



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Agenda

Wednesday, 24 November 2021

1.00 pm

via ZOOM

Minister's Expectations for the Bay of Plenty Health System 2021-2022

Principles

- Working together across the system to shape the future of health & wellbeing
- Reaching for excellence
- Investing in community services
- Prioritising wellbeing and equity: giving effect to Whakamaaua
- Improving population wellbeing through prevention

Transformational Care

Priorities

- Child wellbeing
- Mental Health system transformation
- COVID: Containment, vaccinations and embedding learnings

Business Management

- System connectedness to improve financial sustainability
- Financial breakeven in 2021-2022
- Tangible outcomes from sustainability funding
- Strong business and capital investment planning
- Full implementation of CCDM

Note: the above are condensed interpretations of the Minister's Letter of Expectations



Hauora a Toi | Our Priorities 2021-2022




Healthy, thriving communities – Kia Momoho Te Hāpori Oranga

Enablers

- Flourish at Work
- Population Health Plan
- Campus Plan
- Digital Transformation
- Environmental Sustainability
- Nursing & Midwifery
- Health Intelligence
- Clinical Governance
- Health & Safety
- Planned Care


Drivers

- Te Toi Ahorangi
- Strategic Health Services Plan
- Minister's Expectations
- Annual Plan
- Regional Equity Plan
- Financial Sustainability



A connected system

Moving care into the community
Partnering in localities
Health in all policies
Organising for the future



Transformations

Integrated healthcare
Mental health & addictions
Child wellbeing
Connecting with our communities

Equitable healthcare

Identifying unfair and unjust disparities
Systematic addressing of inequities
Enacting Te Toi Ahorangi in the design and delivery of care

Transformations

Growing as Te Tiriti partners
Evolving the Eastern Bay health network
Delivering improvement against equity KPIs

Healthy, thriving workforce

Enhancing physical and psychological safety
Addressing injustice and discrimination
Evolving the new world of work

Transformations

Leadership development
Restorative resolution
Union partnerships
Role clarity
Reducing bureaucracy
Sharing information
Growing a sustainable Māori workforce

Safer and compassionate care

Robust clinical governance and continuous improvement
Recognising the uniqueness of each individual

The Quality Safety Markers

Falls
Healthcare associated infections
Hand hygiene
Surgical site infection
Safe surgery
Medication safety
Consumer engagement

Transformations













Culturally safe quality management
Intelligent quality monitoring & improvement
Choosing wisely
Person & whānau-centred systems

04/11/2020

Board Agreed Transformation Priorities

1. Child immunisation
2. Child oral health outcomes
3. Eastern Bay Health Network
4. T1-T2 connection and commissioning

Top 12: Executive Spotlight

- | | | | |
|--|---|--|---|
|  <p>Increase the number of infants that have completed all age-related immunisations</p> |  <p>Reduce avoidable hospital admissions among children 0-4</p> |  <p>Increase number of patients enrolled and actively engaged in GP services</p> |  <p>Reduce DNA rates for children between 0-17 years</p> |
|  <p>Reduce avoidable hospital admissions among adults aged for 45 - 64 year olds</p> |  <p>Reduce the time to appropriate management of acute presentations</p> |  <p>Reduce LOS for Acute Admissions</p> |  <p>Reduce the number patients who have been in hospital 7 days or more that do not require a hospital bed</p> |
|  <p>Reduce the number of patients that remain untreated after 4 months after commitment to treatment</p> |  <p>Improve inpatient Quality and Safety</p> |  <p>Increase Maori in the workforce across occupational groups and across Western and Eastern BOP</p> |  <p>Increase access rates to Mental Health and Addiction services</p> |

*Ē hoki koe ki ō Maunga, ki ō Awa.
Kia pūrea koe ē ngā Hauora ō Tāwhirimatea.*

*Return to your sacred mountains and rivers.
So that you can be purified by the sacred winds of Tāwhirimatea*

Position Statement on Te Tiriti o Waitangi, Health Equity and Racism

This position statement confirms that the Bay of Plenty DHB is making a stand to implement Te Tiriti o Waitangi Articles and Principles, work in partnership with stakeholders to improve Health Equity for Māori as tangata whenua, and eliminate all forms of racism in the Bay of Plenty health system. The DHB believes that systemic failures to honour Te Tiriti o Waitangi, persistent inequities and racism is unfair, unjust, and in many cases, avoidable. Inaction in regard to these obvious issues is unacceptable.

