BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

Bay of Plenty District Health Board

Venue: via Zoom

Date and Time: Wednesday 17 June 2020 at 10.00 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

Minister's COVID-19 Expectations

- **Financials**
- **Health and Safety**
- **Clinical Quality**
- **Planning and Reporting**

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

Compassion All-one-team Responsive Excellence
Manaakitanga

Item No.	*Item*	*Page*
1	**Karakia** 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! 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!	
2	**Presentation** Nil	
3	**Apologies**	
4	**Interests Register**	**4**
5	**Minutes** 5.1 Board Meeting - 20.5.20 5.2 Matters Arising 5.3 Joint Board / Runanga Meeting 20.5.20	 **8** **13** **14**
6	**Items for Decision** 6.1 Lakes DHB / BOPDHB Committee Representatives	 **18**
7	**Items for Discussion** 7.1 Te Manawa Taki Equity Plan (Draft) 7.2 Chief Executive's Report 7.3 Primary Care Overview 7.4 Dashboard Report (to be circulated) 7.5 Maori Health Dashboard Report (to be circulated)	 **20** **43** **60**

Item No.	*Item*	*Page*
8	**Items for Noting** 8.1 Letter to Dr Karen Poutasi re Queen's Birthday Honour 8.2 Letter from Prime Minister Jacinda Ardern re Fleet Vehicles 8.3 Board Work Plan 2020	 **62** **63** **64**
9	**General Business**	
10	**Resolution to Exclude the Public** Pursuant to clause 33(3) of the NZ Public Health & 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. Pursuant to clause 33(5) of the NZ Public Health & 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.	
11	**Next Meeting** – Wednesday 15 July 2020	

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated May 2020)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Int Authority	Board Director	Fisheries Trust	LOW	22/10//19
BOPDHB MHAS	Employee	Mental Health & Addictions	MED	22/10/19
BOP ANZASW Branch	Member & Kaumatua	Executive Leadership	LOW	22/10/19
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
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 Sept 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
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	Licensing Commissioner			

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
District Council	/ Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
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
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Lakes DHB	Wife Sue works in Clinical Quality and Risk, previous Director of Midwifery	Health Management	LOW –Health Management MOD- Midwifery	Jan 2020
GUY, Marion				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NZNO	Honorary and Life Member	Nursing Union	MEDIUM	
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
SCOTT, Ron				
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 it the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Volunteering Bay of Plenty	Chair	Volunteer organisation	NIL	October 2019
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
SHEA, Sharon				
Health Care Applications Ltd	Director	Health IT	LOW	18/12/2019
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
HealthShare	Consultant	Strategy	MEDIUM	18/12/2019
Maori Expert Advisory Group (MEAG)	Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020
EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020
Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Husband – Morris Pita - Health Care Applications	CEO	Health IT	LOW	18/12/2019

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Ltd - Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Kaikou Gold Kiwifruit	Director	Kiwifruit	LOW	15/12/2019
Waikeke Farms Ltd	Director	Dairy Farm	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Toi EDA	Committee Member	Eastern bay Economic Dev	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Minutes

Bay of Plenty District Health Board
Via Zoom
Date: Wednesday 20 May 2020, 9.30 am

Board: Sharon Shea (Interim Chair), Ron Scott, Hori Ahomiro, Mark Arundel, Bev Edlin, Geoff Esterman, Marion Guy, Ian Finch, Leonie Simpson, Arihia Tuoro, Pouroto Ngaropo

Attendees: Simon Everitt (Interim CEO), Pete Chandler (Chief Operating Officer), Owen Wallace (GM Corporate Services), Mike Agnew (Acting GM Planning & Funding and Population Health), Hugh Lees (Chief Medical Advisor), Julie Robinson (Director of Nursing), Sarah Mitchell (Exec Dir Allied Health Scientific & Technical), Debbie Brown (Senior Advisor Governance & Quality), Marama Tauranga (Acting Manukura, Maori Health Gains & Development), Phil Back (WBOPPHO)

Item No.	Item	Action
1	**Karakia** The meeting was opened with a Karakia.	
2	**Presentations** Nil	
3	**Apologies** An apology was received from Annabel Davies. **Resolved** that the apology from A Davies be accepted. Moved: I Finch Seconded: A Tuoro	
4	**Interests Register** Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. Interim Chair has resigned from Alliance Health Plus PHO and has a contract with the Mental Health Commission to advise on development of a Mental Health Outcomes Framework.	
5	**Minutes** 5.1 Minutes of Board meeting **Resolved** that the Board receive the minutes of the meeting held on 15 April 2020 and confirm as a true and correct record. Moved: B Edlin Seconded: M Guy 5.2 Matters Arising Next Hand hygiene report is June. Will come to Board in July.	
6	**Items for Decision** Nil	

Item No.	Item	Action
7	**Items for Discussion** 7.1 Chief Executive's Report The Chief Executive highlighted: The content of the CEO's report covered mainly COVID response. *Public Health Services* - Government has a strong focus on ensuring Public Health has good capability and support going forward. Toi Te Ora (TTO) is gearing up and making sure they have future capacity. Query was raised on how long contact tracing will need to continue. It will be medium term, 12 – 18 months until such time as the disease is eliminated or there is a vaccine. Query was raised on TTO funding. The Ministry has provided $1m additional one off funding. TTO staff have largely been pulled from their usual jobs to cover COVID. Consideration will need to be given to this as they return to their Business as Usual. *Rheumatic Fever Prevention Services* –these have been suspended during COVID-19 lockdown but restarting going into level 2 *Drive-through Flu Vaccinations* - Rates for over 65 are at 70% coverage for total population , 64% for Maori, 48% for Pacifica, tracking at a level of coverage much higher than last year, closing the equity gap well. *System Usage* - One of the key impacts of COVID is the use of Zoom with over 5000 meetings held. Comment was made that CHIP utilisation seems quieter which was discussed at the Clinical Governance meeting yesterday. Only around a third of referrals have been coming through. General Practice is becoming busy on a gradual rise. BODPHB will work closely with PHOs to review. *Planned Recovery*. The content of the report 10 days ago was first data. Dashboards are continuing to be developed. This week will give a clearer indication. Most services are at 80% quantum of their normal workload. Some are up to normal. Assessment will be made of the backlog and how long it will take to clear. In some specialities the numbers on our waiting lists haven't increased over the last 7 weeks. Referrals have dropped significantly in many areas. It will be 6 – 8 weeks before the implications of the backlog are known. There may be a bow wave. Queries were raised: • as to whether it may be that the number of referrals pre COVID may not be required. It is not considered this is the case. with regard to the future as to whether Primary Care needed to move to contactless during the alert levels. It was considered that patient behaviour may have had an effect. Patients have not been contacting their GPs, being too frightened to approach. Emergency acute dental cover had been arranged for lockdown. • with regard to PPE as to whether there have been lessons learnt on distribution. Interim CEO advised of huge learnings. There is a robust ordering / logistics process in place.	

Item No.	Item	Action
	There have been some elements of high anxiety with PPE. Education on PPE could have been better initially but the requirements were constantly changing. The first couple of weeks were somewhat grey. Comment was made that the CBACs had worked so well that GP practices did not require to carry a high level of PPE. • The Board wanted to convey congratulations to the BOPDHB Purchasing and Supply team. Interim CEO had met with them recently. Stock rotation has been great and BOPDHB has really good relationships with suppliers. • Regarding good things about COVID, within the report there is a comment about being able to change the models of care and freedom to do the right thing. What does that mean for future approaches to service change During COVID some of the normal rules ceased to apply eg selecting and prioritising under MOH rules. People had to make sensible clinical decisions rather than working to a target regime. The health system became more permissive where appropriate. CBACs worked together with a model of care. Providers were coming up with solutions. Under normal operations things would have been more prescriptive. It was considered a true partnership between the DHB and Primary Care had been demonstrated. • Interim Chair advised that the report indicated how busy BOPDHB has been. Sustainability of change is a consideration moving forward. **Resolved** that the Board receive the report Moved: M Arundel Seconded: B Edlin 7.2 <u>Dashboard Report</u> Despite COVID there have been some trends worth noting, particularly in the equity space eg Pre-school Oral health, Breast and Cervical Screening. Over the last year there has been a consistent and improving trend. *Childhood Immunisation* - Since April last year there has been ongoing improvement. It is still not at the target but much improved. It was considered some of the results were somewhat out of date. Timing of some of the results differs with where the reporting comes from. It is intended to have different look dashboards for June. The Board noted the report.	
8	**Items for Noting** 8.1 <u>Te Tumu Whakarae (TTW) COVID-19 Priorities and Improvement Recommendations</u> TTW is the national Maori GMs group. A review of the lockdown had been undertaken identifying the main themes for Maori Communities. Four priorities were identified and forwarded to MOH.	

Item No.	Item	Action
	1. Implement a designated Māori Health Intelligence Team for COVID-19 **2.** Evaluate, and learn from the DHBs COVID-19 response to Māori **3.** Effective communications and engagement with Māori **4.** Planning for unmet need and accelerated recovery *Planning for unmet need*. There was an equity gap prior to COVID. We need to ensure that accommodation is made for what was prior and ensure we are not widening the gap. Query was raised on system response rather than DHB response. TTW will work with National CEOs. Query was raised that if COVID had taken hold in the Maori communities, would there have been sufficient preparation. It was not considered that preparation would have been sufficient. Recognition needs to be had of the initiatives that Iwi took for themselves. They were aware of the impact should contagion move to their communities. They are a co-ordinated, integrated group. A concern was raised regarding some inconsistency in the packs getting to some whanau. It was not across the board. Runanga Chair advised that the Runanga had regularly met with Acting Manukura and community teams. Generally Maori have responded in the positive way it would be expected they would. It was pleasing that Maori have been a low percentage of those infected. Only 56 Maori of the total population have contracted the virus. Tikanga Maori had been huge in terms of tangi. It is still being debated in Parliament with regard to the numbers attending tangi with the move to Level 2. The Board acknowledged the Runanga's role in supporting the MHGD team. Query was raised as to whether opportunities such as Blue Zones can be adopted going forward. Acting Manukura will be the influence of the information to the Executive Team. Some of the principles and themes will be applied to the transition process. It was considered a review of things that didn't work should be analysed. We should also strengthen those things that did work well. The paper identifies things nationally that did and didn't work well. 8.2 <u>Support for Public Health</u> All Public Health Physicians national have signed this paper. Public health has been to the fore with COVID-19 with perhaps more recognition than ever previously. 8.3 <u>Board Work Plan 2020</u> The Board noted the reports.	
8	**Correspondence for Noting** Nil	
9	**General Business** Nil	

Item No.	Item	Action
10	**Resolution to Exclude the Public** **Resolved** 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: Confidential Minutes of last meeting: Board Minutes FARM Minutes Midland Clinical Portal Financials and COVID Tracking Risks Update 2020 Budget Envelope That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Simon Everitt Owen Wallace Mike Agnew Pete Chandler Debbie Brown Hugh Lees Julie Robinson Jeff Hodson Marama Tauranga Sarah Mitchell Phil Back **Resolved** that the Board move into confidential. Moved R Scott Seconded: A Tuoro	
11	**Next Meeting –** Wednesday 17 June 2020	

The open section of the meeting closed at 10.35 am
The minutes will be confirmed as a true and correct record at the next meeting.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Bay of Plenty District Health Board
Matters Arising (open) – June 2020

Meeting Date	Item	Action required	Action Taken
16.10.19	6.3	**Dashboard Report** Whilst ED drop is disappointing, this is in the context of industrial action and continued high demand. A plan needs to be formulated which will come back to the Board.- COO	In progress – see below
Work is ongoing. Bi-monthly updates on progress against the planned approach set out in February Board papers will come back to the Board.			
15.1.20	5.2	**Chief Executive's Report – Clinical School** CEO advised that it would be good for the Head of Clinical School, Prof Peter Gilling to meet with the Board at a future meeting. One of the Clinical School's priorities was to give students an experience that made them want to work for BOPDHB. – Board Secretariat	In progress – To July Board Meeting
15.1.20	5.4	**Dashboard Report – Maori Health Dashboard** Board Chair queried availability of information on inequity. There is a Maori Health Dashboard that comes to the Board. Next report is due in February. Board Chair considered the dots need to be connected from the information contained within the Dashboard and how to implement improvements. The reporting does not give a strategic approach. - Manukura	In progress – will be consideration for next Maori Health Dashboard, June 2020 – Feedback to Board 18.2.20 – On Board Agenda June - Completed
18.3.20		**Staff Wellness - CCDM** The Yellow areas are monitored to prevent movement to Orange or Red. ED and Maternity go into red at times over a month due to a number of factors. DON to provide a summary.	Presentation to July Board
18.3.20	6.2	**Dashboard Report - ENT DNAs** The Board requested a report on progress on this with learnings. - COO	To June Board Meeting - Completed
18.3.20	6.2	**Dashboard – DNA Rates** DNA rates for Eastern Bay separately would be helpful. – Acting GMPF	To June Board Meeting - Completed
15.4.20	6.1	**Chief Executive's Report – Handwashing Data** Comment was made on hand washing data, which is disappointing. There is one area that affects the results at Tauranga. It is hoped that COVID is improving this. A report will come back to the Board - DON	Next report due June. To July Board Meeting

Minutes

Te Waka o Toi

Combined BOPDHB Board & Māori Health Rūnanga

Venue: Taneatua Room, Regional Māori Health Services, Whakatane Hospital

Date and Time: 20 May 2020 at 1.00 pm

Present:

Iwi:

Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngai Tai	Linda Steel
Ngati Awa	Pouroto Ngaropo
Ngati Makino	Mihi Awhimate
Waitaha	Punohu McCausland
Whakatohea	Dickie Farrar
Ngati Whakahemo	Marilynn Williams
Ngati Ranginui	Tamar Courtney
Ngati Pukenga	Titihuia Pakeho

Attendees: Marama Tauranga BOPDHB Acting Manukura, Māori Health Gains & Development, Graham Cameron, Acting Pou Umanga, Māori Health Gains & Development, Sabrina Montgomery, P.A to Manukura, Māori Health Gains & Development.

