

		<p><b>AGENDA</b></p> <p>Held on Wednesday 19 February 2020</p> <p>Boardroom, Level 11, Grace Neill Block, Wellington Hospital</p> <p>Time: 9.30am</p>
<b>HEALTH SYSTEM COMMITTEE</b>		

	ITEM	ACTION	PRESENTER	MIN	TIME	PG
<b>1 PROCEDURAL BUSINESS</b>						9am
1.1	Karakia					
1.2	Apologies	<b>Records</b>	Sue Kedgley			
1.3	Continuous Disclosure – <a href="#">Interest Register</a>	<b>Accepts</b>	Sue Kedgley			2
1.4	Confirmation of Draft Minutes 1.4.1 <a href="#">CCDHB HSC Minutes</a> 1.4.2 <a href="#">HVDHB CPHAC Minutes</a>	<b>Approves</b>	Sue Kedgley			4 10
1.5	Matters Arising	<b>Notes</b>	Sue Kedgley			
1.6	<a href="#">Action List</a>	<b>Notes</b>	Sue Kedgley			14
1.7	Purpose Of Health System Committee	<b>Discussion</b>	Fionnagh Dougan			
<b>2 UPDATE</b>						
2.1	<a href="#">Coronavirus Update</a>	<b>Discuss</b>	Peter Gush			16
2.2	<a href="#">Wellington Primary Birth Unit Update</a>	<b>Discuss</b>	Gerardine Clifford Lidstone and Rachel Pearce			19
2.3	<a href="#">Porirua #Youthquake Update</a>	<b>Discuss</b>	Gerardine Clifford Lidstone and Julia Jones			21
<b>3 INFORMATION</b>						
3.1	General Business <ul style="list-style-type: none"> <li>• Discuss Workplan Approach</li> <li>• Future Location of Meetings</li> </ul>	<b>Discuss</b>	Fionnagh Dougan			
<b>4 OTHER</b>						
4.1	<a href="#">Resolution to Exclude Public</a>	<b>Approves</b>	Sue Kedgley			23
<b>DATE OF NEXT MEETING 18 March 2020, BOARD ROOM, PILMUIR HOUSE, HUTT VALLEY DISTRICT HEALTH BOARD</b>						



**HEALTH SYSTEM COMMITTEE**

**Interest Register**

14 February 2020

Name	Interest
<p><b>Sue Kedgley</b> <i>Chair</i></p>	<ul style="list-style-type: none"> <li>• Member, Capital &amp; Coast District Health Board</li> <li>• Member, Capital &amp; Coast District Health Board’s Community Public Health Advisory Committee</li> <li>• Member, Capital &amp; Coast District Health Board’s Disability Support Advisory Committee</li> <li>• Member, Greater Wellington Regional Council</li> <li>• Member, Consumer New Zealand Board</li> <li>• Stepson works in middle management of Fletcher Steel</li> </ul>
<p><b>Josh Briggs</b></p>	<ul style="list-style-type: none"> <li>• Councillor, Hutt City Council</li> <li>• Wife is an employee of Hutt Valley District Health Board / Capital &amp; Coast District Health Board</li> </ul>
<p><b>Keri Brown</b></p>	<ul style="list-style-type: none"> <li>• Councillor, Hutt City Council</li> <li>• Council-appointed Representative, Wainuiomata Community Board</li> <li>• Director, Urban Plus Ltd</li> <li>• Member, Arakura School Board of Trustees</li> <li>• Partner is associated with Fulton Hogan John Holland</li> </ul>
<p><b>‘Ana Coffey</b></p>	<ul style="list-style-type: none"> <li>• Director, Dunstan Lake District Limited</li> <li>• Councillor, Porirua City Council</li> <li>• Trustee, Whitireia Foundation</li> <li>• Member of Capital &amp; Coast District Health Board</li> <li>• Brother is Team Coach for Pathways and Real Youth Counties Manukau District Health Board</li> <li>• Father is Acting Director in the Office for Disability Issues, Ministry of Social Development</li> </ul>
<p><b>Dr Chris Kalderimis</b></p>	<ul style="list-style-type: none"> <li>• National Clinical Lead Contractor, Advance Care Planning programme for Health Quality &amp; Safety Commission</li> <li>• Locum Contractor, Karori Medical Centre</li> <li>• Contractor, Lychgate Funeral Home</li> </ul>
<p><b>Ken Laban</b></p>	<ul style="list-style-type: none"> <li>• Chairman, Hutt Valley Sports Awards</li> <li>• Broadcaster, numerous radio stations</li> <li>• Trustee, Hutt Mana Charitable Trust</li> <li>• Trustee, Te Awaikairangi Trust</li> <li>• Member, Hutt Valley District Health Board</li> <li>• Member, Ulalei Wellington</li> <li>• Member, Greater Wellington Regional Council</li> <li>• Member, Christmas in the Hutt Committee</li> <li>• Member, Computers in Homes</li> </ul>

