



# Agenda

## Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, 889 Cameron Rd Tauranga

Date and Time: Wednesday 17 July 2019 at 9.30 am

**Please note: CEO / Board Only Time, 8.30 am**

### Minister's Expectations

- Primary Care Access
- Mental Health
- Improving Equity
- Public Delivery of Health Services
- Health and Wellbeing of Infants, Children and Youth
- Improving Population Health
- Long Term Capital Planning
- Workforce
- Climate Change
- Accountability for Improved Performance

### Priority Populations

- Māori
- First 1000 Days of Life
- Vulnerable Children and young People
- Vulnerable Older People
- People with Long Term Severe
- Mental Health and Addiction Issues

### The Quality Safety Markers

- Falls
- Healthcare Associated Infections
- Hand Hygiene
- Surgical Site Infection
- Safe Surgery
- Medication Safety

### Strategic Health Services Plan Objectives:

- **Live Well:** Empower our populations to live healthy lives
- **Stay Well:** Develop a smart, fully integrated system to provide care close to where people live, learn, work and play
- **Get Well:** Evolve models of excellence across all of our hospital services




<b>Item No.</b>	<b>Item</b>	<b>Page</b>
<b>1</b>	<p><b>Karakia</b>  Tēnei te ara ki Ranginui  Tēnei te ara ki Papatūānuku  Tēnei te ara ki Ranginui rāua ko Papatūānuku,  Nā rāua ngā tapuae o Tānemahuta ki raro  Haere te awatea ka huri atu ki te pō (te pō ko tenei te awatea)  Whano whano!  Haere mai te toki!  Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui  This is the path to Papatūānuku  This is the path to the union of Ranginui and Papatūānuku  From them both progress the footsteps of Tānemahuta [humanity] below  Moving from birth and in time carries us to death (and from death is this, birth)  Go forth, go forth!  Forge a path with the sacred axe!  We are bound together!</p>	
<b>2</b>	<p><b>Presentation</b></p> <p>2.1 <u>Introduction of new CIO – Richard Li</u></p> <p>2.2 <u>The Dark Arts of TTHW Procurement</u>  Mike Agnew – Snr Portfolio Manager, Planning &amp; Funding and Population Health</p>	<b>4</b>
<b>3</b>	<b>Apologies</b>	
<b>4</b>	<b>Interests Register</b>	<b>14</b>
<b>5</b>	<p><b>Minutes and Chair Report Back</b></p> <p>5.1 <u>Board Meeting - 19.6.19 Minutes</u></p> <p>5.2 <u>Matters Arising</u></p> <p>5.3 <u>Maori Health Runanga Meeting - 20.02.19 - Minutes</u></p> <p>5.4 <u>Maori Health Runanga Meeting -13.03.19 - Minutes</u></p> <p>5.5 <u>Maori Health Runanga Meeting - 10.04.19 - Minutes</u></p> <p>5.6 <u>Maori Health Runanga Meeting -15.05.19 - Minutes</u></p>	<p><b>18</b></p> <p><b>24</b></p> <p><b>26</b></p> <p><b>32</b></p> <p><b>38</b></p> <p><b>46</b></p>
<b>6</b>	<p><b>Items for Discussion / Decision</b>  (Any items that are not standing reports must go via the Committees and will include the Chair’s report and Committee recommendation)</p> <p>6.1 <u>Chief Executive’s Report</u></p>	<b>50</b>

<b>Item No.</b>	<b>Item</b>	<b>Page</b>
	6.2 <u>Dashboard Report</u> (to be circulated)	
	6.3 <u>Primary Health Organisation Reports</u>	<b>60</b>
<b>7</b>	<b>Items for Noting</b>	
	7.1 <u>IDP Quarter 3 Summary Report – Clarification of Rating Criteria</u>	<b>62</b>
	7.2 <u>Annual Board Attendance</u>	<b>64</b>
	7.3 <u>Board Work Plan 2019</u>	<b>65</b>
<b>8</b>	<b>Correspondence for Noting</b>	<b>66</b>
	8.1 <u>Letter to Prof Peter Gilling re recent attainments – 26 June 2019</u>	<b>67</b>
	8.2 <u>Letter of response to State Services Commissioner re Model Standards for information Gathering – Agency Assurance – 28 June 2019</u>	<b>68</b>
<b>9</b>	<b>General Business</b>	
<b>10</b>	<p><b>Resolution to Exclude the Public</b></p> <p>Pursuant to clause 33(3) of the NZ Public Health &amp; Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health &amp; Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.</p>	
<b>11</b>	<b>Next Meeting</b> – Wednesday 21 August 2019.	



# The Dark Arts of Te Teo Herenga Waka (TTHW) Board Procurement Workshop



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# At a Glance

**428 contracts**



**1374 Service Lines**



**207 Providers**




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## 1. Core Function of TTHW

- Strategy
- Health needs assessment
- Plan & Procure
- Relationship Management
- Contract Management
- Service Development
- Addressing equity for Maori
- Future Planning


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## 2. How to decide what we buy?

**We are guided by:**

- Organisational strategy including Strategic Health Service Plan (SHSP), Te Toi Ahorangi, Annual Plan, Health Needs Analysis,
- Service coverage schedule (specify what we must fund and/or provide as a DHB )
- Minister's priorities, Maori Health equity positive
- National direction (PHOs, Primary Care, ARC, Pharmacy, National GMs)


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## 2a. How to decide what we buy?

- Evidence-based best practice
- IDF - Rules about purchasing, how to interact with other DHBs & how we manage



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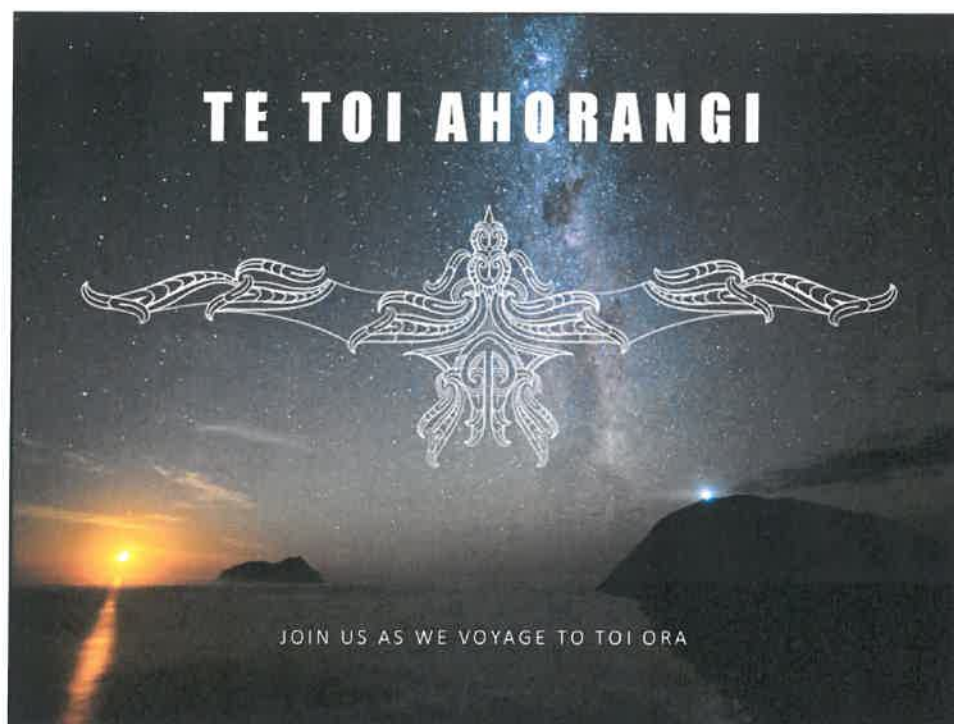


## Strategic Health Services Plan 2017-27




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### 3. Maori Health & Mainstream Portfolios

- Unique set up for BOPDHB - why do we do it this way?
- Meeting Te Tiriti o Waitangi obligations  
3 Principles (Protection, Partnership, Participation)
- Maori Participation – key pathway for health strategy at the all levels
- Guided by He Pou Oranga Tangata Whenua principles along with CARE
- Commitment from Board


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## 4. How do we procure?

- MBIE rules are used where appropriate
- Own procurement policy (Under \$100k rule)
- Exercise flexibility, case by case approach (e.g. test the market before committing everything to open tender)
- Create a procurement plan/independent probity advice
- Request to the market (e.g. GETS website)
- Structured approach to evaluation process/preferred provider identification using MBIE guideline and using equity tools
- Price and Non-Price Attributes are considered
- Procurement in some services reflects Te Ao Māori lens



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## 5. Contract Negotiation

- Not necessarily cheapest. The price must make sense and be sustainable.
- Value for Money must be demonstrated
- Encouragement to worked together in alliancing or partnering approaches
- Equity to reduce disparity



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## 6. Role of FMC

- Decision making body, based on TTHW recommendations - new contracts and renewal of existing contracts. Strategic oversight
- Submissions to FMC required to cover wide range of considerations including - how the service seeks to address health outcomes, improve equity, and if it is the best use of health system resources
- Procurement advice and planning
- Negotiating parameters

"Anything we have not thought of"? – Fresh pair of eyes



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## 7. Contracts

- **Structure of Contracts**
  - Sector Service templates used
  - Provider specific terms and conditions (unique to local conditions may be inserted)
  - National data dictionary used (Purchasing framework, purchasing unit definition) to categorise purchases

First DHB to trial use of Whole of Government Streamlined Contracting Framework (MBIE) – Outcome Agreements



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## 8. National Contracts

- Some contracts are nationally negotiated and binding. (ARC, Pharmacies, Dental, PHOs) ARC budget is \$54m
- DHB actively participate through representatives(Midland Group)
- Direct impact on discretionary spend potential of the DHB
- Little opportunity to innovation
- National Price is used as contact price for PVS and IDFs



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## 9. Performance Monitoring

### PMR System:

Providers ➡ Sector Service ➡ DHBs ➡ PMs

- Routine Reporting
- Relationship management outside reporting cycle
- Issues based monitoring (e.g. special audit, independent clinical reviews)

*What can we do better?*

*We are inclined to focus on issue rather than service development. It is driven by price and volume. We are moving forward towards collaborative partnership.*



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## 10. Audit

- Routine Audit average every 3 years cycle
- Capacity to do Issues Based Audit
- Service provider- Healthshare – synergy with other DHBs
- He Ritenga Audits – cultural auditing tool
- MOU with MSD - to share audit information and reduce the burden & compliance cost for providers
- National agreements: ARC Certification, sector specific designated auditor
- MOH - Audit & Compliance – to investigate claims error, fraud etc.



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## 11. Provider Arm

- TTHW and PA has PV schedule (contract equivalent) -and a service level agreement which defines the relationship between funder and provider.
- Quarterly wash up process
- Regular meetings with cluster leaders and dedicated PMs for different health areas
- External Auditor performs annual audit
- Internal Auditor

*Currently primary focus is price and volume arrangement. There is a development opportunity*



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## 12. End of Contract Term

### Renewal or Exit? How to make a decision?

Consideration is given to:

- Performance, Provider Evaluation, Clinical Review Audit outcome
- Market change
- Different strategic direction (DHB driven, market driven or other)
- End of Head Agreement



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## 13. Māori health equity and Toi Ora

What is most appropriate for our population?

- Te Toi Ahorangi-fully endorsed
- Kaupapa Maori providers
- Flexibility to meet unique needs of local population
- Kaupapa Maori model of care
- Contract for equity
- Developing outcomes framework



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## 14. Where to from here?

- National level influence for change such as MBIE crown entity compliance, multi-agency agreement
- Quality improvement, built in QI- partnership approach with providers rather than punitive. Work together with providers for continuous improvement
- Move away from Price Volume funding towards outcomes
- Address inequity and performance manage with intent



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## 14. Where to from here?

(continued)

- Board Policies to shape and influence strategic direction (vis-à-vis 2 PHO policy)
- Relationship with providers – traditional "arm's length relationship (master servant) to partnership with quality improvement focus
- Shifting contracts/initiatives to aligning to strategies better



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## Bay of Plenty District Health Board Board Members Interests Register

(Last updated May 2019)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>ARUNDEL, Mark</b>				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armev Family Trust	Trustee	Family Trust	NIL	28/07/2005
Toi te Ora	Wife is an employee	Health	Minor to Nil. No direct influence.	03/02/2014
TECT	Trustee	Community Trust	LOW	July 2018
<b>BOYES, Yvonne</b>				
Boyes Family Trust	Trustee	Family Trust	NIL	1999
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rural Health Inter-Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
Bay of Plenty Child Research Trust			Low	March 2019
<b>EDLIN, Bev</b>				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/Chair September 2017
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018
Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
<b>ESTERMAN, Geoff</b>				
Western Bay of Plenty PHO	Board Member	Health	LOW – WBOP PHO has contract with the DHB but as a Board Member Geoff is not in a position to influence contracts	28/11/2013
Western Bay of Plenty Primary Care Provider Incorporated Board	Board Member	Primary Healthcare	LOW	28/11/2013
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Waterview Buildings Ltd	Director	Property	NIL	28/11/2013
<b>GUY, Marion</b>				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
<b>NGAROPO, Pouroto</b>				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
<b>NICHOLL, Peter</b>				
Nicholl Consulting Ltd	Director	Economic advice	NIL	01/01/2007

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
		(mainly outside NZ)		
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical Assistances, US Treasury	Contractor	Advisory body to overseas central Banks	NIL	01/02/2005
<b>PARKINSON, Matua</b>				
Hunters Club Limited	Director	xxxxx	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
<b>ROLLESTON, Anna</b>				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
<b>SCOTT, Ron</b>				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>TURNER, Judy</b>				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging issues	LOW	2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
<b>WEBB, Sally</b>				
Capital Investment Committee	Member	Health Capital Allocation	Minimal	24/1/2011
SallyW Ltd	Director	Consulting & Coaching	Nil	2001



## Bay of Plenty District Health Board

**Venue: Conference Hall, Clinical School, Whakatane Hospital**  
**Date and Time: 19 June 2019 at 9.30 am**

**Board:** Sally Webb (Chair), Ron Scott, Bev Edlin, Judy Turner, Marion Guy, Yvonne Boyes, Mark Arundel, Anna Rolleston and Geoff Esterman

**Attendees:** Helen Mason (Chief Executive), Owen Wallace (GM Corporate Services), Simon Everitt (GM Planning and Funding and Population Health), Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (DON), Hugh Lees (Chief Medical Advisor), Jeff Hodson (GM Property Services), Sarah Mitchell (Dir, Allied Health, Scientific & Technical), Debbie Brown (Snr Advisor, Governance & Quality), Tricia Keelan, (GM Maori Health Gains & Development)