Board: Sharon Shea (Interim Chair), Hori Ahomiro, Mark Arundel, Bev Edlin, Geoff Esterman, Ian Finch, Ron Scott, Leonie Simpson, Arihia Tuoro

Attendees: Simon Everitt (Interim Chief Executive), Pete Chandler, (Chief Operating Officer) , Hugh Lees (Chief Medical Officer), Mike Agnew (Acting GM, Planning & Funding and Population Health), Phil Back, (WBOPPHO)

	Agenda Item
1.0	A karakia was performed by Board Member Hori Ahomiro to open the hui.
	The Runanga Chair welcomed all to the meeting reflecting on the great work that has been done and the networking and leadership throughout the COVID situation. The Interim Board Chair commented that success with managing the COVID situation was testament to the whole of system work and due largely to the nature of relationships. It creates a lot of opportunities. The leadership of Runanga members is acknowledged and appreciated.
2.0	**Minutes** **Resolved** that the minutes of the meeting held on 19 February 2020 be accepted as a true and correct record. Moved: P Ngaropo Seconded: P McCausland
3.0	3.1 <u>Te Toi Ahorangi (TTA) Implementation Presentation</u> In October the Whakaaro was launched. The next period is the preparation of the Waka for the next journey. *Key Steps for TTA Executive* Pre work is being undertaken to launch with specific activity. *People - Recruitment to New Structure* - This is 80% complete as despite initial recruiting there are currently vacancies in MHGD. There has been readvertising of some roles. The successful candidates have been inducted into MHGD and are learning their new roles. These roles don't exist anywhere else. They are not Portfolio Managers. It is a new way of working. The new structure should be fully recruited to by end of July. *TTA funding* - There is process to follow through the Funding Management Committee (FMC). With Good to Great, there was $300,000 funding which has moved to TTA. There will be requirements put forward to FMC for implementation of TTA. There will be a Business Case for a 3 year plan. *TTA Deployment Matrix* - the tools that are required for situational awareness around how the programmes of work are tracking against the goals. The tools are designed around lean systems, eg Hoshin Kanri and platforms. *Commmunications Strategy* - is near completion. There is a final draft which will go to the Executive Team and other forums. *Programme Management Office* - is an office which is virtual. There is a specific set of documents associated with the management office, grounded in TTA. *Baseline* - is establishing our current state in Maori Health and what we want It to be. There is a report that has been developed and is near completion *3 Year Action Plan* – is being developed based on Hoshin Kanri. There are key goals for each year with milestones. There is matchup between strategy and the action plan. *Pre-project Action Plan* - there are tools developed <u>Maramataka</u> The Te Maramataka (timeline) is developed in seasons. There is a season and time when it is appropriate to do things. The right action at the right time in the right way. In the next 12 months concentration is on the first 3 Aurangi. • Uphold Te Tiriti o Waitangi and our Indigenous Rights • Be a Toi Ora Change Leader • Illuminate and advance Toi Ora System performance

Mahere Whetu – Navigational Tool

Acting Manukura explained the chart:

The Maori example of Hoshin Kanri is strategic planning into an action strategy. It is also a way to communicate progress against the Aurangi.

There is a section called Dead Reckoning which is about a process to calculate where you currently are, set your fix, chart your course and when looking back you can see how far things have been progressed. There is also reference to the Maramataka and Navigational Tools.

At the bottom there is a section for people and accountability and implementation of the projects which is lining up the projects with who is involved, who is leading so that it can be seen who is overseeing and supporting the project streams and who the partners are. The yellow and white squares are progress.

There is a space for a narrative which in Hoshin Kanri is very tight, flagging whether something is on track and if not what is being done about it. As projects are completed, new things are entered.

On the side there is a vertical column with stars, lining up projects with the Aurangi it is aligned to.

At the top of the chart there is a grid with space for data, including elements that are related to Toi Tu Te Kupu. Staff are going through Hoshin Kanri training. In the light grey area there are examples of things such as Runanga rating the support they receive from MHGD and the percentage of TTA projects that are on track. There is also a patient matrix, eg Maori DNA, Breast Screening, Oral Health.

Poutama

The next tool is Poutama, a stairway used in education or development. The stairway from the actions taken and relativity to TTA for flourishing communities. There is a strategic map for Toi Ora. The aim is to recognise that TTA is for Maori communities to achieve Toi Ora - Optimum Health, Toi Oranga Mokouna (flourishing children), Toi Oranga Ngakau (flourishing Mental Health and well being) and Toi Oranga Whanau (flourishing families). These are contributed to by the Aurangi in two blocks, Toi Oranga Tikanga (overcoming bias and institutional racism) and Toi Oranga Ake (accelerating equity).

TTA investment Revenue. Prior to COVID this was being enacted. Associated to this particular prework is to undertake an environmental scan, identify some factors as to how to approach. Formal aspects will be in August.

Workforce Development. Te Tumu Whakarae issued a document that asked DHBs to think about Maori Workforce Development. BOPDHB DON is looking at the Maori workforce and where they are working. It is more than just getting numbers into the organisation. It's about how they are looked after, guided and their leadership pathways.

Te Matauranga Toi Ora.- Maori Health Intelligence.

This is critical data and the information is to enable best decisions for equity. The CBACs were placed on population data and areas to be concentrated on with most unmet need. This process did yield a good result for CBACs. If an agreement was reached for obtaining primary care data, then an overall overview could be obtained.

Kia Eke Whakamua - Going Forward.

The Runanga would like to invite a representative of the Board to join the Chair of the Runanga on the Executive Group of TTA.

There are three main areas to concentrate on.

- Te Tiriti o Waitangi - Genuine investment in treaty partnership
- Toi Oranga Ake - Equity and system effectiveness and responsiveness
- Toi Oranga Tikanga - tackling institutional racism and unconscious bias.

The presentation had been shown to the Runanga yesterday who endorsed.

Queries and Comments

- Pakeha members of the Board may perhaps struggle to understand the concept.
- Congratulations are extended to the Acting Manukura and the team for the huge kaupapa, from governance to coal face level.
- From a Pakeha perspective, what is seen, is a strong metaphor for health care and how you provide health care in a way that works for the community. It is not seen as Maori Health strategy only and could be used across all communities

  The Communications Strategy includes diverse audiences.

  It has to be remembered that the whole purpose and premise is that it is grounded in Te Reo Maori unapologetically. Te Tiriti asked us to respect and value language and world views. To have hope of transforming the system, we need to try something different. TTA will support the Board and Executive peers in this regard.
- Congratulations are extended for the strategy. With it being of a pictorial nature, it is easy to see the way and the development of the thinking. It is anchored in a journey.
- With regard to previous comment on Pakeha Board members, historically, Board members had been taken through He Pou Oranga and should be walked through TTA.
- The three points mentioned above are the key points for the partnership to look at and come together. We are all heading in the same direction.
- Te Tiriti o Waitangi is a partnership that is called a partnership however the question is, what does that really mean in theory and in practice. We need to look at that kind of partnership
- It is reassuring to see things happening. It is very impressive. The actions have outcomes.
- TTA has been set up for everyone. Ma Katoa. Share what we have and only then can it work together.
- Query was raised as to why access to Primary Care data is not able to be realised. It's where we design something with a requirement as to where data flows and it is not always available to parties. Some of the data in eg flu vaccination data at a clinical level, we can start to use with regard to the geo map. There has been work around oral health. The success of this was in information sharing. There has been sustainable change using IHI and lean methodology.
- The strategy is a ground breaking strategy which started 10 years ago with Tangata Whenua Determinants of Health. It is now being operationalized and is everything that was wanted from He Pou Oranga.

Interim Board Chair advised it is "our" strategy. Collectively it can be made a success. Importantly it is one of the only strategies that has progressed this far that is legitimately owned by Iwi partners and the DHB. It sets us up strongly to honour the legacy that was part of the design and move it forward. " Lets make it happen".

The Runanga Chair advised that the relationship the Board and Runanga has is Tohunga. The strategy is clear that it will include others. It has to. The Runanga and Board cannot carry on their own. Maori Ancestors when they signed the Treaty, were clear how it should work. It has realistic goals to move forward. It will create a culture of healthy thriving communities.

The meeting closed at 2.08 pm with a Karakia

The next meeting is scheduled for Wednesday 19 August 2020

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

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

LAKES DHB / BOPDHB BOARD COMMITTEE REPRESENTATIVES

SUBMITTED TO:
Board Meeting 17 June 2020

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed by: Debbie Brown, Senior Advisor, Governance & Quality

Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDED RESOLUTION:
That the Board endorse the nomination of the Lakes DHB Board Member representatives to BOPDHB Board Committees and nominate BOPDHB representatives to Lakes DHB Board Committees.

ATTACHMENT:
Lakes DHB Board Committee schedule, for consideration of BOPDHB Board Member representatives to Lakes DHB Board Committees.

BACKGROUND:
BOPDHB has received advice from Lakes DHB of their nominations to BOPDHB Board Committees, as follows:

<u>BOPDHB BOPHAC Committee</u>
Incumbent Lakes DHB representative Lyall Thurston wishes to continue in his role as Lakes DHB representative to BOPHAC

<u>BOPDHB DSAC/CPHAC Committee</u>
Lakes DHB nominates Rob Vigor-Brown as Lakes DHB representative to DSAC/CPHAC with Janine Horton as delegate should Rob be unable to attend.

<u>BOPDHB Board Member representatives to Lakes DHB Board Committees</u>
BOPDHB has historically had Board Member representation at Lakes DHB Committee Meetings as follows:

Lakes DHB CPHAC Meeting Lakes DHB DSAC Meeting Lakes DHB Combined DSAC/CPHAC Meeting	Bev Edlin
Lakes DHB HAC Meeting	Peter Nicholl

LAKES DISTRICT HEALTH BOARD

LAKES DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE MEETINGS SCHEDULE 2020 – Revised March 2020

Reporting month	DSAC Meeting 10am-12noon (Two monthly)	Combined DSAC and CPHAC 12.30pm to 1.30pm (Two monthly)	CPHAC Meeting 1.45pm-3.45pm (Two-monthly)	HAC Meeting 10.00am-12noon (Two monthly)
December, 2019				
January 2020	Taupō Hospital Conf. Rm Mon : 17th February	Taupō Hospital Conf. Rm Mon : 17th February	Taupō Hospital Conf. Rm Mon : 17th February	Mon : 24th February
February 2020				
March 2020	Mon : 6th April	Mon : 6th April	Mon : 6th April	
April 2020				Mon : 25th May
May 2020	Mon : 8th June	Mon : 8th June	Mon : 8th June	
June 2020				Mon : 27th July
July 2020	Taupō Hospital Conf. Rm Mon : 10th August	Taupō Hospital Conf. Rm Mon : 10th August	Taupō Hospital Conf. Rm Mon : 10th August	
August 2020				Mon : 28th September
September 2020				
October 2020	Mon : 2nd November	Mon : 2nd November	Mon : 2nd November	Mon : 23rd November

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Te Manawa Taki Governance Group
Regional Equity Plan 2020/21 (Draft)

Submitted to:
Board Meeting 17 June 2020

Prepared by: Te Manawa Taki Governance Group

Endorsed and
Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDATION:
That the Board note the draft Te Manawa Taki Regional Equity Plan

ATTACHMENT:
- 2020-2023 TMT REP – Revision draft v5.docx

PURPOSE:
For Te Manawa Taki Governance Group (TMT GG) to be advised of the current timeframes for development and delivery of the 2020/21 Regional Equity Plan (REP).

INTRODUCTION:
A Regional Services Plan (RSP) is a legislative requirement1 of DHBs to document their regional collaboration efforts and align service and capacity planning in a deliberate way.
TMT GG has previously endorsed the development of the regional plan as a REP. The 'first draft' REP was submitted for initial Ministry of Health (MoH) review following endorsement by TMT GG on 6th March 2020 (we are yet to receive feedback from the MoH).

DETAIL:
The MoH has confirmed that TMT GG can submit the final version of the REP by 10th July, following TMT GG review and signoff at the 3rd July meeting.

A **further draft REP** is attached. Please note that formatting and graphic design is underway.
- A summary matrix is being developed to show how all annual and three-year workplan activity will contribute to Te Manawa Taki equity objectives.

An Appendix to the REP is being developed, which will include:
- Summary information about regional connections and partnerships, including alignment with DHB Annual Plans/Strategies, and Nga Toka Hauora (GMs Māori Health).
- Full annual workplans of all regional Networks/Groups, with an emphasis on population equity goals, the Māori health equity deliverables and outcome goals, and the alignment of workplan items to regional and national Māori health priorities.
- The workplan content in the Appendix will also be advised by the revised DHB Annual Plan Guidance 2020/21 (released 18th May), the MoH feedback to the 'first draft' REP (pending), the revised Minister's Letter of Expectations (pending) and the revised Regional Service Plan Guidance 2020/21 (pending).

For information:
A full draft REP will be circulated to key DHB staff for their comments. HealthShare will submit the full 'final' draft REP to TMT GG in advance of the 3rd July meeting, for review and sign-off by the submission deadline to the MoH (10th July).

1 Under the Public Health and Disability (Planning) Regulations 2011

2020-2023

Te Manawa Taki Regional Equity Plan

New image – Image being sourced

Contents

ENDORSEMENT

Letter of endorsement from the Minister of Health to be inserted prior to the document being published.

Agreed by Te Manawa Taki Governance Group

DHB Board Chairs and Iwi Governance Group

Front row

Signature	Signature	Signature	Signature	Signature
Name Surname Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title

Back row

Signature	Signature	Signature	Signature	Signature
Name Surname Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title

DHB Chief Executives

Signature	Signature	Signature	Signature	Signature
Name Surname Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title	**Name Surname** Position/Title

1. INTRODUCTION

Te Manawa Taki Governance Group acknowledges the support of former Governance leads in the development of this Regional Equity Plan. The equity priorities of previous Regional Services Plans and the 2019 Memorandum of Understanding between the Midland Regional Governance Group and the Midland Iwi Relationship Board are the foundations of this Plan. The vision of Te Manawa Taki is:

He kapa kī tahi - a singular pursuit of Māori health equity.

This vision reflects that we will work in unison to achieve equity of Māori health outcomes and wellbeing through multiple means. 'Te Manawa Taki' ('the heartbeat') represents that we are always 'ready to go' and that we are willing to lead change that works, so that others may follow a proven path. To be effective regional change catalysts, we need a strong 'heartbeat' and this plan represents our next three-year journey.

This Regional Equity Plan is a significant milestone. It is the direct result of an enhanced, Te Tiriti o Waitangi based partnership between Iwi and five DHBs. It epitomises the value of DHBs and Iwi engaging in respectful ways, not only to embed Te Tiriti in our health and disability system but also to do what is tika/right with regard to tackling one of New Zealand's most persistent problems: Māori health inequity. Improving equity for Māori is an imperative of Article III and the Equity Principle of Te Tiriti o Waitangi.

The Regional Equity Plan also acknowledges that Iwi have their own aspirations over and above this plan; and DHBs have numerous accountabilities they need to meet. Within this reality, DHBs and Iwi will seek mutual ways to support each other's aspirations and accountabilities.

As a collaborative of Māori and Iwi leaders working in unison with DHBs, we are committed to building a credible, culturally safe, and competent Te Manawa Taki system. We will build upon our current strengths, prioritise kaupapa Māori and mātauranga Māori solutions and models of care, continue to build a committed workforce, challenge ourselves in terms of what we can do better and solve issues that we all know we need to work on including; continuous quality improvement, prioritising consumer/whānau voice, continuing to invest in workforce wellbeing and building a system infrastructure that is fit for purpose and agile.

We will prioritise our collective effort towards enabling people who need our support the most, to flourish, to meet their self-determined aspirations and to achieve equitable health status (as a minimum). We are clear that Māori are our priority population for this plan as they are affected by inequities the most in our region. However, we also know that we have other populations or cohorts with high needs, such as people with low socio-economic status, Pacific peoples, some rural populations, people with disabilities, and others. We will continue to support all people with high needs however, we are determined to 'shift the dial' for our valued Māori population and believe that if we can make traction for Māori, we will learn valuable lessons along the way that will support equity for all populations.

