

Agenda

Bay of Plenty District Health Board

Venue: Conference Room, Clinical School, Whakatane Hospital Date and Time: Wednesday 21 August 2019 at 9.30 am

Please note: Board Only Time, 8.30 am

Minister's Expectations

- Primary Care Access
- Mental Health
- Improving Equity
- Public Delivery of Health Services
- Health and Wellbeing of Infants,
 Children and Youth
- Improving Population Health
- Long Term Capital Planning
- Workforce
- Climate Change
- Accountability for Improved Performance

Priority Populations

- Māori
- First 1000 Days of Life
- Vulnerable Children and young People
- Vulnerable Older People
- People with Long Term Severe
- Mental Health and Addiction Issues

The Quality Safety Markers

- Falls
- Healthcare Associated Infections
- Hand Hygiene
- Surgical Site Infection
- Safe Surgery
- Medication Safety

Strategic Health Services Plan Objectives:

Live Well: Empower our populations to live healthy lives

• Stay Well: Develop a smart, fully integrated system to provide care close

to where people live, learn, work and play

Get Well: Evolve models of excellence across all of our hospital services



Item No.	Item	Page			
1	Karakia				
_	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 awatea ka huri atu ki te pō (te pō ko tenei te awatea)				
	Whano whano!				
	Haere mai te toki!				
	Haumi ē, hui ē, tāiki ē!				
	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!				
2	Presentation Nil				
3	Apologies				
4	Interests Register	4			
5	Minutes and Chair Report Back				
	5.1 Board Meeting - 17.7.19 Minutes	8			
	5.2 Matters Arising	13			
	5.3 <u>CPHAC/DSAC Meeting – 7.8.19 Minutes</u>	15			
	5.4 Maori Health Runanga Meeting - 12.6.19 - Minutes	20			
6	Items for Discussion / Decision (Any items that are not standing reports must go via the Committees and will include the Chair's report and Committee recommendation)				
	6.1 <u>Chief Executive's Report</u>	28			
	6.2 <u>Dashboard Report and System Level Measures Q 3</u>	43			
	6.3 <u>Maori Health Dashboard Report</u>	48			
	6.4 Primary Health Organisation Reports	49			
	6.5 <u>Annual Plan 2018-19 – 12 Months Progress Report</u>	51			
7	Items for Noting				
,	7.1 <u>CEO's Expenses 1 July 2018 – 30 June 2019</u>	93			

Item No.	Item	Page
	7.2 <u>Submission to Road to Zero - New Zealand Road Safety Strategy 2020-30</u> <u>Consultation</u>	100
	7.3 <u>Board Work Plan 2019</u>	113
8	Correspondence for Noting	
	8.1 Minister of Health's Letter of Expectations 2019/20 – 12 July 2019	114
9	General Business	
10	Resolution to Exclude the Public Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.	
	Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.	
11	Next Meeting – Wednesday 18 September 2019.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated July 2019)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Toi te Ora	Wife is an employee	Health	Minor to Nil. No direct influence.	03/02/2014
TECT	Trustee	Community Trust	LOW	July 2018
BOYES, Yvonne				•
Boyes Family Trust	Trustee	Family Trust	NIL	1999
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rurual Health Inter- Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
Bay of Plenty Child Research Trust			Low	March 2019
EDLIN, Bev				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/Chair September 2017
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

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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	Licensing Commissioner /			
Council	Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
Western Bay of Plenty PHO	Board Member	Health	LOW – WBOP PHO has contract with the DHB but as a Board Member Geoff is not in a position to influence contracts	28/11/2013
Western Bay of Plenty Primary Care Provider Incorporated Boad	Board Member	Primary Healthcare	LOW	28/11/2013
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
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Waterview Buildings Ltd	Director	Property	NIL	28/11/2013
GUY, Marion			•	
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
NICHOLL, Peter				
Nicholl Consulting Ltd	Director	Economic advice	NIL	01/01/2007

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
		(mainly outside NZ)		
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical	Contractor	Advisory body to	NIL	01/02/2005
Assistances, US Treasury		overseas central Banks		
PARKINSON, Matua	1		•	
Hunters Club Limited	Director	XXXXX	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
ROLLESTON, Anna				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
SCOTT, Ron	<u>-</u>			•
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 it the position to influence funding decisions.	July 2013
AA Bay of Plenty District	Council Member	Transport and Road	LOW	March 2018

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Council		Safety		
TURNER, Judy				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging issues	LOW	2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
SallyW Ltd	Director	Consulting & Coaching	Nil	2001



Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, 889 Cameron Road, Tauranga Date and Time: 17 July 2019 at 9.30 am

Board: Sally Webb (Chair), Ron Scott, Bev Edlin, Judy Turner, Marion Guy, Yvonne Boyes,

Mark Arundel, Matua Parkinson, Geoff Esterman, Peter Nicholl and Anna

Rolleston

Attendees: Helen Mason (Chief Executive), Owen Wallace (GM Corporate Services), Mike

Agnew (Acting GM Planning and Funding and Population Health), Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (DON), Hugh Lees (Chief Medical Advisor), Jeff Hodson (GM Property Services), Sarah Mitchell (Dir, Allied Health, Scientific & Technical), Debbie Brown (Snr Advisor, Governance & Quality), Tricia

Keelan, (GM Maori Health Gains & Development)

Public Attendee: Jean Bell

Item No.	Item	Action
1	Karakia had been undertaken at Board only time	
2	Presentation 2.1 Introduction of new CIO – Richard Li Richard introduced himself and gave his background. Richard arrived in New Zealand from China 21 years ago. His parents are Paediatricians and he comes to us from a PHARMAC background as Head of IT. He has a passion for Digital IT and over the next few months will be drafting a Digital Strategy for BOPDHB. CEO advised that one of the priorities identified with BOP Evolution is digital transformation. Board Chair welcomed Richard to the organisation. The Board will look forward to the results of having Richard as CIO and requested that Richard return with an update in 3 months. 2.2 The Dark Arts of TTHW Procurement Mike Agnew, Senior Portfolio Manager, Planning & Funding (P&F) P&F manage 428 contracts with 1374 service lines and 207 providers, largest of which is the BOPDHB Provider Arm. Current funding is \$760m. Query was raised as to whether the Provider Arm was one of the 207 providers. The Provider Arm is one of the 207 providers. It does have sub-providers. P&F's core function is Planning & Procurement. Funding at a local level provides closer relationships with providers. P&F is one unit with 2 teams. Query was raised on Evidence Based Best Practice.	GMCS

GMMHGD advised that Te Toi Ahorangi will direct best practice for kaupapa Maori. Query was raised as to whether there is preference given to local providers. It can be important to have local knowledge, however all aspects are considered. Expectations are clearly set out in tender documents. If there is a gap in the local market, outside providers may be required to be brought in. Submissions for funding are put before the Funding Management Committee made up of Executive Team members including the CEO. Query was raised on whether contracts require documentation of outcomes. Outcomes is a new way of thinking and can be hard to define and measure. Measurement and monitoring is carried out. GMMHGD advised that impacts of the contracted service that is delivered are measured. For National contracts P&F seek to influence by actively participating in working groups both regionally and nationally. National prices are set nationally. Auditing is an important aspect of the P&F division. There are a number of different auditing agencies. CEO advised that strong focus will be on the MHAS review and thinking about the future and working in a different way. The Board thanked Mike for his informative presentation. 3 **Apologies** Apologies were received from P Ngaropo Resolved that the apologies from P Ngaropo be received Moved: A Rolleston Seconded: B Edlin 4 **Interests Register** The Board was asked if there were any conflicts in relation to items on the agenda. 5 Minutes 5.1 Minutes of Board meeting Public attendee was Mawera Karatai, not Marewa **Resolved** that the Board receive the minutes of the meeting held on 19 June 2019 and confirm as a true and correct record. Moved: J Turner Seconded: Y Boyes Head of 5.2 **Matters Arising** Clinical Query was raised on response to Research query. CEO advised this School will come to Board in August. Response to the Treasury Living Standards framework is to come to **GMPF Board in August** 5.3 Minutes of Maori Health Runanga Meeting - 20.2.19

5.4	Minutes of Maori Health Runanga Meeting – 13.3.19	
5.5	Minutes of Maori Health Runanga Meeting – 10.4.19 Query was raised on pg 41 and the 1 PHO policy. Runanga to correct.	GMMHGD
5.6		
The	e Board noted the minutes of the Runanga meetings.	
6 Ite	ms for Discussion / Decision	
6.1	Chief Executive's Report	
	The Chief Executive highlighted:	
	ARA Gold Award -GMCS advised this was the Australian Reporting Awards where Annual Reports are assessed against benchmarks and awarded Gold, Silver or Bronze as well as specific awards within that. It is a credit to the team. In spite of changes that occurred for the team in the last year, the annual report process was well run and the result from the ARA recognises the work undertaken. The Gold Award was a great outcome.	
	Kaupapa Maori Parenting Programme. GMMHGD advised that Maori Health is working in partnership with the Parenting Place with a whanau perspective. There is agreement in principle with BOP philanthropics to part fund. There have been meetings held about the programme. The Parenting Place is Tiriti o Waitangi led. There is a specialist unit within the team which is who BOPDHB is working with.	
	Collaboration with BOP COBOP. COBOP has been in existence for many years. It is a good networking forum across many agencies. It is going through a process of review to make it more outcomes focused.	
	Nursing Strategy Workshop. DON advised of first cross sector nursing strategy workshop. Previous workshops have been secondary service focussed. The latest was inclusive of other providers across the sector. Te Toi Ahorangi is being woven into the Nursing Strategy. There is a final draft which should come to next Board Meeting. Agencies will have action plans under the various priorities.	DON
	Research Collaboration. DAHST advised of collaboration with researcher Prof Ngaire Kerse on AWESSOM (Ageing Well through Eating, Sleeping, Socialising and Mobility) incorporating the Lifecurve. A Rolleston declared conflict of interest as an investigator on the programme. CEO advised of a media release soon.	
	Advanced Care Planning. CEO advised of the positive initiative with WBPHO. Lee Walters is leading BOPDHB's work.	
	Clinical Campus – Students. Good to see number of students coming through. Of anticipated PGY1s coming through, 20 – 25% are Maori. DON advised that 44% of NETP candidates this year were Maori.	
	Education – work on leadership programmes. Waikato DHB looking at taking a different approach. Other Regional DHBs working together to look at other options.	
	Activity with Arthritis programme. DAHST advised of looking at alternate pathways other than surgery.	

Flouride Varnishing. Query was raised on where water fluoridation is **GMPF** at. TTO to advise ACC Audit - There is an impending audit which is to ensure that our staff are adequately trained in H&S. BOPDHB sitting at 92%. Refresher training is required every 2 years. There has been a lot of effort put into compliance. Perioperative Nightshift Pilot - Has been out for consultation and comments reviewed with intent to implement in September. *Cathlab* – Throughput is the highest it has ever been. **Resolved** that the Board receive the report Moved: J Turner Seconded: G Esterman 6.2 **Dashboard Report** Immunisation is still disappointing. A review will be made of the issues with a report to come to the Board next month. **GMPF** Did Not Attends (DNAs) are still quite high. Query was raised as to whether people need to come back as often as they do. Acting COO advised that there is work being done around that.Letters will request people to advise if they believe they do not require a followup appointment. The SOS option allows people to request earlier review. CMA commented on Maori showing better in shorter stays in ED and whether that is a good thing. Also Maori do not have as higher rate in falls. Attendances at ED were discussed and the ratios of **Acting COO** Maori and non Maori and admissions versus non admission. Update to come to next meeting. Query was raised on Cancer Treatment and number of Maori which **GMPF** isn't indicated. An update will come next month. **Resolved** that the Board receive the report Moved: M Arundel Seconded: P Nicholl **Primary Health Organisation Reports** Query was raised on DHB engagement with Nuka. Hawkes Bay DHB is lead DHB in developing Nuka. There was a joint conference in Hawkes Bay attended by BOPDHB reps last year. GMMHGD attended a conference in Hamilton last year. NMO is being funded to develop Nuka for their service and the learnings of Nuka success factors is being incorporated into DHB planning. The Board noted the reports 7 **Items for Noting** 7.1 <u>IDP Quarter 3 Summary Report – Clarification of Rating Criteria</u> 7.2 **Annual Board Attendance** Board It was considered the attendance by Board Members at other Secretariat regional meetings should be included in the report. 7.3 Board Work Plan 2019 The Board noted the reports

	Courses and area for Noting
8	Correspondence for Noting
	8.1 <u>Letter to Prof Peter Gilling re recent attainments – 26 June 2019</u>
	8.2 <u>Letter of response to State Services Commissioner re Model</u>
	Standards for Information Gathering – Agency Assurance – 28 June
	<u>2019</u>
	The Board noted the correspondence.
9	General Business
	There was no general business
9	Resolution to Exclude the Public
	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:
	Confidential Minutes Board Minutes AFRM Minutes SHC Minutes T23 Seismic Performance Update NZHP SPE 2019/20 BOPDHB Travel Plan Chief Executive's Report Whakatane Model of Care – Preparing for the Future 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. This knowledge will be of assistance in relation to the matter to be discussed: Helen Mason Owen Wallace
	Mike Agnew Hugh Lees Julie Robinson Sarah Mitchell Debbie Brown Jeff Hodson Bronwyn Anstis Tricia Keelan
	Resolved that the Board move into confidential. Moved: S Webb
	Seconded: R Scott
10	Next Meeting – Wednesday 21 August 2019

The open section of the meeting closed at 11.00 am

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



Bay of Plenty District Health Board

Matters Arising (open) – August 2019

Meeting Date	Item	Action required	Action Taken
17.4.19	6.4	Treasury Living Standards Framework Query was raised as to whether our Health in All Policies matched the document. This will be reviewed and reported back to the Board. – GMPF	Toi Te Ora have reviewed the HIAP approach and alignment – Completed
19.6.19		GMPF to Check with TTO on the outcome of the alignment	See below

The Health in All Policies Position Statement is due for renewal and will be updated by TTO considering the Treasury Living Standards Framework. The revised Health in All Policies Position Statement will come back to the Board for review and endorsement when complete - Remove

		Dashboard Report – ESPIs	
17.4.19		Query was raised with regard to thresholds in Orthopaedics. Acting COO advised that there was a meeting next week. The Board requested feedback Acting COO	Completed
	6.2		
19.6.19		Acting COO advised that meetings had taken place to consider options. Patients will be managed in the most appropriate way. The first Governance meeting is on 26 July – Acting COO	See Below - Remove

Plan has been shared with the Ministry for recovery of ESPI compliance. This has an 18 month projection and included the raising of thresholds for orthopaedics, general surgery and gynaecology.

The program for Orthopaedic design has commenced and regular update on progress will be provided to the Board – Remove

19.6.19	6.3	Chief Executive's Report – Research Query was raised as to whether the research we do, widens the equity gap. CEO to request HOD Clinical School to provide feedback to the Board – HOCS	To Board Meeting 21.8.19 - Completed
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		1	
19.7.19	2.1	New CIO – Richard Li The Board will look forward to the results of having Richard as CIO and requested that Richard return with an update in 3 months - GMCS	Update due 16 October 2019
19.7.19	5.5	Minutes of Maori Health Runanga Meeting – 10.4.19 Query was raised on pg 41 and the 1 PHO policy. Runanga to correct - GMMHGD	Referred to Runanga – in progress
19.7.19	6.1	Chief Executive's Report – Nursing Strategy Te Toi Ahorangi is being woven into the Nursing Strategy. There is a final draft which should come to next Board Meeting - DON	To September Board meeting - In Progress
19.7.19	6.1	Chief Executive's Report – Fluoride Varnishing Query was raised on where water fluoridation is at. TTO to advise - GMPF	
19.7.19	6.2	Dashboard Report - Immunisation Immunisation is still disappointing. A review will be made of the issues with a report to come to the Board next month - GMPF	Latest Dashboard reflects - Completed
19.7.19	6.2	Dashboard Report – ED Attendances Attendances at ED were discussed and the ratios of Maori and non Maori and admissions versus non admission. Update to come to next meeting – Acting COO	
19.7.19	6.2	Dashboard Report – Cancer Treatment Query was raised on Cancer Treatment and number of Maori which isn't indicated. An update will come next month - GMPF	Latest Dashboard reflects - Completed
19.7.19	7.2	Annual Board Attendance It was considered the attendance by Board Members at other regional meetings should be included in the report – Board Secretariat	Factored into Annual Report and future - Remove



Minutes

Bay of Plenty Combined Community & Public Health Advisory Committee/ Disability Services Advisory Committee Meeting

Venue: 889 Cameron Road, Tauranga Date and Time: 7 August 2019 at 10.30 am

Board: Bev Edlin (Chair), Sally Webb, Ron Scott, Marion Guy, Judy Turner, Matua

Parkinson, Anna Rolleston,

Attendees: Simon Everitt, (GM Planning & Funding and Population Health), Hugh Lees (Chief

Medical Advisor), Debbie Brown (Senior Advisor Governance & Quality), Janet Hanvey (Business Manager, Toi Te Ora), Sharlene Pardy Sarah Davey Tim Slow (

Planning & Funding and Population Health members)

Item No.	Item	Action
	The meeting opened with the Karakia.	
1	Presentation	
	He Ara Oranga – National mental Health & Addiction Review – update Caleb Putt, Portfolio Manager, Planning & Funding	
	Caleb introduced himself to the Committee. He is a registered Social Worker. He has worked in care and protection. He is relatively new to Planning & Funding but has worked within the organisation for some time in his Social Work role.	
	Caleb advised that the Mental Health Sector has great expectation from the review. There has been a small increase to the MH&A ring fence but so far the monies talked about in the media have not as yet flowed through to the sector. There is uncertainty about what will come from the Ministry.	
	BOPDHB is looking at what we already have while waiting. The BOPDHB Executive is supportive of a transformational change for the sector.	
	What is acknowledged is that within the BOPDHB MH sector locally there is a lack of formal structures for engagement. Establishing those structures will be part of the BOP developmental process. One of the first things to be done is to engage with and form groups that can represent the sector.	
	Priority is to establish a Whole of System approach. The representative group would decide what to act on first, rather than trying to do Whole of sector at once. A Communications Strategy will be important to disseminate information and bring people along.	

	One of the priorities is Primary Mental Health and addiction. Within the next 6-8 weeks there will be a procurement process. Addictions eg gambling harm, will also be prioritised. It is understood there will be a dedicated resource toward gambling.	
	Youth is another priority area, however there is not detail on that as yet.	
	GP Primary health funding will be a direct line with the Ministry. Movement is away from secondary services to primary distress and wellbeing assistance.	
	Query was raised on workforce required for the new initiatives.	
	GMPF advised that a conversation will take place in the next 3-4 months on what the Mental Health & Addictions service for the Bay of Plenty will look like in parallel with advice from the Ministry. The Committee will be kept updated.	GMPF
	The Committee Chair advised that the Committee will follow progress with interest and looks forward to updates. The Chair thanked Caleb for his informative presentation.	
2	Apologies Apologies were received from Janine Horton, Paul Curry and Mark Arundel.	
	Resolved that the apology from J Horton, P Curry and M Arundel be received.	
	Moved M Guy Seconded: R Scott	
3	Interests Register	
	There were no conflicts of interest advised.	
	S Webb advised that Capital investment committee needs to be removed from her listing.	Board Secretariat
4	Minutes	
	4.1 Minutes of Previous CPHAC/DSAC Meeting	
	Resolved that the minutes of the meeting held on 7 February 2019 be confirmed as a true and correct record.	
	Moved: S Webb	
	Seconded: B Edlin 4.2 <u>Lakes DHB CPHAC Meeting - 8.4.19</u>	
	The minutes of the Lakes DHB CPHAC meeting of 8.4.19 were received by the Committee	
	4.3 <u>Lakes DHB CPHAC Meeting - 10.6.19</u> The minutes of the Lakes DHB CPHAC meeting of 10.6.19 were received by the Committee.	
	4.4 <u>Lakes DHB DSAC Minutes – 6.5.19</u> The minutes of the Lakes DHB CPHAC meeting of 6.5.19 were received by the Committee.	

Resolved that the Committee received the Lakes DHB Committee meeting minutes.

Moved: J Turner Seconded: A Rolleston

Matters Arising
There were no outstanding Matters Arising
GMPF advised of DSAC arrangements around the country. There is a variety of methodologies. Some have joint meetings as DSAC/CPHAC

GMPF advised of DSAC arrangements around the country. There is a variety of methodologies. Some have joint meetings as DSAC/CPHAC some are separate. BOPDHB made a decision some time ago to proceed with CPHAC and DSAC as a joint concern.

SAGQ queried whether representatives of the HCC would be helpful to have at the table. The Committee thought it would be. The DSS Transformation Project is in the Wellington area providing choice for clients, which is likely to roll out around the country.

6 Matters for Discussion / Decision

6.1 First 1000 Days Programme

Tim Slow advised as an update on breastfeeding, the tender process is finished and the service commenced 1 July, with a Kaupapa service provider.

There is a national shortage of lactation specialists. Plunket specialists have made themselves available on a temporary basis. Data on effectiveness is not available as yet. Initial breastfeeding figures following birth for both Maori and Non Maori are good at around 95%. It is around the 6-10 week period that the numbers falls.

Query was raised on technology resource, given the main age group is 20-29. There is a breastfeeding app. Comment was made that encouragement for social gatherings eg Morning Teas for Mothers, would be helpful.

Comment was made given the indication of workforce stressors with this initiative and others that have been presented recently, the Board should be aware of and discuss, perhaps at SHC of ways to meet future demand. The Committee agreed there should be a workforce focus and stocktake at next SHC.

Resolved that the Committee:

- 1. Notes this report; and
- 2. **Provides** ongoing commitment and support for continuity of care (*unbroken chain of care*) within the First 1000 Days programme; and
- 3. **Provides** advice on cross-sector collaborative opportunities that may benefit the First 1000 Days programme.

Moved: A Rolleston Seconded: S Webb

6.2 BOPALT Work Programme 2019/20

Sarah Davey updated the Committee advising that the paper indicates how BOPDHB is implementing Strategic Priority 2 - integrated care.

There are a number of initiatives that are delivering as a planned system of care. BOPALT has been working together for some time and have recently undergone a refresh. An expanded membership has been agreed. The paper is an overview of the work. A priority is substitution, not supplementary, bringing in people who are undertaking functions which may currently sit elsewhere.

The programmes of work are staged. Stage 2 is DHB based, Stage 3 is PHO /NGO focussed.

A lot of the work is technology focussed. Local knowledge is critical, not necessarily where people are located.

The Committee supported the six questions

Resolved that the Committee notes:

- 1. The BOPALT refreshed Charter, priorities and Work Programme for 2019-20; and
- 2. That the BOPALT is also currently reviewing its membership to reflect the Alliance's refreshed Charter and the Minister of Health's expectations.

Moved: J Turner Seconded: M Guy

6.3 <u>Toi Te Ora Annual Plan – 2019-20</u>

TTO are funded separately by MOH across BOP and Lakes. They are required to produce an Annual Plan. It is an operational plan driven out of their contract with the Ministry. There is some movement currently whereby Public Health is likely to be integrated more into DHB AP process and therefore separate Annual Plans for Public Health will not be required. Query was raised as to what capacity TTO attends Committee meetings which may need to be clarified. The Board had requested that TTO be represented particularly at CPHAC-DSAC.

Resolved That the Committee notes the Toi Te Ora Public Health Annual Plan 2019/20.

Moved: S Webb Seconded: J Turner

7 **Matters for Noting:**

7.1 CPHAC/DSAC Work Plan 2019

GMPF advised of the impending November meeting which will have a Disability focus.

7.2 <u>TTHW – Toi Te Ora Monthly Report</u>

Query was raised on NMO contractual matter and the workforce gap. GMPF advised that this is being reviewed.

The Committee noted the reports.

8 General Business

There was no general business

9	Next Meeting – Thursday 6 November 2019	

The meeting closed at 11.55 am

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



MĀORI HEALTH RŪNANGA

MINUTES

Venue: Taneatua Room

Regional Maori Health Services

Whakatane Hospital Stewart Street WHAKATANE

Date &Time: Wednesday 12 June 2019 at <u>9:30am</u>

PRESENT:

lwi:

Whanau Apanui/Whanau Te Ehutu Astrid Tawhai

Ngai Te Rangi Kipouaka Pukekura-Marsden

Ngati Awa Pouroto Ngaropo Waitaha Punohu McCausland

Ngati Makino Grant Ngatai Ngati Whakahemo Marilynn Williams

Ngati Tuwharetoa ki Kawerau Dot Mareroa & Tamaku Paul

Ngati Rangitihi Robin Cheung Ngati Whakaue ki Maketu Manu Pene

In attendance

Tricia Keelan, GM, Māori Health Gains & Development

Graham Cameron, Acting Pou Tikanga, Māori Health Gains & Development

Marama Tauranga, Māori Health Gains & Development Terehia Biddle, Māori Health Gains & Development

Sandra Potaka (MHR Secretary)

Mereana Hona, CE Mataatua Marae Tamaki; Mataatua ki Tamaki Runanga; Iramoko

Marae

Item	Discussion		Action Person Responsible
1.	Karakia – Manu Pene		
	Mihi – Pouroto Ngaropo		
	Whakawhanaungatanga – Welcomed Dot Mareroa and Tamaku Paul representing Ngati Tuwharetoa ki Kawerau; introduced Mereana Hona, CE Mataatua Marae, also representative of Mataatua ki Tamaki Runanga, Iramoko Marae; also acknowledged Terehia Biddle, Māori Health Gains & Development Runanga Chair gave background to formation of Maori Health Runanga and the development of He Pou Oranga Tangata Whenua Determinants of Health		
2.	Ngati Whakahemo I Ngati Makino S Whakatohea I Ngati Whare Ngati Manawa S Tapuika	Titihuia Pakeho Margaret Williams Stewart Ngatai Dickie Farrar Wikitoria Hona John Porima Rutu Maxwell-Swinton Linda Steel	

Item	Discussion		Action Person Responsible
		Phillip Hikairo Robin Cheung (arrived 10:3	0am)
	Motion: that the Apologies are received Moved: Ngai Te Rangi Seconded: Ngati Tuwharetoa ki Kawera Carried		
3.	Interest Register – Refer amendments	s to MHR Secretary	
4.	MHR Executive Report		
	 MHR Executive Report Minutes of MHR Executive hui held Motion: that the report of the Māori Heand minutes of the MHR Executive hui received 	alth Rūnanga Executive	
	Moved: Ngati Awa Seconded: Ngati Whakahemo Carried		
	Note: At the Wananga held at Iramoko Marae 23 May 2019 those present recommended		
	 Launch of Te Toi Ahorangi Strategy Marae to coincide with the He Pou Wananga 28 June 2019, with the kaceremony to be held in the morning Launch of Amohaere Tangitu's boo Marae to coincide with the He Pou Wananga 27June 2019 with the kar 	Oranga Matariki arakia and launch ; k to be held at Iramoko Oranga Matariki	
5.	Matters Arising		
	 a. The launch of Te Toi Ahorangi be h Marae, Whakatane to enable those Wananga and Hui to attend; more to invitations and it was decided to hol 2019 (details to be confirmed); and Committee is formed comprising the MHG&D, and others as required; M available for the next Combined hui August 2019 at Whakatane) b. Launch of Amohaere Tangitu's book Care: A Biography of Amohaere Tato be held at Iramoko Marae and debe circulated to MHR members; Mpreviously indicated they would like Amohaere prefers a low-key event c. MHR Secretary position – MHR Sec difficult to fill; most MHR members prindependent although are open to hif the Executive is unable to fill the precommunity; Ngai Te Rangi advised 	who contributed at the ime is required to prepare d the launch in August that a Working e MHR Chair, GM HR Chair will not be (due to be held 21 k ""Bringing Culture into ngitu" (Bradford Haami) etails of time, date, etc. to HR members had to attend; noted that cretary role has become prefer the role to remain having someone in-house position from within the	

Item	Discussion	Action Person Responsible
	that their Iwi will discuss options; Ngai Te Rangi to follow up with MHR Chair as they have a person who may be interested d. MHR Representation at DHB Committees • MHR Chair to attend DHB hui • Pouroto Ngaropo to attend Strategic Health Committee hui • MHR Chair and/or MHR Deputy Chair to attend Midlands Iwi Relationship Board (MIRB) hui • Rutu Maxwell-Swinton to attend CPHAC/DSAC hui • Punohu McCausland to attend BOPHAC hui e. MHR Budget and payments - GM MHG&D and MHR Executive have drafted a budget as advised at earlier meetings, this proposal is currently going through the financial processes; concerns raised about the ability of the Runanga to function effectively if there is insufficient resourcing, Runanga members want assurance that the Runanga can afford to operate within financial constraints; MHR Executive to monitor activities and budget Motion: That a Working Committee comprising the MHR Chair, MHG&D, and others (as required) is formed to plan the launch of Te Toi Ahorangi at Te Manuka Tutahi Marae, Whakatane and to confirm with the Runanga date, time, and invitees Moved: Ngai Te Rangi Seconded: Ngati Whakahemo Carried Motion: That the launch of Amohaere Tangitu's book be held at Iramoko Marae, date, time and other details to be confirmed Moved: Ngati Awa Seconded: Whanau Apanui Carried	Responsible
6.	MHR Minutes – 15 May 2019 Motion: that the minutes of the Māori Health Rūnanga hui held 15 May 2019 are received and confirmed Moved: Waitaha	
	Seconded: Whanau Apanui Carried	
7.	Matters Arising	
	Noted that Ngai Te Rangi advised at previous hui that their Iwi would discuss options and would be seeking an independent person to take on the role of Secretary	
8.	Minutes for noting	
	6.1 BOP DHB 17 April 2019 6.2 BOPHAC 6 March 2019	

