PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA** Held on Wednesday 23 September, 2020 **Main meeting room, Boulcott's Farm Heritage Golf Club, 33 Military Road, Lower Hutt** Zoom meeting ID: **977 2460 9735** Time: 0900 to 1230

2DHB COMBINED HEALTH SYSTEM COMMITTEE

	ITEM	ACTION	PRESENTER	MIN	TIME
1	**PROCEDURAL BUSINESS**			**15**	**0900**
1.1	Karakia		All members		
1.2	Apologies	**RECORD**	Chair		
1.3	Continuous Disclosure – Interest Register	**ACCEPT**	Chair		
1.4	Confirmation of Draft Minutes	**APPROVE**	Chair		
1.5	Action List	**NOTE**	Chair		
1.6	Annual Work Programme	**APPROVE**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
2	**PRESENTATION**			**60**	**0915**
2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan - HVDHB Vision for Change	**PRESENT**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
	MORNING TEA – 15 MIN				
3	**STRATEGY AND PERFORMANCE**			**80**	**1015**
3.1	2DHB Maternal, Child and Youth Commissioning Update	**DISCUSS**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
3.2	2DHB Health of Older People Performance update	**DISCUSS**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
4	**OTHER**			**5**	**1125**
4.1	General Business	**NOTE**	Chair		
4.2	Resolution to Exclude	**APPROVE**	Chair		

Next Meeting: Wednesday 25 November 2020, Location: TBC, Zoom: 939 2032 0865

Karakia

Whakataka te hau ki te uru,

Whakataka te hau ki te tonga.

Kia mākinakina ki uta,

Kia mātaratara ki tai.

E hī ake ana te atākura he tio,

he huka, he hauhū

Tīhei mauri ora!

Translation

Cease the winds from the west

Cease the winds from the south

Let the breeze blow over the land

Let the breeze blow over the ocean

Let the red-tipped dawn come with a sharpened air.

A touch of frost, a promise of a glorious day.

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Health System Committee Interest Register

24 July 2020

Name	Interest
Sue Kedgley *Chair*	• Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board • Stepson works in middle management of Fletcher Steel
Dr Ayesha Verrall	• Labour Party List Candidate for 2020 General Election • Member, PHARMAC Pharmacology and Therapeutics Advisory Committee's Immunisations Subcommittee • Member, Association of Salaried Medical Specialists • Member, Australasian Society for Infectious Diseases • Employee, Capital & Coast District Health Board • Employee, University of Otago
Dr Roger Blakeley	• Board Member, Transpower New Zealand Ltd • Director, Port Investments Ltd • Director, Greater Wellington Rail Ltd • Deputy Chair, Wellington Regional Strategy Committee • Councillor, Greater Wellington Regional Council • Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council • Member of Capital & Coast District Health Board • Member, Harkness Fellowships Trust Board • Member of the Wesley Community Action Board • Independent Consultant • Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland • Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington
Josh Briggs	• Councillor, Hutt City Council • Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	• Councillor, Hutt City Council • Council-appointed Representative, Wainuiomata Community Board • Director, Urban Plus Ltd • Member, Arakura School Board of Trustees • Partner is associated with Fulton Hogan John Holland
'Ana Coffey	• Father, Director of Office for Disabilities • Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative

	• Shareholder, Rolleston Land Developments Ltd
Dr Chris Kalderimis	• National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission • Locum Contractor, Karori Medical Centre • Contractor, Lychgate Funeral Home
Ken Laban	• Chairman, Hutt Valley Sports Awards • Broadcaster, numerous radio stations • Trustee, Hutt Mana Charitable Trust • Trustee, Te Awaikairangi Trust • Member, Hutt Valley District Health Board • Member, Ulalei Wellington • Member, Greater Wellington Regional Council • Member, Christmas in the Hutt Committee • Member, Computers in Homes • Commentator, Sky Television
Vanessa Simpson	• Director, Kanuka Developments Ltd • Relationship & Development Manager, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	• Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust • Member, Executive Committee of the National IBD Care Working Group • Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy • Clinical Senior Lecturer, University of Otago Department of Medicine, Wellington • Assistant Clinical Professor of Medicine, University of Washington, Seattle • Locum Contractor, Northland DHB, HVDHB, CCDHB • Gastroenterologist, Rutherford Clinic, Lower Hutt • Medical Reviewer for the Health and Disability Commissioner
Paula King	•
Sue Emirali	•
Fa'amatuainu Tino Pereira	•
Kuini Puketapu	• Trustee or manager at Te Runanganui o Te Atiawa • Director of Waiwhetu Medical Group
Teresea Olsen	•
Bernadette Jones	•

Minutes of the Health System Committee

HUTT VALLEY AND CAPITAL AND COAST DISTRICT HEALTH BOARDS
Held on Wednesday 22 July 2020 at 9:30am
Boardroom, Level 11, Grace Neill Block, Wellington Hospital

PUBLIC SECTION

PRESENT

COMMITTEE:
Sue Kedgley, Chair
Ayesha Verrall
Josh Briggs
Ken Laban – Deputy Chair
Keri Brown
Richard Stein
Roger Blakeley
Vanessa Simpson
Chris Kalderimis
'Ana Coffey
Fa'amatuainu Tino Pereira (Inu)
Paula King
Sue Emirali
Kuini Puketapu

STAFF:
Fionnagh Dougan, Chief Executive Officer
Kerry Dougall, Director Māori Health Group
Rachel Haggerty, Director Strategy, Planning and Performance
Nicola Holden, Director Chief Executive's Office
John Tait, Chief Medical Officer
Tofa Suafole Gush, Director Pacific Peoples Health
Sisira Jayathissa, Chief Medical Officer
Sandy Blake, Executive Director Quality Improvement and Patient Safety
Candice Apelu-Mariner, Integration Lead
Sipaia Kupa, Senior System Development Manager
Jim Wiki, Manager Accountability, Māori Health
Jeanette Harris, Project Manager
Rachel Pearce, Acting GM Commissioning, Child, Youth and Localities

OTHER:
David Smol
Teresa Wall

APOLOGIES:
Teresea Olsen
Bernadette Jones

1 PROCEDURAL BUSINESS

1.1 Karakia

The Karakia was led by Fa'amatuainu Tino Pereira.

1.2 APOLOGIES

Noted as above.

1.3 CONTINUOUS DISCLOSURE

1.3.1 Interest Register

Nil.

1.4 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Combined Health System Committee held on 19 February 2020, taken with public present, were confirmed as a true and correct record.

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

1.5 ACTION LIST

Updated.

1.6 DRAFT ANNUAL WORK PLAN

Moved: Sue Kedgley **Seconded:** Ayesha Verrall **CARRIED**

1.7 DRAFT TERMS OF REFERENCE

Discussion points

- Shifting to bi-monthly meetings
- Length will be 4 hours instead of 2.5 hours
- Minimum number of meetings in a year will be six

Moved: Roger Blakeley **Seconded:** Chris Kalderimis **CARRIED**

- Ken Laban proposed to be Deputy Chair

Moved: Sue Kedgley **Seconded:** Inu Pereira **CARRIED**

2 COVID-19 UPDATE

2.1 REGIONAL PUBLIC HEALTH UPDATE

The paper was taken as **read** and the Health System Committee **noted**:

a) There are legislative changes in progress that may affect Regional Public Health services.

b) The release of the Health System Review report has indicated potential future changes that Regional Public Health will be monitoring as the recommendations are considered and acted on.

c) The Regional Public Health team and function is now part of the 2DHB Strategy, Planning and Performance Directorate.

d) The response to COVID-19 continues with the establishment and co-ordination of managed isolation facilities.

DISCUSSION NOTES:

- The Committee acknowledged the value of the work Regional Public Health has and is completing in response to COVID-19.
- The ability to scale up staffing in the event of increased cases was raised and it was noted Regional Public Health have the ability to scale up quickly.

- With the Regional Public Health function part of the 2DHB Strategy, Planning and Funding Directorate, concern was raised about the clinical functions of the service and it was clarified that these functions have not changed.

Moved: Sue Kedgley **Seconded:** Ayesha Verrall **CARRIED**

2.2 COVID-19: Impact, lessons learned and the way forward

The Director of Strategy, Planning and Performance, Director Provider Services and the General Manager Mental Health, Addictions and Intellectual Disability Services (MHAIDS) presented. Key points outlined below.

- Testing remains a priority.
- Data collection is significant.
- Activity delivered by the Hutt Valley DHB provider arm for June has started to recover post COVID-19 lockdown. While ED attendances, and surgical procedures are not quite at pre COVID levels, overall discharges, outpatient and community contacts have recovered.
- Activity delivered by the CCDHB provider arm for June has recovered post COVID-19 lockdown with ED attendances slightly less than 18/19 levels, but overall discharges, outpatient and community contacts largely all at pre-COVID levels.
- There were significantly less ED presentations for Mental Health, Addictions and Intellectual Disability services during Alert levels 3 and 4
- A client survey examining the experiences of MHAIDS during COVID-19 Alert Levels 3 and 4 is being undertaken for community clients only. A report will be provided on the results.

ACTION: MHAIDS report to come to HSC when it is complete.
ACTION: Presentation to be uploaded and provided.
ACTION: COVID-19 proposed as an ongoing item.
ACTION: Homelessness proposed as a topic for a future HSC meeting.

COVID-19 Presentation

3 ENDORSEMENTS

3.1 3DHB Pacific Health Strategy

The report was taken as **read** and the Health System Committee **endorsed** for HVDHB and CCDHB Boards approval:

(a) The final draft of the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington region 2020-2025 with the following amendment:

a. The Strategic Plan must make more explicit connections to the other Strategic Plans that overlap, particularly the Disability plan.

The Health System Committee **noted:**

(b) The contents of the final draft Pacific Health & Wellbeing Plan, 2020-2025.

(c) The extensive community consultation undertaken by the DHB with the support and guidance of the Sub-region Pacific Heath Advisory Group.

(d) The Pacific Health & Wellbeing Plan, 2020-2025 is one of the key supporting plans for both Hutt Valley & CCDHB strategic direction and transformational change work being undertaken.

(e) This final draft has been endorsed by the Wairarapa Board at their June meeting.

DISCUSSION POINTS:

- The Committee congratulated the team and all those who have contributed for their hard work.
- The Committee appreciated the focus on aspirations for the communities.
- A question was posed around the establishment of targets and it was noted targets would be developed as part of the implementation plan.
- It was noted the Strategic Plan must make more explicit connections to the other Strategic Plans that overlap, particularly the Disability plan.
- A question was posed around the establishment of targets and it was noted targets would be developed as part of the implementation plan.

Moved: Ken Laban **Seconded:** ‘Ana Coffey **CARRIED**

4 DISCUSSION

4.1 UPDATE ON IMPLEMENTATION

4.1.1 Taurite Ora

The report was taken as **read** and the Health System Committee **noted:**

(a) The progress to date.

(b) That we will be prioritising foundational activities crucial to the success of Taurite Ora that have not progressed in the last five months due to COVID-19.

DISCUSSION POINTS:

- The Governance group will be set up over the next month.
- Ethnicity data protocols are being used.
- Funding has been allocated in the Annual Plans for the implementation work planned in this Financial Year.

Moved: Chris Kalderimis **Seconded:** Keri Brown **CARRIED**

4.1.2 Te Pae Amorangi

The report was taken as **read** and the Health System Committee **noted:**

(a) The progress to date.

(b) A review of the previous implementation plans is being undertaken to define areas where action is required and further develop the areas that have note progressed.

(c) The information in the attachments.

DISCUSSION POINTS:

- A request to align Te Pae Amorangi with the recent 20 DHB Pro-equity Māori Recruitment Strategy.
- Funding has been allocated in the Annual Plans for the implementation work planned in this Financial Year.

Moved: Roger Blakeley **Seconded:** Vanessa Simpson **CARRIED**

4.2 PUBLIC HEALTH STRATEGY UPDATE: EARLY INTERVENTION AND DISEASE PREVENTION

4.2.1 RHEUMATIC FEVER

The report was taken as **read** and the Health System Committee **noted:**

(a) There has been a high incidence of Rheumatic Fever cases so far this year (9 cases since 1 January 2020), and that all cases were either Māori or Samoan.

(b) Prior to the spike in cases, a review of Rheumatic Fever investment and activity across the two DHBs was underway. The review identified a number of areas for improvement, which are reflected in the 2020 – 2022 2DHB Rheumatic Fever Plan.

(c) Actions are being taken to respond to the increase including communications campaigns, creating more options for access to services and strengthening of monitoring and reporting.

DISCUSSION POINTS:

- Comparative data for the same period, January to May, in previous years, 2018 and 2019, the number of cases is usually 2 or 3 cases.
- Appreciate the efforts of Primary Care and support provided for in home care.

ACTION: Further information on the potential effect of lockdown on the spike in cases.

ACTION: Regular reporting or updates to the Committee on Rheumatic Fever.

Moved: Roger Blakeley **Seconded:** Vanessa Simpson **CARRIED**

4.2.2 MEASLES IMMUNISATION CAMPAIGN

The report was taken as **read** and the Health System Committee **noted:**

(a) The Ministry of Health (MOH) has allocated CCDHB $713,100 and HVDHB $281,752 in 2020/21 to deliver a measles campaign, targeted at 15 – 29 year olds.

(b) A 2DHB Measles Campaign Plan has been developed and jointly endorsed by Director, Strategy, Planning and Performance and Directors, Maori and Pacific Health. .

(c) Work to implement the plan has commenced, including the recruitment of a Campaign Manager.

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

4.3 PORIRUA LOCALITY INTEGRATION PROJECT APPROACH

The report was taken as **read** and the Health System Committee **noted:**

(a) The *Health and Disability System Review* signals a shift toward locality-based commissioning, including a specific recommendation for adopting a devolved, population health approach to serving the Porirua locality.

(b) In that context, CCDHB has partnered with Ngāti Toa to progress the operationalisation of a locality-based Tier 1 integration prototype in Porirua.

(c) A devolved commissioning approach for Porirua will commence from 2021/22.

DISCUSSION POINTS:

- Action plan is being developed.

4.4 REDESIGN OF HOSPICE DELIVERY MODEL

A brief verbal update was provided by the Director Strategy, Planning and Performance. Key points outlined below.

