PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA v.5** Held on Wednesday 31 March **LOCATION: Level 11 Boardroom, Grace Neil Block, Wellington Regional Hospital** Zoom meeting ID: 878 1795 0109 Time: 0900 to 1230

2DHB COMBINED HEALTH SYSTEM COMMITTEE

	ITEM	ACTION	PRESENTER	MIN	TIME	PG
1	**PROCEDURAL BUSINESS**			**15**	**09:00**	
1.1	Karakia		All members			**3**
1.2	Apologies	**RECORD**	Chair			
1.3	Continuous Disclosure – Interest Register	**ACCEPT**	Chair			**4**
1.4	Confirmation of Draft Minutes 1.4.1 25 November 2020 Meeting 1.4.2 26 February 2021 Meeting	**APPROVE**	Chair			**6** **12**
1.5	Action List	**NOTE**	Chair			**16**
1.6	Annual Work Programme	**APPROVE**	2DHB Director Strategy, Planning and Performance - Rachel Haggerty			**17**
2	**Health System**			**80**	**9:15**	
2.1	Advanced Care Planning Update	**PRESENT**	2DHB Director Strategy, Planning and Performance			
2.2	2DHB Primary Birthing Facilities Approach	**NOTE**	2DHB Director Strategy, Planning and Performance			**19**
2.3	Regional Public Health Update 2.3.1 Update	**NOTE**	GM Regional Public Health – Peter Gush			**24** **26**
	10:35 - MORNING TEA – 15 MIN					
3	**PERFORMANCE REPORTING**			**30**	**10:50**	
3.1	Q2 Non-Financial MOH Reporting 3.1.1 HVDHB 3.1.2 CCDHB	**NOTE**	2DHB Director Strategy, Planning and Performance			**31** **34** **42**
4	**PACIFIC HEALTH**			**25**	**11:20**	
4.1	Pacific Health & Wellbeing Strategic Plan 2020 - 2025 update 4.1.1 Progress and Indicators 4.1.2 Previous Update Dec 2020	**DISCUSS**	Director Pacific People's Health – Junior Ulu			**50** **52** **63**
5	**OTHER**			**5**	**11:45**	
5.1	General Business	**NOTE**	Chair			
5.2	Resolution to Exclude	**APPROVE**	Chair			**68**

Next Meeting: 26 May 2021
Location: Porirua to be confirmed, Zoom: https://3dhb.zoom.us/j/87817950109

	Public Excluded					
1	**PROCEDURAL BUSINESS**					
1.1	Confirmation of Draft Minutes -25 November 2020		Chair			
2	**MĀORI HEALTH**			**40**	**11.50**	
2.1	2DHB Māori Health Strategies Progress and Performance Report Q3 2.1.1 Progress and Indicators 2.1.2 Appendix 1 2.1.3 Appendix 2	**DISCUSS**	Director Māori Health, Arawhetu Gray			
Next Meeting: 26 May 2021 Location: Porirua to be confirmed, Zoom: https://3dhb.zoom.us/j/87817950109						

Karakia

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tātou i te rangi nei

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui e! Tāiki e!

Translation

May peace be wide spread

May the sea be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Health System Committee Interest Register

22/2/2021

Name	Interest
Sue Kedgley *Chair*	• Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board
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 • Executive Director Relationships & Development, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	• Visiting Consultant at Hawke's Bay DHB • 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 25 November 2020 at 9:00am
Boulcott's Farm Heritage Golf Club, 33 Military Road, Lower Hutt
PUBLIC SECTION

PRESENT

COMMITTEE:	Sue Kedgley, Chair Josh Briggs Ken Laban – Deputy Chair Keri Brown Richard Stein Roger Blakeley Chris Kalderimis 'Ana Coffey Paula King Sue Emirali Teresea Olsen
STAFF:	Fionnagh Dougan, Chief Executive Officer Arawhetu Gray, Director Māori Health Kiri Waldegrave, Acting Director Māori Health Rachel Haggerty, Director Strategy, Planning and Performance Joy Farley, Director Provider Services Rosalie Percival, Chief Financial Officer Amber Igasia, Board Liaison Officer
OTHER:	John Ryall, Hutt Valley Board member Bridget Allan, Te Awakairangi PHO Mabli Jones and Chris Fawcett, Tu Ora Compass PHO Helmut Modlik and Teiringa Davis, Ora Toa PHO.
APOLOGIES:	David Smol Paula King – left early Bernadette Jones Fa'amatuainu Tino Pereira (Inu) Kuini Puketapu

1 PROCEDURAL BUSINESS

1.1 Karakia
The Karakia was led by all.

1.2 APOLOGIES
Noted as above.

1.3 CONTINUOUS DISCLOSURE
1.3.1 Interest Register

No changes.

Moved:	Keri Brown	**Seconded:**	Roger Blakeley	**CARRIED**

1.4 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Combined Health System Committee held on 23 September 2020, taken with public present, were confirmed as a true and correct record.

Add John Ryall as an attendee.

Moved:	Ken Laban	**Seconded:**	Keri Brown	**CARRIED**

1.5 ACTION LIST

Noted.

1.6 ANNUAL WORK PLAN

The work plan will become more specific following the strategic workshop in January.

Moved:	Vanessa Simpson	**Seconded:**	‘Ana Coffey	**CARRIED**

2 Māori and Pacific Health

2.1 Aligning Māori Strategies with Whakamaua

Directors of Māori Health Services presented.

Health System Committee noted:

(a) The intention to align Māori Health reporting in 2021 with the Ministry of Health Māori Action Plan, Whakamaua.

(b) Taurite Ora and Te Pae Amorangi will continue to be delivered against as separate strategies however, resources and activities will be aligned and shared as appropriate.

(c) Both strategies share common themes and actions but place different emphasis and priority on the activities undertaken to achieve them.

(d) Updates on Taurite Ora and Te Pae Amorangi achievements will be included in the 3 Dec Board meeting.

DISCUSSION NOTES:

A question was raised about whether alignment with Whakamaua was mandatory and it was noted the two DHBs are choosing to align with it as it has national coverage. When asked about the differences between Whakamaua and the two DHB Māori Health strategies it was noted our strategies provided more depth on commissioning.

The Committee asked if the two DHB strategies will be combined and it was clearly stated the strategies will remain as they are, they have two streams of funding and will maintain reporting separately. It was also noted that they will be ensuring Health Care Homes will be aligned with the strategy.

A question was asked about whether other DHBs were using this and if there will be comparative data on a national scale. There is national workforce data collected by TAS and wanting to track trend data from the Ministry of Health. It was also noted that there has been a lack of disability populations including Māori and Pacific disability communities. Pro-equity is about all communities and this work is included as part of the two Māori Health strategies.

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

3 Integrated Performance Reporting

3.1 Health Care Home Programme and Community Health Networks

2DHB Director Strategy, Planning and Performance presented.

Health System Committee noted:

(a) The Health Care Home (HCH) programme to transform primary care is entering its sixth year of operation in CCDHB and its fourth year in HVDHB and has achieved significant population coverage and is showing promising results.

(b) CCDHB commissioned three evaluations of their HCH programme: a mainstream evaluation, a Māori evaluation and a Pacific evaluation. The results are promising.

(c) A Rapid Review also identified that primary care providers felt they were more resilient and better equipped to respond to the challenges of COVID-19.

(d) CCDHB has recognised inherent limitations in the mainstream Health Care Home model for addressing inequities, and responding to Māori aspirations, and partnered with Ngāti Toa to coproduce a different approach to primary capability and integration in Porirua going forward.

(e) As Health Care Home practices mature, our DHBs are investing the released funding in Community Health Networks and the Porirua Integration programme.

3.1.1 PHO Presentation

Bridget Allan, Te Awakairangi PHO
Mabli Jones and Chris Fawcett, Tu Ora Compass PHO
Helmut Modlik and Teiringa Davis, Ora Toa PHO.

DISCUSSION POINTS:

The Board asked about closer to home health metrics and what it is showing regarding reducing Emergency Department (ED) pressures. It was noted by the presenters that it is in the early stages in the Hutt but CCDHB has seen the most impact in acute utilization. Where they have been able to provide particular services they have seen a decrease in those attendances in ED. Kapiti noted it is harder and they are needing a more responsive system in primary care.

Management was noted that there is a need to find different ways to look at the whole system and connect to a wider system of change e.g. housing.

The Board noted a comment that Health Care Home model's biomedical approach is at odds with a Māori approach and asked is it possible this conclusion could apply to our hospital generally, is the solution new model or can this be adjusted through the current system? It was noted that Māori approaches focus on the wisdom of elders and spiritual aspects however it is not an either or situation, rather about having an open mind.

It was noted the Health Care Home model has allowed moving away from the GP centric model and broadens out the primary care workforce bases as it enables access to social workers, life style coaches. It was also noted that it is an attractive proposition for staff to work in the Health Care Home practice as working with a broader team enables more varied and valuable experience. Staff satisfaction surveys have shown in Health Care Home practices there is longer retention of staff.

A question was asked about the challenges with funding and where would the PHOs see the biggest impacts regarding investment and divestment. It was noted there is international evidence that primary investment does make the biggest gains for the system. However, it's important to ensure

investment and divestment is balanced as there can be situations where the cost is decreased for the DHB but increased for the patient.


Health Care Home Presentation

Moved:		**Seconded:**		**CARRIED**

3.2 2DHB Investment for Age-Related Frailty

2DHB Director Strategy, Planning and Performance and 2DHB Director Provider Services.

Health System Committee endorse, for Board approval:

a) Prioritising system wide commissioning for age-related frailty across the 2DHBs including hospital care to reduce avoidable use of our health care system.

Health System Committee note:

b) HVDHB and CCDHB have identified investment in age-related frailty services as a priority for delivering on the objectives of our sustainability plans

c) Implementing model of care changes is essential to optimise the use of health system resources and deliver better health outcomes for frail older people

d) Initiatives implemented to date include new services in both community and hospital settings

e) Early impact analysis indicates both a financial and performance benefit

f) We are developing a performance framework for frailty that will provide ongoing confidence in the benefits and identify future service development opportunities

g) SPP, with our Maori and Pacific Directorates are prioritising development of models for managing complex care, including long term conditions, for consideration in early 2021.

DISCUSSION POINTS:

ACTION: Small actions or achievements that could be recognised early and reported back to the Health System Committee.

ACTION: Focus section for Māori and Pacific in future reports.

ACTION: Front foot when we have pro-equity approach, for Māori, Pacific and Disability in Board papers.

ACTION: Management will develop a communication initiative to ensure reporting back to the community in an ongoing way while also making certain narratives are really clear and in language that is appropriate for the specific groups.

It was noted that equity for Māori and Pacific for frail community needs improvement and the Committee was interested in looking at receiving small achievements reported back on that could be recognised early. Management provided an example of mobile services to provide access to nutritionist services. It was also noted that Māori and Pacific become frail earlier than the national average age.

It was noted there are three different types of frailty and the approach to each is differently. This paper was focused on age related frailty and not long term condition frailty nor disability frailty.

Management noted that all these types of frailty are included in the equity work and the broader focus remains on groups of people who need better services.

There was a question about access in Wainuiomata and it was noted that general interventions are based on older pakeha populations and not the younger frail populations such as Māori and Pacific. These populations require particularly focused programmes on what is needed for their different needs.

It was noted 26,700 is about a third of presentations. The Committee has asked Management to ensure engagement with aged care services as part of commissioning.

Moved:	Josh Briggs	**Seconded:**	Roger Blakeley	**CARRIED**

3.3 Rheumatic Fever Update

2DHB Director Strategy, Planning and Performance presented.
Director of Māori Health.

Health System Committee note:

(a) There have been 15 rheumatic fever notifications in total for 2020 with all cases affecting Māori and Pacific children and young adults predominantly living in Porirua and Lower Hutt.

(b) CCDHB, HVDHB, Lakes DHB and Waikato DHB are the only DHBs that have experienced this increase.

(c) We continue to work on understanding the issues and considering how we work with our communities in response to this significant increase in cases.

(d) In support of timely antibiotic provision for those with rheumatic fever, CCDHB and HVDHB have removed the cap on the age of people eligible to be supported through our rheumatic fever mobile nursing contracts (previously capped at 21 years of age).

(e) Actions are being taken to respond to the increase in cases, including increasing communication campaign activity, creating more options for access to services and strengthening the monitoring and reporting of key data to inform the DHB response.

DISCUSSION POINTS:

It was noted the DHB is working with other agencies to reduce silos when address housing security and health. Housing is a concern but the DHB is not able to bring about system change. Management noted the whānau are being prioritised and all that can be done to help prevent further cases is being done.

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

4 HEALTH SYSTEM

4.1 Ministry of Health Quarter Four Performance and COVID-19 Analysis

2DHB Director Strategy, Planning and Performance presented.

The CCDHB Board noted:

(a) The CCDHB Performance Report COVID-19 Analysis for September 2020.

(b) The CCDHB COVID-19 Recovery Dashboard.

(c) Non-Financial Monitoring Report results for Q4 2019/20.

The HVDHB Board noted:

(a) The HVDHB Performance Report COVID-19 Analysis (September 2020).

(b) The HVDHB COVID-19 Recovery Dashboard.

(c) Non-Financial Monitoring Report results for Q4 2019/20.

DISCUSSION POINTS

Management noted in the instances of non-reported information it is that there were technical issues not that the data has not been reported. It was also outlined that performance against the measures is not necessarily the sole indicator of success in that area as they don't take into account wider work.

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

4 OTHER

4.1 GENERAL BUSINESS

The Committee provided feedback on the attendance of the PHOs and all members agreed it was beneficial. The Committee asked if they can be invited for other discussions if the PHOs would be interested.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

Moved:	Sue Kedgley	**Seconded:**	Vanessa Simpson	**CARRIED**

Sue, Vanessa

The meeting moved into the Public Excluded session 12:10pm.

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

Minutes of the 2DHB Health System Committee

HUTT VALLEY AND CAPITAL AND COAST DISTRICT HEALTH BOARDS
Held on Friday 26 February 2021 at 9:00am
Boardroom, Pilmuir House, Hutt Hospital, Lower Hutt

PUBLIC SECTION

PRESENT

COMMITTEE:
Sue Kedgley, Chair
Ken Laban – Deputy Chair
Josh Briggs
Richard Stein
Roger Blakeley
Chris Kalderimis

STAFF:
Fionnagh Dougan, Chief Executive Officer
Junior Ulu, Director Pacific People's Health
Chris Kerr, Chief Nursing Officer
Christine King, Chief Allied Health Officer
Peter Gush, GM Regional Public Health
John Tait, Chief Medical Officer
Rachel Pearce, General Manager Commissioning, Families and Wellbeing
Julia Jones, TITLE NEEDED
Amber Igasia, Board Secretary
Eve Geddes, Board Minute Taker

OTHER:
Heather Cotter, breastfeeding expert and educator
Vic Parsons, Maternal Health Coordinator
The team from Te Ao Marama Midwifery Tapui Ltd
Alistair Paiti, #YouthQuake
Patrima Tauira, #YouthQuake
Molly Katene, #YouthQuake
Simone Sippola, #YouthQuake

APOLOGIES:
Paula King
Bernadette Jones
Sue Emirali
Keri Brown
Teresea Olsen
'Ana Coffey
Fa'amatuainu Tino Pereira (Inu)

1 PROCEDURAL BUSINESS

1.1 Karakia

The Karakia was led by all.

1.2 APOLOGIES

Due to apologies from all co-opted members of the Health System Committee, the meeting did not have quorum. The Terms of Reference requires one co-opted member to be present. As such the meeting was not an official meeting and became a workshop with all agenda items remaining as there were not items for decision. It was noted the meeting would not be able to pass any motions or shift into the public excluded session.

The Chair noted the co-opted members would be reminded of their obligations to the Committee and the need to inform the Secretariat in advance.

1.3 CONTINUOUS DISCLOSURE

1.3.1 Interest Register

Nil.

1.4 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Combined Health System Committee were deferred to the next meeting for approval due to lack of quorum.

1.5 ACTION LIST

The action list of the Combined Health System Committee were deferred to the next meeting for approval due to lack of quorum.

1.6 DRAFT ANNUAL WORK PLAN

The draft work plan of the Combined Health System Committee were deferred to the next meeting for approval due to lack of quorum.

2 HEALTH SYSTEM

2.1 Commissioning for Equity – Mothers and Families

2DHB GM Commission Family and Wellbeing presented.

There was a presentation by guests from family services across the Wellington region. They covered a range of topics and their presentation slides are included below. The Committee were unanimous in their appreciation for the work the guests and their organisations are doing to provide better outcomes for women, children and whānau.

There were questions raised about the number of lactation consultants, percentage of breast feeding mums and a discussion about how the numbers are a new low for the region. Management did note that this data is solely breast feeding and doesn't account for mixed feeding, breast and bottle. It was also important to note there were requirements for sugar levels for babies which is a recent change which requires some mothers to bottle feed.

The Committee asked if there was engagement with mothers from hospital to home in order to support breastfeeding and it was noted that there is not currently. Members asked for information on what work is being done to address inequities for Māori and Pacific women. It was noted the new service in Porirua, Te Ao Marama Midwifery Tapui Ltd, is solely for those women and is already booked into October. Management noted initiatives are being put in place for those who are

traditionally finding it hard to access services within the current budget of the DHB but change is hard and slow.

ACTION: Management to provide the number of lactation consultants

Pro-Equity Presentation

2.2 2DHB Maternal, Child and Youth Integrated Performance Report

2DHB GM Commission Family and Wellbeing presented.

The report was noted.

2.3 Youth One Stop Shop Porirua Commissioning Update

2DHB Director Strategy, Planning and Performance and GM Commission Family and Wellbeing presented.

The report was noted.

2.4 COVID Vaccination Programme Update

2DHB Director Strategy, Planning and Performance presented.

It was noted the vaccination programme roll out has started with frontline staff such as border workers and those supporting the Managed Isolation Facilities. This will also include their household contacts and will then move to the next groups as defined by the Ministry of Health.

There was a question about the location for vaccination clinics and it was noted that it depends on the type of vaccine as some are suited to large sites over small clinics. A question was asked about how staff who choose not to have the vaccine will be supported in the workplace. This question was deferred to the Board meeting next week for answer.

3 SYSTEM AND SERVICE PLANNING

3.1 Quarter One Non-Financial Ministry of Health Reporting

2DHB Director Strategy, Planning and Performance presented.

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

(a) The update provided.

4 OTHER

4.1 GENERAL BUSINESS

A question was asked about whether the invitation to the Deputy Director General to attend a meeting has been sent and management noted that the Ministry of Health has connected with the DHB. The new relationship manager is willing to meet with the Committee and/or the two Boards.