27% of people in the region are Māori

(approx. 265,360 of 985,285 people; 2020/21 projections)

1.1 Our Definition of 'Equity':

Our definition of Equity is aligned with all Articles and Principles in Te Tiriti o Waitangi, in particular Article III (which has an Equity focus) and the Principle of Equity[1]. It is also aligned with the United Nations Declaration on the Rights of Indigenous Peoples, which affirms the rights of Māori to determine, develop, maintain, access and administer their own institutions, programmes, medicines and practices that support optimal health and wellbeing[2]. Finally, it incorporates and enhances the Ministry of Health's definition[3].

Te Manawa Taki's definition of Equity is focused on ensuring all people have a fair opportunity to attain their full health potential. In Te Manawa Taki, this means prioritising service delivery to achieve equity of access, equity of quality and equity of outcomes for Māori that reflects their own aspirations and needs in the context of advancing overall health outcomes. This is an urgent priority if we are to demonstrate good faith in our Te Tiriti o Waitangi-based partnership, given the status of Māori health compared with other populations:

"Equity is purposeful investment of resources that transforms pathways of disadvantage to advantage:

- It recognises that avoidable, unfair, and unjust differences in health are unacceptable.
- It requires that people with different levels of advantage, receive proportionate investment of resources and approaches based on rights and need.
- It demands a health and disability system that is committed to implementing Te Tiriti o Waitangi in contemporary ways as a catalyst for success; that our system is culturally safe[4], competent and enabling of wellbeing.
- We will know we have achieved Equity when we see equity of access, quality and outcomes in the region; particularly for Māori and then for all others who are affected unnecessarily by disadvantage."

Equity for Māori recognises the value of tikanga (values and practices) and mātauranga Māori (worldview/traditional knowledge). We will integrate te Ao Māori into systems design, health policy, models of care and delivery of all health services. This includes recognition that patients and whānau are experts in their own right and should have more control over their own wellbeing and consequently the care they receive.

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[1] This definition also aligns with the equity principles described in the Hauora Report on Stage One of the (Wai 2575) Health Services and Outcomes Kaupapa Inquiry - https://www.health.govt.nz/our-work/populations/Māori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry

[2] United Nations Declaration on the Rights of Indigenous Peoples, Articles 23 & 24 - https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

[3] The MOH definition is "In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage *require different approaches and resources* to get equitable health outcomes." *(italics added for emphasis).*

[4] The definition of 'cultural safety' is explored in the following article - Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health*. 2019;18(1):174. Published 2019 Nov 14. doi:10.1186/s12939-019-1082-3 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6857221/

2. THE ASPIRATIONS OF WHĀNAU

Establishing a foundation for the Regional Equity Plan begins by reflecting the aspirations and expectations of Māori. The word cloud below is from the DHB Māori Health plans, which have been developed in partnership with iwi.

The quotes on the next page are a selection from DHB initiatives, strategies, and plans.

About Te Manawa Taki

21%

Te Manawa Taki covers an area of 56,728 km², or 21% of New Zealand's land mass.

Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island.

5 DHBs

Five District Health Boards: Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki, and Waikato.

Includes major population centres of Tauranga, Rotorua, Gisborne, New Plymouth and Hamilton.

985,285 people (2020/21 population projections), including 265,360 Māori (27%) and 43 local iwi groups.

Te Manawa Taki Iwi

Bay of Plenty DHB
Ngai Te Rangi, Ngāti Ranginui, Te Whānau ā Te Ēhutu, Ngāti Rangitihi, Te Whānau ā Apanui, Ngāti Awa, Tūhoe, Ngāti Mākino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngai Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau

Lakes DHB
Te Arawa, Ngāti Tuwharetoa, Ngati Kahungunu ki Wairarapa

Hauora Tairāwhiti
Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu, Ngā Ariki Kaiputahi, Te Aitanga-a-Hauiti

Taranaki DHB
Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngāruahine, Ngāti Ruanui, Ngā Rauru Kiitahi

Waikato DHB
Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Waikato, Tuwharetoa, Whanganui, Maata Waka

Key
- Bay of Plenty DHB
- Lakes DHB
- Hauora Tairāwhiti
- Taranaki DHB
- Waikato DHB

3. WORKING IN UNISON

In June 2019, Te Manawa Taki DHBs Region Governance Group (TMTRGG) and Te Manawa Taki Iwi Relationship Board (TMTIRB) signed a Memorandum of Understanding at Te Papaiouru Marae, Rotorua, to advance our working together.

3.1 Our Values

The Values of Te Manawa Taki are represented by the acronym T.A.H.I which is also the Māori kupu (word) for the number 1. T.A.H.I reflects our commitment to achieve Equity, Māori health gain and a successful Te Tiriti embedded Partnership. These issues and those in this plan are our combined #1 priority.

T	**Tautoko** (mutual support) – of each other; supported by our commitment to **mahi tahi** (a united cause).
A	**Auahatanga** (innovation) – is at the centre of what we want to do; supported by our **kaitiakitanga** (shared guardianship of our mahi/work) role.
H	**Hauora** (Māori health and wellbeing) – is our priority; supported by our commitment to equity and **rangatiratanga** (partnered leadership) role.
I	**Ihi** – the **power** of our integrity towards each other and what we do; supported by **manākitanga** (mutual support), **whakawhānaungatanga** (working together) and **whakapakari** (strengthening each other).

It is through these values that we can continue to improve outcomes for Māori, where Māori have at least the same health outcomes as Non-Māori. **T.A.H.I** also aligns with our Vision statement, which reflects our singular commitment.

3.2 Our Vision

Te Manawa Taki's vision is ***He kapa kī tahi*** - **a singular pursuit of Māori health equity**. It reflects that, as a region, we will work in unison in a Tiriti o Waitangi based partnership to achieve equity of Māori health outcomes and wellbeing through multiple means, including:

- A regional health system that actively prioritises achieving Māori health equity.
- Mutual respect for braiding the best of kaupapa Māori and western science best practice evidence, thinking and worldviews to benefit Māori health equity.
- Shared accountability for measuring and achieving success.
- Shared decision-making and authority.
- Shared resources (financial, technical, human, other).
- Working in partnership to create a system that enables Māori to lead solutions that are based on kaupapa Māori and mātauranga Māori.
- Creating and enabling champions to lead solutions that drive equitable outcomes for Māori.

T Tautoko

Even through sickness and illness people just kept coming [to the programme] and retaining it because they had that sense of ownership, that real connection that **it was something that they wanted and it worked for them.**

Chae Simpson – *He Pikinga Waiora Coordinator*

It's not us doing unto them, I think that's what we have to really keep in mind. It is **how do we partner**, how do we work in a way that actually facilitates the continued care of the person in the community.

Waikato DHB staff member

We need to be acknowledged and supported as we hold a **key role in the care of our whānaunga whaiora**.

Let's Talk – *Me Kōrero Tātou participant*

Auahatanga A

My whānau, support people and I need **more of this education** to lessen my stress and help me recover.

Kia ora e te iwi programme participant.

We should bring services together – we should be **working together as one**.

Care in the Community wānanga (Te Kuiti) participant

As in life, **the most important thing is people**, working with people, engaging with people, constantly asking and just **being flexible enough to change things** when it doesn't work how you thought it would.

Chae Simpson – *He Pikinga Waiora Coordinator*

He kapa ki tahi

A singular pursuit of Māori health equity

My whānau... **gathered together** with my extended whānau. They were thrust into all night and daily vigils of karakia and a lava flow of aroha.

Colleen Prentice

Knowing that **I have been given a waka to be able to row with**, now with this programme I am quite rapt with it.

Vic - *He Pikinga Waiora participant*

As Māori, we need to **exercise our guardianship over our people**.

Let's Talk – *Me Kōrero Tātou participant*

We want to go back to the basics of spending time together and celebrating each other as a whole whānau; so, **we need the system to support and respect us** through a wellbeing approach.

Let's Talk – *Me Kōrero Tātou participant*

They **accepted and acknowledged** my Māoritanga, Ringatū faith and whānaungatanga. Having my whānau and friends at my bedside gave me strength. **For me, that was everything and a key part of my recovery**.

Thomas Mitai

We need to have a **sense of belonging** within our whānau and be supported to always have this."

Let's Talk – *Me Kōrero Tātou participant*

H Hauora

Ihi I

3.3 Our Mission - C3 - Co-design, Co-decide, Co-implement

Our Mission reflects the way we will work together to implement true Te Tiriti o Waitangi based relationships to effect sustainable and positive partnered change over time.

3.4 Te Tiriti o Waitangi

Te Tiriti o Waitangi is the foundation of our partnership. The partnership of Te Manawa Taki iwi is realised through our governance and management structures as well as our ongoing dialogue with communities around the region. Patients and whānau have their own thoughts, feelings and desires for a health system that works for them, and it is through that conversation that we can deliver a system that people can fully engage with.

The Waitangi Tribunal[5] recommends adoption of the following principles (the recommendations below were in the context of primary health care delivery), which reflects the evolution in the interpretation of giving proper and full effect to Te Tiriti:

(a) The guarantee of **tino rangatiratanga**, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of primary health care.
(b) The principle of **equity**, which requires the Crown to commit to achieving equitable health outcomes for Māori.
(c) The principle of **active protection**, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
(d) The principle of **options**, which requires the Crown to provide for and properly resource kaupapa Māori primary health services. Furthermore, the Crown is obliged to ensure that all [primary health care] services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
(e) The principle of **partnership**, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of primary health services. Māori must be co-designers, with the Crown, of the [primary health] system for Māori.

3.5 Māori health equity

Within Te Manawa Taki, as across the nation, there are persistent inequities within different populations, especially for Māori. Key to our regional strategy is achieving Māori health equity, as well as identifying and addressing equity gaps in other populations. Many complex factors lead to poor health status. However, as a population group, Māori have on average the poorest health status of any group in New Zealand. This is unacceptable to us.

Factors such as income, employment status, housing and education can have both direct and indirect impacts on health. These impacts can be cumulative over lifetimes, and disproportionately affect Māori. It is important for the health sector to partner and provide leadership to improve the social context of health outcomes. Based upon evidence of inequities, we will prioritise our effort in three key areas: **Cancer, Child Health** and **Mental Health**.

[5] Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry – pages 163-164.

Cancer

Cancer **incidence rate** is **1.3x higher** than for Non-Māori

Lung cancer **incidence rate** **3.3x higher** | Lung cancer **mortality rate** **3.4x higher** than for Non-Māori

Cancer **mortality rate** is **1.8x higher** than for Non-Māori

Of all cancers, the highest incidence for Māori are;

- 19% Lung
- 19% Breast
- 16% Urological

Breast cancer **incidence rate** **1.7x higher** | Breast cancer **mortality rate** **1.6x higher** than for Non-Māori

Liver cancer **incidence rate** **2.6x higher** | Liver cancer **mortality rate** **3.4x higher** than for Non-Māori

31.1% Māori | 21.4% Non-Māori

Have their cancer first diagnosed following an emergency department presentation.

There is evidence that if cancer is diagnosed through an acute pathway via the emergency department, one year survival is poorer than for the elective referral pathway.

Colorectal Cancer **Incidence Rate** per 100,000

- 38.9 Māori
- 40.7 Non-Māori

Prostate cancer **mortality rate** is **1.4x higher** than for Non-Māori.

5 year survival for Māori with colorectal cancer is **lower by 11.7%** compared to Non-Māori.

Breast cancer survival (all cause mortality)

	Māori	Non-Māori
One-year survival	96%	96%
Five-year survival	83%	84%

Faster Cancer Treatment Indicators:

	2013/14		2018/19	
	Māori	Non-Māori	Māori	Non-Māori
31 day indicator	81%	78%	90%	87%
62 day indicator	49%	53%	93%	91%

Maori achievement against FCT targets better than Non-Maori.

Child health

Vaccination rates

At **six months** of age

63% Māori | 83% Non-Māori

At **twelve months** of age

91% Māori | 94% Non-Māori

At **five years** of age

86% Māori | 89% Non-Māori

5x higher

percentage of Māori pregnant women who identify as smokers than Non-Māori women

40% Māori | 8% Non-Māori

PHO enrolment rates

At **six weeks** of age

57% Māori | 83% Non-Māori

At **three months** of age

75% Māori | 83% Non-Māori

1.2x

as many decayed, missing and filled teeth than Non Maori children at five years of age (on average)

Infants exclusively or fully breastfed at three months

45.7% of Māori children

61.8% of Non-Māori children

Maori obesity rates in before school checks

2.2x higher

than Non-Māori obesity rates

Percentage of caries free children at 5 years

36% Māori | 67% Non-Māori

Trauma for children 14 years and under from 2012-2018 in the region

Total injury risk for Māori children is **1.1x** that of Non-Māori

Risk of hospitalization from burns in Māori children is **1.8x** that of Non-Māori

Risk of hospitalisation from contact with sharp objects and from injury related to bicycles in Māori children are both **1.7x** that of Non-Māori

Risk ratio for severe injury (ISS = 25+) in Māori children was **1.8x** that of Non-Māori

Mental health

Māori adults are

1.7x more likely to have **experienced psychological distress** as Non-Māori

1.5x more likely to report a high or very high probability of having an **anxiety or depressive disorder.**

Whānau support

Increase in contacts last 5 years

Māori	Non-Māori
30%	17%

Mental Health Contacts

All services and all ages % of population

Māori	Non-Māori
7%	4%

All services 20-50 year olds % of population

Māori	Non-Māori
12%	6%

Seclusions

per 100,000 population

Māori	Non-Māori
14.5	1.12

Alcohol & Drug Contacts

All ages% of population

Māori	Non-Māori
6%	2%

Number of clients under section 29 (compulsory community treatment order) per 100,000 people per year

291.4 Māori **85.4** Non-Māori

Suicide rates

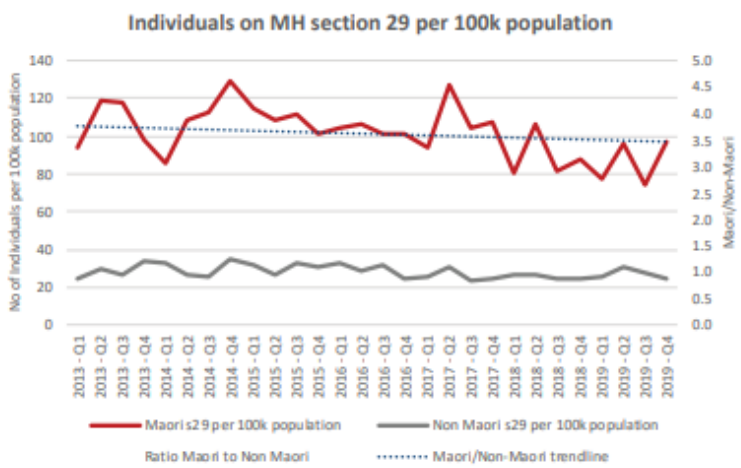
per 100,000 population

All ages

Māori	Non-Māori
16.9	9.1

Males 15-24yo

Māori	Non-Māori
52.4	23.5



Māori have the **highest rate** of mental health and addiction service use

3.6 Line of sight

National

Te Tiriti o Waitangi	Government Goal	Government Priority outcomes	Health System Vision	Health and Disability priority areas	Minister of Health system priorities
• Partnership • Tino rangatiratanga • Active protection • Options • Equity	Improving the wellbeing of New Zealanders and their families.	• Ensure everyone who is able to, is earning, learning, caring or volunteering. • Support healthier, safer and more connected communities. • Make New Zealand the best place in the world to be a child.	• Pae Ora Healthy Futures.	• Governance • Sustainability • Service performance • Embed Te Tiriti o Waitangi and achieve pae ora (healthy futures) for Māori. • Achieving equity • Financial performance and responsibility • Capital investment • National Asset Management Plan • Service user councils	• A strong and equitable system • Support wellbeing through prevention • Primary care support • Child wellbeing activities • Mental wellbeing activities • Areas of high inequity, and priority equity measures/ targets

