BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

Bay of Plenty District Health Board

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

Date and Time: Wednesday 18 September 2019 at 9.30 am

Please note: CEO / Board Only Time, 8.30 am

Minister's Expectations

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

Priority Populations

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

The Quality Safety Markers

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

Strategic Health Services Plan Objectives:

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

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 and Chair Report Back** 5.1 Board Meeting - 21.8.19 Minutes 5.2 Matters Arising 5.3 BOPHAC Meeting – 4.9.19 Minutes 5.4 BOPALT Meeting - 12.6.19 - Minutes	**8** **13** **15** **20**
6	**Items for Discussion / Decision** (Any items that are not standing reports must go via the Committees and will include the Chair's report and Committee recommendation) 6.1 Chief Executive's Report 6.2 Dashboard Report 6.3 Q4 IDP Summary Report 6.4 Primary Health Organisation Reports 6.5 Ministry of Health Forum Attendance by Chair	**28** **45** **56** **58**
7	**Items for Noting** 7.1 BOPDHB Nursing Strategy	**61**

Item No.	*Item*	*Page*
	7.2 Midland Governance Group and Iwi Relationship Boards Wananga – 1&2 August 2019	**66**
	7.3 Board Work Plan 2019	**98**
8	**Correspondence for Noting**	
	8.1 Letter to BOPDHB Renal Unit re Board Manaakitanga Visit	**99**
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 16 October 2019.	

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated September 2019)

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

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018
Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
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
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
GUY, Marion				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
NICHOLL, Peter				
Nicholl Consulting Ltd	Director	Economic advice (mainly outside NZ)	NIL	01/01/2007
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical Assistances, US Treasury	Contractor	Advisory body to overseas central	NIL	01/02/2005

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
		Banks		
PARKINSON, Matua				
Hunters Club Limited	Director	xxxxx	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
ROLLESTON, Anna				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
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
TURNER, Judy				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging issues	LOW	2017

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
SallyW Ltd	Director	Consulting & Coaching	Nil	2001

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

Bay of Plenty District Health Board

Venue: Conference Hall, Clinical School, Whakatane Hospital
Date and Time: 21 August 2019 at 9.30 am

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

Attendees: Helen Mason (Chief Executive), Owen Wallace (GM Corporate Services), Pete Chandler(Chief Operating Officer), Simon Everitt (GM Planning & Funding and Population Health), Troy Browne (Acting Chief Medical Advisor), Jeff Hodson (GM Property Services), Sarah Mitchell (Dir, Allied Health, Scientific & Technical),

Public Attendees: Ian Finch, Mawera Karetai, Jean Bell

Item No.	Item	Action
1	**Karakia** had been undertaken at Board only time Board Chair advised of and congratulated B Edlin in becoming a Chartered Fellow of the Institute of Directors.	
2	**Presentation** Nil	
3	**Apologies** Apologies were received from Mark Arundel, Matua Parkinson and Pouroto Ngaropo. **Resolved** that the apologies from M Arundel, M Parkinson and P Ngaropo be received Moved: G Esterman Seconded: J Turner	
4	**Interests Register** The Committee was asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.	
5	**Minutes** 5.1 Minutes of Board meeting **Resolved** that the Board receive the minutes of the meeting held on 17 July 2019 and confirm as a true and correct record. Moved: B Edlin Seconded: A Rolleston 5.2 Matters Arising • *ED Attendances* - in progress, will be reported to next Board • *Fluoridation* - Bill has been through Select Committee, awaiting second reading. • *Research paper* - was unable to come to Board in August. Will be submitted September.	COO HOCS

	• *Immunisation* - Query raised as to whether we are doing enough and whether social media is being utilised. Focus is on missed and decline rates. Board Chair and CEO met with iwi yesterday where immunisation was raised. 5.3 Minutes of CPHAC/DSAC Meeting - 7.8.19 Committee Chair advised that CPHAC/DSAC hadn't met for 6 months. Focus was on things to bring forward. • *He Pa Oranga* - Engaging with MHAS sector has commenced which will be followed by a list of priorities. • *1000 days programme*. • *Workforce development* which is due to come to next SHC **Resolved** that the Board receive the minutes of the CPHAC/DSAC meeting held on 7 August 2019. Moved: B Edlin Seconded: M Guy 5.4 Minutes of Maori Health Runanga Meeting - 12.6.19 The Board noted the minutes.	
6	**Items for Discussion / Decision** 6.1 Chief Executive's Report CEO took questions: *Car Parking*. Query was raised on car parking and abuse of carparking. GMPS advised that some staff are using patient parks and the public are leaving cars in the hospital carpark and car pooling to town. There is a review underway. The Board requested a media release making people aware of the impact of the car pooling. *Cardiology Services*. Query was raised on whether there was intent to shift the service out into the community. There is nothing planned at the moment but will be discussed with the service. It raises a broader question regarding services we deliver in the secondary environment. There are 200 Cardiology patients who are monitored from home. *O&G vacancies*. There have been vacancies for quite some time. CEO advised that there have been challenges around recruitment. There is a high demand for services Teams are working hard and looking at different ways of doing things. *Renal Un*it. Some Board Members had visited the Renal Unit and noted the were opportunities to improve the facilities. The Renal Unit is part of LTIP. **Resolved** that the Board receive the report Moved: S Webb Seconded: A Rolleston 6.2 Dashboard Report and System Level Measure Q3 Emergency Departments have had the busiest months ever for June and July which is related to volume. Query was raised on what the increase in demand is caused by.	GMBFO

	June and July which were very heavy. 600 patients in one day in June. Query was raised on faster cancer treatment. Why lower numbers for Maori? The target was missed by a small number. There has been additional resource applied to immunisation and work has been done on mapping the process. The majority of immunisation occurs in General Practice. BOPDHB service is for outliers. There has been a service review with a quality improvement approach. All PHOs are engaged. There is heightened concern with the measles outbreak in Auckland. The Board requested data on how each PHO is performing. The information is available and will be reported back to the Board. **Resolved** that the Board receive the report Moved: G Esterman Seconded: P Nicholl	GMPF
	6.3 <u>Maori Health Dashboard Report</u> The Board requested GMMHGD representation at Board Meetings to be able to respond to queries. The Board advised that the comments within the report were helpful. **Resolved** that the Board receive the report Moved: R Scott Seconded: Y Boyes	GMMHGD
	6.4 <u>Primary Health Organisation Reports</u> WBOPPHO is concerned re MOH shift in smoking cessation. BOPDHB is guided by MOH. The Mortality Review Committee monitors and can calculate the number of smokers and will report back to the Board. Query was raised re reported fragility in the workforce. CEO advised that DON will be working with NMO. There may be opportunity for secondary service nurses to be able to work within primary. Query was raised re extending invitation to the SHC committee to representative organisations. This will be followed up with SHC Chair. Comment was made on NMO's advice re Wai 2575. It was considered this should be part of the new Board orientation process The Board noted the reports.	CMA GMPF
	6.5 <u>Annual Plan 2018-19 – 12 Months Progress Report</u> GMPF advised that this is reported on 6 and 12 monthly. There has been a lot of progress. There are key indicators around equity. The work covers a lot of the Minister's Expectations. GMPF requested feedback from the Board as to whether the document was useful and informative. The Board advised it was and it is a reminder of the depth of everyday business as usual. The Board requested that feedback for the hard work in compiling this document be conveyed, with presentation of a CARE certificate. **Resolved** that the Board endorses the report. Moved: Y Boyes Seconded: R Scott	GMPF

7	**Items for Noting** 7.1 CEO's Expenses 1 July 2018-30 June 2019 7.2 Submission to Road to Zero – New Zealand Road Safety Strategy 2020-30 Consultation 7.3 Board Work Plan 2019 The Board noted the reports	
8	**Correspondence for Noting** 8.1 Minister of Health's Letter of Expectations 2019/20 – 12 July 2019 The Board noted the correspondence.	
9	**General Business** 9.1 CEO's Resignation Board Chair advised of CEO's resignation which the Board accepted. Friday 15 November 2019 is her final Day. **Resolved** that with regret the Board accepts the CEO's resignation. Moved: S Webb Seconded: R Scott The Board had discussed farewell options. The Board would like to undertake their farewell at the October meeting. Other farewell processes will be scheduled. 9.2 ENT Services. Query was raised regarding progress on the discussions that had occurred regarding more Consultants coming to Eastern BOP. COO advised that there had been discussion with BOPDHB's Consultants. An update will come to next Board.	COO
9	**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 AFRM Minutes Microsoft Modern Workplace Business Case NZ Health Partnerships Shareholders on the Future of the Company Holidays Act Compliance – MBIE MOU Chief Executive's Report Community Pharmacy Contracting Policy Health Consumer Council Update Primary Care in the Bay of Plenty KKC Update MOH Q3 2018/19 Performance for BOPDHB Audit Letter of Representation	

	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: Helen Mason Owen Wallace Simon Everitt Pete Chandler Sarah Mitchell Jeff Hodson Troy Browne **Resolved** that the Board move into confidential. Moved: S Webb Seconded: R Scott	
10	**Next Meeting –** Wednesday 18 September 2019	

The open section of the meeting closed at 12.36 pm

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) – September 2019

Meeting Date	Item	Action required	Action Taken
19.6.19	6.3	**Chief Executive's Report – Research** Query was raised as to whether the research we do, widens the equity gap. CEO to request HOD Clinical School to provide feedback to the Board – HOCS	In progress
19.7.19	2.1	**New CIO – Richard Li** The Board will look forward to the results of having Richard as CIO and requested that Richard return with an update in 3 months - GMCS	To report back in November
19.7.19	5.5	**Minutes of Maori Health Runanga Meeting – 10.4.19** Query was raised on pg 41 and the 1 PHO policy. Runanga to correct - GMMHGD	Referred to Runanga - Completed
19.7.19	6.1	**Chief Executive's Report – Nursing Strategy** Te Toi Ahorangi is being woven into the Nursing Strategy. There is a final draft which should come to next Board Meeting - DON	To Board 18.9.19 - Completed
19.7.19	6.1	**Chief Executive's Report – Fluoride Varnishing** Query was raised on where water fluoridation is at. TTO to advise - GMPF	Bill has been through Select Committee. Awaiting second reading – Completed
19.7.19	6.2	**Dashboard Report – ED Attendances** Attendances at ED were discussed and the ratios of Maori and non Maori and admissions versus non admission. Update to come to next meeting – Acting COO	In CE report 18.9.19 - Completed
21.8.19	6.1	**Chief Executive's Report – Car Parking** The Board requested a media release making people aware of the impact of the car pooling. - GMBFO	Reporter present at meeting did an article on Car Parking in BOP Times – Completed

21.8.19	6.2	**Dashboard Report and System Level Measures Q3** The Board requested data on how each PHO is performing. The information is available and will be reported back to the Board. - GMPF	Included in Dashboard Report – 18.9.19 - Completed
21.8.19	6.3	**Maori Health Dashboard Report** The Board requested GMMHGD representation at Board Meetings to be able to respond to queries. - GMMHGD	Complete
21.8.19	6.4	**Primary Health Organisation Reports** WBOPPHO is concerned re MOH shift in smoking cessation. BOPDHB is guided by MOH. The Mortality Review Committee monitors and can calculate the number of smokers and will report back to the Board. - CMA	
21.8.19	6.4	**Primary Health Organisation Reports** Query was raised re reported fragility in the workforce. CEO advised that DON will be working with NMO. There may be opportunity for secondary service nurses to be able to work within primary. Query was raised re extending invitation to the SHC committee to representative organisations. This will be followed up with SHC Chair. - GMPF	In progress
21.8.19	6.5	**Annual Plan 2018-19 – 12 Months Progress Report** The Board requested that feedback for the hard work in compiling this document be conveyed, with presentation of a CARE certificate. - GMPF	Completed
21.8.19	9.2	**ENT Services** Query was raised regarding progress on the discussions that had occurred regarding more Consultants coming to Eastern BOP. COO advised that there had been discussion with BOPDHB's Consultants. An update will come to next Board.	Update in CEO's report 18.9.19 - Completed

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

Bay of Plenty Hospital Advisory Committee

Venue: Property Services (BFO) Meeting Rooms 1&2, Tauranga Hospital
Date and time: Wednesday 4 September 2019 at 10:30am

Committee: Geoff Esterman (Chair), Sally Webb, Ron Scott, Matua Parkinson,Yvonne Boyes, Lyall Thurston (Lakes DHB Rep)

Attendees: Helen Mason, (Chief Executive), Pete Chandler, (Chief Operating Officer), Ros Jackson (Acting Director of Nursing)

Item No.	Item	Action
1	**Karakia** The meeting opened with a karakia.	
2	**Presentation** 2.1 BOP Evolution Pete Chandler, Chief Operating Officer (COO) COO advised of movement from planning to action, with a more honed focus on the areas of the Strategic Health Services Plan (SHSP) for progression this year. There are 4 core areas which link into the SHSP and common themes with Te Toi Ahorangi (TTA). Evolution is not another strategy as the intent is connecting, co-ordinating and creating across teams in the areas of priorty that have already been agreed. COO recommended the Committee to review the first 10 or so pages of the SHSP periodically to maintain awareness of our integration intentions. *Integrated Care* - In the last 6 months there has been a greater exchange of dialogue and working together across Funder and Provider services. *Child Wellbeing* - is currently the least worked up, however is considered the one with the greatest potential to make a difference in the lives of our communities. Whether CAMHS sits within this quadrant rather than in Mental Health is a conversation to be had. *Mental Health* - have recently had Derek Wright working with the teams. Derek's report is a few weeks away and will inform co-design of Mental Health Services. *Business Redesign* - is an aggregation of things that matter in the day to day working of us as an organisation. Information Technology will play an important part and the new CFO has great plans for the future of IT in BOPDHB. Creating our Culture is maintained, although now needs a refined focus based on feedback from the Evolution Discovery phase.	

Item No.	Item	Action
	12 Radical Transformation Actions *Integrated Care* #1. Move to community based/acute clinic approach to low level acute presentations #2. Work to address every avoidable hospital admission #5. Walk through all elements of secondary service delivery that do not require hospital level care. Bed Day savings are important and analysis will be made of HRT Opportunities list as well as opportunities proposed to DHBs by MOH. *Child Health and Wellbeing* #6. Ambulatory Primary-Secondary model *Mental Health* #7. Mental Health & Addictions whole of system redesign. CEO gave an overview of the briefing Derek Wright had given her at the end of his initial phase of work. *Business Redesign* #3. Change movement – COC Phase 2 #4. Work throughesource draining/suboptimal business processes to reduce unnecessary workload burden and improve efficiency (Recruitment first) #8. Expert workforce wellbeing support team to manage significant people issues #9. Co-ordinated overaching programme management approach – bringing together our change teams in a collective transformation effort #10. Leadership Evolution based on extensive feedback over the last few months #11. BOPDHB Sustainability (financial) delivery approach #12. Rigorous monitoring of Q&S and Team wellbeing indicators as a basis for quality and cost improvement To achieve progess with business redesign there will be some co-locating of teams. Use is being made of the Hoshin Kanri tool which is a Toyota Lean type tool. Experience has been had in Scotland of the tool bringing things together for easy identification, measuring success and what the intended delivery is progressing. It enables a good overview of where progress is being made and where it is not, in a joined up way. It also drives improved co-ordination and avoidance of duplicated effort. Life QI is the tool we are using to progress inidivudal improvement initiatives and the two will be linked. Query was raised as to whether the Clinical Director, Quality and CIO will be reporting regularly. CEO advised that the two had presented at the recent Exec Blazon. They believe there are opportunities for improvement. They will determine what the best reporting lines are. An updated proposed design of the four Strategic Priorities was circulated with input from GMMHGD.	

Item No.	Item	Action
	CEO reflected that with what the organisation is seeking from the process, Distillation may be a better use of word than Evolution. She wanted to thank the COO for the work that has been undertaken. The Committee thanked the COO for his presentation and looks forward to updates	
3	**Apologies** An apology was received from Peter Nicholl **Resolved** that the apology from P Nicholl be accepted. Moved: S Webb Seconded: Y Boyes	
4	**Interests Register** The Committee was asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.	
5	**Minutes** BOPHAC Meeting – 5.6.19 **Resolved** that the minutes of the meeting held on 5 June 2019 be confirmed as a true and correct record. Moved: G Esterman Seconded: R Scott	
6	**Matters Arising** All Matters Rising have been completed. Comment was made regarding Hand Hygiene and the recent media article where BOPDHB was indicated as not being as good as it could be, particularly in clinical areas. Acting DON advised that from the last quarter there were 5 areas that did not perform so well. Focus has been put primarily on those areas. Promotion is being made through a variety of means including internal communications and patients wearing stickers with words that indicate that they don't want to be touched unless the clinician has washed their hands. The Committee found it difficult to contemplate why clinicians would not wash their hands as standard practice and that leaders should be displaying leadership by doing so. CEO advised that the COO and DON would relay the disappointment of the Committee to the teams.	COO / DON
7	**Matters for Discussion / Decision** 5.1 Acting Chief Operating Officer's Report Acting Chief Operating Officer highlighted the following: The report reflected some of the narrative of progress in the Evolution presentation. The following queries were raised: • The staff survey moving to biennial which doesn't align with the	

Item No.	Item	Action
	current draft CEO KPIs, indicating an annual staff survey. This will be discussed at next CEO Performance and Remuneration Committee for alignment. • Lakes and Waikato DHBs stepping back from Cognitive Institute. COO advised that the other DHBs are considering some of the elements of Cognitive Institute and whether they are still relevant. • Nursing Recruitment to CCDM indicated 44 FTE. Acting DON advised that these are being actively recruited to. The 44 FTE are not ringfenced. Monthly vacancies are reported through CCDM committee. The Unions are satisfied that BOPDHB are doing all they can. CEO advised that this is being reported to and tracked nationally through the Accord group which is reported through to the Minister. There are currently 3 DHBs causing concern, BOPDHB is not one of those. Faster Cancer Treatment. There is some information coming to next Board meeting. There is deterioration in the rate for Maori. There are capacity constraints in the system. Maternity demand is being tracked. **Resolved** that the Committee receive the Chief Operator's report. Moved: S Webb Seconded: Y Boyes	
8	**Matters for Noting** 8.1 Work Plan The Committee noted the plan.	
9	**Correspondence for Noting** 9.1 Letter to Waikato DHB Reciprocal Member Clyde Wade – 14.6.19 The Committee noted the correspondence	
10	**General Business** Three was no general business	
8	**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 Integrated Operations Centre Report Pressure Injury Prevention Partnership 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	

Item No.	Item	Action
	knowledge will be of assistance in relation to the matter to be discussed: Helen Mason Pete Chandler Ros Jackson **Resolved** that the Board move into confidential. Moved: G Esterman Seconded: S Webb	
9	**Next Meeting -** Wednesday 4 December 2019 Discussion was had with regard to Board elections as to whether the next meeting would be held. It was agreed that it should be. Consideration to be given to the content of the meeting for best advantage. Progress on new Strategic Priorities is seen as important.	

The open section of the meeting closed at 11.50 am
The minutes will be confirmed as a true and correct record at the next meeting.

BOP ALT

Minutes of: Bay of Plenty Health Alliance Leadership Team (BOPALT) meeting held 13 August 2019 at the Kahakaharoa Room, Planning & Funding 190 17th Ave, and Tauranga.

Membership: Chad Paraone (Chair), Luke Bradford, Pete Chandler, Greig Dean, Simon Everitt, Janice Kuka, Helen Mason, Lindsey Webber, Ben Van den Borst, Mel Tata.

In attendance: Andrea Baker (BOPDHB), Phil Back (WBoPPHO), Jerome Na (BOPDHB for Hugh Lees), Fiona Wiremu (EBPHA).

Apologies: Hugh Lees, David Spear, Tricia Keelan.