A question was asked about when reporting on Taurite Ora and Te Pae Amorangi is expected as it was on the work plan for this meeting. It was noted this will be prepared for the March meeting. It was requested the reports are realigned on the work plan to be presented at the same meeting.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

The motion to move the Combined Health System Committee to Public Excluded was unable to be passed due to lack of quorum. These items were discussed as much as possible in the open workshop session.

Perinatal Maternal Mortality Review Update
The Chief Medical Officer, CCDHB presented.
It was noted the report was released last Monday. It looks at babies that died in still birth, or up to 28 days, and maternal mortality. The report has been published annually since 2007 and has seen a decrease in cases but only for NZ European woman. Māori, Pacific and Indian women have remained the same. It was noted that at this time 50% of recommendations have been actioned.

The Committee asked what are the causes of still births and why has there not been any change? Management noted there are social issues influencing these statistics and while the DHB can address what it is able to there are some national changes that are the mandate of the Ministry of Health. There is a hub prototype being established by the DHB with access to services in one location that seeks to address some of the underlying issues.

There was a question about specialised post maternal mental health care. It was noted this would be followed up in the Board maternity discussion next week.

2DHB Maternity Staffing Challenges facing our 2 District Health Boards
The 2DHB Chief Nursing Officer presented.

It was noted there is increasing pressure in maternity services due to workforce challenges and high demand for inpatient services. This is not unusual as there are staffing shortages across delivery and inpatient areas for DHB maternity units nationally as at end Jan 2021. Management did note that they are ensuring patient safety is maintained by filling a small number of midwifery positions with registered nurses in post-natal services.

Management advised there is high demand for inpatient services and the Wellington Regional Hospital bed use is up and Hutt hospital is peaking at 100% occupancy. The current approach to address this is include strategies to fill the midwifery workforce vacancies, for example, the introduction of a new rolling new graduate programme and enabling more casual staff on short term contracts.

The Committee asked if there were any concerns going forward and management noted that morale is high and staff feel supported. A member asked about birthing units and the use of the Te Awakairangi Birthing Unit. Management noted the unit does not have staffing and would cost the DHB more money which would affect the deficit position. The maternity care continuum is being assess across the region and will then look at what facilities and services should look like.

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

DATED this .....day of.....2021

Sue Kedgley
Health System Committee Chair

HSC ACTION LOG

Action Number	Date of meeting	Due Date	Date Complete	Status	Assigned	Public or PE	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
HSC20-0007	22-Jul-20	26-Feb-21		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.	September 2021 Meeting agenda
HSC20-00010	23-Sep-20	26-Feb-21		In progress	Board Secretary	Public Excluded	2	Options for a 2DHB policy statement on baseline employee conditions for DHB commissioned providers	Invite the DDG to a future Health System Committee meeting to talk about the Aged Care Facilities in a free and frank conversation. Potentially in Dec.	A date in 2021 will be offered to the DDG
HSC20-00013	23-Sep-20	26-Feb-21	26-Mar-21	Complete	Director Strategy, Planning and Performance	Public	2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan - HVDHB Vision for Change	Management to bring to a future meeting the clinical network transformation and how it's linked to the central region plan.	This is linked to work being done under the Strategic Priorities. Action now closed.
HSC20-00015	23-Sep-20	31-Mar-20	26-Mar-21	Complete	Director Strategy, Planning and Performance Directors of Māori Health	Public	2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan - HVDHB Vision for Change	Members would like to see overlay of what is the change strategy and how are we going to make this happen to the slides presented in this meeting. Management will overlay the tactics that sit within this context i.e. Whānau Ora, and first 1000 days. Management to present the framework and the transformation of the clinical networks which are based in the provider arms.	This is linked to work being done under the Strategic Priorities. Action now closed.
HSC20-00016	23-Sep-20	31-Mar-20	26-Mar-21	Complete	Director Strategy, Planning and Performance	Public	2.1	Strategy, Planning and Performance System Update: - CCDHB Health System Plan - HVDHB Vision for Change	Management to provide examples of the actions being done on the Strategies and minimising the inequities.	Closed as this is now included in all papers and reports.
HSC20-00021	25-Nov-20	31-Mar-20	26-Mar-21	Closed	Director Communications and Engagement Director Strategy, Planning and Performance	Public	3.2	2DHB Investment for Age-Related Frailty	Management will develop a communication initiative to ensure reporting back to the community in an ongoing way while also making certain narratives are really clear and in language that is appropriate for the specific groups.	Closed - overall narrative has been developed.
HSC20-00023	26-Feb-21	31-Mar-20	26-Mar-21	Complete	Chief Nursing Officer	Public	2.1	Commissioning for Equity – Mothers and Families	Management to provide the number of lactation consultants	5 newly commissioned in the community to add to 1 in Women's Health Service.

Work Plan												
Year	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021
Month	January	February	March	April	May	June	July	August	September	October	November	December
DATE	No Meeting	26	31	No Meeting	26	No Meeting	28	No Meeting	29	No Meeting	24	No Meeting
Strategy												
CCDHB Pro-Equity Implementation/ Update		CCDHB Pro-Equity Implementation/Update					CCDHB Pro-Equity Implementation/Update					
CCDHB End of Life Investment Plans					CCDHB End of Life 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												
CCDHB Final Budget 20/21					CCDHB Final Budget 20/21							
HVDHB 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							Investment Progress Update		Investment Progress Update		Investment Progress Update	
Integrated Performance Reporting												
2DHB Maternity, Child and Youth (MCY) Integrated Performance		Maternity, Child and Youth (MCY) Integrated			Maternity, Child and Youth (MCY) Integrated				Maternity, Child and Youth (MCY) Integrated			
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		2DHB Long-term conditions,			2DHB Long-term conditions,				2DHB Long-term conditions,			
Regional Public Health Report			Regional Public Health Report				Regional Public Health Report				Regional Public Health Report	
System and Service Planning												
CCDHB Non-Financial MOH Reporting		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 inc. Minister's Letter of Expectations					CCDHB Annual Plan				CCDHB Annual Plan			
CCDHB Regional Services Plan					Regional Final Draft Regional Services Plan							
CCDHB Annual Report												
HVDHB Non-Financial MOH Reporting		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 inc. Minister's Letter of Expectations					HVDHB Annual Plan				HVDHB Annual Plan			

HVDHB Regional Services Plan					Regional Final Draft Regional Services Plan							
HVDHB Annual Report												

HSC DISCUSSION - Public

March 2021

2DHB Approach on primary birthing

Action Required

Health System Committee discuss:

(a) The position on primary birthing

Strategic Alignment	This paper aligns to HVDHB's Vision for Change, Te Pae Amorangi, Health System Plan 2030, Taurite Ora and the 3DHB Pacific Plan.
Author	Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing Sarah Le Leu, System Development Manager, CCDHB
Endorsed by	Rachel Haggerty, Director, Strategy, Planning and Performance
Presented by	Rachel Haggerty, Director, Strategy, Planning and Performance
Purpose	This paper updates the Health System Committee in relation to the 2DHB approach to the development of primary birthing facilities across CCDHB and HVDHB.
Contributors	Not applicable.
Consultation	Not applicable. CCDHB consulted extensively with communities and clinicians regarding primary birthing during 2018 and 2019.

Executive Summary

This paper sets out the 2DHB approach in relation to primary birthing units within the context of the wider maternal health system. The content in this paper has been drawn from previous papers presented to the Health System Committee on primary birthing units.

Primary birthing units are an important part of an effective and equitable maternal health system. The benefits of primary birthing are well evidenced, and briefly outlined in this paper. There is strong community support for increased primary birthing capacity across the 2DHBs.

Both CCDHB and HVDHB have completed extensive consultation with community and clinicians and completed feasibility analysis to form a strategic position on primary birthing, particularly in the context of our wider, complex maternal health system.

Many of the challenges facing maternity services in both DHBs (high intervention rates, fatigued workforce, and inequitable outcomes for families/whānau) reflect the imbalance between care available in primary and community settings, compared to secondary and tertiary settings. PBUs are a mechanism for correcting this imbalance.

Our maternal health system and the factors influencing maternal health outcomes are complex. CCDHB and HVDHB are committed to delivering a whole of system plan for a culturally safe and sustainable maternal health system, which delivers equitable outcomes for all whānau. Decisions made in relation to primary birthing capacity will be made in the context of our overarching system plan.

Strategic Considerations

Service	The paper outlines the 2DHB position on primary birthing facilities.
People	There are no direct implications for DHB staff associated with this paper.

Financial	This is a position paper and therefore there are no financial implications. The 2020 Wellington Primary Birthing Feasibility review identified that an additional primary birthing unit would be an investment decision for the DHB.
Governance	The CCDHB Primary Birthing Steering Group was in place 2018 – 2020 to oversee and advise on the 2018 consultation process and 2019 feasibility review. The 2DHB maternal health system planning will include a governance group, the membership of which is yet to be determined.

Engagement/Consultation

Patient/Family	Not applicable to this paper.
Clinician/Staff	Not applicable to this paper.
Community	Not applicable to this paper.

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
	Relationship with Birth Hub	Director SPP	Birth Hub sought a commitment from CCDHB to consider a primary birthing unit		

Attachment/s

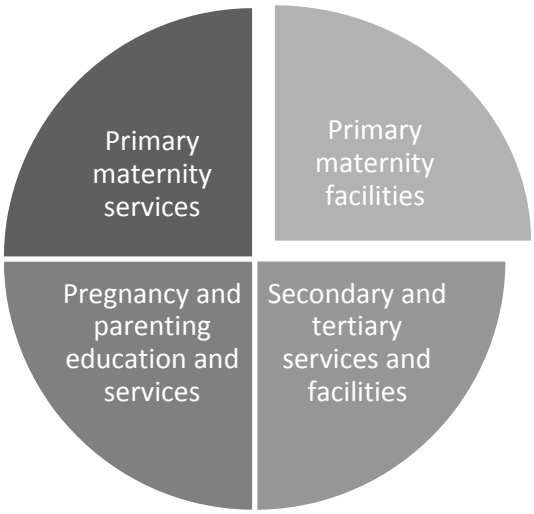
1 Introduction

1.1 Primary birthing units

In New Zealand, people can choose where they give birth. The level of care and facilities required during birthing varies according to the health, birth history, potential birth complexity and the preferences of the person giving birth and their whānau.

The National Service Framework outlines the range of maternity services a DHB can provide to meet the varying clinical complexities and personal preference for the population. These include primary, secondary and tertiary maternity services and facilities as well as pregnancy and parenting education.

National Service Framework of DHB-funded maternity services[1]



For those whose clinical risk is low, they can choose to use primary maternity services to support the birth of their child. This birth can occur at home or in a primary maternity facility. The primary maternity facility is the physical space that supports a birth using primary maternity services.[1]

The primary maternity facilities may be a stand-alone facility or a unit within a general hospital. When the primary maternity facilities are a stand-alone facilities they are referred to as primary birthing units (PBU).

1.2 Primary birthing unit support a culturally and clinically safe maternal health system

PBUs can be clinically safe alternatives to secondary or tertiary-level maternity units for women with low risk pregnancies at the time of booking[2]. PBUs provide an additional option for low-risk women who do not want a hospital environment, but do not feel comfortable birthing at home.

PBUs are also associated with better maternal outcomes and lower intervention rates; higher breastfeeding rates; lower postpartum haemorrhage with similar neonatal wellbeing outcomes.

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1 National Service Framework Library Maternity Services – DHB funded Primary Birthing Facility Tier Two Service Specification.

[2] Monk A, Tracy M, Foureur M*, et al.* Evaluating Midwifery Units (EMU): a prospective cohort study of freestanding midwifery units in New South Wales, Australia. *BMJ Open* 2014;4:e006252.

PBUs give women and their whānau a choice of a place to birth outside a hospital setting but with more support than they would have at home. With the appropriate design and leadership, PBUs can be a place where our community's cultural and social needs are more easily met. Facilities can be home-like, whānau-friendly, and for many, be closer to their homes.

A PBU can be a trusted community hub, which is more able to support a relationship-based approach to the way maternity care is delivered. This approach to maternity care also has workforce benefits as it gives midwives variety in their practice and improves job satisfaction.

1.3 Capital and Coast DHB primary maternity facilities

CCDHB primary maternity facilities can be accessed across three locations; Kenepuru maternity unit (KMU) is a midwifery-led primary birthing unit located in the Kenepuru Community Hospital at Porirua, a 20-minute drive (25km) from WRH; Paraparaumu maternity unit (PMU) is located at Kāpiti Health Centre, a 50-minute drive (55km) from WRH. PMU provides 24-hour midwifery-led care to women who live on the Kāpiti coast; Wellington Regional Hospital provides largely secondary and tertiary maternity care. There are 12 self-contained labour and birthing rooms, including the Koru primary birthing room, with a pool or bath in each room.

1.4 Hutt Valley DHB primary birthing facilities

In July 2018, Birthing Centre Limited opened a 12-bed primary birthing unit (Te Awakairangi) in Melling, Lower Hutt. This is a private facility that does not receive DHB funding. There was no agreement from HVDHB for this unit to be developed, nor was there any co-design or co-development with the community served.

Following the 2018 Hutt Valley DHB Women's Health Service review, a redevelopment of maternity facilities are due to begin in March 2021, which includes a primary birthing room.

2 Previous Board consideration of primary birthing units

Both CCDHB and HVDHB have completed significant analysis and consultation in relation to primary birthing in recent years.

2.1 Capital Coast DHB

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

In March 2018, a consultation and engagement process was commissioned, to engage with community and workforce to understand the population's needs and preferences in relation to a future primary birthing development.

In December 2018, the Primary Birthing Steering Group agreed to accept the consultation report and supported that a full feasibility review be completed.

In July 2019, the CCDHB Health System Committee (HSC) and Board endorsed a future PBU for Wellington, noting it would be an investment decision for CCDHB. This investment was estimated at a net additional cost of $1m per annum.

In February 2020, the HSC agreed that any decision about a future PBU would be considered in the context of the 2DHB maternal health system planning project.

2.2 Hutt Valley DHB

In July 2018, Birthing Centre Limited opened a 12-bed primary birthing unit (Te Awakairangi) in Melling, Lower Hutt. The Birthing Centre Limited has approached Hutt Valley DHB a number of times in recent years for a contract for birth and postnatal services. HVDHB's priority for a PBU is

one that supports a culturally safe and sustainable maternal health system. The design and leadership of Te Awakairangi does not support those priorities, so HVDHB's position has been to not fund the service.

3 A strategic, whole of system redesign is required

The maternity health service is a complex environment that is facing many challenges. Many of the challenges facing maternity services in both DHBs (high intervention rates, fatigued workforce, and inequitable outcomes for families/whānau) reflect the imbalance between care available in primary and community settings, compared to secondary and tertiary settings. We are aware of the potential opportunity to improve outcomes by increasing primary birthing options.

Care is needed in how we reshape this environment to ensure the services we deliver meet our strategic objectives of a culturally safe, equitable and sustainable maternal health system. As outlined above, our DHBs have already completed extensive work to understand the role of primary birthing to drive clinically and culturally safe and sustainable maternal health outcomes.

Strategy, Planning and Performance (SPP) has completed people and place based analytics that provide a granular understanding of how investment reaches our communities, and how this translates to utilisation and outcomes. It quantifies the inequities in our maternal health system at a locality level, beyond DHB funded and delivered services (i.e. the work includes national contracts and Ministry of Health investment). This intelligence will be critical to our future system design work.

4 Next steps

In February 2020, the HSC endorsed that decisions about a future PBU would be considered in the context of a 2DHB maternal health system planning project. This work has been significantly delayed due to the impact of the COVID-19 response, and planning for the COVID-19 immunisation programme. However, SPP is growing capacity to reinitiate the 2DHB maternal health system plan.

Our next step is to bring our maternal health system planning under the Joint Hospital Provider Network Programme. SPP will lead the development of a 2DHB maternal health system plan that delivers equitable outcomes for all women, babies and families living in Wellington, Porirua, Kāpiti, Lower Hutt and Upper Hutt. The plan will include:

- A focus on midwifery models of care that support home birthing, primary birthing and traditional birthing practices.
- Consideration of all universal community based services including antenatal education/wahakura wānanga, antenatal maternity care, SUDI prevention, smoking cessation, breastfeeding support, and Well Child Tamariki Ora.
- The accessibility, location and cultural safety of secondary and specialist services including maternity clinics and neonatal care.
- A review of access to services including ultrasounds and screening programmes (in both primary and secondary care) to ensure equitable access.
- Incorporating learnings from COVID-19 to ensure our maternity system is able to respond appropriately.

HSC Decision – Public

March 2021

Regional Public Health Update	

Action Required

Health systems Committee note:

(a) The potential DHB engagement in the Territorial Local Authority Long Term Planning processes.

(b) Note the links between RPH activity and three DHB plans identified in Strategic Alignment.

(c) Note RPH's ongoing COVID-19 commitments.

Health systems Committee agree:

(d) To Regional Public Health developing submissions on Local Government Long Term Plans on behalf of the DHBs.

Strategic Alignment	Taurite Ora, Te Pai Amorangi and Pacific Health Strategic Plan
Authors	Kiri Waldegrave, Team Leader, Analytical & Policy Team, Regional Public Health Peter Gush, General Manager, Regional Public Health
Endorsed by	Fionnagh Dougan, Chief Executive
Presented by	Leanne Dawson, acting General Manager, Regional Public Health Dr Craig Thornley, Clinical Head of Department, Regional Public Health Kiri Waldegrave, Team Leader, Analytical & Policy Team, Regional Public Health
Purpose	Regular update from RPH as per HSC work programme
Contributors	Kiri Waldegrave, Team Leader, Analytical & Policy Team, Regional Public Health Peter Gush, General Manager, Regional Public Health Dr Craig Thornley, Clinical Head of Department, Regional Public Health
Consultation	Nil

Executive Summary

Regional Public Health recommend that the Health System Committee considers how it might influence local government long-term plans to enable our shared communities to have:

- Healthy food environments
- Access to warm, dry and safe homes
- Access to active and public transport
- Reliable stormwater and wastewater infrastructure
- Access to safe drinking water

This opportunity arises as local authorities are required by law to produce long-term plans to cover a period of at least 10 years. The process to review and develop long-term plans is anticipated to commence very shortly, with submissions due in May 2021.

The paper has three sections to it:

- Engagement with Local Authority Planning
- Contribution to te Pae Amorangi, Taurite Ora and the Pacific Health & Wellbeing Plan
- Ongoing COVID-19 Response

Strategic Considerations

Service	Staff are supported in their ongoing COVID response.
People	Nil
Financial	Nil
Governance	DHBs using their position within the Health System to influence local government decision making

Engagement/Consultation

Patient/Family	Nil
Clinician/Staff	Clinical Head of Department is a contributor and reviewer of the paper
Community	Nil

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
1	Staff burnout after 14 months ongoing response on the back of the measles epidemic in late 2019	General Manager RPH	Staff welfare is an important component of our IMT structure. Monthly meetings with PSA Delegates and Organiser	Likely	21

Attachment/s

- Regional Public Health Update

1. INTRODUCTION

1.1. Purpose

The purpose of this paper is to engage the Committee in discussion regarding key strategic activity by Regional Public Health (RPH) and the ongoing COVID-19 commitments.

