

 	<p>MINUTES</p> <p>Held on Wednesday 4 August 2021</p> <p>Location: Wellington Regional Hospital, Level 11 Boardroom, Grace Neil Block</p> <p>Zoom: 876 5068 1844</p> <p>Time: 9:00am</p>
<p>2DHB CONCURRENT BOARD MEETING</p>	<p>PUBLIC</p>

PRESENT

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

APOLOGIES

Yvette Grace
Keri Brown
Ken Laban

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

Rosalie Percival	Acting Chief Executive Chief Financial Officer
Arawhetu Gray	Director Māori Health
Junior Ulu	Director Pacific People's Health
Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Service
Paul Oxnam	Executive Clinical Director Mental Health, Addictions and Intellectual Disability Services
Sarah Jackson	Director of Clinical Excellence
Joy Farley	Director Provider Services
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

Procedural note:

The Chair re-ordered the agenda to bring item 2.1 (Te Upoko O Te Ika Māori Council (TUIMC)) forward to follow agenda item 1.2.

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting with a karakia.

The Chair welcomed and introduced the new members of the Executive Leadership Team:

- Sue Gordon, Director Transformation
- Rachel Gully, Director People and Culture
- Paul Oxnam, Executive Clinical Director MHAIDS
- Matthew Parr, Acting Chief Executive

1.2 APOLOGIES

As noted above.

2 TE UPOKO O TE IKA-A-MAUI MĀORI COUNCIL (TUI MC)

2.1 TE UPOKO O TE IKA A MAUI MĀORI COUNCIL (TUI MC) – TERMS OF REFERENCE

Members of TUIMC: Jack Rikihana (Chair), Liz Mellish and Mark Te One, presented.

The Boards note:

- a) the establishment of Te Upoko o te Ika-a-Maui Māori Council (TUI MC)
- b) the Agreement and Terms of Reference for TUI MC

Notes:

- The Chair of TUI MC gave an overview of the history of Māori Partnership Boards and the establishment of Te Upoko o te Ika-a-Maui Māori Council (TUI MC)
- TUI MC discussed issues that mana whenua face in Wellington and the Hutt Valley. Māori have been severely impacted by delivery of health care services over time and effects of this are still ongoing. This requires systemic change across the 2DHBs.
- Acknowledged this important occasion signalling coming together. The signing of the Terms of Reference document represent promises, ambitions, respect and trust between TUI MC and the Boards.
- The Chair of TUI MC presented the taonga to the Chair of the Boards
- The Chair of the Boards thanked TUI MC for their presentation and support and the Boards look forward to partnering with TUI MC to improve health outcomes for Māori in our community.

1 PROCEDURAL BUSINESS (CONTINUED)

1.3 PUBLIC PARTICIPATION

Nil.

1.4 CONTINUED DISCLOSURE

1.4.1 COMBINED BOARD INTEREST REGISTER

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 7 July 2021 (public).

	Moved	Seconded	
HVDHB	Prue Lamason	John Ryall	CARRIED
CCDHB	Roger Blakeley	Kathryn Adams	CARRIED

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

- **21-P03:** Note that Arawhetu Gray gave an update on data sovereignty at the July Board concurrent meeting. The Chair noted that it is an ongoing process at the regional and national level and is being worked through with Māori partners.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

The Chair noted:

- that the Boards have entered a Memorandum of Understanding with two mana whenua partners – Ngāti Toa and Te Ātiawa noting this is a significant step forward to ensuring we work closely with mana whenua partners across the region. 'Te Rangapū Ahi Kā Roa Relationship with the District Health Boards of the Wellington Region' is an agreement between Te Rūnanganui o Āti Awa ki te Upoko o te Ika a Maui Inc, Te Rūnanga o Ngāti Toa Rangatira, and the two DHBs.
- DHB Chairs and CEs continue to meet and a focus is on what all DHBs need to be doing to support Health New Zealand and the Māori Health Authority. There is strong commitment to supporting the transition.
- It is the intention for Māori (Iwi, hapu, Māori communities and providers) in each region to establish how they partner with Health New Zealand and the Māori Health Authority.
- DHB Chairs are continuing to meet with the Minister, which is one means to ensure shared awareness of system pressure, challenges and opportunities.

