BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, 889 Cameron Rd, Tauranga
Date and Time: Wednesday 20 November 2019 at 11.00am

Please note: Board/CEO 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

Compassion All-one-team Responsive Excellence
Manaakitanga

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	**Patient Story** Video – Cancer and Me Kerry Hunia	
3	**Apologies**	
4	**Interests Register**	**4**
5	**Minutes and Chair Report Back** 5.1 Board Meeting - 16.10.19 Minutes 5.2 Matters Arising 5.3 CPHAC/DSAC Meeting - 6.11.19 Minutes 5.4 BOPALT Meeting - 10.10.19 Minutes	 **8** **14** **16** **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 Chief Executive's Report 6.2 Primary Health Organisation Reports 6.3 Dashboard Report (to be circulated) 6.4 Healthy Built Environment Position Statement 6.5 Draft Board Work Plan 2020	 **26** **38** **39** **44**

Item No.	*Item*	*Page*
7	**Items for Noting** 7.1 Board and Committee Meeting dates 2020 7.2 Submission to Ministry for Primary Industries Folic Acid Fortification of Foods 7.3 Submission to Ministry for the Environment Consultation on National Direction for Freshwater 7.4 Emergency Department Utilisation Analysis update 7.5 Board Work Plan 2019	**46** **47** **55** **63** **65**
8	**Correspondence for Noting** 8.1 Letter from Hon David Clark, Minister of Health to Midland Chief Executives and Chairs re approval of Midland Regional Services Plan – 11.11.19	**66**
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 15 January 2020	

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated November 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
Markand Holdings Ltd	Director	Property	NIL	2016
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
Markand Holdings Ltd	Director	Property	NIL	2016
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

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018
Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
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 (mainly outside NZ)	NIL	01/01/2007
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

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Office of Technical Assistances, US Treasury	Contractor	Advisory body to overseas central Banks	NIL	01/02/2005
PARKINSON, Matua				
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
Tamariki ONO Trustees Ltd	Director	Whanau Trust	LOW	Feb 2019
Wepiha Health Co. Ltd	Director	Financial Asset Investing	LOW	Sep 2019
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not it the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Volunteering Bay of Plenty	Chair	Volunteer organisation	NIL	October 2019
TURNER, Judy				
Whakatane District Council	Mayor	Local Authority	LOW	2019
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
HAUORA A TOI

Minutes

Bay of Plenty District Health Board

Venue: Conference Hall, Clinical School, Whakatane Hospital
Date and Time: 16 October 2019 at 9.30 am

Board: Sally Webb (Chair), Ron Scott, Bev Edlin, Matua Parkinson, Marion Guy, Geoff Esterman, Judy Turner, Peter Nicholl, and Anna Rolleston

Attendees: Helen Mason (Chief Executive), Pete Chandler(Chief Operating Officer), Simon Everitt (GM Planning & Funding and Population Health), Debbie Brown (Senior Advisor Governance & Quality), Sarah Mitchell (Director, Allied Health, Scientfic & Technical), Julie Robinson (Director of Nursing), Hugh Lees (Chief Medical Advisor)

Item No.	Item	Action
1	**Karakia** had been undertaken at Board only time	
2	**Presentation** Nil	
3	**Apologies** Apologies were received from Yvonne Boyes and Pouroto Ngaropo **Resolved** that the apologies from Y Boyes and P Ngaropo be received J Turner advised of need to leave the meeting at midday Moved: B Edlin Seconded: G Esterman	
4	**Interests Register** The Committee was asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. J Turner has a new interest to add as elected Mayor of Whakatane District Council. Acknowledgement was made and congratulations conveyed to the re-elected standing members and new members Hori Ahomiro and Ian Finch.	
5	**Minutes** 5.1 Minutes of Board meeting **Resolved** that the Board receive the minutes of the meeting held on 18 September 2019 and confirm as a true and correct record. Moved: P Nicholl Seconded: R Scott 5.2 Matters Arising *Philanthropic partnership*. This is progressing with a parenting programme with DHB as lead agency. *Equity in Research* paper is in progress. The two Executive Members responsible need to form a joint position.	

6	**Items for Discussion / Decision** 6.1 Chief Executive's Report CEO highlighted the following: *Achieving Equity* - Donna Cormack, Wellington School of Public Health visited in August and presented on Racism and Health at Grand Round. There had been a discussion regarding Maori data sovereignty. There has also been a recent visit from Shane Hunter, DDG, Data & Digital, MOH, where this was also discussed. Dr George Gray provided good insights. *Keeping me Well and Community Enablement*. Progressing well. Pulling the timeframes forward was good and Allied Health participation has been reducing the wait times. *Corporate Services – Comms*. Contingency Planning re the Strikes, Psychologists and MRT, places a huge load on Comms and Emergency Planning. There has been recent advice of further MRT strikes, 29/30 Oct and more in November. This produces operational challenges in terms of workflow, costs and disruption and is also taking a toll on staff. The Radiology team is doing a fantastic job. CMA has recently sent a message on behalf of Execs to the Radiology Team. The Board requested that their thanks be given to staff for their efforts and commitment. Costs of addressing impact of industrial action for patients to come back to Board. *Measles*. 68 BOP cases with 23 hospitalisations. *Education - Leadership programme*. CEO and Board Chair had attended the last day of the current programme. There will be a refreshed programme going forward. *Innovation Awards*. Great turnout and good to see so many Board Members there. Board Members advised that it was pleasing to see the interest and innovation the organisation has. The Peoples Choice award was Complex Decision Pathway. The Anaesthetists who presented have had a skype call with Harvard University which is interested in the work they are doing. *Strategic Priorities Development*. Intent is to connect Te Toi Ahorangi (TTA) with other elements of transformational change. The diagram brings that together. There has been recent appointment of a Service Innovation Manager (SIM), Sarah Davey which will be a good lever to progress change and connect teams. It also gives good direction for the next 12 months. *Housing NZ and WINZ*. Community Health 4 kids doing great work. *Renal Services*. Improving access to services in EBOP for patients who were required to travel to Waikato. *P&C Team*. Haeata is progressing. There have been some changes within the team. *Sustainability*. Good progress being made with enthusiasm. *OIAs*. All responses were met. Work has been done on assessing the time required to be taken to respond and the need to charge.	COO COO

	Also looking at proactively releasing information which can be available on our website. *Endoscopy*. DON advised that recruitment for a trained Endoscopy Nurse is still being pursued however has not eventuated as yet. On the job training will be undertaken in the meantime until University of Auckland courses are available. Query was raised on Caseweights being lower than plan. Execs are working through and a report will be coming back to AFRM. There are strike impacts. **Resolved** that the Board receive the report Moved: M Guy Seconded: G Esterman	Acting GMPF /COO
	6.2 <u>Primary Health Organisation Reports</u> Query was raised on changes in Primary Health. There had been a hui yesterday as first meeting of combined East and West. Query was raised on NMO's Tuapapa and system of care and whether they might share with the Board. It is anticipated that this would be reported on at the beginning of next year. NMO to be invited to the February 2020 CPHAC/DSAC meeting together with the new PHO entity. **Resolved** that the Board receive the reports Moved: B Edlin Seconded: M Arundel	Acting GMPF
	6.3 <u>Dashboard Report</u> MOH framework is still being awaited. The PHO performance summary as requested by the Board has been added. Whilst ED drop is disappointing, this is in the context of industrial action and continued high demand. A plan needs to be formulated which will come back to the Board. Query was raised on the ASH reports and whether discussion was being had with other agencies. Healthy Homes is an opportunity and covers a range of people. Other avenues may need to be explored. Secondary child admissions are being linked in with Healthy Homes. Community Health 4 kids is working with WINZ. Query will be raised with them as to what information they are sharing. **Resolved** that the Board receive the report Moved: B Edlin Seconded: P Nicholl	COO Acting GMPF
	6.4 <u>Increasing Maori participation in the DHB Employed Workforce – Dashboard</u> 20 DHBs have signed up to Te Tumu Whakarae's position statement and targets and there are baseline measurements in place. A positive united front. There will be a national hui next year to share successful initiatives. The pipeline for Nursing and Midwifery has ACCORDs with a focus on the pipeline regarding retention and how to ensure that all Maori Nursing grads are placed.	

	CEO recapped on the visit by Allison Plumridge from TAS to the Board, presenting on National workforce issues. It would be good to include Alison in future discussions. It was considered across the sector workforce conversations should occur at the Strategic sessions put aside at Board meetings next year. It was agreed that first would occur on the morning of the March 2020 Board meeting, followed by three monthly sessions, subject to endorsement by the new Board. The Board noted the report. 6.5 <u>Annual Report</u> There has been advice from the auditors, Deloitte that the OAG is considering the Holidays Act and Going Concern matters. The Board cannot sign off on the Annual Report until those matters are cleared. Request was made for the Board to delegate signoff for when the Annual Report is able to be signed off. The Board considered it is a lengthy document which may impact on people fully reviewing it. **Resolved** that the Board adopt the Annual Report and delegate to the Chair and Deputy Chair for signoff when able to be signed. Moved: G Esterman Seconded: B Edlin	Board Secretariat
7	**Items for Noting** 7.1 <u>Board Work Plan 2019</u> The Board noted the report.	
8	**Correspondence for Noting** Nil	
9	**General Business** 9.1 <u>New Board Members</u> Board Chair advised of notification that current Board Members end date is 4 December, however Board Members are required to stay in their roles until the new Board comes into being on 9 December.	
10	**Item moved from Confidential to Open section of agenda.** 3.3 <u>Midland Iwi Relationship Board (MIRB) update</u> Manukura, Toi Ora, by telecon, 11.30 am Manukura considered that the work MIRB is doing is exciting. Sharon Shay who is very skilled, is working with them. It is still in initiation stages. There is a lot of content. It will be important to fine tune and start to be more specific about what MIRB is going to focus on at a regional level. There are some important opportunities with the Regional Chairs group and working together. There needs to be distinction between governance and operational. CEO highlighted the Action Plan it's very positive to have and noted that the relationship is on a different, improved = footing. Board Chair advised that it indicates a commitment to the Treaty Relationship in the region. The Midland Chairs have written to the Minister advising that Chairs should maintain an ongoing commitment to the work that has been done in the region on the Treaty relationship.	

	Manukura advised that at a regional level, there is no prescription as it's not governed by legislation and there is ability to be flexible. Query was raised with regard to MIRB being able to edit the document. If the roles and responsibilities were required to be changed it would need to come back to the Boards. **Resolved** that the Board • **Approve** the proposed reconfiguration of MRGG membership of five DHB Midland Chairs and five MIRB Chairs • **Approve** the proposed roles and responsibilities of the enhanced MRGG as outlined in the Partnership Manual • **Ensure** the new MRGG structure and role is endorsed by respective DHB Boards in October for implementation from November 2019 • **Approve** the updated Regional Partnership Manual • **Agree** that the revised Partnership Manual is a living document which will be formally reviewed in 12 months. There is an opportunity for ongoing editing as the governance group see fit • **Ensure** that the induction process for the new Boards incorporates thorough and specific orientation about this Te Tiriti partnership and shared commitments. Moved: R Scott Seconded: P Nicholl	
11	**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 of last meeting: Board Minutes AFRM Minutes Chief Executive's Report Mental Health & Addictions Review Midland iwi Relationship Board update Clinical Governance 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 Simon Everitt Pete Chandler Debbie Brown Hugh Lees Julie Robinson Sarah Mitchell	

	Resolved that the Board move into confidential. Moved: S Webb Seconded: B Edlin	
10	**Next Meeting –** Wednesday 20 November 2019	

The open section of the meeting closed at 10.55 am

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

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Bay of Plenty District Health Board

Matters Arising (open) – November 2019

Meeting Date	Item	Action required	Action Taken
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	In progress
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	To report back early in the New Year
18.9.19	6.1	**CEO's Report – Maori presentations through ED** GMMHGD advised that the information shown should generate more questions than answers. COO advised that there more Maori who present at ED who are then admitted. The Board requested clarity of the graph for next month's meeting. It was suggested that Dr George Gray should be invited to critique the graph and offer his opinion - GMMHGD	In Progress – update provided to Board 20.11.19
16.10.19	6.1	**CEO's Report – Contingency Planning re Strikes** The Board requested that their thanks be given to staff for their efforts and commitment - CMA	Completed
16.10.19	6.1	**CEO's Report – Contingency Planning re Strikes** Costs of addressing impact of industrial action for patients to come back to Board. - COO	In progress
16.10.19	6.1	**CEO's Report – Caseweights** Query was raised on Caseweights being lower than plan. Execs are working through and a report will be coming back to AFRM. There are strike impacts. - COO	Reported to AFRM 6.11.19 - completed

16.10.19	6.2	**Primary Health Organisation Reports** NMO to be invited to the February 2020 CPHAC/DSAC meeting together with the new PHO entity. – Acting GMPF	Invitation extended - complete
16.10.19	6.3	**Dashboard Report** Whilst ED drop is disappointing, this is in the context of industrial action and continued high demand. A plan needs to be formulated which will come back to the Board.- COO	In progress
16.10.19	6.3	**Dashboard Report – Ash Reports** Community Health 4 kids is working with WINZ. Query will be raised with them as to what information they are sharing – Acting GMPF	In progress
16.10.19	6.4	**Increasing Maori Participation in the DHB Employed Workforce – Dashboard** It was considered across the sector workforce conversations should occur at the Strategic sessions put aside at Board meetings next year. It was agreed that first would occur on the morning of the March 2020 Board meeting, followed by three monthly sessions, subject to endorsement by the new Board. – Board Secretariat	Included in draft work plan 2020 - completed

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

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

Venue: 889 Cameron Road, Tauranga
Date and Time: 6 November 2019 at 10.30 am

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

Attendees: Simon Everitt, (Acting CEO), Mike Agnew (Acting GM Planning & Funding and Population Health), Hugh Lees (Chief Medical Advisor), Debbie Brown (Senior Advisor Governance & Quality), Janet Hanvey (Business Manager, Toi Te Ora), Sarah Davey, (Service & Innovation Manager P&F)

Item No.	Item	Action
	The meeting opened with the Karakia, led by Sally Webb, Board Chair at her last attendance at CPHAC/DSAC	
1	**Presentation** <u>Enabling Good Lives and System Transformation</u> Paul Curry Tony Marsden (CEO, SILC) and Pam Smith (SILC) key presenters. Paul gave background advising that the anchorpoint was the Rights of People with Disability NZ. Tariana Turia had been instrumental in putting together a reference group to progress. • 2011- The Minister for Disability asked an independent group from the disability sector to report on current function and operation of Community participation and day services. • 8 principles of Enabling Good Lives (EGL)identified • 2012 - long term change to disability supports. There has been a pilot operating in Waikato and Canterbury. • 2018 - Mana Whaikaha in Mid Central came into being as a pilot for enabling good lives. A fundamental change in the manner in which people with disabilities are viewed is required. Enabling good lives is an approach that is led by disabled people and families. Disabled people make up 50% of the unemployed in BOP, 74% of whom want to work. EGL has been signed off by the last two Governments. More and more providers and government services are using as the anchor. EGL involves self directed facilitation (not needs assessment), considering the person in their wider context, not just formal support, strengthening families so people know how to maximise their choice and control. The person is at the centre of decision-making. Through Mana Whaikaha, people are finding their funding support and choices go further. The model works without a NASC process in place.	