1.2. Previous Board Discussions/Decisions

The report follows up on previous updates from Regional Public Health (RPH). It focuses RPH's contribution and alignment to three strategic priorities (Te Pae Amorangi, Taurite Ora and the Pacific Health and Wellbeing Strategic Plan) rather than the traditional broad update on public health activities.

2. Engagement with Local Authority Planning

1.3. Increasing the influence of public and population health

RPH works to ensure a healthy and safe environment for our population. It is estimated that 80 per cent of our health and wellbeing is determined by our social, economic, cultural and physical environment. That is why it is more important than ever to work with our non-health sector partners, including local government to influence the wider determinants of health in our population.

Given the "foundational element" status given to 'population health' in the Health and Disability System Review RPH recommends that the Committee considers how it might best be able to influence local government long-term plans (LTPs) to enable our shared communities to have, for example:

- Healthy food environments
- Access to warm, dry and safe homes
- Access to active and public transport
- Reliable storm-water and wastewater infrastructure
- Access to safe drinking water

1.4. Long Term Planning Context

Local authorities are required by law to produce long-term plans to cover a period of at least 10 years. The process to review and develop long-term plans is anticipated to commence very shortly, with submissions due in May 2021. By working together, we can reduce the burden of engagement on our communities and make better use of each agency's finite resources to achieve our common goals. Concerted effort will be required to promote effective action against chronic disease burdens on our communities, in particular the impact on our communities of type 2 diabetes.

Type 2 diabetes is the most common form of diabetes. For many people (but not all) it can be prevented through following a healthy lifestyle. While type 2 diabetes cannot be cured, it can be managed and people with type 2 diabetes can and do live active and healthy lives.

There is a clear link between type 2 diabetes and high blood pressure (hypertension) and / or disordered levels of fats in the blood (the medical name for this is dyslipidemia). This combination of diabetes with hypertension and dyslipidemia is sometimes called 'the Metabolic Syndrome' or Syndrome X.

A recent report is predicting that the incidence of type 2 diabetes could double over the next 20 years. The Economic and Social Cost of Type 2 Diabetes report, launched in Parliament on 15 March made a number of key findings:

- Number of New Zealanders with type 2 diabetes expected to increase by 70-90 per cent in 20 years.
- Estimated annual cost of diabetes in NZ $2.1 billion (0.67% GDP), projected to increase by 63 per cent to $3.5 billion in 20 years.
- Shift towards younger people developing type 2 diabetes expected to increase personal and economic impact of type 2 diabetes significantly.
- Inequities and health outcomes will worsen for Pacific, Asian and Māori populations if no action is taken now.

A copy of the report can be found at https://www.diabetes.org.nz/news-and-update/new-report-cost-of-diabetes-staggering-but-fixable.

Previously RPH has worked with Primary Health Organisations to engage with Councils about the influence they can have on working to reduce the incidence of type 2 diabetes. This is still an area of activity where health and local government can collaborate.

1.5. What's next?

RPH will be preparing submissions to the five local Councils across the DHB districts and also to Greater Wellington Regional Council.

Joint submissions from the DHBs and RPH to local government would be stronger acknowledging our shared communities and that our desire to achieve better health outcomes if we work together; than RPH submitting just on its own.

Our understanding is that any DHB submission will need to be signed off by the respective boards.

3. HEALTH EQUITY

RPH is aware and responsive to the key health equity strategies at a national and regional level. The RPH 2018 strategic direction, Pae Ora, provides a platform for whānau to live with good health and wellbeing in an environment that supports quality health. We have a focus on improving the health of Māori, Pacific, and whānau on low incomes, especially tamariki and rangatahi in these whānau.

For this update to the Committee we wanted to highlight how we are working to support the strategic objectives of both Te Pae Amorangi and Taurite Ora. The following tables give examples of our work and how it aligns to the priority areas in each strategy. This is not an exhaustive list.

1.6. CCDBH - Taurite Ora

Below we outline examples of alignment of the RPH strategic direction and activities to Taurite Ora success.

CCDBH - Taurite Ora	Regional Public Health
Become a pro-equity health organisation	The recruitment of Māori and Pacific COVID-19 recovery leads will support our engagement with priority populations and also help the overall uplift of cultural competence of RPH staff. Our COVID-19 operational model was expanded to focus on the needs of priority populations (including Māori) e.g. Māori staff included in case and contact management team. All job applicants who identify as of Māori descent are interviewed.
Grow and empower our workforce	A commitment to recognise the deep and rich influence our Māori staff have in the delivery of our work; and a commitment to improving staff cultural competence e.g.: encouraging all staff completing Te Pumaomao training.
Strengthen our commissioned services	Support SPP commissioning e.g. strengthening community connections through RPH existing relationships.
Mental health and addictions	We work proactively in our communities in Health Promotion to reduce the harm from alcohol and other drugs e.g. Porirua Acute Harm Drug Response initiative (co-delivery with a Māori service provider and community based providers).
Maternal, child and youth health	Te Kōhanga Reo led planning of health promotion workshops. Te Kōhanga Reo public health nurse services pilot. Porirua Ear Van for children who are Māori, Pacific and from low income communities.

1.7. HVDHB Te Pae Amorangi

Below we outline examples of alignment of the RPH strategic direction and activities to Te Pae Amorangi

HVDBH - Te Pae Amorangi	Regional Public Health
Organisational development and cultural safety	The recruitment of Māori and Pacific COVID-19 recovery leads will support our engagement with priority populations and also help the overall uplift of cultural competence of RPH staff. Our COVID-19 operational model was expanded to focus on the needs of priority populations (including Māori) e.g. Māori staff included in case and contact management team.

	All job applicants of Māori descent are interviewed.
Workforce	A commitment to recognise the deep and rich influence our Māori staff have in the delivery of our work; and a commitment to improving staff cultural competence e.g. encouraging all staff completing Te Pumaomao and Te Kawa Whakaruruhau training.
Commissioning	Support Strategy Planning & Performance commissioning e.g. strengthening community connections through RPH's existing relationships.
Mental health and addictions	We work proactively in our communities in Health Promotion to reduce the harm from alcohol and other drugs e.g. CAYAD programme (community action with youth on alcohol and other drugs).
First 1000 days	Te Kōhanga Reo tympanometry initiative (prevention of hearing loss). Te Kōhanga Reo-led planning of health promotion workshops. Te Kōhanga Reo public health nurse services pilot. Smokefree Aotearoa – Wainuiomata #TAGS (youth).

1.8. Pacific Health & Wellbeing Plan

RPH also has a focus on its alignment to the Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025. The following table demonstrates our alignment with these key aspects of the strategy.

Below we outline examples of alignment of the RPH strategic direction and activities to the Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region.

Pacific Health and Wellbeing	RPH
2. Pacific young people	CAYAD programme (community action with youth on alcohol and other drugs).
5. Social determinants of health	RPH facilitate and participate in policy and legislative opportunities to reduce harm from alcohol, tobacco and other drugs. #TAGS - youth development with a focus on increasing knowledge of political processes increasing advocacy skills and participation in policy and legislative opportunities. Through our Well-Homes healthy housing initiative we help Pacific families' access warmer drier homes.

	In the Wellington Regional Healthy Housing Group we advocate and influence decision making that will improve healthy housing for Pacific Peoples.

4. COVID-19

The response to the COVID-19 pandemic remains an ongoing work pressure for Public Health Units around the country. RPH has been responding to COVID-19 since January 2020. The ongoing response to COVID-19 has meant a shift to a new normal for RPH.

RPH is intrinsic to the public health response in the greater Wellington region, coordinating and leading case and contact management, contributing to programmes at the border, and providing a conduit between national policy and local practice. In addition, we are part of the national network of Public Health Units that collectively respond, in the current distributed model, to community resurgence occurring anywhere in the country. As one of the larger public health units we carry a proportionately large share of the workload. During the latest February cluster in Auckland, RPH:

- Activated a seven day per week roster of dedicated COVID-19 staff.
- Took on responsibility for investigating and managing cases occurring in Auckland managed isolation facilities, to lift the burden from Auckland Regional Public Health Service (ARPHS).
- Provided data management services on Auckland close contacts, using the national case and contact management system (NCTS).
- Made daily symptom monitoring checks to over 120 contacts over the duration of their 14-day self-isolation periods, including assessing and responding to changes in illness status; many of these contacts had pre-existing symptoms/conditions.
- Seconded a staff member to Auckland to provide on-the-ground operational management support.

To ensure our ability to deliver a sustained approach to manage the response for the medium-to-long term we have worked with our staff to develop and implement a Coordinated Incident Management System (CIMS) operating model. This is an agile and scalable model that ensures we can rapidly transition between business-as-usual (BAU), COVID-19 response and back to BAU to accommodate increased COVID-19 response requirements within our community and to support a national response for outbreaks in other regions.

As a service, RPH has been in response mode for 14 months, varying only in degree. RPH leadership is extremely conscious of the ongoing burden on our highly committed workforce and their whānau, and are taking all practical measures to protect our team and to guard against burnout.

Health System Committee - Discussion

March 2021

2020/21 Quarter 2 Performance	
Action Required **Capital & Coast DHB note:** (a) The CCDHB Performance Report and Non-Financial Monitoring Report results for Q2 2020/21. **Hutt Valley Board note:** (b) The HVDHB Performance Report and Non-Financial Monitoring Report results for Q2 2020/21.	
Strategic Alignment	CCDHB Health System Plan 2030 HVDHB Vision for Change
Presented by	Rachel Haggerty, Director Strategy, Planning & Performance CCDHB and HVDHB
Purpose	This paper provides an overview of performance and the Quarter 2 2020/21 Non-Financial Monitoring Report results, as assessed by the Ministry of Health for CCDHB and HVDHB.
Contributors	Peter Guthrie, Manager Planning & Performance, Strategy, Planning & Performance CCDHB and HVDHB Nathan Clark, Manager Strategy and Planning, Strategy, Planning & Performance CCDHB and HVDHB
Consultation	N/A

Executive Summary

It is **recommended** that the Boards:

1. **Note** that this report provides a summary from two key reports:
    a. CCDHB and HVDHB's Non-Financial Quarterly Monitoring Report for Q2 2020/21 (October to December 2020).
    b. CCDHB and HVDHB's Q2 2020/21 Health System Plan and Vision for Change dashboard.
2. **Note** the results of the MoH Non-Financial Quarterly Monitoring Reports for Q2 2020/21 have been received for both CCDHB and HVDHB. This report gives a picture of DHB performance against performance measures and activities as outlined in the Annual Plan.
3. **Note** that CCDHB received an 'Outstanding' on one indicator (improving the timeliness of newborn enrolment in general practice), an 'Achieved' or 'Partially Achieved' for 49 indicators, and 'Not Achieved' for 5 indicators. This is an improvement on Q1 performance.
4. **Note** that HVDHB received an 'Achieved' or 'Partially Achieved' for 48 indicators, and 'Not Achieved' for 5 indicators. This is an improvement on Q1 performance.
5. **Note** CCDHB and HVDHB received very similar results overall for Q2.

6. **Note** that Q1 performance for CCDHB and HVDHB is the same or above the average of other DHBs against 5 of the 7 Government priorities, and below the national average for 2 Government priorities.
7. **Note** that both CCDHB and HVDHB use a subset of the Non-Financial Quarterly Reporting indicators to monitor progress implementing the strategic goals in CCDHB's Health System Plan 2030 and HVDHB's Vision for Change.
8. **Discuss** the specific action plans in place across both DHBs to improve performance on the 'Not Achieved' performance measures.

Strategic Considerations

Strategic goals	CCDHB's 'Health System Plan' Dashboard and HVDHB's 'Vision for Change' Dashboard show performance against implementing our strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific people. Both DHB have similar strategic goals, expressed in slightly different ways. These goals are: • Promote health and wellbeing / Support people living well • People-focused services in the community / Shift care closer to home • Timely effective care that improved health outcomes / Deliver shorter, safer, smoother care Achieving equity and providing an integrated seamless service is embedded throughout these strategic goals. There are persistent performance issues with breast screen coverages, smoking cessation and waiting times in the emergency department. These are driven by quite different issues which are being addressed by the executive leadership team. Overall, performance against our strategic goals is improving slowly, although some indicators are relatively static and equity gaps remain significant. There is a work programme to progress our strategic goals, improve performance, and eliminate the equity gaps. The work programme discussed with the Board in January 2021 reinforces these approaches and includes pro-equity commissioning, the 2DHB hospital network planning, mental health and addiction commissioning, and system integration.
Financial	N/A
Governance	On behalf of the Minister of Health, the MoH assesses DHB performance against the DHB non-financial monitoring framework. The DHB non-financial monitoring framework aims to provide a rounded view of performance, including government priorities, using a range of performance indicators. The Ministry reports DHB performance to the Minister on a quarterly basis.

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
Insert risk #	Noncompliance with statutory requirements	Rachel Haggerty	Standard Operating Procedures in place to ensure compliance with the process	2	Low Risk

Attachment/s

1. CCDHB Non-Financial Performance Report (Q2 2020/21)
2. HVDHB Non-Financial Performance Report (Q2 2020/21)

HVDHB Non-Financial Performance Report (Q2 2020/21)

This paper provides an overview of HVDHB's Q2 2020/21 non-financial performance and includes:

- The results of HVDHB's Non-Financial Quarterly Monitoring Report for Q2 2020/21 as assessed by the Ministry of Health (MOH)
- A comparison of Q2 2020/21 results with CCDHB results and national results.
- HVDHB's Q1 2020/21 'Vision for Change' Dashboard.

1. BACKGROUND

Non-financial performance

The DHB non-financial monitoring framework aims to provide a rounded view of performance (including against government priorities), using a range of performance indicators. The MOH reports DHB performance to the Minister on a quarterly basis.

The reporting is against the Government priorities below.

The MOH now plans to send regular performance reports to DHBs with detailed analysis against key areas of sector performance. We will report performance against these when they are available.

NON-FINANCIAL PERFORMANCE REPORT

In Quarter 2 2020/21, HVDHB received an 'Achieved' or 'Partially Achieved' for 48 of the 57 performance indicators assessed and 4 indicators rated as 'Not Achieved'.

Achievement	Number of indicators Q2 2020/21	Number of indicators Q1 2020/21
Outstanding	0	0
Achieved	29	26
Partially Achieved	19	13
Not Achieved	4	6
Not Assessed	5	0

Overall CCDHB performance declined slightly in comparison to the previous quarter. When comparing the indicators that are common across Q1 and Q2 2020/21, the performance ratings improved against 5 indicators and decreased for 7 indicators.

HVDHB received a 'Not Achieved' rating against four indicators

HVDHB received a 'Not Achieved' rating in relation to the following performance measures:

a. Improving breast screening coverage and equity for priority women;
b. Better Help for Smokers to Quit – Primary Care;
c. Better Help for Smokers to Quit – Maternity; and,
d. Shorter stays in Emergency Departments.

Specific action plans are in place to improve performance against the 'Not Achieved' performance measures. The actions being progressed are described below.

Improving breast screening coverage and equity for priority women

COVID-19 impacted women accessing screening and there was a slight drop in Māori and Pacific coverage rates in the Q2 reporting period. The service has been implementing a COVID recovery plan with a focus on priority group women. The plan includes follow-up with the women who had their screening delayed due to COVID. The team continue to have success with evening phone-calls as we are often unable to contact women during the standard working hours. We also continue to hold after hours and weekends clinics prioritising access to Māori and Pacifica women.

Better Help for Smokers to Quit – Primary Care

This quarter 87 percent of Māori and 89 percent of Pacific populations were given brief advice to quit smoking. We are working with our primary care partners to establish more proactive connections with smoking cessation support services. We are currently reviewing opportunities to establish best practice solutions with general practice to better engage with patients.

Better Help for Smokers to Quit – Maternity

This quarter 87% of pregnant women, and 93% of Māori pregnant women, were given brief advice and/or support to stop smoking. Although we did not met the 90% target for all women, the results for this quarter were an improvement on the previous quarter. We are working collaboratively with the Hapu Mama programme at Kokiri Marae. The Hapu Mama programme is an incentivised programme that encourages pregnant women and their partners to give up smoking. Early discussions are in progress around the possibility of Hapu Mama practitioners supporting patients in the hospital.

Maternity Services is investigating the use of e-Learning and Webinar modules to train staff on how to have smokefree conversations. Our smoke free coordinator is available to help clinical staff with education and support to deliver smoking cessation support to patients. An eReferral is being developed to enable easy referral to stop smoking providers in the community from all staff including midwifery, nursing and allied staff.

Shorter stays in Emergency Departments

This quarter 84% of all people were admitted, discharged or transferred from Hutt Hospital ED within 6 hours. Our results for Māori and Pacific people were slightly better, at 86% and 85% respectively. The target is 95% of people seen, treated, discharged, admitted or transferred within 6 hours. A number of initiatives are underway to reducing waiting times and improve patient flow.

We have started a project to improve the management of referrals from GPs and provide more appropriate and faster assessment of patients coming into ED. Our Nurse Practitioners and the wider team are working flexibly with a focus on addressing the greatest need of the department to allow good quality, patient focused flow. We are reviewing our escalation plan to ensure delays are escalated appropriately and before these become insurmountable. This approach supports care in the right place, at the right time by the right professional. The development of management plans for patients who frequently present to ED, in addition to patients long-term and complicated conditions, is also expected to improve patient flow.

ED and MHAIDS continue to meet regularly to collaborate and resolve any issues. An escalation process for patients that present to ED has been developed by the mental health team.

Comparing HVDHB and CCVDHB Q2 Results

HVDHB and CCDHB received very similar results for Q2, as shown below.

	HVDHB	CCDHB
Achievement	**Number of indicators Q2 2020/21**	**Number of indicators Q2 2020/21**
Outstanding	0	1
Achieved	29	30
Partially Achieved	19	19
Not Achieved	4	4
Not Assessed	5	5

Comparison with national results

The MOH is developing balanced scorecards and heat-maps that compare performance across DHBs. Approval from the Minister of Health for MOH to circulate these products to DHBs is expected in Q3 2020/21. In the meantime, we have developed a summary of performance that compares our results with the national average for Q1 2020/21 (as the national data for Q2 2020/21 is not yet available). We will report performance against these when they are available.

Performance for HVDHB and CCDHB is the same or above the average of other DHBs against 5 of the 7 Government priorities, and below the national average for 2 Government priorities.

