

 	<p>AGENDA v.7</p> <p>Held on Friday 26 February 2021</p> <p>LOCATION: Hutt Hospital, Pilmuir House Boardroom</p> <p>Zoom meeting ID: 878 1795 0109</p> <p>Time: 0900 to 1300</p>
2DHB COMBINED HEALTH SYSTEM COMMITTEE	

	ITEM	ACTION	PRESENTER	MIN	TIME
1	PROCEDURAL BUSINESS			15	09:00
1.1	Karakia		All members		
1.2	Apologies	RECORD	Chair		
1.3	Continuous Disclosure – Interest Register	ACCEPT	Chair		
1.4	Confirmation of Draft Minutes	APPROVE	Chair		
1.5	Action List	NOTE	Chair		
1.6	Annual Work Programme	APPROVE	2DHB Director Strategy, Planning and Performance - Rachel Haggerty		
2	HEALTH SYSTEM			90	9:15
2.1	Commissioning for equity – Mothers and Families	PRESENT	GM Commissioning Family & Wellbeing - Rachel Pearce Our provider partners		
2.2	2DHB Maternity, Child and Youth (MCY) Integrated Performance	DISCUSS	GM Commissioning Family & Wellbeing - Rachel Pearce		
2.3	Youth One Stop Shop Porirua Commissioning Update	DISCUSS	2DHB Director Strategy, Planning and Performance - Rachel Haggerty		
2.4	COVID Vaccination Programme Update	PRESENT	2DHB Director Strategy, Planning and Performance - Rachel Haggerty		
3	SYSTEM AND SERVICE PLANNING			30	10:45
3.1	Q1 Non-Financial MOH Reporting 3.1.1 CCDHB 3.1.2 HVDHB	NOTE	2DHB Director Strategy, Planning and Performance - Rachel Haggerty		
4	OTHER				11:15
4.1	General Business	NOTE	Chair		
4.2	Resolution to Exclude	APPROVE	Chair		
11:15AM - MORNING TEA – 15 MIN					
<p>Next Meeting: 31 March 2021, 9am -1pm</p> <p>Location: Boardroom, Level 11, Grace Neill Block, Wellington Regional Hospital</p>					

Karakia

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tātou i te rangi nei

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui e! Tāiki e!

Translation

May peace be wide spread

May the sea be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!



CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Health System Committee Interest Register

22/2/2021

Name	Interest
Sue Kedgley <i>Chair</i>	<ul style="list-style-type: none"> Member, Capital & Coast District Health Board Member, Consumer New Zealand Board
Dr Roger Blakeley	<ul style="list-style-type: none"> Board Member, Transpower New Zealand Ltd Director, Port Investments Ltd Director, Greater Wellington Rail Ltd Deputy Chair, Wellington Regional Strategy Committee Councillor, Greater Wellington Regional Council Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council Member of Capital & Coast District Health Board Member, Harkness Fellowships Trust Board Member of the Wesley Community Action Board Independent Consultant Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington
Josh Briggs	<ul style="list-style-type: none"> Councillor, Hutt City Council Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	<ul style="list-style-type: none"> Councillor, Hutt City Council Council-appointed Representative, Wainuiomata Community Board Director, Urban Plus Ltd Member, Arakura School Board of Trustees Partner is associated with Fulton Hogan John Holland
'Ana Coffey	<ul style="list-style-type: none"> Father, Director of Office for Disabilities Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative Shareholder, Rolleston Land Developments Ltd
Dr Chris Kalderimis	<ul style="list-style-type: none"> National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission Locum Contractor, Karori Medical Centre Contractor, Lychgate Funeral Home
Ken Laban	<ul style="list-style-type: none"> Chairman, Hutt Valley Sports Awards Broadcaster, numerous radio stations



	<ul style="list-style-type: none"> • Trustee, Hutt Mana Charitable Trust • Trustee, Te Awaikairangi Trust • Member, Hutt Valley District Health Board • Member, Ulalei Wellington • Member, Greater Wellington Regional Council • Member, Christmas in the Hutt Committee • Member, Computers in Homes • Commentator, Sky Television
Vanessa Simpson	<ul style="list-style-type: none"> • Director, Kanuka Developments Ltd • Executive Director Relationships & Development, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	<ul style="list-style-type: none"> • Visiting Consultant at Hawke's Bay DHB • Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust • Member, Executive Committee of the National IBD Care Working Group • Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy • Clinical Senior Lecturer, University of Otago Department of Medicine, Wellington • Assistant Clinical Professor of Medicine, University of Washington, Seattle • Locum Contractor, Northland DHB, HVDHB, CCDHB • Gastroenterologist, Rutherford Clinic, Lower Hutt • Medical Reviewer for the Health and Disability Commissioner
Paula King	<ul style="list-style-type: none"> •
Sue Emirali	<ul style="list-style-type: none"> •
Fa'amatuuainu Tino Pereira	<ul style="list-style-type: none"> •
Kuini Puketapu	<ul style="list-style-type: none"> • Trustee or manager at Te Runanganui o Te Atiawa • Director of Waiwhetu Medical Group
Teresea Olsen	<ul style="list-style-type: none"> •
Bernadette Jones	<ul style="list-style-type: none"> •

Minutes of the Health System Committee

HUTT VALLEY AND CAPITAL AND COAST DISTRICT HEALTH BOARDS

Held on Wednesday 25 November 2020 at 9:00am

Boulcott's Farm Heritage Golf Club, 33 Military Road, Lower Hutt

PUBLIC SECTION

PRESENT

COMMITTEE: Sue Kedgley, Chair
Josh Briggs
Ken Laban – Deputy Chair
Keri Brown
Richard Stein
Roger Blakeley
Chris Kalderimis
'Ana Coffey
Paula King
Sue Emirali
Teresea Olsen

STAFF: Fionnagh Dougan, Chief Executive Officer
Arawhetu Gray, Director Māori Health
Kiri Waldegrave, Acting Director Māori Health
Rachel Haggerty, Director Strategy, Planning and Performance
Joy Farley, Director Provider Services
Rosalie Percival, Chief Financial Officer
Amber Igasia, Board Liaison Officer

OTHER: John Ryall, Hutt Valley Board member
Bridget Allan, Te Awakairangi PHO
Mabli Jones and Chris Fawcett, Tu Ora Compass PHO
Helmut Modlik and Teiringa Davis, Ora Toa PHO.

APOLOGIES: David Smol
Paula King – left early
Bernadette Jones
Fa'amatua'inu Tino Pereira (Inu)
Kuini Puketapu

1 PROCEDURAL BUSINESS

1.1 Karakia
The Karakia was led by all.

1.2 APOLOGIES
Noted as above.

1.3 CONTINUOUS DISCLOSURE
1.3.1 Interest Register

No changes.

Moved:	Keri Brown	Seconded:	Roger Blakeley	CARRIED
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1.4 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Combined Health System Committee held on 23 September 2020, taken with public present, were confirmed as a true and correct record.

Add John Ryall as an attendee.

Moved:	Ken Laban	Seconded:	Keri Brown	CARRIED
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1.5 ACTION LIST

Noted.

1.6 ANNUAL WORK PLAN

The work plan will become more specific following the strategic workshop in January.

Moved:	Vanessa Simpson	Seconded:	'Ana Coffey	CARRIED
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2 Māori and Pacific Health

2.1 Aligning Māori Strategies with Whakamaua

Directors of Māori Health Services presented.

Health System Committee noted:

- (a) The intention to align Māori Health reporting in 2021 with the Ministry of Health Māori Action Plan, Whakamaua.
- (b) Taurite Ora and Te Pae Amorangi will continue to be delivered against as separate strategies however, resources and activities will be aligned and shared as appropriate.
- (c) Both strategies share common themes and actions but place different emphasis and priority on the activities undertaken to achieve them.
- (d) Updates on Taurite Ora and Te Pae Amorangi achievements will be included in the 3 Dec Board meeting.

DISCUSSION NOTES:

A question was raised about whether alignment with Whakamaua was mandatory and it was noted the two DHBs are choosing to align with it as it has national coverage. When asked about the differences between Whakamaua and the two DHB Māori Health strategies it was noted our strategies provided more depth on commissioning.

The Committee asked if the two DHB strategies will be combined and it was clearly stated the strategies will remain as they are, they have two streams of funding and will maintain reporting separately. It was also noted that they will be ensuring Health Care Homes will be aligned with the strategy.

A question was asked about whether other DHBs were using this and if there will be comparative data on a national scale. There is national workforce data collected by TAS and wanting to track trend data from the Ministry of Health. It was also noted that there has been a lack of disability populations including Māori and Pacific disability communities. Pro-equity is about all communities and this work is included as part of the two Māori Health strategies.

Moved:	Chris Kalderimis	Seconded:	Roger Blakeley	CARRIED
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3 Integrated Performance Reporting

3.1 Health Care Home Programme and Community Health Networks

2DHB Director Strategy, Planning and Performance presented.

Health System Committee noted:

- (a) The Health Care Home (HCH) programme to transform primary care is entering its sixth year of operation in CCDHB and its fourth year in HVDHB and has achieved significant population coverage and is showing promising results.
- (b) CCDHB commissioned three evaluations of their HCH programme: a mainstream evaluation, a Māori evaluation and a Pacific evaluation. The results are promising.
- (c) A Rapid Review also identified that primary care providers felt they were more resilient and better equipped to respond to the challenges of COVID-19.
- (d) CCDHB has recognised inherent limitations in the mainstream Health Care Home model for addressing inequities, and responding to Māori aspirations, and partnered with Ngāti Toa to coproduce a different approach to primary capability and integration in Porirua going forward.
- (e) As Health Care Home practices mature, our DHBs are investing the released funding in Community Health Networks and the Porirua Integration programme.

3.1.1 PHO Presentation

Bridget Allan, Te Awakairangi PHO

Mabli Jones and Chris Fawcett, Tu Ora Compass PHO

Helmut Modlik and Teiringa Davis, Ora Toa PHO.

DISCUSSION POINTS:

The Board asked about closer to home health metrics and what it is showing regarding reducing Emergency Department (ED) pressures. It was noted by the presenters that it is in the early stages in the Hutt but CCDHB has seen the most impact in acute utilization. Where they have been able to provide particular services they have seen a decrease in those attendances in ED. Kapiti noted it is harder and they are needing a more responsive system in primary care.

Management was noted that there is a need to find different ways to look at the whole system and connect to a wider system of change e.g. housing.

The Board noted a comment that Health Care Home model's biomedical approach is at odds with a Māori approach and asked is it possible this conclusion could apply to our hospital generally, is the solution new model or can this be adjusted through the current system? It was noted that Māori approaches focus on the wisdom of elders and spiritual aspects however it is not an either or situation, rather about having an open mind.

It was noted the Health Care Home model has allowed moving away from the GP centric model and broadens out the primary care workforce bases as it enables access to social workers, life style coaches. It was also noted that it is an attractive proposition for staff to work in the Health Care Home practice as working with a broader team enables more varied and valuable experience. Staff satisfaction surveys have shown in Health Care Home practices there is longer retention of staff.

A question was asked about the challenges with funding and where would the PHOs see the biggest impacts regarding investment and divestment. It was noted there is international evidence that primary investment does make the biggest gains for the system. However, it's important to ensure

investment and divestment is balanced as there can be situations where the cost is decreased for the DHB but increased for the patient.



Health Care Home
Presentation

Moved:		Seconded:		CARRIED
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3.2 2DHB Investment for Age-Related Frailty

2DHB Director Strategy, Planning and Performance and 2DHB Director Provider Services.

Health System Committee endorse, for Board approval:

- a) Prioritising system wide commissioning for age-related frailty across the 2DHBs including hospital care to reduce avoidable use of our health care system.

Health System Committee note:

- b) HVDHB and CCDHB have identified investment in age-related frailty services as a priority for delivering on the objectives of our sustainability plans
- c) Implementing model of care changes is essential to optimise the use of health system resources and deliver better health outcomes for frail older people
- d) Initiatives implemented to date include new services in both community and hospital settings
- e) Early impact analysis indicates both a financial and performance benefit
- f) We are developing a performance framework for frailty that will provide ongoing confidence in the benefits and identify future service development opportunities
- g) SPP, with our Maori and Pacific Directorates are prioritising development of models for managing complex care, including long term conditions, for consideration in early 2021.

DISCUSSION POINTS:

ACTION: Small actions or achievements that could be recognised early and reported back to the Health System Committee.

ACTION: Focus section for Māori and Pacific in future reports.

ACTION: Front foot when we have pro-equity approach, for Māori, Pacific and Disability in Board papers.

ACTION: Management will develop a communication initiative to ensure reporting back to the community in an ongoing way while also making certain narratives are really clear and in language that is appropriate for the specific groups.

It was noted that equity for Māori and Pacific for frail community needs improvement and the Committee was interested in looking at receiving small achievements reported back on that could be recognised early. Management provided an example of mobile services to provide access to nutritionist services. It was also noted that Māori and Pacific become frail earlier than the national average age.

It was noted there are three different types of frailty and the approach to each is differently. This paper was focused on age related frailty and not long term condition frailty nor disability frailty.

Management noted that all these types of frailty are included in the equity work and the broader focus remains on groups of people who need better services.

There was a question about access in Wainuiomata and it was noted that general interventions are based on older pakeha populations and not the younger frail populations such as Māori and Pacific. These populations require particularly focused programmes on what is needed for their different needs.

It was noted 26,700 is about a third of presentations. The Committee has asked Management to ensure engagement with aged care services as part of commissioning.

Moved:	Josh Briggs	Seconded:	Roger Blakeley	CARRIED
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3.3 Rheumatic Fever Update

2DHB Director Strategy, Planning and Performance presented.

Director of Māori Health.

Health System Committee note:

- (a) There have been 15 rheumatic fever notifications in total for 2020 with all cases affecting Māori and Pacific children and young adults predominantly living in Porirua and Lower Hutt.
- (b) CCDHB, HVDHB, Lakes DHB and Waikato DHB are the only DHBs that have experienced this increase.
- (c) We continue to work on understanding the issues and considering how we work with our communities in response to this significant increase in cases.
- (d) In support of timely antibiotic provision for those with rheumatic fever, CCDHB and HVDHB have removed the cap on the age of people eligible to be supported through our rheumatic fever mobile nursing contracts (previously capped at 21 years of age).
- (e) Actions are being taken to respond to the increase in cases, including increasing communication campaign activity, creating more options for access to services and strengthening the monitoring and reporting of key data to inform the DHB response.

DISCUSSION POINTS:

It was noted the DHB is working with other agencies to reduce silos when address housing security and health. Housing is a concern but the DHB is not able to bring about system change. Management noted the whānau are being prioritised and all that can be done to help prevent further cases is being done.

Moved:	Roger Blakeley	Seconded:	Vanessa Simpson	CARRIED
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4 HEALTH SYSTEM

4.1 Ministry of Health Quarter Four Performance and COVID-19 Analysis

2DHB Director Strategy, Planning and Performance presented.

The CCDHB Board noted:

- (a) The CCDHB Performance Report COVID-19 Analysis for September 2020.
- (b) The CCDHB COVID-19 Recovery Dashboard.
- (c) Non-Financial Monitoring Report results for Q4 2019/20.

The HVDHB Board noted:

- (a) The HVDHB Performance Report COVID-19 Analysis (September 2020).

- (b) The HVDHB COVID-19 Recovery Dashboard.
- (c) Non-Financial Monitoring Report results for Q4 2019/20.

