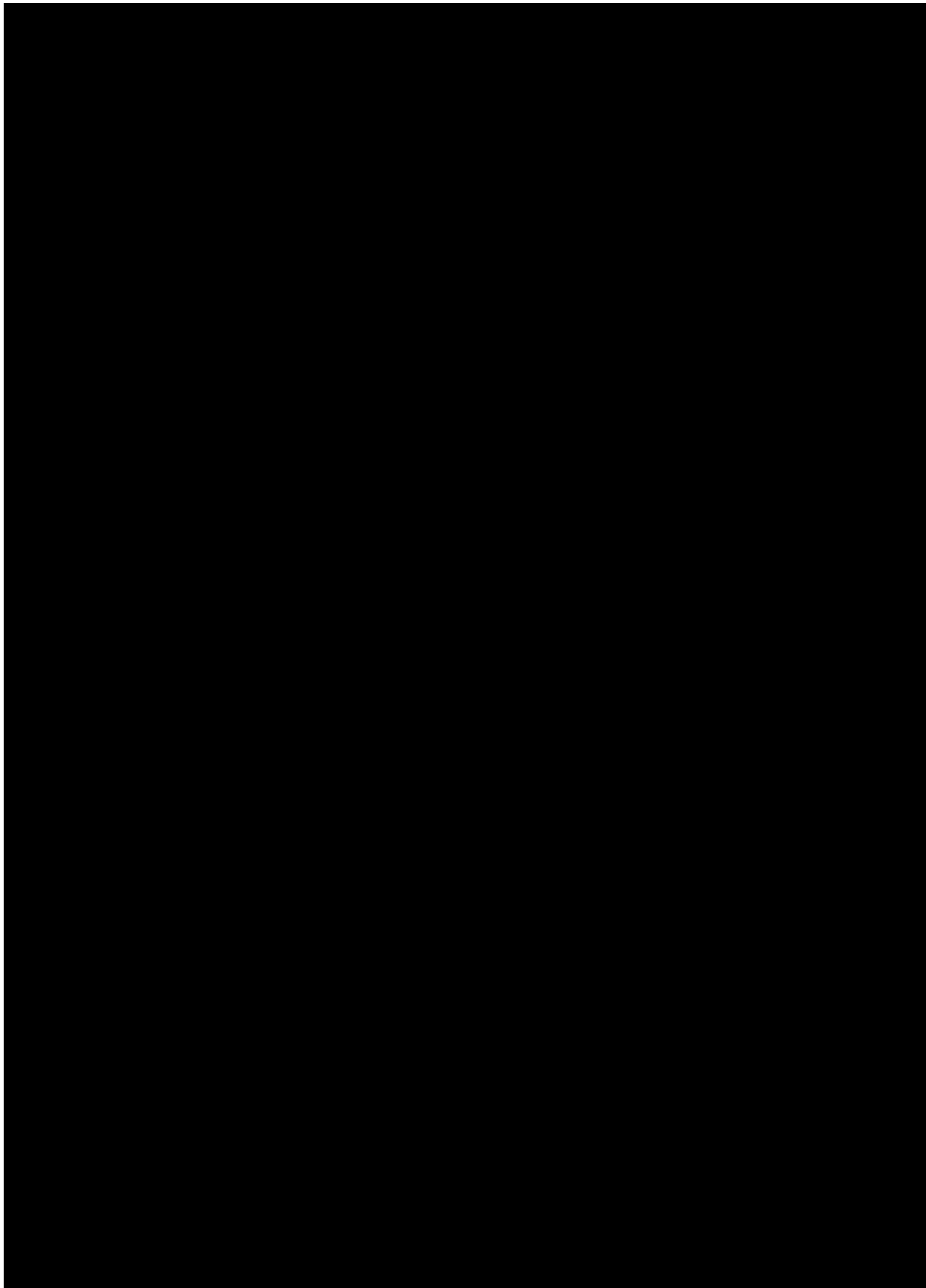


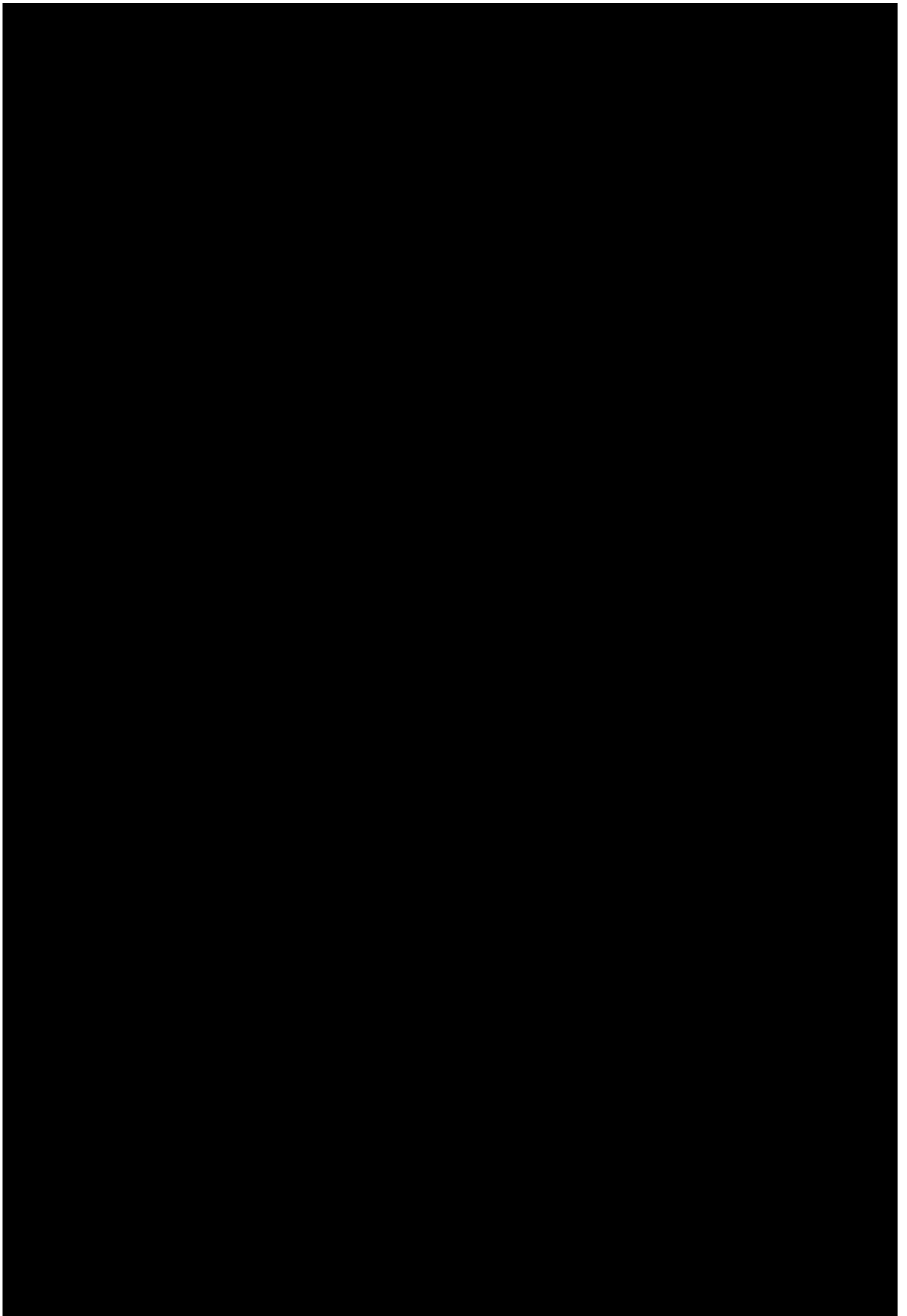


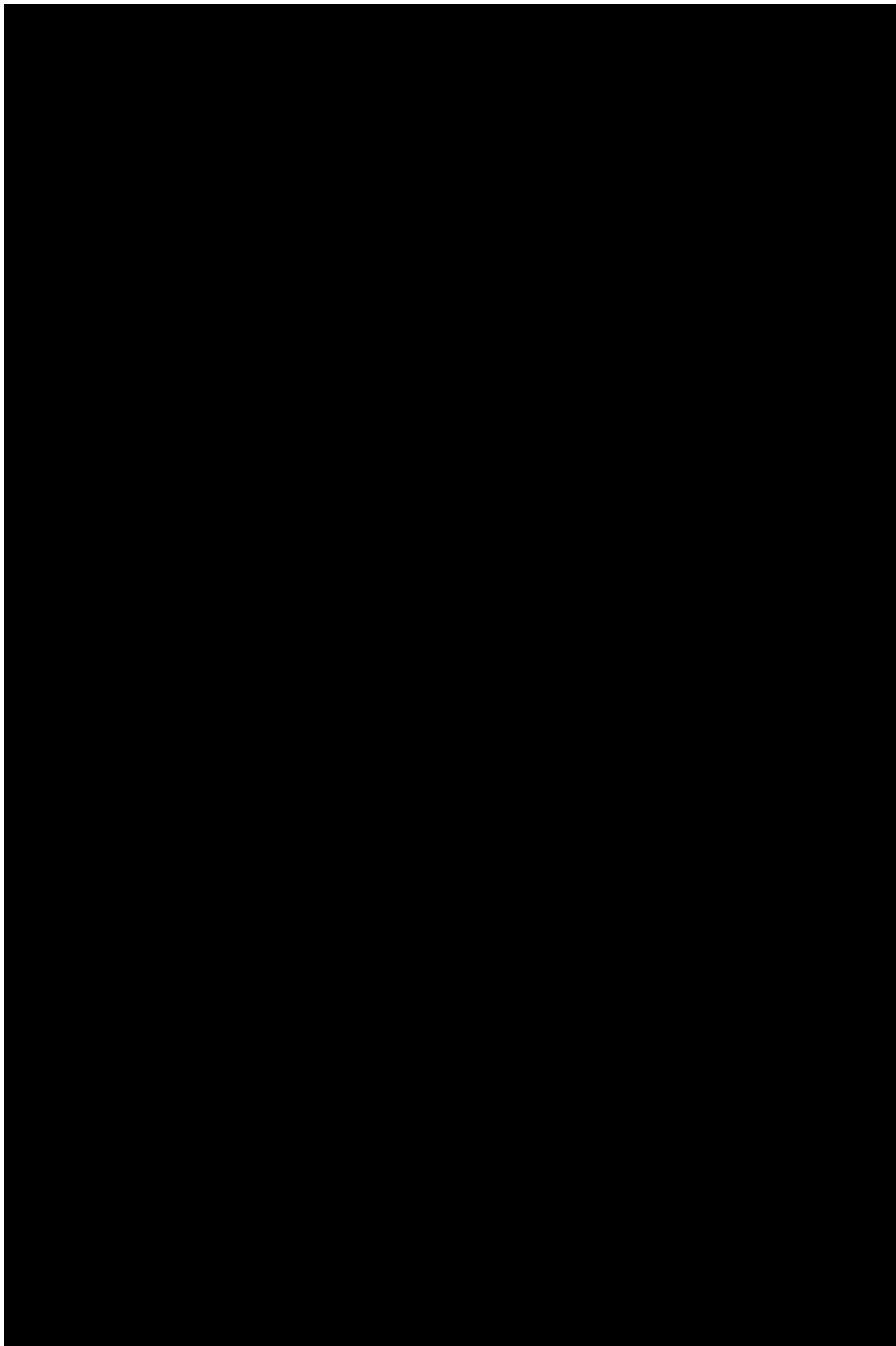




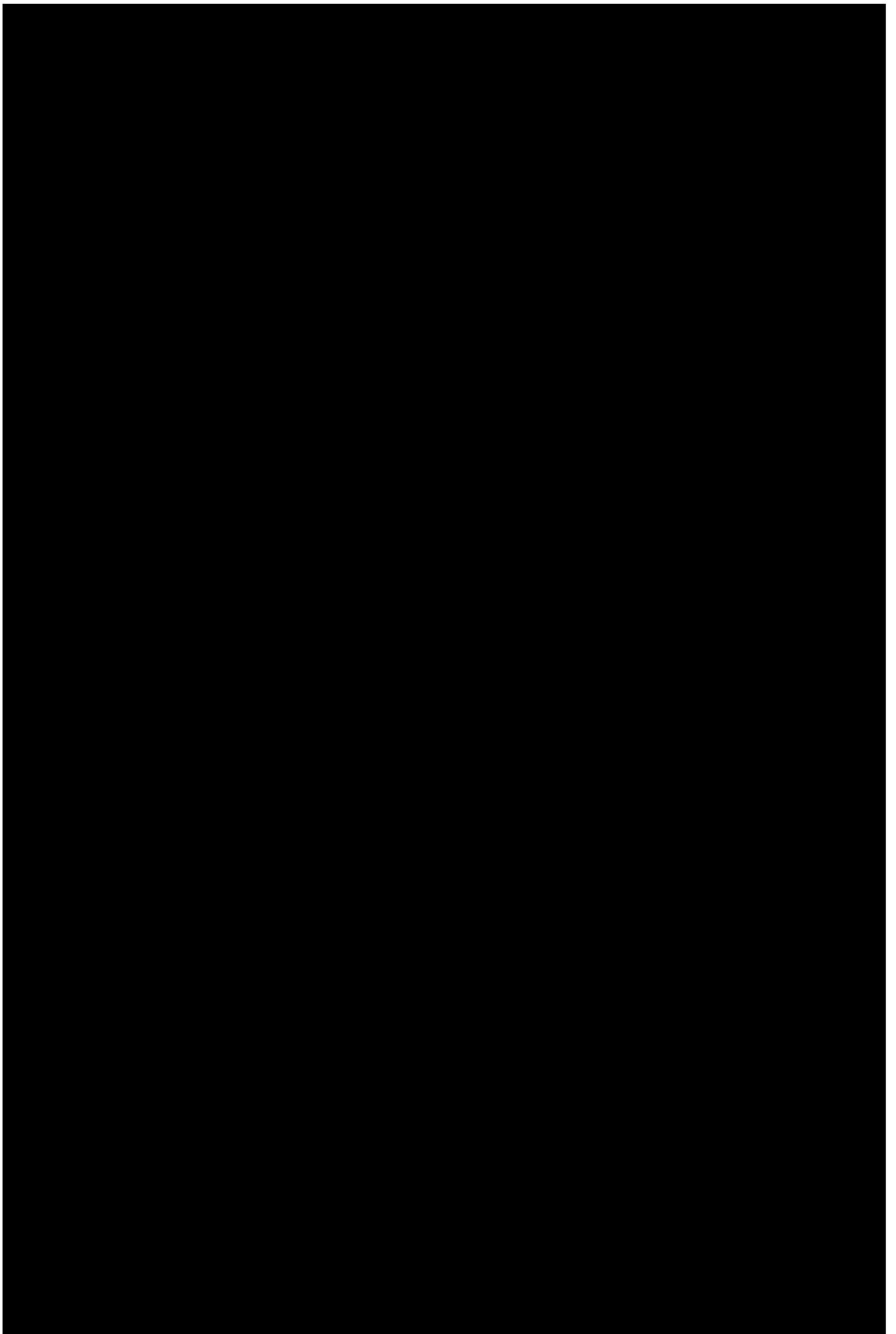


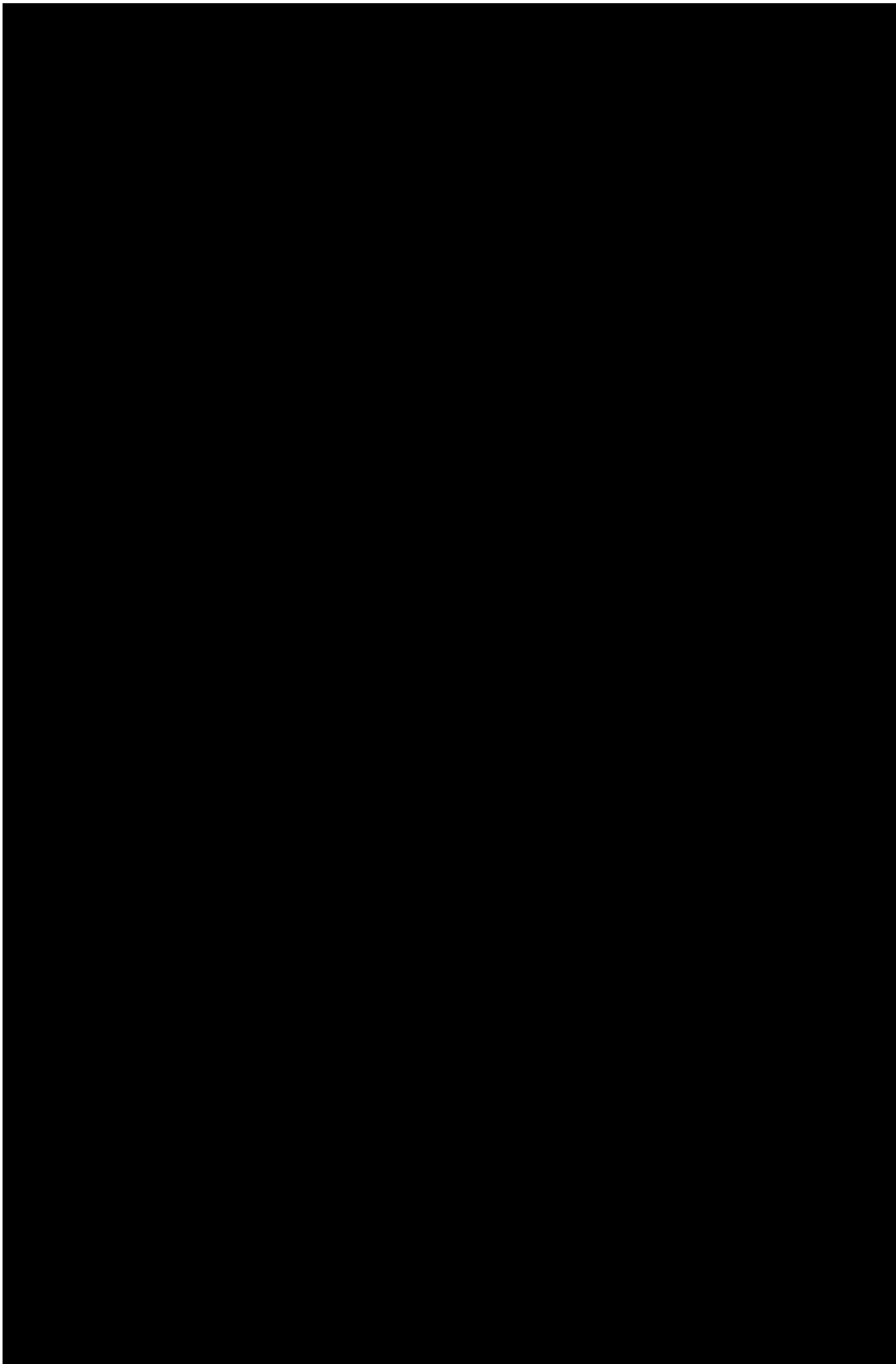


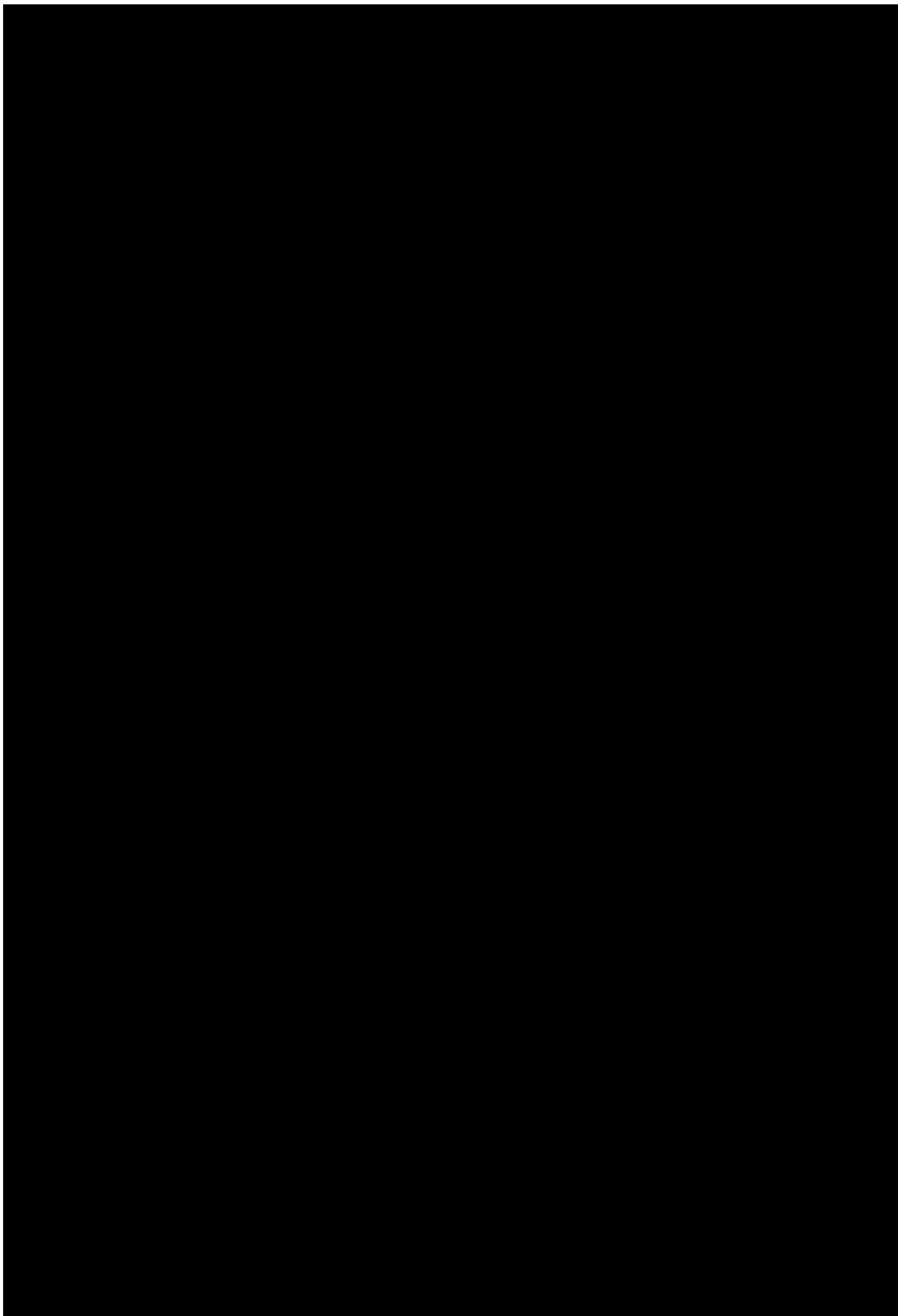


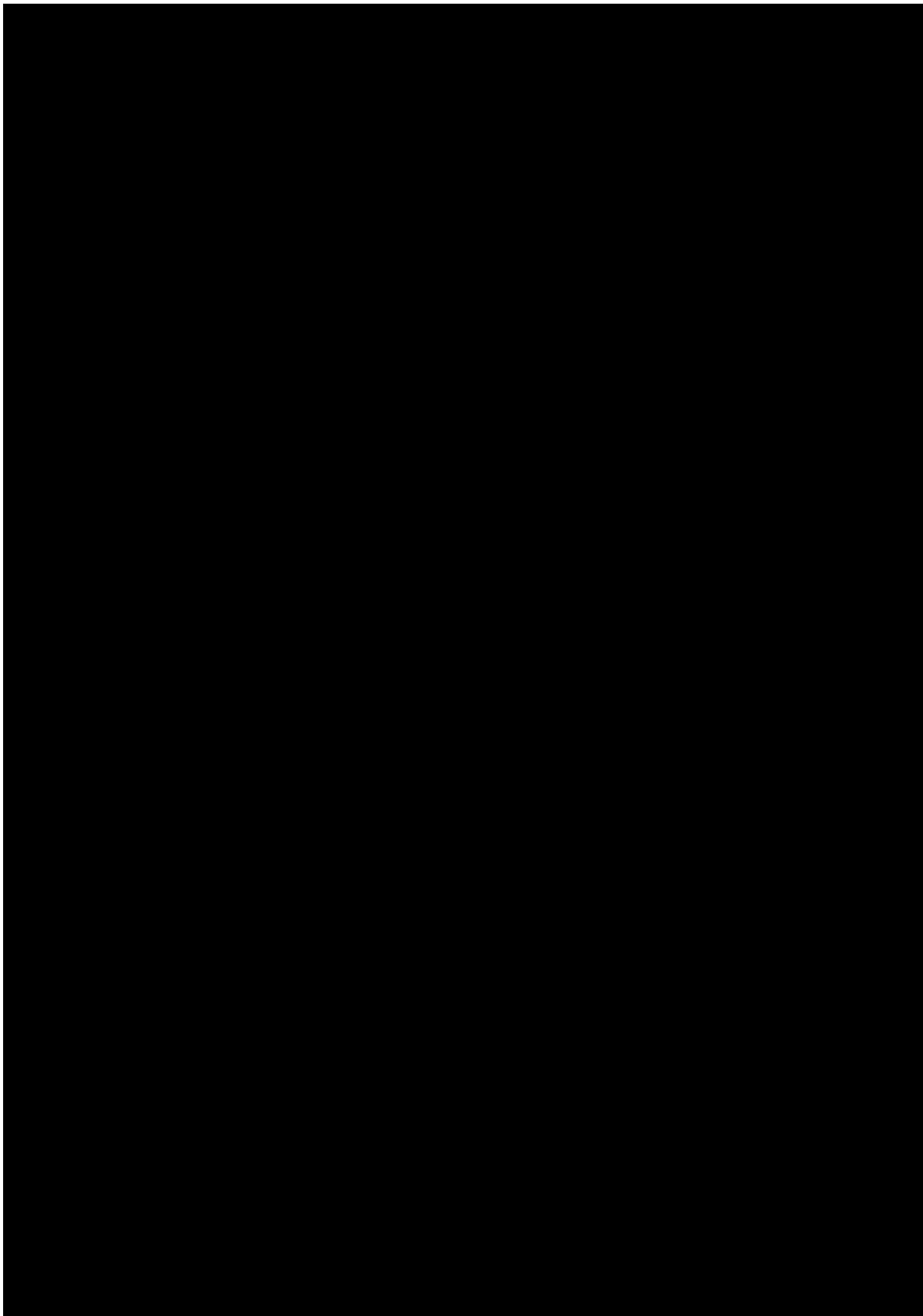


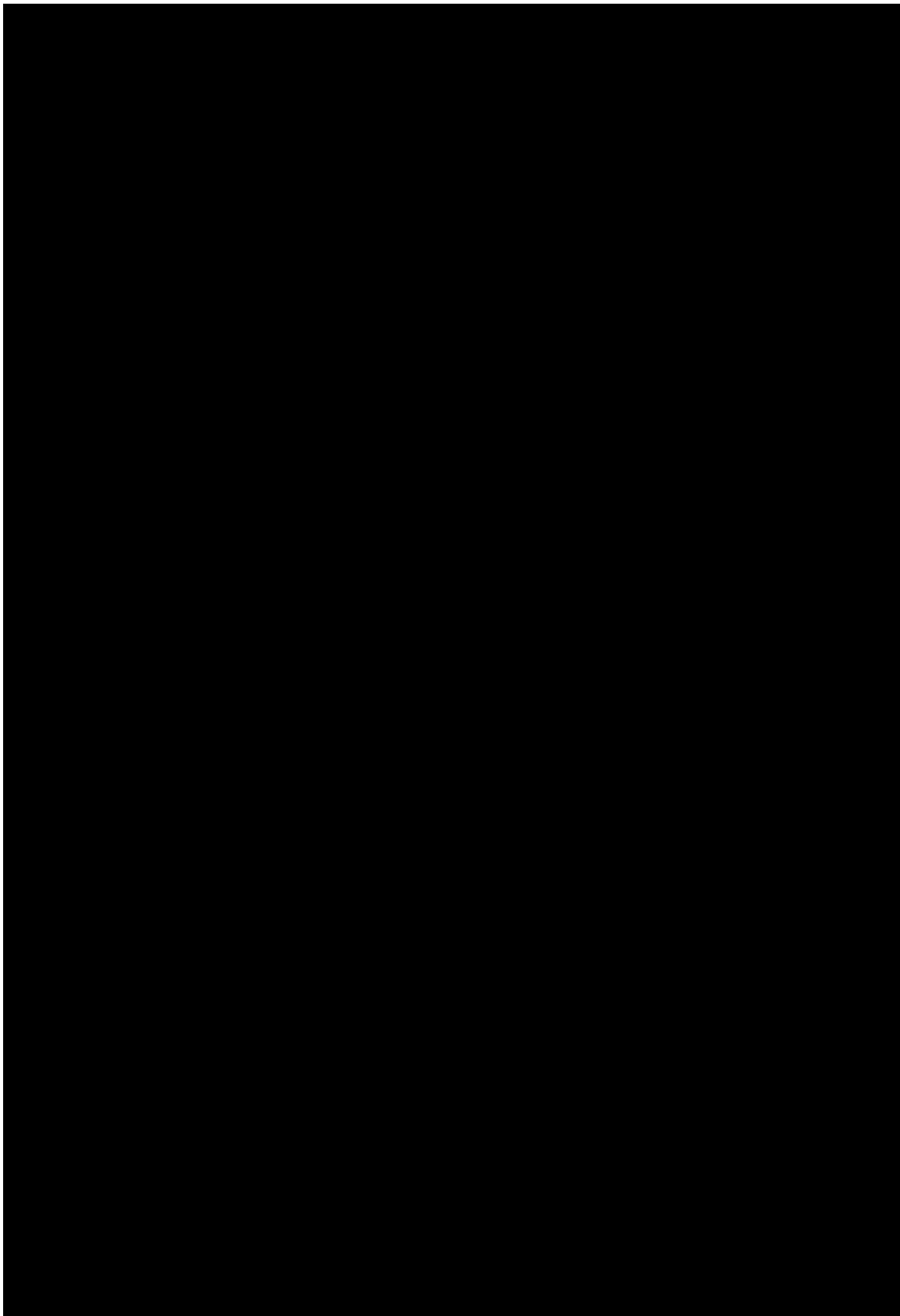


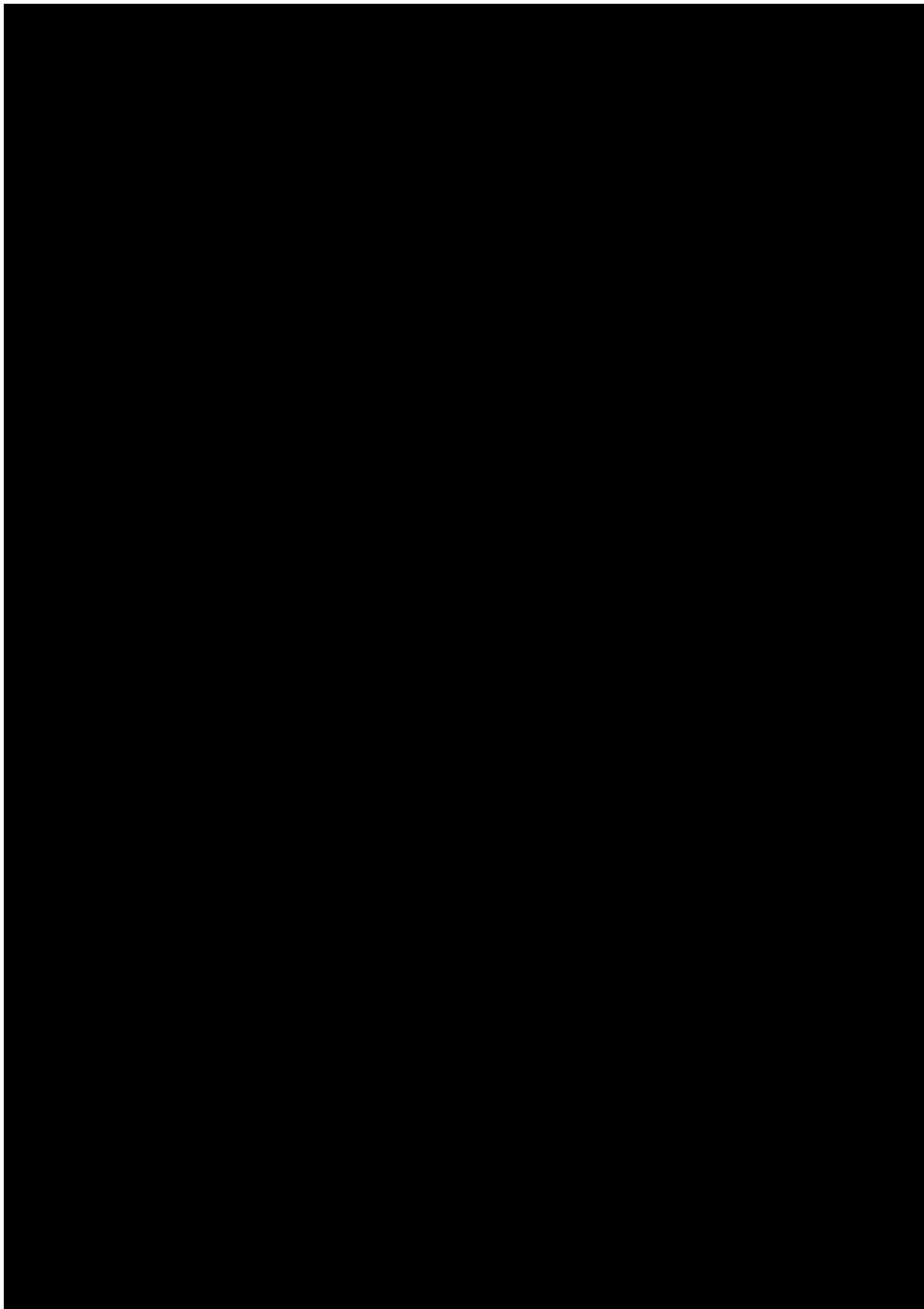


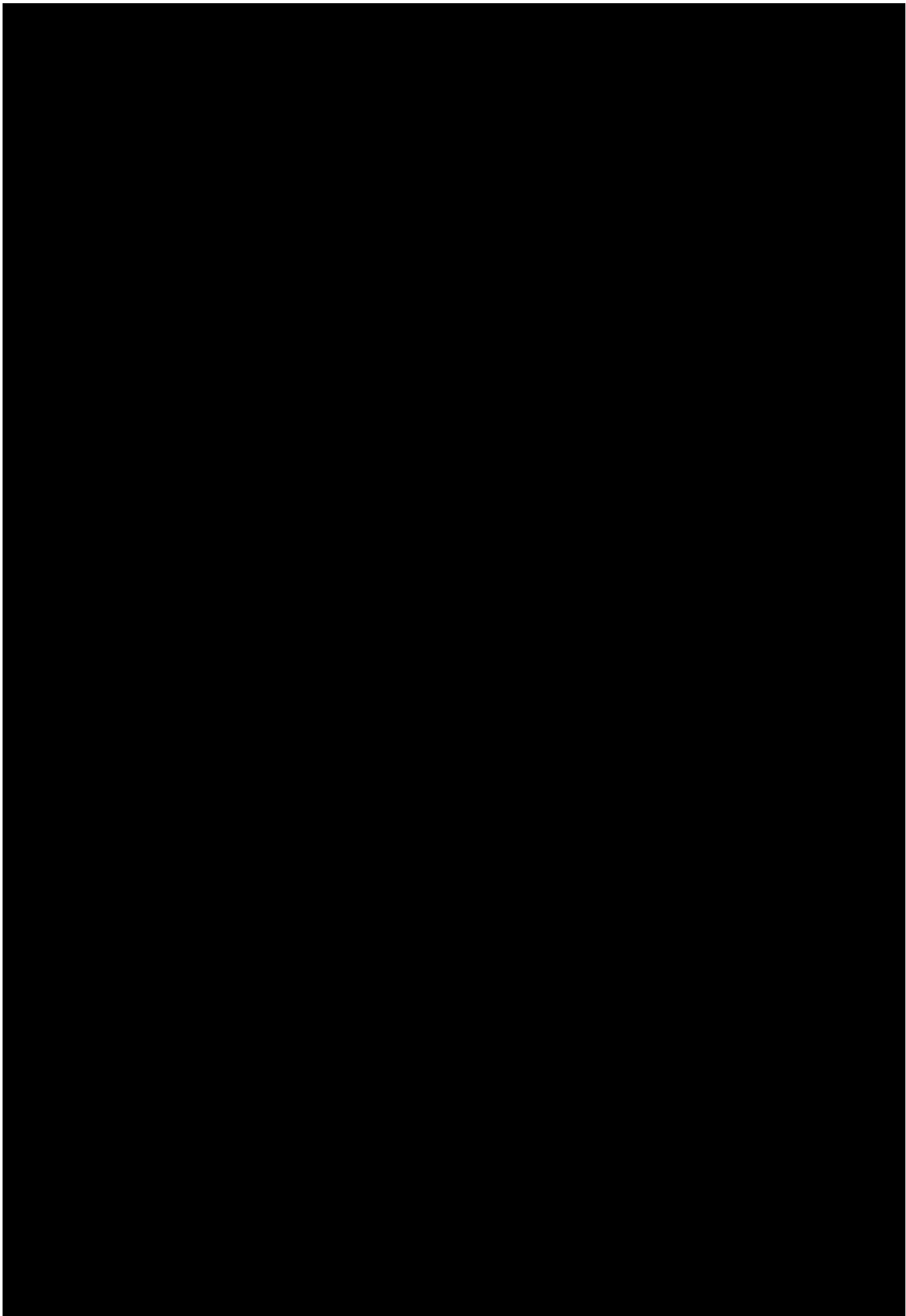


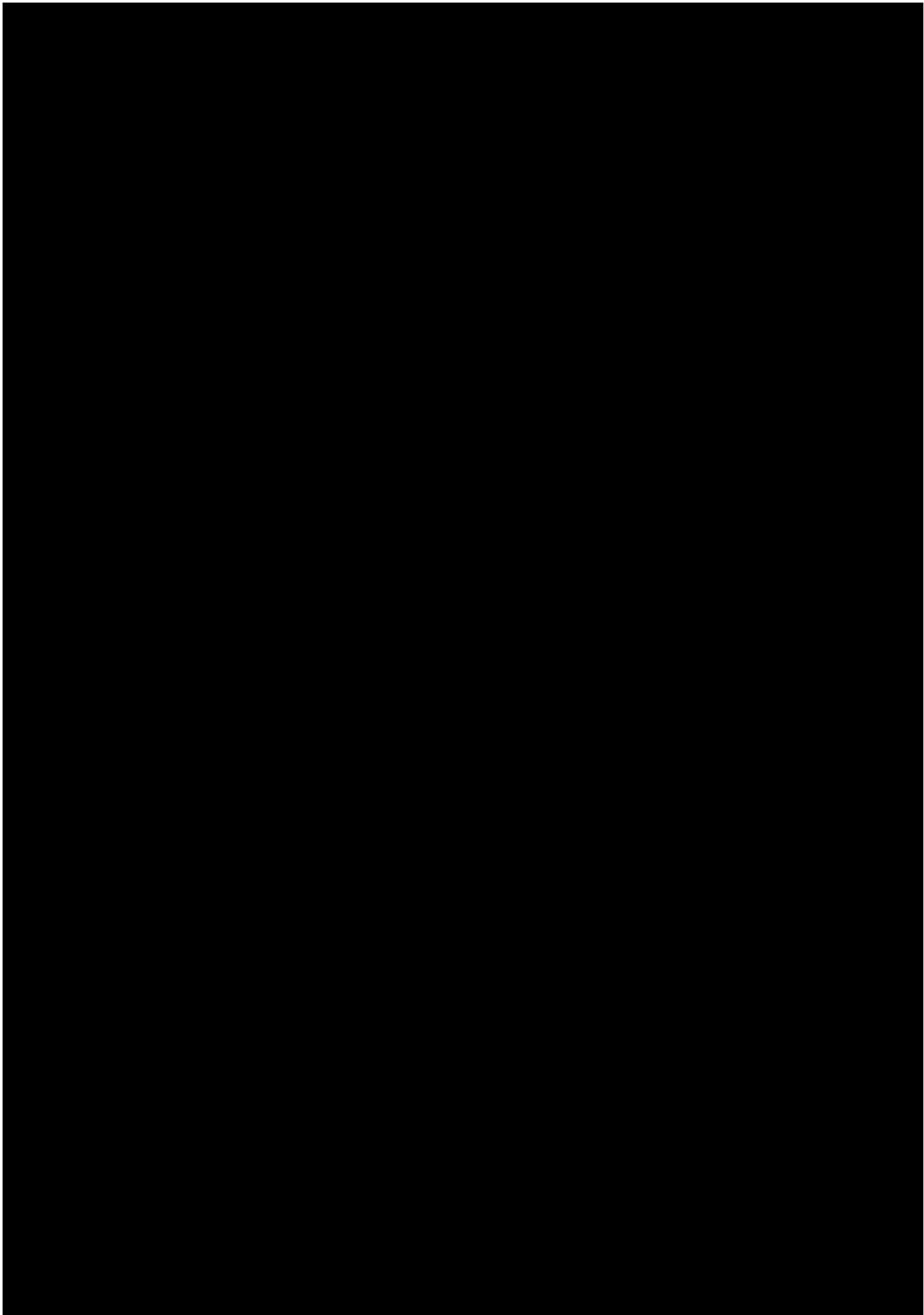




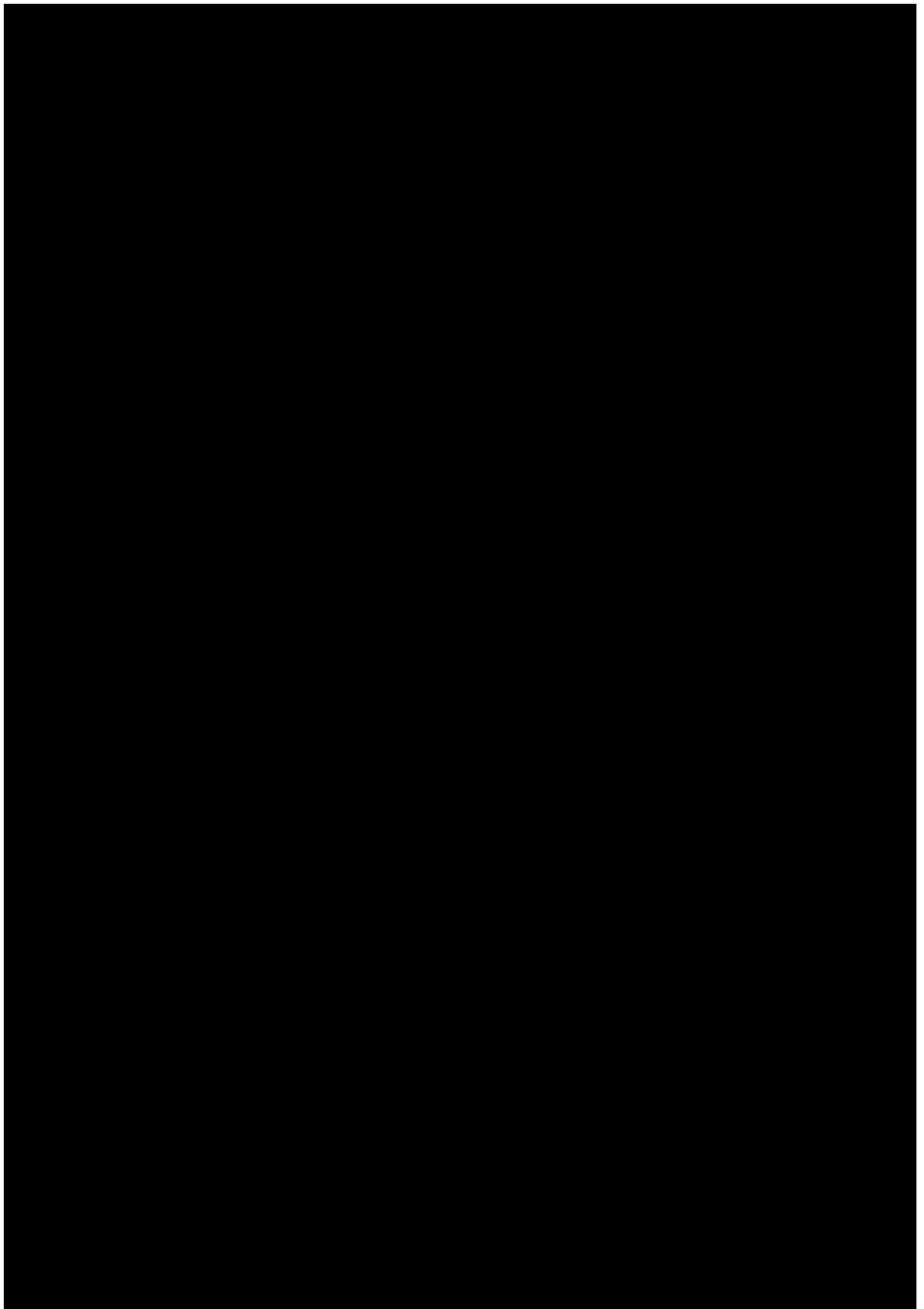


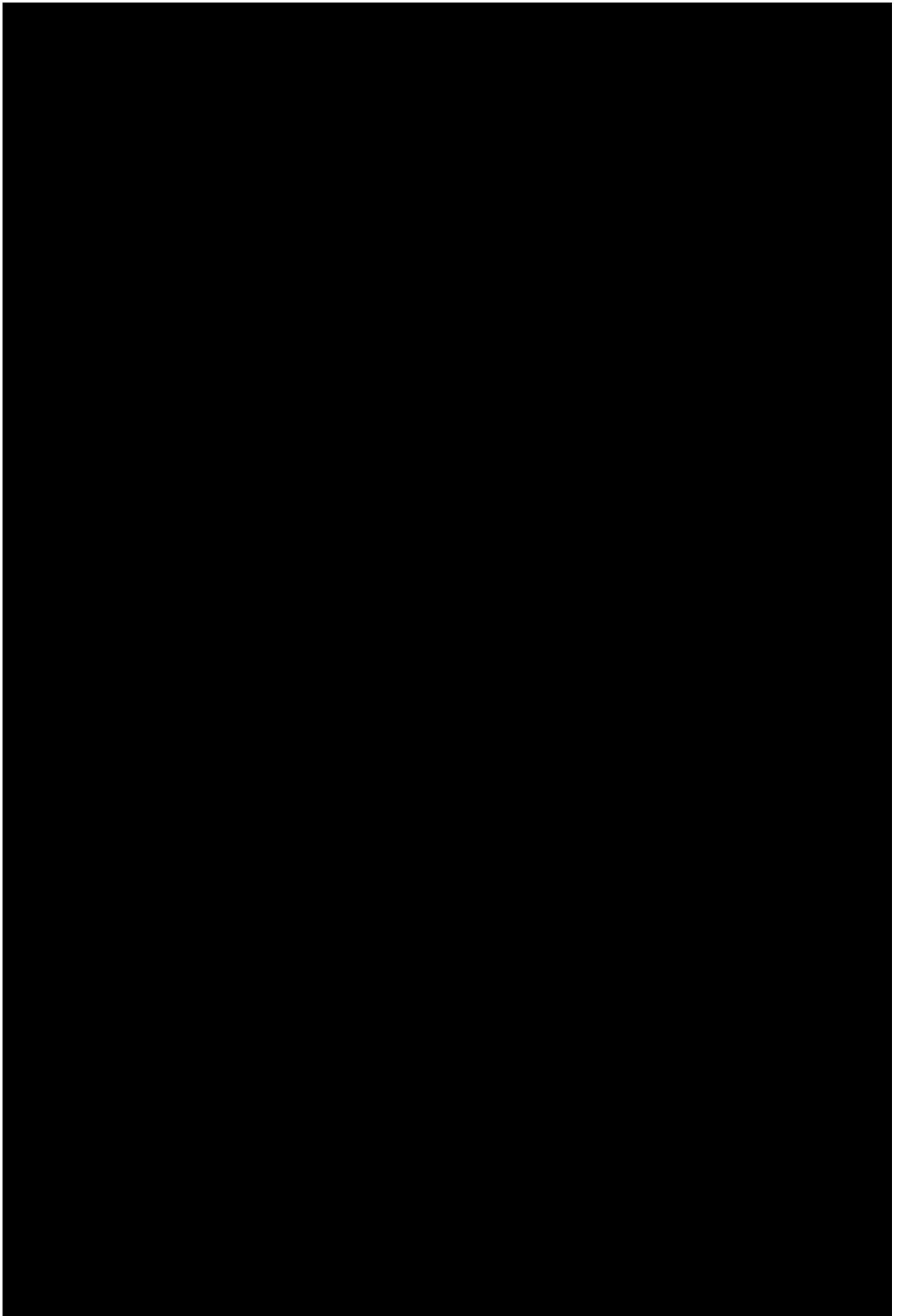


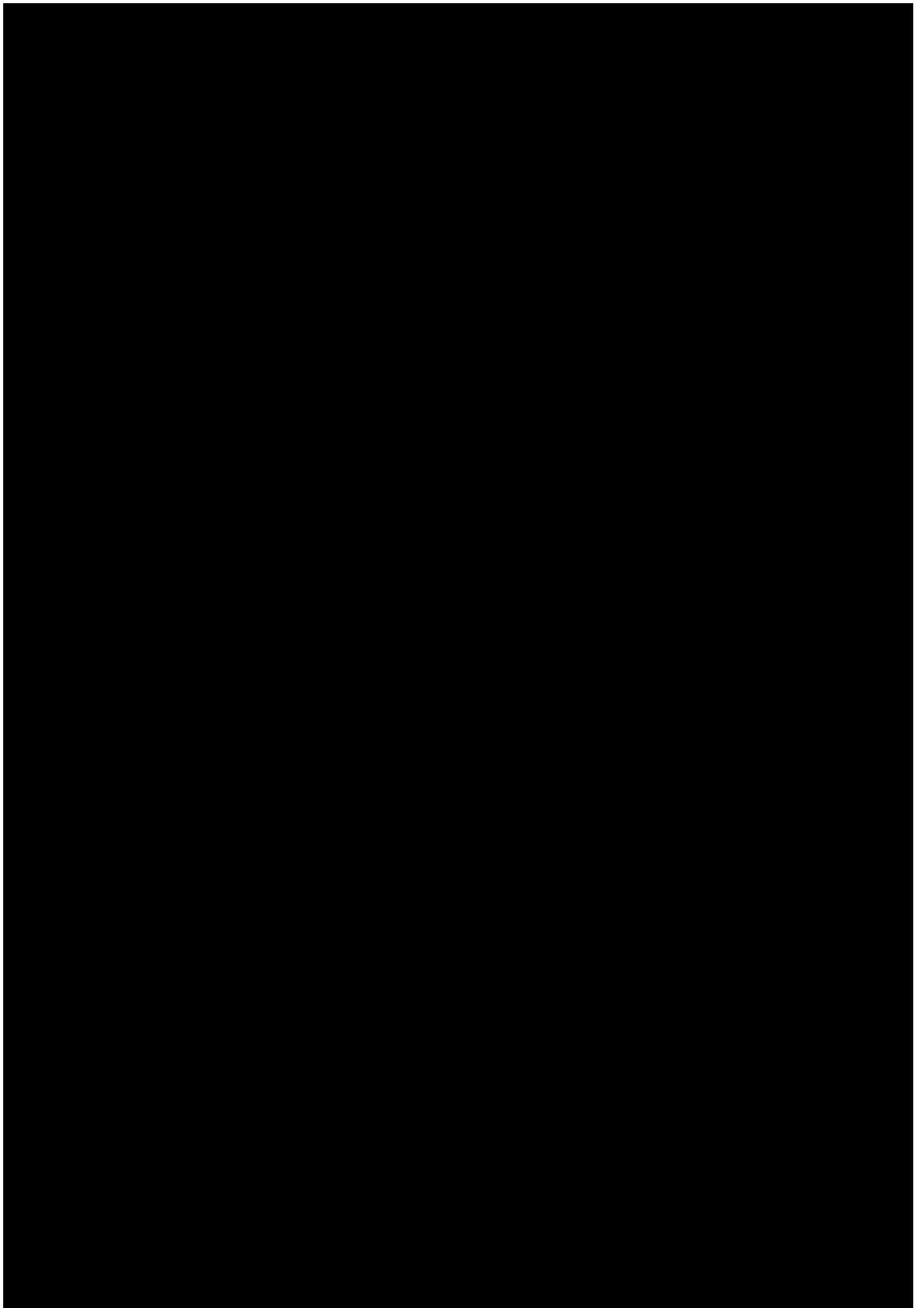


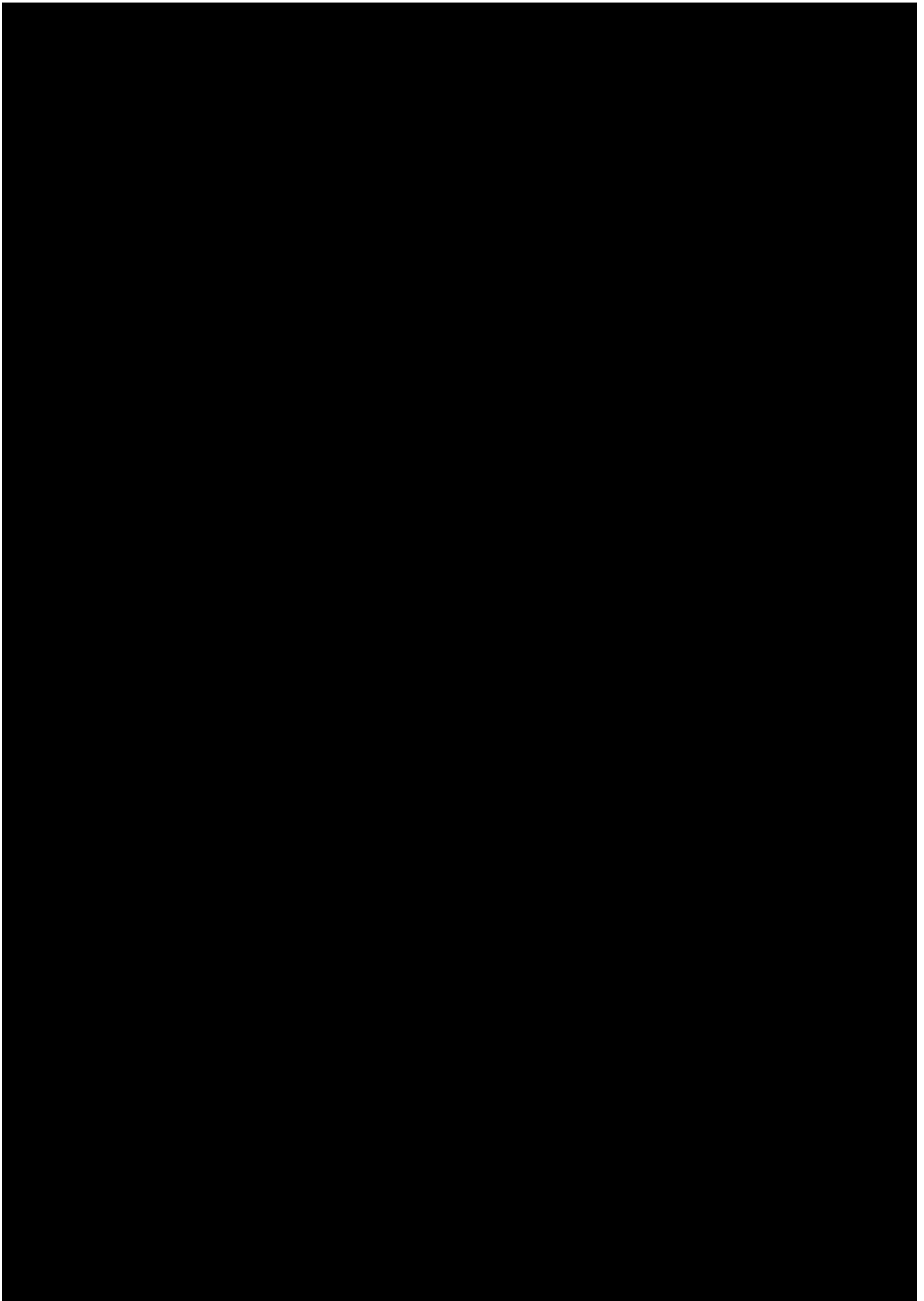


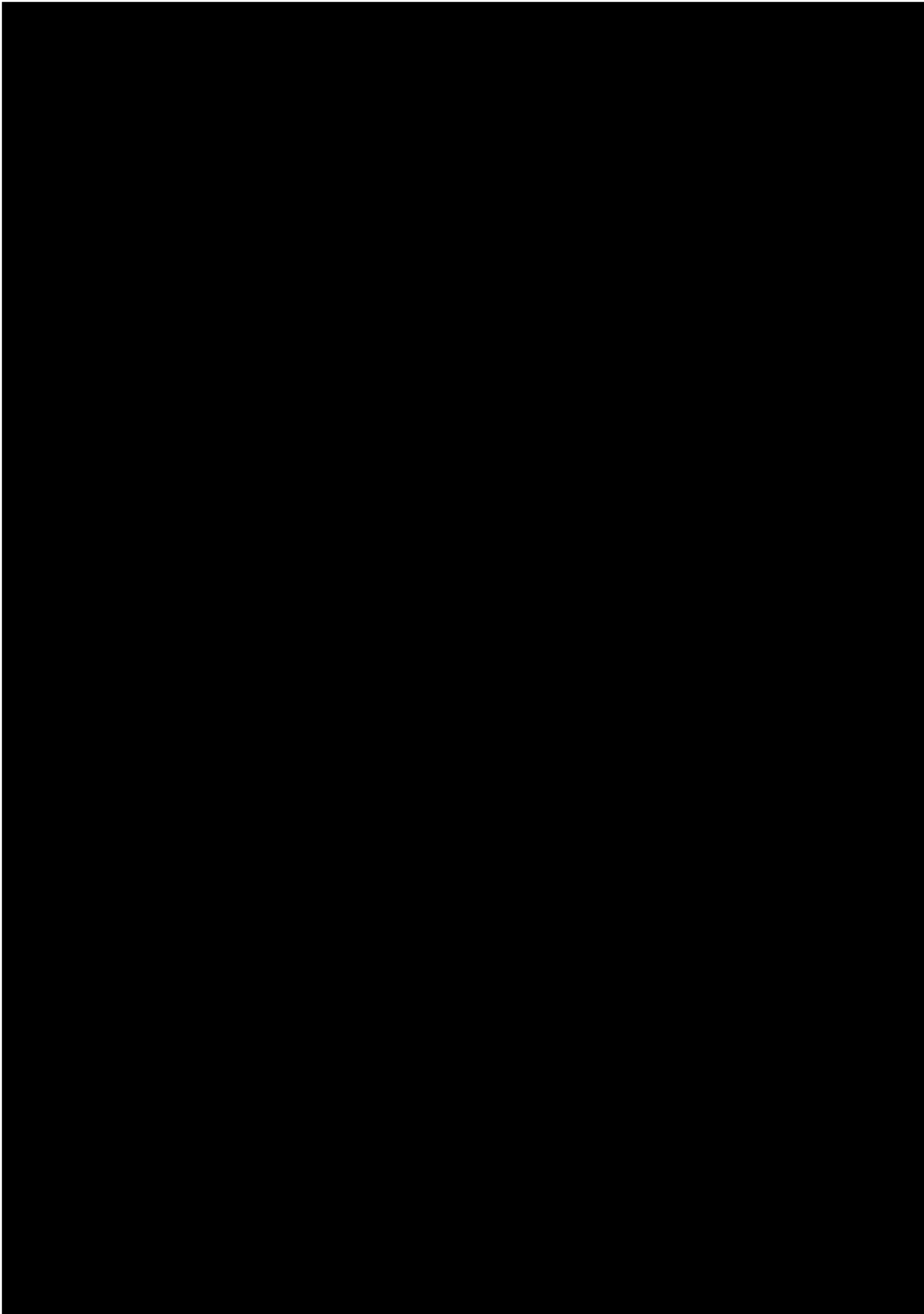


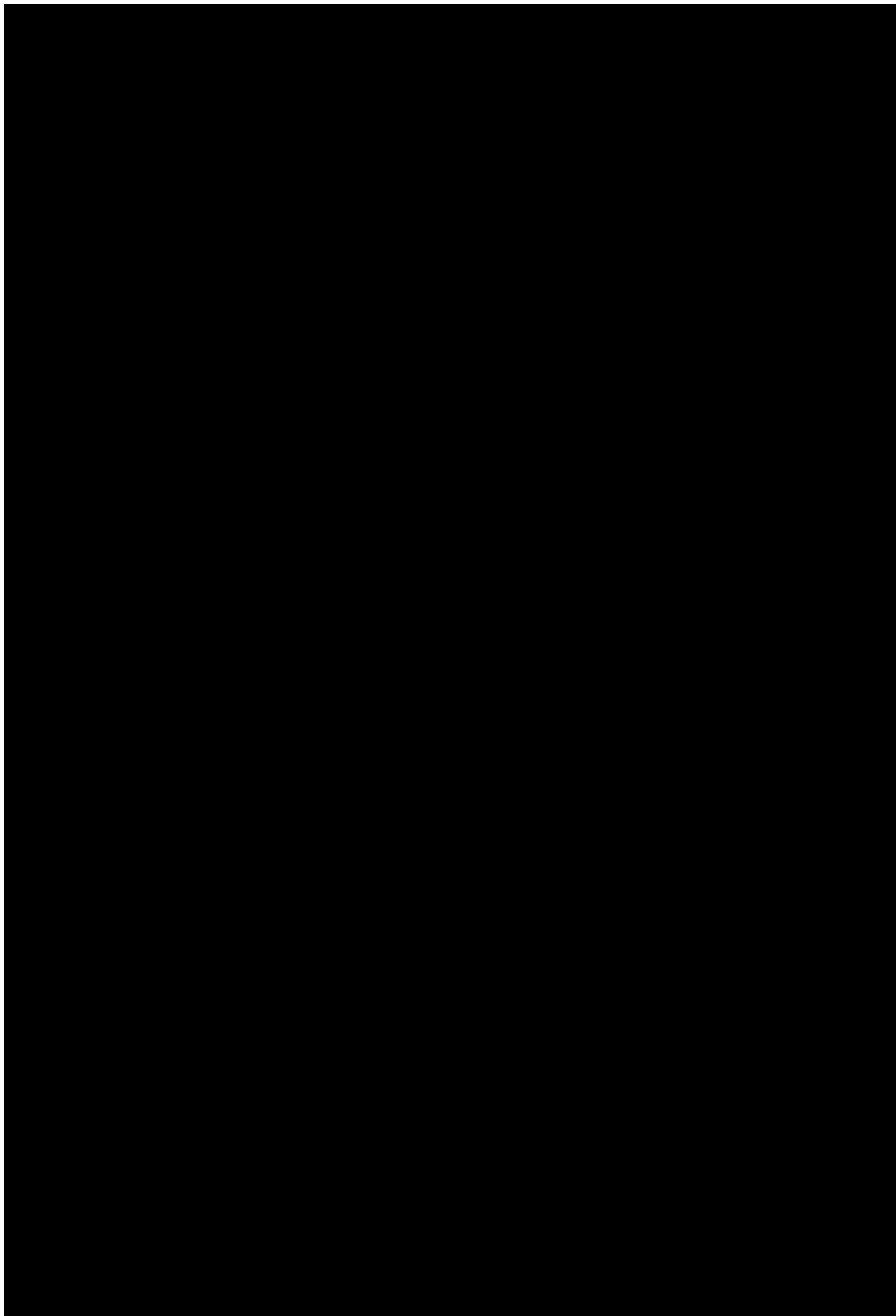


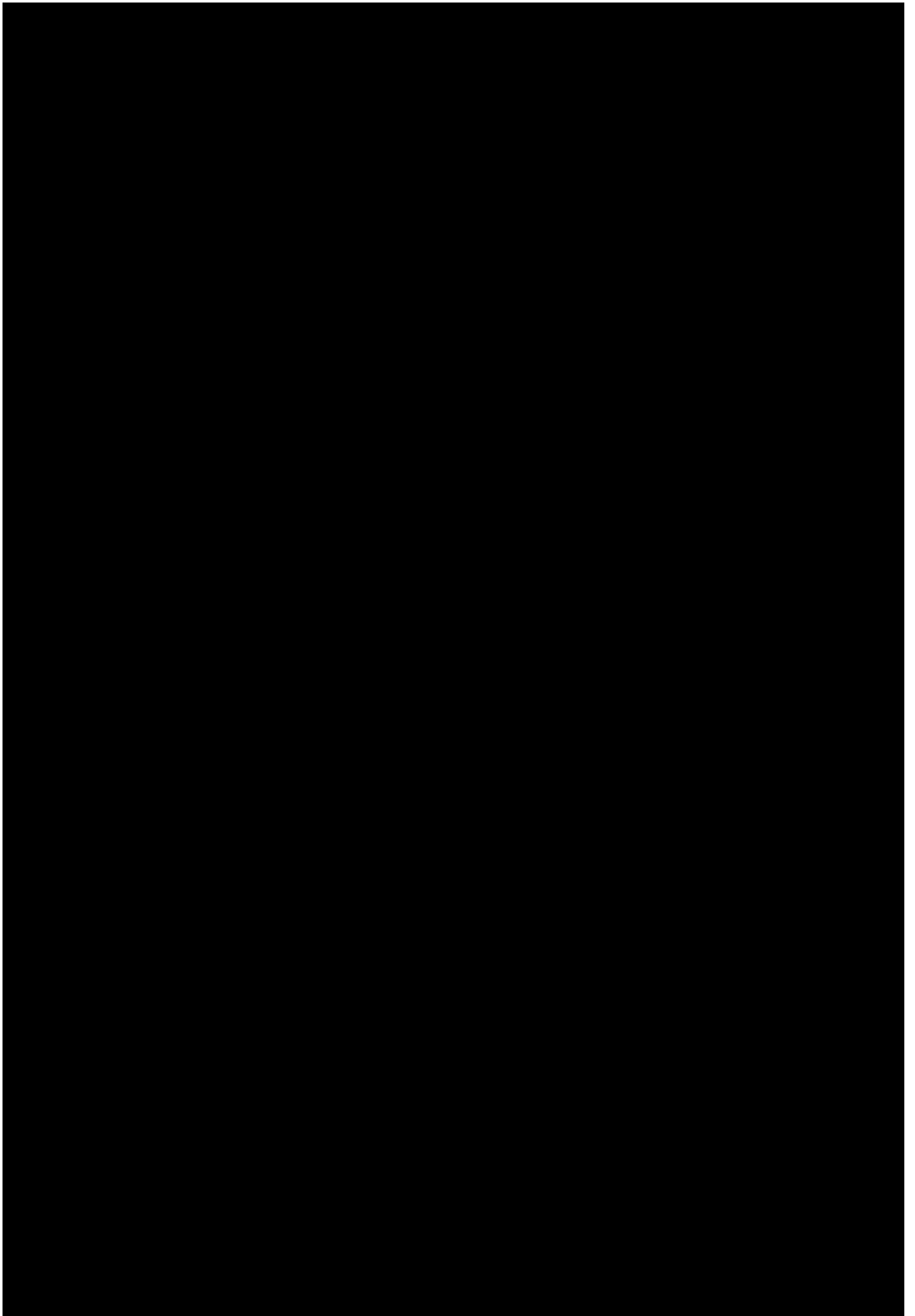