Priority Area	HVDHB Percentage of Indicators Achieved	CCDHB Percentage of Indicators Achieved	National average Percentage of Indicators Achieved*
Give practical effect to He Korowai Oranga – the Māori Health Strategy	100%	100%	100%
Improving Sustainability	100%	100%	100%
Improving child wellbeing	30%	40%	43%
Improving mental wellbeing	73%	64%	58%
Improving wellbeing through prevention	100%	100%	39%
Strong and equitable public health services	53%	50%	56%
Better population health outcomes supported by primary health care	66%	66%	59%

* Excluding CCDHB and HVDHB

HVDHB Annual Plan updates

DHBs are required to provide updates in relation to the delivery of annual plan actions and milestones as part of non-financial performance reporting. Updates must be provided for the planning priorities across the Government's priority areas. HVDHB's performance for Q2 2020/21 was rated as follows:

Status Update Report	Achievement
Give practical effect to He Korowai Oranga – the Māori Health Strategy	Achieved
Improving Sustainability	Achieved
Improving child wellbeing	Achieved
Improving mental wellbeing	Partially Achieved
Improving wellbeing through prevention	Partially Achieved
Better population health outcomes supported by strong and equitable public health services	Partially Achieved
Better population health outcomes supported by primary health care	Partially Achieved

2. 2020/21 QUARTER TWO HVDHB 'VISION FOR CHANGE' DASHBOARD

The MOH's Non-Financial Performance Framework is particularly useful for monitoring quarterly performance against specific indicators. However, it does not adequately monitor longer-term population health (including equity) or system change. We have therefore developed a HVDHB Vision for Change Dashboard (appended) to monitor progress against our longer-term strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific people.

The HVDHB Vision for Change outlines the vision and strategy to transform the health system to ensure equity amongst our populations and support better health and wellbeing throughout the lives of the people in our communities. The Dashboard uses a subset of indicators from the Non-Financial Performance Framework to monitor performance in relation to our strategic goals:

- Support people living well
- Shift care closer to home
- Deliver shorter, safer, smoother care.

The subset of indicators chosen are those which best reflect system performance and outcomes, including achieving equity. The dashboard also shows the high-level areas of focus and the initiatives we are delivering on to achieve each strategic goal.

Support people living well

Indicator	Performance	Our Strategic Response
Better help for smokers to quit	Stable	As part of our **COVID-19 Recovery** plan, we are working in partnership with our PHOs to improve performance in practices where COVID-19 continues to strain performance and our ability to achieve equity for Māori and Pacific.
Childhood immunisations	Persistent equity gap	We are working with our practices, **iwi providers, and outreach services** in the Hutt Valley to reach children who may not be immunised. Model of care changes are being considered to lift performance.
Elder immunisation	Significant improvement	Our COVID-19 response included a significant increase in influenza immunisation. Planning for **COVID-19 Immunisation** is underway. Our aim is to sustain influenza immunisation coverage to reduce avoidable winter demand on our health system.

Shift care closer to home

Indicator	Performance	Our Strategic Response
Avoidable hospital admissions (0-4 years & 45-64 years)	Improving but persistent equity gap	Work under **Pro-Equity Commissioning** and **System Integration** will help improve access to urgent and planned care in primary care, which will support achievement of these indicators. This work includes the roll out of the Health Care Home model of care, the development of community health networks (neighbourhood approach), an action plan to improve the First 1000 days of life, the work to improve vaccinations, and a **whole of system response to frailty.**
	Improving but persistent equity gap	
Percentage of people 75+ living in their own home	New indicator	Our **whole of system response to frailty** supports people to live at home. This includes strategic investments such as the expanded Early Supported Discharge team. Managing frailty is a key part of our **Sustainability Plan**.

Deliver shorter, safer, smoother care

\Indicator	Performance	Our Strategic Response
Acute unplanned readmission	Stable but equity gap	We are developing our community responses to population drivers of **acute flow** inflow alongside approaches to maximise the productivity and efficiency of our hospital system. **Integrated commissioning** has seen packages of care developed to support people in the community. For example: ambulance diversion initiative (CARS), services that address demand for our ageing population (CHOPI, AHOP & AWHI)
Acute hospital bed days per capita	Stable but equity gap	
Shorter Stays in ED	Declining performance	**Managing Acute Flow** is part our Sustainability Plan. We are embarking a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the 2DHB Hospital Network programme

APPENDIX: Hutt Valley DHB – 2020/21 Quarter Two 'Vision for Change' Dashboard

Support people living well

We will work collaboratively with partners to create healthy environments, eliminate health inequities, and support people to adopt healthy lifestyles.

Areas of focus

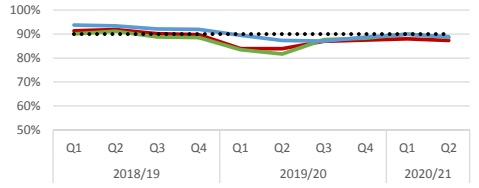
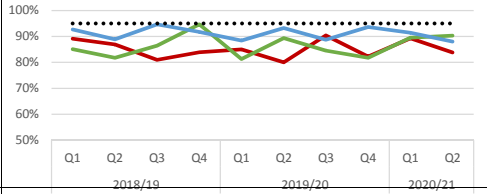
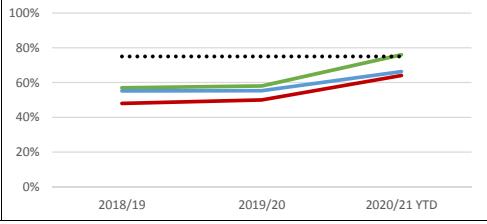
- Prevention, health promotion and public health activities
- Building strong and resilient communities – implementing our Wellbeing Plan
- First 1000 days of life
- Screening for breast, cervical and bowel cancer
- Environmental sustainability
- Achieving health equity

Sub-regional initiatives

- Support our workforce to achieve increased equity outcomes, particularly for Māori, Pacific and people with disabilities (2DHB)
- Co-design innovative models of maternity care with Māori and Pacific women in order to improve outcomes (2DHB)
- Offer education, advice and transport to clients who have previous missed appointments to Breast, Cervical or Colonoscopy Services (2DHB)
- Develop a guide for providers/practitioners to guide conversations with families declining immunisations, with a focus on co-designing with Māori and Pacific families and providers (2DHB)

Local initiatives

- Develop an action plan to improve the wellbeing of children and young people in the Hutt Valley
- Implement the Māori Provider Influenza Vaccine Improvement Project – through marae and outreach-based services
- Co-ordinate the delivery of the Hutt Valley Smokefree Action Plan focusing on priority populations
- Promote, and increase access to, the Hapū Mama programme at Kokiri Marae.
- Deliver the Healthy Active Learning programme to schools and early learning services, with a continued emphasis on low decile schools
- Implement a Bowel Screening Outreach Programme to improve engagement with Māori and Pacific peoples and facilitate their access to timely screening and early treatment of cancers
- Enhance the Well Homes service in partnership with Tu Kotahi Māori Asthma Trust, He Kāinga Oranga and the Sustainability Trust

Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1: Better help for smokers to quit (primary care)	People aged between 15-75 provided smoking cessation advice in primary care	Stopping smoking confers immediate health benefits on all people, and is the only way to reduce smoker's risk of developing a smoking-related disease. Providing smokers with brief advice to quit increases their chances to make a quit attempt, and this is increased if medication and/or cessation support are also provided.	Māori Pacific Non-Māori, Non-Pacific Total	≥90%		Practices are adapting to a new business as usual model and are adapting the model of care to a telehealth environment. We are encouraging our PHOs to embrace delivering advice to quick smoking by phone or text message. Practice nurses and health care assistants are also being trained to deliver advice to quit smoking.
Indicator 2: Childhood immunisation	Children fully immunised at 5 years	Children who receive the complete set of age appropriate vaccinations are less likely to become ill from certain diseases. This measure captures all immunisation milestones and emphasises the need for immunisation to be both full, and delivered on time, to achieve outcomes.	Māori Pacific Non-Māori, Non-Pacific Total	≥95%		HVDHB is working with the PHOs, Regional Public Health and Outreach Immunisation Services to improve Māori and Pacific immunisation coverage. Regional Public Health and Outreach Immunisation Services are working together to address the increasing numbers of children referred to outreach as we are challenged in reaching whānau via general practice.
Indicator 3: Elder immunisation	Percentage of people age 65 years and over that are immunised against influenza, shingles, tetanus, diphtheria and whooping cough	At age 65, immunisation is recommended by the Ministry of Health. These vaccines are free and support older people to stay well. A high performing system should see high uptake of immunisations to keep people healthy.	Māori Pacific Non-Māori, Non-Pacific Total	≥75%		During the COVID-19 response we have seen increased update of influenza immunisation and in particular performance has improved across our priority populations. It is our aim to sustain this performance alongside rollout of the COVID-19 vaccine according to the Ministry of Health schedule.

Shift care closer to home

We will shift services so they are delivered closer to the people using them, enabling people to receive most of their (non-complex) care within their community or homes.

Areas of focus

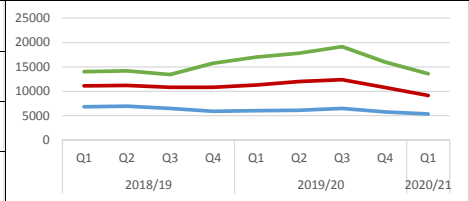
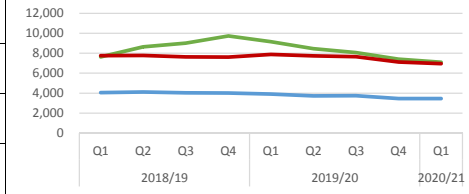
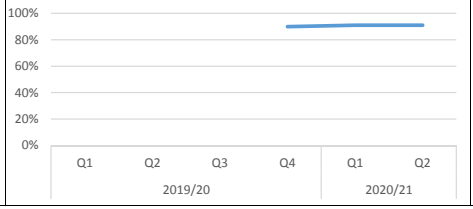
- Early intervention
- Build strong primary and community care
- Health Care Homes
- Placed-based planning – community hubs / neighbourhood approach
- Specialist support for primary care
- Telehealth services
- Management of Long Term Conditions
- Achieving health equity

Sub-regional initiatives

- Support a 2DHB collaborative of Māori and Pacific mental health service providers to develop and implement culturally appropriate and community-based models of care (2DHB)
- Embed telehealth models of care that began during COVID to enable patients to appropriately receive primary and secondary care services (2DHB)
- Develop and begin implementation of a 3DHB suicide prevention and post-vention plan, with a focus on population groups at higher risk of suicide (3DHB)

Local initiatives

- Roll out the Health Care Home patient-centred model of care across the Hutt Valley to every willing practice, achieving the aim of maximum coverage
- Review and implement changes to the Diabetes Self-Management education service to ensure it works for Māori and Pacific populations
- Explore opportunities to shift care 'closer to home' for Orthopaedic/Physio services (through the community Mobility Action Programme)
- Review the Long Term Conditions programme to ensure alignment with Health Care Home and 'Year of Care' planning
- Review our Cardiovascular Disease Risk Assessment programmes, and explore potential partnerships with Māori/Pacific providers
- Pilot a 'neighbourhood approach' to integrated care through the establishment of a community team of nurses and allied health staff supporting 'neighbourhoods' of GP practices Arrange for General Medical Physicians to work in the community with general practices in assigned neighbourhoods and attend practice-based multi-disciplinary team meetings
- Work with Sport Wellington to improve the availability of, and access to, strength and balance activities and programmes to Māori and Pacific older peoples.
- Implement the next phase of the Respiratory Work Programme to address asthma and respiratory related hospital admissions and disparities for Maori and Pacifica.

Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1:	Avoidable hospital admissions (ASH rates 0-4 years)	Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	Māori	↓3% (≤11,676)		*Data not yet available for Q2.* Actions to improve ASH rates, particularly for Māori and Pacific children, are outlined in our System Level Measures Improvement Plan for 2020/21 and 2021/22. We continue to actively monitor performance in this area and identify actions to improve performance. The declining rates are driven by decreased respiratory illness in 2020.
			Pacific	↓2% (≤17,459)		
			Non-Māori, Non-Pacific	↓6% (≤5,791)		
			Total	↓7% (≤8,243)		
Indicator 2:	Avoidable hospital admissions (ASH rates 45-64 years)		Māori	↓6% (≤7,271)		*Data not yet available for Q2.* We have a number of initiatives underway to improve performance, including implementing the Health Care Home model, increasing influenza vaccination, improved self-management of long term conditions, and community integration of provider arm workforce with primary care.
			Pacific	↓6% (≤7,947)		
			Non-Māori, Non-Pacific	↓2% (≤3,647)		
			Total	↓2% (≤4,443)		
Indicator 3:	Percentage of people 75+ living in their own home	Subsidised age residential care is important for those who need it, but our overall goal is to assist our elderly population to stay well and continue to live independently in their own homes. This requires good access to primary care and, in some cases, home and community support services – including culturally safe household and personal care services.	Māori	TBC		90% of the HVDHB population over age 75+ live in their own home. HVDHB is supporting a whole of system approach to frailty to support people to live at home for as long as possible. This includes strategic investment approaches. Managing frailty is a key part of our Sustainability Plan.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			

Deliver shorter, safer, smoother care

We will coordinate and streamline patient care so that individuals and whānau experience a shorter, safer and smoother journey through our services.

Areas of focus

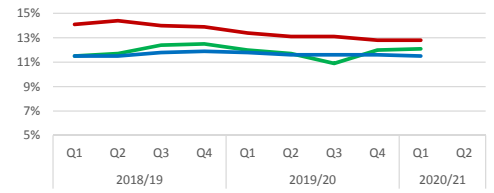
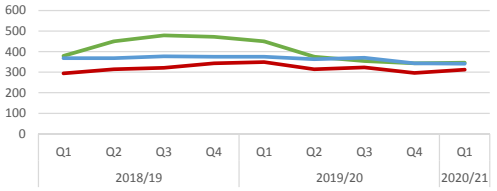
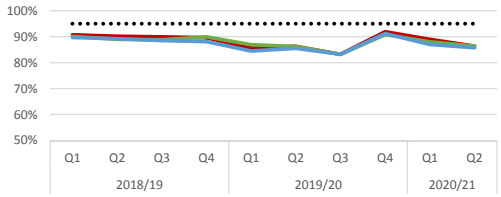
- Timely and effective care
- Safe and efficient hospital services
- Quality improvement activities
- Managing Acute Flow and production planning
- Community, primary and secondary integration
- Achieving health equity

Sub-regional initiatives

- Progress the 2DHB Hospital Network Programme to ensure our services are clinically and financially sustainable (2DHB)
- Develop and implement a reformed 2DHB maternal and neonatal health system plan (2DHB)
- Review and improve consumer data collection and entry in the feedback system (SQUARE) with an emphasis on improving the quality of the data, in particular ethnicity and disability data (2DHB)
- Develop a 2DHB Family Violence Prevention Action Plan (2DHB)
- Implement the 3DHB 'Acute Continuum of Care' to better match need to service provision, enhance coordinated service provision across a range of providers, and improve integration and patient flow through the system (3DHB)
- Develop and implement a mechanism for health information to be easily accessible for disabled people in ways that promote their independence and dignity (3DHB)

Local initiatives

- Extend the Early Supported Discharge service to include AHS&T staff (alongside current Nursing allocation)
- Development of procedure rooms for those non-theatre procedures currently done in theatre
- Improve operating room utilization through the development a second acute theatre
- Implement the Patient Observation Platform at Hutt Hospital to improve efficiency and optimise the use of our nursing, midwifery and medical workforce.
- ED will work with the PHOs to explore and support opportunities for increased management of patients in the community and to build relationships with primary health care

Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1:	Acute unplanned readmission (28 day)	An unplanned acute (emergency and urgent) hospital readmission is often the result of the care provided to the patient by the health system. We can reduce unplanned acute admissions by ensuring a smooth transition from the hospital back into primary care, and by improving the quality of care in the hospital and in primary care.	Māori Pacific Non-Māori, Non-Pacific Total	≤11.8%		*Data not yet available for Q2.* Our Sustainability Plan has a number of initiatives to improve our acute readmissions rate and improve flow at Hutt Hospital.
Indicator 2:	Acute hospital bed days per capita	Acute hospital bed days per capita reflects the demand for acute inpatient services. We can manage this demand by good discharge planning, improving the transition between the community and hospital settings, good communication between providers, managing conditions in primary care settings, and timely access to diagnostics services.	Māori Pacific Non-Māori, Non-Pacific Total	↓3% (≤564) ↓7% (≤538) ↓2% (≤297) ↓2% (≤344)		*Data not yet available for Q2.* Community initiatives to manage inflow: We are developing our community responses to population drivers alongside approaches to maximise the productivity and efficiency of our hospital system, including: a neighbourhood approach to integrated care, with a focus on a neighbourhood with a high priority population (Māori, Pacific, high deprivation).
Indicator 3:	Shorter Stays in ED – patient discharged or transferred with 6 hours (SS10)	ED length of stay is an important measure of the quality of acute care in our public hospitals. The timeliness of treatment is important for patients. Long waiting times are linked to overcrowding and negative clinical outcomes and compromised standards of privacy and dignity for patients.	Māori Pacific Non-Māori, Non-Pacific Total	95%		Hospital initiatives to improve in-hospital flow – We are embarking a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the Hospital Network programme

CCDHB Non-Financial Performance Report (Q2 2020/21)

This paper provides an overview of CCDHB's Q2 2020/21 non-financial performance and includes:

- The results of CCDHB's Non-Financial Quarterly Monitoring Report for Q2 2020/21 as assessed by the Ministry of Health (MoH)
- A comparison of Q2 2020/21results with HVDHB and national results.
- CCDHB's Q2 2020/21 'Health System Plan' Dashboard.

1. BACKGROUND

Non-financial performance

The DHB non-financial monitoring framework aims to provide a rounded view of performance (including against government priorities), using a range of performance indicators. The MOH reports DHB performance to the Minister on a quarterly basis.

The reporting is against the Government priorities below.

The MOH now plans to send regular performance reports to DHBs with detailed analysis against key areas of sector performance. We will report performance against these when they are available.

NON-FINANCIAL PERFORMANCE REPORT

In Q2 2020/21, CCDHB received an 'Outstanding' on 1 indicator; *improving the timeliness of newborn enrolment in general practice.* CCDHB received an 'Achieved' or 'Partially Achieved' for 49 of the 59 performance indicators assessed and 4 indicators rated as 'Not Achieved'.

Achievement	Number of indicators Q2 2020/21	Number of indicators Q1 2020/21
Outstanding	1	0
Achieved	30	27
Partially Achieved	19	14
Not Achieved	4	5
Not Assessed	5	0

Overall CCDHB performance declined slightly in comparison to the previous quarter. When comparing the indicators that are common across Q1 and Q2 2020/21, the performance ratings improved against 3 of these indicators and decreased against 6 indicators.