Item No.	Item	Discussions/Commentary	Actions/Outcomes
1.	**Karakia**	• Read.	
2.	**Welcome & Introductions**	• Chair welcomed new BOPALT members Mel Tata (Home based support services rep) and Ben Van den Borst (Community Pharmacy rep). • There was a round of introductions. • It was noted that Jethro Le Roy had resigned from the membership as EBPHA clinical representative. EBPHA to replace with a clinical representative. • Noted that Jeremy Gooders has accepted membership for St John Ambulance and will attend the next meeting. • Chad reflected his perspective on the role and function of BOPALT insomuch as it is not an operational reporting forum but a forum for jointly leading and monitoring system-wide change. Focus is on ensuring key activities remain in sync, on task and deliver against BOPALT's agreed work plan and desired outcomes. Where those expectations are compromised, BOPALT has a role to address any barriers, mitigate risks and redefine expectations as and where necessary.	EBPHA Interim CEO to action. Phil to action.
3.	**Conflicts of Interest**	• Nil.	

4.	**Minutes of previous meeting 10 July 2019** **Additional item:** **CEO Change**	• A presentation/briefing on the First 1,000 days programme was requested for the next meeting. Noted work already progressed in the EBOP around the first 300 days with positive outcomes. • It was agreed that the reporting template be tweaked to better reflect the information and decision-making needs of BOPALT. • It was agreed to invite a Maori consumer representative onto BOPALT, with the suggestion that one of four on the DHB Consumer Council be approached. PHO reps were asked to review those possible candidates and make a decision. • Helen Mason advised she has resigned her CEO position, effective 15 November, to take up a senior State Government position in Melbourne. • It is not timely to recruit immediately due to upcoming Board elections (12.10.19) and pending changes. Sally Webb (Chair) is also finishing her third and final term. It is likely that an interim CEO will be appointed for six months to enable time for the new Chair and Board to settle in and then lead a recruitment process. Options include internal secondment or external recruitment for the interim appointment. • The first Board meeting with the new board will be December 2019.	Andrea & Phil to organise. Andrea to organise a redesign and run past Lindsey and Sarah Andrea to organise this via Avril Boon.
5.	**Te Haeata Work Programme**	• Noted this was developed from the previous Te Haeata meeting by Phil, who was acknowledged, along with Kiri, for the drafting and updating of the document. • In terms of PHO participation on the Executive Team, it was noted that Lindsey will attend the Executive Team retreat scheduled for Thursday/Friday.	Updated Te Haeata work programme to come to next meeting.
6.	**BOPALT Work Programme Updates:** **6.1 HEALTH CARE HOMES**	**Health Care Homes:** • Project is progressing at pace but in a deliberative manner • Some challenges with practice readiness for change. Project Oversight Group requested Evaluation Panel to reassess outcomes from initial process to identify additional Practices that could potentially participate, due to two Practices withdrawing and one being excluded following readiness assessment. Readiness Assesments to be conducted across all remaining 12 Practices and recommendations taken back to Oversight Group late August. • Application of probity has proven invaluable.	

		• Early adopters supported and three practices now progressing toward Go Live status. • PHO Board to further consider capacity to invest in remaining Practices to avoid two-tier system being created. • Keen to consider a local name (rather than 'Health Care Home'). Noted National Collaborative also looking to adopt new name. • The question of a 'champion' resource to support this project was raised. Other HCH projects elsewhere had champions that were passionate about HCHs who were able to successfully advocate for and drive the initiative. This appears to be a resource gap with the current team. The interest was in finding the right person to be the champion, including any ideal candidates who may be employed elsewhere in the PHOs or DHB, or else source externally. Phil indicated budgetary provision has been made to engage external expertise as required (i.e. Lean and Change Management). • It was noted that two Eastern Bay practices had struggled with rigid requirements i.e. compliance with hours of operation as stated within PHO Head Agreement. • Equity was noted as key driver to this initiative, with a reminder that upfront criteria specified a minimum of 15,000 Māori enrolled service users to be included in the first 50,000 (i.e. in the initial group of practices).	WBoPPHO to engage HCH champion resources as and when required.
	BOPALT Work Programme Updates: **6.2 TŪĀPAPA**	**Tūāpapa (previously known as NUKA):** • The new name, **Tūāpapa**, refers to a foundation, a flagstone, a base platform, and was gifted to the initiative by kaumātua. • Jackie Davis is the project manager. • Practice staffing challenges (GPs and specialist nursing shortages) has meant accelerating progress of the plan (in terms of how the model looks/works in clinic). • Some challenges due to a young and less experienced workforce. There was discussion on the potential for the DHB Provider Arm to assist with doctors and experienced nurses. It was noted that there may be opportunities for placement around the junior medical staff (House Officer) rotations. There was also a request to consider whether nurse practitioner roles could be re-examined to allow them to be deployed within practice clinics.	Pete and Janice to discuss and progress as appropriate.

	BOPALT Work Programme Updates: **6.3 COMMUNITY CARE COORDINATION**	**Care Coordination Centre (CCC):** • Sarah Davey (Programme Manager, Integrated Healthcare, Planning & Funding) presented on the subject, with Emma Green. • P&F are hosting an Integrated Care Bundle Hui 10 September to incorporate Keeping Me Well, Health Care Homes and Care Coordination with an aim of ensuring the initiatives are aligned. • The CCC is entering stage two, where the DHB community services (allied health, short-term support, NASC and District Nursing) will come under the CCC. The intent is to provide a single point of access/communication when requesting support, and for it to provide a coordination function. • Luke gave example of a sudden crisis for an 89 year old patient with mild dementia, and the considerable time it took him and a nurse to organise the various supports and care required in the home for her. A single referral to CCC to address her needs would therefore be very much welcomed. • It was asked that a patient pathway be developed for CC services. It was also noted that CC for the Eastern Bay may look different (especially for rural) due the significant importance placed on the relationship at the centre of care in the community. • It was noted that Whakatane hospital is struggling to maintain a secondary roster, so the primary/secondary interface there needs to be looked at.	Sarah to pick this up Pete to follow up
	BOPALT Work Programme Updates: **6.4 KEEPING ME WELL**	**Keeping Me Well:** • This is an integrated community enablement approach for adults over 18 years who have experienced a loss of function/functional challenges. It aims to assist with early supported discharge and preventing hospital admissions/re-admissions. • The core philosophy is "What matters to the patient?" An example was given of an individual who had suffered a fall at home, resulting in multiple interactions with the health sector to 'fix' the issue before he was eventually asked what **he** wanted. His answer lead to a completely different health sector response. • The desire is to get to 'patient-centred' care, then shift to 'patient-directed' care. • This is framed as an enablement model (not fee-for-service). • It is intended as a home-based, in-reach model using a 'virtual team' approach. This could mean	

		that, from a continuity of care perspective, a clinician who saw a person in hospital could also see this person in the community. Or that there is community in-reach whereby, after being seen in the community, the community-based clinician could support the person in hospital. • Simulation, shared care and technology are important in creating this service. In the last 8 months, waiting times for this service has reduced significantly, up to 50%. • It was noted that this model must use a co-design approach involving all system partners – not progressing a pre-determined solution. • It was requested that the model be depicted diagrammatically, showing the patient journey through it, and circulated to aid understanding of what is proposed.	Sarah to provide a diagram depicting the patient journey through this model
	BOPALT Work Programme Updates: **6.5 ACUTE DEMAND**	**Acute demand** • Clarity was sought on stewardship - who should 'own' this stream? • There was also uncertainty about what is meant by acute demand and the current activity already underway. It was agreed that time be set aside on the next BOPALT agenda for a working session on Acute Demand, and that this needs to be informed by information that mapped out the current initiatives.	Andrea/Phil/Emma to develop a paper to inform discussion and decision-making at the next BOPALT meeting.
	BOPALT Work Programme Updates: **6.6 SYSTEM LEVEL MEASURES**	**System Level Measures (SLMs)** • An action from the last BOPALP meeting was for Phil (WBoPPHO) to develop a plan as to how SLMs could be shifted to primary care.	Phil to progress SLM discussions with Emma.
	BOP INFORMATION SYSTEMS	**BOP Information Systems (BOPIS)** • There was discussion on getting better visibility and alignment of BOPIS work across the BOPALT workplan (i.e. how BOPIS feeds into the individual work programmes of HCHs, Tūāpapa, CCC, Keeping Me Well, Acute Demand and SLMs). • The same applies to the underpinning priorities relating to Workforce and Equity/Rural. • BOPALT requested a snapshot of current BOPIS work and priorities. • It was agreed that, as and when required, BOPIS members be asked to present to BOPALT on their	Sarah Davey to provide paper on current BOPIS activity, priorities and contribution to BOPALT

		activity.	work programmes.
7.	**Flexi Funding all PHOs.**	• BOPALT noted the flexible funding tables provided by each PHO, and the positive support for this transparency ("opening of the books"). • The idea of establishing a common pool of flexible funding, for use in progressing shared BOPALT priorities, was raised. PHOs were asked to think about how a common flexible funding fund could be established and potential size. It was noted that current funds were likely to be allocated at the moment, but that these would free up over time as initiatives ended, or were deemed lower priority and not renewed. The initial pool may be a 'nominal' figure that could be built upon. • It was also noted that BOPALT scope and influence was broader than just activities funded by the flexi funding pool, as noted by DHB investment in HCHs, Tūāpapa and other BOPALT initiatives.	PHO CEOs to discuss and consider how to progress a common flexible funding pool.
8.	**BOPALT Terms of Reference**	• These were approved with minor changes i.e. reference to BOPALT requiring more NGO representation be taken out -under Scope, expand list under membership to include Community Consumer and insert under Chairperson that the cost is shared between PHOs and the DHB.	Simon to amend ToR and circulate.
9.	**Other Items**	• There were queries about the current SLATs (Service Level Alliance Teams) and how they fit into the new BOPALT structure and direction. • It was reiterated that BOPALT is here to lead/drive strategic change at a system level, and that the intent is for meetings to focus on action and decision-making, rather than simply being a reporting forum. BOPALT should discuss and agree on how to remove barriers to progress in the priority work programmes, but seeks to avoid being caught up in lower-level operational matters.	Andrea to provide a snapshot SLAT paper for the next meeting.
10.	**Closing Whakamutunga**	• Read.	
	Next Meeting	Thursday 12 September 2019.	

Actions arising from previous meetings:

ITEM	TOPIC	MEETING DATE	ACTION REQUIRED	WHO	STATUS
2	Welcome & Introductions	13/08/19	EBPHA to replace clinical representative on BOPALT	Greig	Greig to confirm Rachel Shouler
			Jeremy Gooders (St John Ambulance) to attend next meeting	Phil	Jeremy issued invite to 12 September meeting.
4	Previous Minutes	13/08/19	Presentation/briefing on the First 1,000 days programme to be arranged for next BOAPALT meeting	Andrea, Phil	On agenda for 12 September meeting
			BOPALT reporting template be tweaked.	Andrea	Completed and implemented.
			Provide info to PHO reps about the Māori members on the DHB Consumer Council, with PHOs to select a preferred candidate and invite them to join BOPALT	Andrea	Progressed via Jerome. Four Iwi reps invited to consider. One has engaged. Outcome to be advised.
5	Te Haeata Work Plan	13/08/19	Updated Te Haeata work programme to come to next meeting.	Lindsey/other CEOs	Papers included on Agenda for 12 September meeting.
6.2	TŪĀPAPA	13/08/19	Discussion to be progressed around possible junior medical staff rotation into NMO Practices	Pete and Janice	
6.3	Community Care Coordination	13/08/19	It was requested that a patient pathway be developed for CC services to reflect alignment with / access to services.	Sarah D	
		13/08/19	Whakatane Hospital Secondary roster challenging. Primary/secondary interface to be looked at.	Pete	

ITEM	TOPIC	MEETING DATE	ACTION REQUIRED	WHO	STATUS
6.4	Keeping Me Well	13/08/19	The model be depicted diagrammatically, showing the patient journey through it.	Sarah D	
6.5	Acute Demand	13/08/19	It was agreed that time be set aside on the next BOPALT agenda for a working session on Acute Demand, and that this needs to be informed by information that mapped out the current initiatives.	Emma G	On agenda for 12 September meeting. Paper developed and circulated.
6.6	System Level Measures	13/08/19	Progress shared stewardship of SLMs. Outstanding action from July meeting. To be progressed.	Phil	Meeting held with Emma G and Sarah D. Positive discussion. Verbal feedback.
WP	BOP Information Services	13/08/19	Better visibility and alignment of BOPIS work across the BOPALT workplan. Paper to eb developed.	Sarah D	Combined in SLAT overview paper as circulated.
7	Flexi Funding	13/08/19	PHO CEOs to discuss and consider how to progress a common flexible funding pool.	PHO CEs	
8	Terms of Reference	13/08/19	ToRs to be amended to reflect minor changes agreed to.	Simon	Completed and on Agenda for 12 September meeting.
9	Service Level Alliance Teams (SLATs)	13/08/19	Paper to be developed to reflect status, purpose and activities of existiong SLATs.	Andrea / Phil	Paper developed and coirculated.

CEO's Report (Open) – August 2019

Key Matters for the Board's Attention *

Countdown Appeal
The campaign launch was well attended by many of the local store managers who appreciated the opportunity to visit the paediatric ward and see the resources their fund raising efforts have enabled us to purchase.

Creating our Future for Mental Health & Addiction Services in BOP *
Derek Wright completed his two week review. He was well received by the teams. His findings are consistent with what we expected. He will be providing a list of prioritised recommendations for us shortly. We are feeling optimistic about progress and direction of travel.

Planning and Funding Dragon's Den *
Planning and Funding held a Dragon's Den to consider where to prioritise the Strategic Health Services ring fenced funding. It was a good process with an evaluation framework which strongly prioritised equity. A number of the cases presented will now go forward to full business cases. Some of the dragons weren't particularly scary.

Minister's Visit *
We had the pleasure of hosting the Minister of Health, Hon Dr David Clark, at Whakatane Hospital. He visited us to announce a new Mental Health and Addictions Service (MHAS), Pregnancy and Parenting Services (PPS). Whilst he was here we also took the opportunity to showcase some of the great work going on at Whakatane.

The Minister's announcement on PPS is an exciting one. The PPS is a service which works with mothers with addiction and/or mental health issues to support them, and ensure their children have the best start to life possible The service is currently available in Tairawhiti, Waitemata, Hawkes Bay and Northland DHBs. Eastern Bay of Plenty has been selected as one of two new sites nationally.

The Minister was joined by Tamati Coffey (MP for Waiariki) who brought his eight week old son with him. It felt very appropriate that there was a baby there, given the focus of the service. It also provided a lovely opportunity to see that our Chair Sally Webb's Public Health Nurse skills are as good as ever!

During his speak the Minister recognised the hard work of all those delivering health care in the Eastern Bay, and thanked all of you for the support you provide to our communities.

Following the announcement we had a chance to show the Minister briefly around the Mental Health Unit, Clinical Campus and main hospital before an informal lunch was held. At this event he was able to meet some of our Maori nursing graduates, Rural Health Immersion Programme (RHIP) students and our General Manager Maori Health Gains and Development Tricia Keelan, who spoke to him about our Te Toi Ahorangi Strategy.

I have a strong sense that the Minister left feeling very appreciative of the warm welcome he received. He really enjoyed the opportunity to meet so many of the team and to deepen his insights into the work they do for our community. It was great to have him recognise the great work that is done for the Eastern Bay community, by passionate, dedicated health workers. It was also really good to hear him convey an understanding of some of the challenges our communities face. His announcement on the new Pregnancy and Parenting Support service was the icing on the cake.

I came away from the hui feeling very fortunate to be part of such a great health team.

EQUITY

Te Teo Herenga Waka & Toi Te Ora

Breast Screening:
The proportion of Maori women aged 50-69 years reached 66.1% at the June 2019 quarter (65.2% at the March 2019 quarter). This is the highest result BOPDHB has achieved, and continues multiple successive quarters of cumulative improvement. Based on our weekly tracking data we forecast a result in the mid-66% range at September 2019, with attainment of the 70% national target most likely at the March 2020 quarter, or, less likely, December 2019.

Prioritisation Tool
The Māori health equity programme manager and Catherine Habel, public health physician from Toi Te Ora have adapted a prioritisation tool designed for Lakes DHB to formulate, and strengthen SHSP/TTA funding proposals to ensure alignment with strategic priorities. In addition, the tool assists users to demonstrate that their proposal will address significant health need, is effective, is acceptable, will improve Māori health equity and other key criteria. So far, the tool has been successful in increasing discussion between users; finding synergies and potential savings; filtering out many proposals. The next iteration of the tool will include evidence and frameworks to assist users in building their full business cases including the integrating of the criteria in to the business case template.

Philanthropic Partnership Opportunity
Partnering with philanthropic funders in a funding collaboration has been an opportunity that has never quite landed (for varying reasons) in the past. Preparation, strategy, advocacy and open kōrero over the past 6 months or so has meant that we have secured an opportunity for this to happen. The proposed initiative, which is the development of a Māori parenting programme, is part of the First 1000 Days planned work programme and strongly linked with Te Toi Ahorangi. The design will take a mahitahi approach, ensuring the whānau voice leads the development of the programme, improving the relevance, engagement and ultimately, the outcomes for parents and their tamariki and whānau. We will know the outcome in October, when we hope to conclude procurement.

Improving Contraception Access
Insight was gained through focus groups, stakeholder engagement and expert interviews to build a proposed model of care (to be presented to FMC on 3 Sept).

7 focus groups took place in quintile 5 localities across Te Moana ā Toi and were designed for wāhine aged 15-25 years old. Local youth-groups. alternative education providers and community-orientated groups were invited to host a focus group and supported with marketing materials to promote this through Facebook, Instagram, email and physical distribution channels. Focus groups were held in community settings and in alternative education provider facilities and were attended by over 50 wāhine. In the Eastern Bay of Plenty, the facilitator was joined by a DHB-employee from Regional Māori Health to provide the opportunity for wāhine to speak in Te Reo Māori. He Pou Oranga Tangata Whenua and He Korowai Oranga were used as the guiding framework and principles in the design of the discussion guide. 52% of participants lived in the Eastern Bay of Plenty and 48% in the Western Bay of Plenty. 76% of participants identified as Māori and 24% identified as NZ European.

Based on the focus group discussion, a set of personas have been developed to identify the different perspectives of the target group and their service needs.

Around 70 experts including healthcare professionals, healthcare managers and healthcare providers across Te Moana ā Toi have been involved in qualitative research including semi-structured interviews or focus groups.

Provider Arm

Regional Community Services - Community Health 4 Kids

In a recent OnePlace article, Te Reo use was highlighted:

B4 School Checks are offered to all 4 year olds in New Zealand

There is always a first time for everything. For Belinda Gasteen it was conducting a B4 School Check in Te Reo, with a fluent four year old Te Reo speaker. After spending 18 years as a nurse in ED, Belinda had recently joined the B4 School Check team when Peeti Herewini (pictured with Belinda) arrived for her check at Whakatāne with her mum Moerangi. "We completed the check and all the activities involved successfully with the help of Moerangi. It was fun communicating with Peeti and she taught me some Te Reo words."

The purpose of the B4 School Check is to promote health and wellbeing in 4-year-olds, and to identify any health, developmental or behavioural problems that may have a negative impact on the child's ability to learn and take part at school. Belinda said that at the end of the check, Peeti asked to have her photo taken with her in front of the B4 School sign.

Community Dental Service

The Community Dental service is reactivating the preschool Māori enrolment activity as the number of Māori pre-schoolers not enrolled is increasing slightly. Likely causes are transfers in from other DHB regions and the service needs to audit recording of correct ethnicity at birth, as this has previously been an issue. Business Intelligence, the Regional Administrator for CH4K and Māori Health Gains and Development Health Navigator are reviewing this.

The Absolute Dental mobile service from Rotorua is to treat rangatahi (teenagers) in Murupara from 26 August through to 6 September. Adults are being examined and treated from 3pm-5m daily, with the BOPDHB Murupara Community Health Centre co-ordinator, working with the two Runanga (Ngati Whare and Ngati Manawa) on accessing health grants for their beneficiaries to help towards dental costs.

This project rolled out in late 2018 after three years of facilitation by the regional manager of CH4K with the local community, Runanga and schools. The project has a strong access and equity focus for Māori as they were not receiving accessible or affordable dental care in Murupara. It's great to see year two kicking off in a few weeks.