Item	Discussion	Action Person Responsible
	Ngati Whakahemo – stated that one of their mokopuna had been in hospital following a serious vehicle accident and they were pleased with the great care and support she received	·
	Motion : that the minutes of the BOP DHB hui held 17 April 2019 and the BOPHAC hui held 6 March 2019 are noted	
	Moved: Ngati Awa Seconded: Whanau Apanui Carried	
9.	Correspondence	
	 a. Letter received from Tuhoe confirming the Iwi withdrawal from the Maori Health Runanga b. Invitation from Toi Te Ora for two Runanga members to attend the Blophillic Summit to be held at Tauranga on 20 June 2019 c. Memo received from the GM MHG&D including the response from the Ministry of Health's Deputy Director General Maori (DDG Maori) re: Te Toi Ahorangi; the GM has had an opportunity to discuss Te Toi Ahorangi with Ministers, Members of Parliament and senior Ministry Officials and advised that Te Toi Ahorangi has been received with enthusiasm; the CE of the BOPDHB and the Board Chair have also promoted this Kaupapa which has been very positive Motion: that the Runanga send a letter to Tuhoe acknowledging their contribution and thanking the Iwi for their support Moved: Ngati Tuwharetoa ki Kawerau Seconded: Whanau Apanui 	
	Carried Motion: that the Runanga confirm Grant Ngatai (Ngati Makino) and Astrid Tawhai (Whanau Apanui & Whanau Ehutu) will attend	
	the Biophilic Summit on behalf of the Runanga	
	Moved: Ngati Tuwharetoa ki Kawerau Seconded: Whanau Apanui Carried	
	Motion: that the Correspondence In is received	
	Moved: Ngati Awa Seconded: Ngai Te Rangi Carried	
10.	GM, MHG&D Report	
	 Te Toi Ahorangi Final draft endorsed by the Runanga at the May Hui then tabled at the Combined Hui with the DHB Board (Te Koha o Te Waka) held in May 2019 and was jointly endorsed at that hui; the Board, CEO and Senior Executive Team of the DHB 	

Item	Discussion	Action Person Responsible
	have agreed with the direction set by Te Toi Ahorangi; the MHR Executive will discuss what needs to be done to manage the impact of the withdrawal of Tuhoe • Agreed that the karakia for the launch of Te Toi Ahorangi is very important; the dedication has to be aligned to Mana Wairua	•
	 Engagement with Iwi, the community, providers and other stakeholders is complete; the final document incorporates all that feedback; the launch of the strategy should also be an opportunity for Iwi and stakeholders to participate; the operationalising of the strategy will be the responsibility of the DHB and there will be opportunities for wider Iwi and stakeholder participation in future years GM MHG&D and her team are leading a transformation process through Te Toi Ahorangi; the Change Paper prepared by the GM has been endorsed by the Executive Team, this will lead to strengthening the structure to enable Te Toi Ahorangi to be implemented; there are some projects in Te Toi Ahorangi that are under way already; work is being done to improve accountability and to ensure staff have a better understanding of He Pou Oranga DHB is not intending to make changes that will impact on Tangata Whenua; Kaupapa Maori contracts will not be changed or exited; all contracts will undergo reviews to ensure they are consistent with Treaty of Waitangi 	
	 Wai 2575 The Ministry of Health is developing an Action Plan for the Health Sector and have admitted they have failed in their responsibilities for health for tangata whenua There is a review underway of the Health & Disabilities Act which governs healthcare in Aotearoa/NZ 	
	 Other matters: Health targets 2018/19 – Oral health for children targets have been met for the first time; Midlands Breastscreening has been raised from 50% to 66% this year and are expected to achieve the end of year target; the Maori team is leading a lot of the mahi and we are seeing results for both Maori and non-Maori Graham Cameron has been appointed to the position of Pou Tikanga; MHR congratulated Graham on his appointment 	
	Motion: that the Maori Health Runanga receive the GM MHG&D Report Moved: Ngati Awa Seconded: Ngai Te Rangi Carried	
11. 12.	Iwi Reports Whanau Apanui/Whanau Ehutu Important the Runanga stays together to empower each other	

Item	Discussion	Action
iteiii	Discussion	Person
		Responsible
	 Concerns raised about the impact of sprays (especially Hi- Cane) on the waterways and whenua; seeking research on the effects of sprays and if there is a link to cancer; hope to raise with Toi Te Ora at the Biophilic Summit 	
	 Keen to be involved with the hosting of the Rangatahi Symposium suggested during the Iwi engagement for Te Toi Ahorangi 	
13.	Tuwharetoa ki Kawerau	
	Found the discussions interesting today; will provide an lwi Report at the next hui	
	Tuwharetoa ki Kawerau also feel that there is strength in being together, but commend Tuhoe on the stance they are making	
14.	Ngati Makino	
	 Nurse-led health clinics are being held at Otamarakau; which enables whanau to manage their own health 	
	 Iwi has an issue around koiwi being disturbed due to erosion at Maketu; Iwi have to be vigilant and take care in removing and reburying koiwi 	
15.	Ngati Whakaue ki Maketu	
	 New kiwifruit orchards being developed; archaeologists are revisiting sites 	
	 Lot of korero about koiwi being disturbed and being reburied; acknowledged Pouroto for the karakia for the recent re- interment 	
40	Have a good relationship with Maketu Hauora; pleased that they were able to have input into Te Toi Ahorangi	
16.	Ngai Te RangiWill discuss with their land trusts if they are aware of	
	research into Hi-Cane use; interested in what support is available from Toi Te Ora and the BOP Regional Council; if	
	 they have resources available they need to be accountable Te Roopu Nga Tai Pakeke going to Wellington for the 	
	Matariki Celebrations next week Important to retain MHR and to ensure the role is properly resourced	
17.	Ngati Whakahemo	
	Acknowledge there are impacts of sprays etc., but find most orchards/farms give early warning	
	Some development occurring in our rohe; interested in the development of wetlands into a green village; it is important for developers to be clear about what the benefits will be	
18.	Ngati Rangitihi	
	Recently held the annual commemoration of Tarawera eruption; hikoi to the maunga	
	 The Treaty Settlement journey is continuing; continues to be a difficult process; important to hear the stories from our people, sad to hear about how whanau were displaced and taken from their land 	
	Concerns raised about the costs to whanau, hapu, lwi of natural disasters	
	The big picture – survival as indigenous people in the global village rests with us	
19.	Waitaha	

Item	Discussion	Action Person Responsible
20.	 Aware that there has been some research into use of sprays, Zespri has control over the kiwifruit industry Extra funding in the budget for Whanau Ora Waitaha continue to support a Nuka-like model of healthcare; includes complementary pathways and alternatives; kaumatua are leading the Hauora strategy, about managing our own health; concentrating on well-being; concerns about the continuing uptake of smoking by girls and young mothers Te Reo Maori strategy commencing in September 2019; had to consider timing around seasonal work Ngati Awa MHR is a way to provide solidarity As lwi we have to take the lead, continue to fight for our people We have to be visionary, innovative, flexible and keep our "swords" sharpened Biggest Kaupapa is water "ka ngaro te wai, ka mate te iwi"; has been a lot of conflict/division over the bottling of our spring water by overseas businesses e.g. Otakiri Springs links a number of main waterways, concerns raised about the longevity of our resources Connecting with our people is a priority, keeping in touch with our marae and hapu, being actively involved with marae and with taurahere groups; Rangimarie Marae are seeking recognition as a Hapu Governor General visit at Te Manuka Tutahi Marae, Whakatane around 23rd July Engaging with Ngati Rangitihi currently; in the past had often been adversaries; discussing sole/shared recognition over land, sites, etc. Te Reo o Ngati Awa – numbers of fluent speakers is depleting; English is still the predominant language See Te Toi Ahorangi and He Pou Oranga as ways to restore what we had Motion: that the lwi Reports are received Moved: Ngati Whakahemo Seconded: Ngai Te Rangi Carried 	Responsible
21.	Resolution to move into confidential Moved: Ngati Whakahemo Seconded: Ngati Rangitihi Carried	
22.	The meeting closed at 2pm Karakia – Pouroto Ngaropo	
23.	Next meetings:	
	MHR Hui Wednesday 10 July 2019, <u>9:30am</u>	
	The Orchard Church	

Item	Discussion	Action Person Responsible
	20 MacLoughlin Drive TE PUKE	
	Combined DHB/MHR Wednesday 21 August 2019, 12:30pm Taneatua Room Regional Maori Health Services Whakatane Hospital Stewart Street WHAKATANE	

CEO's Report (Open) - July 2019

EQUITY

Te Teo Herenga Waka & Toi Te Ora

Maori Health

The Senior Portfolio Manager, accompanied by one of the Bay of Plenty Kaupapa Māori Hauora Managers, and the Home and Community Support Services (HCSS) Funding Review Consultant attended the national HCSS Service Specification initial meeting. There were robust discussions around the table in particular on Equity for Māori. One of the key take away points was that Bay of Plenty is a leader in driving initiatives for Māori and many of the other DHB's and National Providers that were present looked towards the BOPDHB for advice and guidance on these matters. As a result, the Senior Portfolio Manager is leading the national working group on the equity component for HCSS national service specification review; and will be supported by the Whaioranga Trusts Manager and HCSS Funding Review Consultant, as well as other agency representatives from Northland DHB, Central TAS and Ministry of Health.

SYSTEM INTEGRATION / EQUITY Te Teo Herenga Waka & Toi Te Ora

Healthy Housing Initiative:

Case Study example of reducing inequity, the level of continuous support offered by HHI and the transient nature of whānau in our community.

This whānau was referred to HHI by Whakatane Hospital July 2015, at the time the baby was 4 months old and was suffering ongoing respiratory concerns requiring ongoing hospitalisation. The home was a 3 bedroom home, housing between 6-8 whānau members, who were a mix of adults and teenagers. The home was located in Kawerau, was in reasonable condition, but the family were sleeping in the lounge due to concerns about the cold bedrooms. The home had a working wood fire that kept the lounge and home warm.

The assessment found the home to be in relatively good condition, the home had ceiling insulation but foil underfloor. The home had a working fire, but no bedroom heating. The home required some minor repairs and draft proofing. The family were not fully aware of how best to keep the home warm and mould free. The minor repairs were: remedial work on some rotting window sills, draft proofing around timber frames, missing downpipes and gutters full of grass and leaves. The home would also benefit from improved curtains.

HHI provided this home with curtains, heater, mould kit and some detailed advice around mould cleaning, ventilating and also sleeping arrangements. HHI also contacted the landlord and asked for minor repairs to be attended to. HHI referred the home for underfloor insulation. After 3 months HHI followed up and the Landlord had done nothing. In fact, the Landlord had removed the fireplace and now the home had no heating. The family vacated the home for 2 months after the fire was removed (during August & September). Upon returning the home was damp and mildewy.

In October HHI visited their new location and identified that the home was very over-crowded. HHI progressed support for them with social housing and also suggested that the family move back in to the assessed home, now that the weather was warmer. In January 2016 the whānau were given 90 days notice by the Landlord. HHI made further contact with MSD to follow up on social housing placement. HHI also connected the whānau with a local community support group. The whānau found a new home and HHI had this assessed. The new home was better and warmer, but there are still a range of minor repairs that are required. The new home will not be warm enough. The whānau moved in to the new home and in early 2017 were again given notice by the Landlord. The whānau were reluctant to look for another home and decided to move in with extended whānau. This situation was over-crowded. In November 2017 HHI followed up with MSD / HNZ, still no luck on finding a home. In autumn 2018 the whānau moved out of Kawerau and away from extended whānau and moved to Tauranga in search of a better home.

HHI assessed this home, it was definitely an improvement on the previous homes, however, the whānau reported that baby had been sick more often since moving to Tauranga. HHI spent a lot of time reinforcing to the whānau good home management behaviours. HHI also provided clothing, heater, blankets and committed to finding her some bed legs to get her bed up off the ground.

In November 2018 the family were again given notice. The family went to live with extended whānau over the summer. In early 2018 the whānau moved in to transitional housing. HHI were in contact with MSD to seek housing support. In April 2018 the whānau were given notice that they could not stay in the Transitional Housing situation. They moved in to a caravan on Whānau land. HHI visited them in both the transitional housing and also in the Caravan. HHI highlighted their housing situation with MSD. HHI also discovered the whānau had no primary health care support in Tauranga, so they sought to address this situation with local Hauora. After much pushing and communication with MSD, involving a local politician, they family were finally rewarded with a Social Housing home. The family moved in to this in mid-June 2019. HHI have since assessed this home and continue to work with the whānau and the social housing provider. During all the moving, they lost much of their furniture, but this has all been replaced by the Mongrel Mob who has been supporting the family with beds and couches and furniture.

HHI are still working with the whānau to get them signed up with a local Hauora. Now that they are in a social housing home, and the husband has a local job, we hope that the health and also the social wellbeing of the whānau can be improved. Constantly moving over the past 4 years has taken its toll. Upon our most recent visit to the family, they were happy and young baby had not been seriously sick this winter. His last visit to the hospital, was when they were in transitional housing back in April. So far, so good.

SYSTEM INTEGRATION Te Teo Herenga Waka & Toi Te Ora

Good News

The Kahui Ako team from BOPDHB presented their small 'test-for-change' trial of delivering a specialist children's mental health approach within a group of schools – the Otumoetai Kahui Ako – to the National Child & Adolescent Mental Health Sector Leaders Day at the end of June. The presentation was well received and BOPDHB was complimented on its efforts to deliver a new upstream approach from within its own baseline funding. The presentation included feedback from Ministry of education, principals, teachers, support staff and whanau.

Around 40 extra homes have been insulated in the Bay of Plenty thanks to support from the BOPDHB in the 18/19 year by supporting whānau with a subsidy (ECCA provides 60% of the insulation costs) and the active role of our Healthy Housing Initiative kaimahi who work with the whānau in their homes and navigates the interface with Smart Energy Solutions (the insulation provider).

99 referrals were made to the Healthy Housing Initiative in Q4 18/19 which equated to 275 family members living in the homes. Due to increased communications across health and social sector, and word of mouth in the communities referrals into the programme are increasing each quarter.

INTEGRATION / COMMUNITY Te Teo Herenga Waka & Toi Te Ora

Increased Immunisations

Marginal improvement and holding for performance targets evident at end of Q 4; 8 month rate improved by 1% to be 80.3% still 15% below target.

Improved rate for Maori 75.3% up 4.6% from Q 3.

Actions / Solutions

Although performance is relatively flat for the past year, the improvement project work now fully engaged is hopeful of a sustained rise in rates of coverage through collaboration of the operational team and a clear map/pathway of services delivery and accountability through reporting.

Improved data reporting at the NHI level for GP practices and vaccines completed is being further developed for targeted improvement within the revised process map.

We are now tracking vaccinations during pregnancy.

The project is providing a GP handbook to go with a revised process map.

Progressive operational improvements are being workshopped with both management and leadership meetings of the parties to secure implementation and sustainable change for vaccination coverage.

Child and Youth

First 1000 Days programmer continues to work up planned improvements for consideration; next initiative for a test of change is an Intensive Visiting Service for pregnant Woman to protect and provide support for vulnerable unborn/new-born, alongside the LMC/Midwife role.

Breastfeeding Services

Integrated Breastfeeding service update; both providers have recruited to Kaiawhina positions and have specialist Lactation support in progress; the service have started from July 1st and launched their services with their communities, the East service has been launched as `Whakamanahia te Waiu, Celebrating the Essense of life`. The west service was launched as `Mama Maia` c/o of the Nga Kakano Foundation.

Suicide Prevention

DHB funded Youth MH101 Workshops (SLM Youth Mental Health)

There has been an overwhelming response to the first two Youth focused MH101 trainings scheduled for Whakatāne on 29 August and Tauranga 30 August. Both workshops were full within days of advertising, with a robust waitlist of 30+ awaiting cancellations or notification for the two workshops in October.

Mental Health Awareness Week (MHAW) 23 -29 September 2019

Preparations are underway across the sector to support MHAW in the region. The EBOP have their well-established planning group and for the second year the SPC is coordinating the WBOP planning group. From learnings last year the invitation to participate was spread further afield to include a broader cross section of community services other than those who have DHB mental health contracts. As a result the response to the initial MHAW planning Hui was fantastic, with over 25 WBOP community services being represented.

Corporate Services

Information Management – New CIOs Focus

The new CIO has been undertaking a number of sessions with team members and DHB stakeholders with the aim of creating a list of 30/60/90 day immediate key focus areas:

- Building technology foundations to enable faster technology adoption and organisation wide mobility
- Aligning the operational resources (current and planned) to addressing strategic priorities eg creation of a Digital Solutions Team within IT
- Ongoing strategic vendor engagements being worked on for on-demand expert involvement to complement/supplement internal resource - examples
 - Datacom Network infrastructure & Call Manager support
 - Spark Voice services, Wide Area Network support & general assistance
 - The Instillery Microsoft product adoption
 - SQL Services SQL Services support & consultancy services
 - Mobile Mentor Mobile device management
 - Vocus Wide Area Network services
 - Datacom Computing Services for Government (DCSG) Infrastructure as a Service
 - Microsoft (laaS, SaaS support & consultancy services)

o Short, medium and long term detailed technology/digital adoption framework update reviewed as a compliment to local, regional and national IS strategies

Clinical Campus

Students

Year 6 Medical students around the country were emailed by ACE with job offers on Monday 29 July, it is very pleasing to see that the University of Auckland 2019 Tauranga cohort were offered 13 of the 22 roles available at Tauranga Hospital. One other UoA student who was in the Tauranga Year 4 cohort in 2017, was also offered a house officer role. The remaining eight were from Otago University, two of whom have completed elective placements at Tauranga Hospital. The year 6 students will graduate in Auckland on 15 November and will start their roles at the end of November 2019.

Of the six house officer roles at Whakatane Hospital, one is from the Year 6 Tauranga cohort and three from the 2018 Year 5 Rural Regional programme (Tauranga/Whakatane), the remaining two are from Otago University.

The Summer Studentship process is underway – sponsors have been approached for funding. Submissions for student projects will be invited from clinicians and DHB staff during August.

The RHIP presentations in July 2019 had a great turnout from tertiary providers, PHO and clinical supervisors. Professor Felicity Goodyear-Smith from the University of Auckland and Helen Mason also attended. The student presentations highlighted health inequities in the Eastern Bay and are based on He Korowai Oranga (MOH, Maori health Strategy). The next cohort consists of 13 students inter-professional students and required an extra student house for accommodation

Education

Work has continued with Linda Hutchings around a refreshed and updated suite of leadership offerings for 2020. The new suite has been adapted to our changing needs in collaboration with People and Capability and Pete Chandler. This will be presented in further detail in a separate paper. A collaborative BOPDHB team are reviewing the Auckland DHB management online courses with a view to adapting these to a Bay of Plenty audience. This is scheduled to be ready at the start of September, at the same time that the Linda Hutchings courses will be launched and applications will open.

Clinical Trials

Despite the high numbers of flu patients hospitalised in the DHB, there is still no recruitment for the influenza study, due to the strict exclusion/inclusion criteria, very frustrating for clinicians and research staff.

Provider Arm

Chief Medical Officer

BOPDHB Speak Up Safely Reporting Process – Meeting between Lakes DHB & BOPDHB Martin Thomas CMO, Greg Vandergoot Acting Chief Operations Officer, Alex Wheatley Chief Information Systems Officer and Jo Scott PA from the Lakes DHB, met with Hugh Lees, Kate Murdoch, and Ros Jackson from the BOP, for an overview and sharing of information on our Speak Up Safely Reporting Process. Special thanks received from Lakes who were very impressed with what we had achieved and the slickness of it all.

Midland Medicines Management Project

The Midland Medicines Management Project team has received approval to develop a Business Case for the possible implementation of an electronic Prescribing and Administration system. To support this Business Case, a special Investment Logic Mapping workshop is scheduled for the 23rd of July in Hamilton.

The day will be split into three separate workshops that will result in the development of an Investment Logic Map, Investment Concept Brief and Benefits Management Plan. Attending along with Dr Hugh Lees Medical Director, are Dr Matt Valentine, Jerome Ng, Andre Bester, Cindy Mortimer, Fiona Burns, and Lauren Assink.

Regional Community Services

Community Health 4 Kids (CH4K)

The B4 School Programme continues to achieve and surpass targets. After 52 Weeks, 2803 checks have been completed against a target of 2800 of which 810 were for high need children (target of 799). This is a 100.1% achievement of the Full Year Target Total of 2800 and 101% of the Full Year High Needs Target of 799.

Obesity Referral Decline rates for the month were 17 from a total of 1141 B4School checks which is less than 1%. This is a decrease from last month which had a 33% Obesity Referral Decline rate. Obesity Decline rates refer to the percentage of parents/caregivers of children identified as obese, who decline to have a referral sent to their GP or elsewhere to discuss their child's obesity.

Plunket have a contract with the DHB to deliver some B4 School checks. This contract came up for review and the two services have been in negotiation regarding this. The contract will soon be signed off by both parties for another year and the services have continued their excellent working relationship in regards to delivering services to the community.

Support Net

Paid Family Care (PFC)

The government has announced significant changes to the Paid Family Care (PFC) policy (also known as Funded Family Care) that will extend the scope of who is eligible to receive PFC and who can be paid to provide it. The change will mean children (those under the age of 18) will be able to receive paid care from family members, and spouses / partners will now be able to provide and be paid for caring for disabled partners. Details are yet to be supplied, but PFC will continue to be restricted to those people with high or very high needs. These changes are planned for implementation some time in 2020.

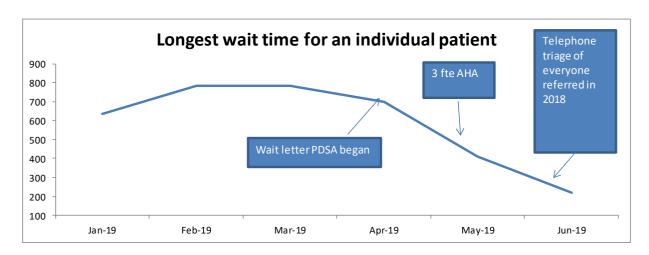
Case Mix Model

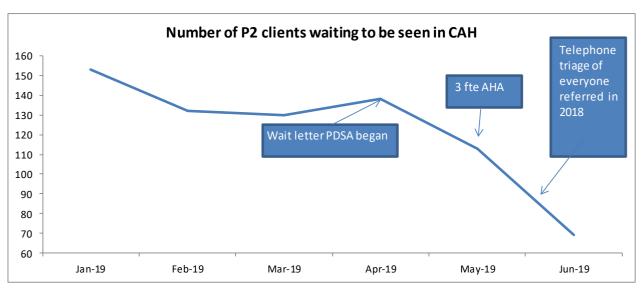
There is currently ongoing work on the use of case mix approaches for the development of a national framework for Home and Community Support Services for older people. The case mix model groups clients together to support resource allocation to meet client's assessed need. In 2016 BOPDHB introduced a Client Profile (Cluster) outcome focused responsive based model. While there have been positive outcomes for clients based on this service model there have also been some challenges. In particular, smaller service providers within the contracted Alliances, with the associated funding model in the BOP. Work is being undertaken here to look at overlaying case mix to the BOPDHB service model to address current funding issues while work on the National Framework continues.

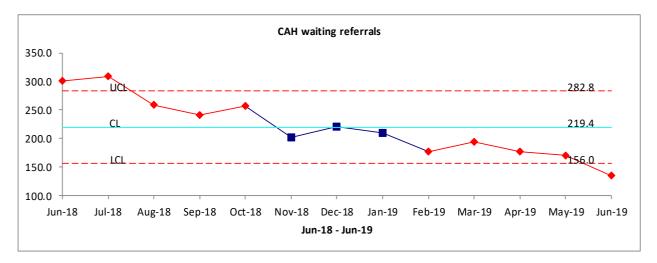
Allied Health Services

Keeping Me Well – (Community Enablement project)

Addressing the back log and bottle-necks has been the first step in gaining overall visibility of the waitlist. There are now no clients waiting that were referred prior to 1st January 2019. Of the 72 clients contacted by letter or phone, 74% no longer required the CAH service and the remaining 26% were assessed and served with additional resource. The following tables illustrate the significant reduction in waiting times and numbers waiting:







Ongoing improvement activity:

- Phone Triage of all clients waiting longer than 100 days for service (approx. 35 clients), to establish what number of these have a current need for CAH input.
- Utilising current electronic data capture to create one queue.
- Testing new ways of triaging incoming requests for service to determine most timely and appropriate response to client need, at time of request.
- To work with CCC to establish a timely and integrated response to request for assistance.

DISTRICT HEALTH BOARD

Corporate Services

People and Capability Team

- The ACC Accredited Employer Programme audit was completed in July and the DHB has been given tertiary status for two years. Excellent work by the team and all the parts of the business involved in achieving this. As part of the pre-audit work, approx. 95% of staff completed their Health & Safety training. With the audit complete focus will shift onto improving various aspects of the accredited employer programme as implemented at BOP including improving the process for ensuring staff maintain their health and safety training levels.
- A subject matter expert from Counties Manukau is visiting in early August to assist with refining the DHB's recruitment process and identify improvement opportunities. The individual is a recruitment specialist and expert user of Taleo. Invites have been sent to a few business leaders to help with the solution co-design process.
- Work continues on developing an HR knowledge resource for DHB managers. Auckland DHB has developed such a resource and have offered it to BOP. This localising of that resource is underway with the aim of these being available for managers by the end of September.
- A People and Capability team webpage is under development to be used as a collaborative communication resource.

Senior Advisor, Governance & Quality

OIA's (Closed from 1 July to 31 July 2019)

	OIA	Due Date	Response Date	Met on time
1	Thresholds	30.07.19	02.07.19	Yes
2	Termination of pregnancy	26.07.19	04.07.19	Yes
3	Cancer wait times	22.07.19	09.07.19	Yes
4	Diversity	16.07.19	09.07.19	Yes
5	Sex reassignment	18.07.19	09.07.19	Yes
6	Measles	02.08.19	12.07.19	Yes
7	Toxins	30.07.19	19.07.19	Yes
8	Physical Assaults at Tauranga Hosp.	13.08.19	23.07.19	Yes
9	DHB KPI Data	09.08.19	25.07.19	Yes
10	Proceeds of Crime Act	14.08.19	25.07.19	Yes
11	Prostitution	05.08.19	26.07.19	Yes
12	Number of Hired PGY1 HOs	02.08.19	26.07.19	Yes

^{100 %} Compliance this month

Facilities & Business Operations

Tauranga Hospital Visitor Car Parking

Abuse of the car parking by staff and the public is now impacting on patients being able to find a car park when they visit the hospital it. We are reviewing options to correct the problem.

Provider Arm

Chief Medical Officer

A great month for the BOPDHB in RMO land, with success in exams and entry to college training programmes;

- Hannah Laws admitted to the O & G training scheme.
- Teriana Maheno & Tyler Rudolph admitted to Orthopaedic training programme.

- 8 from 8 Medical Registrars passing their FRACP exams and now entering their advanced training. Dr's Jeca Bowker, Matt Cross, Andrew Lane, Megan Johnston, Laura Adams, Jayden Batey, Alan Plant and Susanna Knoll.
- 4 Paediatric Registrars passed their FRACP exams, Dr's Rebecca Kerry, Anna Duncan, Shannon Carter, and Anna Timmings.
- Overall pass rate was 76.6% for NZ candidates

Credentialing BOPDHB

Senior Medical Officers (SMO's)

In June, one open term and 12 fixed/term/locum applications were reviewed for Tauranga as well as three fixed term/locum applications for Whakatane.

Departments

Toi Te Ora Public Health was re-credentialed Tuesday 5 March 2019 and a report tabled. Toi Te Ora Public Health Service is funded by the Ministry of Health and is the public health unit for the Bay of Plenty and Lakes DHBs. Previously reporting through Regional Community Services, 18 months ago Toi Te Ora changed its reporting line to Planning and Funding.

A challenge for Toi Te Ora has been an approximate 10% increase in the population whilst SMO staffing has remained at the same level for the past 10 years.

Scope creep and service enhancement without an increase in funding is the biggest area of concern and challenge going forward. All SMOs providing Toi Te Ora Public Health services have been credentialed for a further five year period from March 2019.

A report is pending for ICU credentialing Monday 17th of June, Sexual Health credentialing is planned for August 2019 and General Surgery credentialing has been deferred until September/October 2019.

