Te Waipounamu R.I.T Meeting Agenda

Date & time	**Thursday 01st February 9am – Friday 02nd February 12:00pm**
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 **Fionnagh Dougan** Interim 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
Guests	Alysse Lyon (RIT Programme Manager), Chelsea Martin (RIT Principal Advisor), Julia Goode (Principal Advisor, Commissioning Business Services), Jo Lilley (Principal Advisor, Quality & Risk), Martin Carrell (Business Continuity Manager, Commissioning), Joy Christison (Regional Planning Lead, Commissioning), Aroha Metcalf (Group Manager, Localities)
Apologies	Dr Nick Baker

	Te Take | Item	**Te Wā | Time**	**Te Kaikōrero | Lead**	**Pukapuka | Papers**
	Day 1			
1.	Karakia		Mata	
2.	Welcome to Fionnagh	10 Mins	Mata	
3.	Whakawhanaungatanga	30 Mins	Mata	
4.	Governance: • Apologies, Conflicts • Approval of previous minutes • Update on Actions • F2F Cadence o Confirm F2F locations	10 Mins	Chiquita	**RIT F2F Dates** Page 3
5.	Waitaki Health Futures Project Update – [To Note]	5 Mins	Aroha Metcalf	**Waitaki Update** Pages 4 - 8
6.	Update on Te Kaiaka Hub – [To Note]	5 Mins	Aroha Metcalf	**Te Kaiaka Hub Update** Pages 9-12
7.	Morning Tea – Joined by Te Waipounamu Senior Locality Managers			
8.	Regional Health & Wellbeing Plan update	60 Mins	Joy	
9.	Te Aka Whai Ora transition update	30 Mins	Mata	
10.	LUNCH	30 Mins		
11.	Directorate Update (20 mins each)	100 Mins	All	

Te Waipounamu R.I.T Meeting Agenda

	Te Take | Item	Te Wā | Time	Te Kaikōrero | Lead	Pukapuka | Papers
	• Recruitment / Transition • Key areas of focus for 2024 • Key cross-directorate interdependencies			
12.	Ziman House – [To Decide]	15 Mins	Mardi Fitzgibbon & Phil Wheeble	**Ziman House Options** Pages 13 - 19
13.	Complex Care – brought forward from previous hui [To Discuss]	15 Mins	Chiquita / Dan	**Complex Care and Support Needs** Pages 20 - 30
14.	RIT Memo Urgent Care Stabilisation Te Waipounamu [To Note]	5 Mins	Chiquita	**Urgent Care Stabilisation** Pages 31 - 34
15.	RIT Work Programme 24/25 Workshop • Key priorities (Alysse & Chelsea) • RIT Reporting (Melissa) • RIT Risks, Issues, and Health & Safety (Jo & Melissa)	120 Mins	Greg	**RIT Operating Framework** Pages 35 – 48 **RIT Reporting Overview & Direction** Pages 49 - 59
16.	Recap	15 Mins	Mata	
	Day 2			
17.	Reflections	30 Mins	Mata	
18.	Abbe Anderson Virtual Cup of Team (between 9:30 – 10am)	30 Mins	All	
19.	RIT Comms & Engagement Approach	60 Mins	Greg & Julia	
20.	Closing karakia – 12:00pm		Mata	
	Next Hui Thursday 07th March 2024 via MS Teams			

Te Waipounamu R.I.T Meeting Agenda

Te Waipounamu Regional Integration Team Kanohi ki te Kanohi (F2F) Dates

Date	Location
April 11th – April 12th	**Dunedin**
June 13th – June 14th	**Nelson**
August 15th – August 16th	**West Coast (previously South Canterbury)**
17th October – 18th October	**South Canterbury (Previously West Coast)**
12th December	**Christchurch**

RIT Paper

Waitaki Health Future Project

Date:	29 January 2024	**Author:** Aroha Metcalfe (Group Manager Localities, Commissioning)	
For your:	Information	**Approved by:** Chiquita Hansen	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

The purpose of this update is to provide you with information and background regarding the Waitaki Health Futures Project (the Project).

Contribution to strategic outcomes

The Waitaki district has a populaton of around 24,000 people. The provision of health services that are clinically sustainable and financially affordable for that population is a priority.

Executive summary

The purpose of the Project is to develop and implement a system wide integrated model of care that is clinically sustainable and financially affordable. The scope of the Project includes all Vote Health funded services in and to the Waitaki region, with a focus on hospital services (ED, inpatient, outpatient and ambulatory), primary and community, hauora Māori, Pacific and aged care. Whānau voice and equity will frame decisions, designs and developments.

Next steps

Status and next steps:

An initial Governance Group meeting was held on 5 December 2023 in Oamaru. That hui included exploration of the need for the Project, and several actions were identified.

The second meeting of the Governance Group is planned for Tuesday 30 January. The agenda includes:

- Review and update of actions from 5 December 2023 meeting
- Approve the project structure (Governance Group and workstreams)
- Discussion on the project dependencies and risk

- Agree first messages
- Agree a Governance Group meeting schedule.

With the Governance Groups approval of the project purpose and structure, the next steps are:

- Develop Terms of Reference and a Programme Plan that includes budget and resourcing
- Engage the workstream leads, identify workstream membership, agree scope, deliverables, and dependencies.

Appendices

Appendix 1: Background

The Waitaki health system is experiencing service coverage challenges that include:

- clinical workforce shortages in Waitaki District Health Services Limited (Oamaru Hospital) leading to periodic closures of its inpatient ward, emergency department or both during 2023
- pressure on general practice resulting in withdrawal of afterhours services and closed books
- immediate and future financial viability of Oamaru Hospital.

The Project has been launched to ensure future health services provision that is clinically and financially sustainable. This requires whole of system model of care changes that are integrated and inclusive of innovative rural health approaches.

Rural trust hospitals

Historically, for rural hospitals, there have been challenges associated with the models of care, workforce and financial sustainability. Each district developed an approach to managing the issues in their area, which has led to variation in the range of services, contracts, and funding approaches.

Waitaki District Health Services Limited (Oamaru Hospital)

The Waitaki District Health Services Limited is a rural-based trust hospital owned by the Waitaki District Council.

It is commissioned by Te Whatu Ora to deliver a range of hospital and specialist services from its Oamaru based hospital facility. Contracted services include 20 inpatient beds, rehabilitation (AT&R) inpatient services, an emergency department, and primary maternity services. Specialist outpatient clinics, allied and community health services, laboratory service, radiology services (including a CT scanner), and mobile surgical services are delivered from its site.

Waitaki District Health Services Limited, like other rural hospitals, has critical sustainability issues. Despite a $3.36 million funding uplift in Feb 2023, back dated to 1 July 2022, and the 5% CPI uplift, it reports that current funding is insufficient. Pay parity between Te Whatu Ora and non-Te Whatu Ora staff has been raised as a contributing issue. It has immediate short term concerns (meeting payroll) and longer-term financial sustainability issues. Waitaki District Health Services Limited is a

significant outlier in terms of the financial sustainability issues.

A letter of financial comfort was provided to Waitaki District Health Services Limited by Te Whatu Ora in June 2023 providing assurance of continuation of funding and financial support until June 2025. This was in response to concerns raised about solvency.

Continued funding by Te Whatu Ora relies on model of care changes that are affordable and sustainable.

Waitaki Health Futures Project

Te Waipounamu Commissioning are working with HSS Southern to lead the Project. Key external partners include Te Runaka o Moeraki, WellSouth PHO, General Practice, Oamaru Hospital, the Stronger Waitaki Coalition and Pacific whānau.

Project structure

The project structure includes a Governance Group and several workstreams that will work vertically (to understand issues and design solutions) then horizontally (to connect and integrate with other workstreams).

The workstreams include:

- **Hospital sustainability**
    - Financial stability project
    - Model of care
- **Primary and Community Care**
    - General practice
    - Afterhours
    - Urgent care
    - Ambulance
- **NGOs – Māori, pacific and all others**
- **Cross Govt / cross agency**
- **Whānau voice, community engagement, planning**

Aging well, mentally well, starting well, public health and other sector leaders will be engaged in the design phase and may work in any or all workstreams.

People project resources will be provided by Te Whatu Ora or WellSouth PHO or funded through partners. A project budget is yet to be agreed.

The Project will be informed by and lever off work completed in a review of the Waitaki model of care conducted in 2016.

The networks within the Stronger Waitaki initiative will provide an effective communication, engagement, and connection to key cross agency stakeholders and interested parties.

People resources

The following people are currently engaged in the project:

Senior Responsible Officers (Te Whatu Ora internal):

- Hamish Brown, GDO
- Aroha Metcalf, Group Manager Localities

Governance Group, Interim Chair, Aroha Metcalf

- Mani Molloy-Sharplin, Te Runaka ki Moeraki
- Helen Algar, Stronger Waitaki lead with Waitaki District Council
- Hana Halalele – Pacific provider and Deputy Mayor
- Andrew Swanson-Dobbs, CE and Carol Atmore, Clinical Director, WellSouth PHO
- Hugh Kettlewell and Andrea Cains, Joint CEs of Oamaru Hospital
- David Gow, CMO, Te Whatu Ora HSS Southern

Programme Manager: Emma McDonough, Senior Locality Manager

Workstream	Proposed lead (tbc)
Hospital Sustainability	tbc
▪ **Hospital Financial Stability**	Rachel Haggerty, Peter Guthrie – National HSS
▪ **Hospital Model of Care**	David Gow, HSS Southern and Hugh Kettlewell, Interim co-CE, Oamaru Hospital
Primary and Community Care	Nick Taylor, Primary Care Relationship Manager, WellSouth
NGOs (Māori, Pacific and Others)	Mathew Kiore, Strategic Engagement Lead, Te Whatu Ora Commissioning
Cross agency / cross Government	tbc
Whānau voice, community engagement and planning	Heather Wilson, Regional Planning Manager, Te Whatu Ora Commissioning

Timeframe and deliverables

Detailed project planning is yet to be completed; however, the expected timeframe is that the project will deliver draft models of care by June 2024, and implementation commence in the second part of the year.

Also, the workstreams are encouraged to implement system improvements that are sensible and straightforward changes as we go. This will respond to any immediate opportunities and deliver improvements that will provide confidence of the intent of the project.

Dependencies and risk

The success of the project relies on:

- continued engagement and commitment to working together and developing new ways of working
- effective communication and engagement with Oamaru public and stakeholders
- resourcing the workstreams and responding to partners request for project resourcing assistance
- ensuring that sufficient information is available to the workstreams, and resource available to collate and analyse.

Status and next steps

An initial Governance group meeting was held on 5 December 2023 in Oamaru. That hui included exploration of the need for the Project, and several actions were identified.

The second meeting of the Governance Group is planned for Tuesday 30 Jan. The agenda includes:

- Review and update of actions from 5 December 2023 meeting
- Approving the project structure (Governance group and workstreams)
- Discussion on the project dependencies and risk
- Agree first messages
- Agree a Governance group meeting schedule.

With the Governance Groups approval of the project purpose and structure, the next steps are:

- Develop Terms of Reference and a Programme Plan that includes budget and resourcing
- Engage the workstream leads, identify workstream membership, agree scope, deliverables, and dependencies.

Regular updates will be provided to the Regional Integration Team.

RIT Paper

Te Kaika Wellbeing Hub

Date:	25 January 2024	**Author: Aroha Metcalfe** (Group Manager Localities, Commissioning)	
For your:	Information	**Approved by:** Chiquita Hanson	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This update provides a summary of the progress of Te Kaika Wellbeing Hub.

Contribution to strategic outcomes

Te Kāika Wellbeing Hub provides opportunities for the provision of social services and health care under one roof to improves servies for Māori, Pacific peoples and other vulnerable populations.

Executive summary

Te Kāika Wellbeing Hub (Hub):

- Is a new purpose-built building in south Dunedin that is nearing completion and is planned to open by mid-2024.
- The Hub is the vision of Ngai Tahu owned hauora Māori provider Ōtākou Health Limited (OHL) who have partnered with Te Manatū Whakahiato Ora – Ministry of Social Development (MSD) and Te Whatu Ora Southern in the development, design and construction of the Hub.
- OHL service "Te Kāika" provides low-cost healthcare and social services for Māori, Pasifika, and low-income communities across the Otago region. It employs approximately 50 staff, has 6500 families registered with it, of whom 35% are Māori and 10% are Pasifika. The current site of the Te Kaika services is where the Hub is being built.
- Te Kaika services will move into the facility on completion and be co-located and operate alongside and together with MSD and Te Whatu Ora services.
- The aspiration of the Hub is to deliver and address equity now and into the future for Māori through integrated health systems led by Māori models of care that are patient and whānau-centric.

The service model and facility design will enable better access to health care by bringing services closer to communities, and with a focus on preventative care, support for people to stay well.

Appendix 1

Background

In 2018, a pilot was undertaken with MSD for a case manager based at Te Kāika to offer a coordination function to connect whānau to MSD products and services, accessible housing options, training, and employment options.

With the success of this pilot and in line with MSD's Te Pae Tawhiti and the Te Pae Tata vision and strategy, in 2020, MSD confirmed the intention to work together to expand their existing partnership with Te Kāika to deliver stronger social services for the South Dunedin community.

Te Kaika, MSD and Te Whatu Ora began the co-design phase with facilitated focus groups to hear and understand the voice of leaders and kaimahi within the partnership, whānau using Te Kaika services and other whānau in the South Dunedin community.

Whānau and kaimahi focus groups were held with themes identified to redesign health and social services. An aspiration goal concept of "The Village- it is more than just integrated services; it is about creating a village" was developed.

Facility capacity

The floor plan is 2500sqm over two storeys, with outpatient services, primary care and social agencies on the ground floor, alongside clinical spaces, interview and whānau rooms. The second floor will have

desk space for 77 people (27 available for Te Whatu Ora staff) and staff meeting rooms. There will be shared reception and waiting areas.

Construction of the building is nearing completion with occupancy expected by mid-2024.

Service mix and model

Te Kaika will provide a mixture of primary health care and community services, general practice and oral health services, and addiction support services (which are based directly opposite). MSD will provide a range of social services. Te Whatu Ora Southern will provide outpatient and community-based secondary health care services.

Over time, it is anticipated that the combined services will be strongly integrated, have shared values and vision, a population health perspective and local context, people and whānau as partners in care, the intention of integrated governance and leaderships, digital solutions and transparency of progress, results and impact on the health and wellbeing of populations.

In partnering with OHL and MSD, benefits for Te Whatu Ora are expected to include:

- an increase Māori enrolment in primary health care
- a decrease in the rate of ambulatory sensitive hospitalisations for Māori
- additional operational support and outpatient capacity for New Dunedin Hospital

Te Whatu Ora contribution

Te Whatu Ora commissioning and HSS have committed people to the governance group and have established working groups as needed. This is to ensure that we deliver on our commitments and responsibilities.

The financial cost commitment, by Te Whatu Ora, to the build and operation of the Hub includes contribution to the fit out of the facility of $1.50 million (one off) and operating leases for clinical and desk spaces of $0.40 million (per annum ongoing). The former Southern DHB approved the sum of $1.50 million for the one-off expenditure and reprioritised existing expenditure of $0.40 million for the ongoing lease commitment (noting a budget transfer between business units is required for 24/25).

Te Whatu Ora secondary health services to be based in, or operate outpatient clinics in the Hub

- Mental Health
- Endocrinology & Diabetes
- Ophthalmology
- Rheumatology
- Paediatrics
- Oral Health
- Gynaecology

Project governance board

A project governance board has monitored the project and model of care development since the project began in 2018. Members include:

Ōtākou Health Limited

Matt Matahaere, Chief Executive, Te Kaika (Chair)

Kate Lewis, General Manager Primary Care, Te Kaika

Winnie Matahaere, General Manager Social Services, Te Kaika

Te Whatu Ora

Dr David Gow, Chief Medical Officer, Southern HSS

Dr Hywell Lloyd, Director Quality and Clinical Governance Solutions, Southern HSS

Nancy Todd, Senior Locality Manager, Ōtākou / Murihiku, Commissioning

Ministry of Social Development

Steph Voight, Southern Regional Commissioner

Vaugh Crouch, General Manager Workplace Services

Sue Rissman, Regional Director, Southern

Project status

The Project Control Group who monitors, mitigates, and manages risks report that current risk level is managed. The project build is on time and on budget.

There has been extensive co-design and negotiations with multiple specialty departments within Dunedin and Wakari hospitals. This has been resource intense at times. All outpatient services have confirmed arrangements to operate in the Hub except mental health services.

Overall, the model of care work, for the confirmed services, is in its final stages. Current work includes designing the scheduling of Outpatient services, assigning space, and modelling patient flow.

The mix of HSS mental health services to operate in the Hub is yet to be determined, discussions continue. Options include Māori mental health services, for which there is strong rationale for connectedness for tangata whaiora, and young services. While there are no financial impacts for the Hub if mental health services do not move in on day one, from a service and system integration view, it is considered beneficial to continue to work towards this.

RIT Paper

Ziman House Options Paper

Date:	26 January 2024	**Author:** Mardi Fitzgibbon (Ageing Well Regional Manager, Commissioining)	
For your:	Recommendation	**Approved by:** Cathy O'Malley (Group Manager Regional System Integration, Commissioning)	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

Seeking direction on the future of Ziman House.

Recommendations

RIT is asked to consider three options:

Option 1: Te Whatu Ora Te Tai o Poutini West Coast to engage with community and partners on the permanent closure of ARC beds and the introduction of safe older persons services in Reffton.

Option 2: Continue to delay the re-opening of Ziman House.

Option 3: Re-open Ziman house as an aged residential care facility.

Contribution to strategic outcomes

The recommendation aligns with the regional plan to have sustanainasble service delivery.

Executive summary

Reefton has a population of approx. 900 people. It is situated in the West Coast region 80km to the NW of Greymouth. Ziman House, a 12 bed Aged Residential care facility in Reefton, was closed in April 2022 due to severe workforce shortages, the impact of Covid and concern for patient safety. An Independent Review (attached) was commissioned shortly after and found:

1. 12 beds is not financially sustainable
2. Significant workforce and patient safety concerns
3. It is unusual for DHB (TWO) to own and operate ARC
4. Lack of compliance with contractual and sector standards
5. ARC specific education was not being provided to staff at Ziman House in accordance with the requirements of the ARC Contract and the Health and Disability service standards.
6. Auditing by HealthCert was not commissioned by the DHB

7. The Clinical risk to residents and remaining staff was high
8. The decision to close Ziman House was correct

Ziman House currently remains closed – staff impacted by closure have been offered redeployment and continue to be paid and Residents have been moved to other facilities on the West Coast and in Canterbury; many have now passed away.

Messaging to the community from local Te Whatu Ora staff (as agreed by the then WCDHB Board) has been centered on reopening once the RN FTE could be recruited.

There has not been any formal engagement with local Maori or Kaumatua in the Reefton region on this matter and will be considered as part of the ongoing partnering with the Reefton community.

The closure of Aged Care beds at Ziman House does not impact the other services located at Reefton Health. There is strong local support to re-open the Aged Care beds and significant engagement with the community would be needed to refocus the community to look at other options to provide care for their older population in Reefton.

The nearest ARC facility is O'Conor Home (The Home) situated 80kms to north west of Reefton. It is a 68 bed facility with 15 Dementia Resthome and 53 Hospital/Resthome Level of Care (swing beds) and plans further expansion.

Next steps

RIT to consider options provided. It is strongly recommended option 1 should be adopted in that we look to engage the community around a variety of alternative, community led services to support the older population in Reefton.

Appendices

- Appendix 1: Options
- Appendix 2: Background

Appendix 1: Options

Option 1 (Recommended)

- ***Te Whatu Ora Te Tai o Poutini West Coast to engage with community and partners on permanent closure of ARC beds and introduction of safe older persons services in Reefton***

- All levels of Aged Residential Care at Ziman house are neither feasible nor sustainable from a workforce or a financial perspective
- Investing in long term in efforts to try to reopen Ziman House in its current state would take significant resources that could be used to better effect in the community.
- Close to Home Rural ARC should not take precedent over high quality and safe care for both residents and staff
- Local community representatives, including local Maori and Kaumatua, any representatives of partner agencies interested in the conversation, and some key staff, must be consulted and presented with an honest assessment of the pros and cons associated with reopening Ziman House as a hospital level of care ARC facility
- Several options, including alternative community models of care such as a community activity programmes and enhanced HBSS for older people in Reefton and funded transport provision for family to visit residents placed in Westport ARC
- Engage with O'Conor Home to support and invest in the creation of further aged residential care capacity and affordable independent living options for older people on the West Coast.
- Address the uncertainty for staff around the future of the facility through clear communication that Ziman House will no longer function as a Hospital Level ARC facility and provide a clear pathway to understand what the future employment options might look like.
- Allow Reefton the facility to focus on a fully staffed primary care and PRIME response – refocusing the need on a safe integrated community based response
- Improve sustainability by concentrating staffing and resource towards remaining West Coast ARC facilities and increasing greater bed capacity as reasonable cost
- Anticipate some articulate concern from the local community, given traditional regard for Ziman House and the subsequent reduction of ARC options for local consumers and their whanau. While engagement with community around future options would allow community involvement in the future, this is unlikely to address the underlying feeling of loss and simply delays the inevitable permanent closure. Prepare excellent comms. Proactively engage media
- Te Whatu Ora staff, who have represented the previous organisational messaging about a commitment to reopening the facility will need public support/protection if the decision to permanently close is made.

Option 2

Continue to delay the re-opening of Ziman House

- Delay any decision around the future of Ziman House and set a further deadline, at an agreed future point, to reassess whether or not to re-open Ziman House. This will be better received by the community and potentially incur less media attention in the short term.

- This will provide an opportunity for the community to consider alternative pathways to opening Ziman House, although it is hard to see what these might be.
- It is very unlikely that we will quickly be in the position to recruit the required staff to safely re-open Ziman House.
- It is disingenuous to continue to delay a change process that is increasingly inevitable, in order to be seen to honour a commitment made when circumstances were substantively different.
- We have a duty of good faith to be open, upfront and honest with our staff and the community, however unpalatable this news may be.
- This is ultimately likely to lead to growing community frustration if no clear decision is made.
- It is likely to cause distraction and resourcing challenges that will impact the provision of primary and community care in Reefton, as was seen prior to closing Ziman House. It is also likely to impact on the provision of other (perhaps more appropriate) community services for older people in the area

Option 3

Re-open Ziman House as an aged residential care facility

- This will improve relations in the short term with the community and allow provision of ARC in Reefton.
- While there are now a significant number of newly qualified RNs seeking work in the ARC sector, there are a limited number of experienced ARC RNs that are aware of the ARC standards and processes so it will continue to be difficult to appropriately resource Ziman House.
- If Te Whatu Ora is providing aged residential care it should be of the highest standard, Te Whatu Ora should be seen to be setting an example. The current resources, including the physical environment and the staffing resources do not allow for this.
- The 2022 Independent review found a 12 bed unit to be unsustainable in the longer-term and presents a significant risk to residents and workforce
- This option actively endangers the provision of Aged Residential Care across Te Tai o Poutini by further diffusing a limited experienced staffing resource and presents a potentially hazardous working and living environment for staff and residents.
- It is likely to cause distraction and resourcing challenges that will impact the provision of primary and community care in Reefton, as was seen prior to closing Ziman House. It is also likely to impact on the provision of other (perhaps more appropriate) community services for older people in the area.

Appendix 2: Background

The temporary closure of Ziman House was approved by the then West Coast District Health Board in March 2022, closing in April 2022 due to long-standing recruitment and retention problems, and the imminent threat of Omicron expected to impact further on staffing. There were also some Aged Residential Care Contractual breaches relating to resident care. This closure was initially intended to last for the period of 4 months, with re-opening continuing to be delayed due to the inability to attract the 5.4RN FTE needed to open the facility.

While Ziman House was closed, primary care continued to be delivered from Reefton Health which is housed in the same building, adjacent to the aged care unit.

The goal of the temporary closure was to firstly ensure the safety and welfare of its 10 residents, to allow some much-needed facility maintenance, to ensure other services (such as the primary care PRIME service and other aged care facilities) were appropriately staffed and allowing time for recruitment of an experienced ARC workforce for Ziman House.

The Aged Care sector has had ongoing Registered Nurse vacancies across NZ in excess of 1100 FTE. This had dangerously threatened the ability of all facilities to care for residents. In Te Tai o Poutini this led to the closure by two privately owned ARCs of new hospital level of care admissions, forcing some new residents to seek aged care outside the west coast and away from whanau.

An independent review of the closure and situation at Ziman house was commissioned in June 2022, the report is attached and in summary states the following:

> *Several key factors have been identified which have contributed to and impacted on the temporary closure of Ziman House. These can be summarised as:*
>
> - *Resident safety*
> - *Workforce resources*
> - *Communication*
> - *Decision making*
> - *Breech of Contractual obligations*
>
> *The decision to temporarily close the Reefton ARC facility was correct, as there was significant risk to residents receiving the correct level of care with such crucial RN staff shortages and the impending Omicron outbreak on the West Coast.*
>
> *The long-term financial viability and sustainability of Ziman House in Reefton would be in question, as it would not be regarded by the sector as an economically viable ARC unit with space for only 12 ARC residents.*

Up until now, as agreed with the previous West Coast Board members, our messaging to the community has been about re opening Ziman house when we have the RN FTE with the right experience to run a sustainable ARC facility. This has been reported widely and the community will be invested in holding Te Whatu Ora to account on this message.

Current situation

Since the closure of the ARC facility the primary care delivered from Reefton Health has been consistently staffed and the primary care provision to the Reefton community has greatly improved with a number of important health targets now met in the region.

Despite the “renovation” of the Ziman house facility, it is not fit for purpose as a modern ARC facility, there are no ensuites and the lay out doesn’t easily support the Nursing model of care usually delivered in an ARC facility.

As the table below shows, the privately-owned facilities have far greater bed capacity, while requiring the same number of RNs under the ARRC contract. The facilities with greater bed capacity are significantly more cost effective in terms of service delivery and more sustainable during nursing shortages. Ziman bed day cost was $448 ($646 incl overheads). All other facilities were operating at $139.48 (RHL) and $226.42 (HLC)

The Aged Care sector has recently seen the return of IQNs and all the privately owned ARC on the coast are now fully staffed and open to HLC once again.

Facility	Bed Capacity	Current RN Vacancy	Owner	21/22 Bed day cost to Te Whatu Ora
O'Conor Home (Westport)	68	0	Independent Trust	$139.48 (RHL) $226.42 (HLC)
Granger House	78	0	Heritage Life Care	$139.48 (RHL) $226.42 (HLC)
Dixon House	43	0	Independent Trust	$139.48 (RHL) $226.42 (HLC)
Allen Bryant	44	0	Ultimate Care Group	$139.48 (RHL) $226.42 (HLC)
Ziman House	12	4.6	Te Whatu Ora	$448 ($646 incl overheads)

Up until this month, recruitment of RNs with ARC experience has been very difficult. Despite significant recruitment drives, Te Tai o Poutini has been unable to recruit the RNs needed to offer ARC beds at Ziman House.

The ability to recruit RNs into the ARC sector is rapidly improving however it should be noted that while there are plenty of IQNs now seeking work in the ARC sector this is a relativity inexperienced workforce who need the support and guidance of an experienced RN workforce around them. Experienced ARC RNs are still in very short supply.

Impacted Staff wellbeing

The staff impacted by the temporary closure of Ziman House continue to be paid and offered redeployment opportunities. While redeployment of the RN FTE was relatively successful, the HCA FTE proved more challenging in terms of identifying mutually agreed and appropriate redeployment options.

As the delays to re-opening continue and in the context of the lack of certainty that creates, concerns arise about the wellbeing of this workforce and the need for some direction to be offered around the

provision of meaningful work. While there are divergent views within the staff in Reefton, there is general consensus that the ongoing uncertainty is not ideal

Other ARC Options: O'Conor Home – Westport

O'Conor Home (The Home) is situated 80kms to the north west of Reefton. It is a 68 bed facility with 15 Dementia Resthome and 53 Hospital/Resthome Level of Care (swing beds).

The Home has a very experienced manager and good governance that underpins it. It has consistently good audit results and an ongoing history of long certification periods.

The Home has plans to expand its dementia resthome facility by another 15 beds (and being the only provider of this level of care on the coast it is sorely needed) and increase the provision of hospital level beds, all with ensuites, by 24. The plan also incorporates some rooms with Kitchen facilities to cater for EOL residents and their whanau. Their plan further incorporates the renovation of the older part of the facility into approx. 18 independent living apartments which will provide affordable living options for older people, an issue/gap already identified as part of the Takiwa Poutini localities development and engagement work.

RIT Paper

Urgent and Complex Care and Support Needs

Date:	29 January 2023	**Author:** Jane Kinsey (previously GM – Mental Health & Addictions and Live Life Disability Support, Te Whatu Ora)	
For your:	Information	**Approved by:** Chiquita Hanson	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		
Note:	This paper was previously presented to RIT and being returned for further discussion		

Purpose

This paper outlines an approach to establish a pathway and service response to better meet the needs of people and whānau who present with urgent and complex care and support needs that require tailored funding packages for support.

Contribution to strategic outcomes

There are a small number of people who present with urgent and complex care and support needs that require funding packages higher than national funding agreements. There are significant inequities in the health outcomes for these vulnerable cohorts.

Executive summary

The original paper is attached as an appendix.

Appendices

Appendix 1: Memorandum

Memorandum

To:	Regional Integration Team, Te Waipounamu
From:	Jane Kinsey, GM – Mental Health & Addictions and Live Life Disability Support, Te Whatu Ora (MH&A and LLDS)
Subject:	Progressing a system response to support people who present with Urgent and Complex Care and Support Needs
Date:	11 September 2023

Purpose

1. This Memo outlines an approach to establish a pathway and service response to better meet the needs of people and whānau who present with urgent and complex care and support needs that are not currently being met by current services, systems, and pathways.
2. It provides detail to give understanding of the number of people at various ages currently being managed in aged related residential care (ARRC) in Te Waipounamu that have funding packages higher than the nationally agreed four levels of ARRC pricing[1]. It also highlights the issue of individualised funding arrangements for care and support for clients being funded by MH&A or NASC and are currently being supported in existing disability providers. The details for clients in this cohort are from Nelson Marlborough this provides some indication of the extent of funding for people in this situation, which can then be extrapolated to other districts across Te Waipounamu.
3. It is evident that there are some significant inconsistencies in individualised funding packages, highlighting there is an absence of guidance for high and complex people currently managed in ARRC and Disability Providers. Please also note that the funding arrangement may not factor in provision for increased care needs should the client's presentation change in any way.
4. It is likely that proceeding to develop a regional plan to address this issue will require a partnership between Te Whatu Ora Hospital and Specialist Services, Te Whatu Ora Primary and Community Commissioning, Whaikaha | Ministry for the Disabled Persons, and Te Aka Whai Ora.