Lots of capacity building.

It was noted in the Waikato example that improved interface with mainstream services had actually reduced the amount of DSS coverage required. Uptake of the concept amongst Maori was also good.

The changes to government systems and processes is the hardest piece.

Key features of Mana Whaikaha

- People are welcomed into the system
- There are Connectors who walk alongside if required to help identify what people would like in their lives and the range of supports and options available
- Easy to use information and processes
- Connected support across Government
- Straight forward process for accessing funding
- Capability funding
- Greater system accountability to disabled people and their whanau.

Query was raised as to whether NASC resources were available or had been converted into the new Connector model. Paul considered it was early days. $23m has been put into the Connector model. There is a backlog of people who need to get through the system. The Connector roles are different to NASC assessors.

Pam Smith (SILC) spoke on service provision.
It is not known what it might look like and it is not clear what to prepare for. There is a lot of work in the Provider Network regarding conversations, best preparation on workforce and leadership. Important thing for providers is staying relevant. A deep sense of consciousness needs to be developed.. Service Providers need to be innovative and outward looking.

Positive Indicators for Organisations is in the indicators for self determination, individuals making informed choices, have customised support and services tailored to their preferences and aspirations. Disabled persons and families have a leadership role in service and or sector development.

The new model requires many stakeholders coming on board, ACC, MOE, MOH, etc. Disabled persons are to go through main stream providers before other resources. There needs to be significant change at all levels.

In BOP there are opportunities. The Disability Sector is well connected and wants to work together.

It was considered that representatives of the DHB should come out into the Disability Community, particularly the Maori Communities to ascertain the Disabled's experiences with BOPDHB. A BOPDHB Disability Strategy was suggested. A Strategy at Council has resulted in major change. BOP has the largest number of disabled persons in the country.
Query was raised as to when the pilots are to be rolled out across the country.

It is considered that the sector should get in front of any pilots or rollouts, beginning with choice of personal funding options.

	A lens of enabling good lives is critical to how to start investing in what a good life might look like for the disabled. Progress will happen. There is an advocacy movement starting. It is the right thing to do to encourage people to meet their optimum potential. Manager, Service Innovation and Change considered some of the principles need to be considered in the BOPDHB services. There are principles that do align with emerging models, particularly through integrated care. BOPDHB needs to consider the personal budgets and the change in NASC which will be a challenge. It's a matter of pulling things together and consideration of gaps within the disability sector relative to BOPDHB's strategic plans and objectives. TTA and Wai2575 are asking us to look differently at the way we do things for example, person directed support with unbiased consciousness. If a Disability Strategy was to be established, it would need to be ensure that it was not disconnected. A disability lens across services is considered a good way forward. The role of the Consumer Council was raised and looking at how to have focus in that Council to have interaction with the disability community or be representative of. It was also considered there was opportunity to dovetail with the Council and their strategy and have the BOPDHB representatives meet with the Council Disability Advisory Committee which may be beneficial. CEO SILC advised that the Advisory Group to TCC would welcome a BOPDHB representative but important there is someone operational involved to impelement and drive change. SILC considered that housing, is a critical component with the increased complexity of clients being supported.. The Committee Chair thanked the presenters for coming along to the meeting. There were some thought provoking messages for the Committee to consider.	
2	**Apologies** Apologies were received from Janine Horton and Mark Arundel **Resolved** that the apology from J Horton and M Arundel be received Moved: M Guy Seconded: J Turner	
3	**Interests Register** The Committee was asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised	
4	**Minutes** 4.1 <u>Minutes of Previous CPHAC/DSAC Meeting</u> **Resolved** that the minutes of the meeting held on 7 August 2019 be confirmed as a true and correct record. Moved: R Scott Seconded: M Guy 4.2 <u>Lakes DHB CPHAC Meeting - 7.10.19</u> The minutes of the Lakes DHB CPHAC meeting of 7.10.19 were received by the Committee	

	BOPDHB Committee representative advised of an interesting presentation on Lakes demographic statistics which showed the patterns of change that will happen within the region. This information had been made available to BOP.	
5	**Matters Arising** There were no outstanding Matters Arising	
6	**Matters for Discussion / Decision** 6.1 CPHAC/DSAC Draft Work Plan 2020 Query was raised with regard to the Consumer Council and where that fits within the Committee. Acting GMPF had met with the Council Chair. They are looking at how to better connect with the Committee. There is acknowledgement that the diversity of the members needs to be greater and work is being done in that area. The Terms of Reference will be reviewed. Through the morning's discussion it was considered a greater focus on Disability could be made next year and the opportunity exists with the Committee returning to bi-monthly. **Resolved** that the Committee endorses the Work Plan. Revision will be made to strengthen Disability elements for each meeting. Moved: B Edlin Seconded: S Webb	Acting GMPF
7	***Matters for Noting:*** 7.1 TTHW – Toi Te Ora Monthly Report Business Manager, Toi Te Ora, gave an update on the measles outbreak. The rate of increase has dropped considerably. All of the cases in BOP have a connection to Auckland. Since 1 Jan in Lakes and BOP there have been 66 cases, 42 in BOP 40 of which were in the Western Bay. 24 required hospital treatment. Vaccination has been discussed with the PHOs. A vaccination plan has been put together, endorsed by the Ministry last week. PHOs will vaccinate under 5s as per normal but will also vaccinate 5-14 year olds. There is now a good supply of vaccines at DHB level. Pharmacies in future will be able to vaccinate. Vaccine availability needed to be assured before moving on this development.The vulnerable group is 16-29. 7.2 CPHAC/DSAC Work Plan 2019 The Committee noted the papers.	
8	**General Business** There was no general business	
9	**Next Meeting –** Wednesday 5 February 2020	

The meeting closed at 12.00 midday
The minutes will be confirmed as a true and correct record at the next meeting.

BOP ALT

Minutes of: Bay of Plenty Health Alliance Leadership Team (BOPALT) meeting held 10 October 2019 at Nga Mataapuna Oranga PHO Ltd, 157 Fraser Street, Tauranga.

Membership: Chad Paraone (Chair), Luke Bradford, Pete Chandler, Greig Dean, Janice Kuka, Lindsey Webber, Ben Van den Borst, Jeremy Gooders, Mike Agnew, David Spear

In attendance: Andrea Baker (BOPDHB), Phil Back (WBoPPHO), Sarah Davey, Grant Ardern, Emma Green (for related items in ALT Work Programme)

Apologies: Helen Mason and Simon Everitt.

The meeting was preceded with a morning tea to recognise the contribution Robin Milne had made to the Bay of Plenty Alliancing environment since 2014, on his appointment to the role of BOPALT Independent Chair – through to late 2018.

Item No.	Item	Discussions/Commentary	Actions/Outcomes
1.	**Karakia**	• As a Karakia was recited at the commencement of the above morning tea and this meeting was within the same venue, a further Karakia was not necessary.	
2.	**Welcome & Apologies**	• Chair welcomed everyone to the meeting, noted that due to a late start (10.10 a.m.) following the morning tea for Robin, a condensed meeting will be held to ensure completion by 11.30 a.m. • Apologies from Helen Mason and Simon Everitt were noted.	
3.	**Conflicts of Interest**	• Nil stated	Noted.
4.	**Minutes of previous meeting 10 July 2019**	• Minutes of the previous meeting (12 September 2019) were received as a true and accurate record of that meeting.	Accepted.
5.	**Actions arising from**	The Actions Arising schedule was reviewed, noting completion of actions as stated or included within	Update schedule of

	previous minutes:	current agenda. Schedule to be updated for next meeting, to reflect outstanding actions.	outstanding actions.
6.	**Te Haeata Work Plan**	• Chad to raise broader distribution of Te Haeata Work Plan at next Te Haeata meeting. • Work Plan to be circulated and updated prior to next Te Haeata meeting	Noted. Phil to circulate.
7.	**BOPALT WORK PROGRAMME UPDATES:**		
	7.1 – Health Care Homes update **– Tuapapa**	• Update paper circulated with agenda was noted and received. • Meeting also noted that HCH Project Leads from Practices along with PHO staff from both organisations participated in a Prosci Change Management workshop on 8 October which was well received. • Greig indicated desire to have an EBPHA aligned Practice within the mix of Practices participating in the HCH Project. • Jackie and Janice provided a PowerPoint overview of the Tuapapa Project, talking to individual aspects of both the design and delivery phases. • Noted that Kanban Boards had been utilised to map work flow activities and outcomes. • Agreed that copy of presentation would be made available for circulation.	Conversation to be progressed around potential EBPHA aligned Practice. Copy of presentation to be circulated when available.
	7.2 – BOPIS	• Updated Terms of Reference received along with update paper on recent activity. • Noted that refreshed ToR as per ALT request with no significant changes other than refresh of membership and updated referenced documents. • Agreed that connection between BOPIS and ALT Work Programmes important and previous ALT Chair had maintained connection. • It was requested that an ALT representative consider participating in this forum. Ben indicated his willingness to participate. • Discussion supported vertical integration of BOPIS across the various work groups to ensure alignment of activity and expectations. Escalation of challenges to BOPALT as and when required. • ToR need to reflect a strong of equity focus and consideration be given to how Maori data sovereignty be acknowledged and managed.	ToR to be amended to reflect equity and Maori data sovereign.
	7.3 – Pharmacy SLAT	• Updated Terms of Reference were circulated and received. Noted good representation across community and secondary pharmacy and independent clinical pharmacy. PHO representation also	

		identified. • Stable membership and recent meeting reaffirmed commitment of group. • Some discussion around emergent competition within community sector. Noted commercial realities and acknowledged that these were operational considerations, outside the influence of ALT. • Ben was requested to provide an overview paper to next meeting to enable membership to understand the environment better.	Ben to provide overview paper to next meeting on emergent competition and associated risks.
	7.4 – Long Term Conditions SLAT	• Draft Terms of Reference received and considered. • Noted that this was a whole of system approach – not just primary care. • As with BOPIS ToR, an equity lense needs to be explicit within the paper. • Removal of reference to Funding Management Committee and reference appropriateness of diabetic's hospital admissions type 1 and 2.	TOR to be amended to reflect points raised in disc ussions
	7.5 & 7.6 - Acute Demand SLAT and SLM Working Groups	• Discussion paper and draft Terms of Reference circulated and noted. • Paper proposed that there be alignment and consolidation of the various SLM Working Groups and BOPALT SLATs established and endorsed for continued activity. • Circular diagrams within the paper reflected well the relationships and interdependencies of the various groups and SLATs. • In principle the proposed consolidations were endorsed, noting that the LTC SLAT had an initial 6 month focus on Diabetes specifically to address identified shortfalls following the MOH recent audit. • The question of capacity to identify / attract funding to support test of change and pilot alternative models was raised and discussed at length. • Varying views as to whether BOP ALT is an appropriate forum to receive and consider funding submissions. • Potential to open the floodgates for funding requests. • Acknowledged previous discussion in respect to flexible funding pool and PHO position that in preference they would consider funding submissions received by BOPALT. • Mooted that potential was to develop a shared Programme Office that held an annual budget to allocate within criteria established/approved by BOPALT. • It was requested that a paper on a potential operational framework for the Programme Office, proposed annual budget and funding allocation to support initiative funding be prepared for the next meeting.	Sarah/Emma/Phil to develop a paper supporting the

		• In concluding these discussions, BOPALT noted the draft quarterly SLM report to the MOH and endorsed its submission as signed off by BOPALT.	Programme Office development. SLM quarterly report to be submitted with BOPALT endorsement.
	7.7 – Keeping Me Well, Coordinated Community Care	• As requested in the August meeting, a flow diagram was circulated to reflect the connectivity of providers across the system when referrals were received within the CCC. • Also requested and circulated was a patient flow (Ron) which depicted how an integrated care system across primary, community and secondary could effectively improve health gains and outcomes for individuals through a coordinated and integrated care environment as sought from the KMW initiative.	
8.	**Close of meeting**	The meeting closed at 11.45 a.m. with the Karakia, Whakamutunga	
	Next Meeting	A date for the next meeting is still to be determined and advised.	

