

 	<p>MINUTES</p> <p>Held on Wednesday 30 May 2022</p> <p>Location: Zoom</p> <p>Time: 9:00am</p>
<p>2DHB CONCURRENT BOARD MEETING</p>	<p>PUBLIC</p>

Due to Covid 19 protection framework (Red light) all members were on zoom and limited staff attended in person

PRESENT

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

APOLOGIES

* These members gave apologies for lateness, leaving early or leaving for a period for other commitments

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Joy Farley	Director Provider Services
John Tait	Chief Medical Officer
Junior Ulu	Director Pacific People's Health
Mat Parr	Acting Chief Financial Officer
Peter Guthrie	Acting Director Strategy Planning and Performance
Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Services
Paul Oxnam	Executive Clinical Director Mental Health, Addictions and Intellectual Disability Services
Rachel Gully	Director People and Culture
Sarah Jackson	Director Clinical Excellence
Sue Gordon	Director Transformation / SRO COVID-19
Helen Mexted	Director of Communication and Engagement
Sally Dossor	Director, Office of the Chief Executive and Board Secretary
Meila Wilkins	Board Liaison Officer

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting with a karakia.

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

1.4 INTEREST REGISTER

1.4.1 COMBINED BOARD INTEREST REGISTER

The Boards **noted** the interest register.

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

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

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

1.5 MINUTES OF PREVIOUS CONCURRENT MEETING – 16 FEBRUARY 2022

The Boards **approved** the minutes of the concurrent Board Meeting held on 16 February 2022.

	Moved	Seconded	
HVDHB	Keri Brown	Prue Lamason	CARRIED
CCDHB	Roger Blakeley	Kathryn Adams	CARRIED

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

There were no updates or comments.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

- Interaction with the Minister and Ministry regarding financial and operational performance which has been very constructive. We are working with the Ministry's experts including Roger Jarrold.
- Roger is in attendance at the Board meeting today and will also attend the next FRAC meeting on 27 April 2022.
- Noted the letter from Rob Campbell dated 28 March 2022 – re Clarification of Board Annual Reporting and Audit Obligations.

1.8 CHIEF EXECUTIVE'S REPORT

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

Notes:

Acknowledged the staff across the DHBs and our partners though the latest Covid outbreak. As a region we have done well – and while there has been significant pressure we have benefited from the high rates of vaccination.

1.9 BOARD WORK PLAN 2022

The Board **noted** the work plan for the remaining meetings.

2.0 STRATEGIC PRIORITIES

2.1 STRATEGIC PRIORITIES UPDATE

The Boards noted:

- (a) Progress in relation to the implementation of the strategic priorities to be delivered in 2021/22 as we transition to the new health and disability system
- (b) we are continuing to progress the Strategic Priorities Work Programme with risk being actively managed in our constrained COVID-impacted environment.

	Moved	Seconded	
HVDHB	John Ryall	Ria Earp	CARRIED
CCDHB	'Ana Coffey	Kathryn Adams	CARRIED

Notes:

- Questioned raised in the discussion regarding our pro equity approach and where women fit in the work.
- An update was provided on the work on the Wainoumata locality regarding the progress of the work.
- Concern raised that Kōkori Marae has not been engaged with. There has been a capacity issue but a process is in place and Kōkori will be engaged with as part of the process.
- Noted that there has been broad engagement with the community to inform and scope the work that Synergia Consulting is advising on regarding the priorities for investment and implementation.

3.0 DHB PERFORMANCE AND ACCOUNTABILITY

3.1 HVDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORT – FEBRUARY 2022

The Acting Chief Financial Officer presented.

The HVDHB Board noted:

- (a) the DHB had a (\$0.5m) deficit for the month of February 2022, being (\$1.5m) unfavourable to budget;
- (b) the Funder result for February was (\$2.1m) unfavourable, Governance \$0.03m favourable and Provider \$0.6m favourable to budget;
- (c) total Case Weighted Discharge (CWD) Activity was 2% ahead of plan year to date;
- (d) at the end of February 2022, the DHB had a year to date deficit of (\$8.8m), \$0.14m favourable to the agreed budget of a (\$9.0m) deficit;
excluding the unfunded COVID-19 costs year to date deficit is (\$5.3m) which is \$3.7m favourable to the agreed budget.

	Moved	Seconded	
HVDHB	Prue Lamason	Naomi Shaw	CARRIED

3.2 CCDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS – SEPTEMBER 2021

The Acting Chief Financial Officer gave a presentation and answered questions.

The CCDHB Board noted:

- (a) the DHB had a \$1.6m surplus for the month of February 2022, being \$2.1m favourable to the agreed budget;
- (b) In February 2022 we incurred \$2.5m additional unfunded expenditure for COVID-19;
- (c) the total Case Weighted Discharge (CWD) Activity was 0.3% behind plan year to date;
- (d) at the end of February 2022, the DHB had a year to date deficit of (\$29.5m), (\$9.0m) unfavourable to the agreed budget;
- (e) excluding the unfunded COVID-19 costs the year to date of \$16.9m the deficit is (\$12.5m) which is \$7.9m favourable to the agreed budget.