Background

5. There is no consistent working definition for high and complex needs population.
6. There has been longstanding unmet need for people with high and complex needs. This can include people who have potential co-existing needs which may result from a combination of a variety of contributing factors, and which can be associated with a rapid escalation of distress and challenging

[1] Te Whatu Ora aged residential care provider agreements – Te Whatu Ora - Health New Zealand

behaviours. Some contributing factors can include underlying intellectual disability, as well as mental health, addictions, or physical health needs. While this accounts for a relatively small group of people, the high complexity of their needs means that services struggle to appropriately accommodate and treat them when they present acutely. Sudden, acute, or urgent escalation of needs may have been triggered by underlying physical, behavioural, mental health or social needs and are not being adequately managed by their current support structure or allocated resource.

7. These situations can arise for people who are being supported by carers and whānau in the home, residential support settings, respite options, or ARRC. This group of people can, from time to time, have needs that cannot be met by primary care, NGO, or secondary care services alone.

8. The absence of a specific set of urgent response and capacity funded services for this group has led to admissions to ARRC Dementia Care, inpatient mental health units and other secondary care wards(with challenges as regards appropriate use of legal powers such as the Mental Health Act, prolonged admissions, delayed discharges and multiple re-admissions), inappropriate engagement with forensic and Corrections services, multiple presentations with emergency services including first responders, Emergency Departments and Mental Health Community Assessment Teams, multiple incidents of being held in police custody, police call outs and interventions, , and multiple failed or inappropriate community placements. This can cause significant additional distress for tangata whaiora and whānau, as well as placing extra strain on stretched services and impacting on inter-service relationships.

9. In most cases it is acknowledged that an acute mental health inpatient unit is not appropriate for the person, as they may not or do not have an underlying mental health or addictions issue and therefore don't meet the requirements of the Mental Health Act; however, the urgency of the situation may result in an admission since there is no secure and safe alternative available. Such admissions can exacerbate their presentation and behaviours and can result in the person being put in vulnerable situations. Furthermore, admissions can be lengthy with difficulty reaching/agreeing or developing an appropriate discharge plan, transition support and packages of care. Similarly, use of secure Dementia Care facilities can be inappropriate for the individual and can compromise care for the other service users.

10. This group experiences some of the highest levels of stigma and discrimination. This group also highlights the significant inequity challenges, with a disproportionate number of Māori who present in this situation.

Equity

11. Further data analysis will be helpful to better understand the health inequity issue for Māori with high and complex needs including:

    a. The seclusion and restraint events and inpatient assaults that occur for people with high and complex needs and how they compare to other admitted cohorts.

    b. The cumulative long stay over a period, where there are multiple admissions, discharges, and readmissions for people with high and complex needs, and whether there are specific defining descriptors of this group.

c. The number and ethnicity of people with high and complex needs in forensic services (where their legal processes are complete), incarcerated, or in community but not engaging with appropriate mental health, primary care and / or other social services.

Proposed way forward

12. This Memo proposes establishing a joint working group made up of people from Te Whatu ora, Te Aka Whai Ora and Whaikaha to progress the development of a pathway to support an improved acute response to these situations, including a trained and well supported workforce to support this pathway provision of suitable accommodation and a sustainable funding approach to create this system response to address this issue. This work programme would include:

    a. Developing a workforce with expertise in behaviour support for people with high and complex needs who present acutely with challenging behaviour.

    b. The need to develop a process and pathway to ensure geographical equity issues associated with accessing this expertise is facilitated. This may include the development of a hub and spoke model where expert advice and support can be provided and / or deployed to support people in their homes and/or alongside disability support providers, in partnership with appropriate services, such as mental health, addicitons and physical health.

    c. Provision of facilities that are secure and safe with attention to the environmental design of the buildings to facilitate behaviour management, health assessments and treatment/interventions.

    d. Develop a regional delivery concept for consideration by regional commissioners in Te Whatu Ora, Te Aka Whai Ora and Whaikaha. Services would need to be capacity funded to accept unplanned, urgent/crisis admissions for people that are not appropriate for Forensic services, Mental Health or PSAIDs (Psychiatric Services for Adults with an Intellectual Disability) admissions. When capacity allows, these services could also provide support for services with more planned admissions for assessments of behaviour to support refreshing behaviour management plans when there are early signs this may be required.

    e. There would need to be appropriate support for PPPR act processes (eg welfare guardian arrangements, urgent Personal Orders) to enable such services for tangata whaiora who lack capacity to make decisions regarding their care and welfare.

    f. These services would be best based in a disability service provider with the principles and foundation to be from a disability support perspective. To enable comprehensive behaviour assessment, close and responsive support from physical health and mental health and addicitons services will be required. This may be able to be provided by a combination of GPs, nurses, allied professionals and specialists who can provide advice, support, and assessment, either in person or remotely via AVL.

    g. Development of consistent and locally adapted Health Pathways across Te Waipounamu, which clearly articulate the appropriate pathways to be taken for people with high and

complex needs. These would include pathways to forensic services, PSIADs, or Specialist behaviour support services when required.

13. It is essential that strong partnership and service design occurs with Te Aka Whai Ora, Iwi, Māori health providers, and this must be evident at all levels of this proposed way forward.

14. It is important to ensure that Lived Experience and Whānau Voice are involved in progressing this proposed approach, at all levels of decision making.

Regional context

15. We have approached each SI district and requested a list of people who are currently being cared for with packages which are high level commissioned care.

16. In total across the South Island there is at least a total of almost $4M / annum funding for often less than optimal high and complex care support packages.

17. There are a small number of clients who are currently long stays in acute older persons psychiatry services as there is currently no suitable community placement to transfer to.

18. The people listed in the spreadsheet provided as attached, are currently being managed, however these arrangements are highly fragile and if there was a change in their presentation it is unlikely the existing facility would be able to manage; they would then seek either additional bespoke packages / or request alternative care.

19. From this information:

    a. Each district has responded and 32 people were identified (please note it is assumed that West Coast residents were included in the Canterbury calculations).

    b. Each district has a variety of ways to categorise clients in this situation.

    c. Each district has identified people who require high and complex needs – that are either under MH, health of older people or disability.

    d. Some have been funded jointly, are under existing contracts, however not necessarily appropriate, or are single funded, bespoke, and higher than the standard rate.

    e. Some regions have not put a price or provided information for people who are currently in acute psychogeriatric units whose needs are higher than the highest level of psychogeriatrics care available in ARRC and therefore are holding beds long term. This cost hasn't been factored into these calculations.

    f. The age range of people is 32 – 85 years, with an average of 63.3. Average age of entry into ARRC is 80 yrs. In the current list the number of people under the age of 80 is

    g. The average price per day of these care packages is: $370.12. Overall, 30% of packages are nearly $500 per day each.

20. The information listed above highlights there are significant inconsistencies regarding funding formulae for high and complex people currently managed in ARRC and Disability Providers. These packages highlight the diversity of need, the variance in less than adequate available response options and that many of the funding agreements have been agreed at a local level between two parties (the funder and provider) directly and likely do not follow any formula or nationally consistent criteria. It is also noted that the funding arrangement may not factor in any escalation should the client's presentation change in any way.

21. This information doesn't capture people under existing 'BAU' funding agreements and tries to capture those people who have unique funding arrangements to meet their care needs. To give insight to this cohort there are fourteen people in Nelson Marlborough, who are either NASC funded or have MH funded supports in the community with a disability provider (Live Life Disability, Te Whatu Ora). In this cohort there are 14 people, which are primarily Whaikaha funded, and some have a contribution from MH funding.

22. To expand on this Nelson Marlborough cohort there are:

- NASC funded high ratio support packages in place: $806 / day, $599.98/day, $1,932.09/day, $1,012.44/day, $620.58/day.
- NASC funded individual packages: 587.53/day, $358.42/day, $407.68/day, $379.24/day.
- Clients supported by internal charges in place from MH to provide residential support services: Five clients with the following day funding: $250/day, $1,245 per day for two, $181.44 / day and $115 per day.
- On average the cost is: $678.24/day (approx. $250K / year) per person. This funding covers the delivery services which align to a care plan. There is no additional funding available, and no clear pathway of care or availability of urgent behavioural intervention services to support should the disability needs of the person change with the care plan no longer fit for purpose.

A different approach:

23. The proposal seeks to progress the development of a new service and funding model.

24. In order to do so a regional working group is proposed to be established to further develop the detail of the key components.

25. The key components include:

a) Development of a clear definition of the population to be served by this approach.

b) Development of a specialist team and available expertise:

- Specialist behaviour experts
- Cultural support
- Peer / Lived Experience support
- Behaviour Support workers
- Primary Care
- Specialist Physical and Mental Health and Addictions specialists

c) HealthPathways

- Draft health pathways to achieve a more consistent approach across the region on how to best support people who present with urgent and complex needs.
- Adapt to local contexts.

d) Facility(ies) – lease hold or utilisation of current buildings on a Te Whatu Ora site

- Appropriate environmental considerations
- Location convenient to access supports and specialist expertise.

e) Commissioning to support a procurement process for an appropriate provider/s to offer this support services.

Desired Outcome:

26. This new approach has three main goals:

a) Reduce the number of people who are inappropriately held in police custody, placed under the mental health act, or criminalised for behavioural presentations secondary to their High and

Complex needs not being met. This work will instead support people to have access to specialist supports appropriate to meet their presenting needs.

b) Reduce the number of such people in long-stay Mental Health inpatient beds and in inappropriate ARC facilities

c) Focus on early identification of people with high and complex needs in order to initiate appropriate care and support earlier to prevent the poor outcomes currently being experienced.

Recommended Next Steps:

27. From here, Te Whatu Ora and Te Aka Whai Ora will:

a) Regional Integration Team (RIT) Leadership to appoint working group leads in Te Whatu Ora and Te Aka Whai Ora to progress this regional work, and a timeframe.

b) RIT Leads to approach Whaikaha and gain support for partnership in being part of a working group to progress this.

c) Establish a regional working group to progress this work who will then seek approval to progress the establishment of a regional commissioning process.

d) Agree regular reporting on progress.

Appendices:

Residential placements for people with high and complex needs

	Age	Ethnicity	Category	Provider ID	Provider name	Agreement ID	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Canterbury	68	NZE	*Bariatric Additional Care*	951436	Alpine View Lifest	375589-00	$ 1,055.01	$ 385,078.65	In addition to HLC rate
Canterbury	73	NZE	*Additional Support Bariatric*	242450	St Albans Retirem	378480-00	$ 503.01	$ 183,598.65	In addition to HLC rate. Now deceased (Nov 2022)
Canterbury	32	Maori	*LTS-CHC - complex cognitive*	491233	Pukeko Blue Limit	368008-03	$ 1,000.00	$ 365,003.65	
Canterbury	58	NZE	*LTS-CHC - complex cognitive*	491233	Pukeko Blue Limit	345074-12	$ 528.77	$ 193,001.05	
Canterbury	28	NZE	LTS-CHC / DSS	226768	Laura Fergusson E	378010-01	$ 520.27	$ 189,898.55	50% with DSS
Canterbury	38	chinese	LTS-CHC / DSS	226768	Laura Fergusson E	373039-03	$ 229.77	$ 83,866.05	50% with DSS
Canterbury	37	NZE	LTS-CHC / DSS	226555	St John of God Ha	377673-01	$ 283.43	$ 103,451.95	50% with DSS
Nelson Tasman	70	NZE	*Mental Health*	941795	Stillwater Life Care	369324	$ 119.32	$ 43,551.80	Schizoaffective disorder. MH residential unable to provide required level of care - physical health issues. Not rest home eligible via HOP. Low risk. Note is contract was being agreed in this current enviroment rate would be signifantly higher
Nelson Tasman	65	Other Euro	*Mental Health*	630577	The Wood Lifecare	373325	$ 131.40	$ 41,778.00	Chronic Paranoid Schizophrenia. MH residential unable to provide required level of care - physical health issues - not rest home eligible via HOP. Low risk.Note is contract was being agreed in this current enviroment rate would be signifantly higher
Nelson Tasman	70	NZE	*Disability tranferred to HOP when required psychogeritic care*		Tasman Rest Home but in OPMH acute unit		$ 317.29	$ 115,810.85	Huntingtons, Previous TBI, Wernicke - Korsokoff syndrome. Current D6 placement unable to manage behaviours resulting in inapatient admissions to OPMH. Risk to self / risk to others
Nelson Tasman	65	NZE	*Bariatric Additional Care. Disability client*		Oakwoods		$ 247.00	$ 90,155.00	Additioanl 25 hours a week of IF for RN oversight for challenging behaviours. Challenging behaviors with home care providers. Refuses to cooperate with cares. Currently in ARC facility. Funded directly by whaikaha due to age
Nelson Tasman	45	NZE	*LTS-CHC*		Te Whatu Ora		$ 399.70	$ 437,665.00	DSS bespoke service for people with various levels of cognitive impairemt due to alcohol induced dmentia who were unable to be managed in the community or in ARC.
Nelson Tasman	38	NZE	*LTS-CHC*		Te Whatu Ora		$ 399.70	as above	
Nelson Tasman	65	NZE	*LTS-CHC*		Te Whatu Ora		$ 399.70	as above	
Southern	67	NZ Europen	*Mental Health*	744616	Gwynn Holdings L	744616	$177.47 excl GS	$ 64,776.55	Long standing Mental Health with paranoia & dementia
Southern	81	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excmGS	$ 64,776.55	Mental Health & severe dementia
Southern	82	**NZ Europen**	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Mental Health with severe paranoia
Southern	79	**NZ Maori**	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised behaviours with some past aggression towards staff.
Southern	79	**NZ Maori**	*Dementia Rest Home care*	744616	Gwynn Holdings L	369810	508.82 exc GST	$ 18,571.93	Challenging sexulised Behaviour with some past aggression towards staff.
Southern	72	**NZ Europen**	*Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised behaviour historically with possible imprisonment but Judje agreed to resident moving to Rata Park due to my background in
Southern	71	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging aggressive behaviour - Severe dementia
Southern	85	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised and aggressive behaviours
Southern	64	NZ Europen	*Disability Support*	744616	Gwynn Holdings L	360211	152.00 excl GS	$ 55,480.00	Interlectual disability
Southern	81	NZ Maori	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Severe dementia
Southern	77	NZ Europen	*Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging aggressive behaviour
Southern	71	NZ Europen	*Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised behaviours with some past aggression towards staff.
Southern	77	NZ Europen	*Mental Health*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Long standing Mental Health
Southern	71	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Severe dementia
Southern	79	NZ Europen	*Hospital*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Severe dementia - Hospital care
Southern	38	NZ European	*Psychogeriatric*	226846	Stepping Stone Tr	376029	1,291.00 ex GST	$ 471,215.00	early onset dementia, very violent
South Canterbury	42	NZE	*LTC*	TBC	Dunedin Community Care Trust	TBC	$1,530.00	573,450.00	Rare medical condition that has left him with severe cognitive impairment, and aggressive /sexualised behaviour, is currently in a locked room on medical ward requires two person to attend to needs.
South Canterbury	59	NZE	*HOP*	TBC	TBC	TBC	?	?	Bed on inpatient acute psychiatric unit. Refused entry to 16 x D6 units, is under Section 30 MHA, has a diagnoisis of dementia, antisocial personality disorder and opoid dependency was on methadone programme. Smoker.

Te Waipounamu R.I.T Meeting Agenda

Community placements for people with high and complex needs

	Age	Ethnicit	Category	Provider ID	Provider name	Agreement ID	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Nelson Marlborough	29	NZE	MH	INPATIENT	unknown 24/7		?	?	Schizophrenia & ASD traits. Multiple previous admaissions. Long term inpatient, 2 years, (MH inaptient Nelson, prison or CHCH forensic service). Declined by MH residential provider. Risk to self (neglect)/risk to others.MH Act. Needs 24/7 residential as step down from long inpatient stay for ongoing skills development, unable to share dwelling - may move to live independantly in future
Nelson Marlborough	34	Other Eurc	MH & Disability	INPATIENT	? LLDSS 24/7		est. 688.82	est. 251419	Schizophrenia & Aspergers, TBI. Long term inpatient, approx 10 years (Nelson MH inpatient & Wgtn Forensic inaptient). Declined by MH residential. Risk to self (self harm & negect / , risk to others MH Act. Requires residential service that mirrors current inpatient interactions - most daily living needs/tasks provided, likely long term, unable
Nelson Marlborough	55	NZE	MH & Disability	INPATIENT	unknown 24/7		?	?	Schizophrenia, ASD & mild ID. Multiple MH inpatient admissions. Evicted MH residential & disability residential. MH Act. Risk to self (neglect) / risk to others. Most daily living needs/tasks provided, likely long term, could share with 1 other.
Nelson Marlborough	18	NZE	MH & Disability	INPATIENT	unknown 24/7 may require 2:1 staffing		?	?	Eating disorder, ASD, previous pschotic symptoms. Previous admissions adult MH inpatient, Youth MH inaptient CHCH, youth forensic inpatient Wgtn (then recent transfer to Nelson adult MH inaptient). MH Act. Risk to self / risk to others. Declined by MH residential. Will require residential service following long inpatient stay if unable to return to family home. May be able to share dwelling with others.
Nelson Marlborough	44	NZE	MH	INPATIENT	unknown 24/7		?	?	Schizophrenia, unable to manage diabetes independantly - unable to find provider to do this. On verge of requiring MH residential due to poor daily living skills - MH residential also unable to oversee diabetes management. Risk to self (neglect)
Nelson Marlborough	76	NZE	OPMH	INPATIENT	unknown R/H		rest home cost		Schizo-affective disorder, frequent UTI impacting mental state & repeat admissions to OPMH - likely to need rest home level care - challenge to find r/h willing/able to manage her behaviours
Nelson Marlborough	56		?MH	Disability residential in future (? Sept 2023)	LLDSS		ext. 688.82	ext. 251.419	Frontal lobe dysfunction ? secondary to head injury or pervasive developmental disorder. Historical diagnosis of schizoaffective disorder. Risk to self (neglect) /risk to others. Multiple MH admissions. Previous evictions MH & PDSS residential providers. Requires most daily living needs/tasks provided - long term need.
Nelson Marlborough	62	NZE	MH		unknown 24/7		?	?	Schizophrenia, unsuccesful trial at MH residential due to risk to staff. Currently living in caravan on brothers property - family unable to continue to provide high levels of daily support required. Risk to self (neglect) / risk to others.
Nelson Marlborough		NZE	MH	Nil	unknown 24/7		?	?	Schizophrenia, ASD traits, recently evicted from MH residential as assulated two other residents, multiple assault history. Currently bailed to motel. Risk to others
Nelson Marlborough	20		?	Nil			?	?	Trauma hx, ADHD, RAD, Intellectual difficulties, genetic disorder (3q29 duplication) Mutiple contacts MH crisis, police, ED. Risk self harm/suicide. May require residential service in future.
Nelson Marlborough	44	NZE	MH		TWO - PDSS		208.71	76,179	Some psychotic - like symptons, TBI (frontal lobe impairment). Various previous MH diagnoses. Risk to self (neglect) / history of risk to others. MH Act. Will require 24/7 residential long term.
Nelson Marlborough	59	NZE	MH & Disability		TWO - LLDSS		229.16	83,643	Schizoaffective disorder, ID. Low risk. MH stable
Nelson Marlborough	54	NZE	MH		TWO - PDSS		250	91,250	Schizophrenia, TBI with secondary dementia (frontal predominant). Evicted multiple MH residential, previous lengthy MH inpatient admissions. History of risk to others. Forensic history. Discharged from MHS.
Nelson Marlborough	22	NZE	Disability until recently		TWO - LLDSS		?	?	multiple past MH diagnoses, ? current MH diagnosis. Previous ID diagnosis now overturned, so unable to remain in DSS residential service - moved to sleepout behind LLDSS residential. Multiple contacts MH, police - unlikely to be accepted by MH residential. Risk to self (self harm / suicidal) / history of risk to others

Disability Clients	Age	Ethnicity	Category	Provider ID	Provider n	Agreement	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Nelson Marlborough	39	NZE	Intellectual Disability IQ 4	BJR5369	LLDS			$218,992.70	Cyclic escalation's, Court appearance 24/07/2023 will determine where Glen will be either bailed to or jailed. Currently staffed 2:1, rate will potentially increase, violence towards staff and housemates, frequent property destruction.
Nelson Marlborough	67	NZE	Brain injury (non ACC), Ep	CNC4690	LLDS			$77,664.70	Aggressive, unprovoked attacks on staff, housemates, random strangers, runs away (has tracker) police advocating for a change to secure housing
Nelson Marlborough	55	NZE	Schizophrenia, Mild ID	AUZ4279	Wahi Oranga			No current contri	Standover tactics, aggressive, not med complaint. Does not fit traditional residential care. Currently Mental Health exploring a service with Pathways.
Nelson Marlborough	34	NZE	Schizophrenia, ASD	SYL6226	Mental Health/Options			12 hrs $ 562.44 w	Historic longer term community supports under Disability. Provider, Options currently in discussions on reducing support as currently just transporting/shopping.At some stage William will need to move from his current flatting situation at Tiphia street, Mental Health Unit.
Nelson Marlborough	26	NZE	Down Syndrome with mi	MNQ5104	LLDS			$103,150.32	Lived an isolated life with her mother who has MH, no access to money or services, escalation in behaviour – risky behaviour and self-harming, multiple ED presentation, ambulance service and Police involvement.
Nelson Marlborough	50	NZE	Intellectual Disability, de	FDE8165	NZ Community Living			$77,931.15	has been moved to a remote location with current provider, was presenting to ED seeking MH admission/ police involvement, violent outbursts, running away, cyclic behaviour. Requires 1:1 when cyclic escalation
Nelson Marlborough	55	NZE	MH Issues, ASD	AFG5290	LLDS		$1883 Daily	$700,000	Historic MH and behavioural issues. Bespoke placement with LLDS. Service to be audited by Whaikaha on supports and funding as awaiting info on support and staffing
Nelson Marlborough	29	NZE	ID, Bi-polar. MH are not	LFS0647	LLDS		$1020 Daily		ID and MH issues - Spent 3 months in Wahi Oranga. Settled but looking at alternate
Nelson Marlborough		NZ Maori	ID, Significant behaviour	ENP0713	LLDS		$620 Daily		Currently in LLDS 1:1 Supports. Looking at alt. service as LLDS feels they can't manage with current funding.

Mental Health - Residential placements for people with high and complex needs									
	Age	Ethnicity	Category	Provider ID	Provider name	Agreement ID	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Nelson Marlborough	61	NZM NZE	MH	MH residential	Pathways		Bulk fund	Bulk fund	Multiple previous MH Diagnoses, current - history of psychotic and paranoid symptoms, trauma hisorty. Alcohol & drug use. Current MH residnetial provider struggling to manage behaviours. Risk to self (neglect) / risk to others
Nelson Marlborough	70	NZE	MH	MH residential	Pathways		Bulk fund	Bulk fund	Schizoaffective disorder. Current MH residential struggling to manage behaviours. Multiple previous lengthy MH admissions, evicted previous MH residential. Risk to others. MH Act
Nelson Marlborough	40	NZM	MH	MH residential	Pathways		Bulk fund	Bulk fund	Bipolar Affective disorder, drug & alcohol use. Likely cognitive impairment. Autoimmune disorder (impact on vision). Current MH residential provider struggling to manage behaviours. Risk to self (neglect). MH Act.
Nelson Marlborough	54	NZE	MH	MH residential	Pathways		rest home cost		Schizophrenia, cognitive deficits (likely due to history drug/alcohol use). Current MH residential service finding it challenging to manage physical health issues (& impact on mental state) - not eliable for r/h care. MH Act

RIT Paper

Te Waipounamu Urgent Care Stabilisation

Date:	30 January 2024	**Author:** Andrew Goodger (Regional Manager Living Well, Commissioning)	
For your:	Endorsement	**Approved by:** Cath O'Malley (GM Regional System Integtration, Commissioning)	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This document provides background to RIT of the approach to Urgent Care Stabilisation in Te Waipounamu while localised model of care work and the national urgent care and capitation reviews are being undertaken (due for implementation June 25).

Contribution to strategic outcomes

Access to after hours and urgent care services is fundamental to achieving Pae Ora and providing care closer to home. Both staffing and financial sustainability issues have arisen in a range of providers across the motu. Stabilising after hours and urgent care services is crucial to our population and for managing system pressures.

Background

In mid-2023, in response to concerns about the sustainability of urgent care services, each of the four regions undertook a stocktake of the urgent care and after-hours providers in their regions including where additional funding is needed and what quantum, whether non-financial mitigations are needed and in place to support a stable service, and what are the impacts on vulnerable populations.

Each region identified risks with possible service failure, reduction in service delivery for priority populations (rural, Māori and Pacific), issues with staffing and financial sustainability as well as high debt ratios.

Nationally additional funding was identified totalling $17m annually to support stabilisation for the period January 2024 to June 2025. This included contingency amounts of $1,100,000 identified as part of the regional summaries. Of this $4.2m was allocated to Te Waipounamu of which there was $300k contingency.

This funding provides increases to existing Te Whatu Ora funding through mechanisms including percentage increases to existing agreements, increased funding for targeted services (e.g. zero co-payment for under 14's), increases to Extended Primary and Community Care programme, possible targeted closures and redistribution of funding and staffing and in some instances, PHO's committing to contributing to the funding.

Consideration for funding includes the following principals:

a. Additional funding should be critical to the ongoing provision of service in an area with limited alternatives.

b. Priority populations will be impacted.

c. Service performance or delivery will be improved with additional funding.

d. Identification of additional funding from PHO's.

Available Funding to Support Urgent Care in Te Waipounamu

Some urgent care clinics were already being supported financially on a fixed term basis before the national stabilisation funding was approved. The following shows the 23-24 funding that was already allocated:

- Gore - $233,000 + $35k temporary funding for Emergency Consult as part of winter planning
- Riccarton Clinic: $225,000
- Moorhouse Medical: $68,000
- 24 Hour Surgery: $701,333
- Hurunui: $110,000
- Twizel: $40,000 (1 Oct 2023 – 31 March 2024)
- Timaru: $54,708.

The following shows the funding that was approved based on the mid-2023 needs analysis (annual amounts, with funding available for the period Jan24 – Jun25):

- Medical and Injury Centre (Nelson): $220,000
- Marlborough Urgent Care Centre (Blenheim): $475,000
- 24 Hour Surgery (Waitaha): $2,104,000
- Riccarton Clinic (Waitaha): $619,000
- Twizel Medical Centre (MacKenzie): $60,000
- Waitaki (Oamaru): $240,000
- Dunedin Urgent Doctors: $100,000
- Ashburton (Waitaha): $90,000
- $300,000 contingency and placeholder for rural afterhours providers.

Subsequent work and new issues have resulted in some changes to how the stabilisation funding is being utilised. Currently $3.7m of the $4.2m (annual amount) funding has been allocated/commissioned. The following table details what is occurring in each area:

District	Service	Currently commissioned funding (per annum to June 25 unless otherwise identified)	Comments
Nelson Marlborough	Medical and Injury Centre	$220,000	Full allocation funded as per the earlier needs analysis
Nelson Marlborough	Marlborough Urgent Care	$475,000	Full allocation funded as per the earlier needs analysis
Waitaha	24 Hour Surgery	$2,104,000	Full allocation funded as per the earlier needs analysis
Waitaha	Riccarton Clinic	$619,000	Full allocation funded as per the earlier needs analysis
Waitaha	Moorhouse Medical	$0	Decision not to continue funding due to low volumes and the short period of after-hours service provision. This may result in this provider ceasing service provision (retaining their general practice) which can be absorbed by other providers.
Waitaha	Ashburton	$0	Ka ora (telehealth) and support from secondary care has provided an interim solution. Funding may be required at a future date to support model change or sustainability.
West Coast	3 Private Practices providing after hours/acute	$90,000 (June 24)	Although not initially identified, the three private practices have substantial sustainability issues that were becoming critical. Model change is expected in coming months to stabilise the situation until funding reviews complete.
South Canterbury	Twizel	$60,000	Model of care work will be ongoing. A scoping mtg is scheduled in February
Southern	Queenstown Medical Centre	$80,000 (to March 24)	New issue identified by the provider of urgent care/after hours. Immediate threat of service withdrawal due to financial issues. Model of care work occurring urgently.
Southern	Wanaka Basin Practices	$40,000	Ongoing model of care work continuing. The Summer surge was addressed through supporting rural specific POAC services at the general practices to lower after hours demand.
Southern	Waitaki	$0	Ongoing model of care work occurring system wide. Role of General Practice in Urgent care included.
Southern	Dunedin Urgent Doctors	$0	PHO has agreed to support Dunedin Urgent Doctors. There may be need in the medium

			term for use of stabilisaton funding depending on work on the model

Although there is $500k still available, it is likely that there will be further calls on this funding before the capitation and urgent care reviews are implemented in June 2025.

RIT Paper

Regional Integration Team Operating Framework and Standard Operating Procedures

Date:	29 January 2024	**Author:** Alysse Lyon (Programme Manager RIT, Commissioning) Chelsea Skinner (Principal Advisor RIT, Commissioning)	
For your:	Endorsement	**Approved by:** Greg Hamilton	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This paper seeks support for the release of an Integrated Operating Framework to support the Te Wai Pounamu Regional Integration Team (RIT), along with the Terms of Reference and Standard Operating Procedures for the Office of the Regional Wayfinder who provide the secretariat function for the RIT.

Recommendations

REQUIRED The RIT is asked to:

Note the strategic nature of the Framework, Terms of Reference (ToR) and Standard Operating Procedures (SOPs).

Note the framework has been endorsed by the National Co-chairs of the Regional Integration Teams (6 September 2023).

Provide **guidance** on the RIT Operating Framework and the RIT Items SOP.

Support the proactive release of the Framework advisory document and SOPs (the ToR is already completed).

Contribution to strategic outcomes

Adoption of a nationally consistent framework and associated operating procedures will limit unwarranted variation and result in a stronger, more resilient, and connected healthcare system. Health sector principles (s7, Pae Ora Act), promoting engagement with Māori and other population groups by making "relationship management and community engagement" are a key pillar of the Operating Framework. Māori involvement in decision making is explicit and a recurring facet of RIT activity.

