PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA** Held on Wednesday 16 March 2022 Location: Zoom Zoom meeting ID: 883 7892 7335 Time: 9am

2DHB COMBINED HEALTH SYSTEM COMMITTEE

	ITEM	ACTION	PRESENTER	PG
1.	**PROCEDURAL BUSINESS**			
1.1.	Karakia		All Members	2
1.2.	Apologies	**NOTE**	Chair	
1.3.	Continuous Disclosure – Interest Register	**NOTE**	Chair	3
1.4.	Confirmation of Draft Minutes from meeting dated 24/11/2021	**APPROVE**	Chair	6
2.	**STRATEGIC PRIORITIES**			
2.1.	2DHB Localities Update	**NOTE**	Chief Executive 2DHB Acting Director Strategy, Planning and Performance	11
2.2.	Health Care Home, Localities and Networks Funding	**ENDORSE**	2DHB Acting Director Strategy, Planning and Performance	13
2.3.	2DHB Maternity and Neonatal Plan – Implementation Plan	**NOTE**	2DHB Acting Director Strategy, Planning and Performance 2DHB Chief Nursing Officer	20
3.	**INTEGRATED PERFORMANCE REPORTING**			
3.1.	Regional Public Health Update: August 2021 – February 2022	**NOTE**	2DHB Acting Director Strategy, Planning and Performance	31
4.	**SYSTEM AND SERVICE PLANNING**			
4.1.	CCDHB and HVDHB Non-Financial Performance Reports – 2021/22 Quarter 1 and Quarter 2	**NOTE**	2DHB Acting Director Strategy, Planning and Performance	36
5.	**OTHER**			
5.1.	COVID-19 Update	**NOTE***	Director Transformation/SRO COVID-19	
5.2.	General Business - Update on transition to Health New Zealand - Acknowledgment of final meeting	**NOTE**	Chief Executive Chair	

**** No paper at the meeting – presentation only***

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

2DHB Health Systems Committees

Interest Register

16/03/2022

Name	Interest
Sue Kedgley *Chair*	• Member, Consumer New Zealand Board
Ken Laban *Deputy Chair*	• 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 • Member, E tū Union • Commentator, Sky Television
Dr Roger Blakeley	• Board Member, Transpower New Zealand Ltd • Director, Greater Wellington Rail Ltd • Councillor, Greater Wellington Regional Council • Chair, Transport Committee, Greater Wellington Regional Council • Associate Portfolio Leader, Sustainable Development • 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 and nephew are medical doctors,all 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

Ria Earp	• Board Member, Wellington Free Ambulance
	• Board Member, Hospice NZ
	• Māori Health Advisor for:
	  ○ Health Quality Safety Commission
	  ○ Hospice NZ
	  ○ Nursing Council NZ
	  ○ School of Nursing, Midwifery & Health Practice
	• Former Chief Executive, Mary Potter Hospice 2006 -2017

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
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 • Member, Muscular Dystrophy New Zealand (Central Region) • 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	• Nil
Fa'amatuainu Tino Pereira	•
Kuini Puketapu	• Trustee or manager at Te Runanganui o Te Atiawa • Director of Waiwhetu Medical Group
Teresea Olsen	•
Bernadette Jones	• Director, Foundation for Equity & Research New Zealand

	• Co-Chair, Tāngata Whakaha Roopu, Subregional Māori Disability Group • Co-Chair, 3DHB Sub-Regional Disability Advisory Group • Executive Committee member Muscular Dystrophy Central Region • Board member, My Life My Voice Charitable Trust • Member, Health Research Council NZ, College of Experts • Senior Research Fellow, University of Otago Wellington • Husband, Tristram Ingham, is a board member of CCDHB • Director, Miramar Enterprises Limited

Minutes of the Health System Committee

HUTT VALLEY AND CAPITAL AND COAST DISTRICT HEALTH BOARDS
Held on Wednesday 24 November 2021 at 9:00am
Location: Zoom
PUBLIC

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

PRESENT

COMMITTEE:
Sue Kedgley, Chair*
Ken Laban, Deputy Chair
Josh Briggs
Vanessa Simpson
Chris Kalderimis
Ria Earp
Sue Emirali
Paula King
Roger Blakeley
Keri Brown

APOLOGIES (as notified)
Richard Stein
Ana Coffey
David Smol

Not present and no apology
Bernadette Jones
Fa'amatuainu Tino Pereira
Teresa Olsen

STAFF:
Fionnagh Dougan, Chief Executive Officer *
Rachel Haggerty, Director Strategy, Planning and Performance*
Chris Kerr, Director Nursing
Junior Ulu, Director of Pacific People's Health
Sally Dossor, Board Secretary *
Meila Wilkins, Board Liaison Officer
Rachel Pearce, General Manager Commissioning, Families and Wellbeing
Heather LaDell, Principal Commissioning Manager
Carolyn Coles, Director of Midwifery

DRAFT

1 PROCEDURAL BUSINESS

1.1 Karakia
All participated in the Karakia.

1.2 APOLOGIES
As noted above and noted apologies from David Smol (not a member).

1.3 CONTINUOUS DISCLOSURE

1.3.1 Interest Register
The Committee noted the interest register and any updates were to be emailed to the Board Liaison Officer.

1.4 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Health System Committee meeting held on 29 September2021 were confirmed as a true and correct record.

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

1.5 ACTION LOG

Noted that the Chief Executive will update on the transition to Health New Zealand in general business section of the meeting.

1.6 WORK PLAN

The Committee noted the workplan for 2022.

2 STRATEGIC PRIORITIES

2.1 2DHB MATERNAL AND NEONATAL SYSTEM PLAN
The Chief Executive and 2DHB Director Strategy, Planning and Performance presented.

2DHB Maternity and Neonatal Syster

Health System Committee noted:

(a) the description of the proposed evidence-based maternity system to be developed and funded across both DHBs going forward.

(b) a whole of system approach, defining care and experience across the maternal care service continuum has been adopted to develop the above. This has created specific interdependent actions that need to be implemented in order to realise the shifts outlined in the strategy.

(c) we have taken a pro-equity approach to creating the Plan. This means the actions defined as "culturally responsive care" and "enabling maternal and neonatal care" have been prioritised for implementation.

(d) the Plan outlines over 50 actions that have been developed in partnership with the community and clinicians and reflects what they believe will make a meaningful change for all women and families having babies across the 2DHB region.

(e) DHB leads are of the view that it is possible to drive many of the initiatives within existing resources (refer to ~~high level action plan, section 8~~ Section 10 of this paper) by December 2022.

(f) that to fully realise the changes outlined in the strategy, additional investment in new services will be required.

(g) that to achieve a significant increase in access to primary birthing (refer to Appendix 1, slide 31), additional capital investment is required. This would need to be considered by Health New Zealand and the Māori Health Authority.

(h) that a detailed implementation plan to support the 2DHB Maternal and Neonatal System Plan will be provided to the Health System Committee and the 2DHB Boards in March 2022. This will include funding considerations and recommendations to Health New Zealand and the Māori Health Authority.

The Health System Committee endorsed:

(a) the 2DHB Maternal and Neonatal System ~~Action~~ Plan (Appendix 1) to the 2DHB Boards amended prior to the Board meeting to:

a. ensure that the reference on page 27 of the Plan (page 52 on Diligent Book) to the 2014 study is accurate;

b. ensure that the language in the Plan does not conflate home birth and primary birthing; and

c. amend page 33 of the Plan (page 58 on Diligent) to include an action to create a pathway that better integrates maternal and neonatal pathways for babies with impairments with pathways to children's services including child development services.

Moved:	**Seconded:**	
Josh Briggs	Chris Kalderimis	**CARRIED**

Notes:

- To give context for the presentation – there were over 5000 births in 2020 – with the greatest number of babies born Wainuiomata, Cannons Creek and Tawa. Māori, Pacific and babies with disabilities/ impairment have a worse experience than pakeha families. A number of gaps have been identified and the system Plan addresses these – both within current funding and those for which additional funding is required (and our 2DHBs can only make recommendations to HNZ).

- Noted the actions in the paper (section 9) and the immediate implementation action points that can be funded within the existing budget will be progressed this financial year.
- Noted an investment plan to support the System plan will be provided to the Committee at the meeting on 16 March 2022 and this will include recommendations on actions beyond 1 July 2022.
- Discussed the addition of 2 beds at Kenepuru for primary birthing.
- Midwifery workforce issues are very challenging – with 50% vacancy rates (though many roles being filled by registered nurses).
- Equity approach and roles to support our pro-equity approach noted and supported by the Committee.
- The Committee supported the work that has been done.
- it was noted that a new primary birthing facility in the Hutt Valley or Wellington would be require significant capital investment and that given the health reforms and transition to Health New Zealand, this would be discussed in the implementation plan as noted above.

Actions:

- Staff will explore speeding up resourcing midwives to support home birthing (eg consumables) to respond to the issue raised that in some cases LMC midwives are funding consumables personally.

2.2 COMMISSIONING IN LOCALITIES

The Chief Executive and 2DHB Director Strategy, Planning and Performance presented.

Community and Localities - HNZ and

The Committee noted:

(a) The presentation on Commissioning in Localities given at the Health System Committee meeting on 24 November 2021.

(b) The alignment to our early understanding of the systems being implemented by Health NZ and the Māori Health Authority and the draft Pae Ora (Health Futures) Bill currently open for submissions

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

Notes:

- The presentation outlined the key aspects of the Pae Ora (Health Futures) Bill which will influence the design of the health system, and in particular the recognition of localities in the future system.
- Discussion on how the locality approaches will be developed and that it includes community mental health hubs, and partnership with specialist health delivery.
- Noted that we have submitted Porirua to be a prototype for the localities approach at Health New Zealand and an update on this will be provided at the next HSC meeting.

3 OTHER

3.1 COVID-19 RESPONSE

The Chief Executive and the Director Strategy, Planning and Performance presented.

COVID Update - 24112021.pptx

The Committee noted the presentation.

Moved	Seconded	
Sue Kedgley	Ria Earp	**CARRIED**

Notes:

- Noted our governance model within the organisation.
- Updated the Committee on the local modelling that has been undertaken and the approach to modelling (which is granular and forecasts ethnicity and localities and takes into account the vaccination rates and the numbers of young people 5-12yr olds).
- Vaccination rates have a significant impact on the cases and we are forecast for CCDHB to reach 90% in the next week.
- Noted the timeframes and criteria for booster/ third dose and approach to AstraZenica.
- Managing Covid in the community has us working with our locality networks and providers and decentralised management of cases in the community.
- Considerable learnings from Auckland especially regarding hospital model of care and care in the community.
- Wellington at the current time is still in elimination (because the cases are so low) rather than containment. Once there are 5 or more cases in the community then it will take 2 weeks to take hold.
- Working very closely with Māori providers in terms of them leading the response for their communities
- Noted the partnership approach with Regional Public Health and that RPH is very well prepared.
- The Committee commended the work done and the preparedness in place.

3.2 GENERAL BUSINESS

An update given on the work of the transition unit and the move to the interim Health New Zealand.

Meeting concluded at 12.15pm

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

DATED this .....day of.....2022

Sue Kedgley

Chair, Health System Committee

Health System Committee

16 March 2022

2DHB Localities Update

The Committee notes:

a) The 2DHB Localities work comes under the Commissioning & Communities focus area, which is part of the 2DHB Strategic Priorities.

b) The 2DHB Localities presentation provides an update on the development of the localities in Porirua, Wainuiomata, and Kāpiti.

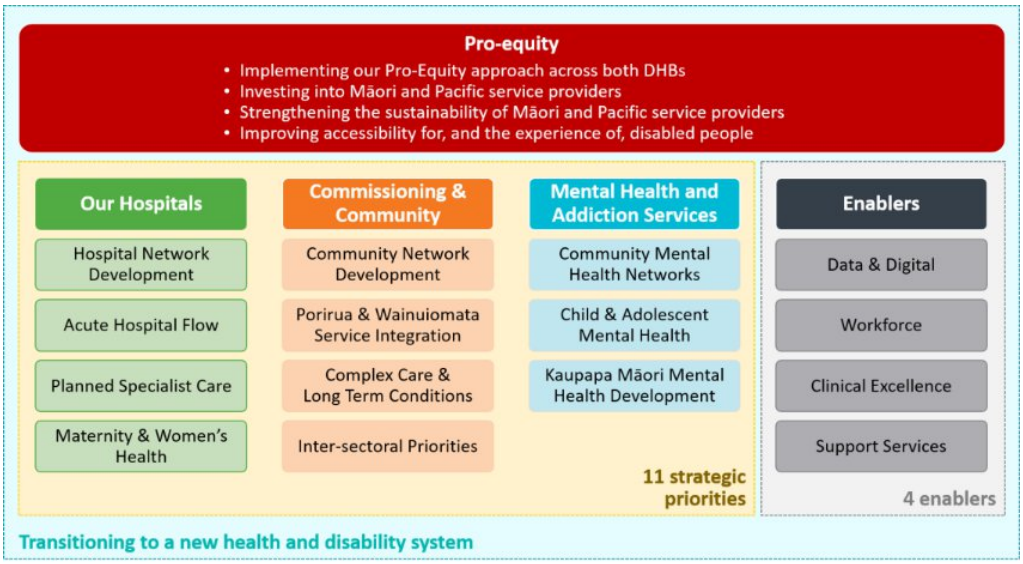
c) The presentation includes context about the health system reforms and shows how the Commissioning & Community localities work contributes to implementing the new health system.

Strategic Alignment	CCDHB Health System Plan 2030 HVDHB Vision for Change
Presented by	Fionnagh Dougan, Chief Executive, CCDHB and HVDHB
Purpose	The Commissioning and Community presentation provides context about the health system reforms, and shows how Commissioning and Community localities work contributes to implementing the new health system.
Contributors	Peter Guthrie, Acting Director Strategy, Planning & Performance CCDHB & HVDHB Mary Cleary-Lyons, GM Design and Implementation, SPP
Consultation	N/A

Executive Summary

Our DHBs have embarked on a transformation journey aligned with the direction and future of the wider health and disability system. Our focus remains on delivering equitable health outcomes and intensifying support for Māori, Pacific people and those living with disability, mental illness and addiction.

To support the transition to the new health and disability system, the Boards agreed on the following strategic priorities and enablers to be delivered in 2021/22:



2DHB Localities work is a strategic priority that comes under the Commissioning & Communities focus area.