The Bay of Plenty District Health Board's positions are as follows:

- We recognise Te Rūnanga Hauora Māori o Te Moana a Toi as our Te Tiriti governance partner and support meaningful tangata whenua representation, kaitiakitanga and participation at all levels of the system. This includes the use of mechanisms that promote shared decision-making, prioritisation, commissioning/purchasing, planning, policy development, service provision, solution implementation, cultural safety, research and evaluation.
- We respect and enable tangata whenua to articulate and lead change toward their health aspirations.
- We will address institutional structures and biases that obstruct health equity. This includes active support of Te Toi Ahorangi Te Rautaki a Toi 2030 and its iwi leadership; cognisance of He Pou Oranga Tangata Whenua Determinants of Health; use of strength-based approaches that engage and involve Māori communities; and recognition that mana motuhake (autonomy) and rangatiratanga (authority) are critical to achieving Māori health equity.
- We will prioritise and resource the achievement of healthy equity for Māori and work toward ensuring all communities of Te Moana a Toi are supported to realise Toi Ora based on agreement.
- We acknowledge the impact of inequity on all people and accept that more work is required to support other communities that suffer from avoidable, unjust and unfair equity in the spirit of manaakitanga.
- We will protect Māori custom and the position of wairuatanga and te reo me ōna tikanga as fundamental aspects and enablers of Toi Ora.
- We will also respect and ensure that Māori culture and worldview in Te Moana a Toi is prioritised as part of health system solutions. We acknowledge the right of all people to spiritual and religious freedom is respected and protected by the Bay of Plenty District Health Board.
- We will implement proportionate universalism as an approach to balance targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage.

[Link to Actions and Evidence](#)



Item No.	Item	Page
	<p>Karakia</p> <p>Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te pō ko tenei te awatea Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
1	Apologies	
2	Interests Register	6
3	<p>Minutes</p> <p>3.1 <u>Board Meeting – 27.10.21</u> <u>Matters Arising</u></p>	11 14
PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES		
PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY		
4	<p>Items for Discussion</p> <p>4.1 <u>Chief Executive’s Report</u></p>	
5	<p>Items for Noting</p> <p>5.1 <u>Correspondence</u></p> <ul style="list-style-type: none"> • Letter from MOH DG re the Transfer of Responsibility for Drinking Water Regulation to Taumata Arowai, dated 20 October 2021 • People Panui from DPMC on Future of Health for week 2-8 November 2021 <p>5.2 <u>Board Work Plan</u></p>	15 18 24



Item No.	Item	Page
6	General Business	
7	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
8	Next Meeting – Wednesday 26 January 2022.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated October 2021)



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Iwi Authority	Board Director	Fisheries Trust	LOW	22/10//19
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
Poutiri Trust	Pou Tikanga	Health Services Provider	LOW	May 2021
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018



Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
BOPDHB	Wife Penny works as Casual Vaccinator	Health Services Provider	LOW	Sept 2021
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Vic Davis trust	trustee	Grants for mental illness research	LOW - DHB employee may be applicant/recipient of grants	1/9/20
Lakes DHB	Wife Sue has position in Quality and Risk re WC&F investigations	Health	Moderate	March 2021
GUY, Marion				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NZNO	Honorary and Life Member	Nursing Union	LOW	



Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
SHEA, Sharon				
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Negotiating a service delivery contract to deliver Mental Health Services for people who experience mild to moderate distress	LOW	March '21
Manawaroa Ltd	Director & Principal	Delivery of Puawai Programme funded by Oranga Tamariki	LOW	March '21
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020
EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020
Interim Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Counties Manukau DHB	Consultant	Maori Health project	LOW	November 2020