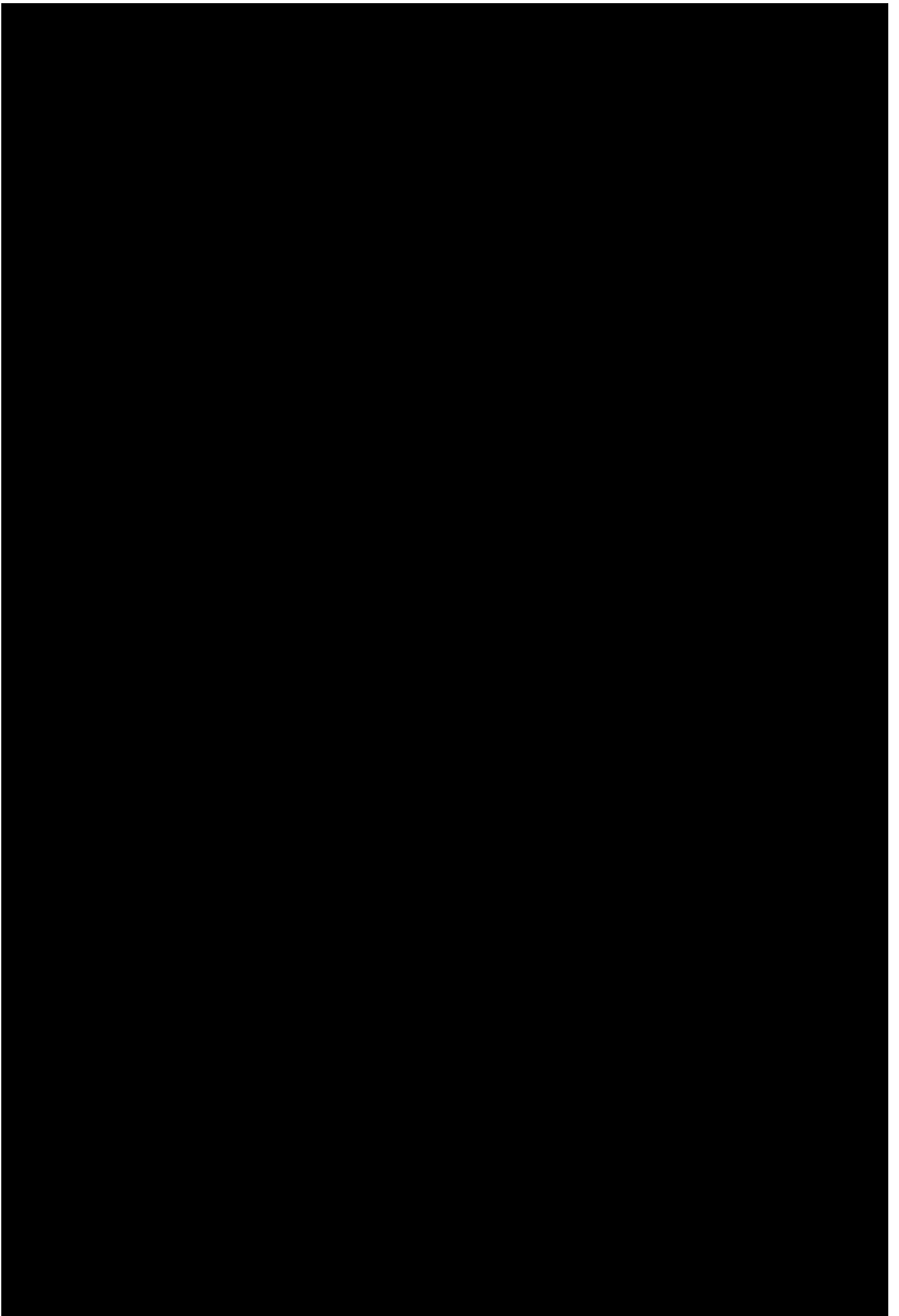


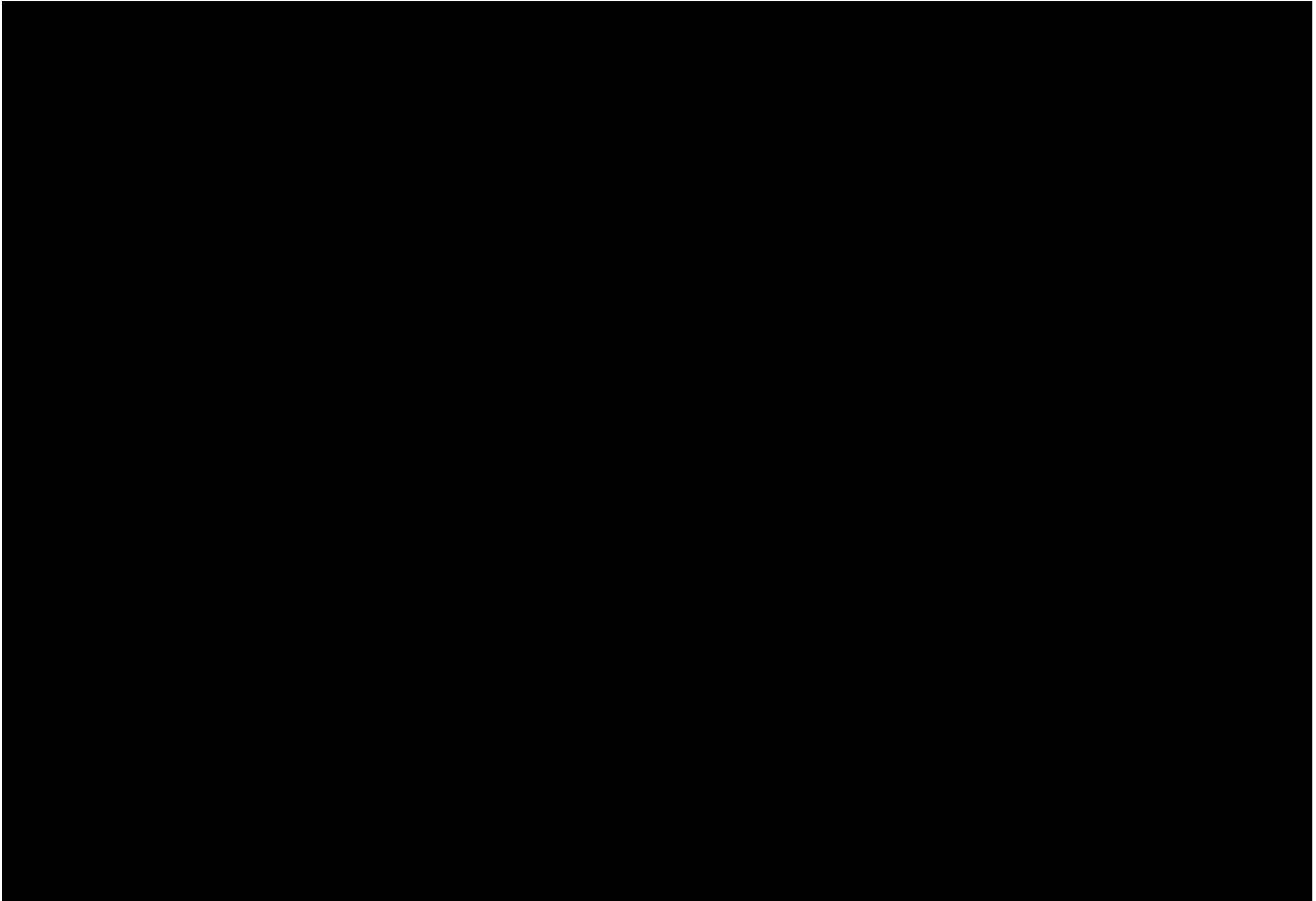


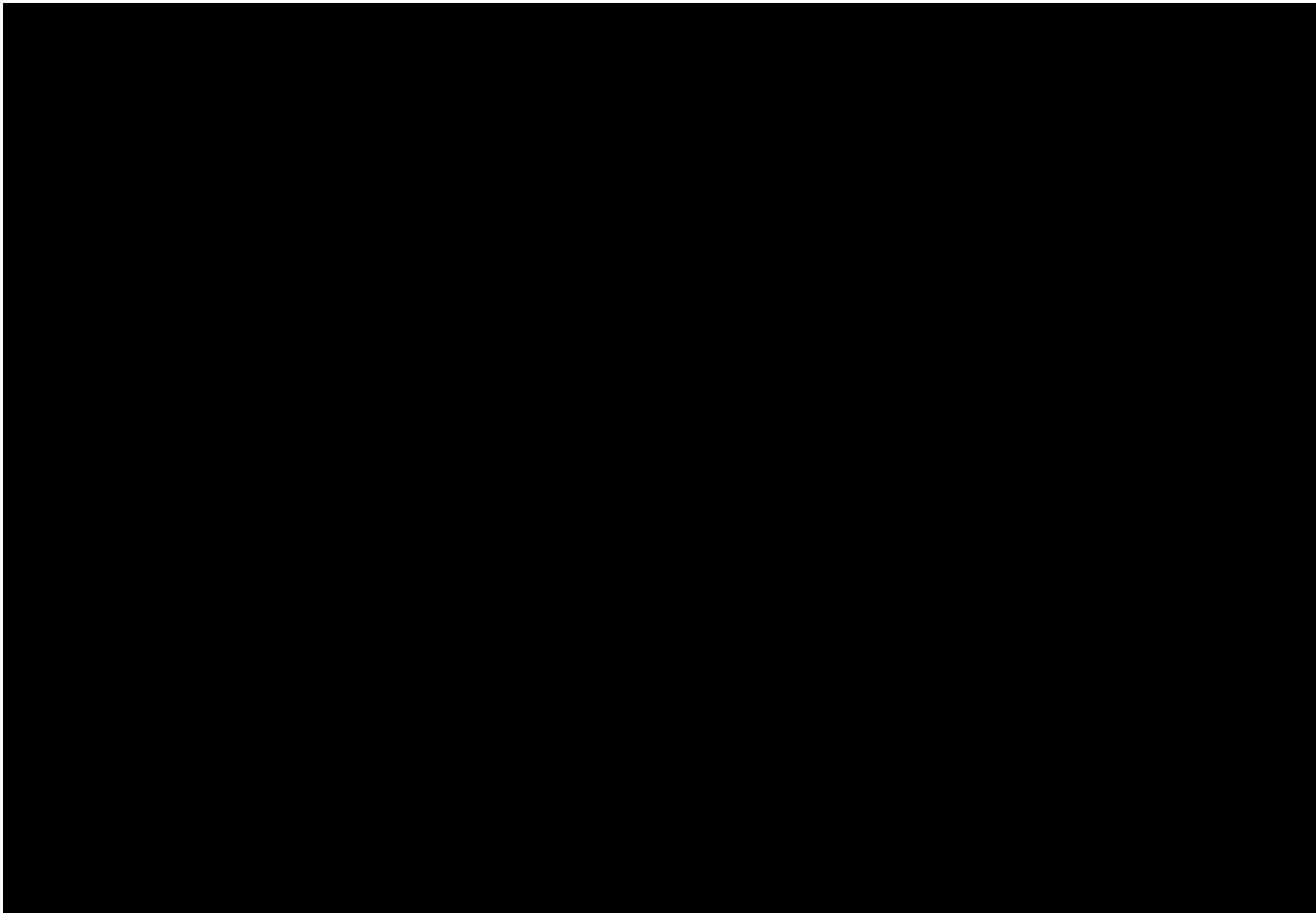
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## Cover Sheet

<b>To:</b>	Regional Integration Team
<b>Subject:</b>	Regional Integration Team - Terms of Reference
<b>Date:</b>	3 November 2023

Decision       Discussion       Information       Action

**Seeking Funding**      **Yes**       **No**

**Funding Implications**      **Yes**       **No**

### Purpose

The purpose is to provide the Regional Integration Team with a copy of the updated draft Regional Integration Team Terms of Reference (ToRs). Note that the Te Whatu Ora ELT Secretariat has advised that these ToRs have not yet been endorsed by ELT.