The presentation describes the intent of the health system reforms, the objectives and functions of Health NZ and the Māori Health Authority under the new system, the governance arrangements, and the 2DHB localities approach under the new system.

The new system is underpinned by an ability to drive equity and:

- engage with Māori and other vulnerable population groups to develop and deliver services and programmes that reflect their needs and aspirations
- provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori
- provide choice of quality services to Māori and other vulnerable population groups.

Under the future system, primary and community care will be reorganised to serve communities through localities (geographic defined areas), with a focus on collaborative care, equity, and population health. Health NZ must develop a locality plan for each locality that sets out the priority outcomes and services for the locality. In developing a locality plan, Health NZ must consult consumers or communities, social sector agencies, and other entities that contribute to relevant population outcomes within the locality. Health NZ must also consult with the Māori Health Authority and iwi-Māori partnership boards for the area covered by the plan.

The locality approach will start rolling out with prototypes – the first localities which will be used to test and refine the locality approach. The locality approach is aligned with the work we have been doing to establish community health networks, so we are well placed to support the development of localities for our communities. In partnership with Ngāti Toa, in February 2022 we submitted a proposal to the Transition Unit for Porirua to be a prototype locality. The presentation at the Committee will provide an overview of this proposal and update on the submission process.

Strategic Considerations

Strategic goals	The 2DHB strategic include the development of Localities (within the Commissioning and Community focus area)
Financial	N/A
Governance	A governance structure, the Commissioning & Communities Forum, has been established to support implementation of the Commissioning & Communities strategic priority workstream.

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
TBC	There is a risk that implementation will take longer than expected. The localities work is a new way of working – where we are shifting the balance of power to communities.	Peter Guthrie	We are working across the system to share understanding, build community capability, and support local service development and delivery.	Low Risk	Low Risk

Health System Committee

16 March 2022

Health Care Home, Localities and Networks Funding

Action Required

The Committee notes:

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

(b) That the establishment of Community Health Networks has been identified as a solution to support the future sustainability in the CCDHB Long Term Investment Plan and as a key action within Taurite Ora. In HVDHB, in 2016, the Acute Demand Network and Alliance Leadership Team (Hutt INC) highlighted Community Integration as a priority area and endorsed the development of Neighbourhoods (now referred to as Networks) that geographically align primary, secondary and community services

(c) The principles driving the design and development of Community Health Networks and Neighbourhoods align closely with the strategic direction of the health and disability system reforms underway that seek to establish localities to plan and commission primary and community health services effectively and engage with communities at the appropriate level.

(d) Across our 2DHB's we are focused on aligning our approach to Locality and Network development and have been adapting our approach to planning and commissioning. As Health Care Home practices mature, our DHBs are investing the released funding in Locality and Network Development.

(e) The development and implementation of Localities and Provider Networks is a significant strategic programme of work that will require resourcing, to embed the new ways of working and to sustain the Network infrastructure.

The Committee recommends that the HVDHB and CCDHB Boards agree:

(a) The annual 2022/23 budget of $4,307,105 at CCDHB and $2,283,571 at HVDHB for the ongoing support of Health Care Homes and Localities and Network Development

(b) The continuation of the reinvestment over the next three years (until at least 2024/25) of Health Care Home funding into Localities and Network development as it is released from Health Care Homes.

Strategic Alignment	Health System Plan 2030
Authors	Mary Cleary Lyons, General Manager, Design and Implementation Hannah Wignall, Senior System Development Advisor, Design and Implementation
Endorsed by	Peter Guthrie, Acting Director, Strategy, Planning and Performance
Presented by	Peter Guthrie, Acting Director, Strategy, Planning and Performance

Purpose	To provide an update on the 2DHB investment in the Health Care Home Programme and to seek HSC endorsement to continue with the process of reinvesting this funding in Localities and Network development as it is released from Health Care Homes.
Contributors	Carmen Arthur, Project Manager, Design and Implementation
Consultation	N/A

Strategic Considerations

Service	The Health Care Home model aims to increase the impact of primary care services on the health and wellbeing of people and communities and the sustainability of the health system. The localities approach offers a platform for implementing a population health approach, enabled by digital solutions and driven by innovation to ensure services are planned for all local people, delivered seamlessly by providers working collectively towards shared objectives.
People	The Health Care Home model aims to increase the capacity and capability of the primary health care workforces to sustainably manage their clinical workloads and improve equity of access and health outcomes for our DHBs' domiciled populations. The locality approach is intended to drive a focus on equity and priority populations. Localities create a platform for iwi and Māori to exercise tino rangatiratanga as partners in planning around health priorities and services.
Financial	The paper provides information on the value of investment of $4,307,105 at CCDHB and $2,283,571 at HVDHB.
Governance	DHB: Community and Commissioning Forum and the Integrated Care Collaborative Alliance Leadership Teams Kāpiti: Kāpiti CHN Establishment Governance Group Porirua: Locality Establishment Governance Group (to be established) Future: IMPBs, HNZ Governance

Attachment/s

N/A

Purpose

The purpose of this paper is to provide an update to the Health System Committee (HSC) on the 2DHB investment in the Health Care Home Programme and to seek HSC endorsement to continue with the process of reinvesting this funding in Localities and Network development as it is released from Health Care Homes.

The HCH Programme at CCDHB and HVDHB

CCDHB and HVDHB have invested in primary care sustainability through the Health Care Home (HCH) programme over the last 5 years. The HCH model has developed in New Zealand in response to the resource and demand challenges in primary care. The main drivers for this transformational change model are an increasing shortage of GPs, an ageing population and workforce, and increasing hospital demand. The HCH model aims to improve the impact of primary care on the health and wellbeing of communities and also, the sustainability of the health care system.

In CCDHB, there are currently 35 (of the 58) practices, who cover >80% of the enrolled population, in the HCH programme. In addition, the 5 practices with Ora Toa PHO receive funding through the Tier 1 integrated contract with Ngāti Toa to deliver improvement and change programmes that improve access to and the sustainability of Ora Toa primary care practices as local evaluation in 2020 demonstrated that the mainstream HCH programme did not work for high needs practices who needed to develop models of primary care that embody Māori aspirations and can deliver equity of health outcomes. HVDHB, there are currently 15 (of the 19) practices, who cover ~87% of the enrolled population, in the HCH programme.

	Percentage Population enrolled in HCH	
	CCDHB*	**HVDHB**
Māori	69%	87%
Pacific	60%	88%
Non-Māori/Pacific Quintile 5	78%	87%
Other	84%	87%
Total	**81%**	**87%**

The table below shows the enrolled population at Ora Toa practices (5 practices in total) and shows this as a proportion of the total CCDHB enrolled population. Of those enrolled at Ora Toa practices, 79% are Māori, Pacific or live in a Quintile 5 area.

	Number enrolled at an Ora Toa practice	% of total CCDHB enrolled population
Māori	6,418	18%
Pacific	6,218	27%
Non-Māori/Pacific Quintile 5	1,686	9%
Other	3,751	2%
Total	18,073	6%

At both DHBs practices in the HCH programme up to year 5, are funded based on their enrolled populations. As practices move through the HCH programme there is a reduction in HCH investment. The HCH programme is in its sixth year of operation in CCDHB and its fifth year in HVDHB and has achieved significant population coverage and has improved access to the patient portal, seen high delivery of Year of Care plans and extended hours.

In 2020 we commissioned three evaluations of the HCH model in CCDHB (a mainstream evaluation, a Māori evaluation and a Pacific evaluation). In November 2020 we shared the results of the evaluations with the Health System Committee. Collectively, the evaluations show that change was hard, but worth

it. Clinicians and patients valued many parts of the model, including same day appointments, use of the patient portal, shared medical appointments and multidisciplinary team meetings. Timely access to primary care improved. However the proactive care components of the model were harder to implement.

The mainstream review sought to understand whether the HCH model assisted primary care with its response to COVID. The review found that it did – primary care felt they were more resilient and better equipped to respond to the challenges due to: the infrastructure for remote consultations, the established relationships formed through the HCH change process, and their change-mindset. In HVDHB, Te Awakairangi Health Network (PHO) have reported that HCH practices have been better able to adapt to changes required as a result of COVID, including a move to telehealth consultations, supporting the COVID vaccination campaign and working to mobilise support quickly to those at greater risk.

The HCH model has been adopted throughout New Zealand and is internationally recognised as an exemplar in how to improve delivery and efficiency in primary care. This approach is now well embedded in the 2DHB area and creates a solid platform for the next stages in delivery of our strategic objectives.

Transition of HCH Funding to Networks and Localities

In both DHBs, the funding identified to support HCH is recognised as a change programme and as practices progress through the programme the released funding is intended to devolve back to the DHB to support locality and network development.

In CCDHB, in 2018 the Community Health Networks Framework was developed. The framework was a supplement to the Health System Plan 2030 and detailed the key elements, goals and infrastructure of future networks. The framework was developed in partnership with the stakeholders from across the sector through the Integrated Care Collaborative (ICC) and endorsed through the Health System Committee.

In HVDHB, in 2016, the Acute Demand Network and Alliance Leadership Team (Hutt INC) highlighted community integration as a priority area and endorsed the development of Neighbourhoods (now referred to as networks) that geographically align primary, secondary and community services.

A key element of Community Health Networks and Neighbourhoods are strong primary health care teams. The HCH model delivers better proactive, preventative and acute care with the goal of supporting individuals to obtain the best possible health outcomes. Alongside our kaupapa Māori, Pacific health and disability services, HCH, primary care practices and our community services form the core of the networks. Networks will also be supported by connected hospital and specialist services.

The 2DHB approach of developing Community Health Networks and Neighbourhoods aligns closely with the strategic direction of the health and disability system reforms underway. In the future system operating model, primary and community services will be commissioned closer to communities – through localities. Health systems will be delivered through networks of providers with a focus on shared outcomes, specific to their community. It is envisaged that this approach will support a population health focus and meaningful community and consumer participation in the planning, delivery and monitoring of health services.

In the future operating system, every locality will have a consistent range of core services, but how these services are delivered will be based on the needs and priorities of local communities. Localities

and networks are a significant strategic programme of work that will require resourcing, to embed the new ways of working and to sustain the locality and network infrastructure.

The supplementary 'Commissioning and Community' presentation at this Health System Committee meeting highlights some of the key work underway across the 2DHB's, including work underway in Porirua, Wainuiomata and Kāpiti.

Investment in HCH, Localities and Networks

The CCDHB Board, through its HCH investment supported the first steps towards strong networks developing. Across the 2DHBs we are planning for the roll-out of 5 localities and a number of networks (exact numbers to be determined) and we are in a position to continue using released HCH funding to achieve this. It is recommended that the HCH investment continue to be transitioned to locality and network development to progress this journey.

In CCDHB the annual HCH, localities and networks funding is approximately $4.3m per annum. In HVDHB the annual funding is approximately $2.9m per annum (HVDHB HCH Funding Board Paper June 2017). It is proposed that the total budget for HCH, locality and network funding remain at $4.3m (CCDHB) and $2.9m (HVDHB) in 2022/23 and that we continue to reinvest HCH funding into localities and network development over the next three years (until at least 2024/25).

In CCDHB, to be eligible for a reduced annual HCH payment in Year 6 and beyond, practices will have achieved annual HCH certification and maintained a commitment to community service integration as determined by the HCH Oversight Group. Total investment in year 6 and beyond will amount to an allocation of approximately 15% of the total HCH budget (approximately $500,000 per annum by the time all practices reach Year 6) to sustaining HCH in the district.

Discussions are underway to understand the requirements and funding arrangements for HCH practices in HVDHB beyond year 5 in the programme.

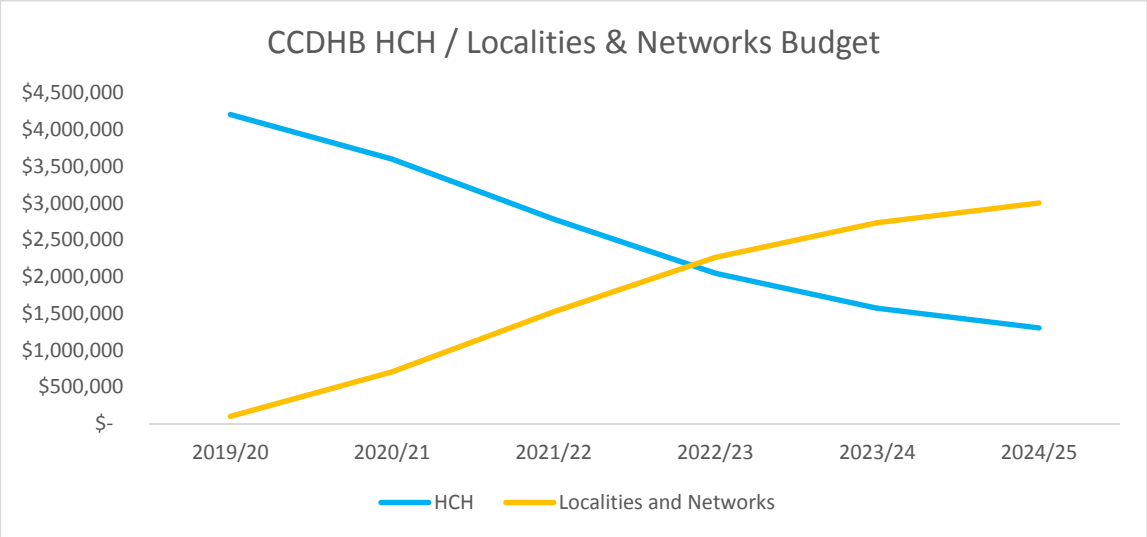
Across the 2DHBs we are following a staged plan to locality development which reflects the state of our relationships in each locality and resource availability. The work programme in 21/22 has been set out in the 2DHB localities presentation to this committee. In October 2020 CCDHB began working with Te Ātiawa ki Whakarongotai and Tū Ora Compass Health to develop and implement a Community Health Network (Network) in Kāpiti and this has been funded through reinvestment of the HCH money as funding is released as practices go through the programme. In 21/22 we have committed $657k to the development of the Network in Kāpiti. This covers funding to Te Ātiawa ki Whakarongotai for governance support and capacity and capability development, network management through Tū Ora Compass, costs of allied health, nursing and GP leadership and some funding for pilot initiatives and community engagement. We have also committed $565k for the development of the prototype locality in Porirua which includes funding for Pacific leadership. Considerable work has been undertaken this year to develop data insights and start work to develop a locality approach in Hutt with a particular focus on Wainuiomata.

