












Te Waipounamu R.I.T Meeting Agenda

Date & time	10:30am – 12:00pm Thursday 09th November, 2023
Members	Mata Cherrington Regional Director Te Aka Whai Ora (Co-Chair) Chiquita Hansen Regional Wayfinder (Co-chair) Daniel Pallister-Coward Regional Director Hospital and Specialist Services Vince Barry Regional Director National Public Health Service Erolia Eteuati-Rooney Regional Director Pacific Nick Baker Regional Clinical Lead Te Whatu Ora Richard Hamilton Regional Lead Service Improvement and Innovation Christopher Pennington Secretariat Te Waipounamu R.I.T
Other Invites	
Apologies	Erolia

	Te Take (Item)	Time	Papers	Te Kaikōrero (Lead)	Kaupapa (Purpose)
1.	Karakia	3 Mins			
2.	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	2 Mins		Mata	To Note
Standing Agenda Items					
3.	Regional Risks & Issues <ul style="list-style-type: none"> Health & Safety Emergency Planning Critical Service Risks 	5 Mins	Register found in RIT Teams Channel	Chiquita	To Discuss
4.	Immunisation Update <ul style="list-style-type: none"> Brief Update Memo on Coordinated Community Care Partnering Agreement 	10 Mins	 RIT Memo - Coordinated Comm	Vince Barry	To Inform & To Approve
Items of Importance					
5.	Regional Health and Wellbeing Plan Update <ul style="list-style-type: none"> Discuss Clinical Governance Review SlideDeck 	10 Mins	 TW RHHWP slidedeck 301023 wi	Chiquita & Mata	To Inform
6.	Te Waipounamu Oral Health Memo – RIT asked to select partners.	15 Mins	 National Oral Health data by regic  Mobile dental clinic investment T2_mem	Mata & Erolia	To Decide
7.	Quarterly Performance Report	10 Mins	 23-24 Q1 Te Waipounamu Quart	Melissa MacFarlane	To Inform

Te Waipounamu R.I.T Meeting Agenda

	Te Take (Item)	Time	Papers	Te Kaikōrero (Lead)	Kaupapa (Purpose)
Governance / Administration					
8.	Approval of previous minutes	3 Mins	 23.10.26_Minutes Te Waipounamu RIT	Mata	To Approve
9.	Update of Actions (in table below)	2 Mins		Mata	To Discuss
10.	Office of the Regional Wayfinder	5 Mins	 Commissioning Te Waipounamu Evolvi	Chiquita	To Discuss
Other Business					
11.	High and Complex needs – brought forward from the previous hui to discuss in more detail	10 Mins	 Urgent and Complex Care and S  High cost individualised resid	Chiquita	To Discuss
12.	Ellesmere Hospital Leeston Integrated Family Health Centre	15 Mins	 Letter on Intent fo Friends .docx  Ellesmere Hospita Memo Final.docx	Mardi Fitzgibbon	To Approve
13.	Closing Karakia				

Future Agenda

	Te Take (Item)	Requested By	Future Hui Date
1.	N/A		
Requests to Attend RIT			
2.	N/A		

Previous Actions

#	Action	Responsible	Completed
231001	DRAFT RIT Risks and issues Register: Chris to add to December F2F Agenda to go through risks/issues and remove those that are local or single directorate.	Chris	

Te Waipounamu R.I.T Meeting Agenda

#	Action	Responsible	Completed
231002	Imms:	Chris	
231003	<ul style="list-style-type: none"> Chris to include latest Imms numbers as banner along top of future Agenda's to keep it top of mind. Erolia to connect with Paul offline on unenrolled and declined stats for Pacific. 	Erolia	
231004	Regional Health and Wellbeing Plan: Chris to upload an updated version of the plan to the RIT teams channel each Friday at 4pm, and email link to RIT members	Chris	
231005	December F2F Agenda: Discuss Stroke Services investment priorities and resetting the regional networks.	Chris	
231006	09th November Virtual Hui Agenda: <ul style="list-style-type: none"> Oral Health Memo – Discussion on partners to be nominated High & Complex Care needs – to be discussed in greater detail Pacific Update – to be included in agenda 	Chris	Completed

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Memorandum to the Te Waipounamu Regional Integration Team

Outline of Coordinated Community Care funding process for Hauora Māori Partners and Pasifika Providers

Date: 2 November 2023

From: Sophie Glover, Programme Manager, Coordinated Community Care Service, Te Waipounamu Public Health

Purpose

1. To inform the Regional Integration Team of the regional funding process developed to distribute Covid19 funding to Hauora Māori Partners and Pasifika providers.

Background

2. The Te Waipounamu Regional Immunisation Plan and the Te Waipounamu Review of Covid19 Immunisations and Care in the Community were approved by the Regional Integration Team in August 2023. These two reports highlighted recommendations on how to invest the remainder of Covid19 funding in Te Waipounamu with significant investment allocated to Hauora Māori Partners and Pasifika providers.
3. Shifting services to Hauora Māori Partners and Pasifika providers (many of whom already offer similar services) will confer the following benefits:
 - a) Services will be available in the communities where people live.
 - b) Services can be integrated with other services offered by Hauora Māori Partners and Pasifika providers e.g. general practice, whānau ora, immunisation.
 - c) Services can be integrated with other community events e.g. whānau ora/wellbeing hui.
 - d) Integration of services into existing providers builds on existing infrastructure and is more sustainable.
4. The total funding allocated to Hauora Māori Partners and Pasifika providers equates to \$4.2m. This is in the form of fixed cost items i.e. cars, phones, laptops, staff training, start-up costs and \$1.93m in proactive community outreach. An additional \$1.05m has been allocated to all Community/Hāpori Providers for Coordinated Community Care Services, including \$482k in proactive community outreach.

Funding application process

5. The programme team, in partnership with Te Aka Whai Ora and Pacific Health, have developed the Coordinated Community Care Partnering Agreement to allocate funding to Hauora Māori

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Partners and Pasifika providers. The partnering agreement will remove much of the administrative burden, and ensure funds are approved promptly.

6. Hauora Māori Relationship Leads and the Coordinated Community Care programme team will work closely with each Hauora Māori Partner and Pasifika provider to complete the partnering agreement and provide guidance and support throughout this process.
7. Process for distributing putea to Hauora Māori Partners and Pasifika providers:
 - a) The partnering agreement will be completed in person via korero with the Hauora Māori Partner or Pasifika provider and a representative from Te Aka Whai Ora, Pacific Health or Te Whatu Ora. Throughout the korero the Hauora Māori Partner or Pasifika provider will discuss and document their plan to increase immunisation capacity and capability, and a funding amount for this service will be agreed upon.
 - b) Using the information in the partnering agreement, The Regional Manager Contract Liaison and Procurement and team will work with the Te Aka Whai Ora, Pacific Health or Te Whatu Ora representative who had the korero with the Hauora Māori Partner or Pasifika provider to complete a high level contract using the partnering agreement, Coordinated Community Care Service Specifications and appropriate schedules.
 - c) To reduce the contract approval timeframe the Regional Manager Contract Liaison and Procurement will need delegate access to sign off within the budget provisions.

Budget Provisions	
Start-up costs for providers	\$320,000
Outreach boost	\$1,928,000
Training new and Authorising Vaccinators	\$800,000
Training Vaccinating Healthcare Workers	\$40,000
Training cold chain technicians	\$16,000
Events	\$400,000
Cars	\$399,998
Laptops	\$120,000
Cell Phones	\$102,398
Software	\$79,996
Total	\$4,206,482

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8. Should applications demonstrate high demand for some items and low for others, the Coordinated Community Care Programme Manager will adapt the mix of items funded from those recommended in the Regional Immunisation Plan and the Regional Covid19 Immunisation and Care in the Community Review while ensuring the amount to be distributed remains no higher than the funding amounts approved.
9. To remove administrative burden, documentation for all aspects of funding will not be required. Instead, post-grant interviews will be conducted to establish how funds were used with all organisations who are approved funding of over \$50,000, and a random sample of organisations granted lesser amounts.
10. Moving from a funding application or an RFP approach to the partnering agreement approach poses a risk around transparency. To ensure a transparent decision-making process regarding how much each Hauora Māori Partner and Pasifika provider receives, weighted criteria has been added to the partnering agreement. This will help inform the korero and agreed funding amount.

Recommendation

11. The Regional Integration Team approve the Coordinated Community Care Partnering Agreement
12. The Regional Integration Team grant Kiri Young, Regional Manager, Contracts and Procurement delegate access to sign off on contract agreements within the budget provisions.
13. The Regional Integration Team grant the Regional Coordinated Community Care Programme Manager approval to adapt a mix of items funded from those recommended in the Regional Immunisation Plan and the Regional Covid19 Immunisation and Care in the Community Review, as per paragraph 8.

Attachments

- Appendix 1: Partnering Agreement for Hauora Māori Partners and Pasifika providers
- Appendix 2: Service Specifications
- Appendix 3: Service Schedules

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Tātou Whenua: Our Land



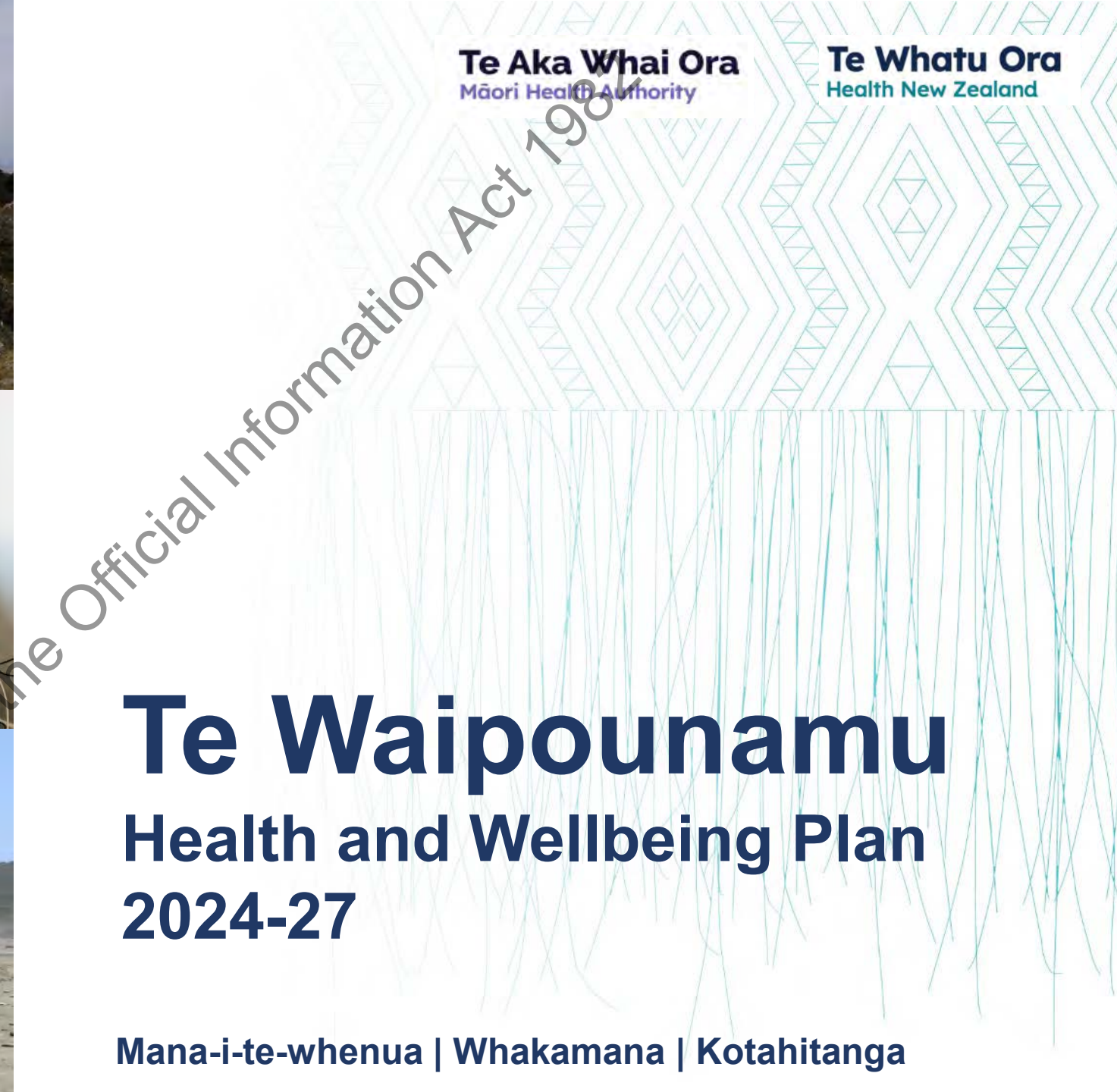
Tātou Tāngata: Our People



Tātou Oranga: Our Wellbeing

Te Aka Whai Ora
Māori Health Authority

Te Whatu Ora
Health New Zealand



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Te Waipounamu

Health and Wellbeing Plan

2024-27

Mana-i-te-whenua | Whakamana | Kotahitanga



Tātou Whenua

Our land. Our mountains, plains, seas and rivers.

Tātou whenua acknowledges and respects the kaitiakitanga role of manawhenua ki Te Waipounamu.

It is our farmlands, our braided rivers, our offshore islands and rocky seascapes, our rural towns and urban centres.

It is the unique places we live and spaces we occupy at work, home, and play.

Implicit is the understanding that the land nourishes and sustains our wellbeing.



Tātou Tāngata

Our people who live in Te Waipounamu.

All ethnicities, ages, gender, abilities, all socio-economic and health statuses.

Tātou tāngata are iwi, maataa waka, and non-Māori including Pākehā, Pacific, Asian peoples and new New Zealanders.

It is our hapū māmā, pēpi, tamariki, rangatahi, pakeke and kaumatua. Our tāne, wāhine and gender diverse.

Tātou tāngata recognises and celebrates our people.



Tātou Oranga

Our Wellbeing

It is multidimensional and encompasses our physical, mental, family, and spiritual wellbeing – Te Whare Tapa Whā.

Tātou oranga also refers to health and wellbeing service providers and kaimahi ora. it is:

- hauora Māori and Pacific partners, hospital and specialist services, primary care, public health, aged care, and non-Government organisations
- kaimahi ora health workforce that deliver prevention, promotion, screening, assessment, treatment, and palliative or support services.

Tātou oranga is the important and precious role our health service providers have to support us to be well.

Our wellbeing is a taonga that we cherish.

Ngā Mātāpono | Principles of Practice

Tātou Whenua

Mana-i-te-whenua

Authority comes from the land

- Recognise the whakapapa of mana whenua o Te Waipounamu
- Nurture our whenua, so the whenua can nurture us

Tātou Tāngata

Whakamana

Empowering

- Partner with whānau and communities to achieve mana motuhake | self-determination
- Value our kaimahi ora (health workforce)

Tātou Oranga

Kotahitanga

Unified

- Collectively redesign the way health services are organised to improve accessibility
- Deliver on equity promises

Mana-i-te-whenua | Whakamana | Kotahitanga

Tātou Whenua | Tātou Tāngata | Tātou Oranga

As interconnected teams, we will be guided by **Ngā Mātāpono** – the principles of practice for our region.

It will take new ways of working if we are to deliver on the aspirations and needs of our whānau and communities. We must pull together more than we have done in the past.

Te Waipounamu is home to many braided rivers. These rivers are special and are only found in a few places globally.

We conceive of the land as a living organism, deserving of nurturing and respect. We respect that iwi hold indigenous whakapapa connection to the land.

Our braided rivers have many channels that constantly change – in flow, intensity, and width – and support a vibrant and diverse ecosystem that stretches from the mountains to the sea, ki uta ki tai.

Te Whatu Ora and Te Aka Whai Ora, along with our commissioned partners and cross sector agencies, bring previously disparate entities and teams together.

Together we are in pursuit of wellbeing for all.