	<ul style="list-style-type: none"> <li>• Commentator, Sky Television</li> </ul>
<b>Vanessa Simpson</b>	<ul style="list-style-type: none"> <li>• Director, Kanuka Developments Ltd</li> <li>• Relationship &amp; Development Manager, Wellington Free Ambulance</li> </ul>
<b>Dr Richard Stein</b>	<ul style="list-style-type: none"> <li>• Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust</li> <li>• Member, Executive Committee of the National IBD Care Working Group</li> <li>• Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy</li> </ul>
<b>Dr Ayesha Verrall</b>	<ul style="list-style-type: none"> <li>• Member, PHARMAC Pharmacology and Therapeutics Advisory Committee's Immunisations Subcommittee</li> <li>• Member, Association of Salaried Medical Specialists</li> <li>• Member, Australasian Society for Infectious Diseases</li> <li>• Employee, Capital &amp; Coast District Health Board</li> <li>• Employee, University of Otago</li> </ul>
<b>Dr Roger Blakeley</b>	<ul style="list-style-type: none"> <li>• Director, Port Investments Ltd</li> <li>• Director, Greater Wellington Rail Ltd</li> <li>• Deputy Chair, Wellington Regional Strategy Committee</li> <li>• Councillor, Greater Wellington Regional Council</li> <li>• Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council</li> <li>• Member of Capital &amp; Coast District Health Board</li> <li>• Member, Harkness Fellowships Trust Board</li> <li>• Member of the Wesley Community Action Board</li> <li>• Independent Consultant</li> <li>• Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland</li> <li>• Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington</li> </ul>

**CAPITAL AND COAST DISTRICT HEALTH BOARD  
DRAFT Minutes of the Health System Committee  
Held on Wednesday 13 November 2019 at 9am  
Kāpiti District Council Chambers, Kāpiti**

**PUBLIC SECTION**

**PRESENT**

**COMMITTEE:**

Dame Fran Wilde (Chair)  
Ms Sue Kedgley  
Dr Roger Blakeley  
Ms Eileen Brown (arrived 9.50am)  
Ms Sue Emirali  
Ms 'Ana Coffey (left at approx. 11am)  
Mr Tristram Ingham

**STAFF:**

Ms Fionnagh Dougan, Chief Executive Officer  
Ms Arawhetu Gray, Director Māori Health Development Team  
Ms Gerardine Clifford-Lidstone, General Manager, Child Youth & Localities (items 3.1 and 3.2)  
Ms Jenny Langton, General Manager, Primary Care & Long Term Conditions (items 3.4 and 3.5)  
Ms Astuti Balram, General Manager, Integrated Care (items 3.1 & 3.5)  
Mr Peter Gush, Service Manager, Regional Public Health (item 4.1)  
Ms Lisa Smith, System Development Manager (item 3.4)  
Ms Jan Marment, Senior System Development Manager (item 3.5)

**PRESENTERS:**

Dr Debbie Ryan, Pacific Perspective (item 3.2)  
Mr Adrian Gregory, Kāpiti Health Advisory Group (item 2.1)

**GENERAL PUBLIC:**

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**1 PROCEDURAL BUSINESS**

**1.1 PROCEDURAL**

Tristram Ingham opened the meeting. The Chair welcomed Ms Ayesha Verrall, the new CCDHB Board Member, members of the Kāpiti Health Advisory Group, staff and public.

**1.2 APOLOGIES**

Apologies received from Andrew Blair, Sue Driver, Tino Pereira.

**1.3 INTERESTS**

**1.3.1 Interest Register**

No changes were received.

**1.4 CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the CCDHB Health System Committee held on 17 October 2019, taken with public present, were confirmed as a true and correct record.

**Moved:** Roger Blakeley

**Seconded:** Sue Kedgley

**CARRIED**

## 1.5 MATTERS ARISING

### 1.6 ACTION LIST

The reporting timeframes on the other open action items were **noted**.

#### **Actions:**

1. The Chair and Chief Executive to put a paper to the Board to advise:
  - a briefing and recommendations to be organised for the incoming Board members;
  - minutes and discussion of each meeting to be made available on the CCDHB website prior to the next meeting
2. The Committee requests for relevant consumer groups to attend the meeting to speak to their agenda items.

### 1.7 PROPOSED WORKPLAN 2020

The paper was taken as **read**.

The Committee:

- a) **Noted** that the proposed work plan has Strategy, Health System Investment and Prioritisation, Health System Integrated Performance Report and System and Services Planning sections
- b) **Noted** that the section focused on Provider Performance – Efficiency, Outputs, is proposed to move to FRAC and the full Board.

#### **Discussion:**

- i. The Chief Executive noted the intention to establish a Capital Investment Committee to enable major capital pieces to be taken out of the Financial, Risk and Audit Committee (FRAC). This would allow FRAC to fulfil its accountability role more comprehensively beyond financial performance to include both financial and non-financial performance across our providers, against key indicators and determine remedial actions. This would allow the Health System Committee to focus on its role ensuring DHB commissioning aligns with our strategic direction.

#### **Action:**

3. This will be discussed as part of the Board Workshop in January 2020.

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## 2 PRESENTATION

### 2.1 KĀPITI UPDATE

The Committee **noted** the presentation.

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## 3 DISCUSSION

### 3.1 LOCALITIES UPDATE – KĀPITI HEALTH ADVISORY COMMITTEE WORK PROGRAMME 2019/20

The paper was taken as **read**.

The Committee:

- (a) **Noted** that the Kāpiti Health Advisory Group works closely with CCDHB to improve access to health services for the Kāpiti Coast community
- (b) **Noted** the work programme of the Kāpiti Health Advisory Group for 2019/20.