Actions arising from previous meetings:

ITEM	TOPIC	MEETING DATE	ACTION REQUIRED	WHO	STATUS
4.	Previous Minutes	13/08/19	Provide info to PHO reps about the Māori members on the DHB Consumer Council, with PHOs to select a preferred candidate and invite them to join BOPALT	Janice to lead this now.	Still to be progressed.
5.	Te Haeata Work Plan	12/09/19 10/10/19	Question of appropriateness for sharing of Te Haeata Work Plan with broader DHB Executive Group to be discussed in next Te Haeata meeting. Te Haeata Work Plan to be circulated for updating prior to next scheduled meeting	Chad Phil	
7	**7.1 – Health Care Homes update** **– Tuapapa**	10/10/19	Further discussion to be progressed in respect to potential inclusion of EBPHA aligned Practice. Copy of PowerPoint presentation to be made available for circulation.	Phil Jackie / Phil	
	7.2 – BOPIS	10/10/19	Terms of Reference to be amended to reflect equity focus and address Maori data sovereignty considerations. Ben to participate in BOPIS as BOPALT representative.	Sarah / Grant Sarah / Ben	
	7.3 – Pharmacy SLAT	10/10/19	Paper to be presented at next meeting that reflected current environment and associated risks.	Ben	
	7.4 – Long Term Conditions ToR	10/10/19	ToR to be amended to reflect equity lense and remove FMC reference.	Andrea	
	7.5/ 7.6 – Acute Demand SLAT / SLM Working	10/10/19	A paper on a potential operational framework for the Programme Office, proposed annual budget and funding allocation to support initiative funding be prepared for the	Sarah / Emma	

	Groups		next meeting. SLM quarterly report to be submitted to MOH with BOPALT endorsement.	Emma	

CEO's Report (Open) – October 2019

Key Matters for the Board's Attention *

STRATEGIC PRIORITIES *

Strategic priorities have now been finalised. The Exec team are working on an implementation approach and work plan for 2020 for the Te Toi Ahorangi and Strategic Health Services Plan actions noted below.

To start socialing these themes some key highlights on the four priority areas are provided below.

1

TOI ORANGA MOKOPUA – CHILD WELLBEING *

Rheumatic Fever

The Rheumatic Fever prevention team continue to see a strong impact of school based throat swabbing in targeted schools and Kohanga Reo. In all regions that have a throat swabbing service, there has been a trend of declining Strep A positive rates. This is due to Health Promotion (building school and whānau health literacy), accessible throat swabbing and diagnosis, isolating the infected child, supporting prescribing practice, pharmacy dispensary and medicine compliance making referrals to the Healthy Housing Initiative.

2

TOI ORANGA AKE – INTEGRATED CARE *

Keeping Me Well

The excellent work continues with the allied community team waiting lists across both sites. They have achieved 76% reduction in Community allied health waiting lists in the West with trend following a similar line in the East. Response times have also improved with 18% of requests now being actioned within one day, 18% within seven days and 28% within 28 days. Previously minimal if any requests were actioned in under 28 days. This has hugely improved responsiveness for our clients in the Bay of Plenty. The result of new and innovative ways of working.

3

TOI ORANGA NGAKAU – MENTAL HEALTH *

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

This year we saw more community groups with or without DHB contracts join in on planning MHAW. A number of events were planned.

The 5 ways to Wellbeing was promoted daily through short video clips on One Place. Breeze FM and Moana FM also promoted these through a series of brief interviews with Caleb Putt (MH Portfolio Manager) who also appeared on the One Place Videos. Thanks Caleb!

The Suicide Prevention Co-ordinator also linked up with BOP Police, MSD and St Johns Ambulance to promote the 1737 24hr counselling service funded by MOH. Each service was given 1000 wallet cards to distribute during MHAW.

Overall it was estimated that between 300-400 people attended Fluro Fest to the enjoy activities provided from our wider community groups and organisations.

The Five Ways to Wellbeing was the message that we wanted to promote at Fluro Fest so activities and merchandise supported this. With funding from the DHB we were able to purchase x5 4m Teardrop Flags depicting each of the Ways to Wellbeing in English and Te Reo. A great way to landmark the event as well as attract passers-by's (not to mention future use for other community events!).

Our 30+ volunteers wore Fluro green English/Te Reo 5 Ways to Wellbeing T-Shirts and wristbands, stress balls + tote bags were given out to reinforce the message!

Sherida Davy (Consumer Participation Advisor, MH&AS) has written a wonderful article about Fluro Fest in the latest edition of Checkup.

4

TOI ORANGA TIKANGA – BUSINESS DESIGN *

People and Capability Team – Haeata Programme

An interim strategy was endorsed by the Executive Committee – this strategy primarily focusses on building the alignment of the team and systems and process improvement within People & Capability based on the consistent and targeted feedback from the Review. Four key areas of focus have been identified with many action plans and small projects initiated. To date, early successes include:

"Recruitment to Talent Acquisition"

- A new Senior Recruitment Consultant has joined the team and a full service consultancy model is being developed encompassing helping develop targeted adverts, source applicants, screen and shortlist and provide interview support as required. Early feedback suggests this service is adding huge value and expertise to the process of talent acquisition.
- New processes and compliant templates to provide conditional offers and a better applicant experience have been introduced.
- Updated on boarding booklet – shared with new starters.
- Review of our recruitment processes in preparation for moving from Taleo to an integrated recruitment module in our HRIS

"Value Added Service"

- HRIS fields and employee forms & 'yourself' portal updated to include a Gender Diverse option, and all Iwi options.
- People dashboards developed (now waiting for data to be available daily)
- Better data recording in Employee Solutions so that baseline data can be understood to move to an AI/ digital solution in the future.

"Business Done Brilliantly"

- Flags now being set 8 weeks ahead of a fixed term ending to ensure better compliance with employment law.
- A key requirement of the programme is to pull back many leaders who have been undertaking human resources practices outside of the P & C team and encourage them to engage and operate back in line with the new updated processes and tools.

EQUITY

TE TEO HERENGA WAKA

Breast Screening

As predicted earlier, the September quarter saw a slight decrease in the proportion of Māori women aged 50-69 years that had completed breast screening in BOPDHB over the past 24 months. This plateau in our progress was anticipated in May and led to the implementation of a change idea to enrol as many of the 500-550 women that are not enrolled in BreastScreen Aotearoa into the screening programme. In parallel, WBOPPHO has been engaged to complete Support to Screening services in the Eastern Bay of Plenty from September, replacing EBPHA in this role.

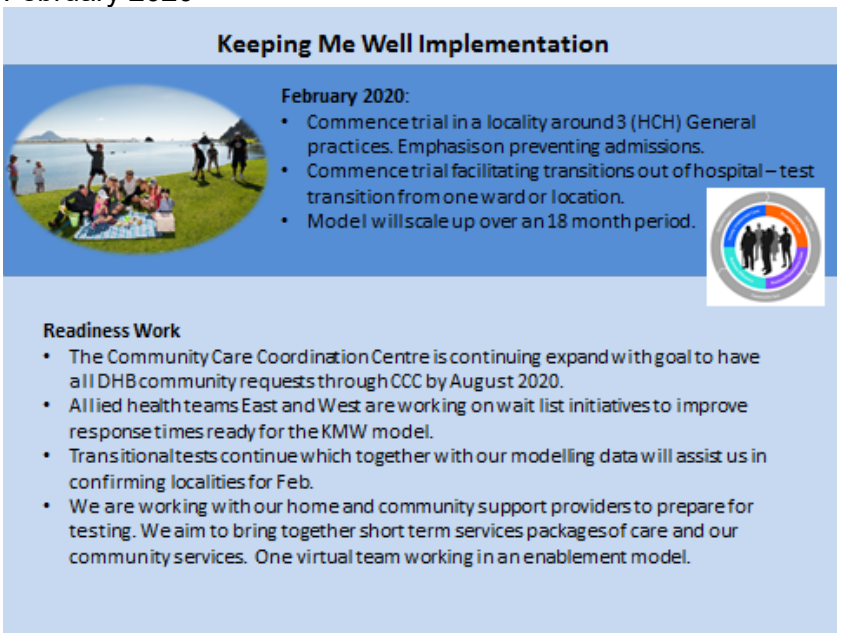
Coupled with a visit by the mobile screening unit to Kawerau in early 2020, we expect this combination of changes will see BOPDHB's progress trend upward again in the first two quarters of the 2020 calendar year.

SYSTEM INTEGRATION

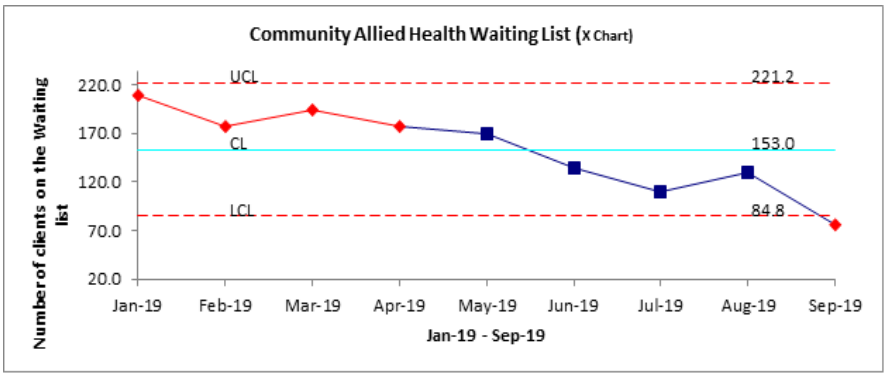
TE TEO HERENGA WAKA

Keeping Me Well

Progress continues towards the implementation phase of Keeping Me Well planned for February 2020



Community Allied Health Waiting List data – West (similar work has commenced in the East – results to follow)



Contraception Access Project

As of the 1st November General Practices across the Bay of Plenty will be able to access funding to support contraception consultations and insert/removal costs for all forms of Long Acting Reversible Contraception (including Mirena/Jaydess /Jadelle/IUDs) for eligible women. The contract is underway between BOPDHB and WBOPPHO (on behalf of EBPHA) to offer a fee for service payment for consultations and LARC inserts/removals.

BOPDHB are offering workforce development to build the capacity and capability of this model, with the first training scheduled for November 4th. In addition we have built a social marketing plan to ensure we increase demand for these services. All of the components of this model have been co-designed with priority women and relevant experts/service providers across the BOP.

Eligibility is as follows;
Women who:

- live in quintile 5 areas; or
- hold a community services card (CSC); or
- are at high risk of unplanned pregnancy and poor health and social outcomes. Including; young women, Māori, Pacific, wāhine with substance abuse issues, and wāhine in receipt of a state-funded benefit.

On the 5th of November we are having a launch seminar in Whakatāne (Regional Māori Health Service), open to providers and practitioners who are interested in hearing about the contraception model for the Bay of Plenty.

CORPORATE SERVICES

Information Management – CHIP Portal
Clinical System Usage – some statistics

- 2,717 individual DHB users logged into CHIP Secondary portal 97,273 times and accessed 38,875 patient records in the month.
- 706 primary care users to access CHIP for Primary portal 14,720 times, accessing 8,714 patient records.
- Systems and processes collected and delivered 42,713 clinical documents and 7,049 discharge summaries to Midland Clinical Portal.
- 13,421 clinic letters, operation notes and review letters were delivered electronically to GP Practices.

PROVIDER ARM

Vulnerable Unborn (VU) Programme
Referrals to the programme (primarily from Police) involve women with drug and/or alcohol issues and family harm. Following review, the form provides better information and plans are underway to have an electronic process in place in the future. Once a referral is received, a multidisciplinary (MDT) meeting is held with the aim of developing a birth plan for baby and mother to optimise safety and wellbeing.

The Coordinator is working with Maori Health on a new name for the service that will reflect work to help and empower women and unborn children who need support.

While the VU Programme is supported by legislation, there is no real national overview or consistency of delivery. The BOPDHB VU coordinator is working in collaboration with other DHBs to establish nationally consistent delivery and standards. The plan is to host a meeting and training session in 2020 with involvement from the Ministry covering DHB support, annual reporting, information gathering and development of national guidelines.

The VU Programme requires promotion within the DHB and Community agencies as there is a noticeable lack of understanding of what the programme does. To address this, the Coordinator is developing a training and education package for DHB staff and GPs.

Housing NZ (HNZ)
Community Health 4 kids (CH4K) have been involved with a health and social welfare checklist for HNZ staff to use during monthly checks and whanau visits. HNZ have good engagement with tenants wanting to retain accommodation and are keen to engage the whanau in discussion about any health or social issues. HNZ will forward the completed checklist to a yet to be decided department in the DHB for assessment and referral as needed.

INTEGRATION / COMMUNITY

TE TEO HERENGA WAKA

New School Based Skin Infection Programme

An integrated pharmacy and school based Skin infection diagnosis and treatment service. This funding will expand the Skin Infection diagnosis and Treatment to all schools under the Rheumatic Fever prevention programme (has been successfully modeled in Kawerau, Te Mahoe and Te Teko schools since 2014). The pharmacy skin infection diagnosis and treatment bundle will align on the existing pharmacy based throat swabbing service that has been successfully reaching priority groups. The funding secured is to develop a service that targets Māori and will reduce inequity seen in skin infection rates and related ASH hospital admissions.

Breast Screening

A collaborative agreement has been made between Breast Screen Midlands, Bay Radiology, BOPDHB, WBOPPHO (Support to Screening Services), Tuwharetoa Ki Kawerau Hauora with additional support from Tuhoe Iwi Hauora to reinstate the Breast Screen Bus to Kawerau. This will provide an opportunity to improve the breastscreening rates of wāhine in Kawerau and surrounds from approximatley 49% screened. It is hoped that by providing an attractive, accessible option for Kawerau wāhine, the 70% target will be reached.

