

 	<p>MINUTES</p> <p>Held on Wednesday 1 December 2021</p> <p>Location: Zoom</p> <p>Zoom: 876 5068 1844</p> <p>Time: 9:00am</p>
2DHB CONCURRENT BOARD MEETING	PUBLIC

Due to Covid 19 alert level (level 2) only the Chair and limited staff attended in person (in person marked with * and all others on zoom).

PRESENT

*David Smol	Chair, Hutt Valley and Capital & Coast DHBs		
'Ana Coffey	Board Member	Keri Brown	Board Member
Dr Kathryn Adams	Board Member	Ria Earp	Board Member
Brendan Boyle	Board Member	Ken Laban	Board Member
Hamiora Bowkett	Board Member	Prue Lamason	Board Member
Dr Tristram Ingham	Board Member	Naomi Shaw	Board Member
Sue Kedgley	Board Member	Dr Richard Stein	Board Member
Roger Blakeley	Board Member	John Ryall	Board Member
Dr Chris Kalderimis	Board Member	Josh Briggs	Board Member
Vanessa Simpson	Board Member	Wayne Guppy	Deputy Chair
Stacey Shortall	Deputy Chair		

APOLOGIES

Yvette Grace

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

*Fionnagh Dougan	Chief Executive
*Rosalie Percival	Chief Financial Officer
*Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Services
*Paul Oxnam	Executive Clinical Director Mental Health, Addictions and Intellectual Disability Services
*Joy Farley	Director Provider Services
*John Tait	Chief Medical Officer
*Peter Guthrie	Acting Director Strategy Planning and Performance
*Rachel Gully	Director People and Culture
*Sue Gordon	Director Transformation
*Helen Mexted	Director of Communication and Engagement
*Sally Dossor	Director, Office of the Chief Executive and Board Secretary
*Meila Wilkins	Board Liaison Officer
Anne Pedersen	2DHB Group Manager Clinical Excellence
*Jamie Duncan	General Manager Hospital & Specialty Services
*Lisa Smith	Hospital Network Commissioning Team Leader
*Dr Sean Galvin	Clinical Leader 2DHB Transformation

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting with a karakia.

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

1.4 INTEREST REGISTER

1.4.1 COMBINED BOARD INTEREST REGISTER

The Boards **noted** the update to the interest register for Tristram Ingham.

- Associate Professor, University of Otago

Any further changes were to be sent to the Board Liaison Officer via email.

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

It was **noted** as current and the Chief Executive will ensure the ELT will update as needed.

1.5 MINUTES OF PREVIOUS CONCURRENT MEETING

The Boards **approved** the minutes of the concurrent Board Meeting held on 3 November 2021 with minor errors corrected for clarity.

	Moved	Seconded	
HVDHB	Ria Earp	John Ryall	CARRIED
CCDHB	Brendan Boyle	Roger Blakeley	CARRIED

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

There were no updates or comments.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

- Recorded appreciation for CE, staff and teams involved in vaccination programme.
- Noted the confirmation from the Wellington Hospital's Foundation that it has approved funding of Tiltaway Beds, Equipment for Child Development Service & Rehabilitation Service, whiteware, appliances and TVs with a combined value of \$360k for Te Wao Nui. The Chair also thanked Noel Leeming for its support. Noted that staff have acknowledged the notification and thanked WHF.

1.8 CHIEF EXECUTIVE'S REPORT

*The paper was taken as **read** and the Chief Executive answered questions.*

Notes:

- The CE updated the vaccination statistics reported as follows:

	Capital and Coast	Hutt Valley	Total
Māori Full Vax	77%	71%	74%
Pacific Full Vax	79%	78%	78%

Other Full Vax	93%	90%	92%
Total Full Vax	91%	86%	89%

- Noted the issues with unvaccinated staff and that significant effort has been put into encouraging staff to be vaccinated. The number of unvaccinated staff has reduced further (now below 100 – which is approximately 1%).
- Noted the vaccination strategies for mental health patients, however noted that there is insufficient data held to establish what proportion of unvaccinated people had opted out of vaccination vs had not yet been reached (note 65% vaccinated / 35% unvaccinated).