- The redesign is to ensure the best use of networks in the communities.

- Hospice care in the home is more affordable and has better outcomes.
- Funding for these services remain and have been baselined.

5 OTHER

5.1 GENERAL BUSINESS

No other business was noted.

5.2 RESOLUTION TO EXCLUDE THE PUBLIC

The meeting moved into the Public Excluded session.

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

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

Sue Kedgley
Health System Committee Chair

HSC ACTION LOG

Action Number	Date of meeting	Due Date	Status	Assigned	Public or PE	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
HSC20-00002	18-Feb-20	2-Oct-20	In progress	Board Secretary	Public	1.7	Purpose of the Health System Committee	A session on the Health Strategy Plan 2030 and an infographic that demonstrates alignment of the plans.	Being arranged to allow all Board members to attend. Date in October to be confirmed.
HSC20-00004	22-Jul-20	TBC	In progress	GM MHAIDS	Public	2.2	COVID-19: Impact, lessons learned and the way forward	MHAIDS report following the Client Experiences Survey to come to HSC when complete.	Report is in progress.
HSC20-00007	22-Jul-20	25-Nov-20	In progress	Board Secretary	Public	2.2	COVID-19: Impact, lessons learned and the way forward	Addressing homelessness proposed as a topic for a future HSC meeting.	On agenda for 25 Nov 2020.
HSC20-00008	22-Jul-20	25-Nov-20	In progress	Executive Director Strategy, Planning and Performance	Public	4.2.1	Rheumatic Fever	Further information on the spike in cases and any information related to lockdown.	On the agenda for 25 Nov 2020, data to be pulled for two quarters (end of Sep) to allow for potential trend information.

Work Plan

Year	2020		21	2021	2021	21	2021	21	2021	21	2021	21	2021	21
Month	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
DATE	25	Meet	Meet	25	31	Meet	26	Mee	28	Meeti	29	Meet	24	Meet
Strategy														
				CCDHB Pro-Equity Implementation/ Update					CCDHB Pro-Equity Implementation/U pdate					
					CCDHB End of Life Investment Plans									
					2DHB Health System Plan Implementation Plan				2DHB Health System Plan Implementation Plan					
	2DHB Investment Plans				2DHB Investment Plans		2DHB Investment Plans		2DHB Investment Plans		2DHB Investment Plans		2DHB Investment Plans	
Māori and Pacific Health														
	CCDHB Taurite Ora Action Plan Update				CCDHB Taurite Ora Action Plan Update				CCDHB Taurite Ora Action Plan Update				CCDHB Taurite Ora Action Plan Update	
	HVDHB Te Pae Amorangi Action Plan Update			HVDHB Te Pae Amorangi Action Plan Update			HVDHB Te Pae Amorangi Action Plan Update				HVDHB Te Pae Amorangi Action Plan Update			
	Sub Regional Pacific Action Plan Update				Sub Regional Pacific Action Plan Update				Sub Regional Pacific Action Plan Update				Sub Regional Pacific Action Plan Update	
Health System Investment and Prioritisation														
							CCDHB Final Budget 20/21							
							HVDHB Final Budget 20/21							
					2DHB LTIP Update		2DHB LTIP Update		2DHB LTIP Update					
					2DHB Indicative Budget 2020/21 - Whole of System Investment									
	2DHB Investment Progress Update								2DHB Investment Progress Update		2DHB Investment Progress Update		2DHB Investment Progress Update	
Year	2020		21	2021	2021	21	2021	21	2021	21	2021	21	2021	21
Month	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
DATE	25	Mee	Meet	25	31	Meet	26	Mee	28	Meeti	29	Meet	24	Meet
Strategy, Planning and Performance Reporting														
				2DHB Maternity, Child and Youth (MCY) Integrated Performance			2DHB Maternity, Child and Youth (MCY) Integrated Performance				2DHB Maternity, Child and Youth (MCY) Integrated Performance			
	2DHB Urgent and Planned Care Integrated Performance				2DHB Urgent and Planned Care Integrated Performance				2DHB Urgent and Planned Care Integrated Performance				2DHB Urgent and Planned Care Integrated Performance	
				2DHB Long-term conditions, complex care and Older people integrated performance			2DHB Long-term conditions, complex care and Older people integrated performance				2DHB Long-term conditions, complex care and Older people integrated performance			
	Regional Public Health Report				Regional Public Health Report				Regional Public Health Report				Regional Public Health Report	

Year	2020		21	2021	2021	21	2021	21	2021	21	2021	21	2021	21
Month	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
DATE	25	Meet	Meet	25	31	Meet	26	Mee	28	Meeti	29	Meet	24	Meeti
System and Service Planning														
				CCDHB Q1 Non-Financial MOH Reporting	CCDHB Q2 Non-Financial MOH Reporting				CCDHB Q3 Non-Financial MOH Reporting		CCDHB Q4 Non-Financial MOH Reporting			
					CCDHB Annual Plan		CCDHB Annual Plan				CCDHB Annual Plan			
							Regional Final Draft Regional Services Plan							
				HVDHB Q1 Non-Financial MOH Reporting	HVDHB Q2 Non-Financial MOH Reporting				HVDHB Q3 Non-Financial MOH Reporting		HVDHB Q4 Non-Financial MOH Reporting			
					HVDHB Annual Plan		HVDHB Annual Plan				HVDHB Annual Plan			
							Regional Final Draft Regional Services Plan							
Stakeholder engagement														
	Citizen's Health Council				Citizen's Health Council								Citizen's Health Council	

HSC DISCUSSION - Public

September 2020

2DHB Maternal, Child and Youth Commissioning Update

Action Required

Health System Committee note:

(a) The update provided.

Strategic Alignment	This paper aligns to HVDHB's Vision for Change, CCDHB's Health System Plan 2030, Taurite Ora, Te Pae Amorangi and the 3DHB Pacific Plan.
Author	Rachel Pearce, Acting General Manager Commissioning, Child, Youth and Localities
Endorsed by	Rachel Haggerty, Director, Strategy, Planning and Performance
Presented by	Rachel Pearce, Acting General Manager Commissioning, Child, Youth and Localities
Purpose	This paper updates the Health System Committee on the commissioning approach for maternal, child and youth health across CCDHB and HVDHB.
Contributors	Jazz Heer, A/General Manager, Strategy, Planning and Outcomes (SPO), HVDHB Aaron Randall, System Development Manager, SPO, HVDHB Sarah Le Leu, System Development Manager, SIP, CCDHB Julia Jones, System Development Manager, SIP, CCDHB Rob Veale, VIP Coordinator, CCDHB
Consultation	Not applicable.

Executive Summary

This paper briefly outlines the pro-equity, place-based approach to commissioning adopted by CCDHB and HVDHB's maternal, child and youth health teams. Information on the populations being served across the region is summarised to provide context to the Committee. A summary of the investments made to date and the impacts is outlined with specific detail noted in the appendices.

A summary of recent achievements across both DHBs and for each DHB is attached which includes the Sex and Gender Diverse work programme and the Rheumatic Fever campaign. The current year commissioning priorities are outlined. These build on the previous year and maintain the focus on addressing inequitable outcomes.

Strategic Considerations

Service	The paper outlines a range of activities underway to strengthen maternal, child and youth health services across our 2DHBs.
People	There are no direct implications for DHB staff associated with this paper.
Financial	There are no financial implications associated with this paper. The activities described will be delivered within existing, endorsed budgets/revenue streams.
Governance	Not applicable.

Engagement/Consultation

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

Identified Risks

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

Attachment/s

1. Maternal and Child Health performance dashboard – HVDHB
2. Maternal and Child Health performance dashboard – CCDHB
3. Youth Health performance dashboard – HVDHB
4. Youth Health performance dashboard – CCDHB
5. Maternal, Child and Youth health investment summary – 2DHB

1 Introduction

There is substantial evidence that investment in maternal, child and youth health is the most cost-effective means of tackling long term health conditions and health inequity. Investing in the early years offers the possibility of shifting the trajectory of a person's health over the course of their life and disrupting intergenerational cycles of disadvantage. The *Health System Plan 2030,* HVDHB's *Vision for Change, Taurite Ora, Te Pae Amorangi* and *the Sub-Regional Pacific Wellbeing Plan* all identify maternal, child and youth health as priority areas.

While many whānau across CCDHB and HVDHB experience good maternal and child health outcomes, current models and services persistently fail to meet the needs of some families namely, some Māori whānau, Pacific fanau, and families in particular localities. This inequity takes on added significance when considering evidence that the disparity in health outcomes experienced in adulthood has a strong association with the adverse health status and risk factors experienced in childhood.

This paper briefly outlines the pro-equity, place-based approach to commissioning adopted by CCDHB and HVDHB's maternal, child and youth health teams. It also provides a summary of recent achievements and current year commissioning priorities that focus on redressing inequitable outcomes.

2 Our commissioning approach

The commissioning cycle is made up of the following key activities:

- Analysing and understanding the population.
- Allocating resources.
- Designing systems and services.
- Procuring services.
- Contract management and monitoring.

At every stage of the commissioning cycle we actively, and often creatively, apply the principles outlined below. This paper outlines some examples of our work to operationalise pro-equity, place-based strategic commissioning.

<u>Pro-equity approaches</u>

We actively disrupt the status quo and privilege the voices of the people persistently failed by our health system. We ensure this by analysing and understanding lived experience alongside quantitative analytics, devolving service design to providers and service users, and inviting women, families and young people to lead procurement decisions.

<u>Localities approaches</u>

The way people experience health services and outcomes is significantly impacted by where they live. We support care in communities and closer to home wherever possible.

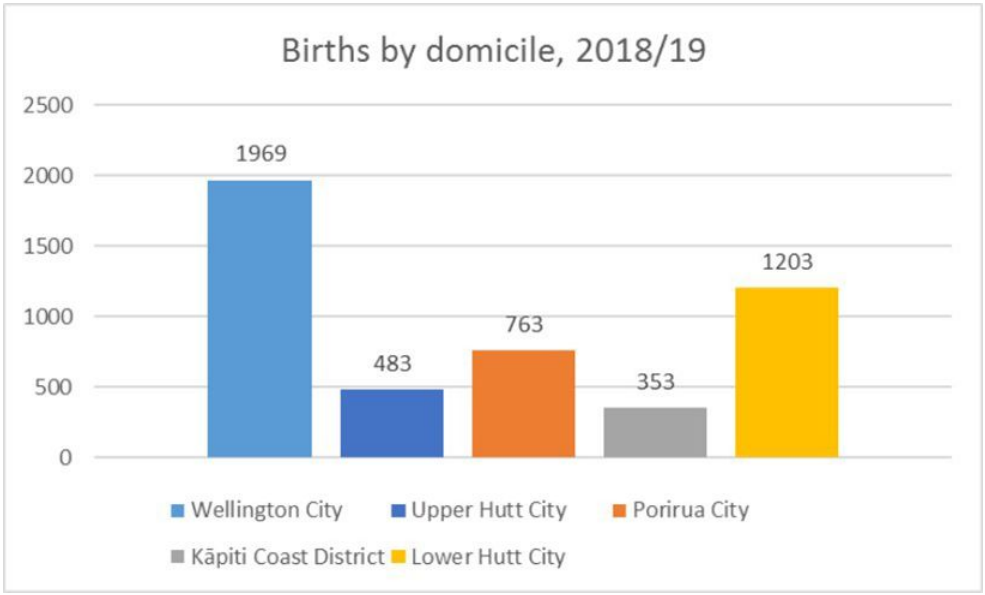
<u>Intensify and simplify</u>

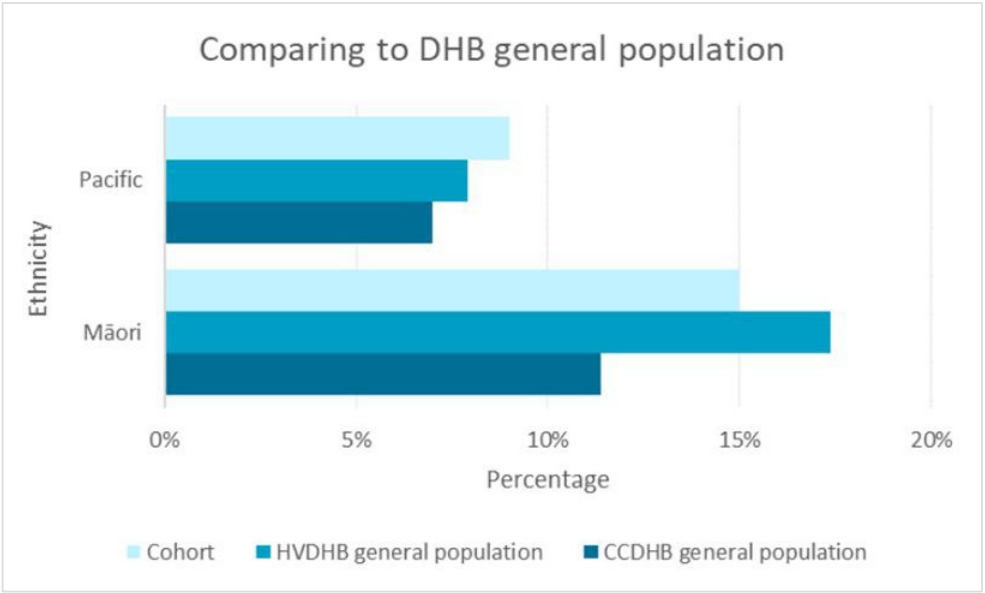
In a fiscally constrained environment we must simplify and/or disinvest in some areas to intensify and/or invest in people who experience poorer outcomes.

3 Understanding the people we serve

3.1 Maternal population

Approximately 5,000 women across CCDHB and HVDHB have babies each year. Approximately 2,000 live in Wellington (41%), 1,203 live in Lower Hutt (25%), 760 live in Porirua (16%), 480 live in Upper Hutt (10%) and 350 live in Kapiti (7%). Māori women make up 15% (728) of women giving birth and Pacific women were 9.2% (438). These are slightly higher percentages than the general population.