Home and Community Support Services (HCSS)

A significant component of the recent Home and Community Support Services (HCSS) Funding Redesign was to address the high resources needs required by Māori in comparison to non-Māori. The data highlighted that there was an average caseweight of 1.4 for Māori when compared to baseline (1.0). Therefore, a caseweighted approach was adopted across all pricing categories. The presentation and paper is currently being considered by the Alliance members.

PROVIDER ARM

Faster Cancer Treatment Performance Update

At the last Board meeting discussion took place on the previous quarter's performance in relation to the 31 and 62 day Cancer Targets performance.

Latest data for the most recent quarter has just been provided to the Ministry of Health and this presents a positive picture of both targets being met comfortably. The formalised data will be included in the Board dashboard once confirmed by the Ministry.

School Based Vaccination Programme

The final round of HPV vaccinations commenced with the new school term and the service is achieving a very high response rate.

A relatively high response rate is being achieved as below:

2019 Boostrix delivery in the Western BOP;

Eligible on class list	Consent	Declined	No Response
3474	1793	1597	84
Absent/refuse	36		
Already had	20		
Total Boostrix given	1737		

Dental Services

Enrolment numbers continue to increase as per pattern since 2014, although growth has slowed in 2019. Arrears rate is 20% (8,817 children), which is a 1% decrease on August's results. Preschool arrears are 18%, with 17% for European and 21% Maori. Primary School

arrears are 22%, with 23% for European and 20% Maori.
Arrears results were predicted due to population growth in the WBOP and with a key focus on enrolling Maori preschool, has added to the growth burden.

Did Not Attends (DNAs) for the calendar year to date are 5,849 and represented by 29% (3,820) pre-schoolers, 4% (1,725) primary aged and 16% (599) teenagers. The DNA rate for all age groups is 10% and the service is working on an equity plan to reduce preschool DNA with a key focus on Maori. Total appointments attended to date is 52,504 and total appointments offered were 58,144.

Community Dental continue to perform in the mid to upper level for all DHBs for adolescent utilisation of dentists. DMF and Caries free will vary monthly depending on the schools and pre-schoolers the dental team are servicing, as each community has its different deprivation that impacts this.

DISTRICT HEALTH BOARD

TE TEO HERENGA WAKA

Response to October Board Meeting Queries

1. *Cannabis* - Some requests are being made regarding information and presentations about cannabis (as it pertains to the referendum) to-date have been given by Dr Catherine Habel, Public Health Physician. Investing time and resource to be proactive as a DHB in this area is challenging given the political and public profile of the issue and the nature of the ministry guidelines as well as the volume of activity in the MH&A space at present.

2. *Methamphetamine* - Drug and Alcohol education is part of the NZ Curriculum for juniors at secondary school however its application and effectiveness varies considerably. NZ Drug Foundation has developed a 'whole schools approach' framework called 'Tuturu' re-addressing the issue of preparing students for a world where drugs and alcohol exists. It utilises a whole schools approach framework in recognition that approaches such as scare tactics, excluding those who may take drugs to school or relying on one-off presentations/talks, are ineffective and can actually do more harm than good. BOPDHB's Sorted Youth AOD service has been part of the pilot and ongoing community of practice re- the development of Tuturu and more recently have been working towards a partnership also with Toi Te Ora's Health Promoting Schools team, for the expansion of this work. The following is a link to the Tuturu site which also includes a short video explaining the Tuturu approach: https://www.tuturu.org.nz/

3. *Vaping* - The Ministry of Health released the following statement regarding the cases in the USA linked to vaping.

Ministry of Health reminder about vaping

News article
30 September 2019

Concerns have been expressed by school teachers and professional bodies about young people vaping and the Ministry of Health would like to reiterate its advice about vaping.

Children, young people and non-smokers should not vape (use e-cigarettes)

- people who do not smoke should not vape
- vaping products are not risk-free
- the long-term health effects of vaping are unknown
- vaping products contain nicotine which is highly addictive.

Vaping products are intended for smokers only

- vaping is not risk-free but it is less harmful than smoking
- vaping products should only be used by smokers wanting to switch to less harmful products
- vaping products expose users to fewer harmful chemicals than smoking cigarettes
- ex-smokers should aim to stop vaping when they feel they will not relapse to smoking
- buy vaping products from a reputable retailer and do not risk vaping home-made or illicit products
- do not add any other substances to vaping liquid.

We strongly encourage anyone who feels unwell after using a vaping product to seek medical advice. Anyone who feels that a vaping product has caused harm should make a report to the Centre for Adverse Reactions Monitoring (CARM)

Recently there has been some media coverage of vaping causing harm, including serious lung illness and deaths reported in the United States and elsewhere. The Ministry of Health continues to monitor new research and developments. To-date, there are no signs of similar concerns in New Zealand.

Vaping is not harmless, but it is much less harmful than smoking. Vapers who are concerned about the safety of vaping should not return to smoking which is far more harmful.

The Government is working to put legislation in place as quickly as possible to ensure vaping products are accessible to those who need them while protecting children and young people. A Bill to amend the Smoke-free Environments Act is expected to come before Parliament by the end of the year.

For further information on vaping see Vaping facts (vapingfacts.health.nz)

4. *5G* - The following is a useful link to the Ministry of Health website which explains the issues, the existing standards and the Ministry's ongoing role with monitoring new developments and research
https://www.health.govt.nz/system/files/documents/topic_sheets/5g-and-health-aug19.pdf

TOI TO ORA

Measles Outbreak

Toi Te Ora continues to lead the measles response across the Bay of Plenty and Lakes DHB region through its Incident Management Team, which includes representatives from both DHBs and from Primary Health Organisations (PHO). The service is very appreciative of the support being received from both DHBs, in particular public health nurses, and from our own staff.

The current measles outbreak across New Zealand continues to impact on this region and while cases are declining nationally, the outbreak is far from over. How the two DHBs move to address local immunity gaps is now becoming a focus of the response team.

Both DHBs and local PHOs are closely involved in this work and a request for an increase in vaccine for this region is being considered by the National Health Co-ordination Centre.

Media activity for September was high with a total of 28 enquiries, which exceeded normal media patterns for this time. Media interest focused on the current measles outbreak, in particular relating to the AIMS Games in Tauranga early in September.

Health Promoting Schools

Toi Te Ora has received formal notice of the Ministry of Health's decision to exit the Health Promoting Schools (HPS) contract effective 31 December 2019. The Ministry advised they will reinvest the current HPS funding into two main areas:

1. Supporting the Healthy Active Learning initiative (announced in the Government's Budget 2019)
2. Developing a new integrated service model for schools using a collective co-design approach with key partners from across Health and Education. The intent is that the new model covers the range of health and health promotion services in schools.

This decision is very disappointing and despite advice that the service will receive funding for Healthy Active Learning, it will not cover the full amount to be withdrawn and may have an impact on our capacity to deliver health promotion services across this region. The detailed work to determine the impact is now underway.

CORPORATE SERVICES

Information Management - Digital Maturity Assessment

- The Ministry of Health is planning on another round of digital maturity assessments of DHBs. In 2013/14 the Ministry ran the EMRAM (Electronic Medical Record Adoption Model) assessment, which measures the adoption of core elements of electronic medical records in hospitals, across all DHB hospitals. At the time most NZ hospitals were assessed at between Levels 2 and 3 of the 7 level model.

- BOP has expressed interested in being involved in the next round of the Digital Maturity Assessments to assist in identifying those areas of process digitisation that would deliver the most impact towards achieving fully digital work processes.

Communications Team

Major areas of focus during the month included Contingency planning for the MIT industrial action, preparation for the November Patient's Safety Week, numerous complex media enquiries, the Staff Innovation Awards and launching Te Toi Ahorangi Te Rautaki A Toi Ora 2030 and Haeta – transforming People and Capability were among the communications completed by the Team during September.

SENIOR ADVISOR, GOVERNANCE & QUALITY

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

	OIA	Due Date	Response Date	Met on time
1	Winter season ED attendances	08.10.19	01.10.19	Yes
2	HPV Vaccine	09.10.19	03.10.19	Yes
3	Information Request	11.10.19	08.10.19	Yes
4	Oracle	06.11.19	15.10.19	Yes
5	Colonoscopies	17.10.19	15.10.19	Yes
6	Dermatology Availability	30.10.19	17.10.19	Yes
7	Mastectomies and breast reconstruction	18.10.19	17.10.19	Yes
8	Cancer Services - Lymphoedema	31.10.19	21.10.19	Yes
9	MH&AS report in BOP	04.11.19	29.10.19	Yes
10	Staff Shortages	26.11.19	31.10.19	Yes

100 % Compliance again this month

FACILTIES AND BUSINESS MANAGEMENT

Sustainability Manager

Progress is being made on the 5-year Sustainably Action Plan, which is being developed in line with the Minister's Letter of Expectation and the BOPDHB Annual Plan.

The CEMARS accrediting agency has been booked for February 2020. This audit certifies the DHB carbon footprint on an annual basis.

CLINICAL SCHOOL

Students

UoA Year 6 students finish their academic year with BOPDHB on Friday 1 November, all 27 students sat and past their General Medicine Longcase exam, this is a first year to do this and we have had a year 6 cohort since 2012. The year 6's have two weeks off, with a graduation ball and graduation on Friday 15 November. They will all then take up their roles as house officers on Monday 18 November.

UoA Year 4 students finish at BOPDHB on Friday 8 November, they will then go back to Auckland to sit their OSCE exam. We are currently running Mock exams on Wednesday 30 and Thursday 31 October, this has been set up by registrar Jimmy Chancellor and several registrars, house officers and Year 6 students, this is very much appreciated by the Year 4 students.

The last cohort of 2019 RHIP students presented on 9 October. The quality of the presentations was of a very high standard and based on He Korowai Oranga. The students addressed health equity issues such as health literacy, dental health and diet. The student numbers for 2020 are already significant and we would need to consider "capping" the number of students in RHIP due to accommodation shortages in Whakatane.

The Ministry of Health have commissioned an organisation, Sapere, to explore options for rural training hubs. We are trying to position Whakatane as a lead for any development in this area. Matt Sinton, Student Programme Coordinator in Whakatane was interviewed by Sapere for over an hour to provide information and ideas. Matt emphasised the challenges with inter-professional rural education programmes, such as RHIP, when dealing with numerous tertiary institutions and occupational groups – particularly to get alignment with cohort timetables. We currently manage this programme with 17 different tertiary departments. Other significant factors to encourage students to return for employment is to ensure the placement is attractive; a great learning experience, dedicated supervisors, well organised, involve students in community activities and ensure there is sufficient accommodation

Education

The Online Learning Team is upgrading our online e-portfolio templates for nursing, as well as the information that is distributed at Orientation. There are changes to the governance and management of Ko Awatea LEARN, a large national e-learning system that is resulting in some large price increases for a number of DHBs. We have been kept informed of the changes and are monitoring any impact it has at a national level.

Health Leaders Advanced concluded in Hamilton. The Education Manager attended the closing event as well as the Alumni afternoon. Our graduates this year are Phil Shoemack; Neil McKelvie; Shaun Hansen; Kirsty Rance and Alex Forsyth. We are continuing conversations with the rest of the midland region and Peter Blyde as to how Health Leaders Advanced could be delivered in 2020 to ensure it's relevant and sustainable to manage within budgets.

Linda Hutchings Leadership programmes are open for applications, to both internal staff and our primary and community providers. This has been advertised through DHB managers and OnePlace for internal staff, and through Portfolio Managers to our providers.

Te Pokaitahi Reo Te Kaupae classes have been running for just over a month. There are five classes per week, with high numbers of students, and high numbers of people interested in the next round. We are hearing positive feedback from students, about the tutors, and from Te Whare Wānanga o Awanuiārangi, about the arrangements we have made for class room availability and scheduling.

Health Research Council (HRC) - proposed new health delivery research investment stream

The HRC are looking at changing the mechanisms and processes through which they invest in order to enable more health delivery research to happen in the settings where it's needed most.

Revised investment in this area will aim to:

- maintain support for the excellent research already happening in health delivery settings
- reduce health inequities
- embed a quality research and innovation culture in the health sector
- identify and respond to New Zealand's evidence needs
- support and grow the capacity and capability of the research workforce in health delivery settings
- enable and orientate established health research expertise to further meet New Zealand's evidence needs
- improve translation and uptake of research findings in policy and practice

The HRC are expected to announce more details around the proposed new health delivery research investment stream in December. It's anticipated that the funding mechanism will specifically target health service delivery research programs within the DHBs, with the HRC planning to:

- run a pilot Health Sector Collaboration program within 1 to 4 DHBs, starting mid 2020
- direct significant, ring fenced, non-competitive funding to this pilot program.
- request EOIs from DHBs to be part of pilot.

The HRC will be briefing DHB Chairs and CEs on this initiative at the national DHB Chairs and CEs meeting on 7th 2019.

PROVIDER ARM

Director of Nursing

Nursing ACCORD

One of the commitments under the nursing ACCORD was to full employment of new graduate registered nurses. The Minister has supported additional funding towards this and each DHB will receive funding for 1 FTE. Bay of Plenty DHB will also receive 12 additional funded graduate positions through the Health Workforce funding stream. The Health Workforce funding is a contribution of $7,200 to the graduate position, not full funding.

Care Capacity Demand Management (CCDM)

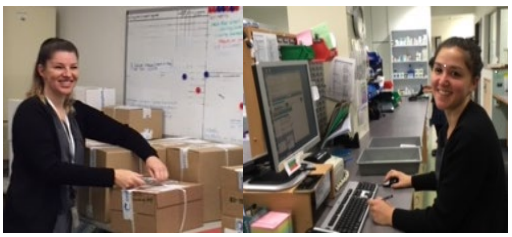
The national Safe Staffing Unit has introduced an electronic reporting tool which calculates the percentage of overall CCDM programme completion against the standards. This replaces the previous self-assessment of completion.