Medical Staffing Unit/ Staff update

Three SMO and 12 RMO's commenced in June;

- Dr Richard Germann, Consultant Physician (24/6/2019)
- Dr Robert Cortesi Paeds Medical officer Whakatane (24/6/2019)
- Lynette McGaughran, Anaesthetic SMO (10/6/2019)
- Kevin Chen, Medical Registrar (10/6/2019)
- Claire Harris, Medical Registrar (10/6/2019)
- Steven Kim, Gastro Registrar (10/6/2019)
- Dickson Wong, Opthalmology Registrar (10/6/2019)
- Kylie Salt, ED Registrar (10/6/2019)
- Catherine Askew, O&G Registrar (10/6/2019)
- Philippa Wood, Paediatric Registrar Advanced Trainee (10/6/2019)
- Elisabeth Riordan, Registrar (10/6/2019)
- Sian Jenkins, Paediatric SHO (10/6/2019)
- Harry Sriarthan, Psychiatric Registrar (10/6/2019)
- Grace Lee, Psychiatric Registrar from Whakatane (transfer) (10/6/2019)
- Dr Evelyn Gerrish, Medical Registrar (oncology)- Tauranga (10/6/2019)

RACP Clinical Examinations

Tauranga Hospital hosted The Royal Australasian College of Physicians (RACP) 2019 Divisional Clinical Examinations on Friday 21st June.

Health & Safety Training - Medical Staff

With a huge push over the month of June we increased the Medical Staff completion rate for Health & Safety Refresher training to 85%. This was achieved by a variety of methods including individual emails, personal requests from the Medical Director and a new method of offering group sessions to fit with CME in an effort to reach staff that had significant time constraints. Of note, our office had also undertaken a push across the whole organisation and was instrumental in helping increase the overall rate from 54% to a total of 92%.

Executive Director, Allied Health, Scientific & Technical

- Kim Blair Improvement Advisor for AH had 2 abstracts accepted for the International Forum on Quality and Safety
- Four Allied Health staff now enrolled on the Doctorate Health Science Programme at AUT.
 All their academic papers are linked to important improvement requirements within Allied Health
- The Allied Health cluster is sitting at 94% compliance with Health and Safety training
- Notice of APEX Psychology strike 31July 3rd September
- MRT bargaining has commenced
- A review is being undertaken of the orthotic and equipment services
- Progressing the Keeping Me Well (Community Enablement Project) where In Tauranga considerable work has been undertaken to develop 'one queue' for service to understand the demand for service, promote equity of access, and forecast our responsiveness as we collaborate in readiness for a 'community enablement response'.

Medical, ED, Pharmacy & HIA Services

Volunteers Week



Maddy Parker and her Black Russian Terrier, Archer, are two of Tauranga Hospital's worthy volunteers who were recognised today at the start of National Volunteer Week.

"With Archer's signature pigtails, to keep her hair out of her eyes, as well as her size (perfect for patients to reach her from their beds) they certainly stand out in a crowd," said Regional Manager Volunteer Service Lesley Grant.

Archer is the only Russian Terrier in New Zealand and was imported from Australia. The duo is one of five new pairs of handlers/therapy dogs at the hospital and visits the Orthopaedic

Ward 4B each week. "Maddy owns a Doggy Daycare business, but makes time to bring Archer in as she believes that the benefits of canine companionship help people feel better," added Lesley. "Judging by the reaction from patients and staff this gentle giant is doing exactly that."



When Rebecca Mangan saw how much her friend enjoyed working in his office job, she decided she wanted to do something similar. She already has a number of volunteering roles in the community and is well-regarded by her work colleagues in these roles.

When Don Sorrenson, the manager of Support Net was asked if there might be a role for Rebecca within Support Net, he immediately saw the value in having her as part of the team.

Rebecca now comes to work, one afternoon a week and has a list of tasks that are her responsibility. These include watering the

plants, putting out recycling, filling the photocopier, tidying the kitchen, doing staff dishes and putting address labels on envelopes and forms. She particularly enjoys interacting with the staff, as she collects cups from the desks to wash and return.

The staff at Support Net has come to look forward to the afternoon she is with them, and really enjoy having her as part of their team.



From left: Pet Therapy's Sheryl Orchard with her golden labrador Frankie and Liz Ward with her dog Amber. BOPDHB Regional Manager Volunteer Service Lesley Grant (out of shot) delivers the treats.

Amber and Frankie are two golden Labradors who had a very hard start in life but are now bringing happiness to patients at Tauranga Hospital. Both were mistreated badly until being rescued by their proud new owners Liz Ward and Sheryl Orchard respectively.

Liz and Amber, and Sheryl and Frankie are part of the Tauranga Pet Therapy team. "The dogs have no reason to trust people but

both now seek love and give it freely in our wards," said BOPDHB Regional Manager Volunteer Service Lesley Grant, as National Volunteer Week is celebrated.

Amber was rescued at six months old. She had been starved and caged, and had a huge gash in her side from trying to escape through barbed wire. She has since been carefully nurtured and taught how to behave in a house, play and interact with humans again.

"Liz and Amber have been coming in weekly to the orthopaedic ward where she is a calming influence on patients and staff," added Lesley.

Meanwhile, Frankie was also rescued from a farm in Bulls. Her owner had been training her to retrieve ducks but she showed no interest in this and suffered as a result.

"Sheryl and her husband rescued her at six months old and initially she was anxious and terrified to put a paw wrong," said Lesley. "Months of constant reassurance followed by mental re-programming by a specialised dog trainer have resulted in her relaxing into a gorgeous dog

with so much love to give back."

Sheryl wanted to share some of that love with the patients and staff so they come in weekly to the medical wards.

"It's a win, win, for both dogs because they get lots of love and hugs and put smiles on everyone's faces," added Lesley.

Cardiology Services

Wi-Fi via Bluetooth Technology for Improved Pacemaker and ICD service



Wireless communication via Bluetooth utilises our secure wife network for transmission of cardiac device data. No need for cables or USB sticks all data is collected almost instantaneously. No need to wheel trollies with pacemaker programmers to patient bedside-just a hand held device makes for easy clinical use and saves on facility storage areas.

Woman, Child & Family

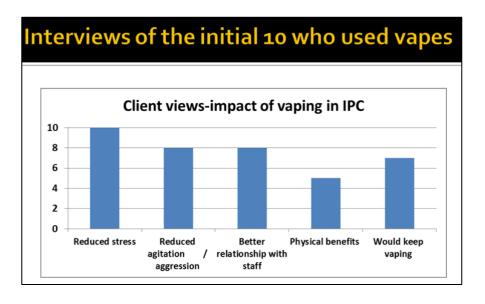
Obstetrics and Gynaecology (O&G)

ESPI compliance continues to be impacted by the staff shortages in O&G. The service remains 3 consultants short due to resignation and long term sick leave. The remaining team members are covering more acute call and out of hours, which is impacting on their ability to maintain elective work. The acute rosters have been covered out until September when there is some additional locum cover available.

Successful interviews have been held for the existing vacancies with 2 candidates being offered contracts but starting dates are still being negotiated and likely to be early in 2020.

Mental Health & Addiction Services

Vaping Trial evaluation is completed. Positive evaluation and plans for further testing have been made. This initiative is being entered into the Innovations Awards.



Regional Community Services

Reducing Waste

Following the discussion in the latest newsletter from CE Helen Mason about reducing waste, Community Health 4 Kids (CH4K) has scheduled a discussion for their service on this subject. CH4K will look at this issue in the next regional meeting where staff from both Tauranga and Whakatane will be present.

Reduction of waste across CH4K will be discussed and where the most resources are used within the service. The group will break into various disciplines and come up with plans to identify areas where waste could be reduced and how to reduce it.

Teams will be tasked with recording and monitoring achievements to reduce waste and this will be added to the wider CH4K record of reduction.

FINANCIALS

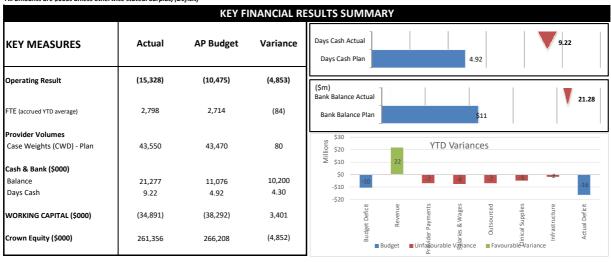
The DHB financial result for the month of June was a deficit of \$4.631m, which is \$3.657m worse than the Annual Plan budgeted deficit of \$0.975m.

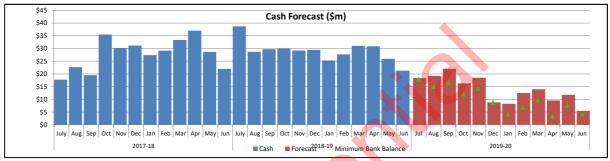
Our 2018/19 deficit result of \$15.328m, is \$4.853m worse than the Annual Plan deficit of \$10.475m

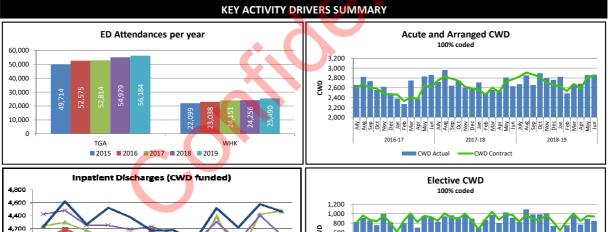
BAY OF PLENTY DISTRICT HEALTH BOARD PRELIMINARY RESULTS FOR THE MONTH ENDED 30 JUNE 2019

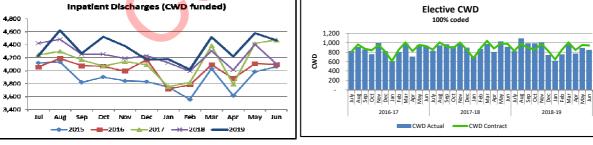


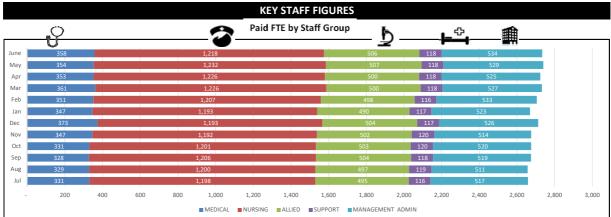
All amounts are \$000s unless otherwise stated. Surplus/(Deficit)













Dashboard Report - July 2019 (Open)

SUBMITTED TO:

Board Meeting 14 August 2019

Prepared by: Stewart Cooper, Performance Analyst

Endorsed by: Simon Everitt, GM Planning, Funding and Population Health

Tricia Keelan, GM Māori Health Gains and Development

Bronwyn Anstis, Acting Chief Operations Officer

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board:

1. Receive and note the content of the BOPDHB Dashboard Report for July 2019

ATTACHMENTS:

- 1. The July 2019 Dashboard Report Health Target and other Key Metric Performance
- 2. The 2018/19 Q3 System Level Measures Dashboard.

SUMMARY:

Health Target Performance overview:

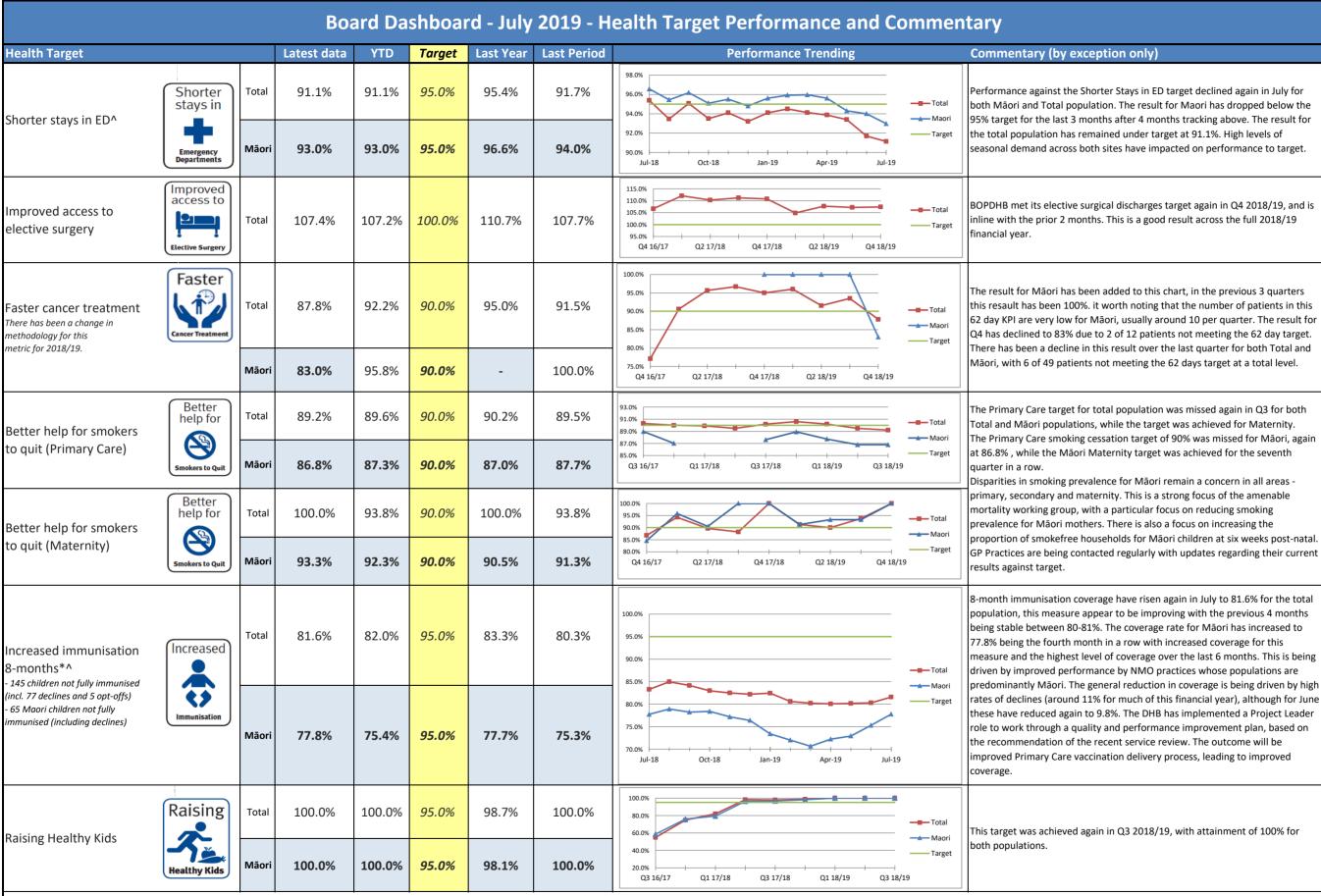
- Updated data for Q4 is available for three of the four quarterly health targets.
- With the latest available data, BOPDHB achieved two of the six health target. Shorter Stays in ED, Faster Cancer Treatment and 8-month immunisations and Better help for Smokers to quit all being missed.
- The results for Māori have been added to the Faster Cancer Treatment Measure. In this 62 day target measure, the number of patients is low, around 10 per quarter. In the previous 4 quarters, 100% of Māori patients have met the target. In Q4 however 2 of 12 have not met the target.
- 8-month immunisation coverage have risen again in July to 81.6% for the total population, this measure appear to be improving with the previous 4 months being stable between 80-81%. The coverage rate for Māori has increased to 77.8% being the fourth month in a row with increased coverage for this measure and the highest level of coverage over the last 6 months. This is being driven by improved performance by NMO practices whose populations are predominantly Māori. The general reduction in coverage is being driven by high rates of declines (around 11% for much of this financial year), although for June these have reduced

again to 9.8%. The DHB has implemented a Project Leader role to work through a quality and performance improvement plan, based on the recommendation of the recent service review. The outcome will be improved Primary Care vaccination delivery process, leading to improved coverage.

• July data for Shorter Stays in ED shows a result of 91.1% achieved against target of 95%. The June results show a drop in performance for both Total and Māori populations. The Māori rate is also below target at 93.0%. High levels of seasonal demand across both sites have impacted on performance to target.

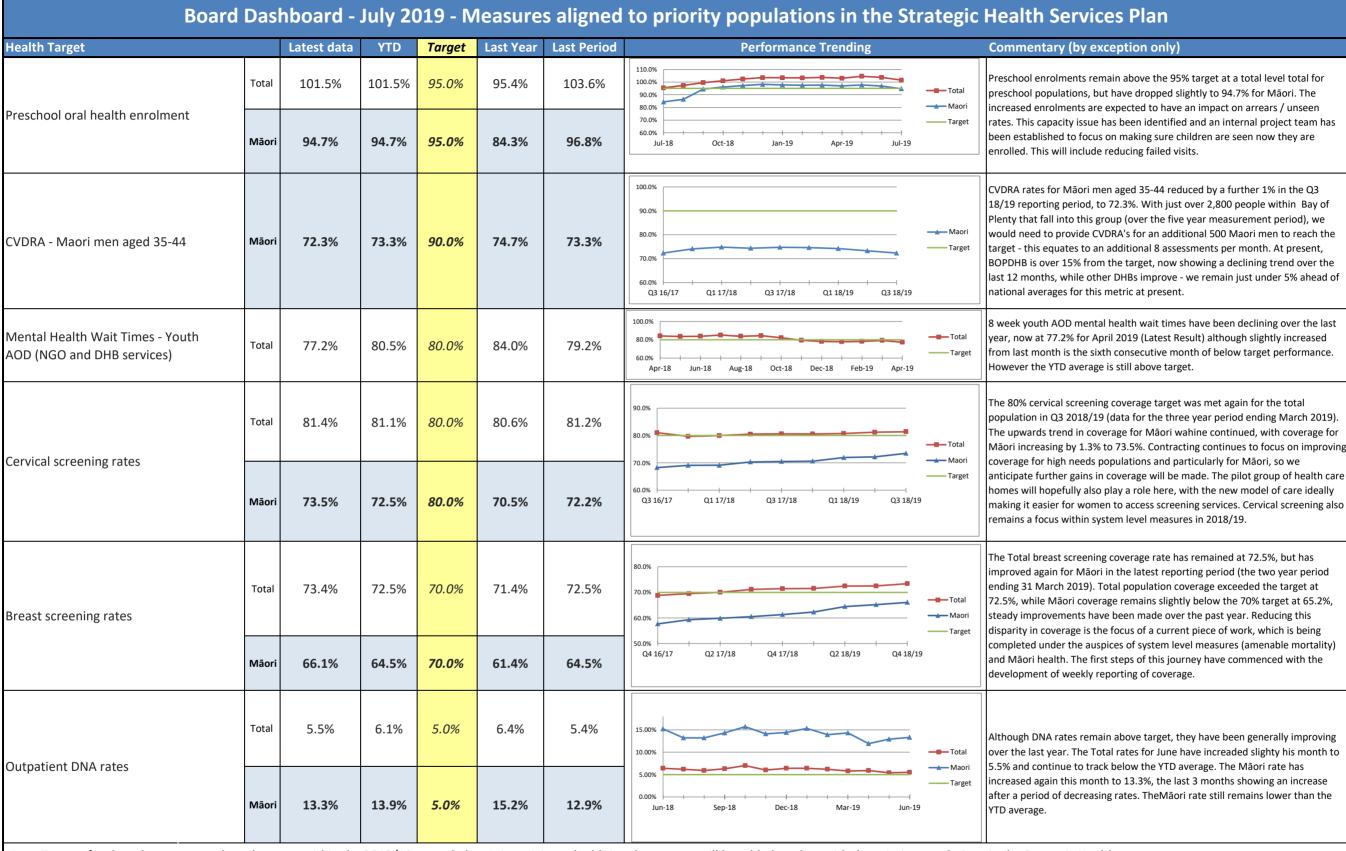
Other Key Metric Performance:

- Preschool oral health enrolment target has continued to be exceeded for both Total and Māori populations. The result for Māori has dropped to 94.7% just under the 95% target since the target was first met in October 2018.
- The latest data for 8 week Youth AOD mental health wait times, (April 2019) at 77.2& is below the 80% target. This has been a general trend of decline from around 86% over the last year. The YTD average however remains above target.
- Cervical Screening rates are as at Q3 and the Total population rate remains above target at 81.4%. Although the rate for Māori remains under target, the trend of increased coverage continues, increasing by 1.3% to 73.5%
- Breast Screening rates have been updated for Q4 and the total level coverage has improved to 73.4%. The rate for Māori has continued to improve with 66.1% coverage achieved. This is the 8th consecutive quarter of improved coverage for Māori.
- Outpatient DNA rates remain at the June results. The Total DNA rate for May has increased slightly to 5.5% maintaining the trend of below 6% rates seen over the last 4 months. Although the preliminary results suggest the Māori DNA rate has increased to 13.3%, this is still down from the recent trend of around 14%.



^ Please note the latest data for the Shorter Stays in ED and immunisation health targets are monthly results (March 2019) and don't reflect the quarter to date.

Note: All targets remain as they were in 2017/18 for board dashboard reporting purpose. This section will be updated as the sector is made aware of any new performance framework.



Note: Targets for these key measures have been set within the 2018/19 annual plan. It is anticipated additional measures will be added to align with the priority populations in the Strategic Health

Services Plan. The measures presently included cover the F1000 days population, Māori, and vulnerable children. The PP8 metric also acts as a proxy measure in the mental health space until a more appropriate measure is selected
likely following the outcomes of the inquiry. An appropriate measure for vulnerable older people will also be selected for inclusion moving forward.

System Level Measures Dashboard - Q3 18/19 System Level Measure Baseline Target Current Status Trending Comment (by exception) The latest 0-4 ASH data for the 12 month period to March 2019 shows that 0-4 ASH rates for Maori have dropped from their recent peak but 10.000 emain around the highest levels seen over the last 10 quarters. The substantive increase has been driven by increases in ASH rates for upper espiratory conditions, asthma, and cellulitis. Large increases in 0-4 ASH rates for Māori have also been seen nationally, though not to the same 9,000 0-4 ASH extent as in Bay of Plenty. The latest result means BOPDHB is in red status for this metric in Q3 2018/19 and, given targets were set during a period of strong performance, it is expected it will be difficult to meet the target set 8,000 Milestone: Reduce rates of Maori 0-4 ASH to Māori: ASH 0-4 - Maori The working group's focus areas are Skin Conditions, Dental and Respiratory with Immunisation focus reduced to a monitoring role which active R 8,519 6,545 (current national average for the total 6,545 input being by IAG and Immunisation Project Coordinator. Over the fourth quarter, two key projects targetting early identification of respiratory ····· 0-4 Maori - target 7.183 7,000 population at time of print) by 30 June 2019 issues and accessible support in primary care have evolved out of the analysis of existing respiratory service. These will commence in 2019. It has Clinical lead: Alison James been identified in the dental cotinrutory data that focus should be placed on those who are failing to attend appointments, to explore the reasons 6,000 Operational lead: Martin Steinmann to improve accessibility. The link between respiratory and skin condition was explored over quarter three with a clear need to explore skin conditions over 19/20 to establish initiatives that address early intervention and may prevent development of associated complicators such as espiratory response. Given the challenges with accessing timely mortality data (due to the Coronial process). BOPDHB's 2018/19 plan has taken the view to setting a 350.0 Amenable Mortality 300.0 longer term target in regard to amenable mortality reduction for Maori. Due to significant disparities in standardised amenable mortality rates for 250.0 Maori (over two times high than non-Maori), the decision has been made to focus on amenable mortality for Maori, with a particular focus on Amenable mortality 200.0 moking prevalence and screening coverage Milestone: 30% reduction in standardised - Maori Māori: 150.0 157.6 221.3 Given the longer term focus of the milestone, status performance is based on performance against the contributory measures. There are early menable mortality rates for Maori by 30 June · Maori - Target (2020 225.2 100.0 ndications that smoking prevalence is reducing for Maori, which is a trend that has been seen over the last two-three years. However, the pace of 2023 value) 50.0 eduction is slow - increasing the reduction in smoking prevalence is an area of focus. Over quarter three the group analysed the rates of cardio Clinical lead: Lizzie Spence rascular disease and the potential of initiatives to affect the amenable mortality measure. This has resulted in two points of intervention for Maoi Operational lead: Donna McArley 70/2 nales 35-44 at the early intervention phase (screening questionnaires) and at the later management phases around the prescription of statins. Maori acute bed days have started to rise again over the last threee quarters after a fairly flat trend for the previous 5 quarters. Over the last 2 700 O Acute Bed Days years there has been quarterly increases in the number of admissions for patients aged 80+. Of note the number of acute admissions for Maori age Acute bed days 600.0 80+ has increased by over 40% compared to Q3 2017/2018. Congestive Cardiac Failiure is a key driver. In the attempt to address this, Western Bay Maori of Plenty PHO funded a test of change introducing a Cardiac Failiure Clinic in General Practice. Early indications identify a positive impact on Maori: 500.0 ····· Maori - Target Milestone: 5% reduction in standardised acute 548.4 638 R admissions and therefore the plan is to roll this out across the PHO. 577.3 bed days for Maori by 30 June 2019 400.0 A key development over this year has been the initiation of key integrated health initiatives that will seek to significantly impact the acute bed days Clinical lead: Dr Luke Bradford netric (in addition to others). It was discussed in quarter 3 that acute bed days will monitor the development of these initiatives and the impact or Operational lead: Philippa Jones he acute bed days measure in addition to the outlined portfolio of initiatives for 19/20. 8.4 Patient Experience Maori: Partnership - Maor 8.0 8.0 7.7 Α The latest primary care survey data (March 2019) indicates both Maori and non-Maori scores for participation are largely unchanged from baseline 7.6 7.6 Milestone: We will achieve 8 or more for Partnership - Non The working group have established the need for this SLM grup to be led by the Consumer Council so that consumer directed initiatives can evolve 7.2 Maori participation in the primary care PES for Maori from the learnings in the primary care and inaptient surveys. Of which our lowest scoring areas centre on access to GP services (which will be Non- Target and non-Maori by 30 June 2019 6.8 mpacted by health care homes and the intergated health care initiatives) and the advice given to patients when leaving hospital. Q3_{17/18} Maori: 8.0 7.5 Α Q4 17/18 Q₁ _{18/19} Q2_{18/19} Clinical lead: Dr Marshall Hollister-Jones Operational lead: Jeane Rossiter 7.6 Self-harm hospitalisation rates is a new area of focus in the 2018/19 plan, with a target to reduce rates of self-harm hospitalisation for Maori by 65.0 60.0 55.0 50.0 45.0 40.0 35.0 30.0 Youth Health 5%. This measure is considered a proxy for youth mental health and is just one of the areas being targeted by this working group. The working group is also focussed on improving access to both primary and secondary mental health services for youth - particularly Maori youth, and on hosptilisations - Maori Youth (10-24) age-standardised self-harm 43.6 Maori: educing youth suicide. Improving access to services is seen as a preventative measure for self-harm, while reducing youth suicide will continue to hospitalisation rates per 10,000 population R 55.7 43.6 emain a focus in the youth mental health space. The working group has focussed on the learnings from the youth stocktake which emphassed 45.9 Q3_{15/16} Q3_{16/1>} Q1 17/18 Q3_{17/18} QI 18/19 workforce training as a key impact area for this SLM. As such, work has centred around developing a workforce training package to identify and Milestone: A 5% reduction in age-standardised empower professionals to intervene early with youth who have mental health wellbeing concerns. Quarter 3 has focussed on actioning the plan self-harm hospitalisation rates for Maori round this work and subsquently extensive progress has been made. 2400 Chlamydia Chlamydia Youth Health screening - total 2200 This measure has not been updated due to investigate the source of data to provide an update. - Chlamydia testing coverage (per 100,000 pop., 2000 2074.3 2074.25 2178 Α Over quarter 3 the group identified the need to commence testing of the kit in rural areas to address the concern over isolated pockets of Milestone: A 5% increase in chlamydia testing chlamydia around the BOP. In addition it was discussed that the kit needs to be further modified and tested for youth by youth with a youth 1800 coverage for youth by 30 June 2019 03/6/15 08/6/13 Q1/1/10 Q-17/1/18 03/1/10 Q16/13 directed purpose. Thus, engagement at various alt ed and youth forums was planned and is underway in quarter 4. Clinical lead: TBA Operational lead: TBA Babies living in Smokefree 65.0% 55.0% Babies living in Households smokefree homes 45.0% A significant change in methodology has now taken place re the Ministry's data sets. Results prior to Jan-June 2018 were based only on Maori 35.0% 52.3% 60.0% 34.9% espondents to questions regarding households, whereas the latest measure is based on all births within the catchment. BOP needs to reconsider Milestone: 60% of Maori babies will live in · Target - Maori 25.0% its target in the light of this. smokefree households by 30 June 2018 Jul-Dec 2017 Jan-Jun 2018 Jan-Jun 2017 Clinical lead: Alison James Operational lead: Martin Steinmann

R: The current result is 10% or more from target; A: The current result is within 10% of target; G: The result is equal to or exceeds the target set