Health Hearts for Aotearoa (HHANZ)	Board Member	Health Research	LOW	June 2021
Whakauae Research – Translation, Uptake and Impact (TUI) Advisory Group	Member	Research Programme for Maori Health and Development	LOW	September 2021
Maori Health Authority (MHA)	Co Chair	Health Board		September 2021
Health New Zealand (HNZ)	Board Member	Health Board		September 2021
Accenture	Consultant	Health IT	LOW	October 2021
Husband – Morris Pita				
- Health Care Applications Ltd	CEO	Health IT	LOW	18/12/2019
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019
STEEL, Linda (Maori Health Runanga Chair)				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/02/2021
WILLIAMS, Wayne				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services	Director	Alliance Corporate Activities	LOW	15/4/2021



Ltd				
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020



Minutes

Bay of Plenty District Health Board

Via ZOOM

Date: Wednesday 27 October 2021 at 10.40 am

Board: Sharon Shea (Chair), Geoff Esterman, Mark Arundel, Bev Edlin, Ian Finch, Marion Guy, Ron Scott, Arihia Tuoro, Wayne Williams, Linda Steel (Runanga Chair), Natu Vaeluaga, Mariana Hudson

Attendees: Pete Chandler (Chief Executive), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew (Acting GM Planning & Funding and Population Health), Julie Robinson (Director of Nursing), Marama Tauranga (Manukura), Debbie Brown (Senior Advisor Governance & Quality), Jeff Hodson (GM Facilities and Business Operations) – 12.50pm

Item No.	Item	Action
	Karakia	
1	<p>Apologies Apologies were received from Hori Ahomiro and Leonie Simpson Resolved that the apologies from H Ahomiro and L Simpson be accepted. Moved: M Arundel Seconded: R Scott</p>	
2	<p>Interests Register Board Members were asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.</p>	
3	<p>Minutes</p> <p>3.1 <u>Minutes of Board meeting – 29.9.21</u> Resolved that the Board receives the minutes of the meeting held on 29 September 2021 and confirms as a true and correct record. Moved: L Steel Seconded: B Edlin</p> <p>3.2 <u>Matters Arising</u> All Matters Arising were in progress or completed as indicated. The Equity paper had been presented to both Board and Runanga forums and taken back to the Runanga who gave guidance and views. This will come back to Joint ZOOM meeting on 12 November.</p>	Manukura
	Part A: Future Focus and Key Strategic Issues	
	Part B: Monitoring, Compliance and Business as Usual Delivery	
4	<p>Items for Discussion</p> <p>4.1 <u>Chief Executive's Report</u> The Chief Executive highlighted: Focus is on COVID and the moving feast. Super Saturday was great with amazing community response. The data is interesting. 40% more vaccinations on Super Saturday than any other day previously. Trend since then has been a drop in vaccination numbers.</p>	