**Public Attendees:** Ian Finch, Marewa Karatai, Chris King-Hazel

Item No.	Item	Action
1	<b>Karakia</b> had been undertaken at Board only time	
2	<b>Presentation</b> Nil	
3	<b>Apologies</b> Apologies were received from Peter Nicholl and Matua Parkinson <b>Resolved</b> that the apology from P Nicholl and M Parkinson be received Moved: J Turner Seconded: B Edlin	
4	<b>Interests Register</b> The Board was asked if there were any conflicts in relation to items on the agenda.	
5	<b>Minutes</b> 5.1 <u>Minutes of Board meeting</u> <b>Resolved</b> that the Board receive the minutes of the meeting held on 15 May 2019 and confirm as a true and correct record. Moved: M Guy Seconded: R Scott 5.2 <u>Matters Arising</u> <i>Threshold in Orthopaedics.</i> Acting COO advised that meetings had taken place to consider options. Patients will be managed in the most appropriate way. The first Governance meeting is on 26 July – in progress. <i>Treasury Living Framework.</i> GMPF will check with TTO on the outcome of the alignment.	GMPF

	<p>5.3 <u>Minutes of BOPHAC meeting</u>          Committee Chair highlighted that the Balanced Scorecard indicated upward trend in colonoscopy data.  <b>Resolved</b> that the Board receive the minutes of the meeting held on 5 June 2019.</p> <p style="text-align: right;">Moved: G Esterman          Seconded: R Scott</p>	
<p><b>6</b></p>	<p><b>Items for Discussion / Decision</b></p> <p>6.1 <u>Adoption of Active Transport Position Statement</u>          GMPF advised that the BOP Travel Plan has been to Executive Committee and will be on next month's Board agenda.          Good discussion was had on various modes of travel by those in the room. Board Members and Exec Members advised of biking and walking.          GMPF enquired as to whether any Board Members would be interested in being champions of Active Transport. Mark and Anna registered interest.  <b>Resolved</b> that the Board endorse the Active Transport Position Statement as the Position Statement for the Bay of Plenty DHB.</p> <p style="text-align: right;">Moved: M Arundel          Seconded: Y Boyes</p> <p>6.2 <u>Draft Annual Plan update</u>          The Annual Plan (AP) is work in progress. Statement of Intent (SOI) needs to be submitted by 21 June 2019. There will be a caveat around the financial position. AP due for submission mid July.  <b>Resolved</b> that the Board:</p> <ol style="list-style-type: none"> <li>1. <b>Notes</b> the second draft of the Annual Plan 2019/20 will be presented to the Board in July;</li> <li>2. <b>Notes</b> that a signed version of the Statement of Intent and Statement of Performance Expectations is due with the Ministry of Health on 21 June; and</li> <li>3. <b>Delegates</b> authority to the Chair and Deputy Chair to sign and submit the second draft and final Annual Plan 2019/20 and Statement of Intent to the Ministry of Health on behalf of the Board.</li> </ol> <p style="text-align: right;">Moved: B Edlin          Seconded: M Guy</p> <p>6.3 <u>Chief Executive's Report</u>          The Chief Executive highlighted the following:</p> <p><i>HealthCare Homes.</i> WBOPPHO has lead. There is a bespoke model. Local model was strengthened to include equity and Tiriti o Waitangi. There has been an Expression of Interest with high response from General Practice. 19 practices put forward. A selection panel has selected 7, covering a population of 55,000 including 15,000 Maori. Launch date is 1 July.</p>	<p>GMPF</p>

	<p><i>Pacific Island Reduction in Smoking-</i> A different approach has been used in a co-design process using pledging.</p> <p>It is 4-5 months into the programme and is proving successful.</p> <p><i>First 1000 days</i> – integrated breastfeeding has been recognised nationally.</p> <p><i>MHAS School Service.</i> Noted that Minister is aware of the success of this program (Communities of Learning). Also noted that there is now capital funding ring fences to MHAS and that a business case for Whakatane inpatients unit is being developed.</p> <p><i>Keeping me Well</i> – Activity with Arthritis programme. DAHST updated on Allied Health involvement with Keeping me Well and HealthCare Homes, looking at current workforce and seeing where services can be put out into the Community. Through the Community Co-ordination centre it is hoped to have zero waiting by August. Query was raised on progress with shifting other services eg Cardio. DAHST advised that other services were part of the package for future consideration.</p> <p><i>Health of Older People, Home Support.</i> This is a new model of care introduced in BOP. Had concern expressed by Kaupapa providers that their client base is largely high need and the current funding model may not be sustainable for that cohort. The model is being reviewed.</p> <p><i>Health Protection.</i> Air Quality. There is a sense that things are heading in the right direction.</p> <p><i>Research.</i> It is good to see level of research that continues to go through. Query was raised as to whether the research we do, widens the equity gap. CEO to request HOD Clinical School to provide feedback to the Board.</p> <p><i>Support Net</i> –Long Term Support. Good to see impact of Case management.</p> <p><i>Community Dental</i> – Super Clinic. Acting COO advised that team is looking at a different option. This does come at cost.</p> <p><i>Prof Gilling recognition.</i> The Board requested that a letter be sent to Prof Gilling</p> <p><i>Structural update - Buildings.</i> GMPS advised that a paper will be submitted to next Board meeting on Central Core. GMPS to provide site plans.</p> <p><i>Credentiailling of Endoscopy.</i> . Procedures are being tightened up for new clinicians coming into the DHB. Clinician training does include credentialing, however clinicians who come from other areas need to be checked for credentialling. This will be important for the impending Bowel screening programme.</p> <p><i>Urinary Stress Incontinence.</i> CMA advised that with regard to Urinary Stress Incontinence, generally speaking the sling is the best option for women with incontinence. Medical Council and Ministry defaulted to Australian standards. The procedures were suspended to carry out an audit of last 50 patients which was satisfactory and there is now an SMO credentialed to undertake.</p>	<p>HOCS</p> <p>Board Secretariat</p> <p>GMPS</p>
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	<p><i>Choosing Wisely.</i> BOPDHB is reviewing learnings from other DHBs. It is a key mechanism to ensure appropriate care.</p> <p><i>CCDM.</i> There are challenges. BOPDHB is still a lead DHB. There is significant pressure on both hospital sites currently.</p> <p><i>Saturday Elective Lists.</i> Orthopaedic lists are reviewed on a weekly basis, to determine Saturday and Sunday theatres.</p> <p><i>Speaking Up Safely.</i> There was an expected influx initially of 1 a day which has settled to 2 a week.</p> <p><i>Regional Community Services – IV Therapy.</i> Great work by Kate Grimwade.</p> <p><b>Resolved</b> that the Board receive the report</p> <p style="text-align: right;">Moved: B Edlin Seconded: A Rolleston</p> <p>6.4 <u>Dashboard Report</u> Last quarter 3 of 6 targets were achieved. Those missed were by minimal margins. Smokers to quit was within a percent. Immunisation remains of concern. Nationally this has declined however BOPDHB is in the bottom three. Query was raised as to whether it was possible to tell if there had been greater uptake with the recent measles outbreak. GMPF advised it is a little early to tell. Breast screening rates continue to be great with thanks to Dr George Gray and his team. BOPDHB has gone from worst performer to best under George’s leadership. Targets are being worked through one by one rather than trying to apply broad effort. Oral Health and Breast screening are successes so far. BOPDHB is shortly to review the Smoke Free Plan. A different approach is required for long term smokers in particular. There is work starting on how to measure BOP Evolution. As there are no longer health targets published nationally we need to think about the things we are tracking.</p> <p><b>Resolved</b> that the Board receive the report</p> <p style="text-align: right;">Moved: G Esterman Seconded: A Rolleston</p> <p>6.5 <u>Primary Health Organisation Reports</u> The Board noted the reports</p> <p>6.6 <u>IDP Qtr3 Summary Report</u> GMPF advised that for the PP20 Stroke Services, the Stroke Network is doing good things. The Teleservice is being worked on. Query was raised regarding orange measures on Pg 42. What level is required to reach target. GMPF advised that the report is the Ministry rating. GMPF to check the criteria for orange ratings. Query was raised as to whether there is a plan for measures going forward. There is a draft Ministry framework. Thought should be applied to Te Toi Ahorangi and SHSP, once the Annual Plan is submitted.</p> <p><b>Resolved</b> That the Board receives the report outlining quarter three (January - March 2019) Indicators of DHB Performance (IDPs) for</p>	<p style="text-align: center;">GMPF</p>
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	2018/19.	
		Moved: R Scott Seconded: J Turner
<b>7</b>	<p><b>Items for Noting</b></p> <p>7.1 <u>Ministry of Health Response to Te Toi Ahorangi 2030</u></p> <p>At the last joint meeting, the meeting endorsed Te Toi Ahorangi, however it has not as yet been endorsed by the Board. GMMHGD requested that the Board endorse and adopt Te Toi Ahorangi. Board Chair advised that the Board would endorse and adopt the strategy of Te Toi Ahorangi. There will be an operationally staged approach by management.</p> <p>The Runanga Chair thanked the Board for their support of Te Toi Ahorangi which is considered will make a huge difference to Maori across the region.</p> <p><b>Resolved</b> that the Board endorse and adopts the strategy of Te Toi Ahorangi.</p> <p>Moved: B Edlin Seconded: Y Boyes</p> <p>7.2 <u>Board Work Plan</u></p> <p>The Board requested scheduling of a Manaakitanga visit in July.</p> <p>The Board noted the papers</p>	SAGQ
<b>8</b>	<p><b>Correspondence for Noting</b></p> <p>8.1 <u>Insights and reflections 2017/18 Central Government Audit Work</u></p> <p>The Board noted the correspondence.</p>	
<b>9</b>	<p><b>General Business</b></p> <p>There was no general business</p>	
<b>9</b>	<p><b>Resolution to Exclude the Public</b></p> <p><b>Resolved</b> that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes AFRM Minutes BOPHAC Minutes Smokefree Position Chief Executive's Report BOP Health System – Phase 3 - Execution Aged Residential Care Beds in the Bay of Plenty Planned Care Funding Advice Risk Report</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to</p>	

	<p>organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed:</p> <p>Helen Mason Owen Wallace Simon Everitt Hugh Lees Julie Robinson Sarah Mitchell Debbie Brown Pete Chandler Jeff Hodson Bronwyn Anstis</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Webb Seconded: B Edlin</p>	
10	<b>Next Meeting</b> – Wednesday 17 July 2019	

The open section of the meeting closed at 11.00 am

The minutes will be confirmed as a true and correct record at the next meeting.



## Bay of Plenty District Health Board

### Matters Arising (open) – June 2019

Meeting Date	Item	Action required	Action Taken
20.3.19	9.1	<p><b>General Business – Travel Plan</b></p> <p>GMPF advised that there were a raft of actions within the plan, some which were easier to implement than others. GMPS, GMCS and GMPF will compile a priority list and bring an Action Plan to the Board. GMPF/GMCS/GMPS</p>	<p>Report to Board – 17.7.19 – Completed</p>
17.4.19	6.4	<p><b>Treasury Living Standards Framework</b></p> <p>Query was raised as to whether our Health in All Policies matched the document. This will be reviewed and reported back to the Board. – GMPF</p>	<p>Toi Te Ora have reviewed the HIAP approach and alignment – Completed</p>
19.6.19		<p>GMPF to Check with TTO on the outcome of the alignment</p>	<p>In progress</p>
17.4.19	6.2	<p><b>Dashboard Report – ESPIs</b></p> <p>Query was raised with regard to thresholds in Orthopaedics. Acting COO advised that there was a meeting next week. The Board requested feedback. - Acting COO</p>	<p>Plan has been shared with the Ministry for recovery of ESPI compliance. This has an 18 month projection and included the raising of thresholds for orthopaedics, general surgery and gynaecology. The program for Orthopaedic design has commenced and regular update on progress will be provided to the Board –</p>
19.6.19		<p>Acting COO advised that meetings had taken place to consider options. Patients will be managed in the most appropriate way. The first Governance meeting is on 26 July – Acting COO</p>	<p>Completed</p>



19.6.19	6.3	<p><b>Chief Executive's Report – Research</b></p> <p>Query was raised as to whether the research we do, widens the equity gap. CEO to request HOD Clinical School to provide feedback to the Board – HOCS</p>	In progress
19.6.19	6.3	<p><b>Chief Executive's Report – Prof Gilling Recognition</b></p> <p>The Board requested that a letter be sent to Prof Gilling - Board Secretariat</p>	Completed
19.6.19	6.3	<p><b>Chief Executive's Report - Structural Update – Buildings</b></p> <p>GMPS advised that a paper will be submitted to next Board meeting on Central Core. GMPS to provide site plans. - GMPS</p>	Report to Board 17.7.19 - Completed
19.6.19	6.6	<p><b>IDP Qtr 3 Summary Report</b></p> <p>Query was raised regarding orange measures on Pg 42. What level is required to reach target. GMPF advised that the report is the Ministry rating. GMPF to check the criteria for orange ratings. - GMPF</p>	Report to Board 17.7.19 - Completed
19.6.19	7.2	<p><b>Board Work Plan</b></p> <p>The Board requested scheduling of a Manaakitanga visit in July. - SAGQ</p>	Visit scheduled for 7 August 2019 - Completed

## MĀORI HEALTH RŪNANGA

### MINUTES

**Venue:** Taneatua Room  
Regional Maori Health Services  
Whakatane Hospital  
Stewart Street  
WHAKATANE

**Date & Time:** Wednesday 20 February 2019 at 9:30am

#### PRESENT:

##### Iwi:

Ngati Pukenga	Titihuia Pakeho
Ngati Whare	Wikitoria Hona
Ngati Whakaue ki Maketu	Manu Pene
Waitaha	Punohu McCausland
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngati Whakahemo	Marilynn Williams
Tuhoe	Terehia Biddle
Tapuika	Rutu Maxwell-Swinton
Ngai Tai	Linda Steel
Ngati Manawa	John Porima
Ngati Ranginui	Phillip Hikairo
Ngati Makino	Stewart Ngatai

##### In attendance

Tricia Keelan, GM, Māori Health Gains & Development  
Graham Cameron, Acting Pou Tikanga, Māori Health Gains & Development  
Marama Tauranga, Māori Health Gains & Development  
Jodi Porter, Māori Health Gains & Development  
Martin Steinmann, Māori Health Gains & Development  
Sandra Potaka (MHR Secretary)

