

CAPITAL & COAST DISTRICT HEALTH BOARD

Health System Committee



Public Agenda

16 OCTOBER 2019

11th Floor Boardroom, Grace Neill Block, Wellington Regional Hospital, Wellington

9am to Midday

	ITEM	ACTION	PRESENTER	MIN	TIME	PG
1 PROCEDURAL BUSINESS						9am
1.1	Karakia					
1.2	Apologies	Records	Chair			
1.3	Continuous Disclosure – Interest Register	Accepts	Chair			2
1.4	Confirmation of Draft Minutes 11 September 2019	Approves	Chair			5
1.5	Matters Arising	Notes	Chair			
1.6	Action List	Notes	Chair			10
1.7	Annual Work Programme	Approves	Director SIPS			12
2 PRESENTATION						
2.1	Outpatient Project Update	Notes	Meena Vallabh			
3 DISCUSSION						
3.1	Commissioning for Equity – Antenatal Education	Notes	Gerardine Clifford-Lidstone			13
3.2	Citizens Health Council	Notes	Ria Earp			18
3.3	Infection Control in Aged Residential Care	Notes	Director SIPS			22
3.4	Pacific Health Update	Notes	Director SIPS			24
DATE OF NEXT MEETING 13 NOVEMBER 2019 – KAPITI DISTRICT COUNCIL CHAMBERS, 175 RIMU ROAD, PARAPARAUMU						



HEALTH SYSTEM COMMITTEE

Interest Register

UPDATED AS AT SEPTEMBER 2019

Name	Interest
Dame Fran Wilde <i>Chairperson</i>	<ul style="list-style-type: none"> • Deputy Chair, Capital & Coast District Health Board • Chair, CCDHB Health System Committee • Member CCDHB FRAC • Chair CCDHB 3DHB DSAC • Chair Remuneration Authority • Chair, Te Papa Tongarewa Museum of New Zealand • Chief Crown Negotiator Moriori and Ngati Mutunga Treaty of Waitangi Claims • Chair Kiwi Can Do Ltd • Chair Wellington Lifelines Group • Director Frequency Projects Ltd • Ambassador Cancer Society Hope Fellowship • Trustee, Asia New Zealand Foundation
Mr Andrew Blair <i>Member</i>	<ul style="list-style-type: none"> • Chair, Capital & Coast District Health Board • Chair, Hutt Valley District Health Board • Chair, Hutt Valley DHB Hospital Advisory Committee • Chair, Queenstown Lakes Community Housing Trust • Member of the Governing Board for the Health Finance, Procurement and Information Management System business case • Member, Hutt Valley DHB combined Disability Support Advisory Committee • Member, Hutt Valley DHB Community and Public Health Advisory Committee • Member, Capital & Coast DHB Finance, Risk and Audit Committee • Member, Capital & Coast Health Systems Committee • Owner and Director of Andrew Blair Consulting Limited, a Company which from time to time provides governance and advisory services to various businesses and organisations, include those in the health sector • Former Member of the Hawkes Bay District Health Board (2013-2016) • Former Chair, Cancer Control (2014-2015) • Former CEO Acurity Health Group Limited • Advisor to Southern Cross Hospitals Limited and Central Lakes Trust to establish an independent short stay surgical hospital in the Queenstown Lakes region • Advisor to the Board of Breastscreen Auckland Limited • Advisor to the Board of St Marks Women's Health (Remuera) Limited
Ms Sue Kedgley <i>Member</i>	<ul style="list-style-type: none"> • Member, Capital & Coast District Health Board • Member, CCDHB CPHAC/DSAC • Member, Greater Wellington Regional Council • Member, Consumer New Zealand Board • Deputy Chair, Consumer New Zealand • Environment spokesperson and Chair of Environment committee, Wellington Regional Council

Name	Interest
	<ul style="list-style-type: none"> Step son works in middle management of Fletcher Steel
<p>Dr Roger Blakeley <i>Member</i></p>	<ul style="list-style-type: none"> Member of Capital and Coast District Health Board Deputy Chair, Wellington Regional Strategy Committee Councillor, Greater Wellington Regional Council Member, Harkness Fellowships Trust Board Member of the Wesley Community Action Board Director, Port Investments Ltd Director, Greater Wellington Rail Ltd Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council 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
<p>Ms 'Ana Coffey <i>Member</i></p>	<ul style="list-style-type: none"> Member of Capital & Coast District Health Board Councillor, Porirua City Council Director, Dunstan Lake District Limited Trustee, Whitireia Foundation Brother is Team Coach for Pathways and Real Youth Counties Manukau District Health Board Brother is Service and Planning Manager of Pathways Health Limited Father is Acting Director in the Office for Disability Issues, Ministry of Social Development
<p>Ms Eileen Brown <i>Member</i></p>	<ul style="list-style-type: none"> Member of Capital & Coast District Health Board Board member (until Feb. 2017), Newtown Union Health Service Board Employee of New Zealand Council of Trade Unions Senior Policy Analyst at the Council of Trade Unions (CTU). CTU affiliated members include NZNO, PSA, E tū, ASMS, MERAS and First Union Executive Committee Member of Healthcare Aotearoa Executive Member of Health Benefits of Good Work Nephew on temporary CCDHB ICT employment contract
<p>Ms Sue Driver <i>Member</i></p>	<ul style="list-style-type: none"> Community representative, Australian and NZ College of Anaesthetists Board Member of Kaibosh Daughter, Policy Advisor, College of Physicians Former Chair, Robinson Seismic (Base isolators, Wgtn Hospital) Advisor to various NGOs
<p>Mr Fa'amatua'inu Tino Pereira <i>Member</i></p>	<ul style="list-style-type: none"> Managing Director Niu Vision Group Ltd (NVG) Chair 3DHB Sub-Regional Pacific Strategic Health Group (SPSHG) Chair Pacific Business Trust Chair Pacific Advisory Group (PAG) MSD Chair Central Pacific Group (CPC) Chair, Pasefika Healthy Home Trust Establishment Chair Council of Pacific Collectives