Executive summary

i. RIT Operating Framework

Regional Integration Teams (RITs) are a feature of the new regional operating model.

The proposed RIT operating framework involves 4 specific Pillars of Activity:

Strategy, Planning and Review

Performance Oversight

Relationship and Engagement

Management and Administration.

These pillars have been mapped to the RIT's key deliverables (*Appendix 1, RIT Operating Framework*).

ii. Standard Operating Procedures

The RIT will be supported by the development of Standard Operating Procedures (SOPs) to guide the Office of the Regional Wayfinder. The RIT Items SOP has been developed (*Refer Appendix 2*).

RIT Operating Framework

Regional Integration Teams (RITs) are comprised of leaders.

Each member who sits on the RIT holds a functional responsibility, however the mandate of the RIT and its members sits at the 'system' rather than 'functional' level.

According to the latest terms of reference, RIT will not have delegated financial or non-financial authority over its members, but it is expected that the forum will enrich and enhance decisions to be enacted by its constituents in a synergistic way.

The purpose of RITs is multi-faceted and consists of the following 8 dimensions.

- **Regionally integrated Planning and Reporting**, including a Regional Health and Wellbeing Plan and associated feeder plans such as Clinical Services and Capital Investment Plans
- **Relationship management**, including Te Tiriti relationships with Iwi and IMPB. Cross-sector relationships are also within scope. The relationships are assumed to be aimed at the strategic, executive level and to also extend to relationship management within the Crown Entities, the Ministry and the Minister's office
- **System performance oversight** with a focus on identifying inequitable variations in terms of health outcomes
- **Managing emergent pressure response** by making decisions and allocating resources where required. Again, this effort is assumed to be focused at the regional and strategic level. A decision that can be managed at the local level should not reach the RIT table

- **Maintain visibility and alignment of regional priority areas** for the wider system and its key stakeholders
- **Request and issue resolution** that cannot be resolved at the local level
- **Advising upwards** to inform National strategies and priorities
- **Maintaining stability** during the transition and laying the foundation for future success.

Strategic Value of a Common RIT Operating Framework

The strategic value of the framework exists both regionally and nationally. By ensuring there is consistency of approach across the four regions, unwarranted process and timing variation will be avoided. A degree of commonality across regions will also result in a shared vision and enhance opportunities to develop synergy across all regions.

Functional Responsibilities making up the Framework

A review of institutional best practice suggests that a strategic framework for an Executive-level entity with a quasi-governance role should consist of the following functional responsibilities.

Pillar 1. Strategy Planning and Review

The purpose of this functional responsibility is to review performance at a strategic level with the aim of informing and advancing the system over the remaining work period. A typical work program under this pillar would include:

- Understanding and charting progress on specific strategic directions
- Reviewing organisational targets and either adjusting or reconfirming them
- Charting high-level commissioning and decommissioning strategy for the remaining work period
- Revising the Regional Health and Wellbeing Plan
- Informing national planning and priorities
- Confirming the RIT annual workplan.

Regionally integrated planning and performance is the primary focus. This may include charting a high-level commissioning decommissioning strategy. The aim here is to break the current practice of unchecked, reactive investment decisions occurring.

Regional specific and then cross-regional strategy, planning and review has been allowed for in the framework. The idea is that while there will be regional specific focus, there will also be strategic priorities in common to all regions that may benefit from a collective approach.

Pillar 2. Organisational Performance

This function involves interaction with focused groups working to implement the Regional Health and Wellbeing Plan. The nature of the interaction would cover:

- Maintaining system performance oversight
- Supporting the parties to implement their part of the Regional Health and Wellbeing Plan
- Ensuring all key stakeholders remain connected and their collective effort is strategically aligned and adjusted if it is not aligned
- Decision-making in relation to emergent pressures
- System stability in relation to transition management.

Links between RITs and enabler functions such as Finance and Audit or Quality and Risk will need to be clarified as given the expressed purpose of RITs, these areas fall outside of their responsibility.

Based on feedback from RITs nationally, the thinking is that each region will determine what the substructure below the RIT level will look like.

Pillar 3. Community relationships and engagement

This sphere of activity can and should extend the activities of the RIT beyond a focus on meeting-based activity only. Actions could include:

- Review and approval of RIT position statements
- Review and maintenance of key strategic relationships, including cross-sector.
- Involvement of Iwi Māori Partnership Boards at all key decision-making junctures, not just at the end of a planning process
- Engagement with consumers and whanau according to the Health and Quality Safety Commission Code of Expectations, across the continuum of RIT activity
- Maintaining advisory links to Te Whatu Ora and Te Aka Whai Ora.

It is under this functional responsibility area that RITs can keep strategic priorities both visible and aligned for the 'team of teams' making up Te Whatu Ora and Te Aka Whai Ora.

Pillar 4. Administration and Planning

At regular intervals but no less than annually, RITs will need to:

- Review and update terms of reference and conflict of interest records
- Carry out an environmental legislative and policy scan for changes that impact the RIT
- Set meeting and event dates for the upcoming work period
- Undertake an evaluation survey and if necessary, act on its findings
- Review RIT training and education needs.

Next steps

Management to consider how to deliver Line 1 responsibilities as part of the Three Lines Model.

Appendices

Appendix 1: Operating Framework

Te Whatu Ora

Te Waipounamu

Regional Integration Team

Operating Framework

1. INTRODUCTION

This Document outlines the operating framework for a Health New Zealand Regional Integration Team (RIT).

It outlines key strategic functions an executive-level entity such as a RIT with quasi-governance responsibility would be expected to undertake over a typical annual business cycle. It also seeks to advance the way executive teams in Health work together in an integrated manner.

The framework as outlined in this document and associated activities are considered to be the minimum requirement expected of RITs. In the event that a RIT believes that in order to advance or progress it needs to vary from this framework the proposed changes must be explained and discussed with other RITs before they are enacted or socialised. In this way, a process of consultative, continuous improvement facilitated by shared learning across RITs will be initiated.

2. INTEGRATED FUNCTIONAL RESPONSIBILITY FRAMEWORK

The framework that underpins the RIT work-plan is made up of 4 pillars:

- Strategy Planning and Review
- Operational Performance
- Community Relationships and Engagement
- Administration and Planning

Each of these pillars represents an area of responsibility under which key activities have been identified for RITs to carry out during annual business planning, typically characterised as a financial year.

Regional Integration Teams are responsible for nine outputs which collectively make up the purpose of RITs. To ensure the responsibility framework *enables* the delivery of these outputs, they have been mapped to one or more of the functional responsibility pillars as shown in the following table:

TABLE 1: FUNCTIONAL RESPONSIBILITY FRAMEWORK MAPPING

RIT Output (Collective Purpose)	Functional Pillar
Deliver **regionally integrated planning and reporting** across all delivery services and enabling functions.	Strategy Planning and Review
Maintain appropriate **oversight of system-wide performance** across a region, and identifying inequitable variation in outcomes within and between regions	Operational Performance

Make decisions and implement solutions (including moving resources) as needed, within nationally determined frameworks and delegations, to **address emergent pressure points**.	Operational Performance
Ensure **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region.	Strategy Planning and Review Community Relationships and Engagement
Resolve requests or issues arising between local delivery services or enabling functions.	Operational Performance
Manage **relationships with key partner organisations** that may span multiple delivery services or enabling functions (e.g. Civil Defence, local government).	Community Relationships and Engagement
Manage key **Te Tiriti relationships** with IMPBs and whānau Māori.	Community Relationships and Engagement
Provide regional advice to **help inform national strategy and priority areas** for delivery services and enabling functions.	Strategy Planning and Review
Ensure **stability through the transition period**, and lay foundations for future success across the region	Operational Performance

3. STRATEGY PLANNING AND REVIEW

RIT activity under this Pillar is geared towards performance review and consideration of actual results, which then leads to scene-setting, course-correction or enhancement, and agreement on resource commitments going into a new annual business cycle.

i. THE WHAT

Specific activities will include:

- Reviewing progress on specific strategic directions, including the 5 system-level shifts
- Reviewing the appropriateness of organisational performance targets
- Identifying areas for improvement

The key documented outputs from these activities will be:

- a refreshed and updated regional health and wellbeing plan
- a statement of agreed budget parameters
- a confirmed commissioning/decommissioning strategy
- advisory statements that inform national planning and priorities

- an approved RIT workplan for the year
- approved contributory workplans as required.

ii. WHEN

The suggested forum for this work is a workshop, convened over a number of days in the third or last quarter of a financial year so that a RIT is ready to deliver on its workplan for the next financial year. RITs can also look to work cross-regionally where it makes sense to do so, again using workshops as the forum for engagement.

The Office of the Regional Wayfinder will be responsible for providing secretariat support to the RIT. At least two months lead time will be required to ensure that all materials that feed into the workshop is ready. These will include agendas, performance reports, discussion papers and presentation material. A further month post the workshop will be required to capture and report on the outputs and agreed actions.

iii. EXPECTED OUTPUTS

4. OPERATIONAL PERFORMANCE

This functional responsibility sees the RIT interacting with contributory bodies at the sub-RIT level. The make-up and nature of these bodies is up to each RIT to determine, suffice to say that they will carry a degree of responsibility for helping the RIT acheive aspects of its multi- faceted purpose.

i. THE WHAT

RITs will receive and consider progress reports from each contributory body. It will hold those responsible to account for ensuring RIT directions associated with progressing RIT objectives are being met. RITs will take a collective view of achievement. This means that the potential exists for realignment or reprioritisation of individual efforts if it will lead to the wider realisation of regional strategic imperatives.

Resourcing the work required to achieve its purpose will be decided by each RIT at a global level. How that resource is then applied by the contributing bodies will be the responsibility of that Group to decide.

ii. WHEN

From a monitoring and performance perspective, RITs should engage no less than quarterly with those responsible for delivering on the system levels shifts. Other forms of engagement will be picked up no less than annually under the pillars

"Strategy, Planning and Review" and "Administration and Planning" when it comes to work-plan establishment and approval.

iii. EXPECTED OUTCOMES

- Documented meeting minutes
- Documented decisions and directions.
- Documented escalation of issues/options discussions outside of the RIT mandate.

5. COMMUNITY RELATIONSHIPS AND ENGAGEMENT

This is the Pillar through which delivery of the following RIT outputs will be managed.

- Managing key Te Tiriti relationships with IMPBs and whānau Māori
- Managing relationships with key partner organisations that may span multiple delivery services or enabling functions (e.g., Civil Defence, local government).

This is also the area where RITs can actively ensure there is **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region by being visible and intentional with their messaging.

i. THE WHAT

The activities and outputs proposed under this setting are associated with managing and maintaining policy, position statements and relationship settings according to an agreed RIT workplan. For example:

- Review and maintenance of RIT position statements
- Policy on the use of names and associated emblems
- Regular "health checks" on the status of strategic relationships
- Issuing of public statements
- Production of newsletters or web-based material
- Convening Grand Round" equivalents.

ii. THE WHEN

Policy settings should be agreed in advance of an upcoming financial year. Other activities can be scheduled throughout the year, bearing in mind the need to factor in timing considerations when it comes to scene-setting (early in the year) and the impact of the unforeseen (as required).

6.0 ADMINISTRATION AND PLANNING

This Pillar is about RITs maintaining match-readiness, not just in terms of preparedness, but also capacity, capability and being open to scrutiny.

i. THE WHAT

The majority of these activities are generally accepted practice for governance-level entities:

- Terms of reference review and confirmation
- Standard operating procedures review and confirmation
- Update and manage conflict of interests register
- Environmental scan of policy and legislation with resulting updates to policy and practice as required
- Assess and act on RIT training, development, and coaching needs
- Undertake a RIT performance evaluation survey and act on the findings and recommendations
- Review membership of collective bodies with system-level shift responsibility
- Review operating procedures of those collective bodies with system-level shift responsibility
- Set meeting and event dates across the system.

A more sector specific activity is issuing written instructions to responsible bodies. These would be akin to a "letter of expectation" from the Regional Integration Team that sets the scene for the year(s) ahead.

ii. WHEN

These activities should preface the start of a new annual business cycle. On occasion, some activities may be necessary during an annual business cycle to account for the unexpected. For example, unforeseen membership or policy changes may require RITs to act during the year.

Appendix 2: Standard Operating Procedure

Standards Operating Procedure – Office of the Regional Wayfinder

Approver	RIT Te Waipounamu
Implementation Date	1 February 2024
Name	**RIT Items Templates**
Next Review Date	January 2025
Owner	Group Manager Office of the Regional Wayfinder /Regional Integration Team Lead / TBC
Revision Number	00

Overview

Goal

Specific

This SOP has been developed to ensure that a robust process is followed when considering items that require escalation to the RIT.

Desired Outcome

The desired outcome is that the secretariat function for the RIT will be as operate as efficiently and effectively as possible to ensure the RIT are able to play their role in providing strategic direction and decision-making.

Procedure

The proposal must reach the threshold for intra- or-inter regional consideration.

Responsibilities

Te Whatu Ora Divisions that have responsibility must drive the process.

Proposal Development Checklist.

Length and quality:

Papers must be concise, with clear deliverables and milestones. Keeping paragraphs brief and to the point. RIT will not accept papers over 5 pages long. Appendices should be used discernibly and only contain critical information for decision-making (they are not for supplementary reading material). Extra material or backing evidence/data could still be submitted to the secretariat and be available upon request by RIT if required. Essentially the

template should hold enough information to make a decision. Examples can be provided from the RIT programme team to submitters if requested.

Need Regional Leadership voice and feedback:

RIT expects to see clearly the responsible regional business unit(s) views and how they are being actioned in the paper so it can inform RIT decision-making. Make this clear for the reader and be direct and action orientated.

All papers need Regional Directors or Group Managers to sign out:

Each paper submitted to the RIT must require endorsement and signature from the regional business unit lead. Papers will only be submitted to RIT if the regional lead has signed out the paper. Papers which have implications for other Divisions may require singing out from that Division.

Timeliness:

All papers to RIT need to be received by the RIT Secretariat one week before the RIT meeting. This ensures RIT secretarial team can go through a quality assurance process, including ensuring papers meet the threshold for RIT, are on the agenda, have endorsements, contain appropriate content and consistent language is used across the entire RIT pack.

Template

To:	**Regional Integration Team**
From:	
Subject:	
Date:	
For:	Approval / endorsement

Background

The proposal description may include (as appropriate):

*Allignment to **Pae Ora Healthy Futures Act, NZ Disability Strategy, Health Needs Assessment, Regional service plans, locality plans**.*

*How it meets the **6 priority actions of Te Pae Tata***

*Proposal **scale** – is it a change to an existing or new regional, or national service? Confirm the current service cover will not be diminished*

Why** the service change has been proposed **(rationale for change).

Collaboration Process

Consider and include the following as appropriate:

*How you will **demonstrate the effectiveness of the funding mechanisms** to achieve the aims of planning services (local, regional or national) collaboratively.*

*What **agreement on the proposed service change (where necessary) is to be reached with other regions** and associated Executive Leadership Team members with regard to:*

- *the proposed effect on service volumes/capacity*
- *funding arrangements*
- *changes to access and eligibility of recipients of the services (if any)*
- *the level of support from affected regions. Attach letters of support from affected regions if requested by the Executive Leadership Team.*

Impact on Community/Population

Including but not limited to:

- *Health outcomes/inequities*
- *Māori*
- *Pacific peoples*
- *disabled people, and their family and whānau*
- *other equity population groups*
- *access to services*
- *eligibility*
- *consumer choice*
- *quality of services*
- *costs (including opportunity costs faced by consumers)*
- *likely perspective of community/population and other stakeholders*
- *clinical appropriateness and clinical perspective.*

Impact on your region

Consider:

- *clinical impact analysis*
- *patient impact analysis*
- *revenue impact analysis, net present value, proposed financial impact*

- *workforce implications*
- *infrastructure (such as buildings, information systems).*

Changes required (*or similar*)

Next steps

Implementation ***Timeframe***

The ***consultation process*** *proposed*

Recommendation

To include financials in table below (if applicable)

Table Heading	
Table Heading	
Table Heading	

Appendices

To attach letters of support (where applicable)

Further evidence of findings

RIT Paper

Reporting Overview & Direction

Date:	29 January 2024	**Author:**	Melissa Macfarlane
For your:	Endorsement	**Approved by:**	Greg Hamilton
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This paper proposes a direction of travel regarding regional reporting to support the Regional Integration Team to meet the expectations set out in its Terms of Reference.

Recommendations

The Regional Integration Team (RIT) is asked to:

Note the proposed direction of travel.

Endorse the development of a regional reporting suite consisting of a mix of narrative reports and performance dashboards and signal support for the recommendations.

Endorse the Office of the Regional Wayfinder engage with national and regional analytics leads, to support the development of the National Outcomes Framework and access to data sets for the development of regional reports and dashboards.

Agree to participate in a face-to-face workshop to develop the regional reporting suite and ensure this covers the major areas of focus for Te Waipounamu and supports each individual directorate in their own planning and reporting.

Contribution to strategic outcomes

This paper relates to development of regional performance reporting to support RIT to deliver on the expectations set out in its Terms of Reference. In doing so this work will contribute to improved system performance, service integration and collaborative decision making across Te Waipounamu and help our system deliver on the vision of Pae Ora.

Executive summary

Current regional reporting does not comply with the expectations of RIT as set out in the RIT Terms of Reference or enable RIT to deliver on its purpose and function.

Rather than a single quarterly report, the development of an integrated regional reporting suite is proposed to address this gap.

Individual divisions RIT leads will need to continue to own and manage their internal performance and issues reporting however the Office of the Regional Wayfinder will support delivery of integrated regional reporting.

Regional Reporting

Overview and Aim

All RIT members are responsible to their respective national directors but are also expected to operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations.

In setting out to consider and address reporting requirements for RIT we were cognisant that each RIT lead/division already has internal reporting requirements that their teams need to meet. Our desire was to limit any additional duplication or reporting load for divisional teams and to ensure that any proposal added value.

Reporting expectations are set out in the RIT Terms of Reference (TOR) stating that RIT will:

report quarterly to ELT on achievements, risks, opportunities, and challenges; and, as part of this report, include insights on performance and advice for enhancing the interface of national, regional, and local arrangements.

In understanding what would be needed to deliver this quarterly reporting, and ensure it added value, we have also looked to the wider expectations in terms of the purpose and function of RIT - notably that RIT will:

Maintain oversight of integrated performance across the region and identify inequitable variation in outcomes within and between regions.

Monitor delivery of Regional Health & Wellbeing Plans.

Promote collaborative decision-making for solutions implemented at a regional level, including to address emergent pressure points.

Partner with other RITs and national teams to ensure consistency in decision-making where appropriate, including through regular sharing of learnings and insights.

As well as delivering on Regional Health & Wellbeing Plans, RIT is also accountable for delivering on key priorities in national plans that require integration and success across multiple service delivery areas (i.e., Winter Plans, Immunisation). While this is less explicit in the TOR it would be reasonable to anticipate that RIT would be expected to monitor and/or report on progress against these key priorities as well.

Current State of Reporting

Each individual division currently has its own internal reporting streams with a mix of weekly, monthly, and quarterly reporting. A number of these individual divisional reports end up being combined into the same single reports at the national level.

A map of current reporting (based on input from RIT members) is attached (Appendix 1) and outlines at a base level the weekly, monthly, and quarterly reporting being provided and where this appears to be contributing into national reports for ELT and the Board.

The Public Health, Commissioning. and Strategic Planning & Performance Teams are in the process (through their national offices) of reviewing their current reporting with the aim of standardising and streamlining expectations and processes. Reporting will change.

The only RIT reporting currently being delivered is a single quarterly regional highlights report being submitted to the National Strategic Planning & Performance (SP&P) Team.

This regional highlights report presents four highlights from each delivery arm (Public Health, Commissioning and HSS) and four highlights from across Māori and Pacific services. Expectations are that each highlight is to be no more than 50 words and the report does not contain risks or data tables. The report is added as an appendix to the Quarterly Performance Report to the Te Whatu Ora Board, delivered by the National SP&P Team and published on the Te Whatu Ora website.

We are currently delivering this report by sending quarterly emails to each RIT lead and asking for four highlights to add to the report. The last report is attached (Appendix 2).

The current reporting does not comply with the expectations set out in the TOR.

Issues

Current divisional reporting is being elevated up within divisions but not being shared at the RIT table. This creates gaps in visibility around the RIT table of current achievements, risks, opportunities, and challenges across divisions. It also means we are duplicating reporting requests when asking for highlights every quarter.

Current reporting is aimed at addressing requirements within divisions, not supporting RIT to deliver on its purpose and function. We have no collective regional reporting on risks, opportunities, or challenges and no readily available collective insights on regional performance to identify where national, regional, or local arrangements might be enhanced to improve performance.

While the reporting in each division is at differing states of maturity, several consistent challenges have been highlighted. These include lack of clarity in terms of purpose and audience, poor access to reliable performance data, reports being reflective rather than predictive, and questions over value for teams.

Many previously available national and regional data sets are no longer available or centralised, making it difficult to access timely data for service planning or reporting. While several divisions are currently working on the development of performance metrics and national data sets, there is no current national outcomes or performance framework for Te Whatu Ora.

Much of our current reporting, is narrative heavy and backwards looking.

Opportunities

An opportunity exists for us to bring some common divisional reporting together quickly and simply, share it with each other at the RIT table, and collaborate on solutions, without duplicating work.

We recommend that RIT agree on which current divisional reports could be shared and use the first of these to complete the national SP&P report next quarter.

With no current regional service or performance reporting being generated we have an opportunity to create a multi-layered regional reporting suite that meets the TOR in terms of reporting, but also enables RIT to deliver on its full function and purpose.

We recommend we workshop the key elements of this reporting suite including a small targeted set of shared service performance metrics and system pressure trigger indicators for Te Waipounamu based on our current issues and challenges.

Recent Treasury and Office of the Auditor General reviews highlight that good reporting presents a mix of narrative, data and visuals allowing for the drawing together of insights to explain, enlighten and engage people in driving change. It also incorporates the voice of the service user to confirm and inspire performance.

We recommend that our regional reporting suite contains all three elements and incorporates a strong community voice.

A Regional Health Analytics team has now been confirmed for Te Waipounamu within SI&I and national work is getting underway on the development of a national outcomes framework within the national Strategic Planning & Performance Team. We have an opportunity to influence and build off this work.

We recommend the Office of the Regional Wayfinder engage in this work to provide a regional perspective and ensure data sets are made available to support planning, evaluation, and reporting at a regional level.

Understanding what is being reported to the Minister and Board give us an opportunity to ensure Te Waipounamu is ready to respond to requests for information and is providing updates that help to inform our leadership teams and support ELT.

We recommend that in considering what is covered by our regional reporting suite we ensure we address the key elements of the reports to the Minister and the Board.

Proposed Direction

Rather than a single quarterly regional report, we propose that the Office of the Regional Wayfinder work with RIT to develop an integrated and interactive reporting suite that will meet reporting requirements and enable RIT to deliver on its functions and purpose.

This suite would be a mixture of narrative, visual and data/dashboard reports – being both retrospective and predictive to support RIT to report on highlights but also identify and address service performance issues, inequities, and pressure points across our region.

We anticipate that this reporting suite would evolve to support the individual RIT leads to address some of their own divisional reporting requirements in a complimentary rather than duplicative approach.

We expect the reporting suite would incorporate reporting on the highest regional risks, delivery against the Regional Health & Wellbeing Plan and Te Pae Tata II and any national priorities that are introduced under the new coalition Government or key performance measures developed as part of the national outcomes framework.

As our whānau voice and localities work evolves we could expect that this would influence the content of our service performance and system pressures dashboards, as would input from our Iwi Māori Partnership Boards.

Te Aka Whai Ora contribution

We propose that the Office of the Regional Wayfinder would engage and work closely with the regional office of Te Aka Whai Ora to incorporate appropriate elements of the Te Aka Wahi Ora outcomes framework and key priorities into the regional reporting suite.

Next steps

As a first step in developing the regional reporting suite we propose a face-to-face workshop with RIT to narrow down and prioritise the focus and metrics set.

We also propose engagement with analytics leads across the divisions within Te Whatu Ora and Te Aka Wahi Ora to understand what data is currently available and accessible and to engage then in the development of our regional data sets.

Appendices

- Appendix 1: Current Regional Reporting Overview.
- Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Appendix 1: Current Regional Reporting Overview.

Report	From	To	Audience	Daily	Weekly	Fortnightly	Monthly	Quarterly
Regional Risks & Issues Update	HSS	National HSS Team	National Office – daily stand-ups					
Update to Minister – Significant Matters	All Directorates	Government Services Directorate	Weekly Report to Minister of Health		10am Wednesday			
Planned Care Update	HSS	National HSS Team	Weekly Report to Minister of Health					
System Pressures Update	HSS	National HSS Team	Weekly Report to Minister of Health					
Immunisation Update	Public Health	National Public Health Team	Weekly Report to Minister of Health					
Regional Update – Highlights & Risks	Public Health	National Public Health Team	Monthly Performance Review Meeting + CE report to the Board				2nd week of the month	
Regional Update – Highlights & Risks	Commissioning	National Commissioning Team	Monthly Performance Review Meeting + CE report to the Board					
Regional Update – Performance Review – Highlights & Risks	HSS	National HSS Team	Monthly Performance Review Meeting + CE report to the Board					

Risk Report – High and Extreme Risks	Regional Risk Lead	National Risk Team	Monthly Performance Review Meeting					
Regional Highlights Report	Regional Integration Team	National Strategic Planning & Performance Team	Quarterly Performance Report to Te Whatu Ora Board and Public					Q1: Oct 20 Q2: Jan 19 Q3: April 20 Q4: July 20
Risk Report – All Risks	Regional Risk Lead	National Risk Team	Quarterly Report to ELT and Board Committee					

Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Te Waipounamu Regional Performance Report
Quarter 2: October - December 2023

Tatau Whenua – Our Land

The provision of healthcare close to home is challenging in Te Waipounamu due to the high proportion of our population who live rurally - 28% compared with 19% nationally. Our rural hospital and provider network is an important element of service provision; however, rural services can be fragile in terms of both staffing and funding.

Redesigning Rural Health Services: A Waitaki Health Services Sustainability Project has been launched to respond to increasing service pressures in the Waitaki where providers are experiencing clinical and financial instability, resulting in intermittent service closures and reduced service access for people in the area. Representatives from Moeraki Rūnanga, Oāmaru Pacific Island Community Group, Stronger Waitaki, Waitaki District Health Services and WellSouth PHO have come together with Te Whatu Ora Commissioning and Hospital & Specialist Services, to support a re-design of services to improve service integration and sustainability and to better meet the needs of the local community. A project plan and key deliverables will be agreed in January.

Tātou Tāngata – Our People

Developing our Rural Workforce: The first Rural Hospital Medicine (RHM) registrar, trained 14 years ago, is now a member of the group overseeing training at the Lakes District Hospital in Southern, as part of a re-booted programme to support our rural hospitals through the Australasian College of Emergency Medicine. It is hoped six registrars will take up RHM and Rural & Remote Special Skills placements in 2024 on six-month rotations.

Te Tai o Poutini | West Coast are also supporting one of their largest cohorts of training doctors. Along with supporting the Interprofessional Education Program and Rural Medical Immersion Program (with the University of Otago) the West Coast will support a total of eight trainees in 2024: two RHM, three GPEP and three PGY1 & PGY2 trainees. The West Coast will also partner with Canterbury to support four community-based attachment positions. This is a crucial step in developing a rural training pipeline of Rural Generalists and Rural GPs.

Positive Anaesthetic Recruitments in Canterbury: Work to address Waitaha | Canterbury's shortage of Anaesthetic Technician is making headway. Three Registered Nurses are joining the team at the end of January, after completing the Registered Nurse Assistant to the Anaesthetist (RNAA) bridging programme. Six other external appointments will also join the team in 2024: five Anaesthetic Techs and one RNAA. This increase in staff will support access to surgery for our population and help to reduce our longest waiting lists.

Tātou Oranga – Our Wellbeing

Pae Ora

Improving Immunisation Rates: Our Coordinated Community Care Programme team is working alongside Te Aka Whai Ora, Pacific Health, and Commissioning to ensure we are reaching everyone eligible for immunisations across Te Waipounamu. The team are also embracing a community and whānau wellbeing centred approach to increase access to other preventative care alongside immunisations. We are actively removing

barriers to care provision, particularly for our Hauora Māori and Pacific providers by, increasing the number of immunisation co-ordinators, supporting providers to get immunisation accreditation, supporting data sharing agreements and providing additional funding for health promotion. While Te Waipounamu has some of the highest immunisation rates in Aotearoa, we expect to reduce the equity gap for Māori and Pacific People's over the coming year.

Starting Well

Making Oral Health a Priority for our region: Barriers to accessing oral health services was a key theme emerging through community engagement undertaken by the Takiwā Poutini and Hokonui locality prototypes in Te Waipounamu, it is also an area of significant inequity across our region. As part of our response, an Oral Health services stocktake was completed across Te Tai o Poutini | West Coast in December. This will provide valuable information to better understand available dental services and utilisation rates across the district and to target investment to support improved access to oral health services in 2024.

Improving Access to Transgender Readiness Assessments: Canterbury's Commissioning and HSS Child, Adolescent & Family (CAF) services have worked to significantly reduce waiting times for rangatahi requesting gender readiness assessments. Long waiting lists were impacting on people's health and wellbeing, and it was clear many of these young people could be seen in the community. Building on the new HealthPathway, Transgender Health in Children, we have been able to grow psychological and peer support capacity across community providers. Within four months (to December), community-based specialists have taken on 28 rangatahi transferred from CAFs (clearing the waitlist) and an additional 80 rangatahi referred through the HealthPathway by GPs. This is making a real difference for these individuals and their families.

Living Well

Increasing support for Primary Care: Delivery of the new Comprehensive Primary Care Team model is progressing well. Te Waipounamu now has contracts and associated facilitators in place as well as a growing number of team member positions across Te Waipounamu. Local tailoring of the programmes is still taking place in some areas, but strong integrated community-led approach is being supported and positive feedback is already being received regarding the partnership between Hauora Māori and Pacific providers and general practice.

Improving Pacific People's Health: In response to the community voice, Te Whatu Ora has supported Tangata Atumotu Trust to establish a presence in Ashburton, an area where longstanding service gaps have been identified for our Pacific community. In partnership with Waitaha PHO this work will improve access to health services for our Pacific community, focusing initially on general practice, immunisation, screening, and social work services.