### Recommendations

It is recommended that the Regional Integration Team:

**Note** the updated draft Regional Integration Team Terms of Reference

**Note** the Terms of Reference have not been endorsed by ELT and are therefore likely subject to further revision

Released under the Official Information Act 1982

## Regional Integration Teams

### Terms of Reference

This document lays out the Terms of Reference (TOR) for the Regional Integration Teams (RIT).

### Pae Ora – Healthy Futures

Pae Ora – Healthy Futures is the vision for the reformed health system where people live longer in good health, have improved quality of life and there is equity across all groups.

The Pae Ora (Healthy Futures) Act 2022:

- requires Te Whatu Ora to provide or arrange for the provision of services at a national, regional and local level. Nationally planned, regionally coordinated and locally delivered services are the key to achieving equity in health outcomes among New Zealand's population groups.
- requires Te Aka Whai Ora to ensure planning and service delivery respond to the aspirations of whānau, hapū, iwi and Māori; and design, deliver and arrange services that achieve the best possible health outcomes for Māori.

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

### Kaupapa/Purpose & Functions

The purpose of RITs is to ensure consistency and alignment of service planning and service delivery within regions, including to improve the connections between local, regional and national arrangements that together determine the overall effectiveness of Te Whatu Ora and Te Aka Whai Ora. RITs will:

- Give effect to the principles of **Te Tiriti o Waitangi** as embedded in the Pae Ora Act.
- Ensure **equity is prioritised**, particularly for Māori.
- Maintain **oversight of integrated performance** across a region and **identify inequitable variation in outcomes within and between regions.**
- Maintain **key regional relationships** including fostering strong connections with relevant **social sector leads.**
- Take a collaborative approach with communities and providers to promote a health system able to **deliver the Pae Ora Act requirements** and implement the resultant system-wide transformation priorities.
- Develop and monitor delivery of **Regional Health and Wellbeing Plans** that set clear and consistent direction by joining national system design and local community aspirations as expressed in locality plans.
- Promote collaborative decision-making for solutions implemented at a regional level, including to **address emergent pressure points.**
- Identify new or improved ways to design or deliver services to **improve the value of health spend** in the region.
- Provide regional context and advice to **inform national strategies, policies and frameworks**

- Partner with other RITs and national teams to **ensure consistency in decision-making** where appropriate, including through regular sharing of learnings and insights.

## Membership

The following leads form the accountable membership of each RIT:

- Te Aka Whai Ora Regional Director (**co-Chair**)
- Regional Wayfinder (**co-Chair**)
- Pacific Health Regional Director
- National Public Health Service Regional Director
- Hospital and Specialist Services Regional Director
- Clinical Lead (Te Aka Whai Ora)
- Clinical Lead (Te Whatu Ora)

SI&I leads are critical partners and will have a permanent seat on each RIT, with the expectation of serving as both enablers, e.g. through the proactive and responsive supply of data among other things, and to support the RITs' performance accountability within Te Whatu Ora and Te Aka Whai Ora.

No appointment can be delegated except with the permission of a National Director of Te Whatu Ora or Te Aka Whai Ora.

Enabling functions' regional leads (or other roles) will be invited to attend as the agenda requires.

## Accountability

All regional lead roles will report into their respective national directors. As the line manager for Regional Wayfinders, the National Director, Commissioning, is the Te Whatu Ora sponsor for RITs at the Executive Leadership Team (ELT).

RIT members operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations. They will be responsible for ensuring the work of the RITs meets Te Tiriti obligations as set out in the Pae Ora (Healthy Futures) Act 2022 and engaging with Iwi Māori Partnership Boards in key decisions. This includes accountability for prioritising and addressing equity gaps within the region.

RITs will be accountable for delivering on key priorities in national plans as well as those identified in regional plans. In general, these will be key deliverables that require integration and success across multiple service delivery areas, e.g. Winter Plans.

RITs will promote a team of teams approach to deliver on regional work plans and will identify any support required.

## Reporting

RIT minutes will be submitted to ELT.

RITs will report quarterly to ELT on achievements, risks, opportunities and challenges of/for the RIT.

As part of those reports, RITs should include:

- insights on performance, including from periodic performance reports provided to the RIT by other parts of Te Whatu Ora and Te Aka Whai Ora;
- advice to ELT for enhancing the interface of national, regional and local arrangements.

## Delegated authority

RIT members will have no additional delegated financial or non-financial authority above their individual roles in line with organisational delegation policies. Decisions outside these delegations must be authorised by other appropriate roles.

Regional Health and Wellbeing plans will be submitted for endorsement to Te Aka Whai Ora's ELT and approved by Te Whatu Ora's ELT.

## Frequency of Meetings

RITs will meet at least once a month. Out of cycle meetings will be convened if required.

## Quorum

A quorum is five (5) appointed members, one of whom must be a Te Aka Whai Ora member.

## Attendance by others

With the approval of the Co-Chairs, authors of agenda papers or advisors required to speak to items on the agenda may be invited to attend RIT meetings.

If unable to attend a meeting, an appointed member may send a delegate though this should be exceptional and not the norm. RIT colleagues should also be informed in advance when this will be occurring.

## Distribution of papers

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

## Minutes

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

The minutes and progress on the action points will be confirmed/discussed at the subsequent meeting ahead of provision to ELT.

## Conflicts of interest

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

The Co-Chairs shall decide whether any actual or perceived conflict of interest exists. If so, the Co-Chairs will decide how to manage the conflict, such as whether to exclude a member from discussion and/or decision-making in relation to the item.



## Review of Terms of Reference

The Terms of Reference will be reviewed annually, with the process led by the National Director, Commissioning in conjunction with RIT Co-Chairs.

### Issued by

These Terms of Reference are issued by Fepulea'i Margie Apa, Chief Executive, on 24 October 2023.

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## Cover Sheet

<b>To:</b>	Te Ikaroa Regional Integration Team
<b>From:</b>	Shung Wang, Regional Integration Team Lead
<b>Subject:</b>	Te Ikaroa RIT Wānanga
<b>Date:</b>	6 November 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 second RIT Wānanga held at Te Hotu Manawa O Rangitāne O Manawatū Marae over 31 October and 1 November 2023.

### Recommendations

**It is recommended that the Regional Integration Team:**

- Endorse** the draft notes (Appendix One) as an accurate reflection of the outputs from this wānanga.
- Endorse** the statement below that you can share with your teams to outline the outputs from this wānanga.
- Discuss and agree** the purpose of the third RIT wānanga and the preferred location, noting there is already a placeholder in the calendar for the 7 and 8 December 2023.

### Notes from the RIT Wānanga

Draft notes from the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū 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 Te Hotu Manawa O Rangitāne O Manawatū Marae.

#### **About the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū 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. Te Ikaroa (Central) 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.*

*The RIT held a wānanga at Takapūwāhia Marae in Porirua in Aug 2023, and at Te Hotu Manawa O Rangitāne O Manawatū Marae in Palmerston North over 31 October and 1 November 2023.*

## **Second RIT Wānanga – 31 October to 1 November 2023**

*At the second wānanga, Te Ikaroa RIT met for whanaungatanga (relationship building) and strategic planning. The Co-Chairs led the wānanga designed to bring relationships and successful leadership to the fore of RIT conversations.*

*On the first day, Rangitāne welcomed the RIT onto the marae. The RIT started whanaungatanga and reviewed the kōrero from the first wānanga in August. The group endorsed using the Human Synergistics Framework for High Performing Teams ('Te Ikaroa Performance Framework') as the template for developing how the RIT will function and work together to achieve synergy and to better serve our population in Te Ikaroa.*

### **Purpose Statement and Key Themes**

*The group agreed on 'Healthier Communities Together' as the Central Region RIT purpose statement.*

*Individual components of the Te Ikaroa Performance Framework were populated including developing four draft regional goals for the RIT with tangible actions, which will be further worked up at a 3<sup>rd</sup> wānanga in December.*

*The key themes that emerged are enabling community self-determination, supporting our workforce, encouraging innovation, investing in and supporting community initiatives and services.*

### **Priority next steps include:**

- *Continued group work to understand and enhance the RIT's leadership skills in order to create a collaborative leadership culture for all teams in the central region.*
- *Further work on the Te Ikaroa Performance Framework.*
- *Reach a consensus on the regional goals before the next wānanga planned for December 2023, and explore using the information populated in the Te Ikaroa Performance Framework as building blocks to plan a regionally consistent RIT programme of work.*

## **Third RIT Wānanga**

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

We previously raised the possibility of going to Wairoa for the second wānanga, but at the time it was considered that the timing was not right, given the operational demands on your time and that we would be placing an additional strain on the Wairoa community still recovering from the cyclone.

It is recommended that the RIT discuss the purpose of the third wānanga and the preferred location for the hui.

Once decided, the team will work with the RIT Co-Chairs and Human Synergistics to draft a proposed agenda for the next RIT Wānanga, and connect with the relevant marae to make the necessary arrangements.

## **Next steps**

- Endorse the notes and statement about the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū Marae.
- Discuss and agree the location and dates for the next RIT Wānanga.
- The team will work with Human Synergistics and the RIT Co-Chairs to draft a proposed agenda for the next RIT Wānanga, and connect with the relevant marae to make the necessary arrangements.

## Appendix One. Notes from the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū Marae

### Day One – Tuesday 31 October 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.

#### ***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:

ALIGNMENT:	COMMITMENT	GROWTH
<ul style="list-style-type: none"> <li>✓ <b>Purpose</b> - needs to be crystal clear.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Goals</b> – those that have the greatest impact on the purpose.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Tracking performance</b> – to learn, adjust and support each other (not judge)</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>Membership</b> - 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')</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accountability</b> – who will do what and where, and acknowledging that we are all accountable for helping each other to achieve the goals and purpose.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Evolve</b> – how do we evolve across the framework (up, down and across) and maintaining open communications.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>Operating principles</b> – RIT behaviours and thinking styles - what is above and below the line (refer to first planning hui notes for these)</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Processes</b> – for all members to help us achieve the purpose</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Integrate</b> – who do we need to integrate with? Who are all our partners and stakeholders?</li> </ul>

- 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.

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### **RIT Purpose Statement**

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

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#### **RIT purpose statement: “Healthier Communities Together”**

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- 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.

### **Day Two – Wednesday 1 November 2023**

#### **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.

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

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

**Next steps:**

- The group will continue populating the Framework at the next planning session.
- In the interim until the next planning session, the team will explore using the information populated in the Te Ikaroa Performance Framework as the building blocks to plan a regionally consistent RIT programme of work.

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## Agenda

### Regional Integration Team: Central Region

<b>Date:</b>	Thursday 7 December 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.30pm
<b>Location:</b>	TEAMS		

**Members:** **Patrick Le Geyt** (Regional Director Te Aka Whai Ora); **Tricia Keelan** (Central Region Wayfinder), **Paula Snowden** (Regional Director Central Region National Public Health Service); **Bonnie Matehaere** (Regional Clinical Lead, Te Aka Whai Ora); **Nicky Rivers** (Director Allied Health – Regional Clinical Advisor); **Tricia Sloan** (Service Improvement and Innovation); **Sipaia Kupa** (Regional Director Pacific)

**In attendance:** **Shung Wang** (Regional Integration Team Lead) **Manja Kovincic** (Secretariat)

**Guests:** Item 3: **Charrissa Keenan**

**Apologies:** **Russell Simpson** (Regional Director Hospital and Specialist Services); **Richard Perry** (Service Improvement and Innovation)

Time	Item	Method	Lead	Action
<b>1.00pm</b>	Karakia tīmatanga			
<b>1.00pm</b> (15 mins)	<b>1. General business</b> 1.1 Minutes from previous meeting 1.2 Action Register	Minutes Register	Chair Chair	Agree Discuss
<b>1.15pm</b> (15 mins)	<b>2. Immunisation Action Plan Update</b>	Paper	Paula Snowden	Note
<b>1.30pm</b> (20 mins)	<b>3. Mobile dental clinic investment</b>	Paper	Charrissa Keenan	Endorse
<b>1.50pm</b> (40 mins)	<b>4. Other issues</b> 4.1 Regional Integration Team draft ToRs 4.2 Regional wānanga (31 Oct – 1 Nov) 4.3 HSS Monthly Performance Report 4.4 Regional Wayfinder Report	Paper Paper Paper Paper	Chair Chair Chair Tricia Keelan	Discuss Discuss Note Note
<b>2.30pm</b>	Karakia whakamutunga			
<b>Next meeting:</b> Regional wānanga 19 December				

## Minutes

### Regional Integration Team (Central Region)

<b>Date:</b>	Thursday 9 November 2023		
<b>Start Time:</b>	1.00pm	<b>Finish Time:</b>	2.30pm
<b>Location:</b>	Virtual		

<b>Present:</b>	<b>Patrick Le Geyt</b> (Regional Director Te Aka Whai Ora), <b>Tricia Keelan</b> (Regional Wayfinder - Chair); <b>Tricia Sloan</b> (Service Improvement and Innovation), <b>Nicky Rivers</b> (Regional Clinical Lead), <b>Bonnie Matehaere</b> (Regional Clinical Lead Te Aka Whai Ora), <b>Russell Simpson</b> (Regional Director Hospital and Specialist Services), <b>Richard Perry</b> (Service Improvement and Innovation) – items 1 and 2 only
<b>Apologies:</b>	<b>Sipaia Kupa</b> (Regional Director Pacific), <b>Paula Snowden</b> (Regional Director, National Public Health Service)
<b>Guests:</b>	Item 2: Service Improvement and Innovation: <b>Dr Karen Bartholemew</b> (Director of Health Equity), <b>Aaron Turpin</b> (Group Manager, Health Analytics) Item 3 <b>Nathan Clark</b> , Manager, Regional Planning; <b>Peter Guthrie</b> , General Manager Planning Funding and Performance Item 4: <b>Alex Sasse</b> (Regional Clinical Lead, Cardiology); <b>Dianne Vicary</b> (Programme Manager, Cardiology)
<b>In attendance:</b>	<b>Jason Kerehi</b> (Te Aka Whai Ora); <b>Shung Wang</b> (Regional Integration Team Lead) <b>Stephanie Calder</b> (Director, Regional Programmes)

<b>1. General business</b>
Patrick Le Geyt opened the meeting with karakia
<b>1.1 Minutes from previous meeting</b>
Minutes approved as a true and accurate record.
<b>1.2 Action Register</b>
The action register was discussed and worked through.
<b>2. Service Improvement and Innovation Update</b>
<i>Aaron Turpin and Dr Karen Bartholemew joined the meeting at 1.20pm</i>
<b>Noted</b> 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.
<b>Noted</b> key points and discussion:
<ul style="list-style-type: none"> <li>Operational model covers evidence research and clinical trials, health analytics, consumer engagement and whanau voice, equity, population health gain and operations</li> <li>Considerable focus on life expectancy gap</li> <li>Don't currently have data on disability as data set requires improvement</li> </ul>

- 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 1.55pm.*

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

- Have had very little engagement with Te Aka Whai Ora at this point, attempts have been made to engage
- 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**

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## Regional Integration Team: Central Region

### Action Register as at 10 November 2023

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
Ongoing agenda item		IMPB engagement	Patrick / Tricia	Provide regular updates to the RIT on discussions with IMPBs.	Ongoing	<b>In progress:</b> engagement with IMPBs underway. Team has been invited to attend joint IMPB meeting in December (Nathan to send date of workshop through to RIT)
08-06-2023	1	Regional Public Sector Commission Groups	Shung Wang	Invite the three regional public commission groups in the Central Region to meet with RIT.		<b>In progress:</b> in process of confirming meeting time <b>Update 10.11.2023</b> Shar Kingi working on dates
31-08-2023	2	Service Improvement and Innovation Resourcing	Tricia Sloan / Tricia Keelan / Patrick Le Geyt / Richard Perry	Meet to discuss mechanism for managing requests for SI&I support in the region.	3 November	<b>In progress:</b> Update provided at 9 November RIT
14-09-2023	3	Regional Clinical Board	Bonnie Matchaere and Nicky Rivers	Discuss opportunities for engagement between RIT and the Regional Clinical Board and connect with Chair Sarah Jackson to discuss options for bringing back to the RIT.	Beginning of October	<b>In progress:</b> Bonnie and Nicky will provide feedback and an indication of timeframes
	4	Planned Care	Russell Simpson	Standing item for an update on planned care.	Ongoing	<b>In progress:</b> Update on 9/11 continue to remove greater than 365 days off the list due to a lot of activity across the region. There are approximately 649 people who require planned care before Dec 31. The prediction is that between 20 – 300 short

Meeting Date	Register No	Subject	Owner	Description	Due Date	Status Update
12-10-2023	5	Regional Childhood Immunisation Report	Paula Snowden	For the Regional Childhood Immunisation Report, Paula Snowden to: a) Provide numbers/percentages. b) Confirm audience of the report. c) Have explanatory notes.	Ongoing	<b>In progress:</b> <i>weekly reports have been requested on how the region is tracking to 90% and other targets. A new reporting system is being worked on and projects underway that will be discussed with this group</i>
	6	Regional Risk Framework Tool	All	Members to identify and connect person for the Regional Risk Framework tool with Lliam Munro.	ASAP	<b>In progress:</b> <i>some names provided</i>
26-10-2023	7	Enabling iwi Maori partnership and engagement	Patrick	Discuss whether issues raised have also been discussed at other RITs and escalate this issue to those responsible tier 2 leaders of Te Whatu Ora and Te Aka Whai Ora to design a solution.	9 November	<b>In progress:</b> <i>Patrick has made contact with other RIT leads (26 October). Patrick and Tricia to have a follow up meeting</i>
09-11-2023	8	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	Nov / Dec	
	9	Future system of cardiac care	Dianne Vicary	Note in the RHWP that action planning does not currently include Synergia recommendations around actions in primary and community care	November	
	10		Bonnie	Support engagement with Te Aka Whai Ora and take to the Clinical Senate	November	
	11		Nicky	Circulate to the clinical leaders group	November	

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## Memorandum

<b>To:</b>	Te Ikaroa/Central Regional Integration Team
<b>From:</b>	Paula Snowden Regional Director Ikaroa/Central NPHS
<b>Subject:</b>	Immunisation Action Plan Update Te Ikaroa/Central
<b>Date:</b>	Table body - Arial, 11pt

### Background

1. RIT have previously agreed to the establishment of a representative governance group to progress the Action Plan and to a set of actions to support meeting the immunisation targets for Māori and Pacific tamariki. This group meets regularly and has full oversight of the development projects.

### Development Projects Update

#### Regional Vaccination Wanaanga MidCentral 6-8 December 2023

2. This training event will bring together nurses and midwives from Te Ikaroa region to provide bridging courses to become fully authorised vaccinators. The three-day programme will include a community event at 10 clinics at fixed sites and mobile services, providing an opportunity to support participants to become competent to confident as childhood vaccinators. At writing the course is nearly full with 36 enrolled, with 40 placements available.
3. Priority has been given to Well Child Tamariki Ora, Hauora Māori, Pacific, Midwifery, Rural, and Public Health Nurses. The programme is supported by IMAC, regional Immunisation Coordinators and Medical Officers of Health. There will be a community event on day 3 with a pop-up call center to bring together the community Hauora and Pacific, PHO and NPHS services to contact the over 600 tamariki on the Outreach referral list, using the priority matrix.
4. The development of this initiative has thrown up some useful learnings:
  - Across the districts, Immunisation Coordinators are responsible for the training of nurses to become childhood vaccinators and to provide clinical competence assessments and this load falls mostly to one person in a district. Training is provided by IMAC but the mentoring that takes a nurse from competent to confident such that MOoHs can sign off accreditation is variable and not well supported or resourced. This creates a bottle neck that slows down growing the whole of life vaccination workforces.
  - There are mixed requirements to sign off nurses in the districts, relying on the relationship between the Immunisation Coordinator and the MOoH. A more standardised and better understood process would help address some of the accreditation bottle necks. This is experienced of Māori and Pacific nurses with less access to mentoring support to develop and maintain confidence in support of their competence assessments.
  - The lack of mentoring and ongoing support post training has led to some nurses being reluctant to vaccinate tamariki and pēpi in the very age groups and cohorts we they need the most growth.
  - Currently, there are no Māori and Pacific clinical assessors in the Central Region or a training pipeline. This is required to both support achieving immunisation targets and for our Te Pae Tata Workforce equity goals. Training pipeline needs to include a mentoring programme to achieve the goal nurses to become all of life vaccinators to practice childhood vaccinations.

5. An evaluation of this initiative will be provided to RIT. If the programme is successful in terms of increased qualified vaccinators and increased vaccinated tamariki from Outreach services, we will look at holding a second wanaaga in the new year in another district as the demand has exceeded expectations.
6. The MidCentral Wanaanga is being resourced out of [Covid] Immunisation underspend and if it is agreed future wanaanga are appropriate, NPHS may be looking for support from Commissioning to develop a business case for funding, through re-prioritisation or perhaps of current contracts or an NPHS Budget bid.

## Pending Initiatives

7. The RIT Immunisation Steering Group has a number of other initiatives underway or in the pipeline (refer the attached Schedule)
8. Of note is:
  - a) the scoping for creating Well Child Vaccination Drop-In Centres in Oral Health Clinics after school hours and in targeted areas. This initiative will also consider the role of primary care to refer directly to Drop-In centres so tamariki receive on time, acceptable and accessible immunisations to reach the 20% unvaccinated, rather than process of becoming a OIS referral.
  - b) Deploying NPHS PNNs into targeted HSS wards to identify tamariki and hāpū mama for vaccination and this is very well received by HSS ward nurses, whānau and NPHS nurses.

## Next steps

9. Initiatives within the Te Ikaora Immunisation Action Plan are continuing (refer separate Schedule).

## Recommendation

It is recommended that RIT:

- a) Receive this update
- b) Note that 34 nurses are registered for the December wanaaga
- c) Note RIT will be updated on the proposal to use Oral Health Clinics after school hours, for Vaccination Drop-In centres in a subsequent briefing .

Ends



# Memo – Regional Integration Teams

## Mobile dental clinic investment – Tranche 2

**Date:** September 2023

**Authors:** Charrissa Keenan  
Justine Mecchia

**For your:** Approval

**Approved by:** Cherie Seamark  
Deborah Woodley

### Purpose

1. This paper seeks recommendations from the Regional Integration Team for allocation of the Budget 22 mobile dental clinic investment.

### Recommendations

2. Regional Integration Teams Co-Chairs are asked to:
  - a. **Note** Budget 2022 included \$12 million to be invested in the manufacture of twenty (20) mobile dental clinics to expand mobile dental service delivery and increase access to assessments and treatment for young people in communities with the poorest oral health status, and those with the highest health need.
  - b. **Note** the \$12 million is allocated from Budget 2022 health capital envelope; operating costs must come from within Te Whatu Ora regional budgets.
  - c. **Note** eight (8) mobile dental assets have already been allocated to providers as part of Tranche One during 2022/23.
  - d. **Note** the allocation of the remaining twelve (12) mobile dental assets is an opportunity for regional commissioners to revisit current mobile dental service models and determine how to better meet local population needs, focusing on achieving equity of access and outcomes for Māori and Pacific young people and those living in areas of highest socioeconomic deprivation.
  - e. **S9(2)(ba)(ii)**  
[Redacted]
  - f. [Redacted]
  - g. **Note** national commissioning will work with regional Te Aka Whai Ora and Te Whatu Ora leads to implement this kaupapa.

*D Woodley*

Deborah Woodley  
Interim Director Population Health Programmes  
Commissioning  
Te Whatu Ora

*Cherie Seamark*

Cherie Seamark  
Group Manager  
Primary and Community  
Te Aka Whai Ora

## Background

3. The Budget 2022 Health Capital Envelope included \$12 million to fund the manufacture of twenty mobile dental clinics to expand mobile dental service delivery and increase equitable access to assessments and treatment for young people in communities with the poorest oral health status, and those with the highest health need. Operational funding for the new mobile dental clinics is to be found from within regional budgets.
4. In May 2022 it was agreed investment will be made in two tranches. Te Whatu Ora and Te Aka Whai Ora commissioning teams have been working with providers to agree specifications and purchase of the first tranche of eight (8) new mobile dental clinics. Six (6) units have now been ordered, with the first service-ready clinic due for delivery in February 2024. Details of these providers are outlined in Appendix One.
5. These additional new mobile dental assets are not just an equipment / capital upgrade but provide the opportunity for commissioners to revisit current mobile dental service models and determine how to better meet local population needs, focusing on achieving equity of access and outcomes for Māori and Pacific young people and those living in areas of highest socioeconomic deprivation.

## Strategic goals

6. The mobile investment programme is part of a joint National Oral Health Equity Programme (NOHEP) between Te Whatu Ora and Te Aka Whai Ora. Endorsed by the respective Boards, NOHEP brings together current work underway and resets the priorities and approach to oral health to deliver a dental care system that works for Māori and Pacific communities.
7. He Waka Hourua is the partnership approach that is intended to drive the implementation of NOHEP. It is underpinned by an explicit commitment to Te Tiriti o Waitangi principles in action to ensure Māori leadership, participation, data and whānau voice, and decision making are evident at all levels of the development and implementation of the kaupapa.
8. The mobile dental clinic investment also supports Te Pae Tata – Kahu Taurima priority action to redesign community-based oral health services so that they are responsive to Māori whānau and Pacific aiga to reduce inequity.
9. Decisions on allocation of mobile dental clinics in Tranche 1 were substantively made prior to the establishment of Te Aka Whai Ora and Te Whatu Ora as part of the Budget 22 bid. The criteria for allocation in Tranche 1 include an initial equity assessment<sup>1</sup> which identified the following districts as a priority for investment (Northland, Counties Manukau, Waikato, Bay of Plenty, Lakes Tairāwhiti, Hawkes Bay, Taranaki, MidCentral and Whanganui). Investment was also prioritised into existing Hauora Māori and Pacific providers of oral health services, who had not had the opportunity to be considered in earlier investment decisions.

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<sup>1</sup> Equity Assessment Criteria: inequitable oral health outcomes for Māori and Pacific populations, low rates of caries free at age five, high dmft and DMFT rates at Year 8, low adolescent utilisation rates, high GA dental rates, high population of Māori and Pacific young people.

## Equity commitments

10. The mobile dental clinics investment is aligned with the objectives NOHEP, in particular to:
- invest in sustainable oral health service models that support equitable access to dental care for Māori and Pacific
  - deliver a more integrated approach to oral health prevention, promotion and services
  - commission integrated and alternative service models that support Māori and Pacific models of oral health and service delivery
  - create workforce structures that support a culturally competent workforce and unbundles existing siloed service frameworks
  - redistribute funding, workforce, equipment and facilities to support equity and projected population demand
  - increase equity-based investment in Māori and Pacific services, workforce and infrastructure.

## Mobile dental clinic programme - a strategic investment decisions

11. It is important that this work is now regionally led to determine local need and to align with new regional priorities i.e. localities and models of care being developed alongside other regional planning work. There are twelve remaining mobile dental clinics yet to be allocated in tranche two. Regional leads for Te Aka Whai Ora, Te Whatu Ora Commissioning, and Pacific are asked to identify potential providers for consideration.
12. To support this process, the national Te Aka Whai Ora and Te Whatu Ora oral health teams have identified a range of potential providers in consultation with Regional Te Aka Whai Ora and Pacific Directors in the table below. Appendix 2 shows the distribution across the country of existing tranche 1 allocations and proposed tranche 2 allocations.

Rohe	Potential Hauora Māori and Pacific providers/locations for Tranche 2
Northern	S9(2)(ba)(ii) [redacted] [redacted] [redacted] [redacted]
Te Manawa Taki	[redacted] [redacted]
Central	[redacted] [redacted]
Te Waipounamu	S9(2)(ba)(ii) [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

13. Potential providers have been identified through considering districts that are a priority based on the initial equity assessment outlined in point 10 and alignment with prototypes that have oral health identified as a priority within Localities and Kahu Taurima. Additional consideration should also be given to priorities in the Pae Tū: Hauora Māori Strategy, Te Mana Ola: The Pacific Health Strategy, Rural Health Strategy, Women’s Health Strategy, and Wai2575 claimants.
14. Regional Integration Teams are asked to endorse recommended providers for consideration by S9(2)(ba)(ii) [redacted]. A memo will then be presented to the joint national oral health equity programme steering group to approve the allocation of the remaining twelve mobile dental assets to the recommended providers by S9(2)(ba)(ii) [redacted].
15. The national commissioning team will provide guidance and can work with regional teams and Hauora Māori Partners/Pacific Providers where required to support the identification of providers and ongoing implementation of the mobile units. Appendix 3 provides some of the available oral health data by region to support this mahi.

### Strategic linkages

16. It is expected that H&SS Community Oral Health Services will feature alongside wider community aspirations for oral health and opportunities for a meaningful waka hourua approach to better meet the needs of underserved populations are explored. Opportunities to review current H&SS mobile dental clinic assets and workforces should be considered, particularly where service models and population demand have changed over time. This may afford opportunity for future locality prototypes to be considered in part of this reconfiguration.

17. Discussions with district H&SS teams will need to occur as considerations of ownership of mobile dental assets, use of existing mobile fleet and facilities, and other associated arrangements, are agreed in partnership with Hauora Māori Partners and Pacific Providers.

## Procurement

18. A national working group and tender process was run by New Zealand Health Partnerships over 2020/21 to select preferred suppliers for the mobile dental clinic and equipment. Orders for tranche 1 provider units have been placed through Action Manufacturing as the preferred mobile dental clinic supplier. Equipment orders will be placed when required with either **S9(2)(b)(ii)**  
[REDACTED]

## Budget and Financial implications

19. Capital funding for new mobile dental assets is available from Budget 2022 health capital envelope allocation.
20. Operating costs must come from within regional Te Whatu Ora budgets, this may require reprioritisation of services or use of underspend in current oral health and general budgets and may consider integration of resource across providers and/or services.
21. Consideration of new funding or reallocation of funding for different models of care may be required, for example to support new Hauora Māori Partners or Pacific providers to innovate.
22. The current commissioning model for oral health services is demand driven and contracts are based on volumes and are mainly held within HSS budgets. Consideration will need to be given to alternate contracting methods for new Hauora Māori Partners or Pacific oral health providers, to ensure equitable support for Māori and Pacific health providers delivering oral health care in the community, and the sustainability of those services to establish and deliver their new service models.

## Next steps

23. Regional Integration Teams to endorse a list of potential providers for consideration by the steering group by **S9(2)(ba)(ii)**.
24. The steering group will make allocation decisions on the 12 remaining mobile dental clinics by **S9(2)(ba)(ii)**.
25. Regional leads are asked to work with confirmed providers to support identification of mobile clinic requirements and operational budgets to enable orders to be placed by **S9(2)(ba)(ii)**  
[REDACTED]
26. The national commissioning team will provide regional leads with further guidance on investment requirements and support to identify manufacturing requirements, procurement arrangements and ownership structures for new assets.



**Appendix One: Tranche 1 confirmed providers and locations**

Rohe	Tranche 1 confirmed providers and locations
Northern	S9(2)(ba)(ii) [REDACTED]
Te Manawa Taki	[REDACTED] [REDACTED] [REDACTED] [REDACTED]
Central	[REDACTED] [REDACTED] [REDACTED]
Te Waipounamu	N/A

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Appendix Two:

S9(2)(ba)(ii)

## Cover Sheet

<b>To:</b>	Regional Integration Team
<b>Subject:</b>	Regional Integration Team - Terms of Reference
<b>Date:</b>	3 November 2023

Decision       Discussion       Information       Action

**Seeking Funding**      **Yes**       **No**

**Funding Implications**      **Yes**       **No**

### Purpose

The purpose is to provide the Regional Integration Team with a copy of the updated draft Regional Integration Team Terms of Reference (ToRs). Note that the Te Whatu Ora ELT Secretariat has advised that these ToRs have not yet been endorsed by ELT.

### Recommendations

It is recommended that the Regional Integration Team:

**Note** the updated draft Regional Integration Team Terms of Reference

**Note** the Terms of Reference have not been endorsed by ELT and are therefore likely subject to further revision

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## Regional Integration Teams

### Terms of Reference

This document lays out the Terms of Reference (TOR) for the Regional Integration Teams (RIT).

### Pae Ora – Healthy Futures

Pae Ora – Healthy Futures is the vision for the reformed health system where people live longer in good health, have improved quality of life and there is equity across all groups.

The Pae Ora (Healthy Futures) Act 2022:

- requires Te Whatu Ora to provide or arrange for the provision of services at a national, regional and local level. Nationally planned, regionally coordinated and locally delivered services are the key to achieving equity in health outcomes among New Zealand's population groups.
- requires Te Aka Whai Ora to ensure planning and service delivery respond to the aspirations of whānau, hapū, iwi and Māori; and design, deliver and arrange services that achieve the best possible health outcomes for Māori.

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

### Kaupapa/Purpose & Functions

The purpose of RITs is to ensure consistency and alignment of service planning and service delivery within regions, including to improve the connections between local, regional and national arrangements that together determine the overall effectiveness of Te Whatu Ora and Te Aka Whai Ora. RITs will:

- Give effect to the principles of **Te Tiriti o Waitangi** as embedded in the Pae Ora Act.
- Ensure **equity is prioritised**, particularly for Māori.
- Maintain **oversight of integrated performance** across a region and **identify inequitable variation in outcomes within and between regions.**
- Maintain **key regional relationships** including fostering strong connections with relevant **social sector leads**.
- Take a collaborative approach with communities and providers to promote a health system able to **deliver the Pae Ora Act requirements** and implement the resultant system-wide transformation priorities.
- Develop and monitor delivery of **Regional Health and Wellbeing Plans** that set clear and consistent direction by joining national system design and local community aspirations as expressed in locality plans.
- Promote collaborative decision-making for solutions implemented at a regional level, including to **address emergent pressure points**.
- Identify new or improved ways to design or deliver services to **improve the value of health spend** in the region.
- Provide regional context and advice to **inform national strategies, policies and frameworks**

- Partner with other RITs and national teams to **ensure consistency in decision-making** where appropriate, including through regular sharing of learnings and insights.

## Membership

The following leads form the accountable membership of each RIT:

- Te Aka Whai Ora Regional Director (**co-Chair**)
- Regional Wayfinder (**co-Chair**)
- Pacific Health Regional Director
- National Public Health Service Regional Director
- Hospital and Specialist Services Regional Director
- Clinical Lead (Te Aka Whai Ora)
- Clinical Lead (Te Whatu Ora)

SI&I leads are critical partners and will have a permanent seat on each RIT, with the expectation of serving as both enablers, e.g. through the proactive and responsive supply of data among other things, and to support the RITs' performance accountability within Te Whatu Ora and Te Aka Whai Ora.

No appointment can be delegated except with the permission of a National Director of Te Whatu Ora or Te Aka Whai Ora.

Enabling functions' regional leads (or other roles) will be invited to attend as the agenda requires.

## Accountability

All regional lead roles will report into their respective national directors. As the line manager for Regional Wayfinders, the National Director, Commissioning, is the Te Whatu Ora sponsor for RITs at the Executive Leadership Team (ELT).

RIT members operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations. They will be responsible for ensuring the work of the RITs meets Te Tiriti obligations as set out in the Pae Ora (Healthy Futures) Act 2022 and engaging with Iwi Māori Partnership Boards in key decisions. This includes accountability for prioritising and addressing equity gaps within the region.

RITs will be accountable for delivering on key priorities in national plans as well as those identified in regional plans. In general, these will be key deliverables that require integration and success across multiple service delivery areas, e.g. Winter Plans.

RITs will promote a team of teams approach to deliver on regional work plans and will identify any support required.

## Reporting

RIT minutes will be submitted to ELT.

RITs will report quarterly to ELT on achievements, risks, opportunities and challenges of/for the RIT.

As part of those reports, RITs should include:

- insights on performance, including from periodic performance reports provided to the RIT by other parts of Te Whatu Ora and Te Aka Whai Ora;
- advice to ELT for enhancing the interface of national, regional and local arrangements.

## Delegated authority

RIT members will have no additional delegated financial or non-financial authority above their individual roles in line with organisational delegation policies. Decisions outside these delegations must be authorised by other appropriate roles.

Regional Health and Wellbeing plans will be submitted for endorsement to Te Aka Whai Ora's ELT and approved by Te Whatu Ora's ELT.

## Frequency of Meetings

RITs will meet at least once a month. Out of cycle meetings will be convened if required.

## Quorum

A quorum is five (5) appointed members, one of whom must be a Te Aka Whai Ora member.

## Attendance by others

With the approval of the Co-Chairs, authors of agenda papers or advisors required to speak to items on the agenda may be invited to attend RIT meetings.

If unable to attend a meeting, an appointed member may send a delegate though this should be exceptional and not the norm. RIT colleagues should also be informed in advance when this will be occurring.

## Distribution of papers

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

## Minutes

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

The minutes and progress on the action points will be confirmed/discussed at the subsequent meeting ahead of provision to ELT.

## Conflicts of interest

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

The Co-Chairs shall decide whether any actual or perceived conflict of interest exists. If so, the Co-Chairs will decide how to manage the conflict, such as whether to exclude a member from discussion and/or decision-making in relation to the item.

## Review of Terms of Reference

The Terms of Reference will be reviewed annually, with the process led by the National Director, Commissioning in conjunction with RIT Co-Chairs.

### Issued by

These Terms of Reference are issued by Fepulea'i Margie Apa, Chief Executive, on 24 October 2023.

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## Cover Sheet

<b>To:</b>	Te Ikaroa Regional Integration Team
<b>From:</b>	Shung Wang, Regional Integration Team Lead
<b>Subject:</b>	Te Ikaroa RIT Wānanga
<b>Date:</b>	6 November 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 second RIT Wānanga held at Te Hotu Manawa O Rangitāne O Manawatū Marae over 31 October and 1 November 2023.