1.9 BOARD WORK PLAN 2022

The Board **noted** the work plan for 2022.

2 DHB PERFORMANCE AND ACCOUNTABILITY

2.1 HVDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORT – SEPTEMBER 2021

*Paper was taken as **read** and the Chief Financial Officer answered questions.*

The HVDHB Board noted:

- the DHB had a (\$0.99m) deficit for the month of September 2021, being \$1.3m favourable to budget;
- the DHB year to date deficit excluding \$0.2m net COVID-19 costs was (\$4.8m);
- the Funder result for September was \$2.2m favourable, Governance \$0.2m favourable and Provider \$1.0m favourable to budget;
- total Case Weighted Discharge (CWD) Activity was on plan year to date.

	Moved	Seconded	
HVDHB	John Ryall	Wayne Guppy	CARRIED

Notes:

- A Board member raised a question about the discrepancy in the data presented to the Board in item 3.1 of the Board agenda for 3 November 2021 regarding C-section rates at HVDHB for 2019. It was noted that there was an error in the report as the reported rate (52%) had captured the c-section rate for all HVDHB residents, regardless of whether they had birthed at Hutt Hospital or Wellington Regional Hospital. The data has been corrected and is shown by the underlined text below:

The percentage of babies born by caesarean section at Hutt Hospital and Wellington Regional Hospital 2016-2021 is as follows:

	HVDHB	CCDHB
2021	38%	40 %
2020	40%	40%
2019	52% <u>38%</u>	39%
2018	35%	37%
2017	33%	35%

2016	33%	33%
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2.2 CCDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS – SEPTEMBER 2021

Paper was taken as **read** and the Chief Financial Officer answered questions.

The CCDHB Board noted:

- The DHB had a (\$6.4m) deficit for the month of September 2021, being (\$2.3m) unfavourable to budget before excluding COVID-19;
- In the one month we have incurred (\$5.1m) additional net expenditure for COVID-19;
- The DHB has an overall YTD deficit of (\$6.5m) from normal operations (excluding COVID-19) being \$4.6m favourable to the underlying budget

	Moved	Seconded	
CCDHB	Chris Kalderimis	Kathryn Adams	CARRIED

3.0 STRATEGIC PRIORITIES

3.1 STRATEGIC PRIORITIES UPDATE

The Boards noted:

- Progress against implementation of the strategic priorities agreed for delivery in 2021/22 as we transition to the new health and disability system;
- the 2DHB Maternal and Neonatal System Plan is provided for Board approval following endorsement by HSC (item 4.1 of the agenda);
- the update and recommendations on the 2DHB Hospital Network are provided in a separate paper at this meeting.

	Moved	Seconded	
HVDHB	John Ryall	Naomi Shaw	CARRIED
CCDHB	Stacey Shortall	Kathryn Adams	CARRIED

4.0 DECISIONS

4.1 HSC UPDATE AND ITEMS FOR APPROVAL FROM MEETING DATED 24/11/21

The Chair of HSC spoke to each of the items considered at the HSC meeting.

Item 2.1: 2DHB Maternal and Neonatal Health System Plan

Health System Committee recommends the Boards:

- approve** the 2DHB Maternal and Neonatal System Plan (Appendix 1).
- note** the description of the proposed evidence-based maternity system to be developed and funded across both DHBs going forward.
- note** a whole of system approach, defining care and experience across the maternal care service continuum has been adopted to develop the above. This has created specific

interdependent actions that need to be implemented in order to realise the shifts outlined in the strategy.