Maori He	alth Plan Dashboard																			
Monthly Results														201	.8/19					
Target	Indicator	Baseline Maori*	Target	Result Maori	Result Non- Maori/Total	Numeric results	Δ from BL	Disparity	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Imms	Immunisation (8 mths)	87%	95%	75.3%	81.6%	216 immunised of 287 A further 57 immunisations required to meet target	-11.7%	-6.3%	77.7%	78.9%	78.2%	78.4%	77.2%	76.4%	73.4%	72.0%	70.7%	72.2%	72.9%	75.3%
Dental	Oral Health; Maori pre-school children enrolled in dental	65%	95%	96.8%	101.5%	6,264 enrolled of 6,470 Target met	31.8%	-4.7%	84.3%	86.4%	94.5%	96.1%	97.2%	98.2%	97.7%	97.5%	97.6%	97.0%	97.7%	96.8%
DNA	Did-Not-Attend Rate - Maori	16%	5%	13.3%	5.5%	217 DNAs of 1,633 A further 135 patients needed to attend their outpatient appointment to meet target	-2.3%	7.8%	13.2%	13.2%	14.3%	15.7%	14.1%	14.4%	15.3%	13.9%	14.3%	11.9%	12.9%	13.3%
	Breastfeeding at 6wks (full & exclusive)	59%	75%	71.0%	72.3%	22 exclusive of 31 2 additional mothers would need to exclusively breastfeed at 6 weeks to meet target	11.7%	-1.3%	55.3%	64.2%	40.9%	57.5%	74.4%	50.0%	60.4%	46.4%	59.5%	64.0%	58.9%	71.0%
Breastfeeding	Breastfeeding at 3mths (full & exclusive)	47%	70%	55.6%	65.2%	15 exclusive of 27 4 additional mothers would need to exclusively breastfeed at 3 months to meet target	8.6%	-9.6%	53.6%	40.7%	50.0%	54.8%	46.7%	68.2%	63.4%	42.9%	46.7%	45.5%	59.3%	55.6%
	Breastfeeding at 6mths (receiving breast milk)	61%	60%	69.7%	74.5%	23 receiving breast milk of 33 Target met	8.7%	-4.8%	66.7%	61.5%	62.5%	47.4%	56.3%	60.6%	62.5%	58.8%	60.0%	62.2%	74.2%	69.7%
ASH Events /	Maori ASH Rate per 100,000: 0-4yrs	7183	6545	3519	4439	44 0-4 ASH discharges Target Met	-3664	-921	8704	10370	7593	9074	5741	7037	5185	4630	8148	6852	6667	3519
Acute	Maori ASH Rate per 100,000: 45-64yrs	7421	7050	5846	2508	68 45-64 ASH discharges Target Met	-1575	3338	5538	7077	7385	6872	5949	9128	6051	6154	6974	6256	7590	5846
Quarterly Results																				
Target	Indicator	Baseline Maori*	Target	Result Maori	Result Non- Maori/Total	Numeric results	Δ from BL	Disparity	Q1 20	18/19 (Ju	ıl-Sep)	Q2 20:	18/19 (0	ct-Dec)	Q3 20	18/19 (Ja	ın-Mar)	Q4 20	18/19 (Ap	r-Jun)
	Population BOP	n/a	n/a	59,310	238,380	n/a	n/a	n/a		59,310		59,310		59,310		59,310				
PHO / Practice	Enrolled in PHOs: BOP	54,412	53,380	56,759	237,738	n/a	2,347	n/a		56,413		56,759		57,330		57,489				
Enrolment	Enrolled in PHOs: BOP %	97%	90%	95.7%	99.7%	n/a	-1.3%	-4.0%		95.1%			95.7%			96.7%		96.9%		
	Enrolled in PHOs & GP Practices: BOP	55,733	53,380	58,189	239,206	n/a	2,456	n/a		57,833			58,189			58,561			58,780	
	Enrolled in PHOs & GP Practices: BOP %	97%	90%	98.1%	100.3%	n/a	0.8%	-2.2%		97.5%			98.1%			98.7%			99.1%	
CVDRA	More Heart & Diabetes checks (CVDRA) within 5yrs	89%	90%	86.6%	91.3%	14,430 checks of 16,664 A further 568 checks required to meet target	-2.4%	-4.7%		88.6%			87.1%			86.6%				
CVDRA	More Heart & Diabetes checks (CVDRA) for Maori Men 35-44	74%	90%	72.3%	NA	2,040 checks of 2,822 A further 500 checks required to meet target	-1.8%	NA		74.2%			73.3%			72.3%				
Breast screening	Breast Screening Rates 50-69 Maori	60%	70%	66.1%	73.4%	3,605 screens of 5,450 A further 210 screens required to meet target	6.2%	-7.3%		62.3%			64.5%			65.2%			66.1%	
	Smoking Cessation Advice (Hospital) Maori	96%	95%	97.5%	97.1%	799 advised of 853 Target met	1.5%	0.3%		96.2%			96.8%			97.5%			93.7%	
Smoking	Smoking Cessation Advice Primary Care Maori	87%	90%	86.8%	89.2%	10,910 advised of 12,435 A further 282 people to be advised to meet target	-0.2%	-2.4%		87.7%			86.8%			86.8%				
Quarterly	Smoking Prevalence in Pregnancy	47%	25%	42.9%	25.0%	6 smokers of 14 A further 3 women need to be smoke free to meet target	-4.1%	17.9%	59.0%		44.1%			40.5%		42.9%				
	Smoking Cessation Advice in Pregnancy	89%	90%	93.3%	100.0%	6 advised of 6 Target met	4.3%	-6.7%		91.3%		93.3%		93.3%		100.0%				
Imms Flu	Influenza Immunisation (65+)	50.0%	75%	52.6%	59.8%	2,392 immunised of 4,550 A further 1,020 immunisations required to meet target	2.6%	-7.2%		51.6%			51.3%			51.3%			52.6%	
Cervical	Cervical Screening Rates Maori (25-69)	70%	80%	72.2%	81.4%	9,639 screens of 13,116 A further 853 screens required to meet target	2.2%	-9.2%		71.9%			72.2%			73.5%				

^{*} Note: Where possible, Maori baselines are taken from the Maori Health Plan 2016/17. All other baselines are based on actual Q4 2015/16 results.

Key to colour coding

Target Attained
Target within 10%

Target within 20%
Target outside 20%

PRIMARY HEALTH CARE ORGANISATIONS

PRIMARY CARE OVERVIEW



Key Achievements for this month:

- Commitment from all our EBPHA Practices (9 out of 12), to promote childhood immunization as an organization-wide priority for the next twelve months.
- Opotiki Practice Toi Ora Health opened their books to new patients (not transfers) to meet current community need.
- Taneatua Charitable Trust has purchased Kawerau Medical Centre an overarching stewardship of both Practices will improve patient outcomes.
- All EBPHA Practices have submitted "innovation proposals" including glucose monitors to improve diabetes management, ear suctioning services and pharmacy medication reviews as examples.

Key Challenges for this month:

- Looking into the viability of contracting out the Support to Screening contract.
- Maintaining a strong and unified workforce in the present environment.



Key Achievements for this month:

- NMO have now filled the position of a Project Coordinator for the development of the Nuka (tangata whenua) model.
- The release of the Waitangi Tribunal's Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. I would suggest the Board may like to access this report to help gain some insight into the recommendations being made by the Tribunal.

Key Challenges for this month:

- The fragility of the Maori Workforce within Primary Health continues to expose us all as service Providers, both Kaupapa and non-Kaupapa. If we are to improve the inequities for Maori we will have a very limited workforce to roll out or indeed execute any strategy on.
- Working with Funding and Planning on a more sustainable model for Home Care Support Services. The existing funding model has identified differences in Maori utilization and needs when engaging in the service.



Key Achievements for this month:

- Twelve Practices that had submitted applications for Health Care Home transition were represented and up to 70 individual participated in the two Boot Camps held on the 19th and 26TH of June 2019 at the Trustpower Arena and Events Centre operated by Bay Venues. The days were extremely successful with presentations on Change Management, Lean Principles and application, the Well South approach (and why) and GP Triage and Assessment. The focus remains on at least two Practices to go live from early August with other Practices following over the balance of the current year, as readiness is evident.
- To support the recent winter pressures in the Emergency Department it was pleasing to see the PHO, general practices and DHB taking a coordinated approach to redirecting suitable patients to available GP appointments.

This has prompted some innovative thinking about what a shared acute care centre model might look like for the Bay. A further modelling workshop is planned with key stakeholders to progress the initiative.

• The latest report from Health and Wellness Services encouragingly shows a positive impact on Māori health inequity. Of particular interest Breast Screening for Māori is at 79.3%almost 10% over target and is higher than for any other population group. As a consequence of this good work a small amount of additional funding (\$5,000) has been secured to support General Practice with wahine Breast Screening enrolment. This will be for a three-month project aiming to increase wahine Māori Breast Screen enrolment to 92% (currently 87%). At a recent Breast Screening conference, WBoP PHO results were used as an exemplar and subsequently the Waikato PHOs visited this month to learn from our success.

Key Challenges for this month:

• The proposed MOH changes to the funding of smoking cessation services away from the general practice model will undoubtedly impact on the successful achievement of practice based cessation support for smokers (39% quit rate achieved in the last 6 months (total) and 30% quit rate for Māori). The MoH have stated that the focus of GPs should be on providing brief advice only and referral to the regional stop smoking service -Hapainga. This is disappointing as it undermines the significant benefit of maintaining and strengthening the relationship between individuals and their General Practice/Medical Home. The essence of the General Practice Smoking Cessation initiative is based on trust between the patient and their GP. There is a real concern that a reduction in funding to support in-practice delivery of these services will undo the momentum gained in this mahi.



12 Month Progress Report on the Annual Plan 2018/19

SUBMITTED TO:

Board: 21 August 2019

Prepared by: Sharlene Pardy, Planning and Project Manager

Endorsed by: Simon Everitt, General Manager Planning, Funding and Population Health

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

1. That the Board endorses this report.

ATTACHMENTS:

- 1. 12 Month Progress Report on the Annual Plan 2018/19 to 30 June 2019.
- 2. System Level Measures Dashboard Quarter 4 2018/19.

SUMMARY:

The attached report highlights progress on actions contained in the BOPDHB's Annual Plan 2018/19 (the 'Plan') for the twelve month period from 1 July 2018 to 30 June 2019. The report provides a brief narrative of progress against actions. Reporting on non-financial performance measures and targets contained in the Plan is completed on a quarterly and annual basis and reported separately to the Board and to the Ministry of Health. The Annual Report and quarterly reporting to the Ministry meets the BOPDHB's legislative requirements and accountabilities with the Ministry of Health.

Highlights in the attached report include:

- A new integrated breastfeeding support service has been established in the community to deliver dual programmes for Te Ao Māori and mainstream. It includes co-ordinated Kaiawhina roles working alongside lactation specialists. The service in the Eastern Bay has been launched as `Whakamanahia te Waiu, Celebrating the Essense of life`, and the service in the Western Bay has been launched as `Mama Maia`.
- A new service has been commissioned with a focus on Kaupapa Maori Healthy Lifestyle intervention for Tamariki and Rangatahi, called the Tamariki Healthy Lifestyle Service. This service will work with children who have been assessed as obese.
- A trial offering vaping to smokers at Te Whare Maiangiangi has been completed. This was very successful with extremely positive feedback by those using vapes as well as by staff in terms of the difference in patient behaviour and relationships.

- 12,101 surgical discharges delivered against the elective service health target of 11,269.
- At least 95% of eligible children up to the age of 14 years have zero fees access to general practice during regular hours within 30 minutes travel time. Two after-hours pharmacies are offering zero fees for all prescriptions after-hours until 9pm.

An area of concern remains around the achievement of the Immunisation performance measures. Throughout 2018/19, Bay of Plenty immunisation coverage for 8 month olds averaged 82 percent for the total population and 75 percent for Māori, against a target of 95%. The improvement project work now fully engaged is hopeful of a sustained rise in rates of coverage through collaboration of the operational team and a clear map/pathway of service delivery and accountability through reporting.

Attachment 1: 12 month Progress Report on the Annual Plan 2018/19 to 30 June 2019

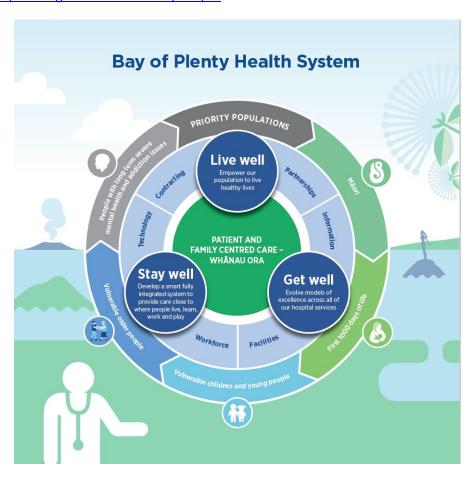
Table of Contents

	IVERING ON PRIORITIES	<i>DELIV</i>
) Local Planning Priorities	1.0
	Government Planning Priorities	2.0
	Mental Health	
Error! Bookmark not define	Primary Health Care Access	
	Primary Health Care Integration	
Error! Bookmark not defined	System Level Measures	
Error! Bookmark not defined	CVD and Diabetes Risk Assessment	
Error! Bookmark not defined	Pharmacy	
Error! Bookmark not defined	Support to Quit Smoking	
	Child Wellbeing	
Error! Bookmark not defined	Maternal Mental Health Services	
Error! Bookmark not define	School-Based Health Services	
	Immunisation	
	Responding to Childhood Obesity	
	Strengthen Public Delivery of Health Services	
	Shorter Stays in Emergency Departments	
	Access to Elective Services	
	Cancer Services	
	Healthy Ageing	
	Disability Support Services	
	Improving Quality	
	Climate Change	
Frror! Bookmark not defined	Waste Disposal	

DELIVERING ON PRIORITIES

1.0 Local Planning Priorities

The Bay of Plenty Strategic Health Services Plan 2017-27 (SHSP) sets the scene for what we need to focus on to support our communities to be healthy and thriving. It guides us to provide health services which better support people to stay well and manage their own health. Progress on actions from the SHSP are incorporated throughout Section 2 where they relate to the Government's priorities (highlighted in blue text). To view the full plan go to http://www.bopdhb.govt.nz/media/60567/bop-strategic-health-services-plan.pdf.



2.0 Government Planning Priorities

The BOPDHB is required by the Ministry of Health to consider and include actions in the Annual Plan that will help it to achieve health equity for all its populations, including Māori. Activities in this section that demonstrate the BOPDHB's commitment to reducing inequities between Māori and non-Māori are highlighted in red and are clearly identified with [EOA] immediately following the activity.

Gove	ernment	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	s to Deliver Improved	12 month Progress Report
Planni	ng Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report
Mental Health	Populati on Mental Health	Options for early intervention across the primary care spectrum to help ensure early intervention and continuity of care. Improved options for acute responses including improving crisis team responses and improved respite options. Supporting Parents Healthy Children (COPMIA) to support early intervention in the life course. Suicide prevention and postvention to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention Improving co-existing problems responses via improved integration and collaboration between other health and social services. Actions in relation to Equally Well to improve the physical health outcomes for people with low prevalence mental health and addiction conditions.	One Team	Early Intervention 1. The BOPDHB will fully evaluate the CAMHS clinician roles within the Otumoetai Kahui Ako (Community of Learning). 2. The BOPDHB will co-design with the Whakatane Kahui Ako to roll out the involvement of a CAMHS clinician. The co design approach aims to engage Māori whanau in the development of the service to improve responsiveness. [EOA]. 3. The BOPDHB will progress a whole of system review of Mental Health and Addiction Services to determine new ways of providing integrated care. The review will include system capacity, demand and desired future state and will be aligned with the national mental health review. 4. The BOPDHB will develop an Oranga (Wellness) Te Ao Māori Model of Care for mental health and include wellness pathways for Māori with opportunities to disrupt and redirect illness trajectories and in a way that meets the needs of Māori and is able to benefit non-Māori	 31 December 2018. 30 June 2019. 30 June 2019. 30 June 2019. 	 Evaluation completed, recommendations are being implemented. The Kahui Ako role is currently being recruited to in the Eastern Bay of Plenty. There is also a partnership with a kaupapa NGO provider to support the Kahui Ako role. This development has involved a wide range of stakeholders. This review process has been delayed due to the timing of the Government's response to He Ara Oranga. This piece of work is due to begin August 2019. The Toi Oranga Ngakau role was established and recruited to in April 2019. The Toi Oranga Ngakau pathways and model of care are being scoped out. This will be reviewed in June 2020.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	o
	Reducing inequities including reducing the rate of Māori under community treatment orders. Improving employment and education and training options for people with low prevalence conditions including, for example, Individual Placement Support. The implementation of models of care for addiction treatment, with particular reference to the commencement of the Substance Addiction (Compulsory Assessment		across the care continuum. The model of care will be informed by Nga Pou Mana a Io: Mana Atua, Mana Tupuna, Mana Whenua and Mana Tangata The Māori model of care will enable the BOPDHB to deliver Oranga (mental health) services in a way that meet the needs of Maori and is sustainable, equitable and fit-for-purpose [EOA]. Improved options for acute responses 5. The BOPDHB will increase access to SMO/RMO cover in response to the recommendations of the Acute Crisis Team review.	5. Increased SMO cover, review of on-call work and possible review of registrar cover over night by 30 June 2019.	5. Tests of change for dedicated SMO cover in the crisis team have been undertaken and evaluated. Recruitment of a dedicated SMO for the crisis team is under way.
	and Treatment) Act 2017. Outline how the DHB will ensure your staff and members of your community will be encouraged to participate in the Government Inquiry into Mental Health and		 The BOPDHB will explore implementation of the four core elements of the "crisis now" model, ie; high tech crisis call centres, 24/7 mobile crisis, crisis stabilisation programmes, essential principles and practises. 	6. 30 June 2019	6. A number of barriers have meant this piece of work has not been progressed as hoped. The mental health line has been approved however and will be implemented in August 2019.
	Addiction.		Supporting Parents Healthy Children (COPMIA) to support early intervention in the life course 7. The BOPDHB will begin implementation of the Best Practice actions within the Supporting Parents Healthy Children Guidelines with NGOs/primary care and secondary specialist services,	7. Roll out to 50% of services by 30 June 2019.	7. Training (e.g. Single Session Family Consultation) as well as support for implementation of the guidelines have taken place in different ways through 2018/19, including development of a self-audit tool to help inform progress against the guidelines. A Whanau Ora model is being scoped out to be more

Government	Focus Expected for Bay of Plenty DHB (as stated by the Ministry of Health)	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report
Planning Priority		Health Strategy	Activity	Milestones	
			 Training in Single Session Family Consultation model offered to adult community mental health clinicians. The BOPDHB will increase referrals to NGO provided COPMIA services and explore options to enhance and support collaboration. Suicide prevention and postvention The BOPDHB will develop a workforce training package to deliver to the youth sector which is evidence based and culturally appropriate. Improving co-existing problems responses via improved integration and collaboration The BOPDHB will pilot offering mental health and addiction expertise to providers working with the homeless and those in unstable housing receiving support. 	8. Review audits of referrals by 30 June 2019. 9. Training package developed by 30 June 2019. 10. Pilot completed by 30 June 2019.	responsive for Maori. A test of change initiative with Kaupapa Maori Clinical Support Services is planned to be piloted in October 2019. 8. Referrals to Family Link in the Western Bay of Plenty have increased through 2018/19 and there are regular meetings with secondary services leadership and Family Link manager. Further work to be explored in the Eastern Bay. 9. A 'Mental Health 101' tailored training package is planned to be delivered to targetted services working with at risk youth in August/September 2019. 10. The Wakahunua Whaihauora service has been started with Hanmer Clinic working closely with Te Tuinga Whanau who provide emergency accommodation, as well as with the Men's Nightshelter. The Men's Nightshelter has been enthusiastic in their response ran a four week programme as a pilot. This was successful and is now being broadened in scope to include topics that clients of the shelter have requested. Eighteen groups have been run at Te Tuinga Whanau and the Men's Nightshelter, with a total of 178 attendances over these groups. These groups are educational and designed to raise awareness of alcohol and drug issues, and topics such as recognising

	rnment	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report			
Plannir	g Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	, ,		
				Actions in relation to Equally Well to improve the physical health outcomes for people with low prevalence mental health and addiction conditions. 11. The BOPDHB will implement a test for change initiative looking at Quit Smoking through the use of incentivisation with community-based long term mental health clients. 12. The BOPDHB will review funded dental services for mental health clients to improve access and quality.	11. Test of change completed by 30 June 2019. 12. Review completed by 30 June 2019.	and expressing emotions in a positive manner, managing anger, participating positively in conversations etc. 11. A trial offering vaping to smokers at Te Whare Maiangiangi has been completed. This was very successful with extremely positive feedback by those using vapes as well as by staff in terms of the difference in patient behaviour and relationships. Funding is being sought to ensure this is ongoing. 12. A review of dental health services for mental health and addiction clients has been completed.		
				Reducing inequities including reducing the rate of Māori under community treatment orders. 13. The BOPDHB will explore how to increase communication and education to all staff members involved in treatment planning. Increasing the cultural competence of non -Māori staff and	13. Research complete by 30 June 2019.	13. A Midland review of the use of Section 29 for Maori has been completed. Recommendations from this review are being considered locally and regionally. Some changes that have been made include training delivered to staff regarding the Mental Health Act.		
				strengthening the capability of the Māori workforce will add value to whanau lives [EOA]. 14. The BOPDHB will investigate smarter, faster ways of delivering mental health services into rural	14. Research complete by 30 June 2019.	14. Partnerships with local providers in rural areas continue to be strengthened. Examples of progress include secondary service staff attending MDTs for Whakatohea Iwi Social/Health Services in Opotiki, and		

	nment	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report
Planning	Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	
				areas eg. Waihi Beach as part of its refreshed approach to mental health and addiction services [EOA]. Improving employment and education		also the delivery of clinics there.
				and training options for people with low prevalence conditions including, for example, Individual Placement Support (IPS). 15. The BOPDHB will review current IPS initiatives to improve referrals, including improving data collection and involving Kaupapa Māori providers to improve Māori uptake. Māori are disproportionately affected by mental illness and international evidence shows that for people experiencing mental health issues, being in employment is a key part of getting and staying well. [EOA].	15. Review completed by 30 June 2019.	15. Secondary services provide a focus on social determinants of health, focussing on the use of the Supplementary Consumer Record and promoting referrals to local services (Turning Point and Pou Whakaaro).
				The implementation of models of care for addiction treatment, with particular reference to the commencement of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017. 16. The BOPDHB will review service delivery and outcomes/ barriers and challenges a year after SACAT was introduced.	16. Review completed by 30 June 2019.	16. A Midland review of SACAT implementation is scheduled to be completed in August/September 2019.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	
	Outline your commitment to the HQSC mental health and addictions		Outline how the BOPDHB will ensure staff and members of the community will be encouraged to participate in the Government Inquiry into Mental Health and Addiction. 17. The BOPDHB will ensure widespread dissemination of information around the visit of the National Mental Health and Addiction Inquiry Panel to key stakeholders via email, newspaper publications, Facebook, and internal DHB website, face to face and group meetings. 1. The BOPDHB is committed to the HQSC work and has convened a	17. Milestones as per national review timetable. 1. Monthly progress updates.	 17. Information was widely shared and there was significant participation by services and the community in the Government's Inquiry process. 1. A project improvement process is still underway regarding improving the use
Mental Health and Addictio ns Improve ment Activities	improvement activities with a focus on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020) and improving transitions. Please note the percentage and quality of transition plans forms part of the PP7 performance measure. The other three programmes that will be led by the HQSC over the life of the programme are; learning from serious adverse events and consumer experience, maximising physical health and improving medication management and prescribing issues. This programme		project team to drive the reduction of seclusion to be seclusion free by 2020. The project team includes members from Te Pou Kokiri, a Consumer advocate, Nursing, Health Care Assistant and Allied Health. The team's projects include seclusion reduction and improving transitions for youth aged between 16 and 25 years.	updates.	of transition planning within secondary services. In areas where testing has taken place, use of transition planning has improved, meaning service users are being given their transition plans at an increased rate and that these are jointly developed and understood. The project is ongoing. 2. Regarding seclusion, there continues to be a project team and work plan. Work to-date has focused on the implementation of the DASA tool to inform future tests of change.

	rnment	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report			
Plannir	g Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones			
		will support standardised, evidence-based processes and practices for prescribing and management.						
Primar y Health Care	Access	Describe actions that will ensure at least 95% of eligible children up to the age of 14 years have zero fee access to: - general practice during regular hours within 30 minutes travel time (including exemption from the standard \$5 charge on prescription medicine items) - after-hours care within 60 minutes travel time. This includes general practice services and prescriptions. DHBs will also ensure information in relation to practices/clinics providing zero fee daytime access and zero fee urgent after-hours arrangements is publicly available on their websites.	Closer to Home	 The BOPDHB will co-design with PHOs and implement a Registration of Interest (ROI) for Enhanced Primary Care (Health Care Home) in the Bay of Plenty [EOA] (7.0). The BOPDHB will improve equity to primary care access and treatment for Māori, funding Enhanced Primary Care initiatives at a higher rate for Māori [EOA]. The BOPDHB will implement outcomes from the Request for Information (RFI) with PHOs to improve the responsiveness to client needs, equity of health outcomes and whole of system approach [EOA]. The BOPDHB will implement the community service card initiative and extend free Under 14s services to after hours. 	 ROI developed by 31 August 2018. 30 November 2018 PHOS will submit RFI information by 20 July 2018. BOPDHB will commence implementation of RFI outcomes by 30 September 2018. Implementation complete by 31 December 2018. 	 The response to the Request for Information (RFI) has resulted in a Two-PHO Policy (from three) being approved by the BOPDHB. This is currently being implemented. At least 95% of eligible children up to the age of 14 years have zero fees access to general practice during regular hours within 30 minutes travel time and exemption from the standard community pharmacy co-payment for prescriptions. After-hours care is available within 60 minutes travel time up to 9pm for care and prescriptions. Two after-hours pharmacies are offering zero fees for all prescriptions after-hours until 9pm. Emergency Departments offer care after 9pm across the Bay of Plenty. See 1. above. The community services card initiative has been successfully introduced. 		

Government		Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report			
Planni	ng Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones			
	Integrati	DHBs are expected to continue to work with their district alliances on integration including (but not limited to): - strengthening their alliance (eg, appointing an independent chair, establishing an alliance programme office, expanding the funding currently considered by the alliance) - broadening the membership of their alliance (eg, pharmacy, maternity, public health, WCTO providers, mental health providers, ambulance) - developing services, based on robust analytics, that reconfigure current services. In addition: -please identify actions you are undertaking in the 2018/19 year to assist in the utilisation of other workforces in primary health care settingsidentify actions to demonstrate how you will work proactively with your PHOs and other providers to improve newborn enrolment with general practice in 2018/19.		 The BOP Alliance Leadership Team (BOPALT) will broaden its membership to include pharmacy, aged care, mental health, child and youth and Māori hauora among others. BOPALT will continue to progress reconfiguration of services, including: Community Coordination Care Centre (10.0) Risk Stratification (32.0) Routine Wound Care Connected Care (8.0). 	1. BOPALT's Terms of Reference reviewed by 31 December 2018. 2a. Evaluate the demonstration site by March 2019, review the scope of services provided and implement options for future service provision. b. Risk profile of at risk population groups completed and proactive care interventions identified and scoped by March 2019.	 The Bay of Plenty Alliance now has a new independent Chair and a new Charter. An Alliance meeting in its new form is planned for mid-July 2019. A work plan has been submitted to the meeting including Health Care Homes, Keeping Me Well and the Care Coordination initiative. It also includes the need for decisions on expanding the Alliance from the NGO sector and decisions on System Level Measures funding. Stage 2 of BOPCCC expansion is underway. The scope for stage 2 has been defined as inbound requests for all DHB-owned community services. This will be progressed over the next 12 months. The data is set and validation exercise is complete. A system has been established with the PHOs and the DHB to ensure sound data governance practices are maintained. A series of presentations are planned for the coming months for planners and clinicians to learn more about what the data telling us and how it can be used to support proactive and planned care initiatives. Some initial tests in a general practice setting have been promising and clinicians are seeing value in using the data to support more planned care for individual patients. 		