The report was completed with the Care Capacity User Group. The BOPDHB score is 72%. A key impact is the current lack of reporting on all 23 measures in the core data set. This is a work stream underway with Information Systems using the additional money allocated to all DHBs for implementation of CCDM. Maternity at Tauranga and Mental Health are yet to complete FTE calculations.

Medical, ED, Pharamcy and HIA Services

Happy Pharmacy Technician Day Oct 15

"Behind the Scenes" - Pharmacy Technician Role
They are always thinking about patients
They free up nurses and pharmacists as much as possible from supply roles
They make an effort to help the people working the next shift or the next day
They go above and beyond to reduce wastage
They are not afraid of change, welcome new challenges



BOPDHB pharmacy technicians reduce wastage by recycling medicines where safe and possible to do so and rotate stock ensuring short-dated items are utilised before expiry. In the last year, technicians have ensured the DHB is reimbursed for high cost medication (PCT's) in addition to saving over 206 infusions of high cost being binned equating to over $100,000 in savings and supporting sustainability.

Regional Community Services

B4 School Check Programme

Checks completed for the year to date are well above target. At the end of Quarter One, 816 checks have been completed against a target of 715, 274 were for high need children against a target of 202.

Plunket have completed 221 nurse checks against a target of 225.

NMO completed 45 against a target of 56. Nineteen were high needs nurse checks against a target of 26. Staff are working to support NMO to achieve their targets.

Addressing Health Inequities in Public Health Nursing

The Public Health Nursing team has met and discussed strategies to improve cultural intelligence. Staff brainstormed ways to improve engagement with Maori, are positive about attending Te Reo lessons and support meetings opening and closing with Karakia.

The team are being encouraged to become confident with pepeha or a formal introduction of themselves in Te Reo and are being provided with opportunities to learn about this practice. The last team meeting of the year will be held on a local Marae where staff will have the opportunity to formally introduce themselves.

Woman Child and Family

Maternity and Midwifery Services

A Maternity Volume, Acuity and Staff Availability Management Guideline is being developed to describe the multi-disciplinary process for prioritising and planning management of patients aligned to the obstetric/midwifery/nursing staff availability across the BOP. This is required due to ongoing issues the service faces with the shortage of midwives and the number of women being managed who cannot access an LMC.

The maternity services continue to experience high workloads and difficulties with Midwifery staffing. A very positive development has been the approval to implement a case loading midwifery team in the Western Bay to provide a service to women who cannot access a lead Maternity Career (LMC).

Paediatrics

The service continues to experience high demand with admissions of acutely unwell children and high referrals for outpatient specialist assessment. The team have initiated strategies including a second on-call consultant taking calls from GP's to determine if the child needs to present to ED and undertaking virtual First Specialist Assessments (FSA's) in an effort to keep pace with demand. The service recognises the need to review existing systems as the present workloads will not be sustainable.

FINANCIALS

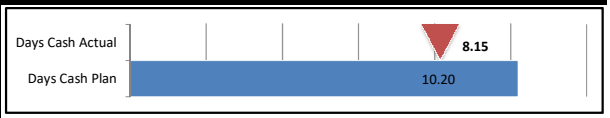
The DHB financial result for the YTD period ended 30 September 2019 was a deficit of $1.299m which is $0.150m better than the phased annual plan budgeted deficit of $1.448m.

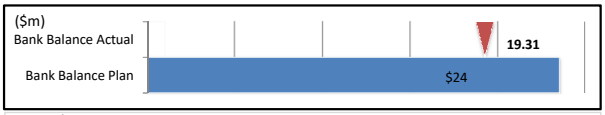
BAY OF PLENTY DISTRICT HEALTH BOARD
PRELIMINARY RESULTS FOR THE MONTH ENDED 30 SEPTEMBER 2019

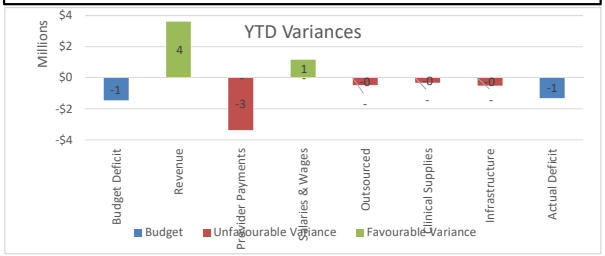
All amounts are $000s unless otherwise stated. Surplus/(Deficit)

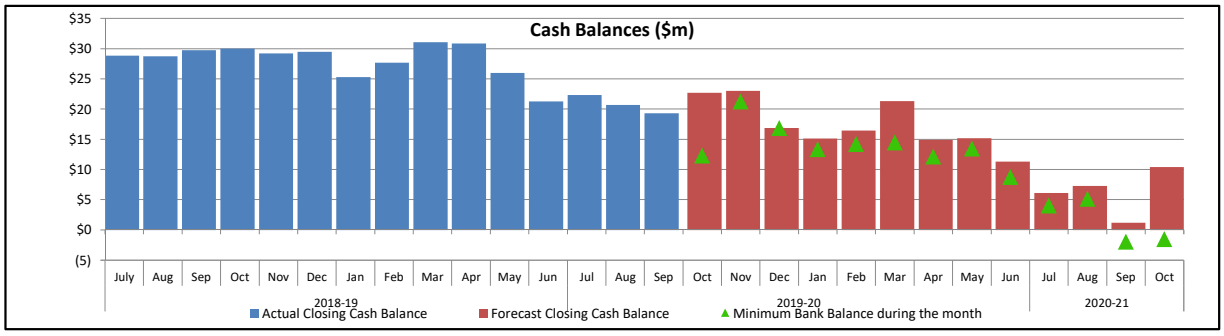
KEY FINANCIAL RESULTS SUMMARY

KEY MEASURES	Actual	AP Budget	Variance
Operating Result	**(1,299)**	**(1,448)**	**149**
FTE (accrued YTD average)	2,810	2,871	61
Provider Volumes			
Case Weights (CWD) - Plan	11,554	11,510	44
Cash & Bank ($000)			
Balance	19,305	23,564	(4,259)
Days Cash	8.15	10.20	(2.05)
WORKING CAPITAL ($000)	(36,532)	(39,879)	3,347
Crown Equity ($000)	258,015	259,908	(1,893)

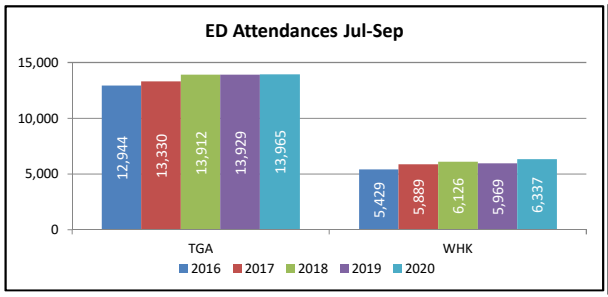


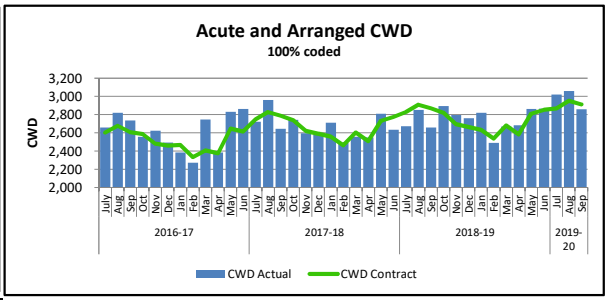


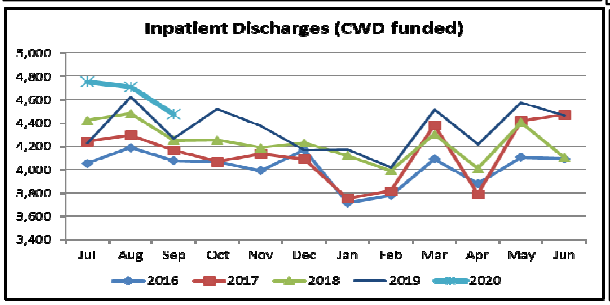


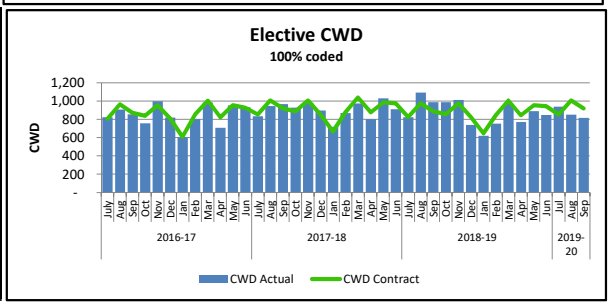


KEY ACTIVITY DRIVERS SUMMARY

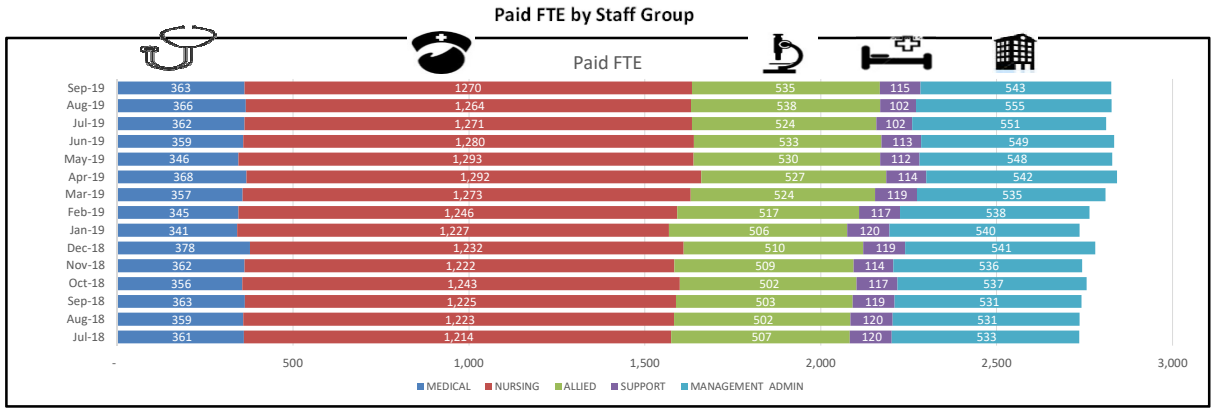








KEY STAFF FIGURES



PRIMARY CARE OVERVIEW

Key Achievements for this month:
EBPHA October 2019
Achievements and Challenges for BOPDHB

East West Integration
EBPHA and WBPHO have a signed MOU to transition to a single entity by 1 December 2019.
A Board iwi to iwi meeting has been held with a further meeting scheduled to progress the governance of the new entity.

MOU with Emerge
EBPHA and Emerge Aotearoa have developed a MOU to enhance relationships and to support community-based recovery focused services.

Combining of Services
Progressing the amalgamation of Immunisation into the Integrated Case Management model to improve the immunisation statistics for the Eastern Bay.

Key Challenges for this month:
Immunisation
The measles epidemic has meant an increased workload for both East and West BoP Coordinators as has the lack of availability of vaccine.

Opōtiki Acute Demand
- Progress had stalled on this, however meetings are planned for late October.

Key Achievements for this month:
- NMO hosted Minister Peeni Henare and his support team in October.
- The Minister was very interested in the Healthy Homes project we are currently involved with in Katikati.
- NMO are funded and supported by the Whanau Ora Commissioning Agency to work collectively with all sectors and organisations to create common strategies to achieve a common goal. For the Hapu of Tamawhariua that goal is warm and healthy homes.
- Minister Peeni Henare has asked to have a day site visit to Katikati where he can talk with whanau and the community leaders on the outcomes of the project.

Key Challenges for this month:
- Workforce is at a critical stage for our clinics. The market for the recruitment of General Practioners is becoming tougher. This has challenged NMO to urgently accelerate the Tuapapa Model where our primary care teams can shoulder more of the responsibility. NMO hope to have the model in testing phase in February.

Key Challenges for this month
- There will be challenges to overcome and change management support required on both sides for staff as we go through the joining process, but I am confident that with manaakitanga and open and transparent communication we will achieve a successful outcome.

Healthy Built Environment Position Statement

SUBMITTED TO: Board 20 November 2019

Prepared by: Phil Shoemack, Medical Officer of Health, Toi Te Ora Public Health

Endorsed by: Mike Agnew, Acting General Manager, Planning and Funding and Population Health

Submitted by: Simon Everitt, Interim Chief Executive Officer

RECOMMENDED RESOLUTION:
That the Healthy Built Environments Position Statement is adopted.

ATTACHMENTS:
Position Statement – Healthy Built Environments (Final Draft).

BACKGROUND:

Healthy built environments are places that support equity, and where the wellbeing of people, land, water, air and living species are at the forefront of decisions.

Application of healthy built environment principles promotes community resilience, good nutrition, physical activity and quality of life. It also considers availability and access to quality and appropriate housing, employment, education, healthy food, health services, ngāhere (forest), rongoā (traditional medicines), greenspaces and other amenities. This contributes to the prevention of unintentional injury and mortality, and chronic conditions such as obesity, cancer and type 2 diabetes[2]. Furthermore, this also supports a positive impact on Papatūānuku (the environment) and the relationship to her and all living things upon her.

Due to the influence that the built environment impacts our health, especially at a time of such rapid population growth for the Bay of Plenty region, it is important we advocate for the application of healthy built environment principles across all stages of planning and development.

ANALYSIS:
The position statement reflects Bay of Plenty DHB's position as a Te Tiriti based organisation and was developed by Toi Te Ora Public Health with cultural input from Graham Cameron-Bidois, Pou Tikanga, Māori Health Gains and Development.