- (d) **note** we have taken a pro-equity approach to creating the Plan. This means the actions defined as “culturally responsive care” and “enabling maternal and neonatal care” have been prioritised for implementation.
- (e) **note** the Plan outlines over 50 actions that have been developed in partnership with the community and clinicians and reflects what they believe will make a meaningful change for all women and families having babies across the 2DHB region.
- (f) **note** DHB leads are of the view that it is possible to drive many of the initiatives within existing resources (refer to Section 10 of this paper) by December 2022.
- (g) **note** that to fully realise the changes outlined in the strategy, additional investment in new services will be required.
- (h) **note** that to achieve a significant increase in access to primary birthing (refer to Appendix 1, slide 31), additional capital investment is required. This would need to be considered by Health New Zealand.
- (i) **note** that a detailed implementation plan to support the 2DHB Maternal and Neonatal System Plan will be provided to the Health System Committee and the 2DHB Boards in March 2022. This will include funding considerations and recommendations to Health New Zealand and the Māori Health Authority.
- (j) **note** that the Health System Committee requested the following amendments to the 2DHB Maternal and Neonatal System Plan (which have been made and are in Appendix 1 (attached)):
 - i. ensure that the reference on page 27 of the Plan (page 52 on Diligent Book) to the 2014 study is accurate;
 - ii. ensure that the language in the Plan does not conflate home birth and primary birthing; and
 - iii. amend page 33 of the Plan (page 58 on Diligent) to refer to creating a pathway that better integrates maternal and neonatal pathways for babies with impairments with pathways to children’s services.

Item 2.2 Commissioning in Localities

The Board notes:

- (a) The presentation on Commissioning in Localities given at the Health System Committee meeting on 24 November 2021.
- (b) the alignment to our early understanding of the systems being implemented by Health NZ and the Māori Health Authority and the draft Pae Ora (Health Futures) Bill currently open for submissions.

	Moved	Seconded	
HVDHB	Keri Brown	Ken Laban	CARRIED
CCDHB	Kathryn Adams	Sue Gordon	CARRIED

Notes:

- The Chair of HSC gave a comprehensive overview of item 2.1 – 2DHB Maternal and Neonatal Health System Plan which the Health System Committee recommended to the Board for its approval.
- The Boards thanked staff for a thorough and progressive system plan and commended the work. The Boards noted that immediate implementation action points that can be funded within the existing budget will be progressed this financial year.
- Noted an investment plan to support the System plan will be provided to the Board at the meeting on 30 March 2021 and this will include recommendations to Health New Zealand on recommended actions beyond 1 July 2022.
- A member expressed concern that the Plan did not provide a timeline for the establishment of a new primary birthing facility in Hutt or Wellington, however it was noted that a new primary birthing facility in the Hutt Valley or Wellington would require significant capital investment and that given the health reforms and transition to Health New Zealand, this is not a matter the Boards can address – other than through inclusion in the implementation plan as noted above.

4.2 DELEGATIONS FOR THE 2021/22 SUMMER BREAK IN BOARD SCHEDULE

The Chair of the Boards introduced the paper.

Capital & Coast District Health Board agreed to:

- (a) delegate authority to the Chair and Chair of CCDHB FRAC to make any decisions that require Board approval from 2 December 2021 to 15 February 2022 provided that:
- on advice from the Chief Executive, the Chair is satisfied that it is not appropriate to delay the decision until 16 February 2022
 - all decisions made under this delegation are reported to the concurrent Board meeting on 16 February 2022 for ratification

Hutt Valley District Health Board agreed to:

- (a) delegate authority to the Chair and Chair of HVDHB FRAC to make any decisions that require Board approval from 2 December 2021 to 15 February 2022 provided that:
- on advice from the Chief Executive, the Chair is satisfied that it is not appropriate to delay the decision until 16 February 2022
 - all decisions made under this delegation are reported to the concurrent Board meeting on 16 February 2022 for ratification

	Moved	Seconded	
HVDHB	Josh Briggs	Ria Earp	CARRIED
CCDHB	Chris Kalderimis	Sue Kedgley	CARRIED

5.0 UPDATES**5.1 DSAC UPDATE FROM MEETING DATED 24/11/21**

Naomi Shaw introduced and spoke to the paper.

The Boards note:

- (a) The papers are in the Diligent Board book for the HSC meeting dated 24 November 2021

(b) DSAC received reports and noting recommendations on the following:

Item 2.1 3DHB Sub Regional Disability Strategy 2017 – 2022 Update

(a) the update on implementation of the Sub Regional Disability Strategy 2017 – 2022..