	June 2019	Difference/ Change	July 2019	YTD Result	2018/2019 Target	Variance
Total enrolled YTD	42,572	417	42,989	N/A	N/A	N/A
Total Preschool Enrolment (0-4yrs)	103.6%	-2.1%	101.5%	101%	95%	6.00%
Preschool Māori (0-4yrs)	96.8%	-2.1 %	94.7%	95%	95%	0%
5yr olds caries free – Total Pop.	49%	3.0%	52%	53%	64%	-11%
5yr olds caries free - Māori	37%	-4.0%	33%	36%	64%	-28%

	June 2019	Difference/ Change	July 2019	YTD Result	2018/2019 Target	Variance
Total Yr. 8 DMFT ratio	1.1	-0.1	1.2	1.2%	1.6	0.4%
Māori Yr. 8 DMFT ratio	1.7	-0.5	2.2	2.0%	1.6	-0.4 %
Yr9-Y13 Adolescent Utilisation Rate Year End 2017 (2018 results not available till 2019)	69%	0.1%	69.1%	-16%	85%	-16%

First 1000 Days partnership with Bay Brighter Futures

First 1000 day dialogue continues to occur with the Bay Brighter Futures funding collaborative. Bay Trust and Tauranga Energy Consumer Trust (TECT) have agreed to partner with the BOPDHB to fund the Parenting Place "Building Awesome Whanau" co-design project for three years. Dialogue is occuring at present between Te Teo Herenga Waka Planning, funding staff and TECT/Bay Trust. Essentially, effort is being placed into not replicating the same processes across the three funders for Parenting Place "to jump through". TECT/Bay Trust want to be assured that the BOPDHB has completed the due diligence they can share with their boards and ensure funding agreements line up with that of the BOPDHB moving forward. All are aiming for an October start date for the Building Awesome Whanau programme commencement with co-design etc.

SYSTEM INTEGRATION / EQUITY

Te Teo Herenga Waka & Toi Te Ora

Regionalisation of Support to Screening Services (breast and cervical)

From the 1st September 2019, WBOPPHO will become the provider for support to screening services for the whole of the BOP. Previously the Eastern Bay was serviced by EBPHA. The Portfolio Manager (population health) has worked with both parties for a smooth transfer of this service from EBPHA to WBOPPHO.This regionalisation will improve efficiencies, with this contract having a high administrative load. WBOPPHO will work with the East Bay iwi alliance to develop a strategy for the outreach service component.

SYSTEM INTEGRATION

Te Teo Herenga Waka & Toi Te Ora

Keeping Me Well

This work is now progressing at a significant rate with some pleasing results. Both community allied health teams (East and West) have reduced their waiting lists by over 50% within six months and are on their way to delivering a responsive service as part of the Keeping Me Well model of care which is set for trial in the New Year. Response times for neuro clients have fallen from 8 months to under 7 days.

We continue to support staff through the model of care change via various forums. Of note has been the success of our live simulations which provide a safe forum for clinicians to test their thinking around patient pathways, thinking biases, and team/organisational/institutional boundaries. It encourages professionals from various parts of our system to share perspectives and expand thinking. Feedback so far from staff has been very positive.

Papamoa and Te Puke Community Health Services Planning
Bay of Plenty DHB and Western Bay of Plenty Primary Health Organisation are working together to plan for the future needs of the growing population in the Papamoa and Te Puke region. With the population expected to grow by over 50% in the next 25 years, we have commenced our planning for health services delivery, with a particular focus on after-hours and urgent care. The initial planning workshop will take place on 17 September. To understand the area and where the current primary care providers are, the day will start with a bus tour of the coastal areas and Te Puke.

INTEGRATION / COMMUNITY

Te Teo Herenga Waka & Toi Te Ora

Smoking Cessation
All pregnant mothers who smoke in the Bay of Plenty will now be eligible for incentive payments to support them to stop smoking with our regional stop smoking service- Hapainga. Incentive payments are offered in the form of vouchers (Kmart, The Warehouse, Pak n Save or Countdown) at different stages over 12 weeks when they achieve 'zero' Carbon Monoxide readings i.e. are smokefree. At the end of the 12 weeks the hapu mama would have received $250 worth of vouchers and be smokefree. This has been funded through the MoH agreement for tobacco control and was an action identified in the *draft* BOPDHB smokefree strategy.

Health Targets

Increased Immunisations
The project leader role implemented within the quality improvement project continues to consolidate improvements within the immunisation process and will be releasing draft guideline documents for GP`s and the operational team to ensure adherence and consistency to the delivery of vaccines, once feedback is received the final process chart and manuals will be released at a joint leadership and operational meeting of all parties for a re-commitment to reaching the target.

Actions / Solutions
- Improvement is required for rates of coverage at 8 months; currently the total rate is 82%, but when looked at over the past 6 yrs data shows this as a `stubborn` longer-term trend of performance in the mid 80`s; coverage for Maori has improved to 77.8% due largely to improvements instituted by NMO for their population, but the disparity to the health target and non-Maori rate of 82.3% is a concern and focus for the quality project underway
- Currently a high decline rate of 10% and rate of children overdue are the focus of new reporting that will identify the GP practices and vaccines where increased support for the process is required at a prioritised level of operational activity.

Child and Youth

Children's Team approach
Children's Teams currently provide support to children and their whānau assessed as being at risk of harm but not in need of statutory intervention in 10 locations across the country.

In December 2018, Cabinet agreed to transition the Children's Teams to new locally-owned models over the next two financial years. This Cabinet paper has been proactively released on the Oranga Tamariki website.

Cabinet's decision was supported by evaluative evidence which suggested, while the approach is sound and well supported by whānau, there are fundamental issues with the sustainability and scalability of the model.

Moving towards new approaches

Eventually, the Children's Teams model will be transitioned to new early and intensive intervention approaches as these are developed.

These new approaches will bring together the right agencies and partners, including NGO, iwi, Māori and Pacific organisations to support children and whānau who require a community response to address their needs. These models may look different for each community depending on their strengths, resources and our existing partnerships.

The development of the new early and intensive intervention approaches are a long-term piece of work, and will take some time to implement across the country. We have committed to transition Children's Teams within two years.

The development of our new approach to early intervention will be guided by the first Child and Youth Wellbeing Strategy, which is expected to be published shortly.

Maintaining business as usual

To maintain business as usual:

- Children can continue to be referred to Children's Teams and receive support
- Services for Children and Families and Partnering for Outcomes Regional Managers will work together with iwi, hapū, Mäori organisations and community partners to transition Children's Teams as part of developing new approaches to early intervention
- Operational accountability remains with General Manager Children's Teams.
- Professionals from current Children's Team communities will continue to work together to support whānau
- The Children's Team Hub will be integrated within the Oranga Tamariki National Contact Centre
- The ViKI platform will continue to be available while we transition Children's Teams

Mental Health and Addictions

Mental Health Advisor projects: Whakatane Kahui Ako. Shortlisting and interview times underway. Partnership with Poutiri Trust being developed and will be formalized through Letter of Agreement. Meeting with Ministry of Education Iwi Leads around responsiveness to whanau Maori in the Otumoetai Kahui Ako.

EBOP Iwi alliance respite: has been mobilised into the region since July which have been fomalized through Letter of Agreement. The following months will assist with identifying the key themes to inform the proposed model moving forward 2020 onwards.

Lived Experience Consultation: The lived experience leads (Patricia Bennett / Peer Lead CMHT, Arana Pearson / Te Pou Oranga O Whakatohea) have been mobilising consultation hui with the lived experience in the EBOP and recently held a hui with the WBOP networks. The Lived experience are currently planning on hosting a Lived experience conference on the 8th November 2019. The purpose of the conference is to allow those with lived experience to come together across the BOP, so they are positioned to inform Toi Oranga Ngakau how they propose to bring their voice forward in leading the necessary change.

The initial 'kick-start' of our mental health and addiction services redesign has begun with Derek Wright, independent consultant, having a series of hui over two weeks beginning 19th July as part of preparing a briefing document for the future mental health and addiction governance group. These hui have involved those with lived experience, their whanau, NGO providers and specialist secondary services and have been well attended, with key themes already starting to emerge.

Toi Te Ora

Environmental Health

Drinking Water

Following the Havelock North Drinking Water Inquiry and the "Three Waters" Review, it has been announced that an independent regulator is to be established over the next two years. The regulator is likely to sit under the Minister for Local Government and its responsibilities will include drinking water regulation, which currently sits with Health and with services delivered through public health units. This change will have a range of implications for all public health units both during the transition and once the regulator is in place. It is anticipated that the Ministry of Health will require that units further prioritise drinking water work without any apparent additional funding, which will impact on capacity to deliver other health protection work. The changes will also bring uncertainty for potentially affected staff. Toi Te Ora will be closely following updates from the Ministry of Health and others, working through the likely issues as they become clearer. The National Public Health Clinical Network has established a reference group which is engaging in discussions at the national level on behalf of public health units.

Communicable disease

Measles

The current measles outbreaks in New Zealand continue to impact on this region and the work of the public health unit. Although we have been fortunate to have few cases, ensuring appropriate infection control and managing public and media interest has kept the health protection and communication teams busy. In July there were no confirmed cases of measles, although 17 notifications were received and investigated, but later found to be "Not a Case". This represents a significant amount of work for staff.

Immunisation

Immunisation rates remain a concern, particularly in light of the current measles outbreak. Toi Te Ora has taken every opportunity to advise the public to check that they are up to date with immunisation, especially MMR. Advice and links to further information have appeared in several national and local media sources as a result of this work.

Workforce Development

Toi Te Ora has developed and released two video resources which promote public health careers and inform communities about what public health is. This is a significant resource and includes Te Reo Māori versions of the videos.

Video 1 – Find Your Future in Public Health

This video is a joint venture between Toi Te Ora and Kia Ora Hauora, with support from Hawkes Bay Population Health, which aims to support Māori into a career in public health as one way to make a real difference and a valuable contribution to the health and wellness of friends, whānau and communities. This video was launched at the Kia Ora Hauora and the Toi Ohomai Hauora Kura Pathway event in August 2019.

Video 2 – This is Public Health

Inspired by the #thisispublichealth campaign originally designed by the Association of Schools of Public Health in America, Toi Te Ora has recreated the concept and developed a video resource "This is Public Health" to explore what public health looks like in our communities.

Both videos have been circulated widely and the response has been extremely positive, including from the Ministry of Health who plan to add it to their website at some point.

Corporate Services

Information Management – Immunisation data sharing

- The IM team have completed a piece of work around the primary care data being displayed in the DHB systems to include immunisation status to improve patient safety.

Information Management -

- In August 2,722 individual DHB users logged into the DHB's main clinical information portal (CHIP) 93,503 times and accessed 40,170 patients' records. The DHB's primary/community access saw 688 primary and community care users access CHIP for Primary 15,835 times, looking at 9,397 patient records.
- The uploading of clinical documents to the regional eSPACE Midland Clinical Portal saw 45,770 clinical documents and 7,662 discharge summaries uploaded into the regional repositories.
- Over 13,400 clinic letters and clinical notes were delivered electronically to GP Practices.

Clinical Campus

Students

Our University of Auckland Year five cohort students traditionally go to Waikato Clinical Campus for their Obstetrics and Gynaecology OSCE exam, six times a year. For two attachments this year we are out of synch with Waikato and ran this exam from Pohutukawa House for five students. Dr Michael John (Tauranga), Dr Cor can der Wal (Waikato) and Dr Alice Pan (Rotorua) were the three examiners and Raewyn Wooderson, Waikato Clinical School Manager helped Leonie Alley with the running of the exam.

UoA are currently working on medical student placements for 2020, Tauranga has been allocated 28 students for year 6, 18 students for year 5 and 24 students for year 4, a very slight increase from 2019 – the DHB is almost at capacity. These figures may change slightly once the Board of Examiners has sat in November.

An extra student house in Whakatane has been sought with an increase of students for RHIP for the fifth cohort. Accommodation for students is an ongoing issue and challenge.

Education

With 35 entries for the Innovation Awards received work is underway to shortlist the finalists. The evening event on Thursday 26 September. The Digital Capability Trainer will be working with those finalists who will present on the night to ensure a high standard of presentation.

The Education Centre is managing the logistics of delivering the Te Reo course being offered by Te Whare Wānanga o Awanuiārangi. Classes are scheduled to start the week of 16th September 2019 with administration work around ensuring the availability of rooms.

The Education Manager has been working with Lakes DHB Education around sharing the hosting and numbers for Linda Hutchings leadership programmes. These are currently being scheduled, and applications will open in September. We have worked with Planning & Funding on an arrangement to subsidise primary and community health workers who wish to attend.

Online Learning continues to be busy, with the launch of Weighing Infants and Children, as well as gaining access to a wound care course from Waikato DHB that Primary Health care have requested. Modules on management from Auckland DHB continue to be adapted to the BOPDHB environment, and a number of clinical courses are being designed with subject matter experts. This includes oncology pharmacology; dysphagia; medication administration and infection prevention & control. We continue to work with other DHBs online learning teams to share content. There is also work being done to update the e-portfolio site to make it more user friendly.

Clinical Trials

Maori Health Gains and Development are scheduled to meet with the Clinical Campus in September to discuss a joint paper to the board in response to a Board query as to whether research supports equity. It is envisaged to re-submit for the October Board meeting pending this review.

Provider Arm

Surgical Services

ENT Service Support in the Eastern Bay
ENT services provided in the Eastern Bay are predominantly serviced from the team at Tauranga. This currently comprises four senior Medical Officer visits per month plus fortnightly Clinical Nurse Specialist visits to Whakatane Outpatient department. In addition, a bi-monthly ENT outreach clinic in Kawerau is now well established.

The need for specialist ENT input in the Eastern Bay is significant however resource limitations along with the increasing high complexity surgical workload undertaken in Tauranga mean this issue is one that will need to be addressed over time. Next steps plans are the development of combined Paediatric and ENT clinics at Kawerau and subsequently in Opotiki.

As the Child Health and Wellbeing strategic priority develops over coming months this is one of the priority needs requiring further exploration to see what progress can be made within the resources that we have.

Executive Director Allied Health, Scientific and Technical

Community Enablement Project (Keeping Me Well)
This project is a major piece of work involving most of the Allied workforce and is integral to Keeping Me Well. Most activity to date has been focused on reducing waiting times in the Community Allied Health team and working with the Community Response Team (CRT) to identify how enablement services will be provided in the future. Attention is now focused on in-patient teams identifying how transition to community services can be as seamless as possible. Key activity includes:

Western Bay
- The Neuro Enablement Team is up and running and aligning with the Keeping Me Well Approach, collating both data and outcome measures.
- Community Allied Health (CAH) and Acute teams are working differently in the transitional discharge space to provide more responsive services and equipment on discharge.
- A Plan, Do Study, Act (PDSA) test of change with Occupational Therapists (OT) and Physiotherapists (PT) seeing patients in their own home pre elective surgery.
- Non-Acute Rehab (NAR) mapping the Non-Acute Rehab Services (NARS) pathway and the potential for community based rehabilitation in alignment with an enablement approach.
- The Community Response Team (CRT) and CAH adopting an integrated approach with patients discharging from Health in Aging (HIA). Successful outcomes are exhibited when the community teams have capacity to respond quickly.
- CRT spending time in the Care Coordination Centre (CCC) space and vice versa.
- Ongoing simulation exercises with CCC.
- The CAH PDSA test of change to reduce the backlog in referrals to less than 100 days is nearing completion.
- PDSA in CAH to improve responsiveness at triage, eliminate unnecessary wait, create One Queue for service.
- In CAH, a PDSA test of change to improve responsiveness at triage, eliminate unnecessary wait and create One Queue for service is underway.

Eastern Bay
- A complete PDSA test of change cycle for neuro patients has resulted in reducing longest wait for post discharge input from 8 months to days.

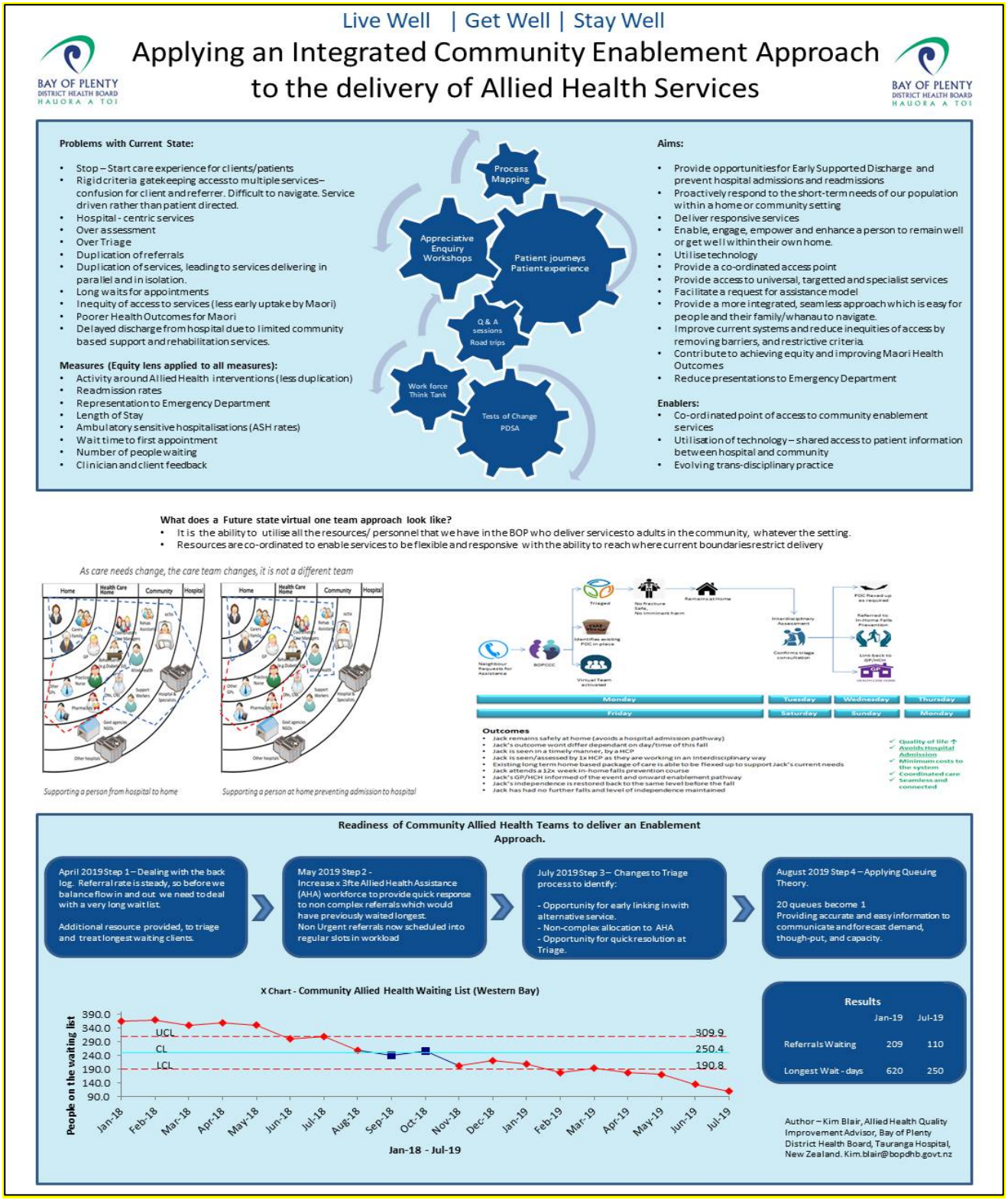
- Completions of PDSA cycles for Musculoskeletal (MSK) physiotherapy in the Emergency Department (ED) are demonstrating positive results.
- Te Kaha role in planning stages for various PDSA tests to be trialled.
- Community Allied Health waitlist initiative – letters, and discussion regarding phone triage.