### Recommendations

**It is recommended that the Regional Integration Team:**

- Endorse** the draft notes (Appendix One) as an accurate reflection of the outputs from this wānanga.
- Endorse** the statement below that you can share with your teams to outline the outputs from this wānanga.
- Discuss and agree** the purpose of the third RIT wānanga and the preferred location, noting there is already a placeholder in the calendar for the 7 and 8 December 2023.

### Notes from the RIT Wānanga

Draft notes from the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū 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 Te Hotu Manawa O Rangitāne O Manawatū Marae.

#### **About the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū 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. Te Ikaroa (Central) 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.*

*The RIT held a wānanga at Takapūwāhia Marae in Porirua in Aug 2023, and at Te Hotu Manawa O Rangitāne O Manawatū Marae in Palmerston North over 31 October and 1 November 2023.*

## **Second RIT Wānanga – 31 October to 1 November 2023**

*At the second wānanga, Te Ikaroa RIT met for whanaungatanga (relationship building) and strategic planning. The Co-Chairs led the wānanga designed to bring relationships and successful leadership to the fore of RIT conversations.*

*On the first day, Rangitāne welcomed the RIT onto the marae. The RIT started whanaungatanga and reviewed the kōrero from the first wānanga in August. The group endorsed using the Human Synergistics Framework for High Performing Teams ('Te Ikaroa Performance Framework') as the template for developing how the RIT will function and work together to achieve synergy and to better serve our population in Te Ikaroa.*

### **Purpose Statement and Key Themes**

*The group agreed on 'Healthier Communities Together' as the Central Region RIT purpose statement.*

*Individual components of the Te Ikaroa Performance Framework were populated including developing four draft regional goals for the RIT with tangible actions, which will be further worked up at a 3<sup>rd</sup> wānanga in December.*

*The key themes that emerged are enabling community self-determination, supporting our workforce, encouraging innovation, investing in and supporting community initiatives and services.*

### **Priority next steps include:**

- *Continued group work to understand and enhance the RIT's leadership skills in order to create a collaborative leadership culture for all teams in the central region.*
- *Further work on the Te Ikaroa Performance Framework.*
- *Reach a consensus on the regional goals before the next wānanga planned for December 2023, and explore using the information populated in the Te Ikaroa Performance Framework as building blocks to plan a regionally consistent RIT programme of work.*

## **Third RIT Wānanga**

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

We previously raised the possibility of going to Wairoa for the second wānanga, but at the time it was considered that the timing was not right, given the operational demands on your time and that we would be placing an additional strain on the Wairoa community still recovering from the cyclone.

It is recommended that the RIT discuss the purpose of the third wānanga and the preferred location for the hui.

Once decided, the team will work with the RIT Co-Chairs and Human Synergistics to draft a proposed agenda for the next RIT Wānanga, and connect with the relevant marae to make the necessary arrangements.

### **Next steps**

- Endorse the notes and statement about the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū Marae.
- Discuss and agree the location and dates for the next RIT Wānanga.
- The team will work with Human Synergistics and the RIT Co-Chairs to draft a proposed agenda for the next RIT Wānanga, and connect with the relevant marae to make the necessary arrangements.



## Appendix One. Notes from the RIT Wānanga at Te Hotu Manawa O Rangitāne O Manawatū Marae

### Day One – Tuesday 31 October 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.

#### 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:

ALIGNMENT:	COMMITMENT	GROWTH
<ul style="list-style-type: none"> <li>✓ <b>Purpose</b> - needs to be crystal clear.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Goals</b> – those that have the greatest impact on the purpose.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Tracking performance</b> – to learn, adjust and support each other (not judge)</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>Membership</b> - 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')</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accountability</b> – who will do what and where, and acknowledging that we are all accountable for helping each other to achieve the goals and purpose.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Evolve</b> – how do we evolve across the framework (up, down and across) and maintaining open communications.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>Operating principles</b> – RIT behaviours and thinking styles - what is above and below the line (refer to first planning hui notes for these)</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Processes</b> – for all members to help us achieve the purpose.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Integrate</b> – who do we need to integrate with? Who are all our partners and stakeholders?</li> </ul>

- 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.

### **RIT Purpose Statement**

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

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#### **RIT purpose statement: “Healthier Communities Together”**

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- 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.

### **Day Two – Wednesday 1 November 2023**

#### **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.

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

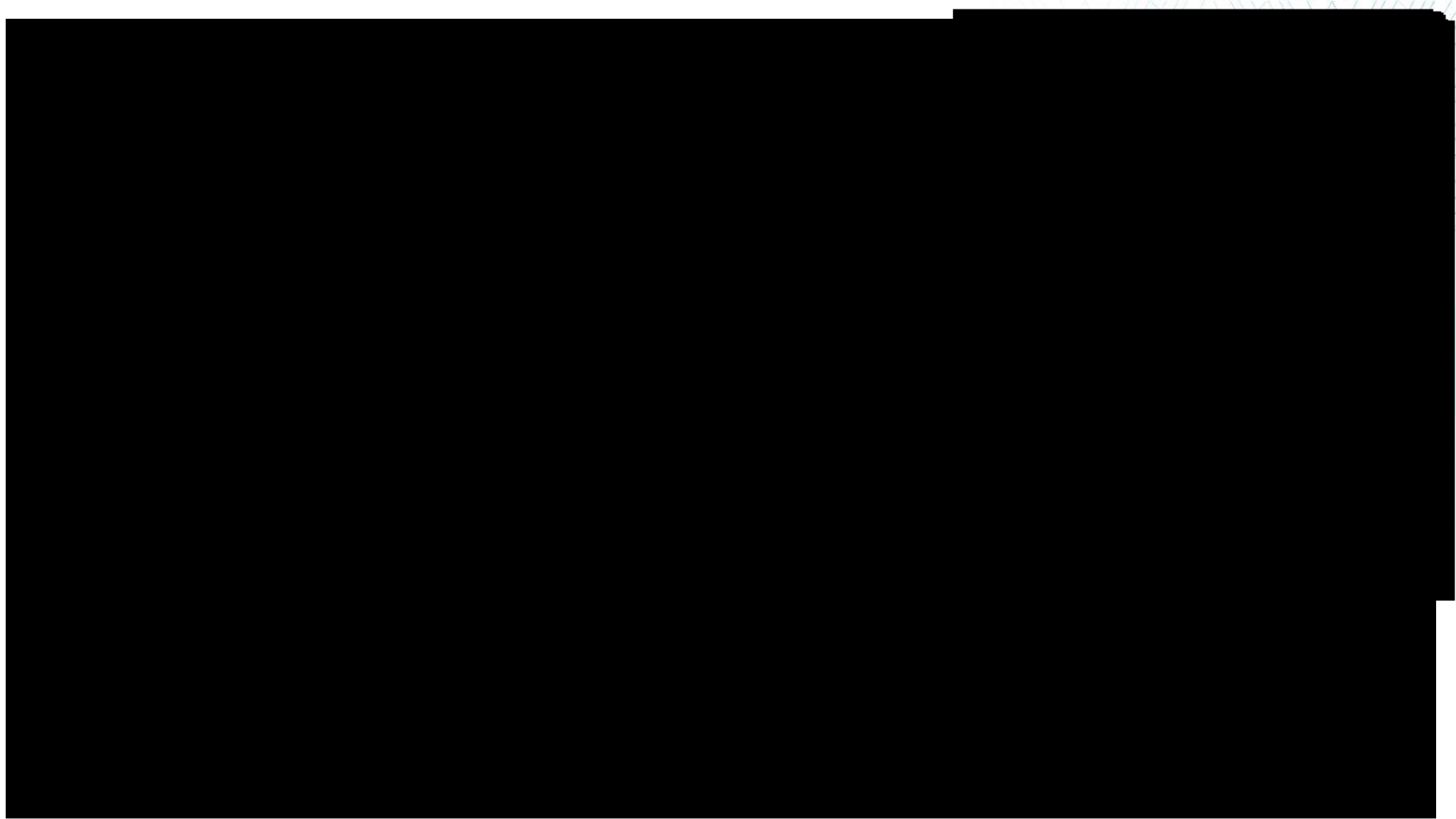
<b>Engaging Community-led Healthcare</b> Lead: Patrick LeGeyt, Sipaia Kupa	<b>Enabling Innovation</b> Lead: Paula Snowden, Russell Simpson	<b>Culture and Leadership</b> Lead: Patrick LeGeyt, Tricia Keelan	<b>Collaboration</b> Lead: Russell Simpson, Tricia Keelan
<b>Investment</b> Lead: Patrick LeGeyt,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

**Next steps:**

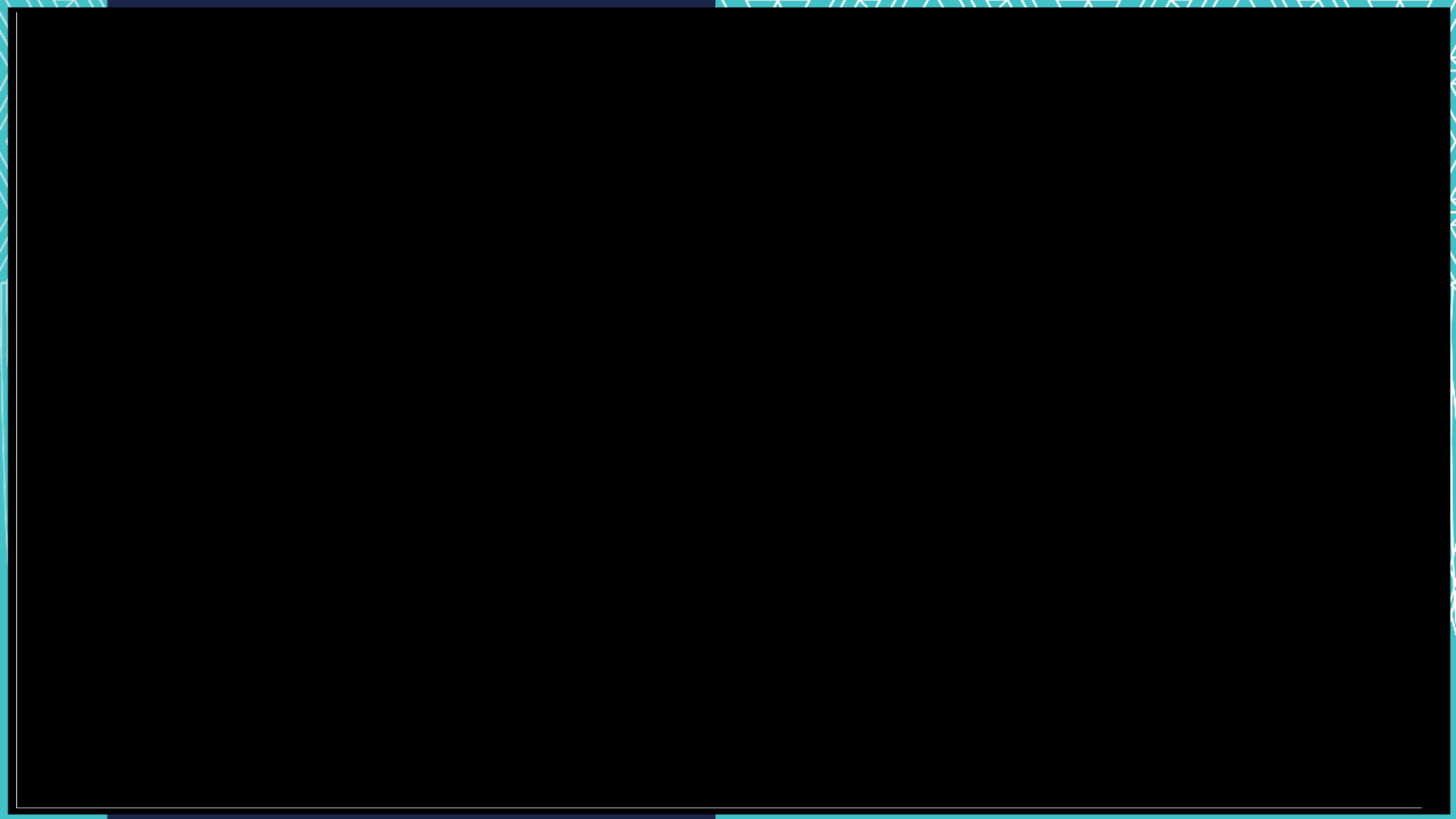
- The group will continue populating the Framework at the next planning session.
- In the interim until the next planning session, the team will explore using the information populated in the Te Ikaroa Performance Framework as the building blocks to plan a regionally consistent RIT programme of work.

S9(2)(ba)(ii)