**Discussion:**

- i. We ran a 2 month telehealth pilot to look at the processes. The telehealth steering group will identify services to be provided. We are also looking to expand our services in the community such as including specialist services. The next step is the development of Community Health Networks which provides infrastructure in the community.
- ii. KHAG is running four workshops on ageing and disability issues until Christmas using the existing information, triangulation exercise and surveys with various focus group. The group will be in a position to present their findings and recommendations in the first half of 2020.
- iii. The Committee acknowledged the positive progress KHAG and the genuine engagement of KHAG with the DHB and other groups. KHAG also acknowledged Taulalo Fiso of the localities team for his commitment to Kāpiti.
- iv. KHAG emphasised that the work programme is a multi-year programme and that it will be essential to review effectiveness of the initiatives annually.
- v. Discussion focused on the need for a Community Asset Mapping exercise.

**Action:**

- 4. Management to provide data on services at a future meeting.

### 3.2 EQUITY – CCDHB PACIFIC POPULATION HEALTH PROFILE

The paper was taken as **read**. The Chair thanked Dr Debbie Ryan for the report.

The Committee:

- (a) **Noted** that CCDHB has completed its first Pacific population health profile.
- (b) **Noted** that Pacific Peoples come from a multitude of Pacific Nations but that this is often not reflected in how ethnicity data is collected
- (c) **Noted** that any narrative on Pacific Peoples does not victim blame and includes the voice of Pacific Peoples
- (d) **Noted** the need for the comprehensive Pacific Strategy and Action Plan to be finalised. Actions should be specific to the individual ethnic group, one size does not fit all for Pacific Peoples.
- (e) **Noted** the aim of the Pacific population health profile was to:
  - build a robust evidence base for Pacific health equity and which would support health services to identify areas for Pacific health improvement and
  - inform localities planning and service integration activities for Pacific population across the wider Wellington region
- (f) **Approved** the release of this report to external stakeholders

**Discussion:**

- i. Type 2 diabetes is common among the Pacific population groups. We used to see the Pacific population developing type 2 diabetes in their 50s but now we are seeing more of the younger Pacific population (in their 30s) developing the disease. This is not just a national issue but an international one. There are some initiatives to help the Pacific population such as green

prescription and ethnic monitoring. CCDHB also has contracts with some providers to provide healthcare support to the Pacific population. At the same time, the Pacific communities need to champion a healthy lifestyle themselves.

- ii. Despite the identified socio economic problems, we need to address service delivery issues in our own sector. In a recent housing survey, nearly 60% of the Pacific population interviewed said they face barriers to primary in Hutt Valley.
- iii. Areas of poverty that become a barrier to care needs to be considered. Statistics on the report showed a difference income for the Pacific population, showing some earning as low as \$12,000 a year.
- iv. We have a unique opportunity to work closely with multiple agencies in the Capital & Coast and the Hutt Valley districts. As health leaders, we should call upon other agencies to action. We have to intervene to treat diseases and we have to rethink our intervention approach to issues such as dental services, nutrition services, mental health and addiction services.

**Actions:**

5. Management to provide an update on the housing data at a future meeting.
6. Management to invite the Pacific groups and communities to respond to the issues highlighted in the report.
7. Management to report back to the Committee on regularly on Pacific Population Health.

### **3.3 GENDER AFFIRMING HEALTHCARE AT CCDHB - UPDATE**

The paper was taken as **read**.

The Committee:

- (a) **Noted** the Sex and Gender Diverse (SGD) Working Group work which sits under the Youth ICC Steering Group and is supported by Strategy, Innovation and Performance
- (b) **Noted** the development of the primary care led prescribing model for hormone therapy that has been prototyped in three practises
- (c) **Noted** support from SGD working group for the next investment to be in expansion of the number of primary care sites involved in gender affirming healthcare including mental health support, information and advice to the community
- (d) **Noted** the SGD working group are developing a strategy to support the work programme in line with international best practice and agreed that it will be available on our website
- (e) **Agreed** that a future invitation will go to the SGDWG to attend an HSC meeting, at their convenience.

**Discussion:**

- i. Although the SGD working group sits within ICC Youth but the group does cover the older population affected by this issue.

**Actions:**

8. Management to involve consumer groups in the meetings for such topics.
9. Management to publicise strategy on the CCDHB website once it is completed.

### **3.4 INVESTMENT AND PERFORMANCE – CORE PRIMARY CARE SERVICES**

The paper was taken as **read**.

The Committee:

- (a) **Noted** in 2018/19 CCDHB invested \$67 million in core primary care services provided under the PHO Services Agreement. This is forecast to increase to \$72 million in 2019/20 as Government initiatives implemented in December 2018 are funded for a full financial year
- (b) **Noted** this reporting is part of our process for understanding how our investments in core primary care services are working for our population including equity (or not) of access to health services and outcomes achieved.

**Discussion:**

- i. Healthcare Homes have been used to drive performance and we are commissioning evaluations to look at the impact of services for mainstream and the Māori and Pacific population. Priorities for 2020 are around long term conditions and strategic approaches around primary care. We are also taking an equity approach to performance payment.
- ii. Additional clinics for breast and cervical screening are run in partnership between primary care and regional screening services. They prioritise Māori and Pacific women and women who are significantly overdue for these screenings. There is particular focus on cervical screening on Asian women as they have lowest screening coverage.
- iii. BEE Heathy programme is getting good enrolment due to the triple enrolment which covers the national immunisation register, PHO pre-enrolment and BEE healthy. The team is also running a project refreshing our focus on newborn enrolments and looking at where we can improve.
- iv. The DHB is engaging providers that are capable of reaching the communities that needs our support.
- v. Management acknowledged that a lot of the Taurite Ora work programme has been uplifted from the work of the SIP team. The Committee also acknowledged the great work that the SIP has done so far.