Reducing Waits for Planned Care: A key goal for 2023 was reducing the number of patients waiting over 365 days for treatment. Despite the resource issues faced across Te Waipounamu, progress is evident. At the end of September (Q1) there were 1,736 patients that, if remained untreated, would have been waiting over 365 days by the end of December - at the end of December (Q2) this number was down to 343. A greater emphasis on regional collaboration has enabled patients to be transferred between districts for quicker access to care. The team have also focused on delivering additional theatre sessions and out-sourcing to private providers to reduce wait times. Regional planning and reporting processes continue to be strengthened to ensure the region is moving forward as one.

Equitable Access to Cataract Surgery: Te Waipounamu HSS are increasing referrals for cataract procedures, in anticipation of delivering 80-100 additional cataract procedures before 30 June (a 40% increase on current volumes). This work is being supported by national funding to deliver on our region plan to reduce current waiting lists and align Clinical Priority Assessment Criteria score thresholds for access to cataract surgery to 46. This work will improve access overall and eliminate differentials that existed across the South Island with threshold scores previously ranging from 48-61 depending on where you lived.

Ageing Well

Reducing ARC Nursing Gaps: As highlighted last quarter, the English exam is a barrier to Internationally Qualified Nurses in ARC, gaining access to the Competency Assessment Programme and subsequent NZ nursing registration. Our West Coast team trialled targeted English tuition to help address chronic registered nurse shortages, with two of the five ARC facilities on the West Coast closed to hospital-level admissions for 12 months+ due to RN shortages. Five nurses have since passed their exams and over the past quarter all five ARC facilities have re-opened to new admissions. This success means, Coasters who need hospital-level care can remain closer to home and whānau.

Other Items of Interest – Q2

Te Whatu Ora Southern and the University of Otago have co-designed a refreshed policy and consent form for student involvement in care. This includes capturing a patient's consent to have students involved, what elements of care a student can do under supervision or whether they simply observe, and a specific section regarding sensitive examinations. This mahi will help improve people's experience and safety in our health system.

Our Healthy Ageing Team is taking a leadership role working with Eldernet to provide live vacancy updates from ARC facilities. This vital information supports NASC teams and whānau to identify placement options and enables us to better understand how ARC capacity affects flow and where current pressures points are.

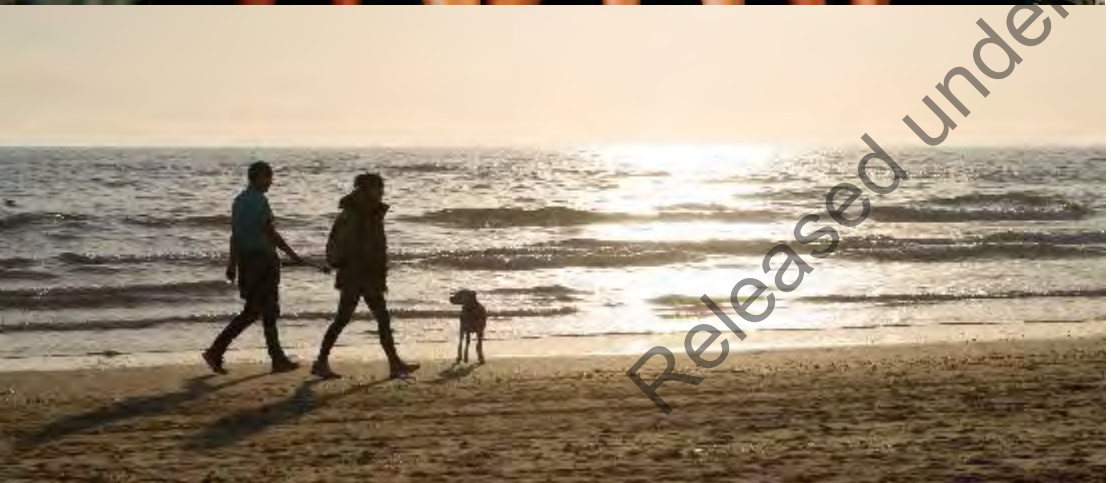
We have appointed our tier four Public Health positions across Te Waipounamu and making progress with tier five. We have promising candidates for most roles and a good mix of experienced and up-and-coming people which will help us drive change and balance stability, as we move to a truly regional system.

A regional MH&AOD lived experience Hui was held in Christchurch in Q2. The Hui provided an opportunity for current and potential peer AOD workers to share experiences, build relationships and identify opportunities in terms of training and support. The Hui was well attended, and people are keen to support a regional approach.

A kanohi ki te kanohi hui for Smokefree kaimahi in November, was positively received, people felt re-inspired, and the hui helped to foster whanaungatanga, share knowledge and increase collaboration between kaimahi. Connections made have already resulted in a mobile camper being shared between organisations to run cessation clinics.

An Infant & Maternal Mental Health Environmental Scan has been completed. Highlighting current state, access barriers, and service and cultural gaps across Te Waipounamu. This work will help develop future service models and investment the region.

Note: Performance data in this report is subject to change, due to late coding/invoicing and is confirmed as at the data its was extracted.



Te Aka Whai Ora
Māori Health Authority

Te Whatu Ora
Health New Zealand

Te Waipounamu

Health and Wellbeing Plan 2024-27

RIT Update 1 February 2024

Population Quiz – 2018 Census Data

Ōtepoti

Waiharakeke

Whakatū

Ōtautahi

Te Tihi-o-Maru

Waihōpai

Māwhera

Timaru	?
Greymouth	6,630
Invercargill	?
Nelson + Richmond	54,204
Dunedin	369,006
Blenheim	32,997
Christchurch	?

27,498

126,255

65,307

	Territorial Authority / Statistical Area Name/s	Territorial Authority / Statistical Area Boundaries	2018 Census Population
Waihōpai	Invercargill City		54,204
Whakatū	Nelson City + (Richmond West, Richmond Central, Templemore, Easby Park, Wilkes Park, Fairose, Ben Cooper Park, Richmond South)		65,307
Ōtepoti	Dunedin City		126,255

	Territorial Authority / Statistical Area Name/s	Territorial Authority / Statistical Area Boundaries	2018 Census Population
Ōtautahi	Christchurch City		369,006
Waiharakeke	Blenheim Central, Whitney West, Whitney East, Riversdale-Islington, Mayfield, Springlands, Lower Wairua, Riverlands, Yleverton, Redwoodtown West, Redwoodtown East, Witherlea East, Witherlea West, Woodbourne, Renwick		32,997

	Territorial Authority / Statistical Area Name/s	Territorial Authority / Statistical Area Boundaries	2018 Census Population
Māwhera	Greymouth Central, Blaketown, Cobden, Karoro, Marsden, King Park		6,630
Te Tihi-o-Maru	Timaru Central, Timaru East, Kensington, Parkside, Watlington, Seaview, Fraser Park, Highfield South, Highfield North, Glenwood, Glenti South, Glenti North, Marchweil West,Marchweil East, Waimataitai- Māori Hill, Washdyke		27,498

2023

First draft distributed in November

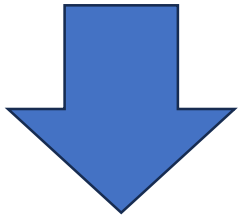
Eight online lunchtime engagement sessions – average of 100 attendees per session

Key feedback themes:

- Workforce
- Integration
- Whānau voice / lived experience at the start and throughout implementation
- Keep it regional

Jan - Feb 2024

- Working in partnership with IMPBs on revisions to the draft
- Getting prototype locality content fine tuned
- Completing engagement meetings with specific groups
- Meeting with the people who are responsible for the delivery of actions



- Getting draft #2 ready for release

March – April 2024

- Release draft #2 to 1000+ contact list
- Receive written feedback and respond to meeting requests

- National guidance
  - End of April submission - Te Aka Whai Ora ELT and Te Whatu Ora ELT
  - Start date 1 July 2024
  - Receive *The New Zealand Health Plan* and ensure alignment
    - Protection, prevention, early detection, waitlists
    - Growing Well, Living Well, Ageing Well, Dying Well, Cancer, Mental Health
  - Consistency between regions
    - Same graphic designer
    - Content similarities
    - Plain English Act

RIT sponsor and core implementation team

	IMPB priorities	Prototype locality priorities	Pacific Peoples	Tāngata whaikaha | Disabled People	Rural Health	Pae Ora
Commissioning						
HSS						
NPHS						
RIT Sponsor						
Te Aka Whai Ora						

RIT sponsor and core implementation team

	Growing Well	Living Well	Mentally Well	Ageing Well	Dying Well	System Pressures	Data & Digital	Infrastructure
Commissioning								
HSS								
NPHS								
RIT Sponsor								
Te Aka Whai Ora								

RIT Work Programme and Ways of Working

Office of the Regional Wayfinder, Te Waipounamu (Greg Hamilton, Alysse Lyon, Chelsea Martin, Jo Lilley, Melissa Macfarlane)

19/05/2024

1. Key Priorities and Processes (Alysse & Chelsea)

2. RIT Reporting (Melissa)

3. RIT Risks, Issues (Jo & Melissa)

RIT Purpose Priorities

- Regionally integrated planning and reporting
- Relationship management
- System performance oversight
- Emergent pressure response
- Maintain visibility and alignment of regional priority areas
- Request and issue resolution
- Advising upwards
- Maintaining stability

What's keeping you awake?

Risk Register? (September)

Domain	Extreme	High	HSS "owned"
Organisational, reputation, governance	1	3	2
Clinical and patient safety	15	91	90
People, culture, and capability	8	28	11
Health, safety, and wellbeing	3	18	6
Organisational sustainability	1	9	0
Infrastructure and asset management	3	12	3
Data and digital services	1	40	2
Business continuity	4	8	4
Legal and regulatory compliance	2	7	6
Programmes and projects	0	0	0
Equitable health outcomes	0	5	0

1. Key Processes

RIT Advisory Paper

- Operating Framework shared across four Regions
- Regional Operating Procedures

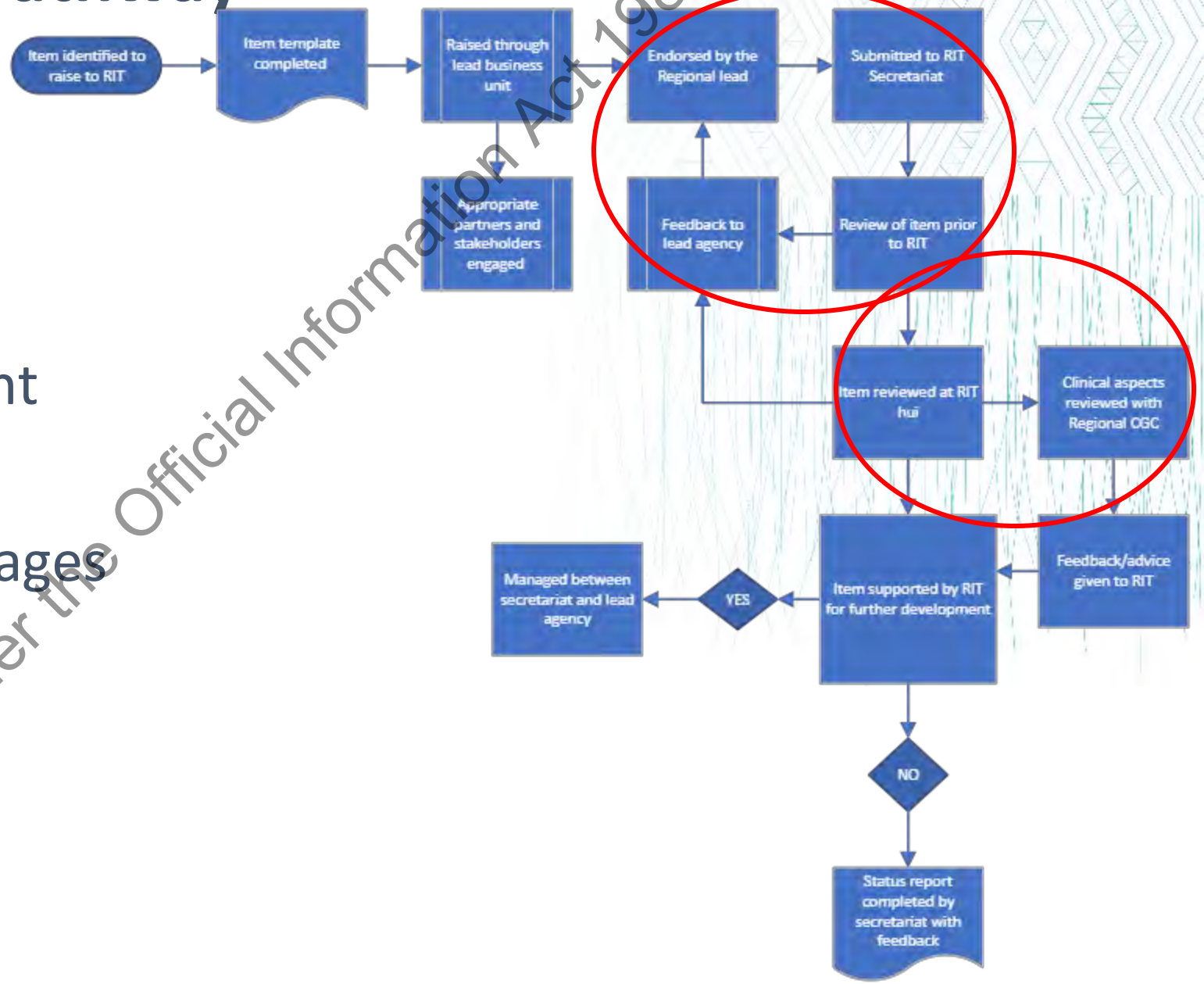
RIT Ways of Working

RIT Items for the Agenda

- What you can expect
- Agreed criteria for escalation to RIT
- Papers / Reports / Updates

Escalation Interface Pathway

- How items get to RIT
- Appropriate engagement
- Potential areas of blockages



Feedback Loop

- What you can expect
- Monitoring Progress
- Closing the loop

Summary and Next Steps

- Endorse procedures/processes
- Confirm workplans
- Share and socialise structures, templates and processes
- How this fits in with priorities?

Te Whatu Ora
Health New Zealand

Comments, Questions and Requests?

Regional Reporting

Office of the Regional Wayfinder, Te Waipounamu (Greg Hamilton, Alysse Lyon, Chelsea Martin, Jo Lilley, Melissa Macfarlane)

19/05/2024

Expectations – RIT Terms of Reference

- Report quarterly to ELT on **Achievements, Risks, Opportunities, and Challenges**
- Provide Insights on **Performance**
- Provide advice for **enhancing the interface** of national, regional, and local arrangements

RIT related Function and Purpose is to:

- Maintain oversight of **integrated performance** across the region and identify **inequitable variation in outcomes**
- Promote collaborative decision-making for solutions implemented at a regional level, including **addressing emergent pressure points**
- Monitor delivery of **Regional Health & Wellbeing Plans**
- Monitor delivery against **key national priorities** that require integration (i.e. Winter Plans, Immunisation)
- Partner with other RITs and national teams to ensure **consistency** in decision-making, through regular sharing of learnings and insights

Current State

- Individual Divisions producing internal reports
- Lots of duplication – very little sharing – inconsistent focus
- Several divisions currently reviewing their reporting
- Single RIT Report - Highlights Only - feeding to National Board Report

- Reports are (largely) narrative heavy – reflective rather than predictive
- No Single National or Regional Outcomes Framework
- No Shared Service Performance Data Set

- Doesn't enable RIT to deliver on purpose or function

Opportunities - Quick Wins

- Bring common divisional reporting to the RIT table, collaborate on solutions, without duplicating work
- Incorporate key elements of ELT/Board reporting – to reduce duplication, enable a regional response and raise regional profile
- Engage regionally and nationally on development of national outcomes framework and regional data sets

Fostering
Open
Conversations that
Unleash
Solutions

Proposed Direction of Travel

- A multi-layered regional reporting suite to meet TOR and (more importantly) enable RIT to deliver on its function and purpose
- A mixture of narrative, visuals and data – brought together to present insights and support change
- Small set of shared service performance + system pressure indicators
- Both retrospective and predictive – monitoring pressure points across our region
- Incorporating a strong community voice
- Incorporating regional risk registers, Regional Health & Wellbeing Plan, key national priorities and performance against Government performance measures

- Compliment and enhance divisional reporting rather than duplicate
- Be influenced by whānau voice, localities work and input from our Iwi Māori Partnership Boards

Next Steps

- Identify divisional reports we want to share – start sharing
- Face-to-face workshop with RIT to narrow down and prioritise the focus and metrics set
- Engage analytics leads across the divisions within Te Whatu Ora and Te Aka Wahi Ora to understand what data is currently available and accessible
- Inspire them to engage in the development of our regional data sets

Te Whatu Ora
Health New Zealand

Comments, Questions and Requests?

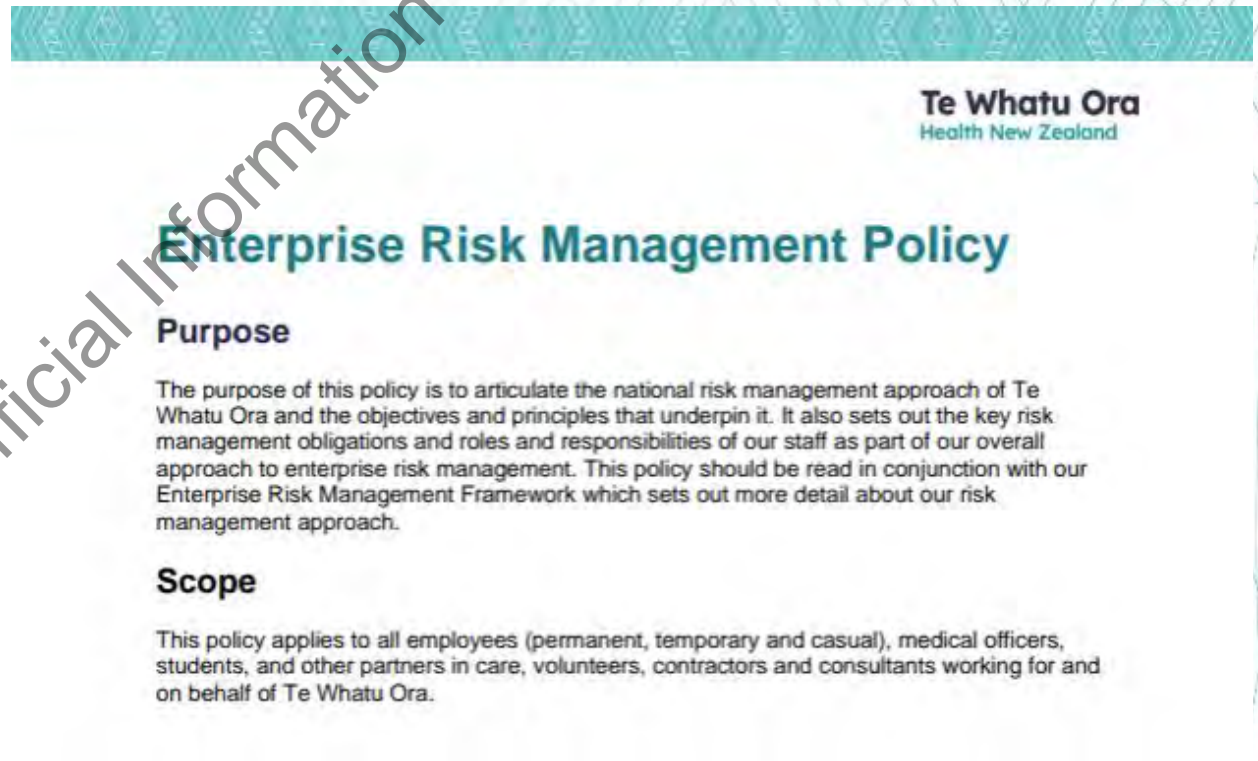
Risk Management: the RIT

Office of the Regional Wayfinder, Te Waipounamu (Greg Hamilton, Alysse Lyon, Chelsea Martin, Jo Lilley, Melissa Macfarlane)

19/05/2024

Policy

- National Policy and Framework was established in December 2022
- Backed by Three Lines Model to support implementation, approved September 2023
    - Risk management approach, objectives and principles
    - Risk definitions and tolerances
    - Risk 'ecosystem'
    - Alignment to international risk management guidelines
    - Improved risk maturity and competencies



Te Whatu Ora
Health New Zealand

Enterprise Risk Management Policy

Purpose

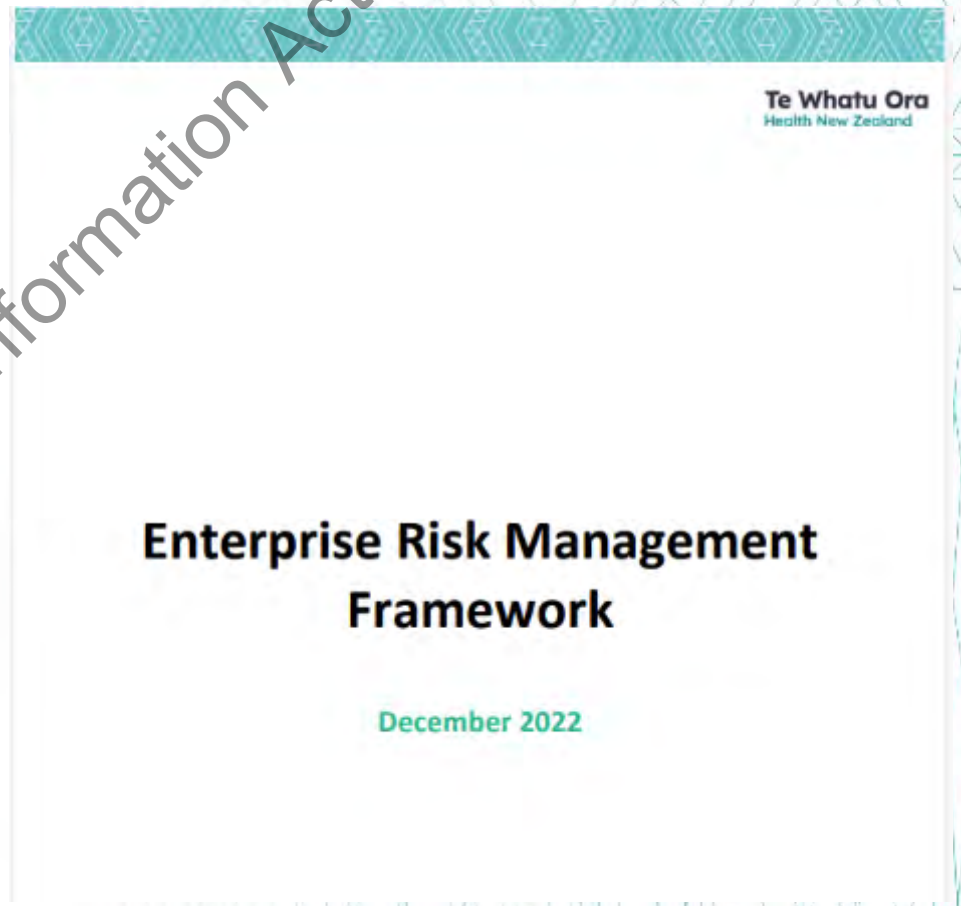
The purpose of this policy is to articulate the national risk management approach of Te Whatu Ora and the objectives and principles that underpin it. It also sets out the key risk management obligations and roles and responsibilities of our staff as part of our overall approach to enterprise risk management. This policy should be read in conjunction with our Enterprise Risk Management Framework which sets out more detail about our risk management approach.

Scope

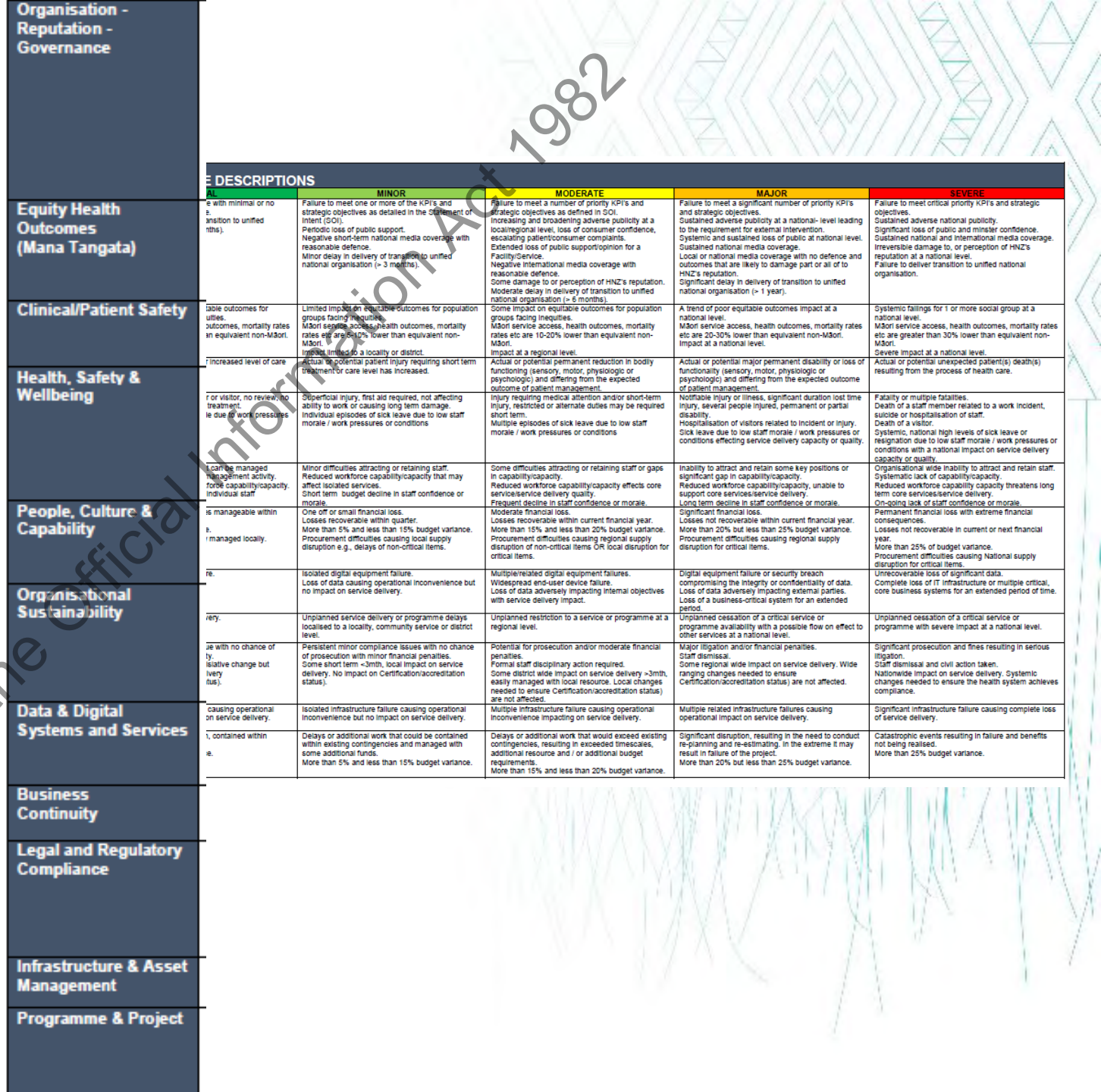
This policy applies to all employees (permanent, temporary and casual), medical officers, students, and other partners in care, volunteers, contractors and consultants working for and on behalf of Te Whatu Ora.