Item No.	Item	Action
	<p>Mandatory Vaccination Bill has also come into play.</p> <p><i>Ethical Considerations</i> are being worked on at a moderate pace. There is a mechanism that can be brought into play. CEO is discussing with regional colleagues who have variations of ethical based decisions.</p> <p><i>Our People</i> - BOPDHB is thrilled to have Jonathan Wallace join the organisation as Exec Director Health Quality & Safety. It has been a difficult gap to navigate. CEO will meet with Jonathan on Friday for shaping of Clinical Governance.</p> <p><i>Digital Transformation</i> - the Minister's letter of Expectations requested push forward on this. BOPDHB was ready to launch strategy around about now, however MOH requested alignment with national strategy prior. There is a workshop planned with MOH digital team, however BOPDHB is ready to push forward.</p> <p><i>CHIRP</i> - this is internal steps to an integrated Child Health model as one piece of a much bigger picture. It is important to have CAMHS, Paeds etc coming together instead of children bouncing between services. It manages demand, equity and access.</p> <p><i>Respiratory</i> – comment was made that GP Practices undertake a lot of Spirometry and it is considered there is some disconnect. Nurses need to be trained in Spirometry with the Asthma Centre, which comes at a cost. Te Rapa Hou Committee has on agenda to discuss.</p> <p><i>Breastfeeding</i> - the Board appreciated the information on Breastfeeding. BOPDHB is aiming to have a one pager on all key achievements, specifically on equity where there has been a shift made.</p> <p><i>Recruitment</i> - the workforce is volatile with risk. BOPDHB is still attracting good people into the team who have made a real difference.</p>	
5	<p>5.1 <u>Child and Youth Mortality Review Committee Report</u> There is a historical framework which is broken. Children are falling through gaps in the system. It is unacceptable. Only part of that model lies with health. There is an imminent review. All agencies are doing their best under a fragmented system. Resource is an issue. There is some work underway and a better model needs to be found by the middle of next year. Te Pare o Toi (TPOT) will lead for BOPDHB moving forward. It is important to make traction. The Runanga has also discussed as an area of priority.</p> <p>5.2 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> • Letter from MOH COVID 19 Response – Oxygen Supply and Related Environmental Systems Programme, dated 5 October 2021 • Letter from Procurement Functional Lead, Ministry of Business, Innovation and Employment re Carbon Neutral Government Programme – Transitioning the government fleet, dated 14 October 2021 <p>5.3 <u>Board Work Plan</u> The Board noted the information.</p>	
6	<p>General Business There was no general business</p>	

7	<p>Resolution to Exclude the Public</p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes - 29.9.21 Chief Executive's Report Presentations - COVID Health Reform Transition Planning Optimising Leadership and Management of Acute Demand Programme Te Manawa Taki roosed Regional Governance Structure Landry and Linen Services Contract BOPDHB Annual report 2021 – Draft Correspondence</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Bronwyn Anstis Mike Agnew Julie Robinson Jeff Hodson Debbie Brown Marama Tauranga</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Shea Seconded: G Esterman</p>	
8	Next Meeting – Wednesday 24 November 2021	

The open section of the meeting closed at 11.08 am

The minutes will be confirmed as a true and correct record at the next meeting.

RUNNING LIST OF BOARD ACTIONS - Open

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
Date	Task	Who	By When	Status	Response
27.10.21	<p>Equity Paper</p> <p>The Equity paper had been presented to both Board and Runanga forums and taken back to the Runanga who gave guidance and views. This will come back to Joint ZOOM meeting on 12 November.</p>	Manukura	12 Nov		Rescheduled to 14 December ZOOM



CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

24 November 2021

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed by: Debbie Brown, Senior Advisor, Governance and Quality

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board notes the correspondence.

ATTACHMENTS:

- Letter from MOH DG re the Transfer of Responsibility for Drinking Water Regulation to Taumata Arowai, dated 20 October 2021
- People Panui from DPMC on Future of Health for week 2-8 November 2021

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20 October 2021

Pete Chandler
Chief Executive
Bay of Plenty District Health Board
pete.chandler@bopdhb.govt.nz

Tēnā koe

The Transfer of Responsibility for Drinking Water Regulation to Taumata Arowai

As you will be aware, drinking water is currently regulated by the Ministry of Health (the Ministry) under Part 2A of the Health Act 1956. In 2019, following the recommendations of the Havelock North Inquiry and the Three Waters Review, Cabinet agreed to develop a new regulatory regime and regulator for drinking water outside of the health sector under Vote Internal Affairs.

The Ministry worked closely with the Department of Internal Affairs to build the new regulator (Taumata Arowai) and design the new regulatory regime for drinking water contained in the Water Services Act (the Act); this received Royal assent on 4 October 2021. The Ministry and Taumata Arowai are now preparing for a 'go live' date for Taumata Arowai of 15 November 2021. At this point, Taumata Arowai will become the dedicated water services regulator for Aotearoa and the Ministry will cease to be responsible for this function.