Item	Discussion	Action Person Responsible
1.	<b>Karakia</b> – Phillip Hikairo <b>Mihi</b> - Manu Pene	
2.	<b>Apologies</b> Ngati Whakahemo Ngati Rangitihī Ngati Tuwharetoa ki Kawerau Ngati Awa Whakatohea Te Whanau Apanui/Te Ehutu BOP DHB  <b>Motion:</b> that the Apologies are received Moved: Tuhoe Seconded: Waitaha Carried	Margaret Williams Robin Cheung Karilyn Te Riini Pourotu Ngaropo Dickie Farrar Astrid Tawhai Anna Rolleston (DHB Board meeting)

Item	Discussion	Action Person Responsible
3.	<p><b>Deputy Chair</b></p> <p>In the absence of the Runanga Chair who is currently at Te Matatini 2019 as one of the national judges, the Deputy Chair, Punohu McCausland chaired the hui. She welcomed everyone to the hui and gave her apologies for the Combined DHB/MHR hui as she was travelling to Te Matatini 2019 with a group leaving at 12pm.</p>	
4.	<p><b>Interest Register</b> – refer amendments to MHR Secretary</p>	
5.	<p><b>MHR Minutes – 21 November 2018</b></p> <p><b>Motion:</b> that the minutes of the Māori Health Rūnanga hui held 21 November 2018 are received and confirmed</p> <p>Moved: Ngai Tai Seconded: Ngati Pukenga Carried</p>	
6.	<p><b>Matters Arising</b></p> <p>a. The MHR Chair had expressed his disappointment with the number of late apologies for the He Pou Oranga Wananga to be held at Iramoko Marae in January 2019. He will reschedule the Wananga for later this year.</p> <p>b. There was some discussion about how the Runanga deals with apologies from its members for MHR hui; and also how to deal with ongoing non-attendance. MHR members are concerned that all Iwi should have the opportunity to be represented in all aspects of DHB and hauora kaupapa. There is a process in the Runanga Terms of Reference. It was noted that Iwi appoint their representative and the Runanga will not interfere with how people are appointed or replaced by Iwi. The current process is that the Runanga Chair speaks to the Iwi leadership if there are concerns about non-attendance then leaves it up to the Iwi. MHR members also discussed that Iwi could appoint proxies in case the Iwi Delegate is unable to the Runanga hui. The MHR Executive will discuss further.</p> <p>c. Treaty of Waitangi equity in Research Project – the paper has been distributed previously, but there hasn't been an opportunity to discuss it; agreed to circulate it again</p>	<p>MHR to reschedule He Pou Oranga Wananga</p> <p>MHR Exec to discuss process for non-attendance at MHR hui</p> <p>MHR Secretary to email paper; raise at March MHR hui</p>
7.	<p><b>DHB minutes – 17 October 2018</b></p> <p>a. The MHR Chair raised with the Board Chair about having a proxy for when he is unable to attend; nothing has been confirmed</p> <p>b. Item 6.1 – Annual Plan – need to align with the aspirations of Iwi and Maori</p> <p>c. Item 6.3 – Tumu Whakarare submission to the Mental Health and Addiction Inquiry; noted that MHR had also supported this submission</p>	

Item	Discussion	Action Person Responsible
	<p>d. Item 6.6 – Nuka in BOP; MHR noted that they support the implementation of a tangata whenua approach aligned to the NUKA model</p> <p>e. Item 6.7 TOW Equity in Research Projects paper – MHR will discuss</p>	
8.	<p><b>DHB minutes – 21 November 2018</b></p> <p>a. Item 6.1 – Statutory Committees; MHR appointed members to attend BOPHAC and CPHAC/DSAC; both raised their concerns about the process they were required to complete to be confirmed as MHR delegates, they have not completed them; agreed that the MHR Executive to discuss further</p>	MHR Executive to discuss appointments to DHB Committees
	<p><b>Motion:</b> that the minutes of the DHB hui held 17 October and 21 November 2018 are noted</p> <p>Moved: Ngai Tai Seconded: Ngati Pukenga Carried</p>	
9.	<p><b>MHR Executive Report</b></p> <p>A report was tabled summarising the activities of the MHR Executive along with a summary of the Actions Register which the Executive are using to ensure matters raised by the Runanga are being dealt with.</p> <p><b>Discussion:</b></p> <p>a. Item 2 Annual Plan – agreed there has to be closer alignment to Iwi aspirations and strategies; Iwi Health Plans were a priority some years ago and DHB funding was available, but few Plans were able to be progressed, some Iwi identified this is still a priority; GM will include as an action in Te Toi Ahorangi</p> <p>b. Item 3 He Ritenga Audits – GM explained that the approach taken by her team is to work on the He Pou Oranga Model of Care and the Maori Accountability Framework so that there are DHB models in place and a process to monitor compliance with DHB targets and expectations; these will be informed by Iwi; Terehia and Kipouaka currently represent the Runanga in these projects</p> <p>c. Item 4 Business Case– a draft is to be prepared by the MHR Executive and discussed with the Runanga; this will be aligned to the work being done in developing Te Toi Ahorangi; the purpose of the Business Case is to identify the most appropriate ways to i) represent Iwi collectively and ii) influence decision-making, policy development and service delivery</p> <p><b>Motion:</b> that the MHR Executive Report is received</p> <p>Moved: Ngati Pukenga Seconded: Ngati Whakahemo Carried</p>	

Item	Discussion	Action Person Responsible
10.	<p><b>Te Toi Ahorangi Strategy - GM, MHG&amp;D</b></p> <p>Current pre-engagement version circulated for comment, the final consultation version to be printed in March 2019; the Iwi engagement and public engagement will be in March/April 2019, a final version developed by the end of May 2019; the intention is to launch the strategy at Matariki 2019 (in June 2019)</p> <ol style="list-style-type: none"> <li>a. MHR has had an opportunity to contribute to the document; there will also be a workshop in the Combined DHB/MHR hui this afternoon</li> <li>b. Discussed the image of the whakapapa of the waka and naming of Iwi – feedback from Iwi to be forwarded to the Project team</li> <li>c. Some of the current images need to be replaced to represent the whole of the region; it is important that consent be attained before images can be published; each Iwi to consider what images they want to contribute (preferably by end of April 2019); trying to ensure the images support the concepts and kaupapa of Te Toi Ahorangi</li> <li>d. This is blue sky thinking and the engagement process is to enable others to contribute; this strategy is about how Maori Health Gains and Development can deliver of Toi Ahorangi</li> <li>e. The MHR Chair has contributed the karakia and some of the korero that is appropriate for this document</li> <li>f. Discussing some of the voyaging kaupapa with Jack Thatcher and others; e.g. waka as the “vessel of change” and would like to use some of those terms within the document</li> <li>g. The golden rope – this is an image reflecting “Toi Ora in their own hands”</li> <li>h. Pages 22-28 – the DHB has to do some work to uphold Te Toi Ahorangi; has to be transparent/honest about current state of Maori health; Toi Tu Te Kupu – the DHB has to do...; Toi Tu Te Mana – our people will .; Toi Tu Te Ora – together we will achieve ...</li> <li>i. There is a connection to Te Korowai Oranga national Maori health strategy (2000); a systems change/transformation thread of that strategy doesn't appear to be reflected well in DHB strategy</li> <li>j. Non-Maori may require more explanation as they may not be familiar with some of the concepts/terms used</li> <li>k. Page 30 – providers and our own people are the key pathways to wellness</li> <li>l. Need to show an investment in tangata whenua and in Maori health gain; the ideal would be to transfer investment from the pakeha budget into Maori workstreams</li> <li>m. Toiora Centre of Excellence e.g. the Mental Health and Addictions inquiry report has not addressed issues for tangata whenua</li> <li>n. Blue Zones – the DHB intends to investigate implementation of Blue Zones (possibly in Whakatane area first)</li> <li>o. Workforce – has to be responsive to Te Toi Ahorangi; need some lead in time, but new staff should be recruited on the basis of having current experience and expertise</li> <li>p. Signature pages – consider having them in the front instead of back of document; some corrections made to current text</li> </ol>	

Item	Discussion	Action Person Responsible
	<p>q. MHR to lead Iwi engagement with support of GM MHG&amp;D and her team;  <u>Iwi Engagement Hui</u>            Kipouaka and Tithuia to arrange Tauranga hui            Rutu and Punohu to arrange Te Puke hui            Astrid to arrange hui at Omaio/Te Kaha            Pouroto to arrange hui at Whakatane            Terehia to arrange hui at Tuhoe</p> <p>Likely to take up to 3 hours including powhiri, morning/afternoon tea, a presentation (GM and Project team with support from MHR and 1-2 from DHB), question time</p>	
11.	<p><b>Proposed Change Paper MHG&amp;D - GM, MHG&amp;D</b></p> <p>a. A paper will be prepared by the GM; intention is to circulate for wider consultation with stakeholders when it is developed; looking at structural changes to ensure the appropriate structure and support is in place to implement Te Toi Ahorangi</p> <p>b. Has to be some reorientation of MHG&amp;D and RMHS, currently about 80 staff members</p> <p>c. May be a change of title from MHG&amp;D to reflect changes in role and responsibility</p> <p>d. Looking at a tier of leadership (3 Pou) responsible for Tikanga, Clinical and Business then a tier of location managers and Administration/support Services</p>	
12.	<p><b>General Business</b></p> <p>Use of He Pou Oranga or He Pou Oranga Tangata Whenua – agreed that the short version can be used internally but the long version to be used for all external communication</p>	
13.	<p><b>Confidential</b></p> <p><b>Resolution to move into the Confidential Agenda</b></p> <p>Moved: Ngai Tai            Seconded: Ngati Ranginui            Carried</p>	
	<p>The meeting closed at 12:20pm</p> <p><b>Karakia</b> – Phillip Hikairo</p>	
	<p><b>Next meetings:</b></p> <p><b>Māori Health Rūnanga</b></p> <p><b>MHR Hui</b>            Wednesday 13 March 2019, <u>9:30am</u>            The Orchard Church            20 MacLoughlin Drive            TE PUKE</p>	

Item	Discussion	Action Person Responsible
	<p><b>Combined DHB/MHR</b> Wednesday 15 May 2019, <u>12:30pm</u></p> <p>Matai Room Education Centre Tauranga Hospital 889 Cameron Road TAURANGA</p>	

## MĀORI HEALTH RŪNANGA

### MINUTES

**Venue:** The Orchard Church  
20 MacLoughlin Drive  
TE PUKE

**Date & Time:** Wednesday 13 March 2019 at 9:30am

#### PRESENT:

##### Iwi:

Ngati Whakae ki Maketu	Manu Pene
Waitaha	Punohu McCausland
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngati Whakahemo	Marilynn Williams
Ngai Tai	Linda Steel
Ngati Ranginui	Phillip Hikairo
Ngati Rangitahi	Robin Cheung
Te Whanau Apanui/Te Ehutu	Astrid Tawhai
Ngati Makino	Stewart Ngatai

##### In attendance

Tricia Keelan, GM, Māori Health Gains & Development  
Marama Tauranga, Māori Health Gains & Development  
Sandra Potaka (MHR Secretary)  
Grant Ngatai, Ngati Makino

Item	Discussion	Action Person Responsible														
1.	<b>Karakia</b> – Phillip Hikairo <b>Mihi</b> - Manu Pene															
2.	<p><b>Chair:</b> Apologies were received from the Chairman. In his absence the Deputy Chair agreed to chair the meeting.</p> <p>Introduction: the Deputy Chair acknowledged the tangihanga that affected the whanau in the rohe, particularly the tangihanga at Hei Marae and Tahuwhakatiki Marae.</p>															
3.	<p><b>Apologies</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Ngati Whakahemo</td> <td style="width: 50%;">Margaret Williams</td> </tr> <tr> <td>Ngati Tuwharetoa ki Kawerau</td> <td>Karilyn Te Riini</td> </tr> <tr> <td>Ngati Awa</td> <td>Pourotu Ngaropo</td> </tr> <tr> <td>Whakatohea</td> <td>Dickie Farrar</td> </tr> <tr> <td>Ngati Pukenga</td> <td>Titihuia Pakeho</td> </tr> <tr> <td>Ngati Whare</td> <td>Wikitoria Hona</td> </tr> <tr> <td>Ngai Te Rangi</td> <td>Kipouaka Pukekura-Marsden (arrived 10:15am)</td> </tr> </table> <p><b>Motion:</b> that the Apologies are received and that the Runanga Executive follow up on continued non-attendance of Iwi representatives with the respective Iwi Moved: Ngati Makino Seconded: Ngati Whakahemo Carried</p>		Ngati Whakahemo	Margaret Williams	Ngati Tuwharetoa ki Kawerau	Karilyn Te Riini	Ngati Awa	Pourotu Ngaropo	Whakatohea	Dickie Farrar	Ngati Pukenga	Titihuia Pakeho	Ngati Whare	Wikitoria Hona	Ngai Te Rangi	Kipouaka Pukekura-Marsden (arrived 10:15am)
Ngati Whakahemo	Margaret Williams															
Ngati Tuwharetoa ki Kawerau	Karilyn Te Riini															
Ngati Awa	Pourotu Ngaropo															
Whakatohea	Dickie Farrar															
Ngati Pukenga	Titihuia Pakeho															
Ngati Whare	Wikitoria Hona															
Ngai Te Rangi	Kipouaka Pukekura-Marsden (arrived 10:15am)															



Item	Discussion	Action Person Responsible
4.	<b>Interests Register</b> – update with Secretary	
5.	<p><b>Iwi Reports</b></p> <p>The Deputy Chair reminded members that the Runanga Iwi Reporting Template is a guide only. Iwi are encouraged to raise significant issues and strategic matters that impact on Hauora and Toiora and to challenge the DHB to address issues within their sphere of influence.</p> <ol style="list-style-type: none"> <li>a. Ngati Makino - will be looking at the implications of a potential merger of the 3 PHO's; concerned whether the merger will enable investment opportunities for Iwi delivery of services; introduced Grant Ngatai who is one of two proxy members appointed by Ngati Makino to attend Runanga members, Mihi Awhimate will attend the next hui at Whakatane</li> <li>b. Ngati Whakaue ki Maketu – Ngati Whakaue organisations are talking about working together more effectively; the Runanga is involved in many activities that are within hauora although services are generally provided by Maketu Health and Social Services</li> <li>c. Ngati Ranginui – the Runanga is meeting next week and he will report after that meeting</li> <li>d. Ngati Rangitahi – dealing with issues that derive from the confiscation of land and resources; interested in establishing their own health and social services; whanau are dealing directly with the DHB to ensure Ngati Rangitahi whanau receive treatment and access to essential surgery or other services</li> <li>e. Whanau Apanui/Whanau Te Ehotu <ul style="list-style-type: none"> <li>• Request received from Health &amp; Social Services to attend a Runanga hui</li> <li>• Strong presence at Te Matatini 2019, are encouraging whanau to become involved cultural activities e.g. kapa haka, waka ama, waiata moteatea, waiata tawhito, nga hitori o mua (a hapu me nga whanau)</li> <li>• Continuing with rangatahi programmes, provided at several centres, also holiday activities; linking rangatahi and koroua/kuia activities; have brought an Auckland group in to provide sex education into the secondary schools; actively working on prevention of stressors on rangatahi</li> <li>• Developing the range of services for koroua/kuia based on their input/feedback</li> <li>• Concerns with the poor management of land, moana and resources in the past, are taking the government to task, flora/fauna are dying, birdlife are starving, birds are coming on to farmland as there is no kai for them in the ngahere; working closely with whanaunga from Ngati Porou/Te Tairāwhiti</li> <li>• Positive is the support for gout suffering; getting it under control</li> <li>• Treaty claims deadline of 1 June 2019</li> </ul> </li> <li>f. Ngai Te Rangī – there are several providers currently servicing Ngai Te Rangī and the Iwi Runanga are not a</li> </ol>	