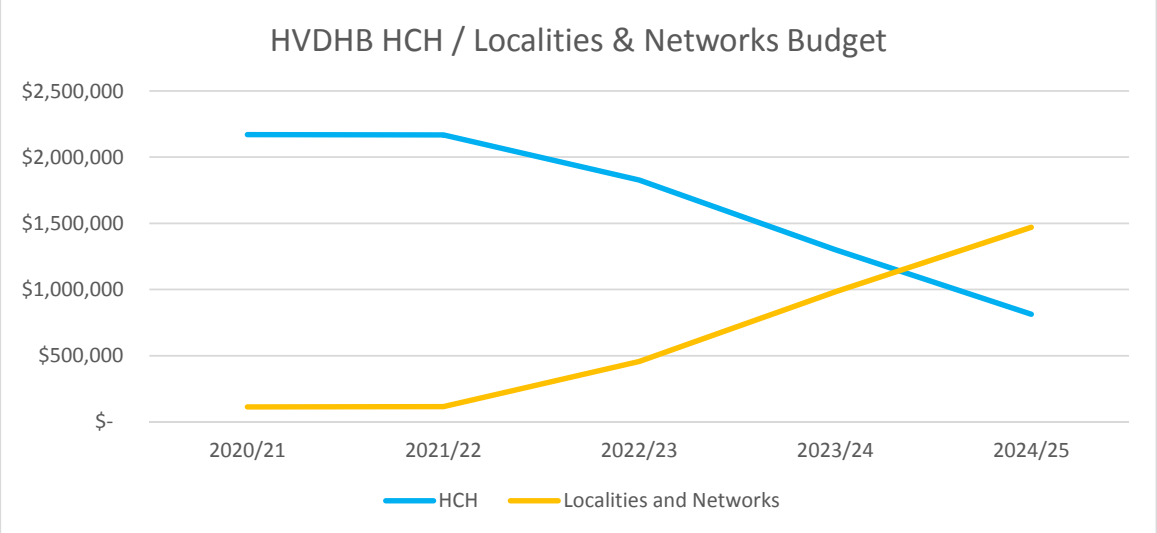
The table and figures below shows the approximate* budgeted amounts for the HCH programme and the recommended investment for locality and network establishment at both CCDHB and HVDHB over the next three years (until 2024/25).

	Budget	$ 2020/21	$ 2021/22	$ 2022/23	$ 2023/24	$ 2024/25
C	HCH	3,600,235	2,782,092	2,045,786	1,571,948	1,303,003

	Budget	$ 2020/21	$ 2021/22	$ 2022/23	$ 2023/24	$ 2024/25
	Localities and Networks	706,870	1,525,013	2,261,320	2,735,157	3,004,102
	Total	**4,307,105**	**4,307,105**	**4,307,105**	**4,307,105**	**4,307,105**
HVDHB	HCH	2,169,873	2,168,879	1,826,700	1,301,243	814,071
	Localities and Networks	113,698	114,692	456,871	982,328	1,469,500
	Total	**2,283,571**	**2,283,571**	**2,283,571**	**2,283,571**	**2,283,571**

*the table above outlines approximate figures for the HCH, Localities and Networks budgets. Exact amounts depend on enrolment figures each year, practice status in the HCH programme and for out years discussions are to be had regarding year 6 funding in HVDHB and HCH change management resource required.





Further work will be undertaken over the coming months to establish the following:

- Alignment of the expectations and outcomes required of the HCH programme across the 2DHB area
- Confirmation of the ongoing commitment to HCH in both areas including payments to practices beyond Year 5 and ongoing costs of managing the programme
- Review of the network investment to date in Kāpiti to consider value for money and lessons for network and locality development in other areas
- Consideration of the level of investment that should be allocated per locality taking account of the equity considerations to ensure that investment is targeted to areas that will benefit most from the early implementation of this approach.

Health System Committee

16 March 2022

2DHB Maternal and Neonatal System Implementation Plan

Action Required

Health System Committee notes:

(a) that on recommendation from the Health System Committee, the 2DHB Boards approved the 2DHB Maternal and Neonatal System Plan on 1 December 2021 and requested a progress update on implementation at the Health System Committee and Board meetings in March 2022.

(b) the 2DHB Maternal and Neonatal System Plan outlines the actions that must be taken to realise evidence-based, pro-equity care across the maternal and neonatal care continuum.

(c) that implementation of the 2DHB Maternal and Neonatal System Plan is underway, with a detailed status update provided in Appendix 1.

(d) that a significant number of actions are anticipated to be delivered on time, within existing funding and resources.

(e) that there are some actions that will require additional investment to achieve, which presents a delivery risk as noted in section 7 of this paper.

(f) that obtaining funding to deliver the 2DHB Maternal and Neonatal System Plan will be a top priority in our contribution to interim Health New Zealand's 2022/23 investment planning process, and this will be actioned when interim Health New Zealand has articulated the pathway for new investment.

Strategic Alignment	This initiative is aligned with Taurite Ora, Te Pae Amorangi, 3DHB Pacific Health, and Wellbeing Plan, the NZ Disability Strategy, CCDHB's Health System Plan 2030 and HVDHB's Our Vision for Change.
Author	Heather LaDell, Principal Commissioning Manager, Families and Wellbeing Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing
Endorsed by	Peter Guthrie, Director, Strategy, Planning and Performance *and* Chris Kerr, Chief Nursing Officer and Executive Sponsor
Presented by	Heather LaDell, Principal Commissioning Manager, Families and Wellbeing Rachel Pearce, General Manager, 2DHB Commissioning, Families and Wellbeing Wendy Castle, A/Director of Midwifery, Hutt Valley DHB Carolyn Coles, Director of Midwifery, Capital and Coast DHB
Purpose	This paper updates the Committee on the Implementation of the 2DHB Maternal and Neonatal System Plan
Consultation	The 2DHB Maternal and Neonatal System Plan is the outcome of a strategic design process including stakeholder engagement, and was endorsed by the 2DHB Boards 1 December 2022

1. Purpose

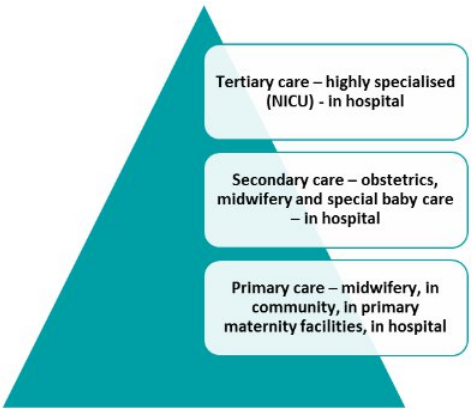
This paper provides an update on planning and progress to implement the 2DHB Maternal and Neonatal System Plan.

2. Previous HSC and Board decisions

On 24 November 2021 the Health System Committee endorsed the 2DHB Maternal and Neonatal System Plan (System Plan) which was approved by the Boards on 1 December 2021. The Health System Committee requested a detailed implementation plan, and that this be presented to the Committee at its meeting on 16 March 2022 and the concurrent Board meeting on 30 March 2022.

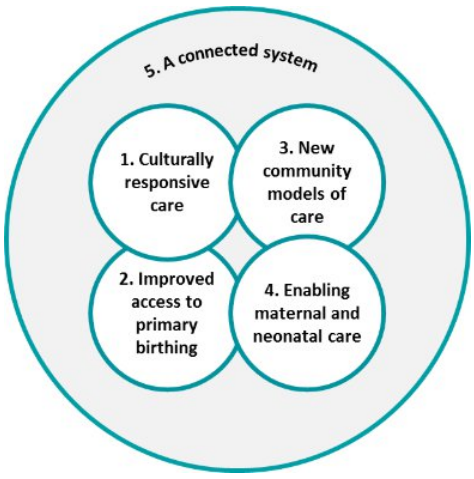
3. Evidence-based, high quality maternal and neonatal care across the continuum

The System Plan is based on the premise that all families should have access to safe and respectful universal maternal and neonatal services from conception through the early years (page 8 of the Plan). This includes accessible primary maternal care in the community and in maternity facilities, and secondary and tertiary care from specialists when needed, in hospital.



The Plan identifies challenges and gaps in our current continuum of services (page 10 of the Plan) including:

- Māori and Pacific women, babies and whānau and families are less likely to be able to access care that they are entitled to, from people and places they trust, and that meets their needs
- Disabled women, and families who have a baby with an impairment, are not always receiving enabling, respectful care
- Dependence on having an LMC midwife to help navigate and access services
- Midwifery workforce shortages (a local, national, and international issue) impacting access and quality of maternity care both in the community and in hospital
- Stretched hospital maternity units providing care to some people who do not require hospital-level care



The Plan outlines that certain groups are at higher risk of serious adverse outcomes because the system fails to provide care that fits their needs. These include babies of Māori, Pacific and Indian mothers; and babies of mothers aged less than 20 years (page 20 of the Plan).

This Plan provides a roadmap to ensure all families in our region access high quality, evidence-based maternal and neonatal care across the continuum, with a pro-equity focus on improved outcomes for Māori and Pacific whānau & families, disabled women and babies with impairments. The actions are structured under 5 workstreams, as outlined in the infographic to the left (page 29 of the Plan).

4. Impact of the Health & Disability Reform agenda

Planning and implementation is progressing in the context of the Health and Disability Reform agenda. The reforms will deliver significant changes to system level accountability and funding arrangements over the next few years. One of the most immediate impacts of the reform agenda is to the budgeting and planning processes for 2022/23. Our 2DHB continues to prioritise the 2DHB Maternal and Neonatal System Plan as both a planning and budget priority through our work with interim Health New Zealand.

Many of the characteristics of a high quality maternal and neonatal system of care are evident in the way providers and practitioners interact with families every day. It will take many years for the reform agenda to change the day to day practice of providers and practitioners in a way that is visible to families. The actions that will be progressed from the Plan in the 2021/22 will make meaningful improvements to the care delivered by providers across the maternal and neonatal system of care in our region in the short to medium term. These actions will strengthen to foundations of our existing practitioner and provider network, in preparation for the system changes delivered by the reform.

There are some actions that our 2DHBs no longer have mandate or delegation to deliver, and will need to be handed to Health New Zealand. This is primarily where there are investment and/or capital decisions required. This is outlined in section 6 of this paper.

5. Implementation Planning

5.1.Overview

A summary of the detailed implementation plan is provided as Appendix 1. To support the successful delivery of the implementation plan, we have established governance arrangements, created an Implementation Team, and built an investment plan which will be considered in the context of interim Health NZ's 2022/23 budget process.

5.2.Governance

Chris Kerr, Chief Nursing Officer, is the Executive Sponsor for the Plan. Rachel Pearce, GM Families and Wellbeing, SPP is Project Sponsor.

A Steering Group has been formed to hold the Implementation Team to account. The Group is chaired by the Project Sponsor, and is comprised of system leaders, lived experience experts, provider partners and iwi partners. The group meets monthly to track progress against actions, advise the Implementation Team, and identify and mitigate risks.

5.3.Implementation Team

A team has been established to facilitate implementation of the Plan, funded by existing SPP roles and previously endorsed and budgeted 'Equity – Mothers and Babies' funding across the 2DHBs.

The Implementation Team consists of:

- Project Lead (SPP existing resource)
- Senior Commissioner, Families and Wellbeing (SPP existing resource)
- Programme Coordinator (fixed term appointment)
- Communications and Engagement Lead (fixed term appointment)
- Hauora Māori Lead (Recruitment underway, fixed term)
- Pacific Peoples Equity Lead (Recruitment underway, fixed term)
- Disability Equity Lead (Recruitment underway, fixed term)

5.4.Communications and Engagement

A Communication and Engagement Plan has been developed to ensure we actively include stakeholders and the community throughout the implementation phase. The Communication and Engagement Plan will be presented to Steering Group approval at its March meeting for endorsement.

6. Implementation Progress

The first priorities for action, which are underway and will be delivered by 30 June 2022, are:

Culturally Responsive Care and Enabling Care

- Recruiting three Equity Leads, who will be leading the majority of the actions in the "Culturally Responsive" and "Enabling" workstreams.
- Provide Māori cultural responsiveness training as part of 2022 calendar of midwifery mandatory study days in Wellington and Hutt Maternity

Improved Access to Primary Birthing

- Articulating options for the 2DHB configuration of primary maternity facilities for consideration by Health NZ
- Contribute to Master Site Plan to consider medium-to-long term facility needs for maternity at Kenepuru
- Upgrading the Pēpe Ora website so that all families across the 2DHB region have access to up to date information about how to access maternity and early years services and support for making choices
- Supporting LMCs to offer homebirth options by facilitating access to homebirth consumables
- Developing normal-birth-promoting environments and care pathways within Hutt Hospital

New Community Models of Care

- Develop a service specification for Hapū Whānau community hubs, providing a "one stop shop" for maternal and early years care, including new kāiawhina and perinatal wellbeing models of care
- Supporting the implementation Ngāti Toa's Hapū Whānau Hub in Porirua

A Connected System

- Extend and expand Pēpē Ora online network
- Contribute to the Master Site Plan to determine medium-to-long term maternal and neonatal facility needs at Hutt and Wellington Hospitals
- Develop a maternity clinical information system procurement plan
- Involve consumers in updating maternity and neonatal policies
- Involve families in facility redesign/improvement work

Appendix 1 provides a detailed update of the status of each action. In summary:

Workstream	Completed/On track	Delayed	Not yet started (or due)
Culturally responsive care	5	1	6
Enabling care	2	0	14
Improved access to primary birthing	2	7	1
New community models	5	1	7
Connected system	4	4	8

There are a cluster of delayed actions relating to the 'Improved access to primary birthing' workstream, particularly in relation to capital items. The reason for this delay is the investment pathway for new investment, including capital, is yet to be articulated by interim Health New Zealand (refer to section 7 of this paper).

7. Funding and financial implications

Appendix 1 identifies which actions can be delivered within existing resources, and which will require additional investment.

The funded actions are largely supported by the 2DHB Board's 2020/21 decision to invest in 'Equity – Mothers and Babies'. This previously approved equity funding forms part of the 2022/23 'BAU' budget submitted to the Interim Health New Zealand. In addition to this equity investment, SPP continues to recommission and/or redesign existing roles and contracts to align to the System Plan.