Next Steps:

- 'Think Tank' session held 2 August for Allied Health moving forward with future integrated systems.
- Outpatients (Eastern Bay) – phone triage and self-management for Tendoachilles and plantar fascia patients
- A PDSA cycle to eliminate Acute Allied Health involvement for inpatients known to teams as well as testing capability and capacity for an Inreach approach.
- NARS – PDSA cycle to test the model and enable early supported discharge for Neck of Femur (NOF) patients

International Forum on Quality and Safety in Healthcare, 18-20 September, Taipei

A Fractured neck of femur (NOF) pathway improvement work poster has been accepted for presentation at conference. Heidi Omundsen, Anaesthetist will be attending and funding solutions are being sought for Helen de Vere, Service Improvement to also attend.



Anaesthesia, Radiology & Surgical Services

Orthopaedic Follow Ups (FU's)

An Initial meeting was held with two representative orthopaedic SMO to discuss how to manage FUs differently. There was agreement in principle the The Tauranga Orthopaedic Research Society Inc (TORSI) tool could be utilised to maximum potential for a virtual FU, eliminating the one year (and subsequent) face to face FU for primary Hip and Knee Patients. This proposal is now being worked through with the wider orthopaedic department as ankle and shoulder patients could also be managed this way.

Canterbury DHB Site Visit

CNM OPD Jake Reid, Dot McKeown Acting Business Leader Surgery, Anaesthesia & Radiology and Anita Taylor Service Improvement Unit visited Canterbury DHB to visit the new outpatient building and teams, discuss ambulatory programmes and how integration with primary care has been developed. Of interest were the electronic patient kiosks. Patients can check in, update demographics and be directed to their clinic destination.

Medical, ED, Pharmacy & HIA Services

Cardiology Services

The BOPDHB Cardiac Cath Lab facility is now recognised as the national "model facility".

Clinical Nurse Manager Jason Money has been involved in review of Cardiac Cath Lab plans for Northland, Hawkes Bay and Palmerston North. In return, Hawkes Bay staff recently visited to discover and discuss all processes from referral to discharge. They were interested in the relationship with Clinical Physiology for cardiac device implants as well as the BOPDHB's joint pathways and post-procedure pathways.

The Cardiac Implantable Electronic Devices (CIED) service within Clinical Physiology is also recognised through Heart Rhythm New Zealand to be the leading team for its model of care. Over the past few years, the Clinical Physiology team has worked closely with the Hawkes Bay teams in collaboration and networking of models of care and standards of practice.

"It's nice to know that we are seen as a standard for cath lab operation nationally and the leaders in provincial model". "All one team"

Regional Community Services

Community Health for Kids (CH4K) - Addressing Health Inequities

A large number of staff have signed up for Te Reo lessons as a result of recent team discussions. Taking steps to improve Te Reo and enrolment in courses arranged through Māori Health were identified as positive steps towards reducing health inequities.

The B4 School service provides as much literature in Te Reo as possible and children are encouraged to respond in Te Reo with an adult interpreter if they wish.

Community Dental Services

Community Dental Service enrolment numbers are increasing as per the yearly pattern since 2014 although growth has slowed a little this year. The arrears rate is 13% (5,715 children), which is a positive 1% reduction on June's results. As the service was at 17% arrears for year-end 2018, the team are doing a very good job reducing the arrears over recent months. The results indicate the service is prioritising those most in need and those most overdue. Total preschool arrears is 15%, with 14% European and the Māori preschool arrears rate falling to 15%, an improvement on 18% in June but this reflects demand on service and the focus on preschool Māori enrolment in 2018.

DISTRICT HEALTH BOARD

Provider Arm

Director of Nursing

Care Capacity Demand Management

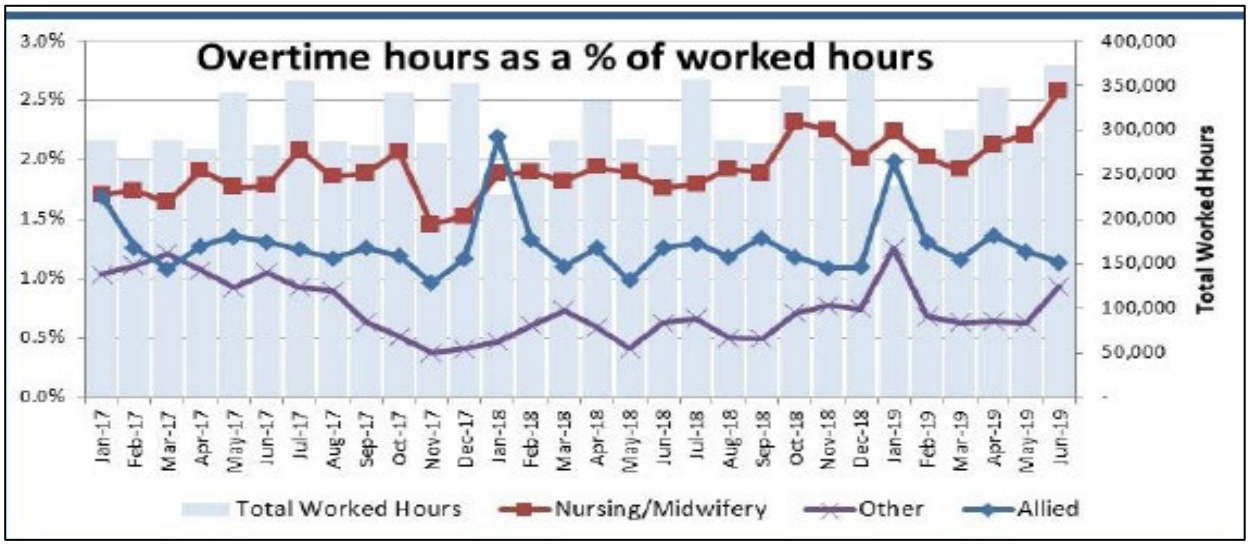
There has been a continued under-supply of nursing staff required for Surgical and Medical services, particularly at Tauranga hospital.

The green indicator for paediatrics is skewed by Whakatane paediatrics as the Tauranga paediatric ward remains with a negative variance. While overtime has increased, hours worked over contract has reduced for nursing and medical staff. Noting the data is one month behind other reporting timeframes.

Recruitment has commenced for the 44.7 identified FTE approved under the Safe Staffing requirements (a notable proportion of which is currently covered by overtime).

HPPD

	This Month	Required	Variance	Variance %	Variance Target + / -	Indicator
Medical	5.31	5.85	-0.54	-9.2%	2.5%	
Surgical	5.11	5.44	-0.33	-6.1%	2.5%	
WCF - Paed	5.38	5.47	-0.09	-1.6%	2.5%	
WCF - Mat	6.68	6.29	0.39	6.2%	2.5%	
Mental Hlth	7.89	6.99	0.90	12.9%	2.5%	



Anaesthesia, Radiology & Surgical Services

Faster Cancer Treatment (FCT)

At the last Board meeting Board members queried performance data relating to the deterioration in performance against the Faster Cancer Treatment target (see the trend below).

The deterioration relates primarily to lung cancers (performance being 68% for the three months) and relates to the demand exceeding capacity in this very specialist area.

The sharp deterioration for Maori related to four patients, two of whom have now been excluded from the dataset because they were receiving other treatment elsewhere, leaving two actual breaches. Because the numbers of patients was small, the impact on the trend is more significant.

The improvement team review all breaches to ascertain the reasons that these occurred and liaise with the Ministry of Health to ensure that data is as accurate as possible.

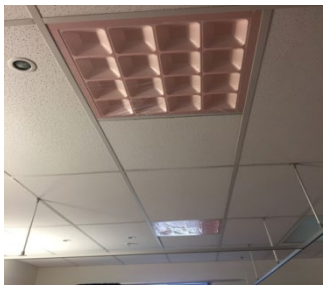
62 Day Target

Perioperative Night Shift Pilot

Feedback from the APEX Union has been received and is being worked through with the People and Capability (P & C) team. The main focus is around roster patterns and is delaying final presentation of the document to the Senior Leadership team. It is anticipated the 12 month pilot of night shift will still commence by September 2019.

Medical, ED, Pharmacy & HIA Services

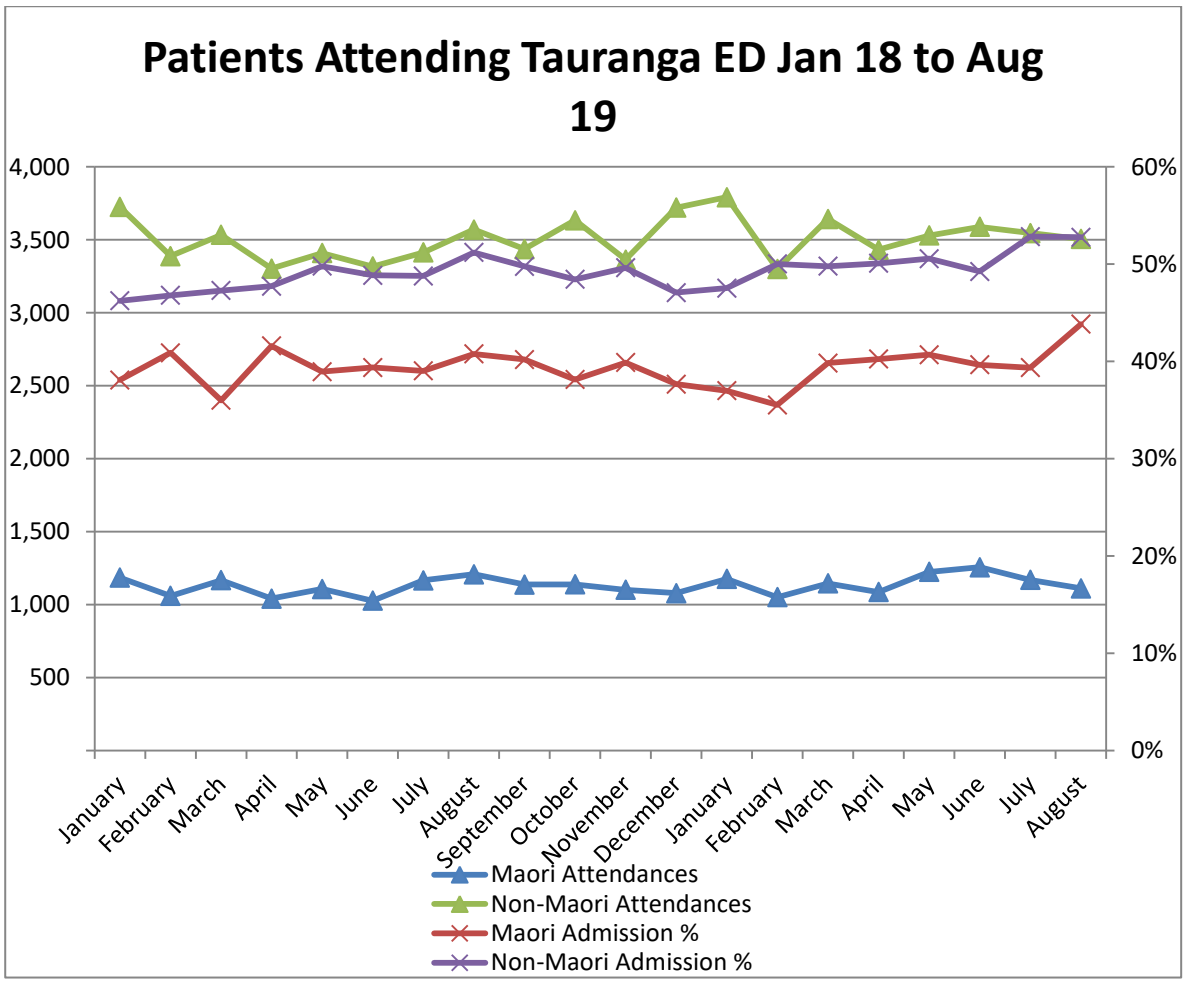
Health in Ageing (HIA)



New lights were installed in one of the four-bedded rooms as part of a research project involving sleep and light and the impact to inpatients for their participation in rehabilitation. The rationale is to promote better sleep, better rehabilitation, and earlier discharge. The lights are programmed to be different colours throughout the day and evening.

Maori presentations and admissions to our Emergency Departments

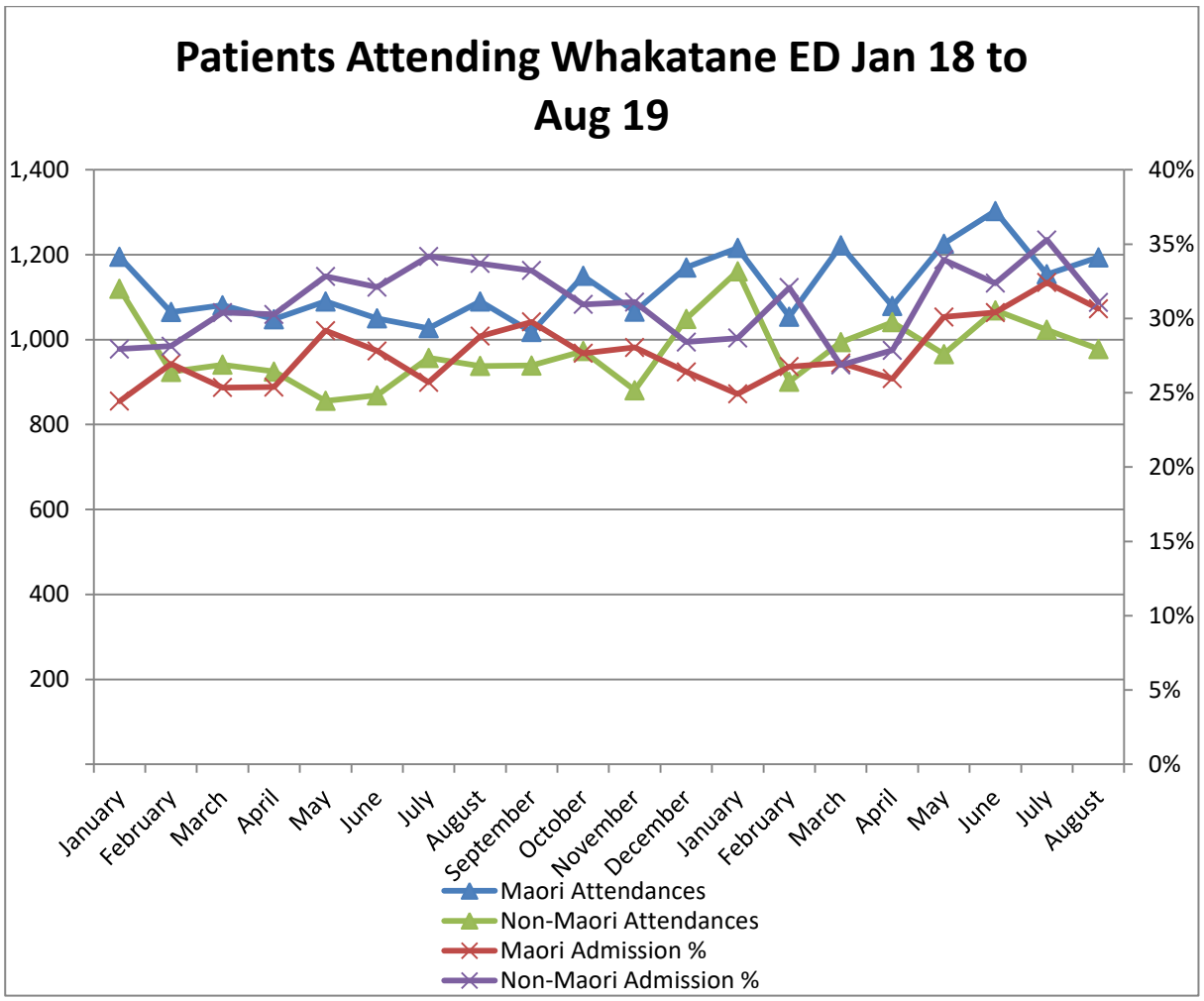
At the July Board meeting a discussion took place on ED presentations across the Bay of Plenty with a request for further information on presentations and subsequent admissions to hospital for Maori patients. The data has now been extracted and shown below for both Tauranga and Whakatane Emergency Departments.



Attendance trends correspond to the volume markers on the left hand side of the graph and admission rates to the % markers on the right hand side.

It is not appropriate to attempt to compare and contrast the two sets of data because of the different population makeup, geography and the presence of out of hours GP services at Whakatane.

What is notable in the data is the high rate of Maori admissions to hospital following presentation to Tauranga ED and this may be suggestive of late presentations however this would need more exploration to try and determine whether this is a valid assumption.


Patients Attending Whakatane ED Jan 18 to Aug 19
1,400
1,200
1,000
800
600
400
200
40%
35%
30%
25%
20%
15%
10%
5%
0%
January
February
March
April
May
June
July
August
September
October
November
December
January
February
March
April
May
June
July
August
Maori Attendances
Non-Maori Attendances
Maori Admission %
Non-Maori Admission %

Regional Community Services – Community Health 4 Kids

Public Health Nurses working to reduce waste

The need to reduce waste and maximise efficiencies were discussed at a recent Regional PHNS meeting. The group identified ideas and initiatives to be considered for implementation immediately, in the medium term and others that will require significant resource. Around 50% of the ideas for immediate implementation have been put into place.

The team is running a staff poster competition to inspire staff to reduce photocopying and stationery use. The Clinical Nurse manager will provide the winner with a morning tea.

Senior Advisor, Governance & Quality

State Services Commission

The six monthly OIA stats will be published on 4 September 2019.

Compared with all DHBs for response rates of OIA's met which range from 56.7% (South Canterbury) – 100% (West Coast and Waitemata) we rank 16th out of 20 with 92.6%.

Financial Year	Response Time Met
1 July 2016 – 30 June 2017	77.9%
1 July 2017 – 30 June 2018	87.2%
1 July 2018 – 30 June 2019	90.3%
Six Monthly	
1 July 2018 – 31 December 2018	88.1%
1 January 2019 – 30 June 2019	92.6%

We are one of eight DHB's that do not proactively publish our OIA responses on our website.

Indicators of District Health Board Performance (IDP) Quarter Four (April – June 2019) Summary for 2018/19

SUBMITTED TO:

Board Meeting: 18 September 2019

Prepared by: Sharlene Pardy – Planning and Project Manager, Planning and Funding

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

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board receives the following report outlining quarter four (April - June 2019) Indicators of DHB Performance (IDPs) for 2018/19. Final ratings were received from the Ministry of Health (MOH) at the end of August 2019.

ATTACHMENTS:

Appendix 1 – Ministry of Health Performance Measures Ratings Report

Appendix 2 – Performance Measures Ratings Descriptor (Key/Legend)

Appendix 3 – Crown Funding Agreement (CFA) Variation Ratings Descriptor

BACKGROUND:
District Health Boards (DHBs) are required to provide quarterly reports to the Ministry of Health (MOH) under the Crown Funding Agreement (CFA). The reporting includes a number of non-financial measures like the health targets and other measures agreed with DHBs in their Annual Plans (APs). Section 13.3 of the Ministry's Operational Policy Framework 2018/19[1] sets out the requirement to provide these reports and the process by which reports are submitted and assessed. The MOH provides a consolidated assessment of the measures referred to as the Indicators of DHB Performance Report to the Minister of Health.

Final ratings and feedback were received from the Ministry of Health at the end of August 2019.

[1] Operational Policy Framework 2018/19

ANALYSIS:
This section sets out a brief analysis of the results, showing highlights and areas for improvement, a summary of the health target results and the Crown Funding Agreement results. The MOH Performance Measures Ratings Report, the CFA (Crown Funding Agreement) Variation Reporting, the Performance Measures Ratings Descriptors and the CFA Variation Ratings Descriptors are set out in Appendices 1, 2 and 3.

1. Highlights
Positive results have been achieved in this quarter across the majority of the performance measures with 57% of targets met. These results include the achievement of two out of six health targets. The highlights are described below:

- ✓ **HT5 Better help for smokers to quit - Maternity** – This quarter 100% of pregnant women who are smokers were given brief advice and/or support to stop smoking. This was an impressive increase of 6.2% from the previous quarter, including an increase of 6.7% for Maori pregnant women. Ūkaipō kaupapa Māori stop smoking wananga continue to be offered in Tauranga Moana to support Māori pregnant women and their whanau to make changes around their smoking. Those who complete the Ūkaipō wananga are then offered ongoing cessation support through our regional stop smoking service Hapainga.