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Pae Ora

Improve wellbeing through partnerships to support our communities' aspirations

Starting Well

Support pēpi-māmā journey to create a pathway to lifelong wellness

Living Well

Invest in hauora Māori and Pacific partners, to support access to primary and community care with agreed pathways to hospital and specialist services

Ageing Well

Strengthen people and whānau access to community responses – care closer to home

Mentally Well

Change the way our people experience their mental wellbeing journey

Rural Health

Understand rural community needs, and codesign clinically and financially sustainable models of care

System Pressures

Regionalise our approach to providing care closer to home - to ensure value out of every dollar and every hour of care

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Addressing system pressures

Regionalise our approach to:

- aligning primary, community, and HHS (hospital and specialist services) so that care is provided closer to home to ensure value out of every dollar and every hour of care:
 - acute care
 - planned care

Deliver on:

- expanded telehealth service options for priority populations
- clinical telehealth support for ambulance and paramedics
- more accessible after-hours care for priority populations
- improved complex discharges for ARC

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Pae Ora

Key partnerships to achieve Pae Ora

- iwi and hapu
- iwi Māori partnership boards (IMPBs)
- people and whānau
- localities
- hauora providers
- Pacific providers
- primary and community providers
- cross-sector agencies
- local government

In partnership with IMPBs and locality partnership groups deliver on community aspirations by:

- amplifying people, whānau, and community voice
- sustaining taiao (environment)
- contributing to development and activation of locality plans
- measuring what matters to whānau

Mahi Tuatahi | First priorities

Pae Ora

Regionalise our approach to

- focusing on prevention to drive systems change and cross-sector work to reduce health care demand and improve population health and equity, by:
 - healthy food environments and physical activity
 - smokefree
 - minimising alcohol-related harm
 - gambling harm minimisation
 - mental wellbeing

Deliver on:

- development of localities
- collective impact approaches
- climate change
- health in all policies.

Mahi Tuatahi | First priorities

Starting Well

Kahu Taurima | Maternity & early years

Regionalise our approach to:

- Te Pa Harakeke
- midwifery care
- neonatal intensive care units
- antenatal and newborn screening programmes
- B4 school checks

Deliver on:

- improved oral health care
- improved infant and maternal mental health
- Child Development Service lived experience aspirations
- improved respiratory health
- increasing immunisation coverage
- cross agencies approach

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Living Well

Mate Pukupuku | People living with cancer

Regionalise our approach to:

- cancer services and improving intervention rates
- screening (breast, bowel, and cervical)
- cancer pathways

Deliver on:

- enhanced multidisciplinary model to better utilise combined regional expertise

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Living Well

Māuiuitanga taumaha | People living with chronic health conditions

Regionalise our approach to:

- HealthPathways for diabetes, cardiovascular diseases, respiratory conditions, stroke, and gout
- new fit-for-purpose regional clinical networks for stroke, respiratory, renal, diabetes and cardiac care
- palliative care

Deliver on:

- CPCT implementation
- integrated respiratory services
- integrated stroke service
- options for self-management for whanau with long term conditions
- remote patient monitoring

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Ageing Well

Regionalise our approach to:

- implementing the ARC (aged residential care) and HCSS (home care support services) funding and service model review
- kaumatua services
- falls prevention

Deliver on:

- strengthened primary and community response to frailty pathways
- timely diagnosis and management of dementia
- improved response to loneliness
- enhanced support for carers

Mahi Tuatahi | First priorities

Mentally Well

Oranga Hinengaro | People living with mental distress, illness and addictions

Regionalise our approach to:

- system and services framework implementation
- investment in hauora Māori and Pacific partners
- Access & Choice
- improving the living environment for people with complex needs
- improving access to CAFS
- improving availability of the options for women with addictions
- Māori suicide prevention services

Deliver on:

- improved approach to suicide prevention
- improved peer-led options
- improved addiction services
- improved crisis services
- improved youth services
- improved forensic services

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

Rural Health

Regionalise our approach to:

- allocation of services for rural communities utilising the geographic classification for health (GHC)
- equitable funding model for primary and community care services in rural communities
- clinical and financial sustainability of our rural hospitals
- rural generalist pathways for nursing, allied health, scientific and technical professions

Deliver on:

- enhanced clinical telehealth and digital options for integrated and timely care

Mana-i-te-whenua | Whakamana | Kotahitanga

Mahi Tuatahi | First priorities

System enablers of change

Workforce

Get the culture right to support equity and excellence in health care

Data & Digital

Build on regional success to increase connectivity and innovative modes of care

Infrastructure & Investment

Prepare our region for future challenges

Mana-i-te-whenua | Whakamana | Kotahitanga

System enablers for change

Workforce Development

Regionalise our approach to:

- enacting Ao Mai te Ra
- increasing the diversity of our workforce
- orientating all new kaimahi who serve our people to our Te Waipounamu approach
- investing in our next generation of leaders

Deliver on:

- Tipu Mahi recommendations

Data & Digital

Regionalise our approach to:

- consistent digital and data platforms.
- expansion and standardisation of hospital in the home, including remote patient monitoring and virtual wards

Deliver on:

- digital transformation for new hospital builds
- implementation of telehealth options for all appropriate consultations
- scaling of remote clinical support for primary and community care providers

Infrastructure & Investment

Regionalise our approach to:

- timely delivery of approved capital projects within budget
- emergency preparedness
- resetting regional networks
- Te Waipounamu voice in national Strategic Design Networks

Deliver on:

- removing transport barriers for patients and whānau who need to access specialist service



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Aotearoa - Total

Access indicators (2022)

	Māori	Pacific	Other
0-4 enrolment	68,414 (83%)	28,459 (100%)	186,950 (100%)
Seen at age 5	8,240 (54%)	3,054 (48%)	21,024 (53%)
Seen at age ~12	10,629 (60%)	4,591 (64%)	22,039 (71%)
Arrears in COHS	76,130 (42%)	40,840 (53%)	204,364 (41%)
Seen 13-17 years	36,047 (41%)	19,112 (59%)	135,491 (66%)

Outcome indicators (2022)

	Māori	Pacific	Other
Caries free at age 5	39%	33%	66%
dmft at age 5	3.10	3.29	1.36
Caries free at age ~12	59%	65%	73%
DMFT at age ~12	1.16	0.81	0.55

Demand indicators

	Māori	Pacific	Other
ESPI 5 - total (at Jun 23)	1,915	638	2,457
ESPI 5 – >4 months (at Jun 23)	1,060	359	1,296
ASH/100,000 for 0-4 (Mar 23)	1,133	1,438	448
Hospitalisations (2022/23)	6,137	3,016	8,411

Population - 0-17 years (2022)

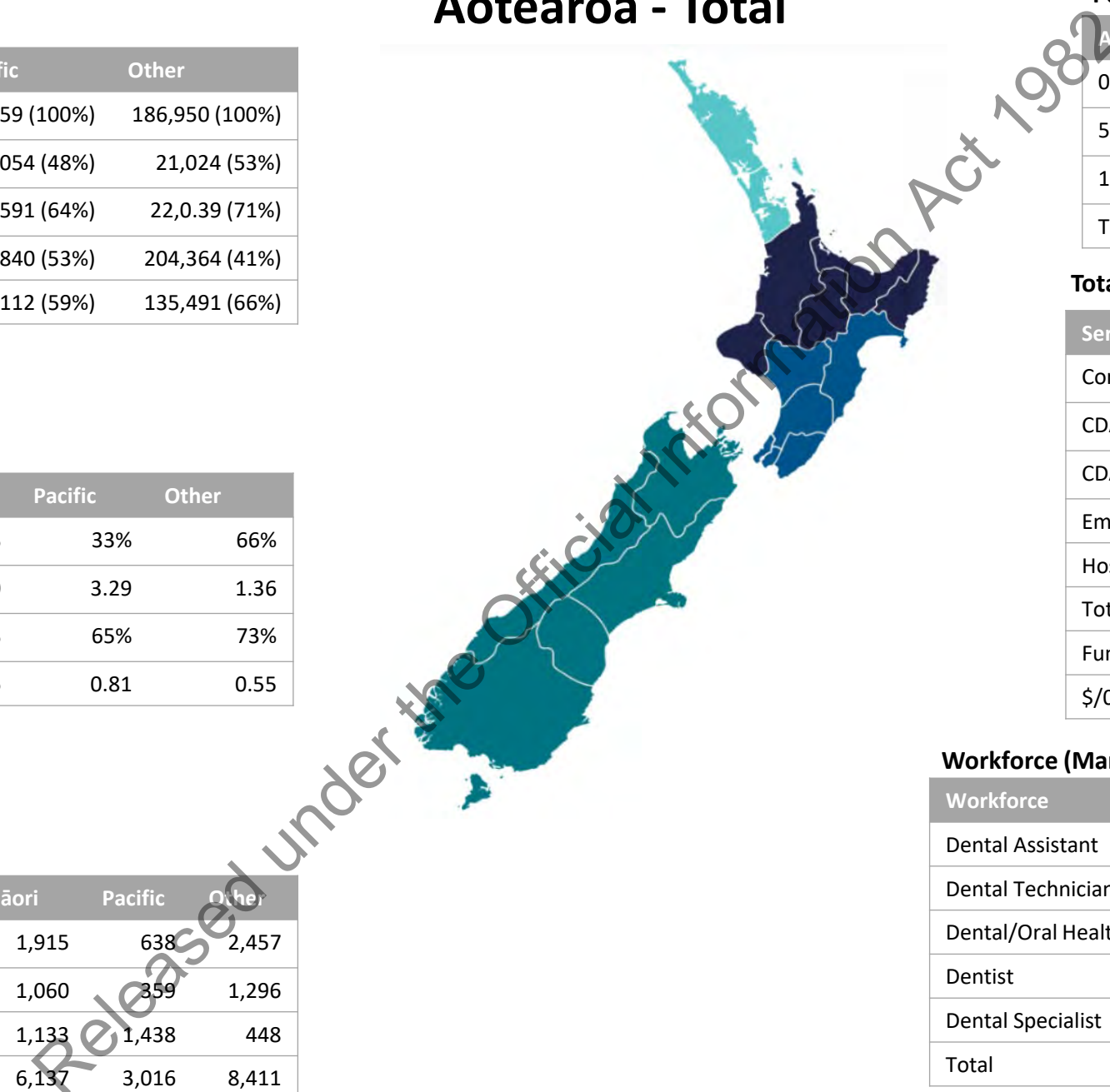
Age	Māori	Pacific	Other
0-4 years	84,900	28,355	186,475
5-12 years	152,040	56,543	351,828
13-17 years	78,620	29,873	183,018
Total	315,560	114,771	721,321

Total funding (2021/22)

Service line	Funding
Community Oral Health Service	\$116,870,600
CDA – Adolescent service	\$35,094,457
CDA – Special dental service	\$5,374,991
Emergency for Low Income Adult	\$7,196,950
Hospital and Specialist	\$66,989,930
Total	\$231,526,928
Funding for 0-17 years	\$157,340,048
\$/0-17 year old (estimate)	\$136.62

Workforce (March 2023)

Workforce	Employed FTE	Vacant FTE
Dental Assistant	516.25	33.1 (6%)
Dental Technician	10.66	0.4 (4%)
Dental/Oral Health Therapist	425.09	58.5 (12%)
Dentist	24.83	5.1 (17%)
Dental Specialist	64.17	7.1 (10%)
Total	1041.0	104.2 (9%)



Northern Region

Access indicators (2022)

	Māori	Pacific	Other
0-4 enrolment	22,151 (85%)	20,637 (100%)	73,111 (100%)
Seen at age 5	2,234 (45%)	1,909 (43%)	6,787 (45%)
Seen at age ~12	2,769 (44%)	3,025 (57%)	7,822 (52%)
Arrears in COHS	35,172 (55%)	34,745 (62%)	109,795 (55%)
Seen 13-17 years	11,781 (43%)	14,478 (65%)	47,744 (65%)

Outcome indicators (2022)

	Māori	Pacific	Other
Caries free at age 5	32%	30%	59%
dmft at age 5	3.54	3.48	1.70
Caries free at age ~12	66%	68%	83%
DMFT at age ~12	0.85	0.68	0.30

Demand indicators

	Māori	Pacific	Other
ESPI 5 - total (at Jun 23)	579	468	768
ESPI 5 – >4 months (at Jun 23)	344	268	378
ASH/100,000 for 0-4 (Mar 23)	1,190	1,333	547
Hospitalisations (2022/23)	2457	2457	2457



Population - 0-17 years (2022)

Age	Māori	Pacific	Other
0-4 years	26,020	18,860	71,720
5-12 years	47,425	37,325	134,205
13-17 years	24,655	20,225	64,065
Total	98,100	76,410	269,990

Total funding (2021/22)

Service line	Funding
Community Oral Health Service	\$45,353,870
CDA – Adolescent service	\$13,220,507
CDA – Special dental service	\$2,662,391
Emergency for Low Income Adult	\$3,350,160
Hospital and Specialist	\$21,720,080
Total	\$86,307,008
Funding for 0-17 years	\$61,236,768
\$/0-17 year old (estimate)	\$137.77

Workforce (March 2023)

Workforce	Employed FTE	Vacant FTE
Dental Assistant	188.68	17.4 (8%)
Dental Technician	2.83	0.0
Dental/Oral Health Therapist	169.0	16.9 (10%)
Dentist	5.1	1.6 (2%)
Dental Specialist	29.26	4.0 (12%)
Total	394.87	39.9 (9%)

Te Manawa Taki

Access indicators (2022)

	Māori	Pacific	Other
0-4 enrolment	21,014 (85%)	1,509 (60%)	34,553 (100%)
Seen at age 5	2,576 (57%)	233 (54%)	3,254 (48%)
Seen at age ~12	3,326 (66%)	326 (94%)	6,058 (92%)
Arrears in COHS	13,577 (39%)	684 (30%)	13,002 (33%)
Seen 13-17 years	10,981 (39%)	1,011 (43%)	26,066 (69%)

Outcome indicators (2022)

	Māori	Pacific	Other
Caries free at age 5	34%	29%	65%
dmft at age 5	3.45	3.76	1.31
Caries free at age ~12	59%	67%	71%
DMFT at age ~12	1.42	0.96	0.62

Demand indicators

	Māori	Pacific	Other
ESPI 5 - total (at Jun 23)	645	40	653
ESPI 5 – >4 months (at Jun 23)	333	22	388
ASH/100,000 for 0-4 (Mar 23)	990	1,129	371
Hospitalisations (2022/23)	1,641	121	1,628



Population - 0-17 years (2022)

Age	Māori	Pacific	Other
0-4 years	27,480	2,655	34,725
5-12 years	49,755	5,075	64,885
13-17 years	25,575	2,500	34,340
Total	102,810	10,230	103,950

Total funding (2021/22)

Service line	Funding
Community Oral Health Service	\$26,003,510
CDA – Adolescent service	\$7,629,540
CDA – Special dental service	\$977,132
Emergency for Low Income Adult	\$1,354,880
Hospital and Specialist	\$12,597,830
Total	\$48,602,892
Funding for 0-17 years	\$34,650,182
\$/0-17 year old (estimate)	\$159.69

Workforce (March 2023)

Workforce	Employed FTE	Vacant FTE
Dental Assistant	113.31	3.5 (3%)
Dental Technician	2.0	0
Dental/Oral Health Therapist	90.6	27.3 (23%)
Dentist	5.4	1 (15%)
Dental Specialist	7.8	3 (28%)
Total	219.11	34.8 (13.7%)

Central

Access indicators (2022)

	Māori	Pacific	Other
0-4 enrolment	15,405 (84%)	3,760 (94%)	34,351 (100%)
Seen at age 5	2,023 (59%)	588 (60%)	5,370 (73%)
Seen at age ~12	2,885 (80%)	827 (88%)	7,986 (100%)
Arrears in COHS	10,009 (26%)	2,578 (24%)	25,542 (32%)
Seen 13-17 years	7,794 (42%)	2,498 (50%)	26,653 (70%)

Outcome indicators (2022)

	Māori	Pacific	Other
Caries free at age 5	43%	41%	71%
dmft at age 5	2.83	2.85	1.17
Caries free at age ~12	54%	59%	71%
DMFT at age ~12	1.15	0.99	0.60

Demand indicators

	Māori	Pacific	Other
ESPI 5 - total (at Jun 23)	506	92	580
ESPI 5 – >4 months (at Jun 23)	317	54	380
ASH/100,000 for 0-4 (Mar 23)	1,584	1,710	583
Hospitalisations (2022/23)	1,386	304	2,334



Population - 0-17 years (2022)

Age	Māori	Pacific	Other
0-4 years	18,550	4,010	32,200
5-12 years	32,670	8,725	61,700
13-17 years	16,790	4,525	34,150
Total	68,010	17,260	128,050

Total funding (2021/22)

Service line	Funding
Community Oral Health Service	\$20,766,150
CDA – Adolescent service	\$6,597,391
CDA – Special dental service	\$569,798
Emergency for Low Income Adult	\$1,478,300
Hospital and Specialist	\$17,996,230
Total	\$47,407,869
Funding for 0-17 years	\$27,933,339
\$/0-17 year old (estimate)	\$136.05

Workforce (March 2023)

Workforce	Employed FTE	Vacant FTE
Dental Assistant	113.93	9.8 (8%)
Dental Technician	2.83	0.4 (12%)
Dental/Oral Health Therapist	85.69	13.2 (13%)
Dentist	6.73	1.4 (17%)
Dental Specialist	12.81	0.1 (1%)
Total	221.99	24.9 (10%)

Te Waipounamu

Access indicators (2022)

	Māori	Pacific	Other
0-4 enrolment	9,844 (77%)	2,553 (90%)	44,935 (94%)
Seen at age 5	1,407 (64%)	324 (57%)	5,613 (53%)
Seen at age ~12	1,649 (73%)	413 (74%)	8,238 (74%)
Arrears in COHS	6,209 (23%)	1,764 (26%)	30,814 (24%)
Seen 13-17 years	5,488 (42%)	1,125 (40%)	35,028 (62%)

Outcome indicators (2022)

	Māori	Pacific	Other
Caries free at age 5	54%	43%	71%
dmft at age 5	2.13	2.67	1.17
Caries free at age ~12	56%	52%	68%
DMFT at age ~12	1.15	1.25	0.68

Demand indicators

	Māori	Pacific	Other
ESPI 5 - total (at Jun 23)	185	38	456
ESPI 5 – >4 months (at Jun 23)	66	15	183
ASH/100,000 for 0-4 (Mar 23)	1208	615	601
Hospitalisations (2022/23)	653	134	1992



Population - 0-17 years (2022)

Age	Māori	Pacific	Other
0-4 years	12,850	2,830	47,830
5-12 years	22,190	5,418	91,038
13-17 years	11,600	2,623	50,463
Total	46,640	10,871	189,331

Total funding (2021/22)

Service line	Funding
Community Oral Health Service	\$24,747,070
CDA – Adolescent service	\$7,647,019
CDA – Special dental service	\$1,165,670
Emergency for Low Income Adult	\$1,013,610
Hospital and Specialist	\$14,675,790
Total	\$49,249,129
Funding for 0-17 years	\$33,559,759
\$/0-17 year old (estimate)	\$135.96

Workforce (March 2023)

Workforce	Employed FTE	Vacant FTE
Dental Assistant	100.33	2.4 (2%)
Dental Technician	3.0	0
Dental/Oral Health Therapist	79.8	1.1 (1%)
Dentist	7.6	1.1 (12%)
Dental Specialist	14.3	
Total	205.03	4.6 (2%)

Te Waipounamu Regional Performance Report

Quarter 1 – June to September 2023

Tatau Whenua

Tatau whenua refers to our connection to the land and a sense of place that guide us as we strive to achieve Pae Ora.