Additional investment (of both operational and capital expenditure) will be required to fully implement the System Plan. Funding to deliver the System Plan remains a top priority in our DHBs' contribution to Interim Health NZ's 2022/23 investment planning process, which is still progressing.

The table below summarises which actions within the System Plan require additional investment to realise.

Strategic objective/ Workstream	Actions	Funding required
Culturally Responsive Care	Development and implementation of cultural responsiveness training and resolution framework for culturally unsafe practice	$195,000
	Co-develop package of support to recruit and retain Māori and Pacific LMC midwives	
Improved Access to Primary Birthing	HCAs at Kenepuru and Paraparaumu primary maternity unit. This will increase utilisation at PMUs by alleviating pressure on LMCs and DHB midwives.	$72,000
	Propose investment in additional primary maternity inpatient birthing and postnatal services	TBA
	Propose investment in improvements in current primary maternity facilities	TBA
Enabling Maternal and Neonatal Care	2 x Disability support roles. These will provide advocacy and navigation and non-clinical support to disabled women.	$200,000
New Community Models of Care	New community maternal health hub	$1.255M
	Specialist perinatal wellbeing roles (1.5FTE across 2DHB)	
	Packages of support for new and returning LMCs	
	Community based clinic space	
A Connected System	Expanded travel and accommodation support	$220,000
	Equitable access to ultrasounds	
	Develop neonatal transitional model of care plan	
	Develop a procurement and implementation plan for a maternity clinical information system (BadgerNet)	$480,000 (capital)
Total		**$2,422,000**

2DHB Maternal and Neonatal System Programme Plan

Completed
On track
Delayed
Not started and not due

PROGRAMME MANAGEMENT	Due (as per endorsed System Plan)	Estimated completion date	Funded 21/22?	Funding required from 22/23?
2DHB Maternity and Neonatal System Plan endorsed by Board	1-Dec-21	COMPLETED		
Programme Coordinator recruited	10-Dec-21	COMPLETED	Yes	No
Programme Plan developed	31-Jan-22	COMPLETED	Yes	No
Communications Advisor recruited	10-Dec-21	COMPLETED	Yes	No
Communications Plan developed	31-Jan-22	COMPLETED	Yes	No
Communications platform (Sharepoint) established	31-Jan-22	COMPLETED	Yes	No
Establish Governance Group and Terms of Reference (ELT sponsor, Steering Group formed, Terms of Reference)	Feb-22	COMPLETED	Yes	No
Resource Plan 21-22	31-Dec-21	COMPLETED	Yes	No
22/23 Budget submitted	1-Feb-22	ONGOING	Yes	No

CULTURALLY RESPONSIVE CARE	Due (as per endorsed System Plan)	Estimated completion date	Funded 21/22?	Funding required from 22/23?
Hauora Maori Lead				
Establish and resource new role	Feb-22	COMPLETED	Yes	No
Hauora Māori Lead recruited	Apr-22	IN PROGRESS	Yes	No
Pacific Health Lead				
Establish and resource new role	Feb-22	COMPLETED	Yes	No
Pacific Health Lead recruited	Apr-22	IN PROGRESS	Yes	No
Workforce support and education programme				
Suite of mandatory an progressively stepped cultural responsiveness training and resource library developed and implemented	Jun-22	PARTIAL	PARTIAL	Yes
→ Māori cultural responsive education delivered in HVDHB and CCDHB in 2022	Jun-22	PLANNED JAN - DEC 22	YES	NO
→ Noho marae planned for Maori and Pacific maternity providers 2022	Jun-22	COMPLETED	YES	NO
→ Cultural responsiveness training and resource library developed and implemented for 22/23	Jun-22	22/23	NO	YES

CULTURALLY RESPONSIVE CARE	Due (as per endorsed System Plan)	Estimated completion date	Funded 21/22?	Funding required from 22/23?
Develop complaint and resolution pathway to support staff when they witness or experience culturally unsafe practice or behaviours	Jun-22	22/23	NO	Yes
Evaluation and audit of skills, knowledge and practice developed is developed and implemented	Sep-22	22/23	YES	NO
Grow the Maori and Pacific maternity workforce				
Include support for new peer support and professional roles in hapu whanau service specification	Mar-22	IN PROGRESS	YES	No
Co-develop package of support to recruit and retain Maori and Pacific LMC midwives	Apr-22	22/23	NO	Yes
Indigenous, traditional and cultural birthing knowledge and practice				
Establish indigenous, traditional and cultural birthing knowledge and practice Advisory Group	May-22	NOT STARTED	YES	NO
2DHB policy and guideline developed to increase access to indigenous, traditional and cultural birthing knowledge and practices	Jun-22	NOT STARTED	YES	NO
Include advice from Advisory Group in mandatory Cultural Responsivness education	Jun-22	NOT STARTED	YES	NO

IMPROVED ACCESS TO PRIMARY BIRTHING	Due (as per endorsed System Plan)	Estimated completion date	Funded 21/22?	Funding required from 22/23?
Increase access to primary maternity facilities				
Articulate a 2DHB configuration of primary maternity facilites that increases access to community-based primary birth and postnatal services	Mar-22	Jun-22	YES	NO
Propose investment in additional primary maternity inpatient birthing and postnatal services; and capital improvements at existing PBUs (KMU and PMU)	Jun-22	IN PROGRESS	N/A	Yes
Contribute to Master Site Plan to consider medium to long-term facilities needs for maternity at Kenepuru	Jun-22	IN PROGRESS	Yes	No
Increase utilisation of current primary maternity units				
Lead design process with families to finalise short-term improvements to Kenepuru	Jun-22	22/23	NO	Yes
Consider staffing models at Kenepuru and Paraparaumu to include (increased) support staff (eg healthcare assistants)	Jun-22	22/23	NO	Yes
Enable homebirth choice and knowledge				
Factual information about home birth included in Pepe Ora	Apr-22	IN PROGRESS	YES	NO
Support LMC midwives to offer home birth option by providing a package of education, resources and consumable supplies (eg birth pools/liners) for midwives and Kaiawhina is developed	Apr-22	IN PROGRESS	YES	NO
Define physiological pathway care for women birthing in hospital				
Building on 'Optimising Birth' initiatives, develop a physiological birth pathway and guidelines for midwifery-led care to achieve a physiological birth without unnecessary intervention, in hospital	Apr-22	Jun-22	YES	NO
Develop normal birth promoting envirnonments within hospital maternity wards according to physiological birth promotion principles and involving service users and community providers	Jun-22	22/23	Planning YES	capital bid FY23
Include access to birth support from Kaiawhina	Sep-22	NOT STARTED	NO	TBD

ENABLING MATERNAL AND NEONATAL CARE	Due (as per endorsed System Plan)	Estimated completion date	Funded 21/22?	Funding required from 22/23?
Disability Equity Lead				
Establish and resource new role	Feb-22	COMPLETED	Yes	No
Disability Lead recruited	Apr-22	IN PROGRESS	Yes	No
Breastfeeding pathways are disability and impairment positive				
EGL education mandated to all DHB funded breastfeeding support providers in 2 DHB region	TBD	DISABILITY LEAD WORKPL	YES	NO
Update all breastfeeding pathways and guidelines according to EGL principles	TBD	DISABILITY LEAD WORKPL	YES	NO
Develop specific resources to provide practical accomodations with breastfeeding for disabled mothers and families with babies with impairments	TBD	DISABILITY LEAD WORKPL	YES	NO
Antenatal education is enabling				
EGL education offered to all antenatal and parenting educators in 2DHB region	TBD	DISABILITY LEAD WORKPL	YES	NO
Antenatal and parenting education curriculum is reviewed and recommendations consistent with EGL update	TBD	DISABILITY LEAD WORKPL	YES	NO
Disability advocacy and support service available for maternal and neonatal care				
Establish and resource new disability support role/s (hospital based)	Apr-22	22/23	NO	Yes
Disability support service available to families	Jun-22	22/23	NO	Yes
Information is gathered that can drive further improvement				
Disability equity advisor role established on MQSP Governance Groups	Apr-22	Jun-22	YES	NO
Guidelines for gathereing and evaluation of information to disability in maternal and neonatial space are developed by MQSP	TBD	DISABILITY LEAD WORKPL	TES	NO
Policies and guidelines are enabling				
Priority maternity and neonatal policies are reviewed and updated to reflect EGL principles	TBD	DISABILITY LEAD WORKPL	YES	NO
All 2 DHB policies and guidelines reviewed with a disabliliy equity lens as they come up for review	TBD	DISABILITY LEAD WORKPL	YES	NO
Workforce support and education programme				
Suite of mandatory and progressively stepped cultural responsiveness training and resources library developed and implemented	TBD	DISABILITY LEAD WORKPL	YES	NO
Measure for evaluating and auditing skills, knowledge and practice with consideration of an accrediation system are implemented	TBD	DISABILITY LEAD WORKPL	YES	NO
Clinical coaches available to all workforce	TBD	DISABILITY LEAD WORKPL	NO	TBD

NEW COMMUNITY MODELS OF CARE	Due (as per endorsed System Plan)	Estimated completion date	Funded 21/22?	Funding required from 22/23?
Enable development of community Hapu Whanau Maternity Hubs				
Create a service specification for hapu whanau hubs that builds on existing services, strengths and assets in the community	Mar-22	IN PROGRESS	YES	NO
Implement a minumum of 2 Iwi-led or supported whanau hubs	Jun-22	22/23	Partial	Yes
→ Ngati Toa Hapu Whanau	Aug-22	IN PROGRESS	HRC funding	NO
Enable access to specialist care closer to home including the potential for a mobile outreach clinic and telemedicine, co-located with other integrated services in the community (eg hubs and PBUs)	Dec-22	22/23	NO	TBD
Enable access to holistic comprehensive support to meet a range of social needs (eg Kaimahi, social work, specialist midwifery and cultural support)	23/24	23/24	NO	TBD
Kaiawhina model of care				
Include Kaiawhina within Hapu Whanau service specification	Mar-22	IN PROGRESS	YES	Yes
Co-develop with families cultural and clinical experts a maternity specific Kaiawhina model of care/capability and support framework	Jun-22	IN PROGRESS	YES	Yes
Community Midwifery Team new model of care				
Create a new Continuity of Care model of care for HV and CCDHB CMTs	Mar-22	Jun-22	YES	NO
Implement a new model of care	Sep-22	22/23	NO	TBD
Maternal wellbeing and mental health model of care				
Create specialist perinatal well-being role to support emotional wellbeing and mental health of families across 2 DHBs	Sep-22	22/23	NO	Yes
Develop package of education and resources for non-clinical roles (eg chaplains, Kaumatua) to support families experiencing distress	Sep-22	22/23	NO	NO
Include support for emotional wellbeing in Hapu Whanau hub service specification	Mar-22	IN PROGRESS	YES	NO
Support LMCs to enter and stay in practice				
Co-develop and implement package of support for new and returning to service LMC midwives	Apr-22	22/23	NO	Yes
Fund clinic space for LMC midwifery practices in high needs areas	Jun-22	22/23	NO	Yes

A CONNECTED SYSTEM	Due	Estimated completion date	Funded 21/22?	Funding required from 22/23?
Resources for families				
Extend Pepe Ora online network of resources to include Hutt Valley	Apr-22	IN PROGRESS	Yes	NO
Expand Pepe Ora to include information about how to make informed choices	Mar-22	IN PROGRESS	Yes	NO
Ensure Pepe Ora is highly accessible and visible to women and families	Mar-22	IN PROGRESS	Yes	NO
Include links to Pepe Ora in platforms used by provides including Health Pathways	Mar-22	IN PROGRESS	YES	NO
Integrated network of right place - right care services				
Contribute to master site plan to determine medium to long-term maternal facility needs at Hutt, Wellington and Kenepuru Hospital sites	Jun-22	IN PROGRESS	YES	NO
Develop Right Place-Right Care pathways of care guidelines to maximise the ability for families to access care at the optimal level for their needs, as close to home as possible	Apr-22	Jun-22	YES	NO
Integrate clinical governance structure across 2 DHB system including MQSP programme	Jun-22	NOT STARTED	NO	NO
Safe sharing of clinical information across the continuum of care				
Develop a maternity clinical information system, procurement and implementation plan	Jun-22	IN PROGRESS	NO	Yes
Whanau-friendly policies and support				
Involve consumers in updating all maternal, neonatal policies, regarding support people presence to support birthing people, including strategies to minimise separation in a COVID enviroment	Feb-22	IN PROGRESS	YES	NO
Involve families in facility redesign/improvement work to ensure that family friendly spaces are created	Jun-22	IN PROGRESS	YES	NO
Fund an extension to existng travel and accomodation support for families who have to travel to access inpatient maternity or neonatal care for extended periods	Apr-22	22/23	NO	Yes
Enabling access to high-quality pregnancy ultrasound				
Provide access to free ultrasound morphology scans for women who would otherwise be unable to access them	Apr-22	22/23	NO	Yes
Develop clinical governance framework to ensure uniform,high quality for all pregnancy related ultrasound services. Improve sonographers training to pick up impairments	Jun-22	NOT STARTED	NO	TBD
New models of care for newborns requiring extra support				
Develop plan to implement new national Transitional Model of Care in Hutt Hospital and Wellington Hospital to keep mothers and babies together whilst providing additional neonatal specialist input as required	Jun-22	22/23	NO	Yes
Adopt and implement Model of Care to support babies in the community who are requiring extra support but do not (or no longer) require hospitalisation	Apr-22	22/23	NO	Yes
Create a lactation support service for families who have a baby in Hutt SCBU or have been discharged from SCBU	Apr-22	22/23	NO	No

Health System Committee

16 March 2022

Regional Public Health Update: August 2021 – February 2022

Action Required

The Committee notes:

(a) The significant impact of the ongoing COVID-19 pandemic response on Regional Public Health's usual work programme, and on its workforce.

(b) The approach to reducing Food Insecurity in our communities building on the Fruit & Vege Co-op model.

Strategic Alignment	N/A
Author	Peter Gush, General Manager, Regional Public Health
Endorsed by	Peter Guthrie, Acting Director of Strategy, Planning & Performance
Presented by	Peter Gush, General Manager, Regional Public Health
Purpose	Provide an update for the HSC on Regional Public Health Activity
Contributors	N/A
Consultation	N/A

Executive Summary

This update describes the impact of the COVID-19 pandemic on Regional Public Health, articulates the future under the health reforms and highlights two health promotion activities.