1.8 CHIEF EXECUTIVE'S REPORT

*The paper was taken as **read** and the Acting Chief Executive was available for questions.*

Notes

- RSV levels are beginning to decline after recent spike.
- New Greater Wellington Regional Council bus service (the Wellington Hospital express from the Railway Station) is being promoted as part of promoting the travel action plan.

1.9 BOARD WORK PLAN 2021

The Board **noted** the work plan for the rest of 2021.

3 DHB PERFORMANCE AND ACCOUNTABILITY

3.1 HVDHB MAY 2021 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

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

The HVDHB Board noted:

- (a) The DHB had a (\$6.4m) deficit for the month of May 2021, being (\$5.5m) unfavourable to budget;
- (b) The DHB year to date had a deficit of (\$15.3m), being (\$6m) unfavourable to budget;
- (c) The DHB year to date deficit excluding \$1.8m unfunded COVID-19 Costs and \$2.5m Holidays Act provision was a deficit of (\$11m), being (\$5m) unfavourable to budget, which includes a \$6.5m impairment of the RHIP;
- (d) The Funder result for May was \$1.7m favourable, Governance \$0.01m favourable and Provider (\$7.4m) unfavourable to budget;
- (e) Total Case Weighted Discharge (CWD) Activity was 8% ahead of plan

	Moved	Seconded	
HVDHB	Prue Lamason	John Ryall	CARRIED

3.2 CCDHB MAY 2021 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

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

The Capital & Coast DHB Board noted:

- (a) The DHB had a (\$0.73m) deficit for the month of May 2021, being \$4.3m favourable to budget before excluding COVID-19 and Holidays Act;
- (b) The DHB year to date had a deficit of (\$42.4m), being (\$6.8m) unfavourable to budget before excluding COVID-19 and Holidays Act;
- (c) In the eleven months we have incurred \$5.4m additional net expenditure for COVID-19 and \$7.7m against provision for Holidays Act;
- (d) This means that the DHB has an overall YTD deficit of (\$29.3m) from normal operations (excluding COVID-19 and Holidays Act) being \$6.3m favourable to our underlying budget.

	Moved	Seconded	
CCDHB	Brendan Boyle	Chris Kalderimis	NOTED

Notes:

- It was noted that once extraordinary items are taken out, both DHBs are tracking to budget.
- An explanation was asked for regarding the letter of comfort, which the CFO clarified and noted the rationale is available to members in the FRAC papers.
- An update was asked for on the HVDHB maternity upgrade, and it was noted that regular progress is reported to MCPAC.

4 STRATEGY

4.1 STRATEGIC PRIORITIES UPDATE

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

The Boards note:

- (a) Progress towards implementing the agreed strategic priorities to be delivered in the 2021/22 financial year as we transition to the new health and disability system. Including:
- i. Governance
 - ii. Programme and Project Development
 - iii. Performance Monitoring
 - iv. Communications and Engagement
- (b) Programme milestones are currently being developed within the programme and will be authorised by the Governance Forums and will inform future reports to the Board

Notes:

- Focus continues on priority areas:
 - 2DHB Hospital network and clinical configuration work – while funding from Government is needed, it gives a positive way forward to relieve some of the pressure that we are under.
- Key work continues in the commissioning and the community area.
- Workforce is a key enabler.
- The Boards asked if the data is available for each of the three equity groups and a request was made for the future localities updates to include an update on the ongoing initiatives for Wainuiomata.

5 REPORTING

5.1 MAORI HEALTH UPDATE – QUARTER 4

*The paper was taken as **read** and the Director, Māori Health was available for questions.*

The Boards noted:

- (a) the ongoing change process for the establishment of the 2DHB Māori Health Directorate
- (b) work continues on the implementation of Te Pae Amorangi
- (c) the Tāngata Whaikaha Community engagement programme is in progress
- (d) the developments in the Whānau Services team and our commissioned services, Whare to Whare Kaiarahi, progresses
- (e) the updates in the Maternal, Child and Youth area.

	Moved	Seconded	
CCDHB	'Ana Coffey	Chris Kalderimis	CARRIED
HVDHB	Naomi Shaw	Ria Earp	CARRIED

Notes:

- The team will be working with TUI MC to ensure they have what they need to work with the Māori Health Authority (MHA) and Health New Zealand (HNZ), in preparation for 1 July 2022.
- The Māori health team is now established and with increased resource and capability – real focus will be brought to implementing the Te Pae Amorangi and Taurite Ora. It remains a small team (17FTE) across our workforce of 8000 so it requires focus and collaboration.