The position statement highlights the Bay of Plenty District Health Board commitment to advocating for the application of healthy built environment principles across all stages of planning and development to enhance community and environmental health and wellbeing.

DEFINITIONS USED:

Term	***Definition***
Position Statement	A position statement examines an issue facing the population and describes appropriate approaches and states the organisation's stance on the issue. A well-constructed position statement is an invaluable means of bringing focus and clarity to the development of an organisational response.

Bay or Plenty District Health Board is committed to improving and protecting the health of the communities in the Bay of Plenty district.

Position Statement – Healthy Built Environments

As a Te Tiriti based organisation, the Bay of Plenty District Health Board supports and advocates for the application of matauranga Māori (Māori wisdom) and evidence based healthy built environment principles throughout all stages of urban and rural planning and development. Healthy built environments are places that support equity, and where the wellbeing of people, land, water, air and living species are at the forefront of decisions.

The built environment is made up of the settings where people live, work, learn and play, and supports whakawhanaungatanga (connections) and manaakitanga (mutual respect). In both rural and urban communities, healthy built environments are places that are designed to support Toi Ora (flourishing health and wellbeing for all). Planning decisions such as zoning, transportation systems and community design significantly influence health and wellbeing. The balance of the Te Tiriti partners' unique world views incorporate concepts relating to Ngā Pou Mana o Io, He Pou Oranga Tāngata Whenua[1], Toi Ora, equity, universal design (accessible design for all), and employs mahi tahi (collaboration) and co-design to make decisions.

Application of healthy built environment principles promotes community resilience, good nutrition, physical activity and quality of life. It also considers availability and access to quality and appropriate housing, employment, education, healthy food, health services, ngāhere (forest), rongoā (traditional medicines), greenspaces and other amenities. This contributes to the prevention of unintentional injury and mortality, and chronic conditions such as obesity, cancer and type 2 diabetes[2]. Furthermore, this also supports a positive impact on Papatūānuku (the environment) and the relationship to her and all living things upon her.

The built environment encompasses a community of plants, animals, and humans that inhabit an environment. For tāngata whenua, this community is a series of relationships, of whanaungatanga, in which people are teina (the younger sibling) with a responsibility to protect and maintain the mana (power) of all of our tuakana (elder sibling) in that environment.

Many areas are physically dominated by built structures such as buildings and roads. However, the built environment also contains a rich patchwork of green spaces, including parks, reserves, backyards, street plantings, ecological corridors, streams, and rural land. These greenspaces provide the living heart of a healthy built environment and include culturally significant features such as marae, wāhi tapū (sacred sites), urupa, pā and papa kāinga (communal land), which are essential elements of Toi Ora for Māori communities.

Healthy built environments are more than the individual functional parts, and need to consider the kōtahitanga (unity) of different elements and connections between natural areas. Healthy built environments can either diminish or enhance the mana of all those within them. If planned and developed in a way that preserve the environment, enable healthy behaviours and access to where people live, learn, work and play, the communities and environment thrive and support Toi Ora.
Ko ahau te taiao, ko te taiao, ko ahau (the ecosystem defines our quality of life). A healthy

environment[3] is integral to tāngata whenua. It is a tāonga (treasure) under Article II of Te Tiriti o Waitangi, and needs to be protected as part of Treaty obligations. Iwi, hapū and whānau provide guidance to act as kaitiaki (guardians) to preserve the mauri (life force) of Papatūānuku. Any degradation of the natural environment, or our relationship with the environment, can weaken this connection and have consequences for Toi Ora.

A well-designed built environment system also supports the achievement of equity. Priority populations who are most affected and vulnerable need to be involved in mahi tahi at all levels of planning. This ensures the development is equity and Tiriti focused, which is conducive of Toi Ora and will minimise unintended consequences. In mahi tahi the voices of children, families, older persons and persons with disabilities should also be included. It is also important to hear from those who speak on behalf of those who cannot speak for themselves; plants, animals and the wider environment.

The Bay of Plenty District Health Board supports and advocates for:

- Application of matauranga Māori (Māori wisdom), He Pou Oranga Tangata Whenua, Ngā Pou Mana o Io, Toi Ora, Whakawhanaungatanga, Manaakitanga, equity and universal design to all stages of planning and development.
- Ensuring genuine collaboration, co-design and mahi tahi is utilised throughout planning and development stages particularly with priority populations and vulnerable communities.
- Consideration of the health of our people, land, water, air and living species at the forefront of planning and development.
- Application of evidenced based healthy built environment principles across all stages of planning and development, including[4]:
  - Biophilic design principles, such as protecting and enhancing natural elements across the landscape, preserving and enhancing environmentally sensitive areas, and maximising opportunities for everyone to access natural environments.
  - Healthy neighbourhood design by creating complete, compact neighbourhoods through mixed land use and efficient planning, and prioritising new developments within or beside existing communities.
  - Active transportation facilities, where street design prioritises active transportation networks which are safe and accessible by all ages and abilities, and provide connected, attractive routes that support multiple modalities.
  - Affordable and quality housing options, with diverse housing forms and tenure types, and located in sites that minimise exposure to environmental hazards.
  - Healthy food systems, by ensuring there is affordable and equitable access to healthy food options, protecting productive land and increasing the capacity of local food systems.

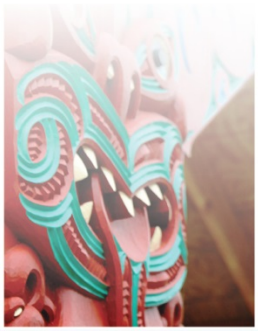
References

1. Bay of Plenty District Health Board. (2019). Te Toi Ahorangi. Retrieved from https://www.bopdhb.govt.nz/m%C4%81ori-health/te-toi-ahorangi/
2. Public Health Agency of Canada. (2017). Designing Healthy Living. Retrieved from https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living/PHAC_CPHO-2017_Report_E.pdf
3. Ministry for the Environment (2015) Māori relationship with the environment. Retrieved from https://www.mfe.govt.nz/publications/environmental-reporting/environment-aotearoa-2015-our-new-reporting-approach/m%C4%81ori
4. BC Centre for Disease Control. (2018). Healthy Built Environment Linkages Toolkit: making the links between design, planning and health, Version 2.0. Vancouver, B.C. Provincial Health

Services Authority.

Related Position Statements
Active Transport
Disability Responsiveness
Food Security
Health Inequalities
Housing and Health
Sanitary Services
Waste Management and Minimisation

Adopted by: the Bay of Plenty District Health Board at its ___ meeting.
Review Date:


BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

DRAFT BOARD WORK PLAN 2020

Submitted to: Board 20 November 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDATION

That the Board endorses the proposed Draft Work Plan for 2020.

ATTACHMENT

Draft Board Work Plan 2020

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2020

Activity	Source	15 Jan	19 Feb	18 Mar	15 Apr	20 May	17 Jun	15 July	19 Aug	16 Sept	21 Oct	18 Nov	Dec
Venue – Tawa Room, Tga		√		√		√		√		√		√	No Meeting
Venue – Conference Hall, Whk			√		√		√		√		√		
Board only Time (*with CEO)		√*	√	√*	√	√*	√	√*	√	√*	√	√*	
Board Strategic Sessions			√			√			√			√	
Joint Bd/Run – Te Waka O Toi			√			√			√			√	
Patient Experience / Story	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		
Approve Committee Resolutions	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
6 monthly Board Attendance	Bd Sec	√						√					
CEO Report	CEO	√	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
PHOs Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Maori Health Dashboard Plan	GMMGD		√			√			√			√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
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										√			
Exec/Board/Runanga Planning Workshop											√		

Board & Committee Meeting Dates 2020

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Month	Committee Day					Board Day	
	Meeting Date (1st Wed)					Meeting Date (3rd Wed)	Venue
	AFRM	BOPHAC	CPHAC / DSAC	Venue			
Jan 2020	**No meeting**	**No Meeting**	**No Meeting**	**NA**		15 Jan CEO/Bd only Time	Education Centre Tauranga Hospital
Feb 2020	5 Feb	**No Meeting**	5 Feb	**N/A**		* 19 Feb Board only time	Whakatane Hospital
Mar 2020	4 Mar	4 Mar	**No Meeting**	Education Centre / VC		18 Mar CEO/Bd only time	Education Centre Tauranga Hospital
Apr 2020	1 Apr	**No Meeting**	1 Apr	Education Centre / VC		15 Apr Board only Time	Whakatane Hospital
May 2020	6 May	6 May	**No Meeting**	Education Centre / VC		* 20 May CEO/Bd only time	Education Centre Tauranga Hospital
Jun 2020	3 Jun	**No Meeting**	3 June	Education Centre / VC		17 Jun Board only time	Whakatane Hospital
Jul 2020	1Jul	1 Jul	**No Meeting**	Education Centre / VC		15 Jul CEO/Bd only Time	Education Centre Tauranga Hospital
Aug 2020	5 Aug	**No Meeting**	5 Aug	Education Centre / VC		* 19 Aug Board only time	Whakatane Hospital
Sept 2020	2 Sept	2 Sept	**No Meeting**	Education Centre / VC		16 Sept CEO/Bd only time	Education Centre Tauranga Hospital
Oct 2020	7 Oct	**No Meeting**	7 Oct	Education Centre / VC		21 Oct Board only Time	Whakatane Hospital
Nov 2020	4 Nov	4 Nov	**No Meeting**	Education Centre / VC		* 18 Nov CEO/Bd only time	Education Centre Tauranga Hospital
Dec 2020	2 Dec	**No Meeting**	2 Dec	Education Centre / VC		**No Meeting**	**N/A**
Jan 2021	**No meeting**	**No Meeting**	**No Meeting**	**N/A**		20 Jan CEO/Bd only time	Education Centre Tauranga Hospital
Feb 2021	3 Feb	3 Feb	**No Meeting**	Education Centre / VC		* 17 Feb Board only time	Whakatane Hospital

Committee Days:
10:30am – 12:30pm Combined CPHAC / DSAC and BOPHAC (Bi-monthly)
01:00pm – 03:00pm AFRM

***Combined Board / Maori Health Runanga**

Updated Oct 2019

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Submission to Ministry for Primary Industries Folic Acid Fortification of Foods

SUBMITTED TO: Board 20 November 2019

Prepared by: Phil Shoemack, Medical Officer of Health (Toi Te Ora Public Health)

Endorsed by: Mike Agnew, Acting General Manager, Planning and Funding & Population Health

Submitted by: Simon Everitt, Interim Chief Executive Officer

RECOMMENDED RESOLUTION:
Bay of Plenty District Health Board notes the attached submission to the Ministry for Primary Industries. This was submitted on line on the 12 November 2019.

ATTACHMENTS:
1. Online submission for consultation on the review of folic acid fortification of food

BACKGROUND:
Bay Of Plenty District Health Board & Lakes District Health Board (joint) through its public health unit Toi Te Ora Public Health, have prepared a submission to the Ministry for Primary Industries in response to their review of folic acid fortification of food 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 Ministry of Primary Industries consultation on folic acid fortification of the food supply is within the context of Bay of Plenty District Health Board's public health advocacy and food systems work.

Online Submission Form

Introduction

Folic acid is an essential B vitamin important for the healthy development of babies early in pregnancy. There is overwhelming evidence that consuming sufficient folic acid before conception and during early pregnancy can prevent many cases of neural tube defects (NTD) such as spina bifida.

New Zealand's rate of NTDs is higher than it could be, and Māori women have higher rates of affected live births than other groups. The financial, social, and emotional impact from these birth defects can be significant for many families, whānau, and communities across New Zealand.

MPI recognises the importance of this issue and is seeking feedback on whether the government should:

- continue with the current voluntary approach of fortifying up to 50% of packaged sliced bread
- ask industry to enhance the voluntary approach to fortify 80% of packaged sliced bread, or
- introduce mandatory fortification of bread, bread-making wheat flour, or all wheat flour.

There is no consistent evidence that folic acid, when fortified in food at the recommended level, has any harmful health effects.

All options would exclude organic products.

We are seeking your feedback on these options. Hearing the views of the public will help us understand the possible impacts of the proposals.

Once you have completed this form

Email to: Food.Policy@mpi.govt.nz

While we prefer email, you can also post your submission to:
Consultation: Folic Acid Fortification
Ministry for Primary Industries
PO Box 2526
Wellington 6104

Submissions must be received no later than 5:00pm on 12 November 2019.

Submitter details:

Name of submitter or contact person:	Jasmin Jackson
Organisation (if applicable):	Toi Te Ora Public Health, on behalf of Bay of Plenty District Health Board and Lakes District Health Board.
Email:	enquires@toiteora.govt.nz

Official Information Act 1982

All submissions are subject to the Official Information Act and can be released (along with personal details of the submitter) under the Act. If you have specific reasons for wanting to have your submission or personal details withheld, please set out your reasons in the submission. MPI will consider those reasons when making any assessment for the release of submissions if requested under the Official Information Act.

The problem

The number of folic acid-sensitive NTD-affected pregnancies in New Zealand could be reduced if the blood folate levels of women of childbearing age were improved. Most women of childbearing age cannot get enough folate from natural food sources to ensure optimal blood folate levels for the prevention of NTDs.

Supplementation only works for women who plan their pregnancies and know about the importance of taking folic acid tablets during the critical period of at least one month before and for the three months following conception. Around 53% of New Zealand pregnancies are unplanned.

Some foods are voluntarily fortified with folic acid. This is not enough, however, to sufficiently reduce the risk of NTD-affected pregnancies across the New Zealand population.

1. DO YOU AGREE WITH THE PROBLEM AS STATED?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why:

The Bay of Plenty and Lakes District Health Boards (the DHBs) agree with the problem as stated in the discussion paper.