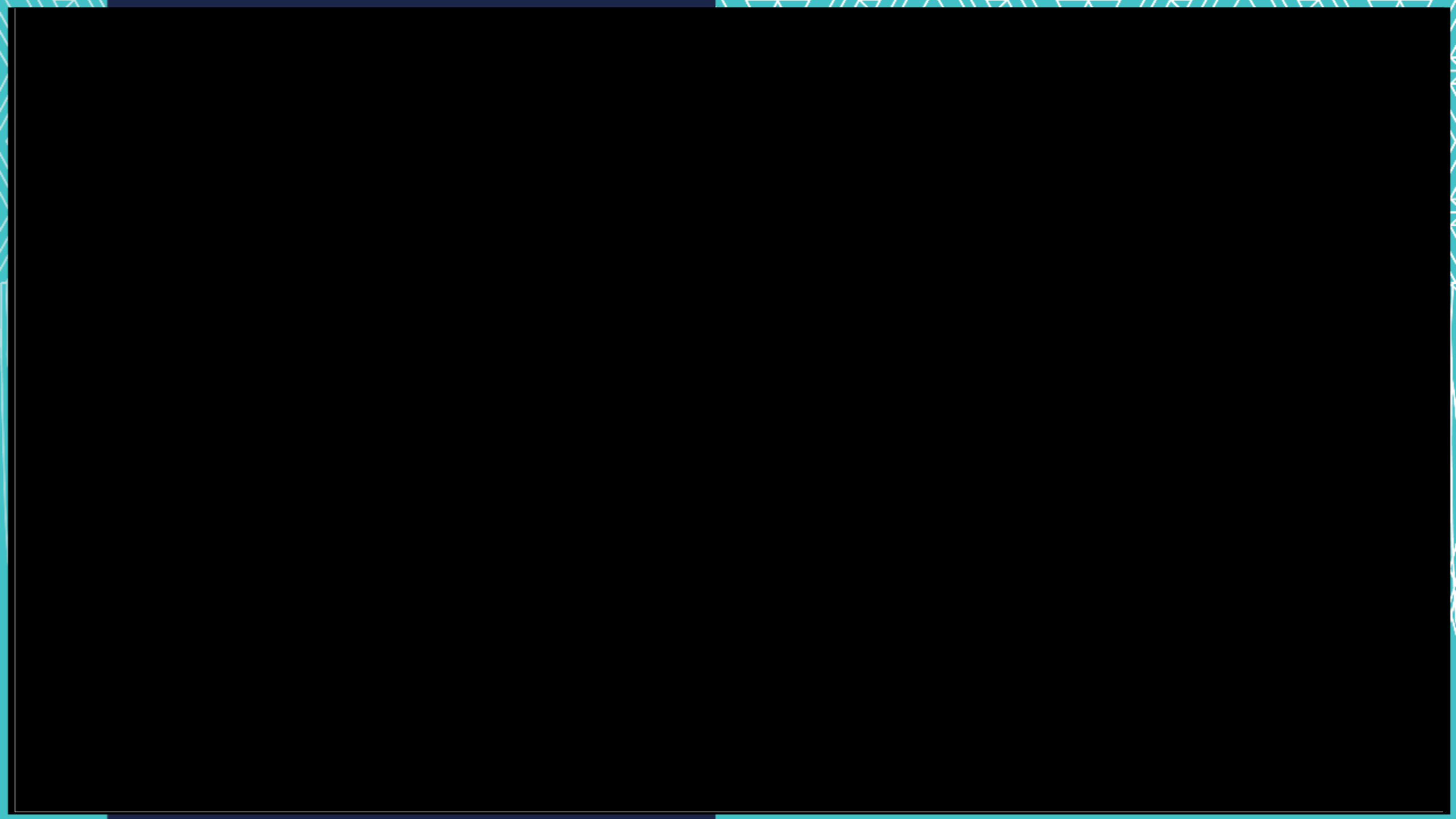


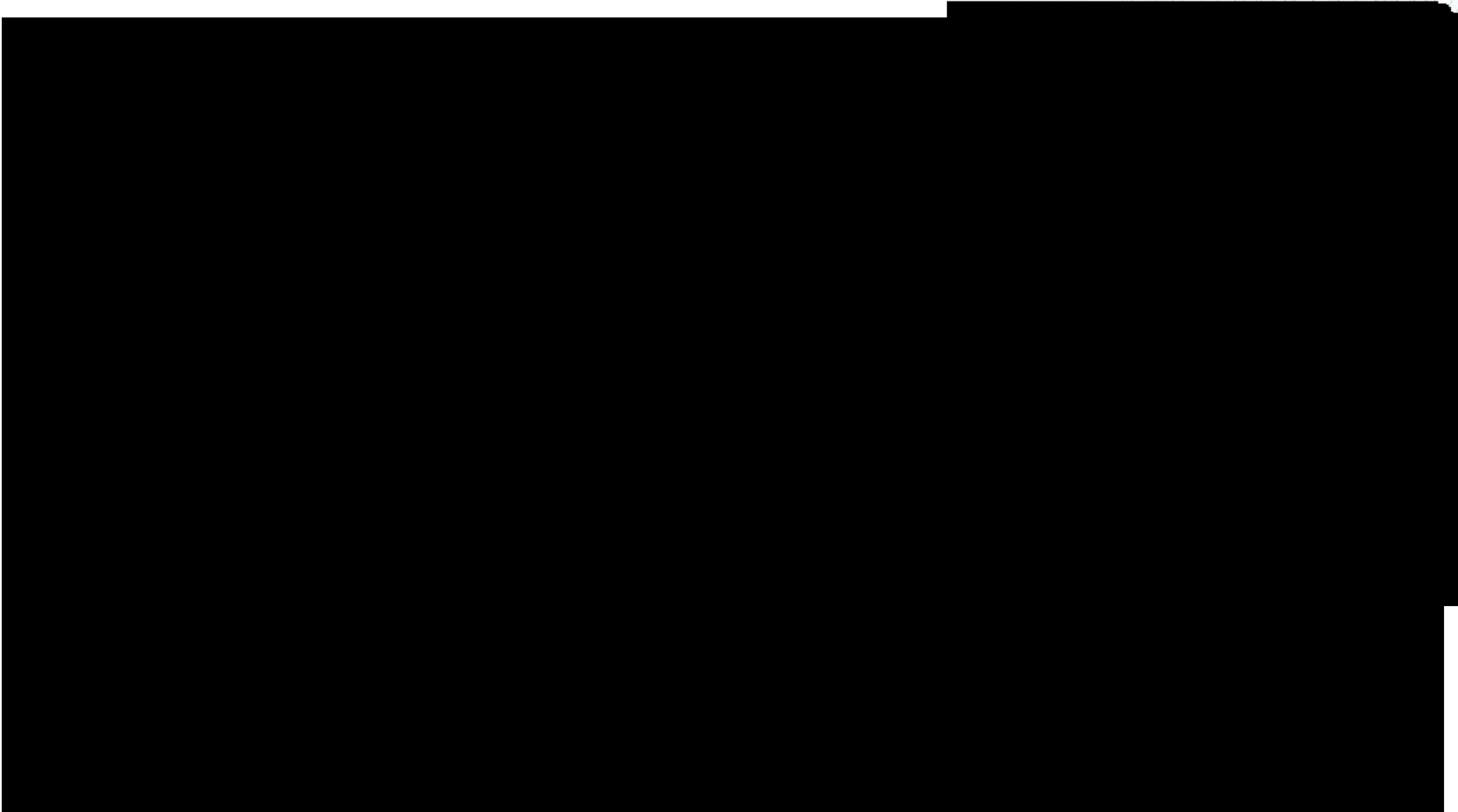




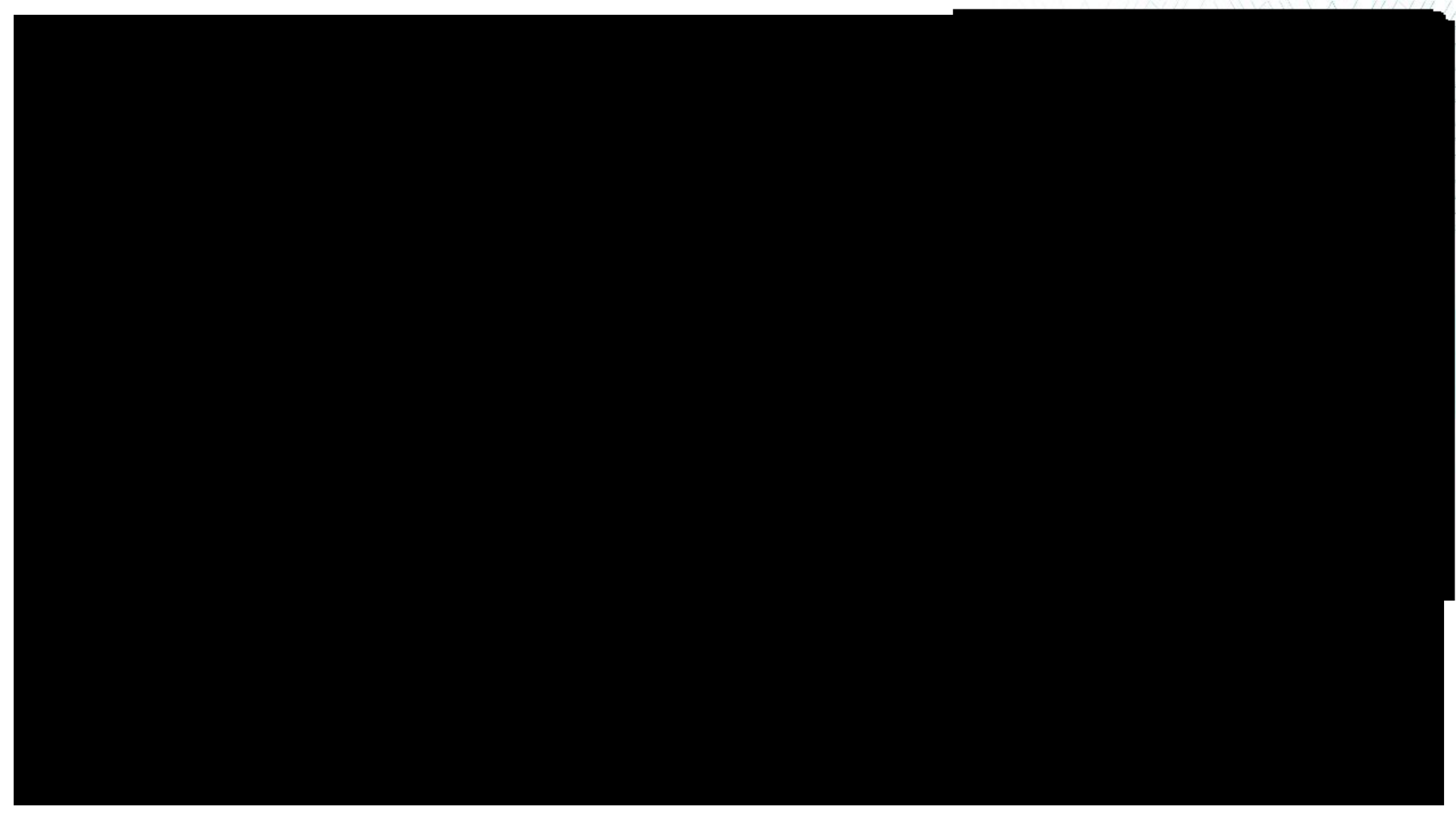


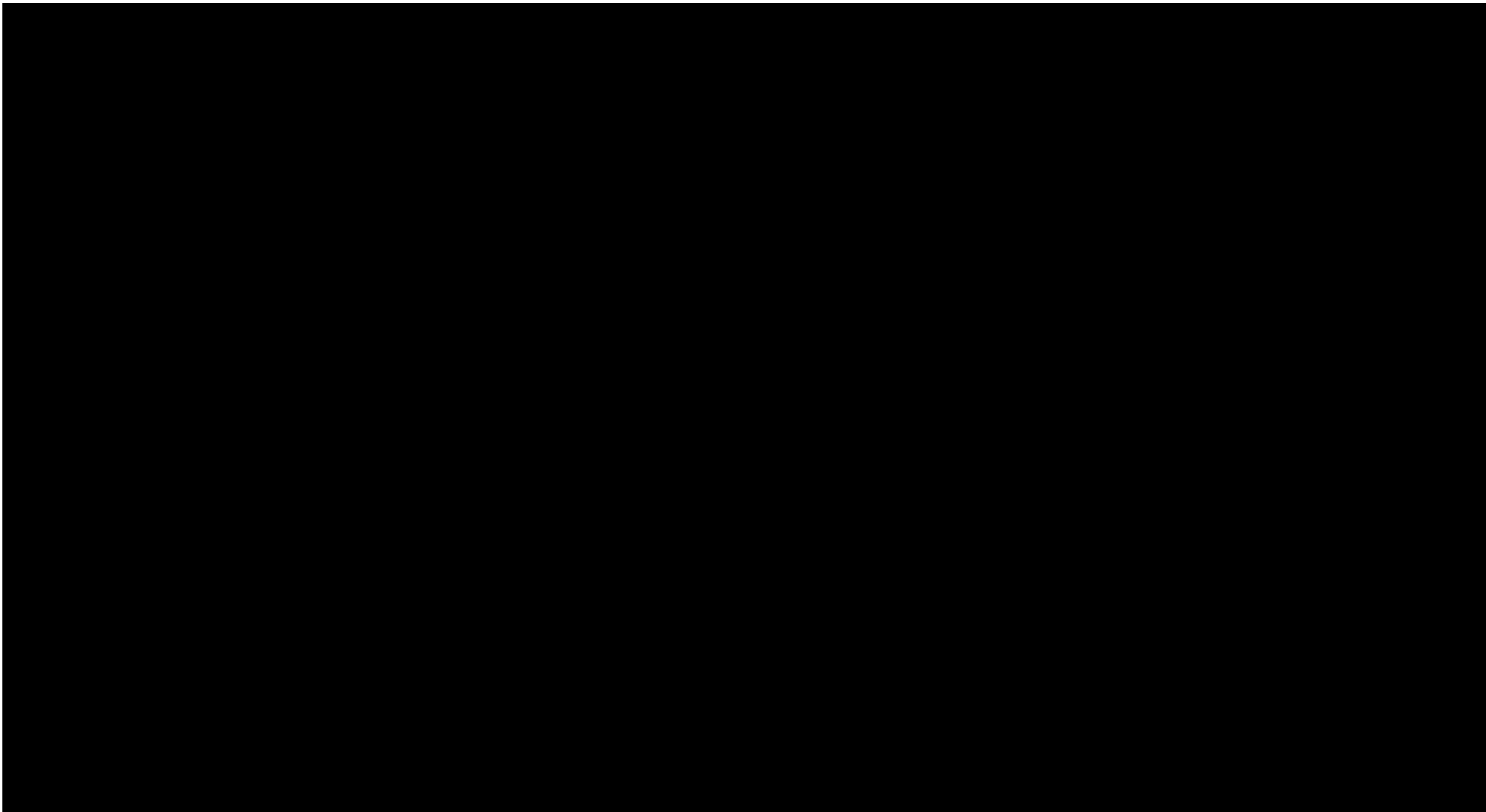






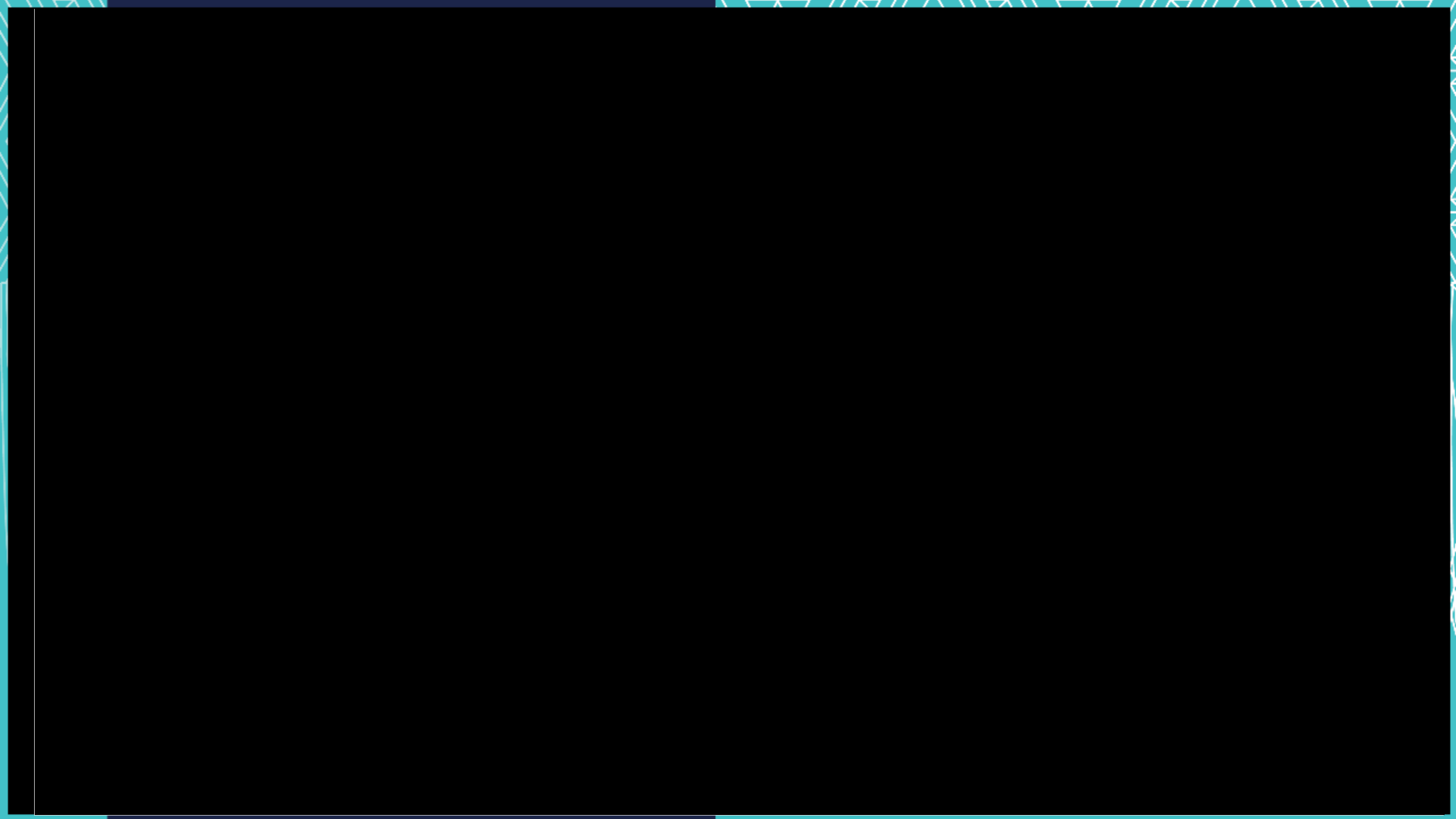


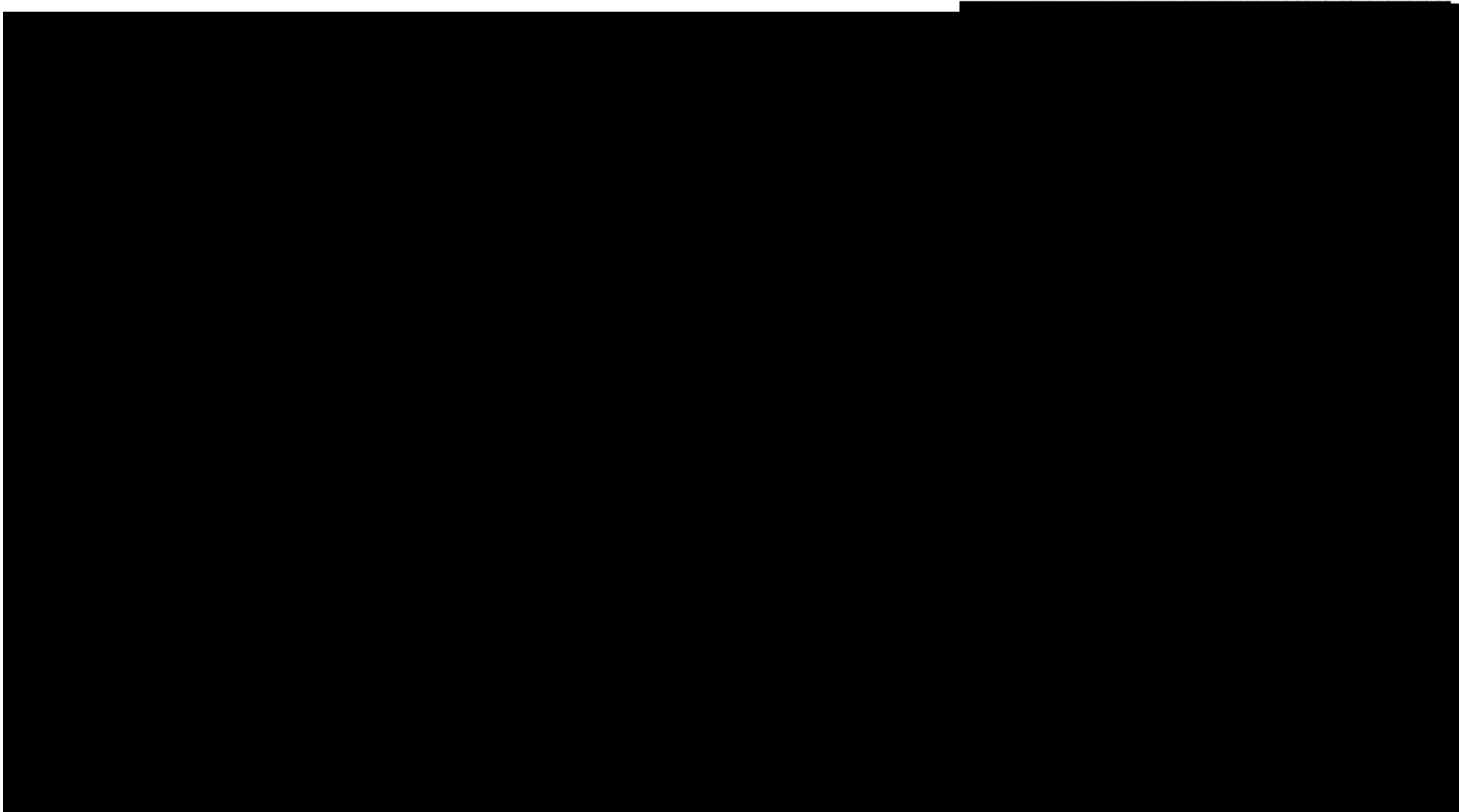




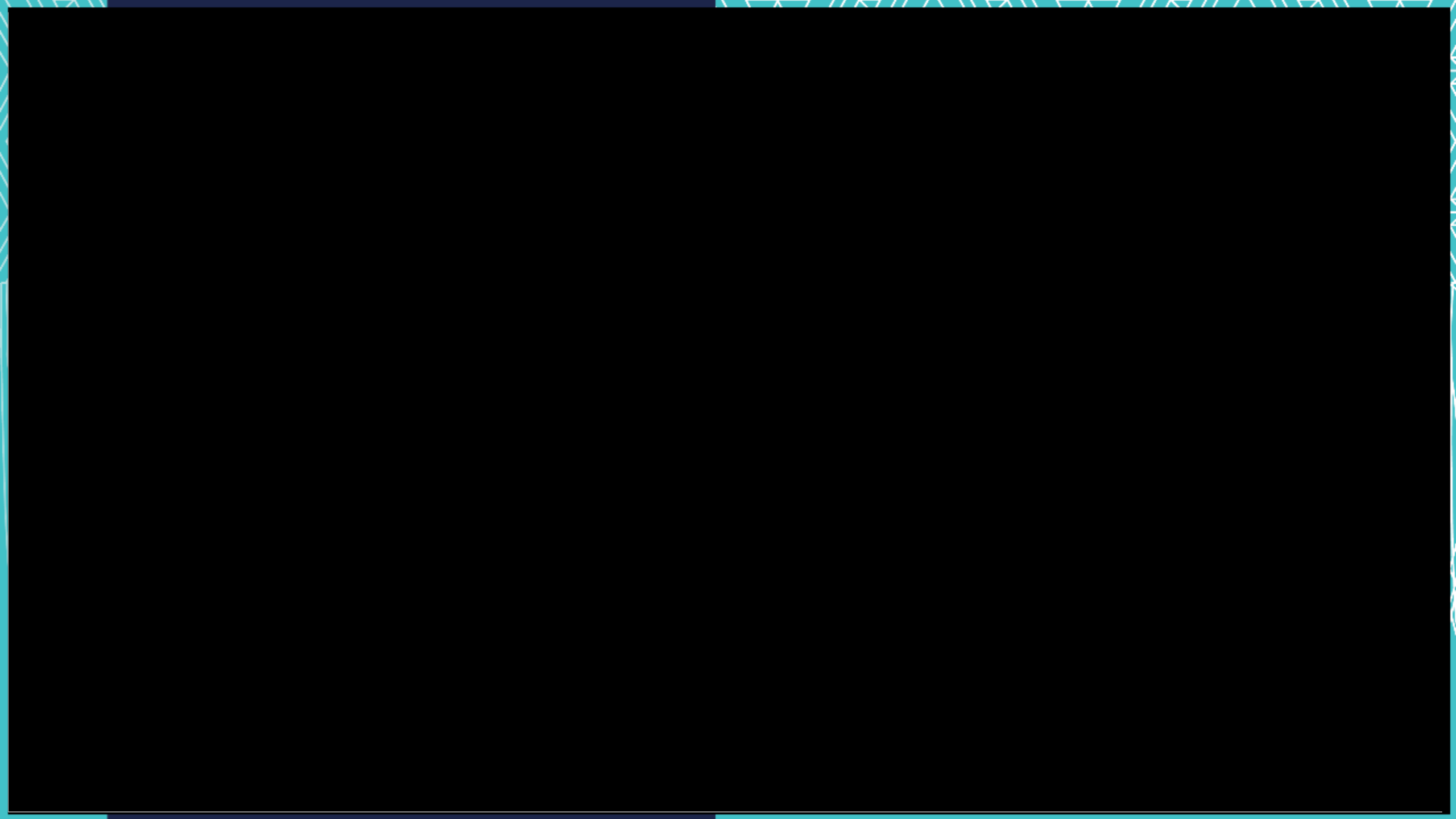










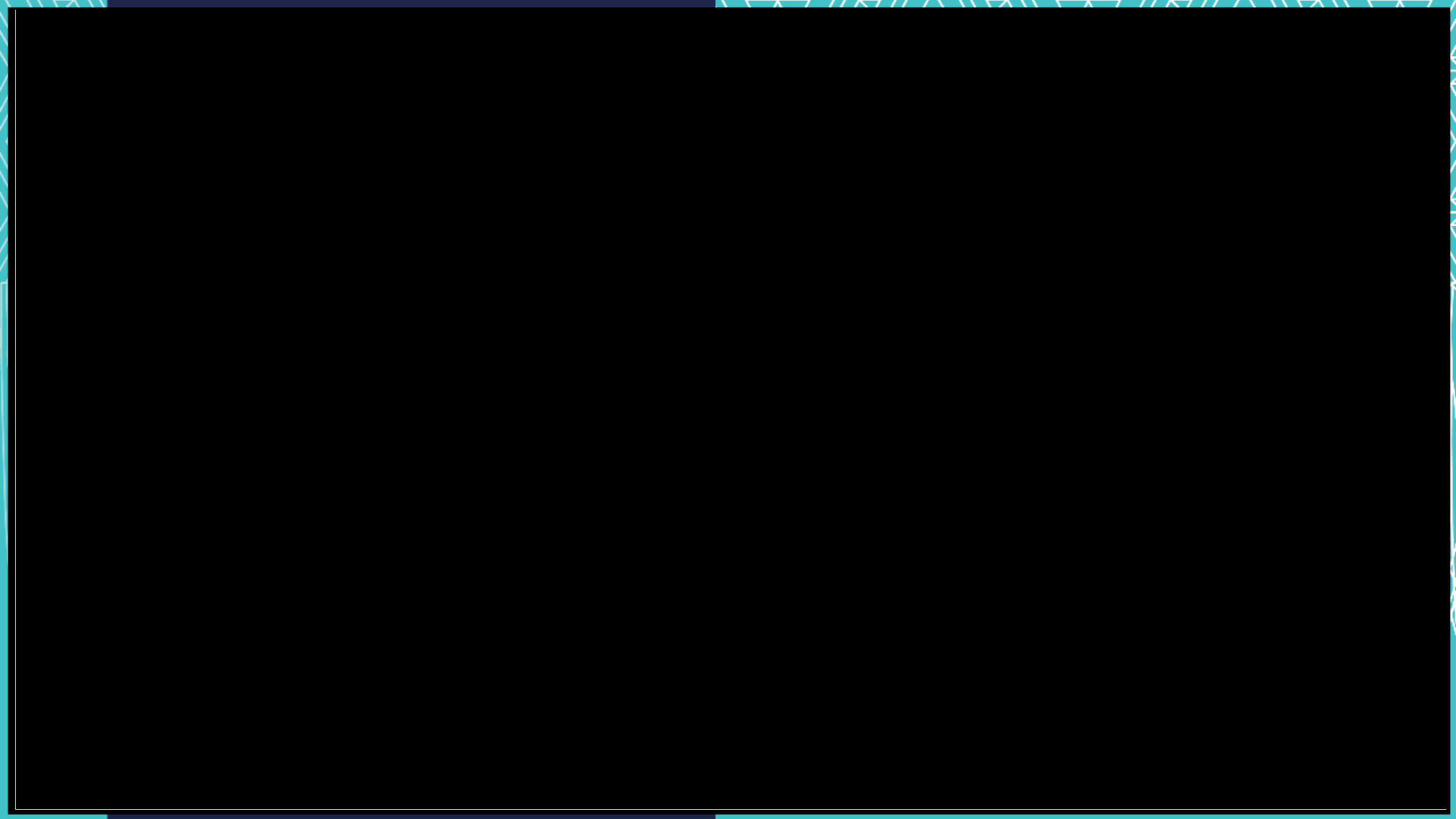


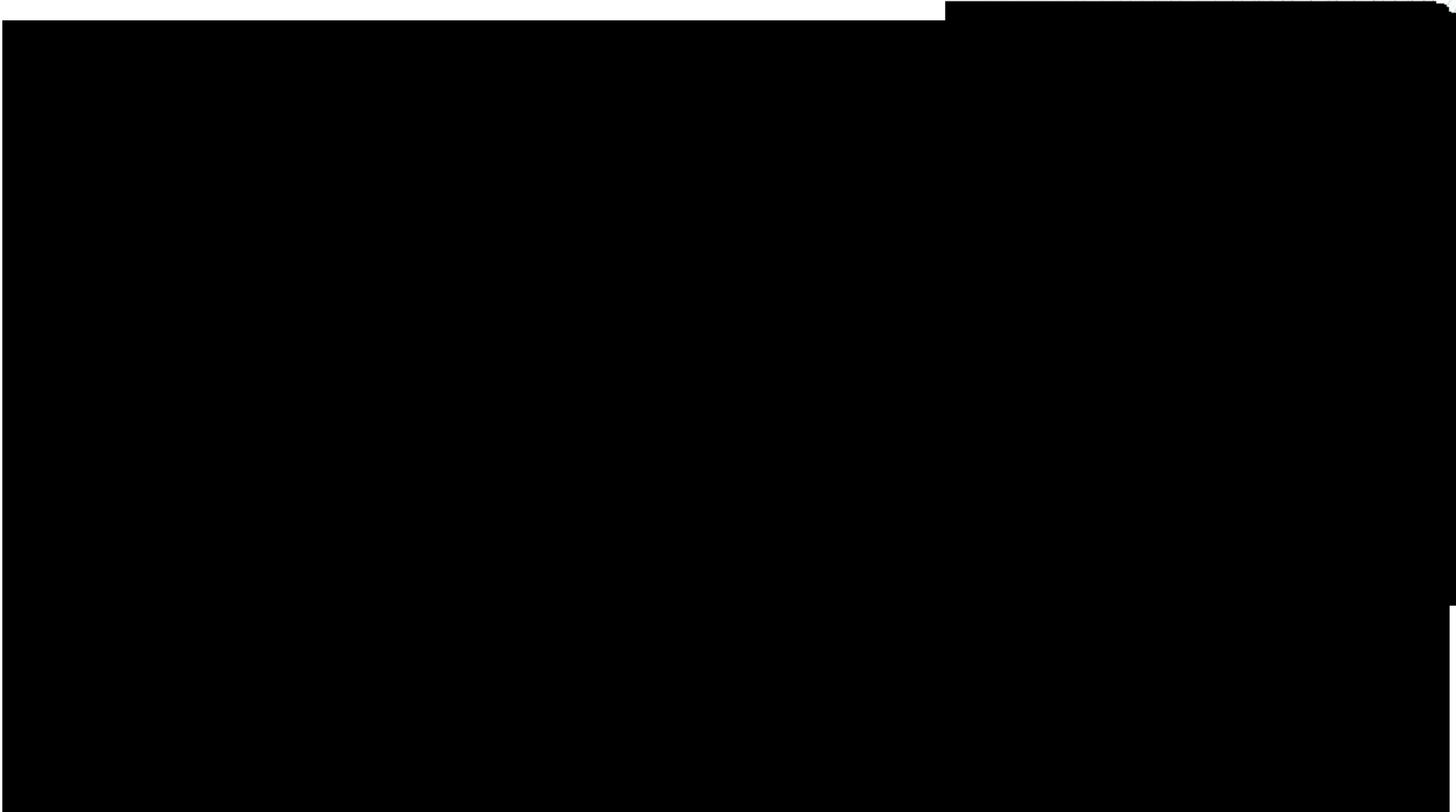


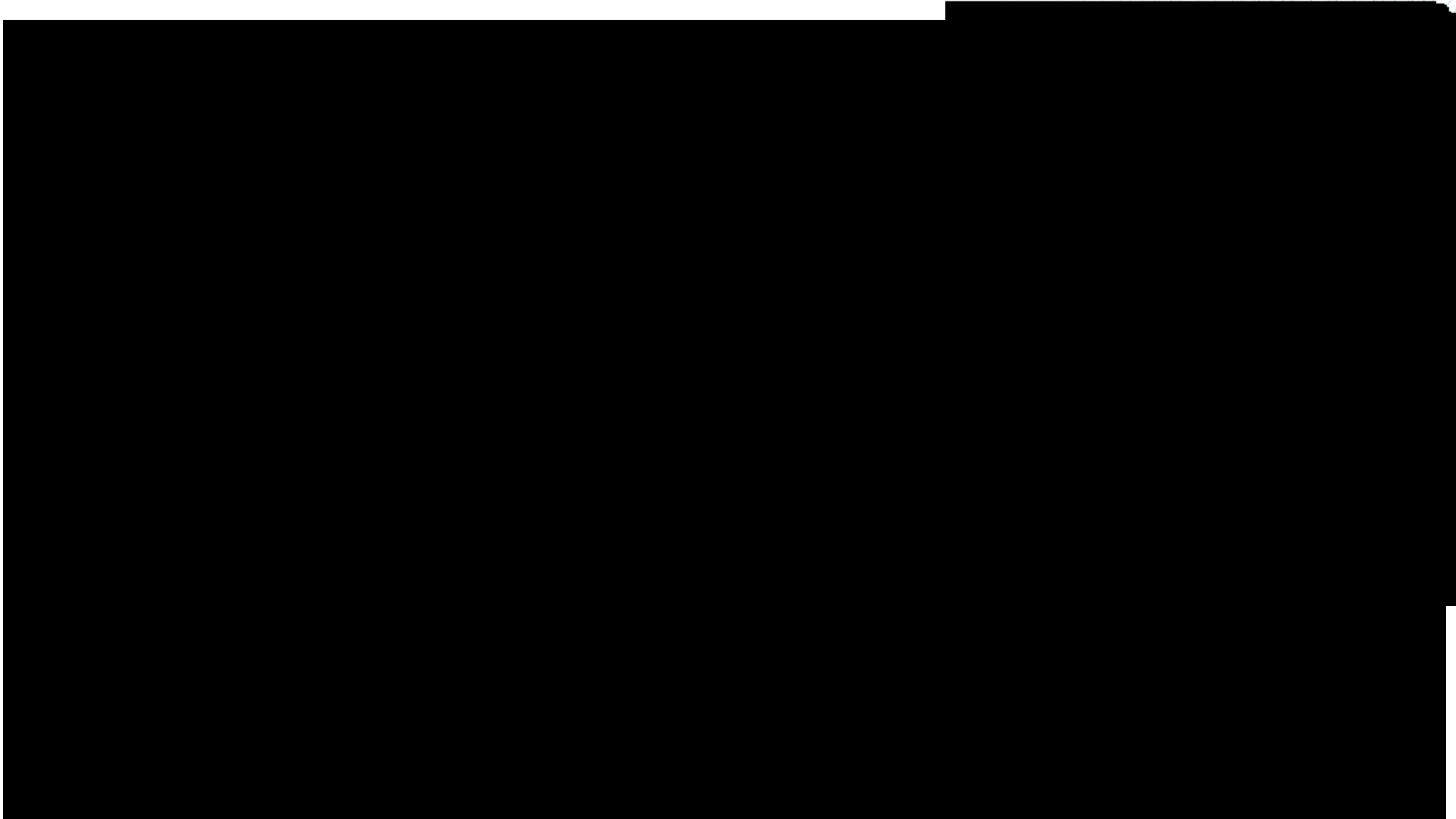


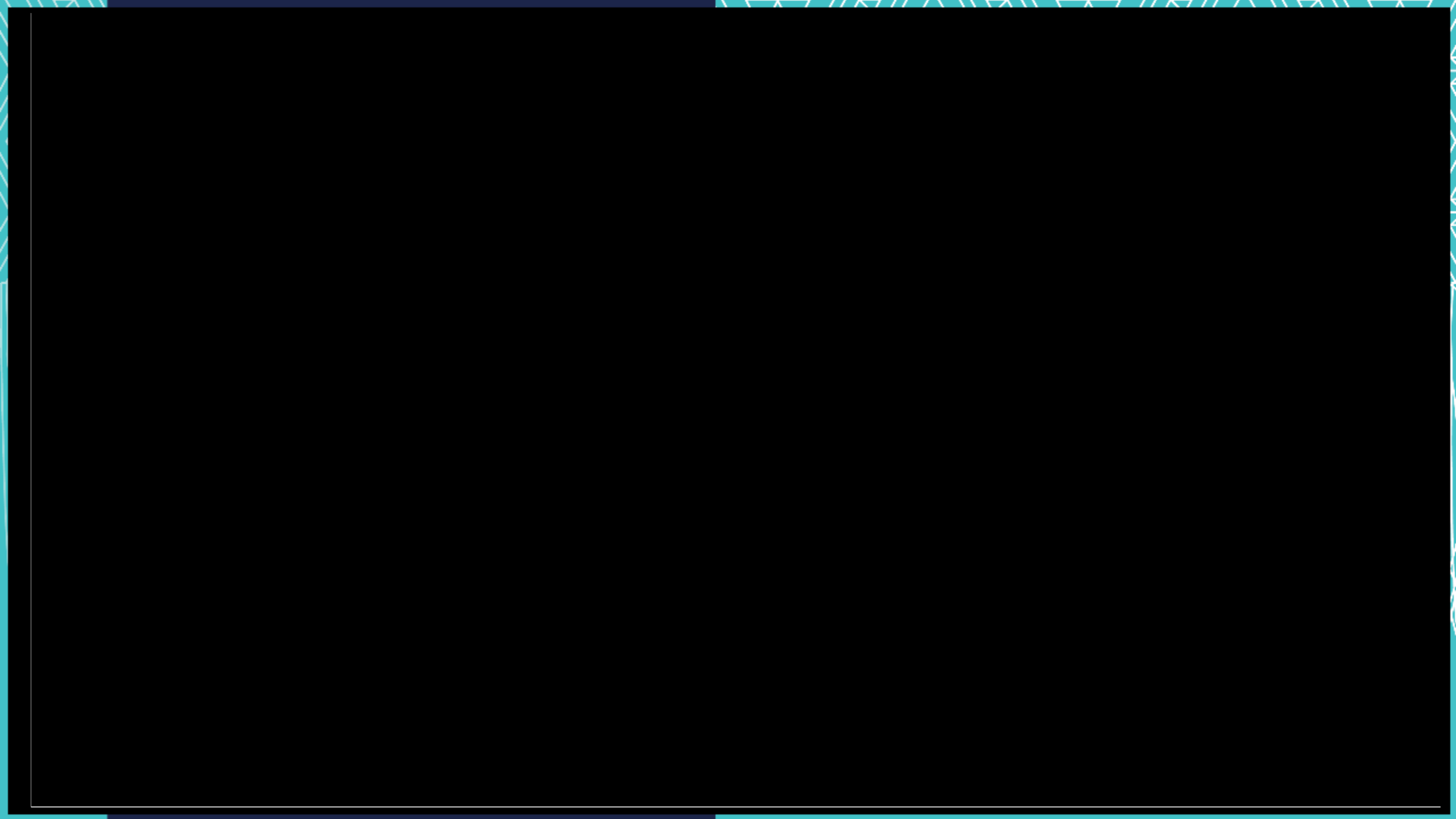


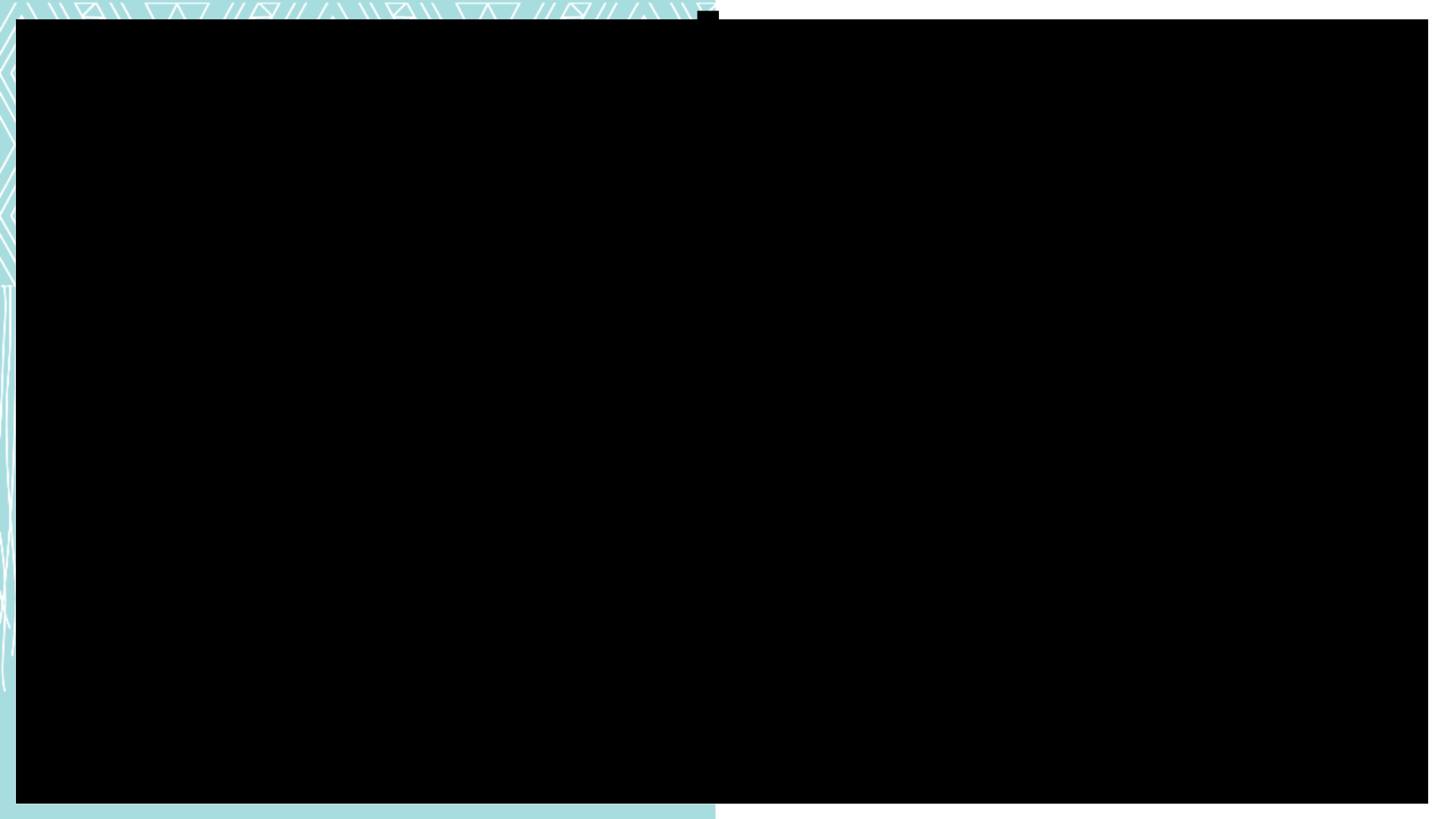






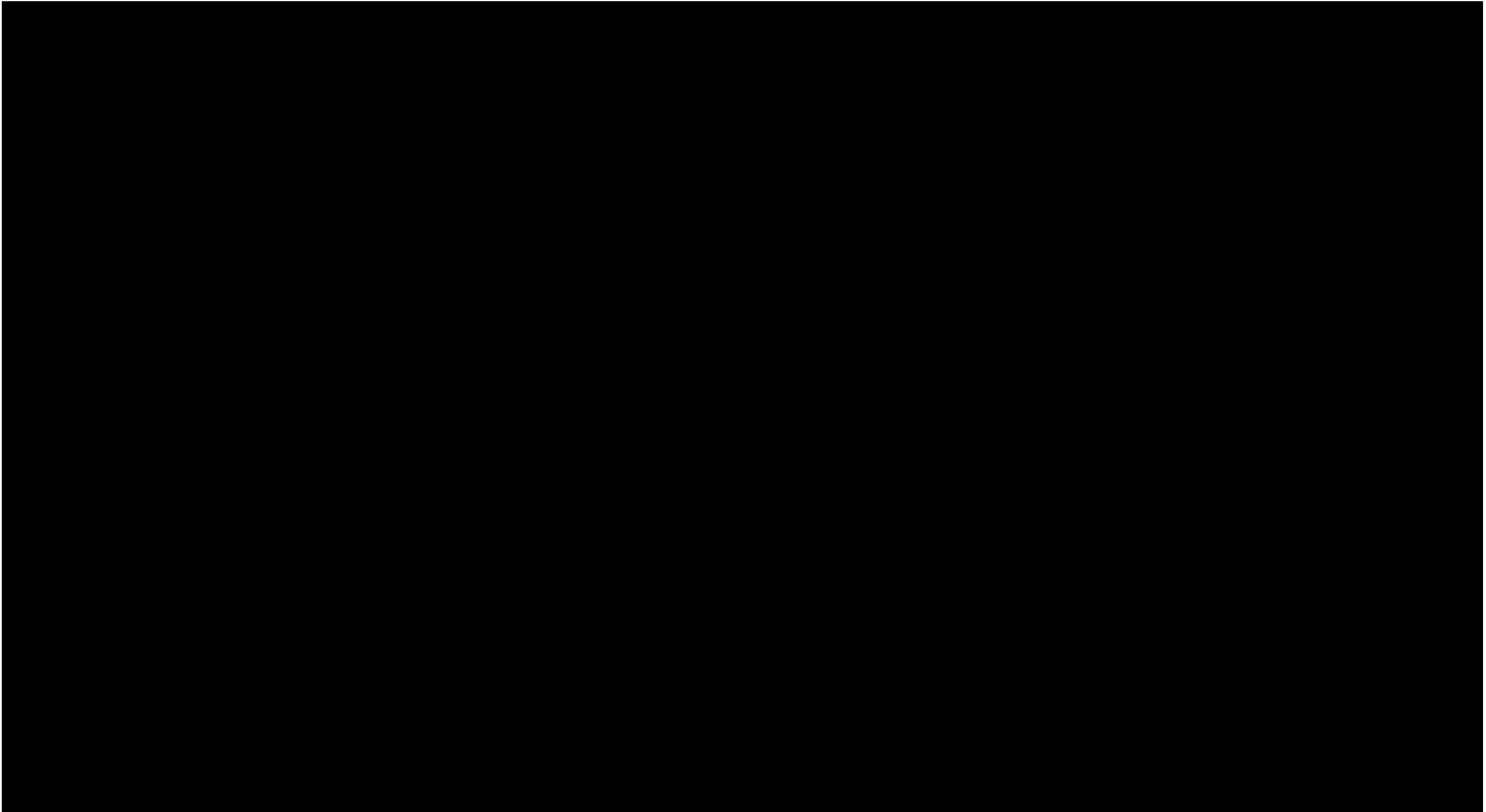




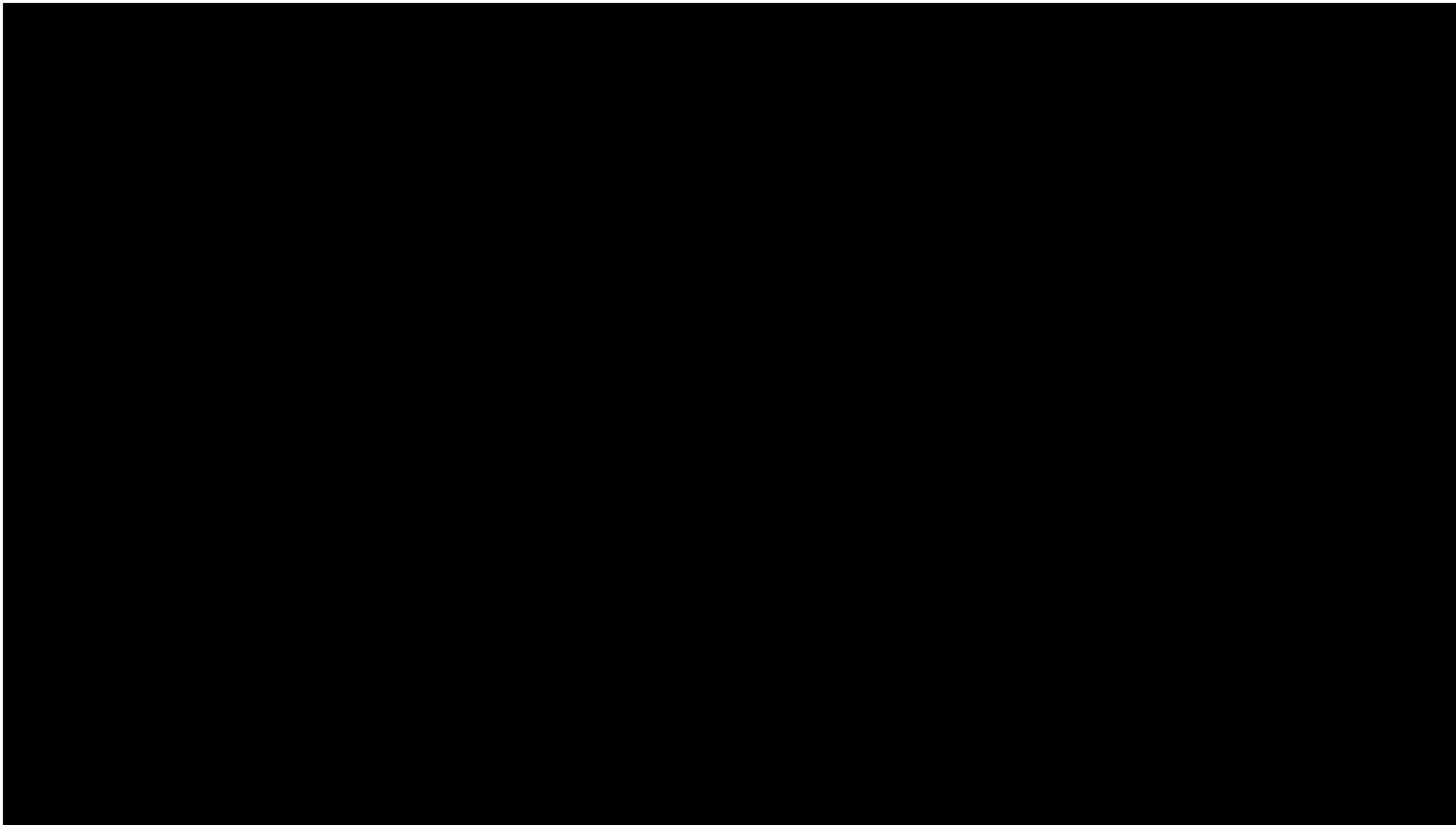






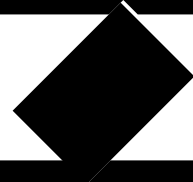


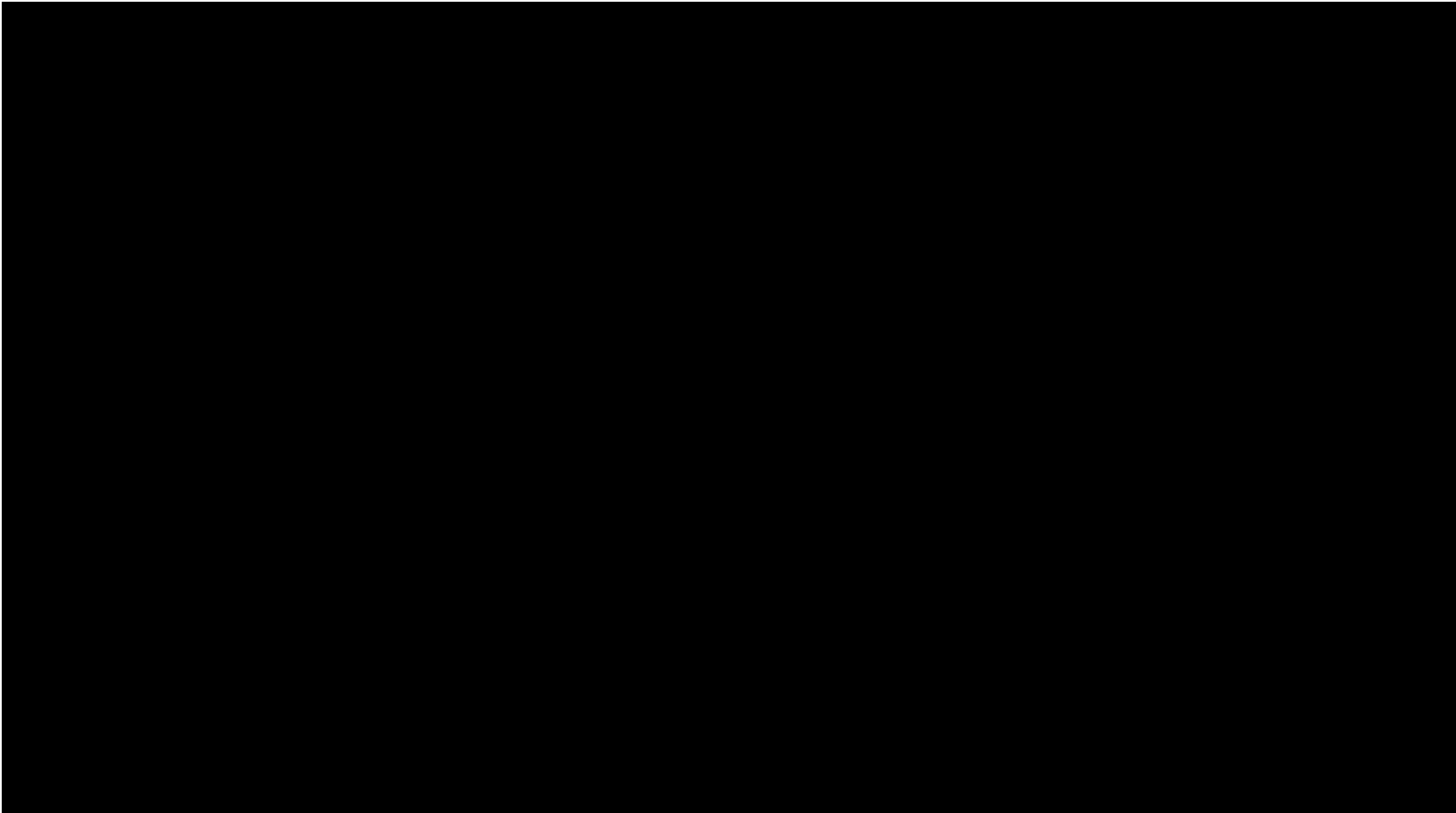




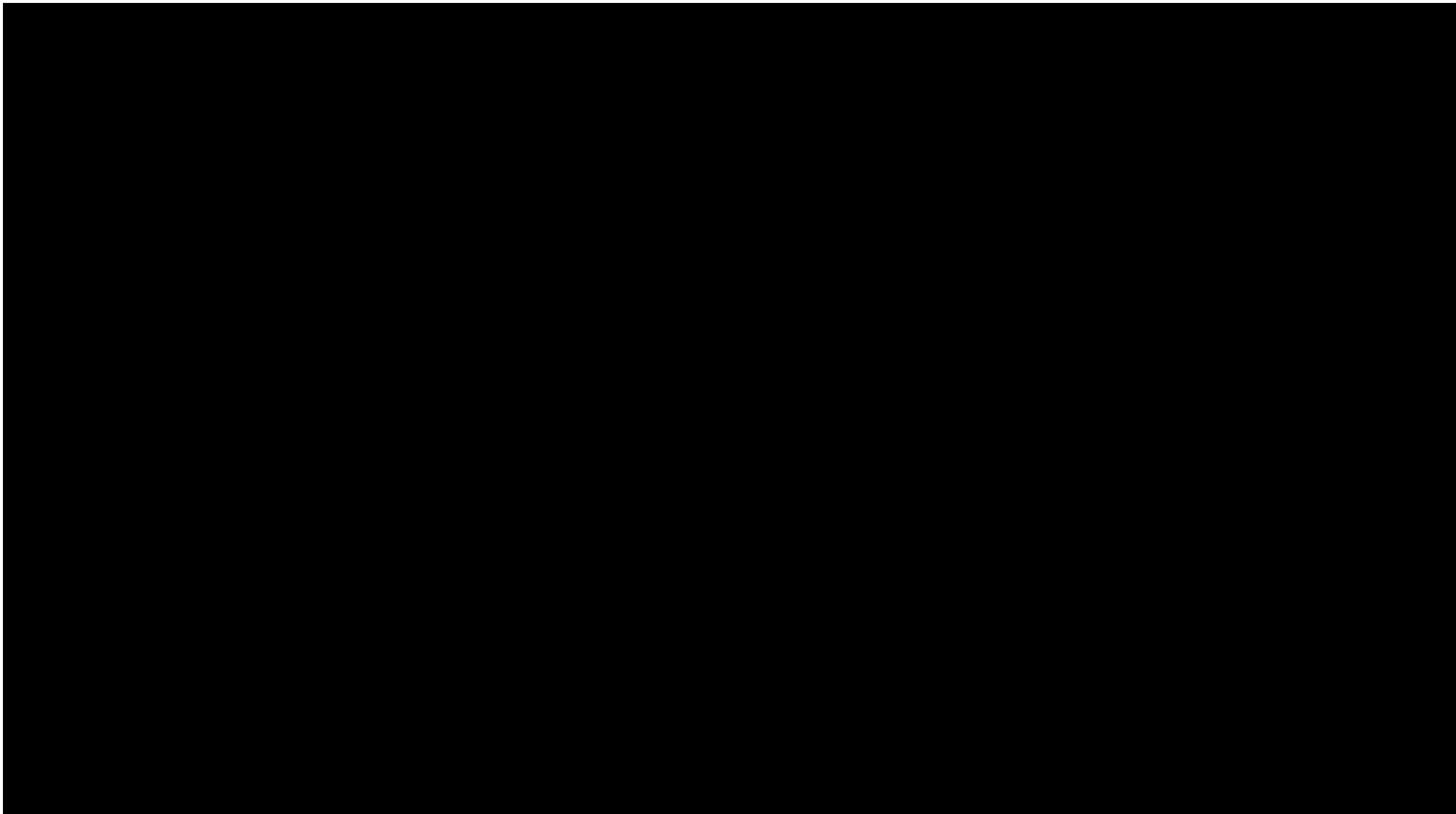


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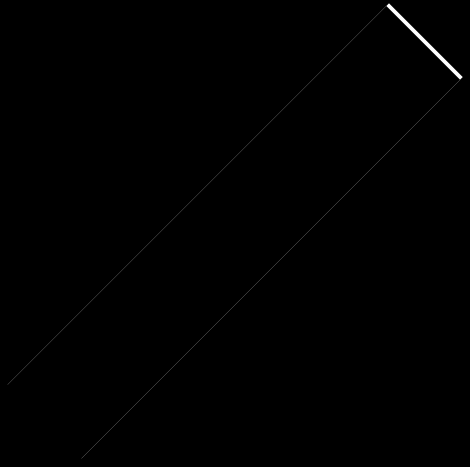




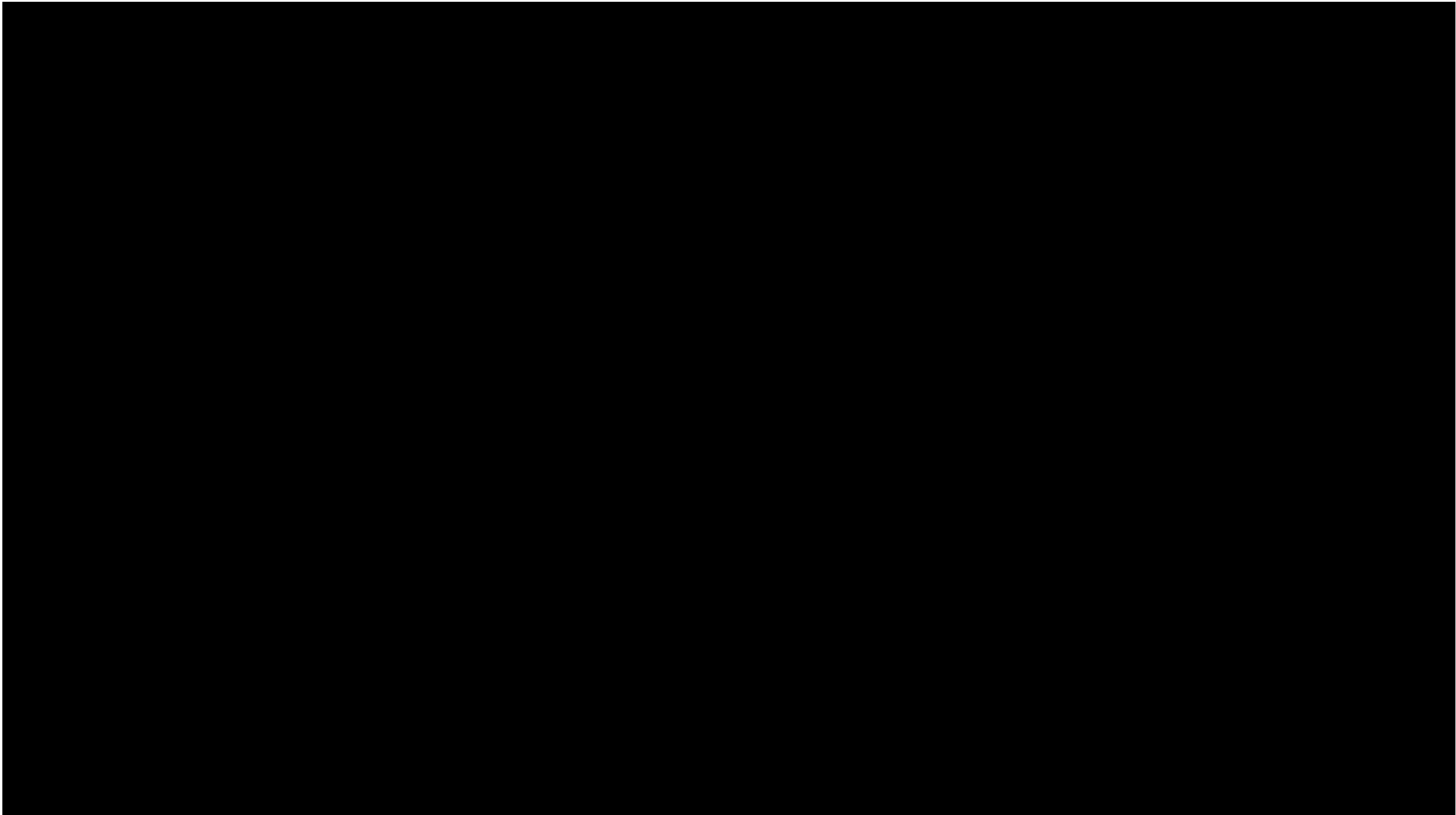




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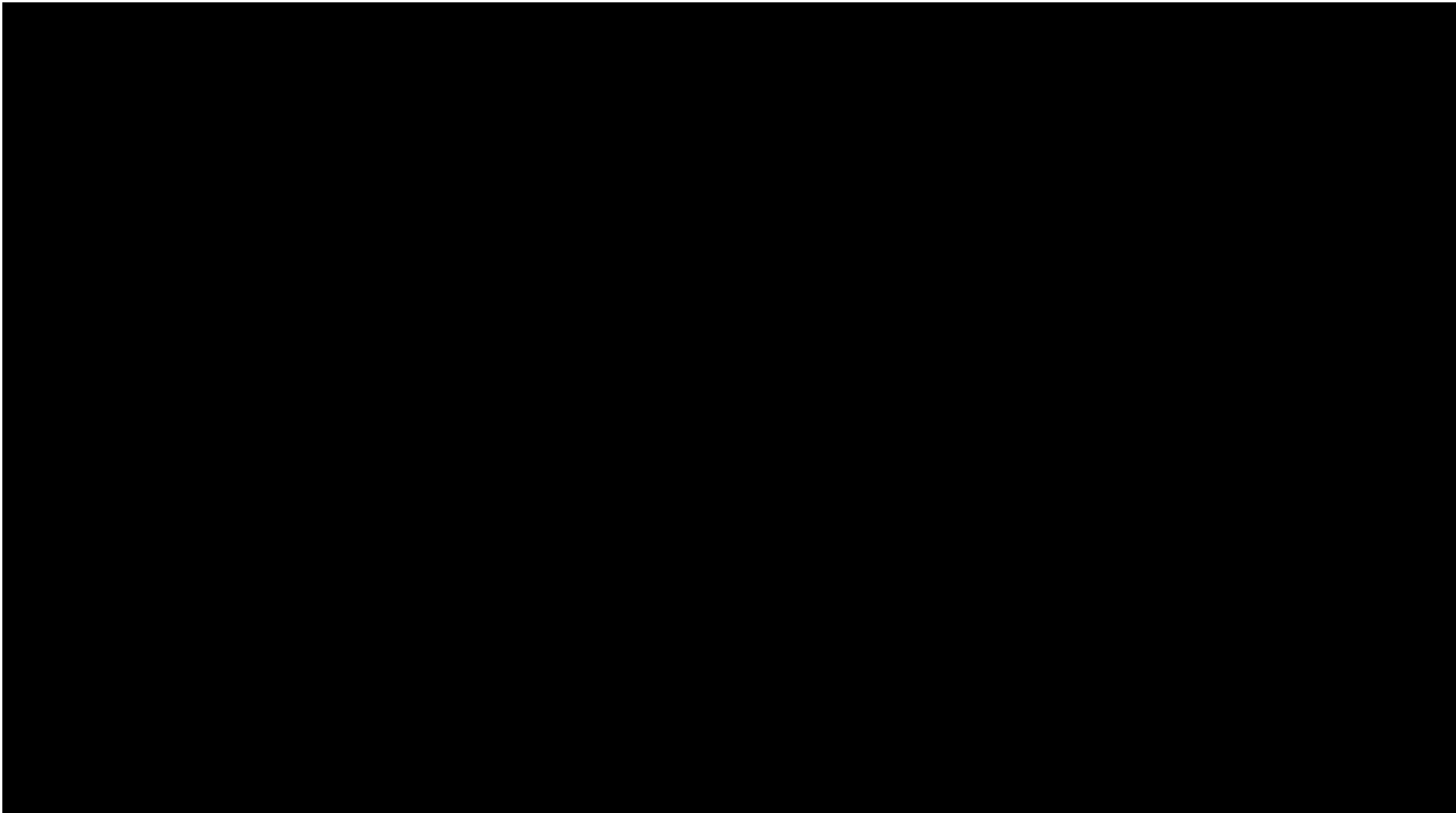