CCDHB received a 'Not Achieved' rating against four indicators

CCDHB received a 'Not Achieved' rating in relation to the following performance measures:

a. Improving breast screening coverage and equity for priority women;
b. Better Help for Smokers to Quit – Primary Care;
c. Better Help for Smokers to Quit – Public Hospitals; and
d. Shorter stays in Emergency Departments.

Specific action plans are in place to improve performance against the 'Not Achieved' performance measures. The actions being progressed are described below.

Improving breast screening coverage and equity for priority women

COVID-19 impacted women accessing screening and there was a slight drop in Māori and Pacific coverage rates in the Q2 reporting period. The service has been implementing a COVID recovery plan with a focus on priority group women. The plan includes follow-up with the women who had their screening delayed due to COVID. The team continue to have success with evening phone-calls as we are often unable to contact women during the standard working hours. We also continue to hold after hours and weekends clinics prioritising access to Māori and Pacifica women.

Better Help for Smokers to Quit – Primary Care

This quarter 80 percent of all people, 79 percent of Māori, and 83 percent of Pacific populations were given brief advice to quit smoking. Tu Ora Compass are implementing a new programme to prototype if we are able to move this performance target. While we consider brief intervention to be most effective during face to face consultations, we are encouraging our PHOs to embrace alternative ways of engaging with patients by phone or text message. There is a desire to focus on equity for Māori and Pacific and to target young smokers as a more meaningful way to improve health outcomes.

Better Help for Smokers to Quit – Public Hospitals

We continue to encourage all clinicians (medical and nursing) to provide cessation advice to smokers and to then document the advice that was given. This activity is not always documented and then transcribed to the coded data. We have identified that the majority of the missed recording of smoke cessation advice happens in ED. The key issue is that the existing electronic record does provide the functionality to document that smoke cessation advice has been provided and subsequently does not link to the discharge summary. We are investigating options to resolve this issue and improve our smoking cessation data.

Shorter stays in Emergency Departments

Our COVID preparation and response resulted in the deferment of planned care elective procedures. Addressing the backlog of delayed procedures has put pressure on our bed capacity, which in turn has made it more challenging to reduce wait times in ED. However, we have a number of initiatives to underway to reduce ED wait times and improve health outcomes.

For example, the Patient Care Coordination service includes a daily multidisciplinary team meeting where they review all patients admitted to medical wards at beginning of the shift to identify potential patients needing intervention early in their admission. This has identified a need to develop processes with other non-hospital providers for those patients with complex needs who are homeless. This is now being progressed through work with other agencies.

We also have a mental health nurse based in ED who triages all people who present to the ED with a mental health problem. The mental health nurse determines those who need to be seen urgently, while being able to safely defer less urgent referrals to mental health and addiction services. The mental health nurse has a critical role in both formal and informal training, and supporting ED staff around mental health presentations.

The Flow Programme underway across the organisation continues with the aim to improve patient flow across both community and hospital services. The programme includes projects ranging from avoiding

acute patient admissions to efficient hospital inpatient management to avoid delays in discharge. Projects include focus on long stay patients, enhanced multidisciplinary board rounding, reducing bed days in cancer services, reducing length of stay at Kenepuru to improve flow from Wellington hospital.

Comparing CCDHB and HVDHB Q2 2020/21 Results

CCDHB and HVDHB received very similar results for Q2, as shown below.

	CCDHB	HVDHB
Achievement	**Number of indicators Q2 2020/21**	**Number of indicators Q2 2020/21**
Outstanding	1	0
Achieved	30	29
Partially Achieved	19	19
Not Achieved	4	4
Not Assessed	5	5

Comparison with national results Q1 2020/21

The MOH is developing balanced scorecards and heat-maps that compare performance across DHBs. Approval from the Minister of Health for MOH to circulate these products to DHBs is expected in Q3 2020/21. In the meantime, we have developed a summary of performance that compares our results with the national average for Q1 2020/21 (as the national data for Q2 2020/21 is not yet available). We will report performance against these when they are available.

Performance for CCDHB and HVDHB is the same or above the average of other DHBs against 5 of the 7 Government priorities, and below the national average for 2 Government priorities.

Priority Area	CCDHB Percentage of Indicators Achieved	HVDHB Percentage of Indicators Achieved	National average Percentage of Indicators Achieved*
Give practical effect to He Korowai Oranga – the Māori Health Strategy	100%	100%	100%
Improving Sustainability	100%	100%	100%
Improving child wellbeing	40%	30%	43%
Improving mental wellbeing	64%	73%	58%
Improving wellbeing through prevention	100%	100%	39%
Strong and equitable public health services	50%	53%	56%
Better population health outcomes supported by primary health care	66%	66%	59%

* Excluding CCDHB and HVDHB

CCDHB Annual Plan updates

DHBs are required to provide updates in relation to the delivery of annual plan actions and milestones as part of non-financial performance reporting. Updates must be provided for the planning priorities across the Government's priority areas. CCDHB's performance for Q2 2020/21 was rated as follows:

Status Update Report	Achievement
Give practical effect to He Korowai Oranga – the Māori Health Strategy	Achieved
Improving Sustainability	Achieved
Improving child wellbeing	Achieved
Improving mental wellbeing	Partially Achieved
Improving wellbeing through prevention	Partially Achieved
Better population health outcomes supported by strong and equitable public health services	Partially Achieved
Better population health outcomes supported by primary health care	Partially Achieved

2. Q2 2020/21 CCDHB 'HEALTH SYSTEM PLAN' DASHBOARD

The MoH's Non-Financial Performance Framework is particularly useful for monitoring quarterly performance against specific indicators. However, it does not adequately monitor longer-term population health (including equity) or system change. We have therefore developed a CCDHB Health System Plan Dashboard (appended) to monitor progress against our longer-term strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific people.

The CCDHB Health System Plan 2030 outlines the vision and strategy to transform the health system to ensure equity amongst our populations and support better health and wellbeing throughout the lives of the people in our communities. The Dashboard uses a subset of indicators from the Non-Financial Performance Framework to monitor performance in relation to our strategic goals:

- Promote health and wellbeing;
- People-focused services in the community;
- Timely effective care that improves health outcomes.

The subset of indicators chosen are those which best reflect system performance and outcomes, including achieving equity. The dashboard also shows the high-level areas of focus and the initiatives we are delivering on to achieve each strategic goal.

Promote health and wellbeing

Indicator	Performance	Our Strategic Response
Better help for smokers to quit	Deteriorating and persistent equity gap	As part of our **COVID-19 Recovery** plan, we are working in partnership with our PHOs to improve performance in practices where COVID-19 continues to strain performance and our ability to achieve equity for Māori and Pacific.
Childhood immunisations	Persistent equity gap	Through our **Integrated Commissioning** work plan, we are working with our Iwi providers and outreach services in Porirua to develop an integrated Mātua, Pepi, Tamariki service to reach children who may not be immunised.
Elder immunisation	Significant improvement	Our COVID-19 response included a significant increase in influenza immunisation. Planning for **COVID-19 Immunisation** is underway. Our aim is to sustain influenza immunisation coverage to reduce avoidable winter demand on our health system.

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

People-focused services in the community

Indicator	Performance	Our Strategic Response
Avoidable hospital admissions (0-4 years & 45-64 years)	Improving but equity gaps persistent	Improved **system integration** and partnerships between PHOs and NGO provider services contributed to activities that led to this improved performance for 2020/21. We are working to embed these partnerships. This includes the Porirua Integration programme.
	Stable but equity gaps persistent	Improving access to urgent and planned care in primary care will support achievement of this indicator. The Kāpiti **Community Health Network** prototype launched and is prioritising responses for Māori and Pacific.
People 75+ living in their own home	New indicator	Our **whole of system response to frailty** supports people to live at home. This includes strategic investments such as the Community Health of Older People Initiative (CHOPI), Acute Health of Older Person Service (AHOP) and Advancing Wellness at Home Initiative (AWHI). Managing frailty is a key part of our **Sustainability Plan**.

Timely effective care that improves health outcomes

Indicator	Performance	Our Strategic Response
Acute unplanned readmission	Stable but equity gap	We are developing our community responses to population drivers of **acute flow** inflow alongside approaches to maximise the productivity and efficiency of our hospital system. **Integrated commissioning** has seen packages of care developed to support people in the community. For example: ambulance diversion initiative (CARS), services that address demand for our ageing population (CHOPI, AHOP & AWHI)
Acute hospital bed days per capita	Improving but equity gaps persistent	
Shorter Stays in ED	Recovering	**Managing Acute Flow** is part our Sustainability Plan. We are embarking on a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the 2DHB Hospital Network programme.

APPENDIX: Capital & Coast DHB – Q2 2020/21 'Health System Plan' Dashboard

Promote health and wellbeing

We will work collaboratively with partners to create healthy environments, eliminate health inequities, and support people to adopt healthy lifestyles.

Areas of focus

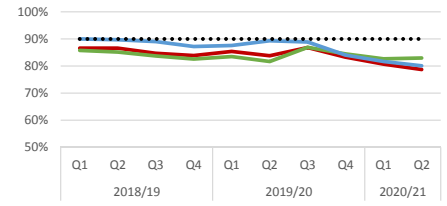
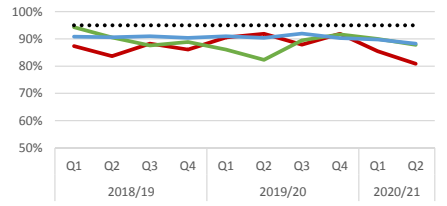
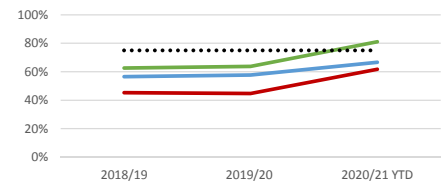
- Prevention, health promotion and public health activities
- Building strong and resilient communities
- First 1000 days of life
- Screening for breast and cervical cancer
- Environmental sustainability
- Achieving health equity

Sub-regional initiatives

- Support our workforce to achieve increased equity outcomes, particularly for Māori, Pacific and people with disabilities (2DHB)
- Co-design innovative models of maternity care with Māori and Pacific women in order to improve outcomes (2DHB)
- Offer education, advice and transport to clients who have previous missed appointments to Breast, Cervical or Colonoscopy Services (2DHB)
- Develop a guide for providers/practitioners to guide conversations with families declining immunisations, with a focus on co-designing with Māori and Pacific families and providers (2DHB)

Local initiatives

- Develop and commit to a pro-equity programme of work that delivers a clear CCDHB equity goal and direction, an agreed set of equity principles, and an operational framework
- Re-establish and update the Tū Pou Famu Workforce Programme, including targets for the recruitment, retention and professional development of Māori staff, and workforce development for all staff in Māori health and equity, including cultural leadership, safety and competency, anti-racism and health literacy
- Redesign our breastfeeding service to provide a responsive, culturally appropriate, 7 day service to support to Māori and Pacific mothers, babies and whānau
- CCDHB will provide additional mental health support to work across the five secondary schools in Porirua which have higher Māori and Pacific populations.

Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1: Better help for smokers to quit (primary care)	People aged between 15-75 provided smoking cessation advice in primary care	Stopping smoking confers immediate health benefits on all people, and is the only way to reduce smoker's risk of developing a smoking-related disease. Providing smokers with brief advice to quit increases their chances to make a quit attempt, and this is increased if medication and/or cessation support are also provided.	Māori Pacific Non-Māori, Non-Pacific Total	≥90%		Practices are adapting to a new business as usual model and are adapting the model of care to a telehealth environment. Brief intervention is most effective during face to face consultations and we are encouraging our PHOs to embrace alternative ways of delivering by phone or text message.
Indicator 2: Childhood immunisation	Children fully immunised at 5 years (CW05)	Children who receive the complete set of age appropriate vaccinations are less likely to become ill from certain diseases. This measure captures all immunisation milestones and emphasises the need for immunisation to be both full, and delivered on time, to achieve outcomes.	Māori Pacific Non-Māori, Non-Pacific Total	≥95%		CCDHB is working with our PHOs and Outreach Immunisation Services to improve Māori and Pacific immunisation coverage. CCDHB has funded 5 places at attend the University of Otago Summer School paper on countering disinformation regarding vaccinations as part of our focus on decline rates. We are continuing to enrol families presenting to Kenepuru A&M to ensure that our families in Porirua receive timely pre-call and re-call messages from primary care. We are working with Ora Toa PHO to implement a Mātua, Pepi, Tamariki service in Porirua
Indicator 3: Elder immunisation	Percentage of people age 65 years and over that are immunised against influenza	At age 65, immunisation is recommended by the Ministry of Health. These vaccines are free and support older people to stay well. A high performing system should see high uptake of immunisations to keep people healthy.	Māori Pacific Non-Māori, Non-Pacific Total	≥75%		During the COVID-19 response we have seen increased update of influenza immunisation and in particular performance has improved across our priority populations. It is our aim to sustain this performance alongside rollout of the COVID-19 vaccine according to the Ministry of Health schedule.

Capital & Coast District Health Board

People-focused services in the community

We are committed to developing people-focused service delivery models, and planning our services using 'place' as the basis for health and social supports. Better information about the characteristics of the people being served, shared among those delivering services, is central to succeeding with this approach. It has the potential to reduce health care costs over time as communities increasingly support their own health and wellbeing.

Areas of focus

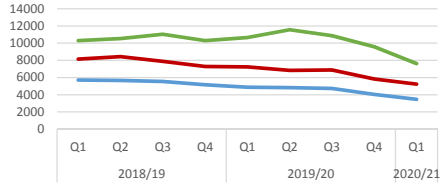
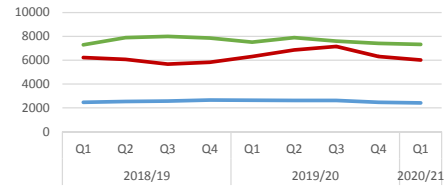
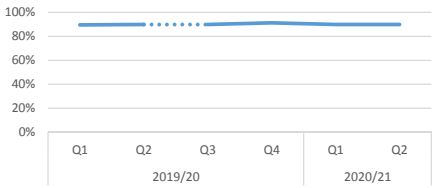
- Homes as a place of care
- Community Mental Health and Wellbeing Hubs
- Build strong primary and community care
- Early intervention
- Health Care Homes
- Specialist support for primary care
- Telehealth services
- Management of Long Term Conditions
- Achieving health equity

Sub-regional initiatives

- Embed telehealth models of care that began during COVID to enable patients to appropriately receive primary and secondary care services (2DHB)
- Support a 2DHB collaborative of Māori and Pacific mental health service providers to develop and implement culturally appropriate and community-based models of care (2DHB)
- Develop and begin implementation of a 3DHB suicide prevention and post-vention plan, with a focus on population groups at higher risk of suicide (3DHB)

Local initiatives

- Work with local communities to implement the locality commissioning plan, place-based initiatives, and integrated service delivery models in Porirua, Wellington and Kāpiti
- Reduce hospital admissions by improving local community urgent care capacity and implementing community-based planned care through Community Health Networks
- Develop an integrated community mental health and wellbeing hub model that will provide a timely response at a local community level to those who present in distress
- The DHB and RPH will work with communities to deliver initiatives that promote healthy nutrition and physical activity with a localities focus (eg, via the Porirua regeneration project).
- The DHB will continue to work with PHOs to share best practices for early cardiovascular risk assessment and management for people with moderate to high cardiovascular risk across general practices from those delivering the most equitable outcomes
- Implement initiatives to improve equitable access to and outcomes from culturally appropriate self-management education and support services
- Community pharmacies in Porirua to measure urate levels and adjust medication dosage where appropriate to prevent Gout, with a focus on Māori and Pacific

Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1:	Avoidable hospital admissions (ASH rates 0-4 years)	Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	Māori	↓6% (≤6,421)		*Data not yet available for Q2.* Actions to improve ASH rates, particularly for Māori and Pacific children, are outlined in our System Level Measures Improvement Plan for 2020/21 and 2021/22. We continue to actively monitor performance in this area and identify actions to improve performance. The declining rates are driven by decreased respiratory illness in 2020.
			Pacific	↓6% (≤10,865)		
			Non-Māori, Non-Pacific	↓2% (≤4,726)		
			Total	↓2% (≤5,818)		
Indicator 2:	Avoidable hospital admissions (ASH rates 45-64 years)		Māori	↓6% (≤6,575)		*Data not yet available for Q2.* To address performance we are focusing on access to acute care and planned care in primary care practices, including CVD risk assessments and follow up, smoking cessation, and wrap around services for those who have had an ASH event. Development of a Community Health Network in Kāpiti will prioritise Māori and Pacific health outcomes.
			Pacific	↓6% (≤7,075)		
			Non-Māori, Non-Pacific	↓2% (≤2,623)		
			Total	↓2% (≤3,267)		
Indicator 3:	Percentage of people 75+ living in their own home	Subsidised age residential care is important for those who need it, but our overall goal is to assist our elderly population to stay well and continue to live independently in their own homes. This requires good access to primary care and, in some cases, home and community support services – including culturally safe household and personal care services.	Māori	TBC		91% of the CCDHB population over age 75+ live in their own home. CCDHB is working to develop a whole of system approach to frailty that supports people to live at home for as long as possible. This includes strategic investment approaches such as CHOPI, AWHI and AHOP. Managing frailty is a key part of our Sustainability Plan.
			Pacific			
			Non-Māori, Non-Pacific			
			Total			

Capital & Coast District Health Board

Timely effective care that improves health outcomes

A core function of our health system is to provide health care that responds to acute and planned clinical need, including the delivering of babies. We need to be able to respond promptly and effectively using service delivery models that help improve clinical and health outcomes.