DISCUSSION POINTS

Management noted in the instances of non-reported information it is that there were technical issues not that the data has not been reported. It was also outlined that performance against the measures is not necessarily the sole indicator of success in that area as they don't take into account wider work.

Moved:	Chris Kalderimis	Seconded:	Roger Blakeley	CARRIED
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4 OTHER

4.1 GENERAL BUSINESS

The Committee provided feedback on the attendance of the PHOs and all members agreed it was beneficial. The Committee asked if they can be invited for other discussions if the PHOs would be interested.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

Moved:	Sue Kedgley	Seconded:	Vanessa Simpson	CARRIED
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Sue, Vanessa

The meeting moved into the Public Excluded session 12:10pm.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting

DATED thisday of.....2019

Sue Kedgley

Health System Committee Chair

HSC ACTION LOG

Action Number	Date of meeting	Due Date	Date Complete	Status	Assigned	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
HSC20-0007	22-Jul-20	26-Feb-21		In progress	Board Secretary	2.2	COVID-19: Impact, lessons learned and the way forward	Addressing homelessness proposed as a topic for a future HSC meeting.	Move to future 2021 agenda
HSC20-00013	23-Sep-20	26-Feb-21		In progress	Director Strategy, Planning and Performance	2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan - HVDHB Vision for Change	Management to bring to a future meeting the clinical network transformation and how it's linked to the central region plan.	Mar agenda
HSC20-00015	23-Sep-20	31-Mar-20		In progress	Director Strategy, Planning and Performance Directors of Māori Health	2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan - HVDHB Vision for Change	Members would like to see overlay of what is the change strategy and how are we going to make this happen to the slides presented in this meeting. Management will overlay the tactics that sit within this context i.e. Whānau Ora, and first 1000 days. Management to present the framework and the transformation of the clinical networks which are based in the provider arms.	Mar agenda
HSC20-00016	23-Sep-20	31-Mar-20		In progress	Director Strategy, Planning and Performance	2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan	Management to provide examples of the actions being done on the Strategies and minimising the inequities.	Mar agenda
HSC20-00018	25-Nov-20	n/a	Ongoing	Complete	ELT Leads and Board Secretary	3.2	2DHB Investment for Age-Related Frailty	Small actions or achievements that could be recognised early and reported back to the Health	Ongoing.
HSC20-00019	25-Nov-20	n/a	Ongoing	Complete	ELT Leads and Board Secretary	3.2	2DHB Investment for Age-Related Frailty	Focus section for Māori and Pacific in future reports.	Ongoing.
HSC20-00020	25-Nov-20	n/a	Ongoing	Complete	ELT Leads and Board Secretary	3.2	2DHB Investment for Age-Related Frailty	Front foot when we have pro-equity approach, for Māori, Pacific and Disability in Board papers.	Ongoing.
HSC20-00021	25-Nov-20			In progress	Director Communications and Engagement	3.2	2DHB Investment for Age-Related Frailty	Management will develop a communication initiative to ensure reporting back to the community in an ongoing way while also making certain narratives are really clear and in language	
HSC20-00022	25-Nov-20	25-Nov-20	25-Nov-20	Complete	Board Secretary	1.4	Confirmation of minutes	Add John Ryall as an attendee to the minutes	

Work Plan											
Year	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021
Month	January	February	March	April	May	June	July	August	September	October	November
DATE	No Meeting	26	31	No Meeting	26	No Meeting	28	No Meeting	29	No Meeting	24
Strategy											
CCDHB Pro-Equity Implementation/Update		CCDHB Pro-Equity Implementation/Update					CCDHB Pro-Equity Implementation/Update				
CCDHB End of Life Investment Plans			CCDHB End of Life Investment Plans								
2DHB Health System Plan Implementation Plan			2DHB Health System Plan Implementation Plan				2DHB Health System Plan Implementation Plan				
2DHB Investment Plans			2DHB Investment Plans		2DHB Investment Plans		2DHB Investment Plans		2DHB Investment Plans		2DHB Investment Plans
Māori and Pacific Health											
CCDHB Taurite Ora Action Plan Update			CCDHB Taurite Ora Action Plan Update				CCDHB Taurite Ora Action Plan Update				CCDHB Taurite Ora Action Plan Update
HVDHB Te Pae Amorangi Action Plan Update		HVDHB Te Pae Amorangi Action Plan Update			HVDHB Te Pae Amorangi Action Plan Update				HVDHB Te Pae Amorangi Action Plan Update		
Sub Regional Pacific Action Plan Update			Sub Regional Pacific Action Plan Update				Sub Regional Pacific Action Plan Update				Sub Regional Pacific Action Plan Update
Health System											
CCDHB Final Budget 20/21					CCDHB Final Budget 20/21						
HVDHB Final Budget 20/21					HVDHB Final Budget 20/21						
2DHB LTIP Update			2DHB LTIP Update		2DHB LTIP Update		2DHB LTIP Update				
2DHB Indicative Budget 2020/21 - Whole of System Investment			2DHB Indicative Budget 2020/21 - Whole of System Investment								
2DHB Investment Progress Update							2DHB Investment Progress		2DHB Investment Progress		2DHB Investment Progress
Integrated Performance Reporting											
2DHB Maternity, Child and Youth (MCY) Integrated Performance		Maternity, Child and Youth (MCY) Integrated			Maternity, Child and Youth (MCY) Integrated				Maternity, Child and Youth (MCY) Integrated		
2DHB Urgent and Planned Care Integrated Performance			2DHB Urgent and Planned Care Integrated Performance				2DHB Urgent and Planned Care Integrated Performance				2DHB Urgent and Planned Care Integrated Performance
conditions, complex care and Older people integrated		term conditions, complex care and Older			term conditions, complex care and Older people				term conditions, complex care and Older people		
Regional Public Health Report			Regional Public Health Report				Regional Public Health Report				Regional Public Health Report
System and Service Planning											
CCDHB Non-Financial MOH Reporting		CCDHB Q1 Non-Financial	CCDHB Q2 Non-Financial MOH Reporting				CCDHB Q3 Non-Financial MOH Reporting		CCDHB Q4 Non-Financial MOH		

CCDHB Annual Plan inc. Minister's Letter of Expectations			CCDHB Annual Plan		CCDHB Annual Plan				CCDHB Annual Plan		
CCDHB Regional Services Plan					Regional Final Draft Regional Services Plan						
CCDHB Annual Report											
HVDHB Non-Financial MOH Reporting		HVDHB Q4 Non-Financial	HVDHB Q2 Non-Financial MOH Reporting				HVDHB Q3 Non-Financial MOH		HVDHB Q4 Non-Financial MOH		
HVDHB Annual Plan inc. Minister's Letter of Expectations			HVDHB Annual Plan		HVDHB Annual Plan				HVDHB Annual Plan		
HVDHB Regional Services Plan					Regional Final Draft Regional Services Plan						
HVDHB Annual Report											
Stakeholder engagement											
Citizen's Health Council inc. Plan			Citizen's Health Council								Citizen's Health Council

HSC DISCUSSION - Public

26 February 2021

2DHB Families and Wellbeing Commissioning Update

Action Required

Health System Committee discuss:

- (a) The update provided and the impact of the pro-equity approach.

Strategic Alignment	This paper aligns to HVDHB's Vision for Change, CCDHB's Health System Plan 2030, Taurite Ora, Te Pae Amorangi and the 3DHB Pacific Plan.
Author	Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing
Endorsed by	Rachel Haggerty, Director, Strategy, Planning and Performance
Presented by	Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing
Purpose	This paper updates the Health System Committee in relation to the commissioning approach intended to improve health outcomes for maternal, child and young people health across CCDHB and HVDHB.
Contributors	Aaron Randall, Service Development Manager, HVDHB Sarah Le Leu, System Development Manager, CCDHB Julia Jones, System Development Manager, CCDHB Korena Wharepapa-Vulu, Māori Health Service Planning and Integration Manager, HVDHB
Consultation	Not applicable.

Executive Summary

The Families and Wellbeing Commissioning team's priority is to improve health outcomes for mothers, babies, children and young people, and commission the overall system of care focused on keeping families/whānau well. This paper provides:

- a summary of performance for maternal, child and young people health services and outcomes since the September 2020 update
- a summary of recent investment decisions
- an outline of current commissioning priorities, to enhance the impact our services and systems of care have on families/whānau.

The Families and Wellbeing team is therefore focused on initiatives which redress the persistent inequitable outcomes we see across maternal, child and young people health. This paper outlines the work being led by the team, including co-design processes, consumer-led procurement, pro-equity approaches to resource allocation, and person-centred insights, analytics and evaluations to inform future commissioning decisions.

Strategic Considerations

Service	The paper outlines the workplan for strengthening maternal, child and young people health services across our 2DHBs.
People	There are no direct implications for DHB staff associated with this paper.
Financial	There are no financial implications associated with this paper. The activities described will be delivered within existing, endorsed budgets/revenue streams.

Governance	The work of the Families and Wellbeing team is overseen by a number of DHB and cross-sectoral groups including the Integrated Care Collaborative, Hutt Inc, Well Child Tamariki Ora Improvement Group, Well Homes/Rheumatic Fever Governance Group and Childhood Immunisation Network.
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Engagement/Consultation

Patient/Family	Not applicable.
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Clinician/Staff	Not applicable.
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Community	Not applicable.
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Identified Risks

Risk ID	Risk Description	Risk Owner	Current Description	Control	Current Risk Rating	Projected Risk Rating
Not applicable						

Attachment/s

1. Maternal, Child and Young people Health performance dashboard – CCDHB
2. Maternal, Child and Young people Health performance dashboard – HVDHB
3. Maternal, Child and Young people health investment summary – 2DHB

1 Introduction

The priority for the Families and Wellbeing team is improving the health outcomes for mothers, babies, children and young people, alongside strengthening the quality of the overall system of care available to keep families well.

While many mothers, babies, children and young people across our DHBs enjoy better health outcomes than those people in other parts of New Zealand, there are some groups, in some localities, who experience persistent inequitable outcomes. The Families and Wellbeing team actively prioritises initiatives that redress these inequities. This involves adopting a range of approaches, including consumer-led procurement; co-design of services; pro-equity approaches to resource allocation; and using person-centred insights, analytics and evaluations to inform future commissioning decisions.

There are still some variations in CCDHB and HVDHBs' work programmes due to current need. HVDHB's current focus is:

- refining an understanding of the HVDHB population demographics and population need
- reviewing investment in maternal, child and young people health services to better align funding to need
- beginning redesign, recommissioning and improvement activities based on identified need.

CCDHB has already completed significant work to understand its population's needs and community-based investment. The focus is now on implementing the service redesign, procurement processes and other projects that have already been identified as having the potential to make a positive impact on system performance and drive equitable outcomes.

The overarching 2021/22 priority is to continue to grow our community capability to respond to the needs of families.

2 How well are our DHBs' mothers, babies, children and young people?

Overall the persistence of inequity for Māori and Pacific families is evidenced in poorer health outcomes especially for our babies and children.

2.1 Measuring our Performance

The dashboards attached (Appendices 1 and 2) identify current performance using selected indicators for each DHB. We will continue to develop our monitoring and reporting capacity to ensure regular reporting.

2.2 Areas of positive performance

- Improvements in the percentage of pregnant women who have a **Lead Maternity Carer (LMC) in the first trimester** for both DHBs.
- Improvement in both DHBs' **newborn enrolment** rates at 6 weeks and 3 months of age for babies of Māori and Pacific descent during Quarter 2 2020/21.
- Improvements in the 0 – 4 year old **avoidable hospital readmission (ASH)** rates for both DHBs, especially for Pacific children.
- The percentage of children **caries free in year 8** is increasing in CCDHB, particularly for Māori and Pacific children.

2.3 Challenges – breastfeeding, immunisation and smoke-free homes

- Declining **breastfeeding rates** at two weeks, particularly for CCDHB. There are significant maternity service workforce pressures at CCDHB as a result of the retirement of three Lactation Consultants (LC). CCDHB activities to lift breastfeeding rates include:
 - Supporting training of five Māori and Pacific Lactation Consultants. The first Lactation Consultant is expected to complete the qualification in April 2022 so it will take time to see the benefits of this investment.
 - Initiating a community breastfeeding education programme for Māori and Pacific women providing culturally appropriate education within a community context, involving both mothers and family and whānau (see also section 4.1.2 below).
- Neither DHBs is currently meeting the targets for **childhood immunisations**. Immunisation rates for tamariki Māori remain lower than for the rest of the population. Of particular concern is the increase in the number of Māori declining immunisation. Activities underway to address performance include:
 - Investigating ways to support health professionals to have more meaningful dialogue with whānau regarding the importance of childhood immunisations, recognising that the reasons for vaccine uptake are complex and include a wide range of influences.
 - A significant number of children are referred to HVDHB’s outreach immunisation service. The team has initiated work to identify the factors contributing to the high number of children on the register and define how both primary care and the outreach immunisation service provider can be supported to reach families with children still requiring vaccinations.
- Performance for both DHBs against the **babies in smokefree homes** indicator, and System Level Measure (SLM), needs improvement. We are currently finalising our SLM work programmes in partnership with primary care and other key partners for 2021/22.

3 Investment choices

In 2020/21 across our DHBs we will invest \$25.375 million in community and NGO maternal, child and young people health services. This excludes investment in core primary, secondary and tertiary services and services delivered by Regional Public Health. A high-level breakdown is provided in Appendix 3.

Since the September 2020 report we have increased investment as follows:

- Increased the local (baseline) investment in Well Child Tamariki Ora providers in Hutt Valley, in recognition of the demand on these services.
- Supported the establishment of a community-based Māori and Pacific midwifery team in Porirua.

We have initiated work to determine our 2021/22 and future years’ investment priorities including extending kaupapa Māori and Pacific antenatal education programmes, as well as increasing investment in Rheumatic Fever prevention and maternity service coordination.

4 Priority initiatives and commissioning

This section summarises the priority initiatives and key achievements for this reporting period.

4.1 Maternal health

4.1.1 Evaluation of antenatal education (2DHB)

CCDHB is preparing to finalise its kaupapa Māori evaluation of the prototype antenatal education innovations trialled since 2019/20. This evaluation will grow the evidence base for both disruptive commissioning practices and alternative approaches to service delivery. The final report is due in April 2021, to inform investment decisions from 2021/22.

HVDHB is assessing its investment in antenatal education provided in the Hutt Valley. There are opportunities to expand the reach of more tailored antenatal education approaches to better meet the needs of Māori and Pacific parents and families.

4.1.2 Breastfeeding initiatives (2DHB)

A CCDHB community breastfeeding education programme focussed on supporting Māori and Pacific women is underway. The programme provides breastfeeding education in a culturally appropriate way within a community context, involving mothers and their wider family and whānau. This initiative builds on other investments and recommissioning activities to improve breastfeeding rates for CCDHB women, including the redesign of the community breastfeeding team to offer a 7 day a week service (previously 5 days a week) and funding to support five new Māori and Pacific community-based professionals to become fully qualified lactation consultants.

In the Hutt Valley, the team is scoping the approach required to strengthen peer counselling for breastfeeding mothers. Consideration will be given to how peer counselling can be provided both on the maternity ward, and in the community, and define the funding needed to support the above.

4.1.3 Access to maternity services for disabled people (2DHB)

We are working with the Disability team to undertake qualitative research into the experience of disabled people accessing our maternal health system. This work builds on previous research into Māori and Pacific people's experiences of CCDHB maternity services. The insights from this research will inform current and future commissioning activities, including the development of the 2DHB maternal health system plan.