### 3.5 HEALTH OF OLDER PEOPLE – AREAS OF FOCUS

The paper was taken as **read**.

The Committee:

- (a) **Noted** CCDHB's strong development focus on services that support older people to be well
- (b) **Noted** the inequity for Māori and Pacific peoples that means they die earlier and the important relationship between long term conditions investment and that for healthy ageing
- (c) **Noted** the priority focus on older people with frailty to improve both health outcomes and manage demand pressures in our health system
- (d) **Endorsed** the establishment of an ICC Steering group for Health of Older People that will initially focus on older people with frailty

**Discussion:**

- i. In considering frailty, the gerontology team uses a specific assessment tool that tends to focus on particular aspects of physical and mental ability. Primary care runs an algorithm in primary care practices based on patient's age, ethnicity, long term conditions and scores people for different settings such as proactive care and acute care. We also have good health pathways, an online tool, providing guidelines to older people.



- ii. The establishment of an ICC Steering Group for Older People will look into providing services to the Māori and Pacific peoples from an earlier age due to their complex health issues they experience at the younger age compared to the other population.
- iii. The Steering Group will also inform with localities focus on what our commercial business is doing, what models we want to see implemented, provide a blue print of what the sector looks like. The Healthy Ageing Strategy will underpin the work going forward.
- iv. Management is looking at incorporating international practices on integrated care and primary care and frailty practices to apply in the local context.

**Action:**

- 10. Sue Kedgley to meet with the health of older people, home and community support meeting scheduled on 9 December 2019.

**4 INFORMATION**

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**4.1 REGIONAL PUBLIC HEALTH UPDATE**

The paper was taken as **read**.

The Committee:

- (a) **Noted** the update.

*The meeting closes at 12.15pm.*

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

**DATED** this .....day of.....2019

**Fran Wilde**  
Health System Committee Chair



## CPHAC Meeting Minutes

<b>DATE:</b>	14 June 2019	<b>Time:</b>	9.00am – 11.15am
<b>VENUE:</b>	Board Room, Pilmuir House, Hutt Hospital, Lower Hutt		
<b>PRESENT:</b>	Yvette Grace (Chair), Prue Lamason, Tim Ngan Kee, John Terris, Lisa Bridson, Ken Laban, Taefa Heker Roberston, Teresa Olsen (Joined meeting at 10am)		
<b>APOLOGIES:</b>	Andrew Blair, Dale Oliff		
<b>IN ATTENDANCE</b>	Christine Rabone (Minutes), Helene Carbonatto, Kerry Dougal, Peter Gush, Brian Nevin, Harley Rogers, Jazz Heer, Judi Keegan, Nathan Clark, Jared Nicoll		
<b>PUBLIC</b>	No members of public present		
<b>PRESENTERS</b>	<p><b>Tu Kotahi Maori Asthma and Research Trust</b> Cheryl Davies, Manager</p> <p><b>Te Mauri</b> Tira Albert, Mana Wahine</p> <p><b>Maori Health Plan – Progress Update</b> Kerry Dougal, Director Maori Health, Hutt Valley DHB</p>		

	Agenda Item	Discussion	Action Required and by Whom
1	PROCEDURAL BUSINESS		
1.1	<b>KARAKIA</b>	Yvette Grace welcomed attendees to the Hutt Valley DHB CPHAC Meeting.	
1.2	<b>APOLOGIES</b>	<b>Received</b> from: Andrew Blair, Dale Oliff	
1.3	<b>INTEREST REGISTER</b>	There were no amendments made to the Conflict of Interest Register	

		<p>Taefa Heker Robertson noted no conflicts but will email Christine Rabone should any arise.</p> <p>Board Members to note any further conflicts.</p>	
1.4	<b>CONFIRMATION OF PREVIOUS MINUTES</b>	<p>Minutes were accepted as true and correct.</p> <p>Moved <b>Tim Ngan Kee</b>, seconded by <b>Lisa Bridson</b></p>	
1.5	<b>MATTERS ARISING</b>	<ul style="list-style-type: none"> <li>• CPHAC Membership – Christine Rabone to draft a Board Decision Paper seeking approval for Dougal Thornburn to join CPHAC as their Population Health Expert.</li> <li>• Wellbeing Plan – Item now closed.</li> <li>• Regional Public Health – Peter Gush advised that water policy is covered in the quarterly updates presented at the joint Board Meetings. Therefore, no separate recommendation will be put forward. Item to be marked closed.</li> <li>• RPH Service Delivery Newsletter – Members have emailed Janice Hemi-Williams to request inclusion on the distribution list for monthly updates – Item to be marked closed.</li> <li>• General Business – Yvette Grace discussed the option of combining CPHAC and HAC Committees with Andrew Blair. This will be raised with Fionnagh Dougan upon her commencement. Item to be deferred to September.</li> </ul>	<p>Christine Rabone to draft a Board Decision Paper on Yvette Grace’s behalf seeking approval for D Thornburn to join CPHAC</p>
<b>2</b>	<b>PRESENTATION</b>		
2.1	<b>Tu Kotahi Māori Asthma and Research Trust – Māori Innovation</b>	<p>Presentation from Cheryl Davies covering the work being undertaken by Tu Kotahi Māori Asthma and Research Trust and the Takiri Mai Te Ata Whanau Ora Collective.</p> <p>Points of note:</p> <ul style="list-style-type: none"> <li>• Tū Kotahi is part of a whānau ora collective in the Hutt Valley which comprises of 6 Māori health organisations. They specialize in delivering asthma and respiratory programmes to Māori (e.g. COPD, Bronchiolitis, Asthma, and bronchiectasis).</li> </ul>	