- ✓ **PP33 Improving Maori enrolment in PHOs to meet the national average of 90% –** Maori enrolments in PHOs increased to 97% against a target of 90%. This target has been exceeded in every quarter in the BOPDHB region for the last four years, although enrolment rates for Maori remain slightly lower than for non-Maori.

- ✓ **SI15 Disability Support Services –** This measure received an Outstanding rating as a result of the publication of the BOPDHB Booklet for healthcare workers "Do you really see me? Or just my disability…" This publication has now been rolled out by the Health Quality & Safety Commission (HQSC) and made available New Zealand wide and will form part of a new HQSC primary health module being developed on disability responsiveness. The booklet has also recently been show-cased by The Beryl Institute and HealthLiteracy.Com on the world stage to demonstrate the importance of understanding patient experience.

2. Areas Not Meeting Target
Better Help for Smokers to Quit (Primary) was the only health target that did not achieve target for this quarter. There were two other measures that also did not achieve target: PP29 Improved waiting times for diagnostic services – Colonoscopy; and PP32 Improving quality of ethnicity data collection in PHO and NHI registers.

Better Help for Smokers to Quit - Primary (not achieved)
The quarterly result for the Better Help for Smokers to Quit - Primary was 88.8% against a target of 90%. This result is expected to increase as PHOs develop their plans for 2019/20 for how they will change the way they work with their enrolled smoking populations to reduce the harms associated with smoking. These plans are required to include a model for improvement using new innovative approaches.

PP29 Improved waiting times for diagnostic services - colonoscopy (not achieved)
The DHB has met the urgent colonoscopy target with an outstanding result of 100%. The DHB continues to experience challenges in achieving the non-urgent and surveillance colonoscopy targets. Additional work is underway on improving scheduling and an additional endoscopist has been recruited with anticipated commencement by December. The team continues to work closely with Midland Bowel Screening regional centre to remedy waiting lists and prepare for the National Bowel Screening programme roll out.

PP32 Improving quality of ethnicity data collection in PHO and NHI registers (not achieved)
The DHB has not had a strong focus on this indicator in the past and will be working with PHOs over the next six months to formulate a plan for determining the training needs for GPs in the EDAT toolkit and how this can be resourced. This will assist with the improvement of the quality of ethnicity data collection.

Performance Measures Rating	Q4 Final Ratings	%
Outstanding	2	3%
Achieved	35	54%
Partial achievement	23	35%
Not achieved	3	5%
No rating given	2	3%
Total	**65**	**100%**

As shown in the table above, there were 65 IDPs reported in this quarter with an achievement rate of 57%. This compares to an achievement rate of 69% for the same period last year.

3. Health Target Performance

The health target performance for the fourth quarter of 2018/19 has been mixed. Two out of six health targets were achieved: Faster Cancer Treatment and Better Help for Smokers to Quit (Maternity), two received a Partially Achieved rating: Shorter Stays in Emergency Departments and Increased Immunisation, and one is sitting below target: Better Help for Smokers to Quit (Primary) with a result of 88.8% against a target of 90%. No rating was given for Raising Healthy Kids as there was a delay in data availability.

Health Target Ratings	Q4 (Final ratings)
Outstanding	-
Achieved	2
Partially Achieved	2
Not achieved	1
No Rating Given	1
Total	6

4. Summary of Crown Funding Agreement Results

Crown Funding Agreement (CFA) Variation Reporting	Q4 (Final Ratings)
Satisfactory	5
Further work required	1
Not acceptable	-
Total	6

Appendix 1: Ministry of Health Performance Measures Ratings Report

Count	Health Target	Q4 MoH Rating	Final results	Q4
1	**HT1 Shorter Stays in Emergency Departments**	Achieved	Result 93%; Target 95%	
2	**HT3 Faster Cancer Treatment**	Achieved	Result 91.5%; Target 90%	
3	**HT4 Increased Immunisation**	Not Achieved	Result: 80.3%; Target 95%	
4	**HT5 Better Help for Smokers to Quit – Maternity**	Achieved	Result 100%; Target 90%	
5	**HT5 Better Help for Smokers to Quit – Primary Care**	Achieved	Result 88.8% Target 90%	
6	**HT6 Raising Healthy Kids**	Outstanding Performance	Result 100%; Target 95%	**NR**

Count	Performance Measure	Q4 MOH Final Ratings	Q4
1	OP1 - Mental Health Output delivery against plan	Achieved	
2	OS3 Inpatient average Length of Stay (ALOS) – Acute	Partially Achieved	
3	OS3 Inpatient average Length of Stay (ALOS) – Elective	Partially Achieved	
4	OS8 Reducing Acute Readmissions to Hospital	Indicator Not Required	INR
5	OS10 Data submitted to National Collections – Focus 1 – NHI	Achieved	
6	OS10 Data submitted to National Collections – Focus 2 – National Collections	Achieved	
7	OS10 Data submitted to National Collections – Focus 3 – PRIMHD	Achieved	
8	PP6 Improving health status of people with severe mental illness	Achieved	
9	PP7 Improving mental health services using transition (discharge) planning	Partially Achieved	
10	PP8 Shorter waits for non-urgent mental health and addiction services 0 – 19 years	Partially Achieved	
11	PP10 Oral Health – Mean DMFT score at year 8	Indicator Not Required	INR
12	PP11 – Children caries free at 5 years of age	Indicator Not Required	INR
13	PP12 – utilisation of DHB-funded dental services by adolescents from school Year 9 up to and including age 17 years	Partially Achieved	
14	PP13 – Improving number of children enrolled in DHB funded dental services	Indicator Not Required	INR
15	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 1 Long Term Conditions	Achieved	

Count	Performance Measure	Q4 MOH Final Ratings	Q4
16	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 2 Diabetes Services	Achieved	
17	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 3 Cardiovascular Health	Achieved	
18	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 4 Acute Heart Services	Achieved	
19	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 5 Stroke services	Partially Achieved	
20	PP21 Immunisation coverage - Focus Area 1: Immunisations at 2 years and 5 years of age	Partially Achieved	
21	PP21 Immunisation coverage - Focus Area 3: Influenza Immunisations at age 65 years and over	Partially Achieved	
22	PP22 Improving System Integration	Achieved	
23	PP23 Implementing the Healthy Ageing Strategy	Achieved	
24	PP25 Prime Minister's youth mental health project	Partially Achieved	
25	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 1	Achieved	
26	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 2	Achieved	
27	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 3	Achieved	
28	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 4	Achieved	
29	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 5	Achieved	

Count	Performance Measure	Q4 MOH Final Ratings	Q4
30	**PP27 Supporting Child Wellbeing**	Partially Achieved	
31	**PP28 Reducing Rheumatic Fever**	Indicator Not Required	**INR**
32	**PP29 Improving waiting times for diagnostic services – Coronary Angiography**	Achieved	
33	**PP29 Improving waiting times for diagnostic services - Colonoscopy**	Not Achieved	
34	**PP29 Improving waiting times for diagnostic services – Computed Tomography (CT)/Magnetic Response Imaging (MRI)**	Achieved	
35	**PP30 Faster Cancer Treatment – 31 Day Indicator**	Achieved	
36	**PP31 Better help for smokers to quit in public hospital**	Achieved	
37	**PP32 Improving the quality of ethnicity data collection in PHO and NHI registers**	Not Achieved	
38	**PP33 Improving Maori enrolment in PHOs to meet the national average of 90%**	Outstanding Performer	
39	**PP36 Reduce the rate of Māori under the Mental Health Act: Section 29 community treatment orders**	Partially Achieved	
40	**PP37 Improving Breastfeeding Rates**	Indicator Not Required	**INR**
41	**PP38 Delivery of actions in Annual Plan for each Government planning priority related to BPS**	Indicator Not Required	**INR**
42	**PP39 Supporting Health in Schools**	Partially Achieved	
43	**PP40 Responding to Climate Change**	Indicator Not Required	**INR**
44	**PP41 Waste Disposal**	Indicator Not Required	**INR**
45	**PP43 Population Mental Health**	Achieved	

Count	Performance Measure	Q4 MOH Final Ratings	Q4
46	**PP44 Maternal Mental Health**	Partially Achieved	
47	**PP45 Elective Surgical Discharges**	Achieved	
48	**SI1 Ambulatory sensitive (avoidable) hospital admissions (ASH)**	Partially Achieved	
49	**SI2 Regional Services Planning *(Note that this is reported by HealthShare)***	Partially Achieved	
50	**SI3 Ensuring Delivery of Service Coverage**	Achieved	
51	**SI4 Elective Services Standardised Intervention Rates**	Partially Achieved	
52	**SI5 Delivery of Whanau Ora**	Achieved	
53	**SI10 Improving Cervical Screening Coverage**	Achieved	
54	**SI11 Improving Breast Screening Rates**	Partially Achieved	
55	**SI14 Disability Support Services**	Outstanding Performer	
56	**SI15 Addressing Local Population by Life Course**	Partially Achieved	
57	**SI16 Strengthening Public Delivery of Health Services**	Achieved	
58	**SI17 Improving Quality**	Partially Achieved	
59	**SI18 Newborn Enrolment with General Practice**	Partially Achieved	
60	**Part H Supporting Delivery of the NZ Health Strategy**	Achieved	

CFA (Crown Funding Agreement) Variation Reporting

Count	Performance Measure	Q4 MoH Final Ratings	Q4
1	**CFA – Appoint Cancer Nurse Coordinators**	Indicator Not Required	**INR**
2	**CFA – Appoint Cancer Psychological and Social Support Workers**	Satisfactory	
3	**CFA – Appoint Regional Cancer Centre Clinical Psychologists**	Indicator Not Required	**INR**
4	**CFA – B4 School Check Funding**	Satisfactory	
5	**CFA – DSS – Disability Support Services Increase of Funding**	Partially Achieved	
6	**CFA – Electives Initiative and Ambulatory Initiative Variation**	Satisfactory	
7	**CFA – Immunisation Coordination Service**	Indicator Not Required	**INR**
8	**CFA - National Immunisation Register (NIR) Ongoing Administration Services**	Indicator Not Required	**INR**
9	**CFA – Well Child Tamariki Ora Services**	Satisfactory	
10	**CFA – DHB Level Service Component of the National SUDI Prevention Programme**	Satisfactory	

Appendix 2: Performance Measures Ratings Descriptor

MoH Rating	Icon	Criterion
Outstanding performer/sector leader		1. Applied in the fourth quarter only —this rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.
Achieved		1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement		1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
Not achieved – escalation required		1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.
Indicator not required – This indicator was not required in this quarter	**INR**	1. This is given to indicators that were not required in the previous quarter
No rating given – This indicator was required in this quarter	**NR**	1. The indicator received no rating 2. Contact will be made with the Ministry of Health to seek further guidance and information

Appendix 3: CFA Variation MoH Ratings Descriptor

Category	Icon	Criterion
Satisfactory		1. The report is assessed as up to expectations 2. Information as requested has been submitted in full
Further work required		1. Although the report has been received, clarification is required 2. Some expectations are not fully met
Not Acceptable		1. There is no report 2. The explanation for no report is not considered valid.

PRIMARY CARE OVERVIEW

Key Achievements for this month:

- East / West Integration
  EBPHA management continues to have positive discussions with WBoPPHO.
- Hāpainga/Stop Smoking Audit
  The audit undertaken earlier this month provided positive feedback on how the service is managed.
- Support to Screening
  Working with portfolio manager to identify alternative options for service delivery.

Key Challenges for this month:

- East / West Integration
  The rollout of the Te Haeata workplan requires extra attention be given to staff communication.
- Continued development of a plan to provide
  Developing an integrated leadership and planning approach across the key health stakeholders in Opotiki.
- Integrated Case Management
  Continued review of the Integrated Case Management program as part of the Flexible Funding Pool.

TŪĀPAPA – A TANGATA WHENUA MODEL

DEFINITON

Tūāpapa is an indigenous model that is the bedrock of tika, pono and aroha. Within this context it is a model embedded in the values of tangata whenua, aspirations of whānau and constitutional intentions of Te Tiriti o Waitangi.

CASE FOR CHANGE

It is widely acknowledged that the health status of Māori within Aotearoa is dismal. Whānau have told us they want change and the Treaty of Waitangi claim (WAI 1315) has evidenced why we need it. What is needed is a whole of system change that considers more than the physical aspects but includes other influences that can lead to poor health like housing.

CORE ELEMENTS

The experience of the Alsakan people has provided a platform on which to build an indigenous model for tangata whenua and capitalise on those elements of NUKA relevant to us.

Providing a tangata whenua view reinforces and broadens the way we see and use values and beliefs that lead us to better practices. It also recognises and acknowledges different approaches can be used to express values and service frameworks outside of their normal boundaries.

Kaumātua have endorsed the values that validate the development and implementation of this tangata whenua model. The overarching values of honesty, integrity, trust, respect and care form an important component that will underpin all the services and everything we do. There is an emphasis on the importance of hearing the whānau voice and the value of our relationships with them. Whānau have overwhelmingly expressed their desire for change and more specifically change that will lead to control of their own health and the health of their whānau.

The Treaty of Waitangi claim (WAI 1315) supports this change with greater inclusion of our indigenous views in decisionmaking and management.

	Tūāpapa is all encompassing and takes into account the key factors that influence positive health outcomes for whānau. At its core are markers that help us understand and measure how well we are doing. The life force of Tūāpapa occurs by connecting all the core elements. **APPLICATION** Tūāpapa is rolling out across the Nga Mataapuna Oranga network and clinics.
	Key Achievements for this month: • Within the space of a couple of months NMO: - has conducted a survey asking whanau what their 3 health priorities are - there were 746 responses to this survey over the motu (Katikati to Te Puke) - consulted with local kaumatua who have provided the values and endorsed Tūāpapa as an authentic tangata whenua model is socialising Tūāpapa throughout the NMO network and clinics.
	Key Challenges for this month: • Underestimating the funding required to implement a whole of system transformation • Rolling out transformational change in parallel with existing service structures.
WBOP PHO Western Bay of Plenty Primary Health Organisation	**Key Achievements for this month:** Highlights: • WBoP PHO / EBPHA merger discussions have been progressing well. A proposed governance and operational structure has been developed by both parties with a timeframe of 1 December agreed to become a single entity. The operational focus will be on maximising opportunities for sharing resources and infrastructure whilst maintaining locally delivered programmes and services. • Bay of Plenty DHB and Western Bay of Plenty Primary Health Organisation are working together to plan for the future needs of the growing population in the Papamoa and Te Puke region. With the population expected to grow by over 50% in the next 25 years, we have commenced our planning for health services delivery, with a particular focus on after-hours and urgent care. A model of care planning workshop with key stakeholders is being planned for the 17th of September. • Breast screening target achievements are going from strength to strength. BOPDHB reached 66.1% for Maori women 50-69y, compared with 65.2% at the March quarter; a gain of 0.9%. Based on current weekly screening its likely we'll reach 66.2-66.6% at the Sep 2019 quarter. At this rate we'll reach the 70% national target at Dec 2019 or, more likely, March 2020 if current trends continue. A great testament to the collaborative primary / secondary approach and the dedicated support to screening service team.
	Key Challenges for this month: • Implementing the Advance Care Planning initiative across primary care networks will require dedicated project resource and a champion to drive education, socialisation and uptake. Funding is currently limited to a small fee for each completed care plan. Discussions are underway with the DHB champion to address these challenges. • Over the month of July, the Acute Demand Service (GP referral) rates exceeded the contracted rate by 34%. The high volume was an exception but can be attributed to winter season activity attending general practice. It will be interesting to note if this activity settles in the next few months with warmer weather approaching. • The services showing higher activity compared to the previous same period include chest x-rays, cellulitis, DVT ultrasound, and hydration. DVT management also had significant activity with nine diagnosed cases.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

MINISTRY OF HEALTH FORUM 2019

SUBMITTED TO:

Board Meeting 18 September 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board approves the Board Chair attending the Ministry of Health Forum 2019 at a registration cost of $499, plus travel.

ATTACHMENTS:
Ministry of Health Forum 2019 details

Ministry of Health Forum 2019

Delivering equity of health and wellbeing in Aotearoa - Te tuku oranga hauora e orite ana i roto i Aotearoa.

Kia ora

Over the past two years, the Government has invested significantly in improving access to primary care and mental health and addiction services. There have also been significant investments in services, improved conditions for the health workforce, and health infrastructure. The Health and Disability System Review, which recently published its interim report, also provides an significant opportunity to shape the future of our health and disability system so that it continues to deliver excellent prevention and care to all New Zealanders. This will involve thinking and acting differently to address ongoing inequities.

The Ministry's upcoming forum is an opportunity for the sector to come together to reflect on our successes, address the challenges facing the health and disability system today, and shape efforts to the agenda to deliver a strong and fair public health and disability system.

Those attending the forum will hear from the Minister of Health, Associate Ministers of
Health, and members of the Health and Disability System Review. There will also be key note speeches and presentations from community groups at the forefront of initiatives to improve health outcomes and achieve equity.

Over two days, participants will also have the opportunity to take part in concurrent sessions.
These sessions will enable participants to discuss key areas of the Ministry's work programme, possible solutions to system issues, and to receive and provide immediate feedback.

Registration for the Forum is now open on the Forum website - for

information on the Forum and to register, please click the "Forum Website" button below

Key details are as follows:

Dates: 29 - 30 October 2019

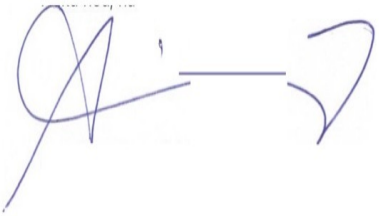
Where: TSB Arena/Shed 6, Wellington

Timings

- 29 October - Workshops and plenaries: 9.00am - 5.30pm
- 29 October - Evening function: 5.30pm - 7.00pm
- 30 October - Workshops and plenaries: 9.00am - 3.30pm

I hope you can join us as we work together to improve the health and wellbeing of New Zealanders.

Nâku noa, nâ



Dr Ashley Bloomfield
Director-General of Health
Ministry of Health

[Paper Ref]

Nursing Strategy 2019 - 2024

SUBMITTED TO:

Bay of Plenty District Health Board 18 September 2019 Item No:

Prepared by: Julie Robinson Director of Nursing

Endorsed and Submitted by: Helen Mason, Chief Executive

For Information X ☐ **For Discussion** ☐ **For Decision**

(Please ensure one of these options is marked)

RECOMMENDED RESOLUTION

That the Board note the Nursing Strategy 2019 - 2024

ATTACHMENTS:

Nursing Strategy 2019 - 2024

BACKGROUND

The previous Bay of Plenty District Health Board nursing strategies have focussed on the directly employed hospital nurses and health care assistants. The Board previously requested that the next iteration include the broader sector of nurses, who provide services to the population of the Bay of Plenty District Health Board (BOPDHB).

Since that request the Strategic Health Services Plan came into effect with the focus on an integrated health system. There has also been a move for the clinical Executive roles to take an integrated system focus.

Thus it was timely for the revised nursing strategy to take a cross sector focus.

IMPACTS ON BAY OF PLENTY DHB GOALS AND OUTCOMES

The nursing five year strategy is aligned with Te Toi Ahorangi and informed by the Strategic Health Services Plan. There will be annual supporting action plans which will contribute to the goals of both these documents.

Bay of Plenty District Health Board - Hauora A Toi

Nursing Strategy 2019 - 2024

Strategic Priorities

Foreword by BOPDHB Director of Nursing, Julie Robinson

I am delighted to present the 2019 – 2024 inaugural cross-sector Nursing Strategy for the Bay of the Plenty District Health Board (BOPDHB). This Nursing Strategy was developed in partnership with nurse leaders who provide services to the population of the BOPDHB, across both hospital and community settings.

The strategy outlines nursing's key priorities and the outcomes we wish to achieve over the next five years. Each part of the health sector will develop their own short to medium term actions related to the five strategic priorities. They are the foundation for the way we deliver consistently safe, patient and family/whānau centred care, in collaboration with the wider health team.