Using community voice to drive change - In the last quarter, Takiwā Poutini (the West Coast locality prototype) has collated and summarised the key themes coming from the community and whānau voice across Te Tai o Poutini | West Coast. Several focus areas have been identified through this mahi and people are excited about working together on the initiatives. Changes are already being made as a direct result of this work and as services and providers respond to what is important to the Te Tai o Poutini community including:

- Improving the use of on-site overnight accommodation at Te Nīkau Hospital, to ensure people who live more than an hour from hospital can be safely discharged and have time to organise support to return home following a hospital stay.
- Softening the clinical environment to create a more homely and welcoming feel in Te Nīkau Hospital removing COVID shields in reception, adding planter boxes and plants to create more privacy and reduce noise pollution.
- Improving access and facilities in the Te Nīkau Whānau room, opening the doors and adding soft furniture and toys so everyone feels welcome to use it for a break.

Whānau & Community said: "If discharged from the Emergency Department (brought in by ambulance from Reefton), then could people overnight at the hospital cottages (after 9 pm) so they organise getting home the next day?"

Whānau & Community said: "Joined waiting room with everyone in there at the same time (ED and GP), don't have a welcoming entrance, initial greeting very clinical, not human to human, as people don't even look up. Masks and plastic barriers de-humanising the experience"

A summary of the key themes and a series of videos highlighting the recent changes are available on the Takiwā Poutini website (www.takiwapoutini.nz) along with new Health Needs Assessment data visualisations providing data and insights into the health and wellbeing of people living across Te Tai o Poutini.

Tātou Tāngata – Our People

Tātou tāngata refers to 'our people' who live in Te Waipounamu – all ethnicities, ages, genders, abilities, all socio-economic and health statuses.

Improving Pacific health outcomes with an 'All-Health' approach in Southern - The Southern public health team has been working on an 'All-Health' approach, promoting and delivering immunisations, breast and cervical screens, and broader health support in Pacific communities across the district. The first event was a Pink Breakfast hosted in September in partnership with WellSouth, the Pacific Island Advisory Charitable Trust, Breast Screening Otago and Te Whatu Ora. This was attended by 80 Pacific women who took up offers of immunisations and cervical screens and received assistance with bookings for breast screens. Work is underway with Pacific Trust Otago, and the Oamaru Pacific Island Community Group to host a similar event in this area.

Breast Screening Rates Te Waipounamu – September 2023 (green indicates average NZ average results)

	Total Population	Maori	Pacific	Other
Nelson Marlborough	71.9	65.7	52.5	72.7
Canterbury	69.9	70.4	61.7	70.0
South Canterbury	70.2	64.2	51.0	70.9
West Coast	74.4	71.7	82.5	74.7
Southern	73.6	64.1	62.4	74.5
New Zealand	66.6	59.9	63.6	67.9

Improving outcomes for refugee families - Work has been happening across Te Waipounamu to improve the responsiveness of refugee services in our area and as one region we will be able to share learnings and successes across all our services.

- The team in Nelson Marlborough has successfully advocated for refugee families in the area to access supplementary accommodation support. Ministry of Social Development Nelson have reconsidered their local approach, aligning policy with eligibility interpretations in Auckland.

Access to this additional support is expected to reduce overcrowding in refugee homes, improving living environments and health outcomes.

- With a deliberate focus on culturally appropriate recruitment, eight of the nine-member team supporting refugee services in Canterbury are now from minority ethnic groups, a number who came to New Zealand as refugees and have lived experience. The languages spoken by the team include Somali, Arabic, Tigrinya, Dari, Farsi and Hindi which will help to improve the experience for the refugee families accessing the service across the district.
- In Southern the team have identified that several former refugees settling in the area have latent Tuberculosis. The team has been working with the local PHO to ensure people have access to the support and medication they need so that cases do not reach active disease stage where transmission is possible. We have also been working with our public health colleagues to understand and improve processes around Infectious Disease Reporting to ensure cases are recognised and captured consistently and to improve our system response across the region.

Tātou Oranga – Our Wellbeing

Tātou oranga refers to “our wellbeing - Our wellbeing is a taonga that we cherish.

Pae Ora – Health Promotion

Council partnerships enhancing healthy lifestyle service - In 2022/23 Canterbury redirected its Healthy Lifestyle funding into a Pae Ora Waitaha service specifically targeting Māori, Pacific and Rural communities. Expanding the partnership to include local councils has meant councils are now also contributing resources (such as free and reduced cost swimming sessions), providing further healthy lifestyle options and building a joint cross-sector approach to wellbeing. A new cross-sector governance group (Te Poari) will support the ongoing development of the service, with representatives from the provider partners (Purapura Whetu Trust, Whānau Whanake, Tangata Atumotu Trust and Waitaha Primary Health), Waimakariri District Council, Selwyn District Council, Christchurch City Council, Sport Canterbury, Te Aka Whai Ora and Te Whatu Ora.

Successful cross-agency response to notifiable disease outbreak - A large cryptosporidiosis outbreak in the urban Queenstown area in late August required a multi-agency response led by our Southern Public Health Service. The team responded to 68 confirmed and numerous probable cases over the quarter with a small number of notifications continuing to be investigated in October. The scale of the outbreak meant the response extended well beyond the Southern region, with cases across Aotearoa and in Australia, requiring collaboration of regional and national public health teams and external agencies including the Ministry of Primary Industries, Institute of Environmental Science and Research, Taumata Arowai and Queenstown Lakes District Council. Comprehensive source investigations have implicated contamination of the Two-Mile Queenstown drinking water supply, and a Boil Water Notice will stay in place until a protozoal barrier is implemented at the treatment plant.

Improving Cervical Screening Rates - Cervical Screening Awareness month in September, saw a Mana Wahine Cervical Screening Day held at Waikawa Marae in Nelson Marlborough in collaboration with Te Piki Oranga, Marlborough Cancer Society, Cervical Screening Services and Te Whatu Ora. This was the first community clinic following the new HPV Screening model launched 12th September 2023 with a positive outcome of 21 wahine having a screen along with education and links with other services. All our districts are reporting positive uptake of the new cervical screening model and we are anticipating a positive lift in screening rates across the region.

Cervical Screening Rates Te Waipounamu – September 2023 (green indicates average NZ average results)

	Total Population	Maori	Pacific	Asian
Nelson Marlborough	75.4	68.6	62.6	62.1
Canterbury	70.8	62.1	57.9	63.4
South Canterbury	69.5	60.5	73.1	59.9
West Coast	69.5	66.8	74.0	55.0
Southern	73.0	60.7	61.6	56.8
New Zealand	68.2	55.2	54.8	62.9

Starting Well

Education partnership promoting health for tamariki - A joint population health initiative involving Early Learning Services and Public Health Nurses has been introduced in Nelson Marlborough to support improved health outcomes for tamariki. Several early learning services have already taken up the offer of health and wellbeing support and education from public health nurses including a very successful Circle of Security programme. The team are now working on linking Early Learning Services with Health Promotion Nutritionist and Oral Health Promoters to further support improved health outcomes for tamariki in the district.

Improving the reach of Immunisation Services - Good progress is being made following the development of the Te Waipounamu Immunisation Plan and COVID-19 Immunisation and Care in the Community Review. More than 70 korero were held to develop the Immunisation Plan and implementation of the agreed actions will make it easier for Hapori/community providers and partners to work with us and improve the responsiveness of our service. Changes are being driven by Public Health, Commissioning, Te Aka Whai Ora, and Pacific Health teams, and are particularly focussed on enabling Hauora Māori Partners and Pasifika providers to immunise their whānau. The latest childhood immunisation rates for the South Island to September 2023, demonstrates positives for our region. With our action plan underway we anticipate building on our strengths to target Māori and Pacific children.

Childhood Immunisation Rates Te Waipounamu – September 2023 (green indicates top five NZ coverage results)

	% Fully immunised - Total Population			% Fully immunised - Maori		
	8 months	24 months	5 years	8 months	24 months	5 years
Nelson Marlborough	83.30%	84.40%	85.40%	76.80%	79.10%	77.60%
Canterbury	89.60%	91.90%	91.60%	77.40%	85.60%	84.60%
South Canterbury	84.60%	85.60%	87.00%	72.00%	76.20%	87.50%
West Coast	81.70%	74.70%	74.20%	90.00%	64.30%	80.00%
Southern	90.30%	90.90%	86.80%	81.80%	86.70%	76.70%
New Zealand Average	82.80%	82.90%	80.50%	67.00%	70.10%	69.80%

Living Well

Health & Wellbeing Hub on track to support the community - The Te Kāika Wellbeing Hub, a new integrated primary & community health and wellbeing hub being built in Dunedin, is progressing well with an expected completion date of early April 2024. This is a partnership between Ngai Tahu charity organisation Ōtākou Health Limited, Te Whatu Ora and Te Manatu Whakahiato Ora/Ministry of Social Development. The Hub will provide wraparound primary healthcare, specialist health services and social services to benefit the health and wellbeing of the community. Great emphasis has been placed on tino rangatiratanga/self-determination from our whānau/communities to inform service design and decision making, and progress is being made internally to provide these services in a community setting.

Implementing Comprehensive Primary Care Teams - Commissioning leads across Te Waipounamu are working closely with PHOs, general practices and Māori and Pacific provider partners to implement the new Comprehensive Primary Care Team model. A strong integrated community-led approach is being supported, with our team working with providers to determine logical and viable clusters, and individual clusters working together to determine the best way to meet the community need. Indications are that there will be close to 15 clusters across our region and while scale and complexity mean some areas are ahead of others, all are progressing well. Positive feedback is already being received regarding the strengthening bond between Hauora Māori providers and general practices. Several clusters have elected to place additional capacity with their Hauora Māori partners to improve their community response and improve access to primary care services for Māori in our region.

PHO Enrolment Rates for Te Waipounamu – October 2023 (green indicates achievement of national targets)

District of Domicile	Total			Māori			Pacific			0 - 4 Year Olds		
	Total Enrolled	Total Population	%	Total Enrolled	Total Population	%	Total Enrolled	Total Population	%	Total Enrolled	Total Population	%
Nelson Marlborough	156,414	166,120	94%	16,027	19,390	83%	2,853	3,760	76%	7,455	7,825	95%
Canterbury	584,360	597,385	98%	53,992	62,405	87%	17,580	19,605	90%	33,473	32,760	102%
South Canterbury	61,070	62,508	98%	5,094	6,240	82%	1,543	1,248	124%	3,118	3,200	97%
West Coast	32,346	32,775	99%	3,829	4,225	91%	410	388	106%	1,544	1,695	91%
Southern	337,121	353,465	95%	33,777	41,395	82%	8,776	9,255	95%	17,077	17,710	96%
National			96%			83%			95%			98%

Reducing waits for planned care - Our regional Planned Care Working Group continues to support and drive initiatives to address long-waits across Te Waipounamu. Additional funding has been directed into reducing waits and enabling increased access to planned care in rural areas and a Recovery Plan has been put in place to reduce long waits by 31 December 2023. Progress is evident with long-wait numbers coming down across the region. We have identified 200 cases across Waitaha | Canterbury and Southern that are still at risk and individual recovery plans are being instigated for these cases. Regional collaboration is assisting, with patients transferring between districts for care. South Canterbury has capacity and is assisting both Waitaha and Southern and capacity identified in Nelson Marlborough over the last quarter is also being utilised for a cohort of long-wait patients from Waitaha.

Te Waipounamu Long Wait Patients per 100,000 population – October 2023



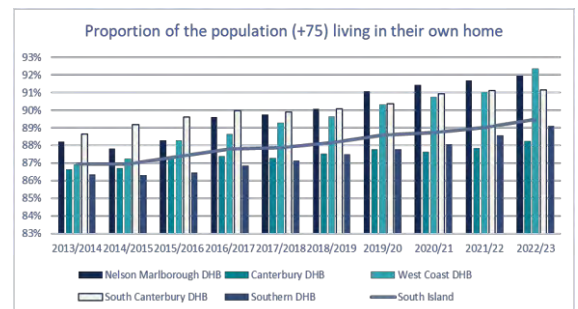
Addressing cardiac wait times - A longstanding outplacng arrangement has enabled Cardiologists from Christchurch Hospital to provide angiography one day a week in the Cathlab at St. George's hospital. This arrangement, alongside careful triaging and demand and capacity management work has brought the waitlist for angiography under control. The team has now turned its focus to the wait list for cardiac electrophysiology intervention, where all the people waiting longer than 120 days on the cardiac waitlist are waiting for this procedure. The outplaced arrangement has been varied so that every second session can be used for electrophysiology work and 49 long waiting patients have already been able to access this procedure through the new sessions.

Reducing system pressures – One of the services trialled in Canterbury under the national seasonal pressures programme was a telehealth service, Specialist Telehealth Aotearoa (STAR). Community-based clinicians can engage directly with emergency specialists, to determine appropriate treatment for their patient, via telehealth consultations, avoiding unnecessary presentations to ED and admissions to hospital. Operating 1200-2200 seven days per week, the programme has a strong focus on reducing barriers for rural patients and people in Aged Residential Care and supporting clinicians working for St John Ambulance.

On average, 70 patients are being referred each week, largely from St John (87%). A good proportion are from rural areas (13%), and most live in their own homes (80%). Early results are positive with 60.9% of people who would otherwise have been transported to ED being treated at home. Of those people who were brought into hospital 37% were able to be transferred directly to the appropriate department, rather than into ED. The pilot will end on 31 October and a comprehensive evaluation will help to determine the impact of this service and how it might be rolled out to other settings and across the region.

Ageing Well

While living in residential care is appropriate for a small proportion of our population, studies have shown a higher level of satisfaction and better long-term outcomes when people remain in their own homes and connected to their local communities. The proportion of older people living in their own homes has been steadily increasing across the South Island and our goal is to continue this positive trajectory.



Addressing community-based Registered Nursing (RN) shortages - Chronic RN shortages continue across aged residential care facilities (ARC) in our region, however, while early days, we believe we are beginning to see some improvement with less workforce related Section 31s reported

across the region this quarter. Hospital and Psychogeriatric ARC level-beds are particularly impacted and there are still some areas including West Coast, Nelson Marlborough and Southern where hospital level care ARC beds are currently closed due to the RN shortages. In Southern, 40% of hospital level care facilities are still regularly reporting shortages. This means some new residents to aged care may not be able to have their preferred facility of choice or may have to go out of region to access hospital level care. A prioritisation process is in place to ensure equity of access to available beds and repatriation back to the district when local beds become available. We are also monitoring facilities reporting regular shortages closely.