Item	Discussion	Action Person Responsible
	<p>provider; there is an urgent hearing into the Hauraki Collective starting 8 April 2019; Ngati Pukenga are writing the Brief of Evidence on behalf of Tauranga Moana Iwi; the Hauraki Deed of Settlement was signed by only five of the twelve Iwi groupings; the Treaty claims were well presented at Te Matatini 2019 by Tutarakauika</p> <p>g. Ngai Tai – an issue for them is the lack of health services in their rohe; most access services from Opotiki or Whakatane</p> <p>h. Ngati Whakahemo – doing well at Pukehina, the health clinics are very good, more people are coming along to each clinic</p> <p>i. Waitaha – the impact of the measles outbreak will be critical korero for Waitaha; concerns with the old illnesses which are coming back; will discuss at the next Iwi hui and next Koeke hui; Waitaha are supportive of a tangata whenua model based on the NUKA approach; are keen to pursue uniting traditional practices and clinical approaches – referred to how it worked in the past; impressed with the teams at Matatini and how the performers are promoting healthy living</p> <p>Note: Marama Tauranga commented on the vulnerable age groups and implications for those born before 1969 and between 1969 - 1990; the GM, MHG&amp;D to circulate information about measles vaccinations and strategies</p>	
6.	<p><b>MHR Executive Report – 28 February 2019</b></p> <p>a. The report was tabled, including a draft MHR Workplan and an updated Action Register. The Deputy Chair did not attend the previous MHR Executive meeting and was unable to report on the discussions at the hui. The other MHR Executive members were not present.</p> <p>b. Key items have been included in the General Business agenda</p> <p>c. The MHR Chair asked for the March hui to be rescheduled to 21 March 2019. However, there was not enough time to consult with all Runanga members on a change of dates and as the schedule is set the previous year Runanga members diary the meetings when the schedule is circulated. It was resolved that any amendments to the MHR Schedule be notified to members at least two months in advance.</p> <p>Motion: that the MHR Executive report is received and noted  Moved: Ngati Makino  Seconded: Waitaha  Carried</p>	
7.	<p><b>MHR Minutes – 20 February 2019</b></p> <p><b>Motion:</b> that the minutes of the Māori Health Rūnanga hui held 20 February 2019 are received and confirmed</p> <p>Moved: Ngati Makino  Seconded: Ngai Tai  Carried</p>	

Item	Discussion	Action Person Responsible
8.	<p><b>Matters arising – MHR Minutes 20 February 2019</b></p> <p>a. He Pou Oranga wananga – referred to General Business  b. Equity in Research – referred to GM Report  c. Mental Health &amp; Addictions Inquiry – the Tumu Whakarae submission was sent in October 2018 with support of DHB and MHR; has been adopted at the BOPDHB position statement; the report has been released, but general disappointment that there is a lack of a tangata whenua voice; another report highlighting issues raised by tangata whenua to be written; recommended that the MHR write to the Deputy Director General of Health  d. Statutory Committees – MHR is not currently represented at the Statutory Committees, resolved that MHR appoint new representatives at the 10 April 2019 MHR hui  e. Item 10 (q) – schedule to be confirmed with GM's team then information will be distributed to MHR  f. Item 11 Change Paper – discussion about where the budget will be sourced, concerns that this may result in a reduction in service delivery budget; the GM MHG&amp;D is preparing a business case to increase the MHR operational budget based on current and future MHR requirements; aligning proposed changes to the implementation of Te Toi Ahorangi; discussed the establishment of the MHR and the need to respond to changes over the past 21 years</p> <p><b>Motion:</b> that the Maori Health Runanga appoint representatives to the BOPHAC and DSAC/CPHAC committees at the 10 April 2019 MHR hui  Moved: Ngati Pukenga  Seconded: Ngati Ranginui  Carried</p>	MHR to write to DDG of Health expressing disappointment in the Mental Health & Addictions Inquiry report
9.	<p><b>DHB meeting held 16 January 2019</b></p> <p>Item 9: Blue Zones – the DHB and MHR agreed to investigate the implementation of Blue Zones; currently doing a due diligence investigation</p> <p><b>Motion:</b> that the minutes of the DHB meeting held 16 January 2019 are noted  Moved: Ngai Tai  Seconded: Ngai Te Rangi  Carried</p>	
10.	<p><b>BOPHAC meeting held 7 November 2018</b></p> <p><b>Motion:</b> that the minutes of the DHB meeting held 16 January 2019 are noted  Moved: Ngai Tai  Seconded: Waitaha  Carried</p>	
11.	<p><b>Correspondence</b></p> <p><u>Inward</u></p>	

Item	Discussion	Action Person Responsible
	<p>a. Resignation of MHR Secretary b. Letter from Lisa Kelly, Midwife, BOPDHB regarding Ko Matariki</p> <p><u>Outward</u></p> <p>Nil</p> <p>Motion: that the Inwards Correspondence is received Moved: Whanau Apanui Seconded: Ngati Whakahemo Carried</p>	Secretary to circulate letter from Lisa Kelly
12.	<p><b>GM, Maori Health Gains &amp; Development Report</b></p> <p><b>Te Toi Ahorangi strategy document</b></p> <p>a. the public engagement 25 March to 25 April 2019 including engagement with Iwi was mandated at the Combined MHR/DHB hui held 20 February 2019 b. MHR reaffirmed kaupapa of Te Toi Ahorangi as the way to implement He Pou Oranga c. the Iwi engagement schedule has been confirmed; details to be circulated to Runanga members with documentation d. current plans to have the final document available for the Board and Runanga in June 2019 and the launch to be held in July 2019 e. feedback into the final document is by way of online survey, responses to the Project Team and consultation at hui with Iwi and the Public f. any high quality photos to be sent directly to the Project Team, with appropriate consents g. intention is that MHR members and representatives of the Board of the DHB will attend hui and support the Project Team presentations</p> <p><b>Motion:</b> that the report on Treaty of Waitangi Equity in Research paper is received and noted Moved: Whanau Apanui Seconded: Ngati Makino Carried</p> <p><b>Motion:</b> that the GM, MHG&amp;D Report is received Moved: Ngai Tai Seconded: Ngati Makino Carried</p>	
13.	<p><b>General Business</b></p> <p>General Business Items 10.1 to 10.7 to be referred to the MHR Hui 10 April 2019</p>	
14.	<p><b>Resolution to move into the Confidential Agenda</b></p> <p>Moved: Whanau Te Ehotu Seconded: Ngati Makino Carried</p>	

Item	Discussion	Action Person Responsible
	<p>The meeting closed at 1:00pm</p> <p><b>Karakia</b> – Manu Pene</p>	
	<p><b>Next meetings:</b></p> <p><b>MHR Hui</b>  Wednesday 10 April 2019, <u>9:30am</u>  Taneatua Room  Regional Maori Health Services  Whakatane Hospital  Stewart Street  WHAKATANE</p> <p><b>Combined DHB/MHR</b>  Wednesday 15 May 2019, <u>12:30pm</u></p> <p>Matai Room  Education Centre  Tauranga Hospital  889 Cameron Road  TAURANGA</p>	

## MĀORI HEALTH RŪNANGA

### MINUTES

**Venue:** Taneatua Room  
Regional Maori Health Services  
Whakatane Hospital  
Stewart Street  
WHAKATANE

**Date & Time:** Wednesday 10 April 2019 at 9:30am

#### PRESENT:

##### Iwi:

Whakatohea	Dickie Farrar
Ngati Manawa	John Porima
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngai Tai	Linda Steel
Ngati Whakaue ki Maketu	Manu Pene
Ngati Whakahemo	Marilynn Williams
Ngati Awa	Pouroto Ngaropo
Waitaha	Punohu McCausland
Ngati Rangitihī	Robin Cheung
Tapuika	Rutu Maxwell-Swinton
Ngati Makino	Stewart Ngatai
Tuhoe	Terehia Biddle
Ngati Pukenga	Titihuia Pakeho

##### In attendance

Tricia Keelan, GM, Māori Health Gains & Development  
Graham Cameron, Acting Pou Tikanga, Māori Health Gains & Development  
Marama Tauranga, Māori Health Gains & Development  
Sandra Potaka (MHR Secretary)

Item	Discussion	Action Person Responsible
1.	<b>Karakia</b> – Manu Pene <b>Mihi</b> – Pouroto Ngaropo	
2.	<b>Apologies</b> Ngati Tuwharetoa ki Kawerau  Ngati Whakahemo Ngati Ranginui Ngati Whare  <b>Motion:</b> that the Apologies are received Moved: Ngati Awa Seconded: Ngai Tai Carried	Karilyn Te Riini Dot Maraeroa Tamaku Paul Margaret Williams Phillip Hikairo Wikitoria Hona
3.	<b>Interest Register</b>  Refer to MHR Secretary	

Item	Discussion	Action Person Responsible
4.	<p><b>MHR Executive Report</b></p> <p>The Chair gave a verbal report. He acknowledged the contribution to the Runanga and Runanga Executive of Terehia Biddle and Tuhoe Iwi</p> <ol style="list-style-type: none"> <li>a. Te Toi Ahorangi Iwi Engagement – the feedback from the hui held to date have been very positive; noted that this is the implementation/action plan to embed and normalise He Pou Oranga throughout the DHB; important that the strategy benefits Maori health for our Iwi, and that the actions will result in positive health gains/outcomes; the GM, MHG&amp;D will provide an overview of the hui in her report</li> <li>b. The Executive have discussed the proposed structure for the BOP DHB's Maori Health which the GM, MHG&amp;D will provide more detail for; this structure is to support the implementation of Te Toi Ahorangi; the MHR Executive continue to support the MHG&amp;D team</li> <li>c. The current budget for the MHR provided by the DHB is not sustainable; the Executive and GM, MHG&amp;D are working together on a business case to enable the MHR budget to be increased (from within the GM's Budget) which will cover meeting costs, administration, remuneration of MHR members and professional development/training; the increases will not affect current Kaupapa Maori Providers' contracts; if the budget is not able to cover the costs of administration the MHR member Iwi could consider making a financial contribution</li> <li>d. He Pou Oranga Wananga – following the cancellation of the Wananga planned for January 2019. It is proposed that a two-day Wananga be held on Thursday 23 and Friday 24 May 2019 at Iramoko Marae</li> <li>e. MHR Finance – the MHR Executive members are signatories for the MHR account</li> <li>f. DHB Committees – MHR Chair to follow up on the process to appoint MHR members to the DHB Committees; the Runanga raised concerns about the flow of information and the importance of MHR and Iwi input into recommendations made by these committees</li> <li>g. MHR Secretary – the MHR Executive and GM, MHG&amp;D have two options for replacing the Secretary; 1. retain an external person or 2. appoint someone to work inside the MHG&amp;D team; MHR members discussed the options and would like to be involved in the selection process; they also showed a preference to continue with someone external to the DHB; however they are aware of the need for strong relationships and a good flow of communication between the DHB and MHR</li> <li>h. Action Register (copy provided) – lists the actions to be completed; some have been partially completed, some items are out of the control of the GM and the MHR, others have been incorporated into Te Toi Ahorangi which highlights the workstreams and priorities; the GM, MHG&amp;D and MHR Secretary to update register and align to Te Toi Ahorangi</li> </ol>	

Item	Discussion	Action Person Responsible
	<p><b>Motion:</b> that the verbal report of the Māori Health Rūnanga Executive is received</p> <p>Moved: Ngati Awa            Seconded: Waitaha            Carried</p>	
5.	<p><b>MHR Minutes – 13 March 2019</b></p> <p><b>Motion:</b> that the minutes of the Māori Health Rūnanga hui held 13 March 2019 are received and confirmed</p> <p>Moved: Ngati Whakaue ki Maketu            Seconded: Ngai Tai            Carried</p>	
6.	<p><b>Matters Arising</b>            Nil – all discussion referred to the relevant Agenda items</p>	
7.	<p><b>Correspondence</b>            Inwards:            a. Letter from Tuwharetoa ki Kawerau dated 8 April 2019 advising Dot Mareroa is replacing Karilyn Te Riini as their Iwi representative and Tamaku Paul will attend as the alternative Iwi representative (noted apologies from Karilyn, Dot and Tamaku for today's hui)</p> <p>No Outwards Correspondence</p> <p><b>Motion:</b> that the Inwards Correspondence is received</p> <p>Moved: Ngati Awa            Seconded: Waitaha            Carried</p>	
8.	<p><b>GM, MHG&amp;D Report</b></p> <p>Verbal report presented. Discussion points:</p> <p>a. Very focused on Te Toi Ahorangi project; there has been a lot of constructive feedback and overwhelming support for Te Toi Ahorangi; at the Whanau Apanui hui it was agreed that a Rangatahi Symposium be hosted there in order to engage more effectively with younger people; important that the MHR members distribute on-line links through their contacts/ networks</p> <p>b. GM, MHG&amp;D met with Deputy Director General, Maori Health (Ministry of Health) Johnny Whaanga who is interested in Te Toi Ahorangi, there will be opportunities to meet with him again to discuss the implementation of He Pou Oranga and Te Toi Ahorangi; MHR would like to have He Pou Oranga and Te Toi Ahorangi embedded into all service contracts</p> <p>c. CEO of BOP DHB is meeting with the Minister of Health today; she is very supportive of Te Toi Ahorangi and will be highlighting the strategy at the hui; it is important that the MHR Chair is able to meet with the Minister in future visits</p>	