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month riogress report
			 The BOPDHB will conduct a stocktake of workforce capacity and capability across the system and develop an appropriate workforce development plan (37). The BOPDHB will review the Triple Enrolment Form using a Quality Improvement analysis to improve the accuracy of ethnicity data of mothers when booked into maternity and birthing units [EOA]. 	c. Explore options for expanding service to 100% uptake. d. Integration with BOPDHB IT systems completed by September 2018, evaluation of trial to inform business case for future application of platform completed by December 2018. 3. Stocktake and draft workforce development plan developed by 30 June 2019. 4. 31 March 2019.	 2c. Routine wound care continues to expand with more general practices signing up. This initiative provides care in the right place for patients, closer to home and releases capacity in District Nursing services for more complex care. 2d. Integration with CHIP is now underway and the test user group has been identified. 3. A scoping paper outlining a proposed approach for developing a Workforce Development Plan for the Bay of Plenty was presented to the DHB Executive Committee for endorsement. The Committee resolved to wait until the national strategic health and disability workforce priorities are released until further work in undertaken. 4. The review of the Triple Enrolment Form has been suspended due to stakeholder feedback and incompatibility of current system connections. Current issues within the maternity/LMC environment, in particular staff shortages, make further efforts unlikely at this time.

	ernment	Focus Expected for Bay of Plenty DHB	Link to NZ Health Strategy	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Planni	ng Priority	(as stated by the Ministry of Health)		Activity	Milestones	
				5. The BOPDHB will improve newborn enrolment with general practice through the implementation of Immunisation activities on page 22 of this plan.	5. 30 June 2019.	5. Newborns enrolled by 6 weeks of age 78.6%, up from 63% June 2018. Newborns enrolled by 3 months of age 92.2%, up from 81.6% June 2018.
	System Level Measure s	Please reference your jointly developed and agreed with all appropriate stakeholders System Level Measure Improvement Plan that is attached as an Appendix. System Level Measures Guidance is available on the Nationwide Service Framework Library.	Value and High Performance	The BOPDHB will implement the System Level Measures Improvement Plan 2018/19 as set out in Appendix B to this Plan. Out in Appendix B to this Plan.	1. Refer Appendix B	1. Refer Attachment 2

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 monun rogiess report
CVD and Diabetes Risk Assessm ent	Commit to maintaining a rate of 90% in undertaking CVD and Diabetes Risk Assessments for their eligible population. Those DHBs whose current performance is below 90% are expected to work closely with their alliance partners to achieve 90%. These DHBs must describe specific actions their alliance will take to reach this target. These actions could be part of the actions committed to in the System Level Measures Improvement Plan (specifically in achieving the Acute Bed Days or Amenable Mortality SLMs), in which case this should be cross-referenced, if that is appropriate. If specific risk assessment activity is not part of the SLM Improvement Plan, actions to improve the level of risk assessments provided must be included in this section along with two quarterly milestones. In addition each DHB should identify three priority areas they will be undertaking for quality improvement in diabetes care and services with key actions and milestones. These areas may be informed by their self-assessment against the Quality Standards for Diabetes Care 2014.	One Team	 The BOPDHB will improve risk assessments in primary care for CVD and diabetes by realigning CVD and diabetes contracts to focus primarily on Māori and high need using IHI methodology [EOA]. The BOPDHB will work with the Ministry of Health to revise the national diabetic service specifications to improve alignment with client need. The BOPDHB will explore the development of the Māori nurse internship programme to be managed across primary and secondary services [EOA]. The BOPDHB will review the impact on the diabetes annual review service in the Eastern Bay resulting from 44% of the EBPHA's enrolled population moving to the WBOPPHO. See also the Acute Bed Days and Amenable Mortality sections of the System Level Measures Improvement Plan in Appendix B. 	2. Date to be determined by the Ministry of Health. 3. By 31 March 2019. 4. By 30 June 2019 the WBOPPHO will have full diabetes services in the Eastern Bay for the 44% of the enrolled population who have moved from EBPHA.	 CVD rates are compliant. Risk stratification for enrolled users has been introduced through new IT programmes. There has been a focus on Maori men for CVD risk assessment and treatment. The BOPDHB participated in the revision of the national diabetic service specifications. A Maori Nurse internship has been started by secondary services to encourage Maori nurses to be involved in CVD and diabetes support to Maori. The impact of 44% of the diabetes service in the East (loss of 44% ESU) is low as Western Bay of Plenty PHO has sub contracted back this funding to Eastern Bay PHA. A key focus for quality improvement through the year was requesting secondary mental health services to put measures in place to assess severe mental health patients to undergo CVD assessment and receive appropriate treatment. New guidelines were also implemented for fundus retinal screening timeframes.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones		
Pharmac y Action Plan	Continue to engage with the agreed national process to develop and implement a new contract to deliver integrated pharmacist services in the community. Continue to support the vision of the Pharmacy Action Plan by working with pharmacists, consumers and the wider health sector (eg, primary health care) to develop integrated local services that make the best use of the pharmacist workforce.		 The BOPDHB will encourage local pharmacy services to sign up to the new Integrated Community Pharmacy Services Agreement (ICPSA). The BOPDHB, in conjunction with the Pharmacy SLAT, will develop wrap around packages of care for mental health and addiction clients that can be accessed from suitable community pharmacists through the long term condition programme (funding not confirmed). The BOP will continue to work with pharmacies to provide locally commissioned NRT, Community Pharmacy Anticoagulation Monitoring Services (CPAMS) and long term conditions in locations where the need is highest. The BOPDHB will monitor the use of the Emergency Contraceptive Pill through community pharmacy to gauge equity of access for this service and then determine if the geographical coverage for this service is adequate [EOA]. 	 National contract offered to all Bay of Plenty pharmacies for commencement 1 October 2018. New services operating by 1 March 2019. The new contract reflects existing local services and new services are added throughout the year. 	 All community pharmacies signed the new Integrated Community Pharmacy Services Agreement (ICPSA) by 1 October 2018. The Pharmacy SLAT continues to advise on community pharmacy services in a more joined up approach with secondary pharmacy services. A community pharmacist is Chair of the SLAT. Community pharmacies located strategically (six) across the Bay of Plenty continue to provide Community Pharmacy Anticoagulation Monitoring Services. Under the new agreement (ICPSA) local commissioning includes long term conditions, the emergency contraceptive pill (ECP) being dispensed with consultation to women of which 25% are Maori. The local commissioning also includes some smoking cessation advice alongside the Pharmac smoking programme. The demand for ECP has increased by 100% over 12 months. 	

Government	Focus Expected for Bay of Plenty DHB (as stated by the Ministry of Health)	Link to NZ Health Strategy	Bay of Plenty DHB Key Response Actions to Deliver Improved Performance		12 month Progress Report
Planning Priority			Activity	Milestones	12 month Flogress Report
Support to Quit Smoking	Please identify activities that continue to support delivery of smoking ABC in primary care.		 The BOPDHB will review the Ūkaipō smoking cessation for hapū māmā and explore opportunities to improve the service and health outcomes for wāhine Māori and their pēpī. The BOPDHB will explore opportunities to strengthen the incentives-based smoking cessation for hapū māmā programme offered by Hāpainga to ensure access is consistent across the DHB region. The BOPDHB has identified smoking as a contributory measure in the SLM Amenable Mortality Group. The DHB will continue to work collaboratively with general practices, Hāpainga and the service development to identify opportunities and implement service improvement initiatives. See also Toi Te Ora Public Health's Annual Plan 2018/19 for more activity in this area. 	 30 April 2019 31 March 2019 30 June 2019 	 Ūkaipō kaupapa Māori stop smoking four day wananga has been offered in Tauranga Moana to support Māori pregnant women and their whanau to make changes to their smoking. Four wananga were held this year. This will be increased to five per year. There is also the suggestion of incorporating more learning/experiences for the woman's partner/husband who attend especially those who also smoke. The wahakura continues to be the ideal vessel for the harm reduction messages to be delivered. Those who completed the Ūkaipō wananga were then offered ongoing cessation support through our regional stop smoking service Hapainga. Over 30 pregnant women and their whānau attended the Ukāipo wananga in 2018/19. A review of the Eastern Bay incentives programme for hapu mama was conducted and it demonstrated that this was a worthwhile initiative to invest in for the whole of the Bay of Plenty. Provisions for funding the rest of the Bay of Plenty in 2019/20 have been made.

	ernment	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report
Plannir	ng Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	
						3. The BOPDHB has met regularly to progress the SLM amenable mortality group. The group is focussing on levels of preventative measures for Cardiovascular Disease, including obesity, smokefree, compliance with prescriptions and clinically best practice. Practice based smokefree services and improved links to the regional stop smoking service (Hapainga) have been trialled and improvements are being made for 2019/20.
Child Health	Child Wellbein g	Please identify the most important focus areas to improve child wellbeing and that realises a measurable improvement in equity for your DHB. Identify key actions that demonstrate how the DHB is building its understanding of population needs, including those of high-needs populations, and making connections with and between local service providers of maternal health, child health and youth focused services.	Value and High Performance	First 1000 Days Programme Improved maternal and new-born nutrition: 1. The BOPDHB will commission an integrated breastfeeding support service in the community delivering dual programmes for Te Ao Māori and mainstream [EOA]. 2. The BOPDHB will develop a Kaupapa model of care that focuses on the mana of the whanau [EOA]. Early registration and support for pregnant woman where high risk is present: 3. The BOPDHB will design and deliver a test of change for a wrap-around midwife/Lead Maternity Carer service for pregnant woman, utilising predictive risk information to identify vulnerable pregnancies.	 By 30 November 2018. By 30 June 2019. By 31 March 2019. 	1. Two Kaupapa service providers will provide coverage for breastfeeding support through a new community model that includes co-ordinated Kaiawhina roles working alongside Lactation specialists. The Eastern Bay of Plenty service is provided by the East Bay Iwi Coalition made up of Whakatohea, Ngati Awa, Tuhoe Hauora and Tuwharetoa with Ngati Awa as the lead. This coalition launched their service on 2 August 2019 with a lot of interest. To date they have had 20 referrals with more coming in. The Western Bay service will be delivered by Nga Kakano Foundation in Te Puke from the 1 October 2019. In the meantime the current lactation service in the West will continue to provide breastfeeding

Government	Focus Expected for Bay of Plenty DHB	Link to NZ Health Strategy	Bay of Plenty DHB Key Response Actions to Deliver Improved Performance		12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)		Activity	Milestones	12 month rogics sheport
			Stopping smoking support for pregnant woman through extended smokefree midwife programme coverage: 4. The BOPDHB will develop a new safe sleep coordinator position in the community with a SUDI focus. Dental health programme low income pregnant woman: 5. The BOPDHB will scope and trial a test of change for future service	4. Position developed by 31 January 2019.5. Pilot service set up for three month trial January to March	 Support. Working with a Kaupapa Antenatal and Parenting service to develop a tikanga model of care as a test of change. This activity will progress in 2019/20. A Lead Maternity Carer programme has been designed and scoped and is it expected that funding will be received for roll out in 2019/20. There has been extensive collaboration with other stakeholders working with vulnerable pregnancies.
			implementation. Raising Healthy Kids:	2019.	4. The proposal for the Safe Sleep Coordinator is awaiting sign off from the Funding Management Committee.
			6. The BOPDHB will integrate the 5 2 1 0 programme into child health check services including Well Child	6. By 31 March 2019.	5. Consultation with secondary dental services is underway. This action has been carried over to 2019/20.
			Tamariki Ora, Before School Check, primary care and Hauora Māori programmes, including translation into Te Reo and Ti Ao Māori [EOA]. 7. The BOPDHB will evaluate the 5 2 1 0 programme, implementation of tools and engagement for approval and completion. (2.2)	7. By 30 June 2019.	 6. Resources have been distributed to Well Child Tamariki Ora providers; translation has been delayed following consultation with Maori advisors who are considering a different approach. 7. The evaluation is underway and will be completed in 2019/20.
			Child Oral health:		
			8. The BOPDHB will develop a Kaupapa service to treat pre- schoolers who are registered on Titanium [EOA].	8. By 30 June 2019.	8. The BOPDHB (Community Health 4 Kids Service) has sub contracted with Te Manu Toroa to deliver Kaupapa Maori oral health services to pre- schoolers and some adolescents. This

Government		Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Planning	Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 monun rogiess report
				 The BOPDHB will ensure that enrolled pre-school children with a high risk profile for caries receive treatment interventions. The BOPDHB will improve DNA rates for pre-school Māori [EOA]. The BOPDHB will scope and deliver increased interventions, including oral health promotion, for 2 year old and 5 year old children to improve caries free rates at age 5 and DMFT rates for 8 year olds. The BOPDHB will deliver the mobile rural dental treatment service in Murupara for adults and adolescents [EOA]. 	9. By 30 June 2019. 10. By 30 June 2019. 11. By 30 June 2019. 12. By 30 November 2018.	9. 60% of pre-schoolers have received fluoride varnish, up 3%, against a target of 70%. Improvements in Community Oral Health service are currently being investigated through a project of process audit and data analytics; this will determine how to maximise interventions for successful enrolment increase achieved for Maori at 98%. The project has identified the need for further comparative performance reports that measure improvement (as below) and provide staff with service feedback to support actions. 10. This is a work in progress, ethnicity reporting is required first. 11. Caries rates for 5 year olds are 36.5%, up from 34.5% last year. DMFT rates for 8 year old Māori are 1.9 teeth compared to 2.0 last year. 12. A minimum of two dental clinics are delivered each year in Murupara. Coverage was improved this year as a local dentist provided a service for adolescents during the school holidays.
	Maternal Mental Health	Commit to have completed a stock- take by the end of quarter two, of community-based maternal mental	Closer to home	The BOPDHB will complete a stock- take of community-based maternal mental health services currently	1. Stocktake completed by 31 December 2018.	A service directory is now in place. Access pathways for referral, and additional service scope applicable to

Government	Focus Expected for Bay of Plenty DHB (as stated by the Ministry of Health)	Link to NZ Health Strategy	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Planning Priority			Activity	Milestones	12 month rogicss report
Services	health services currently funded by your DHB, both antenatal and postpartum. Please include funding provided to PHOs specifically to address primary mental health needs for pregnant women and women and men following the birth of their baby. Commit to identify, and report in quarter four on the number of women accessing primary maternal mental health services both through PHO contracts that the DHB holds and, through any other DHB funded primary mental health service.		funded by your DHB, both antenatal and postpartum. 2. The BOPDHB's Kaupapa Māori mental health providers in the community will provide an integrated maternal mental health service model through links to Well Child Tamariki Ora, Alcohol and other Drug units and teen units [EOA]. 3. The BOPDHB will identify and report on the number of women accessing primary maternal mental health services that the DHB funds.	2. By 30 June 2019. 3. Data collected and reported on by 31 March 2019.	client referral, is still a work in progress. 2. Future meetings are planned for parties to discuss 2019/20 service improvement projects for alignment and whole of system approach. 3. PRIMD reporting section confirmed as Women Accessing Primary Mental Health Services for issues related to pregnancy, childbirth and/or adjustment to parenting. Further narrative to be sought from providers to provide needs analysis information for current and future clients.
Supporti ng Health in Schools	Identify actions currently under way to support health in schools by the end of quarter two, an example can be found on the FAQ sheet on the NSFL (in addition to School-Based Health Services (SBHS) – see guidance below).	Closer to home	 The BOPDHB will develop a plan for youth wellbeing. This will include a stocktake of health services active in local secondary school communities. The BOPDHB will identify and plan for workforce development needs for school nurses. 	 Dashboard completed by 31 December 2018. Focus groups completed by 31 December 2018. Business case completed by 31 March 2019. Training plan approved for implementation 	The work in this section is covered in the School Based Health Services section below. This work will continue in 2019/20. The work in this section is covered in the School Based Health Services section below. This work will continue in 2019/20.

	rnment	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	12 month Progress Report	
Plannir	g Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month rogicss report
					by 30 June 2019.	
	School- Based Health Services (SBHS)	Commit to have completed a stocktake of health services in public secondary schools in the DHB catchment (MoH to provide list of schools) by the end of quarter 2. Commit to have developed an implementation plan including timeframes for how SBHS would be expanded to all public secondary schools in the DHB catchment (MoH to provide template) by the end of Q4. Note that the implementation plan should include an equity focus.		 The BOPDHB will complete a stocktake of health services in schools for the region. The BOPDHB will scope the need for an improved ratio of nurse to student hours to meet demand. Priority will be given for Kura Kaupapa schools to improve equity of access for Māori students [EOA]. 	 Stocktake completed by 31 December 2018. Demand analysis data is collated by 31 December 2018. Demand management plan for additional nurse hours is completed and approved by 30 June 2019. 	 Stocktake has been completed. Additional funding has been applied for to improve the student nurse ratio (1:750). Demand management analysis has been completed and funding improved for Decile 4 schools and schools with weighting for ethnicity Maori to ensure equity of access. Consultation is underway with stakeholders regarding improving sexual and reproductive education to Kura Kaupapa Māori.
	Immunis ation	Work as one team across all immunisation providers within your region, and in collaboration with other child services, to improve immunisation rates and equity for the key milestone ages in early childhood. This includes delivery of the primary series of vaccines under one year of age, and completion of immunisations due at two and five years of age, with a particular focus on increasing immunisation rates for Māori infants.	Value and High Performance	 The BOPDHB will continue to deliver its childhood immunisation service by a PHO and BOPDHB collective. This collective prioritises collaboration with Māori and Hauora providers to ensure improved equity of access to the immunisation service [EOA]. The BOPDHB will ensure enrolment information is accurate and immunisation data is available for use by other childhood services. 	1. Review annual progress, including evaluation of delivery on agreed performance indicators by 31 March 2019. 2. By 31 December 2018.	1. The annual review has been completed and a dedicated Project Leader is leading implementation of the recommendations. 2. Monthly reports have been revised. Electronic enrolment at point of maternity is partially completed.
					3. Monthly reports	3. A temporary dedicated project leader

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	ا	Bay of Plenty DHB Key Response Actior Performance	ns to Deliver Improved	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy		Activity	Milestones		11 month 1 10g. 200 Nc.port
	Please provide three specific actions that will increase Māori infant immunisation coverage levels and sustain high levels during 2018/19. These actions must be accompanied by a date for implementation of the action, an		3.	The BOPDHB will focus on improving general practice immunisation performance, including improving administration between the National Immunisation Register and Outreach Immunisation Services.	completed.		role has been created to provide leadership and co-ordinated improvements to issues identified in review, including a revised process map and training.
	expected outcome, and a date by which the outcome will be achieved.		4.	The BOPDHB will develop a locally focused social media campaign to promote immunisation to parents and whanau.	4. By 30 September 2018.	4.	External social marketing advice has been sought to assist with this campaign.
			5.	The BOPDHB will ensure immunisation staff have training to engage effectively with Māori [EOA].	5. By 31 December 2018.	5.	Training is planned for key link services including working with whanau and Well Child Tamariki Ora.
			6.	The BOPDHB will develop a wraparound service between the Outreach Immunisation Service and Well Child Tamariki Ora services to improve immunisation rates for Māori. The wraparound service will include sharing current lists of children due for immunisation with the services. This will assist with keeping contact details up-to-date, enable priority children to be identified, and assist with coordinating visits by both services. [EOA].	6. By 31 December 2018.	6.	Liaison has been established with providers, wrap around services are to be developed following training delivery.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	s to Deliver Improved	12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report
Respondi ng to Childhoo d Obesity	Please identify activities that continue to respond to children identified as obese at their B4 school check.		 The BOPDHB will develop a Weight Management Intervention Plan to develop service options for progressive commissioning and implementation. These services will have evaluation built in from the start-up and will align to the BOPDHB Strategic Health Services plan priorities. The BOPDHB will develop a Kaupapa Maori obesity and weight management programme. The BOPDHB will further develop the Raising Healthy Kids referral pathway for children whose parents decline intervention or are unable to start a weight management programme due to other health and social issues. This includes enabling intervention by preschool Public Health Nurses to make referrals to support services such as family violence, housing, parental mental health. 	 Consultation with stakeholders on draft plan by 31 December. RFP completed and tender let by 31 March 2019. Public Health Nurses complete 5210 brief intervention programme training by 30 June 2019. Access to social service support secured for additional volumes by 30 June 2019. 	1. A new service has been commissioned with a focus on Kaupapa Maori Healthy Lifestyle intervention for Tamariki and Rangatahi, called the Tamariki Healthy Lifestyle Service. This service will work with children who have been assessed as obese. It was recognised that a service that was codesigned with tamariki, rangatahi and their whānau that was based on a Kaupapa Māori service delivery model was the best fit for the community. The procurement process is underway and a new service is expected to be up and running by September.

Government	DHB		DHB NZ Performance		ns to Deliver Improved	12 month Progress Report	
Planning Priority (as stated by the Ministry of Health)	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month i rogicss report		
Strength en Public Delivery of Health Services	Identify any activity planned for delivery in 2018/19 to strengthen access to public health services.	Value and high performance	 The BOPDHB will co-design with PHOs and implement a Registration of Interest (ROI) for Enhanced Primary Care (Health Care Home) in the Bay of Plenty [EOA] (7.0). The BOPDHB will investigate smarter, faster ways of delivering mental health services into rural areas eg. Waihi Beach as part of its refreshed approach to mental health and addiction services [EOA]. The BOPDHB, in conjunction with the Pharmacy SLAT, will likely develop wrap around packages of care for mental health and addiction clients that can be accessed from suitable community pharmacists through the long term condition programme (funding not confirmed). The BOPDHB will deliver the mobile rural dental treatment service in Murupara for adults and adolescents [EOA]. 	 ROI developed by 31 August 2018. Research completed by 30 June 2019. New services operating by 1 March 2019. By 30 November 2018 	 The response to the Request for Information (RFI) has resulted in a Two-PHO Policy (from three) being approved by the BOPDHB. This is currently being implemented. Partnerships with local providers in rural areas continue to be strengthened. Examples of progress include secondary service staff attending MDTs for Whakatohea Iwi Social/Health Services in Opotiki, an also the delivery of clinics there. The Pharmacy SLAT continues to advise on community pharmacy services in a more joined up approacy with secondary pharmacy services. community pharmacist is Chair of th SLAT. A minimum of two dental clinics are delivered each year in Murupara. Coverage was improved this year as local dentist provided a service for adolescents during the school holidays. 		

Government	Focus Expected for Bay of Plenty DHB	DHB NZ Performan		ns to Deliver Improved	12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month rogics report
Shorter Stays in Emergen cy Departm ents	Please identify activities that continue to improve patient flows through hospital.		 Led by the Whakatane Acute Flow Steering group the BOPDHB will identify and improve the flow of the acute patient through Whakatane hospital from the Emergency Department(ED) to the Ward to discharge through a dedicated programme 'E3Flow', focusing on two working groups: ED flow and Admitted patient. Led by the Whakatane ED flow work group, the BOPDHB will identify patients requiring additional intervention and change the model of management for these patients including Kaupapa Maori and Allied Health services in ED Led by the acute Inpatient team, the BOPDHB will identify elements of the SAFER patient care bundle which can be implemented to facilitate discharge planning. 	For each working group the milestones are as follows: 1. Identify core work streams by 31 December 2018. 2. Develop test of change cycles to each identified element of flow improvement by 31 January 2018. 3. Complete review cycle tests of change and implementation of successful tests by 31 October 2018. 4. 30 June 2019. 5. Model of care redesigned by 30 June 2019. 6. 30 November 2018. 7. 30 June 2019.	1. The Whakatane Acute Flow group is underway (to October 2019) as a formal 'E3Flow' work stream within ED. Development of MDT model of response to acute presentation — ALPHA team (Allied Health PHArmacy) with rapid access to assessment, early discharge or referral to inpatient allied health for those people requiring admission. 2. Maori Health provider representation within the ALPHA team to create a more culturally responsive service. Maori Health Nurse Practitioner working across primary and ED presentations providing a link to community (PHO and NGO providers). 3 and 4. All acute inpatient services now completing daily rapid board rounds and accelerated decision making around patient plans of care (as per SAFER bundle). Significant impacts in Whakatane adult inpatient wards; some challenges in maintaining this at Tauranga due to staffing (SMO availability for daily review and service improvement changes) however currently being revisited as service improvement.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Actions Performance	Bay of Plenty DHB Key Response Actions to Deliver Improved Performance	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report
			 The BOPDHB will continue its focus on improving patient flow at Tauranga Hospital and expand the current efforts to all services. The BOPDHB will redesign the model of care for Health in Ageing. The BOPDHB will utilise Nurse Practitioners at the front door of ED to assist with triaging patients. The BOPDHB will develop new ED pathways for paediatrics and geriatrics. 		5. Health in Ageing (HIA) SMO team will be fully recruited to by the end of August with new SMO roles (2) further developing gerontology outreach across the Bay of Plenty (Whakatane) and across surgical service (e.g. pre-operative gerontology assessment for elective surgical intervention for frail older people). Participation with Keeping Me Well project with movement of Nurse Practitioner (NP) — Older Adult to community transitional care service, e.g. admission avoidance for people being cared for by Support Net contracts; discharge follow up for frail older adults to reduce readmission. High demand within HIA inpatient service for stroke (acute and rehabilitation) beds is significant and will require additional service planning to address ongoing forecasted increase in demand. 6. ED Tauranga has a 'Front Of House' team which involves both NP and CNS staff depending on the patient need. This starts diagnostics and interventions in a more timely manner. The NP staff are utilised in a mixed model and see patients that would otherwise use up senior doctor time. SMART processes (Safe Medical Assessment And Rapid Transfer) have also been added which allow rapid transfer of patients to the assessment unit which are deemed as probable medical admissions.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Act Performanc		12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	22 monar rogicus report
					7. There has been a focus on development of frailty pathways in elective orthopaedic services (POPS clinic) to ensure that patients are actively involved in decision making and optimisation of their health status before elective joint replacement. In addition, development is underway of multidisciplinary "Polypharmacy review" service and neuro-enablement for transitions of care from inpatient (stroke and other neurological case types) from hospital to home based rehabilitation. There is a very close network with ED and paediatrics. Joint education is now in place and pathways include direct admissions, and Child Assessment Unit rapid transfers to prevent children waiting and not getting what they need.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ			12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Flogress Report
Access to Elective Services	Please provide three specific actions that will support your delivery of the agreed number of Elective discharges, in a way that meets timeliness and prioritisation requirements and improves equity of access to services. At least one action to improve equity of access to Elective Services should be included. These actions must be accompanied by a date for implementation of the action, an expected outcome, and a date by which the outcome will be achieved.	Value and high performance	 The BOPDHB will analyse past intervention rates on the basis of ethnicity to gauge the extent of equity of access issues. Depending on the outcome a targeted strategy for improving intervention rates or access may be developed [EOA]. The BOPDHB will review service configuration of Dermatology and its links to other services (Plastics, Skin Lesions, Primary Care, General Surgery). The BOPDHB will implement Proactive Care of Older Patients Undergoing Surgery (POPS) that uses comprehensive geriatric assessment methodology and intervention throughout the surgical pathway to improve the outcomes for complex older surgical patients. 	 Review by 31 December 2019 and evaluation complete by 31 March 2019. Review by 31 December 2019 and evaluation complete by 31 March 2019. Recommendation as to future service configuration and procurement options. Proactive Care of Older Patients Undergoing Surgery (POPS) initiative implemented by 30 June 2019. 	 Changes have been made to the dermatology service allowing direct specialist referral into primary care. Dermatology will be considered for direct contracting with service providers in 2019/20. See 7. above.

Government	Government DHB NZ		Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	
Cancer Services	Implement improvements in accordance with national strategies and demonstrate initiatives that support the areas outlined below. All initiatives will demonstrate clear strategies for addressing Māori health gain, equitable and timely access to services and the use of data to inform quality improvement across those initiatives. DHBs will describe actions to: - ensure equity of access to timely diagnosis and treatment for all patients - implement the prostate cancer decision support tool to improve the referral pathway across primary and secondary services - provide support to people following their cancer treatment (survivorship).	Value and high performance	 The BOPDHB will implement lessons from the Kaihautū - Cancer Hauora Navigator test of change. A Kaihautū role was identified in the Ministry funded Faster Cancer Treatment community-based project as one of a suite of initiatives that would improve the cancer journey for Māori patients and their whānau. The BOPDHB has self-funded the initiative as a 6-month test of change and a final report will inform the establishment of a permanent role [EOA]. The BOPDHB will negotiate the introduction of the prostate cancer decision support tool as part of the Urology agreement renewal. The BOPDHB will scope and review survivorship programmes in the Midland region and consider appropriate arrangements for the Bay of Plenty. See also Amenable Mortality section of the System Level Measure Improvement Plan in Appendix B for cervical and breast screening actions. 	1. Test of change completed by December 2018 then share lessons at a regional level. 2. Revised agreement in place by 1 October 2018. 3. Review completed by 31 January 2019.	 The test of change has been completed. The Kaihautū role has been made permanent. A presentation was given to the Midland Cancer Network. A new Urology service agreement was put in place in July 2019.

Government			ent DHB NZ Performance		ns to Deliver Improved	12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month riogress Report	
Healthy Ageing	Deliver on actions identified in the Healthy Ageing Strategy 2016, involving older people in service design, co-development and review, and other decision-making processes ¹ , including: - working with ACC, HQSC and the Ministry of Health to promote and increase enrolment in your integrated falls and fracture prevention services as reflected in the associated "Live Stronger for Longer" Outcome Framework and Healthy Ageing Strategy - contributing to DHB and Ministry led development of Future Models of Care for home and community support services. In addition, please outline current activity to identify drivers of acute demand for people 75 plus presenting at ED (or at lower ages for disadvantaged populations).	Closer to Home	1. The BOPDHB will describe a model of care that aims to restore health and wellbeing of people aged 18+ ² in the Bay of Plenty with a short term need, by providing seamless support through enablement interdisciplinary services in the community. [EOA] (9.0)	1a. Define 'an integrated community service using an enhanced interdisciplinary team approach to support people to stay well and get well' by 28 February 2019. 1b. Develop the integration of short term support services into a new model of care for services in the community by 30 March 2019. 1c. Components of the model of care tested in a community setting and evaluated by 30 June 2019.	 1a. The model of care is defined and described with a programme of work established to implement the changes required to existing services. This includes all DHB community services. 1b. Exploration with short term support services is underway regarding the new model of care. Estimated roll out likely April/May 2020 following a workshop and consultation with our providers. 1c. Testing has commenced in key concept areas in preparation for full proof of concept (July 2020). Areas tested include: Responsive service - allied health wait list reduction initiatives. E.g. reduction in wait for neuro service reduced from 8 months to under 7 days. 50% reduction in community allied health waiting list in 6 months (January 2019-July 2019) 	

¹ Action 26 of the Healthy Aging Strategy.
² This service will be accessible by all adults and sits in this section as the BOPDHB acknowledges that the majority of service users will be aged over 65.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	Bay of Plenty DHB Key Response Actions to Deliver Improved Performance	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report
			2.	1d. Implementation of an integrated community service commenced by 30 June 2019. 1e. Ensure new models of care include the utilisation of rongoa (medicinal) and wairua (spiritual) Māori methods of wellbeing by 30 June 2019.	 Coordinated and single point of access - testing community care coordination as a 'problem solver' and as a key point of contact utilising this function to support teams during winter. Flexible approach/ virtual team – utilising allied health resource across team boundaries to meet patient need. Home based delivery – several transitional tests completed with new home based therapy services which have achieved positive results in both patient experience and functional outcomes. Implementation is estimated for July 2020 to allow time for testing cycles and full proof of concept testing to take place. The BOPDHB is trialling utilisation of a Kaiawhina role in Te Kaha to explore how the components of the model of care work in a practical sense alongside/with or as part of Maori methods of wellbeing. A locality perspective is being taken to learning this as the model is developed.