The strategy is underpinned by our obligations under Te Tiriti o Waitangi to achieve Māori health aspirations and equity for Māori.

In alignment with Te Toi Ahorangi 2030 Toi Ora Strategy, we will prioritise the needs and aspirations of our people utilising a Toi Ora wellness approach. We want to improve the lives of our most disadvantaged whānau, and shift resources from acute illness centered services towards upstream wellness and prevention built on He Pou Oranga Tangata Whenua.

The strategy is also informed by the Bay of Plenty Strategic Health Services Plan's strategic objectives that provides the roadmap to ensure nurses are at the forefront of driving health improvements, in partnership with patients and whānau, across the Bay of the Plenty District Health Board.

There is no doubt that challenging times are ahead. However I have every confidence that with the knowledge and expertise of the nursing workforce, innovative leadership and professionalism we will continue to provide high quality, compassionate services which help achieve the vision of "Healthy Thriving Communities – Kia Momoho Te Hāpori Oranga"

Our Vision Nursing supports the vision of Healthy, thriving communities, Kia Momoho Te Hāpori Oranga and iwi and Māori aspirations for Toi Ora.

Our Values Nursing models the CARE values of Manaakitanga: Compassion, All-one-team, Responsiveness and Excellence

Strategic Priorities

1. An evolving, dynamic and sustainable workforce

Outcomes

- Toi Ora workforce and leadership development is embedded
- Professional development initiatives are responsive to contemporary nursing context and reflect Matauranga Māori
- Recruitment and retention initiatives reflect the needs of patients/whanau, hapu and iwi

2. Transform and build authentic partnerships

Outcomes

- Trusted, cross-sector networks are established
- Mahitahi (co-design) approaches underpin partnerships
- Connected relationships enhance patient/whanau outcomes

3. Nurse by choice – foundation of excellence

Outcomes

- Nursing delivers excellence in safety and quality outcomes
- Nurses recognise and value their contribution

4. Nursing supports system transformation for Tangata whenua

Outcomes

- Contributes to new models of care and accountability for outcomes
- Improved health outcomes and flourishing communities

5. Fostering and supporting all nurses to demonstrate leadership within their communities

Outcomes

- Nurses are leaders in their community and organisations
- Nursing leaders are Toi Ora change agents
- Nursing innovations contribute to improved health outcomes for all

Go to OnePlace to download a fillable pdf of the Action Plans

Contributors - Nursing Strategy Workshop

Name	Department
Julie Robinson	Director of Nursing
Gill Meek	Nurse & Midwife Recruiter
Julie Williams	Hospital Coordinator, Tauranga
Maurice Chamberlain	Nurse Leader ED, APU, Paediatrics
Ros Jackson	Associate Director of Nursing
Kirsty Rance	Midwifery Leader
Pamela Barke	Nurse Leader, Regional Community Services
Marama Tauranga	Nurse Leader, Māori Health
Liz Buckley	HWNZ Coordinator
Stephanie Watson	CNM ED, Tauranga
Sharon Powley	CNM, Paediatric, Whakatāne
Dave Van Dijk	Hospital Coordinator, Whakatāne
Rosie Winters	Nurse Practitioner – Older Adult
Emma Joyce	CNM, Mental Health
Sandra Fielding	Nurse Leader, Medical Services
Julia Braid	Nurse Leader, Surgical Services
Alison Sabin-Hope	Vision West
Alice Nuku	Whaioranga Trust, Kaupapa Māori Health Provider
Brenda Smith	Poutiri Trust
Angela Shaw	Waipuna Hospice
Pat Cook	Te Manu Toroa
Julie Turnbull	Radius Care
Shelley Pakoti	Te Manu Toroa
Hannabel Savage	Disabilities Resource Centre Trust
Yvonne Belworthy	Community Health Services
Lou Fowler	WBOP PHO
Chrissie Harvey	Te Tomika Trust
Teresa Finau	Te Puna Ora o Mataatua
Cindy Mokomoko	Te Puna Hauora ki Uta ki Tai

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

MIDLAND REGIONAL GOVERNANCE GROUP AND MIDLANDS IWI RELATIONSHIP BOARDS WANANGA NOTES

SUBMITTED TO:

Board Meeting 18 September 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed by:
Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board note the information

ATTACHMENTS:
Midland Regional Governance Group and Midlands Iwi Relationship Board notes from Wananga 1&2 August 2019.

Midlands Regional Governance Group & Midlands Iwi Relationship Boards: Wānanga Notes

When	Thursday 1 & Friday 2 August 2019
Where	Waikato-Tainui Endowment College, Old Taupiri Rd, Ngāruawāhia 3792
Time	1 August 2019 – 4pm – 9.30pm
	2 August 2019 – 9am – 3.00pm

Table of Contents

Background

On 7 June 2019, the Midland Iwi Relationship Board (MIRB) and Midland Regional Governance Group (MRGG) signed a Memorandum of Understanding. This auspicious and significant event signalled the beginning of a new strategic relationship premised on operationalising Te Tiriti o Waitangi and shared commitments to achieving Māori health and wellbeing; arguably, never seen before in the Midlands area. The clear inference from the Memorandum, is that the work to be undertaken is not business as usual; it is transformative, it is innovative, and it must achieve results.

The Memorandum supports MIRB's partnered governance role and its ability to exercise tino rangatiratanga for Māori health gain and wellbeing. It also recognises mutual goals such as partnered collaboration with purpose, shared decision-making and the "elimination of Māori health inequity"(MOU, p.1) through Mauri Ora (Health Individuals), Whanau Ora (Healthy Families) and Wai Ora (Health Environments).

On 1-2 August 2019, the parties came together to hold their first planning wānanga; to set a common strategic agenda, relationship and key directions. Senior and key decision-makers across Midland met to forge a new and transformational direction. The calibre of attendees speaks to the seminal importance of the inaugural planning wānanga.

These notes summarise the wānanga and clarify actions to progress this important partnership.

Consensus

All actions noted in this document were agreed to by all parties.

Wānanga Overview

Wānanga objectives

1. **To create** a culture-shift that prioritises a te Ao Māori perspective, Māori as partners and leaders, and kaupapa Māori values across and within the Midlands health system to benefit the whole Midlands population
2. **To discuss** how we can better apply Te Tiriti o Waitangi principles/articles and best practice within and across the Midlands health system to benefit the whole Midlands population
3. **To understand** what our united view is about Māori health equity and identify suggested means (pathways, structures, processes, approaches and strategies) which enable us to collectively achieve the same in the Midlands region
4. **To develop** inspirational vision and mission statements for our partnership
5. **To start** creating the content for a solutions-focused action plan with goals and clear next steps including what we need to do from governance (e.g. Midland Health Equity Committee) through to service, funding, planning and other (e.g. monitoring, research and development, provider development)

Attendees

From	Who	Day 1	Day 2
Waikato DHB	Karen Poutasi - Commissioner	Y	Y
	Chad Paraone – Commissioner	Y	N
	Tanya Maloney – Acting CEO	N	Y
	Janise Eketone (in place of Lorraine Elliott)	Y	Y
Tairāwhiti DHB	David Scott - Chair	Y	Y
	Jim Green - CEO	N	Y
	Becky Jenkins – Funding & Planning	Y	Y
	Pita Paul (in place of Peter Brown, GM Māori)	Y	Y
Taranaki DHB	Pauline Lockett - Chair	Y	Y

From	Who	Day 1	Day 2
Bay of Plenty DHB	Sally Webb – Chair	Y	Y
	Helen Mason - CEO	Y	Y
Lakes DHB	Deryck Shaw – Chair	Y	Y
	Nick Saville-Wood - CEO	Y	Y
	Phyllis Tangitu – Māori GM	Y	N
HealthShare Ltd	Andrew Campbell-Stokes, CEO	Y	Y
	Anita Whakaneke (PA, Note taker)	Y	Y
MIRB			
Bay of Plenty	Pouroto Ngaropo, Chair, Bay of Plenty Māori Health Runanga	Y	N
	Punohu McCausland, Deputy Chair, Bay of Plenty Māori Health Runanga	Y	Y
Waikato	Te Pora Thompson-Evans, Chair, Iwi Māori Council	N	N
	Tureiti Moxon, Deputy Chair, Iwi Māori Council	Y	Y
Tairāwhiti	Lois McCarthy-Robinson, Chair, Te Waiora o Nukutaimemeha	Y	Y
	Na Raihania, Deputy Chair, Te Waiora o Nukutaimemeha	Y	Y
Taranaki	Te Pahunga Marty Davis, Chair, Te Whare Pūnanga Kōrero Trust	Y	Y
Lakes	Aroha Morgan, Chair, Te Roopu Hauora o Te Arawa and Ngāti Tuwharetoa	Y	Y

Presenters

- Wai 2575 claimants: Joyce Maipi, Muru Maipi, Timi Maipi, Lady Tureiti Moxon
- Associate Professor Tom Roa, University of Waikato
- Pouroto Ngaropo, Chair, Bay of Plenty, Māori Health Runanga
- John Whaanga, Deputy Director General, Māori Health, Ministry of Health
- Janise Eketone, Māori Health Manager, on behalf of Māori GMs, Midland DHBs

Facilitator

Sharon Shea, Shea Pita & Associates Ltd. Cell: 021 482199. Email: sharon@sheapita.co.nz.

Apologies

Te Pora Thompson-Evans,

Day 1: Thursday 1 August 2019

Opening of Wānanga

The wānanga was opened by mana whenua: Mr Tom Moana and Tainui Waka roopu.

The MIRB and MRGG responded.

Session 1: Strengths and opportunities moving forward

The participants discussed strengths and opportunities of the MIRB/MRGG collective:

Strengths	Opportunities
• Signed Memorandum of Understanding • Beginning of a good relationship • Sense of clarity of outcomes • No barriers and work together • Instead of a dominant partner we are one • This college is a legacy of vision, aspirations and leadership • Trust – to design the agenda • The MOU framework is a starting point. • Different world views	• Co-design process • Better shared understanding • Carve something for Māori and tangibly co-designed • Align, co-design and make a difference • WAI2575 – Ministry – broad in context but moving along in same direction • Whanau Ora political funding boost – number of big plays happening • A shift in the tide, lets ride the shift not to swim against the tide! • Iwi banking billions of dollars driven by māuiui; how do we balance that with flourishing? • There is such a burden of disease on our people. What can we do to change this? • By Māori, for Māori, for everyone! • Ngāti Whatua Orakei purchased Health Insurance for all it's people; is this an option? • Talking about co-design it is a journey of which I hope we can flourish and gain more aspiration along the way. • Post Treaty settlement article 3 of the Treaty is Enabling Māori to define equity. • Iwi to flourish in all different dimensions • How responsive are we to co-design • Change can be challenging and there will be push-back • Need partnership with Māori and this is really a great time to move forward • The point was raised that 'I don't think things will un-align again'

General discussion

Key points made include:

- How do we keep true to the outcome of the wānanga?
- How do we take every part of our organisation with us?
- How do we scale the shift and momentum?
- Local levels have more success – Government agencies do not
- Relationship – what does change look like?
- Need to invest money and wider resources

- Need to maintain the momentum
- A Regional Group
- Leadership – we need to prioritise and pick 2 to 3 things and commit to it.

Session 2: Presentations

A summary of the presentations is outlined below:

Wai 2575 Claimants

Muru Maipi, Joyce Maipi, Timi Maipi and Shane Solomon

Presenter's key points:

- Demise of hauora started 100 years ago
- Mana Motuhake – our coat of arms
- Right people
- 1 year timeframe
- Systemic change
- We've done it before – Raukura Hauora o Tainui history, 1993
- Need health professionals that know the kaupapa e.g. Dr Doug Eby from NUKA
- People in the system; need to find the right leaders
- Strong partnerships – domestic and international
- Raupatu Deed – 25 years ago; apology and acknowledgement; effects of raupatu continue to today; and social consequences of raupatu impact today
- Trauma and mamae (hurt) of 7 generations continues
- Tribunal recommendations must be implemented otherwise apology is not whole
- Want the Crown to take on Wai 2575 recommendations and accept the findings regarding rationale
- Equity driver
- Solution must have indigenous lens or mana motuhake lens
    - Self-determination and intergenerational transformation
- Claims since 2005; 2018
- Same page to make changes in best interests of country; Māori need to be at forefront to make the decisions for best outcomes for generations behind us
- Pihopa and Ines Kingi; made big difference to the claims; greatest pioneers and started the footprint of change for Māori; Te Arawa
- Call for Midland apology to him and his roopu
- Will get challenges from iwi; we want to make decisions in the best interests of our people
- MOH can't sit back and expect us to say, thank you? For what?

Lady Tureiti Moxon

- What does partnership mean?
    - Does it mean 50:50?
- The 3Ps in Tribunal: Partnership – Tino Rangatiratanga and , Protection, X - Options and Equity
- Equitable funding and resourcing
- Summary of findings
- Supporter of standalone Primary Care Authority
- Have to be fearless and have the will to change
- Be brave and courageous
- Outside the politicians of the day – change happens and we get put back
- Do it together

Discussion and brainstorming – what might this mean for us?

- Query: underfunding
- Got funding pulls – workforce/pa equity; Holiday Act; we find money for those things?
- Separate Authority? The big chunk of $ go to hospital (over 50%) then pharmacy, aged residential – is there a risk that get small slice of pie?

- Tureiti answer:
    - It's the beginning
    - Primary healthcare claim
    - Tureiti view – right people to do negotiations to bring in funding
    - What talking about TOW partnership
    - Like mental health ringfenced; never went anywhere
    - Need equity to drive solution
    - Shouldn't stop with bitsy approach
    - Can do something meanwhile – pay equity for Community Nurses e.. 30k gap between secondary and primary care nurses
- Chad: risk of small sandpit?
    - Analogy kōhanga reo; not driven out of education sector; came from the community
    - Today; national trust and kōhanga reo sitting alongside
    - Hasn't become a replacement for; but complementary too
    - Helped foster pipeline for culture
    - Not instead of; alongside; fosters strength of approach
    - Doesn't mean take eye off ball about what happens in other areas
    - It's not just about that
- Pauline: quality of the data that we have in primary care? If try measure progress you have starting point and data to see how that's going
    - Everyone grappling with data and variation in ethnicity data
    - If we're talking equity we need to have good data for Māori health
    - Need to get that data; want to measure we're doing great
    - Aroha: regional service plan reference to data is a priority
    - Andrew: data is important; quant and qual.
- Pauline: Māori Council that looks at how Māori are treated within the DHB providers?
    - No. this isn't happening
    - Good committees are good; but want more leadership
    - Co-design; can develop strategy but don't implement them. Need to implement.
    - Radical improvement of Māori health – good mantra
    - Equity: mortality difference should be gone

Emerging Ministry of Health Strategy and Te Tiriti o Waitangi

John Whaanga, DDG, Māori Health

Presenter's key points:

- Developing response to failing to meet TOW expectations
- Setting clear performance expectations across the MOH
- Preparing to lead by example
- The proposed Treaty framework belongs to Ministry
- Look at totality, need in Māori health is paralysing
- Want to prioritise activity
- Aotearoa solutions: must come from here
- Ritenga Māori – not in text of TOW, but read out and included in the decision to sign
- TOW Framework – Mana goals (see presentation)

Discussion and brainstorming – what might this mean for us?

- Pauline: often we are told about top-down; what does this mean for MOH?
    - How do our priorities fit into MOH framework?
    - John:
        - No need to wait. MOH journey similar to what MIRB/MRGG doing
        - Don't over complicate things? DDG colleagues - tell me what you're doing? Start there
        - MOH not putting this out as a "you must do"
        - Room in approach to put into action
        - None of your agenda inconsistent
        - Local expressions of TOW responsibilities required

- Aroha:
    - Similar to Pauline
    - Let's say we come up with something different; what does MOH say?
    - John – key thing is not about definitions really; provide opportunity about korero about action. Equity located in TOW framework.
- Phyllis: GMs Māori have been going through exercise about equity; 4 priorities:
    - workforce – training about institutional racism/bias;
    - pipeline workforce development;
    - Cancers particularly bowel screening;
    - Mental Health – CTO;
    - Data
    - HealthShare another 8 priorities – equity lens
- Chad: leadership sector – policy settings getting in way; part of conversation that goes both ways
    - John wants to know what is successful

A kaupapa Māori world view and values related to Hauora Māori and Equity

Associate Professor Tom Roa, Waikato University

Presenter's key points

- Inaction in the face of need
- Mana Motuhake Māori
- In our world, we're the majority (at home)
- The 'other': applies to both world views
- At beginning of signing Treaty; Pākehā were conforming and adapting to Māori
- We were wealthy, entrepreneurs; exporters to California and San Francisco
- We had partnership and recognition of each other (Māori and Pākehā)
- Promise of the TOW was starting to be realised until greed got in the way
- Nga Kura Māori – book on education; 1860s; majority of Adult Māori were literate in Māori
- In Pākehā world, vast majority of non-Māori were illiterate
- Turned upside down; place for taha Māori and kaupapa Māori; now Mātauranga Māori ; but all about the 'other'; not part of normal way of being; Māori still over there and Pākehā still over here
- Big question about: how do we deal with that
- Mātauranga Māori = holistic; not science – 1+1=2
- Know this; decision about allowing Mātauranga Māori to exist and have its own ethic and be its own being and that Māoritanga and Pākehātanga exist, be, accepted for what it is
- Not that the two need to meet but they need to have an understanding and respect the mana of each other
- Mana – is how you see me. Ego is how I see myself.
- Mana – reciprocity (Chair example)
- Rangatiratanga – could weave groups of people together with a common goal or objective
- Weaving people together; too often we talk about person taking the leadership; people taking the lead and expecting people to follow
- Kaitiakitanga – not stewardship; stewardship comes from idea that we're looking after something owned on behalf of the owner; I assert there's no word in Māori for own; we don't own, we belong; I belong to the whenua; noku tenei whenua
- Belonging is about reciprocity; we have responsibilities to each other
- Te Matapuna – registered translator/interpreter
- Te Punaha Matatini – law contextualised by lore
    - Co-collaborate; co-research
    - These two exist allow the Māori world its own ethic and own way of being, they work from within that way of being; and ethic
    - In no way, does that belittle or threaten the Pākehā science
    - Recognition that that is needed as well for the future movement of our land
    - Like a circle
- Tom played a role in both

- Trying to come in full circle to that time before the 'greedies' took over our land; to those who didn't have negative agendas towards Māori
- Two Chiefs – Wahanui saw the value of working in the system; and presented to House of Representatives; in Māori and English
- What is Integration?
    - Each fish has its own strengths
    - Naku te rourou
    - Outcome is: like a salad bowl; many differences but it makes a good outcome
    - Anyone brings input to table so outcomes can be achieved
    - Each ingredient retains its own flavour; but all makes the meal
    - Need healthy environment to co-exist
- Who is other?
    - Didn't start on same footing in 1840
    - So have different paradigm about how others think
    - A lot of others
    - Probably more synergy in Te Ao Māori than Te Ao Pākehā
    - Us and Them – make assumptions about what that means; diversity is important
    - Maths – 1+1 3; anyone or anything outside what we perceive to be our normal
- What is privilege?
    - Reflect control?
    - Different sizes?
    - 2 moko in our lives; privilege is to see their life journey and they will have good lives because strength of family around them and their parents and their resources
    - Something may befall them but many other children born at exactly same time; don't have same advantages; knowing that they should be in a similar position
    - Ability to access and then realise opportunity – in all its facets of what opportunity means
    - Male privilege in voicing something
    - Female voice – if you look at from education perspective; sometimes privilege is not accorded on basis of colour; so get going to school with energy knocked out of them because colour or name; clearly not privilege
    - Sometimes pays to think about something that's not; to define what it is
- This evening; I am Other
- Sharing thoughts = leads to integration
- In this Other and in this privilege and integration – we're looking at relationships and how we might behave with each other having this relationship
- The base of all relationships is respect we have for each other; for the other; and that respect privileges us and integration – ki te aroha, ki te manaaki, whanaungatanga

Pouroto Ngaroto, Chair, Bay of Plenty Māori Health Runanga

Presenter's key points:

- Appreciate whole and make vibrational connections that ensure integrity and relationships in this place and space
- As part of tikanga; recognise kingitanga and importance of Māori King, at a time when great change is coming to te Ao Māori
- Another paradigm and perspective to seeing and viewing the World came to these shores; no less or no different ot our own
- All cultures that are must be respected and languages spoken must be acknowledged
- Every person has cultural, ancestral and spiritual beginning
- So acknowledge King Tūheitia as a main pillar; established by our ancestors to ensure the reality of the Māori World would exist; that it would not diminish and be overtaken by another cultural reality that would impose itself upon our people the tangata whenua
- Most important part of who we are is that each of us have four important things we're born with: particularly us as tangata whenua
- Acknowledge connections to Tainui; the taurahere, the rope that binds us is important
- We carry our ancestors with us wherever we go
- The Māori reality can take you back 800 years in 5 seconds with ancestral names, recitation

- Importance of whakapapa
- Connections are part of whakawhanaungatanga
- Connections important in times of challenge and stress
- Vibrational energy connects us to the whenua, the universe, the environment; energy brings us together as one mind here tonight; proceed, proceed, assemble it and it is done
- Io – Creator
    - Ancestors; learning and observation; enables transfer of knowledge from generation to generation
    - Information comes from tupuna and all waka I belong too
    - Belief that in health, 4 things we're born with: Mana Atua, Io, Mā te Wā; Mana Whenua
    - Mana Atua – connection to the spiritual origins
    - Io – creator of all things; Foundation of all things; Balance in all things; Exists as it was beginning and end
    - Io – need for health
    - Health is not about diseases; not, such thing as disease or sickness in the old days
    - Any of symptoms we deal with now; despite the $ spent on heath, we're still unwell
    - Mana Atua is most important part; however we want to express that it must be respected and acknowledged wherever and whenever
    - E.g. speaking Māori = mana reo is a Rongoa; Ki toku reo, ki toku oranga
    - Carry our Māori World wherever we go and not made to feel inferior
    - Enable our Te Ao Māori World to exist; not as a ceremonial event but as a living and breathing reality in whatever we do
    - Carry the reality of what and who we are in everything that we do; from the time we're born to the time we pass on
    - The Creator is always with us; hauora is spiritual; it never exits and takes flight
    - Mā te wā – in the now, the past , the present, and the future
    - These are the norm; the normalisation of these things e.g. speaking in the Board, using te reo without feeing inferior
    - if we're going to shift, then must realise that these principles must be implemented in everything that we do ; not just an event or moment in time
    - I nga wa katoa
    - Mau mau pūtea
    - Co-design need to be from the hau kainga
    - Bring the mana back to the people; real mana sits there; not the iwi leaders forum; 17 hui – this is what I hear
    - The reality of our World; that's what they want and what they're looking for
    - That's why iwi went to Waitangi Tribunal
    - Ka mutu te korero – let's take action; live it, breathe it, do it
    - Not about pūtea all the time; equity of resource and ability that our decisions are acknowledged and implemented
    - We're not an attachment
- Mana Atua
    - Listed the Atua
- Mana Whenua
    - Connection to our environment
    - I am the mountain and the mountain is me
    - I am the river and the river is me
    - Holistic approach
    - When we're unwell when our reality is pushed aside and we can't be who we are
- Every time we compromise and give up who we are; we go from wellness to unwellness
- Not just about symptoms; it's the causes
- If I'm disconnected; then I'm unwell
- We need to be reconnected and then enabled to have those connections and implement that into reality of where we exist and where we are
- This is the real shift
- Mana Moana
    - Ocean and waterways; maintain toiora through connectedness to water

- Mana Tupuna
    - Connectedness to ancestors
    - We are the face of our ancestors
    - Accountability to our tupuna
- Mana Tangata
    - Our people and who we connect too
- Mana Rangatira
    - Ability to express ourselves as per our way e.g. the Ngai Awa way, etc.
- Mana Reo
- Mana Tikanga
- Mana Motuhake
- Principles:
    - Kia tika
    - Kia pono
    - Kia kotahi te hoe
    - Te māramatanga
    - Kia mana motuhake
    - Kia waiho te kokongā…- corner of house recognised and come together as one; doorway open; enter house is yours and mine; house of strength
    - Kia tangata whenua – still room for us to normalise te reo in health and across the system; reo is sign of wellness
    - Kia toioira ai te taiao – environment
    - Tiakina te mauri – look after families, hapū and people; Mana men, women and children
    - Tawhaki – wisdom of ancestors
    - Mātauranga Pākehā – Sir Apirana Ngata
    - Rangatahi – succession planning and leadership; consistency and momentum; restore land and environment; in ancient knowledge of tupuna that wellness and wellbeing is there; strong statement I'm making; wellbeing and wellness is there in statements of ancestors
    - Arohanui – love and kindness
    - Hīkina te wairua – mind and spiritual wisdom
    - Manawanui – humility; sometimes afraid to share form Māori perspective; but shouldn't be scared to share; reciprocity; we should say it with love and kindness
    - Tīpokapoka – uphold mana of others; how we act impacts on what we feel; well or unwell
    - Whakapapa – positive energy
- Need to understand actual cause of unwellness; it's in the word whanau:
    - Mana atua – all born with spiritual energy
    - Mana whenua – connections to where we come from; our grounding
    - Mana tupuna – connections and not to assume we only belong to one tribe; we don't walk as individuals
    - Mana tangata – everyone is born for a purpose; no mistake we're here; our tupuna have given us the breath of life to make our contribution
    - Te Ao Māori - critical to wellbeing
- Together we can make the change
- Develop a new waka

Copies of presentations

Draft Treaty Framework A3s 2019(

Treaty Framework Presentation.pptx

Wai 2575 briefing 2019-7-18.pdf

Hauora Kaupapa Māori Pouroto Ngarop(

Meeting closed: 9.30pm

Day 2: Friday 2 August, 2019

Mihimihi and opening

- Hui was opened by our hosts, Tainui.
- Wānanga – Participants set the scene, creating a safe environment, non-judgemental
- Facilitator challenged the participants to "be comfortable with the uncomfortable" and to push the boundaries in today's conversations.
- Facilitator noted a mihi to Muru Maipi for his challenge to the participants on Thursday night to "just do it". A reminder that youthful attitudes to take swift action, is something we all need to remind ourselves of, sometimes.

Session 1: Reflections on evening's presentations

The following reflections were noted:

- History and strength of Māori, health and wellbeing – we know what we need to fix our people
- When Pouroto was speaking and talking in te reo; when you have more – why feel less
- Māori were literate in their language and British soldiers were illiterate – historically
- Māori were entrepreneurs: into trading and economically sound
- Our history of NZ needs to reflect that – was not learnt in school and children today do not know this
- Explanation of Mana – very human trait and needs to be put into practice
- That there was early collaboration between Māori and non-Māori; we had collaboration that was positive – until the 'greedies' put their plays in place
- We've done collaboration before – why not now – we have a good chance to change things
- How do we bridge? With all of the challenges. How to come from different points of view and perspectives.
- Colonisers of the World, go to other places but was different here – land stripped and greed – although started out well. No Treaties in other lands. We have that opportunity now to change things
- Pre-determinant of our ancestors – to explain that clearly going back to the karakia before our meetings – pre-determination of what our ancestors had back in the time. Listen and understand the words of his karakia (listen to the words) relationship to the land, give us the ability through our hearts and emotions to plan ahead. Māori, in particular, our youth help our enhancement of our wellbeing while keeping our Tikanga in our hearts. Reflection on the vision our tupuna had in the past.
- Colonisation vs Modernisation are two different things.
- Keep things simple – simplicity – kōhanga – whakarongo and titiro – not just to look but observe. We all have the same vision – ask your-self what that vision is.
- One of the key things in Māoridom is all about korero –mana motuhake, rangatiratanga, partnership, co-design and principles. Nga matapono – principles. When we use a kupu Māori – wider and greater interpretation than the potentially equivalent English word.
- It is a story, it is a journey. 2 complementary parties coming together – and we are on the right track.
- Reflecting around the paradigms around how we work and how we move forward. Treaty (partnership) should be how we move forward. MOU anchors us. We have the foundation.
- Confirmation we are saying the right messages and right frameworks for us. We need to achieve what we set out to do!

Session 2: A Culture Shift

The purpose of this session was to discuss a mutual challenge - what is the type of culture shift we need to create new expectations and generate new energy towards improving Māori health equity and wellbeing in the Midland health system?

Suggested key issues:

- Our suggested points of difference – what are they? (See Appendix 1 for starting discussion points)

- Te Ao Māori perspective
- Te Ao Māori values
- An Aotearoa version of 'Customer-Owner'[1]
- Our use of language and creating new meaning
- Other?

Discussion

- Culture being discussed, is system-wide culture, not Māori culture.
- Recent sector discussions about NUKA model of care and how that model prioritised a cultural shift that aligns with their operating model of Customer-Owner and improved indigenous outcomes.
- Dynamic leadership is key.
- Opportunity to not just have a Vision, but to translate it into practice with different types of strategies.
- The Midlands System is likely to have some points of difference (Appendix 1 has some conversation starters)
- Noted the BOPDHB and Iwi strategy: Te Toi Ahorangi
- Noted the importance of purposeful language. At the hui signing for MOU, Sharon Shea talked about shifting the discourse to shift thinking and practice.
- All agreed, it was critical to ensure the right use of language.

Themes from working groups

Key themes

Our relationship should be based on unity, a common purpose and influencing others

- We are all on this journey – across DHB and primary care.
- We need to form an influence.
- Trust, listening, purposeful intent, whanau, Treaty based values. Intentionality. Trust is all about us as governors and the partnership with the board.
- Having a true partnership around the change process. Hearts and minds – if you try to change the system you can change the hearts and minds of people. Values around trust, faith, being involved, respect for mana, mana motuhake – all pre-requisites for change.
- Optimism is critical. Aligned as a group and have a shared view both nationally and DHB regionally.
- Shared journey, shared commitment.

Trust between our two parties is really important

- If relationships are based on Trust, then the following will shift:

From	To
Power	Share
Tell	Listen
Resources, Reactive, People	Treaty-based
Decision-making	Intent, Purposeful
Business model (private), Philosophy, Structure, System	
Ill health	Wellbeing

[1] Sourced from NUKA, South Central Foundation. The Customer-Owner is a concept that relates to indigenous peoples being recognised as both valued customers whose needs must be met by the provider/system and owners – of their own health as well as the provider/system.

From	To
Single person	Whanau

- Trust implies leadership, communication and examples/model behaviours

Shared values are key

- Boldness
- Bravery - Whatumoana
- Bring people/constituency along with you
- Chivalry
- Collectiveness is powerful
- Commitments to principles to Te Tiriti:
- Consumer partnerships
- Decolonisation
- Faith
- From a Māori paradigm – what does that look like?
- Hearts and minds are important
- Humility - Humarie
- Indigenising the space
- Leadership
- Mana
    - Mana Māori – cultural identity
    - Mana Motuhake – to acknowledge Māori right to self-determination; Māori making decisions as Māori
    - Mana Tangata - fairness
    - Mana Whakahaere – not just assets/resources, moral and ethics
    - Māori worldview is key
- Partnership
- Persistence - Manawanui
- Rangatiratanga
- Reo – understanding/accepting
- Tenacity – Whakapāukaha
- Tikanga – reciprocity
- Tupuna
- Understand need to change
- Values: own & love your values – need a limited number of them. BOP example had 10 values (nobody could list them, or knew them) now down to 4 of which people can list and do remember.

We need a wellbeing purpose, not a status quo health purpose

- Purposeful but with the wellbeing intent.
- Prevention and wellbeing through a new lens.
- Need a paradigm shift: from a system that's built on illness to a system that's built on wellness

Urgent action is required: we need a fast pace of change

- Change the culture and needs to be fast.
- Patience in a sense – impatience and urgency.
- Urgency in the system
- Bottom up strategic influence to MOH

Whanau centric, customer-owner and related concepts are key

- Be intentional about what we do. Reframing the customer/owner concept in terms of our language.
- Core of customer focused is people put in the middle of what we do.
- Owner concept – we don't have a Māori word for concept of ownership our word is 'belong'. Mana Motuhake would apply at an individual and group level as well.
- Customer – Manaaki

- Owner - Kaitiaki

A Te Ao Māori lens is critical

- Operating from a Māori world view – huge amount of western aspects. How do we change views?
- Mana around the different components and relationship. Understanding around Māori and the misnomer that sides is something hard and fast but does change as time goes by.
- Context of how we should be working and understanding.
- Principles, urgency and concept of that – urgency to achieve equity and how to do that? Ideas – steps: importance of bringing everybody with us. In terms of values: concepts indigenising the space – tikanga as a better way of describing what was required. The 2 thought processes and how to incorporate that. Use of Reo and mana Reo important concept.

We need to allocate resources – pūtea, people and other

- Maybe it only takes a small number of people to make change.
- Who are our allies in our organisation to effect change? Voices to say this is something we want to do.
- Affect change amongst colleagues.
- Resources theme – changes made in our organisation – put resources around the total concept around what we are doing here.
- How are we utilising resources – inequity is bad for everyone
- That non-Māori and Māori qualify each other – bring your whole contingency with you if you want to make changes

We need workforce development to support sustainable culture shift

- In terms of Tairāwhiti – some of those people come from overseas.
- If going to be a fluent change of thinking such as SMO's they need to be briefed about our korero. Na sits on interview panel – element of treaty of Waitangi. Overseas SMOs coming in need to be aware of the Treaty. Would they be prepared to have training of Waitangi Treaty if employed?
- System culture – Pākehā system is built on convenience services

Session 3: A Te Tiriti o Waitangi Approach

The purpose of this session was to discuss a mutual challenge – what is our joint understanding of Te Tiriti o Waitangi and what does our strategic approach look like?

The group discussed John Whaanga's presentation and noted:

- What's our interpretation?
- How can we be creative and innovative?

Reflected on the principles in John's handout:

5 Treaty Principles:

1. Tino Rangatiratanga – The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.
2. Partnership – The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori.
3. Active Protection – 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.
4. Options – The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally

appropriate way that recognises and supports the expression of hauora Māori models of care.

5. Equity – The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

Suggested key issues:

- What are our commitments?
- How can we be creative and innovative in our strategy and expectations?
- How will we model our commitments from the top?
- Other?

Themes from working groups

Key themes:

Te Tiriti is our anchor

- It's a key approach for us
- Appetite to adopt the MOH TOW framework and put it into place
  - Equity is a sub-set of
  - Obligations and commitments

Our relationship is one of unity and common purpose

- We are all on this journey – across DHB and primary care.
- We recognise that what is good for Māori will benefit the whole Midlands population; especially, those who need support the most.

We need new leadership and decision-making roles and structures

- Structural changes around leadership and decision making
- We all have our views on this. If you could do one thing to enable the system in this space – that would help to share leadership and decision making – ensuring that the Iwi is at the table making decisions.
- Finding ways – asking iwi what's most important and prioritise that and alongside when the door is open chunk it right open – additional money coming in should be for a whanau based approach
- The step we should take is open the door wide open
- There is an opportunity for us – bottom up and better than top down. Tūrangawaewae – model that which will ultimately influence nation-wide.
- Measure it and then push forward
- Not just about services – Ministry feeding of what we need – strength of this group is powerful and has the ability to influence the Ministry. I think this group is going to set the tone for the whole country.

Workforce development is required based on Te Tiriti implementation

- Help our organisations understand
- Each DHB should have training
- Treaty training at all levels: Māori and non-Māori

We need to be pro-Tiriti investors

- The new money coming in for mental health is a plus thing on a primary care model – should actually be totally whanau centred at a minimum. Emphasise where the money should sit – whanau
- Take the risk sometimes when it is the right thing to be doing
- To deliver on $
- We need to be creative and innovative in our strategy and expectations

Principles linked to Te Tiriti interpretation need to shift

- Adopt the expanded view of the principles of the Treaty (from Wai2575)
- Idea: we need to promote the wider understanding.
- Strength based – Treaty as anchor

We can braid the best of kaupapa Māori and western science for Māori success

- We can adopt He Awa Whiria – Braided River's approach where the best of te Ao Māori and western thinking is combined to effect positive change.
- Whakapapa is very important culturally

We need some key messaging

- We need to tell people what our commitments are
- Tom's presentation was very good. 3 or 4 messages that come out of today:
    - People know we are here and talking (action points)
    - The thinking of the system and what needs to change – very atomised, need to start focusing on the patient, whanau and family perspective rather that what serves the system
    - System very fragmented
    - People just want it to work
- Key messaging: this is what we do because ……

Session 4: A Māori health equity approach

The purpose of this session was to discuss a mutual challenge – what do we mean by Equity and what does our strategic approach look like?

Suggested key issues:

- What are our commitments?
- How can we be creative and innovative in our strategy and expectations?
- How will we model our commitments from the top?
- How can we embed our commitments irrespective of changes in leadership or other areas?
- Other?

Presentation by Janise Eketone on behalf of GMs Māori, DHBs

Key points:

- Cognisant of Waitangi Tribunal findings and think about what that means for partnership
- 1980's a lot of history involved, protest movement and government pressure.
- The principles of Treaty of Waitangi are a knee-jerk reaction to the pressure from the government.
- Thirty years of going through the whole process – principles need to be amended.
- We have gone through due process.
- New set of Treaty principles through Waitangi Tribunal.
- Original three principles; Initial response to that government in that time
- Whatever is decided now is for our Tamariki Mokopuna future endeavours.
- Noted by John Whaanga - Domestic Law – established Waitangi tribunal and Waitangi principles were introduced. Tribunal in place to determine what those principles are. The principles more cluttered 1980's – in 1989 the government issued its own set of crown principles. The new set-of-principles are from the WAI 2575. In terms of Midland it's what they look like and how they resonate. Established by an act of Parliament. Membership is quite different now. Tribunal is the most recent entity that have looked at the Treaty and its principles and how to apply
- GMs Māori have drawn on this and want to hard wire into the system
- Waitangi Tribunal have built up these principles - original principle of participation, protection and partnership.
- The Principles have since been watered down and watered away.
- Brave decision that the Tribunal have put out these new principles.
- Need principles-based solutions
- Equity slide for Māori in the Midland Region (slide no.3); a triple by-pass
- Equity lens should be equity action - Let's start looking at action rather than put a lens over everything
- Some discussion about Māori responsiveness within HealthShare; need to have more Māori capacity in HealthShare; need to be more hands on and not be afraid.
- Note Tikanga principles

Summary points from Janise

- Māori GMs don't have the capacity to coordinate the information to have processed or looked – HealthShare. Who is monitoring this?
- Helping HealthShare to increase its capability to get what they need – audit tool (Hi Ritenga)
- Within the Midland Cancer Network that have a few advisory groups – measure that equity?
- GMs goes to Midland DHB's – DHB own the RSP
- Regional Services Plan – whether through HealthShare or DHB. What on there is different from what we should be doing anyway?
- From an external point of view there is a lot of repetition – planning and reflection on lack of action and whilst sometimes we can get a bit hoha about that – we need to do something about it
- Structure of change
- Narrow your agenda. Comes down to resourcing too. Māori groups
- Iwi priorities, framework and resourcing
- Māori Health GM Priorities:
    - Mental health
    - Child health
    - Workforce development
    - Cancer
    - Institutional racism

General discussion

- Noted: that having an iwi mandate and speaking on behalf of iwi is distinct from a Māori DHB employee speaking and advocating for Māori health gain. They are different roles and both need to be respected. GM roles can be hard – sorting out lanes is important as can be challenged
- Noted: all MIRB mandated to speak for own iwi
- What is the Midland definition of Equity? Not defined.
- MoH – Equity is defined, see slides from John

Themes from working groups

Key themes

We need to work in partnership

- We are all on this journey – across DHB and primary care.
- The way in which we have meaning for in partnership, adopt and accommodate
- How far have we gotten in to the co-implement – co ownership and co-design
- Structures need to be looked at
- Strategic relationships - Tariana Turia quote (see Māori GMs presentation)
- Fellowship: an invitation, a journey, be comfortable
-

Iwi leadership and decision-making is important

- Valued iwi partners to drive this part of the decision by putting forward definitions based on what we understand are the most important issues from an iwi perspective in this space
- Iwi leading conversations about what this might look like for this partnership.
- Still equity, Treaty and partnership approach. Let's korero about this.
- Economics – iwi focussing on this mostly
- Why don't we commission Iwi to develop this for us and ask what the Iwi definition is? We might find ourselves in a better position if we partner – No iwi definition?
- Maybe as part of the culture shift and we ask the partner what their definition of equity is and the how?
- Maybe this group could make the decision to do this?