Te Manawa Taki

Values	Vision	Mission	Settings	Three-year Action Plan
Tautoko mutual support **Auahatanga** innovation **Hauora** Māori health & wellbeing **Ihi** power of our integrity	**He kapa kī tahi –** A singular pursuit of Māori health equity.	**C3** Co-design Co-decide Co-implement	Governance structures	Regional Equity Action Plan (REAP)

Services	Connector groups	Te Manawa Taki DHBs
Regional service areas & Networks, and shared services • Cancer • Cardiac • Child Health • Healthy Ageing • Hepatitis C • Mental Health & Addictions • Planned Care • Public Health Network • Radiology • Renal • Stroke • Trauma	• Pathways of Care • Quality • Workforce • Data & Digital	• Vision • Mission • Values • Goals and aspirations • Strategic focus & priorities • Overarching outcomes

3.7 Governance structures

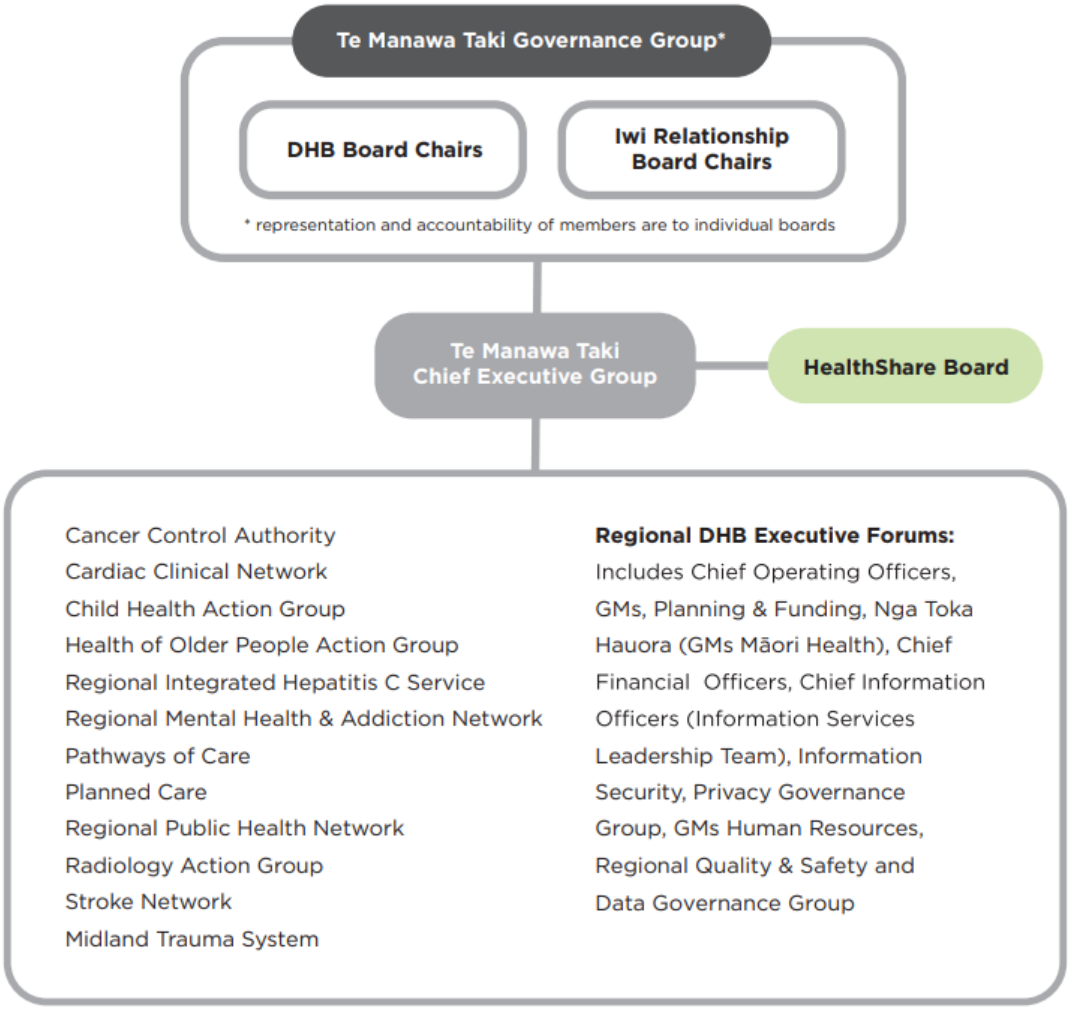
Te Manawa Taki Governance Group (TMTGG) is the overarching governance group for the region, overseeing and holding accountability for regional direction, strategy, and key programmes of change. Membership is the five Chairs of Te Manawa Taki DHBs and five Chairs of Te Manawa Taki Iwi Relationship Board (TMT IRB). **This 50:50 composition reflects a Te Tiriti of Waitangi-based partnership.**

Each DHB Chair is accountable to their DHB Board and is responsible for informing their DHB of matters of significance, including risk and mitigation strategies, for matters arising from the group's deliberations.

TMT IRB comprises the five Chairs and Deputy Chairs of each mandated DHB iwi group collective: Bay of Plenty – Te Rūnanga Hauora Māori o te Moana Ā Toi'; Lakes – Te Rōpu Hauora o Te Arawa; Hauora Tairāwhiti – Te Waiora o Nukutaimemeha; Taranaki – Te Whare Pūnanga Kōrero Trust; Waikato – Iwi Māori Council.

The Te Manawa Taki CEs Group oversees regional collaboration. The five DHBs of Te Manawa Taki– Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato – have a history of co-operating on issues of regional importance and on new programmes of change. Regional clinical networks and forums, executive forums, and workforce are linked to Te Manawa Taki CE Group through a DHB CE lead (as sponsor) and through regular reporting to the Te Manawa Taki CE Group.

HealthShare Ltd is the shared services agency for Te Manawa Taki DHBs and is a limited liability company with the five DHBs holding equal shares.



4. WORKING TOGETHER

4.1 Three-year strategic plan

The table below shows a three-year plan which sets out the region's priorities and direction[6]. Part of this work is the Regional Equity Plan (this document), which describes the region's annual operational plan to achieve equity.

Through the **'Settings'** work, Te Manawa Taki's Te Tiriti inspired governance group (TMTGG) demonstrates shared leadership and decision-making which contributes to Māori health equity.

'Services' relates to the Governance-level oversight of activity undertaken by regional Networks and Groups (as per regional annual workplans). TMTGG have identified three priority Service areas for achieving equitable health outcomes for Māori: *mental health, child health* and *cancer*.

'Collaboration' describes Governance-level oversight of activity that achieves equitable systems and connectivity within the regional health sector. This work is in alignment with the annual workplans of the relevant regional groups – such as regional HR and workforce leads for activity relating to workforce development and institutional racism/bias.

Priority work that will contribute to Māori health equity:	What are the equity aims for this work?
Settings:	
Hauora outcomes framework: Collaborative development of a regional hauora outcomes framework. - All regional action plans and data collection/reporting to align. Equity strategies: Developed & incorporated into regional planning. - Ensure plans based on a common regional strategy and definition of Māori health equity.	- Prioritises a te ao Māori worldview and whānau voice, ensuring the framework and data is relevant and is meaningful for Māori iwi, hapū and whānau. - Clear and evident data supports collaborative regional effort to measure achievement (or not) of Māori health equity. - Data is available and relevant to iwi in Te Manawa Taki.
Commissioning framework: Develop and implement a new and innovative Hauora Commissioning Framework. - CEOs to apply the framework to commission health services using the optimal mix of cultural and clinical specificity.	
Data: Data is used to monitor and improve performance, and to measure impact: - All regional action plans to include Māori health needs analysis, outputs and outcomes data, and Māori health equity targets. - Data sets to align with Māori health priorities and include supporting information such as ethnicity and iwi affiliation.	
Equitable funding: Funding strategies agreed, implemented, and monitored. - CFOs (via CEOs) with GMs P&F and COOs to complete a current state analysis of existing investment in kaupapa Māori[7] health services, primary and community care and secondary/tertiary/quaternary care.	- Investment strategies to support equitable funding[8], result in measurable increased investment in services and/or enablers for Māori health. - Enhanced ability of DHBs and the regional system to invest equitably & strategically

[6] A programme plan will be developed Q1 20/21. Individualised project plans will include milestones, timeframes & completion dates.

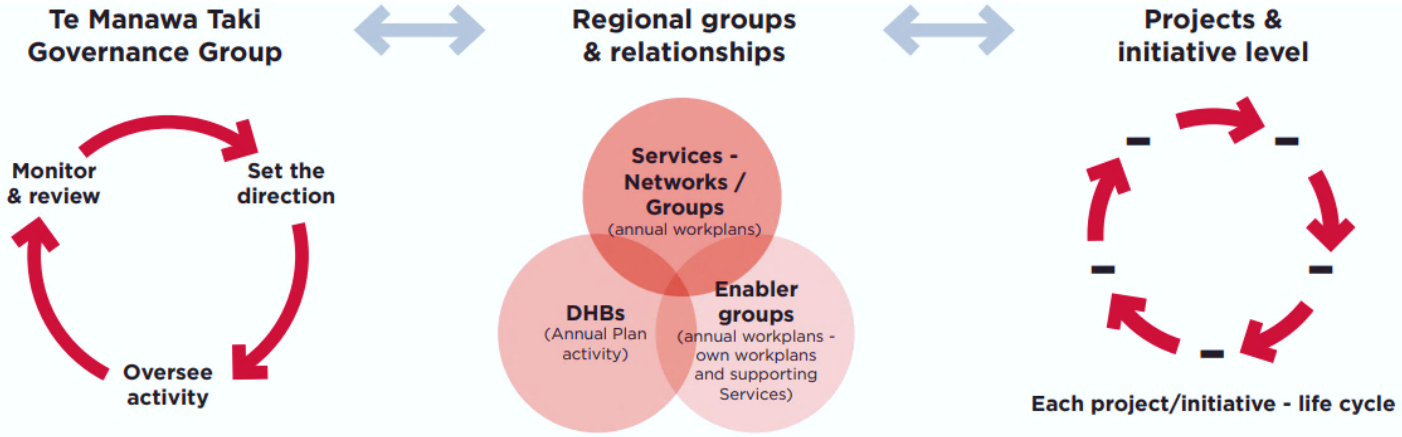
[7] Kaupapa Māori health services are those that are delivered by Māori health providers and aligned with a te ao Māori worldview.

[8] Examples, ringfencing, top-slicing, disinvestment and reinvestments, formulaic analysis, etc.

Priority work that will contribute to Māori health equity:	What are the equity aims for this work?
	(including based on multi-year investment targets) in services that prioritise Māori health outcomes.
Services:	
Action Plans: Oversight and monitoring to ensure action plans are implemented on time: - Plans to be explicit about how to improve Māori health equity unless this requirement is formally excluded by TMTGG within the next three years. - Plans to align with agreed Māori health priorities and health priority indicators.	- Practical implementation of Te Tiriti o Waitangi obligations and opportunities. - Clear and evident plans support collaborative regional effort to achieve Māori health equity. - Implementation of wellbeing plans – with agreed investment options – for priority Māori health equity areas of *mental health, child health* and *cancer*.
Regional investment: Prioritised investment into agreed services to improve outcomes. - Collaborative development of regional wellbeing plans (including aims, priorities and investment options) for priority areas of mental health, child health and cancer. - Regional investment pool agreed.	
Collaboration:	
Māori workforce: Develop and implement the national targets, at a regional level, for Māori workforce development. - Strategies identified based on current status and needs assessment across the recruitment and retention pipeline.	- Implementation of strategies to ensure a DHB workforce that reflects the needs and aspirations of Māori communities[9] - Māori capacity built to meet whānau Māori health needs and regional Māori population. - A culturally safe health system that optimises Māori health outcomes and equity, including equity as a KPI in employment contracts. - Reports show strategy targets are on track for actual and continued reduction in perceived institutional racism.
Eliminate institutional racism/bias: Develop and implement regional, multi-year strategies. - A shared regional plan with strategies from culture shift through to workforce development and human resource processes, provider development, service delivery expectations, and contractual requirements.	
Provider development: Purposefully build provider capacity and capability with the view to scale investment and targeted growth. - Common and unique Māori and Non-Māori health provider strategies identified and implemented based on current provider landscape, needs assessment, fiscal and service implications.	- Māori provider capacity built to meet whānau Māori health needs. - Māori providers are sustainable, and people have more choice to access providers who deliver (amongst other things) kaupapa Māori models of care. - More opportunity for integrated care and partnerships between Māori and other healthcare providers in the system.

[9] Note that, in time, we would like to expand this analysis and targets to the whole system, not just DHBs.