Approach

- Support Te Whatu Ora to achieve its purpose, goals and objectives
- Commitment to enterprise risk management
- Clear risk ownership and adequate management
- Support divisions to identify, investigate, manage, and escalate risk within area of responsibility
- Provide oversight – National, Regional and Local
- Monitor change or transformation risks arising from business led changes regionally or nationally – and support divisions to mitigate
- OR escalate operational risks from district level change programmes and projects



Defined Enterprise Risk Management Matrix



	E DESCRIPTIONS				
	AL	MINOR	MODERATE	MAJOR	SEVERE
Organisation - Reputation - Governance					
Equity Health Outcomes (Mana Tangata)	e with minimal or no ansition to unified nths).	Failure to meet one or more of the KPI's and strategic objectives as detailed in the Statement of Intent (SOI). Periodic loss of public support. Negative short-term national media coverage with reasonable defence. Minor delay in delivery of transition to unified national organisation (> 3 months).	Failure to meet a number of priority KPI's and strategic objectives as defined in SOI. Increasing and broadening adverse publicity at a local/regional level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service. Negative international media coverage with reasonable defence. Some damage to or perception of HNZ's reputation. Moderate delay in delivery of transition to unified national organisation (> 6 months).	Failure to meet a significant number of priority KPI's and strategic objectives. Sustained adverse publicity at a national- level leading to the requirement for external intervention. Systemic and sustained loss of public at national level. Sustained national media coverage. Local or national media coverage with no defence and outcomes that are likely to damage part or all of to HNZ's reputation. Significant delay in delivery of transition to unified national organisation (> 1 year).	Failure to meet critical priority KPI's and strategic objectives. Sustained adverse national publicity. Significant loss of public and minster confidence. Sustained national and international media coverage. Irreversible damage to, or perception of HNZ's reputation at a national level. Failure to deliver transition to unified national organisation.
Clinical/Patient Safety	itable outcomes for ulties. outcomes, mortality rates an equivalent non-Māori.	Limited impact on equitable outcomes for population groups facing inequities. Māori service access, health outcomes, mortality rates etc are 5-10% lower than equivalent non-Māori. Impact limited to a locality or district.	Some impact on equitable outcomes for population groups facing inequities. Māori service access, health outcomes, mortality rates etc are 10-20% lower than equivalent non-Māori. Impact at a regional level.	A trend of poor equitable outcomes impact at a national level. Māori service access, health outcomes, mortality rates etc are 20-30% lower than equivalent non-Māori. Impact at a national level.	Systemic failings for 1 or more social group at a national level. Māori service access, health outcomes, mortality rates etc are greater than 30% lower than equivalent non-Māori. Severe impact at a national level.
Health, Safety & Wellbeing	r increased level of care	Actual or potential patient injury requiring short term treatment or care level has increased.	Actual or potential permanent reduction in bodily functioning (sensory, motor, physiologic or psychologic) and differing from the expected outcome of patient management.	Actual or potential major permanent disability or loss of functionality (sensory, motor, physiologic or psychologic) and differing from the expected outcome of patient management.	Actual or potential unexpected patient(s) death(s) resulting from the process of health care.
	r or visitor, no review, no treatment. e due to work pressures	Superficial injury, first aid required, not affecting ability to work or causing long term damage. Individual episodes of sick leave due to low staff morale / work pressures or conditions	Injury requiring medical attention and/or short-term injury, restricted or alternate duties may be required short term. Multiple episodes of sick leave due to low staff morale / work pressures or conditions	Notifiable injury or illness, significant duration lost time injury, several people injured, permanent or partial disability. Hospitalisation of visitors related to incident or injury. Sick leave due to low staff morale / work pressures or conditions effecting service delivery capacity or quality.	Fatality or multiple fatalities. Death of a staff member related to a work incident, suicide or hospitalisation of staff. Death of a visitor. Systemic, national high levels of sick leave or resignation due to low staff morale / work pressures or conditions with a national impact on service delivery capacity or quality.
People, Culture & Capability	t can be managed nagement activity. orce capability/capacity. individual staff	Minor difficulties attracting or retaining staff. Reduced workforce capability/capacity that may affect isolated services. Short term budget decline in staff confidence or morale.	Some difficulties attracting or retaining staff or gaps in capability/capacity. Reduced workforce capability/capacity effects core service/service delivery quality. Frequent decline in staff confidence or morale.	Inability to attract and retain some key positions or significant gap in capability/capacity. Reduced workforce capability/capacity, unable to support core services/service delivery. Long term decline in staff confidence or morale.	Organisational wide inability to attract and retain staff. Systematic lack of capability/capacity. Reduced workforce capability capacity threatens long term core services/service delivery. On-going lack of staff confidence or morale.
	is manageable within e. managed locally.	One off or small financial loss. Losses recoverable within quarter. More than 5% and less than 15% budget variance. Procurement difficulties causing local supply disruption e.g., delays of non-critical items.	Moderate financial loss. Losses recoverable within current financial year. More than 15% and less than 20% budget variance. Procurement difficulties causing regional supply disruption of non-critical items OR local disruption for critical items.	Significant financial loss. Losses not recoverable within current financial year. More than 20% but less than 25% budget variance. Procurement difficulties causing regional supply disruption for critical items.	Permanent financial loss with extreme financial consequences. Losses not recoverable in current or next financial year. More than 25% of budget variance. Procurement difficulties causing National supply disruption for critical items.
Organisational Sustainability	re.	Isolated digital equipment failure. Loss of data causing operational inconvenience but no impact on service delivery.	Multiple/related digital equipment failures. Widespread end-user device failure. Loss of data adversely impacting internal objectives with service delivery impact.	Digital equipment failure or security breach compromising the integrity or confidentiality of data. Loss of data adversely impacting external parties. Loss of a business-critical system for an extended period.	Unrecoverable loss of significant data. Complete loss of IT infrastructure or multiple critical, core business systems for an extended period of time.
	very.	Unplanned service delivery or programme delays localised to a locality, community service or district level.	Unplanned restriction to a service or programme at a regional level.	Unplanned cessation of a critical service or programme availability with a possible flow on effect to other services at a national level.	Unplanned cessation of a critical service or programme with severe impact at a national level.
	ue with no chance of ty. islative change but very tus).	Persistent minor compliance issues with no chance of prosecution with minor financial penalties. Some short term <3mth, local impact on service delivery. No impact on Certification/accreditation status).	Potential for prosecution and/or moderate financial penalties. Formal staff disciplinary action required. Some district wide impact on service delivery >3mth, easily managed with local resource. Local changes needed to ensure Certification/accreditation status) are not affected.	Major litigation and/or financial penalties. Staff dismissal. Some regional wide impact on service delivery. Wide ranging changes needed to ensure Certification/accreditation status) are not affected.	Significant prosecution and fines resulting in serious litigation. Staff dismissal and civil action taken. Nationwide impact on service delivery. Systemic changes needed to ensure the health system achieves compliance.
Data & Digital Systems and Services	causing operational on service delivery.	Isolated infrastructure failure causing operational inconvenience but no impact on service delivery.	Multiple infrastructure failure causing operational inconvenience impacting on service delivery.	Multiple related infrastructure failures causing operational impact on service delivery.	Significant infrastructure failure causing complete loss of service delivery.
	, contained within e.	Delays or additional work that could be contained within existing contingencies and managed with some additional funds. More than 5% and less than 15% budget variance.	Delays or additional work that would exceed existing contingencies, resulting in exceeded timescales, additional resource and / or additional budget requirements. More than 15% and less than 20% budget variance.	Significant disruption, resulting in the need to conduct re-planning and re-estimating. In the extreme it may result in failure of the project. More than 20% but less than 25% budget variance.	Catastrophic events resulting in failure and benefits not being realised. More than 25% budget variance.
Business Continuity					
Legal and Regulatory Compliance					
Infrastructure & Asset Management					
Programme & Project					

Three Lines Model

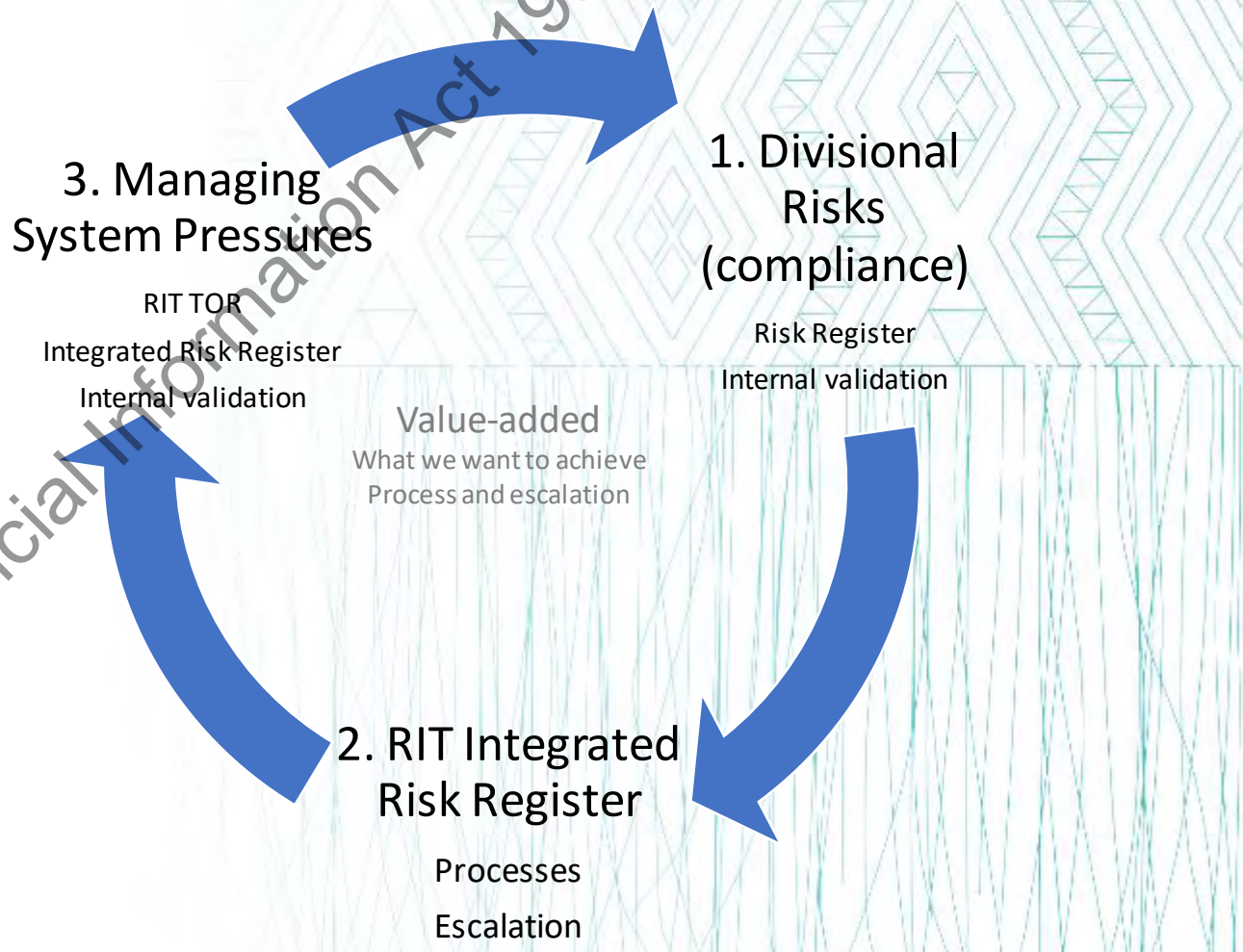
Roles	Responsibility
First line – refers to everyone in Te Whatu Ora. Senior Management own the risks that impact their business objectives. Risk specialists are embedded with certain functions to provide support to Senior Management and execute the Risk Management Policy.	• Identify, discuss and help manage risks in their area of responsibility. • Manage and regularly oversee and review the key risks within their teams and provide assurance to their leaders and managers that they are being identified and managed in accordance with the risk management framework and appetite of Te Whatu Ora. • Facilitate and embed regular risk management conversations and considerations within their groups, teams and business processes. • Ensure consistent and effective records of the key risks to achieving their objectives and how they are being managed. • Escalate risks as and when appropriate. • Lead and promote a consistent risk aware culture through the use of Te Whatu Ora risk management processes, guidance and tools.

- Regional Integration Team role is 'First Line'
- Reporting is within each Division
- Integration of Risk Register occurs at national level
- Regional integration?
- Supported by national team

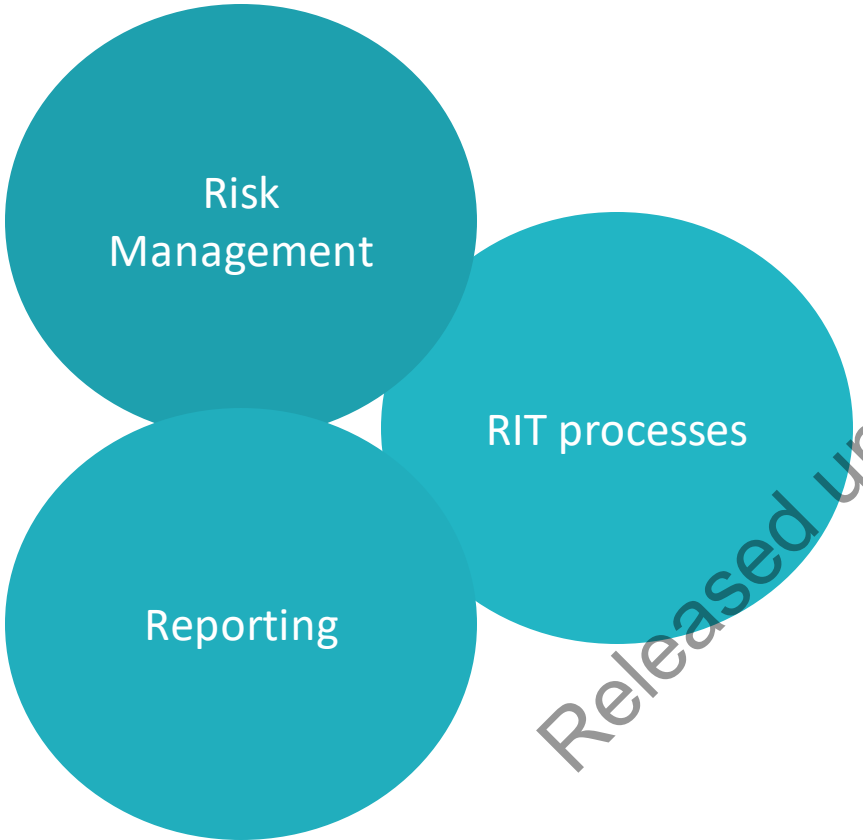
Opportunities

Regional Integration Team - Integrated Risk Management Approach

- Terms of reference – ways of working
- Articulate regional view including risk appetite and risk tolerance and escalation pathway
- Grow risk maturity - risk consideration and mitigations are embedded
- Monitor and mitigate extreme or new regional/national change / transformation risks
- AND escalate operational risks from district level change programmes and projects
- Incorporate system pressures view to anticipate, respond and address pressures/issues at a regional & local level – support forward planning
- Influence next iteration of the national Framework – participate in National/Regional workgroups



To what extent will these processes support management of ‘what’s keeping you awake?’



RIT Purpose

Regionally integrated planning and reporting
Relationship management
System performance oversight
Emergent pressure response
Maintain visibility and alignment of regional priority areas
Request and issue resolution
Advising upwards
Maintaining stability

Te Whatu Ora
Health New Zealand

Ngā mihi nui

RIT Paper

Regional Integration Team Operating Framework and Standard Operating Procedures

Date:	29 January 2024	**Author:** Alysse Lyon (Programme Manager RIT, Commissioning) Chelsea Skinner (Principal Advisor RIT, Commissioning)	
For your:	Endorsement	**Approved by:** Greg Hamilton	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

1. This paper seeks support for the release of an Integrated Operating Framework to support the Te Wai Pounamu Regional Integration Team (RIT), along with the Terms of Reference and Standard Operating Procedures for the Office of the Regional Wayfinder who provide the secretariat function for the RIT.

Recommendations

2. **REQUIRED** The RIT is asked to:

   a) **Note** the strategic nature of the Framework, Terms of Reference (ToR) and Standard Operating Procedures (SOPs).

   b) **Note** the framework has been endorsed by the National Co-chairs of the Regional Integration Teams (6 September 2023).

   c) Provide **guidance** on the RIT Operating Framework and the RIT Items SOP.

   d) **Support the proactive release** of the Framework advisory document and SOPs (the ToR is already completed).

Contribution to strategic outcomes

3. Adoption of a nationally consistent framework and associated operating procedures will limit unwarranted variation and result in a stronger, more resilient, and connected healthcare system. Health sector principles (s7, Pae Ora Act), promoting engagement with Māori and other population groups by making "relationship management and community engagement" are a key pillar of the Operating Framework. Māori involvement in decision making is explicit and a recurring facet of RIT activity.

Executive summary

i. RIT Operating Framework

4. Regional Integration Teams (RITs) are a feature of the new regional operating model.

5. The proposed RIT operating framework involves 4 specific Pillars of Activity:

    i) Strategy, Planning and Review

    ii) Performance Oversight

    iii) Relationship and Engagement

    iv) Management and Administration.

6. These pillars have been mapped to the RIT's key deliverables (*Appendix 1, RIT Operating Framework*).

ii. Standard Operating Procedures

7. The RIT will be supported by the development of Standard Operating Procedures (SOPs) to guide the Office of the Regional Wayfinder. The RIT Items SOP has been developed (*Refer Appendix 2*).

RIT Operating Framework

8. Regional Integration Teams (RITs) are comprised of leaders.

9. Each member who sits on the RIT holds a functional responsibility, however the mandate of the RIT and its members sits at the 'system' rather than 'functional' level.

10. According to the latest terms of reference, RIT will not have delegated financial or non-financial authority over its members, but it is expected that the forum will enrich and enhance decisions to be enacted by its constituents in a synergistic way.

11. The purpose of RITs is multi-faceted and consists of the following 8 dimensions.
    - **Regionally integrated Planning and Reporting**, including a Regional Health and Wellbeing Plan and associated feeder plans such as Clinical Services and Capital Investment Plans
    - **Relationship management**, including Te Tiriti relationships with Iwi and IMPB. Cross-sector relationships are also within scope. The relationships are assumed to be aimed at the strategic, executive level and to also extend to relationship management within the Crown Entities, the Ministry and the Minister's office
    - **System performance oversight** with a focus on identifying inequitable variations in terms of health outcomes
    - **Managing emergent pressure response** by making decisions and allocating resources where required. Again, this effort is assumed to be focused at the regional and strategic level. A decision that can be managed at the local level should not reach the RIT table
    - **Maintain visibility and alignment of regional priority areas** for the wider system and its key stakeholders
    - **Request and issue resolution** that cannot be resolved at the local level
    - **Advising upwards** to inform National strategies and priorities

- **Maintaining stability** during the transition and laying the foundation for future success.

Strategic Value of a Common RIT Operating Framework

12. The strategic value of the framework exists both regionally and nationally. By ensuring there is consistency of approach across the four regions, unwarranted process and timing variation will be avoided. A degree of commonality across regions will also result in a shared vision and enhance opportunities to develop synergy across all regions.

Functional Responsibilities making up the Framework

13. A review of institutional best practice suggests that a strategic framework for an Executive-level entity with a quasi-governance role should consist of the following functional responsibilities.

Pillar 1. Strategy Planning and Review

14. The purpose of this functional responsibility is to review performance at a strategic level with the aim of informing and advancing the system over the remaining work period. A typical work program under this pillar would include:
    - Understanding and charting progress on specific strategic directions
    - Reviewing organisational targets and either adjusting or reconfirming them
    - Charting high-level commissioning and decommissioning strategy for the remaining work period
    - Revising the Regional Health and Wellbeing Plan
    - Informing national planning and priorities
    - Confirming the RIT annual workplan.

15. Regionally integrated planning and performance is the primary focus. This may include charting a high-level commissioning decommissioning strategy. The aim here is to break the current practice of unchecked, reactive investment decisions occurring.

16. Regional specific and then cross-regional strategy, planning and review has been allowed for in the framework. The idea is that while there will be regional specific focus, there will also be strategic priorities in common to all regions that may benefit from a collective approach.

Pillar 2. Organisational Performance

17. This function involves interaction with focused groups working to implement the Regional Health and Wellbeing Plan. The nature of the interaction would cover:
    - Maintaining system performance oversight
    - Supporting the parties to implement their part of the Regional Health and Wellbeing Plan
    - Ensuring all key stakeholders remain connected and their collective effort is strategically aligned and adjusted if it is not aligned
    - Decision-making in relation to emergent pressures
    - System stability in relation to transition management.

18. Links between RITs and enabler functions such as Finance and Audit or Quality and Risk will need to be clarified as given the expressed purpose of RITs, these areas fall outside of their responsibility.

19. Based on feedback from RITs nationally, the thinking is that each region will determine what the substructure below the RIT level will look like.

Pillar 3. Community relationships and engagement

20. This sphere of activity can and should extend the activities of the RIT beyond a focus on meeting-based activity only. Actions could include:
    - Review and approval of RIT position statements
    - Review and maintenance of key strategic relationships, including cross-sector.
    - Involvement of Iwi Māori Partnership Boards at all key decision-making junctures, not just at the end of a planning process
    - Engagement with consumers and whanau according to the Health and Quality Safety Commission Code of Expectations, across the continuum of RIT activity
    - Maintaining advisory links to Te Whatu Ora and Te Aka Whai Ora.

21. It is under this functional responsibility area that RITs can keep strategic priorities both visible and aligned for the 'team of teams' making up Te Whatu Ora and Te Aka Whai Ora.

Pillar 4. Administration and Planning

22. At regular intervals but no less than annually, RITs will need to:
    - Review and update terms of reference and conflict of interest records
    - Carry out an environmental legislative and policy scan for changes that impact the RIT
    - Set meeting and event dates for the upcoming work period
    - Undertake an evaluation survey and if necessary, act on its findings
    - Review RIT training and education needs.

Next steps

23. Management to consider how to deliver Line 1 responsibilities as part of the Three Lines Model.

Appendices

Appendix 1: Operating Framework

Te Whatu Ora

Te Waipounamu

Regional Integration Team

Operating Framework

1. INTRODUCTION

This Document outlines the operating framework for a Health New Zealand Regional Integration Team (RIT).

It outlines key strategic functions an executive-level entity such as a RIT with quasi-governance responsibility would be expected to undertake over a typical annual

business cycle. It also seeks to advance the way executive teams in Health work together in an integrated manner.

The framework as outlined in this document and associated activities are considered to be the minimum requirement expected of RITs. In the event that a RIT believes that in order to advance or progress it needs to vary from this framework the proposed changes must be explained and discussed with other RITs before they are enacted or socialised. In this way, a process of consultative, continuous improvement facilitated by shared learning across RITs will be initiated.

2. INTEGRATED FUNCTIONAL RESPONSIBILITY FRAMEWORK

The framework that underpins the RIT work-plan is made up of 4 pillars:

- Strategy Planning and Review
- Operational Performance
- Community Relationships and Engagement
- Administration and Planning

Each of these pillars represents an area of responsibility under which key activities have been identified for RITs to carry out during annual business planning, typically characterised as a financial year.

Regional Integration Teams are responsible for nine outputs which collectively make up the purpose of RITs. To ensure the responsibility framework *enables* the delivery of these outputs, they have been mapped to one or more of the functional responsibility pillars as shown in the following table:

TABLE 1: FUNCTIONAL RESPONSIBILITY FRAMEWORK MAPPING

RIT Output (Collective Purpose)	Functional Pillar
Deliver **regionally integrated planning and reporting** across all delivery services and enabling functions.	Strategy Planning and Review
Maintain appropriate **oversight of system-wide performance** across a region, and identifying inequitable variation in outcomes within and between regions	Operational Performance
Make decisions and implement solutions (including moving resources) as needed, within nationally determined frameworks and delegations, to **address emergent pressure points**.	Operational Performance

Ensure **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region.	Strategy Planning and Review Community Relationships and Engagement
Resolve requests or issues arising between local delivery services or enabling functions.	Operational Performance
Manage **relationships with key partner organisations** that may span multiple delivery services or enabling functions (e.g. Civil Defence, local government).	Community Relationships and Engagement
Manage key **Te Tiriti relationships** with IMPBs and whānau Māori.	Community Relationships and Engagement
Provide regional advice to **help inform national strategy and priority areas** for delivery services and enabling functions.	Strategy Planning and Review
Ensure **stability through the transition period**, and lay foundations for future success across the region	Operational Performance

3. STRATEGY PLANNING AND REVIEW

RIT activity under this Pillar is geared towards performance review and consideration of actual results, which then leads to scene-setting, course-correction or enhancement, and agreement on resource commitments going into a new annual business cycle.

i. THE WHAT

Specific activities will include:

- Reviewing progress on specific strategic directions, including the 5 system-level shifts
- Reviewing the appropriateness of organisational performance targets
- Identifying areas for improvement

The key documented outputs from these activities will be:

- a refreshed and updated regional health and wellbeing plan
- a statement of agreed budget parameters
- a confirmed commissioning/decommissioning strategy
- advisory statements that inform national planning and priorities
- an approved RIT workplan for the year
- approved contributory workplans as required.

ii. WHEN

The suggested forum for this work is a workshop, convened over a number of days in the third or last quarter of a financial year so that a RIT is ready to deliver on its workplan for the next financial year. RITs can also look to work cross-regionally where it makes sense to do so, again using workshops as the forum for engagement.

The Office of the Regional Wayfinder will be responsible for providing secretariat support to the RIT. At least two months lead time will be required to ensure that all materials that feed into the workshop is ready. These will include agendas, performance reports, discussion papers and presentation material. A further month post the workshop will be required to capture and report on the outputs and agreed actions.

iii. EXPECTED OUTPUTS

4. OPERATIONAL PERFORMANCE

This functional responsibility sees the RIT interacting with contributory bodies at the sub-RIT level. The make-up and nature of these bodies is up to each RIT to determine, suffice to say that they will carry a degree of responsibility for helping the RIT acheive aspects of its multi- faceted purpose.

i. THE WHAT

RITs will receive and consider progress reports from each contributory body. It will hold those responsible to account for ensuring RIT directions associated with progressing RIT objectives are being met. RITs will take a collective view of achievement. This means that the potential exists for realignment or reprioritisation of individual efforts if it will lead to the wider realisation of regional strategic imperatives.

Resourcing the work required to achieve its purpose will be decided by each RIT at a global level. How that resource is then applied by the contributing bodies will be the responsibility of that Group to decide.

ii. WHEN

From a monitoring and performance perspective, RITs should engage no less than quarterly with those responsible for delivering on the system levels shifts. Other forms of engagement will be picked up no less than annually under the pillars "Strategy, Planning and Review" and "Administration and Planning" when it comes to work-plan establishment and approval.

iii. EXPECTED OUTCOMES

- Documented meeting minutes
- Documented decisions and directions.
- Documented escalation of issues/options discussions outside of the RIT mandate.

5. COMMUNITY RELATIONSHIPS AND ENGAGEMENT

This is the Pillar through which delivery of the following RIT outputs will be managed.

- Managing key Te Tiriti relationships with IMPBs and whānau Māori
- Managing relationships with key partner organisations that may span multiple delivery services or enabling functions (e.g., Civil Defence, local government).

This is also the area where RITs can actively ensure there is **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region by being visible and intentional with their messaging.

i. THE WHAT

The activities and outputs proposed under this setting are associated with managing and maintaining policy, position statements and relationship settings according to an agreed RIT workplan. For example:

- Review and maintenance of RIT position statements
- Policy on the use of names and associated emblems
- Regular "health checks" on the status of strategic relationships
- Issuing of public statements
- Production of newsletters or web-based material
- Convening Grand Round" equivalents.

ii. THE WHEN

Policy settings should be agreed in advance of an upcoming financial year. Other activities can be scheduled throughout the year, bearing in mind the need to factor in timing considerations when it comes to scene-setting (early in the year) and the impact of the unforeseen (as required).

6.0 ADMINISTRATION AND PLANNING

This Pillar is about RITs maintaining match-readiness, not just in terms of preparedness, but also capacity, capability and being open to scrutiny.

i. THE WHAT

The majority of these activities are generally accepted practice for governance-level entities:

- Terms of reference review and confirmation
- Standard operating procedures review and confirmation
- Update and manage conflict of interests register
- Environmental scan of policy and legislation with resulting updates to policy and practice as required
- Assess and act on RIT training, development, and coaching needs
- Undertake a RIT performance evaluation survey and act on the findings and recommendations

- Review membership of collective bodies with system-level shift responsibility
- Review operating procedures of those collective bodies with system-level shift responsibility
- Set meeting and event dates across the system.

A more sector specific activity is issuing written instructions to responsible bodies. These would be akin to a "letter of expectation" from the Regional Integration Team that sets the scene for the year(s) ahead.

ii. WHEN

These activities should preface the start of a new annual business cycle. On occasion, some activities may be necessary during an annual business cycle to account for the unexpected. For example, unforeseen membership or policy changes may require RITs to act during the year.

Appendix 2: Standard Operating Procedure

Standards Operating Procedure – Office of the Regional Wayfinder

Approver	RIT Te Waipounamu
Implementation Date	1 February 2024
Name	**RIT Items Templates**
Next Review Date	January 2025
Owner	Group Manager Office of the Regional Wayfinder /Regional Integration Team Lead / TBC
Revision Number	00

Overview

Goal

Specific

This SOP has been developed to ensure that a robust process is followed when considering items that require escalation to the RIT.

Desired Outcome

The desired outcome is that the secretariat function for the RIT will be as operate as efficiently

and effectively as possible to ensure the RIT are able to play their role in providing strategic direction and decision-making.

Procedure

The proposal must reach the threshold for intra- or-inter regional consideration.

Responsibilities

Te Whatu Ora Divisions that have responsibility must drive the process.

Proposal Development Checklist.

Length and quality:

Papers must be concise, with clear deliverables and milestones. Keeping paragraphs brief and to the point. RIT will not accept papers over 5 pages long. Appendices should be used discernibly and only contain critical information for decision-making (they are not for supplementary reading material). Extra material or backing evidence/data could still be submitted to the secretariat and be available upon request by RIT if required. Essentially the template should hold enough information to make a decision. Examples can be provided from the RIT programme team to submitters if requested.

Need Regional Leadership voice and feedback:

RIT expects to see clearly the responsible regional business unit(s) views and how they are being actioned in the paper so it can inform RIT decision-making. Make this clear for the reader and be direct and action orientated.

All papers need Regional Directors or Group Managers to sign out:

Each paper submitted to the RIT must require endorsement and signature from the regional business unit lead. Papers will only be submitted to RIT if the regional lead has signed out the paper. Papers which have implications for other Divisions may require singing out from that Division.

Timeliness:

All papers to RIT need to be received by the RIT Secretariat one week before the RIT meeting. This ensures RIT secretarial team can go through a quality assurance process, including ensuring papers meet the threshold for RIT, are on the agenda, have endorsements, contain appropriate content and consistent language is used across the entire RIT pack.

Template

To:	**Regional Integration Team**
From:	
Subject:	
Date:	
For:	Approval / endorsement

Background

The proposal description may include (as appropriate):

*Allignment to **Pae Ora Healthy Futures Act, NZ Disability Strategy, Health Needs Assessment, Regional service plans, locality plans**.*

*How it meets the **6 priority actions of Te Pae Tata***

*Proposal **scale** – is it a change to an existing or new regional, or national service? Confirm the current service cover will not be diminished*

Why** the service change has been proposed **(rationale for change).

Collaboration Process

Consider and include the following as appropriate:

*How you will **demonstrate the effectiveness of the funding mechanisms** to achieve the aims of planning services (local, regional or national) collaboratively.*

*What **agreement on the proposed service change (where necessary) is to be reached with other regions** and associated Executive Leadership Team members with regard to:*

- *the proposed effect on service volumes/capacity*
- *funding arrangements*
- *changes to access and eligibility of recipients of the services (if any)*
- *the level of support from affected regions. Attach letters of support from affected regions if requested by the Executive Leadership Team.*

Impact on Community/Population

Including but not limited to:

- *Health outcomes/inequities*
- *Māori*
- *Pacific peoples*
- *disabled people, and their family and whānau*
- *other equity population groups*
- *access to services*
- *eligibility*
- *consumer choice*
- *quality of services*
- *costs (including opportunity costs faced by consumers)*
- *likely perspective of community/population and other stakeholders*
- *clinical appropriateness and clinical perspective.*

Impact on your region

Consider:

- *clinical impact analysis*
- *patient impact analysis*
- *revenue impact analysis, net present value, proposed financial impact*
- *workforce implications*
- *infrastructure (such as buildings, information systems).*

Changes required (*or similar*)

Next steps

*Implementation **Timeframe***

*The **consultation process** proposed*

Recommendation

To include financials in table below (if applicable)

Table Heading	
Table Heading	
Table Heading	

Appendices

To attach letters of support (where applicable)

Further evidence of findings

RIT Paper

Reporting Overview & Direction

Date:	29 January 2024	**Author:**	Melissa Macfarlane
For your:	Endorsement	**Approved by:**	Greg Hamilton
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

1. This paper proposes a direction of travel regarding regional reporting to support the Regional Integration Team to meet the expectations set out in its Terms of Reference.