Strategic Considerations

Service	The ongoing pandemic has resulted in significant disruption to RPH's normal work programme, particularly in the prevention and health promotion spaces. There have also been extended periods of time when our Public Health Nursing workforce in low decile primary schools has been absent from the schools. During these periods we have used a single point of contact referral system for the schools.
People	RPH is experiencing an elevated level of turnover, and workforce fatigue.
Financial	N/A
Governance	N/A

Engagement/Consultation

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

COVID-19

Prior to the arrival of the Omicron variant in Wellington the Regional Public Health (RPH) response had helped contribute to a low COVID-19 infection rate of less than 200 cases across greater Wellington or 0.04% of the population. A very modest infection rate.

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.

RPH's role in the public health response for the greater Wellington region has included:

- coordinating and leading case and contact management (up until the move to Phases 2 and 3 of the Government's COVID-19 Protection Framework),
- contributing to programmes at the border, and
- providing a conduit between national policy and local practice.

Dr Annette Nesdale was interviewed for TVNZ Breakfast on 6 October 2021 regarding the importance of scanning and how that aids contact tracing along with providing some insight into the complexities involved in contact tracing. The interview is available here.

RPH has also been part of the national network of Public Health Units collectively responding to community resurgence occurring anywhere in the country. As one of the larger public health units, we have carried a proportionately large share of the workload.

Effective from 26 October 2021, all Public Health Units around the country were instructed to implement their surge workforce plans and fully support Auckland Regional Public Health Service (ARPHS) with the Delta outbreak. Inherent in this instruction was that all non-essential 'business-as-usual' activity was to cease.

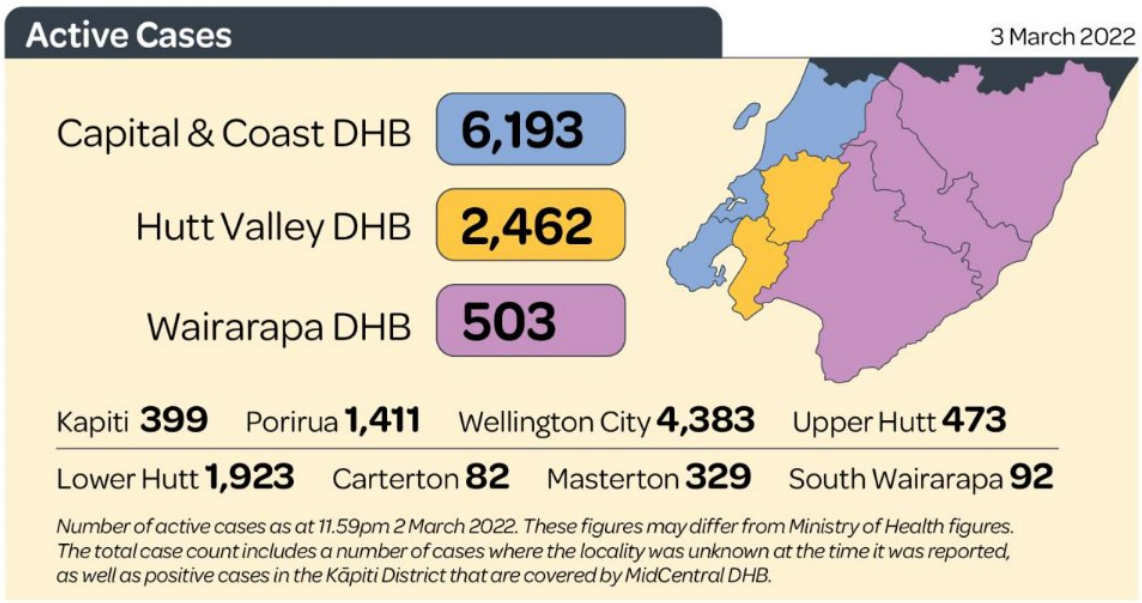
RPH has continued to run a COVID-19 Case Investigation and Contact Tracing Team, rotating staff through the team as we supported ARPHS and then Toi te Ora (Lakes and Bay of Plenty DHBs). We have continued to operate in a Coordinated Incident Management System approach with a full Incident Management Team in place.

As part of our preparation for responding to Delta and Omicron, and recognising the toll on our workforce, we brought on board a surge capacity workforce over the Christmas holiday period. Public Health Nurse, Lee Thoms, was interviewed for Q and A in their final show of the year in December 2021, regarding working through the Christmas/New Year holiday period. The interview is available here.

With the Government moving to the COVID-19 Protection Framework (traffic light system), for RPH this has meant we continue to resource BAU; school nurses, alcohol licensing, school based immunisation programmes, Before School Checks, regulatory and communicable disease work and supporting communities.

As COVID-19 cases increase and the need for business-as-usual activity remains, the focus of RPH's ongoing COVID-19 response planning is to remain flexible to changing Government policy and related workforce requirements. RPH's focus at Phase 3 includes a continued focus on our priority populations (Māori and Pacific), outbreak management and very high-risk settings.

The graphic below captures the COVID-19 case numbers for greater Wellington as at 3 March 2022:



Health & Disability System Review - Pae Ora (Healthy Futures) Bill

At this stage, we know that there are the following changes proposed for Regional Public Health:

- The new system will have a stronger focus on public health, with a particular focus on social determinants of health and preventing ill health, to improve the overall health and wellbeing of Aotearoa.
- The Ministry of Health will host a new Public Health Agency that will be responsible for public health policy, strategy and intelligence.
- The new national health agency, *Health NZ* will include a national public health service (NPHS), bringing together Public Health Units across New Zealand under a national banner.

While little more is known at this time, opportunities to contribute to the design process are starting to emerge. The interim NPHS team have identified 7 key 'big rocks' that will make up the work streams for the next few months.

1. Vision and Values for the NPHS
2. NPHS Operating Model
3. Intelligence and Insights
4. Workforce development and expansion
5. Engagement and communications
6. Data and Digital
7. Outbreak Response

Smokefree law reform and our inspirational Hashtags!

As of Sunday 28 November 2021 it became illegal to smoke or vape in cars with anyone under the age of 18 in the car.

For a group of Wainuiomata rangatahi, known as *The Hashtags*, advocating for their community to get this law changed has been a primary focus for a number of years. RPH Health Promoters, Leah Clark and

Sisi Tuala Le'afa, mentor this group, which was formed in 2010, and have supported them to influence this law change.

This article and video on the RPH website tracks the history of *The Hashtags* and how they have advocated for their communities to influence changes to smokefree law.

Addressing Food Insecurity – the Fruit & Vege Co-op Model

Now heading into its eighth year (beginning in 2014 in Porirua East) the Wellington Region Fruit and Vege Co-op is a not-for-profit 'buyers collective' delivering affordable access to fresh fruit and vegetables across the Wellington Region. The Co-op is a community led alternative to the mainstream profit-based commercial model of food distribution. The Co-op enables affordable local access to fresh and healthy food for consumers, and easy access to market for local producers. Run in partnership between Wesley Community Action and RPH, the Co-op is powered by Community groups and a team of around 100 volunteers. Every week, as a collective, fresh seasonal fruit and vegetables are bought from local suppliers and growers. As produce is bought in bulk, it is purchased at a discounted rate. This means those savings are passed onto members of the Co-op who are able to purchase fruit and vege for much less than it would cost them in a supermarket.

RPH cares about the health of our communities and providing a more affordable, mana-enhancing way for our members to include fresher, healthy fruit and vegetables in their diet is a great way to lift our community and improve health outcomes for whānau. The model is not a charity model, our members order in advance, so we know how much produce we need to buy which means we have no food waste. Purchasing locally grown produce is prioritised to keep down food miles and reusable crates and bags are used to minimise single use plastic. There are 10 Co-ops running, 10 packing hubs and over 30 pickup points across the region from Petone to Masterton and Newtown to Ōtaki. Over 1,100 whānau/households are provided with fruit and vegetable packs every week. Currently the Co-op accesses all its produce through MG Marketing (the local commercial growers' co-op). The bulk of the produce comes from the growing areas of our region along the Kapiti Coast and the Wairarapa.

Over the past eight years, our continued work in the food security space built around the Co-op has grown many valuable relationships with others across our region involved in growing and providing healthy kai. From small community gardens to sizable urban farms to lifestyle block owners and community pantries. Through these relationships it is evident that current compliance rules and costs prohibit small-scale (non-commercial) producers from participating in their local food supply. Resulting in a net loss of food security, food resilience and employment opportunities for our region with much of the food they grow given away (at cost to the grower), or left unharvested and rotting in/on the ground.

The infrastructure and governance model that Wesley Community Action and RPH have built around the Co-op provide an exciting opportunity for genuine change in the food supply in the Wellington region including:

- the development of greater food security (affordable access)
- food sovereignty (where communities control their local food systems), and
- food resilience (the ability to deal with shocks to the supply chain such as experienced with COVID) for many communities.

Through our continued partnership with Wesley Community Action, RPH is now developing a guiding vision for 'Co-op 2.0'. The aim is to develop the Co-op beyond fruit and vegetable supply towards building an alternate community driven food system which empowers people, celebrates indigenous food culture, enables local wealth creation/retention, and helps to regenerate our environment. By

providing infrastructure and a governance platform the success of the past eight years can be built on to develop community led shared economies and enterprises that directly connect consumers with local growers. These local growers are grounded in regenerative, healthy and affordable food production with low carbon overheads and are committed to ensuring a resilient local food economy.

Health System Committee

16 March 2022

CCDHB and HVDHB Non-Financial Performance Reports – 2021/22 Quarter 1 and Quarter 2

The Committee notes:

(a) This report provides a summary from two key reports:

i. CCDHB's and HVDHB's Non-Financial Quarterly Monitoring Reports for Q1 (July – September 2021) and Q2 (October –December 2021) 2021/22.

ii. CCDHB's Health System Plan dashboard and HVDHB's Vision for Change dashboard for Q1 and Q2 2021/22.

(b) CCDHB's and HVDHB's Q1 results are similar to Q4 2020/21, achieving compliance for most indicators.

(c) CCDHB and HVDHB improved their performance ratings over Q1 and Q2 for the 'Youth Mental Health initiatives', 'Shorter Stays in Emergency Departments', 'Shorter waits for non-urgent mental health and addiction services'.

(d) For the 48 indicators rated by MoH in Q2, CCDHB received, 1 'Outstanding' rating, 26 'Achieved' ratings, 12 'Partially Achieved' ratings and 9 'Not Achieved' ratings. This is a significant improvement on CCDHB's Q1 result.

(e) For the 49 indicators rated by MoH in Q2, HVDHB received, 27 'Achieved' ratings, 14 'Partially Achieved' ratings and 8 'Not Achieved' ratings. This is similar to HVDHB's Q1 result.

(f) Specific action plans are in place to improve performance against the 'Not Achieved' performance measures, including strategies to improve our immunisation, faster cancer treatment, long term conditions, and smoking cessation advice results.

(g) Overall results for CCDHB and HVDHB demonstrate:

iii. a community health system delivering well for the majority of indicators with a persistent pressure points posing challenges

iv. a hospital system working hard under increased demands from Covid-19 restrictions

v. a system under pressure with resources responding to the Covid-19 pandemic. .

(h) That recent changes, shortening the booster time frames and changing to 'red' under the traffic light system, have impacted the Q1 and Q2 2021/22 results, as some activities cannot be performed during lockdown and resources have also been temporary diverted into swabbing and vaccination efforts. This will likely continue to impact performance in Q3 2021/22.

(i) CCDHB received an 'Outstanding' rating for improving the 'quality of identity data within the National Health Index (NHI).'

Strategic Alignment	CCDHB Health System Plan 2030 HVDHB Vision for Change
Presented by	Peter Guthrie, Acting Director Strategy, Planning & Performance CCDHB & HVDHB

Purpose	This paper provides an overview of performance and the Quarter 1 and Quarter 2 2021/22 Non-Financial Monitoring Report results, as assessed by the Ministry of Health.
Contributors	Cristyn Aldridge, Senior Advisor, Strategy, Planning & Performance CCDHB and HVDHB Sophie Coates, Information and Business Analyst, Strategy, Planning & Performance CCDHB and HVDHB
Consultation	N/A

Executive Summary

The non-financial performance of HVDHB and CCDHB for Q1 and Q2 2021/22 (as assessed by MoH) indicates similar performance to Q4 2020/21 CCDHB has improved its performance against a number of indicators. The final results show that both HVDHB and CCDHB continue to meet most of the MoH performance targets. The immunisation coverage, faster cancer treatment (62 days), raising healthy kids, and smoking cessation targets remain a challenge that we are working to address. Specific action plans are in place to improve performance against the 'Not Achieved' performance measures with a particular focus on improving performance for our Māori and Pacific populations.

Progress against our strategic goals

Our Vision for Change and Health System Plan dashboards monitor progress against our strategic goals and outcomes for our population groups, particularly our goal of achieving equity for Māori and Pacific. A summary of the indicators and outlook is provided below.

Indicator	Outlook
Better help for smokers to quit (primary care)	HVDHB performance is decreasing and below target. CCDHB performance is decreasing and remains below the 90% target. The DHB is working closely with the PHOs to shift the trend.
Childhood immunisations	HVDHB childhood immunisation rates remain within a stable range just below target level. The DHB is working with immunisation services to improve performance. CCDHB childhood immunisation rates are stabilising in performance, particularly with Pacific and Māori populations. The DHB is working with immunisation services to shift the trend.
Older people immunisation	HVDHB and CCDHB influenza immunisation rates peaked in 2020 because of the national emergency COVID-19 response. There has been a shift towards the COVID-19 vaccination rollout taking priority over the primary vaccinations. The period of time between COVID and Influenza vaccinations was an additional barrier and saw people prioritising COVID vaccinations. The trend is stabilising but remains below target, except for our Pacific coverage, which is above target.
Avoidable hospital admissions (0-4 years)	There has been an improving trend in HVDHB and CCDHB for childhood ASH rates, and we are pleased to see in particular an increase for Māori and Pacific.
Avoidable hospital admissions (45-64 years)	HVDHB and CCDHB observed a decline in adult ASH rates and in particular for Māori and Pacific since the 2020 national emergency COVID-19 lockdowns (although the trend is less pronounced for children). Rates are now stabilising and are on average 20% lower than the peak observed immediately prior to March 2020.
People 75+ living in their own home	In HVDHB and CCDHB, more than 90% of people aged 75+ years continue to live in their own homes. However, the trend is declining over the past year.