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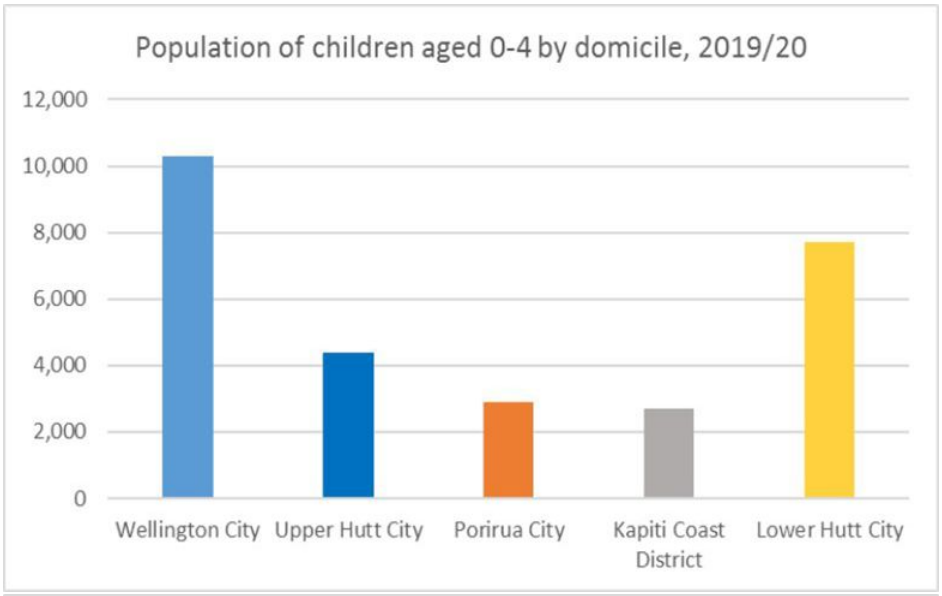
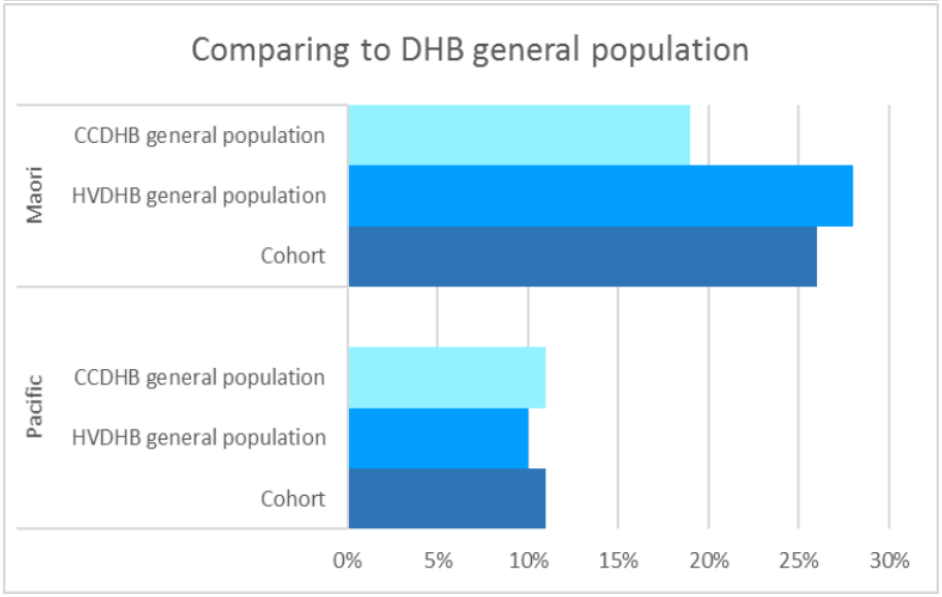
3.2 Children – 0 – 4 years

There are approximately 28,000 children aged 0-4 across CCDHB and HVDHB (2019/20 estimates). Approximately 10,300 live in Wellington (37%), 7,700 live in Lower Hutt (27%), 4,400 live in Porirua (16%), 2,900 live in Upper Hutt (10%) and 2,700 live in Kapiti (10%). Māori children make up 26% (6,350) and Pacific children were 11% (3,000). This is slightly higher percentages than the general population.





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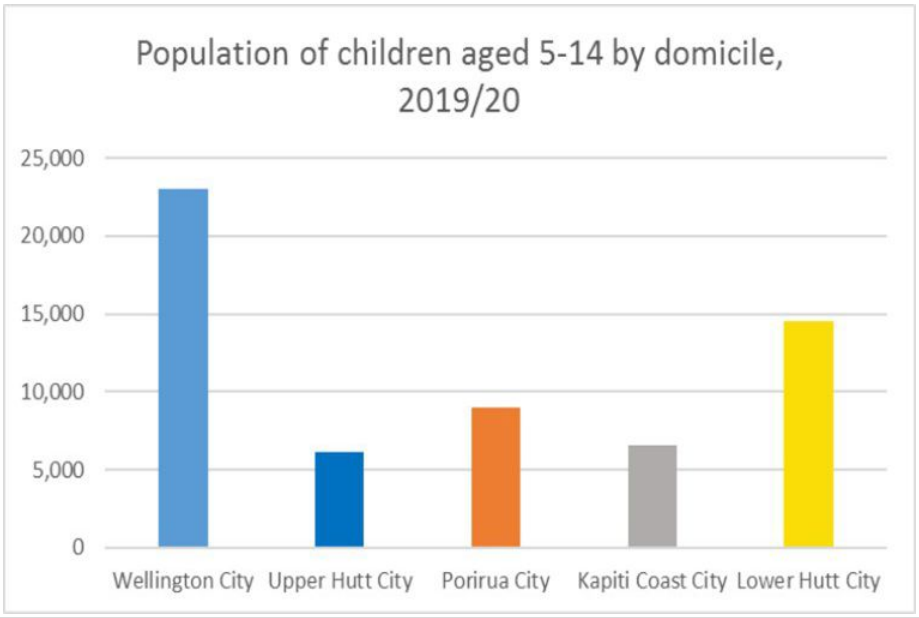
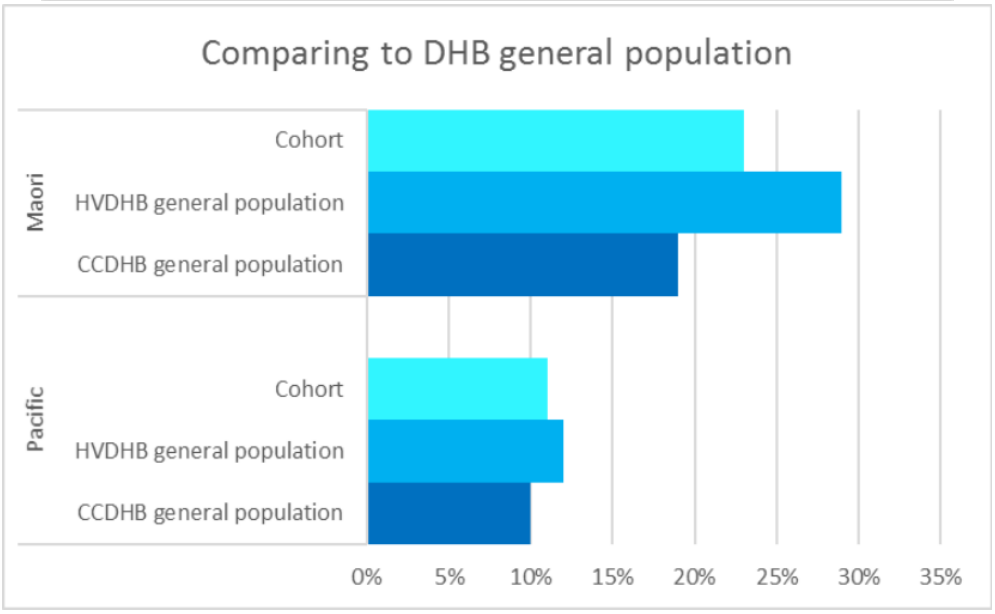
3.3 Children 5 – 14 years

There are approximately 58,000 children aged 5-14 across CCDHB and HVDHB (2019/20 estimates). Approximately 23,000 live in Wellington (39%), 14,500 live in Lower Hutt (25%), 9,000 live in Porirua (15%), 6,100 live in Upper Hutt (10%) and 6,600 live in Kapiti (11%). Māori children make up 23% (13100) and Pacific children were 11% (6400). This is slightly higher percentages than the general population.





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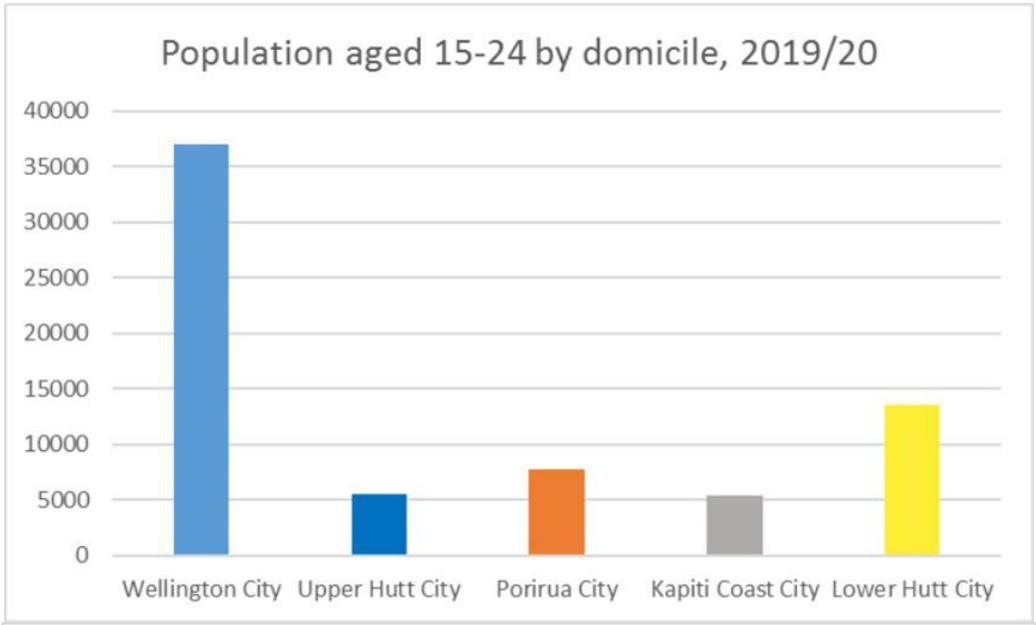
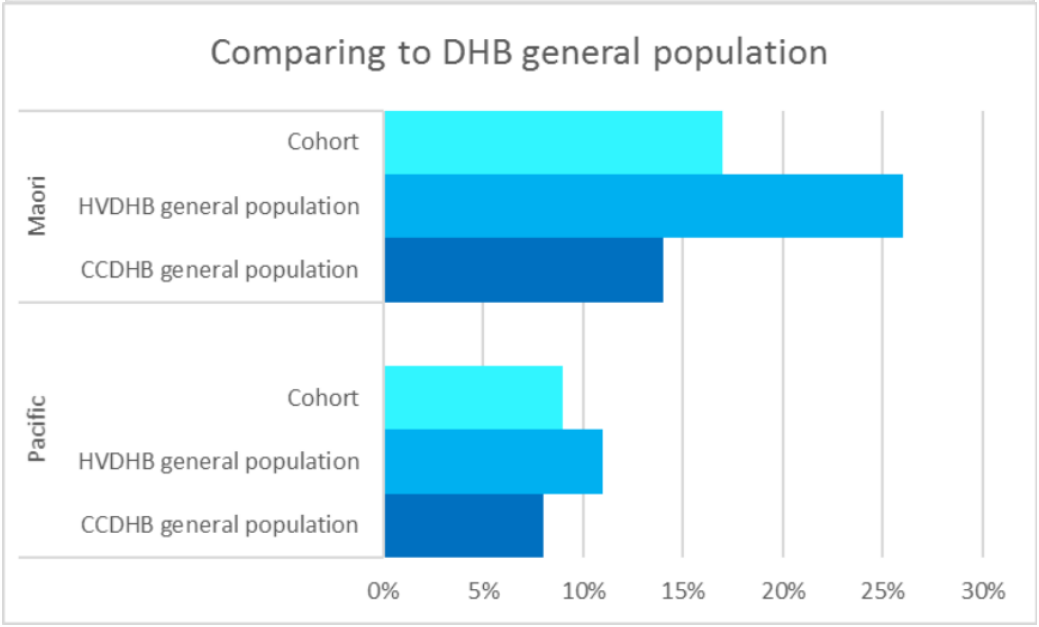
3.4 Youth population – 15 – 24 years

There are approximately 68,500 people aged 15-24 across CCDHB and HVDHB (2019/20 estimates). Approximately 37,000 live in Wellington (53%), 13,500 live in Lower Hutt (20%), 7,700 live in Porirua (11%), 5,500 live in Upper Hutt (8%) and 5,400 live in Kapiti (7%). Māori make up 23% (13100) and Pacific peoples were 11% (6400). This is slightly higher percentages than the general population.





4 How well are HVDHB and CCDHB mothers, babies, children and youth?

While many whānau across CCDHB and HVDHB experience good health outcomes, current models and services persistently fail to meet the needs of some families; namely, some Māori whānau, Pacific fanau, and families in some localities. Appendices 1 – 4 present dashboards demonstrating the impact of both DHBs' investment in maternal and child health and youth health. The dashboards

are still being refined, particularly for HVDHB, and the greyed charts indicate where complete data is not available.

These dashboards present a selection of indicators that show:

- What our investment purchases (activity).
- How well our population receives the services (engagement with services).
- The effectiveness and impact of the investment on the system and people.

4.1 Areas of strong performance

- Both DHBs perform above the national average for all immunisation milestones (though do not consistently meet MoH targets for all age groups and/or ethnicities).
- ASH rates and ED rates for youth have reduced recently for both DHBs, likely due to the impact of COVID-19.
- Pacific ED presentations and ASH rates are improving for CCDHB.
- The rate of immunisation declines is dropping for CCDHB (which appears to be linked to the measles outbreak last year).
- Newborn enrolment is improving for babies living in HVDHB.
- The percentage of completed dental checks for 13 – 18 year olds has improved in the past few years for HVDHB youth.
- The rate of access to school based health services to CCDHB students has increased in recent years.