Item	Discussion	Action Person Responsible
	<p>d. The proposed new structure has been discussed at previous MHR hui; it is intended to retain the contracting functions within the Maori health team; internal consultation will be carried out by the end of May 2019; the position of Pou Tikanga has been advertised through on-line recruiting services; internal change has to link to strong connection/engagement with communities and providers and be reflected in appropriate resourcing/investment</p> <p>e. The annual planning for the DHB's is largely driven by the Minister of Health's letter of expectations; the priorities for 2019 focus on inequity; actions around addressing inequity have been incorporated into Te Toi Ahorangi; the government has agreed that regional rationalisation of DHB's will become a campaign issue in 2020 but there are no plans to reduce the number of DHB's this year; the BOP DHB has included plans to manage the projected budget deficit and is tracking well to reduce deficits during the current financial year</p> <p>f. Any new funding from within the BOP DHB budget will have to include how any proposed changes will impact positively for Maori health; looking at proportionate universality then Maori have rights as well as needs (resourcing to reflect greatest needs); as a marker for Toiora, investment in Maori health has to be increased; opportunities through Te Toi Ahorangi to move investments from Kaupapa Pakeha to Kaupapa Maori services</p> <p>g. Data capture (by Iwi) and data management are important for Iwi to identify priorities and to ensure there are benefits for Iwi; MHR and Iwi have to consider how best to influence health policy and investment</p> <p><b>Motion:</b> that the report from the GM, MHG&amp;D is received</p> <p>Moved: Ngati Awa Seconded: Ngati Rangitahi Carried</p>	
9.	<p><b>Presentation: Fiona Wiremu, Eastern Bay Primary Health Alliance (EBPHA)</b></p> <p>a. EBOP PHA is one of three Primary Health Organisations; the BOP DHB proposes to reduce the number of PHO's with a preference to only have one covering all of the DHB region</p> <p>b. Acknowledged that the Eastern BOP and Western BOP have different demographics and different issues to address e.g. level of rurality</p> <p>c. MHR members explained He Pou Oranga Tangata Whenua Determinants of Health</p> <p>d. EBPHA is seeking advice on how they can be more effective in supporting positive Maori health outcomes/health gains; raised concerns that a PHO merger would be detrimental to overall Maori health especially with regard to access, level of service, affordability, etc.; also identified issues around equitable resourcing and investment in Maori health gains; there will also be cultural impacts if the merger goes ahead because of the likelihood of future leadership/management being non-Maori</p>	

Item	Discussion	Action Person Responsible
	<p>e. MHR asked (i) What are the benefits of supporting EBPHA? (ii) Is there an Iwi mandate for EBPHA? (iii) How does the EBPHA measure up on performance for Maori?</p> <p>f. Some Iwi providers are part of the EBPHA network, there is no specific Iwi mandate; EBPHA are seeking support to improve services to Maori and to ensure the gains already achieved are not lost; the model provided at Te Kaha Medical Centre through the DHB Provider Arm is an example of the DHB being able to be flexible to ensure higher quality services in rural areas</p> <p>g. There may be an opportunity for Iwi-led initiatives positioning Iwi to own/operate their own Kaupapa Maori health services independently of the PHO's; invited MHR and Iwi to discuss issues and/or provide advice to the EBPHA; MHR concerned about ensuring Maori are not further disadvantaged by the DHB's plans for a PHO merger and need to consider how Iwi can use their collective influence</p> <p>h. EBPHA meeting with health providers and others this afternoon</p> <p><b>Motion:</b> That the Maori Health Runanga facilitate a process to bring Iwi together to discuss and determine what Iwi want; and to articulate that position with a single voice</p> <p>Moved: Ngai Te Rangi Seconded: Ngati Whakaue ki Maketu Carried</p>	
10.	<p><b>He Pou Oranga Wananga</b></p> <p>a. Agreed to hold 2 further 2 day Wananga at Iramoko Marae; 10am starting time; programme to be developed by MHR Executive</p> <p>b. MHR members plus encourage alternate/proxy representatives to attend as part of succession planning for their Iwi so they are aware of He Pou Oranga</p> <p>c. GM, MHG&amp;D team to be invited</p> <p><b>Motion:</b> That the Maori Health Runanga hold two further two day He Pou Oranga Wananga at Iramoko Marae on Thursday and Friday 23-24 May 2019 and Thursday and Friday 27-28 June 2019</p> <p>Moved: Ngai Te Rangi Seconded: Ngati Whakaue ki Maketu Carried</p>	
11.	<p><b>Maori Health Providers' Leadership Group</b></p> <p>a. MHR Executive have met with representatives of the Group since the initial hui held in 2018; the focus of the MHR was to listen to their korero and focus on how to work together to achieve Maori health gains i.e. through stronger relationship</p> <p>b. Some of the providers are Iwi-affiliated, others are not; there was a suggestion that they be included on Maori Health Runanga; MHR is representative of Iwi not providers and have a governance role; MHR has to be mindful of the views</p>	

Item	Discussion	Action Person Responsible
	<p>of Iwi; MHR is not able to directly influence who gets contracts of funding</p> <p>c. Some MHPLG members are interested in a formal relationship arrangement, while others have indicated a preference for regular meetings without formal agreements</p>	
12.	<p><b>Maori Health Runanga Workplan 2019/2020</b></p> <p>The draft document was tabled. MHR members were invited to provide feedback to the MHR Secretary.</p> <p><b>Motion:</b> That the Maori Health Runanga Workplan 2019/2020 is received and approved in principle</p> <p>Moved: Ngai Te Rangi          Seconded: Ngati Whakaue ki Maketu          Carried</p>	
13.	<b>Iwi Reports</b>	
	a. Ngati Whakaue ki Maketu – positive response at Te Toi Ahorangi Iwi engagement hui at Whakaue Marae	
	<p>b. Tapuika – tautoko Te Toi Ahorangi strategy; feedback has been positive around gaining a better understanding of what the DHB and MHR are doing together</p> <p>c. Key issues for the Iwi are: (i) affordable housing, insulated, warm, dry homes; overcrowding; homes beyond renovation but still being occupied/not meeting criteria for assistance (ii) poor health – mental health, addictions, respiratory conditions (iii) Iwi continue to have issues with Council over fishing in awa, health of kaimoana, the rediversion of the Kaituna, scabies outbreak linked to swimming in the Kaituna</p>	
	<p>d. Tuhoe – development of Eco-Villages taking lessons learned from building Te Kura Whare at Taneatua</p> <p>e. Skills development through the roll-out of housing projects, creating models for how we live together in a village setting incorporating tikanga and kawa; lessons from these projects can be taken back to the marae</p> <p>f. Water infrastructure – independence from Councils</p> <p>g. Tuhoe intend to withdraw from MHR although this is not a reflection on the MHR as a body; the Iwi feel there is a need for speed; Tuhoe are able to progress their mahi with or without the DHB</p>	
	<p>h. Whakatohea – battling on to improve conditions for the Iwi; the Treaty settlement process ongoing, a time-frame for settlement has not been confirmed</p> <p>i. 2 key issues – (i) economic strategy and (ii) research and data</p> <p>j. Developing a data strategy covering 5 projects which will capture more about ourselves and what we want to do with data; building database to capture all contracts, identify targets and tracking results; has identified under-funding for Tamariki Ora; also tracking demographics and models of practice; intention is to use data collection/collation to identify how to influence positive change for our people</p>	

Item	Discussion	Action Person Responsible
	k. Ngati Pukenga – promoting Te Toi Ahorangi Iwi engagement hui through social media; key issue is dealing with Treaty settlement matters	
	l. Ngai Te Rangi – hearings are the main agenda; also promoting Te Toi Ahorangi hui at Whareroa Marae on 16 April 2019	
	m. Ngai Tai – promoting Te Toi Ahorangi through networks; kaumatua are frustrated, wants to see positive outcomes for our people	
	n. Ngati Manawa – presented draft Te Toi Ahorangi document to the Board to take to the Iwi, the Board is supportive of strategy o. Pushing strategies developed at Iwi Wananga p. Main concern is to settle the CNI Treaty claim q. Key issues are (i) insulating all our homes with support through Health Homes (ii) addressing problems related to use of P (iii) trying to find out which of the 35 providers are servicing the Murupara area	
	r. Ngati Whakahemo – (i) nurse-led clinics held bi-monthly at Pukehina Marae, have also started a bi-monthly clinic at Otamarakau Marae (ii) utilising Healthy Homes to insulate houses and to address heating/other issues	
	s. Waitaha – Iwi hui held 17 March 2019 and Koeke hui held 4 April 2019; met with corporate body (established to look after Treaty Settlement assets); note that Waitaha health services were established by groups of people, not specifically by Iwi organisations t. Consulting with Koeke this Friday on what they want to help them to improve their well-being u. Concerns with high levels of water taken from Waiari and Kaituna by Councils without regard for Iwi; monitoring closely as we are providing water to Papamoa East, Welcome Bay and eventually Mt Maunganui v. Data capture - working with Te Arawa Fisheries on data collected by them as evidence for future development	
	w. Ngati Awa – acknowledged the recent passing of Lady June Mead and her contribution to Ngati Awa and Whare Wananga o Awanuiarangi x. Ngati Awa Social and Health services have 60+ staff providing to 3,000+ people; recently developed Matangireia (early childhood centre) as part of hauora, knowledge/ education & employment strategies; considering establishing a retirement village, in discussions with potential partners y. Lost the Otakiri water extraction case in the Environment Court; the main aquifer is connected to many awa and puna; the Chinese owners are able to bottle 1.9 billion litres of water per year z.	
14.	<b>Resolution to move into the Confidential Agenda</b>  Moved: Ngati Awa Seconded: Ngai Tai Carried	
	The meeting closed at 2:20pm <b>Karakia</b> – Manu Pene	

Item	Discussion	Action Person Responsible
	<p><b>Next meetings:</b></p> <p><b>Māori Health Rūnanga</b></p> <p><b>MHR Hui</b> Wednesday 15 May 2019, <u>12:30pm</u></p> <p>Matai Room Education Centre Tauranga Hospital 889 Cameron Road TAURANGA</p> <p><b>He Pou Oranga Wananga</b> Thursday 23 &amp; Friday 24 May 2019</p> <p><u>Powhiri: 9:30am</u> Iramoko Marae 244 Withy Road MANAWAHE</p> <p>Thursday 27 &amp; Friday 28 June 2019</p> <p><u>Powhiri: 9:30am</u> Iramoko Marae 244 Withy Road MANAWAHE</p> <p><b>Combined DHB/MHR</b> Wednesday 15 May 2019, <u>12:30pm</u></p> <p>Matai Room Education Centre Tauranga Hospital 889 Cameron Road TAURANGA</p>	

## MĀORI HEALTH RŪNANGA

### MINUTES

**Venue:** Matai Room  
Education Centre  
Tauranga Hospital  
889 Cameron Road  
TAURANGA

**Date & Time:** Wednesday 15 May 2019 at 9:30am

#### PRESENT:

##### Iwi:

Whanau Apanui/Whanau Te Ehutu	Astrid Tawhai
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngai Tai	Linda Steel
Ngati Awa	Pourotu Ngaropo
Waitaha	Punohu McCausland
Ngati Makino	Stewart Ngatai
Ngati Whakahemo	Margaret Williams
Ngati Ranginui	Phillip Hikairo

##### In attendance

Tricia Keelan, GM, Māori Health Gains & Development  
Graham Cameron, Acting Pou Tikanga, Māori Health Gains & Development  
Marama Tauranga, Māori Health Gains & Development  
Sandra Potaka (MHR Secretary)

Item	Discussion	Action Person Responsible																		
1.	<p><b>Karakia</b> – Phillip Hikairo</p> <p><b>Mihi</b> – Phillip Hikairo</p>																			
2.	<p><b>Apologies</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Ngati Tuwharetoa ki Kawerau</td> <td style="width: 50%;">Dot Mareroa</td> </tr> <tr> <td>Ngati Pukenga</td> <td>Titihuia Pakeho</td> </tr> <tr> <td>Tapuika</td> <td>Rutu Maxwell-Swinton</td> </tr> <tr> <td>Ngati Rangitihia</td> <td>Robin Cheung</td> </tr> <tr> <td>Whakatohea</td> <td>Dickie Farrar</td> </tr> <tr> <td>Ngati Whare</td> <td>Wikitoria Hona</td> </tr> <tr> <td>Ngati Manawa</td> <td>John Porima</td> </tr> <tr> <td>Ngati Whakaue ki Maketu</td> <td>Manu Pene</td> </tr> <tr> <td>Tapuika</td> <td>Rutu Maxwell-Swinton</td> </tr> </table> <p><b>Motion:</b> that the Apologies are received Moved: Ngati Awa Seconded: Ngai Tai Carried</p>	Ngati Tuwharetoa ki Kawerau	Dot Mareroa	Ngati Pukenga	Titihuia Pakeho	Tapuika	Rutu Maxwell-Swinton	Ngati Rangitihia	Robin Cheung	Whakatohea	Dickie Farrar	Ngati Whare	Wikitoria Hona	Ngati Manawa	John Porima	Ngati Whakaue ki Maketu	Manu Pene	Tapuika	Rutu Maxwell-Swinton	
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Tapuika	Rutu Maxwell-Swinton																			
3.	<b>Interest Register</b> – Refer amendments to MHR Secretary																			
4.	<b>MHR Minutes – 10 April 2019</b>																			

Item	Discussion	Action Person Responsible
	<p>Clarified that any items raised by MHR are to be referred back to the MHR Executive to discuss and/or action. Any items to be raised at DHB and/or Committee meetings to be referred to the MHR Executive until new Committee members are confirmed.</p> <p><b>Motion:</b> that the minutes of the Māori Health Rūnanga hui held 10 April 2019 are received and confirmed</p> <p>Moved: Ngai Te Rangi            Seconded: Ngai Tai            Carried</p>	
5.	<p><b>Matters Arising</b>            Nil</p>	
6.	<p><b>Minutes for noting</b></p> <p>6.1 BOP DHB 20 March 2019            6.2 CPHAC/DSAC 7 February 2019            6.3 Strategic Health Committee 6 December 2019</p> <p><b>Motion:</b> that the minutes of the BOP DHB hui held 20 March 2019, the CPHAC/DSAC hui held 7 February 2019 and the Strategic Health Committee hui held 6 December 2019 are noted</p> <p>Moved: Ngai Te Rangi            Seconded: Ngai Tai            Carried</p>	
7.	<p><b>Correspondence - Nil</b></p>	
8.	<p><b>GM, MHG&amp;D Report</b></p> <p><b>Te Toi Ahorangi</b></p> <ul style="list-style-type: none"> <li>• Final draft tabled for discussion</li> <li>• MHR with support of GM's team have led the engagement process with more than 500 Iwi, Providers, DHB teams, health practitioners and the public involved; assurance that the coverage has been as wide as practicable with hui, face to face, email and online interactions; invitations to attend hui were widely distributed</li> <li>• The Iwi engagement hui have been well attended, with requests for further discussion on the implementation phase (implementation will be supported through DHB operational planning)</li> <li>• Suggestion of a Rangatahi symposium at Whangaparaoa and the 2<sup>nd</sup> hui at Maketu will be followed up on</li> <li>• There will also be a process to re-engage with providers and other stakeholders after the launch</li> <li>• Some discussion (page by page) to update MHR on the final amendments made as a result of consultation process; MHR had some minor changes suggested to format/fonts, etc.; at this stage the final draft is ready to discuss with the Board</li> </ul>	