Areas of focus

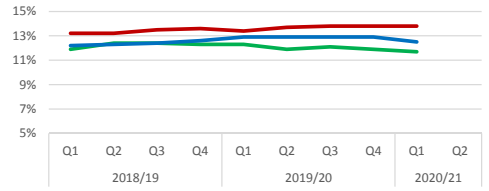
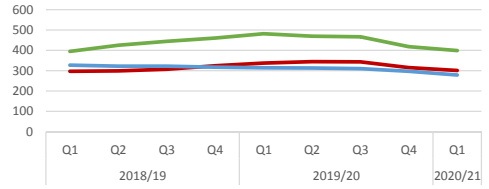
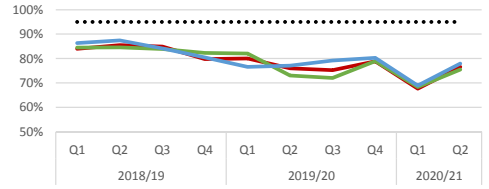
- Timely and effective care
- Safe and efficient hospital services
- Quality improvement activities
- Managing Acute Flow and production planning
- Community, primary and secondary integration
- Support end of life with dignity
- Achieving health equity

Sub-regional initiatives

- Progress the 2DHB Hospital Network Programme to ensure our services are clinically and financially sustainable (2DHB)
- Review and improve consumer data collection and entry in the feedback system (SQUARE) with an emphasis on improving the quality of the data, in particular ethnicity and disability data (2DHB)
- Develop a 2DHB Family Violence Prevention Action Plan (2DHB)
- Develop and implement a reformed 2DHB maternal and neonatal health system plan (2DHB)
- Implement the 3DHB 'Acute Continuum of Care' to better match need to service provision, enhance coordinated service provision across a range of providers, and improve integration and patient flow through the system (3DHB)
- Develop and implement a mechanism for health information to be easily accessible for disabled people in ways that promote their independence and dignity (3DHB)

Local initiatives

- Improve patient flow by developing an acute frailty pilot within existing beds, rolling out early supported discharge enabled by the Advanced Wellness at Home Initiative (AWHI), increasing the proportion of dischargers earlier in the day, and increasing specialist rounding at weekends.
- Implement a mental health model of care in ED and enhance the support to mental health and addiction patients who present to ED
- Develop responsive end of life care for whānau and families, informed by engagement and research, with a specific focus on meeting the needs of Māori whānau and Pacific families

Indicators	Description	Rationale	Targets		Performance – three year trend	Comments
Indicator 1:	Acute unplanned readmission (28 day)	An unplanned acute (emergency and urgent) hospital readmission is often the result of the care provided to the patient by the health system. We can reduce unplanned acute admissions by ensuring a smooth transition from the hospital back into primary care, 0and by improving the quality of care in the hospital and in primary care.	Māori Pacific Non-Māori, Non-Pacific Total	≤12.4%		*Data not yet available for Q2.* Acute demand management work group has a number of initiatives in trial and implementation to improve our acute readmissions rate, including criteria led discharges, streamlined discharge processes, supportive discharges of older persons, better discharge summaries and using transit lounge nurses to review discharge instructions with patients being discharged.
Indicator 2:	Acute hospital bed days per capita	Acute hospital bed days per capita reflects the demand for acute inpatient services. We can manage this demand by good discharge planning, improving the transition between the community and hospital settings, good communication between providers, managing conditions in primary care settings, and timely access to diagnostics services.	Māori Pacific Non-Māori, Non-Pacific Total	↓2% (≤533) ↓2% (≤573) ↓2% (≤290) ↓2% (≤328)		*Data not yet available for Q2.* Community initiatives to manage inflow: We are developing our community responses to population drivers alongside approaches to maximise the productivity and efficiency of our hospital system, including: ambulance diversion initiative (CARS), services that address demand for our ageing population (CHOPI, AHOP & AWHI).
Indicator 3:	Shorter Stays in ED – patient discharged or transferred with 6 hours (SS10)	ED length of stay is an important measure of the quality of acute care in our public hospitals. The timeliness of treatment is important for patients. Long waiting times are linked to overcrowding and negative clinical outcomes and compromised standards of privacy and dignity for patients.	Māori Pacific Non-Māori, Non-Pacific Total	95%		Hospital initiatives to improve in-hospital flow – We are embarking a project to redesign the Front of Whāre (ED and acute assessment units) to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. In parallel, we are exploring our short and medium term options for expansion of bed and theatre capacity. These options are being developed within the context of the Hospital Network programme.

Board Information – Public

March 2021

Update of the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025: March 2021

Action Required

The HVDHB and CCDHB Boards note:

(a) In December 2020, the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 (Pacific Health Strategy) was launched.

(b) In January 2021, a 2DHB Director, Pacific Peoples Health was appointed to lead the Pacific Health Directorates across both Hutt Valley and Capital & Coast DHBs;

(c) This is the first update against the Pacific Health & Wellbeing Strategic Plan for 2021.

Strategic Alignment	Ministry of Health *Ola Manuia* Pacific Health Plan 2020-2025 CCDHB Health System Plan 2030 HVDHB Vision For Change 2017-2027 WrDHB Well Wairarapa –Better Health for All Vision 2017 Faiva Ora National Pacific Disability Plan Ministry of Pacific Peoples Priorities
Author	Junior Ulu, Director Pacific People's Health, CCDHB & HVDHB
Endorsed by	Fionnagh Dougan, Chief Executive Officer, CCDHB & HVDHB
Purpose	Update the Boards in relation to the implementation of initiatives related to the Pacific Strategic Plan.
Contributors	Candice Apelu-Mariner, Integration Lead Pacific Sam McLean – Principal Analyst & Team leader - Analytics
Consultation	2DHB Strategy, Planning & Performance

Executive Summary

The Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 (Pacific Health Strategy) outlines the strategies to improve health outcomes and our ability to achieve equity for Pacific communities across Wairarapa, Hutt Valley and Capital & Coast DHBs over the next five years.

This report provides an overview of progress made on the key outcomes of the Pacific Strategic Plan and includes:

- A progress report on the implementation of the Pacific Health Strategy
- A summary of information on the Pacific health equity context
- A high-level dashboard and explanation of indicators that have been developed to measure progress in relation to Pacific health equity

Strategic Considerations

Service	NA

People	NA
Financial	Investment to implement the Pacific Health Strategy
Governance	Pacific Health Strategy to be jointly owned by the DHBs and the Pacific community DHBs listen to the voice of the Pacific community in the transformation of our health system to improve health outcomes and ability to achieve equity for Pacific communities.

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
Insert risk #	Limited additional investment to implement the Plan	Junior Ulu Rachel Haggerty	Ensure approval of funding investment for out years are sought	3	Medium risk

Attachment/s

1. 2DHB Pacific Progress and Indicators Report

2DHB Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 - 2025: Progress & Performance Report 2020/2021

This report provides an overview of progress made in relation to the key outcomes of the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region, and includes:

- Information on the Pacific health equity context
- A high-level progress report on the status of the broader activities that the Pacific Health Strategy encompasses
- A high-level dashboard and explanation of indicators that have been developed to measure progress in relation to Pacific health equity.

Contents

1. Background

The Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region was launched in December 2020. It builds on the previous plans: "Paolo mo Tagata o le Moana 2015 – 2018" (HVDHB & WrDHB) and the "Toe Timata le Upega 2017 – 2021" (CCDHB). In January 2021, a 2DHB Director, Pacific Peoples Health was appointed to lead the Pacific Health Directorate across both the Hutt Valley and Capital and Coast DHBs.

The journey to creating a single strategy for 3DHB (Wairarapa ; Hutt Valley, and Capital & Coast DHB's) was informed by partnering with key Pacific stakeholders, and community members, to co-produce a strategy that boldly re-shapes health system design centred on the aspirations and health needs of Pacific populations.

This progress report is for the period from December 2020 – March 2021 to provide a snapshot of what is already underway to meet the goals of the plan. Progress to date therefore is limited with the view of strengthening this through the development of an 'Operational Plan'. This involves contributions from relevant stakeholders both internally and externally to ensure that expertise and resources are directed towards improving equitable health outcomes for Pacific people.

2. 2DHB Pacific Health Dashboard: Measures of Equity

The Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region highlights six priority areas that follow a life-course approach to health with a strong focus on systems change and collective impact:

1. Pacific child health and wellbeing
2. Pacific young people
3. Pacific adults and ageing well
4. Pacific health workforce and Pacific providers and non-governmental organisations
5. Social determinants of health
6. A culturally responsive and integrated health system.

In addition, the key strategic directions of the plan include:

1) **Equity** – advancing decisions, solutions and innovations that help eliminate health inequities for Pacific people.
2) **Collaboration** – strengthening partnerships including integrated planning and service delivery with both health and non-health partners across different sectors and Pacific communities.
3) **Strengthening accountability and performance monitoring across the health system** - to hold the system liable and answerable to ensuring we are doing more than enough to achieve equitable health outcomes for Pacific peoples through consistent reporting and measurement of progress.
4) **Building the Pacific workforce** - strengthening Pacific health providers providing sustainable resources for long-term, rather than short-term funding.

5) **Inclusiveness** – ensuring that Pacific disabled children, youth and adults and their families are at the centre of service design and decision making and not left behind. Recognising that those with a disability may have extra barriers to overcome, in accessing health services than most.
6) **Robust evidence base** - Implementing and investing in what is already working and building evidence through research, monitoring and evaluation.
7) **Integrated planning** - Strengthening integrated planning and service delivery and accelerating the shift of services closer to home.
8) **Cultural responsive services** - Developing and sustaining a culturally safe and competent health service and work settings. This includes addressing racism and developing strategies to mitigate negative attitudes and behaviours.

3. 2DHB Pacific Strategy Work Programme and Status

Activities and actions outlined in the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region include both systemic changes as enablers of equity, and service focus areas that will improve the five key measures of equity.

We have chosen to provide updates on only a few 'actions' for each of the six priority areas to provide a basis for discussion. Therefore not all 'actions' from the plan will appear below. Moving forward we will showcase a more comprehensive picture of all actions with the development of an 'Operational Plan. Appendix 1 provides a more detailed dashboard for three priority areas: Pacific child health and wellbeing; Pacific Young People; Pacific adults and ageing well. To show the progress status of the broad activities, the following colour coding has been used:

Good progress – on track.	*Started – but not yet fully developed.*	*Work has not started on this yet.*

Specific projects and activities related to each general area of the work programme are noted in the *Comments/ Details* column.

Priority One: Pacific Child Health To give Pacific children and their families the best possible start in life and ensure they meet key childhood developmental milestones through culturally responsive and safe services and support.		
Action	***Progress Status***	***Comments/ Details***
Support family-centred initiatives to reach pregnant mothers, parents, babies, and families.		2DHBs continue to fund and support the only Pacific led Well-Child service in the Greater Wellington region "Thriving Cores" delivered by Pacific Health Services Hutt Valley. 2DHB's continue to fund and support the 'Anofale Antenatal Programme' specifically for Pacific mothers run by Naku Enei Tamariki (NET) Pacific. The 2DHB maternal health system plan, which will deliver models of care that improve access and engagement in early antenatal care and education, will also have a strong equity focus.
Collaborate with appropriate stakeholders to promote safe environments for bringing up Pacific children including warm homes,		Ongoing partnerships and joint initiatives between the 2DHB and Smoking Cessation service. We are hosting the Senior Pacific Advisor for 'Takiri Mai Regional Smoking Cessation

Priority One: Pacific Child Health To give Pacific children and their families the best possible start in life and ensure they meet key childhood developmental milestones through culturally responsive and safe services and support.		
smoke free homes, good nutrition, safe sleeping, reducing smoking and alcohol consumption		Service' a partnership with Kokiri Marae; Well Homes; Sport Wellington; and Healthy Families Hutt Valley.
Work collaboratively with Bee Healthy Regional Screening Services and key stakeholders on projects and initiatives to improve coverage of screening and preventative oral health interventions		Ongoing partnership and support provided for the Bee Healthy Oral health Regional Service. A joint Pacific health promotion event day was held at Hutt Park in partnership with Pacific providers, 2DHBs, Regional Public Health, Bee Healthy and Total touch on February 18th 2021. At this community sporting event, the Bee Healthy team were able to undertake first exams, fluoride varnish applications, routine examinations, and found Pacific children who were not enrolled.

Priority Two: Pacific Young People		
Action	***Progress Status***	***Comments / Details***
Support and strengthen initiatives that encourage young Pacific people to adopt healthy lifestyles, make informed choices about sexual health, smoking, and risk-taking behaviours		Pacific Providers supported by PHOs and funded by DHBs are running healthy lifestyle programmes with churches and ethnic specific groups targeting young people. For example Faith Led Wellness Programme in the Hutt Valley, Walking Samoans in Porirua.
Leverage Technology to promote health messages and campaigns that reach and resonate with Pacific young people		A Positively Pacific Facebook page and website specifically for the Greater Wellington Region has been developed and funded by the 2DHB. These social media platforms are focussed on reaching young people and ensuring content is local and relevant to services and programmes available for young Pacific people in The Greater Wellington region.

Priority Three: Pacific Adults and Aging Well		
Action	***Progress Status***	***Comments / Details***
Work in partnership with key stakeholders to increase and encourage participation in screening programs (cervical, bowel, breast and other cancers) AND cessation support (smoking and drugs).		The 2DHB Pacific Director continues to support the work of the Pacific National Bowel Screening Network and sits on Regional Screening Services Governance Group.
Continue identifying change levers in programme and service design that will make the greatest impact on health conditions including cultural competency training for non-Pacific workforce that support Pacific people.		Pacific Cultural Competency Trainings rolled out in Hutt Valley DHB for 2021. Planning for development of a Regional Cultural Competency Training Package to include Wellington and Keneperu Hospitals.

Priority Four: Pacific Health & Disability Workforce and Providers		
Action	***Progress Status***	***Comments / Details***
Influence HR recruitment policies and processes across the 3DHBs to improve Pacific employment		This will be addressed in the Pacific Health & Disability Workforce Strategy to be developed.

Priority Four: Pacific Health & Disability Workforce and Providers		
opportunities including increasing number of Pacific on shortlisting, interview panels, Steering groups and governance		
Strengthen and support Pacific health providers and align their work with general practices and hospital services, with a focus on health care homes and integrated family health centres in primary care and the community.		2DHB funded mobile clinics under the Covid-19 Tranche 2 funding for the Pacific Health Service Hutt Valley. Enabled Pacific Health Plus to establish an after hour service, one day per week for Porirua patients.
Increasing and attracting our Pacific workforce by targeting students via formal education settings, such as secondary schools and tertiary institutions. This pipeline needs to be socialised as well with the education sector.		Work will be undertaken Quarter 3 of this financial year to develop a Pacific health & Disability Strategy that will future proof the Pacific workforce.

Priority Five: Social Determinants of Health		
Action	***Progress Status***	***Comments / Details***
Work closely with Local Councils, Housing NZ and key stakeholders to advocate and influence decision making that will improve healthy housing for Pacific people.		Liaise and partner with Well Homes, relevant organisations such as MSD, Pasifika Futures, and other Whanau Ora service providers, Housing NZ and local councils to address issues such as housing.

Priority Six: Culturally Responsive and Integrated Health System		
Action	***Progress Status***	***Comments / Details***
Develop and Implement a Sub-regional Cultural Competency Framework, Checklist and Training Package that nurtures a culturally responsive work environment and improve capacity of the health workforce to deliver culturally sensitive services.		Pacific Cultural E-Learning in place that is part of mandatory training for all staff. Face to face two hour Pacific cultural training for the health workforce for HVDHB. This will be explored for CCDHB and WrDHB.

4. Next Steps

The Pacific team across 2DHB will:

- Develop an 'Operational Plan' to implement the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region
- Development of the COVID-19 vaccination plan utilising Pacific health providers and Pacific groups
- Identify intersections with Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025
- Work with Wairarapa DHB Planning & Performance and 2DHB Strategy, Planning & Performance to manage identified risks for 2021/22 and beyond.

5. Appendix One: 2DHB Pacific Health Dashboard

Pacific child health and wellbeing

To give Pacific children and their families the best possible start in life

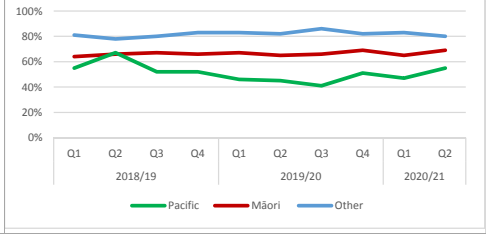
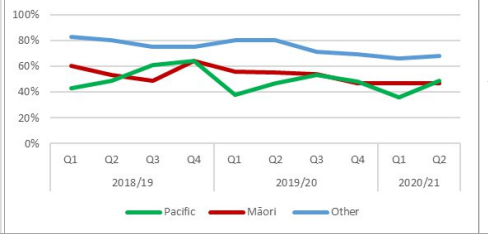
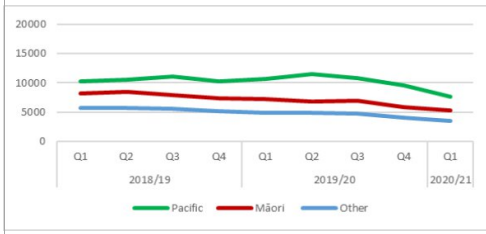
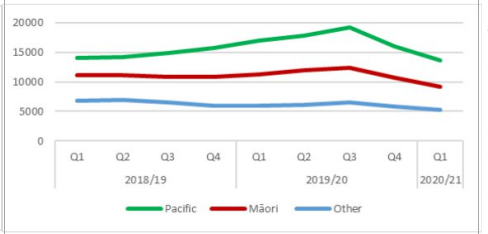
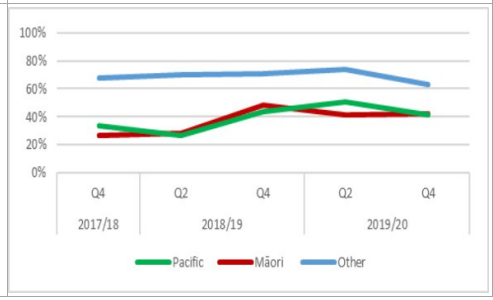
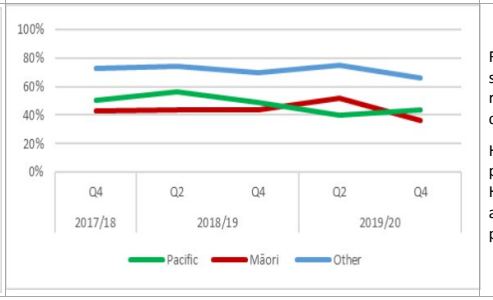
Ensure Pacific Children meet key childhood developmental milestones through culturally responsive and quality services and support