4.2 Areas requiring improvement

- The proportion of HVDHB women engaging with midwives early in their pregnancy is decreasing. This will be considered in the context of the 2DHB Te Ao Māori maternal health system planning project.
- PHO utilisation is decreasing across both DHBs. This is likely due to the impact of Covid-19, but we will continue to monitor this.
- ASH rates for 0-4 year old Māori and Pacific children is increasing at HVDHB.
- Māori self-harm rates for youth are up for both DHBs.

4.3 Family Violence and the Violence Intervention Programme (CCDHB only)

The Violence Intervention Programme (VIP) is a national programme funded by the Ministry of Health (MOH). The programme focuses primarily on the co-occurrence of child abuse and neglect and intimate partner violence through practice improvement and training. It also encourages a more holistic view of family violence from a health perspective.

Performance against VIP targets (for routine enquiry, child protection and VIP training) have progressed in a positive direction over the past five years. With the re-establishment of the VIP Steering Group, together with increased FTE, performance is expected improve further in the foreseeable future.

5 Funding sources and investment choices

In 2020/21 across the 2DHBs we will invest $25.315 million in community and NGO maternal, child and youth health services. This excludes investment in mainstream maternal, child and youth primary, secondary and tertiary services and Regional Public Health delivered services. A high level breakdown is provided in Appendix 5.

Maternal, child and youth health services are funded by a mix of DHB ‘baseline’ funding and specific purpose Crown Funding Agreements (CFA) with MOH. CFA funding must be invested in line with

MOH service specifications for a range of national and regional priorities. Strategy, Planning and Performance (SPP) continues to identify and refine opportunities to deliver on CFA commitments in a way that enables collaboration across DHBs, optimises the alignment with local needs and priorities and supports as much flexibility and certainty for providers as possible.

SPP is growing its analytical capacity and practice, to better understand how health investment actually reaches families and communities. For example, we are currently developing a model that pulls together DHB maternity costing data, MOH Section 88 maternity funding information and both MOH and DHB Well Child Tamariki Ora funding data to show the total health investment in the First 1,000 Days at a suburb level. This work is also exploring our investment in clinical and social complexity. While this work is still in development, it will drive further 'simplify and intensify' funding and service design decisions.

5.1 Investment choices to redress inequities

In 2020/21 we have made a number of investment choices to explicitly redress inequities for Māori, Pacific and other priority populations. It is important to note that most of these were changes made within existing budget allocations which means decisions were made to disinvest in some areas to enable more investment where inequitable outcomes persist. These include (but are not limited to):

5.1.1 'Intensifying' green prescription investment

The Sport Wellington service specification has been revised and we are now purchasing a greater proportion of 'intensify' interventions, with a specific focus on reaching Māori and Pacific populations. This is a cost neutral initiative that will channel more of existing investment to Māori and Pacific people across 3DHBs.

5.1.2 Porirua YOSS

CCDHB has endorsed ongoing budget for a youth one-stop-shop (YOSS) in Porirua, in recognition of the inequitable health outcomes experienced by Porirua youth.

5.1.3 Māori and Pacific breastfeeding

The CCDHB community breastfeeding service has been redesigned to be available 7 days a week (previously 5 days) and will provide continuity to Māori and Pacific women from delivery suite back to their community, including their home. This is a cost neutral initiative that will channel more of existing investment to Māori and Pacific women, in recognition of the persistent inequitable outcomes these groups experience.

5.1.4 Growing the Māori and Pacific Lactation Consultant workforce

CCDHB is supporting four Māori and Pacific women to become Lactation Consultants. This will grow the number of Lactation Consultants in the community, and reduce the reliance on DHB delivered services in the future. This is a one-off, additional investment.

6 Recent achievements

6.1 Recent 2DHB achievements

6.1.1 3DHB Sex and Gender Diverse work programme

This is continuing to build new pathways and achieve equity for the LGBTQI population including the below.

- GP referral for people to be placed on the list for gender affirming genital surgery (3DHB).

9

- A new speech and language therapy pathway (3DHB).
- A new gender affirming mastectomy pathway (CCDHB only).
- Annual community based meetings to inform people about the progress that is being made.
- The expansion of the group to include the 3DHBs in future work.
- Strengthening relationships with the Ministry of Health to garner support for gender affirming healthcare.

6.1.2 Rheumatic Fever

Ongoing awareness campaign and refreshed rheumatic fever management services. The Rheumatic Fever management contracts are now outcomes based for all people living with acute rheumatic fever (previously capped at 22 years of age).

6.2 Recent HVDHB achievements

6.2.1 Population health advancements

In partnership with Healthy Families Hutt Valley, these are system changes to create healthier physical and social environments. Examples of recent change initiatives include Player of the Day 'free swim' vouchers for children's sport, improving access to healthy sustainable kai, and the healthy active streets project.

6.3 Recent CCDHB achievements

6.3.1 Integrated youth health services in Porirua

In 2019, the team completed a successful co-design process with approximately 60 rangatahi to design future integrated youth health services in Porirua. This work underpins the procurement process we're currently supporting the #YouthQuake panel to lead, to establish a YOSS in central Porirua.

6.3.2 CCDHB First 1,000 Days Commissioning plan

This plan reviewed maternal and child health outcomes, women's and families' insights and experience of the system and investment. It culminated in a cost neutral series of activities to drive improved utilisation and outcomes for Māori, Pacific and other priority populations. These are all being implemented in 2020/21.

6.3.3 Insight into Porirua families' experience of the maternal health system

CCDHB carried out qualitative research around Māori, Pacific and migrant women's experience of CCDHB's maternal health system. The insights have been/continue to be used to inform current and future commissioning activities. Additionally, some of the women interviewed have participated in targeted procurement and design processes.

6.3.4 VIP programme improvements

- Increasing VIP Coordinator capacity from 0.7 to 1.5FTE;
- Re-establishing VIP governance through a revitalised VIP Steering Group;
- Driven improved routine enquiry ('screening') in child health; and
- Developing automated approaches to reporting and analytics where possible.

7 Current priorities to address inequitable outcomes

10

The 2020/21 maternal, child and youth work programme is significant and builds on the work progressed in 2019/20. The following section provides a summary of some of the priority projects for both DHBs in the 2020/21.

7.1 2DHB priorities

7.1.1 Te Ao Māori maternal health system planning

The purpose of this project is to develop a service that achieves equitable outcomes and experiences for women, babies and whānau living in Lower Hutt, Upper Hutt, Wellington, Porirua and Kāpiti. The intention is to reform the maternal health system to deliver targeted and proportionate services that meet families' health, social and cultural needs.

The project will blend traditional design and commissioning approaches, with Te Ao Māori world views, concepts, values and practices. We will identify population segments with similar needs, and design differentiated services to meet the needs of each population group. Underpinned by a Te Ao Māori approach, the project will identify service models that better balance and respond to cultural preferences alongside clinical best practice.

7.1.2 Measles, Mumps and Rubella (MMR)

- Deliver a 2DHB Measles Campaign to achieve equitable MMR immunisation coverage in our 15 – 30 year old cohort. This work is due to commence and will run until the campaign ends in August 2021.

7.1.3 Bee Healthy – Regional Dental

- Continue pro-equity, improvement work with Bee Healthy to plan for short and long term service improvements, with a focus on improving oral health outcomes for Māori and Pacific children.

7.1.4 Action plan development

- A 2DHB Family Violence Strategy and Action Plan which will articulate our DHBs' commitment to respond to family violence.
- A 2DHB Child and Young People Wellbeing action plan.

7.2 HVDHB priorities

7.2.1 First 1000 Days Partnership project

- Finalising the project to inform planning and priority setting for the HVDHB maternal and child health work programme and commissioning plan.

7.2.2 Alcohol and other drug problems

- HVDHB is funding an early intervention service for children, adolescents and youth developing alcohol and other drug problems. This includes identification, assessment and interventions for co-existing addiction and mental health issues. The Service aims to shorten the course and decrease the severity of addiction, thereby minimising complications and impact.

7.2.3 Youth Wellbeing

- HVDHB is progressing an Integrated Youth Wellbeing Hub pilot. The pilot aims to improve the wellbeing of young people**,** targeting young people who have had difficulty transitioning from primary to intermediate, or from intermediate to high school. The intention is to bring together existing education, health and social services in an integrated Wellbeing Hub to better understand the needs of these young people, and connect them and their whānau with appropriate supports and services in a co-ordinated and timely manner.

7.3 CCDHB priorities

7.3.1 Youth One Stop Shop (YOSS) in Porirua.

- Complete a youth-led procurement process to establish a Youth One Stop Shop in Porirua. This contract is expected to be awarded by January 2021.

7.3.2 Maternity

- We are finalising work on a commissioning approach that attracts and retains self-employed, community based Māori and Pacific Lead Maternity Carers across CCDHB.
- Finalise our kaupapa Māori evaluation of the antenatal education innovations that have been prototyped since 2019/20. These evaluations will grow the local evidence base for non-traditional approaches to both (disruptive) commissioning and service delivery.
- Working with a panel of mothers, complete a project to refresh CCDHB's maternity websites, to provide family centred, practical information for women along their maternal health journey.
- Execute a contract for a community-based breastfeeding education initiative, which will run throughout 2020/21.

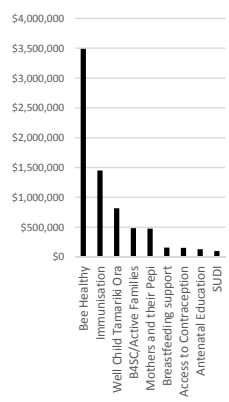
MATERNAL & CHILD NGO INVESTMENT - HVDHB

Key
- Achieved
- Partially achieved
- Not achieved

Structural Measures

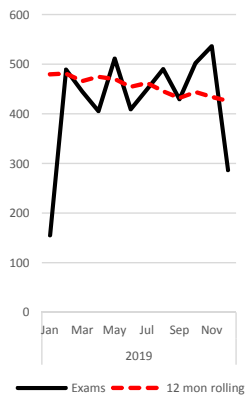
Funding

DHB investment (2020/21)