	Moved	Seconded	
CCDHB	Roger Blakeley	Kathryn Adams	CARRIED

Notes (for both reports)



Financial and
Operational Perform

- Noted the month end results for February 2022.
- The presentation covered in detail the year end forecast.
- Covid revenue and costs – the majority of costs are very clear. Covid unfunded comprises; annual leave liability, IDF budgeted vs actual (when the flows impacted by lockdowns and the cost of mandates).
- Planned care not being delivered is a key risk in terms of performance and revenue. CCDHB has around 4000 (and HVDHB 2000) on the list as requiring surgical intervention. When the system is in balance the funding flows to match the care delivered. The system is currently not in balance because the ability to deliver is interrupted by Covid, vacancies and how we manage Covid/working with Covid (eg screening and discharge).
- The slides show our work in progress and relativities to other DHBs. We have come from a good starting place. The better we manage Covid the sooner we can reinstate our production plan which will help us recover (though this will be impacted by staff vacancies, accrued leave and we will still be managing for Covid). There are national discussions with the Ministry on the reset and recovery of planned care across the country.
- Workforce issues were discussed. Noted we are just under 50% vacancies at both sites and 11% on nursing. Nationally there is not a secure pipeline for midwives, and the focus is on the maternity workforce generally. There is national campaign for midwives – but there is also need for nurses and unregistered staff who work in this sector.
- The Ministry is watching all the DHBs regarding how they have approached Covid and the different approaches to Covid in terms of managing planned care and financial impact of catching up on waiting lists. CCDHB is working closely with the Ministry on the approach.
- Expect that the April result will be challenging because of the leave.

- Believe that the staff have forecast appropriately and that there is some headroom in the forecast because we will not be able to employ the additional headcount that is forecast across both DHBs.
- The Ministry is pleased with Chief Executive and team and that there openness and optimistic that will come in on budget.
- Board requested that run-rates are closely monitored and covered at the FRAC and Board in the remaining months
- Normal flu (and RSV) preparations are in place and well underway for its impact through the winter.
- Managing coming out of the year as close to budget as possible but balanced with service delivery and clinical safety.

4.0 DECISIONS

4.1 HSC UPDATE AND ITEMS FOR APPROVAL FROM MEETING DATED 16/03/22

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

The Boards approved the following decision endorsed by HSC:

Item 2.2: Health Care Home, Localities and Networks Funding

Noted:

- (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.

Approved:

- (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.

The Boards noted HSC received reports and noting recommendations on the following:

Item 2.1: 2DHB Localities Update

Noted:

- (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 provided an update on the development of the localities in Porirua, Wainuiomata, and Kāpiti.
- (c) The presentation included context about the health system reforms and shows how the Commissioning & Community localities work contributes to implementing the new health system.

Item 2.3 - 2DHB Maternal and Neonatal System Implementation Plan

Noted:

- (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.

Item 3.1 – Regional Public Health Update: August 2021 – February 2022

Noted:

- (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.

Item 4.1 – CCDHB and HVDHB Non-Financial Performance Reports – 2021/22 Quarter 1 and Quarter 2

Noted:

- (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).

	Moved	Seconded	
HVDHB	Prue Lamason	Keri Brown	CARRIED
CCDHB	'Ana Coffey	Kathryn Adams	CARRIED

Notes:

- Noted the papers and presentations discussed by the Health System Committee.
- Discussed the changes to the Health Care Homes programme and reallocation of funding to the localities work.
- Noted that the Committee had a lengthy discussion on the homecare support for people with disabilities and that an update will be provided as part of the Covid update.

5.0 UPDATES

5.1 2DHB COVID UPDATE

The Director Transformation/SRO COVID-19 presented.



COVID Update for Board on 30 March :

	Moved	Seconded	
HVDHB	Ken Laban	John Ryall	CARRIED
CCDHB	Sue Kedgley	Kathryn Adams	CARRIED

Notes:

- Updated the current status updated as at 28 March 2022. Noted the vaccination rates and variability in the booster uptake in the Māori and Pacific communities and the push to get these rates up to the general population rate. The trusted faces and places campaign supports a local community approach however this has to be balanced with the red light traffic restrictions and also the timing impact.
- Modelling update provided – the number of cases in the community suggest that there is more Covid in the community that shown as reported. The hospitalisation rate shows that we are past the peak. The data governance group is now working through indicators for covid in the community, what 2nd and 3rd waves that might look like, and understanding what these look like so can model and plan for planned care with degree of specificity. . Hospitalisation rates are a better indicator of severity of the disease than the testing data.
- Hospital update as per Slide 9. Noted that the point of care testing is showing a decline in positive. This enables us to respond in real time.
- Update provided on the Community space noting that the quantitative data has not flowed through for the end of March. We have supplemented the data with weekly meetings and other avenues (such as our 3DHB 0800 number for our disability community and monitoring complaints).
- the infection rates in aged care facilities have lagged (as a result of infection control measures) but the staffing infection rate more closely mirrors the general population rate so now we are seeing staffing vacancies. During this period we have had to reach out to Whitireia Polytechnic to access the student populations and work across the system. The key learning is that there needs to be a whole-of-workforce approach (across hospitals and community). This will be worked on.
- We have done our very best to work with DSS and improve the planning and outcomes for the disability sector.
- Discussed risk and that COVID recovery has been identified as a strategic risk and that this planning work is underway in partnership regionally and nationally.
- Noted the need to respond to the email from Tristram Ingham dated 21 March 2022 regarding Tristram’s concern that ‘the DHB is not monitoring outcomes for priority populations’. Tristram requested that it was noted that the information was not available at that time. The Chair noted that we are using the data that we have to inform our plans and our learnings are we go including, and importantly, planning for the next phase.
- ‘Next wave(s)’ are a likely outcome based on the overseas experience.

5.2 3DHB SUSTAINABILITY STRATEGY UPDATE

The Acting Chief Financial Officer introduced the report.

The Boards noted:

- (a) the provided Environmental Sustainability update.
- (b) the 2DHB light vehicle fleet transition plan and the associated constraints.

	Moved	Seconded	
HVDHB	Ken Laban	Josh Briggs	CARRIED
CCDHB	Roger Blakeley	Kathryn Adams	CARRIED

5.3 DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC) ITEMS FOR NOTING FROM COMMITTEE MEETING DATED 16 MARCH 2022

The Board noted:

- (a) The papers are in the Diligent Board book for the DSAC meeting dated 16 March 2022
- (b) DSAC received reports and passed the noting resolutions on items 2.1, 3.2, 4.1, 4.2, 4.3 and 5.1 as set out below.
- (c) DSAC received report 3.1 (*Sub-Regional Disability Strategy 2017-2022 – Independent Review Findings*) and agreed to lay it on the table, to enable the Chair of DSAC to refine the wording of the resolutions for this item (based on what was proposed and discussed at the meeting) and circulate to members.

[At the time of publishing the Board agenda, proposed wording had been circulated to members but feedback had not been received from all members].

	Moved	Seconded	
HVDHB	Naomi Shaw	Ria Earp	CARRIED
CCDHB	'Ana Coffey	Kathryn Adams	CARRIED

Notes:

- Noted the reports on Mental Health and Addiction and the continued expansion of early intervention measures and working with our community. Noted more capacity in mobile and afterhours service and those papers were well received.
- There is a lot of support for the work on the Disability Strategy but that for our disability community there are disappointments.
- The key issue is the 'what next'.
- The Chair of the Committee noted it has been complex and there have been challenges. Highlighted that there is some nervousness with the future health system.
- Thanked the staff, WrDHB, representatives of SRDAG, Jack Rikihana (TUIMC), and those who have shared their personal experiences.
- Comments made that there has been pain within the disabled community and implore the leadership to re-engage with the community.

6.0 OTHER

6.1 GENERAL BUSINESS

A Board member asked for further information about after hours GP services in Upper Hutt, following changes advised by the Upper Hutt Health Centre. It was noted that:

- The PHO Services Agreement requires general practices to provide primary care 24 hours a day, seven days a week, within 60 minutes travel time for people residing within the DHB area. General practices give effect to this requirement largely by participating in rosters at After Hours or Urgent Care centres to around 10pm at night and paying DHBs for services delivered through Emergency Departments overnight until 8am.
- Most practices in the Hutt Valley contribute to the roster at the Lower Hutt After Hours (Emergency Medical Services Ltd), based in Boulcott, Lower Hutt. The Silverstream and Upper Hutt Health Centres have previously elected to serve their enrolled patients directly with a combined roster. The venue for the delivery of this after-hours care was Upper Hutt Health Centre. The service was available specifically for patients enrolled with these practices, not the entire Upper Hutt Community.
- The Upper Hutt Health Centre has now committed to join the roster at the Lower Hutt After hours (approximately 20-30 minutes from the home practices) to fulfil their obligations under the PHO Agreement.
- The 2DHBs have an active work programme to improve access to the continuum of after-hours and urgent care across Wellington, Porirua, Kāpiti and the Hutt Valley. This work is considering the network of urgent care services, other after-hours care options, such as Practice Plus and access to community radiology alongside urgent care. This will improve clinical outcomes, patient experience and financial sustainability and reduce pressure on our Emergency Departments.

6.3 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	Seconded	
HVDHB	Ken Laban	Prue Lamason	CARRIED
CCDHB	David Smol	Kathryn Adams	CARRIED

The public meeting concluded at 12.45pm.

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

DATED this 13th day of May 2022



David Smol
BOARD CHAIR