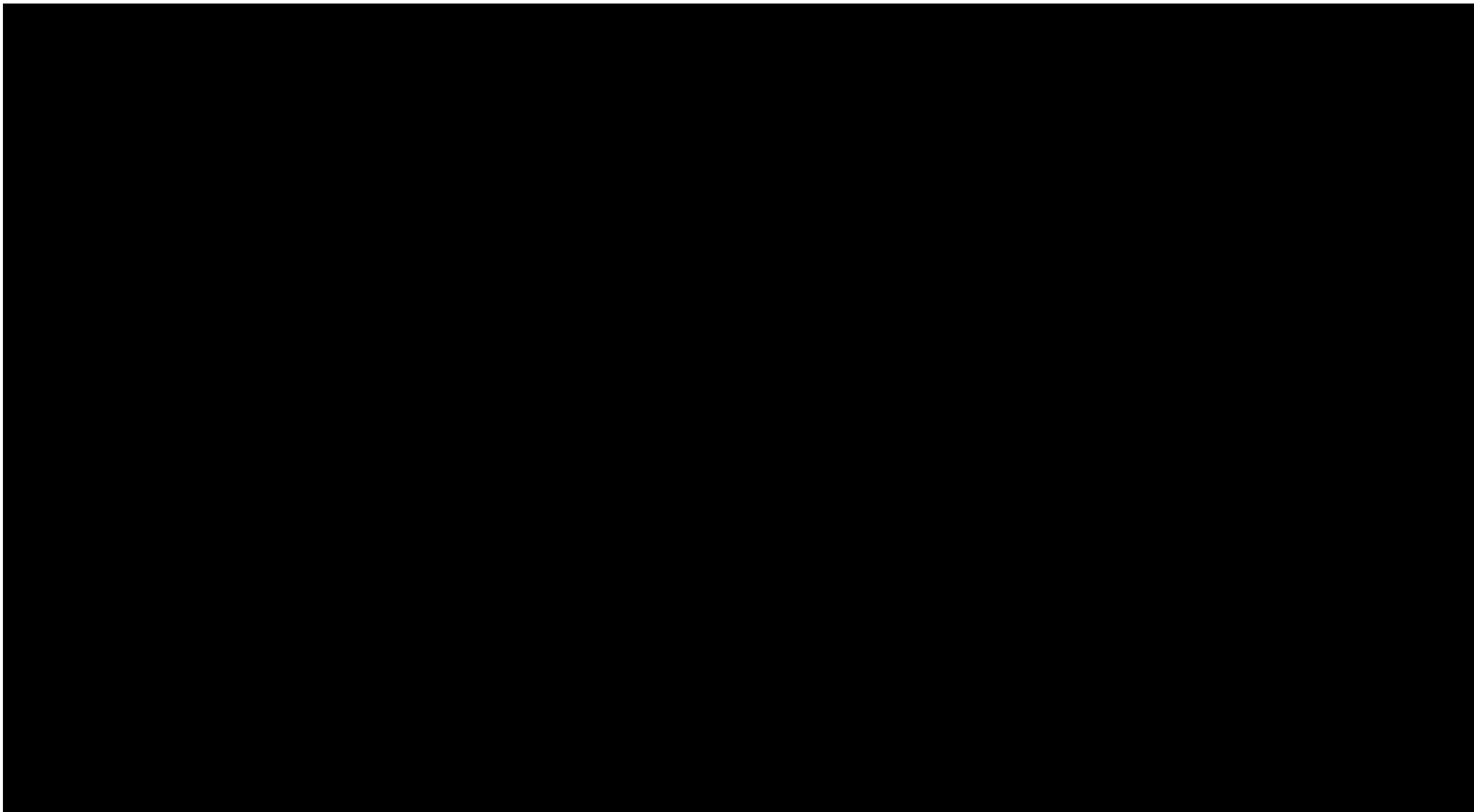


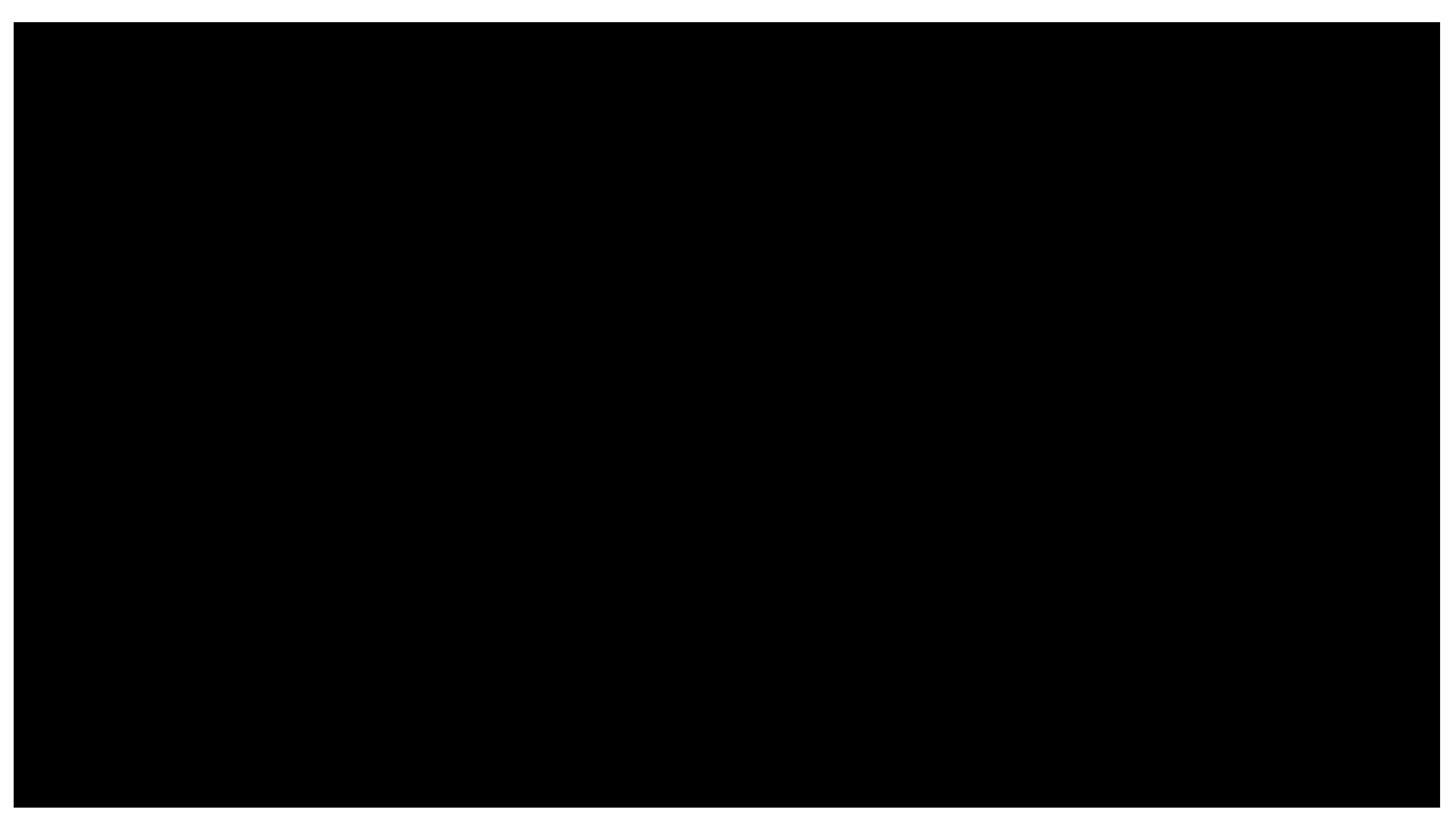












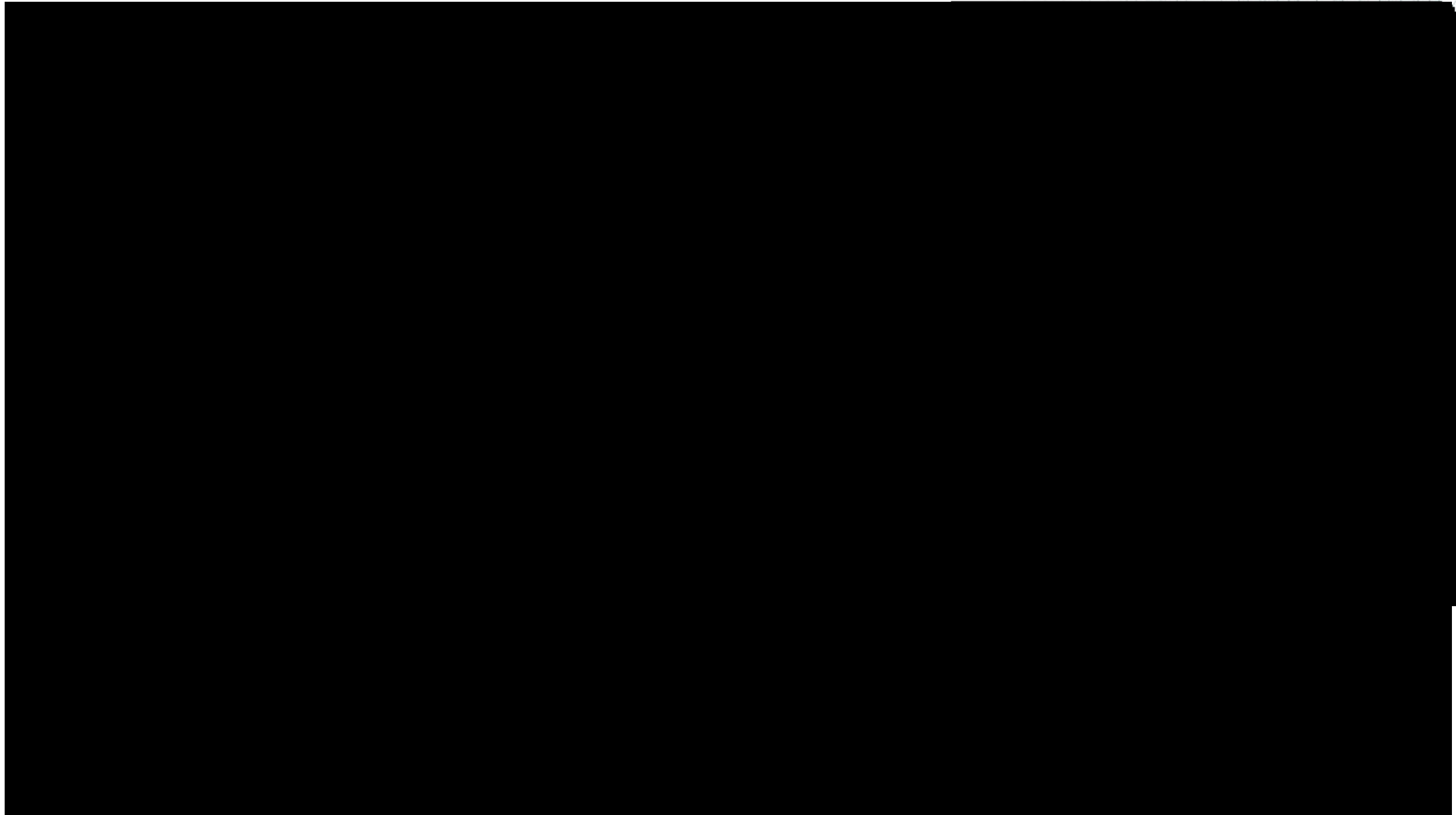


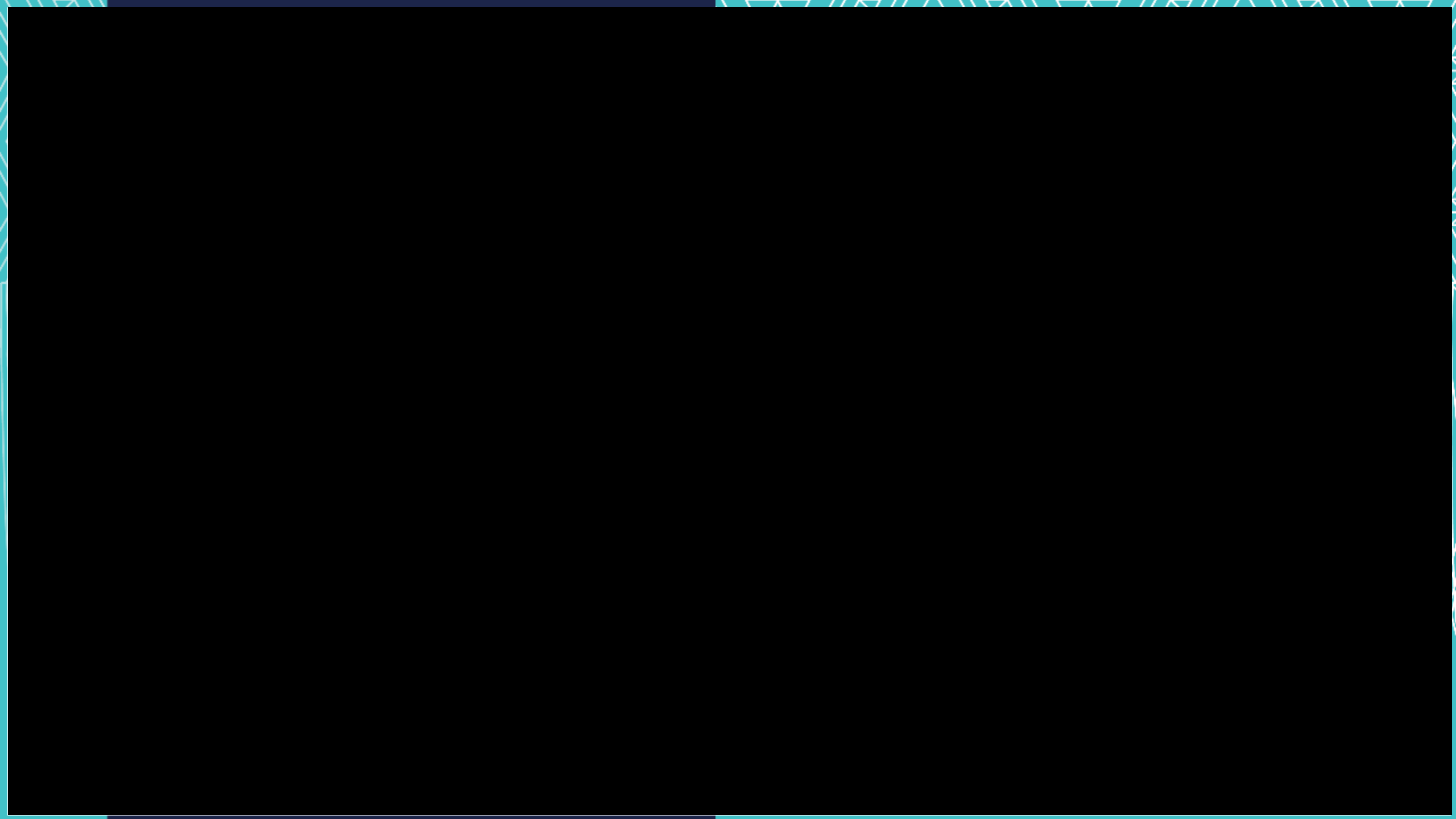


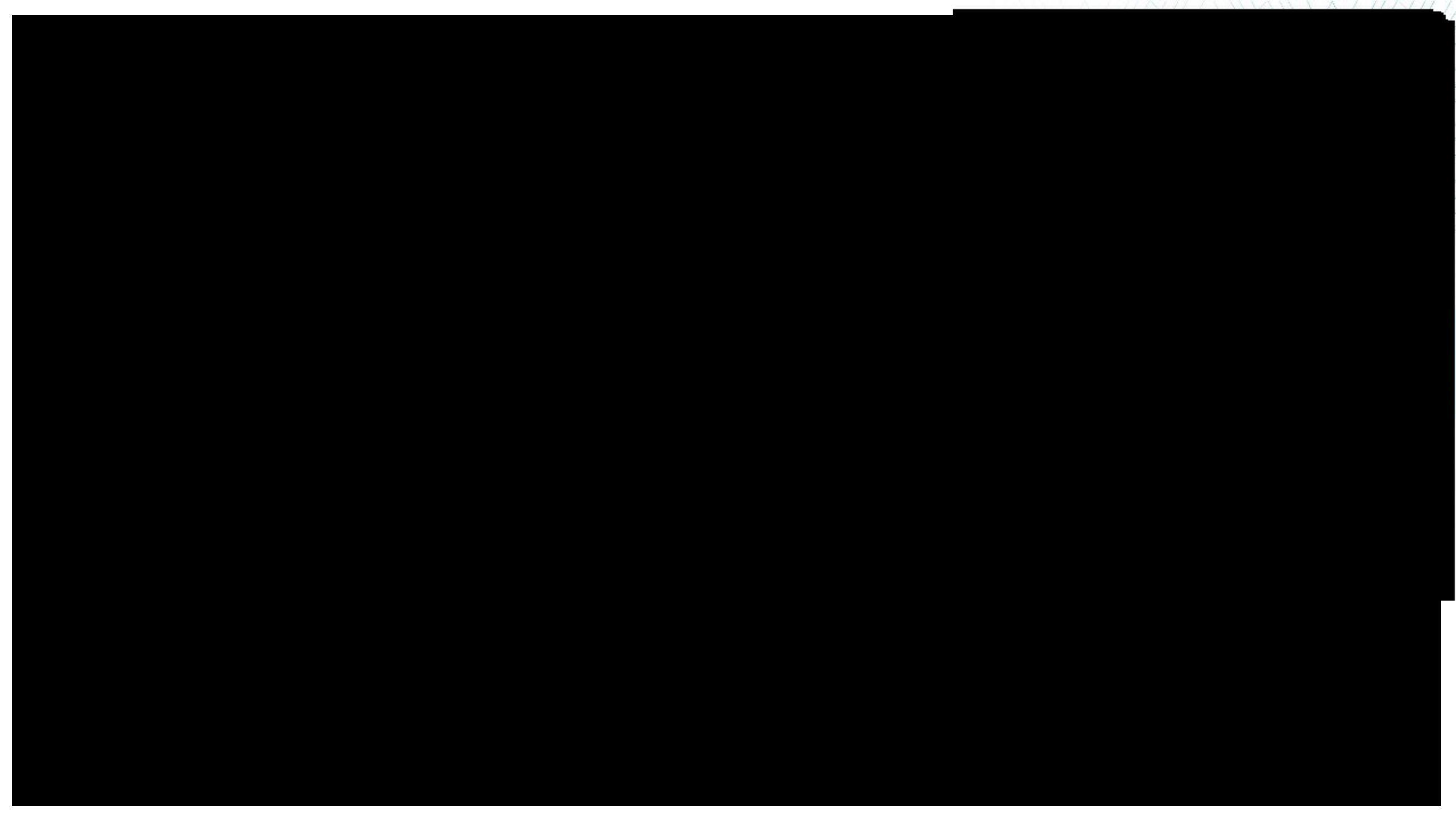


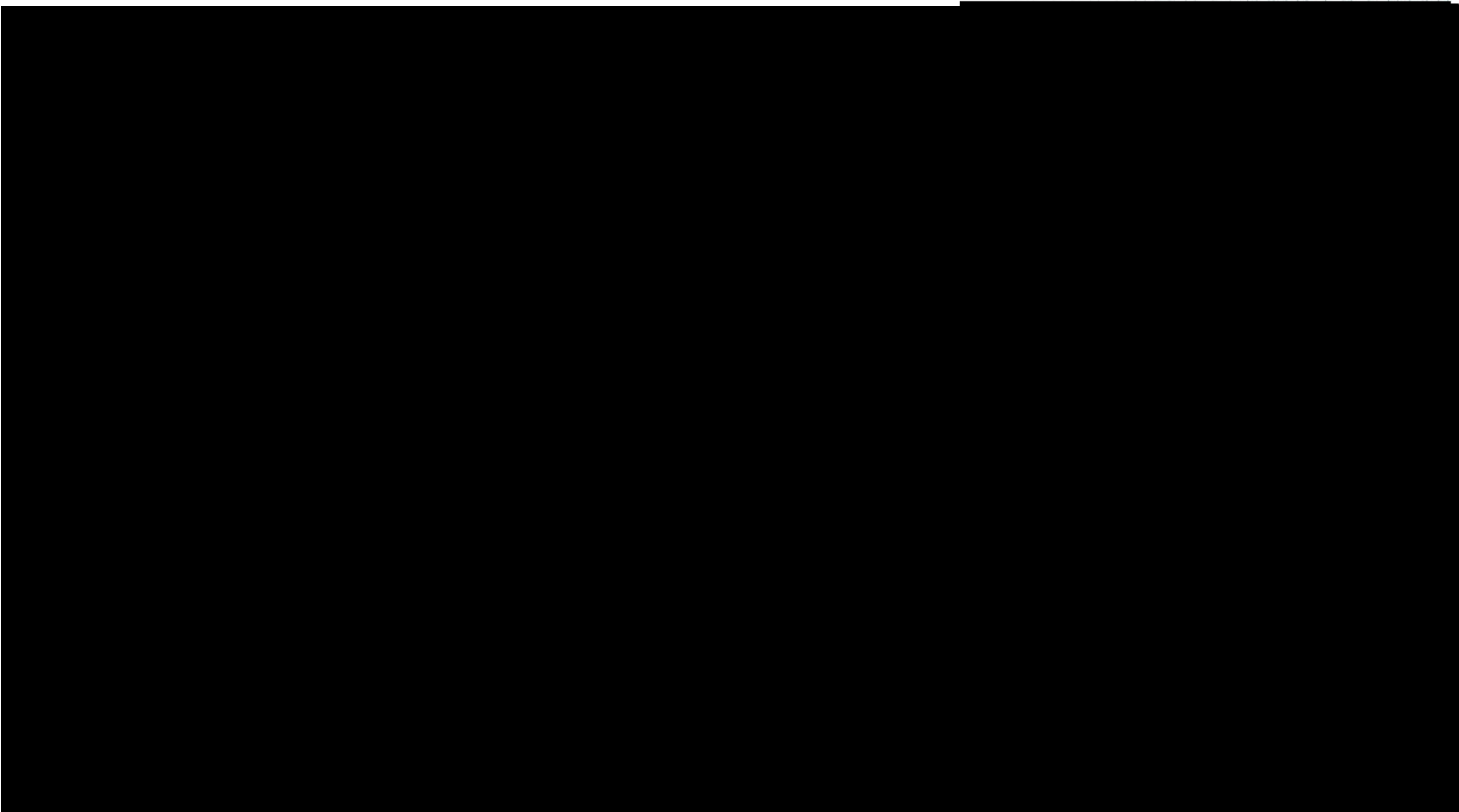


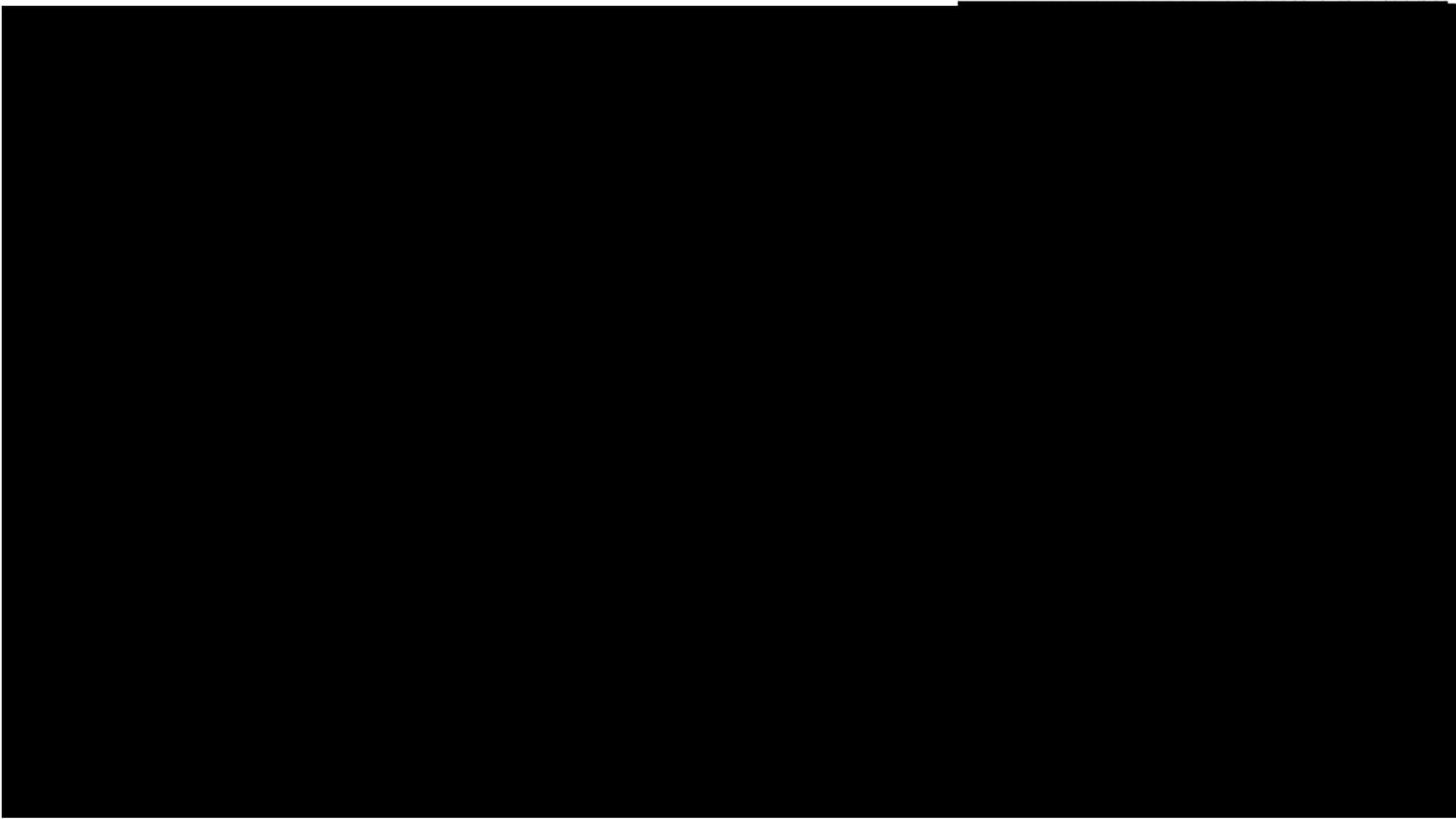


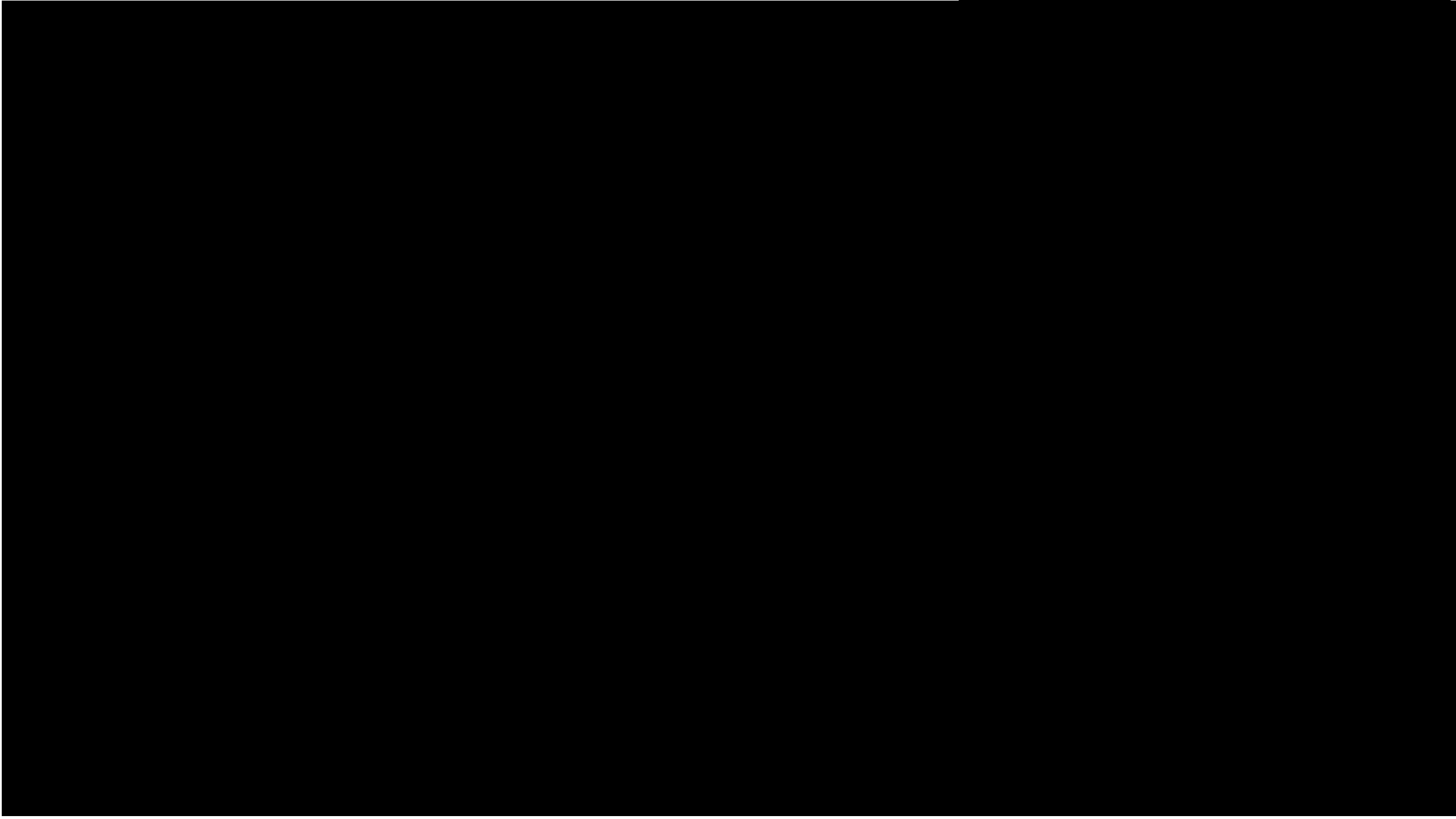


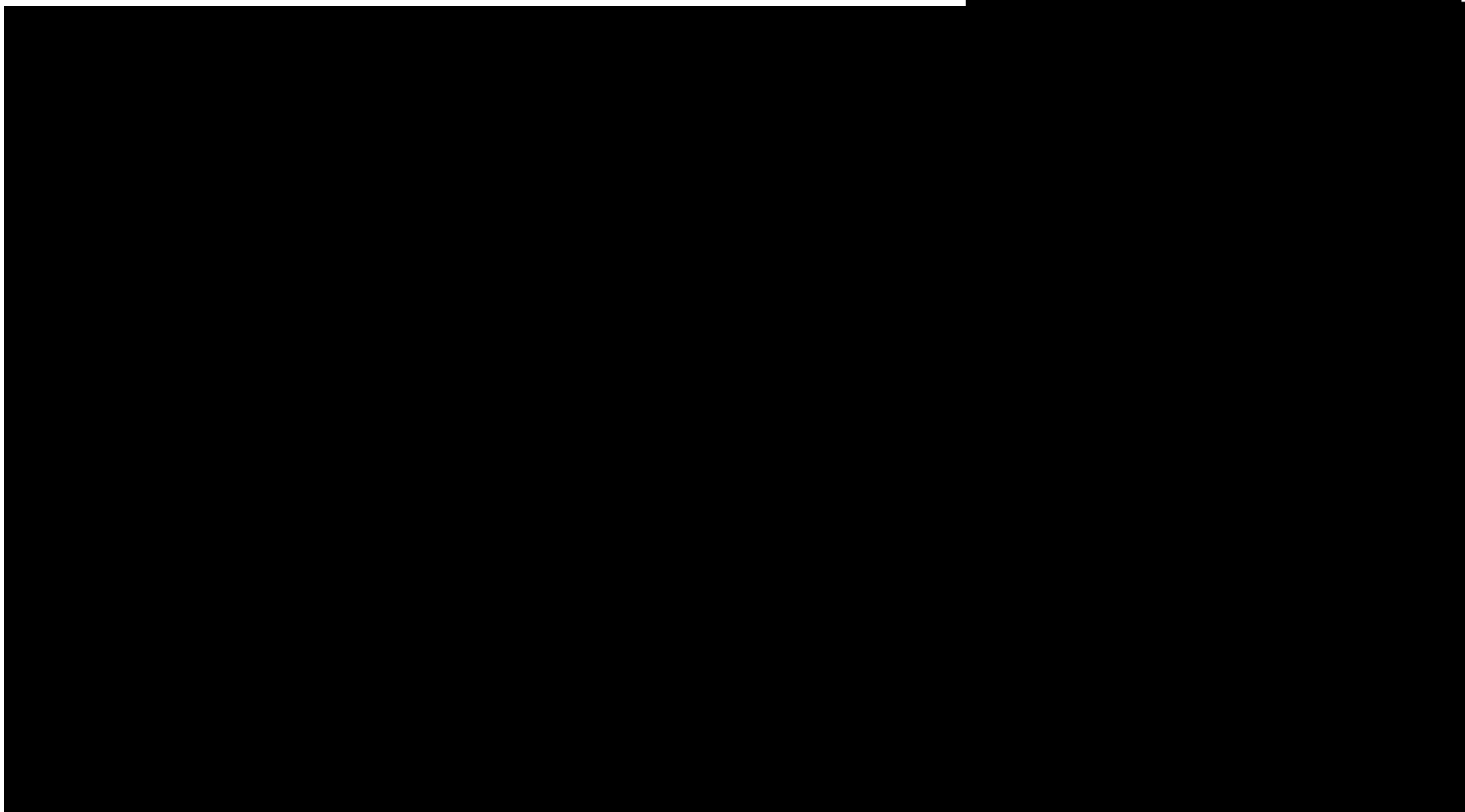


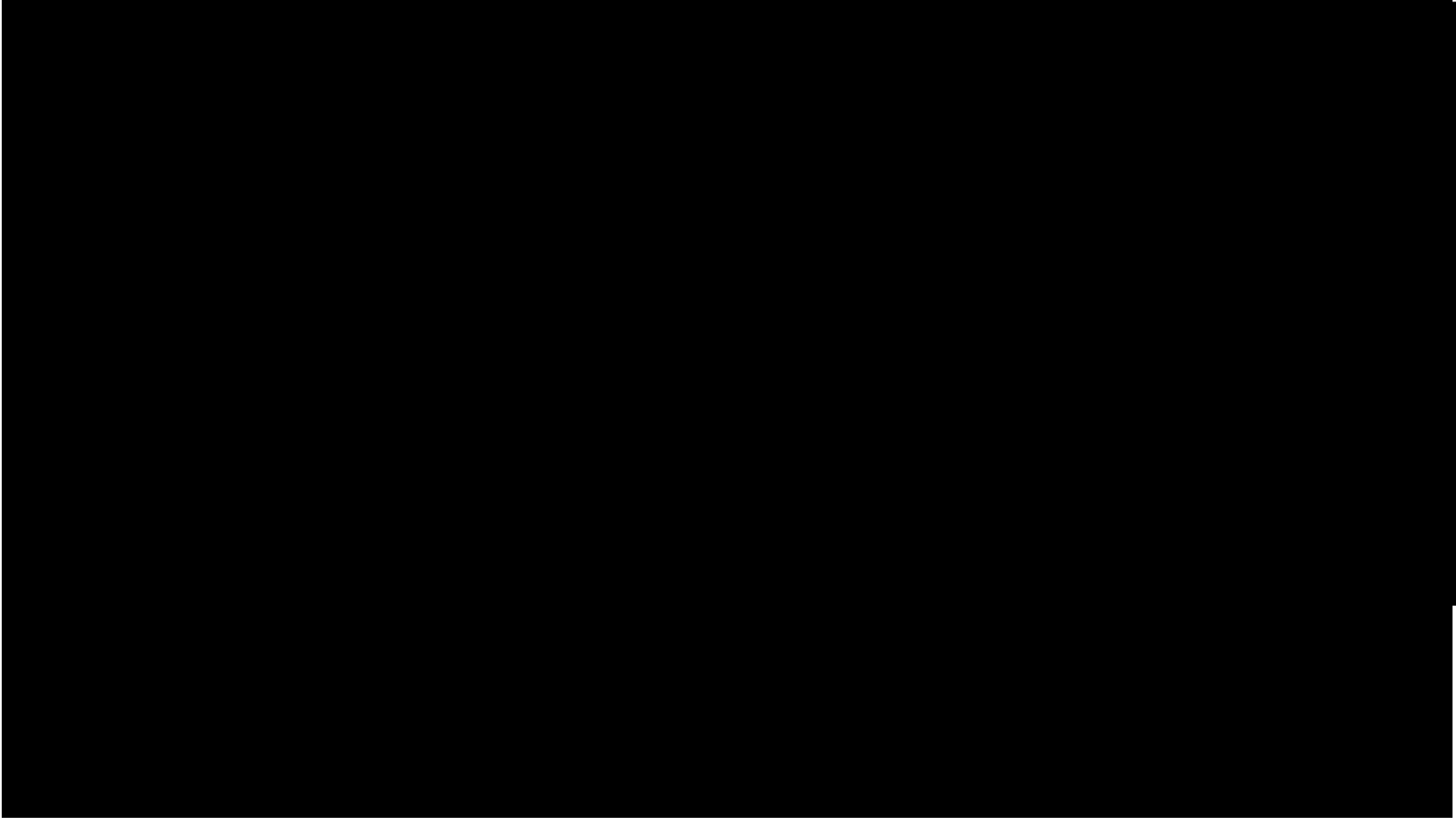




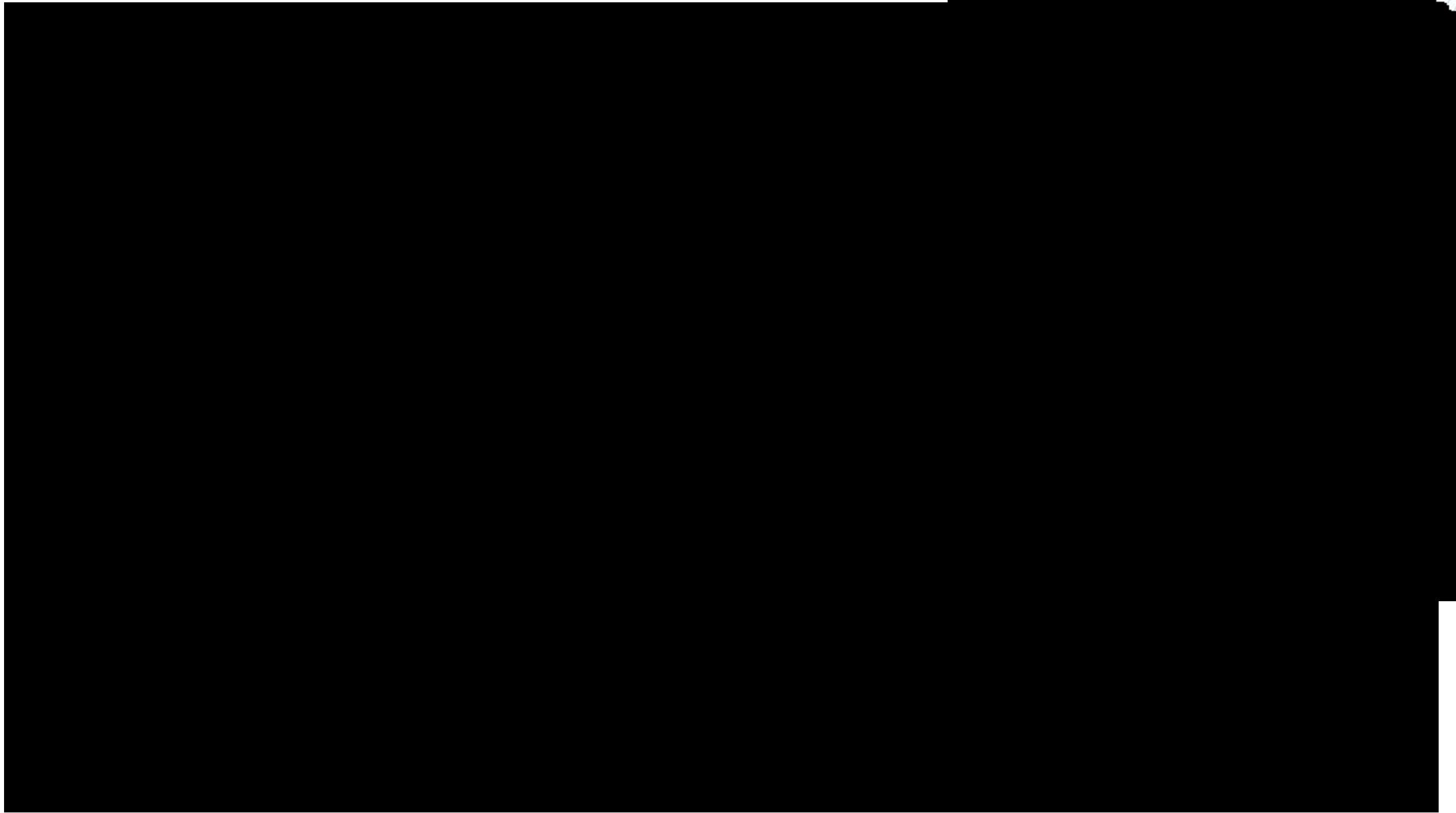


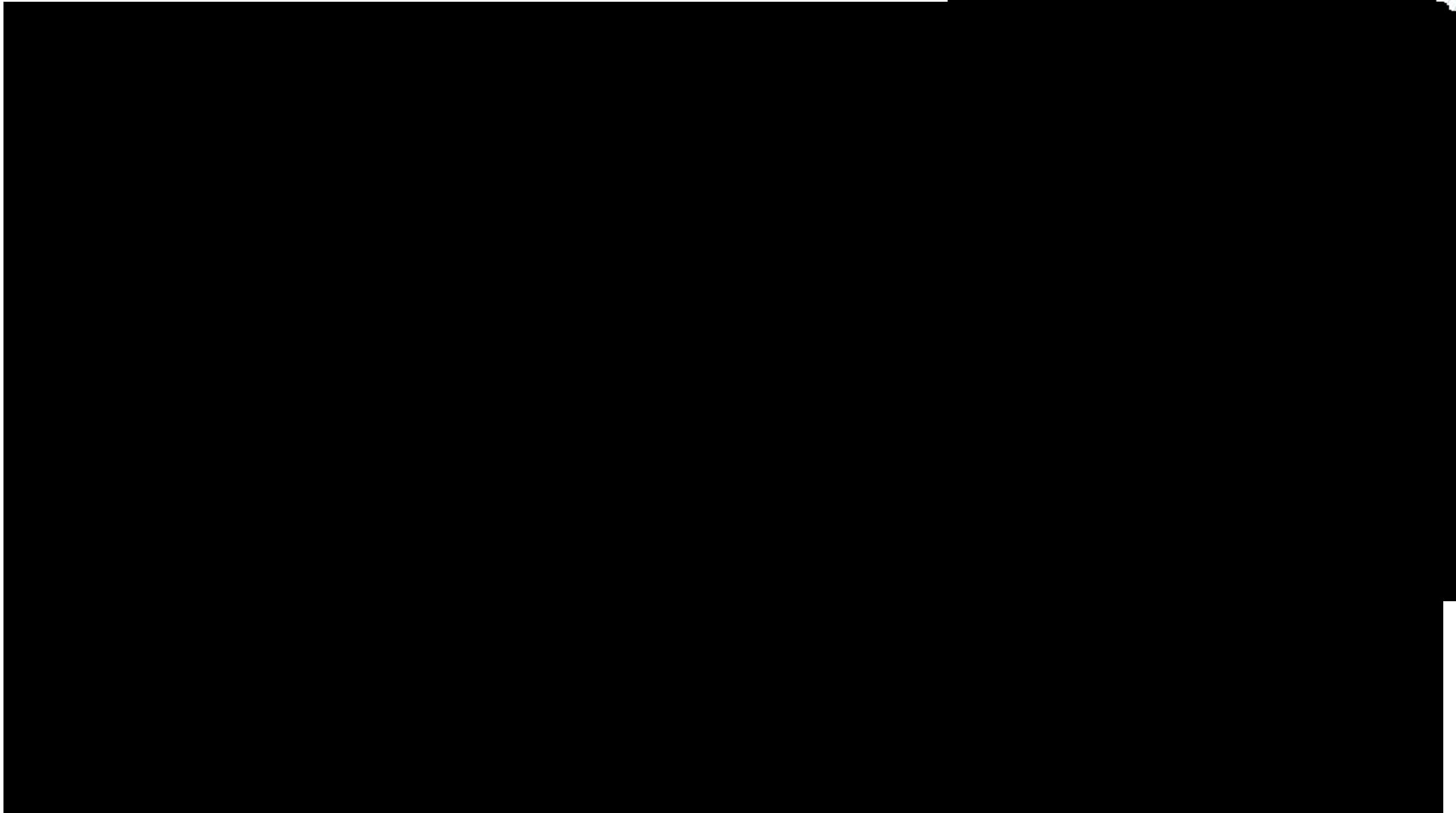




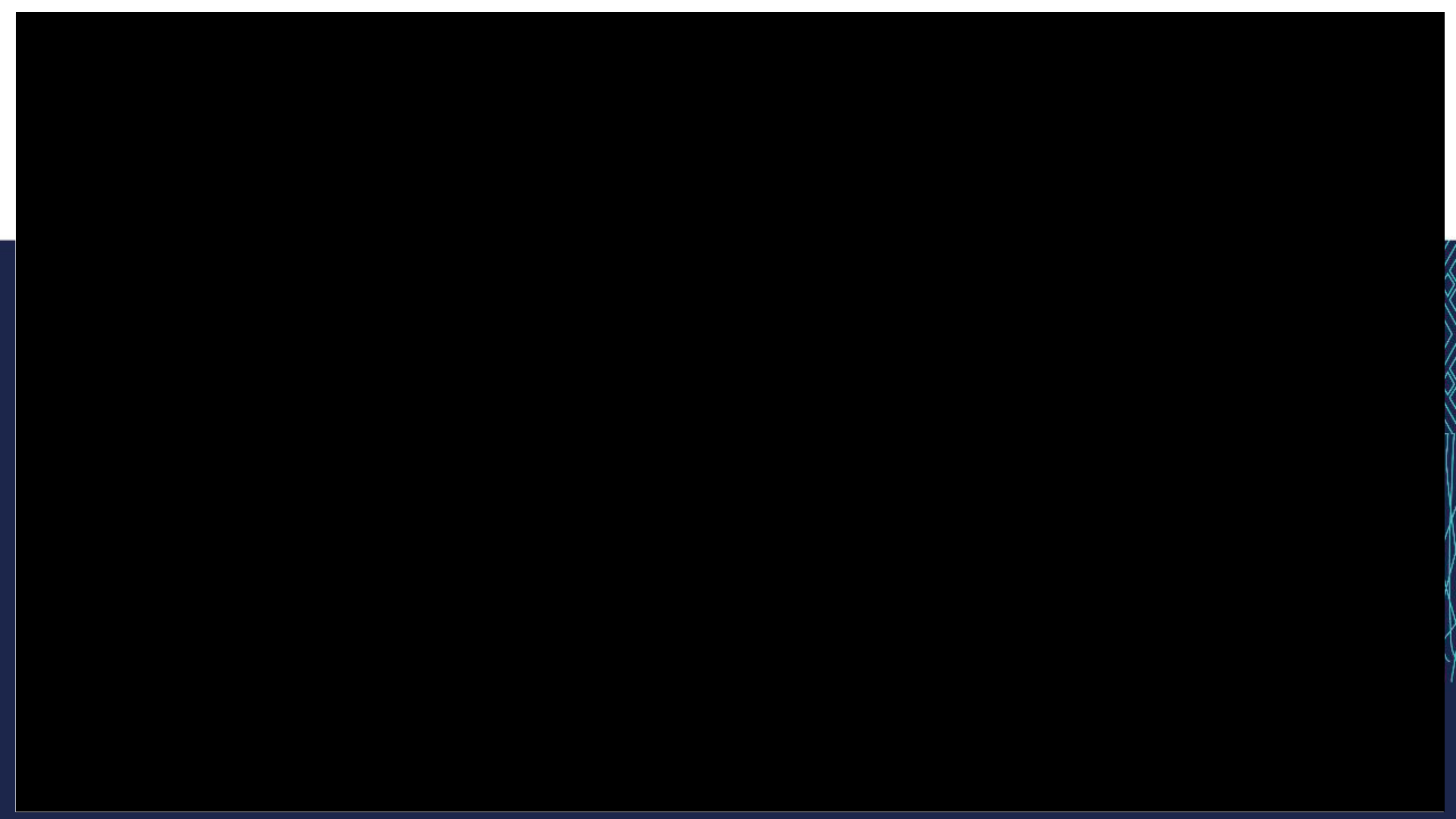












17 November 2023

# Central Region Wayfinder's Report: Monthly Financial and Non-Financial Performance

For Period Ending 30 September 2023

# Contents

Section	Description
1.	Progress Update
2.	Regional / District Risks and Mitigations
3.	Financial Performance
5.	Non-Financial Performance

Released under the Official Information Act 1982



# Section 1: Progress Update

## District Level Updates:

- Iwi Maori Partnership Boards
- Locality Prototypes and Development
- Provider Networks
- System Pressures
- Commissioning

## Regional Updates:

- Early Actions
- Commissioning
- Regional Planning
- COVID-19
- Transition
- Regional Programme Dashboard

Released under the Official Information Act 1982

# Progress Update: Districts

## Iwi Māori Partnership Boards

*Hawkes' Bay:* No update this month

*Whanganui:* Development work continuing for Te Matuku.

*MidCentral:* No update this month

*Wairarapa* Te Karu o Te Ika Poari Hauora (Te Poari) is working closely with the Wairarapa Localities Development Group on the next steps in the development of Locality/ies across the Wairarapa. A Wairarapa current state report, co-commissioned with Te Whatu Ora Wairarapa is in its final draft. Te Poari is awaiting confirmation of their proposed Locality Boundaries.

*CCHV:* Shared proposed iwi/Māori led Hauora network development proposal with Chair of Āti Awa Toa. Discussed progression of locality boundaries – this work is being led by the Te Whatu Ora National Localities Team and Te Aka Whai Ora. At their request we shared key iwi contacts.

## Locality Prototypes

*Hawkes' Bay:* No update this month

*Whanganui:* Te Hononga have updated their tagged funding initiatives submission to the national localities team. The funding will support delivery of whanau informed outcomes from the locality plan. CPCT submission was sent to the district and regional leads and the locality CPCT leads will follow up on progress with the district commissioner.

Te Aka Whai Ora and Te Whatu Ora representatives attended the recent opening of the Kaumatua lounge in Patea. The facility will provide social and therapeutic services for the community and surrounding areas and will be a key link with the locality's dementia outcomes, in particular cognitive therapy.

*MidCentral:* Whānau & Community voice that was collected for the locality plan was launched at an expo at Levin community library which was open to the community to view results and provide further feedback.

*Wairarapa:* We continue to work with Te Poari to look at next steps in the process to develop a Locality/ies across the Wairarapa. Support from Te Poari and Te Whatu Ora has been provided to the national locality team as they made presentations to all three Wairarapa Councils on the proposed locality boundaries. For Wairarapa this is two localities.

*CCHV:* The Porirua Locality Prototype:

- launched the provider network for 1 September
- ran 'reimagining' Diabetes hui with community and providers
- Gained approval to fund weekend dental events (4 days total) in December – free dental care for prioritised population





# Progress Update Districts - continued

## Provider Networks

*Hawkes' Bay: No update this month*

*Whanganui:* Hauora provider, Te Oranganui celebrated their 30 year anniversary with key messaging on whanau led outcomes with and for whanau.

*MidCentral:* Tararua:

- Appointment of Tararua Locality Project Manager completed – Short-term funding provided by THINK Hauora for this appointment.
- Locality presentation delivered to Tararua Health and Wellbeing Group at their request
- Appointment of Tararua Locality Alliance Group membership in the process
- Draft project plan in process

*Papaioea:*

- Papaioea draft locality profile completed by Project Manager
- Te Pae Hauora o Ruahine o Tararua MidCentral supported the draft locality profile by providing data requested by the Alliance Group Project Manager

*Ōtaki:* Support provided with locality discussions in order to progress planning

*Manawatu:* Discussion to follow the same process as Papaioea and Tararua including services from the same Project Manager as Tararua

*Wairarapa:* Planalytics has submitted the contracted 'Wairarapa Localities Current State Report'. Peer review of the data and information collated is in progress to finalise this report before the document is submitted to the Regional Wayfinder for sign-off. This report represents an initial step on the pathway to a locality plan for Wairarapa. The approved final Wairarapa Current State Report will support the Wairarapa Localities Development Group and other stakeholders understanding of the current key priority health needs of our communities, as well as social determinants contributing to whānau wellbeing. Further understanding will be gained through community and provider/stakeholder engagement and focus groups.

*CCHV:* following one on one engagement with tangata whaikaha providers in Kapiti, a networking hui was held to strengthen connections and understanding of services available

## System pressures

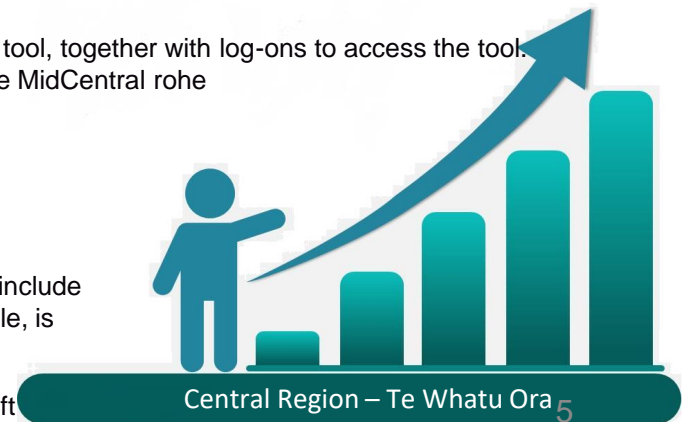
*Hawke's Bay:* COPD pathway contract completion. After 2 years of ARC bed volume reductions, October show the start of new capacity becoming operational. ARC always seems to have high turnover of managers, while anecdotal seems to be more burnout issues this year.

*MidCentral:* Primary Care Resilience Tool – General practice teams and community pharmacies have been provided with a brief introduction to the tool, together with log-ons to access the tool. Think Hauora PHO and MidCentral Community Pharmacy group will act as the respective provider contacts to support the use of the tool across the MidCentral rohe

*Whanganui:* Whanganui Regional Health Network have submitted a system pressure proposal which the District Commissioning supports and is progressing an agreement.

*Wairarapa:* Wairarapa has been approved for a portion of the Phase 2 National funding allocation for Central Region. The Regional Wayfinder has provisionally approved a Central Plan put forward by the Districts. Wairarapa is working on two of three funding applications. The local applications include a local Ambulatory Diversion Service in Primary Care, Practice Plus fully subsidised vouchers for our Very Low Cost Access to Services. An example, is the consideration to support the coastal clinic, which is delivered out of Riversdale community, for rural patients.

*CCHV:* worked as part of the regional team to look at current and future state of extended primary community care (POAC). Gained approval for uplift through to December for continuation of delivery of flexible packages of care in 2 PHOs.



# Progress Update Districts - continued

## Early Actions

*Whanganui:* Phase One tailoring discussions are progressing and investment plan development underway. Phase Two central region approach discussions are underway

*MidCentral:* Work has continued to embed the new POAC Flexible packages of care. Initial data indicates that there has been a good uptake amongst providers and that utilisation by Māori continues to be above the population average. ED redirect volumes continue to increase, again with favorable priority population volumes accessing the service.

*Wairarapa:* A Central Region Primary Options for Acute Care (POAC) plan is under development that is linked to Phase 2 National POAC rollout. A current stock stake of local POAC delivered services and funding allocations is in progress, (specifically Emergency Medical Abortion, Lung Cancer & Abnormal Uterine Bleeding). This review, and local input to support the regional plan is to be completed by January 2024.

*Hawke's Bay:* Working on stocktake with POAC group/. Hawke's Bay CPCT proposal has gone forward to the Central Region Wayfinder for approval

## District Commissioning

*Hawkes' Bay:* Cyclone Recovery projects are being implemented for Ageing Well this is focussed in Wairoa due to impact on ARC facilities, then focus will be on medium and long term options. All system pressure contracts are with providers for contract sign off. Cyclone recovery – in final stages of executing all agreements. Administration of cyclone recovery grants is proceeding well. Focus this month has been the rollover of ICPSA agreements.

*Whanganui:* Work continues to complete outstanding contract variations including Integrated Community Pharmacy Services Agreement (ICPSA).

*MidCentral:* The National ICPSA community pharmacy variation 5 has been circulated for review to providers

*Wairarapa:* No update for this month.

*CCHV:* No update for this month



# Progress Update Regional

## Early Actions Programme

### Comprehensive Primary Care Team

Planning is continuing around tailoring positions for the CPCT. Discussion are underway for a Central region approach to roll out Phase Two. In Wairarapa a draft frontline phase 2 plan is to be developed. As we work through understanding the New System Changes and funding opportunities, we consider how this might work within Wairarapa communities and what opportunities there are to work collaboratively with key providers.

### Extended Primary and Community Care (POAC)

The Central Region Extended Primary and Community Care (EPCC) plan is progressing for delivery of the Phase 2 National rollout. A stock take of local POAC delivered services has been completed and funding allocations is in progress. The three priority pathways (Emergency Medical Abortion, Lung Cancer & Abnormal Uterine Bleeding) are being scoped for levelling where appropriate. Cross regional engagement is in place enabling liaison with the national team to agree scope of regional planning.

## Additional Regional Commissioning

*Whanganui:* Contributing to the regional project implementing the 12 month internal Service Level Agreement (SLA) across Central Region (CR) for the transfer of complex patients from acute hospital to aged residential care (ARC). The project is being led by the Acting GM Wairarapa. Whanganui Commissioning started collecting the data for stranded patients waiting for discharge to aged residential care in August. Over the last month there have been no stranded patients waiting for discharge. None of the available funding has been utilised by this district either.

*Wairarapa:* Central leads from Wairarapa have been chosen to support and lead the development of various sections of the Central Region Health and Wellbeing Plan 2024 to 2026-27. Wairarapa has allocated team members that continue to contribute to the following sections:

- Kahu Taurima – Maternity and Early years
- Oranga Hinengaro – People living with mental distress, illness and addictions.
- Long Term Conditions
- POAC extended Care
- Regional report planning
- Stock take community pathway – regional baseline report

## Te Ikaoroa Regional Health & Wellbeing Plan

No update from last month due to Planning Lead leaving. Update from last month as below:

- The draft Te Ikaoroa Regional Health and Wellbeing Plan was submitted to the National Planning Team on 13 October – noting further work is still required, including addressing Te Aka Whai Ora's feedback, working with the IMPBs and getting their agreement on the plan, and developing and including 're-imagining scenarios' throughout the plan. We are also planning some restructuring and tweaking to emphasize that our plan is focused on embedding Te Tiriti and achieving equity
- Regional Wayfinder, Tricia Keelan, has written to all our IMPBs expressing a desire to engage with them on development of the Regional Health & Wellbeing Plan.



# Progress Update Regional - continued

## COVID-19

A revised COVID procurement plan has been submitted to the NPHS, detailing a reduced projected cost structure. In addition, unspent funds of circa 11m identified have also been provided.

A revised MSA has been provided to enable activation of service schedule changes in response to a range of scenarios including outbreaks. District contracts are in the process of being varied to accommodate this.

Whanganui: Contracting process completed for FY 23/24 COVID-19 funding allocation based on the regional procurement plan.

## Transition

Good progress has been made over the past month with transition activities although managing the national systems around payroll / IT for our kaimahi remains challenging as they transition into new roles.

The Transition Team has enlisted the support of internal district communications and human resources support as well as pulling in some of the wider mapped kaimahi to support specific projects i.e. Senior Analyst to assist with created a Te Ikaroa Provider profile.

Six transition projects are being supported by the Transition Team;



The teams current focus is on the preparation for the transition of kaimahi into the Te Ikaroa Commissioning service and the timing of the standup of the new leadership team and associated teams that will report into the new leaders / managers. Significant challenges being encountered with understanding payroll / IT implications for the different categories of staff moving into the service– mapped, appointed from EOI, externals, fixed term staff etc however we are proactively working through these. We have implemented a daily standup hui to act as a clearing house for issues with the right people around the table and are also now linked into the weekly national Transition team which has been very helpful. We have this week held a first design workshop face to face with the Ageing Well Team across Te Ikaroa as a first steps to starting a conversation as to how new regional arrangements might work across this life course. This hui was well received and attended by the Regional Wayfinder. Other work in progressing across the 6 projects outlined above.





## **Section 2: District and Regional Risks and Mitigations**

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# Regional Risks & Mitigations

Regional Risks	Description	Mitigations	Assessment of Risk