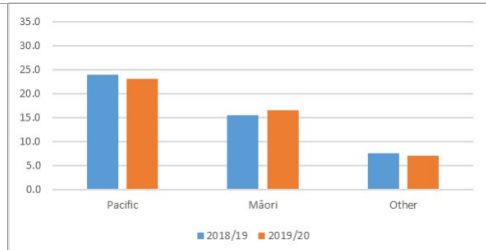
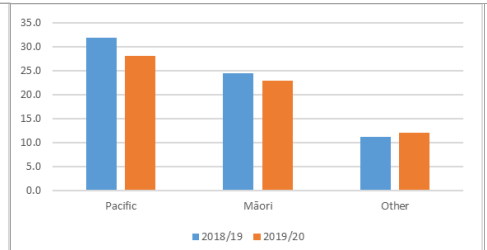
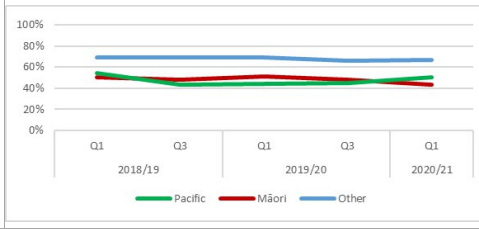
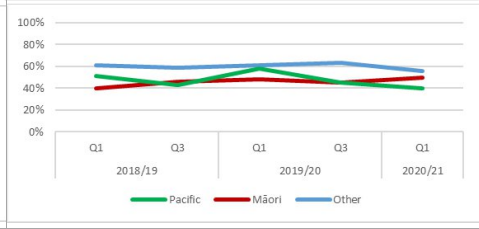
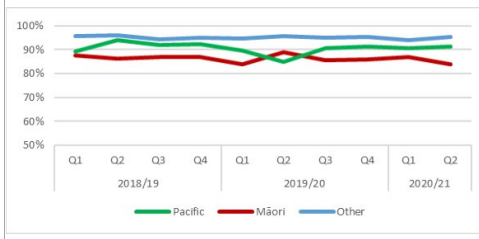
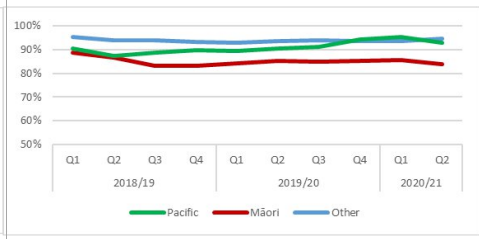
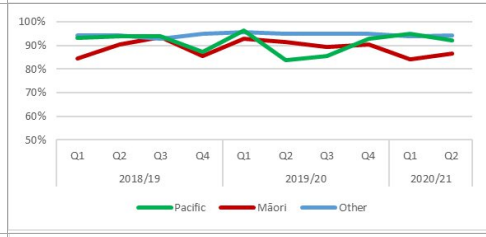
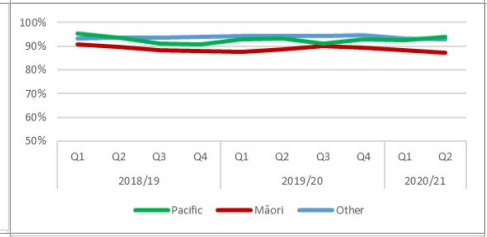
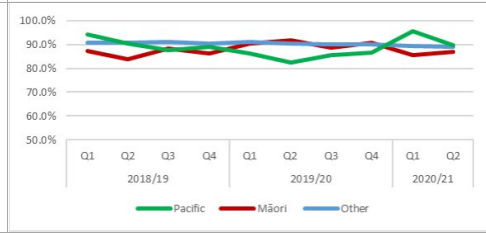
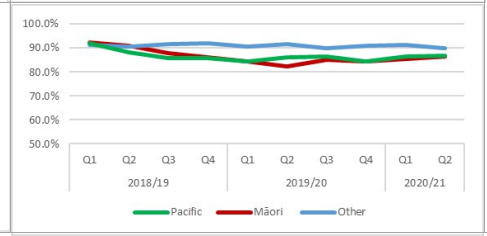
Areas of focus for next 12 months

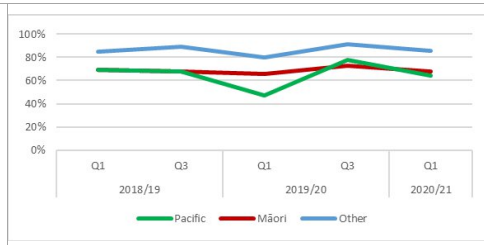
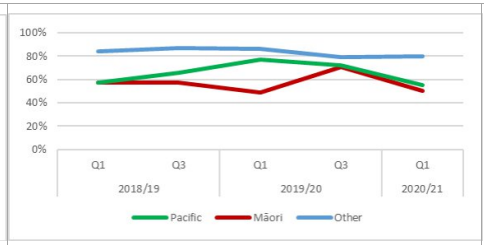
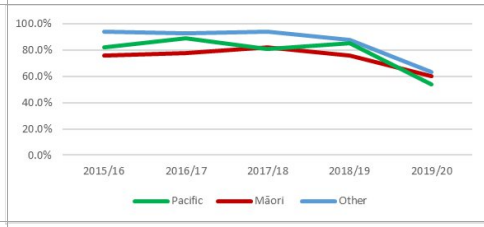
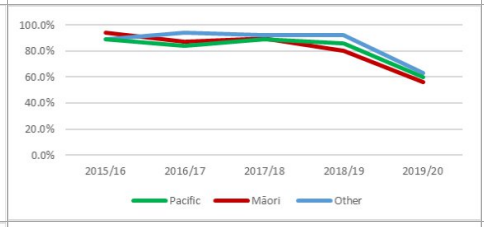
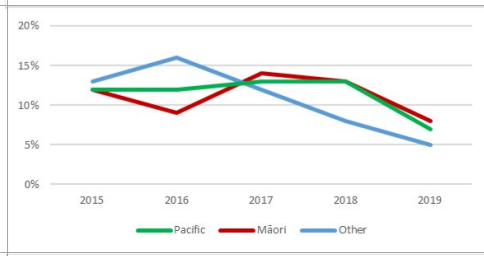
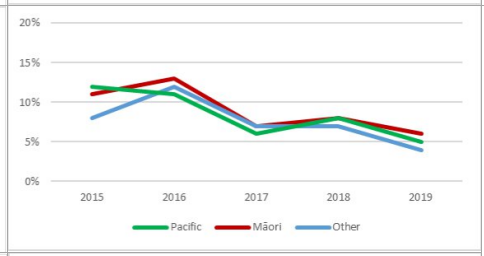
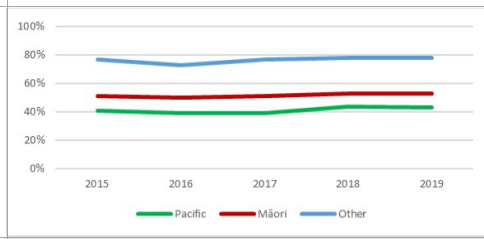
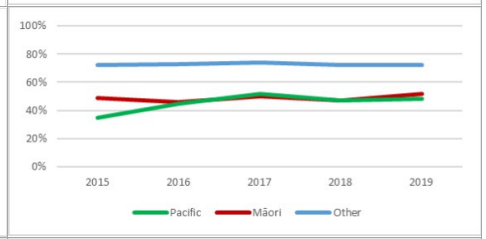
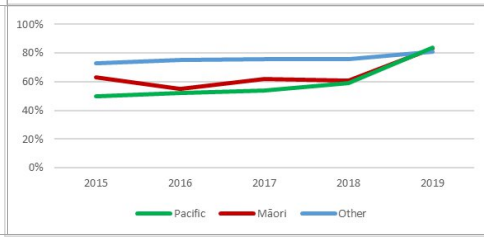
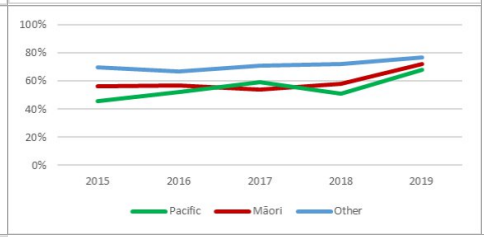
- More accessible and better engagement in reproductive, perinatal, antenatal and postnatal services for Pacific mothers.
- Increase the number of Pacific children living in healthy homes that are warm and smokefree

Sub-regional initiatives (2DHB)

- Child Health Network
- Developing and committing to an Equitable Commissioning Policy
- Regional Rheumatic Fever leadership Group
- Pacific workforce plan and recruitment strategy
- Cultural competency workforce plan
- Community Localities, Neighbourhoods work.

Indicators	Rationale	Targets	CCDHB Performance	HVDHB Performance	Comments
% of Pacific pregnant women registered with a Lead Maternity Carer within the first trimester of pregnancy	Early engagement with an LMC enables opportunity for screening, education and referral, and begins the primary maternity continuity of care relationship between a woman and her LMC.	≥75%			In 2020/21 CCDHB has invested in a new Māori and Pacific midwifery collective in Porirua, which is expected to improve access to antenatal care in Porirua and across the DHB catchment. In 2020/21 we will commence our 2DHB maternal health system plan, which will deliver models of care that improve access and engagement in early antenatal care and education.
Rate of Ambulatory Sensitive Hospitalisations for children aged 0-4 years (per 100,000 people)	Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	CCDHB: ↓6% (≤10,865) HVDHB: ↓2% (≤17,459)			Actions to improve ASH rates, particularly for Māori and Pacific children, are outlined in our System Level Measures Improvement Plan for 2020/21 and 2021/22. We continue to actively monitor performance in this area and identify actions to improve performance. The declining rates are driven by decreased respiratory illness in 2020.
% of Pacific babies living in smoke-free households at 6 weeks	This measure is important because it aims to reduce the rate of infant exposure to tobacco smoke by focusing attention beyond maternal smoking to the home and family environment and will encourage an integrated approach between maternity, community and primary care. It emphasises the need to focus on the collective environment that an infant will be exposed to - from pregnancy, to birth, to the home environment within which they will initially be raised.	CCDHB: 54% HVDHB: 54%			From April 2021 the CCDHB Hapū Ora service will be able to offer nicotine replacement therapy directly to their clients as an additional support tool. HVDHB continues to progress work promoting the relationship between the Hapū Māmā smoking cessation service and maternal and child services provided in secondary care.

Rate of hospitalisations potentially related to housing conditions per 1,000 population for children under 15	Housing related hospitalisations are related to the quality of housing. This indicator highlights variation between different population groups. Rates can be reduced by ensuring that homes are safe, warm and dry.	CCDHB: ≤16 HVDHB: ≤11			Actions to improve performance are related to ASH rates, particularly for Pacific children. These are outlined in our System Level Measures Improvement Plan for 2020/21 and 2021/22. We continue to actively monitor performance in this area and identify actions to improve performance. The declining rates are driven by decreased respiratory illness in 2020.
% of Pacific infants fully or exclusively breastfed at 3 months	The early years of life set the foundation for lifelong health and wellbeing. Breastfeeding is associated with a range of life long physical and psychological benefits for babies.	≥80%			CCDHB is supporting the training of five Māori and Pacific lactation consultants (LC). It is expected that the first LC will complete the qualification in April 2022 so it will take time to see the benefits of this investment. In HVDHB a three-stage breastfeeding improvement project is currently being scoped to strengthen the level of breastfeeding support services available to mothers.
% of Pacific children fully vaccinated at eight months old	Immunisation rates at age eight months are a measure of timely protection against whooping cough, among other vaccine-preventable diseases. Timely protection is important because whooping cough is particularly dangerous to babies aged under 1 year; around half of babies who catch whooping cough when they are aged under one year will need hospital treatment.	≥95%			Work is underway to identify the factors contributing to the high number of children on the Outreach Immunisations Service (OIS) register and how both primary care and the OIS provider can be supported to reach families with children still needing vaccinations. 12 month immunisation coverage for all ethnicities was at 95% or above which shows that some children are delayed in completing the full schedule of vaccines but do 'catch up'.
% of Pacific children fully vaccinated at two years old		≥95%			Work is underway to identify the factors contributing to the high number of children on the Outreach Immunisations Service (OIS) register and how both primary care and the OIS provider can be supported to reach families with children still needing vaccinations.
% of Pacific children fully vaccinated at five years old		≥95%			

% of Pacific children accessing Well Child Tamariki Ora (WCTO) services and completing Core Checks (all checks by 1yrs)	The early years of life set the foundation for lifelong health and wellbeing. The WCTO programme is a package of universal health services offered free to all New Zealand families for children from birth to 5 years. The programme includes 12 Core Contacts.	≥90%			COVID restrictions had a significant impact on the ability to deliver the core checks and services. We have worked hard to catch up on core checks that were missed. HVDHB has recently reviewed its investment in its WCTO provider (Tamariki Ora, Pacific Health Services Hutt Valley), with a view to validate or correct the level of WCTO activity the DHB purchases from our providers.
% of eligible Pacific children receiving and completing a B4 School Checks	The purpose of the B4 School Checks is to promote health and wellbeing in four year olds, and to identify any health, developmental or behavioural problems that may have a negative impact on the child's ability to learn and take part at school. This measure particularly monitors and promotes quality improvement across WCTO providers	≥90%			The B4SC programme was interrupted in 2019/20 due to COVID restrictions and the service has been working hard to catch up. We are looking at a more cohesive and collaborative approach to the B4SC programme to ensure provision of an equitable service for Pacific.
% of Pacific children (0-12) enrolled in Community and DHB oral health services overdue for their scheduled examinations	By providing effective publicly funded child oral health programmes (health promotion, prevention and treatment) that reduce the prevalence of oral disease in children of primary school age, the DHB will contribute to the outcome of protecting and promoting good health and independence through decreasing the prevalence and severity of dental decay experienced by children in school Year 8 (12/13-year olds).	≤5%			We continue to work closely with the Bee Healthy Service to improve health outcomes and achieve equity for Pacific children. We are working to ensure that our pathway for follow-up is integrated with other services including WCTO, Public Health Nurses, Pacific Providers and other relevant stakeholders.
% of Pacific children caries free at 5 years		CCDHB: ≥69% HVDHB: ≥85%			
% of Pacific children caries free at 12 years old		TBC			

Pacific Young People

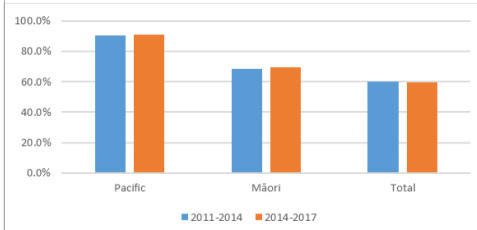
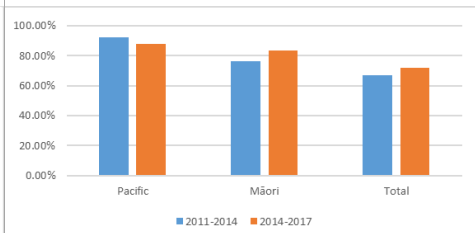
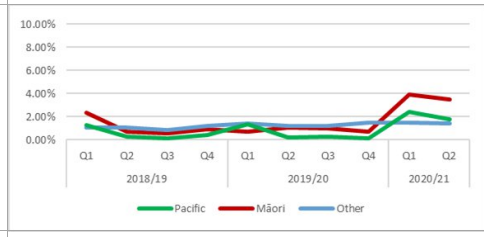
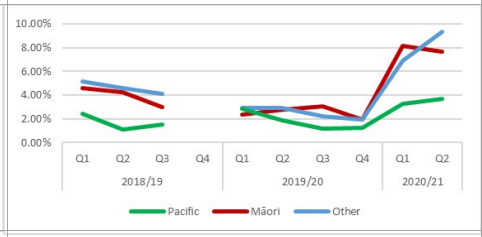
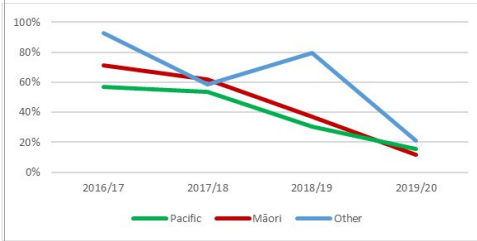
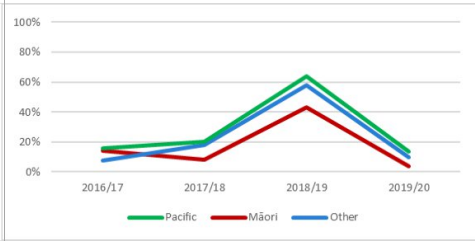
Pacific young people have timely access to services and programmes that enables them to grow into healthy adults and lead productive lives

Areas of focus

- Mental Health services engagement and support
- Obesity Prevention & Healthy Lifestyles Programmes
- Measles & Rheumatic Fever

Sub-regional initiatives (2DHB)

- Piki Youth Mental Health Services
- YouthQuake
- Re-ignite Rheumatic Fever Campaign for Pacific
- Measles Vaccinations Campaign

Indicators	Rationale	Targets	CCDHB Performance	HVDHB Performance	Comments
% of age-standardised rate of overweight and obesity in Pacific aged 15+ years	By supporting Pacific youth identified as obese DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we have health equity for Māori and other groups.	TBC			CCDHB and HVDHB are implementing improvements to identify and manage obesity earlier in a young persons' life. We are re-engaging with Pacific and community providers to find more accessible premises for clinics; introducing evening clinics to provide families with more choice; and closer coordination with primary care, including delivery of healthy lifestyle programmes within churches and ethnic specific community groups.
% of eligible Pacific young people's accessing Community Youth mental health services (primary services)	This measure focuses on improving and strengthening youth primary mental health (12-19 year olds with mild to moderate mental health and/or addiction issues) to achieve: early identification of mental health and/or addiction issues; better access to timely and appropriate treatment and follow up; equitable access for Māori, Pacific and low decile youth populations.	TBC			The procurement for the Porirua YOSS was an incredibly successful process which disrupted traditional commissioning of services and looked to youth from Porirua to be the decision makers with the DHB in a supporting role. We look forward to working with Ora Toa and Partners Porirua to improve outcomes for Pacific youth. Integration of health services is critical and we will work to ensure youth services can meet all the care requirements of Pacific people and connect with existing services such as the Piki Pathway. There will be significant work done to bring youth functions together across the 2DHBs. Two providers in the Hutt Valley, Pacific Health Services Hutt Valley and NET Pacific have also been successful in securing primary mental health contracts and will work closely with the 2DHBs to deliver in community settings the "Toloa mental health" and "Shining Lights mental health" programmes.
% of Pacific students seen by School based health services – routine health assessment		TBC			

Pacific adults and ageing well

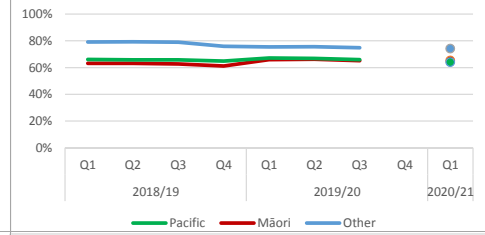
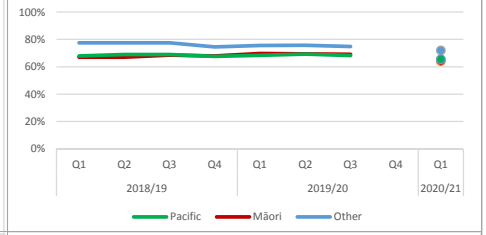
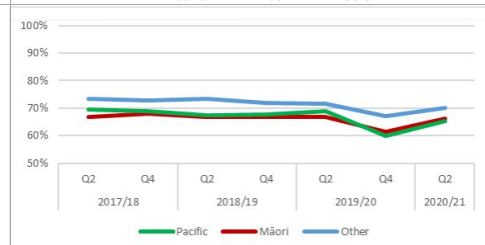
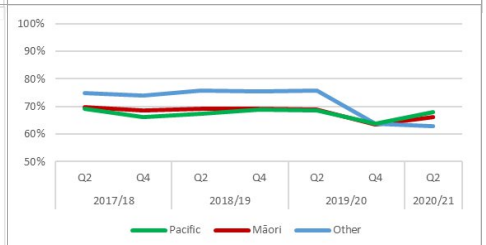
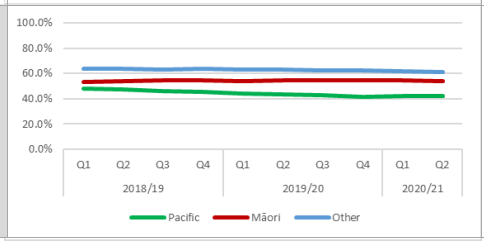
Pacific adults and elderly are actively engaged in their health care, live productive, active, culturally secure and quality long lives.