Recommendations

2. The Regional Integration Team (RIT) is asked to:

   a) **Note** the proposed direction of travel.

   b) **Endorse** the development of a regional reporting suite consisting of a mix of narrative reports and performance dashboards and signal support for the recommendations.

   c) **Endorse** the Office of the Regional Wayfinder engage with national and regional analytics leads, to support the development of the National Outcomes Framework and access to data sets for the development of regional reports and dashboards.

   d) **Agree** to participate in a face-to-face workshop to develop the regional reporting suite and ensure this covers the major areas of focus for Te Waipounamu and supports each individual directorate in their own planning and reporting.

Contribution to strategic outcomes

3. This paper relates to development of regional performance reporting to support RIT to deliver on the expectations set out in its Terms of Reference. In doing so this work will contribute to improved system performance, service integration and collaborative decision making across Te Waipounamu and help our system deliver on the vision of Pae Ora.

Executive summary

4. Current regional reporting does not comply with the expectations of RIT as set out in the RIT Terms of Reference or enable RIT to deliver on its purpose and function.

5. Rather than a single quarterly report, the development of an integrated regional reporting suite is proposed to address this gap.

6. Individual divisions RIT leads will need to continue to own and manage their internal performance and issues reporting however the Office of the Regional Wayfinder will support delivery of integrated regional reporting.

Regional Reporting

Overview and Aim

7. All RIT members are responsible to their respective national directors but are also expected to operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations.

8. In setting out to consider and address reporting requirements for RIT we were cognisant that each RIT lead/division already has internal reporting requirements that their teams need to meet. Our desire was to limit any additional duplication or reporting load for divisional teams and to ensure that any proposal added value.

9. Reporting expectations are set out in the RIT Terms of Reference (TOR) stating that RIT will:

    a) report quarterly to ELT on achievements, risks, opportunities, and challenges; and, as part of this report, include insights on performance and advice for enhancing the interface of national, regional, and local arrangements.

10. In understanding what would be needed to deliver this quarterly reporting, and ensure it added value, we have also looked to the wider expectations in terms of the purpose and function of RIT - notably that RIT will:

    a) Maintain oversight of integrated performance across the region and identify inequitable variation in outcomes within and between regions.

    b) Monitor delivery of Regional Health & Wellbeing Plans.

    c) Promote collaborative decision-making for solutions implemented at a regional level, including to address emergent pressure points.

    d) Partner with other RITs and national teams to ensure consistency in decision-making where appropriate, including through regular sharing of learnings and insights.

11. As well as delivering on Regional Health & Wellbeing Plans, RIT is also accountable for delivering on key priorities in national plans that require integration and success across multiple service delivery areas (i.e., Winter Plans, Immunisation). While this is less explicit in the TOR it would be reasonable to anticipate that RIT would be expected to monitor and/or report on progress against these key priorities as well.

Current State of Reporting

12. Each individual division currently has its own internal reporting streams with a mix of weekly, monthly, and quarterly reporting. A number of these individual divisional reports end up being combined into the same single reports at the national level.

13. A map of current reporting (based on input from RIT members) is attached (Appendix 1) and outlines at a base level the weekly, monthly, and quarterly reporting being provided and where this appears to be contributing into national reports for ELT and the Board.

14. The Public Health, Commissioning. and Strategic Planning & Performance Teams are in the process (through their national offices) of reviewing their current reporting with the aim of standardising and streamlining expectations and processes. Reporting will change.

15. The only RIT reporting currently being delivered is a single quarterly regional highlights report being submitted to the National Strategic Planning & Performance (SP&P) Team.

16. This regional highlights report presents four highlights from each delivery arm (Public Health, Commissioning and HSS) and four highlights from across Māori and Pacific services. Expectations are that each highlight is to be no more than 50 words and the report does not contain risks or data tables. The report is added as an appendix to the Quarterly Performance Report to the Te Whatu Ora Board, delivered by the National SP&P Team and published on the Te Whatu Ora website.

17. We are currently delivering this report by sending quarterly emails to each RIT lead and asking for four highlights to add to the report. The last report is attached (Appendix 2).

18. The current reporting does not comply with the expectations set out in the TOR.

Issues

19. Current divisional reporting is being elevated up within divisions but not being shared at the RIT table. This creates gaps in visibility around the RIT table of current achievements, risks, opportunities, and challenges across divisions. It also means we are duplicating reporting requests when asking for highlights every quarter.

20. Current reporting is aimed at addressing requirements within divisions, not supporting RIT to deliver on its purpose and function. We have no collective regional reporting on risks, opportunities, or challenges and no readily available collective insights on regional performance to identify where national, regional, or local arrangements might be enhanced to improve performance.

21. While the reporting in each division is at differing states of maturity, several consistent challenges have been highlighted. These include lack of clarity in terms of purpose and audience, poor access to reliable performance data, reports being reflective rather than predictive, and questions over value for teams.

22. Many previously available national and regional data sets are no longer available or centralised, making it difficult to access timely data for service planning or reporting. While several divisions are currently working on the development of performance metrics and national data sets, there is no current national outcomes or performance framework for Te Whatu Ora.

23. Much of our current reporting, is narrative heavy and backwards looking.

Opportunities

24. An opportunity exists for us to bring some common divisional reporting together quickly and simply, share it with each other at the RIT table, and collaborate on solutions, without duplicating work.

We recommend that RIT agree on which current divisional reports could be shared and use the first of these to complete the national SP&P report next quarter.

25. With no current regional service or performance reporting being generated we have an opportunity to create a multi-layered regional reporting suite that meets the TOR in terms of reporting, but also enables RIT to deliver on its full function and purpose.

    We recommend we workshop the key elements of this reporting suite including a small targeted set of shared service performance metrics and system pressure trigger indicators for Te Waipounamu based on our current issues and challenges.

26. Recent Treasury and Office of the Auditor General reviews highlight that good reporting presents a mix of narrative, data and visuals allowing for the drawing together of insights to explain, enlighten and engage people in driving change. It also incorporates the voice of the service user to confirm and inspire performance.

    We recommend that our regional reporting suite contains all three elements and incorporates a strong community voice.

27. A Regional Health Analytics team has now been confirmed for Te Waipounamu within SI&I and national work is getting underway on the development of a national outcomes framework within the national Strategic Planning & Performance Team. We have an opportunity to influence and build off this work.

    We recommend the Office of the Regional Wayfinder engage in this work to provide a regional perspective and ensure data sets are made available to support planning, evaluation, and reporting at a regional level.

28. Understanding what is being reported to the Minister and Board give us an opportunity to ensure Te Waipounamu is ready to respond to requests for information and is providing updates that help to inform our leadership teams and support ELT.

    We recommend that in considering what is covered by our regional reporting suite we ensure we address the key elements of the reports to the Minister and the Board.

Proposed Direction

29. Rather than a single quarterly regional report, we propose that the Office of the Regional Wayfinder work with RIT to develop an integrated and interactive reporting suite that will meet reporting requirements and enable RIT to deliver on its functions and purpose.

30. This suite would be a mixture of narrative, visual and data/dashboard reports – being both retrospective and predictive to support RIT to report on highlights but also identify and address service performance issues, inequities, and pressure points across our region.

31. We anticipate that this reporting suite would evolve to support the individual RIT leads to address some of their own divisional reporting requirements in a complimentary rather than duplicative approach.

32. We expect the reporting suite would incorporate reporting on the highest regional risks, delivery against the Regional Health & Wellbeing Plan and Te Pae Tata II and any national

priorities that are introduced under the new coalition Government or key performance measures developed as part of the national outcomes framework.

33. As our whānau voice and localities work evolves we could expect that this would influence the content of our service performance and system pressures dashboards, as would input from our Iwi Māori Partnership Boards.

Te Aka Whai Ora contribution

34. We propose that the Office of the Regional Wayfinder would engage and work closely with the regional office of Te Aka Whai Ora to incorporate appropriate elements of the Te Aka Wahi Ora outcomes framework and key priorities into the regional reporting suite.

Next steps

35. As a first step in developing the regional reporting suite we propose a face-to-face workshop with RIT to narrow down and prioritise the focus and metrics set.

36. We also propose engagement with analytics leads across the divisions within Te Whatu Ora and Te Aka Wahi Ora to understand what data is currently available and accessible and to engage then in the development of our regional data sets.

Appendices

- Appendix 1: Current Regional Reporting Overview.
- Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Appendix 1: Current Regional Reporting Overview.

Report	From	To	Audience	Daily	Weekly	Fortnightly	Monthly	Quarterly
Regional Risks & Issues Update	HSS	National HSS Team	National Office – daily stand-ups					
Update to Minister – Significant Matters	All Directorates	Government Services Directorate	Weekly Report to Minister of Health		10am Wednesday			
Planned Care Update	HSS	National HSS Team	Weekly Report to Minister of Health					
System Pressures Update	HSS	National HSS Team	Weekly Report to Minister of Health					
Immunisation Update	Public Health	National Public Health Team	Weekly Report to Minister of Health					
Regional Update – Highlights & Risks	Public Health	National Public Health Team	Monthly Performance Review Meeting + CE report to the Board				2nd week of the month	
Regional Update – Highlights & Risks	Commissioning	National Commissioning Team	Monthly Performance Review Meeting + CE report to the Board					
Regional Update – Performance Review – Highlights & Risks	HSS	National HSS Team	Monthly Performance Review Meeting + CE report to the Board					
Risk Report – High and Extreme Risks	Regional Risk Lead	National Risk Team	Monthly Performance Review Meeting					
Regional Highlights Report	Regional Integration Team	National Strategic Planning & Performance Team	Quarterly Performance Report to Te Whatu Ora Board and Public					Q1: Oct 20 Q2: Jan 19 Q3: April 20 Q4: July 20
Risk Report – All Risks	Regional Risk Lead	National Risk Team	Quarterly Report to ELT and Board Committee					

Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Te Waipounamu Regional Performance Report
Quarter 2: October - December 2023

Tatau Whenua – Our Land

The provision of healthcare close to home is challenging in Te Waipounamu due to the high proportion of our population who live rurally - 28% compared with 19% nationally. Our rural hospital and provider network is an important element of service provision; however, rural services can be fragile in terms of both staffing and funding.

Redesigning Rural Health Services: A Waitaki Health Services Sustainability Project has been launched to respond to increasing service pressures in the Waitaki where providers are experiencing clinical and financial instability, resulting in intermittent service closures and reduced service access for people in the area. Representatives from Moeraki Rūnanga, Oāmaru Pacific Island Community Group, Stronger Waitaki, Waitaki District Health Services and WellSouth PHO have come together with Te Whatu Ora Commissioning and Hospital & Specialist Services, to support a re-design of services to improve service integration and sustainability and to better meet the needs of the local community. A project plan and key deliverables will be agreed in January.

Tātou Tāngata – Our People

Developing our Rural Workforce: The first Rural Hospital Medicine (RHM) registrar, trained 14 years ago, is now a member of the group overseeing training at the Lakes District Hospital in Southern, as part of a re-booted programme to support our rural hospitals through the Australasian College of Emergency Medicine. It is hoped six registrars will take up RHM and Rural & Remote Special Skills placements in 2024 on six-month rotations.

Te Tai o Poutini | West Coast are also supporting one of their largest cohorts of training doctors. Along with supporting the Interprofessional Education Program and Rural Medical Immersion Program (with the University of Otago) the West Coast will support a total of eight trainees in 2024: two RHM, three GPEP and three PGY1 & PGY2 trainees. The West Coast will also partner with Canterbury to support four community-based attachment positions. This is a crucial step in developing a rural training pipeline of Rural Generalists and Rural GPs.

Positive Anaesthetic Recruitments in Canterbury: Work to address Waitaha | Canterbury's shortage of Anaesthetic Technician is making headway. Three Registered Nurses are joining the team at the end of January, after completing the Registered Nurse Assistant to the Anaesthetist (RNAA) bridging programme. Six other external appointments will also join the team in 2024: five Anaesthetic Techs and one RNAA. This increase in staff will support access to surgery for our population and help to reduce our longest waiting lists.

Tātou Oranga – Our Wellbeing

Pae Ora

Improving Immunisation Rates: Our Coordinated Community Care Programme team is working alongside Te Aka Whai Ora, Pacific Health, and Commissioning to ensure we are reaching everyone eligible for immunisations across Te Waipounamu. The team are also embracing a community and whānau wellbeing centred approach to increase access to other preventative care alongside immunisations. We are actively removing

barriers to care provision, particularly for our Hauora Māori and Pacific providers by, increasing the number of immunisation co-ordinators, supporting providers to get immunisation accreditation, supporting data sharing agreements and providing additional funding for health promotion. While Te Waipounamu has some of the highest immunisation rates in Aotearoa, we expect to reduce the equity gap for Māori and Pacific People's over the coming year.

Starting Well

Making Oral Health a Priority for our region: Barriers to accessing oral health services was a key theme emerging through community engagement undertaken by the Takiwā Poutini and Hokonui locality prototypes in Te Waipounamu, it is also an area of significant inequity across our region. As part of our response, an Oral Health services stocktake was completed across Te Tai o Poutini | West Coast in December. This will provide valuable information to better understand available dental services and utilisation rates across the district and to target investment to support improved access to oral health services in 2024.

Improving Access to Transgender Readiness Assessments: Canterbury's Commissioning and HSS Child, Adolescent & Family (CAF) services have worked to significantly reduce waiting times for rangatahi requesting gender readiness assessments. Long waiting lists were impacting on people's health and wellbeing, and it was clear many of these young people could be seen in the community. Building on the new HealthPathway, Transgender Health in Children, we have been able to grow psychological and peer support capacity across community providers. Within four months (to December), community-based specialists have taken on 28 rangatahi transferred from CAFs (clearing the waitlist) and an additional 80 rangatahi referred through the HealthPathway by GPs. This is making a real difference for these individuals and their families.

Living Well

Increasing support for Primary Care: Delivery of the new Comprehensive Primary Care Team model is progressing well. Te Waipounamu now has contracts and associated facilitators in place as well as a growing number of team member positions across Te Waipounamu. Local tailoring of the programmes is still taking place in some areas, but strong integrated community-led approach is being supported and positive feedback is already being received regarding the partnership between Hauora Māori and Pacific providers and general practice.

Improving Pacific People's Health: In response to the community voice, Te Whatu Ora has supported Tangata Atumotu Trust to establish a presence in Ashburton, an area where longstanding service gaps have been identified for our Pacific community. In partnership with Waitaha PHO this work will improve access to health services for our Pacific community, focusing initially on general practice, immunisation, screening, and social work services.

Reducing Waits for Planned Care: A key goal for 2023 was reducing the number of patients waiting over 365 days for treatment. Despite the resource issues faced across Te Waipounamu, progress is evident. At the end of September (Q1) there were 1,736 patients that, if remained untreated, would have been waiting over 365 days by the end of December - at the end of December (Q2) this number was down to 343. A greater emphasis on regional collaboration has enabled patients to be transferred between districts for quicker access to care. The team have also focused on delivering additional theatre sessions and out-sourcing to private providers to reduce wait times. Regional planning and reporting processes continue to be strengthened to ensure the region is moving forward as one.

Equitable Access to Cataract Surgery: Te Waipounamu HSS are increasing referrals for cataract procedures, in anticipation of delivering 80-100 additional cataract procedures before 30 June (a 40% increase on current volumes). This work is being supported by national funding to deliver on our region plan to reduce current waiting lists and align Clinical Priority Assessment Criteria score thresholds for access to cataract surgery to 46. This work will improve access overall and eliminate differentials that existed across the South Island with threshold scores previously ranging from 48-61 depending on where you lived.

Ageing Well

Reducing ARC Nursing Gaps: As highlighted last quarter, the English exam is a barrier to Internationally Qualified Nurses in ARC, gaining access to the Competency Assessment Programme and subsequent NZ nursing registration. Our West Coast team trialled targeted English tuition to help address chronic registered nurse shortages, with two of the five ARC facilities on the West Coast closed to hospital-level admissions for 12 months+ due to RN shortages. Five nurses have since passed their exams and over the past quarter all five ARC facilities have re-opened to new admissions. This success means, Coasters who need hospital-level care can remain closer to home and whānau.

Other Items of Interest – Q2

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1 February Immunisation Update

Cameron Bradley (Public Health Development Manager)

Paul Rowe (Co-Chair Te Waipounamu Immunisation Leadership Group)

Sophie Glover (Coordinated Community Care Programme Lead, Prevention Development and Delivery Lead)

Current Immunisation Rates

Quarter 2 2023/24 – Oct to Dec 2023

Fully = received all scheduled vaccinations up to the selected milestone

- 1 July 2024 target = 90%
- 1 July 2025 target = 95%

Opportunity = still a window to vaccinate in this quarter

Missed = did not receive all scheduled vaccinations in a timely manner

Declined = refused one or more vaccinations

Opted off = opted off communications about vaccinations

District	Status	8months				2 years			
		Total	Māori	Pacific	Asian	Total	Māori	Pacific	Asian
National	Fully	81.4%	65.5%	76.4%	94.8%	82.3%	66.7%	81.8%	92.3%
	Opportunity Number	597	309	99	48	547	265	69	61
	Opportunity	4.4%	8.6%	6.5%	1.7%	3.4%	6.4%	4.5%	1.9%
	Missed	7.9%	15.4%	12.1%	2.6%	6.8%	13.4%	8.3%	4.0%
	Declined	5.7%	9.8%	4.5%	0.8%	6.9%	12.5%	5.1%	1.5%
	Opted Off	0.6%	0.8%	0.5%	0.1%	0.6%	0.5%	0.3%	0.3%
Te Waipounamu	Fully	88.9%	80.9%	82.1%	96.1%	89.2%	82.5%	91.1%	93.9%
	Opportunity Number	51	16	5	5	29	9	2	2
	Opportunity	1.8%	2.8%	3.3%	1.1%	0.9%	1.4%	1.5%	0.4%
	Missed	3.2%	6.6%	6.0%	1.4%	2.6%	5.0%	2.2%	3.5%
	Declined	5.6%	8.3%	6.0%	1.4%	5.9%	9.9%	3.7%	2.0%
	Opted Off	1.3%	1.4%	2.0%	0.0%	1.4%	1.1%	1.5%	0.4%
Nelson Marlborough	Fully	80.8%	75.8%	90.9%	92.9%	84.6%	75.0%	90.9%	91.4%
	Opportunity Number	10	3	1	1	6	2	1	0
	Opportunity	3.1%	4.8%	9.1%	3.6%	1.6%	2.5%	9.1%	0.0%
	Missed	2.8%	1.6%	0.0%	0.0%	3.5%	6.3%	0.0%	8.6%
	Declined	11.3%	17.7%	0.0%	3.6%	10.5%	16.3%	0.0%	0.0%
	Opted Off	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Te Tai O Poutini	Fully	68.7%	71.4%	50.0%	100.0%	69.0%	65.2%	0.0%	50.0%
	Opportunity Number	1	0	0	0	0	0	0	0
	Opportunity	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Missed	4.5%	9.5%	25.0%	0.0%	3.4%	8.7%	0.0%	25.0%
	Declined	9.0%	4.8%	0.0%	0.0%	11.5%	21.7%	0.0%	25.0%
	Opted Off	16.4%	14.3%	25.0%	0.0%	16.1%	4.3%	100.0%	0.0%
Waitaha	Fully	90.4%	83.6%	80.8%	96.0%	90.5%	83.8%	90.9%	95.8%
	Opportunity Number	26	9	4	4	15	5	1	1
	Opportunity	1.7%	2.8%	3.8%	1.3%	0.8%	2.4%	1.3%	0.3%
	Missed	2.7%	5.2%	6.7%	1.3%	2.4%	4.1%	2.6%	2.0%
	Declined	4.2%	7.1%	6.7%	1.3%	5.1%	8.8%	3.9%	1.7%
	Opted Off	1.0%	1.2%	1.9%	0.0%	1.2%	1.2%	1.3%	0.3%
South Canterbury	Fully	89.3%	82.4%	85.7%	100.0%	88.9%	84.0%	100.0%	77.3%
	Opportunity Number	0	0	0	0	2	0	0	1
	Opportunity	0.0%	5.9%	0.0%	0.0%	1.2%	0.0%	0.0%	4.5%
	Missed	2.0%	5.9%	0.0%	0.0%	3.1%	8.0%	0.0%	9.1%
	Declined	8.7%	11.8%	14.3%	0.0%	4.3%	4.0%	0.0%	9.1%
	Opted Off	0.0%	0.0%	0.0%	0.0%	2.5%	4.0%	0.0%	0.0%
Southern	Fully	87.7%	77.9%	88.0%	96.6%	90.4%	85.6%	91.9%	93.6%
	Opportunity Number	14	4	0	0	6	2	0	0
	Opportunity	1.9%	2.9%	0.0%	0.0%	0.6%	1.2%	0.0%	0.0%
	Missed	4.6%	11.4%	8.0%	2.2%	2.7%	4.2%	2.7%	4.3%
	Declined	5.2%	7.1%	4.0%	1.1%	5.4%	8.4%	5.4%	1.1%
	Opted Off	0.6%	0.7%	0.0%	0.0%	0.8%	0.6%	0.0%	1.1%

Immunisation Landscape

- Accountability – Public Health
- Responsibility – Spread across Te Whatu Ora, including Public Health, Commissioning, and Pacific Health, and Te Aka Whai Ora

- Te Waipounamu Immunisation Leadership Group has been operational for ~ 9 months now
- Operational arms and activities for districts still differ slightly
- Coordinated Community Care team, Prevention Development and Delivery Lead role, and Commissioning system design roles now in place
- Review of the above currently being undertaken to recommend options for a more coordinated regional model

Coordinated Community Care Programme

- The CCC Programme is a partnership programme between Te Aka Whai Ora, and Te Whatu Ora Public Health, Commissioning, and Pacific Health directorates.

- The CCC Programme is administering seven funds contributed by the above four partners in a coordinated manner.

- Following the development of a partnering agreement approach the CCC programme has commissioned $2.7m to 18 Hauora Māori Partners and Pacific Providers, with an additional 18 partnering agreements expected over the next few months (total budget for this is $4.2m).

- The CCC Programme has:
  - Disestablished Te Whatu Ora operated Covid19 vaccination programmes and Care in the Community Hubs, transitioning these functions into the community.
  - Increased Immunisation Coordinator resource by 6FTE across Te Waipounamu to support the onboarding of new immunisation providers and childhood vaccinators.
  - Increased NIR/AIR resource by 3.6FTE to support with the transition to AIR.

- The CCC Programme is currently:
  - Undertaking a piece of work researching the barriers to immunisation for Midwives, LMCs and Well Child Tamariki Ora Providers in Te Waipounamu and addressing these barriers as we go.
  - Establishing Community Connectors, organisations which will coordinate care for whānau across multiple providers, accept referrals from other orgs to provide holistic healthcare for whānau, and administer a manaaki fund for communicable diseases.

Te Waipounamu R.I.T Meeting Agenda

Date & time	**Thursday 01st February 9am – Friday 02nd February 12:00pm**
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 **Fionnagh Dougan** Interim 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
Guests	Alysse Lyon (RIT Programme Manager), Chelsea Martin (RIT Principal Advisor), Julia Goode (Principal Advisor, Commissioning Business Services), Jo Lilley (Principal Advisor, Quality & Risk), Martin Carrell (Business Continuity Manager, Commissioning), Joy Christison (Regional Planning Lead, Commissioning), Aroha Metcalf (Group Manager, Localities)
Apologies	Dr Nick Baker

	Te Take | Item	**Te Wā | Time**	**Te Kaikōrero | Lead**	**Pukapuka | Papers**
	Day 1			
1.	Karakia		Mata	
2.	Welcome to Fionnagh	10 Mins	Mata	
3.	Whakawhanaungatanga	30 Mins	Mata	
4.	Governance: • Apologies, Conflicts • Approval of previous minutes • Update on Actions • F2F Cadence o Confirm F2F locations	10 Mins	Chiquita	**RIT F2F Dates** Page 3
5.	Waitaki Health Futures Project Update – [To Note]	5 Mins	Aroha Metcalf	**Waitaki Update** Pages 4 - 8
6.	Update on Te Kaiaka Hub – [To Note]	5 Mins	Aroha Metcalf	**Te Kaiaka Hub Update** Pages 9-12
7.	Morning Tea – Joined by Te Waipounamu Senior Locality Managers			
8.	Regional Health & Wellbeing Plan update	60 Mins	Joy	
9.	Te Aka Whai Ora transition update	30 Mins	Mata	
10.	LUNCH	30 Mins		
11.	Directorate Update (20 mins each)	100 Mins	All	

Te Waipounamu R.I.T Meeting Agenda

	Te Take | Item	Te Wā | Time	Te Kaikōrero | Lead	Pukapuka | Papers
	• Recruitment / Transition • Key areas of focus for 2024 • Key cross-directorate interdependencies			
12.	Ziman House – [To Decide]	15 Mins	Mardi Fitzgibbon & Phil Wheeble	**Ziman House Options** Pages 13 - 19
13.	Complex Care – brought forward from previous hui [To Discuss]	15 Mins	Chiquita / Dan	**Complex Care and Support Needs** Pages 20 - 30
14.	RIT Memo Urgent Care Stabilisation Te Waipounamu [To Note]	5 Mins	Chiquita	**Urgent Care Stabilisation** Pages 31 - 34
15.	RIT Work Programme 24/25 Workshop • Key priorities (Alysse & Chelsea) • RIT Reporting (Melissa) • RIT Risks, Issues, and Health & Safety (Jo & Melissa)	120 Mins	Greg	**RIT Operating Framework** Pages 35 – 48 **RIT Reporting Overview & Direction** Pages 49 - 59
16.	Recap	15 Mins	Mata	
	Day 2			
17.	Reflections	30 Mins	Mata	
18.	Abbe Anderson Virtual Cup of Team (between 9:30 – 10am)	30 Mins	All	
19.	RIT Comms & Engagement Approach	60 Mins	Greg & Julia	
20.	Closing karakia – 12:00pm		Mata	
	Next Hui Thursday 07th March 2024 via MS Teams			

Te Waipounamu R.I.T Meeting Agenda

Te Waipounamu Regional Integration Team Kanohi ki te Kanohi (F2F) Dates

Date	Location
April 11th – April 12th	**Dunedin**
June 13th – June 14th	**Nelson**
August 15th – August 16th	**West Coast (previously South Canterbury)**
17th October – 18th October	**South Canterbury (Previously West Coast)**
12th December	**Christchurch**

RIT Paper

Waitaki Health Future Project

Date:	29 January 2024	**Author:** Aroha Metcalfe (Group Manager Localities, Commissioning)	
For your:	Information	**Approved by:** Chiquita Hansen	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

The purpose of this update is to provide you with information and background regarding the Waitaki Health Futures Project (the Project).

Contribution to strategic outcomes

The Waitaki district has a populaton of around 24,000 people. The provision of health services that are clinically sustainable and financially affordable for that population is a priority.

Executive summary

The purpose of the Project is to develop and implement a system wide integrated model of care that is clinically sustainable and financially affordable. The scope of the Project includes all Vote Health funded services in and to the Waitaki region, with a focus on hospital services (ED, inpatient, outpatient and ambulatory), primary and community, hauora Māori, Pacific and aged care. Whānau voice and equity will frame decisions, designs and developments.

Next steps

Status and next steps:

An initial Governance Group meeting was held on 5 December 2023 in Oamaru. That hui included exploration of the need for the Project, and several actions were identified.

The second meeting of the Governance Group is planned for Tuesday 30 January. The agenda includes:

- Review and update of actions from 5 December 2023 meeting
- Approve the project structure (Governance Group and workstreams)
- Discussion on the project dependencies and risk

- Agree first messages
- Agree a Governance Group meeting schedule.

With the Governance Groups approval of the project purpose and structure, the next steps are:

- Develop Terms of Reference and a Programme Plan that includes budget and resourcing
- Engage the workstream leads, identify workstream membership, agree scope, deliverables, and dependencies.

Appendices

Appendix 1: Background

The Waitaki health system is experiencing service coverage challenges that include:

- clinical workforce shortages in Waitaki District Health Services Limited (Oamaru Hospital) leading to periodic closures of its inpatient ward, emergency department or both during 2023
- pressure on general practice resulting in withdrawal of afterhours services and closed books
- immediate and future financial viability of Oamaru Hospital.

The Project has been launched to ensure future health services provision that is clinically and financially sustainable. This requires whole of system model of care changes that are integrated and inclusive of innovative rural health approaches.

Rural trust hospitals

Historically, for rural hospitals, there have been challenges associated with the models of care, workforce and financial sustainability. Each district developed an approach to managing the issues in their area, which has led to variation in the range of services, contracts, and funding approaches.

Waitaki District Health Services Limited (Oamaru Hospital)

The Waitaki District Health Services Limited is a rural-based trust hospital owned by the Waitaki District Council.

It is commissioned by Te Whatu Ora to deliver a range of hospital and specialist services from its Oamaru based hospital facility. Contracted services include 20 inpatient beds, rehabilitation (AT&R) inpatient services, an emergency department, and primary maternity services. Specialist outpatient clinics, allied and community health services, laboratory service, radiology services (including a CT scanner), and mobile surgical services are delivered from its site.

Waitaki District Health Services Limited, like other rural hospitals, has critical sustainability issues. Despite a $3.36 million funding uplift in Feb 2023, back dated to 1 July 2022, and the 5% CPI uplift, it reports that current funding is insufficient. Pay parity between Te Whatu Ora and non-Te Whatu Ora staff has been raised as a contributing issue. It has immediate short term concerns (meeting payroll) and longer-term financial sustainability issues. Waitaki District Health Services Limited is a

significant outlier in terms of the financial sustainability issues.

A letter of financial comfort was provided to Waitaki District Health Services Limited by Te Whatu Ora in June 2023 providing assurance of continuation of funding and financial support until June 2025. This was in response to concerns raised about solvency.

Continued funding by Te Whatu Ora relies on model of care changes that are affordable and sustainable.

Waitaki Health Futures Project

Te Waipounamu Commissioning are working with HSS Southern to lead the Project. Key external partners include Te Runaka o Moeraki, WellSouth PHO, General Practice, Oamaru Hospital, the Stronger Waitaki Coalition and Pacific whānau.

Project structure

The project structure includes a Governance Group and several workstreams that will work vertically (to understand issues and design solutions) then horizontally (to connect and integrate with other workstreams).

The workstreams include:

- **Hospital sustainability**
    - Financial stability project
    - Model of care
- **Primary and Community Care**
    - General practice
    - Afterhours
    - Urgent care
    - Ambulance
- **NGOs – Māori, pacific and all others**
- **Cross Govt / cross agency**
- **Whānau voice, community engagement, planning**

Aging well, mentally well, starting well, public health and other sector leaders will be engaged in the design phase and may work in any or all workstreams.