- The work programme for the team has changed slightly in light of HNZ/MHA announcement. The team will ensure that the work programme allows for “business as usual” implementation of Te Pae Amorangi and Taurite Ora, but also in preparing 2DHBs for the changeover to HNZ and MHA on 1 July 2022.
- Continuing with a number of initiatives to get Māori into our health workforce, and in particular to grow our Māori leaders. One priority areas is to get our ethnicity data correct.
- Proof of concept testing services, such as Whare ki te Whare, have been established to try to address and improve Did Not Attend (DNA) rates.
- We have been working with tangata whaikaha (Māori with disabilities) on what is needed across the 3DHBs to make a difference in outcomes for them.
- Work is ongoing in relation to the Māori and Pacific midwifery collective in Porirua - Te Ao Marama Tapui. This programme, follows the same principle as the Covid programme, trusted faces and trusted places, has been very successful and the service will be used as a prototype.

5.2 PACIFIC HEALTH & WELLBEING STRATEGIC PLAN 2020-2025 UPDATE: A FOCUS ON THE 2DHB PACIFIC HEALTH WORKFORCE

*The paper was taken as **read**. The Director, Pacific People’s Health was available for questions.*

The Boards noted:

- (a) the Pacific Directorate are focussed on addressing the six priority areas defined in the Pacific Health & Wellbeing Strategic Plan 2020 – 2025. This paper provides an update on the approach to developing the 2DHB Pacific Health Workforce.
- (b) development of a Pacific workforce is linked to the ability of the DHB’s to address Pacific health disparities.
- (c) there are a number of initiatives that need to be implemented to recruit, retain, and develop the Pacific Health Workforce.

Notes:

- Workforce is one of the six key pillars to the strategy and staff are putting in significant effort in this space.
- There are three focus areas in workforce improvement – recruitment, retention and promotion.
- Work is being done in association with Allied Health to ensure that pathways are created for service support staff to progress to other roles.
- Conversations on how to attract Pacific people into midwifery – understanding that professional requirements can be barriers and work is being done on how the training environments can be more receptive to learning and cultural needs of Pacific people.
- Workforce development and capability is a focus as we prepare for the new health system structure.

	Moved	Seconded	
CCDHB	‘Ana Coffey	Roger Blakeley	CARRIED
HVDHB	Prue Lamason	Ria Earp	CARRIED

6 UPDATES

6.1 DSAC UPDATE FROM MEETING DATED 21 JULY 2021

The Chair of DSAC gave a verbal update and was available for questions.

The Boards approved:

Item 3.1 – Suicide Prevention and Postvention Annual Action Plan 2021/2022

- (f) 3DHB Suicide Prevention Postvention Annual Action Plan 2021/2022.

The Boards noted:

Item 3.1 – Suicide Prevention and Postvention Annual Action Plan 2021/2022

- (a) The subregion's *Suicide Prevention and Postvention Action Plan* has been refreshed to align with the *He Tapu te Oranga o ia Tāngata: Every Life Matters – Suicide Prevention Action Plan 2019-2029*.
- (b) The Action Plan aligns with the goals Taurite Ora Māori Health Strategy 2019-2030 and Te Pae Amorangi Maori Health Strategy 2018 -2027.
- (c) The Action Plan also reflects the purpose of Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 and the Sub-Regional Disability Strategy 2017 – 2022 - Wairarapa, Hutt Valley and Capital & Coast District Health Boards
- (d) The Suicide Prevention and Postvention Action Plan governance group has endorsed the Suicide Prevention and Postvention Action Plan.
- (e) The support of our intersectoral partners is being coordinated through our locality relationships.
- (f) The implementation and progression of The Suicide Prevention and Postvention Action Plan and the related activities across the four domains of health promotion, prevention, intervention and postvention.
- (g) That the timing of the DSAC meeting has meant the paper is yet to be presented to the Maori Partnership Board, and Subregional Disability Advisory Group and that their advice will be incorporated in the Action Plan.