The English exam has proven to be a barrier to International Qualified Nurses (IQNs) in ARC gaining access to a Competency Assessment Programme and therefore subsequent NZ nursing registration. Our West Coast team has been trialling targeted English tuition for IQNs. This has been successful and five IQNs have passed their exam over the past quarter and have now enrolled in the programme. We will be looking at rolling this support out to other districts in our region.

Improving Home & Community Support Service (HCSS) capacity - Workforce issues across HCSS are resolving in areas with bulk funding arrangements. The main issues are now capacity for supporting big packages of care both in rural areas and in the areas in our region still operating fee-for-service arrangements. Providers in bulk funded and urban areas are working together and combining workforce resources to cover larger packages of care for clients which is more difficult in rural areas and under fee-for-service arrangements. Our regional Ageing Well commissioning team will look to share lessons learnt across the wider region in the coming quarter and bring providers together to support more complex patients.

Addressing system flow – There has been a strong feeling from within HSS services that older people and ARC residents are causing "bed block" across our inpatient environments. Our analytical team has completed a deep data dive over the last quarter which has dispelled this belief, and this has been shared with our clinical teams. Several initiatives are now in place to support discharges from hospital across the region with dedicated discharge liaison roles, early support discharge teams, shared goals of care plans, and a funded SLA now available to support complex discharges to ARC. These initiatives and referral pathways are being communicated widely to ensure people are aware of the options when they have an older person needing additional support on their wards.

Other Items of Interest



Launched new peer governed and peer led support services in Otago and Southland, along with two new peer support worker positions in Southland's Community Mental Health team.



Held a Tamariki Whānau Day in Motueka, with the PHO, Public Health, and Hauora Māori partners. Health education and navigation support was provided, and 35 vaccinations were delivered to tamariki on the day.



Obtained gold standard certification from the International Osteoporosis Foundation for Timaru Hospital's Capture the Fracture programme in South Canterbury.



Completed a draft Regional Health & Wellbeing Plan for Te Waipounamu. Engagement with regional teams, IMPBs, Localities and stakeholders continues over the next quarter as we refine the draft Plan.



Delivered a Gender Affirming Healthcare education session for primary care clinicians in South Canterbury, with contemporary guidelines socialised and provided to all practices.



Transitioned to HPV swabbing under the national cervical screening programme with districts already reporting positive up-take by clinicians across general practices and by women at community events.



Introduced two additional mental health crisis respite beds in Southland. These will be provided by Kaupapa Māori provider Nga Kete Matauranga Pounamu, along with wrap-around advocacy, day services and community support for individuals and whānau.



Completed a survey of 200+ general practice staff in Canterbury identifying common issues impacting on capacity. A response plan, being led by the Canterbury Clinical Network, will create opportunities to share solutions across the region.



Launched new Hauora Māori Equity Bowel Screening Programme on the West Coast. A collaboration between the four Coast Haora Māori Providers and PHO the programme provides health promotion screening for people who are overdue. Positive results are already being seen.

Emerging Issues and Concerns

Barriers for disabled people requiring mental health support – Nelson Marlborough has an equity issue with limited and restricted service or placement options for disabled people requiring mental health support in the district, especially for rangatahi. Individual cases are being discussed at multi-disciplinary team meetings and escalated as appropriate, and the team are working with Whaikaha | the Ministry of Disabled People and Disability NASC team to identify long-term solutions.

Midwifery shortages putting pressure on services - Staffing shortages across rural primary maternity units in Southern mean teams are having to rely on locums and registered nurses to fill roster vacancies. Central Otago's maternity unit currently has only 1.05 FTE core midwives in place and using a backfill of 1.35 FTE registered nurses to cover the 3.15 FTE vacancies. A region meeting was held in the last quarter with all primary and secondary midwifery managers, aiming to address inequities in locum contracts across the region and share learnings from successful models in other districts to support a more sustainable workforce model. Early discussions have also started to support alignment of service policies, for example introducing a Te Waipounamu standard policy for Whenua (placenta).

After Hours/Urgent Care challenges - Several after-hours service providers/general practices across Nelson Marlborough, Canterbury and Southern have recently pulled out of after-hour service provision or reduced their operating hours and other providers across the region are signalling that they may not be able to continue to meet their obligations under the PHO Services Agreement. Viability issues around staffing and locum shortages and rising costs are being highlighted. We have growing concerns around the provision of after-hours cover over the summer holiday period, particularly in rural areas. Our commissioning teams are working with the PHOs and practices to ensure services are still in place for the community and with our HSS colleagues to consider the pressures that might flow onto Emergency Departments. Increased access to Whakarongorau Aotearoa, short-term sustainability funding and support from pharmacies is helping to sustain services, while longer-term solutions are identified.

Service risks in Nelson Marlborough – The team is currently negotiating with a major Mental Health & Addictions provider of community, residential and respite support services who is indicating significant financial pressures due to the high costs of residential service provision. Potential investment is needed to ensure all services remain open and have appropriate staffing levels may be considerable. The team is working with the provider to undertake analysis of current service models including national benchmarking and considering prioritisation of service delivery and wider investments in primary care that could be utilised to support this population in their communities. Options will be considered next quarter.

Provider withdrawal from Very Low-Cost Access scheme - A VLCA general practice owned by Green Cross in Motueka has signalled they will exit the VLCA scheme in October. The practice will implement the Community Services Card subsidy scheme which means card holder will not face increased co-payments, however all other patients will pay higher fees. Green Cross has also indicated they are withdrawing several other practices from VLCA, primarily in North Island but this is likely to impact on other Green Cross practices across the region, including Hauora Māori practices. Further work is being done to consider the wider impact of the providers decision. The PHO is supporting preparation of a communications plan to ensure our community is aware of the change.

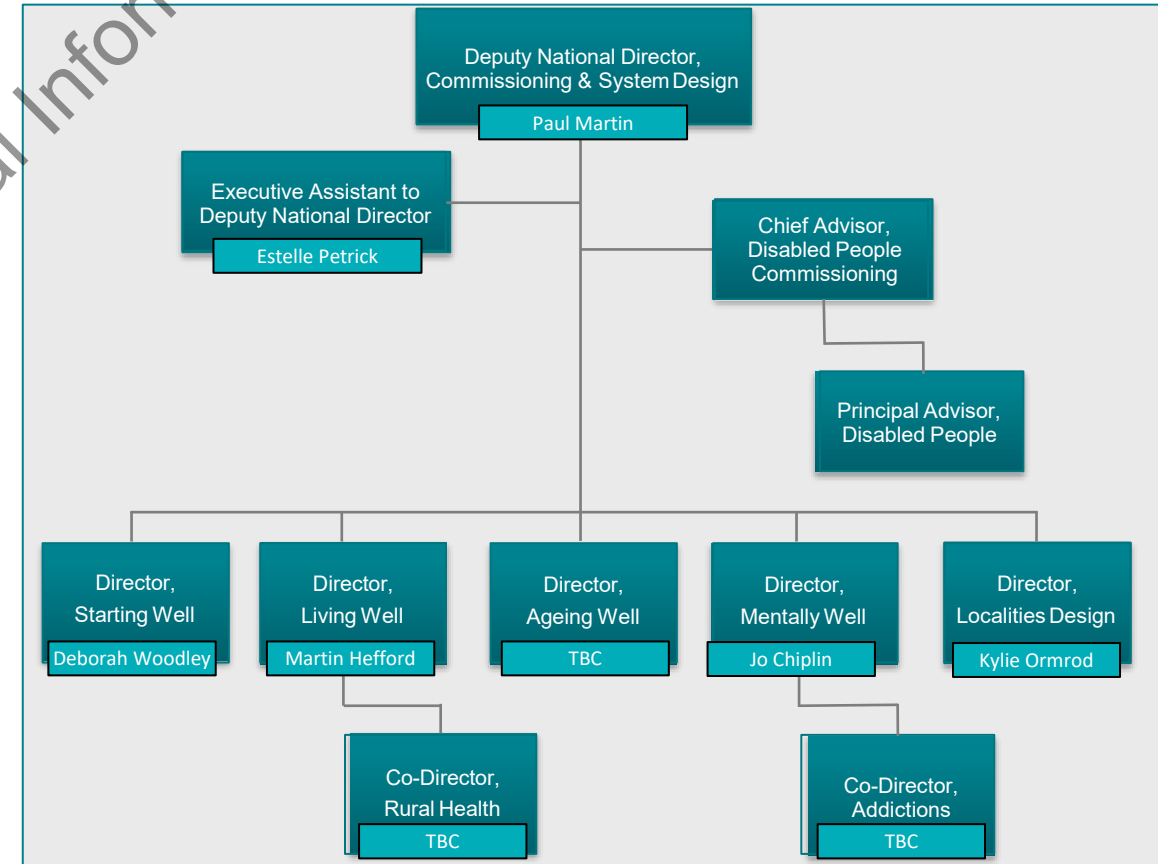
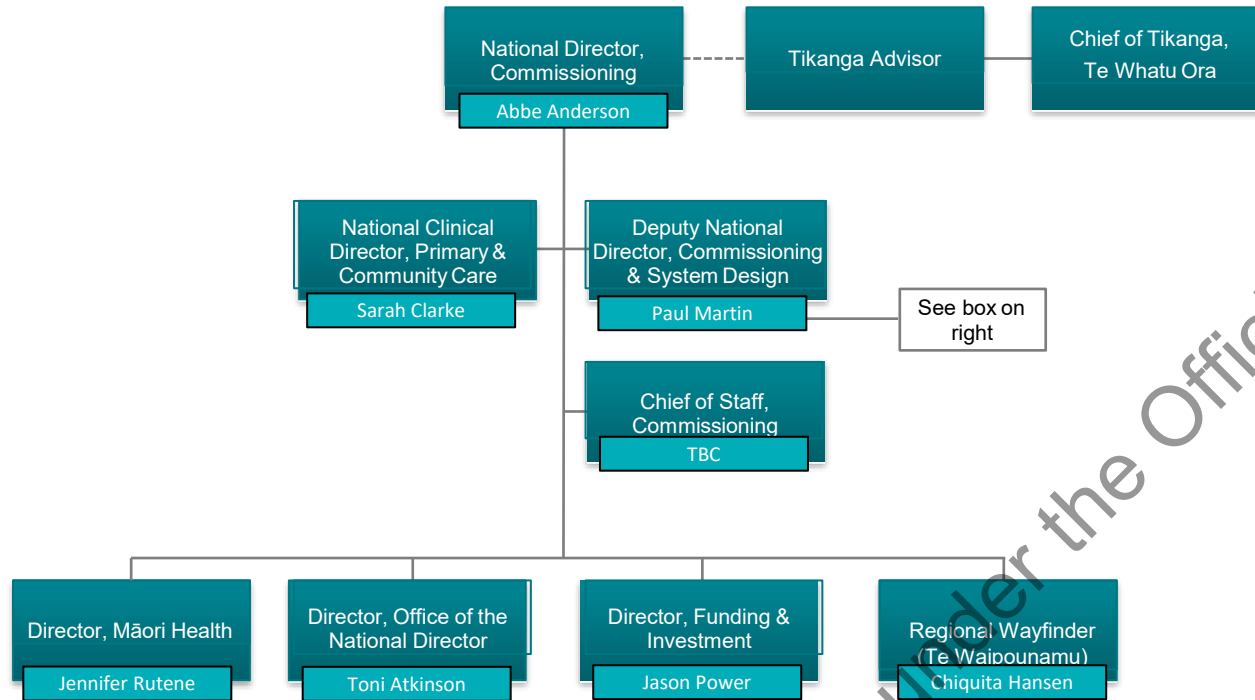
Pharmacist shortages impacting on service delivery – Shortages of pharmacists remains an ongoing issue across the region, with urgency in Wairau and Nelson Hospital where further resignations and part-time appointments are making scheduling of work difficult. The team have engaged a recruitment company to assist with finding pharmacists which has generated several expressions of interest from abroad. Several look promising but there will be a lag time of approximately four months for successful candidates to relocate to Blenheim and a further period of three months until registration. The team are planning for a "one pharmacist" and "no pharmacist" day in Wairau until the situation can be resolved.

Te Whatu Ora
Health New Zealand

Commissioning Structure National & Te Waipounamu

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Commissioning – National Commissioning Team



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Commissioning – Senior Leadership Team

Colour Legend

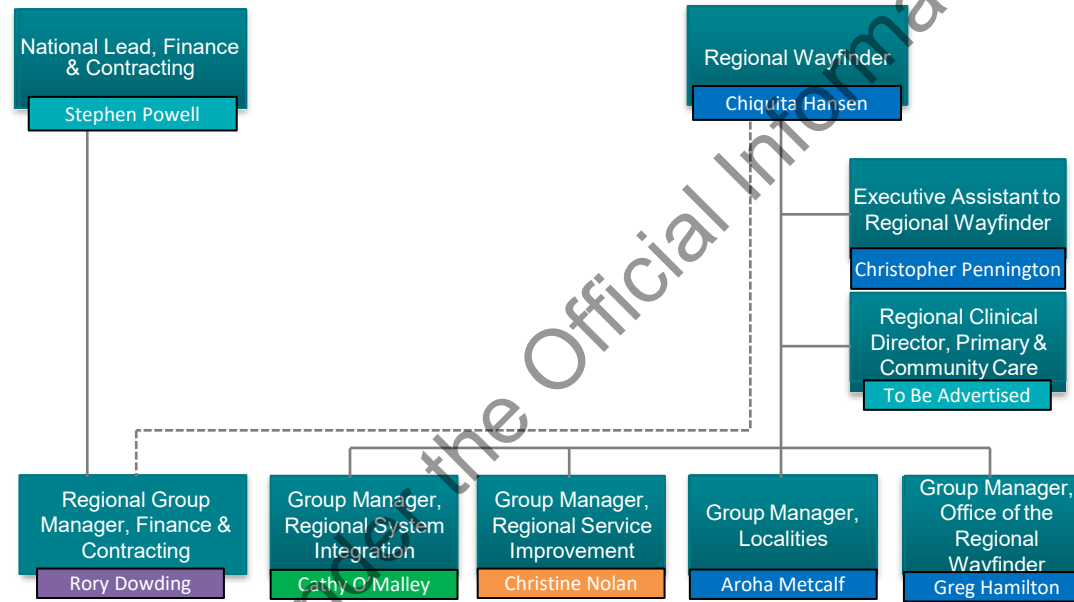
Based in Nelson / Marlborough

Based in Waitaha

Based in Te Tai o Poutini (West Coast)

Based in South Canterbury

Based in Southern

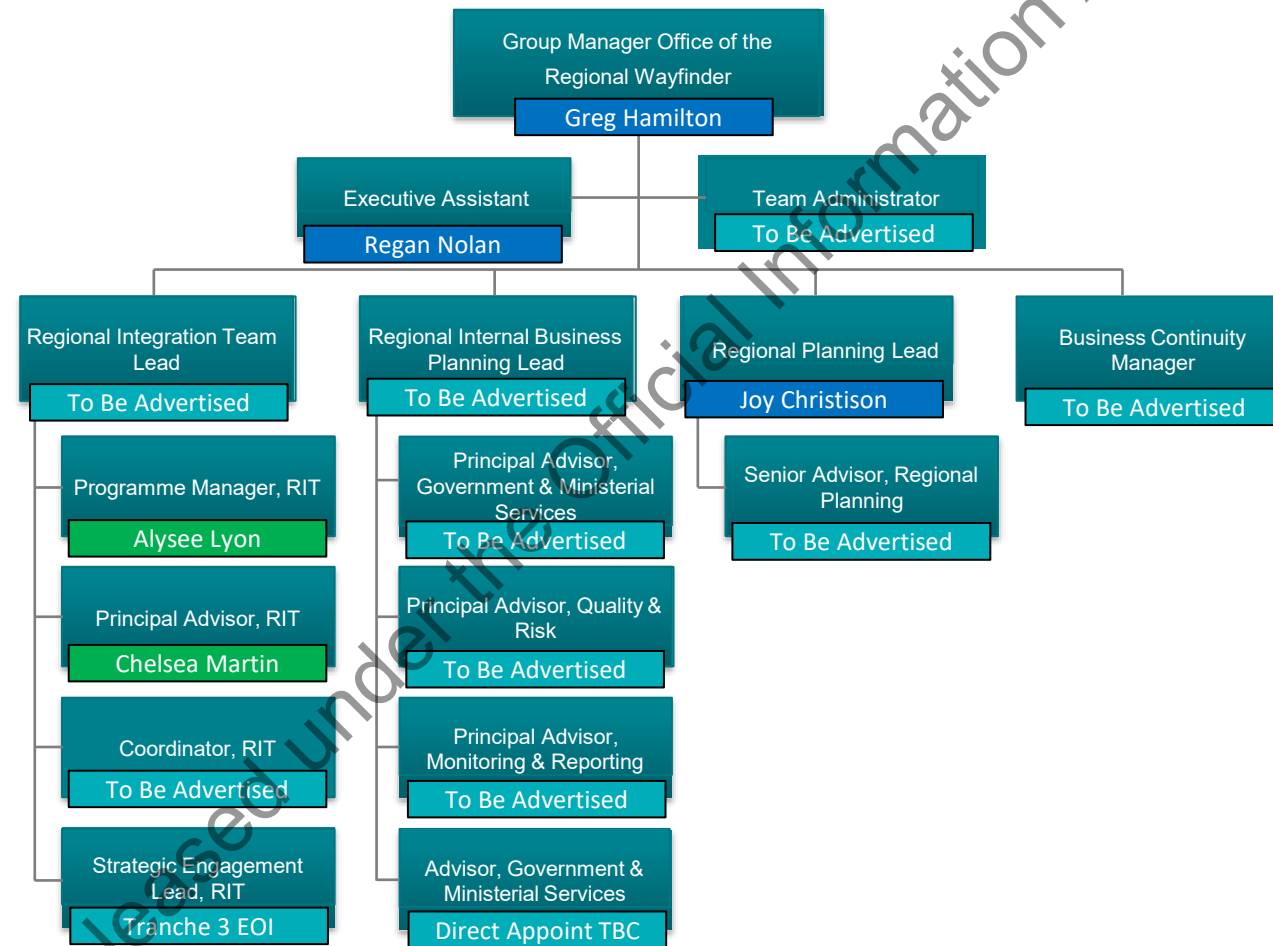


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Commissioning – Office of the Regional Wayfinder