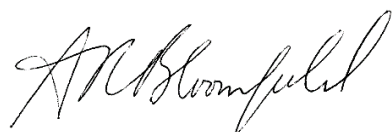
The immediate impact for your district health board is that public health units will no longer be required to provide drinking water regulatory services under Part 2A of the Health Act and Public Health Core Contract. However, no funding associated with drinking water in the Public Health Core Contract will be transferred to fund Taumata Arowai, as drinking water remains a public health issue. Public health units will continue to lead the public health response to future drinking water incidents and some resource is required to remain in the public health system to support that role. Exactly how this will work in practice will be set out in a Memorandum of Understanding (MoU) currently being developed between the Ministry and Taumata Arowai. A working group established by the Public Health Clinical Network is working closely with the Ministry and Taumata Arowai on progressing a draft of the MoU, and a commitment has been given that all public health units will have an opportunity to provide feedback on the draft MoU before it is finalised.

The Ministry has been engaging with public health units and a representative group of district health board human resource managers to keep them advised of the regulatory change process. These staff are aware of the changes that are coming. However, it is

not until now, with the Water Services Act having received Royal assent, that we have been able to confirm a start date of 15 November 2021 for Taumata Arowai.

I understand that Bill Bayfield, Chief Executive, Taumata Arowai will shortly be communicating with you on the new regulatory regime for drinking water and the approach of Taumata Arowai to its new role. In the meantime, if you have any specific questions on the regulatory change process, please contact John McGrath, Director Priority Projects, System Strategy and Policy at the Ministry (john.mcgrath@health.govt.nz / 021 573 673).

Yours sincerely



Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

People Pānui

Issue 2 – 8 November 2021

Health system reform news and updates for the health workforce.

In this edition **Roadshows provide key health system reform information**

Roadshows provide key health system reform information

Over the last few weeks the Transition Unit has been visiting towns and cities across Te Waipounamu (the South Island) providing updates on the reform of the health system.

Webinar with the New Zealand Public Service Association

These 90-minute sessions have been attended in person and virtually by almost 1,000 people.

What health reform legislation means for you

This week, we begin our North Island series. We have recently sent out registration links for sessions up to 17 November. If you haven't received information about this yet and would like to, please email support.tu@dpmc.govt.nz

Your thoughts – insight from roadshow attendee

The sessions give an overview of the reforms, the key initiatives currently underway, and how you can stay informed about further opportunities to get involved. There is also a chance to ask questions.

People of the Transition Unit

The Transition Unit team has gained some great insight into the key areas of interest from those attending the sessions. Over the next little while we'll be sharing updates on these areas of interest on our website and will be continuing to capture questions as we visit locations across the North Island.

To start with, we've provided updates on two key areas of interest below.

Disability support services and health reform

The current health system has two related, but distinct, areas to consider in terms of disabled people and disability. Support services which are designed specifically for disabled people – called Disability Support Services (DSS) – and providing health services to disabled people.

Our health and disability system has not performed consistently in providing either Disability Support Services or equitable health outcomes for the disabled community – this was evidenced further in the Health and Disability System Review.

Following this review, the Government commissioned further work around how best to ensure the aspirations of the disabled community are met.

The Government has announced that a new Ministry for Disabled People will be established. This will ensure joined-up supports and services are available to disabled people and drive improved overall outcomes for disabled people. The new Ministry will also lead and coordinate cross-government disability policy, deliver and transform disability support services and progress work on broader disability system transformation.

This work complements the work underway within the health reform programme to ensure all New Zealanders have equitable access to the care they need, regardless of who they are or where they live.

[Read more about services for disabled people](#)

Patient-management systems

We want a future where people and their clinicians can access patient information through the equivalent of a single patient record.

It's possible to achieve this without needing to roll the same platform out to everyone. Modern approaches can deliver secure information sharing between different care providers and systems much more quickly and affordably than through a single platform rollout.

With varying levels of digital maturity and different legacy systems among DHBs, we're looking for innovative solutions that allow us to use our resources most effectively. Some of this work is underway, including the Hira programme (previously known as the national health information platform) being delivered by the Ministry of Health. This is focused on enabling a virtual health record by securely drawing information about a person from different systems. The Hira programme will continue under the new system.