Item	Discussion	Action Person Responsible
	<ul style="list-style-type: none"> <li>• Investment in the strategy is an operational issue for the DHB to manage</li> <li>• The Team were congratulated for the document and for ensuring as many people as possible were included in each phase of development</li> </ul> <p><b>Motion:</b> that the Maori Health Runanga endorse the document Te Toi Ahorangi and will seek endorsement from the DHB Board at today's Combined DHB &amp; MHR hui</p> <p>Moved: Ngati Awa Seconded: Ngai Te Rangi Carried</p>	
9.	<p><b>Combined agenda</b></p> <p><b>Motion:</b> that the Combined Agenda for today's hui is confirmed</p> <p>Moved: Ngati Awa Seconded: Whanau Ehutu Carried</p>	
10.	<p><b>Iwi Reports</b></p> <ul style="list-style-type: none"> <li>• Iwi Representatives reported on the consultation process for Te Toi Ahorangi.</li> <li>• Comments were made by Iwi at the various hui, by email and by MHR representatives at previous MHR hui.</li> <li>• Iwi present today reiterated the responses from their Iwi.</li> <li>• Noted that while the numbers at some of the hui were not high, those present represented significant stakeholder groups in their korero</li> </ul> <p><b>Motion:</b> that the Iwi Reports are received</p> <p>Moved: Ngati Ranginui Seconded: Ngai Te Rangi Carried</p>	
11.	<p><b>He Pou Oranga Wananga</b></p> <p><u>He Pou Oranga Wananga:</u> 23-24 May 2019 at Iramoko Marae</p> <p>Agreed that because of time commitments the Wananga will be held on Thursday 23 May 2019 only; details for the June 2019 Wananga to be confirmed at that time; MHR members to be advised on date change</p> <p><u>He Pou Oranga Wananga:</u> 27-28 June 2019 at Iramoko Marae The venue is booked and MHR members have been advised previously of the dates</p>	
12.	<p><b>Resolution to move into confidential</b></p> <p>Moved: Ngati Awa Seconded: Ngai Tai Carried</p>	



Item	Discussion	Action Person Responsible
13.	The meeting closed at 12:15pm <b>Karakia</b> – Pouroto Ngaropo	
14.	<p><b>Next meetings:</b></p> <p><b>Māori Health Rūnanga</b></p> <p><b>MHR Hui</b> Wednesday 12 June 2019, <u>9:30am</u></p> <p>Taneatua Room Regional Maori Health Services Whakatane Hospital Stewart Street WHAKATANE</p> <p><b>He Pou Oranga Wananga</b> Thursday 23 &amp; Friday 24 May 2019</p> <p><u>Powhiri: 9:30am</u> Iramoko Marae 244 Withy Road MANAWAHE</p> <p><b>He Pou Oranga Wananga</b> Thursday 27 &amp; Friday 28 June 2019</p> <p><u>Powhiri: 9:30am</u> Iramoko Marae 244 Withy Road MANAWAHE</p> <p><b>Combined DHB/MHR</b> Wednesday 15 August 2019, <u>12:30pm</u></p> <p>Taneatua Room Regional Maori Health Services Whakatane Hospital Stewart Street WHAKATANE</p>	

# CEO's Report (Open) – June 2019

## Key Matters for the Board's Attention \*

### Corporate Services

#### Information Management – CIO \*

- Richard Li commenced work on 10 June as the new CIO. This appointment will provide the IM service with a strategic leadership role – which has been missing for over 12 months. Richard has commenced engaging with both the IM team and stakeholder groups to understand the challenges faced and the priorities for moving the service forward.

#### FPSC Team \*

- The DHB has received a Gold Award at the annual Australian Reporting Awards for its 2017/18 annual report. The ARA awards have been running since the 1950's and are open to all organisations in Australia, New Zealand, and countries in the Asia-Pacific Region and elsewhere that prepare an annual report. BOPDHB was also nominated as a finalist in the Best new Entry category and was runner up.
- Examples of the New Zealand organisations that received Gold Awards or were finalists in the various awards include ACC, Fonterra Ltd, IRD, Mercury NZ Ltd, Meridian Energy Ltd, NZ Super Fund, Ravensdown Ltd, Sanford Ltd, Watercare Services Ltd.

## EQUITY

### Te Teo Herenga Waka & Toi Te Ora

#### Breast Screening:

For the quarter ending 31 March 2019 BOPDHB attained its highest proportion of Maori women screened in the 50-69 years age group; 65.2% vs. the national target of 70%. Our weekly tracking data indicates we will see another increase in the proportion screened at the 24-months ending 30 June 2019. This will lead to a total proportion screened of approximately 66%. We have commenced change idea work with Breastscreen Midland and WBOPPHO's Health and Wellness Centre aimed at increasing the proportion of Maori women enrolled in Breastscreen Aotearoa. This will help to address the smaller marginal gains in the cumulative proportion screened each quarter with our existing enrolled base (currently 87% of the eligible population of women in the 50-69 years age group).

We have completed logistic regression analysis of screening attendance likelihood, based on a large dataset of Breastscreen Midland invitation and attendance data for the past two years. The data has enabled us to calculate the proportional contribution of variables such as NZDep, distance from screening site, ethnicity, and age on the likelihood of attending screening. Our analysis highlighted the significant influence that distance to screening site has on attendance; we will use the results of our analysis to investigate the potential for more screening capacity in Tauranga (vs Mount Maunganui) sites with the local private radiology provider.

#### Kaupapa Māori Parenting Programme

Following on from the foundational work of the First 1000 days project team, Maori Health Gains and Development together with the Parenting Place co-presented to the BOP Funders Forum on a Bespoke Kaupapa Māori Parenting Programme. Te Toi Ahorangi and the Strategic Health Services plan provides the strategic context for Parenting place and the Toi Ora approach to flourishing whānau with co-design/mahi-tahi with whānau at the core of the programme. A follow up hui to discuss intended outcomes of the programme and make decisions around the capacity of investment from the forum is scheduled in July. At the same time a submission is being prepared for the FMC to confirm the DHB's investment proportion.

### KiaOra Hauora

- Edgecumbe College Career Expo for Eastern Bay Schools. Actively collaborate with other workforce programmes and initiatives to promote health careers to Māori students. Embed and consolidate the profile/brand of the Programme, Kia Ora Hauora (KOH) Māori health graduates and role models into the NZ education system.
- Networking with DHB Student nursing coordinator & new grad placement coordinator to embed and consolidate the profile/brand of the Programme, Kia Ora Hauora (KOH) Māori health graduates and role models into the New Zealand Health workforce.
- Implementation of the Gateway Programme into Tauranga Hospital. Working in conjunction with Whakatane Hospital to co-ordinate the Gateway Programme to support Rangatahi while they are on a Health Study Career Pathway, and also, assist to find employment within any of the DHB's throughout Aotearoa.

### Maori Health

- Building organisational capacity for Māori Health –The Māori Health PF team has been involved in the quarterly Leadership meetings held with Toi Te Ora. One of the key highlights is the preparation of a paper on building the Organisational Capacity for Māori Health Action Plan this was led by Toi Te Ora Public Health Physician with support from the Equity Manager (MHPF). Key recommendations from this paper were:
  - Adopt an organisational capacity strategy for Māori health equity action; and
  - Develop a Māori Leadership position at a management level within Toi Te Ora
- Influence Toi Te Ora strategic direction in alignment with Te Toi Ahorangi (BOP) and He Oranga Mo Te Iwi (Lakes).
- Support a te ao Māori perspective in plans, policies, processes and practices of Toi Te Ora.
- Support professional development to ensure culturally and clinically safe and competent public health practice.
- Support a transformational strategy to achieve organization objectives (example: as per Kotter's model, see annex 2).
- Support internal collaborations (Māori Health Gains & Development, BOP DHB, and Māori Health, Lakes DHB)
  - Develop a professional plan for the management team to address unconscious bias and institutional racism in public health.
  - Review of current tools and processes to integrate an equity and Māori health lens at all levels.

This paper provides a strong commitment towards equity and helps leverage the work of Te Waka Eke Noa (Dedicated group to address Māori Responsiveness)

- Annual Plan review was conducted and the feedback received has provided a stronger emphasis on equity outcome actions. The recent review has a lot more emphasis on the implementation of Te Toi Ahorangi and how it relates to the various sections. Mental Health sections have been bolstered to include 'Lived Experience' and utilising mahitahi approaches that shows real insight in our service development and design moving forward.

## SYSTEM INTEGRATION:

### Te Teo Herenga Waka & Toi Te Ora

#### Integrated Breastfeeding Support Service

July 1st will be the launch of the new `Integrated Breastfeeding Support Service`, delivered from a Kaupapa Maori approach in the community by Nga Kakano Foundation (Family health services) and Eastern Bay Consortia led by Ngati Awa Health Services and Iwi partners.

Plunket who provided the successful trial for consultant lactation services in the community will be providing transitional service in the western bay for mothers seeking support for the next three months

#### Health in All Policies

The HiAP team has been focusing its efforts this month on providing input to the Urban Form and Transport Initiative (UFTI). The UFTI is a significant collaborative planning project led by SmartGrowth, NZTA, WBOPDC, TCC, BOPRC, iwi, and community leaders. It is a coordinated and aligned approach to key issues across the sub-region – including housing, transport and urban development and is focussed on supporting liveable community outcomes – housing capacity, intensification, multi-modal transport and network capacity. The sub-region is forecast to need a further 57,000 households in the next 50 years, doubling current housing capacity. The plan will consider how and where these extra households can be accommodated. Members of the HiAP team have contributed to workshops and met with the UFTI Director, Robert Brodnax to discuss our vision for health and equity and explore the role of the DHB in contributing meaningfully to the plan, scheduled for delivery by April 2020.

#### Collaboration Bay of Plenty (CoBOP)

Following the recent review, a proposal is being developed to align CoBOP more closely with the local government CEOs through the Mayors' Triennial Forum.

The proposal is being prepared by the CoBOP Steering Group and will initially go to the local government CEOs for their consideration. If successful this will become a valuable forum for DHBs and Government agencies to engage with their local government partners around matters of importance to this region.

## Provider Arm

### Director of Nursing

#### Nursing Strategy Workshop

The inaugural Cross Sector Nursing Strategy Workshop was held 6th June 2019. When the previous nursing strategy was released, the Board requested the next version should include the broader nursing sector. This has worked well to also reflect the Strategic Health Services Plan intent and the release of the Te Toi Ahorangi. Maori Health Gains and Development assisted with facilitation of the workshop. Feedback from the day was positive and a range of organisations including, Hospice, home based services, Aged Residential Care Te Manu Toroa and Primary were represented. The final draft is under development.

### Executive Director Allied Health, Scientific & Technical

#### Research Collaboration

In collaboration with Professor Ngaire Kerse from the University of Auckland, the team has been awarded \$5 million towards the Ageing Well through Eating, Sleeping, Socialising and Mobility Programme (AWESSOM).

Funded under the Health and Wellbeing in Ageing research area of the Ageing Well National Science Challenge, it is a timely addition to the area of health and wellbeing in ageing.

The programme utilises a comprehensive approach through investigation of mobility, oral health, healthy sleep, eating and socialising within a whānau co-designed programme combining western and Mātauranga Māori knowledge and practice.

Together, AWESSom and Ageing Well look forward to embarking on new and exciting ways of doing science in the area of ageing in New Zealand. Of particular excitement is a component of the AWESSom programme - the LifeCurve™ app. The app will be developed, tested and adapted for Māori, Pacific and Pakeha to assist in preventing progression of disability by identifying older people with poor oral health, cognitive impairment and trial a comprehensive intervention in care homes.

The programme will be trialled with a diverse population of older people with the aim of providing older New Zealanders opportunities and tools to support their own physical and mental abilities. It also acknowledges the importance of adequate support for whānau who are involved in the care of their Kaumātua.

The community-driven approach and the partnerships with community and health care organisations in this programme will ensure the best chance of success and impact.

The AWESSom team consists of representatives from the University of Auckland, University of Otago, Tū Ora Compass Health, Allied Health Scientific and Technical Bay of Plenty District Health Board, The Centre for Health, Massey University, Auckland University of Technology, and Newcastle University in the UK.

This is exciting for the BOPDHB as much of the study will be undertaken here and is a wonderful reflection of the multi-disciplinary and collaborative research the National Science Challenges were set up to promote.

## INTEGRATION / COMMUNITY

### Te Teo Herenga Waka & Toi Te Ora

#### Keeping Me Well – An Integrated Community Enablement Approach

The Eastern Bay arm of the community enablement and CCC work stream commenced over May/June with very positive attendance including the PHA. Work stream testing across the Bay continues to focus on improving wait list management in both allied health teams and on streamlining processes to release capacity. This is with a view to moving to a responsive model of care, a key concept that is critical to the KMW approach. The CCC will shortly be commencing testing with Eastern Bay short term services requests with the aim of releasing social work capacity and testing one process across the bay.

Engagement with public and staff continues. A recent public survey completed through health matters showed that over 90% of respondents supported the development of Community Care Coordination as a single point of access and information.

Simulation sessions are developing well, with the potential to utilise the forum to test aspects of the KMW approach and seek clinician feedback.

#### Access to low cost contraception

Service development work has continued to occur over the past month towards the development of a women centered model of care. The Ministry of Health set out the 'priority women' eligibility for the funded Long Acting Reversible Contraceptive (LARC) service as:

- live in quintile 5 areas; or
- hold a community services card; or
- are at high risk of unplanned pregnancy and poor health and social outcomes (as set out in the background and agreed).



Co-design methods have been utilised to assist in finding the right service mix to meet the needs of these women. The below is a screen shot of an instagram ad inviting local women to some of the focus groups being held across the district.