Colour Legend

- Based in Nelson / Marlborough
- Based in Waitaha
- Based in Te Tai o Poutini (West Coast)
- Based in South Canterbury
- Based in Southern

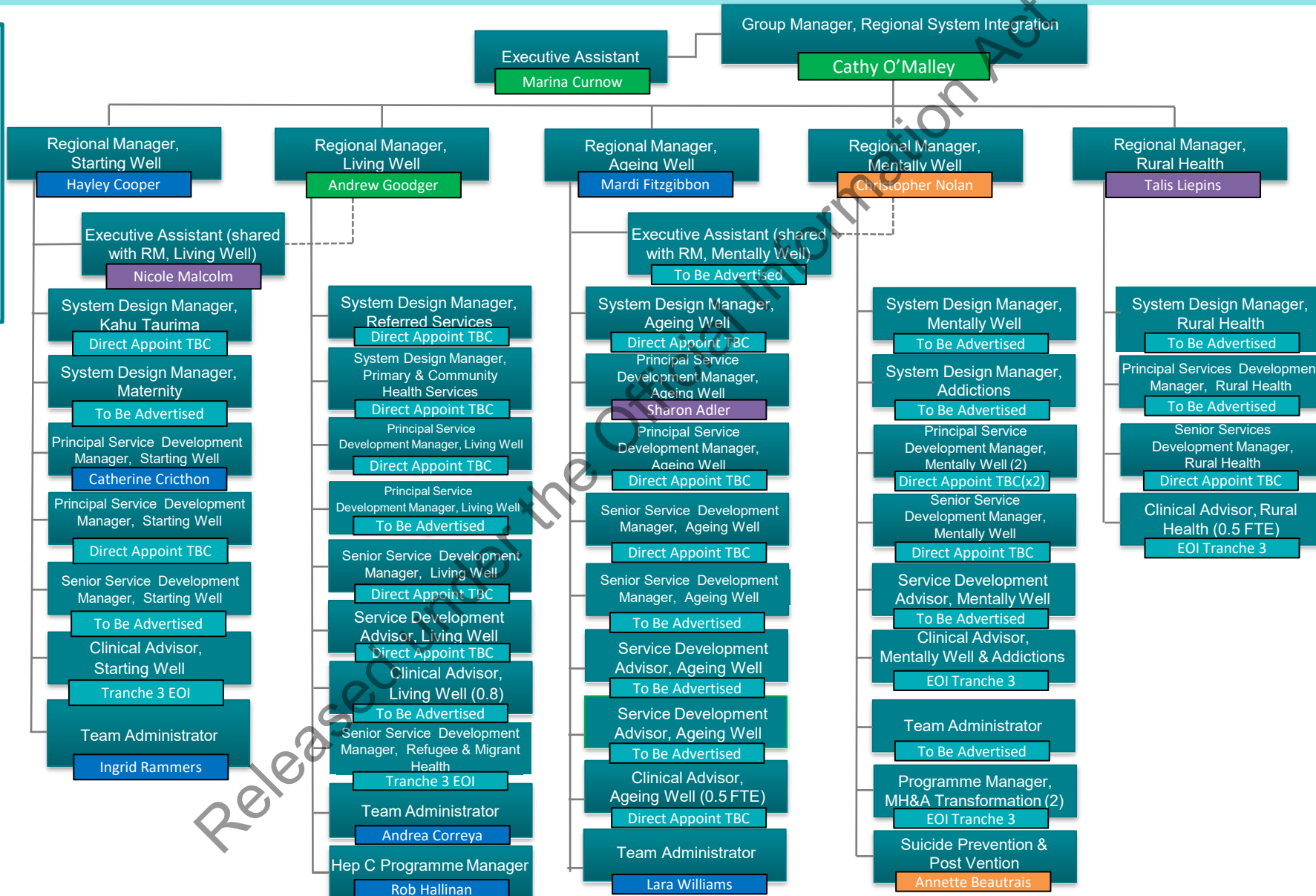


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Commissioning – Regional System Integration Team

Colour Legend

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- Based in Waitaha
- Based in Te Tai o Poutini (West Coast)
- Based in South Canterbury
- Based in Southern

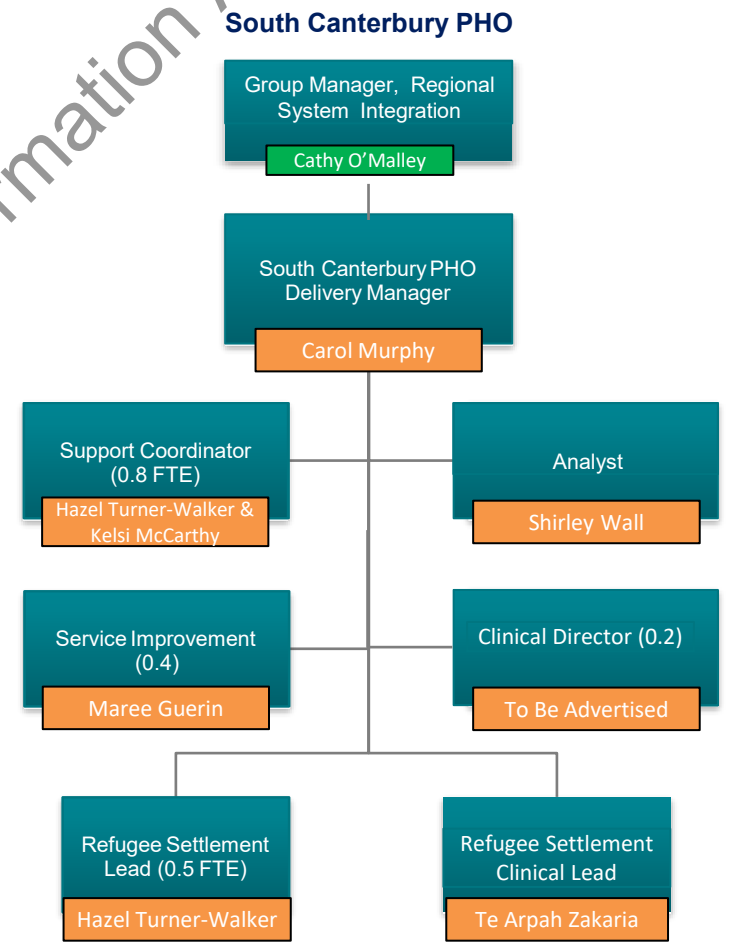
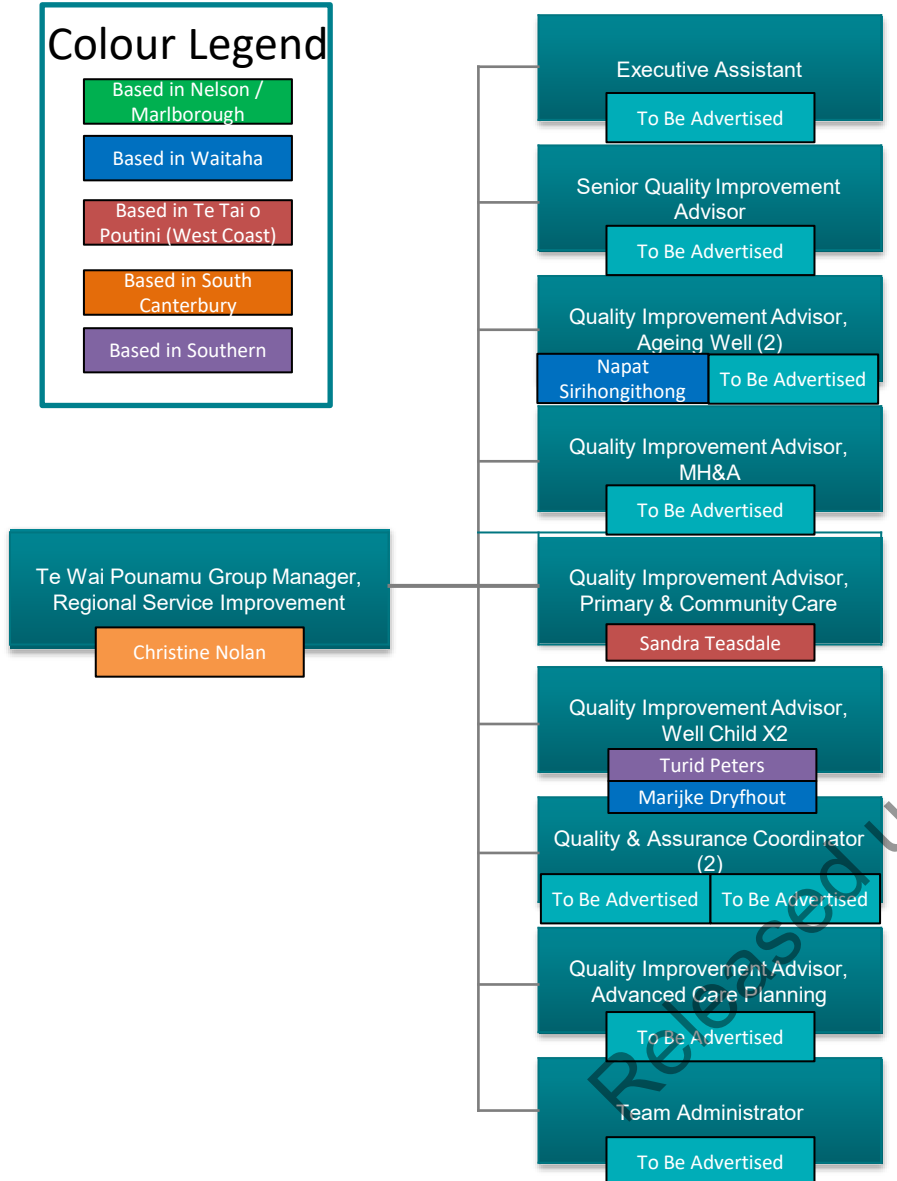


Commissioning – Regional System Improvement Team

Commissioning – Delivery Team

Colour Legend

- Based in Nelson / Marlborough
- Based in Waitaha
- Based in Te Tai o Poutini (West Coast)
- Based in South Canterbury
- Based in Southern

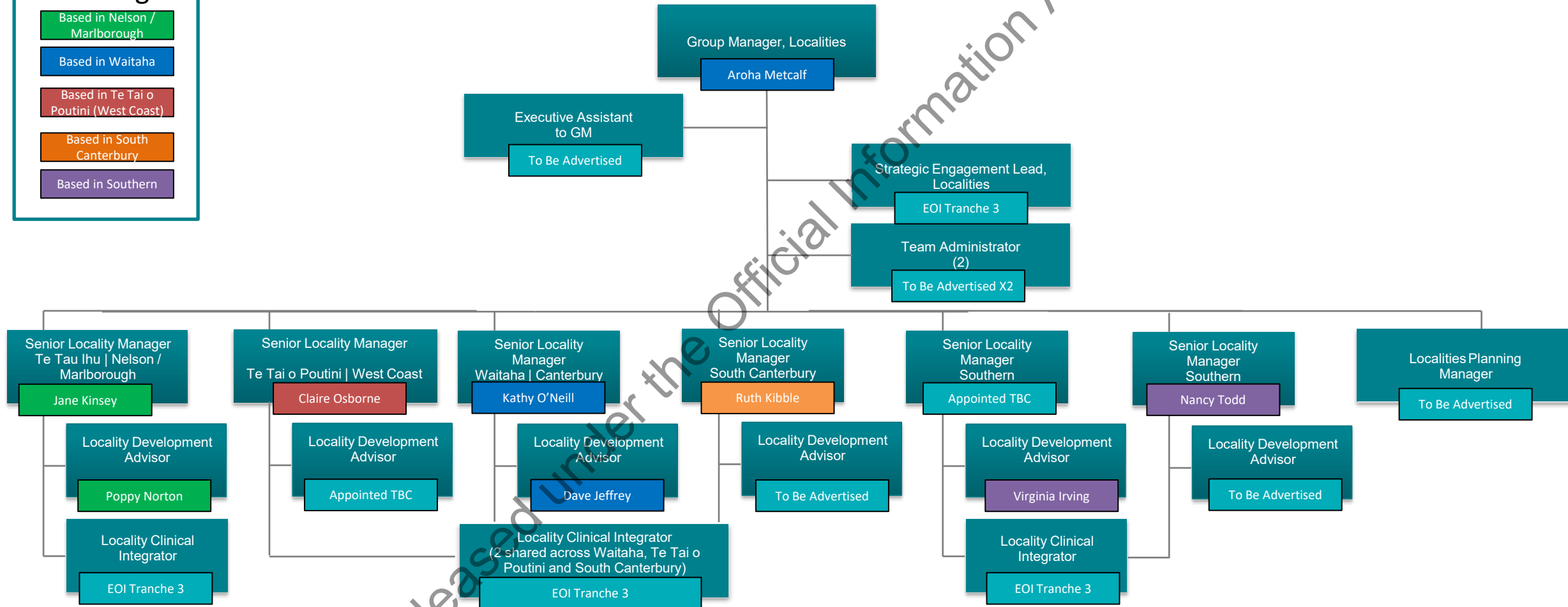


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Commissioning – Regional Locality Team

Colour Legend

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- Based in Waitaha
- Based in Te Tai o Poutini (West Coast)
- Based in South Canterbury
- Based in Southern

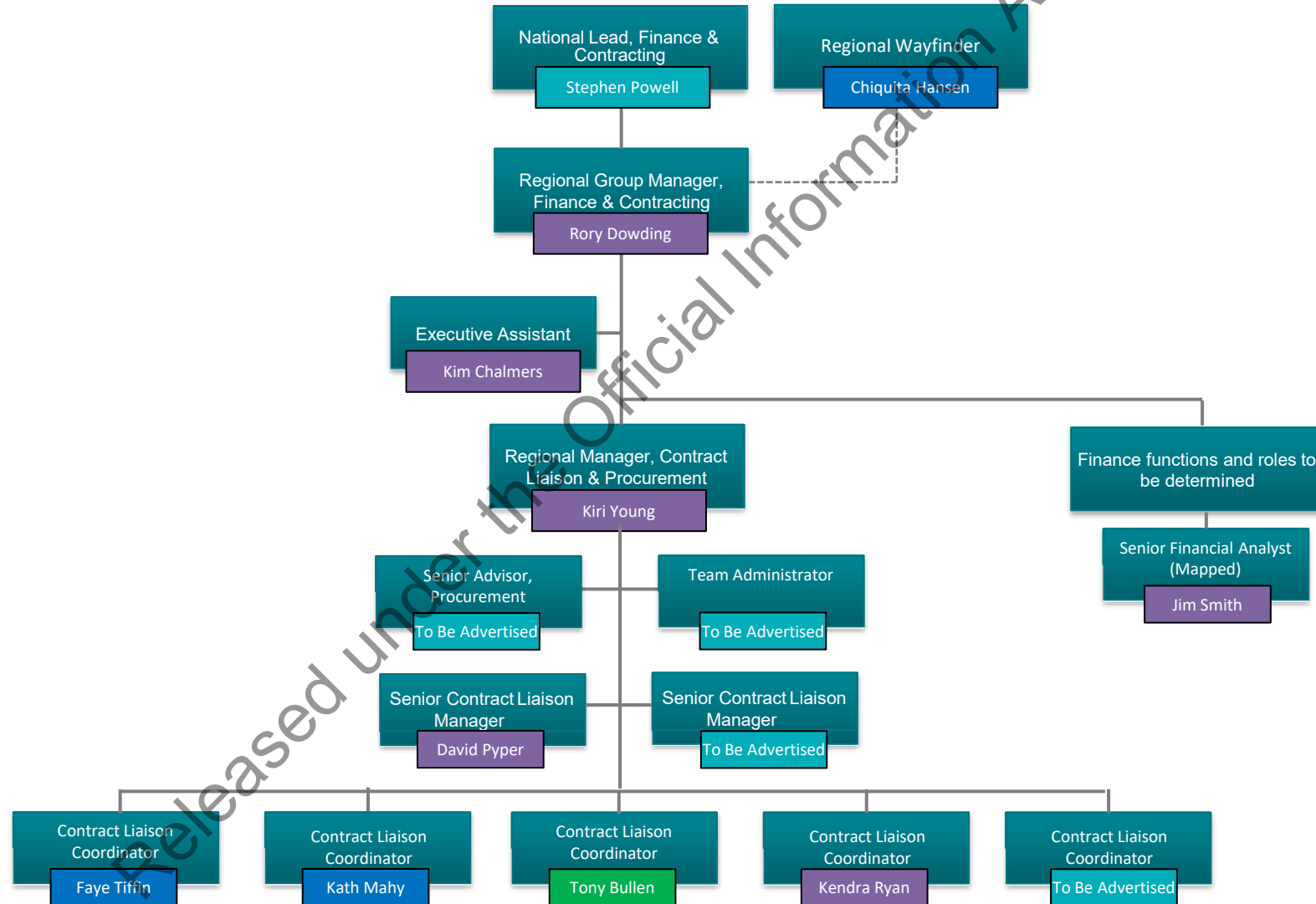


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Commissioning – Finance and Contracting