People project resources will be provided by Te Whatu Ora or WellSouth PHO or funded through partners. A project budget is yet to be agreed.

The Project will be informed by and lever off work completed in a review of the Waitaki model of care conducted in 2016.

The networks within the Stronger Waitaki initiative will provide an effective communication, engagement, and connection to key cross agency stakeholders and interested parties.

People resources

The following people are currently engaged in the project:

Senior Responsible Officers (Te Whatu Ora internal):

- Hamish Brown, GDO
- Aroha Metcalf, Group Manager Localities

Governance Group, Interim Chair, Aroha Metcalf

- Mani Molloy-Sharplin, Te Runaka ki Moeraki
- Helen Algar, Stronger Waitaki lead with Waitaki District Council
- Hana Halalele – Pacific provider and Deputy Mayor
- Andrew Swanson-Dobbs, CE and Carol Atmore, Clinical Director, WellSouth PHO
- Hugh Kettlewell and Andrea Cains, Joint CEs of Oamaru Hospital
- David Gow, CMO, Te Whatu Ora HSS Southern

Programme Manager: Emma McDonough, Senior Locality Manager

Workstream	Proposed lead (tbc)
Hospital Sustainability	tbc
▪ **Hospital Financial Stability**	Rachel Haggerty, Peter Guthrie – National HSS
▪ **Hospital Model of Care**	David Gow, HSS Southern and Hugh Kettlewell, Interim co-CE, Oamaru Hospital
Primary and Community Care	Nick Taylor, Primary Care Relationship Manager, WellSouth
NGOs (Māori, Pacific and Others)	Mathew Kiore, Strategic Engagement Lead, Te Whatu Ora Commissioning
Cross agency / cross Government	tbc
Whānau voice, community engagement and planning	Heather Wilson, Regional Planning Manager, Te Whatu Ora Commissioning

Timeframe and deliverables

Detailed project planning is yet to be completed; however, the expected timeframe is that the project will deliver draft models of care by June 2024, and implementation commence in the second part of the year.

Also, the workstreams are encouraged to implement system improvements that are sensible and straightforward changes as we go. This will respond to any immediate opportunities and deliver improvements that will provide confidence of the intent of the project.

Dependencies and risk

The success of the project relies on:

- continued engagement and commitment to working together and developing new ways of working
- effective communication and engagement with Oamaru public and stakeholders
- resourcing the workstreams and responding to partners request for project resourcing assistance
- ensuring that sufficient information is available to the workstreams, and resource available to collate and analyse.

Status and next steps

An initial Governance group meeting was held on 5 December 2023 in Oamaru. That hui included exploration of the need for the Project, and several actions were identified.

The second meeting of the Governance Group is planned for Tuesday 30 Jan. The agenda includes:

- Review and update of actions from 5 December 2023 meeting
- Approving the project structure (Governance group and workstreams)
- Discussion on the project dependencies and risk
- Agree first messages
- Agree a Governance group meeting schedule.

With the Governance Groups approval of the project purpose and structure, the next steps are:

- Develop Terms of Reference and a Programme Plan that includes budget and resourcing
- Engage the workstream leads, identify workstream membership, agree scope, deliverables, and dependencies.

Regular updates will be provided to the Regional Integration Team.

RIT Paper

Te Kaika Wellbeing Hub

Date:	25 January 2024	**Author: Aroha Metcalfe** (Group Manager Localities, Commissioning)	
For your:	Information	**Approved by:** Chiquita Hanson	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This update provides a summary of the progress of Te Kaika Wellbeing Hub.

Contribution to strategic outcomes

Te Kāika Wellbeing Hub provides opportunities for the provision of social services and health care under one roof to improves servies for Māori, Pacific peoples and other vulnerable populations.

Executive summary

Te Kāika Wellbeing Hub (Hub):

- Is a new purpose-built building in south Dunedin that is nearing completion and is planned to open by mid-2024.
- The Hub is the vision of Ngai Tahu owned hauora Māori provider Ōtākou Health Limited (OHL) who have partnered with Te Manatū Whakahiato Ora – Ministry of Social Development (MSD) and Te Whatu Ora Southern in the development, design and construction of the Hub.
- OHL service "Te Kāika" provides low-cost healthcare and social services for Māori, Pasifika, and low-income communities across the Otago region. It employs approximately 50 staff, has 6500 families registered with it, of whom 35% are Māori and 10% are Pasifika. The current site of the Te Kaika services is where the Hub is being built.
- Te Kaika services will move into the facility on completion and be co-located and operate alongside and together with MSD and Te Whatu Ora services.
- The aspiration of the Hub is to deliver and address equity now and into the future for Māori through integrated health systems led by Māori models of care that are patient and whānau-centric.

The service model and facility design will enable better access to health care by bringing services closer to communities, and with a focus on preventative care, support for people to stay well.

Appendix 1

Background

In 2018, a pilot was undertaken with MSD for a case manager based at Te Kāika to offer a coordination function to connect whānau to MSD products and services, accessible housing options, training, and employment options.

With the success of this pilot and in line with MSD's Te Pae Tawhiti and the Te Pae Tata vision and strategy, in 2020, MSD confirmed the intention to work together to expand their existing partnership with Te Kāika to deliver stronger social services for the South Dunedin community.

Te Kaika, MSD and Te Whatu Ora began the co-design phase with facilitated focus groups to hear and understand the voice of leaders and kaimahi within the partnership, whānau using Te Kaika services and other whānau in the South Dunedin community.

Whānau and kaimahi focus groups were held with themes identified to redesign health and social services. An aspiration goal concept of "The Village- it is more than just integrated services; it is about creating a village" was developed.

Facility capacity

The floor plan is 2500sqm over two storeys, with outpatient services, primary care and social agencies on the ground floor, alongside clinical spaces, interview and whānau rooms. The second floor will have

desk space for 77 people (27 available for Te Whatu Ora staff) and staff meeting rooms. There will be shared reception and waiting areas.

Construction of the building is nearing completion with occupancy expected by mid-2024.

Service mix and model

Te Kaika will provide a mixture of primary health care and community services, general practice and oral health services, and addiction support services (which are based directly opposite). MSD will provide a range of social services. Te Whatu Ora Southern will provide outpatient and community-based secondary health care services.

Over time, it is anticipated that the combined services will be strongly integrated, have shared values and vision, a population health perspective and local context, people and whānau as partners in care, the intention of integrated governance and leaderships, digital solutions and transparency of progress, results and impact on the health and wellbeing of populations.

In partnering with OHL and MSD, benefits for Te Whatu Ora are expected to include:

- an increase Māori enrolment in primary health care
- a decrease in the rate of ambulatory sensitive hospitalisations for Māori
- additional operational support and outpatient capacity for New Dunedin Hospital

Te Whatu Ora contribution

Te Whatu Ora commissioning and HSS have committed people to the governance group and have established working groups as needed. This is to ensure that we deliver on our commitments and responsibilities.

The financial cost commitment, by Te Whatu Ora, to the build and operation of the Hub includes contribution to the fit out of the facility of $1.50 million (one off) and operating leases for clinical and desk spaces of $0.40 million (per annum ongoing). The former Southern DHB approved the sum of $1.50 million for the one-off expenditure and reprioritised existing expenditure of $0.40 million for the ongoing lease commitment (noting a budget transfer between business units is required for 24/25).

Te Whatu Ora secondary health services to be based in, or operate outpatient clinics in the Hub

- Mental Health
- Endocrinology & Diabetes
- Ophthalmology
- Rheumatology
- Paediatrics
- Oral Health
- Gynaecology

Project governance board

A project governance board has monitored the project and model of care development since the project began in 2018. Members include:

Ōtākou Health Limited

Matt Matahaere, Chief Executive, Te Kaika (Chair)

Kate Lewis, General Manager Primary Care, Te Kaika

Winnie Matahaere, General Manager Social Services, Te Kaika

Te Whatu Ora

Dr David Gow, Chief Medical Officer, Southern HSS

Dr Hywell Lloyd, Director Quality and Clinical Governance Solutions, Southern HSS

Nancy Todd, Senior Locality Manager, Ōtākou / Murihiku, Commissioning

Ministry of Social Development

Steph Voight, Southern Regional Commissioner

Vaugh Crouch, General Manager Workplace Services

Sue Rissman, Regional Director, Southern

Project status

The Project Control Group who monitors, mitigates, and manages risks report that current risk level is managed. The project build is on time and on budget.

There has been extensive co-design and negotiations with multiple specialty departments within Dunedin and Wakari hospitals. This has been resource intense at times. All outpatient services have confirmed arrangements to operate in the Hub except mental health services.

Overall, the model of care work, for the confirmed services, is in its final stages. Current work includes designing the scheduling of Outpatient services, assigning space, and modelling patient flow.

The mix of HSS mental health services to operate in the Hub is yet to be determined, discussions continue. Options include Māori mental health services, for which there is strong rationale for connectedness for tangata whaiora, and young services. While there are no financial impacts for the Hub if mental health services do not move in on day one, from a service and system integration view, it is considered beneficial to continue to work towards this.

RIT Paper

Ziman House Options Paper

Date:	26 January 2024	**Author:** Mardi Fitzgibbon (Ageing Well Regional Manager, Commissioining)	
For your:	Recommendation	**Approved by:** Cathy O'Malley (Group Manager Regional System Integration, Commissioning)	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

Seeking direction on the future of Ziman House.

Recommendations

RIT is asked to consider three options:

Option 1: Te Whatu Ora Te Tai o Poutini West Coast to engage with community and partners on the permanent closure of ARC beds and the introduction of safe older persons services in Reffton.

Option 2: Continue to delay the re-opening of Ziman House.

Option 3: Re-open Ziman house as an aged residential care facility.

Contribution to strategic outcomes

The recommendation aligns with the regional plan to have sustanainasble service delivery.

Executive summary

Reefton has a population of approx. 900 people. It is situated in the West Coast region 80km to the NW of Greymouth. Ziman House, a 12 bed Aged Residential care facility in Reefton, was closed in April 2022 due to severe workforce shortages, the impact of Covid and concern for patient safety. An Independent Review (attached) was commissioned shortly after and found:

1. 12 beds is not financially sustainable
2. Significant workforce and patient safety concerns
3. It is unusual for DHB (TWO) to own and operate ARC
4. Lack of compliance with contractual and sector standards
5. ARC specific education was not being provided to staff at Ziman House in accordance with the requirements of the ARC Contract and the Health and Disability service standards.
6. Auditing by HealthCert was not commissioned by the DHB

7. The Clinical risk to residents and remaining staff was high
8. The decision to close Ziman House was correct

Ziman House currently remains closed – staff impacted by closure have been offered redeployment and continue to be paid and Residents have been moved to other facilities on the West Coast and in Canterbury; many have now passed away.

Messaging to the community from local Te Whatu Ora staff (as agreed by the then WCDHB Board) has been centered on reopening once the RN FTE could be recruited.

There has not been any formal engagement with local Maori or Kaumatua in the Reefton region on this matter and will be considered as part of the ongoing partnering with the Reefton community.

The closure of Aged Care beds at Ziman House does not impact the other services located at Reefton Health. There is strong local support to re-open the Aged Care beds and significant engagement with the community would be needed to refocus the community to look at other options to provide care for their older population in Reefton.

The nearest ARC facility is O'Conor Home (The Home) situated 80kms to north west of Reefton. It is a 68 bed facility with 15 Dementia Resthome and 53 Hospital/Resthome Level of Care (swing beds) and plans further expansion.

Next steps

RIT to consider options provided. It is strongly recommended option 1 should be adopted in that we look to engage the community around a variety of alternative, community led services to support the older population in Reefton.

Appendices

- Appendix 1: Options
- Appendix 2: Background

Appendix 1: Options

Option 1 (Recommended)

- ***Te Whatu Ora Te Tai o Poutini West Coast to engage with community and partners on permanent closure of ARC beds and introduction of safe older persons services in Reefton***

- All levels of Aged Residential Care at Ziman house are neither feasible nor sustainable from a workforce or a financial perspective
- Investing in long term in efforts to try to reopen Ziman House in its current state would take significant resources that could be used to better effect in the community.
- Close to Home Rural ARC should not take precedent over high quality and safe care for both residents and staff
- Local community representatives, including local Maori and Kaumatua, any representatives of partner agencies interested in the conversation, and some key staff, must be consulted and presented with an honest assessment of the pros and cons associated with reopening Ziman House as a hospital level of care ARC facility
- Several options, including alternative community models of care such as a community activity programmes and enhanced HBSS for older people in Reefton and funded transport provision for family to visit residents placed in Westport ARC
- Engage with O'Conor Home to support and invest in the creation of further aged residential care capacity and affordable independent living options for older people on the West Coast.
- Address the uncertainty for staff around the future of the facility through clear communication that Ziman House will no longer function as a Hospital Level ARC facility and provide a clear pathway to understand what the future employment options might look like.
- Allow Reefton the facility to focus on a fully staffed primary care and PRIME response – refocusing the need on a safe integrated community based response
- Improve sustainability by concentrating staffing and resource towards remaining West Coast ARC facilities and increasing greater bed capacity as reasonable cost
- Anticipate some articulate concern from the local community, given traditional regard for Ziman House and the subsequent reduction of ARC options for local consumers and their whanau. While engagement with community around future options would allow community involvement in the future, this is unlikely to address the underlying feeling of loss and simply delays the inevitable permanent closure. Prepare excellent comms. Proactively engage media
- Te Whatu Ora staff, who have represented the previous organisational messaging about a commitment to reopening the facility will need public support/protection if the decision to permanently close is made.

Option 2

Continue to delay the re-opening of Ziman House

- Delay any decision around the future of Ziman House and set a further deadline, at an agreed future point, to reassess whether or not to re-open Ziman House. This will be better received by the community and potentially incur less media attention in the short term.

- This will provide an opportunity for the community to consider alternative pathways to opening Ziman House, although it is hard to see what these might be.
- It is very unlikely that we will quickly be in the position to recruit the required staff to safely re-open Ziman House.
- It is disingenuous to continue to delay a change process that is increasingly inevitable, in order to be seen to honour a commitment made when circumstances were substantively different.
- We have a duty of good faith to be open, upfront and honest with our staff and the community, however unpalatable this news may be.
- This is ultimately likely to lead to growing community frustration if no clear decision is made.
- It is likely to cause distraction and resourcing challenges that will impact the provision of primary and community care in Reefton, as was seen prior to closing Ziman House. It is also likely to impact on the provision of other (perhaps more appropriate) community services for older people in the area

Option 3

Re-open Ziman House as an aged residential care facility

- This will improve relations in the short term with the community and allow provision of ARC in Reefton.
- While there are now a significant number of newly qualified RNs seeking work in the ARC sector, there are a limited number of experienced ARC RNs that are aware of the ARC standards and processes so it will continue to be difficult to appropriately resource Ziman House.
- If Te Whatu Ora is providing aged residential care it should be of the highest standard, Te Whatu Ora should be seen to be setting an example. The current resources, including the physical environment and the staffing resources do not allow for this.
- The 2022 Independent review found a 12 bed unit to be unsustainable in the longer-term and presents a significant risk to residents and workforce
- This option actively endangers the provision of Aged Residential Care across Te Tai o Poutini by further diffusing a limited experienced staffing resource and presents a potentially hazardous working and living environment for staff and residents.
- It is likely to cause distraction and resourcing challenges that will impact the provision of primary and community care in Reefton, as was seen prior to closing Ziman House. It is also likely to impact on the provision of other (perhaps more appropriate) community services for older people in the area.

Appendix 2: Background

The temporary closure of Ziman House was approved by the then West Coast District Health Board in March 2022, closing in April 2022 due to long-standing recruitment and retention problems, and the imminent threat of Omicron expected to impact further on staffing. There were also some Aged Residential Care Contractual breaches relating to resident care. This closure was initially intended to last for the period of 4 months, with re-opening continuing to be delayed due to the inability to attract the 5.4RN FTE needed to open the facility.

While Ziman House was closed, primary care continued to be delivered from Reefton Health which is housed in the same building, adjacent to the aged care unit.

The goal of the temporary closure was to firstly ensure the safety and welfare of its 10 residents, to allow some much-needed facility maintenance, to ensure other services (such as the primary care PRIME service and other aged care facilities) were appropriately staffed and allowing time for recruitment of an experienced ARC workforce for Ziman House.

The Aged Care sector has had ongoing Registered Nurse vacancies across NZ in excess of 1100 FTE. This had dangerously threatened the ability of all facilities to care for residents. In Te Tai o Poutini this led to the closure by two privately owned ARCs of new hospital level of care admissions, forcing some new residents to seek aged care outside the west coast and away from whanau.

An independent review of the closure and situation at Ziman house was commissioned in June 2022, the report is attached and in summary states the following:

> *Several key factors have been identified which have contributed to and impacted on the temporary closure of Ziman House. These can be summarised as:*
>
> - *Resident safety*
> - *Workforce resources*
> - *Communication*
> - *Decision making*
> - *Breech of Contractual obligations*
>
> *The decision to temporarily close the Reefton ARC facility was correct, as there was significant risk to residents receiving the correct level of care with such crucial RN staff shortages and the impending Omicron outbreak on the West Coast.*
>
> *The long-term financial viability and sustainability of Ziman House in Reefton would be in question, as it would not be regarded by the sector as an economically viable ARC unit with space for only 12 ARC residents.*

Up until now, as agreed with the previous West Coast Board members, our messaging to the community has been about re opening Ziman house when we have the RN FTE with the right experience to run a sustainable ARC facility. This has been reported widely and the community will be invested in holding Te Whatu Ora to account on this message.

Current situation

Since the closure of the ARC facility the primary care delivered from Reefton Health has been consistently staffed and the primary care provision to the Reefton community has greatly improved with a number of important health targets now met in the region.

Despite the “renovation” of the Ziman house facility, it is not fit for purpose as a modern ARC facility, there are no ensuites and the lay out doesn’t easily support the Nursing model of care usually delivered in an ARC facility.

As the table below shows, the privately-owned facilities have far greater bed capacity, while requiring the same number of RNs under the ARRC contract. The facilities with greater bed capacity are significantly more cost effective in terms of service delivery and more sustainable during nursing shortages. Ziman bed day cost was $448 ($646 incl overheads). All other facilities were operating at $139.48 (RHL) and $226.42 (HLC)

The Aged Care sector has recently seen the return of IQNs and all the privately owned ARC on the coast are now fully staffed and open to HLC once again.

Facility	Bed Capacity	Current RN Vacancy	Owner	21/22 Bed day cost to Te Whatu Ora
O'Conor Home (Westport)	68	0	Independent Trust	$139.48 (RHL) $226.42 (HLC)
Granger House	78	0	Heritage Life Care	$139.48 (RHL) $226.42 (HLC)
Dixon House	43	0	Independent Trust	$139.48 (RHL) $226.42 (HLC)
Allen Bryant	44	0	Ultimate Care Group	$139.48 (RHL) $226.42 (HLC)
Ziman House	12	4.6	Te Whatu Ora	$448 ($646 incl overheads)

Up until this month, recruitment of RNs with ARC experience has been very difficult. Despite significant recruitment drives, Te Tai o Poutini has been unable to recruit the RNs needed to offer ARC beds at Ziman House.

The ability to recruit RNs into the ARC sector is rapidly improving however it should be noted that while there are plenty of IQNs now seeking work in the ARC sector this is a relativity inexperienced workforce who need the support and guidance of an experienced RN workforce around them. Experienced ARC RNs are still in very short supply.

Impacted Staff wellbeing

The staff impacted by the temporary closure of Ziman House continue to be paid and offered redeployment opportunities. While redeployment of the RN FTE was relatively successful, the HCA FTE proved more challenging in terms of identifying mutually agreed and appropriate redeployment options.

As the delays to re-opening continue and in the context of the lack of certainty that creates, concerns arise about the wellbeing of this workforce and the need for some direction to be offered around the

provision of meaningful work. While there are divergent views within the staff in Reefton, there is general consensus that the ongoing uncertainty is not ideal

Other ARC Options: O'Conor Home – Westport

O'Conor Home (The Home) is situated 80kms to the north west of Reefton. It is a 68 bed facility with 15 Dementia Resthome and 53 Hospital/Resthome Level of Care (swing beds).

The Home has a very experienced manager and good governance that underpins it. It has consistently good audit results and an ongoing history of long certification periods.

The Home has plans to expand its dementia resthome facility by another 15 beds (and being the only provider of this level of care on the coast it is sorely needed) and increase the provision of hospital level beds, all with ensuites, by 24. The plan also incorporates some rooms with Kitchen facilities to cater for EOL residents and their whanau. Their plan further incorporates the renovation of the older part of the facility into approx. 18 independent living apartments which will provide affordable living options for older people, an issue/gap already identified as part of the Takiwa Poutini localities development and engagement work.

RIT Paper

Urgent and Complex Care and Support Needs

Date:	29 January 2023	**Author:** Jane Kinsey (previously GM – Mental Health & Addictions and Live Life Disability Support, Te Whatu Ora)	
For your:	Information	**Approved by:** Chiquita Hanson	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		
Note:	This paper was previously presented to RIT and being returned for further discussion		

Purpose

This paper outlines an approach to establish a pathway and service response to better meet the needs of people and whānau who present with urgent and complex care and support needs that require tailored funding packages for support.

Contribution to strategic outcomes

There are a small number of people who present with urgent and complex care and support needs that require funding packages higher than national funding agreements. There are significant inequities in the health outcomes for these vulnerable cohorts.

Executive summary

The original paper is attached as an appendix.

Appendices

Appendix 1: Memorandum

Memorandum

To:	Regional Integration Team, Te Waipounamu
From:	Jane Kinsey, GM – Mental Health & Addictions and Live Life Disability Support, Te Whatu Ora (MH&A and LLDS)
Subject:	Progressing a system response to support people who present with Urgent and Complex Care and Support Needs
Date:	11 September 2023

Purpose

1. This Memo outlines an approach to establish a pathway and service response to better meet the needs of people and whānau who present with urgent and complex care and support needs that are not currently being met by current services, systems, and pathways.
2. It provides detail to give understanding of the number of people at various ages currently being managed in aged related residential care (ARRC) in Te Waipounamu that have funding packages higher than the nationally agreed four levels of ARRC pricing[1]. It also highlights the issue of individualised funding arrangements for care and support for clients being funded by MH&A or NASC and are currently being supported in existing disability providers. The details for clients in this cohort are from Nelson Marlborough this provides some indication of the extent of funding for people in this situation, which can then be extrapolated to other districts across Te Waipounamu.
3. It is evident that there are some significant inconsistencies in individualised funding packages, highlighting there is an absence of guidance for high and complex people currently managed in ARRC and Disability Providers. Please also note that the funding arrangement may not factor in provision for increased care needs should the client's presentation change in any way.
4. It is likely that proceeding to develop a regional plan to address this issue will require a partnership between Te Whatu Ora Hospital and Specialist Services, Te Whatu Ora Primary and Community Commissioning, Whaikaha | Ministry for the Disabled Persons, and Te Aka Whai Ora.

Background

5. There is no consistent working definition for high and complex needs population.
6. There has been longstanding unmet need for people with high and complex needs. This can include people who have potential co-existing needs which may result from a combination of a variety of contributing factors, and which can be associated with a rapid escalation of distress and challenging

[1] Te Whatu Ora aged residential care provider agreements – Te Whatu Ora - Health New Zealand

behaviours. Some contributing factors can include underlying intellectual disability, as well as mental health, addictions, or physical health needs. While this accounts for a relatively small group of people, the high complexity of their needs means that services struggle to appropriately accommodate and treat them when they present acutely. Sudden, acute, or urgent escalation of needs may have been triggered by underlying physical, behavioural, mental health or social needs and are not being adequately managed by their current support structure or allocated resource.

7. These situations can arise for people who are being supported by carers and whānau in the home, residential support settings, respite options, or ARRC. This group of people can, from time to time, have needs that cannot be met by primary care, NGO, or secondary care services alone.

8. The absence of a specific set of urgent response and capacity funded services for this group has led to admissions to ARRC Dementia Care, inpatient mental health units and other secondary care wards(with challenges as regards appropriate use of legal powers such as the Mental Health Act, prolonged admissions, delayed discharges and multiple re-admissions), inappropriate engagement with forensic and Corrections services, multiple presentations with emergency services including first responders, Emergency Departments and Mental Health Community Assessment Teams, multiple incidents of being held in police custody, police call outs and interventions, , and multiple failed or inappropriate community placements. This can cause significant additional distress for tangata whaiora and whānau, as well as placing extra strain on stretched services and impacting on inter-service relationships.

9. In most cases it is acknowledged that an acute mental health inpatient unit is not appropriate for the person, as they may not or do not have an underlying mental health or addictions issue and therefore don't meet the requirements of the Mental Health Act; however, the urgency of the situation may result in an admission since there is no secure and safe alternative available. Such admissions can exacerbate their presentation and behaviours and can result in the person being put in vulnerable situations. Furthermore, admissions can be lengthy with difficulty reaching/agreeing or developing an appropriate discharge plan, transition support and packages of care. Similarly, use of secure Dementia Care facilities can be inappropriate for the individual and can compromise care for the other service users.

10. This group experiences some of the highest levels of stigma and discrimination. This group also highlights the significant inequity challenges, with a disproportionate number of Māori who present in this situation.

Equity

11. Further data analysis will be helpful to better understand the health inequity issue for Māori with high and complex needs including:

    a. The seclusion and restraint events and inpatient assaults that occur for people with high and complex needs and how they compare to other admitted cohorts.

    b. The cumulative long stay over a period, where there are multiple admissions, discharges, and readmissions for people with high and complex needs, and whether there are specific defining descriptors of this group.

c. The number and ethnicity of people with high and complex needs in forensic services (where their legal processes are complete), incarcerated, or in community but not engaging with appropriate mental health, primary care and / or other social services.

Proposed way forward

12. This Memo proposes establishing a joint working group made up of people from Te Whatu ora, Te Aka Whai Ora and Whaikaha to progress the development of a pathway to support an improved acute response to these situations, including a trained and well supported workforce to support this pathway provision of suitable accommodation and a sustainable funding approach to create this system response to address this issue. This work programme would include:

    a. Developing a workforce with expertise in behaviour support for people with high and complex needs who present acutely with challenging behaviour.

    b. The need to develop a process and pathway to ensure geographical equity issues associated with accessing this expertise is facilitated. This may include the development of a hub and spoke model where expert advice and support can be provided and / or deployed to support people in their homes and/or alongside disability support providers, in partnership with appropriate services, such as mental health, addicitons and physical health.

    c. Provision of facilities that are secure and safe with attention to the environmental design of the buildings to facilitate behaviour management, health assessments and treatment/interventions.

    d. Develop a regional delivery concept for consideration by regional commissioners in Te Whatu Ora, Te Aka Whai Ora and Whaikaha. Services would need to be capacity funded to accept unplanned, urgent/crisis admissions for people that are not appropriate for Forensic services, Mental Health or PSAIDs (Psychiatric Services for Adults with an Intellectual Disability) admissions. When capacity allows, these services could also provide support for services with more planned admissions for assessments of behaviour to support refreshing behaviour management plans when there are early signs this may be required.

    e. There would need to be appropriate support for PPPR act processes (eg welfare guardian arrangements, urgent Personal Orders) to enable such services for tangata whaiora who lack capacity to make decisions regarding their care and welfare.

    f. These services would be best based in a disability service provider with the principles and foundation to be from a disability support perspective. To enable comprehensive behaviour assessment, close and responsive support from physical health and mental health and addicitons services will be required. This may be able to be provided by a combination of GPs, nurses, allied professionals and specialists who can provide advice, support, and assessment, either in person or remotely via AVL.

    g. Development of consistent and locally adapted Health Pathways across Te Waipounamu, which clearly articulate the appropriate pathways to be taken for people with high and

complex needs. These would include pathways to forensic services, PSIADs, or Specialist behaviour support services when required.

13. It is essential that strong partnership and service design occurs with Te Aka Whai Ora, Iwi, Māori health providers, and this must be evident at all levels of this proposed way forward.

14. It is important to ensure that Lived Experience and Whānau Voice are involved in progressing this proposed approach, at all levels of decision making.

Regional context

15. We have approached each SI district and requested a list of people who are currently being cared for with packages which are high level commissioned care.

16. In total across the South Island there is at least a total of almost $4M / annum funding for often less than optimal high and complex care support packages.

17. There are a small number of clients who are currently long stays in acute older persons psychiatry services as there is currently no suitable community placement to transfer to.

18. The people listed in the spreadsheet provided as attached, are currently being managed, however these arrangements are highly fragile and if there was a change in their presentation it is unlikely the existing facility would be able to manage; they would then seek either additional bespoke packages / or request alternative care.

19. From this information:

    a. Each district has responded and 32 people were identified (please note it is assumed that West Coast residents were included in the Canterbury calculations).

    b. Each district has a variety of ways to categorise clients in this situation.

    c. Each district has identified people who require high and complex needs – that are either under MH, health of older people or disability.

    d. Some have been funded jointly, are under existing contracts, however not necessarily appropriate, or are single funded, bespoke, and higher than the standard rate.

    e. Some regions have not put a price or provided information for people who are currently in acute psychogeriatric units whose needs are higher than the highest level of psychogeriatrics care available in ARRC and therefore are holding beds long term. This cost hasn't been factored into these calculations.

    f. The age range of people is 32 – 85 years, with an average of 63.3. Average age of entry into ARRC is 80 yrs. In the current list the number of people under the age of 80 is

    g. The average price per day of these care packages is: $370.12. Overall, 30% of packages are nearly $500 per day each.

20. The information listed above highlights there are significant inconsistencies regarding funding formulae for high and complex people currently managed in ARRC and Disability Providers. These packages highlight the diversity of need, the variance in less than adequate available response options and that many of the funding agreements have been agreed at a local level between two parties (the funder and provider) directly and likely do not follow any formula or nationally consistent criteria. It is also noted that the funding arrangement may not factor in any escalation should the client's presentation change in any way.

21. This information doesn't capture people under existing 'BAU' funding agreements and tries to capture those people who have unique funding arrangements to meet their care needs. To give insight to this cohort there are fourteen people in Nelson Marlborough, who are either NASC funded or have MH funded supports in the community with a disability provider (Live Life Disability, Te Whatu Ora). In this cohort there are 14 people, which are primarily Whaikaha funded, and some have a contribution from MH funding.