		<ul style="list-style-type: none"> <li>• Have collaborated with other organisations to research housing conditions for vulnerable populations which has included insulation programmes, improved heating, maintenance and repairs.</li> <li>• Referrals come from both HVDHB, CCDHB, general practice centers, various community providers, self-referrals and government agencies.</li> </ul> <p>There was discussion on:</p> <ul style="list-style-type: none"> <li>• 90% of their services being provided directly into home or community settings.</li> <li>• The need the DHB to integrate better with external providers to offer more referrals.</li> <li>• Data measurement outcomes against ASH rates.</li> </ul> <p>Yvette Grace thanked Cheryl for her presentation.</p> <p>The Committee <b>NOTED</b> the presentation.</p>	
2.2	<b>Te Mauri – Mana Wahine</b>	<p>Presentation from Tira Albert covering how Te Mauri and Mana Wahine are supporting whanau through the journey of cancer.</p> <p>Points of note:</p> <ul style="list-style-type: none"> <li>• Te Mauri was developed in 2017 to support Māori with cancer. In 2018 it was implemented in 3 sites.</li> <li>• Services provided includes culturally appropriate support for the various stages of cancer and education in conjunction with other cancer care specialists.</li> </ul> <p>There was discussion on:</p> <ul style="list-style-type: none"> <li>• Increasing communication, knowledge and linkages across the system so people are aware of what support is available.</li> <li>• Sustainability due to funding constraints.</li> </ul> <p>Kerry Dougal thanked Tira Albert for stepping in to present to the CPHAC at such short notice.</p>	

		<p>Yvette Grace thanked Tira for her presentation.</p> <p>The Committee <b>NOTED</b> the presentation.</p>	
2.3	<b>Maori Health Plan – Progress Update</b>	<p>Presentation from Kerry Dougal which provided an update on the Māori Health Strategy.</p> <p>Points of note:</p> <ul style="list-style-type: none"> <li>• Attracting Māori into health careers, recruiting more Māori health professionals, promoting and retaining Māori staff in the district, and building health sector competencies amongst staff are a priority.</li> <li>• A Māori workforce development role has been created and filled, and a Pou Tikanga role has been created which is focusing on staff training around NZ’s history etc.</li> <li>• Looking to create a Marae space on the HVDHB campus.</li> <li>• A Kaupapa Māori Health Services for mental health and addictions will be created by July 2020.</li> <li>• Internal networks for support have been created as well as sector partnerships (e.g. Oranga Tamariki)</li> <li>• Matariki and achieving excellence in Māori Health Awards will be held on 4 July</li> <li>• Launch of Te Pae Amorangi, HVDHB Māori Health Strategy will be held on 17 July.</li> </ul> <p>Points of discussion:</p> <ul style="list-style-type: none"> <li>• Māori recruitment applications will go straight to interview stage providing set criteria is met and relevant qualifications held.</li> <li>• How we attract Māori into the health sector to fill skill gaps and what age groups should be targeted.</li> <li>• Workforce development training around cultural safety, institutional racism and sexism.</li> </ul> <p>Yvette Grace thanked Kerry Dougal for her presentation.</p> <p>The Committee <b>NOTED</b> the presentation</p>	

**SCHEDULE OF ACTION POINTS – HEALTH SYSTEM COMMITTEE (HSC)**

AP No:	Item No.	Topic	Action:	Responsible:	How Dealt With:	Delivery Date:
P048	3.1	<b>Localities Update – Kapiti Health Advisory Committee Work Programme 2019/20</b>	1. Management to provide data on services	Exec Dir SPP		To be included on the work programme on the next Kapiti report.
P049	3.2	<b>Equity – CCDHB Pacific Population Health Profile</b>	1. Management to provide an update on the housing data. 2. Management to invite the Pacific groups and communities to respond to the issues highlighted in the report. 3. Management to report back to the Committee on regularly on Pacific Population Health.	Exec Dir SPP		In progress

**Action Items completed since 13 November 2019**

AP No:	Item No.	Topic	Action:	Responsible:	How Dealt With:	Delivery Date:
<b>HSC Meeting 13 November 2019</b>						
P046	1.6	<b>Action List</b>	1. The Chair and Chief Executive to put a paper to the Board to advise: <ul style="list-style-type: none"> <li>• a briefing and recommendations to be organised for the incoming Board members;</li> <li>• minutes and discussion of each meeting to made available on the CCDHB website prior to the next meeting</li> </ul>	Exec Dir SPP		Closed

			2. The Committee requests for relevant consumer groups to attend the meeting to speak to their agenda items.			
P049	3.3	<b>Gender Affirming Healthcare at CCDHB – Update</b>	1. Management to involve consumer groups in the meetings for such topics. 2. Management to publicise strategy on the CCDHB website once it is completed.	Exec Dir SPP		Closed
P050	3.5	<b>Health of Older People – Areas of Focus</b>	1. Sue Kedgley to meet with the health of older people, home and community support meeting scheduled on 9 December 2019. 3.	Exec Dir SPP		Closed
<b>HSC Meeting 16 October 2019</b>						
1.1	<b>Procedural</b>	That a meeting be arranged with Committee members, the CEO, Heather Simpson and Sarah Prentice on the Health and Disability Review		Exec Dir SPP	Heather Simpson will attend the Joint Board Meeting on 28 November 2019.	Transferred to Board.