4.1.4 Community Māori and Pacific midwives (CCDHB)

CCDHB has invested in supporting a group of Māori and Pacific midwives to work in the community in Porirua commencing in Q4 2020/21. These LMCs will provide additional capacity for culturally responsive antenatal care for Māori and Pacific women. We expect that this investment will increase the proportion of Māori and Pacific women engaging an LMC in the first trimester, improve a range of clinical outcomes, and Māori and Pacific whānau and families access to a range of Porirua maternal and child health services.

4.1.5 Maternal health coordination (CCDHB)

CCDHB has successfully introduced a maternal health co-ordination role as part of its maternity service. Based in CCDHB's Women's Health Service, the role provides a strong link between the DHB and services provided in the community with a particular focus on breastfeeding services, safe sleep programmes and co-ordination of community-provided maternal health services.

4.2 Child health

4.2.1 Understanding decisions and behaviours around childhood immunisations (2DHB)

HVDHB is working to improve population level immunisation coverage rates by:

- Improving understanding of the linkages between Regional Public Health, general practice and the outreach immunisation service.
- Identifying how the current model operates and its strengths and weaknesses.
- Identifying commissioning activities to improve performance and results in the future.

Our DHBs have commissioned research to define how to work best with families and whānau to identify and understand community concerns regarding childhood immunisations. The research findings will inform recommendations for how to address these concerns at a local level. These insights will enable our immunisation providers to have more informed conversations with families and whānau and will support our future commissioning approaches to childhood vaccination.

4.2.2 Children’s oral health (2DHB)

The team, is working closely with Bee Healthy, the community-based oral health service for children, to identify activities to support for both short- and long-term improvements in oral health. Solutions and opportunities have not yet been identified but it will result in more intensive and appropriate services are available for Māori and Pacific people continue to experience significantly inequitable oral health outcomes.

4.3 Young people health

4.3.1 #YouthQuake YOSS (CCDHB)

The Porirua YOSS procurement process disrupted the traditional approach to commissioning services and was an incredible success. The approach empowered Porirua rangatahi to be the decision-makers with CCDHB in a support role.

The procurement evaluation panel consisted of:

- six members from #YouthQuake (the Porirua rangatahi who partnered to co-design the YOSS)
- two subject matter experts with experience working with young people, Māori and Pacific people as well as experience in young people and YOSS service design and delivery.

In December 2020, the contract was awarded to Te Rūnanga o Toa Rangatira (the Rūnanga) in collaboration with Partners Porirua. The Rūnanga delivered an exceptional young people-led presentation outlining their vision and demonstrating their skills and commitment to young people-led approaches. More than 15 other organisations contributed to the presentation strongly supporting the collaborative Rūnanga and Partners Porirua partnership , and their ability to contribute to the future YOSS.

CCDHB is now in the final stages of contracting with #YouthQuake panel members and the new providers in a codesign process. The contract is for \$2.5 million over 2.5 years. Rūnanga and Partners Porirua will continue to work with #YouthQuake panel in the development and delivery of the service.

4.3.2 Measles, Mumps and Rubella (MMR) campaign (2DHB)

Late last year the Ministry of Health initiated a national MMR Immunisation campaign to lift immunisation coverage for 15 – 30 year olds. Our DHBs are adopting a ‘simplify and intensify’ approach to delivering the campaign:

- **Simplify** – we are managing a central communications and engagement plan to support the services in primary care and pharmacies.

- **Intensify** – we recognise that some priority groups are less likely to engage in universal primary care services, in particular, Māori, Pacific and rangatahi living in areas of high deprivation. We have contracted our, young people experts, Youth One Stop Shops (YOSS) to engage our traditionally harder to reach groups. The YOSS approach includes:
 - pop-up clinics at tertiary institution summer events
 - school-based and workplace-based clinics.

The YOSS' will use mobile models to go where young people are and will use the MMR campaign as an opportunity to engage young people in their health and well-being. The DHB is finalising MMR service delivery plans with YOSS', which will include the priority secondary health benefits that will be driven through the MMR campaign (for example a focus on increasing young people's enrolment in primary care).

4.3.3 Rheumatic Fever response (2DHB)

In 2020, there was a significant spike in confirmed Rheumatic Fever cases in the Hutt Valley and Wellington and the DHBs are focused on addressing this. We are holding a Rheumatic Fever leadership hui in early March 2021 to bring together relevant DHB Executive leads, primary care clinicians and Māori and Pacific providers from across the 2DHB region. The purpose of this hui is to consider local analysis of 2020 RF cases to identify potential new prevention initiatives for 2021/22.

4.3.4 Sex and gender diverse healthcare (2DHB)

In November 2020, the Sex and Gender Diverse Working Group (SGDWG) held their annual community event. This was an opportunity for members of the SGDVG to meet with the community and explain the pathways for sex and gender affirming healthcare. There was a large turnout (approximately 60 people) and the feedback will inform the 2021 work programme.

Planning for 2021 is well underway and two of the focus areas are:

- Advocating for a national direction to support gender affirming pathways.
- Initiating the development of an intersex pathway.

4.4 Whole of system priorities

4.4.1 First 1000 Days Commissioning plan (HVDHB)

HVDHB is finalising a First 1000 Days commissioning plan, establishing the priorities for the 2021 calendar year maternal and child health work programme.

4.4.2 2DHB maternal health system planning

The purpose of this initiative is to develop a Te Aō Māori 2DHB system of maternity and neonatal care that achieves equitable outcomes and experiences for women, babies and whānau living in Lower Hutt, Upper Hutt, Wellington, Porirua and Kāpiti.

The project was paused in 2020, due to the impact of Covid-19 and personnel changes and will resume in Q4 2020/21.

4.4.3 Family Violence and the Violence Intervention Programme

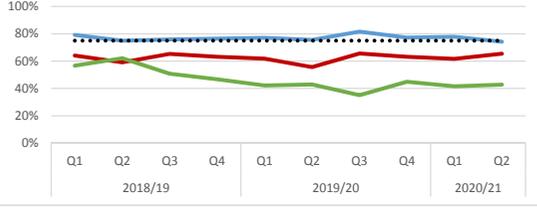
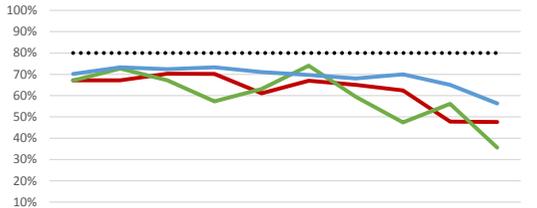
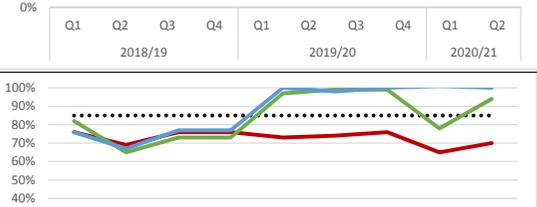
In late 2020, key members of the Executive Leadership Team (ELT) participated in a workshop to set our 2DHBs' intent and high-level scope for our DHBs Family Violence Strategy. Our aim is to redesign the way we respond to people experiencing family violence so we can reduce its impact, improve outcomes and support safer communities.

Detailing analysis is now underway to:

- Understand our internal systems and processes to respond to family violence as a provider
- Define what actions we should take in our capacity as a health commissioner and inter-sectoral partner to have the greatest impact on family violence in our communities.

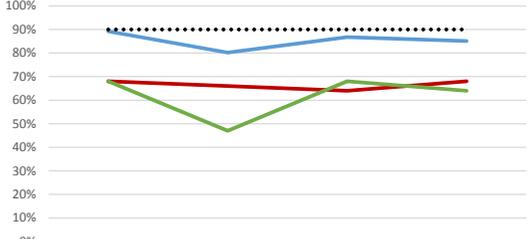
We expect to deliver a draft 2DHB family violence strategic plan for ELT consideration by June 2021.

Capital & Coast DHB – 2020/21 Quarter Two

Mothers						
Areas of focus		Initiatives				
<ul style="list-style-type: none"> Improving access to antenatal care and education Breastfeeding redesign Maternal and child health integration in Porirua 		<ul style="list-style-type: none"> Co-design innovative models of care with Māori and Pacific women in order to improve outcomes. (EOA) This will include exploring midwifery practice continuity models that fit the cultural context for Māori and Pacific women. Review the impact of the Matua, Pepi, Tamariki service in Porirua in connecting Māori and Pacific families in Porirua with health and social services. This will include assessing impact on early engagement with Lead Maternity Carers (LMCs), completion of antenatal education, Sudden Unexplained Death in Infancy (SUDI) messages, smoking cessation support for the whole whānau and enrolment to Well Child/Tamariki Ora services. Redesign a breastfeeding service, to provide a responsive, culturally appropriate, 7 day service to support to Māori and Pacific mothers, babies and whānau antenatally, on the ward and postnatally. (EOA) 				
Indicators	Description	Rationale	Targets	Performance – three year trend	Comments	
Indicator 1: Engagement with LMC in 1 st trimester	Pregnant women registered with a Lead Maternity Carer (LMC) within the first trimester of pregnancy	Early engagement with an LMC enables opportunity for screening, education and referral, and begins the primary maternity continuity of care relationship between a woman and her LMC.	Māori	75%		It is positive to see an increasing trend for Māori and Pacific women engaging early with LMCs. In 2020/21 CCDHB has invested in a new Māori and Pacific midwifery collective in Porirua, which we expect will continue to improve access to antenatal care in Porirua and across the DHB catchment.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 2: Breast-feeding rates (2 weeks)	Infants who are exclusively or fully breastfed at two weeks	The early years of life set the foundation for lifelong health and wellbeing. Breastfeeding is associated with a range of life long physical and psychological benefits for babies.	Māori	≥80%		<p>Maternity services at CCDHB have experienced significant workforce pressures including the retirement of three Lactation Consultants (LC).</p> <p>CCDHB is supporting the training of five Māori and Pacific lactation consultants. It is expected that the first LC will complete the qualification in April 2022 so it will take time to see the benefits of this investment.</p> <p>We have also initiated a community breastfeeding education programme focussed on supporting Māori and Pacific women. The programme provides breastfeeding education in a culturally appropriate way within a community context, involving mothers and their wider family/whānau.</p>
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 3: Newborn enrolment at 3 months	Newborns enrolled in a Primary Health Organisation (PHO) by three months	It is important that newborns are enrolled close to birth to ensure childhood immunisations are given on time and to maximise the child's health as they grow. Furthermore early enrolment ensures that newborns have access to affordable and essential health care sooner.	Māori	≥85%		Following our low newborn enrolments in Q4 CCDHB raised concerns with PHOs and have seen increased in Māori and Pacific enrolments, particularly for Ora Toa PHO. We continue to work with maternity and PHOs to improve performance.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			

Babies and children

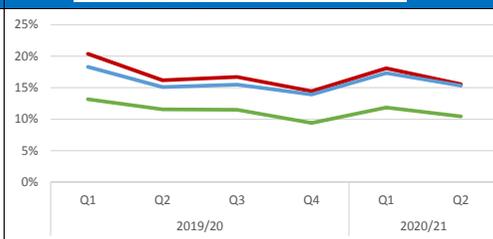
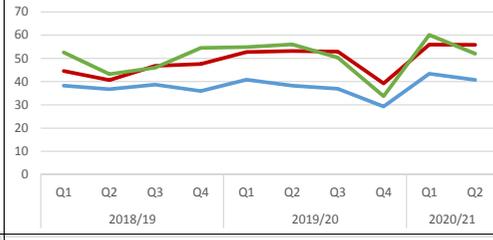
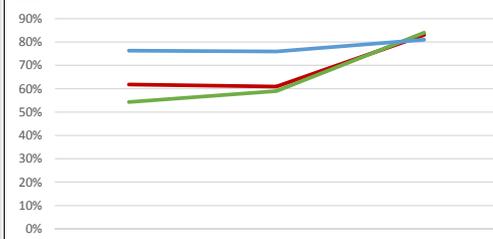
Areas of focus		Initiatives	
<ul style="list-style-type: none"> Timely newborn enrolment Strong links to universal services such as immunisations and Well Child Tamariki Ora 	<ul style="list-style-type: none"> Optimise the links between maternity information systems, PHOs and the NIR. Close interface between secondary maternity, primary care information systems, and NIR will support timely precall and recall of children for immunisation. Updated the 3 DHB Newborn Notification Form to include each WCTO provider for all three DHBs to ensure the forms are sent to the correct WCTO provider. The WCTO Quality Improvement programme have a work stream to improve core contacts completed in first year of life 		

Indicators	Description	Rationale	Targets	Performance – three year trend	Comments					
Indicator 1: % of babies living in a smokefree home at 6 weeks	Babies living in a smokefree household at six weeks post-natal (up to 56 days of age).	This measure is important because it aims to reduce the rate of infant exposure to tobacco smoke by focusing attention beyond maternal smoking to the home and family/whānau environment and will encourage an integrated approach between maternity, community and primary care. It emphasises the need to focus on the collective environment that an infant will be exposed to - from pregnancy, to birth, to the home environment within which they will initially be raised.	<table border="1"> <tr><td>Māori</td><td rowspan="4">≥90%</td></tr> <tr><td>Pacific</td></tr> <tr><td>Non-Māori, Non-Pacific</td></tr> <tr><td>Total</td></tr> </table>	Māori	≥90%	Pacific	Non-Māori, Non-Pacific	Total		<p>We have been working to strengthen the referral pathways to smoking cessation services. This work includes promoting the smoking cessation services through the Maternal Quality and Safety Programme, instituting 6 monthly smoking cessation training for Lead Maternity Carers and increasing the visibility of Hapū Ora service on the maternity wards.</p> <p>From April 2021 our Hapū Ora service will be able to offer nicotine replacement therapy directly to their clients as an additional support tool.</p>
Māori	≥90%									
Pacific										
Non-Māori, Non-Pacific										
Total										
Indicator 2: Immunisation rates (8 months)	Children fully immunised at 8 months (CW05 FA1)	Immunisation rates at age eight months are a measure of timely protection against whooping cough, among other vaccine-preventable diseases. Timely protection is important because whooping cough is particularly dangerous to babies aged under 1 year; around half of babies who catch whooping cough when they are aged under one year will need hospital treatment.	<table border="1"> <tr><td>Māori</td><td rowspan="4">≥95%</td></tr> <tr><td>Pacific</td></tr> <tr><td>Non-Māori, Non-Pacific</td></tr> <tr><td>Total</td></tr> </table>	Māori	≥95%	Pacific	Non-Māori, Non-Pacific	Total		<p>To meet the total 95% target for Q2, an additional 11 children needed to be vaccinated. There were 15 children (2%) not vaccinated due to declines, 6 of these declines were Māori, 4 NZ Euro and 5 Other.</p> <p>In Q2 the 12 month immunisation coverage for the total population was 96.31%, with all ethnicities at 95% or above which shows that some children are delayed in completing the full schedule of vaccines but do 'catch up'.</p>
Māori	≥95%									
Pacific										
Non-Māori, Non-Pacific										
Total										
Indicator 3: Infants receive all WCTO contacts due in first year	Infants who have received all Well Child Tamariki Ora (WCTO) core contacts due in their first year	The early years of life set the foundation for lifelong health and wellbeing. The WCTO programme is a package of universal health services offered free to all New Zealand families/whānau for children from birth to 5 years. The programme includes 12 Core Contacts.	<table border="1"> <tr><td>Māori</td><td rowspan="4">≥90%</td></tr> <tr><td>Pacific</td></tr> <tr><td>Non-Māori, Non-Pacific</td></tr> <tr><td>Total</td></tr> </table>	Māori	≥90%	Pacific	Non-Māori, Non-Pacific	Total		<p>The number of Māori infants receiving all of their core WCTO contacts during their first year of life has increased slightly since Q1 2019/20. In comparison, Pacific rates have declined during the same period. Both Māori and Pacific rates are below those for Non-Māori and Non-Pacific infants.</p> <p>COVID restrictions had a significant impact the ability to deliver the core checks and services have worked hard to catch up on core checks that were missed.</p> <p>The WCTO QI programme has a work stream to improve this performance for this indicator however, due to work pressures progress has been slow.</p>
Māori	≥90%									
Pacific										
Non-Māori, Non-Pacific										
Total										