### Advance Care Planning

The DHB has been working on a funded initiative with the WBOPPHO to lead and to increase the number of completed and uploaded ACPs across the BOP. The objective of the initiative is to enable PHOs and/or general practices to support patients, in an agreed cohort, to complete an Advance Care Plan and upload this into patient management systems.

## **Toi Te Ora**

### Measles Outbreak

A measles outbreak remains in place with a significant amount of ongoing work for Toi Te Ora staff, particularly around contact tracing, and managing interest from the media. A poster was developed for GP clinics and waiting rooms, and a range of information was disseminated to primary care, including copies of media releases and letters from Medical Officers of Health.

### Human Papilloma Virus (HPV) Immunisation Campaign

A multi-media awareness raising campaign commenced in May and continued through June. The campaign focusses on the opportunity that young people have to avoid cancer by being immunised against HPV. Activities have been mainly social media based with advertising on Facebook, Instagram and Twitter. There has been excellent engagement with the campaign.

### Cervical Screening

Cervical Screening rates to 30 April 2019

	BOP		Lakes		National Rate
	Rate	Rank	Rate	Rank	
Maori	74.0	4	75.9	1	67.9
Pacific	76.2	8	87.9	2	68.3
Asian	57.6	16	51.8	18	62.2
Other	86.9	1	82.9	3	77.9
All Ethnicities	81.4	2	77.6	5	73.3

Bay of Plenty DHB continues to be one of only three DHBs achieving  $\geq 80\%$  coverage across all ethnicities, and the top performer for 'Other' ethnicities. The inequity gap continues to decrease for Maori wahine, now at 12.9%, and is down to 10.7% for Pacific women. Screening rates for the Asian population are gradually increasing, but remain poor in both Bay of Plenty and Lakes DHBs, with the inequity gap still around 30% for both of them.

## **BOP Clinical Campus**

### Students

All 27 UoA Tauranga cohort Year 6 medical students, sit a general medicine long-case, this involves 40 minutes taking a history from a patient with an examiner observing and then 30 minutes presenting their findings to a different examiner. Leonie does an outstanding job with the organising of this exam seven times each year, as do the examiners, in particular Dr Richard North and Dr Kylie Gilmour, year six supervisors.

The 24 UoA year 4 students have just returned from two weeks of lectures in Auckland and will swap over from Medicine, (Gen Med, Geriatrics and Specialty Med) to Surgery (ED, Ortho, Gen Surg) and vice versa.

With the Communications team Leonie has instigated the “Our students, our future” page in Checkup, the June issue features Year 6 medical student Ruth Mason-Battley talking about her time in Psychiatry. To come will be an article regarding a student’s time in Obstetrics and Gynaecology. Leonie wants to highlight the tremendous input by student supervisors, with 68 University of Auckland students collectively spending 2000 weeks at the BOPDHB.

### Education

We are working with the P&C Manager, Lakes DHB, Tairāwhiti Hauora and Linda Hutchings to prepare a proposal for a refresh of the Leadership in Practice Programme for 2020.

This will consist of refreshers for managers who have completed LIPP, to remind them of the skills they learnt on the programme and assist in implementing a number of techniques around accountability and expectation conversations, that can all assist increase psychological safety, when used correctly. We are also looking at two different three day programmes aimed at different audiences. The other changes include working more closely with other DHBs in our Aspiring Leaders course and Leading Change course, to share the spread of attendees.

In the last quarter, staff completed nearly 8,000 courses and Inservices, both face to face and online, which is the highest for this time of year in a number of years. The latest course to be launched on Te Whariki a Toi is around stroke core competencies. We have also made the HQSC Advance Care Planning modules live for staff to complete through Te Whariki a Toi. This will be promoted through the Advance Care Planning Project Manager.

## **Provider Arm**

### **Regional Community Services**

#### Dental Services

A Fluoride varnish programme is also being worked on with a target of 75% for high risk pre-schoolers. This is currently tracking on 58% year to date. This is a huge increase on 2017 which was 13%.

#### District Nursing – Rheumatic Fever

A proposal has been made to Planning and Funding to look at subcontracting a Nurse Practitioner to follow up RF patient medical reviews and sign off medication charts. This will help District Nursing staff continue to manage prophylactic treatment regimens and keep patients well

### **Allied Health Services**

#### Activity with Arthritis programme

As at 12 June 2019 Body in Motion Physiotherapy had received 94 referrals. Of these, 23 patients (24%) do not yet register on the ADL LifeCurve (a tool developed by ADL Research and Newcastle University’s Institute for Ageing which is used to map age related functional decline) i.e. they scored zero.

Sixty three patients have had an initial assessment with a Body in Motion Physiotherapist for baseline measures including a patient survey around health perceptions, Timed Up and Go (TUG) and the ADL LifeCurve.

Those who identify as Māori is steady at 12% of participants.

Of the 63 initial data sets on file, the average TUG result is 11.85 seconds. An older adult who takes ≥12 seconds to complete the TUG is at risk for falling.

# DISTRICT HEALTH BOARD

## Corporate Services

### People and Capability Team

- Influenza Immunisation campaign is almost completed. We reached 70% of staff vaccinated, it is likely if more vaccines had been available the % target would have been significantly increased. The vaccines that remain are for use only for those staff who are over 65, have medical reasons for vaccination etc.
- Health & Safety team have been focused on clearing a number of improvement recommendations arising from the 2018 ACC audit in preparation for this year's audit. The proportion of staff completing their H&S training has steadily improved and sits at approx. 90%.

## Provider Arm

### Director of Nursing

#### Creating our Culture

As lead for Creating our Culture, Angie Lund has the goal of incorporating this work into business as usual. Angie has re-established the Advisory Group schedule of meetings on a monthly basis. Continued content improvements to "Creating a Safe & Respectful Workplace" resource will be gathered through the advisory group. This resource continues to be promoted to the organisation through the BUILD/ABC workshops.

The BUILD/ABC e-learning module is continuing to gain traction with an additional 40 completions. There is a targeted approach with Mental Health and Maori Health Gains and Development leaders taking place throughout June.

Follow-up sessions with the "Speak up Safely" process peer messengers have taken place to ensure the operational successes, learnings and improvements are being captured.

"Speak up Safely" reporting slowed during May with only four of seven cases being progressed.

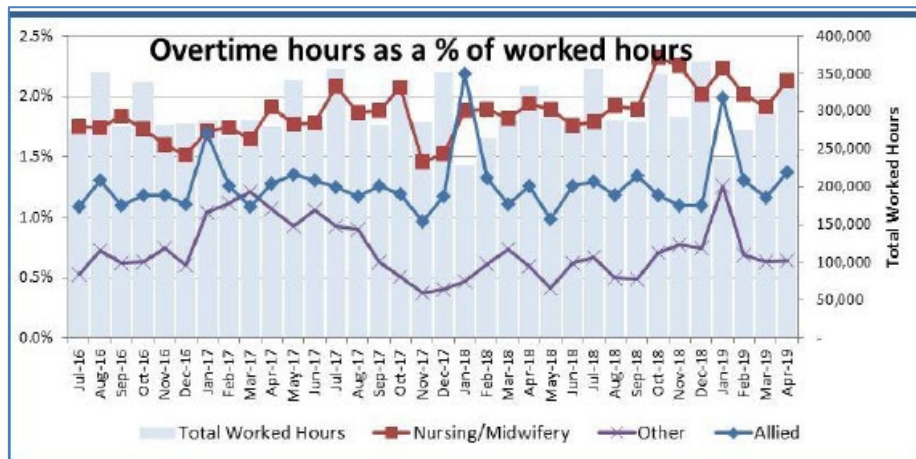
Date	Cases	
	Progressed	All
Dec-18	19	27
Jan-19	3	7
Feb-19	4	4
Mar-19	7	9
Apr-19	6	12
May-19	4	7
	<b>43</b>	<b>66</b>

Speak up\_Safely and BUILD/ABC feature as part of the Orientation speakers' focus as they continue to be core components of the Speak up Safely promotion campaign.

#### Care Capacity Demand Management

There has been a continued under-supply of nursing staff required for Surgical and Medical services particularly at Tauranga hospital. Both overtime and hours worked indicate the inability to match resources to demand:





## Anaesthesia, Radiology & Surgical (AR &S) Services

Continued growth in demand for weekend acute theatre access by orthopaedic and general acute cases has resulted in an agreement by the AR&S Service to support an additional acute theatre list on a Saturday. A meeting was held with Orthopaedic SMO at which it was agreed to provide a regular additional Saturday list as an interim measure to meet best practice for patient safety and recovery. Acute orthopaedic cases continue to displace planned orthopaedic patients due to urgency to deliver care and limitations of current theatre capacity.

Staffing resource for the additional Saturday acute theatre is made possible through staff volunteers. The informal nature of staffing has led to some frustrations being expressed by staff as this work is additional to FTE for some staff groups (nursing and anaesthetic techs). The longterm sustainability of additional weekend theatres will require further discussion with SMO surgeons and anaesthetists, a business case for resources and to reach a mutual understanding regarding acute service requirements going forward.

### Perioperative Night Shift Pilot

The post consultation document has been completed and sent to the New Zealand Nurses Organisation (NZNO) and APEX Unions for their review and comment. This process has been completed by the People and Capability team. The final document will be available to staff following sign off by Senior Leadership team. It is anticipated that the 12 month pilot of night shift will commence by September 2019.

### Hip Fracture Registry

May was the quietest month to date with 14 NOF's (one death and one did not have surgery) therefore, data for 12 patients is included. Final acute Length of Stay (LOS) and Actual LOS data to be reported following patient discharge.

Of note, the time to surgery for acute fractured neck of femur (#NOF) reached 100% compliance - a great team effort. The Ortho-geriatrician review of orthopaedic inpatient waiting times is also improving.

### **General Surgery**

The next 'Plan, Do, Study, Act' (PDSA) test cycle for the acute model of care is planned to commence 29 July 2019.

### Proactive Care of Older Patients Undergoing Surgery (POPs)

The third PDSA POPs clinic has three planned dates in July.

### Cardioversion PDSA

PDSA testing for cardioversions using procedure room (PACU) space is ongoing.

### Orthopaedic Transformation

The orthopaedic transformation work has been launched, with triage of referrals/patients by physiotherapists in the community the first area of focus.

### Pressure Injury Prevention working Party Improvement Plan

Achievement to June 2019 includes incorporation of Pressure injury grading and prevention onto all wound care study days. At a dedicated study day on the 4th February 2019, an international speaker presented to over 90 staff Evaluations of the day were excellent; this will be an annual event.

Rotational training has occurred in the form of weekly in service, education specifically for night staff is planned and pressure injury prevention has been incorporated into Moving and Handling education.

A video has been produced for staff (including those working hours where it is difficult to access education) and is available on the BOPDHB intranet. A dedicated pressure injury prevention page has also been developed and updated as required.

Staff have been provided with quick reference cards to re- enforce accurate pressure injury grading and a Wound Care Assessment Plan has been modified to reflect all pressure injury grades

Patient engagement Patient information leaflets in a variety of languages are available from Design and Print and are accessible via the pressure injury intranet page.

Potential for improvement includes Tracer audits by clinical auditor/s, presentation of pressure injury statistic on the 'knowing how we are doing boards' (CNM) and ensuring all staff view the grading video (Clinical Nurse Managers).

## **Medical, ED, Pharmacy & HIA Services**

### Cath Lab Tops Previous Procedures Volume High

The total number of procedures (angiography, percutaneous catheterisation, pacemakers, and ICD inserts) performed in the Cath Lab in May topped the previous high of 98 to complete 108. In addition to this, utilising the regional cardiology tool, the cath lab achieved a 100% utilisation result (a normal Cath lab is expected to operate at 75 – 85%).

## **FINANCIALS**

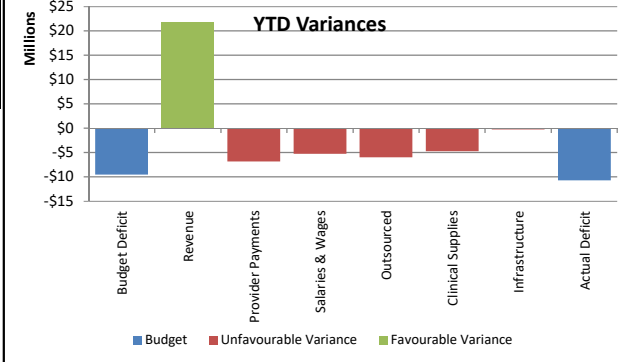
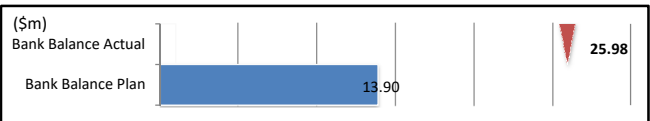
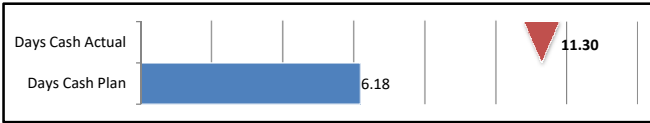
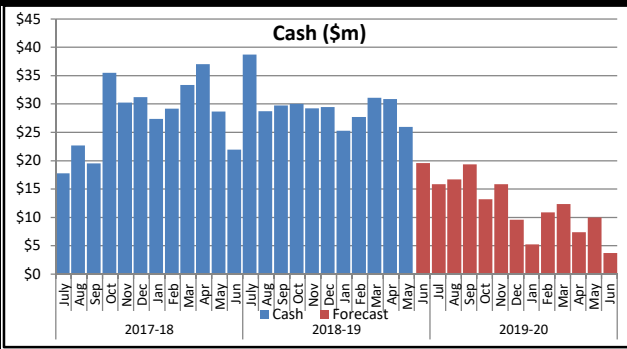
The DHB financial result for the month of May was a deficit of \$5.557m, which is \$2.998m worse than the Annual Plan budgeted deficit of \$2.558m. As a consequence the YTD deficit of \$10.696m, is \$1.196m worse than the phased Annual Plan deficit for the period