**PUBLIC**

<b>Date:</b> 14 February 2020	<b>BOARD INFORMATION</b>
<b>Author</b>	Regional Public Health, General Manager - Peter Gush
<b>Endorsed by</b>	Strategy Planning & Performance, Director - Rachel Haggerty
<b>Subject</b>	<b>Update - Preparedness for Coronavirus (2019-nCoV)</b>
<p><b>RECOMMENDATIONS</b></p> <p>It is <b>recommended</b> that the Board:</p> <p>(a) <b>Notes</b> this update on the COVID19 and the respective roles in managing the risk.</p>	

**1. PURPOSE**

The purpose of this paper is to inform the board of the current situation regarding Preparedness for Coronavirus (2019-nCoV). It also provides information on the accountabilities for leading New Zealand through the virus.

**1.1 Risk Assessment**

The World Health Organisations (WHO) risk assessment of the Coronavirus situation is: very high in China; high at the regional level; high at the global level.

ESR (Crown Science Research Institute) published a risk assessment summary for 12 February 2020 and has determined:

- Likelihood of significant public health impact if imported: **HIGH**
- Despite the recent travel restrictions implemented in New Zealand, given our geographic and community links with China (including returning New Zealand residents following the Chinese New Year) and the increasing number of other countries with reported cases, the likelihood of one or more cases being imported to New Zealand is **HIGH**
- Likelihood of limited transmission: **HIGH**
- Based on the currently available limited evidence of pre-symptomatic spread and super spreader events, the likelihood of sustained transmission is **LOW-MODERATE**, but the risk of outbreaks may be higher in some settings.
- Given the assessment of the likelihood of importation, transmission in New Zealand and the public health impact, the overall public health risk from this event is considered **HIGH**.

**1.2 Outbreak Situation**

As of 13 February 2020, there are no confirmed cases of COVID-19 in New Zealand. The Ministry of Health Situation Reports continue to emphasise that it (the Ministry) is the “single point of truth” regarding 2019-



**PUBLIC**

nCoV. The Ministry website is updated daily with amended information and advice; <https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-2019-ncov>

## 2. NATIONAL RESPONSE

The Ministry of Health is operating the National Incident Control Centre. The Ministry of Health (MoH) are the lead agency and have skilled and experienced incident controllers. It is their role to determine when the current level of response is revised to escalate or de-escalate. They work with other Agencies across Government to agree what changes may be required to current practises to protect the people in New Zealand. This includes a wide range of activities to protect our borders and screen and manage communities that may be at risk.

The Ministry of Health is continuing to work with border agencies to ensure recent arrivals from mainland China are provided with health information and are aware of the need to self-isolate for 14 days and register with Healthline.

Passengers have the opportunity to discuss any concerns with public health staff at the border. Most arrivals are already aware of the need to self-isolate and have strong knowledge of the virus overall. There's been an encouraging response to Healthline self-isolation register. As at midnight 12 February 2,457 people registered as being in self-isolation. The Ministry of Health is leading the manual identification of all people who have arrived from China to ensure they are in self-managed isolation.

Healthline will be regularly checking on the welfare and wellbeing of those persons registered. We encourage people to reach out if they need help. The Ministry is continuing to work with other agencies to explore how we can further support people who are self-isolating.

## 3. DISTRICT-WIDE RESPONSE

The District response to the 2019 Novel Coronavirus is being overseen by an Incident Management Team at the Regional Public Health (RPH) supported by Watch Groups at CCDHB, HVDHB and the Wairarapa DHB. The Watch Groups are staffed by clinical leaders, senior managers, and representatives from the infectious diseases services, occupational health, the communications unit, and emergency management.

These teams work closely with:

- The National Health Coordination Centre (NHCC) at the Ministry. Daily teleconferences and situation reports ensure planning is up to date and complies with national requirements.
- RPH to ensure messaging across the health sector and with the public is consistent, and to be prepared to support the care of any cases that may arise. RPH are participating in the regular 3DHBs meetings.
- Other organisations with a role in the response to outbreaks – for example border control agencies and civil defence welfare groups.

If the situation escalates a formal incident management team will be established. This will be a joint venture between the three DHBs and RPH and will be led by trained incident controllers from across the three organisations.



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### 3.1 Key focus

3DHBs are working on:

- The measures needed to manage any local presentations of coronavirus and the equipment required.
- Providing training and advice for frontline staff in hospitals and primary health.
- Maintaining up-to-date communications with staff, the public and the wider health service (including primary and private services).
- Part of the national response being coordinated by the National Health Coordination Centre at the MOH.
- The planning to ensure a well-coordinated response across the greater Wellington region.

RPH activity in response to and preparedness for COVID-19 includes:

- Since 7 January we have issued seven Public Health Advisories and two Latest Information Summaries to Primary Care and the wider health sector; these are all available via the [RPH website](#).
- Participate in the various daily Ministry teleconferences; DHB's / Public Health Units / Border agencies.
- We have been working closely with our border partners at both Wellington International Airport and Centreport; including multiple briefings for different shifts.
- Meet the twice weekly direct flights from Fiji (Wednesday and Sunday), given the potential for this route to be used for travellers from mainland China. Our Health Room at the airport has been checked and restocked with all the appropriate resources we may need.
- Working with the the hotels we have a Memorandum of Understanding with as potential quarantine facilities; and investigating other facilities that could be used.
- Refresher training regarding our border response protocol for staff who are, or could be involved.