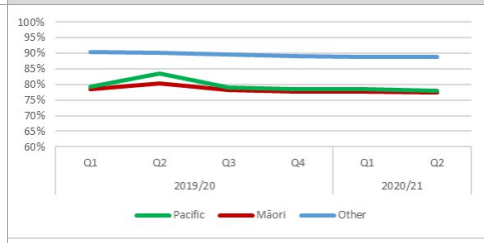
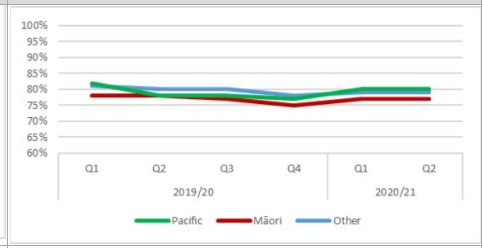
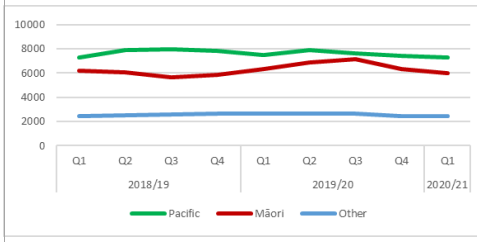
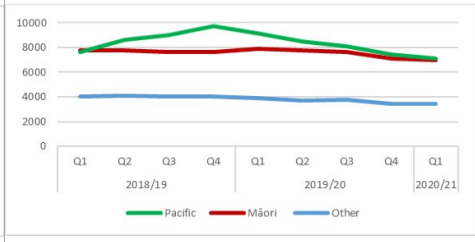
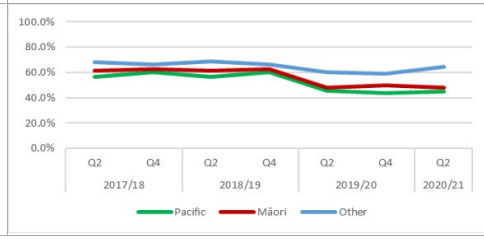
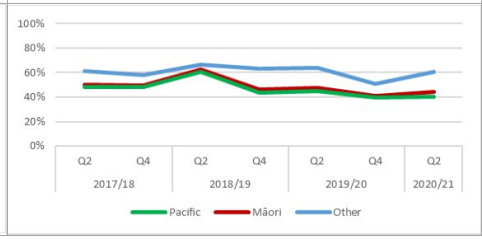
Areas of focus

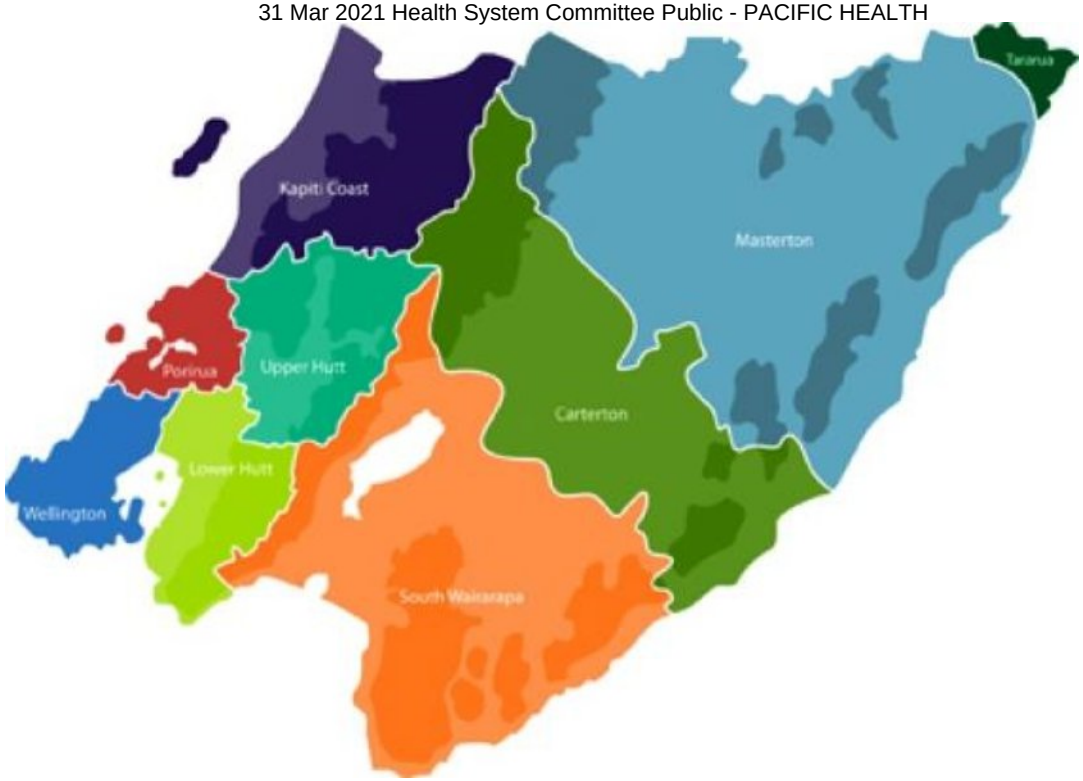
- Work in partnership with key stakeholders to increase and encourage participation in screening programs (cervical, bowel, breast and other cancers) AND cessation support (smoking and drugs).
- Increased timely access to medications and pharmaceuticals by decreasing the number of prescriptions unfilled due to cost

Sub-regional initiatives (2DHB)

- Developing and committing to an Equitable Commissioning Policy
- Pacific workforce plan and recruitment strategy
- Cultural competency Training Package
- Community Localities, Neighbourhoods work.
- Regional Screening Services
- Mental Health Projects

Indicators	Rationale	Targets	CCDHB Performance	HVDHB Performance	Comments
% of eligible Pacific women (25-69 years old) completing cervical screening	By improving cervical screening coverage DHBs will assist in delivery of the Government's priority to support healthier, safer and more connected communities and our health system outcome that we live longer in good health. Cervical, Breast and Bowel screening reduce Pacific morbidity and mortality via improved access to early identification.	≥80%			Regional Screening Services continue to provide additional supports for Pacific women who are overdue or unscreened to attend a breast screening clinic. Same day biopsies and first specialist appointments are now more common in our symptomatic imaging clinic which runs concurrently alongside the breast clinic. We continue to work with Pacific Navigation Services to improve our referral pathways, booking and rescheduling appointments.
% of eligible Pacific women (50-69 years old) completing breast screening		≥70%			
% of eligible Pacific population (60+) completing bowel screening testing			CCDHB does not provide bowel screening services		HVDHB continues to support the Bowel Screening Regional Team by assisting with the Secretariat support to the Pacific National Bowel Screening Network (PNN). PNN members assist in ensuring pathways, development of kits, translations and collateral developed are culturally appropriate and relevant for Pacific people.

% of Pacific patients who receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	Faster cancer treatment takes a pathway approach to care to ensure resources are used effectively, efficiently and equitably.	≥90%	Indicator to be developed to provide ethnicity.	Indicator to be developed to provide ethnicity.	We are exploring the quality of the ethnicity data reported in our cancer systems.
% of the eligible Pacific population assessed for CVD risk	Improve equity for high risk populations to have CVD risk assessment and management. Improve early risk assessment and risk factor management efforts for people with high and moderate cardiovascular disease risk by supporting the spread of best practice from those producing the best and most equitable health outcomes.				Across the 2DHBs we are strengthening nurse-led clinics and nurse capacity, including increases in the CVDRA nursing hours to deliver checks every quarter. Opportunistic screening is undertaken outside of general practice, At the Bunnings Trade Breakfast our PHOs checked workers blood pressures (this activity further identified and advised people to follow up with their GP due to high blood pressure)
Ambulatory sensitive hospitalisation rate for Pacific adults aged 45-64 (per 100,000 people)	Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through primary care interventions. This indicator also highlights variation between different population groups. ASH rates can be reduced by shifting care closer to home, providing coordinated primary and secondary care services, and improving timely access to high-quality and culturally safe primary care services.	CCDHB: ≤2,623 HVDHB: ≤4,340			We have a number of initiatives underway to improve performance, including implementing the Health Care Home model in HVDHB and Community Health Networks in CCDHB. Improved self-management of long term conditions and earlier identification of risk factors is being prioritised as part of the Long Term Conditions priority for our Boards.
% of Pacific people with diabetes aged 15-74 years enrolled with a PHO whose latest HbA1c in the last 12 months was <=64 mmol/mol	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control. The expectation is to continue to improve diabetes services and implement actions in the Diabetes plan "Living Well with Diabetes" the Quality Standards for Diabetes Care	>60% and no inequity			Due to COVID and staff shortages our Diabetes Clinical Network resumed meetings in December 2020. We are refreshing our focus on activity to address equity gaps with a particular focus on Pacific and young people who live with diabetes for longer and experience complications earlier.



3DHB Pacific Health Update November 2020

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

HUTT VALLEY DHB

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

RIORITY ONE:
acific child health and wellbeing

fic children and their families the best possible start in life									
utcome	How will we know there's been improvement?	Measures of improvement	CCDHB			HVDHB			
			Target	Pacific	Other	Target	Pacific	Other	
itiatives to parents, babies	• Increased uptake and improved access of Pacific mothers to antenatal and postnatal maternity services • Responsive child health, oral health and disability support services wrapped around to support the needs of Pacific mothers and children.	% of Pacific pregnant women registered with a Lead Maternity Carer within the first trimester of pregnancy		45%	76%		49%	74%	
		% of Pacific mothers using antenatal services							
		% of Pacific mothers rating services as meeting their needs							
riate safe g up Pacific homes, smoke n, safe sleeping, ohol	• A decrease in avoidable admissions for Pacific children • Increase the number of Pacific children living in healthy homes that are warm and smoke-free • Improved Pacific provider system integration and coordination between community, across primary, secondary, and tertiary care providers and other sector partners.	Rate of Ambulatory Sensitive Hospitalisations for children aged 0-4 years (per 100,000 people)	11,328	9,577	4,033	15,158	1,5979	5,791	
		% of Pacific babies living in smoke-free households at 6 weeks	54%	41%	64%		44%	66%	
		Rate of hospitalisations potentially related to housing conditions per 1,000 population for children under 15 (2018)		23	7		28	12	
holders to es campaigns ates and and Pacific	• Strengthened approach through inter-agency partnerships to address timely access to maternity services and birthing options, • Strengthen Pacific breastfeeding services, and child immunization services.	% of Pacific infants fully or exclusively breastfed at 3 months	≥60%	50.0%	67%	≥70%	40%	56%	
		% of Pacific children fully vaccinated at eight months old	≥95%	91%	94%	≥95%	94%	91%	
		% of Pacific children fully vaccinated at two years old	≥95%	93%	94%	≥95%	93%	93%	
		% of Pacific children fully vaccinated at five years old	≥95%	91%	90%	≥95%	84%	89%	
ic Children meet key childhood developmental milestones through culturally responsive and quality services and support.									
			Target	Pacific	Other	Target	Pacific	Other	
ild Tamariki Ora fic Well Child and build up the most	• Increase in children receiving all their core checks • Better collaboration between Well child Tamariki Ora services through collective programmes and projects developed across the health system.	% of Pacific children accessing Well Child Tamariki Ora services and completing Core Checks (all checks by 1yrs)		64%	86%		55%	80%	
		% of eligible Pacific children receiving and completing a B4 School Checks (19/20)	≥90%	54%	63%	≥90%	60%	63%	
Bee Healthy es and key and initiatives to ening and nterventions	• Increased knowledge and understanding of parents and caregivers of healthy foods to nourish young children • More Pacific children with healthy teeth • Increase in number of children receiving their annual dental examinations	% of Pacific children (0-12) enrolled in Community and DHB oral health services overdue for their scheduled examinations	≤10%	7%	5%	≤10%	5%	4%	
		% of Pacific children caries free at 5 years	≤69%	43%	78%	≤66%	47%	63%	
		% of Pacific children caries free at 12 years old	≤69%	84%	81%		51% (2018)	72% (2018)	
key e prevalence Pacific	• Strengthen support for initiatives that address Family violence and work with relevant stakeholders on preventative measures. • Increased role of health services through inter-	Number of referrals to relevant services during discharge planning							
		Number of inter-agency collaborations with the DHB to support Pacific families and ensure they access the right							

RIORITY TWO:
acific young people

people have timely access to services and programmes that enables them to grow into healthy adults and lead productive lives

utcome	How will we know there's been improvement?	Measures of improvement	CCDHB			HVDHB			
			Target	Pacific	Other	Target	Pacific	Other	Targ
itiatives that eople to adopt formed choices about d risk-taking	• More Pacific Youth are making healthy lifestyle choices	% of age-standardised rate of overweight and obesity in Pacific aged 15+ years		91%	58% (Total)		89%	68% (Total)	
		% of Pacific young people accessing sexual and reproductive health services either through GPs or youth specific services							
innovations that focus mental health, self-	• Increased number of Pacific young people engaging with programmes and initiatives such as the Piki free youth Mental Health services, YouthQuake, community driven mental health programmes and others.	% of eligible Pacific young people's accessing Community Youth mental health services (primary services)	0.8%	1.0%	1.5%		3%	1%	
		% of Pacific young people accessing suicide prevention and self- harm education services and support							
romote health that reach and g people	• Pacific young people receive and respond to health messages on media that they use often	% of Age-standardized rate of overweight and obesity in Pacific aged 15+ years		91%	58% (Total)		89%	68% (Total)	
partnerships with al and educational	• Increased access to health and disability services that are youth centred	% of Pacific students seen by School based health services – routine health assessment	95%	16%	21%		21%	14%	
		Number of contacts at Youth Health services (YOSS) -19/20		659			52	361	
grammes that n of Pacific young cision-making s to enhance their	• Number of collaborations with identified Colleges and High Schools to promote health as a career but also to collaborate on health promotion initiatives driven by Pacific young people	% of Pacific young people involved in DHB and Primary Care relevant Consumer and Health Steering Groups							
		% of scholarships offered for relevant Pacific young people to complete health related studies at Universities and Polytechnics.							

IORITY THREE:
acific adults and ageing well

s and elderly are actively engaged in their health care, live productive, active, culturally secure and quality long lives

Outcome	How will we know there's been improvement?	Measures of improvement	CCDHB			HVDHB			T
			Target	Pacific	Other	Target	Pacific	Other	
th key stakeholders age participation in rvical, bowel, breast) cessation support	• More Pacific people participate in Bowel, Breast and Cervical screening programmes for early diagnosis of cancer • Pacific people receive cancer treatment sooner	% of eligible Pacific women (25-69 years old) completing cervical screening	≥80%	64%	72%	≥80%	64%	72%	
		% of eligible Pacific women (50-69 years old) completing breast screening	≥70%	60%	67%	≥70%	64%	64%	
		% of eligible Pacific population (60+) completing bowel screening testing				60%	43%	62%	
		% of Pacific patients who receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	≥90%	57%	91%	≥90%	75%	71%	
stem-wide health rgeted activities ronic disease ion	Increased support and uptake of risk assessment, and early intervention programs for: • Diabetes checks • Cardiovascular disease • Respiratory disease • Smoking • High Blood Pressure Increased access to medications and Pharmaceuticals by decreasing the number of prescriptions unfilled due to cost	% of Pacific adults with diabetes who have completed their annual review					67%	72%	
		% of the eligible Pacific population assessed for CVD risk	≥80%	76%	74%	≥80%	78%	82%	
		Ambulatory sensitive hospitalisation rate for Pacific adults aged 45-64 (per 100,000 people)	2,537	7,409	2,460	8,455	7,140	3,448	
		% of unfilled prescriptions at PHARMAC							
health education and s that draw on Pacific guages and cultural k factors and	• Reduced ASH rates and Pacific people admitted to hospital due to complications from chronic conditions	% of Pacific people registered under the Long Term Conditions programme attending 100% of appointments and getting necessary care							
		% of Pacific people with diabetes aged 15-74 years enrolled with a PHO whose latest HbA1c in the last 12 months was <=64 mmol/mol	65%	44%	59%	≥70%	41%	55%	
g initiatives and ies to support Pacific in their homes.	• Increased uptake of specific initiatives for Pacific adults that focus on healthy living and effective socialisation of Advanced Care Planning with Pacific families and communities.	% of Pacific patients waiting longer than four months for their first specialist assessment							
		% of Pacific patients reporting living good quality lives in surveys							
ange levers in design that will ct on health tural competency workforce that	• Non-Pacific workforce improve their understanding Pacific peoples worldview and what would influences them • Pacific people better understand their health, their medications and other factors that influence their condition	% of Pacific families and patients enrolled in Primary care utilising patient portals							
		% of Pacific patients answering "Yes, always" to question: "Were you given information you could understand about things you should do to improve your health?" in Primary Care patient experience survey							

Our Pacific Children's Current Health Status

92% fully vaccinated at 8 months old (target 95%)

69 children under the age of 5 hospitalisations related to housing conditions

42% living in smoke-free households. Which means 58% are living NOT living in smoke-free households. (Target 54%)

32%
Enrolment rate in ECE

57%
Caries free at 5 years old. And 43% with caries.

48% (target ≥65%)
Pacific Pregnant Women are registered with a Lead Maternity Carer within the first Trimester. 30% less than Other ethnicities.

64%
Pacific children accessed Well Child Tamariki Ora and completed Core Checks by 1 years. 36% did not

High ASH Conditions for Pacific Children (0-4years)

Asthma, Dental conditions, Gastroenteristi/dehydration, Upper Respiratory Tract infections and Cellulistis

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

HUTT VALLEY DHB

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Capital and Coast DHB and Hutt Valley DHB

Combined Health System Committee

Meeting to be held on 31 March 2021

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.
Māori Health Update	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.