4.2 Relationship between regional strategic priority work and annual workplan activity/implementation



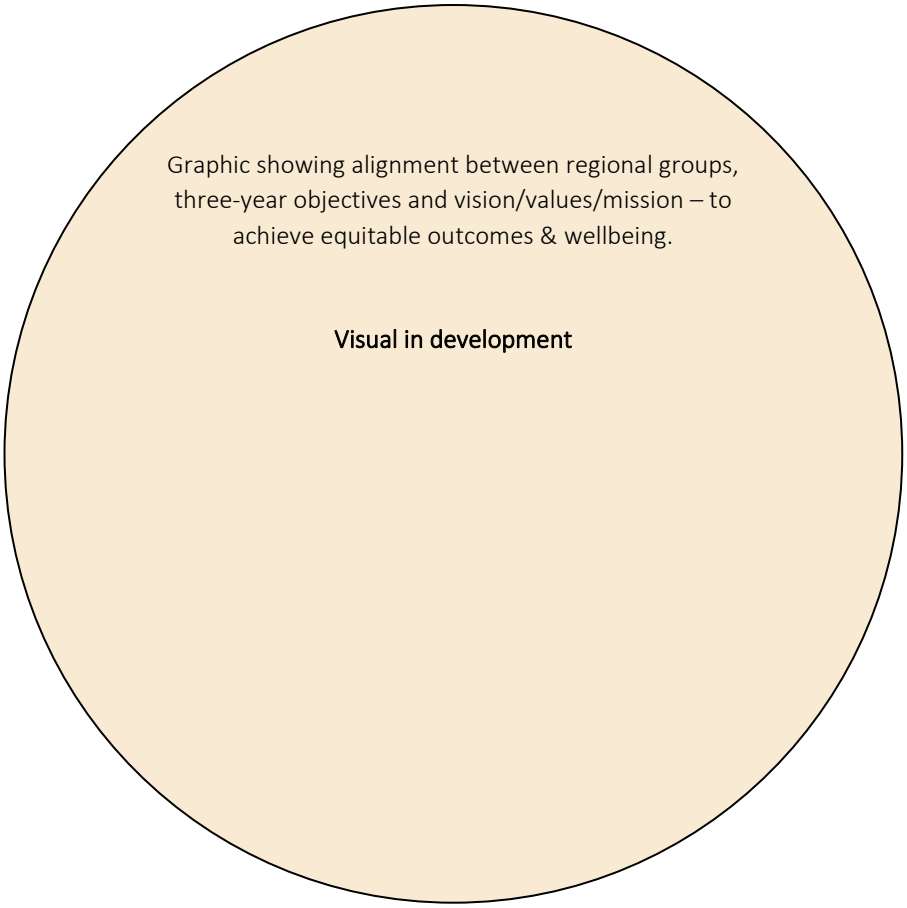
SETTINGS			
Hauora outcomes framework	Ensures a common Hauora view and strategy.	Interpret and define priorities.	Implement priority outcomes.
Commissioning framework			Apply optimal cultural/clinical mix.
Data	Shared data definitions, targets, status view.	Monitoring, collation/reporting, data-driven improvement	Data collection and reporting.
Equitable funding	Shared strategy agreed, implemented, monitored.	Prioritise available funding in line with Hauora frameworks.	Implementation of agreed approach.
SERVICES			
Action plans	Ensure equity focus in all plans, & priority Services.	Develop/align all action plans with Māori health priorities.	Achieve tangible health outcomes.
Regional investment	Monitor investment aligned with funding strategy.	Responsible for implementation and reporting.	Increase priority services/enablers.
COLLABORATION			
Māori workforce	Strategies to implement national targets.	Establish approach across recruitment/retention pipeline.	Attract & retain workforce.
Eliminate institutional racism/bias	Agreement and implementation of workforce/other multi-year strategies for cultural change at all levels.		
Provider development	Provider strategies	Sustainability, capacity development, integrated care & partnerships.	Implement and localise strategies.

* Refer to the Addendum to the Regional Equity Plan for detail of priority annual workplan activity related to the REAP and Māori health equity.

4.3 Connections and partnerships

A unified approach is critical to achieving health equity for our Māori populations, and hauora (health and wellbeing) for everyone in Te Manawa Taki. The regional vision, values and mission guide our common work, with Te Tiriti o Waitangi as the foundation of our partnership with Māori iwi and whānau.

Through the three-year strategic plan, Te Manawa Taki Governance Group sets the direction and strategies we deliver through the annual workplans of our regional groups, networks, and partnerships. The addendum to the REP includes the Māori health equity elements of Network and regional group workplans for Te Manawa Taki.



4.4 Māori communications strategy

The Ministry of Health is providing a COVID-19 Māori Communication Support fund, with an allocation of $300,000 to Te Manawa Taki.. Māori Health Gains and Development, Bay of Plenty District Health Board was nominated by Nga Toka Hauora (Te Manawa Taki DHB GMs Māori Health) to be the lead DHB in the development of the Māori Communications strategy and actions. The priority areas for this funding are:

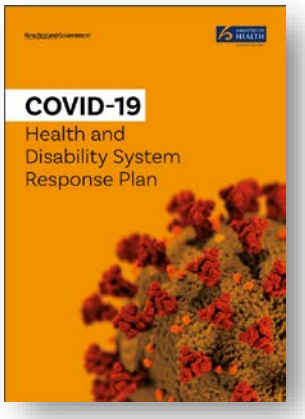
1. Invest in a Māori communications strategy and action plan for the region.
2. A Māori regional website as the hub for regional COVID-19 information.
3. Invest in marketing patient/whānau portals and resources.
4. Invest in rangitahi (youth) targeted comms.

4.5 COVID-19 response

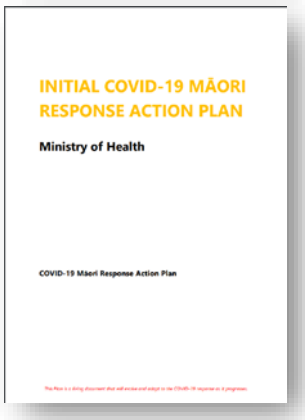
The **COVID-19 Health and Disability System Response Plan**[10] identifies Māori as a priority for support, emphasises equity and active protection as central to the national response, and reiterates the obligations of the Crown under Te Tiriti o Waitangi.

The **Initial COVID-19 Māori Response Action Plan**[11] sets out a strategic approach and suite of actions that the COVID-19 response can adopt to uphold Te Tiriti o Waitangi and support the achievement of Māori health equity.

The national and international response to the pandemic is quickly evolving. Te Manawa Taki continues to respond to this event with a unified approach – sharing initiatives and learnings, clarifying opportunities for shared preparedness and to assist each other, and as well as monitoring the impact of this pandemic on our regional strategic goals and annual workplans.



A rapid escalation and engagement at the early stages of the COVID-19 response has laid the foundation for recovery and the transition to the 'new normal'. All populations in Te Manawa Taki are "in it together" for COVID-19, with iwi, health sector staff and other essential services putting in an exceptional effort to ensure the region was ready and resilient.



The COVID-19 response demonstrates Te Manawa Taki values and partnership in action. This has included local solutions using kaupapa Māori models to achieve equity and to enhance health and wellbeing. Mobile Community Based Assessment Centres and remote telemedicine technology have been very successful in reaching remote Māori populations not only for communication and testing but also for influenza immunisation and wider health and wellbeing support.

[10] **COVID-19 Health and Disability System Response Plan (2020). Wellington: Ministry of Health** – first published online 15th April 2020 - https://www.health.govt.nz/publication/covid-19-health-and-disability-system-response-plan

[11] **Initial COVID-19 Māori Response Action Plan (2020). Wellington: Ministry of Health** – first published online 16th April 2020 - https://www.health.govt.nz/publication/initial-covid-19-Māori-response-action-plan

CEO's Report (Open) – June 2020

Key Matters for the Board's Attention *

Influenza Coverage *

Influenza coverage for the season is looking positive for BOPDHB; sitting 4 points away from meeting the 75% target with two months to go; at 71% for the >65 total population group. May 22nd results show Māori at 64% and a remaining equity gap to non- Māori of 9% marginally improved; the Māori result is also expected to meet the target and show a reduction in equity gap, from targeted interventions planned for the >65 group in high dep areas.

Rheumatic Fever *

The Rheumatic Fever response plan outlines the response to the recent cases seen in the BOP. The (COVID) modified school based service has been reinstated, with great collaboration from the 4 Hauora providers, EBPHA nurse lead and CH4K and many others in regards to the service design and advice. A letter was sent out to all schools in the BOP to notify them of the recent RF cases and the recommendation that children should be asked if they are well every day, utilising a checklist (this is a fridge magnet for students learning from home or parents to use).

Whakatohea CHW swabbing a student for Group A Strep (used with permission)

STRATEGIC PRIORITIES *

Some key highlights on the four areas of focus are provided below:

1

TOI ORANGA MOKOPUA – CHILD WELLBEING *

Childhood Immunisation

Childhood Immunisation coverage overall is much improved from dedicated process improvement and operational leadership; 8 month health target rate is 87%, with 90% (NZE) and Māori 83%, with an 8.1% decline rate, translating into close approximation to the 95% target.

Toi Te Ora will take a lead role in a media campaign along with BOPDHB Communications promoting childhood immunisation as COVID-19 has seen many parents avoiding GP Practices to stay in their bubbles. The Immunisation Collective met on 14 May to discuss next strategies and how to better support community pharmacy to become key players in immunisation. A number of additional pharmacies have joined the immunisation programme which is a great development.

Murupara Maternity.

The new service has commenced, with clinics running out of Murupara medical centre. There are some simple facility improvement requirements required to the Murupara facility. Koopu Midwives are working with the local Hauora (Te Ika Whenua) to promote themselves to the Murupara and surrounding communities.

Child Development Services

The assignment of Te Whanau Kotahi (TWK) has made great progress with staff transferring across to the DHB at the start of this month. This is a big success and testament to the preparation of the transition. Work continues to transfer to DHB systems and is a significant task including emails and network access to activity in patient management systems.

2

TOI ORANGA AKE – INTEGRATED CARE *

Keeping Me Well (KMW)

KMW is continuing to make excellent progress as a key initiative within our Integrated Healthcare strategic priority. The current development phase in partnership with Nga Kakano Practice aims:

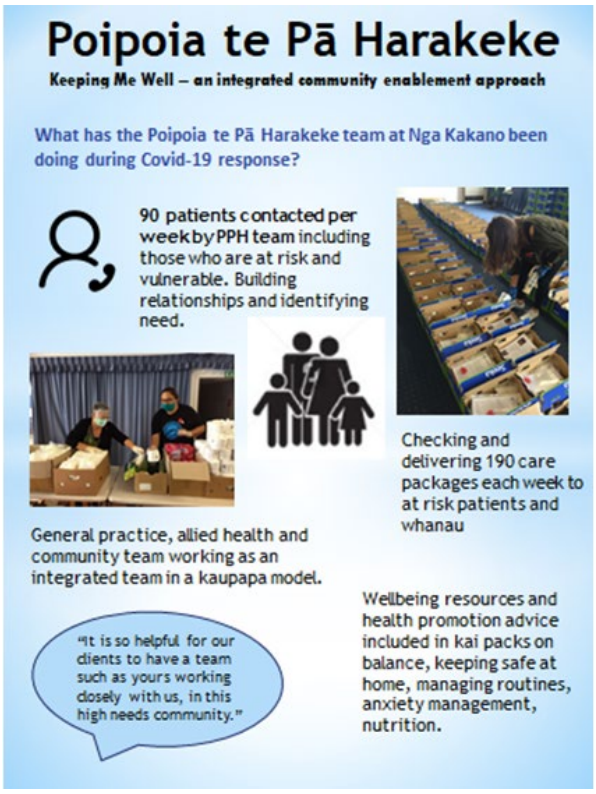
- To prevent admissions to hospital and improve client wellbeing through delivery of enablement programmes in the home.
- To improve access to enablement programmes and support services for Maori.

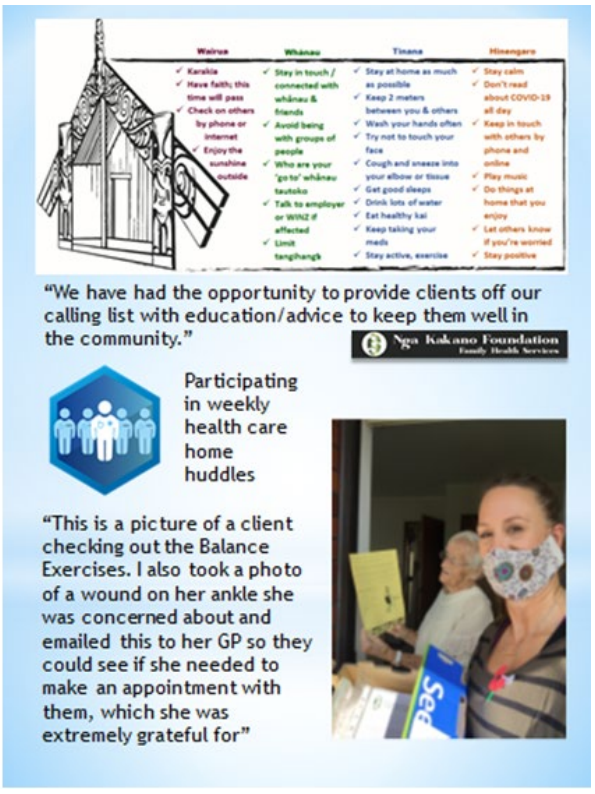
- To reduce ED presentations through responsive enablement programmes in the home.

In the four weeks prior to COVID-19 the team had established the following:

- Risk stratification lists for the practice detailing 165 clients at risk of admission and not actively engaged with general practice or of concern to practice. A process to further case find this list with local community knowledge was undertaken. Aim ongoing is for Allied to establish links with these clients to look for early intervention opportunities and initiate KMW trial (90 clients being contacted per week).
- Team was given training on kaupapa model and Hui process.

COVID-19 has shaped a different response and the following illustrates the activity undertaken:





As the lockdown measures move to Level 2, the Nga Kakano team will review current learnings and look at progressing next steps. There are a significant number of potential enablement clients that can now be accessed for a proactive KMW approach.

3

TOI ORANGA NGAKAU – MENTAL HEALTH *

Whakatane Mental Health & Addiction Service New Build

Scope of Work

- Construct a new mental health & addiction service building to achieve a modern model of care

Budget

- The project budget has been set by the Ministry
  - Not to exceed $15,000,000 but excluding asbestos removal and demolition of existing building.

Programme

- Business Case to be submitted to Ministry by September 2020
- Construction works commence before 1 July 2021.

Status of Project;

- Concept design 95% complete
- Concept design is with the Cost Consultant for budgeting
- Concept plans are yet to be signed off by Mental Health Service
- Business case preparation is progressing and is 50% complete.

Tauranga Acute Mental Health Unit New Build

Scope of Work

- Construct a new mental health & addiction service building to achieve a modern model of care
  - Note the bed numbers have been defined by the Ministry
  - The new build will utilise part of the existing mental health building. At the completion of the project the balance of the existing build can be repurposed for clinical consulting rooms.

Budget

- The project budget has been set by the Ministry
  - Not to exceed $30,000,000 but excluding demolition of pensioner flats.

Programme

- Business Case submitted to Ministry September 2020
- Construction works commence before 1 July 2021.