Planning Priority		NZ	Performance	ns to Deliver Improved	12 month Progress Report
	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month riogress report
			2. In partnership with the Alzheimers New Zealand, the BOPDHB will implement a new model of care for clients with uncomplicated dementia and develop service options for follow up for complex clients with early diagnosis of dementia through memory clinic [EOA].	2a. Implement new model of care by 30 September 2018. 2b. Clients streamed according to their needs by 30 October 2018. 2c. Improve linkages and referrals with Māori Hauora Providers by 30 June 2019. 2d.Client pathways formed by 31	Model of care was implemented in August 2018. This is being continually improved.
			3. The BOPDHB will implement a case management model for long term chronic clients with high and complex needs [EOA].	3a. All long term chronic clients are assigned case managers by 31 August 2018. 3b. Case managers will assess clients to ensure that they have an up to date/current InterRAI assessment. 3c. Monitor the proportion of Māori and non-Māori clients to analyse levels of equity and access to appropriate service and facilities.	3. A case management model has been developed through Support Net and implemented for those clients who have been identified as long term chronic through an InterRAI assessment. This has proved to be very successful with a significant amount of admissions of this client group to hospital. For those who have been admitted their length of stay has been reduced dramatically through an active case management approach.

Government	Focus Expected for Bay of Plenty DHB				Bay of Plenty DHB Key Response Actions to Deliver Improved Performance	
Planning Priority	(as stated by the Ministry of Health)	•	Activity	Milestones	12 month Progress Report	
			 4. The BOPDHB will develop and implement a revised model of care for palliative clients [EOA]. 5. The BOPDHB will continue to work with ACC, HQSC and the Ministry of Health to promote and increase enrolment in integrated falls and fracture prevention services. 	4. New model of care for palliative services across the Bay of Plenty implemented by 30 June 2019.5. 30 June 2019.	 Four palliative care workstreams have been set up – ARC, Out of Hours, Eastern Bay and Bereavement Services, and each are currently carrying out gap analyses. The BOPDHB has ongoing quarterly meetings with ACC, secondary service staff, St Johns and the two providers who implement the in-home and community packages for our falls prevention programmes. To date both programmes are proving to be highly successful with a reduction in falls for both those who are being supported in the home and for those who are attending community classes. 	

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	
Disability Support Services	Commit to develop e-learning (or other) training for front line staff and clinicians by the end of quarter 2 2018/19 that provides advice and information on what might be important to consider when interacting with a person with a disability. (Some DHBs have developed tools which could be shared, contact DSS). Commit to report on what % of staff have completed the training by the end of quarter 4, 2018/19. Additional information - These modules might include advice about the clinical impact of various disabilities on health outcomes, barriers to accessing healthcare, the role of support workers in healthcare settings and communication tools when interacting with people with visual, hearing, physical and/or intellectual disabilities.	One Team	1. The BOPDHB will review the current Disability Awareness e-learning module with the aim of developing a series of e-learning modules to assist staff to understand disabilities and the barriers to engaging physically, mentally, emotionally, culturally and spiritually with healthcare services.	 Persons who have disabilities who fall within the Government Planning Priority identified and selected to participate in development of learning tools ie videos by 31 July 2018. Draft e-learning modules ready for review by 12 December 2018. E-learning goes live by 14 January 2019. 	 This has been completed. The BOPDHB Booklet for healthcare workers "Do you really see me? Or just my disability" has been rolled out by the Health Quality & Safety Commission and made available New Zealand wide. The booklet will also form part of a new HQSC primary health module being developed on disability responsiveness. The booklet has recently been showcased by The Beryl Institute and HealthLiteracy.Com on the world stage to demonstrate the importance of understanding patient experience. Staff within the BOPDHB continue to complete the short learning module on disability responsiveness.

Governr		Focus Expected for Bay of Plenty DHB	DHB NZ Performance			
Planning F	Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report
	mprovin g Quality	Identify actions to improve equity in outcomes and patient experience by demonstrating planned actions to: - work to improve equity in outcomes as measured by the Atlas of Healthcare Variation (DHB to choose one domain from: gout, asthma, or diabetes) - improve patient experience as measured by your DHB's lowest-scoring question in the Health Quality & Safety Commission's national inpatient experience surveys.	Value and High Performance	 The BOPDHB will develop appropriate quality improvement capability using the IHI Model for Improvement. (39.1) The BOPDHB will analyse the results of the primary care and inpatient Patient Experience Surveys to identify opportunities to improve service delivery and integration for Māori [EOA]. The BOPDHB will improve the patient experience rating related to information provided on side effects of medication. The BOPDHB will improve risk assessments in primary care for CVD and diabetes by realigning CVD and diabetes contracts to focus primarily on Māori and high need using IHI methodology [EOA]. 	 50% of BOPDHB staff, 50 primary and community staff and up to 50 patients, family and whānau have attended the one hour general introduction to quality improvement. The BOPDHB will increase the score in the partnership domain to 8.0 or more in the primary care patient experience of care survey by 30 June 2019 for both Māori and non-Māori. The BOPDHB will utilise partners in care co-design methodology to improve patient experience ratings to greater than 7.5 by 30 June 2019. By 30 October 2018. 	1. BOPDHB headcount of 3608 as at July 2019. Target goal for 18/19 is 50% of total staff or 1804. QI Taster Session and Model for Improvement Learning completed or underway: 428 staff members. Primary and Community Providers: 24 staff have completed or underway. Patients and whanau: 0 to date that have been recorded. The completion of the Model for Improvement Learning has been counted towards the QI Taster target as it is not expected that these staff will undertake a QI Taster as well. Plans in place to achieve the target of 50 Primary and Community Providers and 50 Patients and whanau for 2019/20. A QI Taster (Improving Together) online learning module is available for staff to access in Te Whariki a Toi.

Government	Focus Expected for Bay of Plenty DHB	Link to NZ	Bay of Plenty DHB Key Response Action Performance	ns to Deliver Improved	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report	
					 2 and 3. This is a Patient Experience system level measure. The working group for the Patient Experience SLM is currently under review with suggestion of it being led by the BOP consumer council. The group are committed to forming an action plan that will address lower scoring areas (such as GP follow up post discharge). Ql knowledge maturity continues to grow but an imperative part of that will be the ongoing structure of the group and the involvement of the consumer council in forming actions that make a difference. 4. CVD rates are compliant. Risk stratification for enrolled users has been introduced through new IT programmes. There has been a focus on Maori men for CVD risk assessment and treatment. 	

Government	Focus Expected for Bay of Plenty DHB	DHB NZ Performance		ns to Deliver Improved	12 month Progress Report		
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month riogress report		
Climate Change	Commit to individually and collectively make efforts to reduce carbon emissions and, where appropriate, promote the adoption of CEMARS (or other carbon neutral scheme). Commit to undertake a stocktake to be reported in quarter 2 to identify activity/actions being delivered, including procurement, that are expected to positively mitigate or adapt to the effects of climate change.	Value and High Performance	 In April 2018, the BOPDHB commissioned its first carbon report which will serve as a baseline for monitoring and reducing carbon emissions. The BOPDHB will continue to actively collaborate with the wider sector to ensure CEMARS is capturing the true carbon impact of healthcare. Using the results of a recently completed stocktake of activities related to sustainability and climate change, the BOPDHB will develop a Sustainability Action Plan. The BOPDHB will develop a BOPDHB Travel Plan for use by staff and visitors to the DHB. (4.2) The BOPDHB will investigate ways in which the BOPDHB can incorporate biophilic public health approaches through both its service delivery and its design principles for any new buildings. See also Toi Te Ora Public Health's Annual Plan 2018/19 for more activity in this area. 	1. Consistency established among the sector to enable benchmarking. 2. Draft plan to be developed by 31 March 2019. 3. BOPDHB Travel Plan completed by 31 December 2018. 4. Edible garden established by 30 June 2019.	 The BOPDHB Travel Plan was endorsed by the Board at their meeting in July. Toi Te Ora held the Bay of Plenty and Lakes Biophilic Summit in June 2019. This one-day event brought together leaders and experts from across the community (including from local government, education, academia, health, tourism, community groups and Iwi,) to further develop our understanding of biophilic thinking and how biophilic approaches in the Bay of Plenty and Lakes area can provide benefits for people, nature and the planet. Edible garden scheduled for planting end Sept-mid Oct to align to Maramatake. 		

Government	Focus Expected for Bay of Plenty DHB	DHB NZ Performance		ns to Deliver Improved	12 month Progress Report	
Planning Priority	(as stated by the Ministry of Health)	Health Strategy	Activity	Milestones	12 month Progress Report	
Waste Disposal	Provide actions to raise awareness and actively promote the use of your DHB's pharmaceutical waste collection and disposal arrangements. Commit to undertake a stocktake to be reported in quarter 2 of 2018/19 to identify activity/actions to support the environmental disposal of hospital and community (eg, pharmacy) waste products (including cytotoxic waste).	Value and High Performance	 The Bay of Plenty Community Pharmacy Group (BOPCPG) will raise awareness among providers of safe waste management practices in community pharmacy. The BOPDHB are currently developing guidelines for medication disposal within the hospital. The BOPDHB will undertake a stocktake to identify activity to support the environmental disposal of hospital and community waste products (including cytotoxic waste). 	1. Pharmacists are aware of safe waste management and the use of waste services now in situ i.e. sharps disposal, cytotoxic disposal and medicines disposal. 2. Guidelines completed by 30 June 2019. 3. Stocktake completed by 31 December 2018.	 A Handling Medication Disposal Policy for DHB is being drafted. The policy includes handling of controlled drugs and monitored medicines to ensure it follows Ministry of Health recommendations, ie not retrievable (disposed of in sharps bin with adsorbent substance) and meeting Council Trade water agreements. Stocktake has been completed of secondary services and Planning and Funding contracts for waste disposal, medication, sharps and cytotoxics waste including relevant stakeholders (eg waste providers, DHB employees). Unified contracts and approach in alignment with national contracts is progressing. Increased contract capacity through BOPDHB CPG of medication, cytotoxic and needles waste. 	

Attachment 2: System Level Measures Dashboard Quarter 4 2018/19

					System Level Measures Dashboard - Q4	17/18
System Level Measure	Baseline	Target	Current	Status	Trending	Comment
0-4 ASH Milestone: 7.5% reduction in total 0-4 ASH rate by 30 June 2018	Total: 7698	7,120	7,161	Α	8,000 AGR 0-4 - total - O-4 total - Target - AGR 0-4 - Macri	The latest C-4 ASH data for the 12 month period to March 2018 shows increases in ASH rates for both total and Macri populations, though particularly for Macri. This increase aligns with internal figures, which show the number of ASH presentations for Macri were significantly increased in the three month period answey to March 2018, when compared to the same three month period in 2017. The increases in ASH rates meant, based on the latest data, that EOPONE missed the 7.5% target set in the System Level Measures plan. However, for reporting to the Ministry, the last four C-4 ASH results have been used, as this gives a more accurate representation of the effect of the initiatives implemented during the financial year. On this basis, the taget of 7,120 was achieved, with a rate of 7,077.
Clinical lead: TBA Operational lead: Martin Steinmann	Maori: 8623	7,976	7,733	G	6,000 O-1, O-1, O-1, O-1, O-1, O-1, O-1, O-1,	While there was no official target set for Maori in 2017/18 for ASH - this has changed for 2018/19 - there have been significant improvements observed from baseline; this is despite the significant increase seen in the last three months. Maori O-4 ASH has reduced by over 10% from baseline, which is believed to represent a number of institutes presently in place, including healthy homes, improved pre-school dental enrolment rates for Maori, and a 2% in quarterly 8-month immunisation coverage for Maori in the last twelve months.
Amenable Mortality Milestone: 2.5% reduction in standardised amenable mortality for both total and Maori	Total: 107.4	104	103.6	G	200.0	Amenable mortality data is provided annually by the MOH, with baselines set from final 2013 data. Final data is now available for both 2014 and 2015, with 2015 data (the most recent rates) used as the current figures within the dashboard. These current standardises nates, 2013, 6 for the total population and 225.2 for Maori, both represent increases from 2014, but would have not the target for total population and just missed the target for Maori. However, within the mortality statistics thermelves, there was noticeable pike in deaths in 2015, which will have impacted on this rate. As stated previously, for the purposes of good quality accurate reporting against the 2017/18 SIM plan, the statuses within this dashboard reflect performance against the 2017/18 contributory measures where data is available, as opposed to 2015 amenable
populations Clinical lead: Lizzie Spence Operational lead: Donna McArley	Maori: 231.7	225	225.2	R	100.0 ——————————————————————————————————	oasnoord renect personnance against the ALLY/I accommonstry measures where data is avaisable, as opposed to ALLS amenable mortalify data, given the lag. At present, we are performing welf for the total population for connicial and breast screening, while primary care smoking cessation advice is also on larget. Therefore a green rating is given for the total population. However, performance against screening targets for Maori rennis poor, with discrepancies in excess of 10% between Maori and total population coverage for both breast and cervical screening, and primary care smoking cessation advice also being below target. Therefore a red rating is given for Maori amenable mortality.
Acute Bed Days Milestone: 2.5% reduction in standardised scale bed days for total population, and a 20%	Total: 407.0	396	396	Α	550.0 Acrie bed days- total	Acute bed days data is now available for the twelve month period ending 31 March 2018. Age standardised rates of acute bed days increased for both Maori and total populations in the latest reporting period, which means both results are now above target - abeit only just for the total population (396.3 v 396). Generally, standardised acute bed days for the total population have remained steady over the past twelve months. While acute flow work has had some impact on average length of stay, the numbers of acute admissions have been higher in the past 4-5 months, with significant demand through ED during this period. Following a substantive reduction in standardised acute bed days for Maori in Q2 (598.7 to 577.3), there has been a small increase in the
reduction in inequality for Maori Clinical lead: Dr Luke Bradford Operational lead: Philippa Jones	Maori: 527.0	475	584	R	Macri pop. target	nate from 577.3 to 584.0 in the latest reporting period. The significant increase seen from Q1 16/17 to Q1 17/18 was driven primarily by an increase in admissions, as average length of stay for Maori remained steady over this period. The large increase in rates for Maori means that standardised acute bed days for Maori are significantly above the 2017/18 target, which is further exacerbated by the fact the target was set following three periods of decline for this metric for Maori. Note that standardisation is by age only for this metric.
Patient Experience Milestone: 90% of the eligible population (during the survey period) are offered the chance to participate in the PES Clinical lead: Dr Marshall Hollister-Jones Operational lead: Jeane Rossiter	27%	90%	46%	R	100.0% 80.0%	The latest primary care patient experience data [May 2018] shows there has been a further reduction in the eligible population offered the chance to participate in the survey, the May result of 46.0% is a 4.1% reduction from the previous survey. The reduction was observed across both WIDOPPHO and EBPHA, and was the result of a significant increase in eligible population during the survey week-this is also likely to be the case in August. While the proportion of the population being offered the chance to participate decline, the actual numbers of survey invites for both PHOs and collectively across the EOPDHB region increased by almost 20% in the latest quarter. If we maintain response rates at around 25% (which was what was observed during November and February surveys) we would anticipate seeing an equivalent rise in survey and will be included for the first time in August 2018.
Youth Health - Chlomydia trating coverage (per 100,000 pop.) Milestone: A 5% increase in chlamydia testing coverage for youth (using total population coverage as a prosy) Chrical lead: Dr Lorna Claydon Operational lead: Sarah Davey	2088	2193	2117.3	Α	2400 2200 2000 2000 2000 2000 2000 2000	At this stage chlamydia testing coverage data is sourced from the Institute of Environmental Science and Research (ESR), which utilises quarterly laboratory data supplied by Pathlab. Baseline and actual rates are averages of the four quarterly rates within a calendar year. There was an increase in screening coverage in Q1 17/18, which subsequently improved year to date coverage for 2017 to 2117.3 tests per 100,000 population. This sees the DHB rated amber for this metric, and unlikely to reach the 2193 target specified in the SIM plan. To achieve target we would meed to achieve a test rate of 240 tests per 100,000 population in Q2 2017/18. There is no BOPDHB data available for Q2 17/18 as yet, so there is no update available for this system level measure. A business intelligence request has been made to source laboratory data directly to measure this milestone for the specified youth age group of 15-24. The requested data will also enable a demographic breakdown, e.g. ethnicity, of chlamydia testing coverage.
Smokefree Households Milestone: 5% increase in the proportion of babies living in smokefree households at 6 weeks (saling 2-week smokefree status as a prossy) Clinical lead: Lizzie Spence Operational lead: Donna McArley	83.0%	86.4%	85.2%	Α	100.0% 80.0% 60.0% 40.0% Mother unclastrate 2 weeks port-catal - Total pop. target	The latest planning guidelines for 2018/19, indicate data for this system level measure will shortly be made available to help inform 2018/19 milestones. This will be looked at closely with the intent to move to using WCTO data for reporting against this SLM; however, this will be dependent of the quality and completeness of the latest WCTO dataset (in last year's data extract, the majority of household smoking status data was incomplete). Therefore, our current 2017/18 SLM plan and reporting utilises LMC data (mothers' unoking status at 2-weeks post-natal) as a proxy for this measure. LMC data indicates steady annual improvements in the proportion of mothers who are smokerfree two weeks post-natal. Improvements are particularly noticeable for Maori in 2016/17 and for 2017/18 to data. The latest LMC data indicates we are presently in amber status against this metric.

R: The current result is 10% or more from target; A: The current result is within 10% of target; G: The result is equal to or exceeds the target set

No

SYSTEM LEVEL MEASURES IMPROVEMENT PLAN REPORTING - QUARTER FOUR 2018/19

Submission to the Ministry of Health –attach to your System Integration quarterly report and submit through the quarterly reporting data base for PP22.

District Alliance: BOPALT

DHB submitting the report: BOPDHB

Babies living in smokefree homes

Has this report been agreed by the Distr	rict Alliance?	YES/ NO
		·
SYSTEM LEVEL MEASURE	Was the SLM plan fully	Has the SLM milestone being
	implemented?	achieved?
ASH rates for 0-4 year olds	Yes	No
Reflection of the alliance if the SLM plar		
The ASH 0-4 group continues to reflect	•	•
explored and implemented. The group		
with tangible PDSA initiatives. As with a	• , ,	•
that this will result in several working gr		
will in turn focus initiatives more specifi		SLM milestone.
Acute hospital bed days	Yes	No
Reflection of the alliance if the SLM plan	• • •	
This SLM continues to mature as integra		
renewed focus on a portfolio of integrat		
Homes, Community Care Coordination,		•
the potential to broaden membership.	_	
level programmes that are primed to ha		
BOP health network perspective with po		exciting development for us this year.
Amenable mortality	Yes	No
Reflection of the alliance if the SLM plan		
As aforementioned, the move from stee		·
renewed focus on tangible initiatives the		
dashboard reporting that can be used w	rithin the SLM working group se	ssions will also transform the way in
which the group form their objectives.		
Patient Experience of care	Yes	No
Reflection of the alliance if the SLM plan		milestone not achieved*
The working group for this SLM is curren	ntly under review with suggestion	milestone not achieved* on of it being led by the BOP consumer
The working group for this SLM is current council. The group are committed to for	ntly under review with suggestic ming an action plan that will ad	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as
The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowled	ntly under review with suggestion rming an action plan that will ad edge maturity continues to grov	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as v but an imperative part of that will be
The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowle the ongoing structure of the group and	ntly under review with suggestion rming an action plan that will ad edge maturity continues to grov	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as v but an imperative part of that will be
The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowled the ongoing structure of the group and a difference.	ntly under review with suggestion rming an action plan that will ad edge maturity continues to grov	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as v but an imperative part of that will be er council in forming actions that make
The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowled the ongoing structure of the group and a difference. Youth access to and utilisation of	ntly under review with suggestion rming an action plan that will ad edge maturity continues to grov	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as v but an imperative part of that will be
The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowled the ongoing structure of the group and a difference. Youth access to and utilisation of youth appropriate health services	ntly under review with suggestic rming an action plan that will ad edge maturity continues to grow the involvement of the consume Yes	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as v but an imperative part of that will be er council in forming actions that make
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The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowled the ongoing structure of the group and a difference. Youth access to and utilisation of youth appropriate health services Reflection of the alliance if the SLM plane.	ntly under review with suggestic rming an action plan that will ad edge maturity continues to grow the involvement of the consume Yes The was not fully implemented or a rogress exceptionally well in the	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as a but an imperative part of that will be er council in forming actions that make No milestone not achieved* eir objectives over the 18/19 year with
The working group for this SLM is current council. The group are committed to for GP follow up post discharge). QI knowled the ongoing structure of the group and a difference. Youth access to and utilisation of youth appropriate health services Reflection of the alliance if the SLM plane.	ntly under review with suggestice of the consumer of the consu	milestone not achieved* on of it being led by the BOP consumer dress our lower scoring areas (such as a but an imperative part of that will be er council in forming actions that make No milestone not achieved* oir objectives over the 18/19 year with oups already working through 19/20

Yes

Reflection of the alliance if the SLM plan was not fully implemented or milestone not achieved*

This is the only SLM area that does not have dedicated working group solely for this specific milestone.

However, this is being explored over 19/20.

*Using 'reflective thinking' is a very important part of the quality improvement process. In assessing why certain aspects of the Plan weren't successfully implemented alliances should consider the following four dimensions, all of which are required in high functioning health systems. Alliances should reflect on what caused the lack of progress and what could be done differently in the future to increase the chances of success.

- Effectiveness/maturity of the district alliance consider the following which is not an exclusive list -:
 - i. relationship and trust at the alliance table are discussions robust but courteous, resulting in well-informed decisions?
 - ii. number of alliances in the district should ideally be one with all relevant health system partners.
 - iii. membership breadth of membership is it broader than DHB and PHO(s)?
 - iv. does the alliance operate with a common shared purpose?
 - v. are discussions and decisions patient centred?
 - vi. administrative processes is there an identifiable resource allocated to manage/run the alliance and its processes?
- Clinical leadership and engagement are appropriate clinicians across primary, secondary and community care involved in the development and implementation of the plan? Was consensus reached between clinicians, and between clinicians and mangers on appropriate services and approaches?
- Capacity and capability for quality improvement
 - i. is the alliance supported by robust quality improvement science, tools and information technology?
 - ii. if the district lacks this skill set, has it either contracted the service in or partnered with a larger organisation that has the capacity and capability?
 - iii. is there a clear line of sight between the data, the problem definition and actions/services?
 - iv. how is the PHO capacity and capability funding supporting the quality improvement infrastructure, both resources and systems? (75% of the PHO SLM funding is to build capacity and capability).
- Use of commissioning to target investment especially where health inequities exist does the
 alliance understand the district's health needs assessment, where disparity in health outcomes
 exist and the population groups that consistently experience poor health outcomes? Are current
 investment strategies targeted at addressing health inequities for Māori and Pacific populations?
 Is the commissioning strategy based on what's best for the patient and the whole of health
 system?

This report will be used by the Ministry to understand how each district alliance is progressing with the implementation of SLMs to improve health outcomes of their population and determine quarter 4 payments for PHOs. Therefore clear and thoughtful analysis from the alliance is needed.

Contact people: Kanchan Sharma at <u>Kanchan Sharma@moh.govt.nz</u> OR Alison Randall at Alison Randall@moh.govt.nz.



Chief Executive Expenses 1 July 2018 – 30 June 2019

SUBMITTED TO:

Board Meeting 21 August 2019

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board note the information.

BACKGROUND:

The State Services Commission requires all Chief Executives of Public Services departments and statutory Crown entities to regularly disclosure their expenses to provide transparency and accountability for their discretionary expenditure. The disclosures make transparent the standards of probity and financial prudence and provide public assurance about the propriety of the expenditure. This requirement is in line with international practice and in New Zealand, Ministers, MPs and Mayors are all subject to disclosure provisions.

The information is publicly available annually on the BOPDHB and linked to www.data.govt.nz.

ATTACHMENTS:

Helen Mason, Chief Executive's expenses disclosed for the period of 1 July 2018 to 30 June 2019.

	Chief Executive Expense Disclosure							
Organisation Name	Bay of Plenty District Health Board							
Chief Executive	Helen Mason							
Disclosure period	1 July 2018 to 30 June 2019							

International, domestic and local travel expenses

All expenses incurred by CE during international, domestic and local travel. For international travel, group expenses relating to each trip.

International Travel (including travel within NZ at beginning and end of overseas trip)**

Date(s)	: G51 / Inc	Purpose of trip (eg attending XYZ conference for 3 days)****	Nature (eg hotel, airfares, taxis, meals & for how many people, other costs)	Location
17/7 & 3/8/2018	\$ 2,856.97	Harkness 20th Anniversary Event (Total paid was \$5310.10 however \$1700 US of this was reimbursed to the DHB by Common Wealth Fund - \$2453.13 NZ on 31/8)	Flights	London, England
18/07/2018	\$ 67.90	Harkness Scholarship event - UK	Airport Pickup - NZ\$	Surrey - UK
18/07/2018	\$ 97.56	Harkness Scholarship event - UK	Mobile Phone - NZ \$	Surrey - UK
19/07/2018	\$ 39.07	Harkness Scholarship event - UK	Dinner - NZ \$	Surrey - UK
19/07/2018	\$ 24.39	Harkness Scholarship event - UK	Baggage Storage - NZ \$	Surrey - UK
19/07/2018	\$ 23.02	Harkness Scholarship event - UK	Train Travel - NZ \$	Surrey - UK
19/07/2018	\$ 24.78	Harkness Scholarship event - UK	Train Travel - NZ \$	Surrey - UK
20/07/2018	\$ 48.78	Harkness Scholarship event - UK	Taxi - NZ \$	Surrey - UK
13-14/06/2019	\$ 2,508.29	Learning Set - Professional development	Learning Set	Brisbane - Australia
12-15-06/2019	\$ 654.20	Learning Set - Professional development	Flights	Brisbane - Australia
12-15-06/2019	\$ 747.42	Learning Set - Professional development	Accomodation	Brisbane - Australia
12/06/2019	\$ 19.87	CEO Learning Set - Brisbane	Train Travel - NZ \$	Brisbane
12-14/06/2019	\$ 76.27	CEO Learning Set - Brisbane	Meals	Brisbane
15/06/2019	\$ 50.01	CEO Learning Set - Brisbane	Taxi - NZ \$	Brisbane

Sub total all incl \$ 7,238.53

Sub Total \$ - Sub Total less those highlighted in red as paid by someone other than BOPDHB (Nil).

Sub Total \$ - Sub Total less those highlighted in blue as National responsibilities (Nil). Note those highlighted in red and blue paid by someone other than BOPDHB as above have been included.