Name	Interest
	<ul style="list-style-type: none"> • Chair, Pacific Panel for Vulnerable Children • Member, 3DHB CPHAC/DSAC • Wing representative at NZ Police.
<p>Dr Tristram Ingham <i>Member</i></p>	<ul style="list-style-type: none"> • Senior Research Fellow, University of Otago Wellington • Chair, Independent Monitoring Mechanism to the UN on the UNCRPD • Member, Disabled Persons Organisation Coalition • Member, Capital & Coast DHB Māori Partnership Board • Member, Scientific Advisory Board – Asthma Foundation of NZ • Chair, Te Ao Mārama Māori Disability Advisory Group • Vice Chairperson – National Council of the Muscular Dystrophy Association • Chairperson, Executive Committee Central Region MDA • Trustee, Neuromuscular Research Foundation Trust • Co-Chair, Wellington City Council Accessibility Advisory Group • Member, 3DHB Sub-Regional Disability Advisory Group • Professional Member – Royal Society of New Zealand • Member, Institute of Directors • Member, Health Research Council College of Experts • Member, European Respiratory Society • Member, Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association) • Director, Miramar Enterprises Limited (Property Investment Company) • Wife, Research Fellow, University of Otago Wellington • Director, Foundation for Equity & Research New Zealand
<p>Sue Emirali <i>Member</i></p>	<ul style="list-style-type: none"> • Interim Chair, Sub Regional Disability Advisory Group 3DHB • Chair, KCDC Disability Advisory Group • President Retina NZ (Low Vision support organisation) • Member of Eye Health Coalition • Member Kapiti Health Advocacy Group • Board Member of Wellable (Wellington and Districts Disability Centres)
<p>Diane Crossan <i>Member</i></p>	<ul style="list-style-type: none"> • Chair, CCDHB Citizens Health Council • Chair, International Advisory Board for the Global Centre • Chair, Centre for Finance Education — Massey University • Chair, Retirement Income Group Ltd • Board member, Kaibosh

**CAPITAL AND COAST DISTRICT HEALTH BOARD
DRAFT Minutes of the Health System Committee
Held on Wednesday 11 September 2019 at 9am
Kenepuru Education Centre, Kenepuru Community Hospital, Raiha Street, Porirua**

PUBLIC SECTION

PRESENT

COMMITTEE:

Dame Fran Wilde (Chair)
Ms Sue Kedgley
Dr Roger Blakeley
Ms Eileen Brown (arrived 10.05am)
Ms Sue Driver
Dr Tristram Ingham
Ms Sue Emirali
Ms 'Ana Coffey (arrived 10.26am)

STAFF:

Ms Fionnagh Dougan, Chief Executive Officer
Ms Rachel Haggerty, Executive Director, Strategy Innovation and Performance
Mrs Robyn Fitzgerald, Committee Secretary

PRESENTERS:

Gerardine Clifford-Lidstone, General Manager, Child, Youth and Localities (Item 2.1)
Taulalo Fiso, Director of Community Partnerships (Item 2.1)
Peter Gush, Regional Public Health Manager (Item 2.2)
Dr Tara D'Sousa, Team Leader, Regional Public Health (Item 2.2)
Peter Guthrie, Planning & Performance Manager (Item 2.3)
Carrie Virtue, Executive Director, Medicine, Cancer and Community (Item 2.4)
Dr Michelle Balm, Consultant, Microbiology and Infectious Diseases (Item 2.4)
Jenny Langton, Principal Advisor (Item 3.2)
Shar Carlini, Senior Communications Advisor

GENERAL PUBLIC:

Simone Workman, Patrima Tauira, Zacch Te Tau,
Alisha Stapp; Melehina Killino-Lapana, Mel Thetadig,
Ali Paiti, Ezekiel Fiso, Jackie Tautu (Item 2.1)

A member of the public (left 10.50am).

1 PROCEDURAL BUSINESS

1.1 PROCEDURAL

Tristram opened the meeting with a karakia and blessing. Dame Fran Wilde, welcomed committee members, members of the public, our guests and DHB staff.

Noted that there is no pedestrian access to the Kenepuru Education Centre.

1.2 APOLOGIES

Andrew Blair and Tino Pereira. Eileen Brown and 'Ana Coffey informed the committee of their late arrival.

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 14 August 2019, taken with public present, were confirmed as a true and correct record.

Moved: Roger Blakeley **Seconded:** Sue Driver **CARRIED**

1.5 MATTERS ARISING

Nil.

1.6 ACTION LIST

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

1.7 ANNUAL WORK PROGRAMME

No changes.

2 DISCUSSION

2.1 REPORT AND RECOMMENDATIONS OF AN INTEGRATED MODEL OF CARE FOR YOUTH SERVICES FOR PORIRUA

The Porirua youth representatives introduced themselves to the Committee and explained why they had joined the group. Their personal stories were emotional and personal.

A poem, written by one of the attendees, was read to the committee. It told of the struggles of youth and their plea for someone to listen, to see and help them.

The chair thanked the young people for their presentation and acknowledged their strong leadership and contributions to the integrated model of care for youth services for Porirua.

The Committee:

- (a) **Noted** the contents of the paper;
- (b) **Supported** the content of the report and recommendations.
- (c) **Endorsed** SIP to move to implementation of the recommended model of care for young people for Porirua with the focus on the establishment of a YOSS (subject to increased funding).

Moved: Fran Wilde **Seconded:** Roger Blakeley **CARRIED**

Action:

- 1. Management to arrange for the Youth group to meet with other agencies, as part of an interagency response to the needs of young people in Porirua.

HSC recommends the Board:

- (a) **Notes** the paper.

The order of the papers were changed:

2.4 ANTIMICROBIAL STEWARDSHIP REPORT 2017-2018

The paper was taken as **read**.

The Committee:

- (a) **Endorsed** initiatives to optimise antimicrobial use within the hospital and community of CCDHB.

Moved: Sue Kedgley **Seconded:** Roger Blakeley **CARRIED**

Action:

2. Management to provide a report to the Committee on what our scope of work is in community facilities, namely ARC.

2.3 NON-FINANCIAL PERFORMANCE MONITORING

The paper was taken as **read**.

The Committee:

- (a) **Noted** this report is the second report on the non-financial monitoring that includes equity. It highlights our persistent ethnic disparities as well as evidence of success and challenges in achieving targets;

- (b) **Noted** that of the six core health target we have:

- a. Achieved: Faster Cancer Treatment and Better help for Smokers to Quit – Maternity;
- b. Partially Achieved: Shorter stays in Emergency Departments and Increased Immunisation;
- c. Not Achieved: Better Help for Smokers to Quit – Primary Care; and
- d. Not Assessed: Raising Healthy Kids (data not available)

- (c) **Noted** that of the 60 non-financial performance indicators reported to MoH in quarter 4 2018/19 we achieved and partially achieved 56 indicators, did not achieve three and one was not assessed;

- (d) **Endorsed** a condensed non-financial performance report for inclusion in the 25 September Board papers (Appendix 1) focussed on the core health targets.