[Read more about the Hira programme](#)

Webinar with the New Zealand Public Service Association

The Health Reform Transition Unit was recently invited to discuss the reform of the health system with the New Zealand Public Service Association.

Deputy Director of the Transition Unit, Martin Hefford, took members through the key elements of the work programme.

Megan Barry, Mental Health Nurse and PSA Youth National Co-Convenor said the webinar was a great introduction to the future of Aotearoa New Zealand's health system.



“Martin spoke about the process behind the setup of the new health system and the reason for this. I enjoyed hearing about how our communities and our people are at the centre of these decisions. I encourage everyone to find the time to watch. As a health care professional, it made me feel I was a part of the change rather than the change happening to me. I look forward to the upcoming webinars and hearing what’s next for the transition unit.”

[View a recording of the webinar](#)

What health reform legislation means for you

The Bill giving effect to the reform of the health system - the Pae Ora (Healthy Futures) Bill - has been introduced to Parliament, marking the start of the legislative process to create the future of health in Aotearoa New Zealand.

The Bill paves the way for the new system by formally creating the entities Health New Zealand and the Māori Health Authority. So what does the legislation mean for you, or others working in the health sector?

What the legislation says about those employed in the health sector

The Bill makes it clear that Health New Zealand, once established on 1 July 2022, will take over the assets, liabilities, contracts and employees of the existing 20 District Health Boards.

It means that, if you’re employed by a DHB (aside from Chief Executives) you’ll simply transfer over to Health New Zealand on the same terms and conditions on 1 July 2022. If you’re employed by a Primary Health Organisation, the structural change of the health system is unlikely to have an immediate impact on your employment. If you’re employed by a shared service agency there will also be no immediate change to your employment – the only change the legislation makes is that your agency will be owned by Health New Zealand, rather than by a DHB.

The timeframe for changes

The Bill sets out the timeframe for the official switch to the new health system – 1 July 2022.

In the meantime, both Health New Zealand and the Māori Health Authority have been established as interim agencies with Boards appointed.

Their first priority has been to recruit a Chief Executive to lead the transition to the new system – once these Chief Executives are appointed and supporting leadership teams developed, further details of the structure of the organisations will take shape.

Any changes to collective agreements

The Bill clarifies that collective agreements will continue after 1 July. This is also true for employment policies of DHBs – these will continue after 1 July as though they are employment policies of Health New Zealand and the organisation will consult with employees before introducing new policies that will have a material effect on employees.

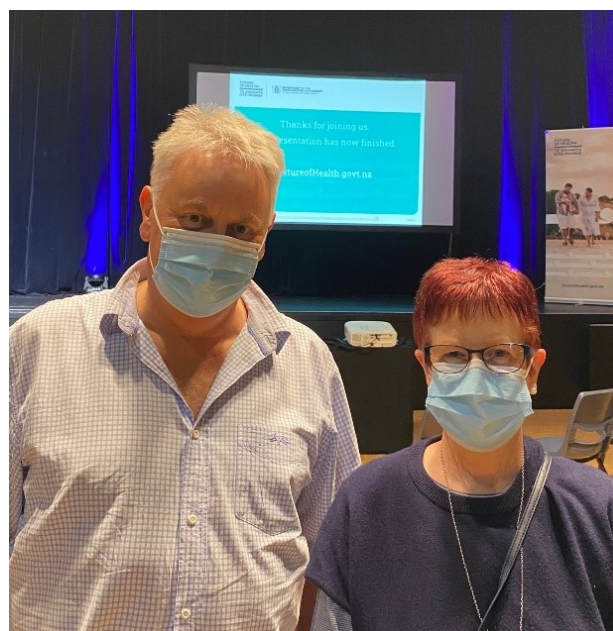
To stay up to date on the progress of the Bill, [visit the Parliament website](#)

You might also want to [watch Health Minister Andrew Little talk about the Bill](#) during a briefing with health sector stakeholders when it was introduced to Parliament on 20 October.