Status of Project

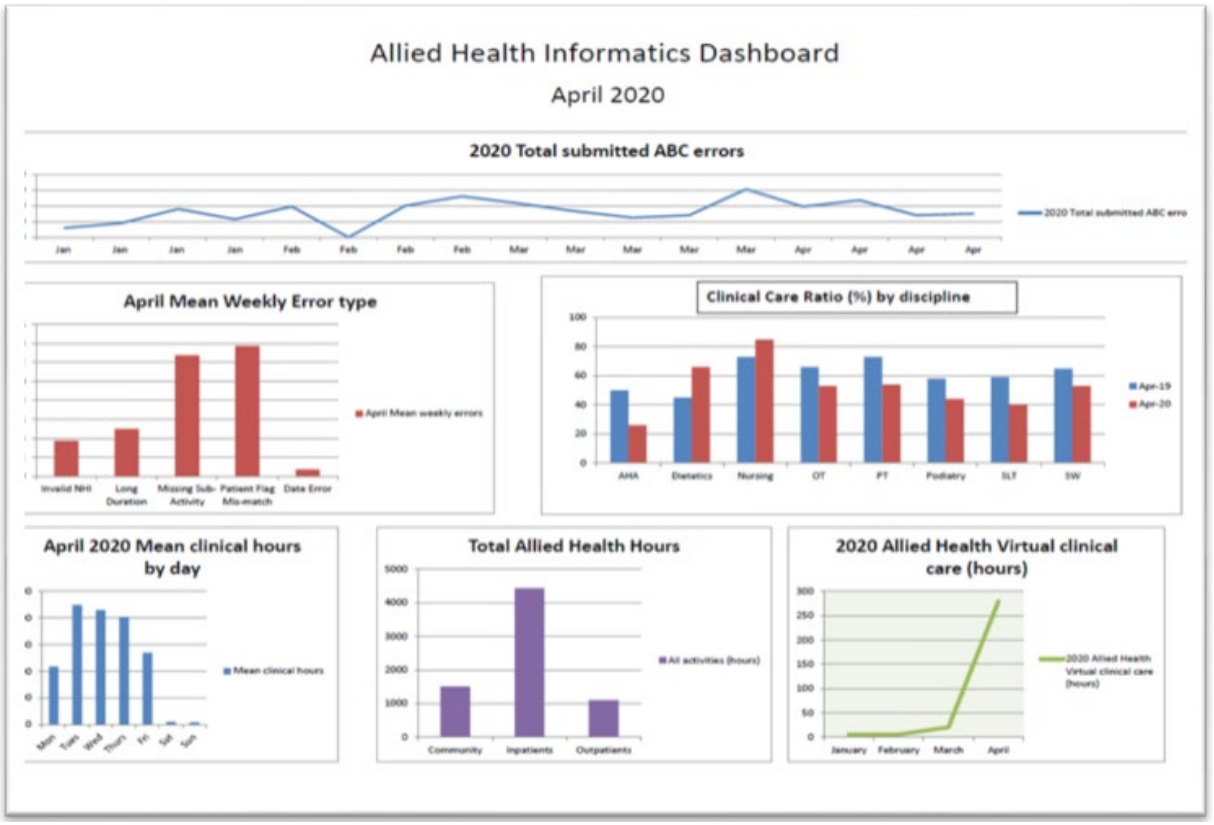
- Concept design continues to be developed and is 90% complete
- At this early stage of the design we are confident the build can be achieved within the defined budget
- Concept plans are yet to be signed off by Mental Health Service
- Business case preparation is progressing and is 30% complete.

4

TOI ORANGA TIKANGA – BUSINESS DESIGN *

Allied Health Informatics

The aim of the Allied Health Informatics workstream is to ensure decision making and clinical practice for allied health is supported by accurate, rich, consistent and visible data. The goal is to achieve efficient use of resources, accurate, standardised and data-informed decision making to get the right person, to the right place at the right time.



COVID-19 RESPONSE

Te Teo Herenga Waka

Breast Screening:
Breast screening ceased during Alert Level 4, but has since restarted. There is a backlog for BreastScreen Midland to address. We have offered support to address the backlog. In parallel we are seeking access to the Breastscreen Aotearoa database for BOPDHB via the NSU. This will enable us to run queries for our DHB population to help estimate enrolment in the screening programme, and performance by ethnicity, age group, and geography within the DHB.

Toi Te Ora

Toi Te Ora is now transitioning back to a five day week with a number of its response roles continuing to be rostered on-call over the weekends. This will be reviewed on a regular basis.

The primary role Toi Te Ora has had to date in the COVID-19 response is leading the case investigation and contact tracing across the Bay of Plenty and Lakes region. With no new confirmed cases since early April the response has now moved to working alongside Lakes and Bay of Plenty DHBs and the National Contact Tracing Service to plan for the resourcing of any future upsurge of cases; this planning is required by the Ministry of Health. In addition, Toi Te Ora continues to maintain essential public health services for this region, for example, following up on other notifiable diseases and environmental issues such algal blooms.

Surveillance testing continues across both district health boards with the Community Based Assessment Centres an important part of this process. As changes to this delivery model are made as part of the district health boards transitioning back to business as usual service delivery, there will potentially be challenges for ensuring facilities remain in place for the ongoing surveillance work required by the Ministry of Health. The district health boards will also need to ensure their population continues to have easy access to testing.

The two district health boards have been managing public communication for COVID-19 across their combined region over recent weeks. The two District Health Boards' CEOs have now mandated Toi Te Ora to take over responsibility for this strategic communications activity, which will include both the COVID-19 response and recovery communications across the region.

Corporate Services

Supply Chain Continuity

- Pandemic stock levels remain sufficient despite some concerns around national supply flows for gloves and gowns.
- The closure of the CBACs will impact the supply team as they will be supplying PPE to a wider range of GP practices rather than the limited number of CBACs. This has implications for ordering, supply and DHB stock levels as practices build up local stocks.

Provider Arm

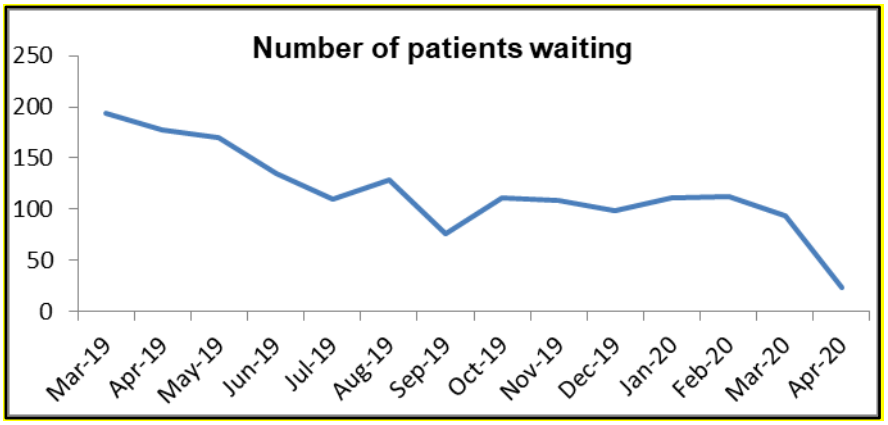
Executive Director Allied Health, Scientific and Technical (AHST)

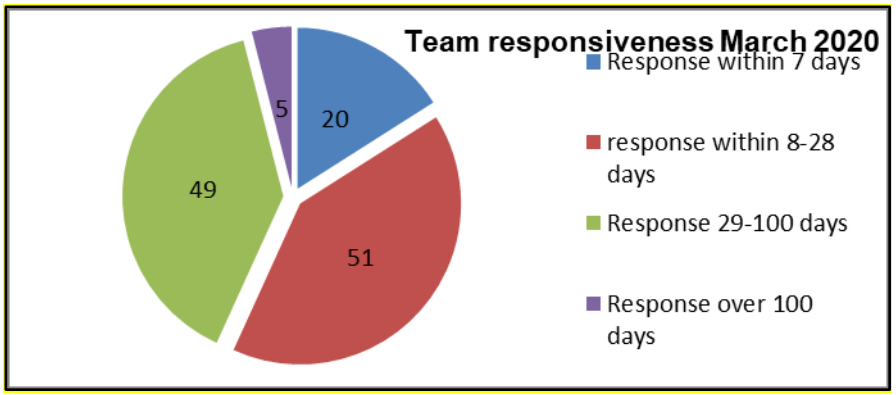
Allied Health Services

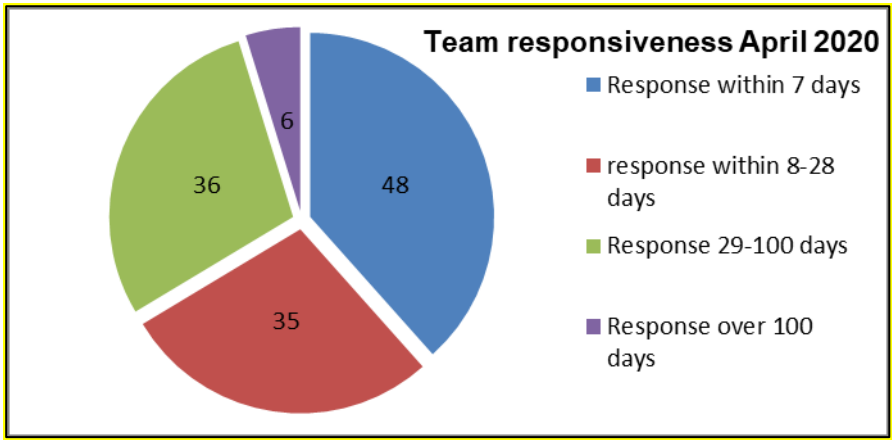
As we move into Level 2 the AHST teams are working hard to identify how best to prioritise clinical activity. During Levels 3/4 there was a real drive to ensure clinical care was provided to those most at risk and supported self-management to those who could manage with advice using technology where appropriate. Some novel ways of delivering services were identified and these have been catalogued for future learning reference.

One of the focus areas for activity was the Community Allied Health service. A focus of improvement over the last year, activity was accelerated with an increased capacity to focus on contacting the patients on the waiting list. This has led to a marked reduction in waiting times and an improvement in responsiveness.

The focus is now on holding the gains! A priority now is to route all Allied Health referrals through the Care Co-ordination centre by the end of July and to introduce the Lifecurve as part of the assessment which will support the 'Universal, Targetted and Specialist Approaches' to service delivery







Another opportunity was around promoting the contribution of various Allied Health services to the COVID-19 situation. What became apparent was the need for the teams to articulate this contribution to wider staff groups within the hospital. Teams recorded this via zoom and a catalogue for future reference is being developed. Cardiorespiratory Physiotherapists featured in challenging misconceptions and outlining the important role of physiotherapy in care of acute COVID-19 patients as well as promoting the specialist skills and knowledge to assess and manage secondary complications.

Another initiative included communications to the wider population through social media in relation to prevention and supported self-management. This is intended to continue. First communications focused on:

- Top tips for back pain prevention during lockdown
- Falls prevention – The Super Six evidence based exercises to prevent falls

Community Orthopaedic Triage Service (COTS)

Due to Level 4 and 3 COVID-19 measures, in-person assessments were unable to be carried out which impacted the COTS trial. This pause however has provided an opportunity for a "work stream reset" and for key stakeholders to re-engage in this space. During this time the need to respond to planned care has also emerged through the cluster leadership team and discussions have taken place around how Allied Health can support Orthopaedic services. Responding and recovering from COVID-19 will alter the original course of this work stream therefore it is imperative to update the project plan. At the same time, it is crucial that thinking continues to compliment and interface with existing strategic integrated programmes of work. For now, the overall Orthopaedic transformation project will be directing its immediate focus on the COTS work stream.

Fifty-four patients across the BOP who are currently waiting to be seen for a First Specialist Assessment (FSA) have been identified by Allied Health as suitable to be assessed by a physiotherapist. Orthopaedic services have been an integral part of this process and continue to support this response to planned care. Twenty-seven patients live in the Te Puke/Papamoa area and will be offered to be seen at the COTS clinic in Te Puke Health Centre. A new COTS clinic in Whakatane is being established to assess the remaining 27 Eastern Bay patients. With the ability to resume in-person assessments under level 2 COVID-19, the service aims to have COTS clinics across the BOP operational in June 2020. The team has re-engaged and provided up-to-date COTS information to Western Bay of Plenty Primary Health Organisation (WBOPPHO) and BOPDHB GP Liaisons of which they will circulate through their primary care next works.

There has been good engagement across the east and western bay from Orthopaedic SMOs.

An initial 60 hip and knee joint patients were identified for the COTS service as a support for the orthopaedic department who have 343 patients waiting for FSA. There is a new opportunity to focus on paediatric referrals for the following conditions

- Walking on toes
- In toeing
- Knock knees
- Bow legs
- Club feet

Medical Services

Community Geriatric Service

COVID-19 has allowed the Community Geriatric Service to test and develop collaborative models of response to the needs of older adults living within the community, including within Aged Residential Care facilities. Two Nurse Practitioners Rosie Winters and Kate O'Dwyer partnered with Planning and Funding, the Care Coordination Centre and other community based services to assess, plan and respond to the potential risks of COVID-19 for elderly people. This work is ongoing and will inform both current strategy and ongoing ways of working across the community. This aligns with the aspirations and vision of the Keeping Me Well programme which focuses on responsive delivery of short term services to enable recovery for people.

Regional Community Services

Community Health 4 Kids (CH4K)

CH4K has been one of the service groups most disrupted by COVID-19 as many of the team were re-deployed into the emergency response. The Regional Manager CH4K continues in a COVID-19 role for Toi Te Ora for response co-ordination and it is expected this will continue for some months.

The public health nursing team has been specifically involved in:

- Helping Auckland Regional Health Services with contact tracing pre national lockdown
- CBACS (Community Based Assessment Centres)
- Aged Residential Care COVID-19 testing
- Home Based COVID-19 testing
- Response to Te Whare Maiangiangi positive case
- Contact tracing
- Flu vaccinations to DHB staff
- Supporting Occupational Health
- Staffing front of house portocom building at Whakatane hospital
- EOC support
- TTO support
- Surveillance testing
- Vans lent to other services/uses.

District Nursing (DN)

District nursing services suspended clinics during lockdown and moved to phone triage and face to face visits for patients as required. During Level 2 the service will continue to keep empowering patients where possible to be self-caring to minimise face to face contact where possible. Wellness checks are completed by phone prior to visits and staff have access to PPE as required.

Support Net

During COVID-19, most staff have worked from home. This has given the opportunity to test flexible ways of working. Productivity has not reduced during this time and staff are finding the flexibility, reduced commute and new way of working positive. Staff can work with people in their own community and reduce travel whilst operating in a more sustainable way. The use of zoom meetings has been a bonus learning experience and has enabled teams to communicate and meet regularly. It is expected this method of communication and meeting will continue. There has been virtually no sick leave used during the COVID-19 while staff have been working out of the office.

The service has taken the opportunity with the reduced numbers of referrals to review quality processes and procedures.

This has included the peer review process and an improved process with the MOH team has been implemented to ensure this is conducted regularly and consistently to ensure staff (and clients) benefit. Other aspects improved include training records/register and the client and provider survey processes.

A number of Support Net staff (and other Allied Health staff) have worked alongside the Community Care Coordination team during the COVID-19 response. This has been beneficial and improved understanding of the roles of each team and developed working relationships that will be helpful in the future.

Maternity

Cervical Screening

Due to COVID-19, cervical screening services and non-urgent colposcopy appointments were suspended from the end of March. During this time, the National Screening Unit has expedited some changes to the way patients with high-grade history are followed up post-treatment. Women will now be referred back to their GP for a six month follow-up cytology and HPV test (test of cure) instead of having a follow-up colposcopy. They will then have another cytology and HPV test a further 12 months later. This is the accepted follow-up in other countries, has been ratified by the NCSP Advisory Group, and was due to be introduced with the change to primary HPV testing anyway. This change is expected to help safely alleviate the backlog of women awaiting colposcopy appointments. Furthermore there is good evidence that, compared to colposcopy, a repeat cytology and HPV test is better at identifying the effectiveness of treatment. It also avoids unnecessary colposcopy.

The Guidelines are expected to be fully updated within the next two weeks and the changes are effective immediately.