<p>Indicator 4: ASH rates (0-4)</p>	<p>Avoidable hospital admissions (ASH rates 0-4 years) – non-standardised rate per 100,000</p>	<p>Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.</p>	<table border="1"> <tr> <td>Māori</td> <td>↓6% (≤6,421)</td> </tr> <tr> <td>Pacific</td> <td>↓6% (≤10,865)</td> </tr> <tr> <td>Non-Māori, Non-Pacific</td> <td>↓2% (≤4,726)</td> </tr> <tr> <td>Total</td> <td>↓2% (≤5,818)</td> </tr> </table>	Māori	↓6% (≤6,421)	Pacific	↓6% (≤10,865)	Non-Māori, Non-Pacific	↓2% (≤4,726)	Total	↓2% (≤5,818)		<p>CCDHB have been working on initiatives to reduce avoidable hospital admissions through the SLM and include activities such as trailing after hour GP video services, expanding school based health services in pre-schools and reviewing relevant respiratory health pathways.</p> <p>However, it is likely that increases in hand hygiene and border closures have had the most significant impact on reducing ASH rates.</p>
Māori	↓6% (≤6,421)												
Pacific	↓6% (≤10,865)												
Non-Māori, Non-Pacific	↓2% (≤4,726)												
Total	↓2% (≤5,818)												
<p>Indicator 5: Immunisation (5 years)</p>	<p>Children fully immunised at 5 years (CW05 FA2)</p>	<p>Children who receive the complete set of age appropriate vaccinations are less likely to become ill from certain diseases. This measure captures all immunisation milestones and emphasises the need for immunisation to be both full, and delivered on time, to achieve outcomes.</p>	<table border="1"> <tr> <td>Māori</td> <td rowspan="4">≥95%</td> </tr> <tr> <td>Pacific</td> </tr> <tr> <td>Non-Māori, Non-Pacific</td> </tr> <tr> <td>Total</td> </tr> </table>	Māori	≥95%	Pacific	Non-Māori, Non-Pacific	Total		<p>Immunisation rates for Pacific children have increased significantly, hitting the 95% target. Rates for Māori children, however, have dropped slightly since Q4 2019/20. To meet the total 95% target in Q2, an additional 70 children needed to be vaccinated. In Q2, 46 children (5%) were not vaccinated due to declines. There were 68 5 year olds who were ‘missed’ in Q2.</p>			
Māori	≥95%												
Pacific													
Non-Māori, Non-Pacific													
Total													
<p>Indicator 6: B4SC completion</p>	<p>Percentage of Before School Checks (B4SC) completed</p>	<p>The purpose of the B4 School Check is to promote health and wellbeing in four 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. This measure particularly monitors and promotes quality improvement across WCTO providers</p>	<table border="1"> <tr> <td>Māori</td> <td rowspan="4">≥90%</td> </tr> <tr> <td>Pacific</td> </tr> <tr> <td>Non-Māori, Non-Pacific</td> </tr> <tr> <td>Total</td> </tr> </table>	Māori	≥90%	Pacific	Non-Māori, Non-Pacific	Total		<p>The B4SC programme was interrupted in 2019/20 due to COVID restrictions and the service has been working hard to catch up. Where CCDHB and Plunket have failed is ensuring the service is fit-for-purpose for our priority populations, particularly Māori.</p> <p>Plunket subcontracts part of its service to Ora Toa PHO to meet part of the needs for tamariki Māori. However, we are looking at a more cohesive and collaborative approach to the B4SC programme to ensure provision of an equitable service for tamariki Māori.</p>			
Māori	≥90%												
Pacific													
Non-Māori, Non-Pacific													
Total													

Youth (10-24 years)

Areas of focus	Initiatives
<ul style="list-style-type: none"> Improved access and outcomes for rangatahi in Porirua. Improve engagement with primary care. Improve access for sex and gender diverse rangatahi 	<ul style="list-style-type: none"> Review and develop a formal agreement for the Community Oral Health Service. Leading a local 2DHB MMR Youth Campaign, to support the national campaign. Monitoring revised pro-equity contracts with Sport Wellington (Green Prescriptions) and the NZ Heart Foundation (Project Energize). National School Based Health Service Review. Advocate for a National Direction for Sex and Gender Affirming Healthcare.

Indicators	Description	Rationale	Targets	Performance – three year trend		Comments
				Key: Māori	Pacific	
Indicator 1: Primary care utilisation	Percentage of youth enrolled in and utilising primary health care services	Equity of access to health care for all people is an important objective. Youth have their own specific health needs as they move from childhood to adulthood. They are at higher risk of a mental health disorder, contracting a sexually transmitted disease or indulging in substance abuse. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioner when unwell.	Māori Pacific Non-Māori, Non-Pacific Total	N/A		<p>CCDHB is progressing a range of initiatives that provide more choice and options for young people to engage in primary care. These include:</p> <ul style="list-style-type: none"> CCDHB have run a successful RFP process and are in the final stages of contracting with Te Runanga o Toa Rangatira to provide a youth one stop shop for rangatahi in Porirua. Tu Ora Compass Health have rolled out a new SXT app in sexual health services to enable young people to anonymously contact their sexual partners when diagnosed with an STI. Uptake has been positive. The 4 YOSS across CCDHB and HVDHB have been successful in an Youth Mental Health RFP with the Ministry of Health to support 12-18 year olds.
Indicator 2: ED presentation rate	Rate of presentations to ED by 10-24 year olds (per 1000)	Monitoring the ED presentation rate for particular groups gives an indication of both health status and outcomes and health system performance. For example, people with poor access and/or engagement with primary care may be more likely to present to ED; people with severe mental illness may be more likely to present to ED.	Māori Pacific Non-Māori, Non-Pacific Total	N/A		<p>Further work is required to understand whether the rebound increase in ED presentations post-COVID-19 lockdown is one-off or a trend.</p>
Indicator 3: % year 8 caries free	Percentage of children caries free at year 8	By providing effective publicly funded child oral health programmes (health promotion, prevention and treatment) that reduce the prevalence of oral disease in children of primary school age, the DHB will contribute to the outcome of protecting and promoting good health and independence through decreasing the prevalence and severity of dental decay experienced by children in school Year 8.	Māori Pacific Non-Māori, Non-Pacific Total			<p>Work is underway between SPP and Bee Healthy to understand what has driven this improvement, with a view to maintain and scale to other populations and cohorts, including Hutt children.</p>





Hutt Valley DHB – 2020/21 Quarter Two

Mothers						
Areas of focus		Initiatives				
<ul style="list-style-type: none"> Breast feeding education and support. Antenatal education commissioning Maternal mental health services (mild-moderate) 		<ul style="list-style-type: none"> Develop and implement a reformed 2DHB maternal and neonatal health system plan that will deliver equitable outcomes for all women, babies and families living in Wellington, Porirua, Kāpiti, Lower Hutt and Upper Hutt. Implement the recommendations from a recently completed breastfeeding review aimed at improving breast feeding rates for Māori and Pacific women. Improving access to parenting and pregnancy education by investing in programmes tailored to Māori and Pacific women and their families. Collaborate with community providers on strategies to improve smoking cessation programmes and safe sleep messages to pregnant women. Develop options to improve access to maternal mental health services supporting mild to moderate presentation, particularly for Maori, Pacific and those living in deprivation. 				
Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1: Engagement with LMC in 1 st trimester	Pregnant women registered with a Lead Maternity Carer (LMC) within the first trimester of pregnancy	Early engagement with a Lead Maternity Carer enables opportunity for screening, education and referral, and begins the primary maternity continuity of care relationship between a woman and her LMC.	Māori	75%		It is positive to see some improved performance in the past 6 months. In 2020/21 we will commence our 2DHB maternal health system plan, which will deliver models of care that improve access and engagement in early antenatal care and education.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 2: Breast-feeding rates (3 months)	Infants who are exclusively or fully breastfed at two weeks	The early years of life set the foundation for lifelong health and wellbeing. Breastfeeding is important for the physical health of mothers and infants, and there is strong evidence to show that breastfeeding contributes to the social and emotional wellbeing of infants, mothers and families. The Ministry of Health recommends that infants be breastfed exclusively for around the first six months of life.	Māori	≥80%		A three-stage breastfeeding improvement project is currently being scoped to strengthen the level of breastfeeding support services available to mothers. The project is focussed on developing more sustainable support through a peer counsellor programme, with the aim of having peer counsellors available to new mothers on the maternity ward as well as in the community.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 3: Newborn enrolment at 3 months	Newborns enrolled in a Primary Health Organisation (PHO) by three months	Enrolment of all children at birth with a primary care provider is recommended to support timely engagement with health services. This enables immunisations to be completed on time and, and means the general practice has the necessary time to engage with the family prior to this event. Early enrolment also enables the detection of any health or social issues.	Māori	≥85%		Work has re-started to get HVDHB's electronic new born notification system up and running. The system will eliminate the need for faxing and other manual processes that are currently used as part of the new born enrolment process.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			



Babies and children

<p>Areas of focus</p> <ul style="list-style-type: none"> Reducing ASH rates for children 0-4 years. Child immunisations WCTO investment 	<p>Initiatives</p> <ul style="list-style-type: none"> Explore collective strategies with Te Awakairangi Health, Regional Public Health (RPH) and outreach immunisation providers to work with people who are not well engaged with their general practice and may find accessing childhood immunisations harder as a result of COVID-19. Work is being developed through HVDHB's Child Health Network using the Service Level Measures Improvement Plan 2020/21 to inform activities and initiatives addressing ASH rates. Reducing inequity of access to Well Child/Tamariki Ora services through targeted investment.
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Indicators	Description	Rationale	Targets		Performance – three year trend		Comments
					Key: Māori Pacific Other		
Indicator 1: % of babies living in a smokefree home at 6 weeks	Babies living in a smokefree household at six weeks post-natal (up to 56 days of age).	This measure is important because it aims to reduce the rate of infant exposure to tobacco smoke by focusing attention beyond maternal smoking to the home and family/whānau environment and will encourage an integrated approach between maternity, community and primary care. It emphasises the need to focus on the collective environment that an infant will be exposed to - from pregnancy, to birth, to the home environment within which they will initially be raised.	Māori	≥90%			<p>HVDHB continues to progress work promoting the relationship between the Hapū Māmā smoking cessation service and maternal and child services provided in secondary care.</p> <p>HVDHB's SLM Improvement Plan for 2021/22 is currently being finalised, but will include targeted initiatives to improve performance against this measure.</p>
			Pacific				
			Non-Māori, Non-Pacific				
			Total				
Indicator 2: Immunisation rates (8 months)	Children fully immunised at 8 months (CW05 FA1)	Immunisation rates at age eight months are a measure of timely protection against whooping cough, among other vaccine-preventable diseases. Timely protection is important because whooping cough is particularly dangerous to babies aged under 1 year; around half of babies who catch whooping cough when they are aged under one year will need hospital treatment.	Māori	≥95%			<p>Immunisation rates for Māori and Pacific children aged 8 months have continued trending downwards from Q1 2020/21. An additional 16 babies of Māori ethnicity and 6 babies of Pacific ethnicity needed to be vaccinated to reach the 8 month immunisation target of ≥95% for these population groups.</p> <p>Work is underway to identify the factors contributing to the high number of children on the Outreach Immunisations Service (OIS) register and how both primary care and the OIS provider can be supported to reach families with children still needing vaccinations.</p>
			Pacific				
			Non-Māori, Non-Pacific				
			Total				
Indicator 3: Infants receive all WCTO contacts due in first year of life	Infants who have received all Well Child Tamariki Ora (WCTO) core contacts due in their first year	The early years of life set the foundation for lifelong health and wellbeing. The WCTO programme is a package of universal health services offered free to all New Zealand families/whānau for children from birth to 5 years. The programme includes 12 Core Contacts.	Māori	≥90%			<p>HVDHB has recently reviewed its investment in its WCTO providers (Te Rūnanganui o Te Atiawa and the Pacific Health Service), with a view to validate or correct the level of WCTO activity the DHB purchases from our providers.</p>
			Pacific				
			Non-Māori, Non-Pacific				
			Total				