Item 3.3 - Creating Enabling Maternity Care: Dismantling Disability Barrier - Mums and Babies' Experience at the 3DHB

- (a) the 3DHB review of disabling barriers to maternity care at 3DHB

Item 3.4 – 3DHB Final Draft Annual Plans 2020/21

- (a) the CCDHB, HVDHB, and WrDHB final draft annual plans 2021/22

Item 3.5 – Mental Health and Addiction Commissioning Forum

- (a) The establishment of a Mental Health and Addiction Commissioning Forum to steer the design and implementation a whole of population, equitable, mental health and addiction system of care to support the wellbeing of the people in our subregion.
- (a) The appointment of office holders and members to the Mental Health and Addiction Commissioning Forum from four groups: DHB system leaders; people with lived experience; Māori; and clinical/expert leaders.
- (b) The Mental Health and Addiction Commissioning Forum's role to provide advice and recommendations to the Chief Executive, Hutt Valley and Capital & Coast DHBs.

- (c) The Mental Health and Addiction Commissioning Forum will provide governance for our DHBs' delivery on the mental health and addiction strategic priority; driving system transformation as we transition to a new health and disability system.
- (d) The plan to hold the first meeting of the Mental Health and Addiction Commissioning Forum in August 2021

Item 4.1 – 3DHB Sub-Regional Disability Strategy 2017-2022 Update

- (a) the update on the implementation of the Sub Regional Disability Strategy 2017 – 2022.
- (b) the disability question has been prototyped included in our regional booking processes and systems established to allow people to request reasonable accommodations if required.
- (c) the Disability Equity e-learning modules are now available on Connect Me, Ko Awatea and Health On Line.

Item 4.2 – 3DHB MHAIDS Service Performance Update

- (a) the attached data report from MHAIDS.

Notes:

- The Chair of DSAC noted the positive feedback from members of the Sub-Regional Disability Group regarding access to management in the 2DHB.
- The Chair of DSAC commended staff on the 3DHB Suicide Prevention Postvention Annual Action Plan 2021/2022 and noted it was important that lived experiences have formed part of the action plan. There is still work to do in the suicide prevention space that understands and meets the needs of our Disability Community.
- Prue Lamason noted previous concerns raised in relation to the loss of disability car parking in the CBD with the implementation of Let's Get Wellington Moving (LGWM) initiative. Prue has raised these concerns with the Chair of LGWM who would ensure that those concerns were brought to the attention of the wider LGWM Board. Staff will inform SRDAG of this.

	Moved	Seconded	
CCDHB	'Ana Coffey	Roger Blakeley	CARRIED
HVDHB	Prue Lamason	Ria Earp	CARRIED

6.2 HSC UPDATE FROM MEETING DATED 28 JULY 2021

The Boards noted:

- (a) **The papers are in the Diligent Board book for the HSC meeting dated 28 July 2021.**
- (b) **HSC received reports and noting recommendations on the following:**

Item 2.2 Kāpiti Community Health Network update

- (a) Kāpiti CHN is the first Network to be developed within the district, with establishment beginning in July 2020.

- (b) The Kāpiti CHN is being developed in partnership with mana whenua (Te Ātiawa ki Whakarongotai), CCDHB and Tū Ora Compass Health in the first instance.
- (c) Development of Kāpiti CHN in year one has been delivered in two overlapping phases; Development and Establishment of the Network Foundations and Implementation of a Network team and work programme.
- (d) We will continue to invest in the development and implementation of Kāpiti CHN in 2021/22. Learnings from Kāpiti and alignment with the planning for locality networks through Health NZ, will inform the roll-out of Networks across the district

Item 3.1: Health Outcomes for Kāpiti Residents

- (a) that looking at a range of indicators for mothers and babies, children, youth, people living with long term conditions and older people, Kāpiti residents generally experience better health outcomes than residents living in other areas served by CCDHB.
- (b) that despite this, the equity gap persists with poorer outcomes in almost every area reviewed for Māori and Pacific peoples. Data is not available to assess the position for disabled people.
- (c) there has been a continued increase over time in the amount of outpatient services provided either face to face locally or via telehealth in the Kāpiti district.