Moved: Roger Blakeley **Seconded:** Sue Driver **CARRIED**

Action:

3. Management to query with the Ministry of Health the ratings with respect to equity.

3 INFORMATION

3.1 STRATEGY, INNOVATION AND PERFORMANCE (SIP) BI-MONTHLY UPDATE

The paper was taken as **read**.

The Committee:

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

HSC recommends the Board:

- (a) **Notes** the paper.

3.2 HEALTH OF OLDER PEOPLE INVESTMENT PERFORMANCE

The paper was taken as **read**.

The Committee:

- (a) **Noted** in 2018/19 CCDHB budgeted \$72 million for services for older people.
- (b) **Noted** that complaints related to the home and community support service are trending downwards as vacant staff positions are filled. That weekly monitoring of provider performance is still in place for these providers. The dashboard measure for HCSS is being revised to ensure the measure is reporting the same data across both providers. The revised measure will include complaints and missed cares.
- (c) **Noted** this reporting is part of our process of improving our understanding of how our investments in the services are working for our population including equity (or not) of access to health services and outcomes achieved.

Actions:

- 4. Management will provide an update on Health of Older People at the November forum.
- 5. Management to arrange a workshop on the Health of Older People and include NASC representation.

2 DISCUSSION

2.2 HEALTHY HOUSING UPDATE

The paper was taken as **read**.

The Committee:

- (a) **Noted** the information provided as an update on housing activity in the CCDHB district.

4 OTHER

4.1 RESOLUTION TO EXCLUDE

The paper was taken as **read**.

The Committee:

- (a) **Agreed** 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:

SUBJECT	REASON	REFERENCE
Regeneration Porirua and Housing	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.

Moved: Fran Wilde **Seconded:** Roger Blakeley **CARRIED**

Public Meeting closed at 11.11am.

5 DATE OF NEXT MEETING

Change of venue:

16 October 2019, 9am, 11th Floor Boardroom, Grace Neill Block, Wellington Regional Hospital, Wellington.

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

DATED thisday of.....2019

Fran Wilde
Health System Committee Chair

DRAFT

SCHEDULE OF ACTION POINTS – HEALTH SYSTEM COMMITTEE (HSC)

AP No:	Item No.	Topic	Action:	Responsible:	How Dealt With:	Delivery Date:
HSC Meeting 11 September 2019						
P044	3.2	Health of Older People Investment Performance	Management to arrange a workshop on the Health of Older People and include NASC representation	Exec Dir SIP	Schedule Proposed this is scheduled for December with the new Board.	Discuss at October Meeting.
P043	3.2	Health of Older People Investment Performance	Management to provide an update and report on what CCDHB are doing.	Exec Dir SIP	Proposed this is included in forum above.	Discuss at October Meeting.
P032	3.1	Dementia in our Community	Disability Sub Regional Group to provide advice to be included in the Investment Plan to be presented to HSC.	Exec Dir SIP	Proposed this is included in forum above.	Discuss at October Meeting.

Action Items dealt with prior to the next Health System Committee meeting – 16 October 2019

AP No:	Item No.	Topic	Action:	Responsible:	How Dealt With:	Delivery Date:
P040	2.1	Report and recommendations of an integrated model of care for Youth Services for Porirua	Management to arrange for the Youth group to meet with other agencies.	Exec Dir SIP	Discuss with other agencies <i>Ongoing discussions internally and externally</i>	October
P042	2.3	Non-financial performance monitoring	Management to query with the Ministry of Health the ratings with respect to equity	Exec Dir SIP	Maori Partnership Board (10 October) discussed with Ministry of Health	Closed
P041	2.4	Antimicrobial stewardship Report 2017-18	Management to provide a report to the Committee on what can be done.	Exec Dir QUIPS	Paper	October
P039	3.1	Public/Private Services (Discussed as part of Regional Services Plan)	Management to provide a paper exploring the issues of public vs private sector service delivery. Management to provide an update service delivery access to radiation therapy in the next HHS report.	Exec Dir SIP Exec Dir Operational	Paper <i>Scheduled into work programme</i>	November

Draft Health System Committee Workplan 2019

Regular HSC items: (Public) HSC Report and Minutes; Resolution to Exclude
(Public Excluded):

Month		13 February	13 March	17 April	15 May	12 June	17 July	14 August	11 September	16 October	13 November
Location		CCDHB	CCDHB	CCDHB	CCDHB	CCDHB	CCDHB	CCDHB	Porirua	Kenepuru	Paraparaumu
Strategy and Planning	DECISION	Porirua Children's Skin Project Pacific Nurse-led Neighbourhood Service in Porirua Primary Birthing Facility Feasibility Review Citizens Health Council Update	Draft Annual Planning Investment and Prioritisation Update Pro-Equity	Investment and Prioritisation Update Acute Planning National Contracts Update Maori Health Strategy and Action Plan AOD Model of Care Draft SOI	LTIP update	Investment and Prioritisation Update	Final LTIP Investment and Prioritisation Update	Final Draft Regional Services Plan 2019/20 Final Annual Plan and Capital Budget 2019/20 Investment and Prioritisation Update Citizens Health Council Update	Draft Financials Annual Report Investment and Prioritisation Update	Final Annual Report 2018/19 Draft Annual Plan 2019/20 Investment and Prioritisation Update Citizens Health Council Update	Investment and Prioritisation Update (include DSAC advice [P032]) 2020 Joint Board Schedule and workplan
				Even Better Health Care		Update for implementing the Health System Plan				Investment Plan Update	Progress update – Regional Services 18/19 (include paper exploring private vs public sector delivery [P039])
Regular Reporting	DISCUSSION	Access to Psychological therapies for 18 to 25 year olds Cancer Services Review Localities Diagram	System Innovation and Performance Update Hospital and Health Services Update Quarter 2 Performance Report	SOI Draft DASHBOARDS Citizens Health Council Update	Hospital Network Planning System Innovation and Performance Update Hospital and Health Services Update Summary of Heather Simpson Review Submission	Pro-Equity Implementation Plan	System Innovation and Performance Update Hospital and Health Services Update Birthing Facility Feasibility Update Quarter 3 Performance Report	Hospital Network Planning AOD Model of Care	Quarter 4 Performance Report System Innovation and Performance Update Hospital and Health Services Update 3DHB DSAC Report		Hospital Network Planning System Innovation and Performance Update Hospital and Health Services Update (include update service delivery access to radiation therapy[P039])
	INFORMATION	Population Health (Regional Public Health Report)		Pacific Health Update Porirua Skin Project Update	Health and Safety standards of Beauty and Nail Salons	Dementia Services Aged Residential Care	Pacific Health Update	Population Health (Regional Public Health Report)	Maori Health Action Plan Māori Health Update	Pacific Health Update	Antimicrobial Stewardship – include report on what can be done [P041]