## 4. INDIVIDUAL DISTRICT HEALTH BOARD RESPONSE

Our hospitals are being led by local Incident Control teams. These teams are meeting frequently each week to ensure that the teams are well briefed and that resources are available across our provider network and that the health and safety of staff is well managed. The critical importance of 'universal precautions is central to this work.

Universal precautions support the prevention of transmission of blood-borne viruses were recommended in 1987 by the Centers for Disease Control. These precautions advise that every patient be regarded as potentially infected with a blood-borne virus and practise accordingly.



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<b>Date:</b> 14 February	<b>HEALTH SYSTEM COMMITTEE INFORMATION</b>
<b>Author</b>	Director, Strategy, Planning and Performance – Rachel Haggerty
<b>Endorsed by</b>	Chief Executive, Fionnagh Dougan
<b>Subject</b>	<b>Update on primary birthing services</b>

**RECOMMENDATIONS**

It is **recommended** that the Committee:

- (a) **Note** the Wellington Primary Birthing Unit (WPBU) Feasibility Report was completed in July 2019 and found that there is sufficient activity, and support from women and midwives, to support a Wellington-based PBU.
- (b) **Note** that in July 2019, the CCDHB Health System Committee (HSC) and Board endorsed a future WPBU, noting it would be an investment decision for CCDHB.
- (c) **Note** that to determine the affordability of a potential future WPBU, the HSC and Board endorsed that CCDHB explore opportunities for partnerships with private, philanthropic or other agencies, to be delivered to HSC by March 2020.
- (d) **Note** that in late 2019, maternal and neonatal services was identified as a priority workstream in the Joint (2DHB) Hospital Provider Network Programme.
- (e) **Note** that a project to deliver a Te Ao Māori joint maternal and neonatal health system has been initiated.
- (f) **Note** the process to identify potential partners to develop a future WPBU is on pause pending the joint maternal and neonatal system plan in 2020 and will then be represented to the HSC.

Health System Plan Outcomes		Stewardship	
<b>Wellbeing</b> Strengthen our communities, families and whānau so they can be well	<b>X</b>	<b>Quality &amp; Safety</b> Quality & safety of service delivery	
<b>People Centred</b> Make it easier for people to manage their own health needs		<b>Service Performance</b> Report on service performance.	
<b>Equity</b> Support equal health outcomes for all communities	<b>X</b>	<b>Health System Performance</b> Report on health system performance	
<b>Prevention</b> Delay the onset, and reduce the duration and complexity, of long-term health conditions		<b>Planning Processes and Compliance</b> Planning processes and compliance with legislation or policy.	<b>X</b>
<b>Specialist Services</b> Ensure expert specialist services are available to help improve people’s health		<b>Government Priority</b> Equity; Child Wellbeing; Mental Health; Primary Care; Water Safety	<b>X</b>

**1. INTRODUCTION**

**1.1 Purpose**

The purpose of this paper is to provide an update on the programme of work to progress a Wellington Primary Birthing Unit (WPBU).



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## 1.2 Previous Board Discussions

In August 2017, the CCDHB Board endorsed a proposal to investigate the development of a PBU located in close proximity to the Wellington Regional Hospital.

In 2018, a consultation and engagement process was completed, to understand the community's and workforce's needs and preferences in relation to a future birthing services. The findings of the consultation report informed the scope of a detailed feasibility review, which was completed in 2019. This included stakeholders and included consideration of the equity improvement opportunity.

In February 2019, the HSC and CCDHB Board considered the WPBU feasibility report (public excluded paper).

## 2. FINDINGS OF THE FEASIBILITY STUDY

The WPBU feasibility review concluded that there was sufficient activity and community and midwifery support for a WPBU, but that it will be an investment choice for CCDHB.

The net direct operating cost of a WPBU was estimated between \$270,000 and \$770,000 per annum<sup>1</sup>. The cost of operating the facility was found to have the most significant impact on the affordability of a future WPBU.

The feasibility report identified a number of options for developing a facility. Due to the financial constraints on the DHB, the Board endorsed that CCDHB explore opportunities for partnerships with private, philanthropic or other agencies for investment to determine affordability.

## 3. MATERNAL AND NEONATAL JOINT SYSTEM PLANNING

Since the Board's consideration of the WPBU feasibility review, maternal and neonatal services have been identified as a priority workstream under the Joint Hospital Provider Network Programme.

As such, a project has been initiated to develop a joint maternal and neonatal health service. The aim of project is to develop a system that achieves equitable and optimal outcomes and experiences for women, babies and families living in Lower Hutt, Upper Hutt, Wellington, Porirua and Kāpiti. The intention is to reform the maternal health model across the continuum of care in the first 1000 days.

The joint maternal and neonatal system planning process will determine 2DHB maternity service models, facilities, and enabling systems and structures (ie workforce, clinical leadership and governance, etc). The WPBU feasibility review modelled the impact on a WPBU on existing CCDHB maternity facilities only. Once a 2DHB system has been agreed, the WPBU modelling will need to be re-cast to consider impact on our 2DHB communities and services. Clarity around future system and service plans is required before the DHB seeks interest from potential future primary birthing partners.

The detailed timeframes and governance arrangements for the joint maternal and neonatal system plan are currently being finalised with key ELT members.