Colour Legend

- Based in Nelson / Marlborough
- Based in Waitaha
- Based in Te Tai o Poutini (West Coast)
- Based in South Canterbury
- Based in Southern





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Te Whatu Ora
Health New Zealand

Te Waipounamu R.I.T Meeting Agenda

Date & time	Tuesday 19th December 2023, 11:00am – 12:45pm
Members	Mata Cherrington Regional Director Te Aka Whai Ora (Co-Chair) Chiquita Hansen Regional Wayfinder (Co-chair) Daniel Pallister-Coward Regional Director Hospital and Specialist Services Vince Barry Regional Director National Public Health Service Erolia Eteuati-Rooney Regional Director Pacific (Interim) Nick Baker Regional Clinical Lead Te Whatu Ora Richard Hamilton Regional Service Improvement and Innovation (Interim) Christopher Pennington Secretariat Te Waipounamu R.I.T Greg Hamilton Group Manager, Office of the Regional Wayfinder
Apologies	Daniel Pallister-Coward, Erolia Eteuati-Rooney

	Te Take (Item)	Time	Papers	Te Kaikōrero (Lead)	Kaupapa (Purpose)
	Most recent minutes (No papers included for file size)			 23.11.09_Minutes RIT - No Papers.docx	
1.	Karakia – 11:00am	3 Mins			
2.	<ul style="list-style-type: none"> Apologies Declaration of potential conflicts 	2 Mins		Mata	To Note
Governance / Administration					
3.	Approval of previous minutes	3 Mins		Mata	To Approve
4.	Update of Actions (in table below)	2 Mins		Mata	To Discuss
5.	Cadence <ul style="list-style-type: none"> Start date for 2024 Tentative F2F hui Dates, Locations and length RIT Engagement schedule (Iwi / Runaka / Marae) 	20 Mins	 Proposed RIT Cadence 2024.docx	Chiquita	To Confirm
6.	Confirming Christmas leave	5 Mins		Chiquita	To Discuss
Standing Agenda Items					
7.	Regional Risks & Issues <ul style="list-style-type: none"> Approve amended Issues Register New items: <ul style="list-style-type: none"> Health & Safety Emergency Planning Critical Service Risks 	10 Mins		Chiquita	To Approve To Discuss

Te Waipounamu R.I.T Meeting Agenda

	Te Take (Item)	Time	Papers	Te Kaikōrero (Lead)	Kaupapa (Purpose)
8.	Immunisation Update	10 Mins		Vince	To Inform
Items of Importance					
9.	Clinical Governance update	20 Mins	 2023-12-07 Region Clinical Governance  NOV 2023 COAC Clinical Governance	Nick	To Inform
10.	Regional Health and Wellbeing Plan Update <ul style="list-style-type: none"> Review latest draft and feedback Discuss process for final draft sign-off (21st December) 	10 Mins		Chiquita, Mata	To Inform & Discuss
11.	Closing Karakia – 12:45pm				

Previous Actions

#	Action	Responsible	Completed
231101	Chris to send latest version of the BIM to RIT team members	Chris	
231102	Imms Declines investigation FTE – Vince to come back to the RIT with a more detailed request	Vince	
231103	Regional Health and Wellbeing Plan: Script to be generated for people leaders when talking to the slidedeck to assist with consistent messaging	Chiquita	
231104	Reporting: RIT members to pass on to Melissa all regular reporting, along with recent completed reports	All	
231105	Mata to connect with Melissa offline on getting the Te Aka Whai Ora weekly reporting content through	Mata	
231106	RIT F2F: Add Reporting to the Agenda, to be led by Melissa and Greg Update: F2F Cancelled – shifted to 2024 F2F	Chris	Completed

Proposed RIT Cadence 2024

Suggest that Cadence change to a monthly hui, alternating between:

- Month 1 – 3 hour Virtual Hui, Thursday am.
- Month 2 – 1.5 day F2F (thur/Fri) from different sub-regions each time.

RIT members suggested to locate themselves at this sub-region for that week.

Proposed dates / details for 2024:

Month	Date	Meeting Type	Location	Comments
January	18 th Jan	Virtual	N/A	Putting in to comply with TOR – very close to F2F so up for discussion
February	01 st – 02 nd Feb	F2F	Christchurch	Need to decide if F2F are full day thur, half day Fri or viceversa.
March	07 th Mar	Virtual	N/A	
April	11 th – 12 th Apr	F2F	Dunedin	Avoiding easter week and school holidays
May	09 th May	Virtual	N/A	
June	13 th – 14 th June	F2F	Nelson	
July	11 th July	Virtual	N/A	
August	15 – 16 th Aug	F2F	South Canterbury	
September	12 th Sept	Virtual	N/A	
October	17 th – 18 th Oct	F2F	West Coast	
November	14 th Nov	Virtual	N/A	
December	12 th (one day)	F2F	Christchurch	Suggested a final F2F for the year – just one day, reduced hours with a ‘Christmas’ lunch to allow for flying in/out.

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Clinical Quality and Assurance Committee

National Quality Report on a Page

Date:	28 November 2023	Author:	Dr Richard Sullivan
For your:	Information	Approved by:	Dr Dale Bramley
Seeking funding:	No	Funding implications:	No
To:	Clinical Quality Assurance		

Purpose

1. The purpose of this paper is to provide the Committee with an update on the implementation of a system-wide approach to clinical governance and quality for Te Whatu Ora.

Recommendation

2. **The Committee** is asked to:
 - a) **note** this paper has been reviewed by the Executive Leadership Team and the team's feedback has been incorporated in this paper
 - b) **note this paper** and provide feedback on the content.

Contribution to strategic outcomes

Te Pae Tata Contribution

Link to health sector principles (s7, Pae Ora Act)

3. The paper contributes to:
 - a) equity through access to services, levels of service, health outcomes for Māori and other population groups by ensuring quality and safety systems are focused on equitable access and health outcomes for Māori and other population groups.
 - b) engagement with Māori and other population groups to develop and deliver services and programmes that reflect needs and aspirations by incorporating Te Tāhū Hauora's Te Ao Māori Framework in Te Whatu Ora's clinical governance framework.
 - c) opportunities for Māori to exercise decision-making authority on matters of importance to Māori by incorporating Te Tāhū Hauora's Te Ao Māori Framework in Te Whatu Ora's clinical governance framework.

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- d) choice of quality services to Māori and other population groups by ensuring whānau voice informs strategic decisions and there is a focus on partnerships and working collaboratively with Māori to support more equitable outcomes.
- e) promoting people's health and wellbeing by ensuring health services are holistic and designed based on whānau needs.

Te Tiriti relationship and achieving equity

4. The paper contributes to achieving equity outcomes in the health system reinforces Te Tiriti principles by embedding Te Tiriti o Waitangi obligations and principles in clinical governance.

Te Pae Tata contribution

5. The paper contributes to:
 - a) placing whānau at the heart of the system to improve equity and outcomes by ensuring whānau voice informs strategic decisions and focusing on partnerships and working collaboratively with Māori to support more equitable outcomes.
 - b) embedding Te Tiriti o Waitangi across the health sector by incorporating Te Tāhū Hauora's Te Ao Māori framework in clinical governance.
 - c) developing an inclusive health workforce by ensuring Māori cultural concepts are explicitly understood and embedded into the system and acknowledging and addressing unconscious bias.
 - d) keeping people well in their communities by ensuring health services are holistic and designed based on whānau needs.

Executive summary

6. We continue to progress the development of a clinical governance framework for Te Whatu Ora. The diagram in **Appendix 1** depicts our new system and structures. The structures include:
 - a) Local and district governance groups. We are maintaining these groups and they will continue to support safe care. These groups are already working in networks regionally.
 - b) Four regional clinical governance committees (RCGCs). These groups are establishing, with two groups (in Central and Te Waiponamu) formed and meeting. A standard terms of reference for these groups has been agreed (copy **attached**). Each RCGC will have strong links locally and nationally:
 - Te Aka Whai Ora will be a partner in all RCGCs, and consumers and whānau will be critical to the groups' success
 - A national clinical lead will be assigned to each RCGC and RIT

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- RCGC members will include representatives from Hospital and Specialist Services, National Public Health Services clinical leads, and regional leaders from Commissioning representing community and primary care
 - Regular reporting will occur from and to districts and localities and nationally
- c) A National Clinical Governance Group, which is established and meeting regularly.
 - d) A national clinical leadership team, with interim national leaders in place and recruitment to permanent roles in progress. A national clinical leaders forum is being established, which will report to the ELT and Chief Executive.
7. There is further work to do to develop PHO, community and primary care links and membership, and a clinical leadership model across the motu. This work will include reviewing the RCGC's terms of reference and membership to ensure there are strong links with clear escalation and reporting lines for primary and community services to each regional committee.
 8. Te Tāhū Hauora has recently sought feedback on a draft clinical governance framework from people working in the health sector and consumers and their whānau. We will continue to work closely with Te Tāhū Hauora and ensure alignment with its national framework.

Next steps

9. Further development and implementation of the clinical governance operating model is planned. This includes:
 - a) Working with the regions to establish regional clinical governance groups
 - b) Working with districts to augment clinical governance structures that align with regional and national clinical governance
 - c) Further consultation with senior clinical leaders, staff, union partners and other stakeholders to refine the model
 - d) Development of formal and strong connections with the National Clinical Networks, at a national, regional and district/local level
 - e) Further development of a distributed clinical leadership model particularly at the local/district level.
10. As the clinical governance model develops, issues that present opportunities for improvement are being identified. These issues will be addressed as part of the ongoing development of the model and include the need for:
 - A national approach to the establishment and management of clinical registries
 - Clear processes for the development and publication of clinical policies, guidelines and protocols

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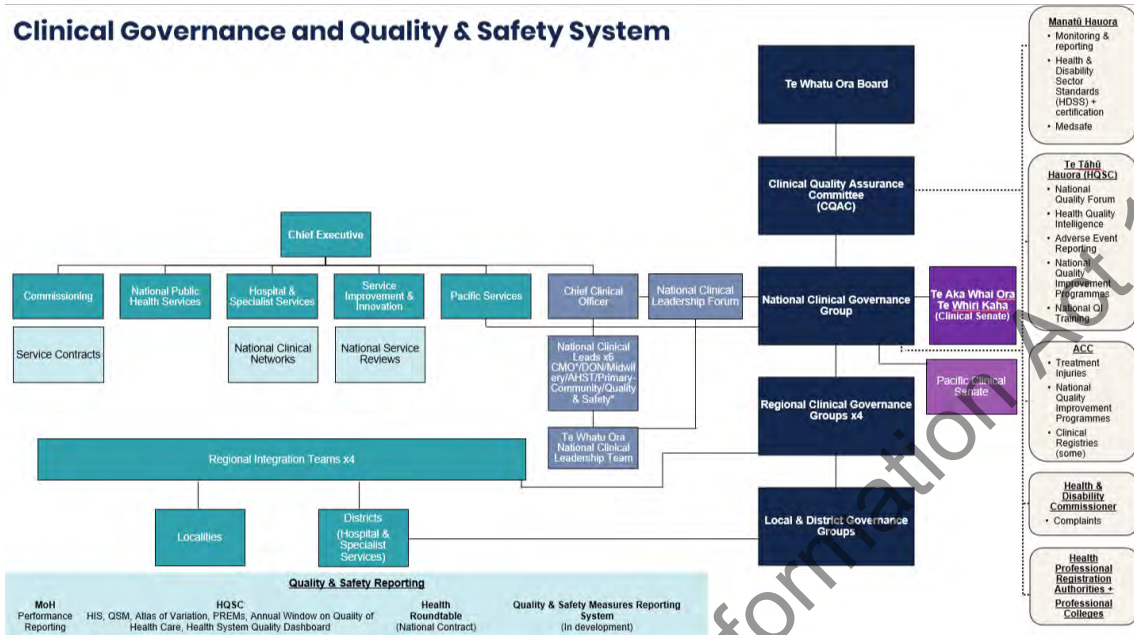
- Clarification of the status of clinical improvement programmes and leadership groups led/supported by Manatū Hauora, ACC, Te Aho te Kahu, and Te Tāhū Hauora, for example the Maternity Quality Improvement Programme; the Neonatal Encephalopathy Taskforce; and regional clinical networks.

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Appendix 1

Clinical Governance and Quality & Safety System



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Te Whatu Ora
Health New Zealand

Governance & Transformation

- *taking our people with us*

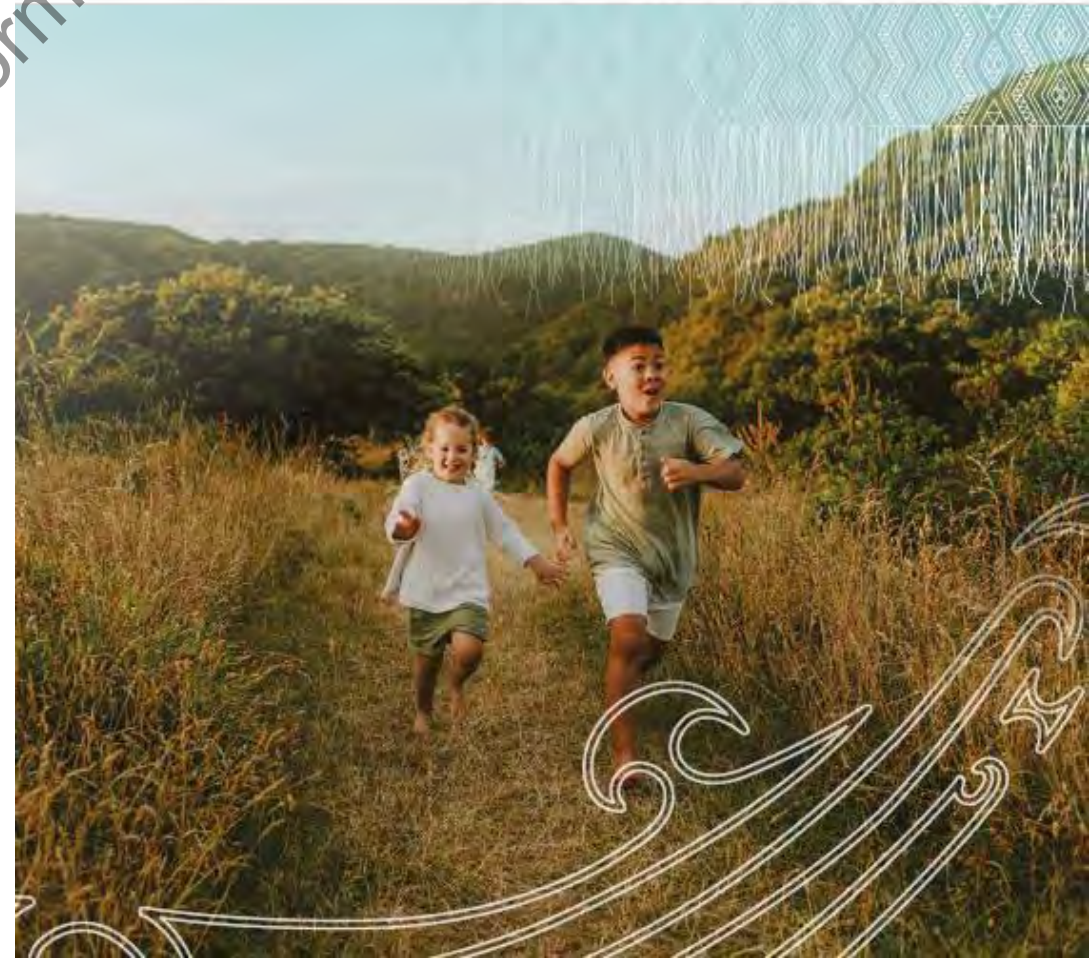
Nick Baker December 2023

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Te Pae Tata Five Key Shifts

- The health system will reinforce Te Tiriti principles and obligations:
- All people will be able to access a comprehensive range of support in their local communities to help them stay well:
- Everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live:
- Digital services will provide more people with the care they need in their homes and communities:
- Health and care workers will be valued and well-trained for the future health system.