Item 2.2 - Review of Sub-Regional Disability Strategy 2017-2022

- (a) Grant Cleland, Director of Creative Solutions, will present the preliminary findings of his review on progress with the Disability Strategy.
- (b) The review was based on the recommendations made at the 3DHB Disability Forum in Silverstream 2019.

Item 2.3 – MHAIDS Service Performance Update

- (a) The MHAIDS Service Performance update – November 2021, included as Attachment 1.
- (b) MHAIDS is currently implementing a range of improvement strategies to mitigate immediate demand and access pressures.

Item 2.4 – 3DHB Mental Health and Wellbeing Strategy update

- (a) Hutt Valley and Capital & Coast DHBs have formally established the Mental Health and Addiction Change Programme to redesign and implement a pro-equity, whole of population system of care to support the mental health and wellbeing of the people across the subregion.
- (b) the continued expansion of the Access and Choice programme across the 3DHB region, with investment increasing monthly to fund a total of 82.4 FTE by June 2023.
- (c) the growth of the Primary Care Liaison Service, with the recent establishment of a full-time consultant psychiatrist role in Wellington, two nurse practitioner roles in Hutt Valley DHB, and upgrading of the two liaison roles in Wellington to nurse practitioner level.
- (d) a new Acute Alternative service in Lower Hutt will be operational from mid-November 2021, serving as an alternative to inpatient care for those experiencing acute mental illness.
- (e) that four Kaupapa Māori and Pacific providers across the Capital & Coast and Hutt Valley regions have been contracted to provide Primary and Community AOD Kaupapa Māori and Pacific Counselling.
- (f) an updated 3DHB Suicide Prevention and Postvention Action Plan has been developed. This updated Action Plan incorporates *Every Life Matters* focus areas. It is also responsive to the 2020/2021 annual provisional suicide statistics, the Ministry of Health suicide web tool, and recent 3DHB data.

	Moved	Seconded	
HVDHB	Ria Earp	Ken Laban	CARRIED
CCDHB	Sue Kedgley	Kathryn Adams	CARRIED

Richard Stein left the meeting at 9.55am.

6.0 OTHER

6.1 2DHB COVID PLANNING

The Boards noted:

(a) progress with implementing the next phase of 2DHB COVID planning

	Moved	Seconded	
HVDHB	Wayne Guppy	Ria Earp	CARRIED
CCDHB	Roger Blakeley	Brendan Boyle	CARRIED



COVID Response
and Resilience.pptx

Notes

- Presentation on Covid response and resilience, particularly care in the community.
- The Covid governance group oversees the modelling and the assumptions that the planning is based on.
- We have learned from the international experience in addition to Auckland. International networks are drawn on by all teams.
- 2000 seeded cases was questioned as seeming high. That number includes undetected, asymptomatic and symptomatic cases. Scenario planning takes into account a worst-case scenario when capacity (beds and staff) is exceeded and there is a clinical response to that.
- Discussed the clinical model and the care in the community. Highlighted focus on triage system with high risk groups having clinicians visiting. Clinical assessments will be by health professionals.
- Discussion on risks to vaccination staff and ensuring that all people working in the vaccination programme are supported. Security staff are in place and have trained in de-escalation and are liaising with police.
- The Boards commended the pro-equity approach and the co-ordinated approach across agencies and providers.
- Wider welfare response is being joined up across agencies taking an intersectorial approach. Our DHBs are working with many other agencies (e.g. MSD, Kainga Ora, and Te Puni Kōkori) and this is an opportunity to connect with agencies.
- Liaising with Wellington Free Ambulance on transfer of Covid patients and protocols and approach.
- ICU co-ordination and capacity is being managed across the New Zealand and at a local level there is significant planned surge capacity, and as previously noted to the Boards, 2 extra ICU beds will be commissioned early next year.

6.2 GENERAL BUSINESS

Nil.

6.3 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	Seconded	
HVDHB	Wayne Guppy	Josh Briggs	CARRIED
CCDHB	Brendan Boyle	Kathryn Adams	CARRIED

The public meeting concluded at 10.40am.

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

DATED this 16th day of February 2022

David Smol
BOARD CHAIR