Multiple iwi priorities are important

- What works for Māori, works for everyone

- Iwi health planning:
    - Supporting
    - Prioritising
    - Thinking
    - Resources
    - enabling
- True partnership and relationships
    - Joint decision-making
    - Control and autonomy
    - Develop, design and deliver
    - Integration – Aka Matua and Community
    - Right to decide
    - Co-design and co-implement
    - Power has to shift
    - Radically different
- Consumers & Community understanding of Principles and approach
- Clinical and cultural
- Mātauranga Māori – acknowledge and practical implementation
- Tino Rangatiratanga
    - Structures in place to ensure
- Health literacy
- Cultural wellbeing
- Data:
    - Trendly
- Shared resources:
    - Pūtea
    - People
- Marginal vs. Scale
- Te Tauwhirotanga – implement and protect Māori investment in health
- He Ritenga – cultural audit of DHBs
- From Mauri Noho to Mauri Ora
- Whanau & Community Centred
    - Patient-centred
    - Journey not atomisation
    - Strength-based
    - Driven by these cohorts
    - Put whanau on the car – resources
- System and service shift is important
- Must be intersectoral
    - Social equation
- Structural shift
- Private business modelling
- Whanau Ora
- Fairness
- Access
- Justice
- Need to eradicate entrenched behaviours that are barriers to Māori health e.g. institutional racism
- And/And approach

Māori need to determine Māori health aspirations

- Māori health aspirations – we start through articulating that by looking at the Treaty
- Ask questions to iwi about hauora and hauora aspirations as you will find your equity in their responses
- Hauora, Wellbeing, Mana Motuhake – key issues
- Mana, Hauora and where they see their developmental aspirations as to what you are doing as an equity focus.

Equity is multi-dimensional and actions should reflect a Māori worldview

- Equity is not a Māori construct, more about Hauora.
- Are we suggesting that what we should do is acknowledge the construct of equity but in terms of strategic discussion around commitment?
- Equity coined by our partner from how they saw things.
- Bold enough to be talking about this – these things will come in to play
- Iwi in the middle – healing and wellness focus, prevention and autonomy, resourcing based on need, stand along authority and free health care
- Community health base, cultural identity to remind people who they are, pay equity. Community nurses should be paid the same
- Māori world view – health care system and a whanau centric all services
- Healthy vibrant prosperous fun
- Right to decide
- Putting wheels on the cart – resourcing
- Social equation and how that impacts on health
- Community focused approach instead of a service focused approach
- Commonality – Māori worldview, deficit, power sharing, autonomy, decision making, accountability and framework and discussion around resources

Pro-Māori investment

- Money going into the service – private service – how much money going there
- Improving mainstream services
- Regional investment in Kaupapa Māori – Pick a couple of priorities and invest their growth

We need to use data analytics

- Use Trendly
- Use HRQSC equity report

Cultural wellbeing is key

- What is cultural wellbeing and where does it sit? Where does it sit within the Region? What does that look like?
- From Waikato Maniapoto perspective, when we did our iwi strategies – reo strategy first – helping our people connect again. Realms around where wellness operates runs from. How to look after those taonga?
- Regional strategy – Pouroto's korero last night and Sir Mason Durie – if you are not connected with your language and with your marae, you are not well!
- People want to see themselves and to speak their language.
- How else does this translate into other sectors? Such as purchasing: training for staff, governance. Not only for Māori but Māori priority.
- Any proposal we should have a strong kaupapa Māori presence.
- Initiative – matatini, waka –promote health and wellness – cultural wellbeing and cultural values. If we value these principles then how do we translate these into what we do?
- It's not without its challenges.

There are examples of what works – let's leverage off these

- Lois offered korero around change. Board had made a call to Jim that if the money didn't appear – find it? Two programmes did really well: Te Kuwatawata and (Jim for names). Guaranteed funding going forward as links with mental health review
- Engaged with Iwi and how we look at anything that needs change
- Work that is done to scale? In the Māori space what that might look like? Bite off in chunks and often that is built around people with leadership and enthusiasm. Pick the opportunities and go hard once picked
- Challenge is how to bite bigger chunks rather than small
- Jim offered some examples. Learning from the pockets of really good self-practice; hapu wānanga which is spreading which is good – learning and actively looking regionally. Actively learning what's working well in each of the districts.
- $1 million – we are doing it in a DHB by DHB PHO relationship based approach and every single one of those is a Māori focused iwi approach – by Māori for Māori. Varied across the DHB's. Did a lot of talking with providers and what was working well for children and built up

requirements – focused on Māori, based on Māori design and then work with people and then came back with essential – regionally agreed way forward
- Potential to do something in the Kaupapa Māori sense

There is talk about stand-alone authority – what might that look like?
- It is an Authority that is not within the DHB or MoH
- It is an authority that has its own governance.
- The whole idea behind it, it stands outside the political arena.
- The Waitangi Tribunal was silent about legislation that would protect Māori health.
- It will work with Māori providers
- Management team will be majority Māori and doing things based on our kaupapa and tikanga and reo, which is everything we have been talking about today like what we have already done in kōhanga, wānanga and iwi.
- Master/servant relationship is what it is at present.
- To stand outside that there would be room for negotiation but as it stands it is not.
- Ideal would be creating our own initiatives and innovations.
- We have no capacity at the moment to do that.
- Hopefully very soon be working with the Ministry.
- No meetings as yet.
- First instance will be with the claimants who stand as representatives for the PHO and Māori practices

Session 5 – A united vision and mission for Māori health equity

The purpose of this session was to discuss a mutual challenge –what is our vision and mission for our partnership?

Suggested key issues for our Vision statement:

- What is our aspirational description of what we want to achieve in the mid to longer term?
- What is courageous, directional and future-focused about us as a partnership?
- What will whanau wellbeing and the Midlands health system look like after we've achieved our mission?
- Other?

Suggested key issues for our Mission statement:

- What will our partnership be known for, doing day-to-day?
- What signals to we want to send to other partners about what we'll be focusing on in the immediate term? Presentation by Janise Eketone on behalf of GMs Māori, DHBs

Key points

Vision statement

Statements	Measurements
Treaty-based partnership; Give effect to Treaty of Waitangi	Half the life expentancy gap – Mauri Oraα
Taking a wider view on health; Māori worldview	Achieving what we set out to do
TOW based partnership valuing Mātauranga Māori	Looking at gains as well as outcomes for Māori
Healthy whanau	Housing, training, drivers licensing and health – holistic view on health and wellness
Prosperous whanau	MOU – 5 years' time this room should be led by the iwi in this room

Statements	Measurements
Vibrant whanau	Midland Māori Health stats have improved and we are flourishing (in 5 years)
Strong whanau	Clear action plan for monitoring
Whanau realising aspirations	Planning and investment
A wider view on wellness	Equitable health gains/outcomes for Māori
Cultural identity	This group would have to become an advocate for DHBs; To actually do this affectively it needed influence across 5 DHBs
Community-based – driven, leadership, focused	Pay equity
Control, autonomy	Standalone authority
	Resourcing based on need; increased and dedicated
	Free healthcare
	Iwi priorities known and incorporated in DHB planning, decision-making and investment
	Co-design; co-implementation

Mission statement

- Whakamana Taurite – achieving what we set out to do in 5 years
- Summary of our desire to take action (discussed throughout the Notes)

Priorities and Actions

Quote from a workshop:

"You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete."

Buckminster Fuller

Key themes and/or strategies

We need to share decision-making and action fit for purpose structures

- Suggest restructure governance and develop Health Equity Committee. Agreed no Health Equity Committee required
- MRGG and MIRB - 10 members, 5 iwi and 5 Chairs
- Who is in there and who is Chair?
- Does the purpose shift?
- Ask iwi how do they want us to do this?
- The way in which, discussions will take place?
- Would they come from MIRB? Yes, they are the mandated group to push for change.
- MIRB to discuss the 5 members for the forward-moving governance group
- Consider representation on DHBs: less elected, more appointed
- Implementing, power sharing – will make a radical difference to the regional plan
- All on the same page with the structural shift
- At the moment all the power sits with the DHB – there has to be some sort of process – some DHBs have to give up their power to this committee

We need to influence the system and services

- Iwi leadership of MRGG – sets priorities and strategies for Midland region
- Increased investment in Māori health
- Be safe within our environments and have open conversations – rather than being defensive

Workforce development is important

- services
- system

It's important to protect and enhance resource allocation to Māori

- should ringfence new monies for Māori health
- similar to Mental Health funding
- ringfence funding
- top slice DHB funding budget by a % per annum; growing per annum e.g. 8%
- need some amount from each DHB to support investment

We need to be respectful of te reo and pronunciation

- Help each other
- Introduce te reo classes

We need urgent action

- October meeting 2019 – Do you want to sign off anything before the new Boards come in We have a month to do some developmental work – draft potentially to be sent out for October/November Board Meetings.
- Timeframes: Important deadlines
- Why don't we have a good talk at the midland level – terms of reference, kaupapa and elements that we have talked about – work plan over next year – really giving it some momentum and resource that it needs.
- A lot of moving parts to this. Treaty based partnership approach
- Western BOP – we are not where we are supposed to be by now
- Model (acceptable) there are new Chairs coming in, should we be signing off in October?

Strategy

- Needs to be strategic; need an agreed strategic plan not a services plan
- Scope change of regional governance not a problem for Midlands but may be for the MOH

Note: that DHBs should continue to implement their specific Te Tiriti and Equity strategies, with urgency.

	What	**Who**	**By When**
1.	Prepare draft values, vision and mission statements for MIRB/MRGG consideration. Make sure this aligns with our recently signed MOU.	Sharon	September 2019
2.	Iwi to discuss the outcomes of this meeting at September hui and provide their perspective on: • Purpose of revised relationship ○ Draft vision, mission and values (if available) or ideas for inclusion ○ Scope of regional governance committee mahi ○ Key priorities ○ Delegated authority and impact regionally as well as	MIRB	6 September 2019

	What	Who	By When
	by individual DHB o Other (to be discussed) • Revised governance structure o Composition o Potential Co-Chair relationship o Mandate • Other issues (raised by MIRB at meeting)		
3.	Rename the Midlands region to a more appropriate name.	MIRB	December 2019
4.	Develop and approve an Action Plan at the next October meeting. May include:	Sharon (facilitate) Aroha (MIRB lead) Te Pora (MIRB lead) Māori GMs MIRB members	October 2019
a.	Support development of iwi plans and optimal engagement to identify and agree priorities		
b.	Gain Insights about activities/partnerships in other DHB regions		
c.	Identify strategies and options about how to ring fence monies for Māori health (e.g. top slice vs ring fencing new money coming in to DHBs).		
d.	Co-design and co-implement a system (and by implication service changes) that improve Māori health outcomes. Governance to choose a couple of sure winners as a Midland region to better Māori health. This may include: creating new models of mental health, cancers, workforce and child health. Must have a Māori health equity lens		
e.	Develop a shared dashboard for governance use		
5.	Communicate and seek DHB Board and Iwi buy-in to the outcomes of our wānanga	Sharon (facilitate) DHB Chairs/CEOs MIRB Chairs	November 2019
6.	See if we can record Tom Roa's presentation and gain permission to use it for workforce development purposes. Seek clarity about use and explore opportunity.	Te Pora	October 2019
7.	Approach Ministry of Education to support curriculum review that includes improved Te Tiriti education and New Zealand history that promotes positive Māori facts (such as those shared by Tom Roa about Māori	Sharon (facilitate)	October 2019

	What	Who	By When
	wellness and entrepreneurship).		

Next MIRG/MRGG Meeting: 3-4 October 2019. Venue: to be confirmed.

Reflections

- Let's do it and do it now
- Ka pai
- Fantastic teachings and learnings – really appreciated and moving forward
- Hope and optimism
- Congrats to Sharon on what you've done
- Lots of opportunities in the future
- Urgency and thanks to everyone
- Thought provoking speakers and new ideas and ways which we can do things better
- Thank management Tairāwhiti – Na – better idea of where our government is heading at an operational level
- Becky Jenkins – 'thanks for the immersion and korero'
- Moved forward a lot (MIRB meeting 6 Sept in Tauranga) to be advised.
- From the Ministry (John) joint conversation – 'don't take too long to convert it – make sure you know when to convert it'

Whakamutunga - close of our wānanga

- Closed by our hosts.
- Meeting ended at 3pm

Appendix 1: Our suggested points of difference

- We are ambitious and are partnering to effect an unrelenting pursuit of equity
- We will adopt He Awa Whiria - Braided Rivers[2] approach where the best of te Ao Māori and western thinking is combined to effect positive change.
- We will conduct our shared planning with a pro-Māori designer bias. This means that we will all engage in strategy, system and service design thinking from a Māori worldview and perspective. Māori will awhi (support) non-Māori through this process by sharing tikanga, protocol and perspectives.
- We are solutions-focused and strengths-based.
- We recognise that what is good for Māori, will benefit the whole Midlands population; especially, those who need support the most.
- Other – to be discussed at our hui.

[2] Superu. (2018). Bridging cultural perspectives. Wellington: Author.

Appendix 2: Existing vision and mission statements

Bay of Plenty DHB

Values

- C – Compassion
- A – All one team
- R – Responsive
- E - Excellence

Vision

- Healthy, thriving communities – Kia momoho te hāpori ōranga
- Toi Ora, flourishing descendants of Toi is our vision

Mission

- Enabling communities to achieve good health, independence and access to quality services.
- Toi Tū Kupu; Toi Tū e Mana; Toi Tū e Ora is our mission. They are our Pou Ora, our Kaupapa Māori change principles that affirm our intent and determination towards Toi Ora. As an approach, Toi Tū asserts that we must stand first as descendants of Toi so that we may flourish. The mission on board Te Waka o Toi is focused on upholding our knowledge systems, so that in turn we may preserve life, our environment and protect our future.

Waikato DHB

Values

- People at Heart – Te iwi Ngakanunui
- Give and earn respect – Whakamana
- Listen to me, talk to me – Whakarongo
- Fair Play – Mauri Pai
- Growing the good – Whakapakari
- Stronger Together – Kotahitanga

Vision

- Healthy People, Excellent Care - enable us all to manage our health and wellbeing. Provide excellent care through smarter, innovative delivery.

Hauora Tairāwhiti DHB

Values

- Whakarangatira/enrich - Enriching the health of our community by doing our very best.
- Awhi/support - Supporting our turoro/patients their whanau/families, our community partners and each other.
- Kotahitanga/togetherness - Together we can achieve more.
- Aroha/compassion - Empathy, we care for people and people want to be cared for by us.

Vision/Kaupapa

- Whāia te hauora I roto I te kotahitanga - A healthier Tairāwhiti by working together

Lakes DHB

Values

Manaakitanga	Respect and acknowledgement of each other's intrinsic value and contribution

Integrity	Truthfully and consistently acting collectively for the common good
Accountability	Collective and individual ownership for clinical and financial outcomes and sustainability

Mission

Lakes DHB's mission is to:

- improve health for all
- maximise independence for people with disabilities
- and with tangata whenua, support a focus on health.

Taranaki DHB

Values

- Safety – Manaakitanga
- People Matter – Mahakitanga
- Partnership – Whanaungatanga
- Courage – Manawanui
- Empowerment – Mana Motuhake

Vision

Taranaki Together, A Healthy Community - Taranaki Whanui He Rohe Oranga

Mission (Te Kaupapa)

Improving, promoting, protecting and caring for the health and wellbeing of the people of Taranaki.

In 10 years:

People will be smoking less

- Tobacco smoking is a key lifestyle risk factor, leading to deaths that could have been avoided. It is responsible for about 15% of deaths in New Zealand. On average, people who die from smoking-related illness will die 14 years earlier than if they had not smoked. Illness and disease caused by smoking can greatly reduce our quality of life. Diseases caused by smoking include cardiovascular disease and cancer. Second-hand cigarette smoke is harmful to people close to smokers.

People will be eating more healthily

- When we do not eat well or do enough exercise, we are more likely to become overweight or obese and suffer conditions such as diabetes. The World Health Organisation has described this as an epidemic. In New Zealand, two out of every five deaths (about 11,000 annually) are due to nutrition-related risk factors such as high cholesterol, high blood pressure, being overweight or obese and inadequate vegetable and fruit intake. Of these deaths, up to 9000 are likely to be due to diet alone.

People will be more physically active

- Regular physical activity, along with good nutrition, can reduce the risk of a range of health problems, including cardiovascular disease, obesity, diabetes, mental illness, cancer and falls in older people. The more we are able to influence our behaviours and treat diseases early on, the better chance we have of living longer.

The impact of disease will be less

- While healthy lifestyles are the foundation of good health and wellbeing, some groups suffer more ill health than others due to a range of social, economic and environmental factors. These groups are more likely to experience risk factors associated with certain diseases, experience the burden of disease longer and die earlier. Although caring and treating people

when they are ill remains a top focus of Taranaki DHB, we recognise that there needs to be a greater emphasis on keeping people healthy and well. One of the best ways of preventing illness is having a healthy lifestyle – a healthy diet, regular exercise, not smoking and regular health checks.

We will have a skilled workforce and the right infrastructure, with people working together

- We will only be able to improve the health of the Taranaki community if we have the right people with the right skills. We also need to have the infrastructure, such as information systems, equipment and facilities, to support services. Taranaki has an aging health workforce and if we do not address this there will be gaps and skill shortages people retire. Addressing this is a challenge as New Zealand is losing many of its health professionals overseas.

Measuring Our Success

- Each year we will be able to measure how far we have travelled towards achieving our vision through the outcomes listed above, and those outlined in each strategic focus area. Every three years, we will review the strategic plan, and take into account any new or future development that will affect us in achieving our vision of "Taranaki Together, a Healthy Community”

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2019

Activity	Source	16 Jan	20 Feb	20 Mar	17 Apr	15 May	19 Jun	17 July	21 Aug	17 Sept	16 Oct	20 Nov	Dec
Venue – Tawa Room, Tga		√		√		√		√		√		√	No Meeting
Venue – Conference Hall, Whk			√		√		√		√		√		
Board only Time		√			√			√			√		
Joint Bd/Run – Te Waka O Toi			√			√			√			√	
Patient Experience / Story	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
CEO Monthly Report	CEO	√	√	√	√	√	√	√	√	√	√	√	
Approve Committee Resolutions	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
BOP Health Alliance Minutes	GMPF	√		√		√		√		√		√	
Maori Health Dashboard Plan	GMMGD		√			√			√			√	
6 monthly Board Attendance	Bd Sec	√						√					
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											√		

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting 18 September 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board note the correspondence

ATTACHMENTS:

Letter to Renal Unit, Tauranga Hospital re Board Manaakitanga Visit – 7.8.19

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

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26 August 2019

Terry Jennings
Clinical Nurse Manager
Renal Unit
TAURANGA HOSPITAL

Dear Terry

BOPDHB BOARD MEMBERS MANAAKITANGA VISIT

On behalf of Board Members who visited the Tauranga Hospital Renal Unit on Wednesday 7 August 2019, I would like to thank you and your patients for the hospitality that was extended.

All members felt that the visit was moving and a very worthwhile experience in observing a service whose growth in demand has outlived the confines of its current facility. We anticipate that this will be addressed within the Long Term Investment Plan, so the service has a facility that meets the service needs.

You and your team are doing a wonderful job. Thank you for your valuable contribution to our organisation and our communities.

Yours sincerely

Sally Webb.

SALLY WEBB
Board Chair

cc Helen Mason, Chief Executive
Asa Evans, Acting Quality & Patient Safety Manager