Te Pae Tata |
Interim New Zealand Health Plan
2022



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Clinical Governance as an Umbrella Term

Must have common understanding! (Everyone's job and special roles)

- *“patient two”*

- **Creating an Environment where clinical excellence will flourish**
 - Equity, safe, skilled, compassionate - core duty of all staff
 - Relationships, responsibilities, systems and processes
- **Leadership and Management for Safety and Quality**
 - Balancing - access, quality, sustainability – part of all leadership & management
 - Collaboration & Integration - care not constrained by organisational boundaries
- **Professional leadership**
 - Employment, person performance, work with regulators, pipelines, training
- **Clinical Governance (with capital letters)**
 - Formal committees, groups, leadership and operational roles
 - Audit, adverse event management, risk mitigation.....

Clinical governance framework:

collaborating for quality

DRAFT Nov 2023



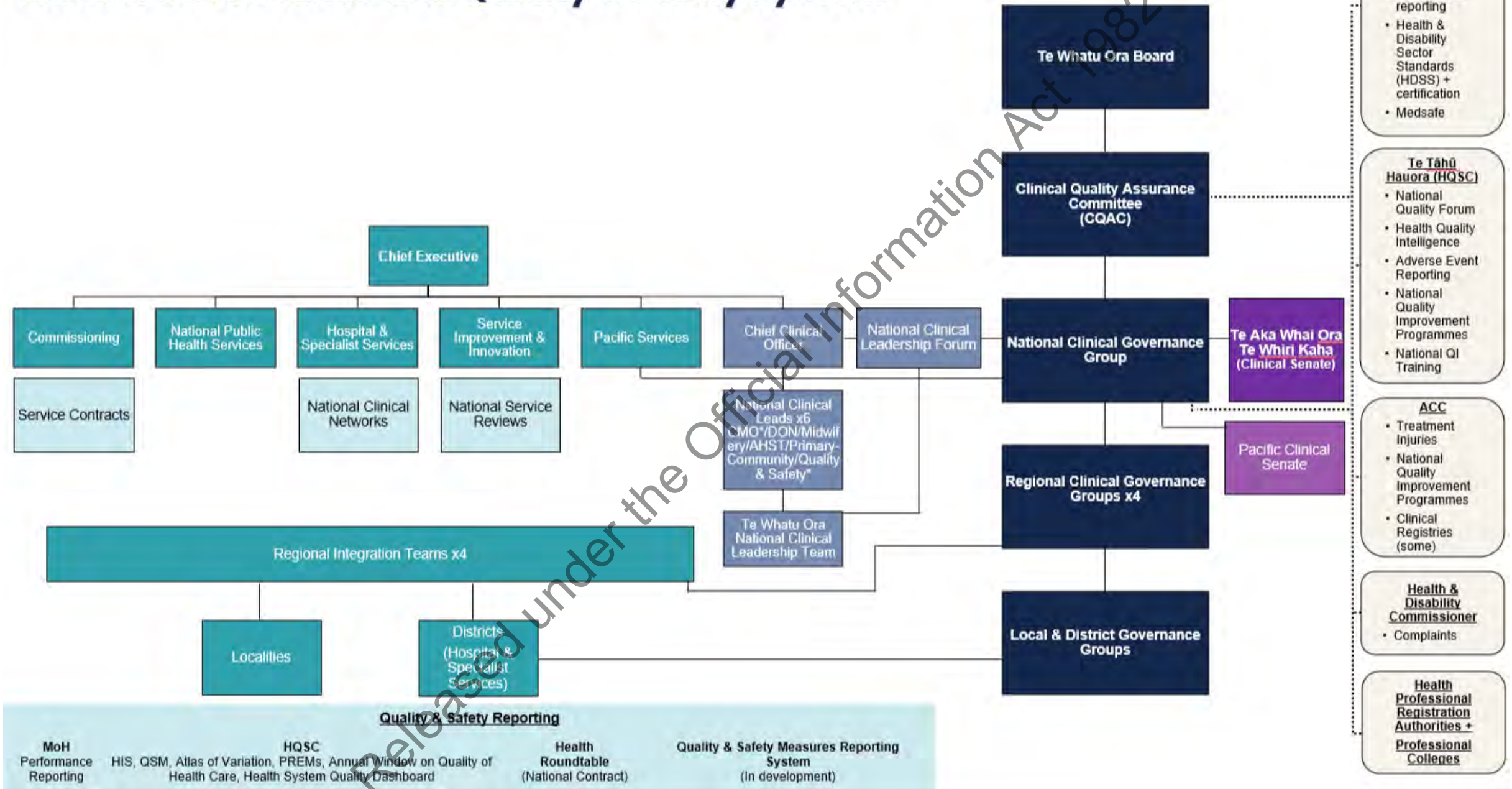
Te Tāhū Hauora
Health Quality & Safety
Commission



Figure 1: The clinical governance framework



Clinical Governance and Quality & Safety System



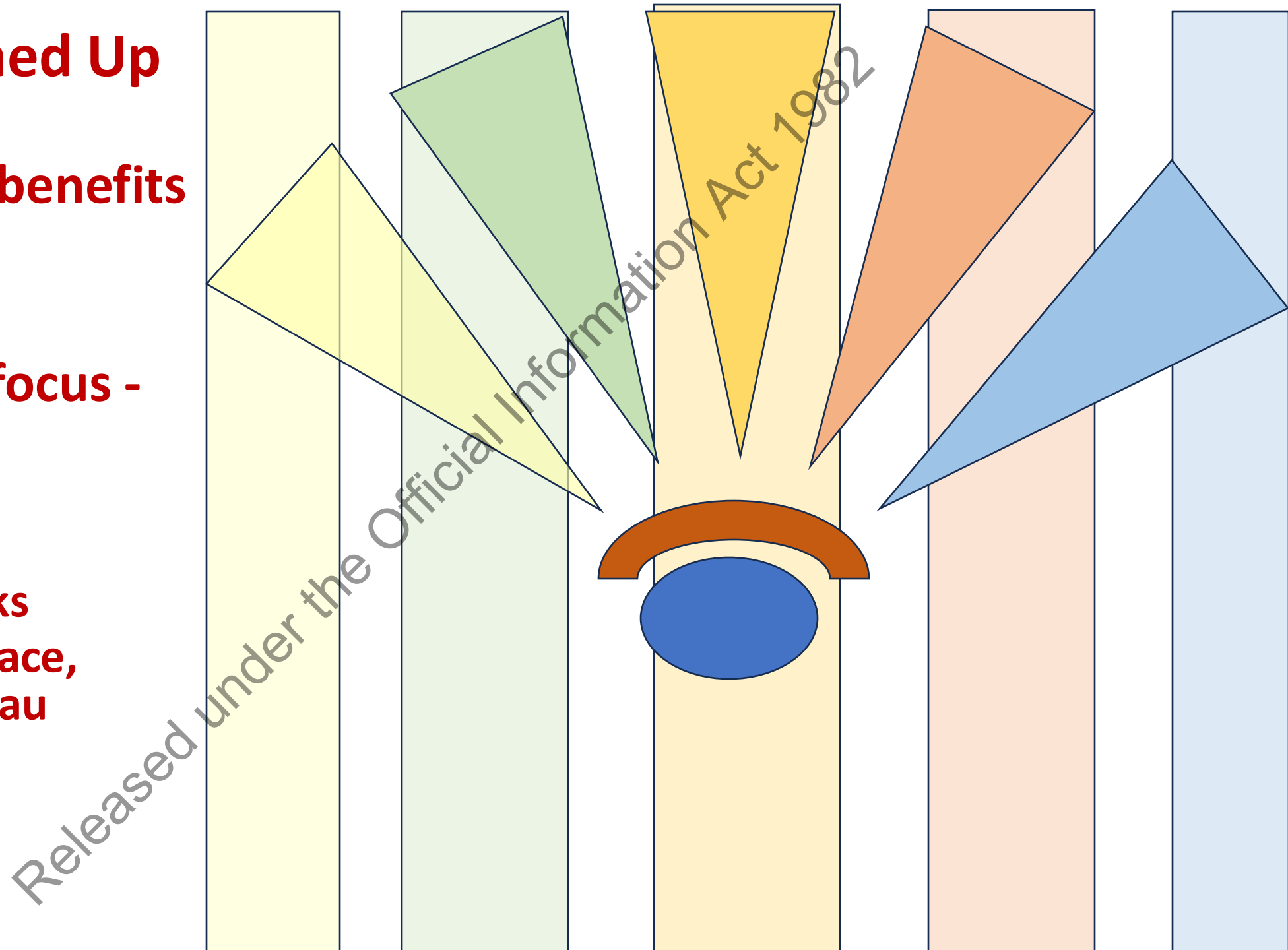
System is Joined Up

- “Swim Lanes” opportunities/benefits exploited

AND

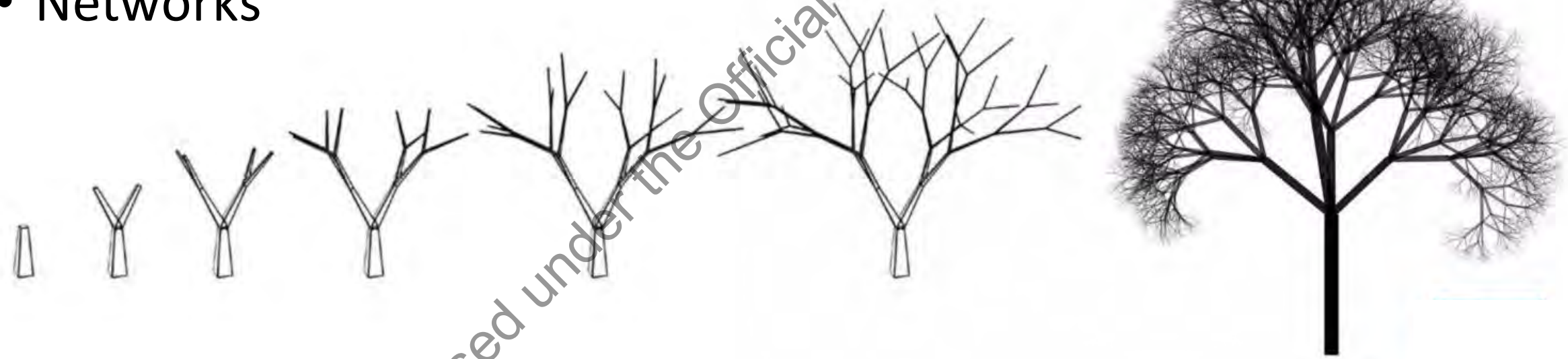
- “Place Based” focus - avoids spatial blindness

- Horizontal links
- Support for Place, Person, Whanau Focused Care



Repeating Patterns

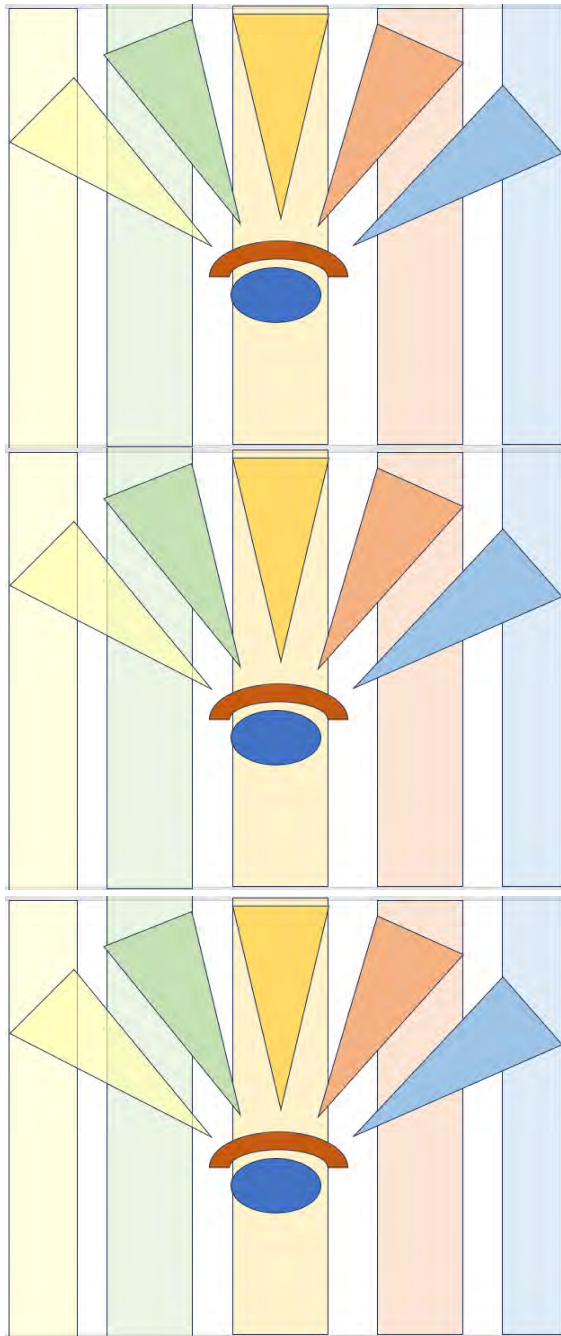
- Help Understanding
- Support Consistency
- Aid Navigation
- Networks



“if you know the part you know the whole”

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Functioning of Clinical Governance Framework