The DHBs consider the described inequity for wāhine Māori and women under 25 years a key component of the rationale for mandatory folate fortification.

The objective of the review

The objective of this review is to increase the consumption of food containing folic acid by women of childbearing age, thereby reducing the number of NTD-affected pregnancies, while considering consumer choice, increasing equity of health outcomes, and minimising impacts on industry.

2. DO YOU AGREE WITH THE OBJECTIVE OF THE REVIEW?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why:

The Bay of Plenty and Lakes District Health Boards (the DHBs) support public health interventions that reduce disparities in health outcomes for those most affected. Health impact (including potential for harm), and equity, are the top priorities for the DHBs, and these have been accounted for in the assessment criteria.

The DHBs do not support weighting 'consumer choice' as of equal importance with the other considerations.

The lack of health literacy in the population means that the general population is not well educated on the topic of fortification (Satherly et al, 2008). In New Zealand 56.2% of the adult population has poor health literacy skills (54% for non-Māori males and females, and 74% for Māori males and 80% for Māori females) (Ministry of Health, 2010). Plus, as stated, over half of all pregnancies in New Zealand are unplanned. The activities used to determine an individual's health literacy include activities involving reading and understanding food labels. These results indicate the population is likely to have difficulty in understanding complicated nutritional information.

Additionally, price and trusted branding are the main driver of consumer choice (Walton et al, 2009). Fortification status is not a key factor for most consumers when making decisions around which product to purchase (Food Standards Australia New Zealand, 2010).

References:

Consumer awareness, attitudes and behaviours to fortified foods (2010). Food Standards Australia New Zealand; Melbourne.
Ministry of Health. 2010. Kōrero mārama: Health literacy and Māori Results from the 2006 adult literacy and life skills survey. Wellington: Ministry of Health.
Satherley, P., Laws, E., & Sok, S. (2008). The adult literacy and life skills (ALL) survey: Overview and international comparisons. Wellington, New Zealand: Ministry of Education. Retrieved from https://www.educationcounts.govt.nz/ data/assets/pdf file/0010/19495/Overview-and-International-Comparisons.pdf
Walton, M., Signal L., Thompson G. (2009). Household economic resources as a determinant of childhood nutrition: policy responses for New Zealand. Social Policy Journal of New Zealand, 36, 194-207.

Option 1: Maintaining the status quo

Option 1 would involve continued voluntary support by large bread bakers through their Code of Practice. Their goal is to fortify up to 50% of their packaged sliced bread, by volume.

MPI has assessed option 1 against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 19 – 21 in the discussion paper.

3. DO YOU AGREE WITH THE ASSESSMENT OF THE STATUS QUO AGAINST THE CRITERIA?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why and provide any evidence you may have:

The Bay of Plenty and Lakes District Health Boards agree with the assessment of the status quo against the criteria.

With the status quo, wāhine Māori and Pasifika, as well as teenage mothers, experience significantly higher rates of NTDs than the general population; carrying on with the status quo would maintain existing inequities in health.

Option 2: Asking industry to enhance voluntary fortification

Option 2 would involve asking industry (currently the large plant bakers) to voluntarily increase the volume of packaged sliced bread being fortified under the Code of Practice from the 2017 level of 38% to a new goal of 80%.

MPI has assessed option 2 against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 22 – 24 in the discussion paper.

4. DO YOU AGREE WITH THE ASSESSMENT OF THE ENHANCED VOLUNTARY FORTIFICATION OPTION AGAINST THE CRITERIA AND LIKELY IMPACTS?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why and provide any evidence you may have:

The Bay of Plenty and Lakes District Health Boards (the DHBs) agree with the assessment of Option 2.

The DHBs do not support this option. It would be difficult for industry to reach agreement on the level of fortification is required, and there is no guarantee, even could agreement be reached, that the agreed level of fortification would be sufficient to prevent NTDs. This option could result in an increase in NTDs if the industry agreed level of fortification was below an effective level of prevention.

This option would still require education around consumer choice. This could result in an increased level of inequity, especially if additional costs of fortification are passed on to the consumer. Less educated women and those on lower incomes would have less access to fortified products.

This option involves a longer time frame for implementation which in turn means that any public health benefits would be delayed; more preventable NTDs will occur than with mandatory fortification.

Option 3a: Mandatory fortification of non-organic bread

Option 3a would see bread fortified with folic acid at the bread-making stage. It would apply to all non-organic bread products, and include bread made from cereals other than wheat (e.g. corn and rice bread).

The Australia New Zealand Food Standards Code would continue to permit the voluntary fortification of folic acid in other specified foods (such as breakfast cereals).

MPI has assessed option 3a against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 26 – 29 in the discussion paper.

5. DO YOU AGREE WITH THE ASSESSMENT OF MANDATORY FOLIC ACID FORTIFICATION OF BREAD AGAINST THE CRITERIA AND LIKELY IMPACTS?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why and provide any evidence you may have:

The Bay of Plenty and Lakes District Health Boards agree with the assessment of mandatory folic acid fortification. Option 3a would be the favoured option were it not for its net positive cost and difficulty of implementation. There are many more bakers than there are millers. We add that good regulatory monitoring and accountability for under-fortified products is important for ensuring we achieve the desired outcome of fortification (Luthringer et al, 2015).

References:

Luthringer, C. L., Rowe, L. A., Vossenaar, M., & Garrett, G. S. (2015). Regulatory Monitoring of Fortified Foods: Identifying Barriers and Good Practices. Global Health: Science and Practice, 3(3), 446–461. doi: 10.9745/ghsp-d-15-00171

Option 3b: Mandatory fortification of non-organic bread-making wheat flour

Under option 3b, all non-organic wheat flour for bread-making would be fortified with folic acid at the flour-milling stage. In general, folic acid is best added late in the milling process and at a point that ensures thorough and consistent mixing with the flour.

Cereals other than wheat that are processed into flour for bread-making purposes would not be required to be fortified with folic acid (such as rice).

Flour used for purposes other than bread making would not be required to be fortified.
The Australia New Zealand Food Standards Code would continue to permit the voluntary fortification of folic acid in other specified foods (such as breakfast cereals).

MPI has assessed option 3b against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 30 – 34 in the discussion paper.

6. DO YOU AGREE WITH THE ASSESSMENT OF MANDATORY FOLIC ACID FORTIFICATION OF BREAD-MAKING WHEAT FLOUR AGAINST THE CRITERIA AND LIKELY IMPACTS?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why and provide any evidence you may have:

The Bay of Plenty and Lakes District Health Boards agree with the assessment of option 3b and supports this as its preferred approach to address the problem of NTDs.

With this option there will still be a range of folic acid free products. An increase in equity for Māori and teenage mothers is a key benefit of this approach.

Option 3c: Mandatory fortification of all non-organic wheat flour

Option 3c would require the fortification of all non-organic wheat flour, whether milled in New Zealand or imported from overseas.

The Australia New Zealand Food Standards Code would continue to permit the voluntary fortification of folic acid in other specified foods (such as breakfast cereals).

MPI has assessed option 3c against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 35 – 39 in the discussion paper.

7. DO YOU AGREE WITH THE ASSESSMENT OF MANDATORY FOLIC ACID FORTIFICATION OF NON-ORGANIC WHEAT FLOUR AGAINST THE CRITERIA AND LIKELY IMPACTS?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why and provide any evidence you may have:

The Bay of Plenty and Lakes District Health Boards (the DHBs) support the assessment of Option 3c.

The DHBs do not support this option due to the potential risk of excessive folic acid consumption for a significant proportion of the population.

The potential risks of **excessive** folic acid (above current recommended upper limits) are still relatively unknown. Limited evidence suggests that excessive consumption *may*:

- be detrimental for brain development in utero (Valera-Gran et al, 2014)
- have implications for a portion of the population with genotype mutations of the MTHFR gene, a mutation that impacts on folic acid metabolism. An unknown proportion of the population may be unable to efficiently metabolise folic acid at high intakes, leading to an increase in homocystine levels and potentially an increased risk of associated negative health outcomes (Choi et al, 2014; Yates et al, 2016).
- Increase risk of some cancers (Office of the Prime Minister's Chief Science Advisor, 2018; Yates et al, 2016)

As Choi et al (2014) note in their publication on contemporary issues surrounding folic acid fortification, "Concerns notwithstanding, folic acid fortification has achieved enormous advances in public health. It therefore seems prudent to target and carefully monitor high risk groups, and to conduct well focused further research to better understand and to minimize any risk of mandatory folic acid fortification." (p. 247). The DHBs support this conclusion with regard to folic acid fortification of the food supply.

References:

Choi, J. H., Yates, Z., Veysey, M., Heo, Y. R., & Lucock, M. (2014). Contemporary issues surrounding folic Acid fortification initiatives. *Preventive nutrition and food science*, *19*(4), 247–260. doi:10.3746/pnf.2014.19.4.247

Office of the Prime Minister's Chief Science Advisor & Royal Society Te Apārangi (2018). Joint report of the OPMCSA and Royal Society Te Apārangi: The health benefits & risks of folic acid fortification of food. Auckland: Office of the Prime Minister's Chief Science Advisor.

Valera-Gran, D., Hera, M. G. D. L., Navarrete-Muñoz, E. M., Fernandez-Somoano, A., Tardón, A., Julvez, J., … Vioque, J. (2014). Folic Acid Supplements During Pregnancy and Child Psychomotor Development After the First Year of Life. JAMA Pediatrics, 168(11). doi: 10.1001/jamapediatrics.2014.2611

Yates, .Z, Lucock, M., Veysey, M., Choi, J.H. (2016) Elevated folic acid results in contrasting cancer cell line growth with implications for mandatory folic acid fortification. Journal of Nutrition And Health Nutr Health, 49(2):72-79. https://doi.org/10.4163/jnh.2016.49.2.72

Implementation

MPI provides information on the proposed approaches to implementation for the three options presented on pages 40 – 43 in the discussion paper.

8. DO YOU AGREE WITH THE APPROACH TO IMPLEMENTATION?

☒ Agree.

☐ Disagree.

☐ Unsure.

Please explain why and provide any evidence you may have. Note: if you are one of the businesses that could be affected, what do you estimate the increased costs to be?

No comment.

General comments

If you have any other general comments or suggestions for the *Folic acid fortification: Increasing folic acid availability in food* discussion paper, please let us know.

The Bay of Plenty and Lakes District Health Boards support Option 3b as the preferred approach to folic acid fortification.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Submission to Ministry for the Environment consultation on National Direction for Freshwater

SUBMITTED TO: Board 20 November 2019

Prepared by: Jim Miller, Medical Officer of Health, Toi Te Ora Public Health

Endorsed by: Mike Agnew, Acting General Manager, Planning and Funding

Submitted by: Simon Everitt, Interim Chief Executive Officer

RECOMMENDED RESOLUTION:
Bay of Plenty District Health Board notes the attached submission to consultation on national direction for freshwater

ATTACHMENTS:
Submission to Ministry for the Environment consultation on National Direction for Freshwater

BACKGROUND:
Bay Of Plenty District Health Board through its public health unit Toi Te Ora Public Health, have prepared a submission to the above consultation discussion document to proposed regulations under the Resource Management Act. 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 consultation discussion document is within the context of Bay of Plenty District Health Board's Health in All Policies approach to engagement with local and regional councils.

TOI TE ORA
PUBLIC HEALTH
Bay of Plenty + Lakes Districts

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

LAKES DISTRICT HEALTH BOARD

Toi Te Ora Public Health
PO Box 2120
TAURANGA 3140

17 October 2019

Freshwater Submissions
Ministry for the Environment
PO Box 10362
Wellington 6143

Submission to Action for Healthy Waterways – A discussion document on national direction for essential freshwater

Introduction

The Bay of Plenty District Health Board (Bay of Plenty DHB) and the Lakes District Health Board (Lakes DHB) are required by the Public Health and Disability Act 2000 to improve, promote, and protect the health of people and communities, to promote the inclusion and participation in society and independence of people with disabilities and to reduce health disparities by improving health outcomes for Māori and other population groups.

Many of the factors that determine health are directly influenced by the decisions and activities of Government, which is why it is important the DHBs work together to make a difference to manage freshwater in the best possible way. For these reasons the Bay of Plenty DHB and Lakes DHB (the DHBs) welcome the opportunity to inform changes to legislation and regulation to improve freshwater management.

This submission has been prepared by Toi Te Ora Public Health (Toi Te Ora) which is the Public Health Unit for both Bay of Plenty DHB and Lakes DHB.

Submission

Public health is about promoting wellbeing and preventing ill health before it happens. It is about keeping people healthy and improving the health of populations rather than treating diseases, disorders and disabilities in individuals.

The proposals intend to improve the health of the natural environment, and waterways which people have contact with in the short term and in a generation. The protection of the environment from contamination and unsustainable natural resource use is considered by the DHBs to be central to safeguarding public health therefore the proposals will make difference in the protection of public health long term.

Government has a great deal of influence over the factors that determine health, which is why it is important that all government agencies, sectors and organisations work together to make a difference. The achievement of safe and healthy environment begins with strong public health legislation and national policy settings.

The DHBs support regulations that require better management of stormwater and wastewater, tighter controls to prevent sediment loss from earthworks and urban development, managing agricultural and horticultural land use using practices, and also taking a catchment activity approach to freshwater management best practice.

Section 2 –Implementing improvements through the Resource Management Act

The 17 United Nation Sustainable Development Goals (SDGs) are the blueprint to achieve a better and more sustainable future for all. They address poverty, inequality, climate, environmental degradation, prosperity, and peace and justice. The SDGs are interconnected and in New Zealand, achieving the SDGs will require cross-government effort and the alignment of government priorities.