Date: 16 October 2019	HEALTH SYSTEM COMMITTEE DISCUSSION
Author	Director, Strategy, Innovation and Planning — Rachel Haggerty
Endorsed by	Chief Executive CCDHB — Fionnagh Dougan
Subject	COMMISSIONING FOR EQUITY – ANTENATAL EDUCATION

RECOMMENDATIONS

It is **recommended** that the Committee:

- (a) **Notes** the persistent inequities in maternal and child health for Māori, Pacific, migrant/refugee and families in Porirua; including, access to antenatal education.
- (b) **Notes** the Strategy, Innovation and Performance (SIP) recently delivered an innovative process, to more effectively commission for equity, characterised by:
- a. Targeting investment to the groups we persistently fail to engage in antenatal education (young, Māori, Pacific, migrant/refugee families and families in Porirua).
 - b. Prototyping new, locally-developed approaches in 2019/20, to inform longer term commissioning decisions from 2020/21.
 - c. Inviting providers to ideate on approaches they believe will provide more meaningful education to the groups we persistently fail to engage with traditional/mainstream approaches. This is in contrast to the traditional approach of SIP leading the development of a service specification.
 - d. Rather than relying solely on written proposals, we invited providers to have a conversation with a panel about their ideas.
 - e. Consumer-led decision making, through an evaluation panel made up of two young Māori and Pacific mothers (who are representative of the cohort that often do not attend antenatal education), one small private practitioner/provider and two SIP representatives.
 - f. The performance appraisal process will involve the evaluation panel, including mothers, having a conversation about progress in the first few months of service delivery, to inform future commissioning activities.
- (c) **Notes** the positive feedback from providers on this new approach to procurement (Attachment 1), including 62.5% of respondents feeling that this process was more likely to improve outcomes for family/whānau than traditional procurement processes.
- (d) **Notes** that three innovative approaches to antenatal education will be trialled in the next 9 months, with a view to inform commissioning and contracting decision from 1 July 2020.

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

1. INTRODUCTION

1.1 Purpose

The purpose of this paper is to inform the Health System Committee of a new approach to procurement of antenatal education, to more effectively commission for equity.

2. BACKGROUND

2.1 The case for investing in Antenatal Education

The first 1,000 days (conception to a child's second birthday) lay the foundations for life-long health and wellbeing¹. The transitional phase between life before children and becoming a parent is a period when pregnant women, expectant fathers and whānau/families are more likely to be responsive to and/or proactive in seeking health information. Depending on their circumstances, experiences and world views, parents will have different information and education needs.

Against many metrics, mothers and babies living in Capital and Coast District Health Board's (CCDHB) catchment experience good health access and outcomes. However, there are persistent inequities in experience and outcomes, for young, Māori, Pacific and whānau/families living in areas of high deprivation.

In order to reach the mothers and whānau/families who often do not engage in antenatal education, SIP recently delivered a consumer and community-led Request for Proposal (RFP) process. By working with mothers from Porirua and providers with trusted relationships with community, we were able to consider a range of innovative approaches to antenatal education, which better meet the needs of the whānau/families most needing support.

2.2 Strategic Context

Maternal and Child Health Commissioning Plan

SIP is working to develop a Maternal and Child Health Commissioning Plan by the end of 2019. The Commissioning Plan will outline priorities, directions and approaches to commissioning and contracting from 2020/21. The intention is to both redirect investment and refresh our approach to contracting to better meet the needs of women and whānau that most need support. This prototyping exercise is an interim measure to test new models, with a view to transition investment to effective models in 2020/21.

Health System Plan 2030

This approach closely aligns with the *Health System Plan 2030*, as it:

- Prototypes a targeted kaupapa Māori approach to antenatal education.
- Targets Porirua, the locality with the greatest inequity of maternal and child health outcomes.
- Supports the redesign of services to enable more intensive support for women and babies in Porirua through the continuum of their pregnancy.
- Seeks to deliver more responsive care in community providers (as opposed to via hospital based teams).

Taurite Ora

This proposal also closely aligns with Taurite Ora, as it supports equity through:

- Investing in kaupapa Māori approaches
- Supporting strong Māori providers through developing capacity and capability of teams

¹ New Zealand College of Public Health Medicine, [First 1,000 Days of Life Policy Statement](#), 2017

3. DISCUSSION

3.1 Objectives

There were a number of objectives underpinning this procurement approach:

- Address structural racism by disrupting the procurement processes and systems that traditionally favour larger and/or mainstream providers.
- Ensure compliance with procurement rules as required by government frameworks including conflicts of interest and transparency.
- Seek community and whānau-led approaches to reach the women and whānau/families who most need support, including Māori and Pacific.
- Deliberately invest in culturally responsive education and support for women and their whānau/families.
- Foster partnerships between providers, particularly those with
- Demonstrated connectedness to communities, including Māori and Pacific communities; and
- Dstablished links to other key agencies including Ministry of Social Development, Oranga Tamariki, and local NGOs supporting families.

3.2 Commissioning approach

The process differed from traditional approaches in the following key ways:

- Rather than relying solely on written proposals, we invited providers to meet with us to have a conversation about their ideas.
- Recognising that this approach is new and unfamiliar, SIP hosted a provider information session to talk through the process and take questions from the sector. A summary of key Q&As was sent to all stakeholders, to ensure providers that weren't able to attend had access to the information discussed.
- The RFP evaluation panel was made up of two young Māori and Pacific mothers (who are representative of the cohort that often do not attend antenatal education), one small private practitioner/provider and two CCDHB representatives.
- We asked providers to ideate on approaches they believe will provide more meaningful education to the groups we persistently fail to reach with traditional/mainstream approaches. This is in contrast to the traditional approach of SIP leading the development of a service specification.
- The intention was the invite a range of providers with varied strengths, skillsets, assets and community connection (outside pregnancy education) and foster collaborative working.
- Contracts have been drafted based on the services/programmes providers designed with their staff and in some cases, with the mothers using their services.
- The performance appraisal process written into contracts will involve the original panel, including mothers, having a conversation about their progress in the first few months of service delivery.