Delivering to Māori to realise Pae Ora / achieving equity	Te Whatu Ora has lost key capability (eg, staff, provider and funding relationships) to deliver equity for Māori and give effect to te Tiriti. We cannot expect Te Aka Whai Ora to be the sole voice of Māori in the system, because they are not resourced to be able to do that. We are interrogating what the gap is in relation to knowledge, expertise and funding levers within Te Whatu Ora to deliver the outcomes sought by the reforms.	<ul style="list-style-type: none"> <li>Te Whatu Ora needs to build its own strong relationship with local Iwi to understand the needs and tikanga of local Māori. We have submitted consultation feedback about this.</li> <li>Te Whatu Ora regions to build capability to work in partnership with IMPBs and co-design services with Iwi and Māori health providers - for example, provide staff with Māori cultural safety training and the Tātou Tātou Pro-Equity Co-Design training and guidance.</li> <li>Create pathways to enable Te Whatu Ora investment in partnership with Te Aka Whai Ora through these providers where we identify that the best outcomes will be achieved in this way (previously, we would have commissioned services directly through these providers)</li> <li>Establish strong regional partnership with Te Aka Whai Ora and clear links with its performance expectations for Te Whatu Ora in our regional planning and work programmes</li> </ul>	Major
Developing Partnerships	IMPBs and localities are in the very early stages of development, and some IMPBs and localities are still to be established. Te Whatu regional and district staff are in the early stages of developing partnerships with the IMPBs and the locality leads.	<ul style="list-style-type: none"> <li>Comms and cultural support to ensure appropriate protocols are respected and followed in our engagement</li> <li>Open and transparent approach, and clear and considered messaging in our engagement with IMPBs and locality leads to avoid misunderstandings</li> <li>Māori, Pacific, Disability population leads to help connect us into these communities</li> <li>Iterative approach to the development of the regional plan, with annual review.</li> <li>Concept that "planning is a journey, not a destination".</li> </ul>	Minor
Capacity constraints, particularly during restructure	The restructure has created an environment of uncertainty, and we are losing staff. There is a risk that more staff may leave during the process.	<ul style="list-style-type: none"> <li>Assign staff to interim roles now and assign permanent staff as soon as possible following the restructure.</li> <li>Reassure staff that they are valued and needed.</li> </ul>	Moderate
Loss of COVID community teams to the system	COVID teams, including our iwi/Māori teams are finding it increasingly difficult to retain staff and continue operating after a series of very short term contracts and no certainty of future funding. It is widely acknowledged that the model of care that they have developed through COVID to support high priority populations and contribute to winter wellness is desirable for other conditions. Note that some providers do plan to close (eg. Wairarapa) and will consider a new model when COVID funding beyond 1 July is known. The immediate pivoting of the COVID community teams to care for displaced people following the cyclone exemplifies the system resilience that these teams provide.	<ul style="list-style-type: none"> <li>Provide sustainable investment to selected COVID teams across the region so that they can develop services that provide proactive health and social wellbeing support within their localities.</li> </ul>	Major
Maintaining core service delivery over winter in response to COVID	Delay in confirmation of COVID procurement post 30 June further delays certainty for core providers and increases staff capability loss	<ul style="list-style-type: none"> <li>Escalate risk to the COVID planning directorate</li> <li>Identifying transition plans in the event of no continuation at a district level</li> </ul>	Major
Workforce shortages	Ongoing workforce challenges across several providers sectors including Aged Residential Care, Community Pharmacy, and other NGO's. For example, one of the Whanganui's NGOs has five social worker vacancies	<ul style="list-style-type: none"> <li>Participating in national initiatives, including virtual nursing.</li> <li>Supporting local providers case by case. Interim utilisation of locum workforce – and operating reduced hours based on locum availability (Whanganui Pharmacy example).</li> <li>One of Whanganui's NGOs is revamping advertising and utilising the services of a recruitment agency.</li> </ul>	Major

# District Risks & Mitigations

District	District Risks	Description	Mitigations	Assessment of Risk
Hawkes' Bay	Day Care Programmes	Due to Cyclone damage service provider based between Napier and Hastings is no longer providing day activity programme at that location. Some capacity was created in Hastings/Havelock, still need more capacity across the district especially in Napier. Unsuccessful in allocating cyclone recovery funding to cover the gap in first round.	Our Health Older People Portfolio Manager continues to explore options with other service providers to incentivise our establishment of a day programme including funding required.	Moderate
	Enliven Presbyterian Support	The Enliven (Presbyterian Support) building which housed their day programme's was damaged by Cyclone Gabrielle and is no longer useable.	HOP portfolio manager has been exploring funding options to support replacement of day programmes in Napier.	Moderate
Whanganui	ARC	As reported last month Te Whatu Ora Whanganui were advised by two ARC providers that they had received 3 months' notice of the termination of their Contract for Medical Services with their general practice (will end on 2nd January 2024). It is likely that other ARC providers will have also received the same notice as this general practice services most ARC providers in the district.	Te Whatu Ora Whanganui are confident that the ARC providers affected are being pro-active to find solutions.	Moderate
	ARC	Local ARC provider New Vista received several high-risk findings from a recent audit, all relating to restraint. The facility owner and manager are fully engaged with addressing the findings promptly. A new experienced clinical manager had been recruited and has commenced work at the facility. HealthCERT.	Te Whatu Ora Whanganui and the provider have been working together to address the findings and significant progress has been made within a short period of time.	Moderate
Wairarapa	Unenrolled Patient Clinic	The Wairarapa region has a growing number of unenrolled members of the community. This current unenrolled Clinic is a co-designed service with Te Whatu Ora - Wairarapa, Tū Ora PHO and Practice Plus. The service offers a Clinic for patient checks and screening. Initially the service was under utilised however the data has shown increased numbers accessing the in-person Clinic as knowledge of the service has risen.	Tū Ora and Practice Plus are working with Masterton Medical Centre and now Community based 'First Health and Wellness Clinic' to support the clinics going forward. We have been reviewing the current services provided and unenrolled data to understand what the needs are going forward. Work is currently underway to extend the current unenrolled Clinic, we will look at developing a variation to the current contract and extending the term utilizing the FY 2022/23 underspend that sits with Tū Ora Compass Health for a further six months. However, a longer term solution is yet to be determined.	Moderate
CCHV	Urgent Care Services	There is continuing pressure on three urgent care services within CCHV. Lower Hutt AH has increased volumes in the face of a major GP practice withdrawing its GPs. Kenepuru Accident & Medical is having challenges filling the midnight to 8 am shift and its hours of operation are being reviewed.  In Kapiti Team Medical have expressed a desire to shorten their hours of operation from 10 to 8 pm.	In terms of Lower Hutt AH sustainability funding has been provided to stabilise the situation. They still will not see >13 aged patients from the practice that withdrew KAMC is attempting to recruit extra staff and a contingency plan for virtual cover is being drawn up. A plan for replacing the face-to-face night shift with a virtual one for six months has been submitted for approval  A short term grant from a PHO has stabilised the situation in Team Medical until the end of 2023. Potentially it will request extra funding in 2024	Major
MidCentral	Risk of serious adverse outcomes for māmā and pēpi	The Te Whatu Ora, Te Pae Hauora o Ruahine o Tararua MidCentral Clinical Services Plan for Radiology engaged with stakeholders, consumers and providers and identified an inequity in co-payments for maternal ultrasound resulting in some woman making the choice to not proceed to necessary scans.	While the national group has made recommendations, Te Pae Hauora o Ruahine o Tararua continue to implement funding co-payments for Māori, Pasifika and Community Service Cardholders to mitigate the clinical risk. Local sonography capacity is impacting timely access to scanning. The national team has provided a response to state they are working on a plan.	Major
Midcentral	Proposed reduction in Palmerston North After Hours Accident & Medical delivery	Due to significant clinical shortages and imminent loss of the one remaining A&M physicians, The Palms (one of two) A&M afterhours providers signalled a proposal (under consultation until May 26) to cease delivery of ACC contract from 1 July. Impact will be a reduction in Afterhours delivery at this site to enrolled / unenrolled populations.	A provider working group is advancing the plan to stabilise the afterhours roster for Papoeia. Scaled practice plus remains in place.	Major



# Section 3: Financial Performance

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# Commissioning Central Region Financial Summary

Jason Power has provided the Regional Wayfinder with a separate financial summary for the Central region.

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# Section 4: Non-Financial Performance

- Kahu Taurima – Babies first year of Life
- Māuiuitanga taumaha – End of Life
- Pae Ora - Influenza

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# Non-Financial Performance – Indicators used across rotation

## Kahu Taurima – Maternity and the Early Years

<b>Maternity</b>	<ul style="list-style-type: none"> <li>75% of pregnant women registered with a Lead Maternity Carer (LMC) within the 1<sup>st</sup> trimester</li> <li>80% of infants are exclusively or fully breastfed at two weeks</li> <li>85% of newborns enrolled in a PHO by three months</li> </ul>
<b>Babies (first year of life)</b>	<ul style="list-style-type: none"> <li>90% of babies living in a smokefree home at 1<sup>st</sup> WCTO Contact</li> <li>90% of infants receive all WCTO core contacts in first year of life</li> <li>95% of children fully immunised at 8 months</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>Decrease in the ambulatory sensitive hospitalisation rate (0-4 years)</li> <li>95% of children fully immunised at 5 years</li> <li>90% of children have their B4SC completed</li> <li>Percentage of children aged 5 who are caries free</li> </ul>
<b>Youth</b>	<ul style="list-style-type: none"> <li>Rate of youth enrolled in a PHO per 1,000 population</li> <li>Rate of youth enrolled in a PHO who have had a consultation in the last quarter per 1,000 population</li> <li>Rate of youth presenting to Emergency Departments per 1,000 population</li> </ul>

## Oranga Hinengaro - Mental Health and Addictions

Indicators still being determined for regional representation

## Mate pukupuku - People with Cancer

Bowel

Cervical

Breast

Indicators still being determined for regional representation

(Across the Central Region, bowel, cervical and breast screening is generally not managed by Commissioning. Cervical and breast screening are managed by the National Public Health Service and bowel screening by Hospital & Specialist Services.)

## Māuiutanga taumaha – People Living with Chronic Health Conditions

<b>Older People and Frailty</b>	<ul style="list-style-type: none"> <li>Percentage of people aged 75+ living in their own home</li> <li>Acute bed day rate per 1,000 for people aged 75+</li> <li>Acute readmission rate for people 75+ within 28 days</li> </ul>
<b>Long-term Conditions</b>	<ul style="list-style-type: none"> <li>65% of people with diabetes and HbA1c <math>\leq 64</math>mmol/mol and no inequity</li> <li>ASH admissions rate for cardiovascular conditions (45-64)</li> <li>ASH admissions rate for respiratory conditions (45-64)</li> </ul>
<b>End of Life</b>	<ul style="list-style-type: none"> <li>% of clients assessed by InterRAI with an Enduring Power of Attorney</li> <li>% of clients assessed by InterRAI having funded Advanced Care Plan</li> </ul>

## Pae Ora

<b>Covid</b>	<ul style="list-style-type: none"> <li>Number of Covid tests administered</li> <li>Number of Covid Vaccinations administered</li> <li>Covid Booster 2 uptake</li> </ul>
<b>Flu</b>	<ul style="list-style-type: none"> <li>% of the 65+ population Vaccinated</li> <li>Number of Vaccinations for the month</li> </ul>

## Child Health - Youth - Maternity - Babies (first year of life)

How are we performing?	Māori	Pacific	Non-Māori Non-Pacific
Decrease in the ambulatory sensitive hospitalisation rate (0-4 years)	8466	13552	7208
95% of children fully immunised at 5 years	73%	78%	86%
Percentage of children aged 5 who are caries free	73%	80%	90%

### What is driving performance?

MidCentral WCTO contracts have been transferred to Te Aka Whai Ora. Targeted action to improve access to dental assessment and treatment for Māori tamariki by working in collaboration with Pae Ora team to build relationships with Kohanga Reo and Kura Kaupapa Māori and the prioritisation of Māori tamariki for recall, assessment, and treatment.

Wairarapa: Monthly B4SC data for the period between 8 July 2023 and 7 October 2023 indicated that as of 07/10/2023, Wairarapa completed 10% more checks for Māori (35.9%) children; while there is no change in the checks completed for Pacific children – remaining at 13.3%. The performance target as of 07/10/2023 is 25%.

CCHV- Recognising that the majority of immunisation events occur in primary care, there is significant strain on primary care teams to ensure timely immunisations of tamariki. Understanding the availability to accessible data for our providers to identify tamariki who require immunisations.

### Management Comment

Wairarapa: no change from previous report.