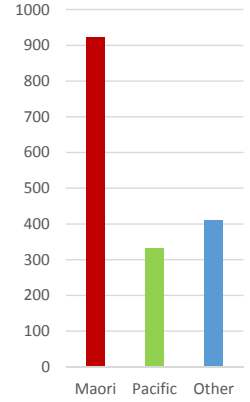


Contracted Activity

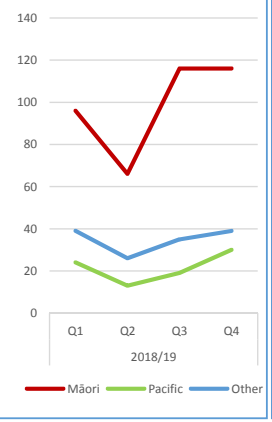
Pre-school dental examinations



WCTO Enrolment

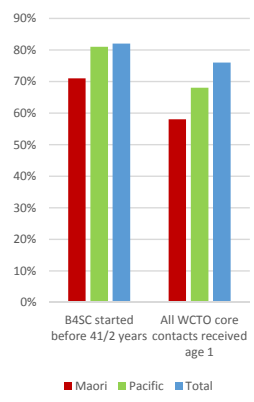


Outreach immunisation referrals

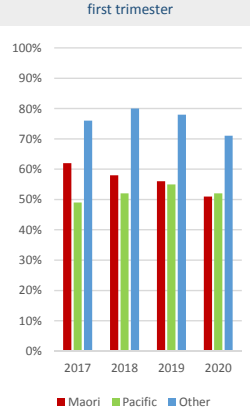


Engagement with Services

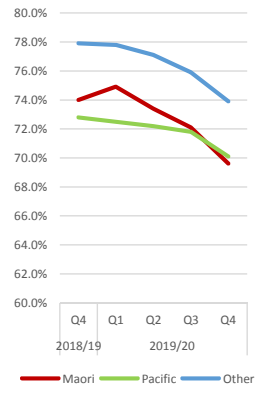
% WCTO core contact and B4SC



% mothers engaging with midwife in first trimester



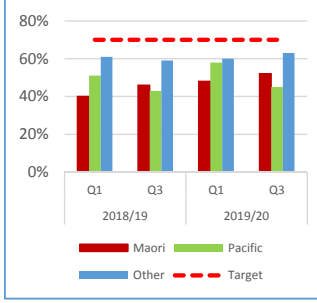
PHO utilisation rates



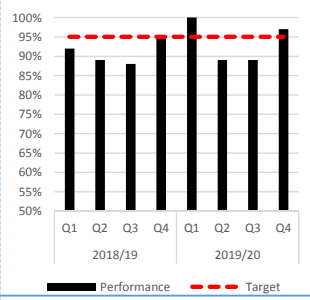
System Level Performance

Policy Priorities

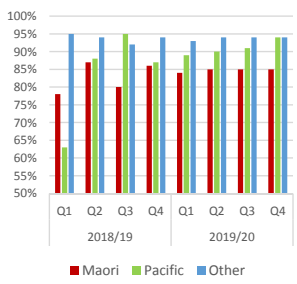
Breastfeeding coverage at 3 months



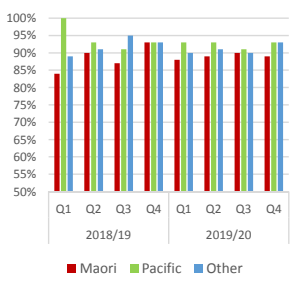
Raising Healthy Kids Target



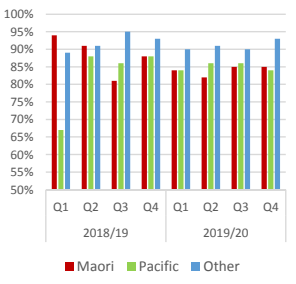
Immunisation coverage at 8 months



Immunisation coverage at 2 years

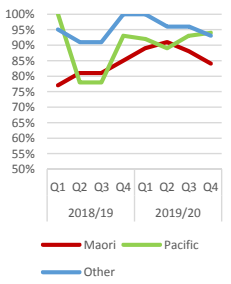


Immunisation coverage at 5 years



System Integration

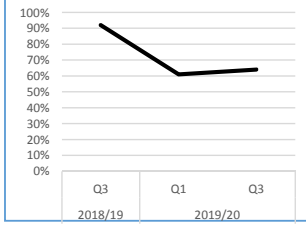
Newborn enrolment at 3 months



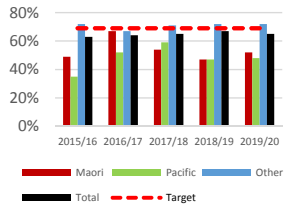
Impact Measures

Person Impact

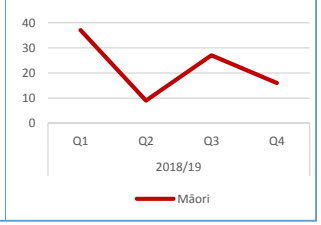
% babies in smokefree homes



% caries free

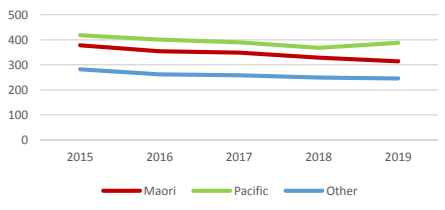


Referrals into Hāpu ora smoking cessation

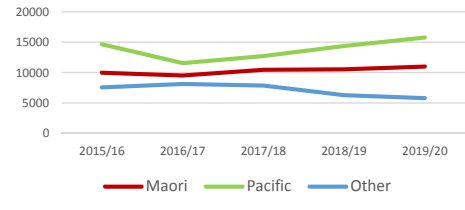


System Impact

ED presentation rate per 1000



ASH rate



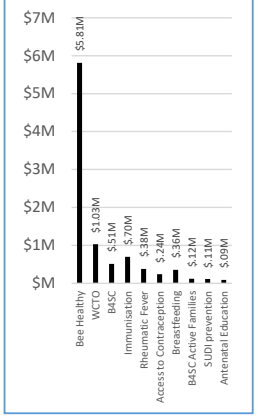
MATERNAL & CHILD NGO INVESTMENT - CCDHB

Key
- Achieved
- Partially achieved
- Not achieved

Structural Measures

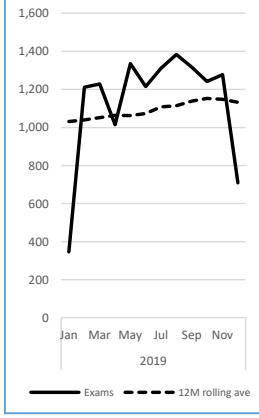
Funding

DHB investment (2020/21)

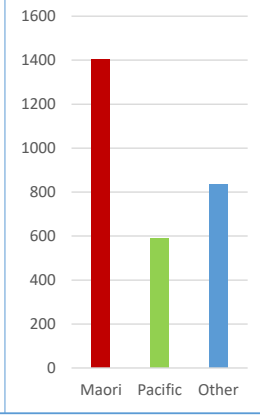


Contracted Activity

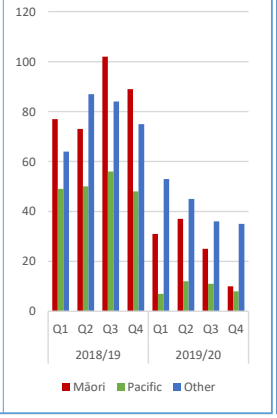
Pre-school dental examinations



WCTO Enrolment

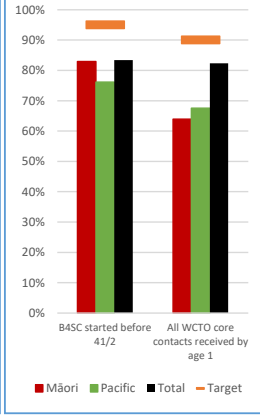


Outreach immunisation referrals

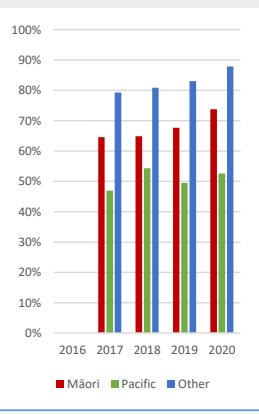


Engagement with Services

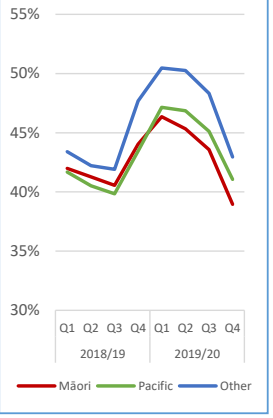
% WCTO core contact and B4SC



% mothers engaging with midwife in first trimester



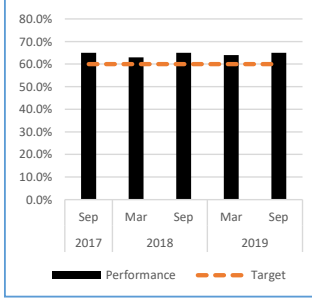
PHO utilisation rates



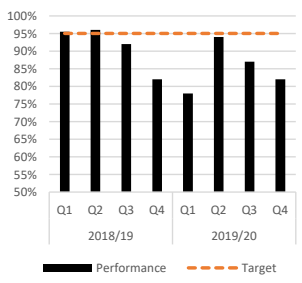
System Level Performance

Policy Priorities

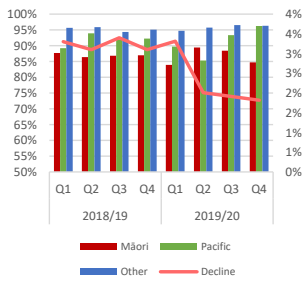
Breastfeeding coverage at 3 months



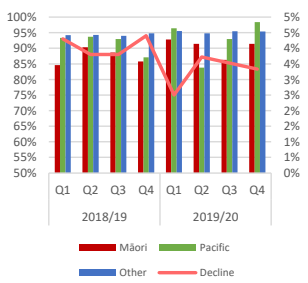
Raising Healthy Kids Target



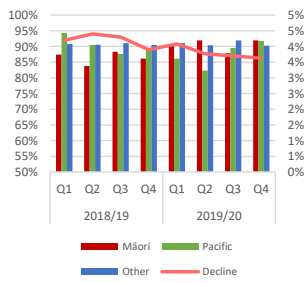
Immunisation coverage at 8 months



Immunisation coverage at 2 years

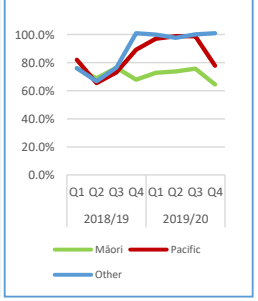


Immunisation coverage at 5 years



System Integration

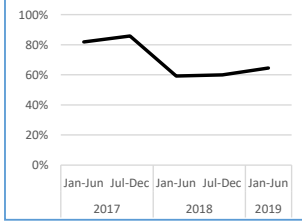
Newborn enrolment at 3 months



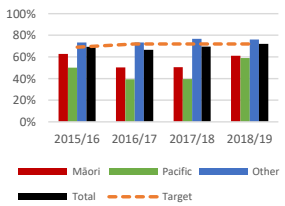
Impact Measures

Person Impact

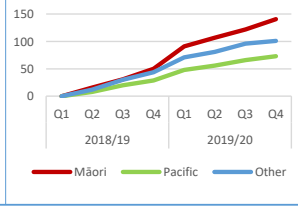
% babies in smokefree homes



% caries free

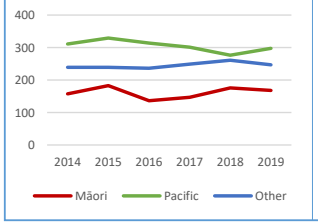


Cumulative Number of users who quit smoking through Hapu Ora

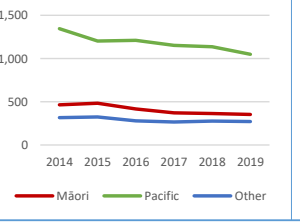


System Impact

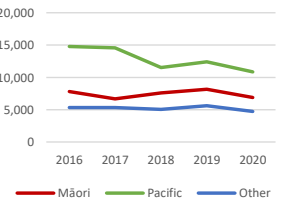
ED presentation rate



Kenepuru A&M presentation rate



ASH rate



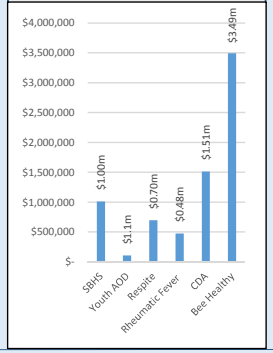
YOUTH HEALTH INVESTMENT (10-25 YEARS) - HVDHB

Key: Achieved; Partially achieved; Not achieved

Structural Measures

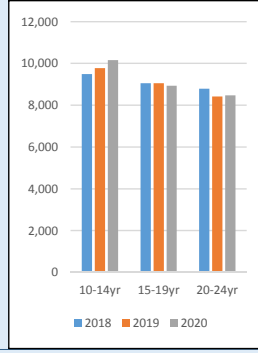
Funding

DHB investment 2019/20

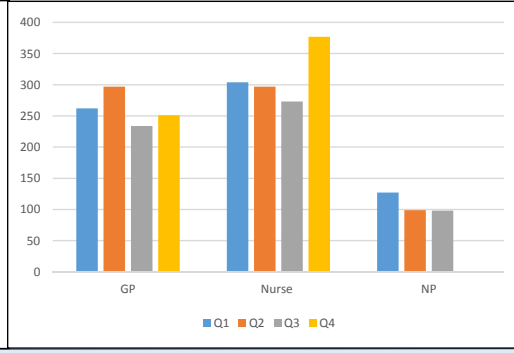


Activity

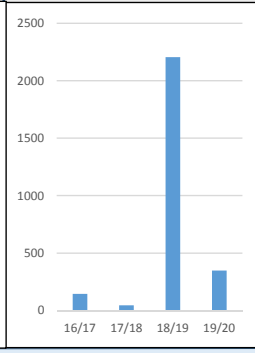
PHO enrolment (10-25 years)



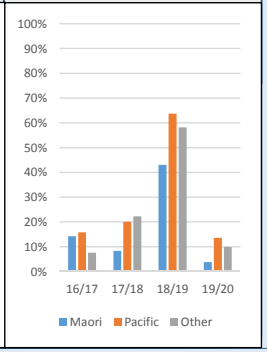
YOSS consultations



SBHS total visits

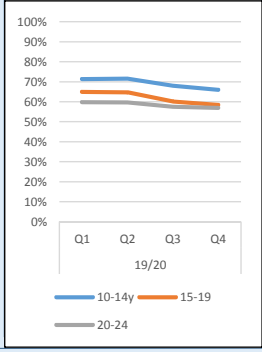


% eligible accessing routine health assessments



Engagement

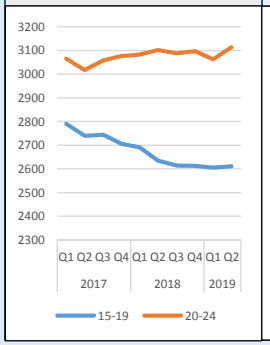
1° Care utilisation rate (10-24 years)



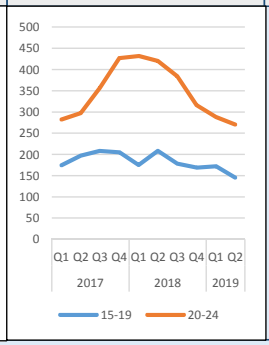
System Level Performance

Population Outcomes

Chlamydia prevalence 3DHB per 100,000

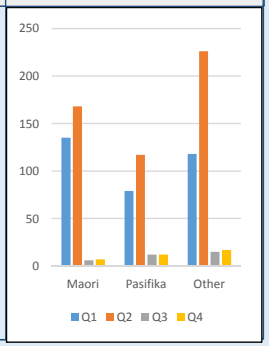


Gonorrhoea prevalence 3DHB per 100,000



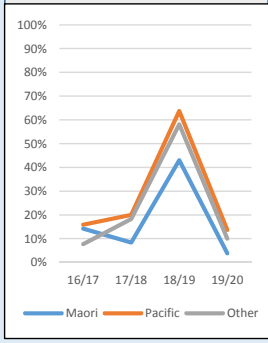
YOSS consultation rate

HEEAADSSS assessments completed

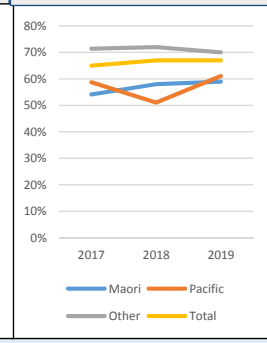


Policy Priorities

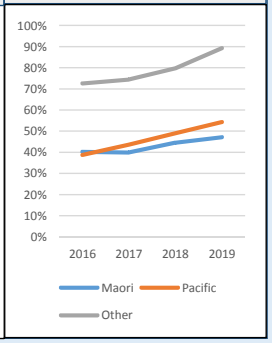
SBHS access rate



% Year 8 caries-free



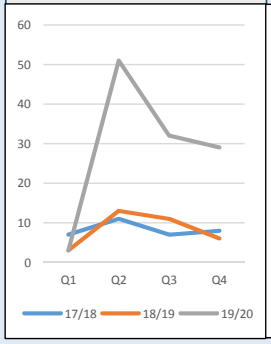
% completed dental checks (13-18 years)



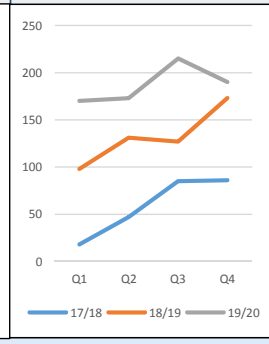
Impact Measures

Person Impact

Patients dispensed IUDs (15-24 years)