3.3 Results

Of the 15 providers/practitioners invited to respond, six (6) providers requested the opportunity to present their ideas to the panel. This level of response exceeded expectations – delivering antenatal education is outside of the core business of many of the providers invited to respond.

The following ideas were presented to the panel:

- a holistic, strength-based, peer-led youth education programme.
- a home visit programme focusing on families under cultural, social and economic pressure and mothers feeling ostracised from their families.
- a variety of whole-of-whānau antenatal hui/programmes in Porirua, including programmes provided on marae.

- a 6 week course comprised of education, group therapy and physical activity for mothers and partners.
- Childbirth Educator moderated, peer facilitator-led weekly, community based drop-in meetings.

Proposals were presented in a variety of ways, including traditional PowerPoint, through conversation and co-presented with mothers of services.

There was sufficient funding to prototype three proposals. The panel selected the following providers and proposals to be prototyped:

- Kāpiti Youth Service will deliver a holistic, strength-based youth education programme, made up of 1:1 support, group education and peer support in Kāpiti.
- Taeaomanino Trust will deliver home visits and small group support and education to Pacific, Māori and new migrant families in Porirua, with a focus on families under cultural, social and economic pressure and mothers feeling ostracised from their families.
- Ora Toa PHO will deliver one day whole-of-whānau antenatal hui.

3.4 Feedback from providers

A provider feedback survey was conducted and key highlights are:

- 62.5% of respondents felt this process more likely to improve outcomes for family/whānau than traditional procurement processes.
- 62.5% of respondents found the process ‘better than a traditional procurement approach’.
- 87.5% of respondents found the process of presenting their ideas to the panel ‘positive’, and 12.5% found it ‘neutral’.

Other comments provided included:

- “This was my first presentation I have attended in relation to applying for funding. I found it very warm and comfortable with open conversations this helped especially being Pacific we learn through narratives. Nothing else to add. Well done to you and your team”.
- “The process itself was new, fresh and allowed for a proper talanoa without the feeling of the ‘master and servant’. What we all know is that there is no one size fits all. The delivery of service must be driven by the needs of the service user, purposefully and targeted. I think the DHB having the mothers in the panel was a great way to show this to providers. We really enjoyed the opportunity to present. Thank you”.
- “It was fantastic to have a panel with mothers from the community included as a key part of the panel”.
- “Location, time of day, allocated presentation and question time good. It was great to see and hear the voice of service users who were on the panel. That’s really important and helps to refine our works and how else deliver”.
- “Keep working at it and keep the stakeholder involved in the design process. The sector need time to adjust to this new approach it may actually uncover some real gems as well”.
- “Overall I thought it was a great process and am encouraged that the CCDHB has adopted this new engaging way of dispersing funding”.

In terms of areas for improvement, one provider gave the following feedback:

- “Short notice telling majority of services reps didn’t know why they were there n hadn’t read info limited amount of funding with no assurances that will continue” (sic).

Early on in the process, some providers found the process difficult to understand. This process highlighted that providers are very used to traditional procurement processes, and future reform and innovation needs to be well communicated, at an appropriate pace to support providers to adapt. Through running an information session, developing a FAQs document and having a central DHB point of contact to answer queries responsively and comprehensively, a good breadth and depth of proposals were received.

In response to feedback on the pace of the process, SIP extended the deadline to request to present to 11 September (originally 6 September). This was done following early feedback at the provider information session that more time would increase the likelihood they'd be able to participate.

SIP recognises there would be value in more feedback from providers that didn't respond to the RFP. SIP will opportunistically seek this feedback from providers where relevant/appropriate to inform future processes.

4. NEXT STEPS

SIP is currently working to finalise contracts with the successful providers, with a view to have services in place by 1 November 2019. In March 2020, the panel will reconvene to consider providers' progress, with a view to inform 2020/21 commissioning decisions.

Date 9 October 2019	HEALTH SYSTEM COMMITTEE DISCUSSION
Author	Director, Strategy, Innovation and Performance — Rachel Haggerty
Endorsed by	Chief Executive, HVDHB-CCDHB — Fionnagh Dougan
Subject	CITIZENS HEALTH COUNCIL WORK PROGRAMME 19/20

RECOMMENDATIONS

It is **recommended** that the Health System Committee:

- (a) **Notes** the content of this paper.
- (b) **Endorses** the work programme of the Citizens Health Council 2019/20.

Health System Plan Outcomes		Stewardship	
Wellbeing Strengthen our communities, families and whānau so they can be well	X	Quality & Safety Quality & safety of service delivery	
People Centred Make it easier for people to manage their own health needs	X	Service Performance Report on service performance.	X
Equity Support equal health outcomes for all communities	X	Health System Performance Report on health system performance	
Prevention Delay the onset, and reduce the duration and complexity, of long-term health conditions	X	Planning Processes and Compliance Planning processes and compliance with legislation or policy.	
Specialist Services Ensure expert specialist services are available to help improve people's health	X	Government Priority 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 the Citizen's Health Council's (The Council's) work programme for 2019/20.

2 BACKGROUND

The purpose of the Citizens Health Council is to provide processes for citizens to participate in building a culture of health for the District. Acknowledging the social diversities that shape the health and wellbeing of our community, the Council will use communication channels and processes to enable citizen input and advice on critical public health issues.

Over several meetings the Council has been working to define its role and function. It has taken some time to consider and understand how the Council can add value to the work of the DHB. While a wide range of topics have been canvassed, the Council has reached agreement that adding value means engaging with citizens of the District to contribute insights to progress the Health System Plan 2030. Particular focus will be placed on input to core health care services including:

- Maternity and Children and their families

- Young people (15-24 Years)
- Long term conditions including Cardiology, Cancer and Diabetes
- The frail and pre-frail elderly
- End of life services

Taking a citizen engagement approach the Council will provide direct feedback to the CCDHB as a way of ensuring the Board has its 'finger on the pulse' of citizen perspectives and insights.