<p>Indicator 4: ASH rates (0-4)</p>	<p>Avoidable hospital admissions (ASH rates 0-4 years – non-standardised rate per 100,000</p>	<p>Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.</p>	<table border="1"> <tr> <td>Māori</td> <td>↓3% (≤11,676)</td> </tr> <tr> <td>Pacific</td> <td>↓2% (≤17,459)</td> </tr> <tr> <td>Non-Māori, Non-Pacific</td> <td>↓6% (≤5,791)</td> </tr> <tr> <td>Total</td> <td>↓7% (≤8,243)</td> </tr> </table>	Māori	↓3% (≤11,676)	Pacific	↓2% (≤17,459)	Non-Māori, Non-Pacific	↓6% (≤5,791)	Total	↓7% (≤8,243)	<table border="1"> <caption>ASH Rates (per 100,000)</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~14,000</td> <td>~14,500</td> <td>~17,000</td> <td>~14,000</td> </tr> <tr> <td>2019/20</td> <td>~11,000</td> <td>~11,000</td> <td>~11,000</td> <td>~9,000</td> </tr> <tr> <td>2020/21</td> <td>~7,000</td> <td>~6,000</td> <td>~6,000</td> <td>~5,000</td> </tr> </tbody> </table>	Year	Q1	Q2	Q3	Q4	2018/19	~14,000	~14,500	~17,000	~14,000	2019/20	~11,000	~11,000	~11,000	~9,000	2020/21	~7,000	~6,000	~6,000	~5,000	<p>It is positive to see a decrease in ASH rates for 0-4 year olds. While there are a range of activities underway to improve ASH rates, it is likely that the impact of the Covid-19 lockdown and quiet flu season contributed to recent reductions.</p> <p>Future work in this area includes examining opportunities to raise the profile of, and linkages to, respiratory support services (such as those provided by the Tū Kotahi Asthma Trust) across primary and secondary care providers.</p>
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<p>Indicator 5: Immunisation (5 years)</p>	<p>Children fully immunised at 5 years (CW05 FA2)</p>	<p>Children who receive the complete set of age appropriate vaccinations are less likely to become ill from certain diseases. This measure captures all immunisation milestones and emphasises the need for immunisation to be both full, and delivered on time, to achieve outcomes.</p>	<table border="1"> <tr> <td>Māori</td> <td rowspan="4">≥95%</td> </tr> <tr> <td>Pacific</td> </tr> <tr> <td>Non-Māori, Non-Pacific</td> </tr> <tr> <td>Total</td> </tr> </table>	Māori	≥95%	Pacific	Non-Māori, Non-Pacific	Total	<table border="1"> <caption>Immunisation Rates (%)</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~85%</td> <td>~88%</td> <td>~92%</td> <td>~95%</td> </tr> <tr> <td>2019/20</td> <td>~80%</td> <td>~82%</td> <td>~88%</td> <td>~90%</td> </tr> <tr> <td>2020/21</td> <td>~85%</td> <td>~88%</td> <td>~90%</td> <td>~92%</td> </tr> </tbody> </table>	Year	Q1	Q2	Q3	Q4	2018/19	~85%	~88%	~92%	~95%	2019/20	~80%	~82%	~88%	~90%	2020/21	~85%	~88%	~90%	~92%	<p>Data for Q2 shows a 5.5% decrease in immunisation rates for Māori children at 5 years. To meet the ≥95% target an additional 13 children of Māori ethnicity needed to be immunised.</p> <p>As mentioned for 8 month immunisation rates, work is underway to identify the factors contributing to the high number of children on the Outreach Immunisations Service (OIS) register. HVDHB aims to improve the immunisation rates for this age group by identifying how primary care and the OIS provider can be supported to reach families with children still needing vaccinations.</p>			
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<p>Indicator 6: B4SC completion</p>	<p>Percentage of Before School Checks (B4SC) completed</p>	<p>The purpose of the B4 School Check is to promote health and wellbeing in four 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. This measure particularly monitors and promotes quality improvement across WCTO providers</p>	<table border="1"> <tr> <td>Māori</td> <td rowspan="4">≥90%</td> </tr> <tr> <td>Pacific</td> </tr> <tr> <td>Non-Māori, Non-Pacific</td> </tr> <tr> <td>Total</td> </tr> </table>	Māori	≥90%	Pacific	Non-Māori, Non-Pacific	Total	<table border="1"> <caption>B4 School Check Completion Rates (%)</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~20%</td> <td>~40%</td> <td>~60%</td> <td>~85%</td> </tr> <tr> <td>2019/20</td> <td>~20%</td> <td>~40%</td> <td>~60%</td> <td>~65%</td> </tr> <tr> <td>2020/21</td> <td>~20%</td> <td>~40%</td> <td>~45%</td> <td>~50%</td> </tr> </tbody> </table>	Year	Q1	Q2	Q3	Q4	2018/19	~20%	~40%	~60%	~85%	2019/20	~20%	~40%	~60%	~65%	2020/21	~20%	~40%	~45%	~50%	<p>B4 School Check rates for 2019/20 were significantly impacted by Covid-19 but the service is now recovering to deliver to target this year.</p> <p>We are looking at a more cohesive and collaborative approach to the B4SC programme to ensure provision of an equitable service for tamariki Māori.</p>			
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Youth (10-24 years)						
Areas of focus		Initiatives				
<ul style="list-style-type: none"> Improved access and outcomes for rangatahi in Porirua. Improve engagement with primary care. Improve access for sex and gender diverse rangatahi 		<ul style="list-style-type: none"> Review and develop a formal agreement for the Community Oral Health Service. Leading a local 2DHB MMR Youth Campaign, to support the national campaign. Monitoring revised pro-equity contracts with Sport Wellington (Green Prescriptions) and the NZ Heart Foundation (Project Energize). National School Based Health Service Review. <p>Advocate for a National Direction for Sex and Gender Affirming Healthcare.</p>				
Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1: Primary care utilisation	Percentage of youth enrolled in and utilising primary health care services	Equity of access to health care for all people is an important objective. Youth have their own specific health needs as they move from childhood to adulthood. They are at higher risk of a mental health disorder, contracting a sexually transmitted disease or indulging in substance abuse. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioner when unwell. .	Māori		<p>Vibe continues to reach many young people in need as an alternative way of seeking primary health care services including mental health support and sexual health care services.</p> <p>The 4 YOSS across CCDHB and HVDHB have been successful in a Youth Mental Health RFP with the Ministry of Health to support 12-18 year olds.</p>	
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 2: ED presentation rate	Number of presentations to ED by 10-24 year olds (per 1000)	Monitoring the ED presentation rate for particular groups gives an indication of both health status and outcomes and health system performance. For example, people with poor access and/or engagement with primary care may be more likely to present to ED; people with severe mental illness may be more likely to present to ED.	Māori		<p>Further work is required to understand whether the rebound increase in ED presentations post-COVID-19 lockdown is one-off or a trend.</p>	
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 3: % year 8 caries free	Percentage of children caries free at year 8	By providing effective publicly funded child oral health programmes (health promotion, prevention and treatment) that reduce the prevalence of oral disease in children of primary school age, the DHB will contribute to the outcome of protecting and promoting good health and independence through decreasing the prevalence and severity of dental decay experienced by children in school Year 8	Māori		<p>Work is underway between SPP and Bee Healthy to understand what has driven the improvement for Pacific children, with a view to adapt and scale to other populations and cohorts.</p>	
			Pacific			
			Non-Māori, Non-Pacific			
			Total			

ATTACHMENT 3 - Maternal, Child and Youth Health Investment - 2020/21

	Hutt Valley DHB			Capital & Coast DHB			2DHB Total
	CFA	Local Investment	HVDB total	CFA	Local Investment	CCDHB total	
Maternal health							
Increasing access to contraception	\$ 154,422.31		\$ 154,422.31	\$ 239,019.00		\$ 239,019.00	\$ 393,441.31
Antenatal education**		\$ 129,830.71	\$ 129,830.71	\$ 80,000.00	\$ 91,113.00	\$ 171,113.00	\$ 300,943.71
Breastfeeding support		\$ 160,045.37	\$ 160,045.37		\$ 356,236.00	\$ 356,236.00	\$ 516,281.37
Support Service for Mothers and their Pepi (HVDHB) / Matua, Pepi, Tamariki (CCDHB)		\$ 475,777.49	\$ 475,777.49		\$ 421,000.00	\$ 421,000.00	\$ 896,777.49
Maori and Pacific midwifery in Porirua					\$ 60,000.00	\$ 60,000.00	\$ 60,000.00
Child health							
Before School Checks (B4SC)	\$ 388,756.44		\$ 388,756.44	\$ 511,158.00		\$ 511,158.00	\$ 899,914.44
Well Child Tamariki Ora	\$ 817,216.90	\$ 119,000.00	\$ 817,216.90	\$ 833,674.07	\$ 193,680.00	\$ 1,027,354.07	\$ 1,844,570.97
Sudden Unexplained Death in Infancy (SUDI) Prevention Programme	\$ 101,709.04		\$ 101,709.04	\$ 109,697.00		\$ -	\$ 101,709.04
Immunisation		\$ 124,752.00	\$ 124,752.00	\$ 203,302.92	\$ 493,552.78	\$ 696,855.70	\$ 821,607.70
Supporting Raising Healthy Kids / B4SC Active Families	\$ 95,625.00		\$ 95,625.00	\$ 120,000.00		\$ 120,000.00	\$ 215,625.00
Annual reports on child status^		\$ 15,000.00	\$ 15,000.00			\$ -	
Youth health							
Youth Health Services including School Based Services	\$ 117,883.00	\$ 1,009,976.37	\$ 1,009,976.37	\$ 188,216.00	\$ 1,670,696.00	\$ 1,858,912.00	\$ 2,868,888.37
Integrated Youth Services in Porirua*			\$ -		\$ 500,000.00	\$ 500,000.00	\$ 500,000.00
Specialist Youth Clinician AOD and Other Co-existing Problems		\$ 106,335.00	\$ 106,335.00		\$ 262,393.00	\$ 262,393.00	\$ 368,728.00
Youth Respite Services		\$ 267,375.70	\$ 695,196.34		\$ 427,820.64	\$ 427,820.64	\$ 1,123,016.98
Rheumatic Fever Prevention and Management	\$ 363,384.00	\$ 111,800.00	\$ 475,184.00	\$ 307,124.00	\$ 92,339.00	\$ 399,463.00	\$ 874,647.00
Oral health							
Combined dental agreement (up to 18 years)		\$ 1,510,744.55	\$ 1,510,744.55		\$ 2,450,000.00	\$ 2,450,000.00	\$ 3,960,744.55
Bee Healthy		\$ 3,490,903.03	\$ 3,490,903.03		\$ 5,976,592.00	\$ 5,976,592.00	\$ 9,467,495.03
Violence Intervention Programme (CCDHB only)#							
VIP				\$ 161,000.00		\$ 161,000.00	\$ 161,000.00
Total	\$ 2,038,996.68	\$ 7,521,540.22	\$ 9,751,474.54	\$ 2,753,190.99	\$ 12,995,422.42	\$ 15,638,916.41	\$ 25,375,390.95

NOTES:

Includes community based maternal, child and youth targeted investment/contracts. Excludes mainstream primary, secondary and tertiary tier 1 and tier 2 services, MoH held funding, RPH delivered services, Maori and Pacific specific/managed contracts and 2020/21 DHB budget decisions that are yet to be allocated.

^CCDHB exited this contract in 2019/20, and will complete the analytics in-house from 2020/21

*Integrated Youth Services in Porirua will be \$1million per year from 2021/22

#VIP is managed by the provider arm at HVDHB

HSC DISCUSSION - Public

26 February 2021

Pro-equity Commissioning Update - #Youthquake Youth One Stop Shop in Porirua

Action Required

Health System Committee note:

- (a) The update provided.

Strategic Alignment	This initiative is aligned with CCDHB's Health System Plan 2030, Taurite Ora, and the 3DHB Pacific Plan.
Author	Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing
Endorsed by	Rachel Haggerty, Director, Strategy, Planning and Performance
Presented by	Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing Julia Jones, System Development Manager, Youth Health, SPP Our Provider Partners
Purpose	This paper updates the Health System Committee in relation to the pro-equity commissioning approach to the establishment of a Youth One Stop Shop (YOSS) in Porirua.
Contributors	Julia Jones, System Development Manager, Youth Health, SPP
Consultation	This initiative was the outcome of extensive consultation and engagement.

Executive Summary

In September 2019 the Health System Committee (HSC) endorsed the Integrated Model of Care for Youth Services for Porirua¹ report recommendations, including the establishment of a Youth One Stop Shop (YOSS). At the meeting on 29 July 2020, the CCDHB Board approved ongoing funding for an integrated service for youth in Porirua (as part of the 2020/21 Annual Plan).

This paper updates the HSC on the procurement and contracting process that has been completed; culminating in a contract for a YOSS being awarded to Ora Toa PHO and Partners Porirua. This procurement process represents gold standard pro-equity commissioning and disruptive procurement. Highlights of the process include:

- **End to end youth-led approach from both the commissioner and the new provider.** Strategy, Planning and Performance (SPP) adopted a youth-led approach to the design of the new service, development of procurement and tender documentation, through to the procurement decision making process. The preferred providers were also led by youth through their, Request for Proposal (RFP) presentation and have committed to a youth-led governance model for the new service.
- By encouraging **collaborative responses from providers**, Ora Toa and Partners Porirua secured support from over a dozen partner providers in Porirua. Each provider identified their contribution to the future integrated youth service and YOSS. Through a collaborative procurement approach, we have made progress toward the wider Integrated Youth Service in Porirua work programme.

¹ Available in the HSC meeting papers – 11 September 2019: <https://www.ccdhb.org.nz/about-us/advisory-committees/>

- **Successful partnership between Strategy, Planning and Performance (SPP) and the CCDHB procurement team.** SPP engaged the Procurement Manager early in the process to ensure that the disruptive procurement approach complied with Government Rules of Sourcing. The Procurement Manager joined #YouthQuake meetings, strengthened the contribution from the procurement team throughout this process, as well as future procurement processes.

Strategic Considerations

Service	Not applicable. This related to a contracted service.
People	There are no direct implications for DHB staff associated with this paper.
Financial	There are no financial implications associated with this paper. The activities described will be delivered within existing, endorsed budgets/revenue streams.
Governance	Integrated Care Collaborative – Youth Working Group and the #YouthQuake panel

Engagement/Consultation

Patient/Family	Not applicable.
Clinician/Staff	Not applicable.
Community	Not applicable.

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Description	Control	Current Risk Rating	Projected Risk Rating
Not applicable						

Attachment/s

1. Not applicable

1 Introduction

In September 2019 the Health System Committee endorsed the Integrated Model of Care for Youth Services for Porirua² report, including the establishment of a Youth One Stop Shop (YOSS). This was noted by the Board. At its meeting on 29 July 2020, the CCDHB Board approved ongoing funding for an integrated service for youth in Porirua as part of the 2020/21 Annual Plan.

In August 2020, Strategy, Planning and Performance (SPP) commenced its #YouthQuake procurement project. The procurement process sought to purchase a YOSS for Porirua rangatahi based on the service description outlined in the Integrated Model of Care for Youth Services for Porirua report, including:

- Encourages and enhances collaboration and partnership between the many health and social services in Porirua.
- Has youth-friendly teams who look and feel like rangatahi in Porirua and who understand, or have lived experience of, the challenges they face.
- Has a governance structure that has at least 50% representation by rangatahi and covers a range of perspectives in the community.
- Has a mix of GPs, nurses, social workers, mental health professionals and/or connection to others that will improve the health and wellbeing of rangatahi.
- Is culturally relevant, reflects the rangatahi from the Porirua community, and can respond appropriately to their health and wellbeing needs.
- Is highly confidential and keeps our rangatahi and their information safe.
- Has the ability to provide a whole-of-whānau approach, where requested and appropriate.
- Is accessible, flexible, and reaches those most in need of support including:
 - Māori and Pacific rangatahi
 - those living in the highest deprivation
 - those living with disability
 - those from refugees and migrants families
 - the LGBTQI+ community.
- Is centrally located in Porirua City, but is able to 'reach' into Porirua East.

2 Youth-led commissioning approach

Youth leadership has been the key principle underpinning this commissioning work. Through valuing the expertise of lived experience and prioritising youth decision making, we drove a range of innovative approaches to the way we commission services. Specially, youth led the following components of the project:

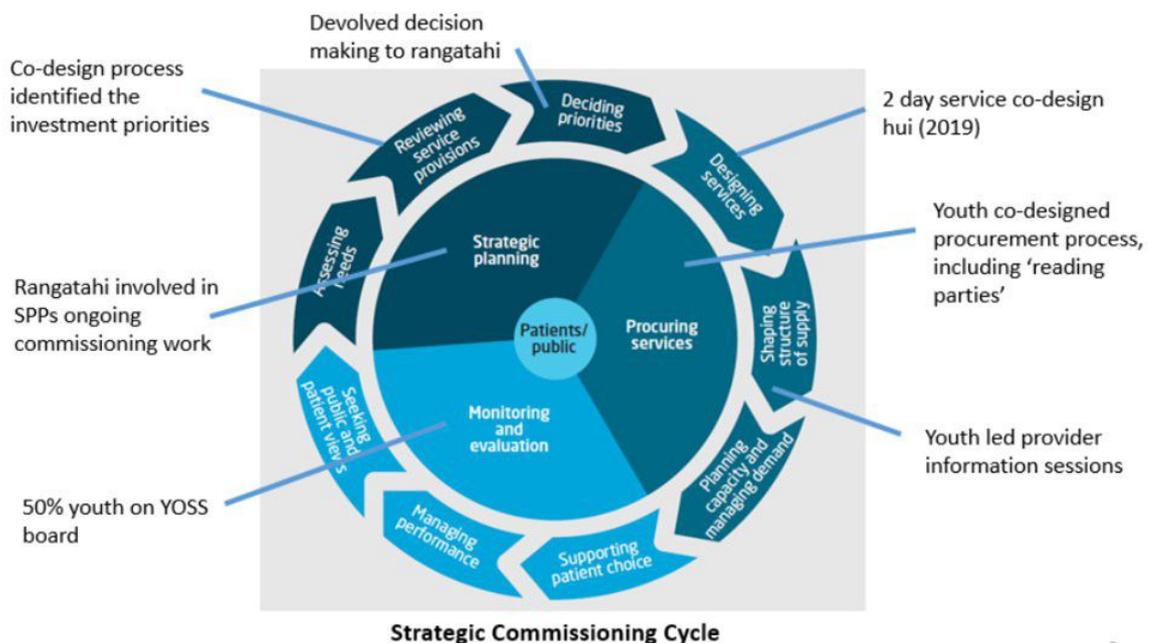
- The 2019 rangatahi co-design identified the investment priorities, which formed the basis of what SPP sought DHB funding to procure.