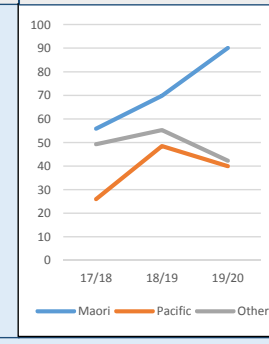


Patients dispensed ECP (15-24 years0

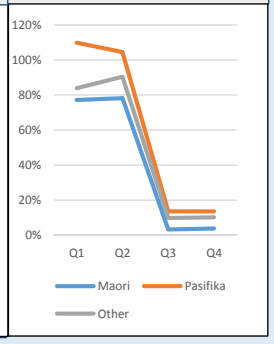


Developmental indicator

ED self-harm rate/10,000 (10-24 years)

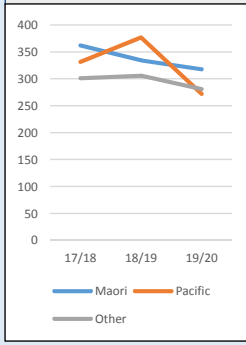


% Year 9 completed HEEAADSSS

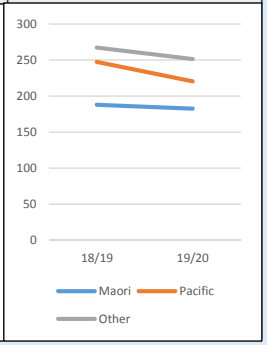


System Impact

ED presentation rate (10-24 years)



ASH rate (10-25 years)



*Please note greyed-out charts contain placeholder data

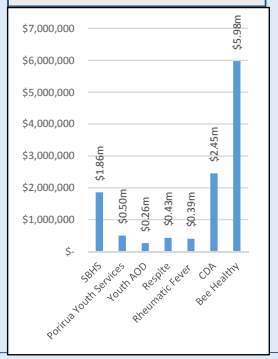
YOUTH HEALTH INVESTMENT (10-25 YEARS) - CCDHB

Key: Achieved; Partially achieved; Not achieved

Structural Measures

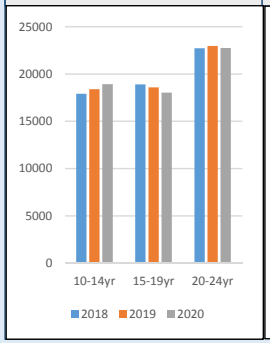
Funding

DHB investment 2019/20

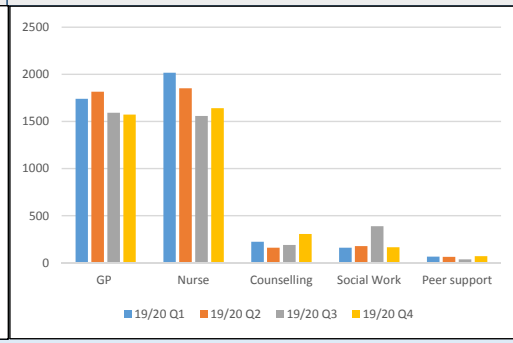


Activity

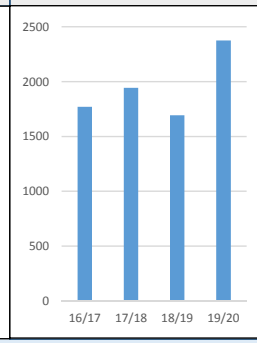
PHO enrolment (10-25 years)



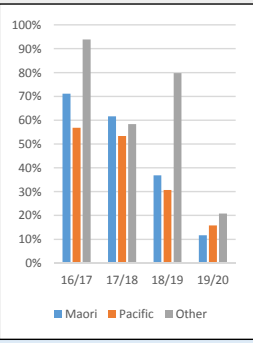
YOSS consultations



SBHS total visits

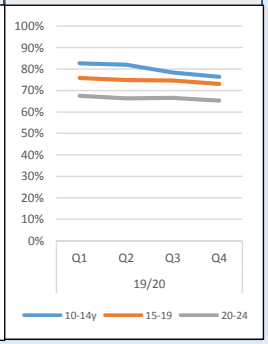


% eligible accessing routine health assessments



Engagement

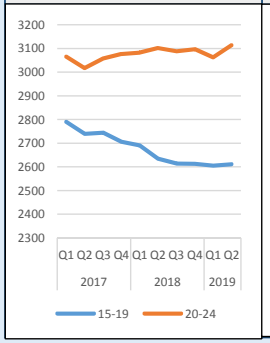
1° Care utilisation rate (10-25 years)



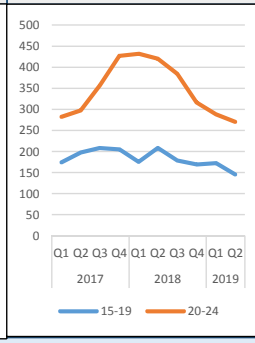
System Level Performance

Population Outcomes

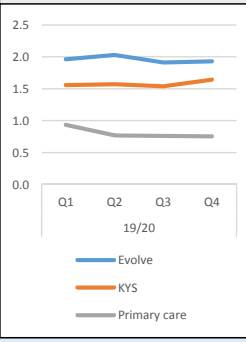
Chlamydia prevalence 3DHB per 100,000



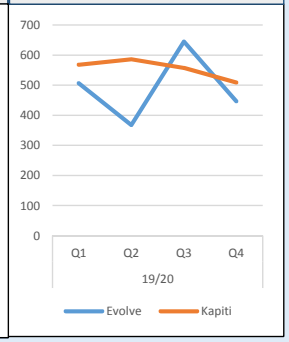
Gonorrhoea prevalence 3DHB per 100,000



YOSS consultation rate

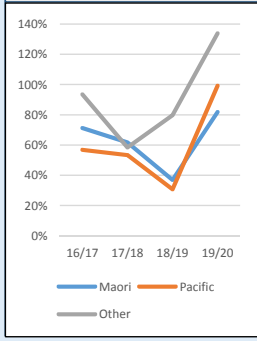


Mental Health YOSS contacts

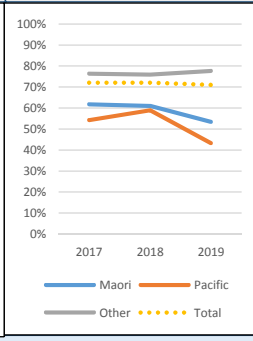


Policy Priorities

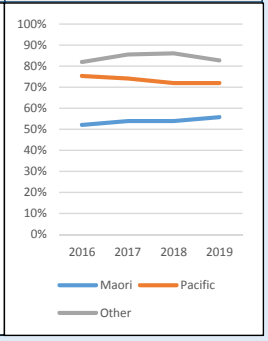
SBHS access rates



% Year 8 caries free



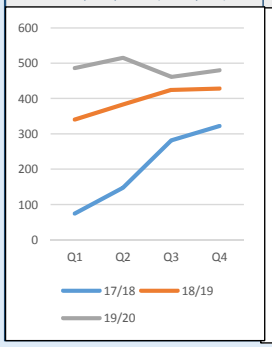
% completed dental checks (13-18 years)



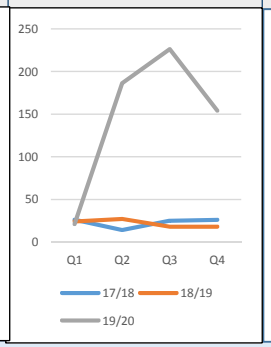
Impact Measures

Person Impact

ECP scrips dispensed (15-24 years)

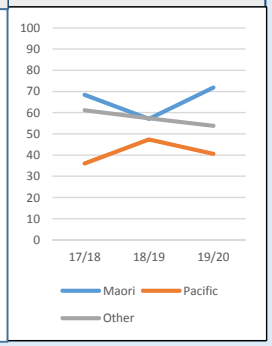


Patients dispensed IUDs (15-24 years)



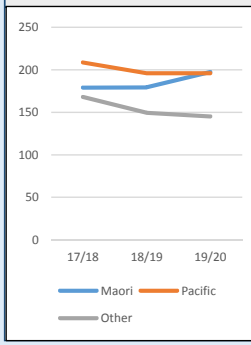
Developmental indicator

ED self-harm rate (10-24 years)

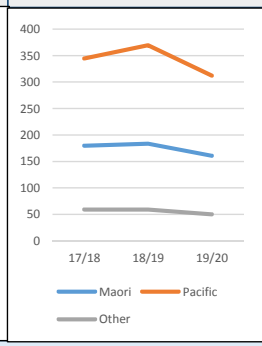


System Impact

ED presentation rate (10-24 years)



KPH A&M presentation rate (10-24 years)



ASH rate per 1000 (10-24 years)

ATTACHMENT 5 - Maternal, Child and Youth Health Investment - 2020/21

	Hutt Valley DHB			Capital & Coast DHB			
	CFA	Local Investment	HVDB total	CFA	Local Investment	CCDHB total	2DHB Total
Maternal health							
Increasing access to contraception	$ 154,422.31		$ 154,422.31	$ 239,019.00		$ 239,019.00	$ 393,441.31
Antenatal education**		$ 129,830.71	$ 129,830.71	$ 80,000.00	$ 91,113.00	$ 171,113.00	$ 300,943.71
Breastfeeding support		$ 160,045.37	$ 160,045.37		$ 356,236.00	$ 356,236.00	$ 516,281.37
Support Service for Mothers and their Pepi (HVDHB) / Matua, Pepi, Tamariki (CCDHB)		$ 475,777.49	$ 475,777.49		$ 421,000.00	$ 421,000.00	$ 896,777.49
Child health							$ -
Before School Checks (B4SC)	$ 388,756.44		$ 388,756.44	$ 511,158.00		$ 511,158.00	$ 899,914.44
Well Child Tamariki Ora	$ 817,216.90		$ 817,216.90	$ 833,674.07	$ 193,680.00	$ 1,027,354.07	$ 1,844,570.97
Sudden Unexplained Death in Infancy (SUDI) Prevention Programme	$ 101,709.04		$ 101,709.04	$ 109,697.00		$ -	$ 101,709.04
Immunisation		$ 124,752.00	$ 124,752.00	$ 203,302.92	$ 493,552.78	$ 696,855.70	$ 821,607.70
Supporting Raising Healthy Kids / B4SC Active Families	$ 95,625.00		$ 95,625.00	$ 120,000.00		$ 120,000.00	$ 215,625.00
Annual reports on child status^		$ 15,000.00	$ 15,000.00			$ -	
Youth health							
Youth Health Services including School Based Services	$ 117,883.00	$ 1,009,976.37	$ 1,009,976.37	$ 188,216.00	$ 1,670,696.00	$ 1,858,912.00	$ 2,868,888.37
Integrated Youth Services in Porirua*			$ -		$ 500,000.00	$ 500,000.00	$ 500,000.00
Specialist Youth Clinician AOD and Other Co-existing Problems		$ 106,335.00	$ 106,335.00		$ 262,393.00	$ 262,393.00	$ 368,728.00
Youth Respite Services		$ 267,375.70	$ 695,196.34		$ 427,820.64	$ 427,820.64	$ 1,123,016.98
Rheumatic Fever Prevention and Management	$ 363,384.00	$ 111,800.00	$ 475,184.00	$ 307,124.00	$ 92,339.00	$ 399,463.00	$ 874,647.00
Oral health							
Combined dental agreement (up to 18 years)		$ 1,510,744.55	$ 1,510,744.55		$ 2,450,000.00	$ 2,450,000.00	$ 3,960,744.55
Bee Healthy		$ 3,490,903.03	$ 3,490,903.03		$ 5,976,592.00	$ 5,976,592.00	$ 9,467,495.03
Violence Intervention Programme (CCDHB only)#							
VIP				$ 161,000.00		$ 161,000.00	$ 161,000.00
Total	$ 2,038,996.68	$ 7,402,540.22	$ 9,751,474.54	$ 2,753,190.99	$ 12,935,422.42	$ 15,578,916.41	$ 25,315,390.95

NOTES:

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

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

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

#VIP is managed by the provider arm at HVDHB

HSC DISCUSSION - Public

September 2020

2DHB Health of Older people performance update

Action Required

Health System Committee note:

a) The impact of pay equity, in-between travel and guaranteed hours on the workforce.

b) The oversight and monitoring of Aged Residential Care and Home Care Support Services.

c) The national work programme to improve the funding model to recognise complexity of service delivery particularly in age residential care.

d) The CE can advise the Lead DHB CE that new funding models for aged residential care should consider the obligations of providers to maintain fair staffing levels to provide safe and quality care.

Strategic Alignment	Responsive services for older people in line with the CCDHB Health System Plan 2030 and the HVDHB Vision for Change.
Author	Jenny Langton, GM, Primary care, long term conditions and Older Adults, CCDHB
Presented by	Rachel Haggerty, Director, Strategy Planning and Performance
Purpose	Update on the environment for delivering health and support services to older people and the performance of those services
Contributors	Dorothy Clendon, ARC COVID-19 Response Lead
Consultation	N/A

Executive Summary

1. The safety of our older people in facilities, as well as in their homes, is of concern for our older persons services. Instances of neglect and/or abuse are present in our society. Keeping older people safe and ensuring that services meet their needs is a focus of the Ministry of Social Development Office for Seniors, the Ministry of Health and District Health Boards.
2. We understand that the Board wishes to be confident that our ARC and HCSS services provide a safe environment for our older people, and the workforces in ARC and HCSS are supported to provide quality care. Reports of concern regarding the care provided in our districts is something we remain vigilant to across our district.
3. The sector is changing with greater involvement from corporates and a reducing number of smaller providers. This does create challenges in communities with greater rurality and smaller populations. The increasing demand for services to support people with dementia/alzheimers continues to require capability to manage greater complexity in residential care settings.
4. The implementation of pay equity, in-between travel payments and guaranteed hours across the ARC and HCSS workforce was designed to raise incomes of this workforce. This change was funded by Government, through District Health Boards. It was an explicit decision to not fund improvement through changes in pricing to ensure the workforce received a direct increase in pay.
5. The recent implementation of pay equity and guaranteed hours for the workforce has largely been a positive experience for the workforce, raising incomes and improving security of income. Unfortunately there is evidence a very small number of employers have managed financial costs by reducing hours of work and managing workloads. We also have evidence of the providers who manage their workforce fairly. We do know that a stable and skilled workforce, alongside inter-professional

practice, appropriate models of care and a culture of valuing older people create positive residential and home care experiences.