Cervical Screening services are slowly resuming, but there is some indication from practice nurses that patients are not keen to attend General Practice when they are well, and have to wait in a waiting room with sick patients. Now would be a good time for General Practice, where able, to provide alternative waiting spaces for patients attending appointment for things like screening and immunisation.

EQUITY

ENT Services

We have undertaken to provide regular updates on ENT as a Board priority area of equity focus.

In April, the ENT service credentialling report was received and reviewed with the team. During the review, we re-emphasised:

- The Board's priority on ENT
- The importance of addressing East-West access disparities

The credentialling report is a positive one, showing a number of key developments since the previous report and the following key points emerged:

1. The ENT department now has a new Head of Department (HOD). HODs are usually provided with 0.1fte of time for their leadership role, however for ENT we have doubled this with the additional 0.1fte being specifically dedicated to driving equity improvement.
2. The service is strongly encouraged by the success of ENT clinics being held in the Kawerau community.
3. Plans are now developing to provide similar outreach clinics in Te Kaha and Opotiki. The team are very keen to do this as soon as possible however the credentialling report identifies additional resourcing needs in admin and specialist nursing support that are currently being worked up as a proposal.
4. A portable microscope was needed to expand the range of services that can be provided in local communities.

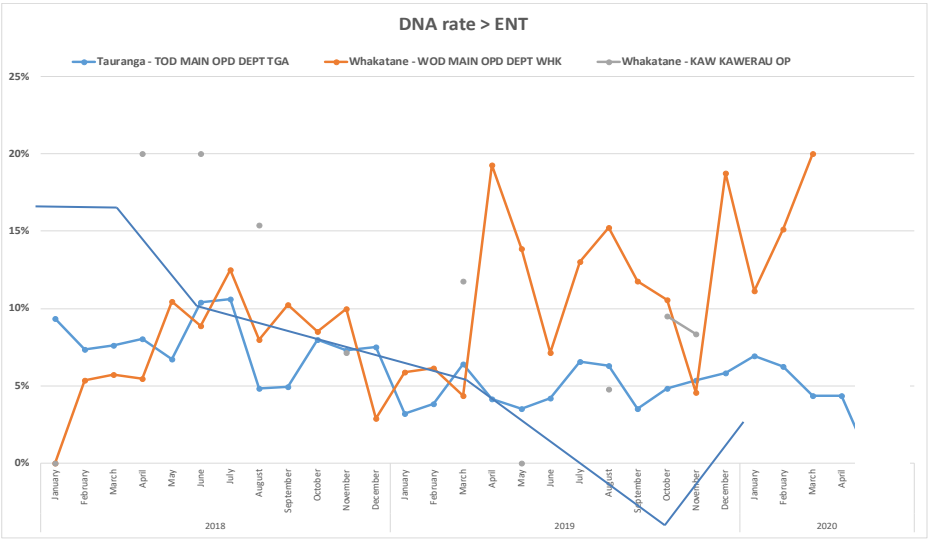
A business case for this was approved earlier this year and the microscope has now been delivered. Consideration is being given to whether it is clinically safe and appropriate to extend to undertaking grommet insertion and other procedures in community settings.

5. E-triaging is a new development that is an excellent step forward for the service. For some months now there has been a deliberate attempt to prioritise Eastern Bay children because of the East-West equity gap that was identified last year and an updated status on this is pending.
6. One of our ENT head and neck specialists has announced his intention to leave the service to work in a tertiary centre.

   This means that more of our complex head and neck procedures will need to be transferred to tertiary DHBs, but it also means that we will be able to replace this role with someone who has a focus on child ENT health – which is where our priority need is currently. A candidate has been identified and the HOD is encouraging him to move to the Eastern Bay as his core base; if this occurs, it opens up the opportunity for working with local GPs to develop enhanced community expertise as part of an integrated care model for the Eastern Bay.

   Whilst the Eastern Bay community clinics are not high volume, there is a shared view that they are high priority and these will form the basis of our next development for the ENT service.

A recent Board query related to DNAs in the ENT service, which has historically been high. [Note: the term DNA has been used here because it is widely known, but it is used in the sense of not assuming this is a failure by the patient or whanau – administration errors, incorrect addresses, delayed mail delivery, appointment changes are all key factors]. Current data shows the trend for ENT as follows:

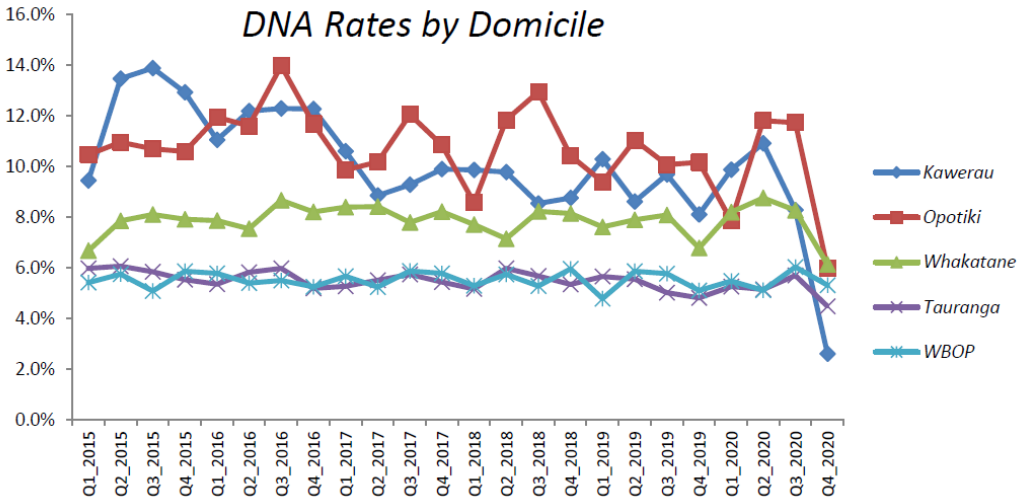


If we look specifically at DNA data for the Kawerau clinics (the grey line) this is encouraging and demonstrates the value of locally held clinics. However there is a significant difference between DNAs in the East and Western Bay areas and there are numerous reasons for this. Because of the specific priority of Eastern Bay children it is intended to provide some unfunded resource to the Maori Health team in Whakatane to assist with closing this gap on a trial basis in the new financial year. National and local experience in DNA improvement attempts tells us one very specific thing – large scale DNA improvement projects do not work! There are various reasons for this but overall DNA issues exist for different reasons across specialties including:

- Geography and transport
- Clinical planning timelines and the resulting appointment notice to patients
- Speciality differences
- Mail delivery times, especially where appointments have to be changed
- Patient perception of the value of the appointment
- Patient prior experience of the clinician or the department

- Automatically generated, rather than intentional, appointments which are not required by the patient

The East-West variation in DNAs is a theme across most services as shown in the below graph:



In looking at DNA rates across all services in May, a number of suggestions for improvement have been provided by frontline staff in Whakatane, in discussion with patients and whanau, and these are currently being considered.

In summary and closing, the next key steps in relation to developments in ENT specifically are:

1. To receive the fresh analysis of East-West access data (due end of June)
2. To progress discussions on the commencement of local clinics in Te Kaha and Opotiki (business case for additional resource due July)
3. To seek to appoint a replacement SMO ideally based in Whakatane
4. To commence a trial outpatient co-ordination approach in partnership with Maori Health Gains & Development and Paediatrics (who refer many of the children into ENT services)

From a wider perspective we would say that the historic approach to booking and scheduling is no longer fit for purpose and this is a current discussion across the Provider business teams.

BOP Clinical School

Research

HRC Health Sector Research Collaboration Grants

We have now applied to the HRC for one Activation Grant and Two Careers Development Awards (CDAs) under the Health Sector Research Collaboration Grants pilot scheme program for which BOPDHB is a partner organisation.

The activities highlighted in our application outline how we will shape our service delivery research agenda as it applies to an integrated health model with a particular focus on Maori Health. There are several specific activities highlighted, under the umbrellas of relationship development, priority setting and skill and capability building. These activities will inform future research projects. We have identified two work streams, He Pou Oranga Integrated Service Development and the adaptation of the established LifeCurve™app, under the one application. The activities of these two work streams are complimentary and have the same aim: to understand the healthcare needs of our Maori communities and inform how the delivery of services, using a mixture of modes of delivery, from face to face and through the use of technology, will make it easier for those at risk to access the services they need.

Students
University of Auckland Year 4 students returned to Tauranga Hospital on 18 May and are back in the wards and also continuing with some zoom tutorials. Year 5 return from 2 June but most are returning on 8 June to Tauranga and Whakatane hospitals. This will also be the re-start of a RHIP cohort in Whakātane which includes the Year 5 medical students.

Education
Organisational Orientation remains online for May and June. We are working with Practice Development Unit and People & Culture to ensure that some changes are made permanently to orientation after our experiences in the last few months.

A number of resources have been prepared for Microsoft Modern Workplace and a range of online learning options will be made available as deployment gets underway, primarily using Zoom and 'just in time' learning options.

Online Learning
Online Learning continues to receive a number of requests for course development, particularly in clinical areas where we can provide the theory online so that the time spent in hands on training is more effective. **There has been a 56% increase in online learning completed in April/May 2020 compared to April 2019**. While some of this can be attributed to Orientation now being online, a number of staff are using the time to complete recommended courses such as Unconscious Bias, Disability Responsiveness and Health and Safety Refreshers.

Maori Health Gains and Development

Te Toi Ahorangi KPIs

- There was positive feedback from the Exec and approval of the first 3 on slide 1. Next steps is to source the data for all 3, information requests are underway.

- The KPI's on slide 2 are to be progressed with each exec in a 1:1 meeting with MHGD.

KPI	Workforce			
Achieving health equity is a priority for our health system, and the Governments expectations for DHBs include an explicit focus on achieving Māori health equity. Workforce development is crucial in achieving Māori health gain and there are many workforce interventions which can address modifiable human factors.[1] [1] https://tas.health.nz/assets/Uploads/Workforce-Strategy-Group-Newletter-April-2020.pdf				
1	Increase Māori workforce by role and area	**Current Status**	**20/21 Target**	**Responsible**
			% Māori staff relative to Population	All Executives
2	Investment in Māori Leadership development and training	**Current Status**	**20/21 Target**	**Responsible**
			$$ / No of Māori Staff	All Executives
3	All Board members and Executives training package/development incorporating, Te Tiriti o Waitangi, He Pou Oranga Tangata Whenua, Te Toi Ahorangi and TTA training	**Current Status**	**20/21 Target**	**Responsible**
		Board: TOW 9%, EEM 64% Executives: TOW 36%, EEM 100%	100% TOW 100% HPOTW 100% TTA training	Chief Executive & Chair Board

Toi Ora KPI

KPI	Workforce			
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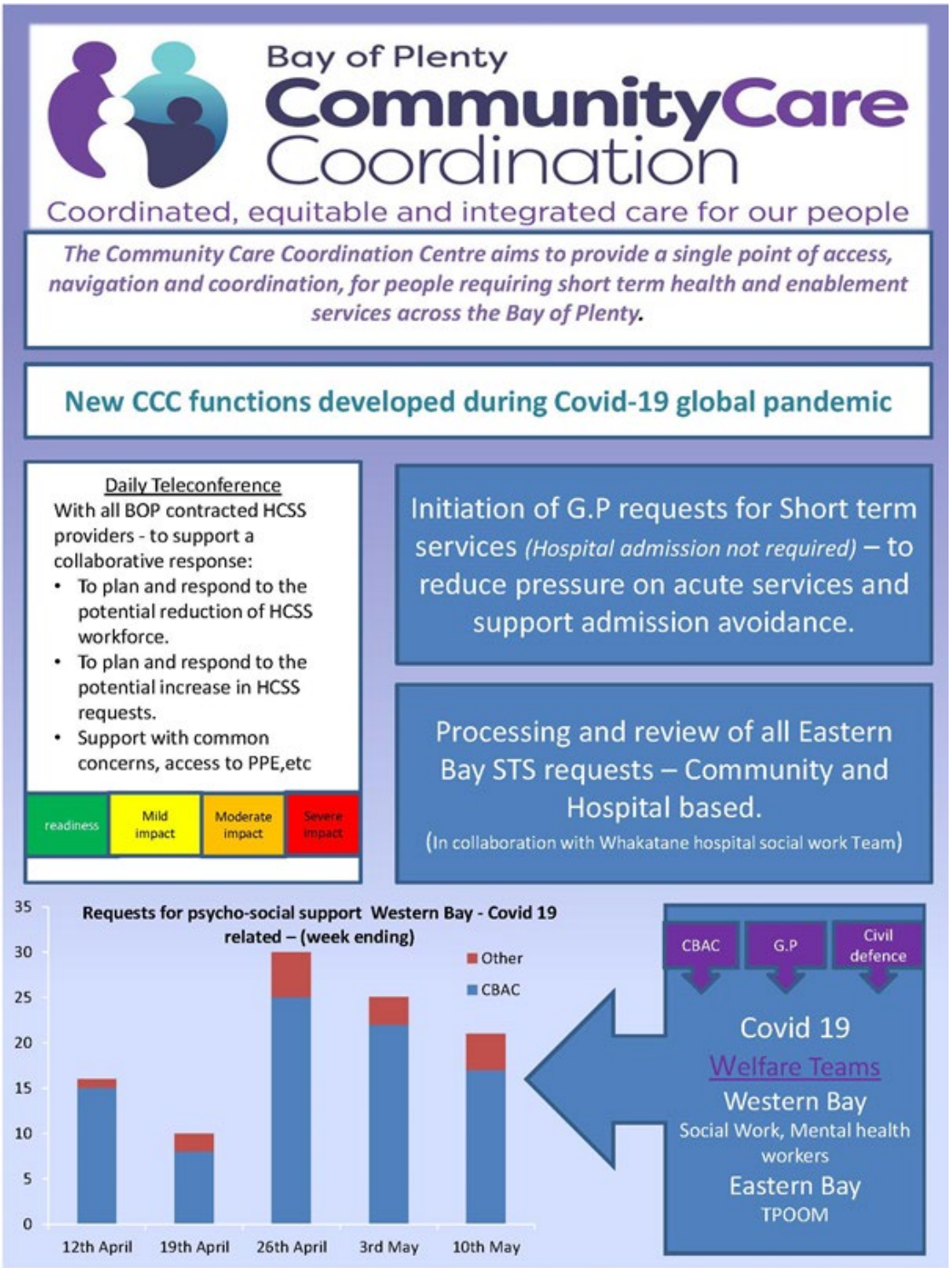
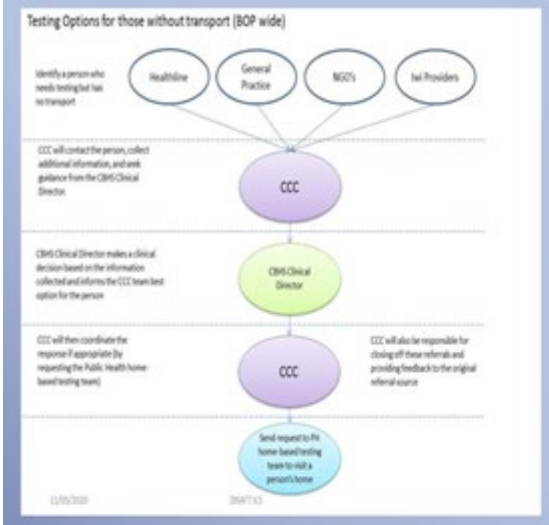
Toi Ora KPI

Community Care Co-ordination

A summary update of CCC services and how they responded during Covid -19 is provided in the following two summary charts.