² Available in the HSC meeting papers – 11 September 2019: <https://www.ccdhb.org.nz/about-us/advisory-committees/>

- #YouthQuake worked in partnership with the DHB to secure funding, including presentation at HSC and Board.
- #YouthQuake were involved at every stage of procurement planning, including drafting procurement plans and redesigning elements of traditional ROI and RFP processes, to better meet their needs (see section 3.1).
- After the release of the Advanced Notice on GETS, the #YouthQuake co-hosted with SPP provider information sessions in Porirua, to prepare the supplier market.
- #YouthQuake members chaired the ROI moderation, RFP presentation and final moderation evaluation sessions.
- Providers who submitted ROIs and RFPs working closely with youth to develop their proposals, including rangatahi presentations at RFP.
- #YouthQuake worked with SPP to draft the contract for the successful providers.

Participating in a multi-million dollar procurement process was a new experience for all our #YouthQuake panel members. The System Development Manager, Youth, SPP worked with #YouthQuake closely, consistently and responsively over many months to ensure they had the tools, knowledge and preparation required to confidently participate in decision-making.

#YouthQuake continue to work with SPP to ensure our work meets the needs of all rangatahi in Porirua.



2

3 Procurement approach

3.1 ROI and RFP processes:

We ran a two-step procurement process: an open (written) request for Registrations of Interest (ROI) followed by a closed (written and presentation) Request for Proposals (RFP) from shortlisted applicants. In addition to this being an evidence-based procurement methodology that complies with Government Rules of Sourcing, we did this to:

4

- Allow the evaluation panel to identify providers with the desired philosophies and attitudes towards youth service design through the less administratively-burdensome ROI process, before more detailed RFPs are assessed.
- Through a presentation based RFP, allow both the panel and the applicants to be ‘shown rather than told’ how the applicants’ would work.
- Through open provider information sessions and a presentation based RFP, enable an open conversation between the evaluation panel and applicants regarding their proposal.
- Create processes and approaches that better support the #YouthQuake panel members to develop skills and play a lead role.

To ensure thorough preparation of the procurement documentation, ROI and RFP, “reading parties” were held to support the evaluation panel’s work at the suggestion of #YouthQuake. #YouthQuake panel members that attended the reading parties took turns at reading each section aloud. There was some discussion at the party where the panel needed clarity to understand the responses received from applicants. The “parties” were also an opportunity for the panel to talk in detail about what to expect on the day of RFP presentations.

SPP worked closely with the Procurement team throughout the process, including the Procurement Manager’s attendance at #Youthquake hui, to ensure our approach remain compliant with DHB and government procurement policy.



Members of the evaluation panel, including #YouthQuake members, at the RFP venue.
 Front row: Alistair Paiti, Patrima Tauira, Gerardine Clifford-Lidstone, Mel Thetadig
 Middle Row: Molly Katene, Rachel Pearce, Alisha Stapp
 Back Row: Julia Jones, Darna Appleyard and Simone Sippola

3.2 Evaluation panel

To ensure the procurement and decision making process remained youth-led, the evaluation panel had a majority of youth members. CCDHB nominated two panel members with subject matter expertise. SPP facilitated a number of hui to ensure the #YouthQuake panel were comfortable with CCDHB’s nominations. The #YouthQuake panel had an open invitation to be a part of the evaluation panel.

The final evaluation panel included:

- Four voting #YouthQuake Members
- Two voting #YouthQuake Members (due to conflicts of interest)
- Two subject matter experts, nominated by the DHB:
 - Gerardine Clifford-Lidstone. Gerardine is the Director, Pacific Health, Ministry of Health; former CEO of Taoamanino Trust in Porirua; and a previous CCDHB General Manager who led the early stages of the Integrated Youth Services in Porirua project.
 - Darna Appleyard. Darna has a background in youth health, Māori health and Māori development. Darna has 10 years’ experience in DHB planning and funding, led the youth health services project in Waitemata DHB and is currently the design and development leader with the National Hauora Coalition.

The evaluation panel was supported by:

- Julia Jones, Youth System Development Manager, SPP
- Rob Foley, Procurement Manager, CCDHB

3.3 Collaboration

Historically, there has been a high degree of competition between health and social services for funding. This drives service fragmentation, which was identified as an issue for youth and whānau in our 2019 youth co-design work. This procurement process was designed to encourage greater trust and collaboration between providers and integrated, patient-centered services. While not all applicants chose to partner with other providers, the successful applicants demonstrated support from many providers for their proposed services including Porirua City Council, Tū Ora Compass Health, police and the Wellington YOSS, to name a few.

4 Successful providers

In December 2020, the YOSS contract was awarded to Te Rūnanga o Toa Rangatira (the Rūnanga) in collaboration with Partners Porirua.

The Rūnanga delivered an exceptional youth-led presentation outlining their vision and demonstrating their skills and commitment to youth-led approaches. In the presentation rangatahi delivered a performance that showed their current experience of health services in Porirua. Initially, the presentation showed adult-centred, disempowering, mainstream clinical services that are not currently meeting the needs of the youth. The applicants transformed the room to show us what the Porirua YOSS would feel like if they were awarded the contract – colourful, friendly, casual spaces to ‘hang out’, culturally responsive, LBGTQI+ friendly approaches and a central location that empowered rangatahi.

More than 15 other organisations attended and contributed to the presentation strongly supporting the collaborative Rūnanga and Partners Porirua partnership, and their ability to contribute to the future YOSS.

CCDHB is now in the final stages of working with #YouthQuake panel members to contract the new service. Rūnanga and Partners Porirua will continue to work with #YouthQuake panel in the development and delivery of the service.

5 Links to other commissioning priorities

The Porirua YOSS project links with a number of other SPP commissioning priorities:

- Integrated youth services in Porirua. In terms of youth health outcomes and service delivery, SPP will continue to deliver the remaining recommendations from the 2019 Integrated youth services in Porirua report including:
 - Work with primary care and other youth services in Porirua to optimise integration, particularly now there is a YOSS in place.
 - Working in partnership with #Youthquake, the Rūnanga and other partner providers to secure further increases in funding for youth health and social services.
- The Porirua Integration project. Through the Porirua Integration Project (which the Board has endorsed as a 2021/22 strategic priority), our DHBs will partner with Mana Whenua and community leaders to commission integrated services to strengthen

thriving, healthy community that achieves equitable outcomes. The YOSS represents a significant new investment in Porirua, in a population group both iwi and the DHB agree is a priority. The design, procurement and contracting approach has created a service that is optimally placed to partner with other existing health and social services, to deliver a seamless, integrated experience for rangatahi.

- Ongoing refinement of SPP's pro-equity commissioning approach. The learnings from this procurement process will further refine SPP's technical skills and approach to pro-equity commissioning, across all portfolios and population groups.

END OF REPORT.



Health System Committee - Discussion

February 2021

2020/21 Quarter 1 Performance

Action Required

Capital & Coast DHB note:

- (a) The CCDHB Performance Report and Non-Financial Monitoring Report results for Q1 2020/21.

Hutt Valley Board note:

- (b) The HVDHB Performance Report and Non-Financial Monitoring Report results for Q1 2020/21.

Strategic Alignment	CCDHB Health System Plan 2030 HVDHB Vision for Change
Presented by	Rachel Haggerty, Director Strategy, Planning & Performance CCDHB and HVDHB
Purpose	This paper provides an overview of performance and the Quarter 1 2020/21 Non-Financial Monitoring Report results, as assessed by the Ministry of Health for CCDHB and HVDHB.
Contributors	Peter Guthrie, Manager Planning & Performance, Strategy, Planning & Performance CCDHB and HVDHB Nathan Clark, Manager Strategy and Planning, Strategy, Planning & Performance CCDHB and HVDHB Wikke Bargh-Koopmans, Senior Advisor Accountability, Strategy, Planning & Performance CCDHB and HVDHB
Consultation	N/A

Executive Summary

It is **recommended** that the Boards:

1. **Note** that this report provides a summary from two key reports:
 - a. The results of CCDHB's Non-Financial Quarterly Monitoring Report for Q1 2020/21 (July to September 2020).
 - b. CCDHB and HVDHB's Q1 2020/21 Health System Plan and Vision for Change dashboard.
2. **Note** the results of the MoH Non-Financial Quarterly Monitoring Reports for Quarter One 2020/21 have been received for both CCDHB and HVDHB. This report gives a picture of DHB performance against performance measures and activities as outlined in the Annual Plan.
3. **Note** that CCDHB received an 'Achieved' or 'Partially Achieved' for 41 indicators and did 'Not Achieve' for 5 indicators.
4. **Note** that HVDHB received an 'Outstanding' rating for the 'Newborn enrolment with General Practice' performance indicator. HVDHB received an 'Achieved' or 'Partially Achieved' for 46 indicators, did 'Not Achieve' for 5 indicators and 'No Report' was provided for 3 indicators.



5. Note that both CCDHB and HVDHB use a subset of the Non-Financial Quarterly Reporting indicators to monitor progress implementing the strategic goals in CCDHB's Health System Plan 2030 and HVDHB's Vision for Change.
6. **Discuss** the specific action plans in place across both DHBs to improve performance on the 'Not Achieved' performance measures.

NEXT STEPS

Future provisional topics under the MOH's DHB Performance Programme include:

- Workforce planning and financial forecasting (aimed for November 2020)
- Operating theatre and surgical flow performance (aimed for early February 2021)
- Clinical supply use and expenditure profiling (aimed for March 2021)
- Resource allocation and impact on access, quality and cost (aimed for May 2021).

Quarter two non-financial performance reporting for 2020/21 is currently underway with final ratings due to be posted by MOH by 24 February. A report outlining the quarter two results for 2020/21 will be provided in April 2021.

Strategic Considerations

Strategic goals	<p>CCDHB's 'Health System Plan' Dashboard and HVDHB's 'Vision for Change' Dashboard show progress against implementing our strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific people. Both DHB have similar strategic goals, expressed in slightly different ways. These goals are:</p> <ul style="list-style-type: none"> • Promote health and wellbeing / Support people living well • People-focused services in the community / Shift care closer to home • Timely effective care that improved health outcomes / Deliver shorter, safer, smoother care <p>Achieving equity and providing an integrated seamless service is embedded throughout these strategic goals.</p> <p>Overall, performance against our strategic goals is improving slowly, although some indicators are relatively static and equity gaps remain significant. There is a work programme to progress our strategic goals, improve performance, and eliminate the equity gaps. The work programme discussed with the Board in January 2021 reinforces these approaches and includes pro-equity commissioning, the 2DHB hospital network planning, mental health and addiction commissioning, and system integration.</p>
Financial	N/A
Governance	<p>On behalf of the Minister of Health, the MoH assesses DHB performance against the DHB non-financial monitoring framework. The DHB non-financial monitoring framework aims to provide a rounded view of performance, including government priorities, using a range of performance indicators. The Ministry reports DHB performance to the Minister on a quarterly basis.</p>

Engagement/Consultation

Patient/Family	N/A
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Clinician/Staff N/A

Community N/A

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
Insert risk #	Noncompliance with statutory requirements	Rachel Haggerty	Standard Operating Procedures in place to ensure compliance with the process	2	Low Risk

Attachment/s

1. CCDHB Non-Financial Performance Report (Q1 2020/21)
2. HVDHB Non-Financial Performance Report (Q1 2020/21)

CCDHB Non-Financial Performance Report (Q1 2020/21)

This paper provides an overview of CCDHB's quarter one non-financial performance and includes:

- The results of CCDHB's Non-Financial Quarterly Monitoring Report for Q1 2020/21 as assessed by the Ministry of Health (MoH)
- CCDHB's Q1 2020/21 'Health System Plan' Dashboard.

1. BACKGROUND

Non-financial performance

The DHB non-financial monitoring framework aims to provide a rounded view of performance (including against government priorities), using a range of performance indicators. The MOH reports DHB performance to the Minister on a quarterly basis.

The reporting is against the Government priorities below.



The MOH plans to send regular performance reports to DHBs with detailed analysis against key areas of sector performance.

NON-FINANCIAL PERFORMANCE REPORT

In Quarter 1 2020/21, CCDHB received an 'Achieved' or 'Partially Achieved' for 41 of the 46 performance indicators and 5 indicators rated as 'Not Achieved'.

Achievement	Number of indicators Q1 2020/21	Number of indicators Q4 2019/20
Outstanding	0	1
Achieved	27	33
Partially Achieved	14	19
Not Achieved	5	4
Not Reported	0	1

Overall CCDHB performance in relation to ratings of the previous quarters. Performance ratings increased for six indicators and decreased for seven indicators.

CCDHB received a 'Not Achieved' rating against four indicators

CCDHB received a 'Not Achieved' rating for the following performance measures:

- a. Immunisation Coverage: Influenza at age 65 years and over;
- b. Better Help for Smokers to Quit – Primary Care;
- c. Shorter stays in Emergency Departments;
- d. Raising Healthy Kids; and,
- e. Improving breastfeeding rates

Specific action plans are in place to improve performance against the ‘Not Achieved’ performance measures.

CCDHB Annual Plan updates

DHBs are required to provide updates in relation to the delivery of annual plan actions and milestones as part of non-financial performance reporting. Updates must be provided for the planning priorities across the Government’s five priority areas. CCDHB’s performance for quarter four was rated as follows:

Status Update Report	Achievement
Improving child wellbeing	Achieved
Improving mental wellbeing	Achieved
Improving wellbeing through prevention	Achieved
Better population health outcomes supported by strong and equitable public health services	Partially Achieved
Better population health outcomes supported by primary health care	Achieved
Give practical effect to He Korowai Oranga – the Māori Health Strategy	Achieved
Improving Sustainability	Achieved

Delays in delivery against actions in the Annual Plan 2020/21 are mainly related to our ongoing COVID-19 response and recovery. Plans are in place to address this.

2. 2021/20 QUARTER FOUR CCDHB ‘HEALTH SYSTEM PLAN’ DASHBOARD

The MoH’s Non-Financial Performance Framework is particularly useful for monitoring quarterly performance against specific indicators. However, it does not adequately monitor longer-term population health (including equity) or system change. We have therefore developed a CCDHB Health System Plan Dashboard (appended) to monitor progress against our longer-term strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific people.

The CCDHB Health System Plan 2030 outlines the vision and strategy to transform the health system to ensure equity amongst our populations and support better health and wellbeing throughout the lives of the people in our communities. The Dashboard uses a subset of indicators from the Non-Financial Performance Framework to monitor performance in relation to our strategic goals:

- Promote health and wellbeing;
- People-focused services in the community;
- Timely effective care that improves health outcomes.

The subset of indicators chosen are those which best reflect system performance and outcomes, including achieving equity. The dashboard also shows the high-level areas of focus and the initiatives we are delivering on to achieve each strategic goal.