## 4. NEXT STEPS

Under the leadership of HVDHB and CCDHB Directors, Māori Health and Director, Strategy, Planning and Performance, the joint maternal and neonatal system planning project will be progressed over the coming months.

<sup>1</sup> Based on clinically-led and agreed assumptions on primary birthing rate, average length of stay, flow between CCDHB facilities, transfer rates to and from CCDHB facilities.



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<b>Date:</b> 14 February	<b>HEALTH SYSTEM COMMITTEE INFORMATION</b>
<b>Author</b>	Director, Strategy, Planning and Performance – Rachel Haggerty
<b>Endorsed by</b>	Chief Executive, Fionnagh Dougan
<b>Subject</b>	<b>Update on #YouthQuake - Integration of Youth Services for Porirua</b>

**RECOMMENDATIONS**

It is **recommended** that the Committee:

- (a) **Note** that a CCDHB initiated a project to integrate youth services in Porirua in 2018/19.
- (b) **Note** that a co design process with rangatahi, partners and providers was completed between January and September 2019 to inform the model for an integrated youth service for Porirua.
- (c) **Note** that a report and recommendations were endorsed at HSC and by the CCDHB Board in September 2019 with the priority focus being the development of a youth one stop shop (YOSS).
- (d) **Note** that delivering a YOSS requires an additional \$600,000 per year investment, which will be a decision for the CCDHB Board in the 2020/21 budget process.

Health System Plan Outcomes		Stewardship	
<b>Wellbeing</b> Strengthen our communities, families and whānau so they can be well	x	<b>Quality &amp; Safety</b> Quality & safety of service delivery	
<b>People Centred</b> Make it easier for people to manage their own health needs	x	<b>Service Performance</b> Report on service performance.	
<b>Equity</b> Support equal health outcomes for all communities	x	<b>Health System Performance</b> Report on health system performance	
<b>Prevention</b> Delay the onset, and reduce the duration and complexity, of long-term health conditions	x	<b>Planning Processes and Compliance</b> Planning processes and compliance with legislation or policy.	x
<b>Specialist Services</b> Ensure expert specialist services are available to help improve people’s health	x	<b>Government Priority</b> Equity; Child Wellbeing; Mental Health; Primary Care; Water Safety	x

**1. INTRODUCTION**

**1.1 Purpose**

The purpose of this paper is to provide an update on steps toward implementation of a YOSS for Porirua.

**1.2 Previous Board Discussions/Decisions**

In 2018 the Board approved ongoing funding to support an integrated youth service in Porirua with a specific focus on providing equitable outcomes for young people in Porirua.

Following a robust, youth-led co-design process, the HSC and CCDHB Board endorsed the Integrated Model of Care for Youth in Porirua report and recommendations on 11 and 25 September 2019 respectively.



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## 2. INTEGRATED YOUTH SERVICES FOR PORIRUA PROJECT

The project to develop an integrated model of care for young people for Porirua focussed on co-design. Information was gathered from three main sources:

- Partners and providers in the Porirua Community were consulted to understand their insights.
- Young people were engaged in a two day hui to understand what the needs for an integrated youth service means for rangatahi.
- Research on the relevant literature was completed for analysis and to support the recommendations.

The integrated youth service for Porirua project culminated in a report and recommendations, based on the evidence that had been gathered from the three sources. Five workstreams have been identified with the immediate focus being the YOSS - #YouthQuake.

At the two day hui youth were clear in their message that a visible and tangible representation of what integration looks like for them means that a YOSS is established as a priority. Young people need a service where they feel safe, comfortable and understood. The youth named the YOSS #YouthQuake at their two day hui.

The other project workstreams include a review and support of existing youth services; governance of the integrated model of care; evaluation of the model of care; and online services.

## 3. #YOUTHQUAKE PANEL

To ensure that there is an ongoing connection between CCDHB and the young people from the Porirua community a panel of ten young people were appointed to continue to work in co design for the design and implementation phase of the project.

The panel members collectively reflect the rich and diverse community of Porirua. This includes perspectives from youth networks in the local community, Maori, Pacific, Mana whenua, Lived experience engaging with system/in the care of Oranga Tamariki, Health system user, Lived experience LGBTQI, Lived experience Mental Health and Knowledge of the impact of Alcohol and other drugs.

## 4. #YOUTHQUAKE UPDATE

To support and ensure the sustainability for a #YouthQuake YOSS to improve outcomes for young people in Porirua it is recommended that health funding is at least \$900,000. To deliver the recommended model endorsed by the Board in September, an additional \$600,000 will need to be committed, through the 2020/21 budget process.

Once there is confirmation of funding, the next phase of the project will be to plan and execute a procurement process to engage a provider to deliver the integrated service.



**PUBLIC**

<b>Date:</b> 14 February 2020	<b>HEALTH SYSTEM COMMITTEE DECISION</b>
<b>Author</b>	Health System Committee, Chair - Sue Kedgley
<b>Subject</b>	<b>RESOLUTION TO EXCLUDE THE PUBLIC</b>
<p><b>RECOMMENDATION</b></p> <p>It is <b>recommended</b> that the Health System Committee:</p> <p><b>Agrees</b> that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:</p>	

SUBJECT	REASON	REFERENCE
Draft Annual Plan – Hutt Valley DHB Draft Annual Plan – Capital & Coast DHB	Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations	9(2)(b)(i)(j)

\* Official Information Act 1982.