Your thoughts – insight from roadshow attendees



Jan Bensemann, Chair of Motueka Community House and President of Motueka Red Cross; **Rae Dozell**, Manager of Motueka Community House; and **Marie Lindaya**, Member of the Health Consumer Council and Area Councillor Chair Tasman/Marlborough New Zealand Red Cross



Peter McIntosh from West Coast DHB and **Susan Watson**, General Manager of O'Connor Home in Westport

Tell us about what you learnt from the Future of health information roadshow session

Rae: I thought it was a useful presentation and I got a much better understanding about the reforms. I really like the idea of setting up the Māori Health Authority. I also liked the idea that there will be increased collaboration between agencies and community groups.

Jan: We need to do something about the 'post code lottery' so I hope the reforms help that. I was pleased to hear about the need for more connection and collaboration.

Marie: I like the idea of the Māori Health Authority. I think our refugees will have a strong connection to the organisation because they will be able to connect culturally with it. I think the reforms will bring a better ease of access to health care for everyone. I'm pleased to see the cultural capital is going to be enhanced.

Susan: I learnt a lot from attending and I am glad I made the effort to come along. I got a much better understanding of the structure and composition of the different agencies and organisations. I'm confident with the future of health.

Peter: I think there are many great opportunities for the future, and it's good to be a part of the transition. Being on the West Coast, I'm pleased there is a focus on getting better access to services.

People of the Transition Unit – Simon Medcalf

In this edition, we chat to Simon Medcalf who has played a key role in developing the Pae Ora (Healthy Futures) Bill.



Tell us a little about yourself and your background.

I'm only a recent arrival in New Zealand – I moved here from the UK with my whānau in early 2020, arriving four weeks before lockdown! My substantive job is as Group Manager Strategy in the Ministry of Health, where I worked mainly on COVID-19 strategy and Alert Levels, and I've been on secondment to the Transition Unit since September 2020. My background is in the NHS and Civil Service in England – over about 13 years I've led national reforms and programmes for health and social care in the Department of Health, and spent time as Head of Mental Health in NHS England.

What's your role as part of the health reform?

I'm co-leading the policy work in the TU. This includes all of the policy choices on the design of the future system, helping Ministers to make decisions on the big questions. It covers policy briefings, working on the legislation, advice on funding and budget, and supporting Ministers and Cabinet to understand and oversee progress with the reforms. Since the TU was set up, we think we have written more pages than War and Peace! I think that speaks to the complexity and impact of these reforms, and the importance of considering all possible factors and approaches in designing changes of this size.

What are you working on at the moment?

The big focus over the past month has been on the Pae Ora (Healthy Futures) Bill, which has just been introduced to Parliament. This is the key legislation that will create the reformed system. It has been a fascinating experience to see the Bill develop and give life to the new entities and the principles and accountabilities that will underpin the system. We are now preparing for the Select Committee process to debate the Bill, which will give New Zealanders the opportunity to provide their feedback and input to the Committee.

What happens next?

The Bill process will move forward over the coming months through Select Committee debates – supporting that will be a big focus. But the policy work doesn't stop there. We will also be working

on supporting Ministers through the process for Budget '22, taking forward more detailed policy work for Day 1 of the new system, developing the system-wide approach to monitoring and reporting, drafting the interim Government Policy Statement, and much more.

What is your advice to the health sector?

Firstly, I encourage everyone with an interest to [have a look at the Bill](#) and think about how you might contribute to the Select Committee process. The legislation isn't just about technical legal descriptions of entities – it also says something important about the type of system we want, and the common principles that should inform how people work at all levels. It's important to get it right.

More broadly, I have been struck in my short time in this country by the incredible commitment of everyone working in our health system. In unprecedented circumstances, the focus on working collectively and collaboratively for the benefit of the whole population has shown what we can achieve through these reforms. We want to keep learning from the expertise and experience of the health sector, so please keep engaged and tell us what needs to change and how.