The Council will use a number of communication channels to engage with a network of citizens and external stakeholders on public health issues and services and provide their feedback directly to the Health System Committee and Board.

The attached work programme is considered by the Council as one which can be realistically achieved within the current resource allocation and bi-monthly meeting schedule.

3 THE CITIZENS HEALTH COUNCIL WORK PROGRAMME 2019/20

This section sets out the proposed work programme for 2019/2020.

3.1 Objectives

The work programme outlines how the Council will contribute to better health outcomes across the district by strengthening community value and input to the design and delivery of health services in the greater Wellington region as identified in the Health System Plan 2030. This includes the following key objectives:




- Encouraging communities to engage in future focussed health conversations.
- Creating better community-responsible and driven healthcare decisions.
- Providing mechanisms for a direct line of feedback between citizens of the District and the DHB.




3.2 Approach

To meet the objectives the following approach will be taken:

- The Council will engage with citizens using online presence, surveys, community engagement which can be done as individuals or groups.
- Feedback will be collated by the Council & Communications team and considered at Council meetings.
- Findings will be presented to the Health System Committee and on the Council web page.

4 WORK PROGRAMME 2019/20

	What	Channel	Who	Completed by Council	Feedback to the HSC
	<p>Establishing the Citizens Health Council web presence. Development of a central portal where CCDHB and potentially HVDHB citizens can go to see how to engage, what the engagement topics are for the year, when they are held and who the current Council members are. Feedback from all community engagement sessions will also be posted on the web page.</p>	CCDHB Citizen webpage	Citizens Health Council CCDHB Communications team Child, Youth and Localities team	9 Oct 2019	13 Nov 2019 Ongoing updates
	<p>Topic: How integrated is our care? What are people's experiences of integration and how much further can we go in Maternity, Youth, Long Term Conditions, cancer, elderly, end of life? How can we encourage and inspire communities to proactively protect their health?</p>	Face to face group engagement fora in community setting Individual networks Survey monkey	He Whanau Manaaki o Tararua: ECE Kindergarten parent group Niu Era Sports Group: Youth, Body Sweat Fitness Adults, Compassion soup kitchen and Wellington night shelter: homeless, living in isolation, health issues and addictions Wellington City Mission: Mission for youth & families. Wellington management Group Northland Pilates Class Women's Management Group	Feb 2019	Apr 2020
	<p>Topic: Digitally Conscious Citizens How digitally conscious are CCDHB citizens and what is the palate for moving more population care services and information to online platforms? This will include consideration of at what ages and for what services (Maternity, Youth, Long Term Conditions, cancer, elderly, end of life).</p>	Face to face group engagement fora in community setting Individual networks Survey monkey	Pinikilicious Women's group: Cancer, LTC, elderly, end of life #Youthquake: Youth Salvation Army: early childhood, child & youth, hospice, AoD, housing, gambling, seniors, welfare Failau Puke/Waking Samoans/ Pacific Men's Health: community	Feb 2020	Apr 2020

	<p>Topic: Understanding Views on Palliative Care How can we encourage and inspire all people who require a palliative approach to live well and die well irrespective of their condition or care setting?</p>	<p>Face to face group engagement fora in community setting</p> <p>Individual networks</p>	<p>Citizens Health Council / Kathy Nelson Palliative Care Consumer Rep CCDHB Communications team</p> <p>Wellington City Mission: Mission for seniors and independence. PIC Church: Older Peoples Group Newtown Waikanae, Maori, Grey Power Group: Older people Palliative Care Summer focus groups</p>	<p>Feb 2019</p>	<p>May 2020</p>
	<p>Topic: Turning the tide on inequity What is people's understanding of equity and how do we cultivate a culture of understanding, inclusion and fairness for vulnerable populations?</p>	<p>One on one engagement fora in community setting</p> <p>Individual networks</p>	<p>Pacific Leaders Group: Pacific Equity Sex and Gender Diverse Working Group Sub regional Disability Advisory Group #YouthQuake</p>	<p>Feb 2020</p>	<p>May 2020</p>
	<p>Review and Planning Review of Council topics, seek input from Board. Plan and confirm session topics and timeframes for 20/21.</p>	<p>Internal review by Citizens Health Council</p>	<p>Citizens Health Council CCDHB Communications team Child, Youth and Localities team</p>	<p>May 2020</p>	<p>May 2020</p>

Date: 10 October 2019	HEALTH SYSTEM COMMITTEE DISCUSSION
Author	Director, Strategy, Innovation and Performance — Rachel Haggerty
Endorsed by	Chief Executive, HVDHB-CCDHB — Fionnagh Dougan
Subject	INFECTION PREVENTION CONTROL (IPC) IN AGED RESIDENTIAL CARE (ARC)

RECOMMENDATIONS

It is **recommended** that the Committee:

- (a) **Notes** the information regarding infection prevention control in age residential care.
- (b) **Notes** the intention to scope this opportunity with the Integrated Care Collaborative as a collaboration between primary care physicians and pharmacists, and secondary care AMS team.

APPENDICES

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

1. INTRODUCTION (BOLD, CALIBRI FONT 12, ALL CAPS)**1.1 Purpose**

The purpose of this paper is to inform the Health System Committee on the District Health Board's Infection Control Policy with regards to Age Residential Care (ARC).

2. INFECTION CONTROL POLICIES

ARC facilities must have Infection Prevention Control (IPC) policies in place to receive certification. It is also included in their regular audits. These are the responsibility of the ARC facility to develop and implement. For some of the larger ARC facilities this is governed by the parent organisation (e.g. Summerset or Ryman).

The CCDHB IPC team provides technical support on policies when asked and will assist with outbreak response or individual case management. This includes regular teaching on IPC to ARC facilities which covers outbreak management.

There is also a well-established process for ARC facilities to work with Regional Public Health to contain certain types of outbreaks (e.g. influenza, norovirus).

3. STAFF SAFETY

ARC staff are provided with training on how and when to use personal protective equipment (PPE) and on environmental cleaning. For patients known to be colonised with a novel or unusual multidrug resistant organism (e.g. carbapenemase producing enterobacteriales), the DHB IPC nurses will develop an individualised plan for the resident with the ARC facility prior to transfer. The nurses provide training with staff and view the processes onsite once the resident is at the ARC facility.