DomesticTravel (within NZ, including travel to and from local airport)								
Date Date	Cost (\$)	Purpose (eg meeting with Minister) ****	Nature (eg taxi, parking, bus)	Location				
2/07/2018	\$ 605.98	Lead CEO - ERSG Lead for NZNO bargaining	Flights	Wellington				
2-3/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Accomodation	Wellington				
5/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Team Thanks	Wellington				
5/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Airport Parking	Tauranga				
5-6/7/2018		Lead CEO - ERSG Lead for NZNO bargaining	Flights	Wellington				
5-6/7/2018		Lead CEO - ERSG Lead for NZNO bargaining	Accomodation	Wellington				
5/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Taxis	Wellington				
5/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Dinner	Wellington				
6/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Presentation Bags	Wellington				
6/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Taxi	Wellington				
9-12/7/2018		Lead CEO - ERSG Lead for NZNO bargaining	Flights	Wellington				
9-12/7/2018		Lead CEO - ERSG Lead for NZNO bargaining	Accomodation	Wellington				
9/07/2018	,	Lead CEO - ERSG Lead for NZNO bargaining	Taxis	Wellington				
9-13/7/2018		Lead CEO - ERSG Lead for NZNO bargaining	Airport Parking	Tauranga				
0/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Taxis	Wellington				
1/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Taxis	Wellington				
9-11/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Dinner x 3	Wellington				
12/07/2018		Lead CEO - ERSG Lead for NZNO bargaining	Taxis	Wellington				
0/08/2018		National CEO Meetings	Flights	Wellington				
0/08/2018	\$ 88.30	National CEO Meetings	Taxi - Airport to City	Wellington				
)-10/08/2018	\$ 10.00	National CEO Meetings	Airport Parking	Wellington				
5-16/08/2018		Whakatane Meetings	Accommodation	Whakatane				
5/08/2018		Whakatane Meetings	Meal	Whakatane				
26-27/08/2018	\$ 607.99	Minister and MOG Meeting	Flights	Wellington				
26-27/08/2018		Minister and MOG Meeting	Accomodation	Wellington				
26/08/2018		Minister and MOG Meeting	Taxi	Wellington				
26/08/2018		Minister and MOG Meeting	Meal	Wellington				
7/08/2018		Minister and MOG Meeting	Meal	Wellington				
26-27/08.2018		Minister and MOG Meeting	Airport Parking	Tauranga				
27/08/2018		Minister and MOG Meeting	Taxi	Wellington				
5/09/2018		MOG Meeting	Flights	Wellington				
5-6/09/2018		MOG Meeting	Airport Parking	Tauranga				
5/09/2018		MOG Meeting	Taxi	Wellington				
5/09/2018		MOG Meeting	Taxi	Wellington				
2/09/2018		National CEO Meetings	Flights	Wellington				
2-13/09/2018		National CEO Meetings	Accomodation	Wellington				
2-13/09/2018		National CEO Meetings	Airport Parking	Tauranga				
12-13/09/2018		National CEO Meetings	Meal	Wellington				
12/09/2018		National CEO Meetings	Taxi	Wellington				

DomesticTrave	l (with	in NZ. in	cluding travel to and from local airport)		
13/09/2018	\$		National CEO & Oranga Tamariki Meeting	Taxis	Wellington
20/09/2018	\$		Healthworkforce NZ Meeting (Paid by MOH)	Flights	Wellington
20/09/2018	\$		Healthworkforce NZ Meeting	Taxi	Wellington
20/09/2018	\$	39.96	Healthworkforce NZ Meeting (Paid by MOH)	Taxi	Wellington
20/09/2018	\$		Healthworkforce NZ Meeting	Airport Parking	Tauranga
24/09/2018	\$		NZ Health Partnerships Shareholders' Day	Flights	Wellington
24/09/2018	\$		NZ Health Partnerships Shareholders' Day	Taxi	Wellington
24/09/2018	\$		NZ Health Partnerships Shareholders' Day	Airport Parking	Tauranga
10/10/2018	\$		Whakatane / Taneatua Meetings	Travel	Tga-Taneatua-Tga
11/10/2018	\$		National CEO Meetings	Flights	Wellington
11/10/2018 11/10/2018	\$		National CEO Meetings National CEO Meetings	Taxis	Wellington
15/10/2018	\$ \$		Wai 2575 presentations	Airport Parking Travel	Tauranga Tga-Ngaruawahia-Tga
17/10/2018	\$		Board Meeting	Travel	Tga-Whk-Tga
18/10/2018	\$		ERSG Meeting	Flights	Wellington
18/10/2018	\$		ERSG Meeting	Airport Parking	Tauranga
26/11/2018	\$		Whakatane / Opotiki Meetings	Travel	Tga-Opotiki-tga
01-02/11/2018	\$		Midland CEO Meetings (Acting CEO)	Accommodation	Hamilton
01-02/11/2018	\$		Midland CEO Meetings (Acting CEO)	Travel	Tga-Hamilton-Tga
1/11/2018	\$		Midland CEO Meetings (Acting CEO)	Parking	Hamilton
			Midland CEO Meetings (Acting CEO) (Paid by	Meal - not necessarily what was	
1/11/2019	\$	48.75	HealthShare)	consumed but an average table cost	Hamilton
2/11/2019	\$		Midland CEO Meetings (Acting CEO)	Meal	Hamilton
07-08/11/2018	\$		NZHP Workshop & National CEO Meeting	Flights	Wellington
07-08/11/2018	\$		NZHP Workshop & National CEO Meeting	Accomodation	Wellington
7/11/2018	\$		NZHP Workshop & National CEO Meeting	Taxis	Wellington
7-8/11/2018	\$		NZHP Workshop & National CEO Meeting	Airport Parking	Tauranga
8/11/2018	\$		NZHP Workshop & National CEO Meeting	Taxi	Wellington
14/11/2018	\$		Serious Illness Conversation Guide Training	Flights	Wellington
14/11/2018	\$		Serious Illness Conversation Guide Training	Taxi	Wellington
14/11/2018	\$		Serious Illness Conversation Guide Training	Airport Parking	Tauranga
15-16/11/2018 15/11/2018	\$ \$		Whk Meetings & Staff Service Ceremony Whk Meetings & Staff Service Ceremony	Travel Meal	Tga-Whk-Tga Whakatane
16/11/2018	\$		Whk Meetings & Staff Service Ceremony	Meal	
15-16/11/2018	\$		Whk Meetings & Staff Service Ceremony	Accommodation	Whakatane Whakatane
22/11/2018	\$ \$		Healthworkforce NZ Meeting (Paid by MOH)	Flights	Wellington
22/11/2018	\$		Healthworkforce NZ Meeting (Faid by Wort)	Taxis	Wellington
22/11/2018	\$		Healthworkforce NZ Meeting	Airport Parking	Tauranga
27/11/2018	\$		CEO and Chair SSC Meetings	Taxis	Wellington
27-29/11/2018	\$		CEO and Chair SSC Meetings	Flights	Wellington
27-29/11/2018	\$		CEO and Chair SSC Meetings	Accommodation	Wellington
27/11/2018	\$		CEO and Chair SSC Meetings	Meal	Wellington
28/11/2018	\$		CEO and Chair SSC Meetings	Meal	Wellington
27-28/11/2018	\$		CEO and Chair SSC Meetings	Airport Parking	Tauranga
28/11/2018	\$		CEO and Chair SSC Meetings	Taxi	Wellington
29/11/2018	\$	46.60	WSG Meeting	Taxis	Wellington
E/40/0040		CO 00	Midland CEO Mackings (Baid by Haakh Chans)	Meal - not necessarily what was	
5/12/2018 12/12/2018	\$		Midland CEO Meetings (Paid by HealthShare) National CEO Meetings	consumed but an average table cost	Tauranga
12/12/2018	\$		National CEO Meetings	Flights Taxis	Wellington Wellington
12-13/12/2018	\$		National CEO Meetings	Accomodation	Wellington
13/12/2018	\$		National CEO Meetings	Taxi	Wellington
13/12/2018	\$		National CEO Meetings	Meal	Wellington
12-13/12/2018	\$		National CEO Meetings	Airport Parking	Tauranga
17/12/2018	\$		Medical Workforce Workshop	Flights	Wellington
17/12/2018	\$		Medical Workforce Workshop	Taxis	Wellington
17/12/2018	\$		Medical Workforce Workshop	Parking	Tauranga
19/12/2018	\$		Whakatane Staff Xmas lunch and Meetings	Tga-Whk-Tga	Whakatane
8/01/2019	\$		Blue Zones Day	Tga-Whk-Tga	Whakatane
21/01/2019	\$		Whakatane Meetings	Dinner	Whakatane
22/01/2019	\$		Whakatane Meetings	Breakfast	Whakatane
21-23/01/2019	\$		Whakatane Meetings	Tga-Whk-Ohope-Tga	Whakatane
21-22/01/2019	\$		Whakatane Meetings	Accommodation	Whakatane
29/01/2019	\$		Support for RMO Strike, Whakatane	Travel	Whakatane
31/1-1/2/2019	\$		Midland CEO Meetings	Travel	Rotorua
31/1-1/2	\$	177.65	Midland CEO Meetings	Accommodatoin	Rotorua
31/01/2019	\$	65.25	Midland CEO Meetings (Paid by HealthShare)	Meal - not necessarily what was consumed but an average table cost	Rotorua
4/02/2019	\$	15.00	ERSG Strategy Consultation	Airport Parking - Tga	Tauranga
4/02/2019	\$		ERSG Strategy Consultation	Taxis	Wellington
4/02/2019	\$		ERSG Strategy Consultation	Flights	Wellington
13-14/02/2019	\$		National CEOs Meetings	Flights	Wellington
13/02/2019	\$		National CEOs Meetings	Accommodaton	Wellington
13/02/2019	\$		National CEOs Meetings	Taxis	Wellington
13-14/02/2019	\$		National CEOs Meetings	Airport Parking - tga	Tauranga
14/02/2019	\$		National CEOs Meetings	Taxi - inner city	Wellington
20/02/2019	\$		Board Meeting	Tga-Whk-Tga - Travel	Whakatane
22/02/2019	\$	70.42	ERSG Meeting	Portion of Collective Dinner	Wellington
28/02/2019	\$	68.50	WSG Planning Day	Taxi	Wellington
28/02/2019	\$		WSG Planning Day	Flights	Whakatane
28/02/2019	\$		Midland CEO Meetings	Taxi	Hamilton
00/00/0040	\$		Midland CEO Meetings	Accomodation	Hamilton
28/02/2019			IMidland CEO Mactings	Breakfast	Hamilton
1/03/2019	\$		Midland CEO Meetings		
1/03/2019 1/03/2019	\$	18.90	Midland CEO Meetings	Taxi	Hamilton
1/03/2019		18.90 478.00	Ţ		

DomesticTravel	(wi	thin NZ, in	cluding travel to and from local airport)		
6/03/2019	1\$	<u> </u>	HSC Hearing	Airport Parking	Tauranga
11/03/2019	\$		Meeting with Minister re Accord	Flights	Wellington
1/03/2019	\$		Meeting with Minister re Accord	Taxis	Wellington
1/03/2019	\$		Interim Advisory Meeting	Airport Parking	Tauranga
13/03/2019	\$		National CEOs	Accomodation	Wellington
14/03/2019	\$		National CEOs Meetings	Flight	Wellington
14/03/2019	\$		National CEOs Meetings	Taxis	Wellington
14/03/2019	\$		National CEOs Meetings	Breakfast - Sofitel	Wellington
12-14/03/2019	\$		National CEOs Meetings	Airport Parking (portion)	Tauranga
26/03/2019	\$	333.73	Healthworkforce NZ Meeting (Paid by MOH)	Flights	Wellington
26/03/2019	\$		Healthworkforce NZ Meeting	Taxi	Wellington
26/03/2019	\$		Healthworkforce NZ Meeting (Paid by MOH)	Taxi	Wellington
26/03/2019	\$		Interim Advisory Meeting	Airport Parking	Tauranga
1/04/2019	\$		Support for Staff - Trauma Event	Travel	Whakatane
0/04/2019	\$		Minister's Meeting / National CEOs Meetings	Accommodation	Wellington
10/04/2019	\$		Minister's Meeting / National CEOs Meetings	Taxis	Wellington
10-11/04/2019	\$		Minister's Meeting / National CEOs Meetings	Flights	Wellington
10-11/04/2019	\$	30.00	Minister's Meeting / National CEOs Meetings Minister's Meeting / National CEOs Meetings	Airport Parking	Tauranga
10-11/04/2018	+ φ	30.00	IVITALIST STRICE LING / IVALIDITAL OEOS IVICE LINGS	Meal - not necessarily what was	i auranya
10/04/2019	\$	81.71	Midland CEO Meetings (Paid by HealthShare)	consumed but an average table cost	Rotorua
11/04/2019	\$		National CEO Meetings	Taxi	Wellington
15/04/2019	\$		Minister's Meeting - MERAS Accord	Flights	Wellington
5/04/2019	\$		Minister's Meeting - MERAS Accord	Taxis	Wellington
15/04/2019	\$		Minister's Meeting - MERAS Accord	Airport Parking	Tauranga
7.04.2019	\$		Board Meeting	Travel	Whakatane
2-3/05/2019	\$		Midland CEO Meetings (Acting CEO)	Flights	New Plymouth
2-3/05/2019	\$		Midland CEO Meetings (Acting CEO)	Accommodation	New Plymouth
2-3/05/2019	\$		Midland CEO Meetings (Acting CEO)	Airport Parking	Tauranga
2-3/03/2019	Ψ	30.00	Midland CEO Meetings (Acting CEO) (Paid by		Tauranga
2/05/2019	\$	77.91	HealthShare)	Meal - not necessarily what was consumed but an average table cost	Rotorua
17/05/2019	\$		Whk ED luncheon and Debrief (Acting CEO)	Travel	Whakatane
24/05/2019	\$		Whk Orientation (Acting CEO)	Travel	Whakatane
1/06/2019	\$		MOH Meeting	Flights	Wellington
4/06/2019 4/06/2019	\$			Taxi	
1/06/2019	\$		MOH Meeting		Wellington
6/06/2019 6/06/2019	_		MOH Meeting	Airport Parking Accomodation	Tauranga
5/06/2019	\$	120.03	Midland CEO Meetings	Meal - not necessarily what was	Rotorua
6/06/2019	\$	65.06	Midland CEO Meetings (Paid by HealthShare)	consumed but an average table cost	Rotorua
12/06/2019	\$		CEO Learning Set - Brisbane	Taxi	Tauranga
3/06/2019	\$		National CEO Meeting (Acting CEO)	Flights	Wellington
19/06/2019	\$		Whakatane meetings	Accommodation	Whakatane
19/06/2019	\$		Whakatane Meetings	Breakfast	Whakatane
26-28/06/2019	\$		<u> </u>		
26-28/06/2019 26-28/06/2019	\$		Medicine NZ/HWNZ/ERSG (Paid by MOH) Medicine NZ/HWNZ/ERSG	Flights Accomodation	Wellington Wellington
26/06/2019	\$		Medicine NZ/HWNZ/ERSG	Taxi	Wellington
27/28/06/2018	\$		Medicine NZ/HWNZ/ERSG Medicine NZ/HWNZ/ERSG	Breakfast & Dinner	Wellington
28/06/2019	\$		Medicine NZ/HWNZ/ERSG Medicine NZ/HWNZ/ERSG	Taxis	
26-28/06/2019	\$		Medicine NZ/HWNZ/ERSG Medicine NZ/HWNZ/ERSG	Airport Parking	Wellington
29/06/2019 29/06/2019	\$	180.00	Whakatane Staff Ball	Accomodation	Tauranga
29-30/06/2019	\$	158.08	Whakatane Staff Ball		Ohope
Sub Total all incl	\$	28,307.49	WHATAIAITE Stall Dall	Travel	Ohope
			0.4.7	the state of DODDIES (\$6.550) 5	
Sub Total	\$	25,751.36	Sub Total less those highlighted in red as paid by someone of		to and and then a title
Sub Total	\$	15,763.47	Sub Total less those highlighted in blue as National responsib than BOPDHB as noted above have been included.	nitues (\$12,544.02). Note those highlighted	ırı <u>rea</u> ana <u>piue</u> paia by someone otl

Local Travel (within City, excluding travel to airport)				
Date	Cost (\$) (exc GST / inc GST)***	Purpose (eg meeting with Minister) ****	Nature (eg taxi, parking, bus)	Location
	\$ -			
	\$ -			
Sub Total	Φ.			

Total all incl	\$ 35,546.02	
Total	\$ 32,989.89	Total all incl less those highlighted as paid by someone other than BOPDHB (\$2,556.13).
Total	\$ 23,002.00	Total all incl less those highlighted as National responsibilities (\$12,544.02). Note those highlighted in red and blue paid by someone other than BOPDHB as noted above have been included.

^{**} Group expenditure relating to each overseas trip

*** Delete what's inapplicable. Be consistent - all GST exclusive or all GST inclusive

**** Please include sufficient information to explain the trip and its costs including destination and duration.

Sub totals and totals will appear automatically once you put information in rows above.

Mark clearly if there is no information to disclose.

Chief Executive Expense Disclosure						
Organisation Name	Bay of Plenty District	Bay of Plenty District Health Board				
Chief Executive	Helen Mason	Helen Mason				
Disclosure period	1 July 2018 to 30 June 2019					
	Hospitality					
,	All hospitality expenses provided by the CE in the context of his/her job to anyone external to the Public Service or statutory Crown entities.					
Hospitality Offered to	Hospitality Offered to Third Parties					
Date	(·)	Purpose (eg, hosting delegation from China)	Nature (what and for how many eg dinner for 5)	Reason (eg building relationships, team building)	Location/s	
Total expenses	Fotal expenses \$0.00					

Notes

Third parties include people and organisastions external to the public service or statutory Crown entities.

* Headings on this tab will be pre populated with what you enter on the Travel tab

** Delete what's inapplicable. Be consistent - all GST exclusive or all GST inclusive

Total cost will appear automatically once you put information in rows above. Mark clearly if there is no information to disclose.

Chief Executive Expense Disclosure				
Organisation Name	Bay of Plenty District Health Board			
Chief Executive	Helen Mason			
Disclosure period	1 July 2018 to 30 June 2019			
Gifts and Benefits over \$50 annual value** All gifts, invitations to events and other hospitality, of \$50 or more in total value per year, offered to the CE by people external to the organisation				
Gifts and hospitality	27		.,,	<u> </u>
Date	Description ** (e.g. event tickets, etc)	Offered by (who made the offer?)	Estimated value (NZ\$) (exc GST / inc GST)***	Comments
Total gifts & benefits	No. of items =		\$	-

Notes

- * Headings on this tab will be pre populated with what you enter on the Travel tab
- ** All gifts, invitations to events and other hospitality, of \$50 or more in total value per year, offered to the CE by people external to the organisation A one-off offer of something worth \$25 is not included, but if the offer is made more than once a year, it should be disclosed. Include items such as invitations to functions and events, event tickets, gifts from overseas counterparts and commercial organisations (including that accepted by immediate family members).
- *** Mark clearly if cost include GST or not. Be consistent all GST exclusive or all GST inclusive Estimated total value will appear automatically once you put information in rows above. Mark clearly if there is no information to disclose.

Organisation	Bay of Plenty District Health Board
Name	Bay of Flority Blothlot Floatin Board

Chief Executive Helen Mason

Disclosure period | 1 July 2018 to 30 June 2019

All Other Expenses**

All other expenditure incurred by the chief executive that is not travel, hospitality or gifts

All Other Expenses

	Cost (\$)*	***			
Date	(exc GS	Γ / inc GST)	Nature ***	Comment / explanation ***	Location
6/09/2018	\$	54.99	Enhanced Usage	Internet accessories + del	Tauranga
19/06/2018	\$	526.08	David Bennett Coaching	Profesional Development	Tauranga
4/09/2018	\$	322.00	David Bennett Coaching	Profesional Development	Tauranga
19/11/2018	\$	322.00	David Bennett Coaching	Profesional Development	Tauranga
9/01/2018	\$	322.00	David Bennett Coaching	Profesional Development	Tauranga
22/2 - 23/2/2019	\$	160.00	Titoki Education	Profesional Development	Tauranga
28/03/2019	\$	322.00	David Bennett Coaching	Profesional Development	Tauranga
Total other expenses	\$	2,029.07			

Notes

Total cost will appear automatically once you put information in rows above.

Mark clearly if there is no information to disclose.

^{*} Headings on this tab will be pre populated with what you enter on the Travel tab

^{**} Include eg phone and data costs, subscriptions, membership fees, conference fees, professional development costs, books and anything else

^{***} Delete what's inapplicable. Be consistent - all GST exclusive or all GST inclusive

^{***} e.g. subscription part of employment agreement, development as agreed with SSC



Submission to the 'Road to Zero' New Zealand Road Safety Strategy 2020-2030 consultation

SUBMITTED TO:

Date: September 2019

Prepared by: Dr Phil Shoemack, Public Health Medical Leader

Endorsed by: Simon Everitt, General Manager, Planning and Funding and Population Health

Submitted by Helen Mason, Chief Executive Officer

RECOMMENDED RESOLUTION:

That the Board:

Notes the attached submission to the 'Road to Zero' New Zealand Road Safety Strategy 2020-2030 consultation

ATTACHMENTS:

Submission: 'Road to Zero' New Zealand Road Safety Strategy 2020-2030 consultation.

BACKGROUND:

Bay Of Plenty District Health Board through its public health unit Toi Te Ora Public Health, have prepared a submission to Ministry of Transport in response to their 'Road to Zero' New Zealand Road Safety Strategy 2020-2030 consultation document. The attached submission responds to relevant health related topics and public health regulatory requirements within the consultation document.

ANALYSIS:

Preparation of this submission to the 'Road to Zero' New Zealand Road Safety Strategy 2020-2030 consultation is within the context of Bay of Plenty District Health Board's Health in All Policies approach to engagement with local and regional councils.







'Road to Zero' New Zealand Road Safety Strategy 2020-2030 **Submission Response**

To be submitted by online Survey

Q1 VISION	
	Strongly oppose
Our proposed vision for road safety is: 'a New	Somewhat oppose
Zealand where no one is killed or seriously	Somewhat support
injured in road crashes'.	Strongly support
	Don't know
To what extent do you support the proposed vision?	
What was the reason for your rating? Do you have any other comments on the proposed vision?	Transport related injuries and deaths present a significant health and social burden for New Zealand. Additionally, the enhanced actual and perceived safety of New Zealand's transport system will support and enable greater mode shift to active and public transport which in turn has additional benefits for health and wellbeing, as well as safety.
	The DHB strongly supports this vision with the condition that the 'road to zero' is also the road to providing safe, affordable, accessible and sustainable transport systems for all.
	The DHB suggests that the vision be reworded by replacing "road safety" with "the transport network", and replacing "road crashes" with "transport related incidents". Our current transport system is extremely car focused and this must change. Words are important. We have an opportunity to adopt a vision which is inclusive of all transport modes and all transport corridors and users of transport, not just roads, not just cars, and not just car drivers and car passengers.
	The vision for a safer transport network should also acknowledge the wider impacts that motorised

	the resulting effect on air outcomes. Taken as a wh	e occupancy cars) have on health outcomes related to their carbon footprint, r quality, population obesity due to inactivity, and adverse mental health ole these non-crash related impacts are greater than those related to "road e included in the analysis and accounted for in future response activities.			
Q2 TARGET					
As a step towards achieving this vision, we propose a target of a 40 percent reduction in deaths and serious injuries by 2030.	That target is too high That target seems about right That target is not high enough Don't know				
What do you think about this target?					
What was the reason for your response? Do you have any other comments on our proposed target?	One of the Sustainable Development Goals for road safety is "By 2020, to halve the number of global deaths and injuries from road traffic crashes". New Zealand has a high rate of deaths and injuries from road traffic crashes compared to other similar countries so a 40 % reduction is not sufficiently ambitious given this context.				
PRINCIPLES	PRINCIPLES				
Clear guiding principles provide a shared understanding of how we will work, and the values that will guide our actions and decision-making.					
Our proposed seven guiding principles for our roal 1. We plan for people's mistakes. 2. We design for human vulnerability. 3. We strengthen all parts of the road transport so 4. We have a shared responsibility for improving a 5. Our actions are grounded in evidence and evaluation of the strength of the road safety actions support health, wellbeing 7. We make safety a critical decision-making prior you will now be asked to rate and provide committed.	ystem. road safety. uated. ng and liveable places. ity.	iples.			
		Do you have any further comments about this principle?			
	support this principle Strongly oppose Somewhat oppose				
	Somewhat support				
	Strongly support				

	Don't know	
Q3. Principle 1: We plan for people's mistakes We accept that people will make mistakes and take risks but that these mistakes should not result in people dying or suffering serious injuries on our roads. Our first principle is: 'We plan for people's mistakes'.	Strongly support	Principles 1 and 2 should be explained by saying something like "we plan for a range of environmental and human circumstances recognising that physical (eg weather and lighting) and human variables (eg personal experience and competence, plus level of alertness), are not always optimal."
Q4. Principle 2: We design for human vulnerability	Strongly support	
There are physical limits to the amount of force our bodies can take before we are injured in a crash and we will design our road system to acknowledge this.		
Our second principle is: 'We design for human vulnerability'.		
Q5 Principle 3: We strengthen all parts of the road transport system	Strongly support	As stated earlier the 'road transport system' should be reframed to the 'transport system' as a wide range of participants will need to contribute to reach this vision.
We will improve the safety of all parts of the system – roads and roadsides, speeds, vehicles, and road use – so that if one part fails, other parts will still protect the people involved. We will make roads and streets safer for more vulnerable road users such as pedestrians, cyclists, motorcyclists and scooter riders.		For example, the road to zero must consider the impact of spatial planning on road safety. Compact communities with more destinations close to home (eg 20 minute neighbourhoods) reduces the need to use a car and therefore has co-benefits for mode shift and optimising the investment in transport (and other) infrastructure, making road safety budgets go further.
Our third principle is: 'We strengthen all parts of the road transport system'.		Emergency services (especially Fire and Ambulance) need to be part of achieving this vision as they play a significant role in improving post-crash injury outcomes, including preventing death in some cases.

		Delivering infrastructure that delivers protected physical separation from motorised vehicles is fundamental for improving safety for pedestrians and people on bikes.
Q6 Principle 4: We have a shared responsibility	Strongly support	It would be useful to create a diagram similar to this "Step it Up – Everyone
for improving road safety		can help make our communities more walkable" infographic to assist with
		explaining the division of responsibility, especially given the intention of this
The people who design, build and manage the		strategy to be more successful than "Safer Journeys" at leadership,
road transport system, as well as the		coordination and gaining participation from ministers and government
individuals and communities who use it, all		agencies.
have a part to play in making our roads safe.		The design of transport corridors is fundamentally important. It's extremely
Our fourth principle is: 'We have a shared		The design of transport corridors is fundamentally important. It's extremely difficult for people on bikes and pedestrians to use much of New Zealand's
responsibility for improving road safety'.		transport infrastructure with any level of safety as they tend to be placed in
responsibility for improving road safety.		the same physical space as motorised vehicles.
		As stated previously words are important. "making our roads safe" has an
		absolute meaning and should be replaced with the relative term, "making
		our roads safer".
Q7 Principle 5: Our actions are grounded in	Strongly support	The DHB recommends the strategy be prefaced with a table of the evidence
evidence and evaluated		based risk factors for road traffic injuries. This will clarify how the strategy
M/a will about the second and the second and		can comprehensively address each of the risks and how it integrates with
We will strengthen our road safety research so that we can base our decisions on the best		other relevant strategies. Attached to this submission as a supporting
evidence available. We will evaluate the		document is a <u>table of road traffic injury risks from the World Health</u> Organisation (WHO).
changes we make so that we see what works,		Organisation (WHO).
what doesn't work and what needs to be		The WHO report confirms that more attention should be given to reducing
altered.		exposure to travel related risks eg to reduce the need to use a car, to reduce
		distances travelled by motorised vehicles and to actively reduce the number
Our fifth principle is: 'Our actions are grounded		of vehicles on the road (one way of achieving this is by increasing vehicle
in evidence and evaluated'.		occupancy). Such a comprehensive approach will be crucial to support the
		vision of significantly improving the safety of our transport system.
Q8 Principle 6: Our road safety actions support	Strongly support	This is the most important principle and should be first in the list. The

health, wellbeing and liveable places Our roads are not just used for getting from A to B. In urban areas in particular, they are often places where people meet, shop and where children play. We will acknowledge this in our decision-making process to support healthier and more liveable places. Our sixth principle is: 'Our road safety actions support health, wellbeing and liveable places'.		purpose of our transport network is to support communities to be more liveable. This principle will ensure that a focus on transport safety does not have unintentional impacts on broader health, wellbeing and liveability goals. For example a divided highway with a median barrier reduces crashes, and harm from crashes when they do occur. Unfortunately, a divided road also acts as a fence which divides a community in two. A divided highway also encourages more people to drive vehicles more often. By far the greatest adverse health impacts associated with transport arise from its impacts on air quality, the level of everyday physical activity of the population, community accessibility, social connections, and climate change. This necessitates that action on road safety needs to pursue modal shift objectives, to actively reduce our inefficient and unhealthy dependence on sole occupancy vehicles.).
Q9 Principle 7: We make safety a critical decision-making priority	Strongly support	
decision-making priority		
We will treat safety as a higher priority in the		
way we make decisions. This does not mean		
that other objectives, such as efficiency, are no longer important, but that they should not be		
achieved at the cost of safety.		
Our seventh principle is: 'We make safety a		
critical decision-making priority'.		
Q10 Do you have any final comments about our		ded that an eighth principle be included which draws specific attention to
principles?		urban environments. "Focus on protecting vulnerable road users" is a key
	•	Safer City Streets: Global Benchmarking for Urban Road Safety" report by the orum (supplied as a supporting document). N.B. New Zealand chaired the
	-	orum in 2015. The rationale in the report is "Cities should intensify their
	•	afety of vulnerable road users, who make up the vast majority of urban traffic
		ence a greater level of risk". Children are mentioned a lot in the "case for
	change" and the safety o	f children, cyclists and pedestrians was a common theme at the road safety
	summit. Children and y	outh are at high risk of traffic injury, and traffic injury is one of the most

common causes of death in children and youth. Demographic projections show we can expect
significant increases in the proportion of older people throughout New Zealand, including many who
will not necessarily always be drivers or passengers in cars. The Road to Zero strategy should therefore
include a specific Focus Area on vulnerable transport users.