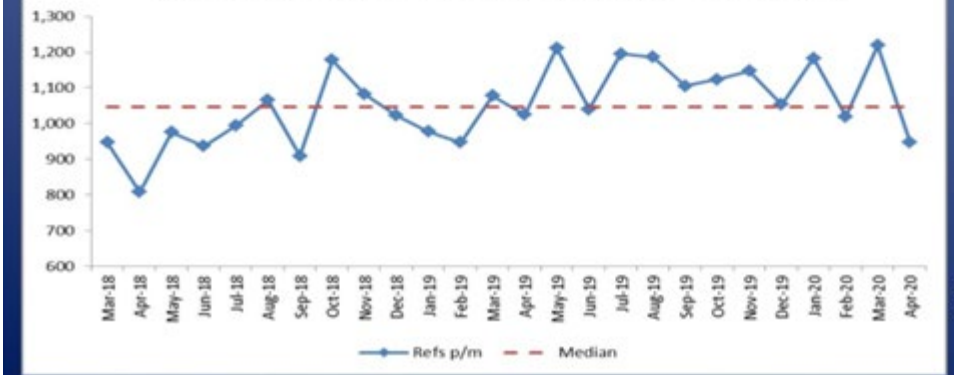
Coordinating requests for home based Covid-19 tests



Home Testing Requests (week ending)

Total requests related to Covid-19 (week ending)

Referrals Received by CCC per month - median = 1047



CCC Project lead – Kim Blair, 11th May 2020

DISTRICT HEALTH BOARD

Provider Arm

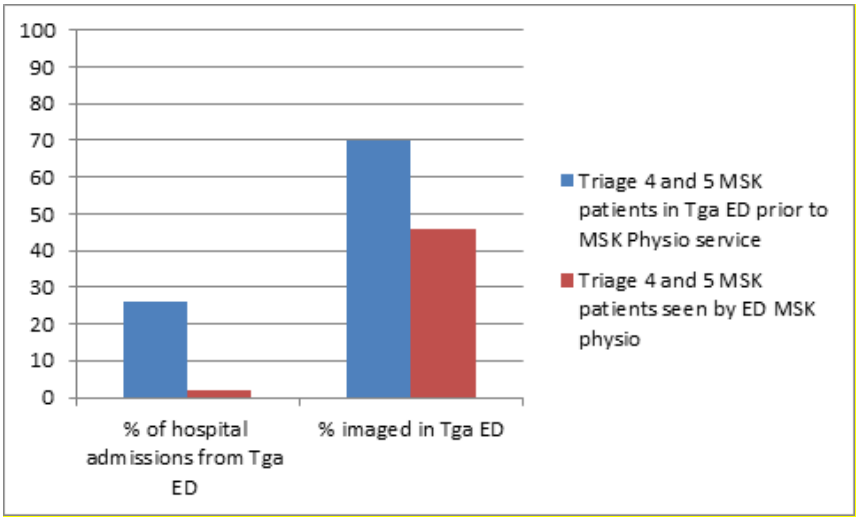
Quality and Patient Safety Team

The following roles have now been appointed to following additional investment to strengthen and expand our clinical governance, quality and safety team:

1.0 FTE Kaiwhakahaere Takawaenga a hapori Person Centred Experience Lead	Social marketer with strong research, practice and policy background across agencies such as ACC, Ministry, etc. - with recent experience as GM Population Health at Hawkes Bay DHB.
0.6 FTE Kaiwhakahaere Mana Taurite/Clinical Effectiveness & Equity Lead	Public health physician specialist with strong research and practice background in cultural safety and climate.
0.4 FTE Kaiwhakahaere Mana Ruruhau /Patient Safety Lead	Public health physician specialist with strong consultancy experience previously at Ernst Young.
0.2 FTE Kairuruku Mana Ruruhau/ Health Quality and Safety Coordinator	Clinical pharmacist with medication safety expertise.

Allied Health in the Emergency Department (ED) Update

The ED workstream is underway and fully staffed in Tauranga ED. To date, a limited service has been delivered in Tauranga but there are already positive trends emerging. Since the introduction of a very limited physiotherapy service 77 people presenting with a musculoskeletal (MSK) condition have been assessed and triaged. Initial results demonstrate a positive trend in both admission rates and imaging requests to triage 4 and 5 MSK presentations compared to baseline figures before this service began (see table below). With the commencement of a new physiotherapist and an increased presence on evenings and weekends alongside changes to processes and culture in ED, it's hoped to consolidate and build upon the very encouraging results.



Maternity

Opotiki Maternity Unit

Stakeholder discussions have been on hold since March due to the COVID-19 crisis and will be resumed in the near future. Population based requirements need to be further verified with Ministry of Health and will determine the minimum facility requirements. The unit has remained open to admissions for labour and birth (no postnatal stays) at considerable cost to BOPDHB to maintain a safe roster. Birth numbers at the unit remain low. Identification and implementation of a sustainable soultion is a priority.

Tauranga Maternity Unit and SCBU

Development of midwifery and nursing leadership and staffing models has been a focus for maternity services across the region. Supernumerary Clinical Midwife Coordinators are being instituted across all shifts at Tauranga and will provide increased oversight and coordination. While the maternity unit FTE has been filled, this has been achieved by high levels of registered nursing (RN) recruitment, due to the midwifery workforce shortage. RNs have a limited scope of pratcice in maternity, under midwifery supervision. Ensuring full and safe use of the RN workforce in the maternity setting is a current priority.

A Clinical Nurse Manager position for BOPDHB SCBU service will go to consultation shortly. SCBU staffing has been a focus in recent months and has recruited to its significant FTE calculation. An initiave to coordinate inter-regional SCBU placements is underway, to assist in timely transfers when capacity is exceeded.

Whakatane Maternity Unit (including SCBU)

Whakatane staffing across all maternity disciplines, medical, nursing and midwifery continues to be challenging. SCBU nursing staffing has been critical due to unanticipated staff changes, resulting in temporary closures of the unit, with on-call support for admission and transfer. This will resolve in early June. The extraordinary committment of the senior midwifery team and SCBU nurses to keeping the service operating is acknowledged. The Obstetric and Midwifery shortages are related to national and international workforce shortages in these disciplines.

Paediatric Day Stay Unit

Preparation and planning is to be commenced again for the Paediatric Day Stay Unit. Meetings began, however due to COVID-19 preparations were put on hold. Costings have been done for refurbishment of the current Whanau room and commencement of the refurbishment has begun since the move into COVID-19 Level 2. This is an exciting time for the Paediatric ward which over the years has had to manage a large influx of patients into the ward environment to perform routine “day procedures”. This allows for this cohort of patients to be treated outside the ward environment.

Pressures on paediatric services have been very significant over the recent years. The development of the Day Stay Unit will improve efficient and reduce demand on the ward.

In additional paediatrics was one of a small number of areas where we believed an unavoidable investment into medical staff would be required in the 2020-2021 financial year because of the unacceptably high workload. Over recent months the RMOs and consultants have worked with senior management to identify an evolving model of 24/7 medical coverage which begins to move away from a 24/7 ‘small hospital’ consultant led model to one where more experienced RMOs at mid level are able to support the consultant workforce at night and weekends. Recruitment of additional RMOs has commenced and we have received significant expressions of thanks and appreciation from both the junior doctors and consultants for supporting this need which will not only improve service efficiency but also significantly improve the wellbeing of the medical team.

Primary Care Overview

Eastern Bay Primary Health Alliance

Key achievements for this month:

- Steep learning curve and rapid learning of new skills, gaining knowledge in areas of health care and management with no prior exposure.
- Integrating teams from Primary, Secondary, and Allied health services. Forming new, and lasting, relationships that will continue to serve us professionally and personally.
- Gaining knowledge to prepare us for next phases of this response, and future similar Public health events.
- Opportunity to work with organisations that have strong focus on Māori health and equity, allowing us to improve our processes and health systems with an equity lens.
- Gaining access to isolated vulnerable communities to provide care and assessment. Forming relationships with local Iwi and Marae/communities, which has now forged connections for the future.

Key challenges for this month:

- Implementation and operationalisation of a model for assessment testing and management of Covid symptoms, based on no prior experience of dealing with a pandemic response of this nature and scale.
- Coordinating staff from multiple organisations, and ongoing management of these teams. Helping staff to be prepared and trained to work in new roles, and with new teams.
- Assisting primary care with their work flows, dealing with patients through new systems, coping with stress and anxiety that come with these circumstances.

Nga Mataapuna Oranga

Key achievements for this month:

- Return to work plans developed and orientation back to the workplace for all NMO staff.
- Whanau Ora response to the COVID-19 has seen the team distribute over 5,000 hygiene to vulnerable whanau within the Western Bay of Plenty.
- As of 25 May 2020, 670 whānau in the 65+ age group received the flu vaccination. Of those that received the flu vaccine over half (51%) were Māori.
- Workforce stock-take survey across the Ngā Mataapuna Network is complete with a 72% response rate.

Key challenges for this month:

- Embedding an indigenous model (Tūāpapa) that is under-funded and a landscape changed significantly as a result of the COVID 19 pandemic.

Western Bay of Plenty Primary Health Organisation

Key achievements for this month:

- Continued provision of front line clinical staffing, back office data collection and negative results management to support CBAC activities and community surveillance initiatives.
- Comprehensive survey of our General Practice network to determine capacity and capability to transition from CBAC to Supported General Practice offering assessment and swabbing where practical.
- PHO Board financial support to General Practices and Iwi partners to reach out and meet health needs of our most vulnerable populations, ensuring cost is not a barrier.
- Transitioning staff from Level 4, through Level 3 and into Level 2, enabling identification and adoption / retention of efficiencies achieved and new ways of working trialled during Lockdown.

Key challenges for this month:

- Ramping up PHO-delivered services to pre-Covid levels, with a particular focus on managing backlogs for Retinal Screening, Community Radiology and Cervical Screening.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting 17 June 2020

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDATION:
That the Board notes the correspondence

ATTACHMENTS:

- Letter to Dr Karen Poutasi, Commissioner, Waikato District Health Board, with congratulations on her Queen's Birthday honour – 5.6.20
- Letter from Prime Minister Jacinda Ardern re Fleet Vehicles – 10.6.20

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

5 June 2020

Dr Karen Poutasi
Commissioner
Waikato District Health Board
Corporate Office
Level 3
Hockin Building
Waikato Hospital
Pembroke Street
HAMILTON 3240

Ka huri aku kamo ki te awa tupuna, he piko he taniwha, he piko he taniwha, he piko he kingi hou. Ka mihi atu mātou o te Moana nui ā Toi ki tō tātou Kīngi ki runga i tōna ahurewa tapu, pai mārire! E te māreikura, e te matanga hauora, nei rā te mihi ki a koe i eke taumata kia whiwhi i tēnei whakakai mārihi, I tēnei tohu kurupounamu. E mihi, e mihi, e mihi kau ana e!

Tēnā koe Dame Karen

On behalf of the Bay of Plenty District Health Board we would like to sincerely congratulate you on your Queens Birthday honour for services to education and the state.

In particular we acknowledge your contribution and support of tangata whenua in your roles as former Director General of Health and current Commissioner of the Waikato DHB.

We look forward to continuing to work along side of you as part of the Te Manawa Taki Midland DHBs and progressing our collective ambitions especially with regard to improving equity for our collective population.

Once again congratulations from the Bay of Plenty DHB team.

Nāku iti noa, nā

Sharon Shea
Interim Chair

Simon Everitt
Interim Chief Executive

Prime Minister

MP for Mt Albert
Minister for Arts, Culture & Heritage
Minister for Child Poverty Reduction
Minister for National Security & Intelligence

Simon Everitt
Chief Executive Officer
Bay of Plenty District Health Board
simon.everitt@bopdhb.govt.nz

10 JUN 2020

Dear Simon Everitt

We want our country to tackle the major challenges facing New Zealand and the next generation. To support this ambition, and to lead New Zealand's reduction in greenhouse gasses, we have set a target of having all light vehicles in the government fleet emissions-free, where practicable, by 2025/26.

To achieve this target, I want to set my clear expectations around replacing your agency's light vehicle fleet with battery electric vehicles when they are next due for replacement. It is only by routinely buying battery electric vehicles in place of fuel-powered vehicles that we will have an emissions-free fleet.

I'm aware there are some challenges to achieving an emissions-free government light vehicle fleet. That's why I've asked responsible ministers to work with relevant agencies on a range of initiatives including improving relevant infrastructure, increasing electric vehicle supply options and reducing the relative cost of electric vehicles compared to alternatives.

As an agency, you should have a vehicle replacement plan in place. The Government expects agencies to purchase battery electric vehicles. If it is not practicable then we expect you to purchase the lowest emissions alternative.

You should also consider whether you can retire vehicles without replacement, and investigate options to use alterative transport services. For support in achieving an emissions-free fleet, your agency can seek guidance from New Zealand Government Procurement via vehicles.coe@mbie.govt.nz.

All Ministers are expected to hold their Chief Executives accountable for individual agency transition to an emissions-free fleet. Agencies must lead by example to deliver an emissions-free fleet and the benefits this will provide.

It's the right thing to do as we strive towards a better New Zealand for this generation and the next.

Yours sincerely

Rt Hon Jacinda Ardern
Prime Minister

Cc Hon David Clark, Hon Peeni Henare, Hon Julie Anne Genter
State Services Commissioner

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2020

Activity	Source	15 Jan	19 Feb	18 Mar	15 Apr	20 May	17 Jun	15 July	19 Aug	16 Sept	21 Oct	18 Nov	Dec
Venue – Tawa Room, Tga		√		√		No Mtg		√		√		√	No Meeting
Venue – Conference Hall, Whk			√		√		√		√		√		
Board only Time (*with CEO)		√*	√	√*	√		√	√*	√	√*	√	√*	
Board Strategic Sessions				√			√			√			
Joint Bd/Run – Te Waka O Toi			√						√			√	
Patient Experience / Story	Bd Sec	√	√	√	√		√	√	√	√	√	√	
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		
Approve Committee Resolutions	Bd Sec	√	√	√	√		√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√		√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√		√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√		√	√	√	√	√	√	
6 monthly Board Attendance	Bd Sec	√						√					
CEO Report	CEO	√	√	√	√		√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√		√	√	√	√	√	√	
PHOs Report	GMPF	√	√	√	√		√	√	√	√	√	√	
Maori Health Dashboard Plan	GMMGD		√				√		√			√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
Draft Annual Plan 19/20 – Minister's Priorities			√										
Annual Plan – approve Draft	GMCS				√		√						
SHSP and Annual Plan 2018/19 6 month progress report	GMPF			√					√				
Annual Report										√			
Exec/Board/Runanga Planning Workshop											√		