4. STAFF SCREENING

ARC staff are screened for carriage (themselves) of MDROs. CCDHB do not screen hospital staff and would not recommend screening of ARC staff. Risk of transmission from colonised staff is very low if those staff are using good hand hygiene and standard precautions. CCDHB do assist with monitoring and promoting annual influenza vaccination in conjunction with Occupational Health and Regional Public Health.

5. INFECTION MANAGEMENT & ANTI MICROBIAL STEWARDSHIP

Individual infection management (decisions on lab testing or antibiotic treatment) are primarily completed by ARC nursing staff. Antibiotic treatment is decided by the GP who provides care for the rest home. At present there are national BPAC guidelines.

6. OPPORTUNITIES

There are opportunities to improve antimicrobial stewardship programmes in the community, including in primary care and age residential care. We currently do not have resources to allocate to this work and it will be considered as part of the prioritisation process for 2019/20.

The scoping of this opportunity will be progress with the Integrated Care Collaborative as a collaboration between primary care physicians and pharmacists, and secondary care AMS team. Included in this will be consideration of existing practises in other DHBs including the Hutt Valley project on urine cultures.

Date: 7 October 2019	HEALTH SYSTEM COMMITTEE DISCUSSION		
Author	Director, Systems Innovation and Performance — Rachel Haggerty		
Endorsed by	Chief Executive, Capital & Coast DHB — Fionnagh Dougan		
Subject	PACIFIC HEALTH UPDATE		
RECOMMENDATION			
It is recommended that the Committee:			
(a) Note the contents of this report.			
Health System Plan Outcomes		Stewardship	
Wellbeing Strengthen our communities, families and whānau so they can be well	X	Quality & Safety Quality & safety of service delivery	X
People Centred Make it easier for people to manage their own health needs	X	Service Performance Report on service performance.	X
Equity Support equal health outcomes for all communities	X	Health System Performance Report on health system performance	X
Prevention Delay the onset, and reduce the duration and complexity, of long-term health conditions		Planning Processes and Compliance Planning processes and compliance with legislation or policy.	X
Specialist Services Ensure expert specialist services are available to help improve people's health		Government Priority Equity; Child Wellbeing; Mental Health; Primary Care; Water Safety	

1. INTRODUCTION

The Pacific Directorate continues to provide input across a range of work streams and initiatives, which have included but are not limited to: Living well, dying well Palliative Care Pathway; Gout and Pharmacy project; Hāpu Wanaaga Steering Group; Pacific Workforce Strategy; Pacific MHAIDs Leadership and Clinical Governance; Tauhi Alliance Pacific ASH 0-4, Screening, and Long term conditions; Pacific Elderly; Pacific people with disabilities; Nurses and Midwives Leadership group; Allied Health; Clinical Ethics Advisory Group; Regional Coordination Group (Breast and cervical screening); Pacific National Bowel Screening Network; WellHomes and Rheumatic Fever Governance.

1.1 Purpose

The purpose of this paper is to provide the Health System Committee with updates on the following activities of the Pacific Work Programme:

- 3DHB Pacific Action Plan
- Sub Regional Pacific Strategic Health Group
- Sub Regional Pacific Disability Steering Group
 - Health Passport
 - Accessibility Charter
- Non Departmental Expenditure (NDE) commissioning
- Catalyst Pacific Radio
- CAREERfest

- National Bowel Screening Programme (NBSP) Pacific National Network.

3DHB Pacific Action Plan 2019-2022

Feedback from the recent Pacific community consultations that started in May of this year continues to reinforce the impact of the social determinants of health as a significant barrier for good health experienced by many Pacific families and communities. The Pacific Action Plan therefore incorporates a strong focus on cross sectoral partnerships to support collaborative approaches for improving health outcomes for Pacific people with high unmet needs. Key priority areas will include:

- Pacific Child Health, first 1000 days of life
- Pacific peoples utilisation of MHAIDs and Disability and Support Services
- Health of Older Pacific people, Aging Well
- Reducing obesity and long term conditions
- Care closer to home
- Timely access to services and quality care.

Enablers include:

- Growing, retaining and sustaining the Pacific Workforce
- Supporting and strengthening Pacific providers
- Commissioning services
- ICT and infrastructure development.

A significant achievement from the Pacific community consultations was the willingness and commitment shown by people to work together to improve the health of Pacific communities. The CCDHB Pacific Action Plan will support the strategic direction and vision, in alignment with the Health System Plan 2030, and the Ministry of Health National Pacific Action Plan, which is also currently being updated and refreshed.

Sub Regional Pacific Strategic Health Group

The Sub Regional Pacific Strategic Health Group convened to discuss projects pertinent to Pacific people, and a further meeting was convened to discuss the recruitment of a new Executive Director, Pacific Health for CCDHB. The Group also received presentations from the following programmes:

- Localities Activation programme
- Allied Health Workforce Strategy
- Long Term Investment Plan (LTIP)
- Pro Equity programme
- Progress update on 3DHB Pacific Strategy.

Feedback provided by members was taken into account and embedded into policy processes.

A further urgent meeting was convened to seek advice from the Sub Regional Pacific Strategic Health Group (SRPSHG) regarding the recruitment of a new Executive Director. The SRPSHG endorses CCDHB approach to recruit for 12 months and looks forward to progress being made to ensure continuity of the Pacific health work programme and the finalisation of the 3DHB Pacific Action Plan.

Sub Regional Pacific Disability Steering Group

The Sub Regional Pacific Disability Steering Group provides advice and leadership to ensure that the needs of Pacific people with disabilities are at the forefront of strategy development and service delivery. This supports practical ways to strengthen the implementation of the Sub-Regional Disability Strategy 2017-2022 and aligned to the

strategic goals and direction of the Faiva Ora 2016-2021, National Pasifika Disability Plan and the Enabling Good Lives principles.

Health Passport

The CCDHB Disability Responsiveness Team have convened a working group for the purposes of progressing the review of the paper based Health Passport and the development of the electronic version of the Health Passport. The development group met in September with a focus on content and language, ensuring that the format was adaptable for an electronic framework into the future. Through this work it was identified that there was a need for 'version control' because of the different versions that were being tabled

A draft version of the health passport was compiled and is heavily premised on the existing health passport. The Pacific Directorate will review the final draft across its membership to ensure that it supports and meets the need of Pacific people with disability appropriately. The Sub Regional Pacific Disability Steering group will offer guidance and support with this process to ensure an agreed version of the resource will be relevant and acceptable.