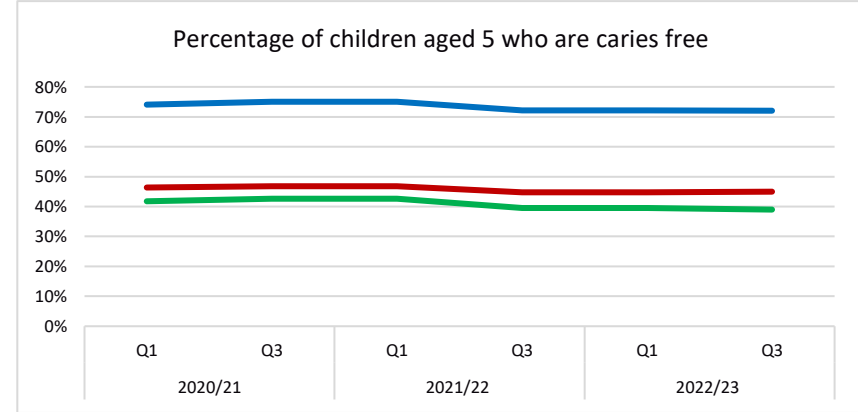
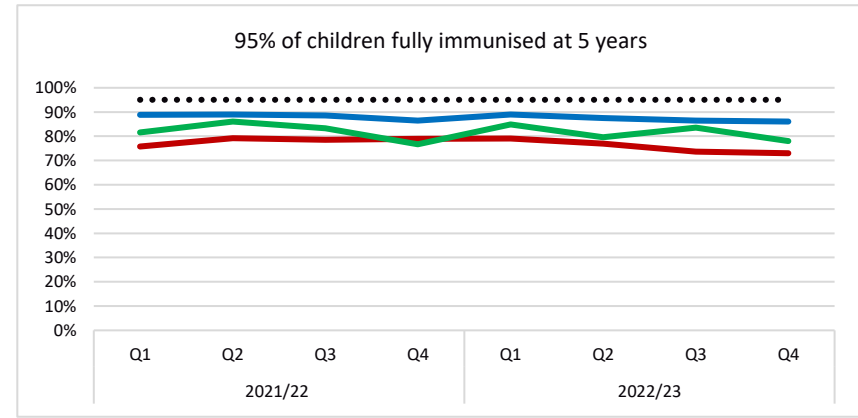
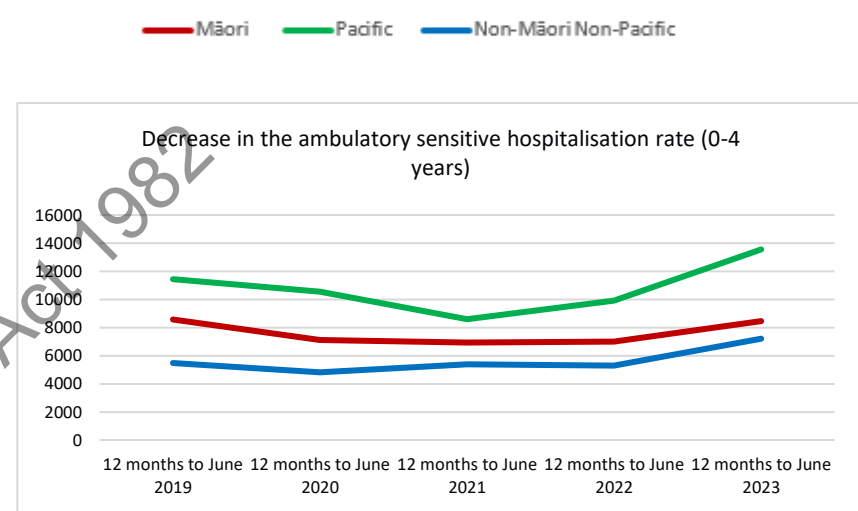
CCHV: Supporting providers to develop and implement a tailored approach to supporting general practices to maximise vaccination rates and to decrease the inequity gap.

Ongoing work with Te Whatu Ora data analysts and working with providers to understand data needs. Supporting the AIR on-boarding process and connecting our Hauora providers with the national AIR team to ensure reporting functions are fit for purpose.

Continue to address the priorities identified in the CCHV district immunisation plan, and supporting providers to achieve key tasks and outcomes towards improving immunisation uptake across the district.

Hawke's Bay: The increase in Hawke's Bay rate for ASH 0-4 presentations is 1/2 the national average and ¼ the Auckland rates. Te Whatu Ora Te Matau a Maui acknowledges the hard work of all of the providers who care for this age group, including Public Health nurses, GPs, Hauora providers, Urgent Care, pharmacies. To have kept our rate so low is a massive effort especially in view of Cyclone Gabrielle and our very large unenrolled population. New initiatives are being put in place to help with this group in the near future. This includes a funded pathway to manage wheezy children and funded programmes for unenrolled consumers. On top of this a lot of work has gone into upskilling the workforce to enable nurse prescribing and pharmacy dispensing. General Practice has also made considerable effort to change how they work to keep appointments free for children to be seen on the day.

Further work is planned to help educate parents on how to access the increasing number of options available to help with unwell children. Te Whatu Ora, Te Aka Whai Ora and Health Hawkes Bay are working together on this.



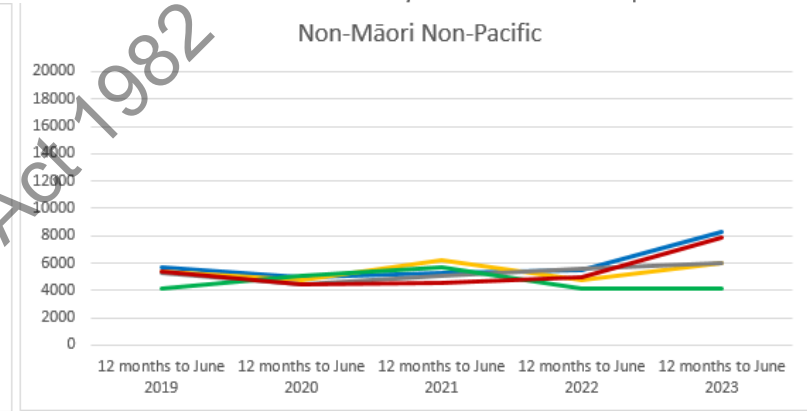
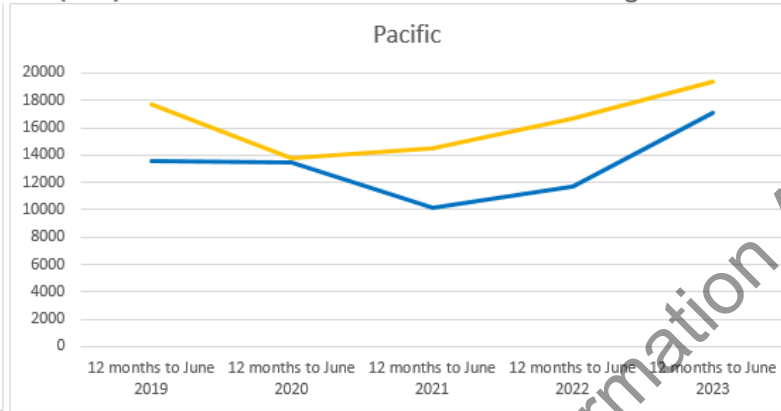
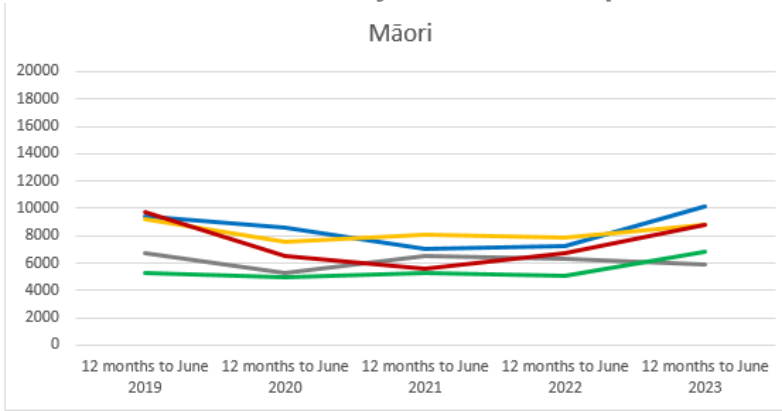


# Kahu Taurima | Maternity and early years | Regional View

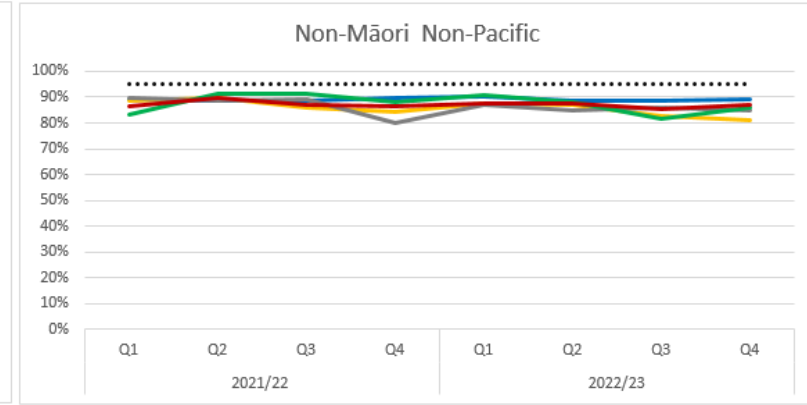
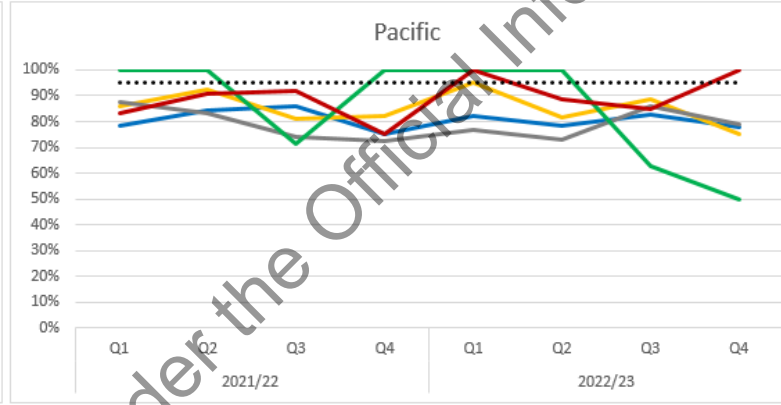
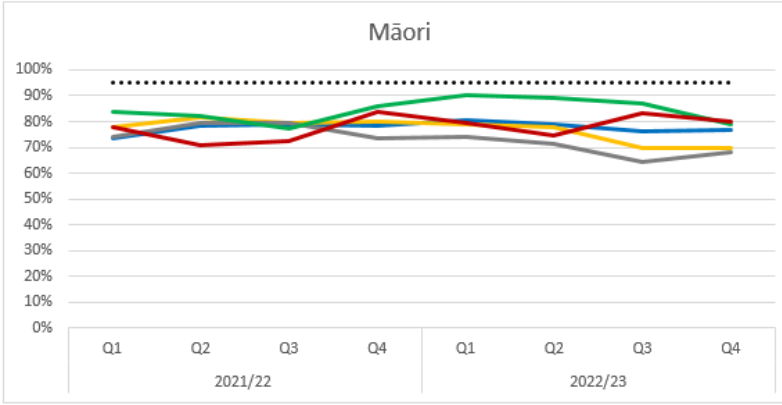
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## Decrease in the ambulatory sensitive hospitalisation rate (0-4)

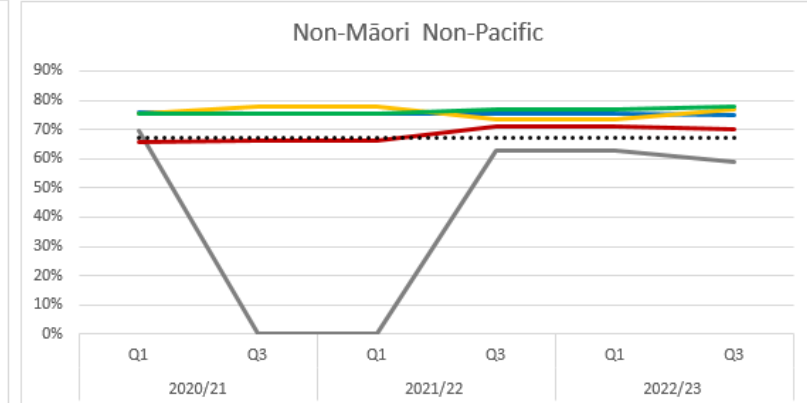
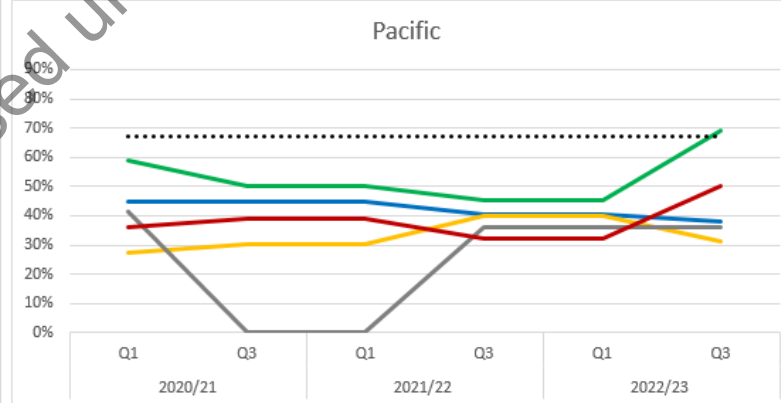
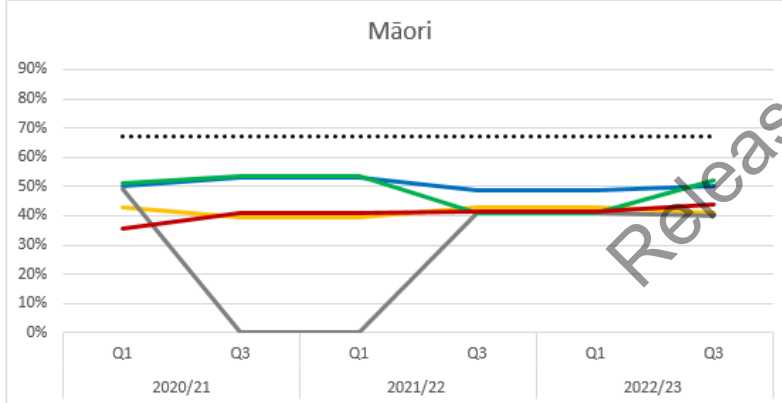
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## 95% of children fully immunised at 5 years



## Percentage of children aged 5 who are caries free



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## Older people and frailty – Long-term conditions – End of Life

How are we performing?	CCHV	WAI	HB	WHA	MID
Percentage of Aged Care Facility Beds Occupied	87%	85%	90%	90%	84%
		Māori	Pacific	'Other'	
Acute bed day rate per 1,000 for people aged 75+		2427	2420	1953	
Acute readmission rate for people 75+ within 28 days		12%	10%	12%	

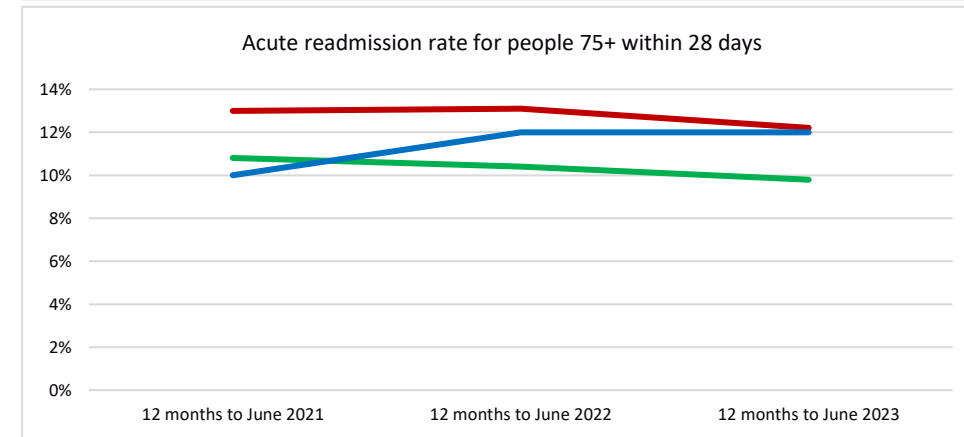
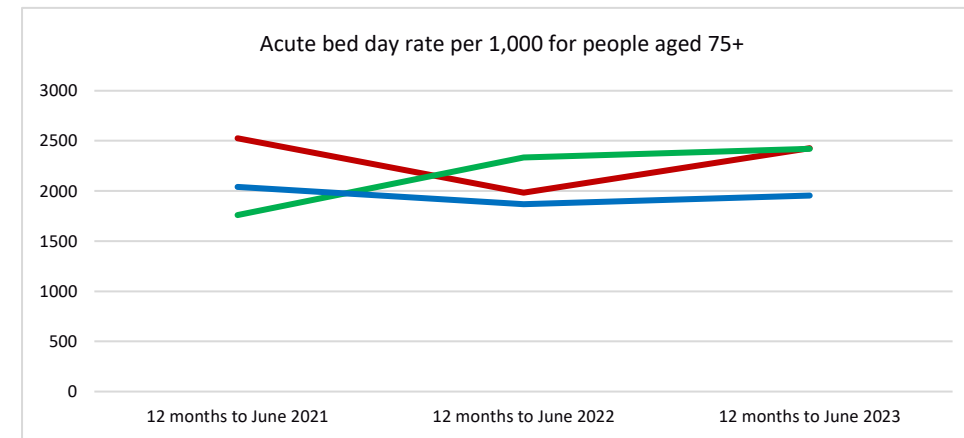
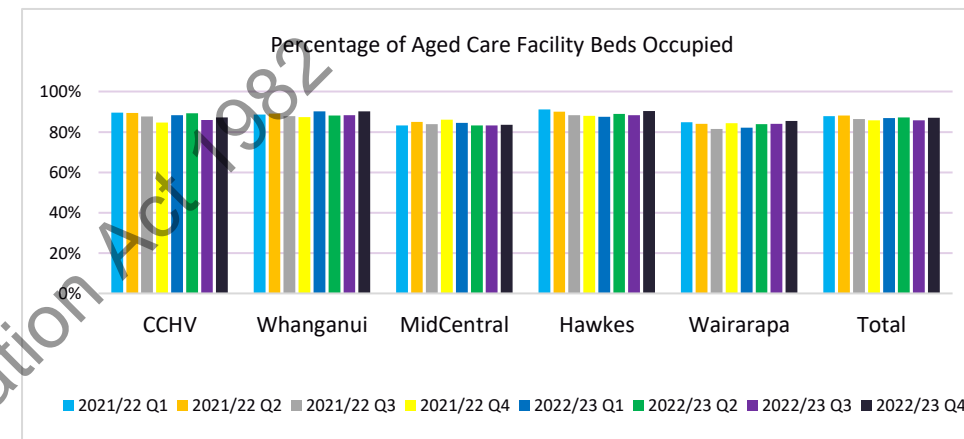
### What is driving performance?

- Increase in bed occupancy across the districts from last quarter. After 2 years of ARC bed volume reduction, October shows the start of new capacity becoming operational. Still aspects of district workforce shortages (especially for RN's and experienced clinical managers) and safe staffing continuing to affect ARC's ability to accept complex admissions and support patient flow from HSS. Dementia beds and psychogeriatric beds in very high demand.
- Covid and other related public health notifiable diseases still experienced across all ARC's including RSV and norovirus outbreaks.
- Limited offerings of non-premium rooms across the region still impacting on admissions and patient flow.
- High turnover of Facility Managers and clinical managers in some parts of the Central Region – CCHV and HB impacting on system processes such as late payment claims that are unknown and unpredictable.
- Restricted supply chain - National shortage of supply of gastrostomy tubes is impacting ARC's ability to care for these residents. Specific challenge for Wairarapa currently.
- Generally challenges remain in recruiting staff to HCSS across the region leading to reduced ability to support more complex people to remain in their own homes.

Wairarapa: Workforce shortage in both ARC and HCSS is still impacting on performance. Some recruitment has taken place and contingency plans continue with only one facility needing to have an RN waiver.

### Management Comment

- Virtual support from GP/NP into ARC for some facilities in the CCHV area caused concern from HSS SMO's. Data indicates less ED presentations and admissions from ARC in the last three months.
- Cyclone Recovery projects in HB are being implemented for Ageing Well focussed in Wairoa due to impact on ARC facilities. Focus to then shift to medium and long term options.
- Continue to work with identified system pressure ways of working to assist with hospital flow. Most districts have now or plan to access this fund to support discharges from hospital to community.
- ARC may need access to HSS supply systems for gastrostomy tubes if shortage threatens hospital admission.
- Regional Plan drafted and submitted for Aging Well to reflect direction of Pae Ora.
- ARC occupancy continues to sit at 84% and the Health Recovery Programme continues to be under-used. The SLA is being implemented locally with HSS, NASC and ARC facilities. Communication with physicians has identified some invalid beliefs (e.g. 'no vacancies in ARC or the Health Recovery Programme') and some problems with internal systems (e.g. delays in getting relevant investigations completed and delays in getting patients to rehab). NASC staff are attending daily ward rounds to try and enable smoother and faster patient journeys. We are advised by the Manager Health intelligence and Decision Support (HIDS) that Wairarapa hospital is relatively consistent in its number of acute patients in hospital with a length of stay equal to or more than 7 days (average. number of patients = 13).

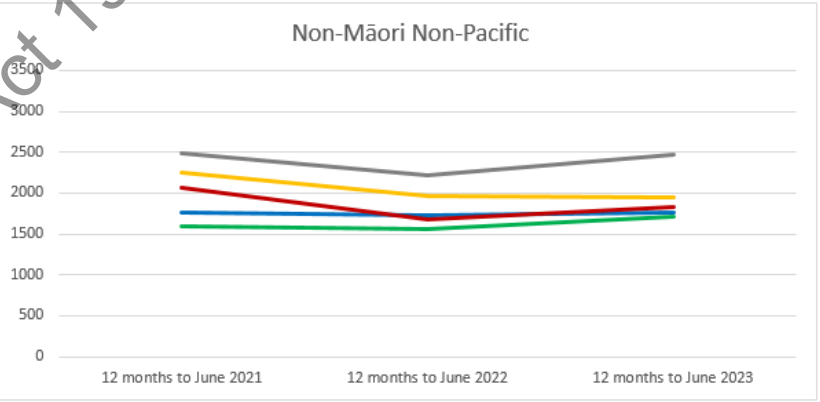
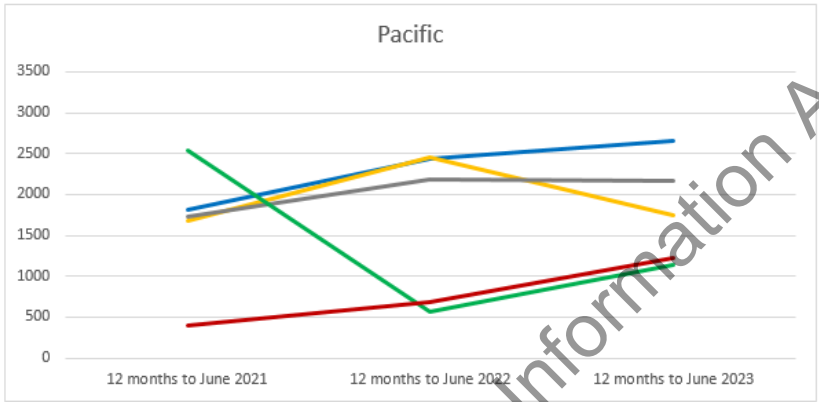
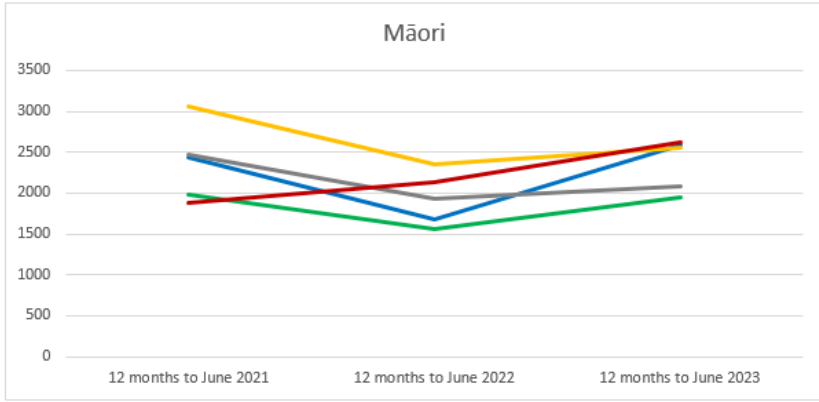


# Māuiuitanga taumaha | People living with chronic health conditions

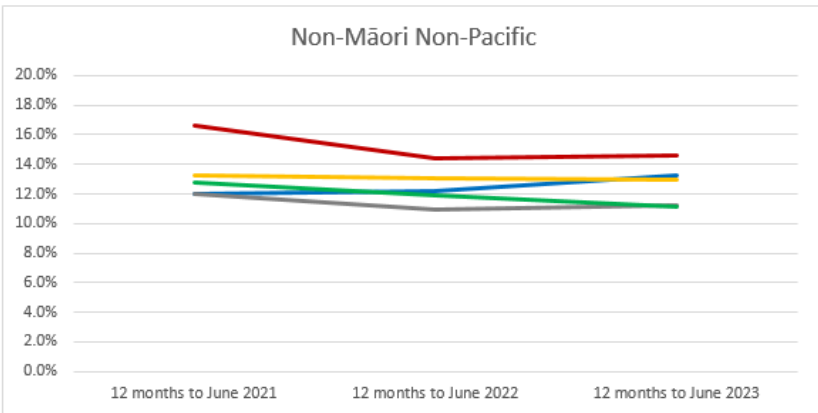
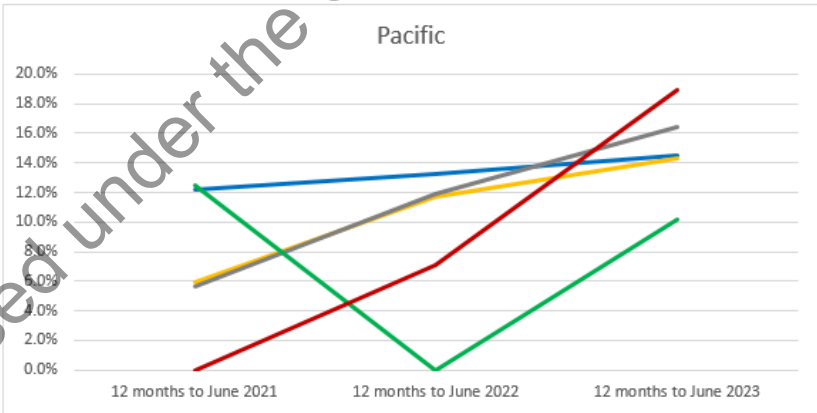
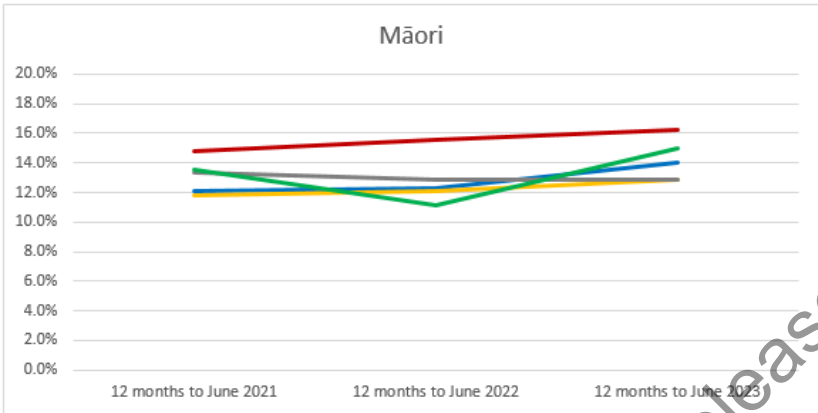
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Acute bed day rate per 1,000 for people aged 75+



Acute readmission rate for people 75+ within 28 days



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Cervical Cancer – Breast Cancer – Bowel Cancer

New Indicators to be discussed for regional representation

Released under the Official Information Act 1982



## Covid-19 – Influenza

How are we performing?	Māori	Pacific	Other
Covid-19 Tests Administered	858	320	2593
Covid-19 Vaccinations Administered	336	111	4334
Covid-19 Booster 1 Uptake	56%	63%	78%
Covid-19 Booster 2 Uptake	39%	32%	49%

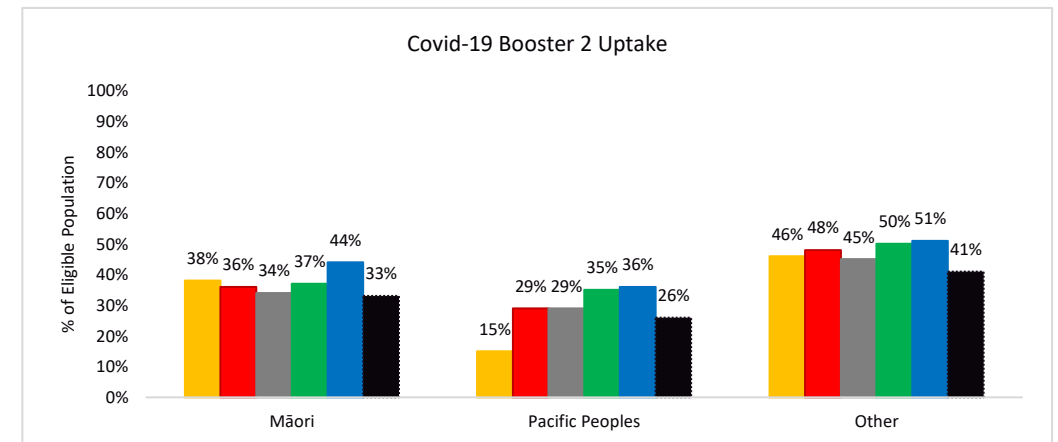
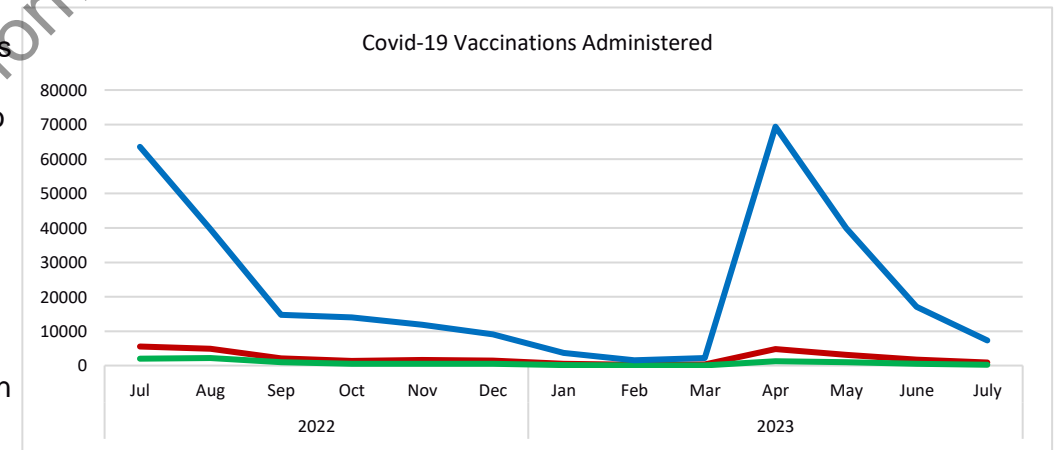
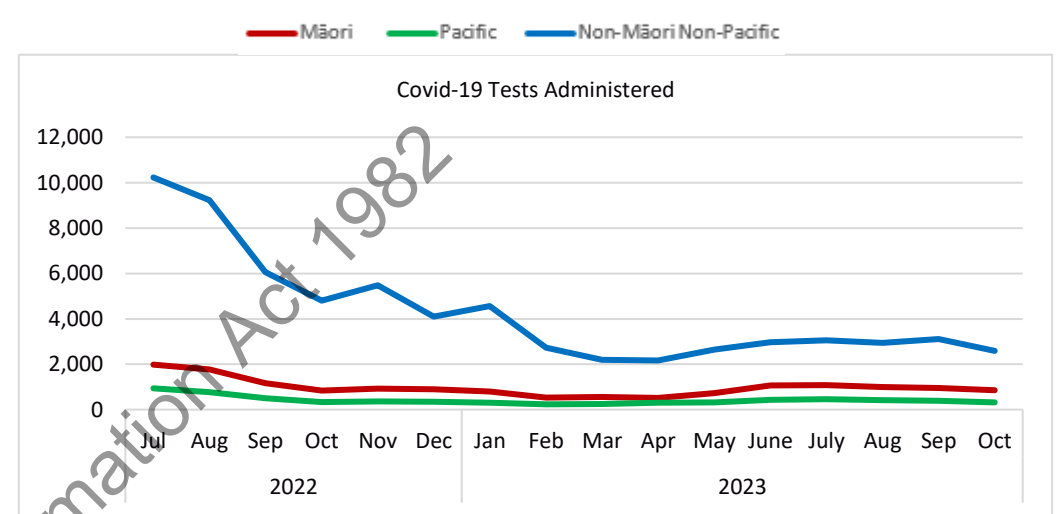
### What is driving performance?

#### CVD Q1 – More heart and diabetes checks:

Total screening for Māori men CVRA for 2022/23 is 75% which slightly increased from last quarter but does indicate there is still much work to do. Pleasing that 98% of Māori aged 65 to 74years and 87% of 40-64years have been screened which is comparable to the European cohort. The equity gap is largely due to the 30-39 year cohort with screening unchanged at 40%. A new community based program designed to support diabetes in the community, has now been recruited to and will focus on early screening and intervention.

#### Management comment

MidCentral: Continue to lever engagement strategies alongside winter wellness communication, focus is on increasing vaccination workforce in Hauora providers, community pharmacy continues to provide a significant number of covid vaccinations across the district



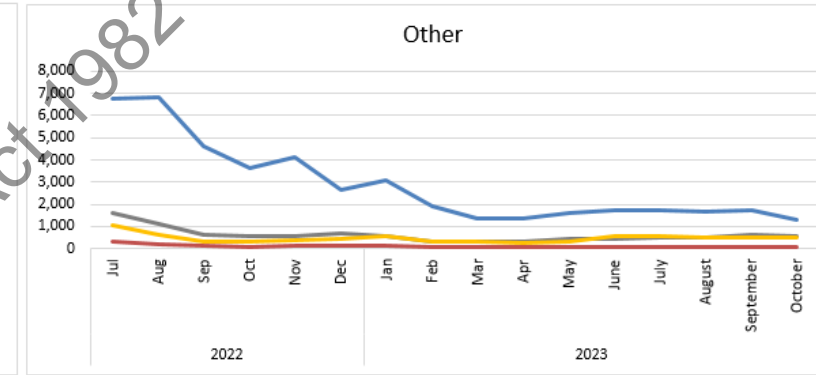
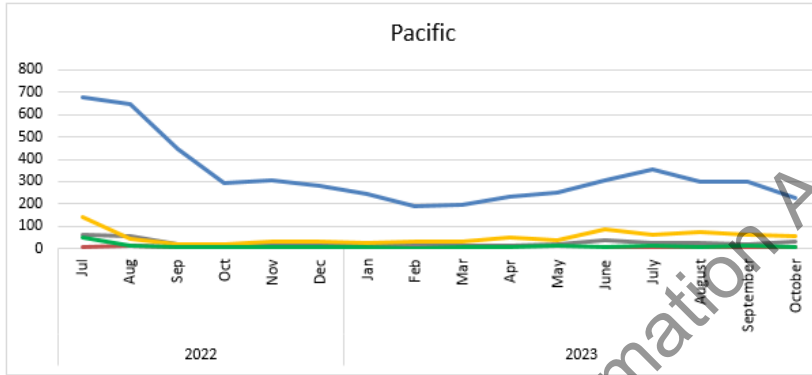
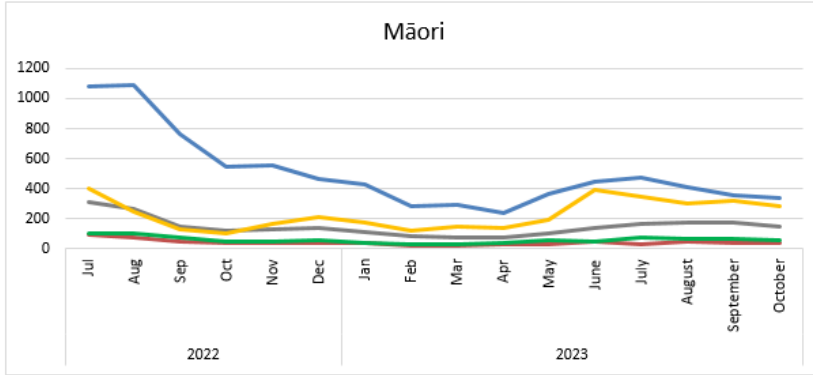
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# Pae Ora | District View

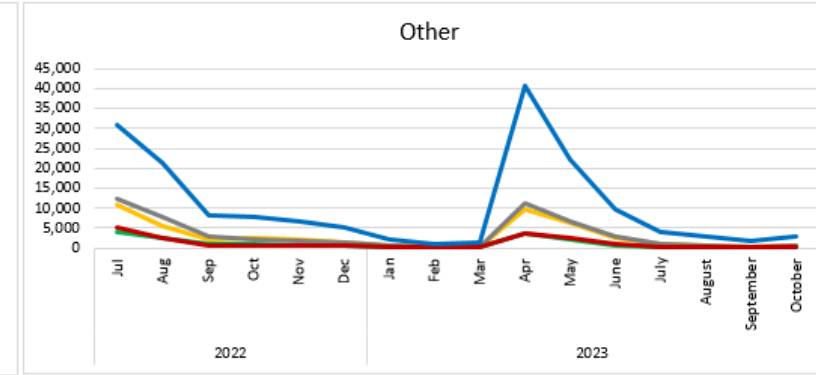
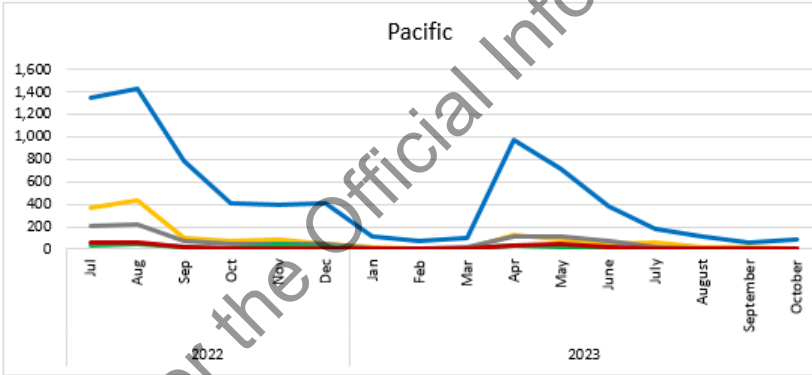
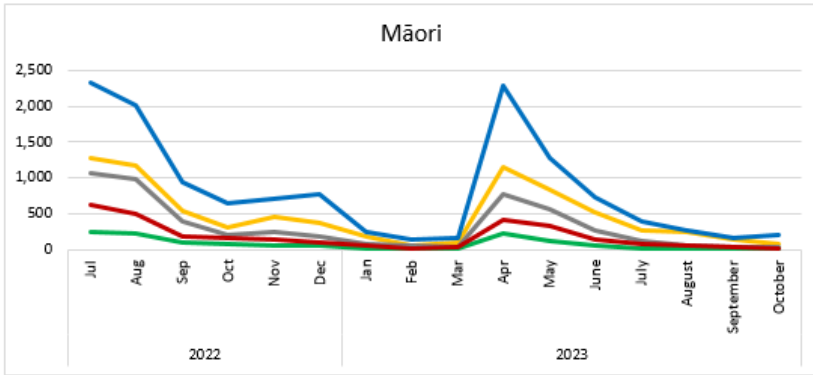
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— Hawkes Bay 
 — Whanganui 
 — Mid Central 
 — Wairarapa 
 — Capital, Coast & Hutt Valley 
 ••••• Target

## COVID Tests Administered



## COVID Vaccinations Administered



## COVID Booster 2 Uptake