Acute unplanned readmission	Overall, readmission rates are stable and increasing. The Hospital Network programme will support increased capacity and is expected to improve performance.
Acute hospital bed days per capita	HVDHB and CCDHB acute bed days are stable but increasing for all populations, including Māori and Pacific. We are developing our community responses to population drivers alongside approaches to maximise the productivity and efficiency of our hospital system (CARS, CHOPI, AHOP and AWHI). We expect these initiatives to reduce our acute bed day rates over time.
Shorter Stays in ED	HVDHB performance is declining and continues to sit under 90%. In CCDHB the trend is stabilising but continues to be well below target. We are pleased to see that we have partially achieved this target in Q2 for both DHBs. We are currently working on plans to make our MAPU more effective as an assessment Unit, which in turn should facilitate flow of patients from ED and minimize admission on Acute Wards. Our new initiatives to reduce access block will improve patient flow and result in shorter wait times in ED. These initiatives include weekend specialist ward rounds and improved safe patient discharges on weekends with increased allied health capacity. There is also a High Needs Care Forum that facilitates efforts to reduce long stays for complex medical patients.

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. 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 improves health outcomes / Deliver safer care Achieving equity and providing integrated service is embedded in these goals.
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.

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
TBC	Noncompliance with statutory requirements	Peter Guthrie	Standard Operating Procedures in place to ensure compliance	Low Risk	Low Risk

Attachment/s

1. CCDHB Non-Financial Performance Report (Q1 and Q2 2021/22). *includes the Health System Plan dashboard*
2. HVDHB Non-Financial Performance Report (Q1 and Q2 2021/22). *includes the Vision for Change dashboard.*

Attachment 1 – CCDHB Non-Financial Performance Report (Q1 and Q2 2021/22)

This paper provides an overview of CCDHB's Q1 and Q2 2021/22 non-financial performance and includes:

- CCDHB's Q1 and Q2 results as assessed by the Ministry of Health (MoH).
- A comparison of Q1 and Q2 results with HVDHB.
- CCDHB's Q1 and Q2 2021/22 'Health System Plan' Dashboard (Appendix 1).

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.

NON-FINANCIAL PERFORMANCE REPORT

In Q1 2021/22, CCDHB achieved compliance for 30 of the 42 performance indicators assessed (71%).[1] We received a 'Not Achieved' rating for 12 indicators (28%). This is a similar result to the previous quarter, Q4 2020/21.

In Q2 2021/22, CCDHB achieved compliance for 39 of the 48 performance indicators assessed (81%). We received a 'Not Achieved' rating for 9 indicators (18%). This is a significant improvement from Q1 results.

Achievement	Number of indicators Q2 2021/22	Number of indicators Q1 2021/22	Number of indicators Q4 2020/21
Outstanding	1	0	1
Achieved	26	20	26
Partially Achieved	12	10	19
Not Achieved	9	12	7

When comparing the indicators that are common across Q1 and Q2, overall CCDHB performance has significantly improved throughout the first two quarters of the year.

[1] 'Achieved compliance' means we received an 'Outstanding', 'Achieved' or 'Partially Achieved' rating.

CCDHB received a 'Not Achieved' rating against twelve indicators in Q1, but showed improvement by reducing this to eight indicators in Q2 (see table below on the following page).

Q2 'Not Achieved'	Q1 'Not Achieved'
• Immunisation coverage (at 8 months) • Immunisation coverage (at 2 years) • Immunisation coverage (at 5 years) • Raising Healthy Kids • Better Help for Smokers to Quit – public hospitals' • Better help for smokers to quit (primary care) • Ambulatory sensitive hospitalisations (ASH adult) • Improved management for long term conditions: Acute Heart Service • Improved management for long term conditions: Stroke Service	• Immunisation coverage (at 8 months) • Immunisation coverage (at 2 years) • Immunisation coverage (at 5 years) Immunisation coverage (influenza immunisations at age 65 years and over) • Faster Cancer Treatment (62days) • Improving breastfeeding rates • Planned care measures • Better help for smokers to quit – public hospitals • Better Help for Smokers to Quit – Primary Care • Shorter Stays in Emergency Departments • Improved management for long term conditions: Acute Heart Service • Improved management for long term conditions: Stroke Service

Specific action plans are in place to improve performance against the 'Not Achieved' measures.

Immunisation coverage

Over the first two quarters of 2021/22 CCDHB's immunisations rates remain similar to Q4 2020/21. The decline rates continue to have an effect on our ability to reach the 95% target. Decline rates across all milestone ages ranged from 2.2% - 5% during Q1 to 2.6%-3.4% for Q2. There was a reduction in families choosing to decline childhood immunisations in Q2, which is positive. Likewise, the actual number of children who have missed their vaccinations is lower across all milestone ages since Q1, particularly for the 2 and 5 year milestones. This improvement translates to fewer children needing to be vaccinated to reach the 95% target, with reductions at 2 years and 5 years the most apparent.

Table: Number of children that needed to be vaccinated to reach the 95% target for each milestone age:

Milestone Age	Quarter 1 2021/22	Quarter 2 2021/22
8 Months	16	40
2 Years	83	58
5 Years	103	76

CCDHB continues to implement its 2DHB Immunisation Improvement Plan to increase delivery and uptake of childhood vaccinations. Progress against activities in the Plan is positive.

On 23 February 2022, the 2DHB Immunisation Network met to discuss immunisation performance across the sector. Primary care immunisation teams are working at maximum capacity and are stretched due to the focus on the Covid response and delivery of Covid-19 vaccinations. This has created a challenging environment to deliver other vaccinations. The introduction of the Influenza vaccine roll-out is expected to stretch available resource even further.

In recognition of how stretched the immunisation provider network is, and of the opportunity to integrate various immunisation programmes (ie Covid, routine childhood immunisations, MMR, influenza and school based HPV and Boostrix), we have commissioned an external consultant to review the 2DHB immunisation service delivery model. The review will provide recommendations on actions that can be taken to deliver a more integrated, whanau-centred immunisation delivery model across all immunisation programmes. The scope of the review includes:

- Advice on the financial sustainability of the National Immunisation Register (NIR) coordination and administration functions and outreach immunisation teams across the 2DHBs, with a focus on equitable funding approaches across all providers.
- Recommend model/s to reduce fragmentation (e.g. a single NIR coordinator across both DHBs, shared MDTs/Missed Events processes for hard to reach children), with a particular focus on HVDHB and in the context of ongoing COVID-19 immunisation programmes.
- Opportunities to strengthen our model to better respond to the needs of harder to reach children and families (i.e. learning from the Canterbury and Auckland/Waitematā childhood immunisation models).
- Opportunities to streamline other immunisation contracts and functions (e.g. influenza, (all ages) MMR and COVID) to provide whole of whānau approaches to vaccination service delivery.

Raising Healthy kids

The Raising Health Kids target is that 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

Since the last quarter there has been an overall decrease in referrals. Engagement with the 2DHB B4SC Co-ordinator continues to be guided by the B4 School Check Action Plan, which is designed to improve Plunket's service performance with a specific focus on service provision for Māori and Pacific children. One of the key barriers to achieving the target is ensuring the B4SC programme is well integrated into the referrals services. We continue to work with the provider network to deliver a more integrated and connected health services. This includes CCDHB's kaupapa Maori childhood obesity programme, which is delivered by Ora Toa PHO.

Better Help for Smokers to Quit

Outlined in previous submissions, the majority of the missed recording of smoke cessation advice being provided is in ED. The key issue is that the existing electronic record does provide the functionality to document that smoke cessation advice has been provide and subsequently does not link to the discharge summary.

We are continuing to work with our PHOs to ensure that smoking conversations are increased in primary care, and an "every patient, every time" approach is applied to patients who smoke. Work is ongoing to develop a dashboard of smoking information across the 2DHBs to identify where gaps in service delivery are and where efforts should be prioritised. Providers have noted there has been some reluctance from patients to give information, continue using the appointment scanner, and engage with telephone calls/text campaigns.

Ambulatory Sensitive Hospitalisations (ASH ADULT)

CCDHB has not achieved the ASH targets for Māori or Pacific for Q2 2021/22. However, performance has improved with a reduction in ASH rates for Māori and Pacific since the previous report. We have also achieved the target for Non-Māori, Non-Pacific and the total population. With the spread of COVID in the community, over the coming weeks we are anticipating an increase in general practice virtual consultations, alongside a reduced workforce. To reduce ASH rates, our messaging to our communities is that those seeking healthcare services should still seek help from their primary care provider, before an acute intervention is required. We are working with our PHOs to assess the ongoing impact of COVID on business continuity, and the priorities surrounding business-as-usual work over the coming months.

Improved management for long term conditions, Acute Heart Service and Stroke Service

Performance is directly impacted by the overall pressures on Wellington Regional Hospital (WRH) bed capacity and flow. Work continues across many specialties to prevent admissions and reduce length of stay, which in turn will improve access to specialist wards across all communities. Opportunities are also being explored to increase the bed capacity across the DHB.

Staff vacancies within the stroke service and acute heart services continue to be a significant issue to achieving this indicator. This is a national issue that is also affecting other DHBs. We also have a number of

vacancies for neuro radiology SMOs and cardiac sonographers, and we are continuing our recruitment efforts. The lack of training in New Zealand means that we have to recruit from abroad, which is problematic in the current climate with uncertainty over Covid-19 border restrictions.

Comparing HVDHB and CCVDHB Q1 and Q2 2021/22 Results

HVDHB and CCDHB received very similar results for Q1 and Q2, as shown below.

	HVDHB		CCDHB	
Achievement	**Number of indicators Q2 2020/21**	**Number of indicators Q1 2020/21**	**Number of indicators Q2 2021/21**	**Number of indicators Q1 2021/21**
Achieved	0	23	1	20
Partially Achieved	27	12	26	10
Not Achieved	14	7	12	12
Not Assessed	8	1	9	1

Comparison with national results

MoH has not developed heat maps for Q1 and Q2 2021/22 so we are unable compare our performance across DHBs.

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 is improving, as shown in the ratings below for Q1 and Q2 2021/22:

Status Update Report	Ratings – Q2	Ratings – Q1
Give practical effect to He Korowai Oranga – Māori Health Strategy	Achieved	Achieved
Improving Sustainability	Achieved	Not Assessed
Improving child wellbeing	Achieved	Achieved
Improving mental wellbeing	Achieved	Achieved
Improving wellbeing through prevention	Achieved	Partially Achieved
Strong and equitable public health services	Partially Achieved	Partially Achieved
Better population health outcomes supported by primary care	Achieved	Achieved

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 (Appendix 1) 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	Rapidly declining trend and well below target	We continue to work with our PHOs to embed a consistent process to achieve this target and equity for Māori and Pacific. We are working with PHOs to encourage referrals to **Takiri Mai Te Ata Regional Stop Smoking Service**. Work is ongoing to develop a dashboard of smoking information across the 2DHBs to identify where gaps in service delivery are and where efforts should be prioritised. It has been noted by the PHO's that there has been some reluctance from patients to give information, continue using the appointment scanner, and engage with telephone calls/text campaigns.
Childhood immunisations	Stabilising and below target	We are seeing positive progress with our 2DHB **Immunisation Improvement Plan** focused on working with kaupapa Māori providers and outreach services to reach children who may not be immunised. Our plan focuses on strengthening the Outreach Immunisation Service, extending the CCDHB Immunisation Network to include HVDHB providers, and gaining insights on factors that influence 'declines'.
Elder immunisation	Stabilising trend and below target	We aim to sustain high coverage (alongside COVID-19) to reduce avoidable winter demand. Our **2DHB Influenza Working Group** is targeting 75% coverage for people aged 65+. Our 2DHB COVID-19 vaccination response in aged residential care facilities is complete. Pacific rates of immunisation continue to stay above the 75% target.

People-focused services in the community

Indicator	Performance	Our Strategic Response
Avoidable hospital admissions (0-4 years & 45-64 years)	Improving trend	We are working with our community and primary care partners to implement our **System Level Measures Plan** with a focus on reducing avoidable admissions for respiratory and skin conditions. We are working on automated referrals to **Porirua Asthma Service,** which is operated by Ngāti Toa. Regional Public Health is also piloting an extension to the **Porirua Children's Ear Service** to include skin infections. This service is free and is provided by a nurse with specialist training in ear health and skin care.
	Trend stabilising	Cardiovascular conditions (angina and chest pain, myocardial infarction and congestive heart failure) and cellulitis are the top presenting conditions, particularly for Māori and Pacific peoples. To address these areas we are focusing on access to acute care in primary care practices, CVD risk assessments and follow up support, smoking cessation support, and wrap around services for those who have had an ASH event to prevent future events.
People 75+ living in their own home	Trend is declining	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**). Our primary care providers are proactively screening patients who are at risk of falling and supporting these patients with **strength and balance programmes** to support muscle and bone strength which ensures people remain safely mobile and active at home. 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	Trend is stable or improving	We are developing community responses to population drivers of **acute flow** alongside approaches to maximise the productivity and efficiency of our hospital system. Our Advancing Wellness at Home Initiative (**AWHI**) sees more people discharged from hospital earlier and with enhanced support from our nursing and allied health workforce in the community. We are working to Establish **permanent location for Acute Frailty Unit.** In parallel, the **Hospital Network** programme is exploring our short and medium term options for expansion of **2DHB bed and theatre capacity**. This work will ensure that we have space to appropriately manage patients and balance the length of stay and acute readmissions. We are also working to facilitate the smooth transition of patients back to their primary care provider with appropriate specialist support through our Community Health Network prototype in Kāpiti. Kāpiti has a well-developed work programme and this is progressing to plan. The risk on the localities and community health network workstreams are recent loss of key staff in the D&I team and difficulties in recruitment in the current environment.
Acute hospital bed days per capita	Trend is stable or improving	
Shorter Stays in ED	Trend is stabilising but well below target.	Bed occupancy continues to be the most significant contributing factor to not achieving this indicator. We are currently working on **plans to make our MAPU more effective as an assessment Unit** which in turn should facilitate flow of patient from ED and minimize admission on Acute Wards. We are making efforts to reduce access block, such as **weekend specialist ward rounds** and improved safe patient discharges on weekends with increased allied health capacity. There is also a **High Needs Care Forum** that facilitates efforts to reduce long stays for complex medical patients.