Accessibility Charter

The first phase of the introduction of the Accessibility Charter to health services operated by CCDHB and its subsidiaries has commenced. The objective of the Disability Responsiveness Team is to ensure that the Accessibility Charter is incorporated into practice across CCDHB, and that the team remains committed to meeting this objective with a focus on cultural groups having equitable recognition through the process.

The first requirement is to confirm the formats that best address the identified needs of people who engage with health services. At this stage the focus is on Plain Language, Easy Read, NZ Sign Language, Braille, Audio, and large print. The focus will also include how to include other languages as the work develops.

The second requirement is to source appropriate solutions to design and implement the formats required by the people who access the various health services. The development of the Charter and its support tools will be refined to ensure that the needs of Pacific people with disabilities are addressed as the work proceeds.

Non-Departmental Expenditure Commissioning

The Ministry of Health Chief Advisor Pacific has coordinated a Pacific forum inviting Pacific leaders across the country to consider better approaches in the commissioning space and is considering the best ways to commission services that achieve equity for health and wellbeing, particularly for Māori and Pacific. Participants were invited to explore new models of working and commissioning that improves health outcomes for Pacific people and their families. Participants included the Ministry of Health Pacific funded Collectives, Pasifika Futures, District Health Board Governance leaders and management.

Catalyst Pacific Radio

The Catalyst Pacific Radio programme continues to deliver health messages to Pacific communities with broadcasters from Samoa, Tuvalu, Niue, Tokelau, Tonga, Cook Islands, and Fiji, delivered in their own native language. Staff at the CCDHB Pacific Health Unit work closely with Catalyst Pacific radio to provide health information about services and support available for people admitted to hospital and their families. Sera Tapu-Taala, Charge Nurse at the CCDHB Endocrine, Diabetes, and Research Centre provides ongoing health education on diabetes on the programme.

Among the many health topics covered, there are also ongoing health messages that continue on a regular basis such as DNA's, ASH, Health Literacy, Diabetes, Cancer awareness, healthy living, healthy eating, regular exercise, and mental health.

Dr Teariki Moate, a leading Paediatric Surgeon and Urologist from the Cook Islands and based at Christchurch Hospital is a regular speaker on the radio and recently covered topics such as measles and flu vaccinations, nutrition, youth suicide, and lifestyle effects on diabetes, high blood pressure and weight. Dr Moate is highly regarded and respected among the Pacific Medical community and is said to call in for his regular time slots on the radio regardless of where he is in the world and what time zone he is in. Dr Semisi Aiono, General Surgeon of Samoan decent based at Wanganui DHB is also a regular speaker on the radio and has provided a variety of health topics covering the importance of MMR vaccine and Influenza vaccine, asthma, bowel cancer and oral health for children. Their contributions towards raising awareness on specific health topics, along with health specialists from other ethnic communities is valued.

More listeners are reported to be calling in especially for the Samoan programme. Most community listeners are more comfortable discussing issues and offering feedback informally off air. Pacific listeners are often shy, and wish to retain their privacy as their voices can be more easily recognised in the smaller communities. Listeners continue to make contact with the broadcasters via Facebook, text messaging, private phone calls and at community and church events. National and international online listeners also make contact and interact with the radio hosts and guest speakers.

CAREERfest

The Pacific Health Directorate has sponsored CCDHB participation at the Careerfest (formerly known as Jobfest) for the past four years with good support from departments across the organisation, particularly Recruitment, Patient Administration (PAS), Security Orderlies, Medical Records, Allied Health, Midwifery, and Nursing.

The Pacific Directorate worked in partnership with Localities and Recruitment to facilitate CCDHB participation at the annual Careerfest held in August of this year at the Elim Church in Porirua. The Careerfest is an event that allows providers to showcase career opportunities to local students and young job seekers looking to enter the workforce, or interested in study options for prospective career pathways. The event brings together employers with job opportunities, now or in the future. Local colleges that attended included Mana, Porirua, Aotea, Bishop Viard, Tawa, and Samuel Marsden colleges.

There was also a wide variety of exhibitors from across different sectors.



Exhibitors who attended

Careerforce	Downer New Zealand	Electoral Commission	Housing NZ
CCDHB	Dress for success	Fashion Tech	HLC
Civil Contractors Ltd NZ	Electrical training company	Graham Dingle Foundation	Kiwi Trade apprenticeships
Defence force	Elite Beauty	Higgins Wgtn	Kiwirail
Massey University	Mexted Performance sports surfaces	Ministry of Social Development	MITO
Mitre 10 Mega	NZ Institute of Sport	NZMA	NZ Porirua Police College
Porirua City Council	PORSE	Primary ITO	SARNZ
Satius Group	School of Tourism	Simply Security	Stantec – Civil Engineering

Studylink	Taylor Preston limited	Te Puna Kokiri	Tu Ora, Compass Health
Victoria University	Westpac Bank	Wellington Water	Whanau Manaaki Kindergarten
Whitireia	Youbee School Design		

There was a lot of interest in CCDHB from students and job seekers, wanting to know about subjects needed for specific professional roles and jobs. Recruitment received twenty nine CVs and the majority of interest was in Patient Administration Services. The event had a positive feel to it and also provided an opportunity for exhibitors to network with each other.



NBSP Pacific National Network

Equity has been defined as one of the key elements in the delivery of the National Bowel Screening Programme to ensure those who are less likely to participate are engaged, especially priority populations such as Māori and Pacific.

At previous workshops facilitated by the Ministry of Health, a need for national networks was identified and this led to the establishment of a Māori National Network (MNN) and a Pacific National Network (PNN). The MNN is hosted by Midland Bowel Screening Regional Centre (MBSRC), while the PNN is hosted by the Central Bowel Screening Regional Centre (CBSRC) based at Hutt Valley DHB.

The role of the PNN is to provide a mechanism for collaboration and to share experiences and practice that promotes access to, and through the bowel screening pathway for Pacific people who are eligible. One of the responsibilities of the PNN is to organise national fono’s (meetings) to bring those involved in promoting national bowel screening together. The PNN is currently chaired by the current Pacific Health Director, Tofa Suafole Gush with support from Dr Tua Tauetia-Su’a who coordinates and manages the meetings. The PNN have held three national fono’s so far, with another one planned for the end of October 2019 in Wellington.