Promote health and wellbeing

Indicator	Performance	Our Strategic Response
Better help for smokers to quit	Stable but equity gaps persistent	As part of our COVID-19 Recovery plan, we are working in partnership with our PHOs to improve performance in practices where COVID-19 continues to strain performance and our ability to achieve equity for Māori and Pacific.
Childhood immunisations	Stable but equity gaps persistent	Through our Integrated Commissioning work plan, we are working with our Iwi providers and outreach services in Porirua to develop an integrated Mātua, Pepi, Tamariki service to reach children who may not be immunised.
Elder immunisation	Significant improvement	Our COVID-19 response included a significant increase in influenza immunisation. Planning for COVID-19 Immunisation is underway. Our aim is to sustain influenza immunisation coverage to reduce avoidable winter demand on our health system.

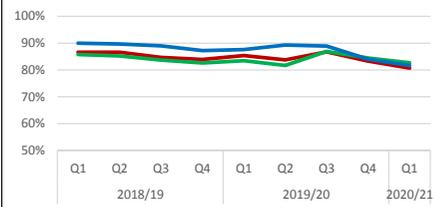
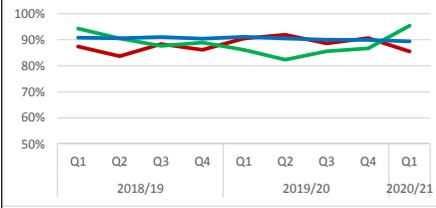
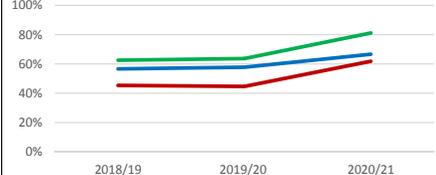
People-focused services in the community

Indicator	Performance	Our Strategic Response
Avoidable hospital admissions (0-4 years & 45-64 years)	Improving but equity gaps persistent	Improved system integration and partnerships between PHOs and NGO provider services contributed to activities that led to this improved performance for 2020/21. We are working to embed these partnerships. This includes the Porirua Integration programme.
	Stable but equity gaps persistent	Improving access to urgent and planned care in primary care will support achievement of this indicator. The Kāpiti Community Health Network prototype launched and is prioritising responses for Māori and Pacific.
People 75+ living in their own home	New indicator	Our whole of system response to frailty supports people to live at home. This includes strategic investments such as CHOPI, AHOP and AWHI. Managing frailty is a key part of our Sustainability Plan .

Timely effective care that improves health outcomes

Indicator	Performance	Our Strategic Response
Acute unplanned readmission	Stable but equity gaps persistent	We are developing our community responses to population drivers of acute flow inflow alongside approaches to maximise the productivity and efficiency of our hospital system. Integrated commissioning has seen packages of care developed to support people in the community. For example: ambulance diversion initiative (CARS), services that address demand for our ageing population (CHOPI, AHOP & AWHI)
Acute hospital bed days per capita	Improving but equity gaps persistent	
Shorter Stays in ED	Recovering	Managing Acute Flow is part our Sustainability Plan. We are embarking on a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the 2DHB Hospital Network programme.

APPENDIX: Capital & Coast DHB – 2020/21 Quarter One ‘Health System Plan’ Dashboard

 Promote health and wellbeing We will work collaboratively with partners to create healthy environments, eliminate health inequities, and support people to adopt healthy lifestyles.						
Areas of focus <ul style="list-style-type: none"> Prevention, health promotion and public health activities Building strong and resilient communities First 1000 days of life Screening for breast and cervical cancer Environmental sustainability Achieving health equity 		Sub-regional initiatives <ul style="list-style-type: none"> Support our workforce to achieve increased equity outcomes, particularly for Māori, Pacific and people with disabilities (2DHB) Co-design innovative models of maternity care with Māori and Pacific women in order to improve outcomes (2DHB) Offer education, advice and transport to clients who have previous missed appointments to Breast, Cervical or Colonoscopy Services (2DHB) Develop a guide for providers/practitioners to guide conversations with families declining immunisations, with a focus on co-designing with Māori and Pacific families and providers (2DHB) 				
		Local initiatives <ul style="list-style-type: none"> Develop and commit to a pro-equity programme of work that delivers a clear CCDHB equity goal and direction, an agreed set of equity principles, and an operational framework Re-establish and update the Tū Pou Famu Workforce Programme, including targets for the recruitment, retention and professional development of Māori staff, and workforce development for all staff in Māori health and equity, including cultural leadership, safety and competency, anti-racism and health literacy Redesign our breastfeeding service to provide a responsive, culturally appropriate, 7 day service to support to Māori and Pacific mothers, babies and whānau CCDHB will provide additional mental health support to work across the five secondary schools in Porirua which have higher Māori and Pacific populations. 				
Indicators	Description	Rationale	Targets	Performance – three year trend	Comments	
Indicator 1: Better help for smokers to quit (primary care)	People aged between 15-75 provided smoking cessation advice in primary care	Stopping smoking confers immediate health benefits on all people, and is the only way to reduce smoker’s risk of developing a smoking-related disease. Providing smokers with brief advice to quit increases their chances to make a quit attempt, and this is increased if medication and/or cessation support are also provided.	Māori	≥90%		Practices are meeting challenges posed by COVID-19 while adapting to a new business as usual model. Many patients are declining smoking cessation support suggesting we are now reaching the most dependant smokers and new approaches may be required to support smoking cessation. PHOs are continuing to develop other strategies to reduce the equity gap in smoking rates in Māori and Pacific.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 2: Childhood immunisation	Children fully immunised at 5 years (CW05)	Children who receive the complete set of age appropriate vaccinations are less likely to become ill from certain diseases. This measure captures all immunisation milestones and emphasises the need for immunisation to be both full, and delivered on time, to achieve outcomes.	Māori	≥95%		CCDHB is working with our PHOs and Outreach Immunisation Services to improve Māori and Pacific immunisation coverage. CCDHB’s Immunisation Network is developing a project to reduce the number of whānau declining immunisation. We are continuing to enrol families presenting to Kenepuru A&M to ensure that our families in Porirua receive timely pre-call and re-call messages from primary care. We are working with Ora Toa PHO to implement a Mātua, Pepi, Tamariki service in Porirua
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 3: Elder immunisation	Percentage of people age 65 years and over that are immunised against influenza	At age 65, immunisation is recommended by the Ministry of Health. These vaccines are free and support older people to stay well. A high performing system should see high uptake of immunisations to keep people healthy.	Māori	≥75%		During the COVID-19 response we have seen increased uptake of influenza immunisation and in particular performance has improved across our priority populations. It is our aim to sustain this performance alongside rollout of the COVID-19 vaccine according to the Ministry of Health schedule.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			



People-focused services in the community

We are committed to developing people-focused service delivery models, and planning our services using ‘place’ as the basis for health and social supports. Better information about the characteristics of the people being served, shared among those delivering services, is central to succeeding with this approach. It has the potential to reduce health care costs over time as communities increasingly support their own health and wellbeing.

<p>Areas of focus</p> <ul style="list-style-type: none"> Homes as a place of care Community Mental Health and Wellbeing Hubs Build strong primary and community care Early intervention Health Care Homes Specialist support for primary care Telehealth services Management of Long Term Conditions Achieving health equity 	<p>Sub-regional initiatives</p> <ul style="list-style-type: none"> Embed telehealth models of care that began during COVID to enable patients to appropriately receive primary and secondary care services (2DHB) Support a 2DHB collaborative of Māori and Pacific mental health service providers to develop and implement culturally appropriate and community-based models of care (2DHB) Develop and begin implementation of a 3DHB suicide prevention and post-vention plan, with a focus on population groups at higher risk of suicide (3DHB) <p>Local initiatives</p> <ul style="list-style-type: none"> Work with local communities to implement the locality commissioning plan, place-based initiatives, and integrated service delivery models in Porirua, Wellington and Kāpiti Reduce hospital admissions by improving local community urgent care capacity and implementing community-based planned care through Community Health Networks Develop an integrated community mental health and wellbeing hub model that will provide a timely response at a local community level to those who present in distress The DHB and RPH will work with communities to deliver initiatives that promote healthy nutrition and physical activity with a localities focus (eg, via the Porirua regeneration project). The DHB will continue to work with PHOs to share best practices for early cardiovascular risk assessment and management for people with moderate to high cardiovascular risk across general practices from those delivering the most equitable outcomes Implement initiatives to improve equitable access to and outcomes from culturally appropriate self-management education and support services Community pharmacies in Porirua to measure urate levels and adjust medication dosage where appropriate to prevent Gout, with a focus on Māori and Pacific
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Indicators	Description	Rationale	Targets	Performance – three year trend		Comments
				Key: Māori	Pacific	
Indicator 1:	Avoidable hospital admissions (ASH rates 0-4 years)	Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	Māori	↓6% (≤6,421)		System partners improved vaccination rates for Maori and Pacific through improved delivery of health services for young babies and mothers. Improved partnerships with PHOs and NGO provider services contributed to activities that are leading to improved performance particularly in respiratory and skin conditions.
			Pacific	↓6% (≤10,865)		
			Non-Māori, Non-Pacific	↓2% (≤4,726)		
			Total	↓2% (≤5,818)		
Indicator 2:	Avoidable hospital admissions (ASH rates 45-64 years)	ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	Māori	↓6% (≤6,575)		To address performance we are focusing on access to acute care and planned care in primary care practices, including CVD risk assessments and follow up, smoking cessation, and wrap around services for those who have had an ASH event. Development of a Community Health Network in Kāpiti will prioritise Māori and Pacific health outcomes.
			Pacific	↓6% (≤7,075)		
			Non-Māori, Non-Pacific	↓2% (≤2,623)		
			Total	↓2% (≤3,267)		
Indicator 3:	Percentage of people 75+ living in their own home	Subsidised age residential care is important for those who need it, but our overall goal is to assist our elderly population to stay well and continue to live independently in their own homes. This requires good access to primary care and, in some cases, home and community support services – including culturally safe household and personal care services.	Māori	TBC		91% of the CCDHB population over age 75+ live in their own home. CCDHB is working to develop a whole of system approach to frailty that supports people to live at home for as long as possible. This includes strategic investment approaches such as CHOPI, AWHI and AHOP. Managing frailty is a key part of our Sustainability Plan.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			



Timely effective care that improves health outcomes

A core function of our health system is to provide health care that responds to acute and planned clinical need, including the delivering of babies. We need to be able to respond promptly and effectively using service delivery models that help improve clinical and health outcomes.

Areas of focus		Sub-regional initiatives				
<ul style="list-style-type: none"> Timely and effective care Safe and efficient hospital services Quality improvement activities Managing Acute Flow and production planning Community, primary and secondary integration Support end of life with dignity Achieving health equity 		<ul style="list-style-type: none"> Progress the 2DHB Hospital Network Programme to ensure our services are clinically and financially sustainable (2DHB) Review and improve consumer data collection and entry in the feedback system (SQUARE) with an emphasis on improving the quality of the data, in particular ethnicity and disability data (2DHB) Develop a 2DHB Family Violence Prevention Action Plan (2DHB) Develop and implement a reformed 2DHB maternal and neonatal health system plan (2DHB) Implement the 3DHB 'Acute Continuum of Care' to better match need to service provision, enhance coordinated service provision across a range of providers, and improve integration and patient flow through the system (3DHB) Develop and implement a mechanism for health information to be easily accessible for disabled people in ways that promote their independence and dignity (3DHB) 				
		Local initiatives				
		<ul style="list-style-type: none"> Improve patient flow by developing an acute frailty pilot within existing beds, rolling out early supported discharge enabled by the Advanced Wellness at Home Initiative (AWHI), increasing the proportion of dischargers earlier in the day, and increasing specialist rounding at weekends. Implement a mental health model of care in ED and enhance the support to mental health and addiction patients who present to ED Develop responsive end of life care for whānau and families, informed by engagement and research, with a specific focus on meeting the needs of Māori whānau and Pacific families 				
Indicators	Description	Rationale	Targets	Performance – three year trend	Comments	
Indicator 1:	Acute unplanned readmission (28 day)	An unplanned acute (emergency and urgent) hospital readmission is often the result of the care provided to the patient by the health system. We can reduce unplanned acute admissions by ensuring a smooth transition from the hospital back into primary care, and by improving the quality of care in the hospital and in primary care.	Māori	≤12.4%		Acute demand management work group has a number of initiatives in trial and implementation to improve our acute readmissions rate, including criteria led discharges, streamlined discharge processes, supportive discharges of older persons, better discharge summaries and using transit lounge nurses to review discharge instructions with patients being discharged.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 2:	Acute hospital bed days per capita	Acute hospital bed days per capita reflects the demand for acute inpatient services. We can manage this demand by good discharge planning, improving the transition between the community and hospital settings, good communication between providers, managing conditions in primary care settings, and timely access to diagnostics services.	Māori	↓2% (≤533)		Community initiatives to manage inflow: We are developing our community responses to population drivers alongside approaches to maximise the productivity and efficiency of our hospital system, including: ambulance diversion initiative (CARS), services that address demand for our ageing population (CHOPi, AHOP & AWHI).
			Pacific	↓2% (≤573)		
			Non-Māori, Non-Pacific	↓2% (≤290)		
			Total	↓2% (≤328)		
Indicator 3:	Shorter Stays in ED – patient discharged or transferred with 6 hours (SS10)	ED length of stay is an important measure of the quality of acute care in our public hospitals. The timeliness of treatment is important for patients. Long waiting times are linked to overcrowding and negative clinical outcomes and compromised standards of privacy and dignity for patients.	Māori	95%		Hospital initiatives to improve in-hospital flow – We are embarking a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the Hospital Network programme
			Pacific			
			Non-Māori, Non-Pacific			
			Total			



HVDHB Non-Financial Performance Report (Q1 2020/21)

This paper provides an overview of HVDHB's quarter one non-financial performance and includes:

- The results of HVDHB's Non-Financial Quarterly Monitoring Report for Q1 2020/21 as assessed by the Ministry of Health (MOH)
- HVDHB's Q1 2020/21 'Health System Plan' Dashboard.

1. BACKGROUND

Non-financial performance

The DHB non-financial monitoring framework aims to provide a rounded view of performance (including against government priorities), using a range of performance indicators. The MOH reports DHB performance to the Minister on a quarterly basis.

The reporting is against the Government priorities below.



The MOH plans to send regular performance reports to DHBs with detailed analysis against key areas of sector performance.

NON-FINANCIAL PERFORMANCE REPORT

In Quarter 1 2020/21, HVDHB received an 'Achieved' or 'Partially Achieved' for 39 of the 45 performance indicators and 6 indicators rated as 'Not Achieved'.

Achievement	Number of indicators Q1 2020/21	Number of indicators Q4 2019/20
Outstanding	0	1
Achieved	26	33
Partially Achieved	13	19
Not Achieved	6	4
Not Reported	0	1

Overall HVDHB performance in relation to ratings of the previous quarters. Performance ratings increased for ten indicators and decreased for eight indicators.

HVDHB received a 'Not Achieved' rating for four indicators

HVDHB received a 'Not Achieved' rating for the following performance measures:

- Immunisation Coverage: Influenza at age 65 years and over;
- Better Help for Smokers to Quit – Maternity;



- c. Shorter stays in Emergency Departments;
- d. Raising Healthy Kids;
- e. Improving breastfeeding rates, and
- f. Planned Care.

Specific action plans are in place to improve performance against the 'Not Achieved' performance measures.