The health sector has a central role in leading SDG 3 to ensure healthy lives and wellbeing for all at all ages. Almost all of the other 16 goals are also directly or indirectly related to health. Improving the health of waterways by addressing environmental degradation will contribute to improved health outcomes and achieving a better and more sustainable future for all.

SDG 6, to ensure availability and sustainable management of water and sanitation for all, is central to health and directly relevant here. Other SDGs relevant to improving freshwater management are:

- ensure access to affordable, reliable, sustainable and modern energy for all
- make cities and human settlements inclusive, safe, resilient and sustainable
- take urgent action to combat climate change and its impacts
- strengthening the means of implementation and revitalise the global partnership for sustainable development.

The DHBs suggest that the approach taken to protecting and restoring freshwater in New Zealand takes into account the 17 SDG goals and that government priorities for addressing freshwater degradation should align with the goals to achieve a better and more sustainable future for all.

Section 4 - Setting and clarifying policy direction

Section 4.1 Issues

Environments should protect not harm health. Sufficient freshwater is needed to sustain a healthy ecosystem, which in turn is essential for human health. The improvement and protection of freshwater to meet the life supporting and the social and cultural requirements of current and future populations is a necessity for public health.

Therefore, the DHBs support the overall direction that Government is suggesting. However, the DHBs only support in principle the direction proposed that the health and wellbeing of

freshwater will be the first priority for decision making, and essential human needs second. This is because in practical terms there will be occasions when the need for drinking water and water for sanitation takes priority.

To strengthen freshwater planning and decision-making for essential human health needs the DHBs recommend that the freshwater needs of current and future populations are identified and managed to align with public health priorities and approaches for the protection of population health and wellbeing.

Section 4.6 Exceptions for major hydro schemes to support renewable energy targets

The DHBs note the proposal to support renewable energy targets by exempting major hydro-electric schemes from some freshwater management requirements. The DHBs support in principle the approach to the current exception mechanism, allowing regional councils to maintain water quality below a national bottom line if it is necessary to secure the benefits of hydroelectricity infrastructure. The DHBs recognise that this is a pragmatic compromise however; the exemption should not be in perpetuity, and needs to be regularly reviewed while at the same time encouraging the electricity industry to diversify in renewable electricity sources.

Section 5 - Raising the bar on ecosystem health

Section 5.6 and 5.7 – Habitat – no further loss of wetland or of streams

The proposals seek to improve current management of freshwater and the approach proposed requires no further loss of wetlands and streams. While the DHBs support no further loss, national direction should seek to improve wetlands and streams already impacted as a result of human activity. Therefore the DHBs recommend that the new approach to freshwater management takes a continual improvement approach.

Section 5.10 – Water quantity – a higher standard for swimming

The DHBs agree that the 2003 water quality guidelines need to reflect new research and scientific knowledge and revise the 2003 risk assessment for contact recreation. The guideline thresholds to estimate risks of illness are relevant to the bacterial indicator E.coli used in the guidelines. Water quality below 260 E.coli per 100ml is recognised to be acceptable for contact recreation and the DHB's recommend this needs to be the new interim bottom-line.

The proposed higher standard of 540 E.coli per 100ml for swimming does not go far enough to protect public health and is not supported as a holding arrangement, particularly with current knowledge that the bacteria indicators most likely underrepresent the risk to health and misrepresent the risk from other pathogenic organisms in the environment.

Currently water quality above 550 E.coli per 100ml (action/red mode) poses an unacceptable risk to health for swimmers, however water quality between 260 and 550 E.coli per 100ml (alert/amber mode) also poses an elevated risk which may on further investigation be unacceptable to health because water in this range indicates a contamination problem. The

DHBs recommend the bottom-line for freshwater in *popular* places where people *frequently* swim needs to be of acceptable quality to prevent harm to people.

5.11 Water quantity – clarifying requirements for minimum flows
The DHBs agree that adequate water flowing through a waterway is an essential component of ecosystem health. Maintaining minimum flows can be difficult unless the resource is proactively managed for waterway health and for the public good. The DHBs recommend including requirements for registration of all water takes, particularly the smaller amounts of water taken such as takes for individual household's reasonable domestic need and stock drinking water. Not knowing the number and locations of all water takes hinders the ability to manage regional council permitted activity limits and the ability to safeguard individual household water. While minor takes may on the most part, be considered to not have a negative effect on the environment; the proliferation of small takes may collectively have a significant effect on the freshwater resource. Further, and of important public safety concern, is that if a water take is not registered there is a risk that discharges may unknowingly contaminate the water taken.

Section 6 – supporting the delivery of safe drinking water
The DHBs support the direction to ensure better drinking source water protection arrangements are in place and look forward to providing feedback to more detailed proposals mid- 2020.

6.1 Issues and 6.2 Proposals
The DHBs note the issue to ensure waterbodies can be used for community water supply and supports the proposals to protect source waters from activities that can pose risks of contamination.

Human health requires a *sufficient and safe* source of water which is largely beyond the control of individuals. Action therefore is required by public authorities at all levels to improve and protect source water from contamination and also insufficient supply. Therefore, the DHBs suggest that source water used for drinking and other essential human uses need to be considered and included to protect human health. Please refer to the comment made in section 5.11 of this submission relevant to water quantity protection.

The proposal to expand the scope of the National Environmental Standard for Sources of Human Drinking Water Quality (Drinking Water NES) to apply to all registered water supplies is supported. While this is a significant improvement not all water supplies need to be registered with the Ministry of Health at this point in time. This includes water supplies serving more than 25 people sourced from their own land and water supplies serving high risk users and activities to public health, for instance seasonal accommodation, residential facilities for older persons, workplace or food producer. To better manage these risks and protect public health, the DHBs recommend strengthening the Drinking Water NES to protect all water supply sources.

Section 7 - Better managing stormwater and wastewater

Section 7.2 Wastewater and 7.3 Stormwater
The DHBs support in principle the proposed approach to require network operators to develop risk management plans, report compliance, and implement nationally consistent measures for wastewater.

While there is support for minimum standards the DHBs are concerned they may be used as a target rather than continual improvement and striving for best practice. This is because professionally operated sanitary services, like the one's operated by councils, should always be looking for ways to continually improve. By aiming for the highest quality discharge that is feasible, the health of the community is better protected.

The most effective metrics for measuring and benchmarking the environmental performance of stormwater and wastewater networks
Monitoring of the quality of wastewater and stormwater discharges is important; however it only provides a snap shot of the quality at the time of sampling. It is protective and therefore more important to be able to demonstrate that the wastewater and stormwater treatment systems are working effectively at all times. This is particularly important for wastewater because even a short reduction in performance could potentially pose a public health risk, even if the impact on the environment is minimal. This is why reliance on discharge quality limits and intermittent environmental monitoring alone is not sufficient to provide confidence that the discharge limits are met between sampling The DHBs support a risk based approach to be taken across the whole process of wastewater and stormwater network operations.

Discharge limits for resource consents have traditionally included median limits, however in the Bay of Plenty and Lakes districts the inclusion of median and maximum consent limits for microbiological quality are common.

Wastewater
Effective sewage disposal will separate people from waste, keep pathogens out of the environment and prevent contamination of food and water sources.

The DHBs recommend an assessment of risk to public health from wastewater networked services and management of sewage by-products. An environmental and health need assessment for populations not receiving wastewater networked services should be required to capture multiple point source wastewater discharges. Wastewater schemes managed and operated by territorial authorities are the most protective of health for individuals and communities. These systems need to be made available wherever possible and extended whenever practicable.

Continuity of wastewater services, including contingency measures and risk mitigation, are suggested by the DHBs as measures for inclusion and also wastewater reuse environmental performance measures.

While the DHBs support minimum treatment limits it is Toi Te Ora's experience that the risks to public health are location and discharge method and quality specific. This is particularly so for assessing potential risks to health from odour, contact recreation, water used for food gathering or drinking.

Toi Te Ora has worked with Bay of Plenty Regional Council to process a number of territorial authority resource consent applications for wastewater and associated air discharges. Consent conditions have included trigger limits set below the discharge standard limit that initiates operator intervention to minimise the discharge limit exceedance and risk to public health. Other consent conditions include timely notification to the Medical Officer of Health when discharge limits are exceeded, and appropriate signage to warn unauthorised people to remain off site. Also included are conditions for the Medical Officer of Health to review and provide comment to the consenting authority and applicant about site and odour management plans. Due to long consent duration, requirements to review consent limits and parameters regularly over the lifetime of the consent are included to ensure advances in wastewater treatment and scientific research may be implemented which will better protect the environment and health of the public.

Treating and disposing of sewage and its by-products can trigger the offensive trade provisions in the Health Act requiring Medical Officer of Health consent to operate. The DHBs would like to see direction for better coordination between regional and territorial authorities and Medical Officers of Health for offensive trades, and also all activities involving animal and human sewage management.

Stormwater

The DHB is supportive of risk management plans taking an entire stormwater network approach. The DHB suggests that when necessary, a coordinated catchment level approach to risk management be taken, particularly when multiple stormwater networks are present in a catchment and the networks are managed by different local authorities.

General Comment

The freshwater resource has a major impact or influence on health outcomes for a population; therefore it is important that government organisations collaborate to achieve similar outcomes. It is far preferable that a preventative approach is taken together, to build robust fences at the top of the cliff, rather than picking up the pieces at the bottom.

The DHBs encourage national direction to strengthen links between regional councils and territorial authorities when processing resource and building consents. It is essential that regional spatial planning, district land use planning and activity consents are coordinated between local authorities to minimise unwanted impacts on other water users and the environment. Direction needs to reflect the importance of identifying a reliable and safe supply at the beginning of the planning process for any new building, subdivision or change in land or resource use. To do so will strengthen effective water management and ensure potable water that is sustainable for the lifetime of the building is supplied.

The DHBs recommend planning processes be introduced that require interagency collaboration between regional and territorial authorities at all planning and implementation stages. To do so will support consistent and effective management of freshwater and better protect public health.

The action for healthy waterways mentions that most wastewater discharges require resource consents. It is the experience of Toi Te Ora that permitted discharge activities can pose a significant risk. Problems from multiple discharge points and cumulative discharge effects often go unnoticed until brought to public health or local authority attention. The DHBs recommend the regulatory system provide assurance that local authorities know and are assessing wastewater discharge activities, particularly discharges containing human and animal sewage, are also actively monitoring those discharges for compliance.

Bay of Plenty and Lakes DHBs wish to thank the Ministry for the Environment for the opportunity to submit.

Kind regards,

Sally Webb
Chairperson
Bay of Plenty District Health Board

Nick Saville-Wood
Chief Executive
Lakes District Health Board

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Emergency Department Utilisation Analysis

Submitted to: Board 20 November 2019

Prepared by: Doctor George Gray

Endorsed by: Tricia Keelan, Director, Maori Health Gains and Development

Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDED RESOLUTION:

That the Board note our approach to analysis of Emergency Department utilisation data. In particular:

- We have completed an extract of two years of Emergency Department attendance data;
- We are using this data to compare utilisation for Maori and non-Maori, and will compare our results with national patterns where possible.
- Our results will be reported to the January 2020 Board meeting.

BACKGROUND:

The Board has requested Emergency Department utilisation information for Maori and non-Maori across the public hospitals in the Bay of Plenty. Emergency Department utilisation and admission data were presented in the September CEO report to the Board. The Board asked for greater clarity of the data reported at that meeting.

In collaboration with others in the DHB we have extracted over two years of Emergency Department utilisation data that has been collected by the Provider Arm. We have commenced analysis of this data and are seeking to answer the following questions:

1. What are the rates of Emergency Department utilisation for Maori and non-Maori?
2. How do these rates compare with national results?
3. What are the rates of admission following Emergency Department attendance for Maori and non-Maori?
4. How do these rates compare with national results?
5. In addition to ethnicity, how do attendance and admission results vary by NZDep decile, age, time and day of presentation, diagnosed primary condition, and triage level, for Maori and non-Maori?

6. Where national data are available, how do the results in Bay of Plenty DHB differ from those seen nationally?

All data will be disaggregated by hospital site (Tauranga and Whakatane) in conjunction with analysis for the entire DHB. Based on the results of these analyses we will identify areas for improvement and escalate relevant performance monitoring measures to the Board for review.

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2019

Activity	Source	16 Jan	20 Feb	20 Mar	17 Apr	15 May	19 Jun	17 July	21 Aug	17 Sept	16 Oct	20 Nov	Dec
Venue – Tawa Room, Tga		√		√		√		√		√		√	No Meeting
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	√	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
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										√			
Exec/Board/Runanga Planning Workshop											√		

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting 20 November 2019

Prepared by: Maxine Griffiths, Board Secretariat

Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDED RESOLUTION:
That notes the correspondence

ATTACHMENTS:

- Letter from Hon Dr David Clark, Minister of Health, re Midland Regional Services Plan 2019/20 – 11.11.19

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

11 NOV 2019

Mr Derek Wright
Lead Chief Executive for
Midland Region District Health Boards
Derek.wright@waikatodhb.health.nz

Mr Jim Green
Chair
HealthShare Board
Jim.green@tdh.org.nz

Dear Derek and Jim

Midland Regional Service Plan 2019/20

This letter is to advise you I have approved and signed the Midland Regional Service Plan (RSP).

I am pleased to see the enhanced emphasis on equity and sustainability in your plan. I intend to build on this focus in 2020/21 including strengthening alignment with your district health boards (DHBs) annual plans to support system sustainability.

My approval of your RSP does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health (Ministry). Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you and your staff for your valuable contribution and continued commitment to delivering quality health care to your population and wish you every success with the implementation of the 2019/20 RSP.

Please ensure that a copy of this letter is attached to the copy of your signed RSP held by each DHB Board and to all copies that are made available to the public.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: Midland Region DHB Chairs and Chief Executives