**BAY OF PLENTY DISTRICT HEALTH BOARD  
PRELIMINARY RESULTS FOR THE MONTH ENDED 31 MAY 2019**

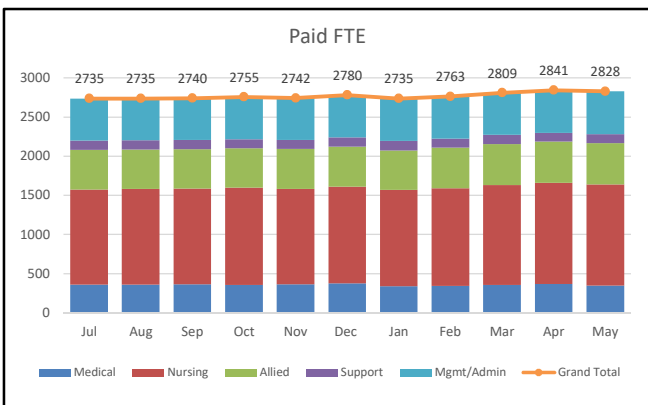
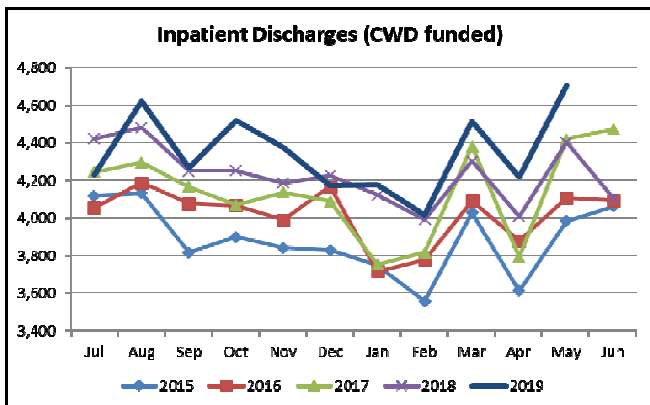
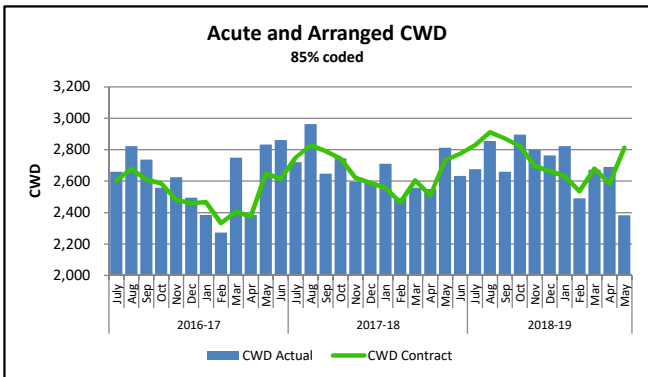
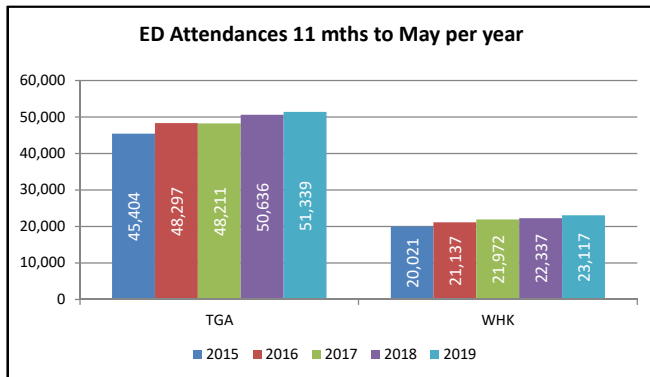
All amounts are \$000s unless otherwise stated. Surplus/(Deficit)

**KEY FINANCIAL RESULTS SUMMARY**




KEY MEASURES	Actual	AP Budget	Variance
<b>Operating Result</b>	<b>(10,696)</b>	<b>(9,500)</b>	<b>(1,196)</b>
<b>Provider Volumes</b>			
Case Weights (CWD) - Plan	39,152	39,674	(522)
<b>Cash &amp; Bank (\$000)</b>			
Balance	25,977	13,896	12,082
Days Cash	11.30	6.18	5.12
<b>WORKING CAPITAL (\$000)</b>			
	(31,731)	(37,703)	5,972
<b>Crown Equity (\$000)</b>			
	265,988	267,183	(1,195)



**KEY ACTIVITY DRIVERS SUMMARY**



## PRIMARY CARE OVERVIEW

 <p>Eastern Bay Primary Health Alliance</p>	<p><b>Key Achievements for this month:</b></p> <ul style="list-style-type: none"> <li>• EBPHA worked successfully with WBoPPHO in the selection process for GP practices to become Health Care Homes. In the East two GP practices were selected.</li> <li>• Hapainga (stop Smoking) attracted excellent publicity this month pertaining to performance. The Eastern Bay community has feedback to EBPHA in a positive way to the news.</li> <li>• The Immunisations project lead met with the EBPHA team and we have confidence in the process she is following. EBPHA is enforcing the importance of the need to improve childhood immunisation results with our GP practices.</li> </ul> <p><b>Key Challenges for this month:</b></p> <ul style="list-style-type: none"> <li>• Ongoing discussion with DHB around Eastern Bay population based contracts being influenced by PHO enrolled service users (ESU) for Green Cross has delayed the contracting process for 1 July 2019. With the majority of the contracts ending 30 June 2019 this has meant uncertainty for providers.</li> </ul>
 <p>Ngā Mataapuna Oranga <small>Whānau, Whānau Te Whānau Property &amp; Whānau</small></p>	<p><b>Key Achievements for this month:</b></p> <ul style="list-style-type: none"> <li>• Attending the Hui called in Rotorua by the Maori Expert Advisory Group, of the NZ Health and Disability System Review.</li> <li>• The themes were consistent with what is coming out of the Treaty Tribunal and other hui around the Motu. They are:</li> <li>• Mana Motuhake, funding streams, improved Maori well-being and building a future system that is designed by Maori to prioritise health equity, outcomes and aspirations</li> <li>• NMO and the Network are gathering data from across our whanau communities and service users on what matters to them in Hauora. This will inform the developing new model.</li> <li>• The Kaumatua Council that will guide our Tangata Whenua model (Nuka )have had their second hui. They are fully supportive of a new model and are very clear on what the foundations of this new model should be built on. They are wanting a consistent approach and description across the NMO network on what the values and tikanga will look like. And have asked that this be actively monitored and measured as an outcome for good health</li> </ul> <p><b>Key Challenges for this month:</b></p> <ul style="list-style-type: none"> <li>• The wash up or claw back process for Kaupapa Maori Mental health contracts needs to be reviewed as an equity issue. As Maori Providers we have had to compete with mainstream/DHB for Maori clinical staff. The opportunities and pay rate are so much better than what we could ever offer. Consequently Maori Providers are unable to fill vacancies within a six week period and end up owing the DHB thousands of dollars. This needs to be seriously reviewed as Maori Providers are being indebted to the DHB before we can even begin a service.</li> </ul>
 <p>WBOP PHO <small>Western Bay of Plenty Primary Health Organisation Tangata o Uruora, hāu tūpua Whānau o te ao māori O te hāu o te ao māori</small></p>	<p><b>Key Achievements for this month:</b></p> <ul style="list-style-type: none"> <li>• WBOPPHO formally welcomed their new CEO, Lindsey Webber with a Powhiri held at Maungatapu Marae on 29 May 2019. This was a well-attended event with strong representation from across the PHO, colleague PHOs and BOPDHB Executive.</li> <li>• An extended but very successful Health Care Home Evaluation Process was undertaken late May, concluding with seven Practices, reflecting a very good urban / rural Eastern / Western BOP split, achieving the 50,000 Total / 15,000 Maori proportional population uptake.</li> <li>• Boot Camps (i.e. intense awareness programmes) are currently being scheduled to progress during the weeks of 17 and 24 June for both successful and non-successful Practices. 13 Practices will be represented at these Boot Camps along with BOPDHB and EBPHA / WBOPPHO staff. 58 participants have registered.</li> </ul>

**Key Challenges for this month:**

- With the success of the seven Practices selected for participation in the Health Care Home transition over the next three years, there remain 12 other Practices, representing a combined population of 82,465 (11,651 Maori), that are unable to be invited to participate at this time, due to funding limitations.



## IDP Quarter 3 Summary Report – Clarification of Rating Criteria

### SUBMITTED TO:

Board Meeting 17 July 2019

Prepared by: Sharlene Pardy, Planning and Projects Manager

Endorsed by: Simon Everitt, General Manager Planning, Funding and Population Health




Submitted by: Helen Mason, Chief Executive


### RECOMMENDED RESOLUTION:

That the Board notes this report.

### BACKGROUND:

One of the Matters Arising from the June Board Meeting was a query on the IDP Quarter 3 Summary Report and it related to the criteria used to assign orange ratings. In response to this, these are Ministry applied ratings and they are not based solely on the numerical result achieved, there is also a judgement call made based on the efforts being made to achieve target. The following table (which was included on page 48 of the agenda) sets out the criteria that the Ministry use to determine the ratings:

MoH Rating	Icon	Criterion
<b>Outstanding performer/sector leader</b>		1. Applied in the fourth quarter only —this rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.
<b>Achieved</b>		1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
<b>Partial achievement</b>		1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
<b>Not achieved – escalation</b>		1. The deliverable is not met.

MoH Rating	Icon	Criterion
required		<ol style="list-style-type: none"> <li>2. There is no resolution plan if deliverable indicates non-compliance.</li> <li>3. A resolution plan is included, but it is significantly deficient.</li> <li>4. A report is provided, but it does not answer the criteria of the performance indicator.</li> <li>5. There are significant gaps in delivery.</li> <li>6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.</li> </ol>
Indicator not required – This indicator was not required in this quarter	<b>INR</b>	<ol style="list-style-type: none"> <li>1. This is given to indicators that were not required in the previous quarter</li> </ol>
No rating given – This indicator was required in this quarter	<b>NR</b>	<ol style="list-style-type: none"> <li>1. The indicator received no rating</li> <li>2. Contact will be made with the Ministry of Health to seek further guidance and information</li> </ol>



## ANNUAL BOARD ATTENDANCE REPORT

### SUBMITTED TO:

Board Meeting

17 July 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and  
Submitted by: Helen Mason, Chief Executive

### RECOMMENDED RESOLUTION:

That the Board note the information

### ATTACHMENTS:

Attendance report as requested by the Board for the period July 2018 – June 2019

### ANNUAL BOARD ATTENDANCE REPORT 1 July 2018 – 30 June 2019

Board Members	Board		AFRM		CPHAC/ DSAC		BOPHAC		SHC	
	A	DNA	A	DNA	A	DNA	A	DNA	A	DNA
Mark Arundel	11	0	11	0	1	1			3	0
Yvonne Boyes	11	0					2	2	2	1
Marion Guy	11	0			2	0			2	1
Matua Parkinson	7	4					3	1	0	3
Anna Rolleston	9	2	5	6	1	1			3	0
Ron Scott	11	0	11	0	2	0	4	0	3	0
Sally Webb	10	1	9	2	2	0	3	1	2	1
Geoff Esterman	9	2	11	0			4	0	3	0
Judy Turner	10	1			1	1			2	1
Bev Edlin	11	0	10	1	1	1			3	0
Peter Nicholl	10	1	8	3			3	1	2	1
Pouroto Ngaropo *	4	7							1	2
<b>Total number of scheduled meetings</b>	11		11		2 *		4		3	

- Two CPHAC/DSAC meetings were required to be cancelled due to strike action
- Pouroto Ngaropo first attended as Chair of the Maori Health Runanga in August 2018







## CORRESPONDENCE FOR NOTING

### SUBMITTED TO:

Board Meeting

17 July 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and  
Submitted by: Helen Mason, Chief Executive

### RECOMMENDED RESOLUTION:

That the Board note the correspondence

### ATTACHMENTS:

- Letter to Prof Peter Gilling re recent attainments – 26 June 2019
- Letter of response to State Services Commissioner re Model Standards for information Gathering – Agency Assurance – 28 June 2019



**BAY OF PLENTY**  
DISTRICT HEALTH BOARD  
HAUORA A TOI

Cnr Clarke St & 20th Ave  
Private Bag 12024  
Tauranga 3143  
New Zealand  
Phone 07 579 8000  
Fax 07 571 5434

26 June 2019

Professor Peter Gilling  
Head of Clinical School  
BOPDHB Clinical School  
**BOPDHB**

Dear Peter

At its recent meeting on 19 June 2019, the Board reviewed advice of your ongoing professional attainments in receiving your visiting Professorship from Thomas Jefferson University in Philadelphia, as well as three international awards.

Board members wished to convey their congratulations to you. BOPDHB is very fortunate to have a person of such outstanding national and international reputation as a Clinician and also in leading our pathway to excellence in research and teaching.

Thank you for your valued contribution to our District Health Board and our Communities.

Kind regards

**SALLY WEBB**  
Board Chair



28 June 2019

Peter Hughes  
State Services Commissioner and Head of State Services  
Level 10, Reserve Bank of New Zealand Building  
2 The Terrace  
PO Box 329  
**WELLINGTON 6140**

Cnr Clarke St & 20th Ave  
Private Bag 12024  
Tauranga 3143  
New Zealand  
Phone 07 579 8000  
Fax 07 571 5434

Dear Mr Hughes,

### **Model Standards for Information Gathering – Agency Assurance**

In accordance with your correspondence of 21 June 2019 I am responding on behalf of Bay of Plenty District Health Board (BOPDHB) on its adoption of, and compliance with, the Model Standards for Information Gathering.

BOPDHB has reviewed its policies, standards and practices against the State Services Commission (SSC) Model Standards for Information Gathering core elements:

- Ensuring Public servant actions are lawful
- Ensuring Public Servants act in accordance with the States Services Code of Conduct.
- Implementing strong and comprehensive policies and processes
- Publishing a transparency statement
- Putting in place clear and robust governance arrangements
- Ensuring rigorous review and oversight
- Establishing fair and effective complaints or review processes

We acknowledge the goals of the standards and believe that we are able to demonstrate adherence to the requirements. In making this statement, we accept that in a changing information environment, the requirements within the standards will pose ongoing challenges - there is no end point to maintaining public confidence in how we gather and safeguard personal information and this means a continuous improvement programme is required.

In line with the fourth key element of the standards, the DHB has drafted a Transparency Statement which is published on the BOPDHB website – refer <https://www.bopdhb.govt.nz/your-dhb/quality-and-patient-safety/personal-information-transparency-statement/>.

With regard to the requirement of earlier correspondence for Crown agencies to confirm they have reviewed conflict of interest policy and processes, I can confirm that BOPDHB has recently reviewed its Conflict of Interest policy and protocol but note that while there is a Dual Employment protocol this is currently under review.



I trust this provides the assurance that you are looking for but if there is anything else you require please do not hesitate to contact us.

Kind regards,



**HELEN MASON**  
Chief Executive

CC. Sally Webb, Board Chair  
Ron Scott, Deputy Board Chair