Item 3.2: Localities and Community Networks – Our Approach

- (a) our approach to localities and community networks

Item 4.1: Regional Public Health Report

- (a) this regular update from Regional Public Health
- (b) this update on COVID-19, vaping in schools and food systems

Item 4.2: Q3 Non-Financial MOH Reporting – 2020/2021

- (a) the summary from two key reports:
 - i. CCDHB and HVDHB's Non-Financial Quarterly Monitoring Report for Q3 2020/21 (January to March 2021) – refer Attachment 1 and 2
 - ii. CCDHB and HVDHB's Q3 2020/21 Health System Plan and Vision for Change dashboard – refer Appendices to Attachment 1 and 2.
- (b) that CCDHB received an 'Achieved' or 'Partially Achieved' for 40 indicators, and 'Not Achieved' for 7 indicators.
- (c) that HVDHB received an 'Achieved' or 'Partially Achieved' for 39 indicators, and 'Not Achieved' for 7 indicators. This is a decrease on Q2 performance.
- (d) that this decrease on Q2 performance is driven by immunisation targets falling from 'achieved' to 'not-achieved'. This is consistent with the rest of New Zealand.
- (e) that the recommissioning of immunisation services is now being considered, alongside quality improvement initiatives.
- (f) overall results for CCDHB and HVDHB demonstrates:
 - i. performance deterioration in immunisation targets reflecting a timing change in the age for MMR immunisations and a greater number of declines to vaccination offerings;

- ii. a community health system delivering well for the majority of indicators with a persistent pressure points posing challenges; and,
- iii. a hospital system working hard under the pressures of increased seasonal acute demand and bed pressures.

that the reduction of midwifery support in our communities appears to be contributing to a reduction in the number of women exclusively breastfeeding.

Notes:

- The Chair of HSC noted the positive work of the Kāpiti Community Health Network and highlighted successes and the positive shift in the community regarding the progress that has been made.
- Discussed capacity issues in primary care that need to be addressed, noting particularly the shortage of PHOs and progress and options being trialled regarding specialist care in localities.
- Highlighted discussion on vaping and associated harms and whether there are opportunities for DHBs to collectively advocate for change.

	Moved	Seconded	
CCDHB	'Ana Coffey	Roger Blakeley	CARRIED
HVDHB	Prue Lamason	Ria Earp	CARRIED

Josh Briggs left the meeting at 11.05am.

6.3 COVID VACCINE UPDATE

The General Manager – COVID response presented.

The Board **noted** the presentation on the Covid vaccination programme to date.



Covid Vaccination Programme Update.

Notes:

- Vaccine delivery is on track
- Various initiatives have been established to promoted vaccinations including one for disability. Pacific events have been well received.
- Tristram Ingham tabled a report on vaccination rates for disabled people

Action: Staff to respond to the report tabled by Tristram Ingham and provide information on what financial support is available for people getting vaccines.

7 OTHER

7.1 2022 BOARD AND COMMITTEE DATES AND BOARD WORK PLAN

The paper was taken as read.

The Boards approved:

- a) the meeting schedule for the HVDHB and CCDHB Boards and Committees for 2022 in attachment 1.

The Boards note:

- a) the meeting schedule is to June 2022 only, due to the timing of the health system reform
- b) the HVDHB and CCDHB Board meetings will be held concurrently
- c) the HVDHB and CCDHB Finance, Risk and Audit Committee (FRAC) meetings will be held concurrently
- d) the location of all meetings will alternate between the Hutt Hospital and the Wellington Regional Hospital
- e) the meeting dates and approach for the Health System Committee (HSC) and Disability Support Advisory Committee (DSAC) involves:
- i. one scheduled meeting for 16 March 2022 (HSC morning and DSAC afternoon)
 - ii. one placeholder scheduled for 8 June 2022 noting that the Chair will make a decision (in consultation with the Committee Chairs) on whether the meeting is required, once there is greater clarity on the work programme required for 2022 and the transition to Health NZ.
- f) the draft 2022 Board Work Plan in attachment 2 which will be updated as progress on the strategic priorities is made and the health system reform progresses.

	Moved	Seconded	
HVDHB	Prue Lamason	Naomi Shaw	CARRIED
CCDHB	Roger Blakeley	'Ana Coffey	CARRIED

7.2 GENERAL BUSINESS

Nil.

7.3 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	Seconded	
HVDHB	Wayne Guppy	Richard Stein	CARRIED
CCDHB	Chris Kalderimis	'Ana Coffey	CARRIED

Meeting concluded at 11.47am.

8 NEXT MEETING

Date: 1 September 2021, **Location:** Ratonga Rua o Porirua, **Time:** 9:30am

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

DATED this 1st day of September 2021



David Smol
BOARD CHAIR