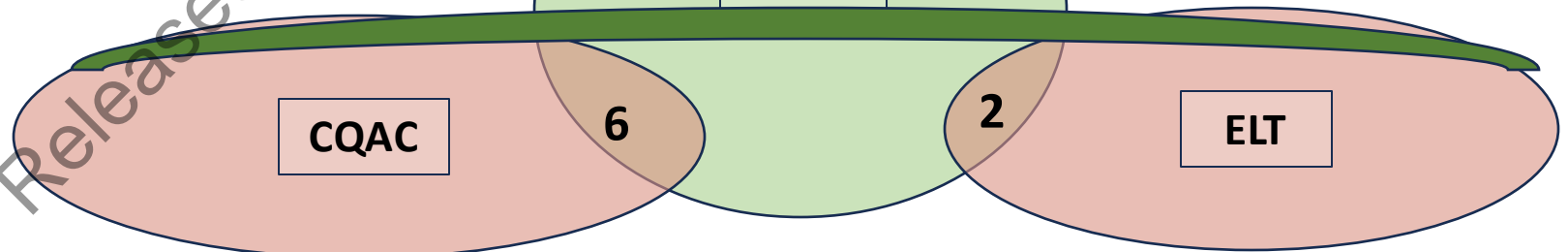
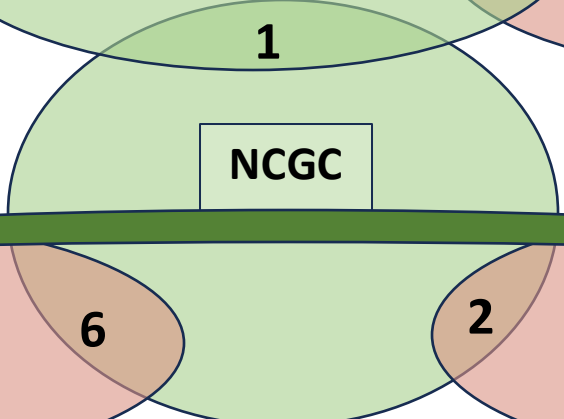
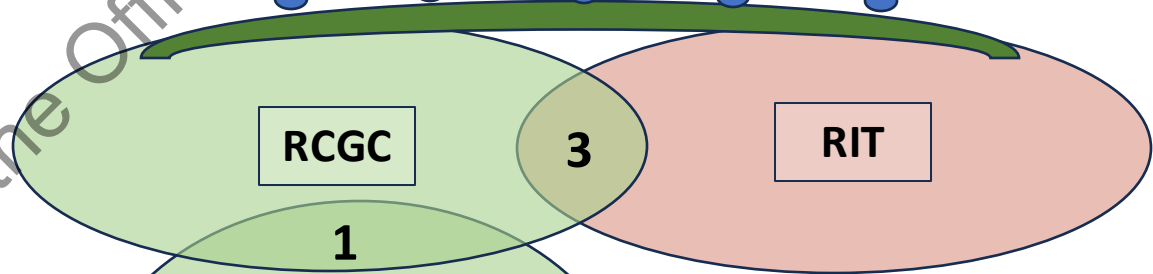
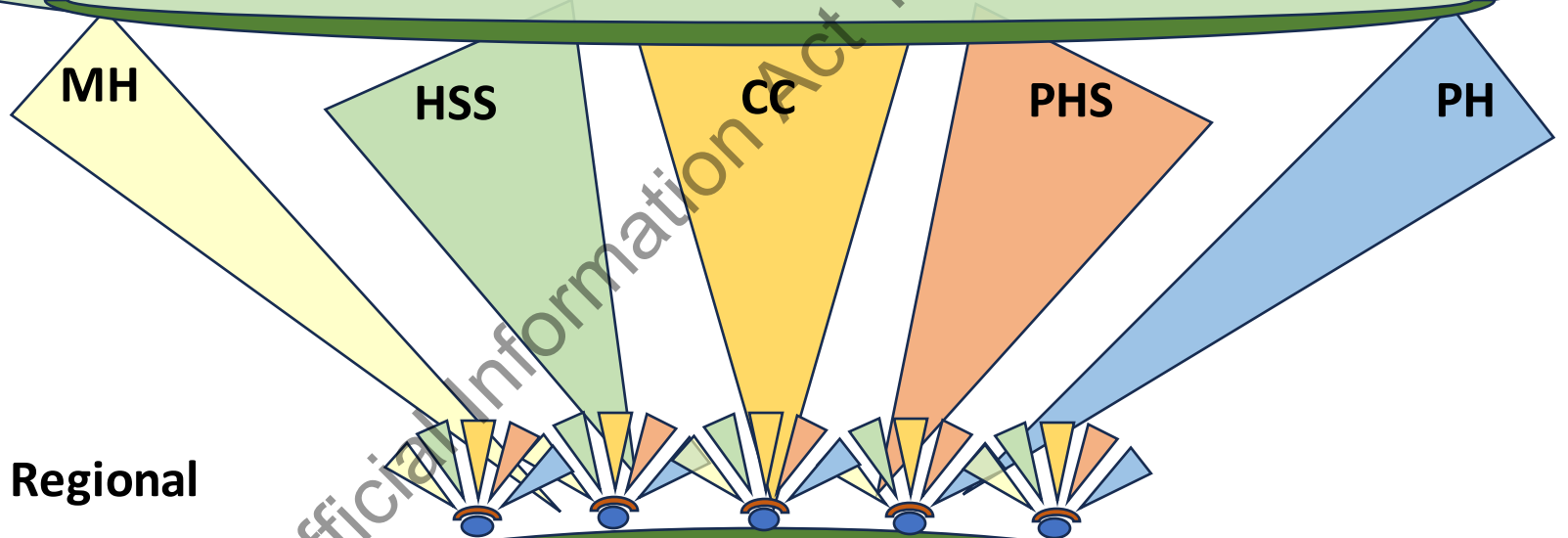
Local

Place Based

Directorate Regional

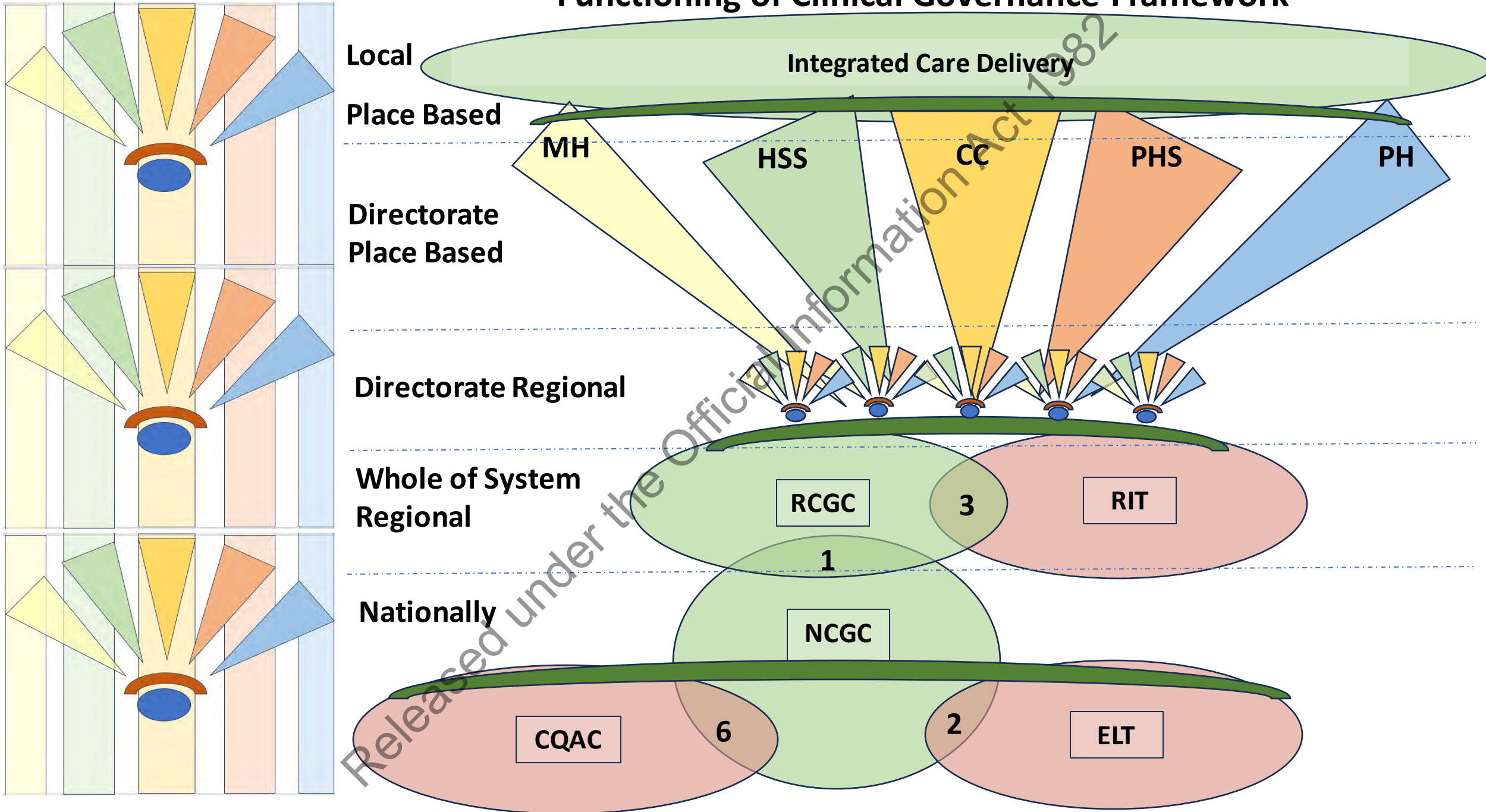
**Whole of System
Regional**

Nationally



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Functioning of Clinical Governance Framework



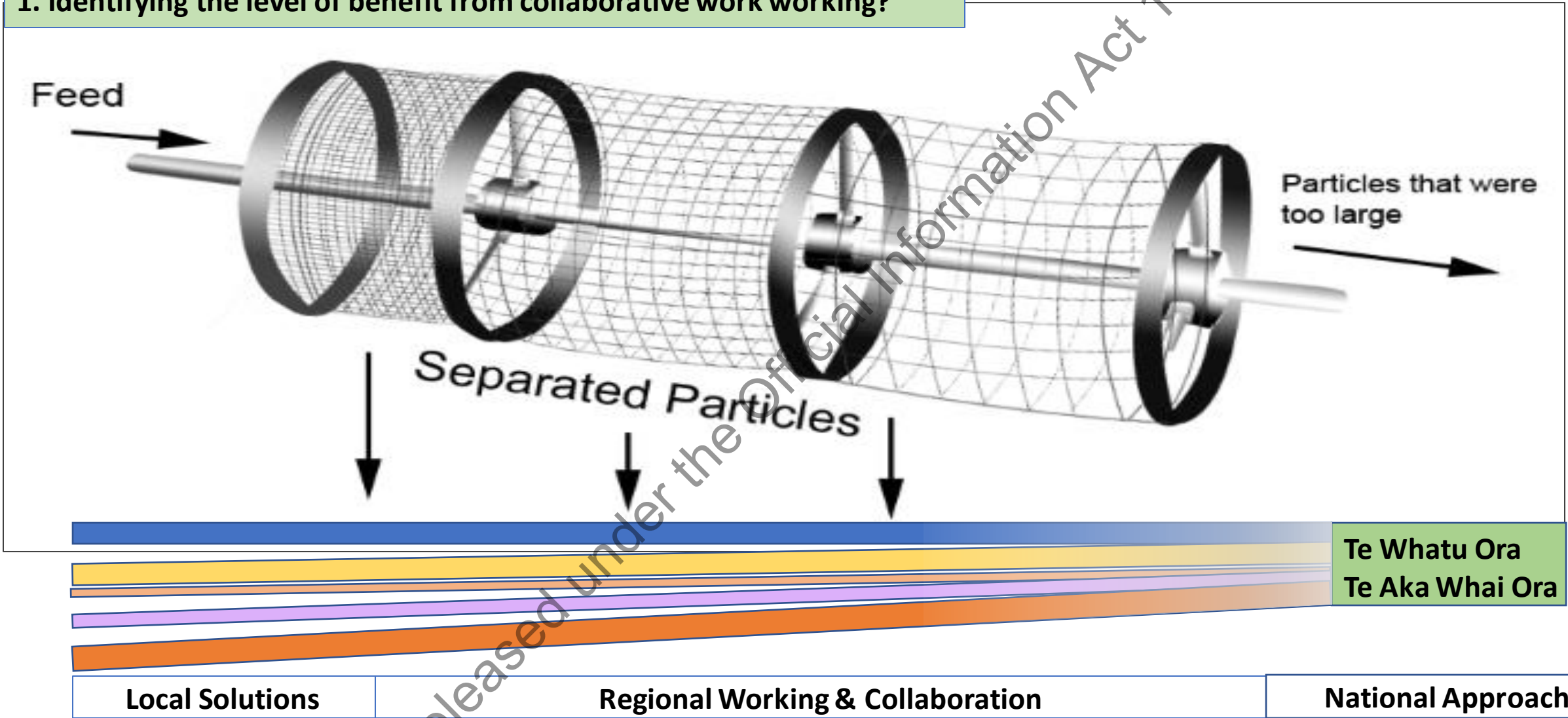
Appendix Two – Potential Membership of Regional Clinical Governance Group -

1. Member	Connections and Representation	Comment
1. Māori Clinician	• Te Akai Whai Ora	• Same person as on RIT?
2. Pacific Health	• Links regional Pacific Health and local teams	•
3. Consumer 1	•	• Links to local and national
4. Consumer 2	•	• Links to local and national
5. National Clinical Lead	• Office of Chief Clinical Officer	• Links to NCGC, CQAC
6. HSS 1	• Link and overlap with the Clinical Governance structure of HSS and Directors office	• Need to consider balance of representation from sites across the whole region
7. HSS 2		
8. HSS 3		
9. HSS 4		
10. Community 1	• Link and overlap with the Clinical Governance structure of commissioning and way-finders office	
11. Community 2		
12. Community 3 (Mental Health)		
13. Public Health Service	• Overlap with PHS Clinical Governance Team	• Represents the PHS Clinical leaders
14. Service Improvement and Innovation	• Links to regional governance of I&I and local service delivery	• Same person as on RIT?
15. Data and Digital	• Represents regional team	• Local and national links

Membership shall be comprised to gain appropriate representation based on geography and professional skills. Membership shall include kaimahi at different career stages.

Addressing Issues at the Right Level

1. Identifying the level of benefit from collaborative work working?



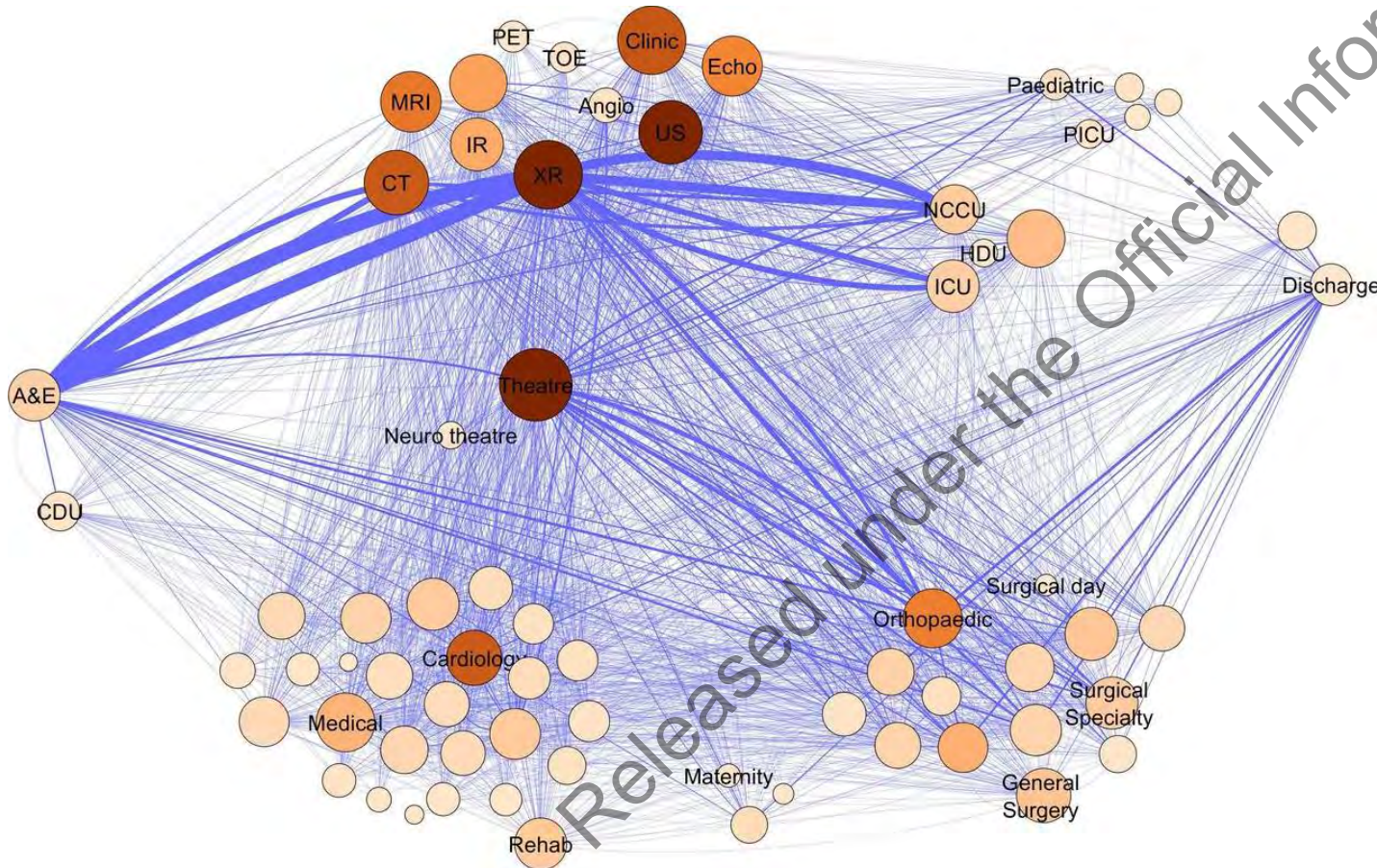
2. What style of collaborative working is best suited for the issue/enabler or service being considered?

Issues

- Balance of size and staffing between local, regional and national
 - Where do the staff come from?
- Getting from where are now to future state
 - Clear vision – do not follow paths that do not lead there
 - Regional “convergence” process – “circuit board” connecting to other similar groups –
 - locally, regionally, nationally
 - Regionalising and nationalising current roles
- Maintaining a network not a command structure - tight loose tight
 - empowered execution
 - disseminated leadership and decision making
- Holistic awareness
 - consider needs of other parts of the complex adaptive system
- How does Innovation and Improvement link in to be a catalyst for change?

Complex Adaptive System

- many interconnected agents free to move in unpredictable ways
- fuzzy boundaries, complex influences, internal autonomy
- needs collaborative leadership & robust systems



Cognitive
dissonance
if focus on
structures