HVDHB Annual Plan updates

DHBs are required to provide updates in relation to the delivery of annual plan actions and milestones as part of non-financial performance reporting. Updates must be provided for the planning priorities across the Government's five priority areas. HVDHB's performance for quarter four was rated as follows:

Status Update Report	Achievement
Improving child wellbeing	Achieved
Improving mental wellbeing	Achieved
Improving wellbeing through prevention	Achieved
Better population health outcomes supported by strong and equitable public health services	Achieved
Better population health outcomes supported by primary health care	Achieved
Give practical effect to He Korowai Oranga – the Māori Health Strategy	Achieved
Improving Sustainability	Achieved

Delays in delivery against actions in the Annual Plan 2020/21 are mainly related to our ongoing COVID-19 response and recovery. Plans are in place to address this.

2. 2021/20 QUARTER FOUR HVDHB 'HEALTH SYSTEM PLAN' DASHBOARD

The MOH's Non-Financial Performance Framework is particularly useful for monitoring quarterly performance against specific indicators. However, it does not adequately monitor longer-term population health (including equity) or system change. We have therefore developed a HVDHB Vision for Change Dashboard (attached) to monitor progress against our longer-term strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific people.

The HVDHB Vision for Change was developed in 2017 to support and shape the direction and approach the Hutt Valley District Health Board (HVDHB) will take over the next five to ten years in order to achieve our vision of: Health People, Healthy Families, and Healthy Communities. The HVDHB Vision for Change uses a subset of indicators from the Non-Financial Performance Framework to monitor performance in relation to our strategic goals:

- Support people living well
- Shift care closer to home
- Deliver shorter, safer, smoother care.

The subset of indicators chosen are those which best reflect system performance and outcomes, including achieving equity. The dashboard also shows the high-level areas of focus and the initiatives we are delivering on to achieve each strategic goal.



Support people living well

Indicator	Performance	Our Strategic Response
Better help for smokers to quit	Stable	As part of our COVID-19 Recovery plan, we are working in partnership with our PHOs to improve performance in practices where COVID-19 continues to strain performance and our ability to achieve equity for Māori and Pacific.
Childhood immunisations	Drop in 2020 for Māori and Pacific	We are working with our practices, iwi providers, and outreach services in the Hutt Valley to reach children who may not be immunised. Model of care changes are being considered to lift performance.
Elder immunisation	Significant improvement	Our COVID-19 response included a significant increase in influenza immunisation. Planning for COVID-19 Immunisation is underway. Our aim is to sustain influenza immunisation coverage to reduce avoidable winter demand on our health system.

Shift care closer to home

Indicator	Performance	Our Strategic Response
Avoidable hospital admissions (0-4 years & 45-64 years)	Stable / Equity gaps	Work under Pro-Equity Commissioning and System Integration will help improve access to urgent and planned care in primary care, which will support achievement of these indicators. This work includes the roll out of the Health Care Home model of care, the development of community health networks (neighbourhood approach), an action plan to improve the First 1000 days of life, the work to improve vaccinations, and a whole of system response to frailty .
	Improved / Equity gaps remain	
Percentage of people 75+ living in their own home	New indicator	Our whole of system response to frailty supports people to live at home. This includes strategic investments such as the expanded Early Supported Discharge team. Managing frailty is a key part of our Sustainability Plan .

Deliver shorter, safer, smoother care

Indicator	Performance	Our Strategic Response
Acute unplanned readmission	Stable	We are developing our community responses to population drivers of acute flow inflow alongside approaches to maximise the productivity and efficiency of our hospital system. Integrated commissioning has seen packages of care developed to support people in the community. For example: ambulance diversion initiative (CARS), services that address demand for our ageing population (CHOPI, AHOP & AWHI)
Acute hospital bed days per capita	Improving but equity gaps remain	
Shorter Stays in ED	Declining performance	Managing Acute Flow is part our Sustainability Plan. We are embarking a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the 2DHB Hospital Network programme



APPENDIX: Hutt Valley DHB – 2020/21 Quarter One ‘Vision for Change’ Dashboard

 Support people living well We will work collaboratively with partners to create healthy environments, eliminate health inequities, and support people to adopt healthy lifestyles.						
Areas of focus <ul style="list-style-type: none"> Prevention, health promotion and public health activities Building strong and resilient communities – implementing our Wellbeing Plan First 1000 days of life Screening for breast, cervical and bowel cancer Environmental sustainability Achieving health equity 		Sub-regional initiatives <ul style="list-style-type: none"> Support our workforce to achieve increased equity outcomes, particularly for Māori, Pacific and people with disabilities (2DHB) Co-design innovative models of maternity care with Māori and Pacific women in order to improve outcomes (2DHB) Offer education, advice and transport to clients who have previous missed appointments to Breast, Cervical or Colonoscopy Services (2DHB) Develop a guide for providers/practitioners to guide conversations with families declining immunisations, with a focus on co-designing with Māori and Pacific families and providers (2DHB) 				
		Local initiatives <ul style="list-style-type: none"> Develop an action plan to improve the wellbeing of children and young people in the Hutt Valley Implement the Māori Provider Influenza Vaccine Improvement Project – through marae and outreach-based services Co-ordinate the delivery of the Hutt Valley Smokefree Action Plan focusing on priority populations Promote, and increase access to, the Hapū Mama programme at Kokiri Marae. Deliver the Healthy Active Learning programme to schools and early learning services, with a continued emphasis on low decile schools Implement a Bowel Screening Outreach Programme to improve engagement with Māori and Pacific peoples and facilitate their access to timely screening and early treatment of cancers Enhance the Well Homes service in partnership with Tu Kotahi Māori Asthma Trust, He Kāinga Oranga and the Sustainability Trust 				
Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1: Better help for smokers to quit (primary care)	People aged between 15-75 provided smoking cessation advice in primary care	Stopping smoking confers immediate health benefits on all people, and is the only way to reduce smoker’s risk of developing a smoking-related disease. Providing smokers with brief advice to quit increases their chances to make a quit attempt, and this is increased if medication and/or cessation support are also provided.	Māori	≥90%		Performance has improved, although further work is required. The smokefree coordinator support work in Te Awakairangi PHO appears to be having some impact on performance. We will continue to support primary care to achieve the target, particularly for Maori and Pacific.
		Pacific				
		Non-Māori, Non-Pacific				
		Total				
Indicator 2: Childhood immunisation	Children fully immunised at 5 years	Children who receive the complete set of age appropriate vaccinations are less likely to become ill from certain diseases. This measure captures all immunisation milestones and emphasises the need for immunisation to be both full, and delivered on time, to achieve outcomes.	Māori	≥95%		HVDHB is working with the PHOs and Outreach Immunisation Services to improve Māori and Pacific immunisation coverage. Providers have realised the changes they have implemented to their delivery of care throughout COVID should remain and are reviewing this. Providers are considering community clinics and home visits to deliver national immunisation schedule vaccines.
		Pacific				
		Non-Māori, Non-Pacific				
		Total				
Indicator 3: Elder immunisation	Percentage of people age 65 years and over that are immunised against influenza, shingles, tetanus, diphtheria and whooping cough	At age 65, immunisation is recommended by the Ministry of Health. These vaccines are free and support older people to stay well. A high performing system should see high uptake of immunisations to keep people healthy.	Māori	≥75%		During the COVID-19 response we have seen increased uptake of influenza immunisation and in particular performance has improved across our priority populations. It is our aim to sustain this performance alongside rollout of the COVID-19 vaccine according to the Ministry of Health schedule.
		Pacific				
		Non-Māori, Non-Pacific				
		Total				



Shift care closer to home

We will shift services so they are delivered closer to the people using them, enabling people to receive most of their (non-complex) care within their community or homes.

Areas of focus

- Early intervention
- Build strong primary and community care
- Health Care Homes
- Placed-based planning – community hubs / neighbourhood approach
- Specialist support for primary care
- Telehealth services
- Management of Long Term Conditions
- Achieving health equity

Sub-regional initiatives

- Support a 2DHB collaborative of Māori and Pacific mental health service providers to develop and implement culturally appropriate and community-based models of care (2DHB)
- Embed telehealth models of care that began during COVID to enable patients to appropriately receive primary and secondary care services (2DHB)
- Develop and begin implementation of a 3DHB suicide prevention and post-vention plan, with a focus on population groups at higher risk of suicide (3DHB)

Local initiatives

- Roll out the Health Care Home patient-centred model of care across the Hutt Valley to every willing practice, achieving the aim of maximum coverage
- Review and implement changes to the Diabetes Self-Management education service to ensure it works for Māori and Pacific populations
- Explore opportunities to shift care 'closer to home' for Orthopaedic/Physio services (through the community Mobility Action Programme)
- Review the Long Term Conditions programme to ensure alignment with Health Care Home and 'Year of Care' planning
- Review our Cardiovascular Disease Risk Assessment programmes, and explore potential partnerships with Māori/Pacific providers
- Pilot a 'neighbourhood approach' to integrated care through the establishment of a community team of nurses and allied health staff supporting 'neighbourhoods' of GP practices Arrange for General Medical Physicians to work in the community with general practices in assigned neighbourhoods and attend practice-based multi-disciplinary team meetings
- Work with Sport Wellington to improve the availability of, and access to, strength and balance activities and programmes to Māori and Pacific older peoples.
- Implement the next phase of the Respiratory Work Programme to address asthma and respiratory related hospital admissions and disparities for Maori and Pacifica.

Indicators	Description	Rationale	Targets	Performance – three year trend		Comments
				Key: Māori	Pacific	
Indicator 1:	Avoidable hospital admissions (ASH rates 0-4 years)	Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups.	Māori	↓3% (≤11,676)		To improve performance we will increase referrals to Tū Kotahi Māori Asthma Trust and Well Homes. Strengthen primary care follow-up for children post ASH admission. Support enrolment of whānau with a GP on presentation to hospital. Provide increased numbers of supervised tooth brushing, oral health examination and education.
			Pacific	↓2% (≤17,459)		
			Non-Māori, Non-Pacific	↓6% (≤5,791)		
			Total	↓7% (≤8,243)		
Indicator 2:	Avoidable hospital admissions (ASH rates 45-64 years)	ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	Māori	↓6% (≤7,271)		We have a number of initiatives underway to improve performance, including implementing the Health Care Home model, increasing influenza vaccination, improved self-management of long term conditions, and community integration of provider arm workforce with primary care.
			Pacific	↓6% (≤7,947)		
			Non-Māori, Non-Pacific	↓2% (≤3,647)		
			Total	↓2% (≤4,443)		
Indicator 3:	Percentage of people 75+ living in their own home	Subsidised age residential care is important for those who need it, but our overall goal is to assist our elderly population to stay well and continue to live independently in their own homes. This requires good access to primary care and, in some cases, home and community support services – including culturally safe household and personal care services.	Māori	TBC		90% of the HVDHB population over age 75+ live in their own home. HVDHB is supporting a whole of system approach to frailty to support people to live at home for as long as possible. This includes strategic investment approaches. Managing frailty is a key part of our Sustainability Plan.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			



Deliver shorter, safer, smoother care

We will coordinate and streamline patient care so that individuals and whānau experience a shorter, safer and smoother journey through our services.

Areas of focus

- Timely and effective care
- Safe and efficient hospital services
- Quality improvement activities
- Managing Acute Flow and production planning
- Community, primary and secondary integration
- Achieving health equity

Sub-regional initiatives

- Progress the 2DHB Hospital Network Programme to ensure our services are clinically and financially sustainable (2DHB)
- Develop and implement a reformed 2DHB maternal and neonatal health system plan (2DHB)
- Review and improve consumer data collection and entry in the feedback system (SQUARE) with an emphasis on improving the quality of the data, in particular ethnicity and disability data (2DHB)
- Develop a 2DHB Family Violence Prevention Action Plan (2DHB)
- Implement the 3DHB 'Acute Continuum of Care' to better match need to service provision, enhance coordinated service provision across a range of providers, and improve integration and patient flow through the system (3DHB)
- Develop and implement a mechanism for health information to be easily accessible for disabled people in ways that promote their independence and dignity (3DHB)

Local initiatives

- Extend the Early Supported Discharge service to include AHS&T staff (alongside current Nursing allocation)
- Development of procedure rooms for those non-theatre procedures currently done in theatre
- Improve operating room utilization through the development a second acute theatre
- Implement the Patient Observation Platform at Hutt Hospital to improve efficiency and optimise the use of our nursing, midwifery and medical workforce.
- ED will work with the PHOs to explore and support opportunities for increased management of patients in the community and to build relationships with primary health care

Indicators	Description	Rationale	Targets	Performance – three year trend		Comments
				Key: Māori	Pacific Other	
Indicator 1:	Acute unplanned readmission	An unplanned acute (emergency and urgent) hospital readmission is often the result of the care provided to the patient by the health system. We can reduce unplanned acute admissions by ensuring a smooth transition from the hospital back into primary care, and by improving the quality of care in the hospital and in primary care.	Māori	≤11.8%		Our Sustainability Plan has a number of initiatives to improve our acute readmissions rate and improve flow at Hutt Hospital.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			
Indicator 2:	Acute hospital bed days per capita	Acute hospital bed days per capita reflects the demand for acute inpatient services. We can manage this demand by good discharge planning, improving the transition between the community and hospital settings, good communication between providers, managing conditions in primary care settings, and timely access to diagnostics services.	Māori	↓3% (≤564)		<u>Community initiatives to manage inflow:</u> We are developing our community responses to population drivers alongside approaches to maximise the productivity and efficiency of our hospital system, including: a neighbourhood approach to integrated care, with a focus on a neighbourhood with a high priority population (Māori, Pacific, high deprivation).
			Pacific	↓7% (≤538)		
			Non-Māori, Non-Pacific	↓2% (≤297)		
			Total	↓2% (≤344)		
Indicator 3:	Shorter Stays in ED – patient discharged or transferred with 6 hours (SS10)	ED length of stay is an important measure of the quality of acute care in our public hospitals. The timeliness of treatment is important for patients. Long waiting times are linked to overcrowding and negative clinical outcomes and compromised standards of privacy and dignity for patients.	Māori	95%		<u>Hospital initiatives to improve in-hospital flow –</u> We are embarking a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the Hospital Network programme
			Pacific			
			Non-Māori, Non-Pacific			
			Total			

Capital and Coast DHB and Hutt Valley DHB

Combined Health System Committee

Meeting to be held on 25 November 2020

Resolution to exclude the Public

Moved that the public be excluded from the following parts of the proceedings of this meeting, namely:

- for the Agenda items and general subject matter to be discussed as set out in the first column in the table below,
- on the grounds under clause 34 of Schedule 3 to the New Zealand Public Health and Disability Act 2000 as set out in the second column in the table below and
- for the reasons set out in the third column of the table below (including reference to the particular interests protected by the Official Information Act, where applicable).

TABLE

Agenda item and general subject of matter to be discussed	Grounds under clause 34 on which the resolution is based	Reason for passing the resolution in relation to each matter, including reference to OIA where applicable
Confirmation of minutes of previous meeting (public excluded session) and Matters Arising from those minutes.	paragraph (a) i.e. the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982	OIA, section 9(2)(ba) to protect information which is subject to an obligation of confidence where the making available of that information would be likely to prejudice the supply of information from the same source, and it is in the public interest that such information should continue to be supplied. OIA, section 9(2)(j) to enable this organisation to carry on, without prejudice or disadvantage, commercial and industrial negotiations.
Perinatal and Maternal Mortality Review (PMMR)	As above	As above
Maternity Staffing	As above	As above

NOTE

The Act provides that every resolution to exclude the public shall be put at a time when the meeting is open to the public, and the text of that resolution (or copies of it) must:

- be available to any member of the public who is present; and
- form part of the minutes of the board or committee.