6. The CE can discuss with the Lead DHB CE that new funding models for aged residential care should consider the obligations of providers to maintain fair staffing levels to provide safe and quality care. The current work programme does recognise the importance of safe and quality care and the differential of resourcing levels to reflect the different needs of residents especially as the need for support of people with dementia continues to increase.

Engagement/Consultation

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

Identified Risks

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

Attachment/s

1. CCDHB Health of Older People Dashboard as at Q4 - 15092020
2. HVDHB Health of Older People Dashboard – Sep 2020

1 BACKGROUND

The Ministry of Health expects health and support services for older people are planned for and delivered across a range of settings consistent with the vision of the 2016 *Healthy Ageing Strategy*[1]. In particular we should:

- Prioritise health ageing and resilience throughout people's older years.
- Enable high-quality acute and restorative care, for effective rehabilitation, recovery and restoration after acute events.
- Ensure older people can live well with long term conditions.
- Better support older people with high and complex needs.
- Provide respectful end-of-life care that caters to personal, cultural and spiritual needs.

These expectations are consistent with a life course approach and the direction described in both CCDHB's Health System Plan 2030 and HVDHB's Vision for Change.

Both DHBs commission a number of health and support services targeted to the specific needs of older people. These services are delivered through NGOs, aged residential care (ARC) providers and home and community support services (HCSS). In 2018 both DHBs invested additional funding in our home care support services to improve quality of service delivery.

Over the last two years both DHBs have developed services including Frailty Assessment Units, community health of older people teams and community assessment and response services to improve outcomes for older people.

2 CURRENT SERVICE PROVISION

Both DHBs commission age residential care and home care support services. Our terms and conditions associated with these contracts are the same across both DHBs.

There are 31 ARC facilities in CCDHB, and 15 in HVDHB. Aged care providers vary from small, owner operators, through to large corporate providers, and a handful of religious and welfare and community owned organisations. There are four levels of care:

- Rest home
- Hospital Level
- Dementia Care
- Psychogeriatric (or High Dependency Units).

Most facilities provide more than one level of care. Aged Residential Care at both DHBs operates at over 90% occupancy at all times.

Over 3,000 people receive HCSS and 780 support workers provide the service across CCDHB and HVDHB. Home and Community Support Services enable older people to remain living at home as independently as possible for longer. Supports can range from assistance with personal cares such as showering, dressing and eating through to help with preparing meals.

[1] https://www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy_june_2017.pdf

3 OVERSIGHT AND ACCOUNTABILITY FOR AGED RESIDENTIAL CARE

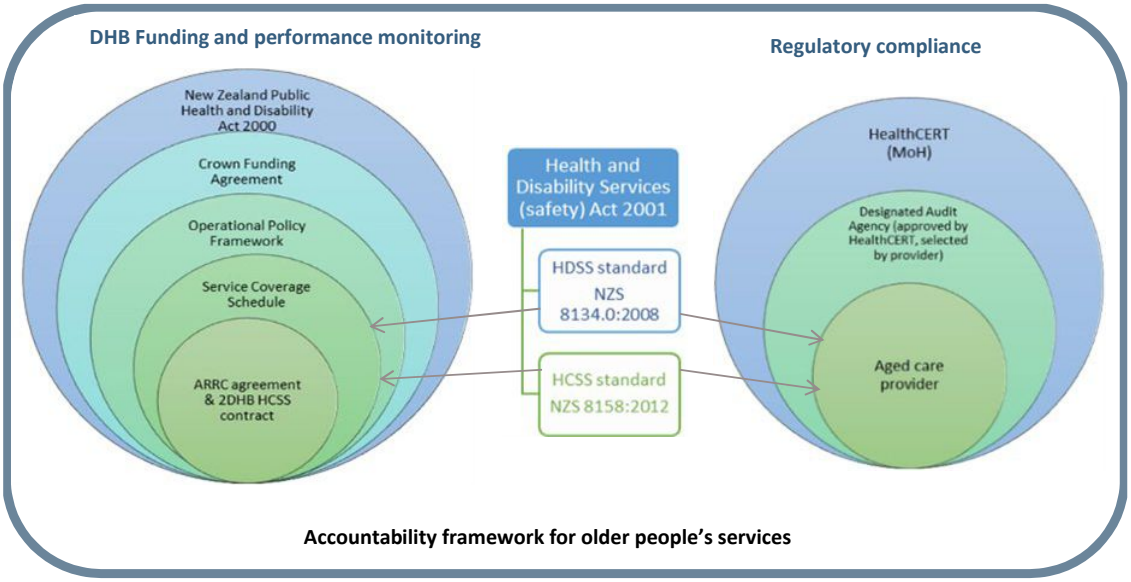
3.1 Legislated Obligations

Section 25(3) of the New Zealand Public Health and Disability Act 2000 requires DHBs to monitor the performance of any parties with which it has a service agreement.

The Service Coverage Schedule[2] (SCS) outlines Crown expectations for the delivery of DHB funded health and support services for older people including service coordination, support to live at home and provision of long term residential care. The SCS requires older peoples' services commissioned or delivered by DHBs to meet relevant standards. This expectation is reflected in the contracts held with providers.

The Health and Disability Services (Safety) Act 2001 (the Act) underpins the certification of health care services in New Zealand. The legislation aims to ensure services are safe, with consistent standards and continuous quality improvement of health and disability services in place. The Ministry of Health (MOH) through HealthCERT is responsible for the administration of the Act.

The diagram below outlines this obligation.



Accountability framework for older people's services

All Residential Care providers must be certified by MOH before a DHB can contract with them and the ARRC agreement explicitly requires ARC providers to comply with the Act. DHBs then monitor the compliance and quality of residential services in partnership with MOH.

All ARC facilities are audited by a Designated Audit Agency (DAA) against the Health and Disability Services Standards to obtain and maintain certification. Facility certification can be between one and four years. Facilities have an unannounced surveillance audit half way through their certification periods. Therefore, if a facility has a three year certification they are audited every 18 months. Results of audits are made publicly available through the MOH website.[3]

[2] https://nsfl.health.govt.nz/accountability/service-coverage-schedule/service-coverage-schedule-202021
[3] https://www.health.govt.nz/your-health/certified-providers/aged-care

Domains covered include Consumer rights, Organisational Management, Continuum of Service delivery, Safe and Appropriate Environment, Restraint Minimisation and Infection Protection and Control. HCSS providers are audited under the Home and Community Sector Standards, which have similar domains.

The current service standards do not include a resident staff ratio or specifications of rostering and employment practises.

3.2 DHB MONITORING OF PERFORMANCE

DHB staff meet regularly with both ARC and HCSS providers to review performance. A quarterly provider network meeting operates for ARC. An alliance meeting between the two DHBs and the two HCSS providers has been established to oversee implementation of the 2DHB contract.

All Audit results are reviewed as are complaints and incidents. People can ring and make confidential complaints and feedback is encouraged. The shift to the two provider HCSS funding has reduced the use of this services substantially. Concerns regarding facilities are very small in number in our districts.

Two dashboards are attached providing an overview of older person's services at CCDHB and HVDHB. We are aligning our dashboards and will in future provide this information with a 2DHB lens.

The number of clients receiving HCSS hours 19/20 may have shown a small decline because of COVID-19 as HCSS prioritised people who required essential cares. A number of clients also requested care to stop during this time or had family provide support instead. Positively, during the initial COVID-19 outbreak HCSS received no complaints.

Referral volumes to Needs Assessment Services have increased again since the initial COVID-19 lockdown, which is partly catching up on activity. However, it may also reflect people whose independence has deteriorated through lockdown or had reduced overall support at that time now needing further support.

A small dip in the number of clients in ARC may be due to lockdown, which saw a reduction of people moving into care for a number of reasons (e.g., admissions were more difficult, people did not want to move into care, assessments could not be completed). ARC adapted really well to the lockdown rules and report they feel they managed well during this time.

4 NATIONAL AGREEMENTS

ARC is funded by a national agreement and HCSS is on a pathway to a national agreement. The obligations of the DHB are established by these agreements. Any changes in contract management practise are required to be consistent across the sector.

The National Health of Older People (HoP) Programme, provides governance and leadership across DHBs for ARC and NCSS. The Steering group is led by a DHB Chief Executive and manages sector development. This includes:

- the annual Funding Model Review for ARC
- the inclusion of pay equity funding in pricing in ARC contracts
- developing the national HCSS service specification
- developing a case mix funding system for age residential care
- supporting guaranteed hours for the Home and Community Support Services (HCSS) workforce.

It is recognised that how services are commissioned and funded has a direct impact on quality and safety. There are two significant national pieces of work designed to improve the funding and accountability model for ARC and HCSS.

4.1 Age Residential Care

DHB funded aged residential care (ARC) providers are party to a national agreement, the Age-Related Residential Care Services (ARRC) Agreement. This agreement is negotiated yearly with the process

managed through TAS as with other national agreements. This contract is consistent across New Zealand and there is no local variation.

ARC is a demand driven service meaning that anyone eligible receives care. Clinical eligibility for funded care is determined through the needs assessment and service coordination service (NASC). ARC is also an income and asset tested service meaning that people who are not eligible for a subsidy pay for their care up to a maximum contribution set by Government.

The 2019 aged residential care funding model review report[4], prepared by Ernst & Young (EY) for MOH, considered how funding models may reflect different levels of care intensity. The report acknowledged the increasing age and complexity of older people using ARC, the changing nature of the ARC sector itself, and noted the demand for ARC has been more muted in recent years than earlier projections suggested. Core components of ARC funding are accommodation, everyday living services and core support and care provided for all residents. Additional care and support currently falls into four care categories: rest home, continuing care, dementia, and psychogeriatric services. These four care categories are no longer sensitive enough to the range of resident's needs within ARC.

A new national pricing approach is being developed. It is aligned with resident care need and underpinned by a strong accountability framework, regulatory system and policy settings that support sustainable service delivery. The analysis recognises the need to recognise diseconomies of scale and shorter stay residents for respite or palliative care, especially in more rural communities. Recommendations for a new funding model are expected to be made to the sector, including MOH, early in 2021.

4.2 Home Care Support Services

In April 2019, our DHBs implemented a new combined Home and Community Support Services (HCSS) three year contract. This contract introduced a two provider model replacing the previous single provider service. Home care support is now provided by Nurse Maude and Access Homehealth.

There is MOH led work underway to make HCSS a national service specification (and contract) from 2021 meaning this will convert to a national contract.

This process has included wide sector engagement and multiparty input with the initial phase completed in March 2020. Public consultation on new draft standards was expected to begin in October 2020 (see below) however due to COVID-19 it is likely that this timeline will not be met. The service specification used by our DHBs is consistent with the new national model.

5 ARC AND COVID-19-19 ASSESSMENTS

As the COVID-19 pandemic unfolded, it became clear from overseas experience and emerging NZ experience that the elderly frail residents in ARC were particularly at risk. From 11 March to 28 March in NZ there were outbreaks of five ARC clusters[5] which resulted in infections in 39 residents, 78 health care workers and 36 others associated with health care workers. An independent review into the ARC clusters was commissioned by the Director General of Health[6]. ARC facilities across New Zealand closed their doors to visitors and closely managed new admissions. These actions had a considerable positive impact on the safety of these communities.

During Alert Level 4 our two DHBs worked very closely with all of our ARC facilities. Our DHB provided PPE including additional training in infection control to all facilities. Furthermore additional nursing staff were made available to support the workforce and residents in the assessment that workloads may be

[4] https://tas.health.nz/dhb-programmes-and-contracts/health-of-older-people-programme/aged-residential-care-funding-model-review/

[5] Defines a facility where there are 10 or more confirmed cases of COVID-19-19.

[6] 29 May 2020, "A Review of Independent Review of COVID-19-19 Clusters in Aged Residential Care Facilities", Ministry of Health

higher. No additional workforce was accessed. In addition, to minimise the need for transfer to hospital additional general practise and geriatrician assessments were made available. This was all at no cost to the provider.

5.1 Virtual Visits of all Residential Facilities

On Saturday April 10, the Director General of Health requested that DHBs visit all residential facilities to formally assess their preparedness. This included, ARC, mental health, addictions and disability facilities.

This was an opportunity to explore how all of our facilities were managing and the experience of the residents. It is worth noting that we did not receive complaints from residents or families regarding care in ARC. There was also no uptake of additional staffing offered at no cost to ARC during the alert level 4 response.

To completed the preparedness assessments DHBs arranged for virtual visits to all residential facilities across HVDHB and CCDHB. All virtual visits in CCDHB and HVDHB were completed within 3 weeks. The assessment process was comprehensive and included the following:

- All services were required to complete a nationally consistent self-assessment tool.
- The self-assessment was discussed in detail during a virtual visit with key facility staff.
- Each visit was carried out by Strategy, Planning and Performance (SPP), Infection Prevention and Control (IPC), and a specialist Health of Older People nurse (for all ARC visits).
- Facilities were rated as well prepared, moderately prepared and unprepared, which guided the DHBs response.

5.2 Outcome of Virtual Visits

Across all 46 facilities, the 32 were well prepared, and 17 were moderately prepared. Only three were considered unprepared after the virtual visit. All three facilities were visited in person within days by a specialist nurse and an IPC nurse who helped work through immediate solutions to infection control issues. IPC followed up many facilities rated as prepared with a visit or phone call in the weeks following the virtual visits to confirm processes and ensure ongoing commitment to good practise.

Larger organisations, often connected to other facilities and national infrastructure, had invested upfront in training, staff, and PPE. They had developed and implemented detailed plans before lockdown. In some instances, plans were not always well tailored to local facilities and these issues were addressed. Smaller and stand-alone facilities had less resources available upfront to develop plans and mobilise alternative staffing solutions.

Environmental issues in ARC significantly affect the ability to contain infection within a facility through ability to isolate residents with symptoms. Many older facilities do not have ensuite rooms, requiring residents to share bathroom facilities. Dementia and Psychogeriatric Units found it considerably harder to contain residents to their rooms.