FOCUS AREAS

Our target will be achieved through action in five key areas:

- 1. Improve the safety of our cities and regions through infrastructure improvements and speed management
- 2. Significantly improve the safety performance of the vehicle fleet
- 3. Treat road safety as a critical health and safety at work issue
- 4. Encourage safer choices and safer behaviour on roads
- 5. Drive action through effective system management.

You will now be asked to rate and provide comment on these five proposed focus areas. You will then be asked about priority actions on the next page.

page.				
To what extent do you	Do you have any further comments about this principle?			
support this principle				
Strongly oppose				
Somewhat oppose				
Somewhat support				
Strongly support				
Don't know				
Strongly support	For the Road to Zero strategy to be successful it needs to make			
	greater reference to the important role of urban design.			
	support this principle Strongly oppose Somewhat oppose Somewhat support Strongly support Don't know			

Our first focus area is: 'Improve the safety of our cities		
and regions through infrastructure improvements and		
speed management.'		
Q12. Focus Area 2: Vehicle safety The design and safety features of our vehicles matter. Safer vehicles not only help drivers avoid crashes, but also protect occupants and other road users when crashes do happen. Our second focus area is: 'Significantly improve the	Support	If this focus area is about the safety of cars, trucks and buses it should say so. Again, this reflects the unfortunate emphasis throughout the discussion paper on motorised vehicles and roads, rather than on all forms of transport and all users of the transport network.
safety performance of the vehicle fleet'.		
Q13. Focus Area 3: Work-related road safety Employers have a responsibility to ensure that work-related road travel is safe for their staff and the public. About 25 percent of the deaths on our roads involve someone driving for work, whether as a commercial driver or as a secondary part of their main role. Ensuring that road safety is treated as a critical health and safety at work issue has the potential to significantly reduce this harm. Our third focus area is: 'Ensure that businesses and other organisations treat road safety as a critical health and safety issue'.	Support	Employers should also actively invest in technologies which can avoid the need for some travel. For instance videoconferencing is a very realistic, more efficient and safer alternative than any form of transport.
Q14. Focus Area 4: Road user choices Everyone has a responsibility to act with care and consideration on our roads. We need to continue to shift public attitudes and behaviour through road safety education and promotion, ensure that our training and licensing systems equip people with the	Support	The DHB supports this focus area on the understanding that using public transport, protected cycle lanes and attractive pedestrian infrastructure are the safest and healthiest choices. The strategy, and action from it, needs to deliver that infrastructure so people are able to make healthy choices.

skills required to be safe, alert and compliant, and deliver effective enforcement targeted towards risk. Our fourth focus area is: 'Encourage safer choices and safer behaviour on our roads.'			
Q15. Focus Area 5: System management Everyone who uses, designs, manages and maintains our roads, streets and footpaths has an important role to play. Leadership, co-ordination, engagement, and accountability will therefore be critical if we are to achieve our road safety ambitions. Our fifth focus area is: 'Develop a management system that reflects international best practice.' 16. Do you have any final comments about our focus areas?	crash survival include: 1. Develop prehospit 2. Ensure all emerger	As mentioned above, a broad definition of the transport safety system is required so that all relevant actors are identified. Something similar to this "Step it Up — Everyone can help make our communities more walkable" infographic would assist in clearly explaining the "Road to Zero". d be added as an additional focus area. Important activities for postal and hospital based emergency care systems acy responder personnel are trained in basic emergency care	
	3. Promote community first aid training for the public. These recommendations come from the World Health Organisation Save Lives Road Safety Technical Package.		
Q17. ACTION PLAN PRIORITIES We have proposed a list of 14 priority actions under our five focus areas.	Introduce a new approach to tackling unsafe speeds Invest in safety treatments and infrastructure improvements Review infrastructure standards and guidelines		
Please tick your top three priorities from the list below.	Promote the availabil	s for vehicles entering the fleet ity of vehicle safety information y anti-lock braking systems for motorcycles	

	Support best practice for work-related travel						
	Strengthen the regulation of commercial transport services						
	Enhance the safety and accessibility of footpaths, bike lanes and cycleways						
	Prioritise road policing						
	Enhance drug driver testing						
	Support motorcycle safety						
	Review financial penalties and remedies						
	Strengthen system leadership, support and co-ordination						
	0. 1. 1, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
Do you have any comments about these priority	Reviewing the infrastructure standards and guidelines needs to go hand in hand with safety						
actions	treatments and infrastructure improvements – so the DHB identifies four priorities from this list.						
Q18 Do you have any suggestions about other actions	As already alluded to in this submission, the strategy should also aim to reduce the need to						
we could consider for future action plans?	travel, to reduce the distance travelled and to shift people from sole occupancy vehicle use to						
	other forms of transport. Each of these actions would reduce exposure to the risks of travel,						
	partly by reducing the number of vehicles on the road. The DHB notes the statement that "The						
	Road Safety Strategy will complement a number of other Government strategies and work						
	programmes. This includes the strategy to achieve mode shift to public and active transport						
	(currently being developed by NZTA), the Future of Rail review, and the Government's Urban						
	Growth Agenda". The transport safety strategy should do more than just "note" the very						
	relevant part that the number of motorised vehicles has on safety.						
	For reference here is a list of further action ideas from "A New Traffic Safety Paradigm 18						
	March 2019 Todd Litman, Victoria Transport Policy Institute"						
	"Recent research improves our understanding of factors that affect traffic risks and identifies						
	new safety strategies. Applying this knowledge requires a paradigm shift. The old paradigm						
	assumed that driving is generally safe and so favors safety programs that target special risks s						
	as youth, senior, impaired and distracted driving. The new paradigm recognizes exposure (total						
	vehicle travel), as a risk factor, and therefore the safety benefits of vehicle travel reduction						

strategies such as multi-modal planning, efficient transport pricing, Smart Growth development policies, and Transportation Demand Management (TDM) programs. These strategies provide significant co-benefits, in addition to safety The actions recommended by Litman include: Transit service improvements HOV and bus priority Active Transport (Walking and Cycling) Improvements **Expanded carsharing services** Raise fuel taxes to fully finance roadway costs or as a carbon tax Efficient parking pricing Congestion pricing Distance-based vehicle insurance and registration fees Commute trip reduction programs Mobility management marketing More comprehensive multi-modal planning More connected and complete streets Reduced parking requirements Urban Rail and Bus Rapid transit SmartGrowth and Transit Oriented Development In line with the above feedback, the following indicators are also recommended: Q19 19. SUCCESS MEASURING The Road to Zero consultation document provides a Reduction in vehicle kms travelled draft outcomes framework, which provides a list of Reduction in the number of vehicles key measures that can help us track progress and Increase in average vehicle occupancy performance indicators to help us meet our targets. Increase in proportion of children using active transport to get to and from school This outcomes framework will help us monitor how Increase in the number, and the frequency, of people walking, riding a bike, and taking a bus, the road safety system is performing, drive action and train or ferry hold agencies publicly accountable for delivering the Increase in the perception of the safety of walking and cycling for everyday transport by the strategy. The framework will continue to evolve as we population in general and amongst specific population sub-groups, especially children and develop the final strategy. their parents (perceptions are important determinants of modal shift, and therefore the achievement of health, wellbeing and liveability co-benefits)

Do you have comments about the way we intend to

monitor our performance?	 Infrastructure indicators: Increase in the investment in safe walking and cycling infrastructure Investment demonstrates a focus on vulnerable users in urban areas Increase in safe cycle infrastructure eg kms of separated bike paths 							
	System management: Number of multi-sector partnerships Stakeholder perceptions of the partnership							
Q 20 Additional supporting material	Unit 2 Risk factors for road traffic injuries, World Health Organisation Safer City Streets: Global Benchmarking for Urban Road Safety" report by the International							
Providing your feedback through this online form								
makes it easier for us to read and analyse your input.								
If you would like to provide any additional supporting								
material, you can attach it here. Please note, this is								
not required.	World Health Organisation Save Lives Road Safety Technical Package							
	20 minute neighbourhoods							
Q21 A little bit about you:	Name Organisation (optional) Toi Te Ora Public Health Unit							
	Email Address enquiries@toiteora.co.nz							
Q22 Who are you submitting on behalf of?								
	Other (please specify)							
	Other (please specify) Public Health Unit							
Q23 What region do you live in, or most often travel in?	Bay of Plenty and Lakes District Health Board Districts							
Q24 Do you consider your perspectives urban, rural or both?	C Urban							
	Rural							
	⊙ Both							

Q25 Ongoing partnership with Māori will be a focus in our road safety efforts so we can build a shared understanding and road safety responses that appropriately meet the needs of tangata whenua in New Zealand.	To help us build a better understanding of road safety issues for Māori, please check this box if this submission represents a Māori perspective
Q26 USE AND PUBLIC RELEASE OF INFORMATION	Yes
The Ministry of Transport will publish a summary of submissions, which may include quotes from individual submitters.	No
Do you want your submission to be anonymous and your name or organisation's name to be withheld from any information that the Ministry of Transport publishes?	
Q27 Your submission is also subject to the Official Information Act 1982 (OIA). This means people will be able to obtain copies of submissions by making a request under the OIA.	I understand that this submission will be classified as Official Information and may be subject to public release under the Official Information Act 1982 if requested.
Q28 If you want us to keep some sections of your submission confidential, please let us know your reasons below. We will take your reasons into account and may consult with you when responding to requests under the OIA.	

BOARD WORK PLAN 2019

Activity	Source	16	20	20	17	15	19	17	21	17	16	20	
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Venue – Tawa Room, Tga		√		√		√		√		√		√	
Venue – Conference Hall, Whk			√		√		√		√		√		
Board only Time		√			√			√			√		
Joint Bd/Run – Te Waka O Toi			√			√			√			√	
Patient Experience / Story	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
CEO Monthly Report	CEO	√	√	√	√	√	√	√	√	√	√	√	
Approve Committee Resolutions	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	V	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	7	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
Employee Health & Safety Report	GMCS	√			√			√			√		No
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		≤e
Quarterly IDP Ratings	GMPF	√		√			√			√			No Meeting
Risk Report	GMCS			√			√			√			9
BOP Health Alliance Minutes	GMPF	√		√		√		√		√		√	
Maori Health Dashboard Plan	GMMGD		√			√			√			√	
6 monthly Board Attendance	Bd Sec	√						√					
Draft Annual Plan 19/20 –													
Minister's Priorities			√										
Annual Plan – approve Draft	GMCS				√		√						
SHSP and Annual Plan 2018/19				,									
6 month progress report	GMPF			√					√				
Annual Report										√			ļ I
Exec/Board/Runanga Planning											,		
Workshop											√		



CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting 21 August 2019

Prepared by: Maxine Griffiths Board Secretariat

Endorsed and

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board notes the Correspondence

ATTACHMENTS:

Minister's Letter of Expectations 2019/20 - 12 July 2019

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance



Ms Sally Webb Bay of Plenty District Health Board Private Bag 12 024 Tauranga 3143

12 JUL 2019

sally@sallyw.co.nz

Tēnā koe Sally

UPDATE: Letter of Expectations for district health boards and subsidiary entities for 2019/20

This letter sets out an update to the Government's expectations for district health boards (DHBs) and their subsidiary entities for 2019/20. This builds on my December 2018 letter, attached for your reference. I want to emphasise that my strong focus remains on the expectations set out in that letter.

I also want to acknowledge your engagement with the important conversations we have been having on improving financial sustainability and clinical performance.

While I recognise there are a number of challenges, it is my expectation that DHBs ensure their local communities can access high quality sustainable services that deliver equitable outcomes.

Wellbeing Budget

Budget 2019 is about delivering better wellbeing for all New Zealanders and driving intergenerational change. There are five key priorities – taking mental health seriously, improving child poverty, supporting Māori and Pasifika aspirations, building a productive nation, and transforming the economy.

Budget 2019 builds on last year's Vote Health investment. A record \$19.871 billion is being invested for 2019/20 to support a stronger, more sustainable health and disability system.

Our Government has signalled a willingness not just to invest, but also to make the fundamental changes needed to deliver long term and sustainable change. Budget initiatives are also based around evidence on what will make the greatest contribution to the long term improvement of living standards and wellbeing.

Monitoring improved performance

High performing DHBs are needed to support the delivery of the Government's priorities. I am concerned about the sector's overall financial position, and some areas of service performance.

As you are aware I have worked with the Ministry of Health (Ministry) to ensure DHB performance is supported through a stronger performance programme. This will help DHBs to be more sustainable, and to improve financial and clinical performance to ensure better and more equitable outcomes for New Zealanders. I have made it clear that you have a responsibility to address the range of performance challenges in partnership with the Ministry.

Your DHB's performance will be reported to me regularly, and I support the use of data and benchmarking to identify variation as well as opportunities for improvement. This will also support collaboration across DHBs regionally and nationally to make the most of our collective capability. I expect all DHBs to contribute to, and participate in, such work to help ensure the system is safe, equitable, efficient, and maximises the resource use across the whole system.

Fiscal responsibility

I have made my expectations on improving financial performance very clear, and DHBs need to have a plan to return to financial sustainability.

You have been provided with your confirmed budget allocations for 2019/20 and I expect you to be considering ways to contain expenditure, including maximising available capability and resources in the system, tightly managing recruitment and staff leave, and improving consistency of clinical pathways and decision-making.

Continuing to do things in the same way as we are now is not sustainable operationally, clinically or financially. There will be a dedicated focus in 2019/20 on strengthening sustainability planning and establishing an on-going sustainability programme.

You will be aware that Budget 2019 invests an extra \$94.7 million over four years to help improve DHB financial sustainability. This new funding will enable DHBs to work more collaboratively across your regions, to share and build on best practice, to implement new service models that transform the way we use workforce and facilities, and to make the best use of the available funding and capacity in your region.

Capital investment

Budget 2019 invests \$1.7 billion over two years for capital investment projects, building on last year's investment to restore our hospitals and health facilities. This funding will be prioritised for mental health projects, high growth areas with increased demand, and health facilities that are no longer fit for purpose. I urge that in all investment, environmental sustainability be a significant consideration.

Some business cases for new infrastructure projects are already well advanced and have been indicatively prioritised for consideration. I expect this process to be completed with DHBs being advised of the outcomes in July/August 2019.

The Ministry of Business, Innovation and Employment is developing a new framework which will focus on skills development and training as a requirement of construction projects. New construction procurement guidelines will also be applied across government. I expect you to apply the changes to the procurement of new construction projects.

National Asset Management Plan

In the long term, we need to better map out future infrastructure requirements. This will enable the Government to make more informed decisions, and better prioritise remediation work and plan for new facilities.

I am pleased that you are actively supporting the National Asset Management Plan programme of work. I expect that any requests for information from the project team are responded to in a timely manner.

It is also my expectation that you will update your DHB's Asset Management Plans. These are a requirement of the Ministry, and will assist in the formulation of the capital investment pipeline, and the ongoing work on the National Asset Management Plan.

The Budget also provides some funding to lift capacity and capability within the Ministry, notably to establish a new health infrastructure unit that will provide better support to DHBs.

Update on my priority areas

Improving child wellbeing

As you know, child wellbeing is a key priority for this Government. I expect your annual plans to reflect how you are actively working to improve childhood immunisation coverage and eliminate inequity, especially for Māori.

As I have said in my earlier letter of expectations, I expect you to support the reduction of family violence and sexual violence through addressing abuse as a fundamental healthcare responsibility.

Improving mental wellbeing

Mental health and addiction is a top priority in the Wellbeing Budget with \$1.9 billion over four years being invested into a range of mental wellbeing initiatives and mental health and addiction facilities. These strongly align with the Government's response to He Ara Oranga, the report of the independent inquiry into mental health and addiction.

We have a unique opportunity to improve the mental health and wellbeing of all New Zealanders. We need to embed a focus on wellbeing and equity at all points of the system. We also need to focus more on mental health promotion, prevention, identification, and early intervention.

It is my expectation that you will work closely with the Ministry and key partners in your region to help drive this transformation; your leadership is essential.

Improving wellbeing through prevention

Our Government's vision is for a welfare system that ensures people have an adequate income and standard of living, are treated with respect, can live in dignity and are able to participate meaningfully in their communities. DHBs have an important and ongoing role working alongside social sector partners to improve the welfare and health system outcomes for their population.

I have introduced a new priority section in DHB annual plans, given the considerable overlaps between people engaging with the welfare system as well as the health and disability support system. Over half the proportion of working age people receiving a main benefit have a health condition or a disability, or care for someone with a health condition or disability.

Better population health outcomes supported by a strong and equitable public health and disability system

Planned Care

I am confident that the changes to how planned care is planned, funded and monitored will remove the current disincentives to developing better ways of delivering services.

The new planned care approach will enable DHBs to deliver more appropriate, timely, high quality services to support the health and wellbeing of New Zealanders. DHBs will be able to provide care in the most appropriate setting, with the right workforce.

There will also be a greater focus on equity, quality, and people's experience of our services. I expect DHBs to create robust plans for these services and to consistently meet volume, waiting time, and other quality expectations.

Cancer Action Plan

I have asked the Ministry to work with you and other stakeholders to develop a Cancer Action Plan. I expect you to support and drive the development of this important work, and to deliver on the local actions within your Plan.

Health Research Strategy Implementation

Research, evidence and innovation is critical to addressing inequities and in continuously improving the quality and outcomes of services provided.

I am aware that the Ministry is working with DHBs and other government agencies to develop a work programme to implement the Health Research Strategy. I encourage you to continue to work closely with the Ministry to progress this important work.

Workforce

DHBs have a key role in training our health and disability workforce. I expect that all DHBs continue to maintain a strong focus on this area to build capacity and capability, and to implement an equitable approach to funding professional development.

In your current annual plan I expect you to develop a sustainable approach to nursing career pathways, including actions to support equitable funding for professional development for nurse practitioners.

Care Capacity Demand Management

At the end of last year I outlined my expectation that DHBs are to implement Care Capacity Demand Management (CCDM) in line with the process and timetable set out in the 2018-2020 MECA.

I expect to see significant progress on CCDM implementation this year, as well as detailed planning to ensure full implementation by June 2021.

I expect you to confirm that you have met my expectation to include implementing CCDM in the performance expectations of your Chief Executive and that you are updating these expectations to include implementation in midwifery services.

Devolution of the pay equity appropriation

I have supported the devolution of the pay equity appropriation. I expect you to work with the Ministry to ensure a seamless transition of responsibilities.

The Ministry has an ongoing stewardship responsibility to ensure that Care and Support Workers (Pay Equity) Settlement Act obligations are met.

The Government's agenda to improve the health and wellbeing of New Zealanders is significant, as evidenced by the sizable investments being made. I am confident that DHBs will present strong plans to support delivery of our priorities and I am looking forward to seeing progress against both measures and activities during the year.

I have appreciated the willingness shown by DHB teams to focus on equity and outcomes, and have confidence that you will all embrace the direction and implement plans to deliver it.

Thank you for your continued dedication and efforts to provide high quality and equitable health care and outcomes for New Zealanders.

Ngā mihi nui

Hon Dr David Clark Minister of Health

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance



Dear Chair

Letter of Expectations for district health boards and subsidiary entities for 2019/20

This letter sets out the Government's expectations for district health boards (DHBs) and their subsidiary entities for 2019/20.

In early September, the Prime Minister announced a long-term plan to build a modern and fairer New Zealand; one that New Zealanders can be proud of. As part of the plan, our Government commits to improving the wellbeing of all New Zealanders and their families, and ensuring that the economy is growing and working for all.

Our health system has an important role in supporting the Government's goals. To do this we need to be sure that our public health system is: strong and equitable, performing well, and focused on the right things to make all New Zealanders' lives better.

Achieving equity within the New Zealand health system underpins all of my priorities. Māori as a population group experience the poorest health outcomes. As you consider equity within your district, there needs to be an explicit focus on achieving equity for Māori across their life course. Māori-Crown relations is a priority for this Government and I expect your DHB to meet your Treaty of Waitangi obligations as specified in the New Zealand Public Health and Disability Act 2000. I am expecting you to report on progress with how you are meeting these obligations as part of your Annual Plan reporting.

Unmet need also represents a significant barrier to achieving equity in health outcomes for all populations groups across New Zealand. I expect your Annual Plan to contain actions that will enable progress towards achieving equity and to address the key areas of unmet need especially for Pacific peoples and other population groups in your regions with poorer health outcomes.

Our approach

DHB Chairs are directly accountable for their DHB's performance. We expect Boards to be highly engaged and to hold Chief Executives and management to account for improved performance within their DHB, in relation to both equity of access to health services and equity of health outcomes. In addition, I will also be working towards ensuring that Māori membership of DHB Boards is proportional to the Māori population within your district.

Fiscal responsibility

Strong fiscal management is essential to enable delivery of better services and outcomes for New Zealanders. I expect DHBs to live within their means and maintain expenditure growth in line with or lower than funding increases.

My expectation is that DHBs have in place clear processes to ensure appropriate skill mix and FTE growth that supports changes in models of care and use the full range of the available workforce and settings. This is essential for ensuring financial and clinical sustainability of our health system.

A better collective understanding of the demand for services, drivers of deficits and financial risks remains a very significant priority and I expect you to work closely and proactively with the Ministry of Health on these matters. I will continue to meet and speak with you frequently during the year to discuss performance, and I will be looking particularly closely at your ability to deliver in the Government's priority areas, to keep within budget and to manage your cash position.

Strong and equitable public health and disability system

Building infrastructure

My expectation is for timely delivery of Ministers' prioritised business cases. I remind you that capital projects over \$10 million are subject to joint Ministers (Minister of Health and Minister of Finance) approval. Business cases will be assessed to ensure that they are in line with the Health Capital Envelope priorities. I also expect you ensure that your agency is aware of the expectation that upcoming construction projects will be used to develop skills and training and that the construction guidelines will be applied for all procurement of new construction from this point onwards. I will be writing to you separately about this with further detail.

National Asset Management Plan

I expect you to support the National Asset Management Plan programme of work. I encourage you to actively interact with the project as, long term, the National Asset Management Plan will formulate the capital investment pipeline, and ensure DHBs' future infrastructure needs are met.

Devolution

I am considering devolution of certain services and expect to be making decisions in the New Year. DHBs will be consulted during the process to ensure the financial and service implications are well understood. Once any decisions have been made, I will expect you to work with the Ministry of Health to ensure a seamless transition of responsibilities.

Workforce

I expect DHBs to develop bargaining strategies that are consistent with the Government Expectations on Employment Relations in the State Sector, and to act collaboratively to ensure that any potential flow-on implications across workforces and/or across DHBs are understood and addressed in the bargaining strategies. A Government priority is raising the wages of the least well-paid workforces, which will require a different approach to the traditional one based on across-the-board percentage increases. I also expect DHBs to implement Care Capacity Demand Management in accordance with the process and timetable set out in the 2018-2020 MECA. I note that the State Services Commissioner has included wording that reflects the commitments in the New Zealand Nurses Organisation Accord in the performance expectations of the Director-General of Health and I ask you to consider including similar wording in the performance expectations of your Chief Executive.

DHBs have an essential role in training our future workforce and I expect you to support training opportunities for the range of workforce groups. As part of this, you should work closely with training bodies such as tertiary education institutes and professional colleges and bodies to ensure that we have a well trained workforce and to support research. I continue to expect DHBs will adhere to the Medical Council's requirement for community-based attachments for PGY1 and PGY2 doctors.

Bowel Screening

The National Bowel Screening programme remains a priority for this Government, and I expect you to develop a sustainable endoscopy workforce, be it medical or nursing, including the strategic support of training positions for both nursing and medical trainees in order to meet growing demand in this area. It is crucial that symptomatic patients are not negatively impacted by screening demand and the Ministry of Health will work closely with you on workforce issues to support this.

Planned Care

I am enabling DHBs to take a refreshed approach to the delivery of elective services under a broader "Planned Care" programme. Timely access to Planned Care remains a priority. The refreshed approach to Planned Care will provide you with greater flexibility in where and how you deliver services and will enable more care to be delivered within the funding envelope. I urge you to take advantage of the opportunity that will be made available, and support your teams to develop well considered delivery plans that align with your population's needs, support timely care, and make the best use of your workforce and resources.

Disability

Disabled people experience significant health inequalities and they should be able to access the same range of health services as the rest of the general population. My expectation is that DHBs are working towards or are implementing the Convention on the Rights of Persons with Disabilities. I expect DHBs to implement policies for collecting information, within their populations, about people with disabilities. In addition, please ensure your contracts with providers reflect their requirements to either ensure accessibility or put in place concrete plans to transition to a more accessible service.

System Level Measures

As part of your focus on improving quality, I expect you to continue to co-design and deliver initiatives to achieve progress on System Level Measures with primary health organisations (PHOs) and other key stakeholders.

Rural health

The Government expects DHBs with rural communities to consider their health needs and the factors affecting health outcomes for rural populations when making decisions regarding health services.

Mental health and addiction care

Mental health and addiction remains a priority area for this Government and I expect your DHB to prioritise strengthening and improving mental health and addiction service areas in your 2019/20 Annual Plan. The Mental Health and Addiction Inquiry report is under consideration by the Government and it is my expectation that DHBs are ready to move on implementing the Government's response to its recommendations.

Over the last year a number of deaths across the country have been attributed to use of synthetic cannabinoids. I expect DHBs to consider the role of both public health and specialist treatment services in providing coordinated local responses to emerging drug threats such as synthetic cannabinoids.

Child wellbeing

Child wellbeing is a priority for our Government. I expect your annual plans to reflect how you are actively working to improve the health and wellbeing of infants, children, young people and their whānau with a particular focus on improving equity of outcomes.

In supporting the Government's vision of making New Zealand the best place in the world to be as a child I expect DHBs to have a specific focus on:

- supporting the development of the Child Wellbeing Strategy, particularly the First 1000 days of a child's life and child and youth mental wellbeing
- contributing to the review of the Well Child Tamariki Ora programme
- supporting the reduction of family violence and sexual violence through addressing abuse as a fundamental health care responsibility.

Maternity care and midwifery

High quality maternity care is recognised as a fundamental part of child wellbeing. I am listening to the issues the community is raising with me, and I take the concerns about the level of capacity in the midwifery workforce seriously. It is my expectation that DHBs implement a plan to support improved recruitment and retention of midwives, including midwives in the community and midwives employed in all maternity facilities.

Smokefree 2025

I also expect you to advance progress towards the Smokefree 2025 goal, particularly community-based wrap-around support for people who want to stop smoking, with a focus on Māori, Pacific, pregnant women and people on a low income. I also want to see DHBs collaborating across their region to support smoking cessation including, where appropriate, amongst programme providers, with a view to sharing and strengthening knowledge and delivery of effective interventions.

Primary health care

Improved access to primary health care brings significant benefits for all New Zealanders as well as our health system. Removing barriers to primary health care services and improving equity are key priorities for this Government. I also want to see closer integration of primary health care with secondary and community care. I intend to continue to invest in primary health care and expect all DHBs to support this important priority.

Non-communicable disease (NCD) prevention and management

As our major killers, NCDs, particular cancers, cardiovascular disease and type 2 diabetes need to be a major focus for prevention and treatment for your DHB. I want you to continue a particular focus on type 2 diabetes prevention and management, including an emphasis on ensuring access to effective self-management education and support. I want to see an increased focus on prevention, resilience, recovery and wellbeing for all ages, as part of a healthy ageing approach. You should also use PHO and practice-level data to inform quality improvement.

Public health and the environment

Environmental sustainability

I expect you to continue to contribute to the Government's priority outcome of environmental sustainability and undertake further work that leads to specific actions, including reducing carbon emissions, to address the impacts of climate change on health. This will need to incorporate both mitigation and adaption strategies, underpinned by cost-benefit analysis of co-benefits and financial savings and I expect you to work collectively with the Ministry of Health on this important area.

Healthy eating and healthy weight

As part of your sector leadership role, I strongly encourage you to support healthy eating and healthy weight through continuing to strengthen your DHB's Healthy Food and Drink Policy This includes increasing the number of food options categorised as 'green' in the National Policy and moving towards only selling water and milk as cold drink options. I actively encourage you to support other public and private organisations to do the same. There is a strong rationale for DHBs providing such leadership in their communities to both set an example and to 'normalise' healthy food and drink options. In particular I would like you to work directly with schools to support them to adopt water-only and healthy food policies.

Drinking water

You will be aware that our Government is undertaking system-wide reform of the regulatory arrangements for drinking water and I am confident that you will support any developments that may result. I expect you to work through your Public Health Unit across agency and legislative boundaries to carry out your key role in drinking water safety with a focus on the health of your population.

Integration

Improving equity and wellbeing and delivering on several other expectations I am setting in this letter will not be possible without strong cross-sectoral collaboration. I expect DHBs to demonstrate leadership in the collaboration between and integration of health and social services, especially housing.

Planning processes

Your DHB's 2019/20 Annual Plan is to reflect my expectations and I also ask you to demonstrate a renewed focus on your strategic direction, by refreshing your Statement of Intent in 2019/20.

I believe providing you with my expectations in December will support your planning processes, however I also acknowledge that some important decisions will be made in the coming weeks, including detail related to implementation of the Mental Health and Addictions Inquiry recommendations. To ensure my expectations are clear, it is my intention to provide an update to this letter in the New Year.

I would like to take this opportunity to thank you, the Board and your staff for your dedication and efforts to provide high quality and equitable outcomes for your population.

Yours sincerely

Hon Dr David Clark Minister of Health