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Appendix 1: Capital & Coast DHB – 2021/22 Quarter 2 '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

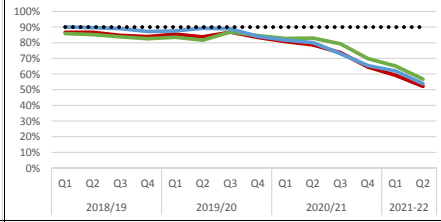
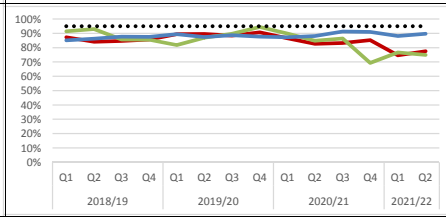
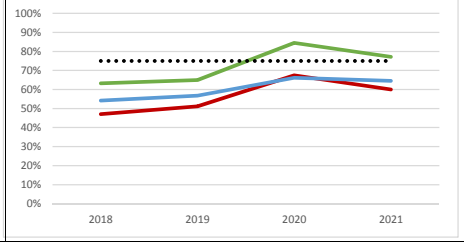
- Prevention, health promotion and public health activities
- Building strong and resilient communities
- First 1000 days of life
- Screening for breast and cervical cancer
- Environmental sustainability
- Achieving health equity

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%		We continue to work with our PHOs to embed a consistent process to achieve this target and equity for Māori and Pacific. We are working with PHOs to encourage referrals to **Takiri Mai Te Ata Regional Stop Smoking Service**. Work is ongoing to develop a dashboard of smoking information across the 2DHBs to identify where gaps in service delivery are and where efforts should be prioritised. It has been noted by the PHO's that there has been some reluctance from patients to give information, continue using the appointment scanner, and engage with telephone calls/text campaigns.
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%		We are seeing positive progress with our 2DHB **Immunisation Improvement Plan** focused on working with kaupapa Māori providers and outreach services to reach children who may not be immunised. Our plan focuses on strengthening the Outreach Immunisation Service, extending the CCDHB Immunisation Network to include HVDHB providers, and gaining insights on factors that influence 'declines'.
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%		We aim to sustain high coverage (alongside COVID-19) to reduce avoidable winter demand. Our **2DHB Influenza Working Group** is targeting 75% coverage for people aged 65+. Our 2DHB COVID-19 vaccination response in aged residential care facilities is complete. Pacific rates of immunisation continue to stay above the 75% target.

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

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

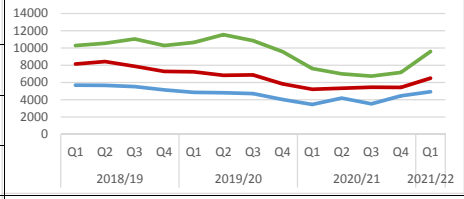
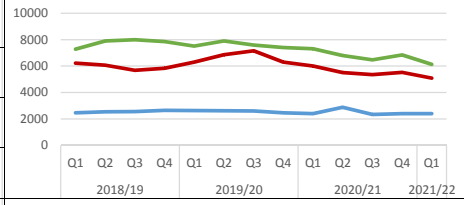
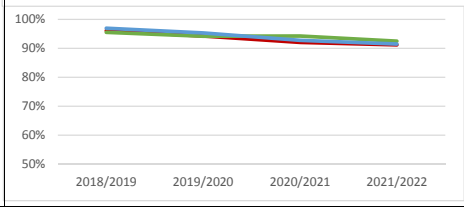
- Homes as a place of care
- Community Mental Health and Wellbeing Hubs
- Build strong primary and community care
- Early intervention
- Health Care Homes
- Specialist support for primary care
- Telehealth services
- Management of Long Term Conditions
- Achieving health equity

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	≤6,421		We are working with our community and primary care partners to implement our **System Level Measures Plan** with a focus on reducing avoidable admissions for respiratory and skin conditions. We are working on automated referrals to **Porirua Asthma Service,** which is operated by Ngāti Toa. Regional Public Health is also piloting an extension to the **Porirua Children's Ear Service** to include skin infections. This service is free and is provided by a nurse with specialist training in ear health and skin care.
			Pacific	≤10,865		
			Non-Māori, Non-Pacific	≤4,726		
			Total	≤5,818		
Indicator 2:	Avoidable hospital admissions (ASH rates 45-64 years)		Māori	≤6,575		Cardiovascular conditions (angina and chest pain, myocardial infarction and congestive heart failure) and cellulitis are the top presenting conditions, particularly for Māori and Pacific peoples. To address these areas we are focusing on access to acute care in primary care practices, CVD risk assessments and follow up support, smoking cessation support, and wrap around services for those who have had an ASH event to prevent future events.
			Pacific	≤7,075		
			Non-Māori, Non-Pacific	≤2,623		
			Total	≤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		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**). Our primary care providers are proactively screening patients who are at risk of falling and supporting these patients with **strength and balance programmes** to support muscle and bone strength which ensures people remain safely mobile and active at home. 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

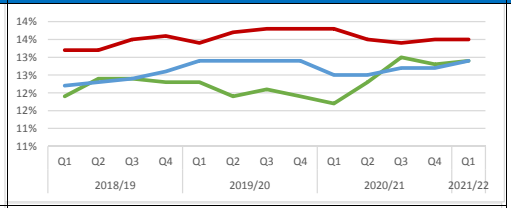
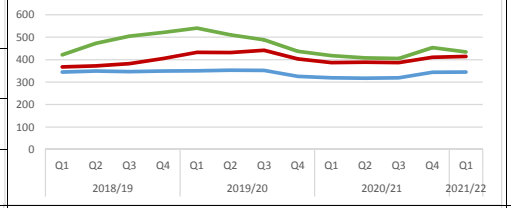
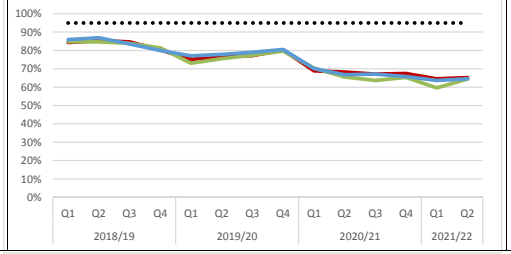
- Timely and effective care
- Safe and efficient hospital services
- Quality improvement activities
- Managing Acute Flow and production planning
- Community, primary and secondary integration
- Support end of life with dignity
- Achieving health equity

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, and by improving the quality of care in the hospital and in primary care.	Māori Pacific Non-Māori, Non-Pacific Total	≤12.4%		We are developing community responses to population drivers of **acute flow** alongside approaches to maximise the productivity and efficiency of our hospital system. Our Advancing Wellness at Home Initiative (**AWHI**) sees more people discharged from hospital earlier and with enhanced support from our nursing and allied health workforce in the community. We are working to Establish **permanent location for Acute Frailty Unit.** In parallel, the **Hospital Network** programme is exploring our short and medium term options for expansion of **2DHB bed and theatre capacity**. This work will ensure that we have space to appropriately manage patients and balance the length of stay and acute readmissions. We are also working to facilitate the smooth transition of patients back to their primary care provider with appropriate specialist support through our Community Health Network prototype in Kāpiti. Kāpiti has a well-developed work programme and this is progressing to plan. The risk on the localities and community health network workstreams are recent loss of key staff and difficulties in recruitment in the current environment.
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	≤533 ≤573 ≤290 ≤328		
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%		Bed occupancy continues to be the most significant contributing factor to not achieving this indicator. We are currently working on **plans to make our MAPU more effective as an assessment Unit** which in turn should facilitate flow of patient from ED and minimize admission on Acute Wards. We are making efforts to reduce access block, such as **weekend specialist ward rounds** and improved safe patient discharges on weekends with increased allied health capacity. There is also a **High Needs Care Forum** that facilitates efforts to reduce long stays for complex medical patients.

Attachment 2: HVDHB Non-Financial Performance Report (Q1 and Q2 2021/22)

This paper provides an overview of HVDHB's Q1 and Q2 2021/22 non-financial performance and includes:

- HVDHB's Q1 and Q2 results as assessed by the Ministry of Health (MoH).
- A comparison of Q1 and Q2 results with CCDHB.
- HVDHB's Q1 and Q2 2021/22 'Vision for Change' Dashboard (Appendix 1).

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.

NON-FINANCIAL PERFORMANCE REPORT

In Q1 2021/22, HVDHB achieved compliance for 37 of the 44 performance indicators assessed (84%)[1]. We received a 'Not Achieved' rating for 7 indicators (16%). This is a similar result to the previous quarter, Q4 2020/21.

In Q2 2021/22, HVDHB achieved compliance for 41 of the 49 performance indicators assessed (84%). We received a 'Not Achieved' rating for 8 indicators (16%). This is a similar to the Q1 result.

Achievement	Number of indicators Q2 2021/22	Number of indicators Q1 2021/22	Number of indicators Q4 2020/21
Outstanding	0	0	1
Achieved	27	23	23
Partially Achieved	14	14	19
Not Achieved	8	7	8

When comparing the indicators that are common across Q1 and Q2, overall HVDHB's performance is similar throughout the first two quarters of the year.

[1] 'Achieved compliance' means we received an 'Outstanding', 'Achieved' or 'Partially Achieved' rating.

HVDHB received a 'Not Achieved' rating against eight indicators in Q2 and seven in Q1.

Q2 'Not Achieved'	Q1 'Not Achieved'
• Immunisation coverage (at 8 months) • Immunisation coverage (at 2 years) • Immunisation coverage (at 5 years) • Faster cancer treatment (62 days) • Raising Healthy Kids • Better help for smokers to quit (primary care) • Ambulatory sensitive hospitalisations (ASH adult 45-64) • Improving wait times for colonoscopy	• Immunisation coverage (at 8 months) • Immunisation coverage (at 2 years) • Immunisation coverage (at 5 years) • Faster cancer treatment (62 days) • Better Help for Smokers to Quit – Maternity • Child health (breast screening) • Immunisation coverage (influenza age 65+)

Specific action plans are in place to improve performance against the 'Not Achieved' measures.

Immunisation coverage (8 months, 2 years, 5 years and Influenza)

Q2 results show slight increases in HVDHB's total population immunisation rates across all milestone ages since Q1. Māori vaccination rates across all milestones have improved significantly across 8 month, 2 year and 5 year milestones, with increases of up to 10%. Improvements in Pacific rates have also occurred across the board. Despite these improvements, however, our rates still remain below target.

Decline rates continue to have an effect on our ability to reach the 95% target. Decline rates across all milestone ages ranged from 3.9% - 4.9% during Q1 to 1.6%-4.7% for Q2, which is a reduction in the proportion of families choosing to decline childhood immunisations. Likewise, the actual number of children who have missed their vaccinations reduced since Q1, particularly for the 2 and 5 year milestones. This improvement translates to fewer children needing to be vaccinated to reach the 95% target, with reductions at 8 months and 2 years the most apparent.

Table: Number of children that needed to be vaccinated to reach the 95% target for each milestone age:

Milestone Age	Quarter 1 2021/22	Quarter 2 2021/22
8 Months	28	21
2 Years	51	36
5 Years	57	53

On 23 February 2022, the 2DHB Immunisation Network met to discuss immunisation performance across the sector. Primary care immunisation teams are working at maximum capacity and are stretched due to the focus on the Covid response and delivery of Covid-19 vaccinations. This has created a challenging environment to deliver other vaccinations. The introduction of the Influenza vaccine roll-out is expected to stretch available resource even further.

In recognition of how stretched the immunisation provider network is, and of the opportunity to integrate various immunisation programmes (ie Covid, routine childhood immunisations, MMR, influenza and school based HPV and Boostrix), we have commissioned an external consultant to review the 2DHB immunisation service delivery model. The review will provide recommendations on actions that can be taken to deliver a more integrated, whanau-centred immunisation delivery model across all immunisation programmes. The scope of the review includes:

- Advice on the financial sustainability of the National Immunisation Register (NIR) coordination and administration functions and outreach immunisation teams across the 2DHBs, with a focus on equitable funding approaches across all providers.
- Recommend model/s to reduce fragmentation (e.g. a single NIR coordinator across both DHBs, shared Multi-Disciplinary Teams /Missed Events processes for hard-to-reach children), with a particular focus on HVDHB and in the context of ongoing COVID-19 immunisation programmes.
- Opportunities to strengthen our model to better respond to the needs of harder to reach children and families (i.e. learning from the Canterbury and Auckland/Waitematā childhood immunisation models).

- Opportunities to streamline other immunisation contracts and functions (e.g. influenza, (all ages) MMR and COVID-19) to provide whole of whānau approaches to vaccination service delivery.

Faster Cancer Treatment.

Demand for inpatient beds and theatre lists continues to be a challenge with acute and elective surgery. We are continuing to work with services to identify and resolve access issues, and this includes prioritising patients with cancer during Covid-19 restrictions. We are also working to fill vacancies in some key positions (i.e. pathology, surgeons) that have impacted our results.

Raising healthy kids

The Raising Health Kids target is that 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

The overall referral rates was 89%. Māori children were more likely to be referred (94%) and the rate for Pacific children has exceeded the target (96%). Engagement with the 2DHB B4SC Co-ordinator continues to be guided by the B4 School Check Action Plan, which is designed to improve Plunket's service performance with a specific focus on service provision for Māori and Pacific children. One of the key barriers to achieving the target is ensuring the B4SC programme is well integrated into the referrals services. We continue to work with the provider network to deliver a more integrated and connected health services.

Breastfeeding coverage

The rating for breastfeeding coverage has improved between Q1 and Q2. Breastfeeding continues to be a focus for HVDHB and we have increased our Pacific, total population, and high deprivation area breastfeeding rates. However, our results continue to be below the 70% target across all population groups, with many breastfeeding support services in our community experiencing challenges and/or ceasing to operate over the past year.

We continue to target support in Māori and Pacific communities, particularly through our newly commissioned culturally responsive models of antenatal care in the Hutt Valley. We expect the planned promotion and utilisation of the Mama Aroha app through our midwifery colleagues, as well as connecting whanau to the app through the current channels of breastfeeding information distributed to parents, will also help whanau to recognise issues and access support early with breastfeeding difficulties.