With regards to workforce, staff bubbles were created for all areas where possible, e.g. laundry, kitchen, support workers. It was found that a very small number of smaller, independent facilities have less Registered Nurses and limited external support networks. Whereas larger organisations had planned for a reduction in staff numbers by increasing casual staff (one organisation had sufficient staff on their books to cover a 40% staff reduction at each of their facilities).

Overall we found that COVID-19 stretched many facilities, as some staff needed to stand down as they were considered vulnerable. Also, over lockdown the risks of staff working across many settings came to light, and facilities had to respond to the logistics of supporting staff to work in one setting only. Even with this, no facility took up the offer of free experienced staff. Engagement suggested that although challenged, the additional resource was not required.

Dementia units were identified as particularly challenging to manage during COVID-19. Each unit was encouraged to treat the entire unit as one bubble given the impracticalities of isolating individual residents and testing for COVID-19. PPE needs were also unique to this group given masks alone may not be adequate to protect staff and the use of face masks was recommended at a local level.

What we did not find is also important. Overall our ARC facilities were engaged, professionally led and committed to the wellbeing of their residents. This is consistent with the findings of our audits and our monitoring of complaints and service risk assessments.

HEALTH OF OLDER PEOPLE INVESTMENT DASHBOARD

Structural Measures

Funding

DHB Investment

Age Residential Care (19/20)

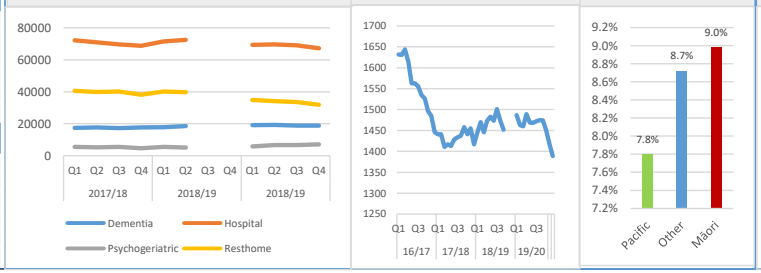
	Budget	Actual	Variance
Hospital level & Psychogeriatric	$43.0m	$42.7m	$0.28m
Rest Home & Dementia	$22.9m	$20.6m	$2.36m
Physical Disability	$1.41m	$0.39m	$1.02m
Total	$67.3m	$63.7m	$3.67m

Home and Community Support (19/20)

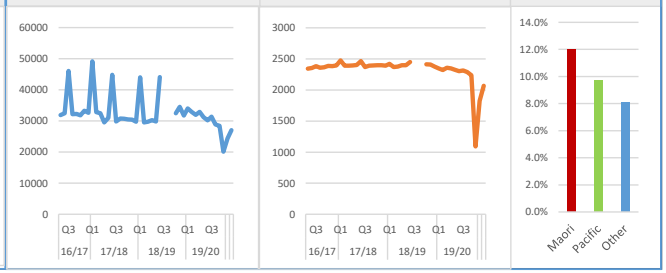
	Budget	Actual	Variance
Home-based Support	$0.53m	$6.24m	$0.06m
Carer Support	$0.86m	$0.68m	$0.19m
Day Programme	$1.43m	$1.29m	$0.13m
Respite Care	$1.90m	$1.25m	$0.65m
Total	$4.72m	$3.69m	$1.03m

Activities

65+ People in Subsidised Age Residential Care



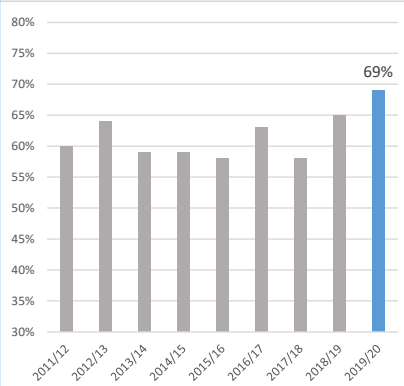
65+ People Receiving Home & Community Support in Own Home



System Level Performance

Older Persons Supported to Live at Home

Proportion of 65+ People who received DHB Funded Support to live in own home

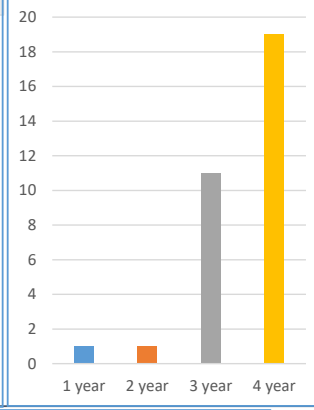


Home & Community Support Services

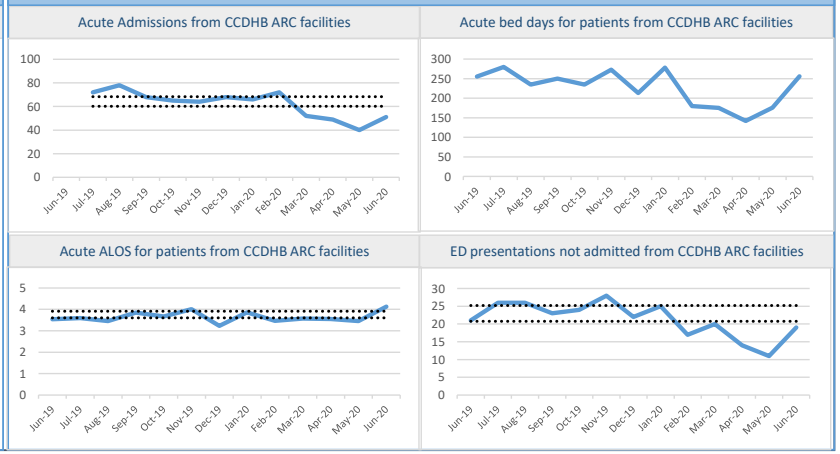
Developmental indicator

Audit and Compliance

ARC Facility Certification



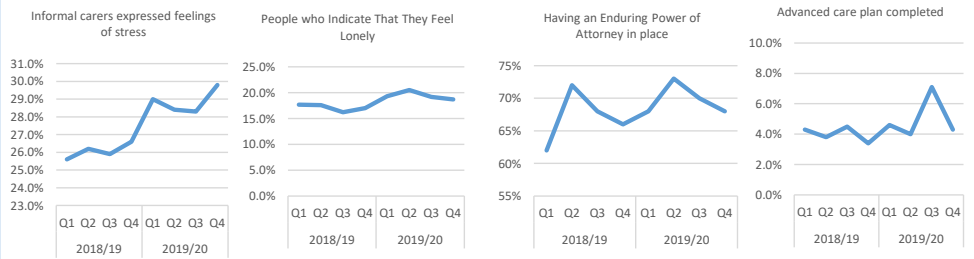
Acute Flow from ARC Facilities



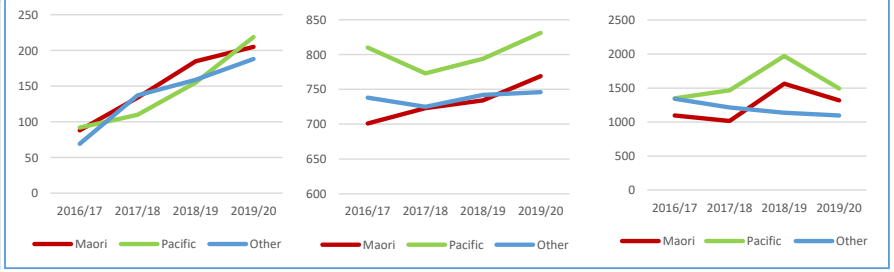
Impact Measures

Individual Impact

From InterRAI Assessments during the quarter



System Impact



Performance Highlights

Performance Issues

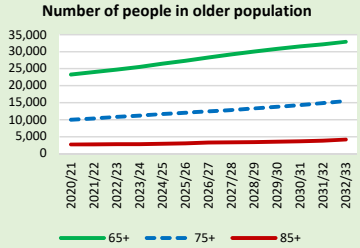
Key

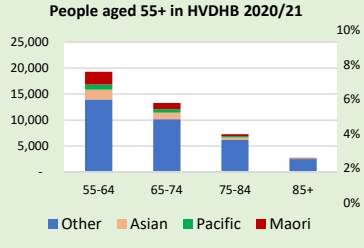
- Achieved
- Partially achieved
- Not achieved

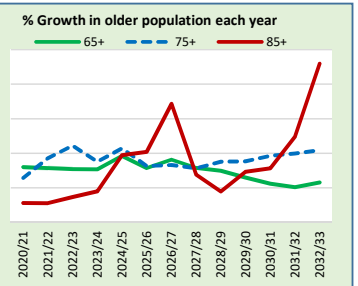
Health of Older People HUTT VALLEY DHB

15% of HVDHB are age 65+		23,270
Upper Hutt	32%	7,366
Lower Hutt	68%	15,904

Maori aged 55+	4,050	14%	of Maori people
Pacific aged 55+	1,980	17%	of Pacific people
Asian aged 55+	3,790	17%	of Asian people

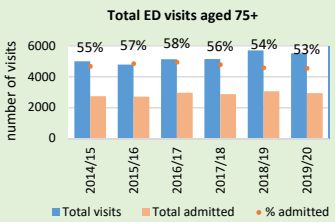


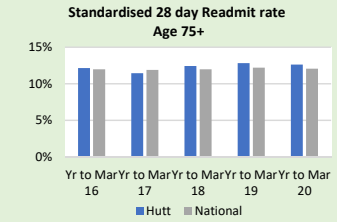


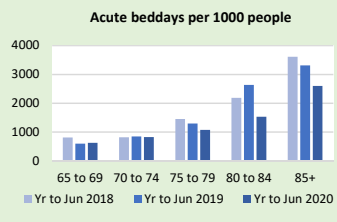


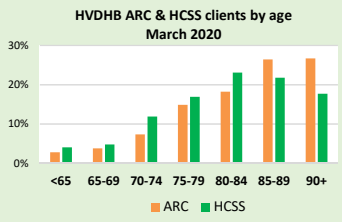
Acute Service Utilisation

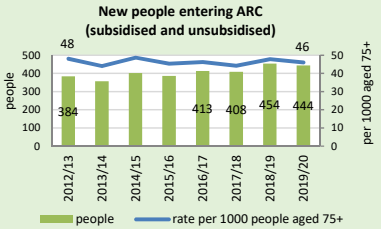
Older people living well will need less of these services









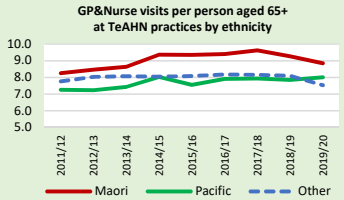


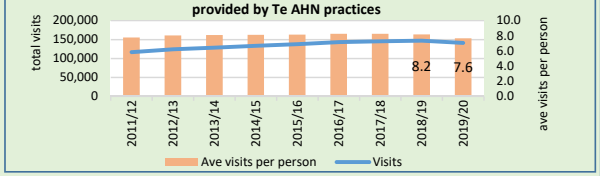
Primary Care

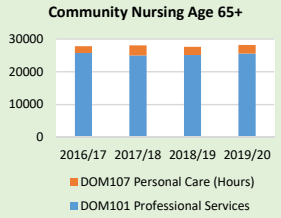
Enrolled with a Hutt GP (TeAHN & Ropata) Aug 2020

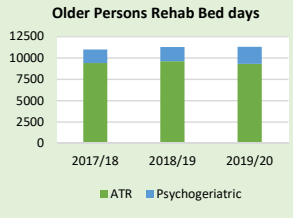
People aged 65+	39,665
Maori aged 55+	3,468
Pacific aged 55+	2,000

May include non Hutt Residents



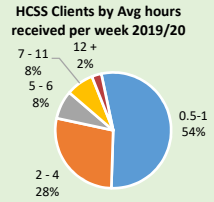


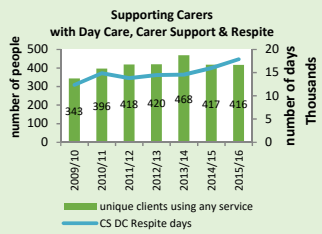


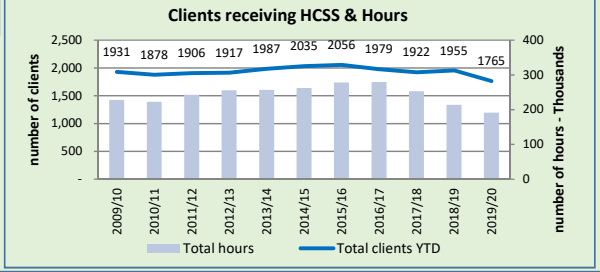


Home & Community Support

2019/20- $000	Actual	Budget	Variance
Home Based SS (incl travel)	$21,894	$20,415	-$1,478
Carer Support	$211	$173	-$38
Day Programmes	$545	$28	-$517
Respite Care	$1,192	$1,879	$687





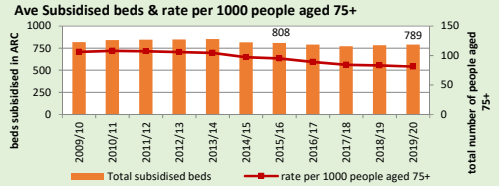


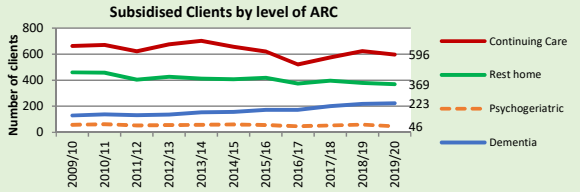
Age Residential Care

2019/20- $000	Actual	Budget	Variance
Continuing Care & Psychgeri	$19,154	$19,231	$77
Rest Home & Dementia	$11,877	$12,245	$369
IDF Outflow	$4,362	$4,000	-$362

People aged 65+ in ARC (June 2020)	4%
Ave no. years receiving DHB ARC subsidy (Jun16)	2.2

number of ARC facilities in HVDHB	15
Rest Home beds	353
Dementia beds	160
Psychogeriatric beds	43
Continuing Care beds	133
RH/Continuing Care swing beds	515
Total beds	**1204**





Capital and Coast DHB and Hutt Valley DHB

Combined Health System Committee

Meeting to be held on 23 September 2020

Resolution to exclude the Public

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

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

TABLE

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

NOTE

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

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