Better Help for Smokers to Quit

Ratings for 'better help for smokers to quit in maternity' have improved to 'partially achieved' in Q2. We have implemented an electronic referral which enables easy referral to stop smoking providers in the community from all staff. This will be monitored by the smoke free coordinator, who is also promoting this referral via face to face and social media channels. Providers have noted there has been some reluctance from patients to give information, continue using the appointment scanner, and engage with telephone calls/text campaigns. The smoke free coordinator is meeting monthly with the DHB Māori Health Unit to ensure we are doing our best to support Māori women to quit smoking. Due to COVID restrictions getting quit coaches to come into the hospital and see mamas and whanau, is currently on hold, so building relationships with midwives to lead this mahi is key at the moment. The referral process is slowly building up and on average we are getting about 7-9 per month across 3 DHB. We have had about 2-3 hapu mama or mums with children through, so that this is a really positive sign and we hope to continue to see an increase, as it is more known.

We are continuing to work with our PHOs to ensure that smoking conversations are increased in primary care, and an "every patient, every time" approach is applied to patients who smoke. Work is ongoing to develop a dashboard of smoking information across the 2DHBs to identify where gaps in service delivery are and where efforts should be prioritised.

Ambulatory sensitive hospitalisations (ASH adult)

HVDHB has not achieved the ASH targets for Māori or Pacific for Q2 2021/22. However, performance has improved with a reduction in ASH rates for Māori and Pacific since the previous report. We have also achieved the target for Non-Māori, Non-Pacific and the total population. With the spread of COVID in the

community, over the coming weeks we are anticipating an increase in general practice virtual consultations, alongside a reduced workforce. To reduce ASH rates, our messaging to our communities is that those seeking healthcare services should still seek help from their primary care provider, before an acute intervention is required. We are working with our PHOs to assess the ongoing impact of COVID on business continuity, and the priorities surrounding business-as-usual work over the coming months.

Improving wait times for colonoscopy

Ratings for Q2 were not achieved due to increased demand in referrals and surveillance waitlist with an existing backlog of overdue patients. In addition there has been a low referral decline rate due to referrals meeting national guidelines for threshold acceptance. In order to lift our colonoscopy target we have centred our focus on increasing current endoscopy capacity.

Comparing HVDHB and CCDHB Q1 and Q2 2021/22 Results

HVDHB and CCDHB received very similar results for both Q1 and Q2, as shown below.

	HVDHB		CCDHB	
Achievement	**Number of indicators Q2 2021/21**	**Number of indicators Q1 2021/22**	**Number of indicators Q2 2021/21**	**Number of indicators Q1 2021/21**
Outstanding	0	0	1	0
Achieved	27	23	26	20
Partially Achieved	14	12	12	10
Not Achieved	8	7	9	12

Comparison with national results

MoH has not developed heat maps for Q1 and Q2 2021/22 so we are unable compare our performance across DHBs.

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 has improved, as shown in the table below showing the ratings for Q1 and Q2 2021/22:

Status Update Report	Ratings – Q2	Ratings – Q1
Give practical effect to He Korowai Oranga – Māori Health Strategy	Achieved	Achieved
Improving Sustainability	Achieved	Not Assessed
Improving child wellbeing	Achieved	Achieved
Improving mental wellbeing	Achieved	Partially Achieved
Improving wellbeing through prevention	Achieved	Partially Achieved
Strong and equitable public health services	Partially Achieved	Partially Achieved
Better population health outcomes supported by primary care	Achieved	Achieved

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 (Appendix One) 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 (primary care)	Trend is decreasing and below target	We continue to work with our PHOs to embed a consistent process to achieve this target and equity for Māori and Pacific. We are working with PHOs to encourage referrals to **Takiri Mai Te Ata Regional Stop Smoking Service**. Tū Ora has implemented a new approach emphasising smoking cessation uptake (rather than just advice) with an equity focus for Māori and Pacific.
Childhood immunisations	Trend is improving but below target	We have developed an **Immunisation Improvement Plan** focused on working with kaupapa Māori providers and outreach services to reach children who may not be immunised. Our plan focuses on strengthening the Outreach Immunisation Service, extending the CCDHB Immunisation Network to include HVDHB providers, and gaining insights on factors that influence 'declines'.
Older people immunisation	Performance behind 2020 but higher than 2019	We saw a significant increase in influenza immunisation and aim to sustain coverage (alongside COVID-19) to reduce avoidable winter demand. Our **2DHB Influenza Working Group** is targeting 75% coverage for people aged 65+. Our 2DHB COVID-19 vaccination response in aged residential care facilities is complete. The COVID-19 vaccination rollout took priority over the primary vaccination months. The period of time between COVID and Influenza vaccinations was an additional barrier and saw people prioritising COVID vaccinations. Pacific populations continue to be meeting target.

Shift care closer to home

Indicator	Performance	Our Strategic Response
Avoidable hospital admissions (0-4 years & 45-64 years)	Improving trend	We are encouraging referrals to **Tū Kotahi Asthma Service** and **Well Homes** from primary health care (including midwives and Well Child Tamariki Ora nurses) to increase access to healthy housing interventions to reduce avoidable admissions for respiratory conditions. **Bee Healthy** is strengthening oral health promotion outside of the core dental hubs in pre-schools (child is examined and health promotion advice is shared with parents).
	Trend stabilised	We are working to **improve access to urgent and planned care** in primary care, which will support achievement of this indicator. This work includes the roll out of the Health Care Home model of care, the development of community health networks, and improving primary care access to our specialist advice. There is a Pacific Nursing Service in the Hutt Valley working with families with complex clinical and social needs.
Percentage of people 75+ living in their own home	Stabilising trend	90% of the HVDHB population over age 75+ live in their own home .Our **whole of system response to frailty** supports people to live at home for longer. This includes strategic investments such as the expanded Early Supported Discharge team which is focused on mild-moderate stroke, and medical patients that can be supported to leave hospital early. Our Hutt Valley **clinical pharmacists are reviewing medications** to reduce the risk of falls and fractures that may result in long stays in rehabilitation. Our **in-home strength and balance** programme supports muscle and bone strength, which ensures people remain safely mobile and active.

Deliver shorter, safer, smoother care

\Indicator	Performance	Our Strategic Response
Acute unplanned readmission	Trend is stable	We are developing community responses to population drivers of **acute flow** alongside approaches to maximise the productivity and efficiency of our hospital system. Our **Early Supported Discharge** programme sees more people discharged from hospital earlier, with enhanced support from our nursing and allied health workforce in the community to prevent readmission. In parallel, the **Hospital Network** programme is exploring our short and medium term options for expansion of **2DHB bed and theatre capacity**. This work will ensure that we have space to appropriately manage patients and balance length of stay and acute readmissions. We are also working to facilitate the smooth transition of patients back to their primary care provider with appropriate specialist support.
Acute hospital bed days per capita	Trend is stable or improving	
Shorter Stays in ED	Trend is declining	To improve performance we have streamlined transfers between hospitals, and **previously unused capacity or admission spaces are being utilised** to relieve the impact of access block at the front door. Work is also continuing on more sustainable long-term solutions. We are **redesigning ED and acute assessment units** to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. We are also working to **improve acute crisis support in ED.**

Appendix 1: Hutt Valley DHB – 2020/21 Quarter Four '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

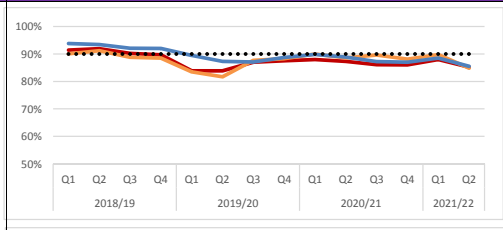
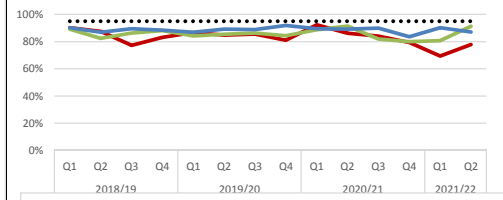
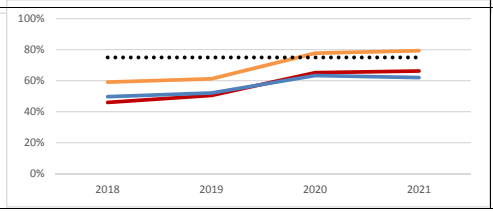
- Prevention, health promotion and public health activities
- Building strong and resilient communities – implementing our Wellbeing Plan
- First 1000 days of life
- Screening for breast, cervical and bowel cancer
- Environmental sustainability
- Achieving health equity

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%		Primary care report challenges posed by patient complexity and being unable to meet patients' needs and deliver ABC advice during a 15 minute consult. We continue to work with our PHOs to embed a consistent process to achieve this target and equity for Māori and Pacific. In addition PHOs encourage referrals to **Takiri Mai Te Ata Regional Stop Smoking Service**. Tū Ora has implemented an approach emphasising smoking cessation uptake (rather than just advice) with an equity focus for Māori and Pacific.
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%		We have developed an **Immunisation Improvement Plan** focused on working with kaupapa Māori providers and outreach services to reach children who may not be immunised. Our plan focuses on strengthening the Outreach Immunisation Service, extending the CCDHB Immunisation Network to include HVDHB providers, and gaining insights on factors that influence 'declines'.
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%		We saw a significant increase in influenza immunisation and aim to sustain coverage (alongside COVID-19) to reduce avoidable winter demand. Our **2DHB Influenza Working Group** is targeting 75% coverage for people aged 65+. Our 2DHB COVID-19 vaccination response in aged residential care facilities is complete.

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

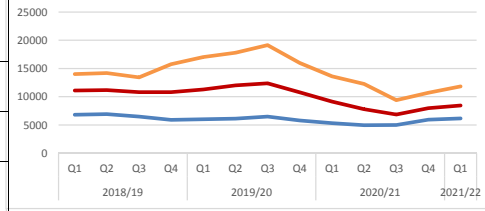
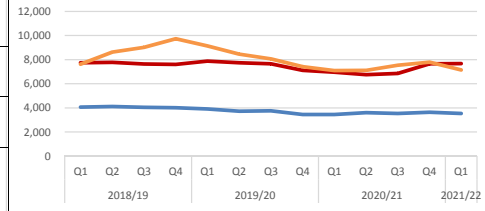
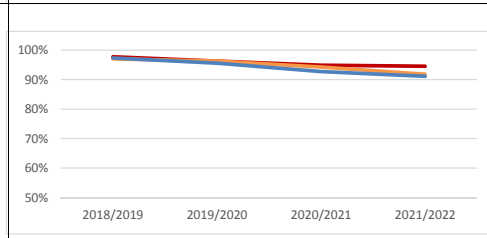
- Early intervention
- Build strong primary and community care
- Health Care Homes
- Placed-based planning – community hubs / neighbourhood approach
- Specialist support for primary care
- Telehealth services
- Management of Long Term Conditions
- Achieving health equity

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
- 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	≤11,676		We are encouraging referrals to **Tū Kotahi Asthma Service** and **Well Homes** from primary health care (including midwives and Well Child Tamariki Ora nurses) to increase access to healthy housing interventions to reduce avoidable admissions for respiratory conditions. **Bee Healthy** is strengthening oral health promotion outside of the core dental hubs in pre-schools.
			Pacific	≤17,459		
			Non-Māori, Non-Pacific	≤5,791		
			Total	≤8,243		
Indicator 2:	Avoidable hospital admissions (ASH rates 45-64 years)		Māori	≤7,271		We are working to **improve access to urgent and planned care** in primary care to support achievement of this indicator. Work includes the roll out of the Health Care Home model of care, the development of community health networks, and improving primary care access to specialist advice. Pacific Nursing Service in the Hutt Valley working with families with complex clinical and social needs.
			Pacific	≤7,947		
			Non-Māori, Non-Pacific	≤3,647		
			Total	≤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. Our **whole of system response to frailty** supports people to live at home for longer. This includes Early Supported Discharge, which is focused on mild-moderate stroke, and medical patients that can be supported to leave hospital early. Our Hutt Valley **clinical pharmacists are reviewing medications** to reduce the risk of falls. Our **in-home strength and balance** programme supports muscle and bone strength, which ensures people remain safely mobile and active.
			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

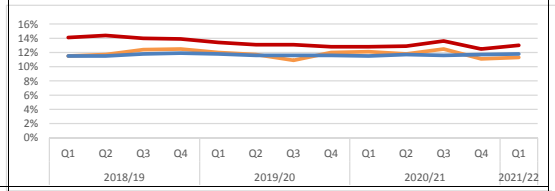
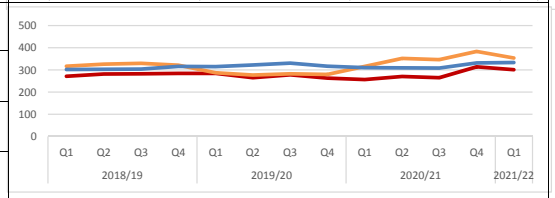
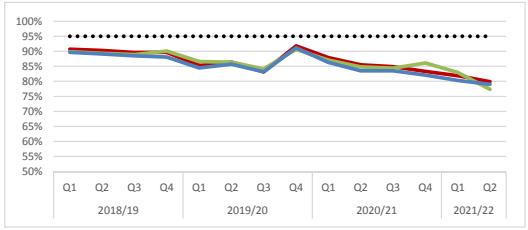
- Timely and effective care
- Safe and efficient hospital services
- Quality improvement activities
- Managing Acute Flow and production planning
- Community, primary and secondary integration
- Achieving health equity

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)
- 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	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%		We are developing community responses to population drivers of **acute flow** alongside approaches to maximise the productivity and efficiency of our hospital system. Our **Early Supported Discharge** programme sees more people discharged from hospital earlier, with enhanced support from our nursing and allied health workforce in the community to prevent readmission.
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	≤564 ≤538 ≤297 ≤344		In parallel, the **Hospital Network** programme is exploring our short and medium term options for expansion of **2DHB bed and theatre capacity**. This work will ensure that we have space to appropriately manage patients and balance length of stay and acute readmissions. We are also working to facilitate the smooth transition of patients back to their primary care provider with appropriate specialist support.
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%		To improve performance we have streamlined transfers between hospitals, and **previously unused capacity or admission spaces are being utilised** to relieve the impact of access block at the front door. Work is also continuing on more sustainable long-term solutions. We are **redesigning ED and acute assessment units** to facilitate delivery of contemporary models of care and ensure facilities are appropriately sized to meet demand. We are also working to **improve acute crisis support in ED.**