22. To expand on this Nelson Marlborough cohort there are:

- NASC funded high ratio support packages in place: $806 / day, $599.98/day, $1,932.09/day, $1,012.44/day, $620.58/day.
- NASC funded individual packages: 587.53/day, $358.42/day, $407.68/day, $379.24/day.
- Clients supported by internal charges in place from MH to provide residential support services: Five clients with the following day funding: $250/day, $1,245 per day for two, $181.44 / day and $115 per day.
- On average the cost is: $678.24/day (approx. $250K / year) per person. This funding covers the delivery services which align to a care plan. There is no additional funding available, and no clear pathway of care or availability of urgent behavioural intervention services to support should the disability needs of the person change with the care plan no longer fit for purpose.

A different approach:

23. The proposal seeks to progress the development of a new service and funding model.

24. In order to do so a regional working group is proposed to be established to further develop the detail of the key components.

25. The key components include:

a) Development of a clear definition of the population to be served by this approach.

b) Development of a specialist team and available expertise:

- Specialist behaviour experts
- Cultural support
- Peer / Lived Experience support
- Behaviour Support workers
- Primary Care
- Specialist Physical and Mental Health and Addictions specialists

c) HealthPathways

- Draft health pathways to achieve a more consistent approach across the region on how to best support people who present with urgent and complex needs.
- Adapt to local contexts.

d) Facility(ies) – lease hold or utilisation of current buildings on a Te Whatu Ora site

- Appropriate environmental considerations
- Location convenient to access supports and specialist expertise.

e) Commissioning to support a procurement process for an appropriate provider/s to offer this support services.

Desired Outcome:

26. This new approach has three main goals:

a) Reduce the number of people who are inappropriately held in police custody, placed under the mental health act, or criminalised for behavioural presentations secondary to their High and

Complex needs not being met. This work will instead support people to have access to specialist supports appropriate to meet their presenting needs.

b) Reduce the number of such people in long-stay Mental Health inpatient beds and in inappropriate ARC facilities

c) Focus on early identification of people with high and complex needs in order to initiate appropriate care and support earlier to prevent the poor outcomes currently being experienced.

Recommended Next Steps:

27. From here, Te Whatu Ora and Te Aka Whai Ora will:

a) Regional Integration Team (RIT) Leadership to appoint working group leads in Te Whatu Ora and Te Aka Whai Ora to progress this regional work, and a timeframe.

b) RIT Leads to approach Whaikaha and gain support for partnership in being part of a working group to progress this.

c) Establish a regional working group to progress this work who will then seek approval to progress the establishment of a regional commissioning process.

d) Agree regular reporting on progress.

Appendices:

Residential placements for people with high and complex needs

	Age	Ethnicity	Category	Provider ID	Provider name	Agreement ID	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Canterbury	68	NZE	*Bariatric Additional Care*	951436	Alpine View Lifest	375589-00	$ 1,055.01	$ 385,078.65	In addition to HLC rate
Canterbury	73	NZE	*Additional Support Bariatric*	242450	St Albans Retirem	378480-00	$ 503.01	$ 183,598.65	In addition to HLC rate. Now deceased (Nov 2022)
Canterbury	32	Maori	*LTS-CHC - complex cognitive*	491233	Pukeko Blue Limit	368008-03	$ 1,000.00	$ 365,003.65	
Canterbury	58	NZE	*LTS-CHC - complex cognitive*	491233	Pukeko Blue Limit	345074-12	$ 528.77	$ 193,001.05	
Canterbury	28	NZE	LTS-CHC / DSS	226768	Laura Fergusson E	378010-01	$ 520.27	$ 189,898.55	50% with DSS
Canterbury	38	chinese	LTS-CHC / DSS	226768	Laura Fergusson E	373039-03	$ 229.77	$ 83,866.05	50% with DSS
Canterbury	37	NZE	LTS-CHC / DSS	226555	St John of God Ha	377673-01	$ 283.43	$ 103,451.95	50% with DSS
Nelson Tasman	70	NZE	*Mental Health*	941795	Stillwater Life Care	369324	$ 119.32	$ 43,551.80	Schizoaffective disorder. MH residential unable to provide required level of care - physical health issues. Not rest home eligible via HOP. Low risk. Note is contract was being agreed in this current enviroment rate would be signifantly higher
Nelson Tasman	65	Other Euro	*Mental Health*	630577	The Wood Lifecare	373325	$ 131.40	$ 41,778.00	Chronic Paranoid Schizophrenia. MH residential unable to provide required level of care - physical health issues - not rest home eligible via HOP. Low risk.Note is contract was being agreed in this current enviroment rate would be signifantly higher
Nelson Tasman	70	NZE	*Disability tranferred to HOP when required psychogeritic care*		Tasman Rest Home but in OPMH acute unit		$ 317.29	$ 115,810.85	Huntingtons, Previous TBI, Wernicke - Korsokoff syndrome. Current D6 placement unable to manage behaviours resulting in inapatient admissions to OPMH. Risk to self / risk to others
Nelson Tasman	65	NZE	*Bariatric Additional Care. Disability client*		Oakwoods		$ 247.00	$ 90,155.00	Additioanl 25 hours a week of IF for RN oversight for challenging behaviours. Challenging behaviors with home care providers. Refuses to cooperate with cares. Currently in ARC facility. Funded directly by whaikaha due to age
Nelson Tasman	45	NZE	*LTS-CHC*		Te Whatu Ora		$ 399.70	$ 437,665.00	DSS bespoke service for people with various levels of cognitive impairemt due to alcohol induced dmentia who were unable to be managed in the community or in ARC.
Nelson Tasman	38	NZE	*LTS-CHC*		Te Whatu Ora		$ 399.70	as above	
Nelson Tasman	65	NZE	*LTS-CHC*		Te Whatu Ora		$ 399.70	as above	
Southern	67	NZ Europen	*Mental Health*	744616	Gwynn Holdings L	744616	$177.47 excl GS	$ 64,776.55	Long standing Mental Health with paranoia & dementia
Southern	81	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excmGS	$ 64,776.55	Mental Health & severe dementia
Southern	82	**NZ Europen**	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Mental Health with severe paranoia
Southern	79	**NZ Maori**	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised behaviours with some past aggression towards staff.
Southern	79	**NZ Maori**	*Dementia Rest Home care*	744616	Gwynn Holdings L	369810	508.82 exc GST	$ 18,571.93	Challenging sexulised Behaviour with some past aggression towards staff.
Southern	72	**NZ Europen**	*Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised behaviour historically with possible imprisonment but Judje agreed to resident moving to Rata Park due to my background in
Southern	71	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging aggressive behaviour - Severe dementia
Southern	85	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised and aggressive behaviours
Southern	64	NZ Europen	*Disability Support*	744616	Gwynn Holdings L	360211	152.00 excl GS	$ 55,480.00	Interlectual disability
Southern	81	NZ Maori	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Severe dementia
Southern	77	NZ Europen	*Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging aggressive behaviour
Southern	71	NZ Europen	*Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Challenging sexualised behaviours with some past aggression towards staff.
Southern	77	NZ Europen	*Mental Health*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Long standing Mental Health
Southern	71	NZ Europen	*Dementia Rest Home care*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Severe dementia
Southern	79	NZ Europen	*Hospital*	744616	Gwynn Holdings L	744616	177.47 excGST	$ 64,776.55	Severe dementia - Hospital care
Southern	38	NZ European	*Psychogeriatric*	226846	Stepping Stone Tr	376029	1,291.00 ex GST	$ 471,215.00	early onset dementia, very violent
South Canterbury	42	NZE	*LTC*	TBC	Dunedin Community Care Trust	TBC	$1,530.00	573,450.00	Rare medical condition that has left him with severe cognitive impairment, and aggressive /sexualised behaviour, is currently in a locked room on medical ward requires two person to attend to needs.
South Canterbury	59	NZE	*HOP*	TBC	TBC	TBC	?	?	Bed on inpatient acute psychiatric unit. Refused entry to 16 x D6 units, is under Section 30 MHA, has a diagnoisis of dementia, antisocial personality disorder and opoid dependency was on methadone programme. Smoker.

Te Waipounamu R.I.T Meeting Agenda

Community placements for people with high and complex needs

	Age	Ethnicit	Category	Provider ID	Provider name	Agreement ID	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Nelson Marlborough	29	NZE	MH	INPATIENT	unknown 24/7		?	?	Schizophrenia & ASD traits. Multiple previous admaissions. Long term inpatient, 2 years, (MH inaptient Nelson, prison or CHCH forensic service). Declined by MH residential provider. Risk to self (neglect)/risk to others.MH Act. Needs 24/7 residential as step down from long inpatient stay for ongoing skills development, unable to share dwelling - may move to live independantly in future
Nelson Marlborough	34	Other Eurc	MH & Disability	INPATIENT	? LLDSS 24/7		est. 688.82	est. 251419	Schizophrenia & Aspergers, TBI. Long term inpatient, approx 10 years (Nelson MH inpatient & Wgtn Forensic inaptient). Declined by MH residential. Risk to self (self harm & negect / , risk to others MH Act. Requires residential service that mirrors current inpatient interactions - most daily living needs/tasks provided, likely long term, unable
Nelson Marlborough	55	NZE	MH & Disability	INPATIENT	unknown 24/7		?	?	Schizophrenia, ASD & mild ID. Multiple MH inpatient admissions. Evicted MH residential & disability residential. MH Act. Risk to self (neglect) / risk to others. Most daily living needs/tasks provided, likely long term, could share with 1 other.
Nelson Marlborough	18	NZE	MH & Disability	INPATIENT	unknown 24/7 may require 2:1 staffing		?	?	Eating disorder, ASD, previous pschotic symptoms. Previous admissions adult MH inpatient, Youth MH inaptient CHCH, youth forensic inpatient Wgtn (then recent transfer to Nelson adult MH inaptient). MH Act. Risk to self / risk to others. Declined by MH residential. Will require residential service following long inpatient stay if unable to return to family home. May be able to share dwelling with others.
Nelson Marlborough	44	NZE	MH	INPATIENT	unknown 24/7		?	?	Schizophrenia, unable to manage diabetes independantly - unable to find provider to do this. On verge of requiring MH residential due to poor daily living skills - MH residential also unable to oversee diabetes management. Risk to self (neglect)
Nelson Marlborough	76	NZE	OPMH	INPATIENT	unknown R/H		rest home cost		Schizo-affective disorder, frequent UTI impacting mental state & repeat admissions to OPMH - likely to need rest home level care - challenge to find r/h willing/able to manage her behaviours
Nelson Marlborough	56		?MH	Disability residential in future (? Sept 2023)	LLDSS		ext. 688.82	ext. 251.419	Frontal lobe dysfunction ? secondary to head injury or pervasive developmental disorder. Historical diagnosis of schizoaffective disorder. Risk to self (neglect) /risk to others. Multiple MH admissions. Previous evictions MH & PDSS residential providers. Requires most daily living needs/tasks provided - long term need.
Nelson Marlborough	62	NZE	MH		unknown 24/7		?	?	Schizophrenia, unsuccesful trial at MH residential due to risk to staff. Currently living in caravan on brothers property - family unable to continue to provide high levels of daily support required. Risk to self (neglect) / risk to others.
Nelson Marlborough		NZE	MH	Nil	unknown 24/7		?	?	Schizophrenia, ASD traits, recently evicted from MH residential as assulated two other residents, multiple assault history. Currently bailed to motel. Risk to others
Nelson Marlborough	20		?	Nil			?	?	Trauma hx, ADHD, RAD, Intellectual difficulties, genetic disorder (3q29 duplication) Mutiple contacts MH crisis, police, ED. Risk self harm/suicide. May require residential service in future.
Nelson Marlborough	44	NZE	MH		TWO - PDSS		208.71	76,179	Some psychotic - like symptons, TBI (frontal lobe impairment). Various previous MH diagnoses. Risk to self (neglect) / history of risk to others. MH Act. Will require 24/7 residential long term.
Nelson Marlborough	59	NZE	MH & Disability		TWO - LLDSS		229.16	83,643	Schizoaffective disorder, ID. Low risk. MH stable
Nelson Marlborough	54	NZE	MH		TWO - PDSS		250	91,250	Schizophrenia, TBI with secondary dementia (frontal predominant). Evicted multiple MH residential, previous lengthy MH inpatient admissions. History of risk to others. Forensic history. Discharged from MHS.
Nelson Marlborough	22	NZE	Disability until recently		TWO - LLDSS		?	?	multiple past MH diagnoses, ? current MH diagnosis. Previous ID diagnosis now overturned, so unable to remain in DSS residential service - moved to sleepout behind LLDSS residential. Multiple contacts MH, police - unlikely to be accepted by MH residential. Risk to self (self harm / suicidal) / history of risk to others

Disability Clients	Age	Ethnicity	Category	Provider ID	Provider n	Agreement	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Nelson Marlborough	39	NZE	Intellectual Disability IQ 4	BJR5369	LLDS			$218,992.70	Cyclic escalation's, Court appearance 24/07/2023 will determine where Glen will be either bailed to or jailed. Currently staffed 2:1, rate will potentially increase, violence towards staff and housemates, frequent property destruction.
Nelson Marlborough	67	NZE	Brain injury (non ACC), Ep	CNC4690	LLDS			$77,664.70	Aggressive, unprovoked attacks on staff, housemates, random strangers, runs away (has tracker) police advocating for a change to secure housing
Nelson Marlborough	55	NZE	Schizophrenia, Mild ID	AUZ4279	Wahi Oranga			No current contri	Standover tactics, aggressive, not med complaint. Does not fit traditional residential care. Currently Mental Health exploring a service with Pathways.
Nelson Marlborough	34	NZE	Schizophrenia, ASD	SYL6226	Mental Health/Options			12 hrs $ 562.44 w	Historic longer term community supports under Disability. Provider, Options currently in discussions on reducing support as currently just transporting/shopping.At some stage William will need to move from his current flatting situation at Tiphia street, Mental Health Unit.
Nelson Marlborough	26	NZE	Down Syndrome with mi	MNQ5104	LLDS			$103,150.32	Lived an isolated life with her mother who has MH, no access to money or services, escalation in behaviour – risky behaviour and self-harming, multiple ED presentation, ambulance service and Police involvement.
Nelson Marlborough	50	NZE	Intellectual Disability, de	FDE8165	NZ Community Living			$77,931.15	has been moved to a remote location with current provider, was presenting to ED seeking MH admission/ police involvement, violent outbursts, running away, cyclic behaviour. Requires 1:1 when cyclic escalation
Nelson Marlborough	55	NZE	MH Issues, ASD	AFG5290	LLDS		$1883 Daily	$700,000	Historic MH and behavioural issues. Bespoke placement with LLDS. Service to be audited by Whaikaha on supports and funding as awaiting info on support and staffing
Nelson Marlborough	29	NZE	ID, Bi-polar. MH are not	LFS0647	LLDS		$1020 Daily		ID and MH issues - Spent 3 months in Wahi Oranga. Settled but looking at alternate
Nelson Marlborough		NZ Maori	ID, Significant behaviour	ENP0713	LLDS		$620 Daily		Currently in LLDS 1:1 Supports. Looking at alt. service as LLDS feels they can't manage with current funding.

Mental Health - Residential placements for people with high and complex needs									
	Age	Ethnicity	Category	Provider ID	Provider name	Agreement ID	Price / day	Price / annum	Comments / any other additional information useful for the proposal
Nelson Marlborough	61	NZM NZE	MH	MH residential	Pathways		Bulk fund	Bulk fund	Multiple previous MH Diagnoses, current - history of psychotic and paranoid symptoms, trauma hisorty. Alcohol & drug use. Current MH residnetial provider struggling to manage behaviours. Risk to self (neglect) / risk to others
Nelson Marlborough	70	NZE	MH	MH residential	Pathways		Bulk fund	Bulk fund	Schizoaffective disorder. Current MH residential struggling to manage behaviours. Multiple previous lengthy MH admissions, evicted previous MH residential. Risk to others. MH Act
Nelson Marlborough	40	NZM	MH	MH residential	Pathways		Bulk fund	Bulk fund	Bipolar Affective disorder, drug & alcohol use. Likely cognitive impairment. Autoimmune disorder (impact on vision). Current MH residential provider struggling to manage behaviours. Risk to self (neglect). MH Act.
Nelson Marlborough	54	NZE	MH	MH residential	Pathways		rest home cost		Schizophrenia, cognitive deficits (likely due to history drug/alcohol use). Current MH residential service finding it challenging to manage physical health issues (& impact on mental state) - not eliable for r/h care. MH Act

RIT Paper

Te Waipounamu Urgent Care Stabilisation

Date:	30 January 2024	**Author:** Andrew Goodger (Regional Manager Living Well, Commissioning)	
For your:	Endorsement	**Approved by:** Cath O'Malley (GM Regional System Integtration, Commissioning)	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This document provides background to RIT of the approach to Urgent Care Stabilisation in Te Waipounamu while localised model of care work and the national urgent care and capitation reviews are being undertaken (due for implementation June 25).

Contribution to strategic outcomes

Access to after hours and urgent care services is fundamental to achieving Pae Ora and providing care closer to home. Both staffing and financial sustainability issues have arisen in a range of providers across the motu. Stabilising after hours and urgent care services is crucial to our population and for managing system pressures.

Background

In mid-2023, in response to concerns about the sustainability of urgent care services, each of the four regions undertook a stocktake of the urgent care and after-hours providers in their regions including where additional funding is needed and what quantum, whether non-financial mitigations are needed and in place to support a stable service, and what are the impacts on vulnerable populations.

Each region identified risks with possible service failure, reduction in service delivery for priority populations (rural, Māori and Pacific), issues with staffing and financial sustainability as well as high debt ratios.

Nationally additional funding was identified totalling $17m annually to support stabilisation for the period January 2024 to June 2025. This included contingency amounts of $1,100,000 identified as part of the regional summaries. Of this $4.2m was allocated to Te Waipounamu of which there was $300k contingency.

This funding provides increases to existing Te Whatu Ora funding through mechanisms including percentage increases to existing agreements, increased funding for targeted services (e.g. zero co-payment for under 14's), increases to Extended Primary and Community Care programme, possible targeted closures and redistribution of funding and staffing and in some instances, PHO's committing to contributing to the funding.

Consideration for funding includes the following principals:

a. Additional funding should be critical to the ongoing provision of service in an area with limited alternatives.

b. Priority populations will be impacted.

c. Service performance or delivery will be improved with additional funding.

d. Identification of additional funding from PHO's.

Available Funding to Support Urgent Care in Te Waipounamu

Some urgent care clinics were already being supported financially on a fixed term basis before the national stabilisation funding was approved. The following shows the 23-24 funding that was already allocated:

- Gore - $233,000 + $35k temporary funding for Emergency Consult as part of winter planning
- Riccarton Clinic: $225,000
- Moorhouse Medical: $68,000
- 24 Hour Surgery: $701,333
- Hurunui: $110,000
- Twizel: $40,000 (1 Oct 2023 – 31 March 2024)
- Timaru: $54,708.

The following shows the funding that was approved based on the mid-2023 needs analysis (annual amounts, with funding available for the period Jan24 – Jun25):

- Medical and Injury Centre (Nelson): $220,000
- Marlborough Urgent Care Centre (Blenheim): $475,000
- 24 Hour Surgery (Waitaha): $2,104,000
- Riccarton Clinic (Waitaha): $619,000
- Twizel Medical Centre (MacKenzie): $60,000
- Waitaki (Oamaru): $240,000
- Dunedin Urgent Doctors: $100,000
- Ashburton (Waitaha): $90,000
- $300,000 contingency and placeholder for rural afterhours providers.

Subsequent work and new issues have resulted in some changes to how the stabilisation funding is being utilised. Currently $3.7m of the $4.2m (annual amount) funding has been allocated/commissioned. The following table details what is occurring in each area:

District	Service	Currently commissioned funding (per annum to June 25 unless otherwise identified)	Comments
Nelson Marlborough	Medical and Injury Centre	$220,000	Full allocation funded as per the earlier needs analysis
Nelson Marlborough	Marlborough Urgent Care	$475,000	Full allocation funded as per the earlier needs analysis
Waitaha	24 Hour Surgery	$2,104,000	Full allocation funded as per the earlier needs analysis
Waitaha	Riccarton Clinic	$619,000	Full allocation funded as per the earlier needs analysis
Waitaha	Moorhouse Medical	$0	Decision not to continue funding due to low volumes and the short period of after-hours service provision. This may result in this provider ceasing service provision (retaining their general practice) which can be absorbed by other providers.
Waitaha	Ashburton	$0	Ka ora (telehealth) and support from secondary care has provided an interim solution. Funding may be required at a future date to support model change or sustainability.
West Coast	3 Private Practices providing after hours/acute	$90,000 (June 24)	Although not initially identified, the three private practices have substantial sustainability issues that were becoming critical. Model change is expected in coming months to stabilise the situation until funding reviews complete.
South Canterbury	Twizel	$60,000	Model of care work will be ongoing. A scoping mtg is scheduled in February
Southern	Queenstown Medical Centre	$80,000 (to March 24)	New issue identified by the provider of urgent care/after hours. Immediate threat of service withdrawal due to financial issues. Model of care work occurring urgently.
Southern	Wanaka Basin Practices	$40,000	Ongoing model of care work continuing. The Summer surge was addressed through supporting rural specific POAC services at the general practices to lower after hours demand.
Southern	Waitaki	$0	Ongoing model of care work occurring system wide. Role of General Practice in Urgent care included.
Southern	Dunedin Urgent Doctors	$0	PHO has agreed to support Dunedin Urgent Doctors. There may be need in the medium

			term for use of stabilisaton funding depending on work on the model

Although there is $500k still available, it is likely that there will be further calls on this funding before the capitation and urgent care reviews are implemented in June 2025.

RIT Paper

Regional Integration Team Operating Framework and Standard Operating Procedures

Date:	29 January 2024	**Author:** Alysse Lyon (Programme Manager RIT, Commissioning) Chelsea Skinner (Principal Advisor RIT, Commissioning)	
For your:	Endorsement	**Approved by:** Greg Hamilton	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This paper seeks support for the release of an Integrated Operating Framework to support the Te Wai Pounamu Regional Integration Team (RIT), along with the Terms of Reference and Standard Operating Procedures for the Office of the Regional Wayfinder who provide the secretariat function for the RIT.

Recommendations

REQUIRED The RIT is asked to:

Note the strategic nature of the Framework, Terms of Reference (ToR) and Standard Operating Procedures (SOPs).

Note the framework has been endorsed by the National Co-chairs of the Regional Integration Teams (6 September 2023).

Provide **guidance** on the RIT Operating Framework and the RIT Items SOP.

Support the proactive release of the Framework advisory document and SOPs (the ToR is already completed).

Contribution to strategic outcomes

Adoption of a nationally consistent framework and associated operating procedures will limit unwarranted variation and result in a stronger, more resilient, and connected healthcare system. Health sector principles (s7, Pae Ora Act), promoting engagement with Māori and other population groups by making "relationship management and community engagement" are a key pillar of the Operating Framework. Māori involvement in decision making is explicit and a recurring facet of RIT activity.

Executive summary

i. RIT Operating Framework

Regional Integration Teams (RITs) are a feature of the new regional operating model.

The proposed RIT operating framework involves 4 specific Pillars of Activity:

Strategy, Planning and Review

Performance Oversight

Relationship and Engagement

Management and Administration.

These pillars have been mapped to the RIT's key deliverables (*Appendix 1, RIT Operating Framework*).

ii. Standard Operating Procedures

The RIT will be supported by the development of Standard Operating Procedures (SOPs) to guide the Office of the Regional Wayfinder. The RIT Items SOP has been developed (*Refer Appendix 2*).

RIT Operating Framework

Regional Integration Teams (RITs) are comprised of leaders.

Each member who sits on the RIT holds a functional responsibility, however the mandate of the RIT and its members sits at the 'system' rather than 'functional' level.

According to the latest terms of reference, RIT will not have delegated financial or non-financial authority over its members, but it is expected that the forum will enrich and enhance decisions to be enacted by its constituents in a synergistic way.

The purpose of RITs is multi-faceted and consists of the following 8 dimensions.

- **Regionally integrated Planning and Reporting**, including a Regional Health and Wellbeing Plan and associated feeder plans such as Clinical Services and Capital Investment Plans
- **Relationship management**, including Te Tiriti relationships with Iwi and IMPB. Cross-sector relationships are also within scope. The relationships are assumed to be aimed at the strategic, executive level and to also extend to relationship management within the Crown Entities, the Ministry and the Minister's office
- **System performance oversight** with a focus on identifying inequitable variations in terms of health outcomes
- **Managing emergent pressure response** by making decisions and allocating resources where required. Again, this effort is assumed to be focused at the regional and strategic level. A decision that can be managed at the local level should not reach the RIT table

- **Maintain visibility and alignment of regional priority areas** for the wider system and its key stakeholders
- **Request and issue resolution** that cannot be resolved at the local level
- **Advising upwards** to inform National strategies and priorities
- **Maintaining stability** during the transition and laying the foundation for future success.

Strategic Value of a Common RIT Operating Framework

The strategic value of the framework exists both regionally and nationally. By ensuring there is consistency of approach across the four regions, unwarranted process and timing variation will be avoided. A degree of commonality across regions will also result in a shared vision and enhance opportunities to develop synergy across all regions.

Functional Responsibilities making up the Framework

A review of institutional best practice suggests that a strategic framework for an Executive-level entity with a quasi-governance role should consist of the following functional responsibilities.

Pillar 1. Strategy Planning and Review

The purpose of this functional responsibility is to review performance at a strategic level with the aim of informing and advancing the system over the remaining work period. A typical work program under this pillar would include:

- Understanding and charting progress on specific strategic directions
- Reviewing organisational targets and either adjusting or reconfirming them
- Charting high-level commissioning and decommissioning strategy for the remaining work period
- Revising the Regional Health and Wellbeing Plan
- Informing national planning and priorities
- Confirming the RIT annual workplan.

Regionally integrated planning and performance is the primary focus. This may include charting a high-level commissioning decommissioning strategy. The aim here is to break the current practice of unchecked, reactive investment decisions occurring.

Regional specific and then cross-regional strategy, planning and review has been allowed for in the framework. The idea is that while there will be regional specific focus, there will also be strategic priorities in common to all regions that may benefit from a collective approach.

Pillar 2. Organisational Performance

This function involves interaction with focused groups working to implement the Regional Health and Wellbeing Plan. The nature of the interaction would cover:

- Maintaining system performance oversight
- Supporting the parties to implement their part of the Regional Health and Wellbeing Plan
- Ensuring all key stakeholders remain connected and their collective effort is strategically aligned and adjusted if it is not aligned
- Decision-making in relation to emergent pressures
- System stability in relation to transition management.

Links between RITs and enabler functions such as Finance and Audit or Quality and Risk will need to be clarified as given the expressed purpose of RITs, these areas fall outside of their responsibility.

Based on feedback from RITs nationally, the thinking is that each region will determine what the substructure below the RIT level will look like.

Pillar 3. Community relationships and engagement

This sphere of activity can and should extend the activities of the RIT beyond a focus on meeting-based activity only. Actions could include:

- Review and approval of RIT position statements
- Review and maintenance of key strategic relationships, including cross-sector.
- Involvement of Iwi Māori Partnership Boards at all key decision-making junctures, not just at the end of a planning process
- Engagement with consumers and whanau according to the Health and Quality Safety Commission Code of Expectations, across the continuum of RIT activity
- Maintaining advisory links to Te Whatu Ora and Te Aka Whai Ora.

It is under this functional responsibility area that RITs can keep strategic priorities both visible and aligned for the 'team of teams' making up Te Whatu Ora and Te Aka Whai Ora.

Pillar 4. Administration and Planning

At regular intervals but no less than annually, RITs will need to:

- Review and update terms of reference and conflict of interest records
- Carry out an environmental legislative and policy scan for changes that impact the RIT
- Set meeting and event dates for the upcoming work period
- Undertake an evaluation survey and if necessary, act on its findings
- Review RIT training and education needs.

Next steps

Management to consider how to deliver Line 1 responsibilities as part of the Three Lines Model.

Appendices

Appendix 1: Operating Framework

Te Whatu Ora

Te Waipounamu

Regional Integration Team

Operating Framework

1. INTRODUCTION

This Document outlines the operating framework for a Health New Zealand Regional Integration Team (RIT).

It outlines key strategic functions an executive-level entity such as a RIT with quasi-governance responsibility would be expected to undertake over a typical annual business cycle. It also seeks to advance the way executive teams in Health work together in an integrated manner.

The framework as outlined in this document and associated activities are considered to be the minimum requirement expected of RITs. In the event that a RIT believes that in order to advance or progress it needs to vary from this framework the proposed changes must be explained and discussed with other RITs before they are enacted or socialised. In this way, a process of consultative, continuous improvement facilitated by shared learning across RITs will be initiated.

2. INTEGRATED FUNCTIONAL RESPONSIBILITY FRAMEWORK

The framework that underpins the RIT work-plan is made up of 4 pillars:

- Strategy Planning and Review
- Operational Performance
- Community Relationships and Engagement
- Administration and Planning

Each of these pillars represents an area of responsibility under which key activities have been identified for RITs to carry out during annual business planning, typically characterised as a financial year.

Regional Integration Teams are responsible for nine outputs which collectively make up the purpose of RITs. To ensure the responsibility framework *enables* the delivery of these outputs, they have been mapped to one or more of the functional responsibility pillars as shown in the following table:

TABLE 1: FUNCTIONAL RESPONSIBILITY FRAMEWORK MAPPING

RIT Output (Collective Purpose)	Functional Pillar
Deliver **regionally integrated planning and reporting** across all delivery services and enabling functions.	Strategy Planning and Review
Maintain appropriate **oversight of system-wide performance** across a region, and identifying inequitable variation in outcomes within and between regions	Operational Performance

Make decisions and implement solutions (including moving resources) as needed, within nationally determined frameworks and delegations, to **address emergent pressure points**.	Operational Performance
Ensure **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region.	Strategy Planning and Review Community Relationships and Engagement
Resolve requests or issues arising between local delivery services or enabling functions.	Operational Performance
Manage **relationships with key partner organisations** that may span multiple delivery services or enabling functions (e.g. Civil Defence, local government).	Community Relationships and Engagement
Manage key **Te Tiriti relationships** with IMPBs and whānau Māori.	Community Relationships and Engagement
Provide regional advice to **help inform national strategy and priority areas** for delivery services and enabling functions.	Strategy Planning and Review
Ensure **stability through the transition period**, and lay foundations for future success across the region	Operational Performance

3. STRATEGY PLANNING AND REVIEW

RIT activity under this Pillar is geared towards performance review and consideration of actual results, which then leads to scene-setting, course-correction or enhancement, and agreement on resource commitments going into a new annual business cycle.

i. THE WHAT

Specific activities will include:

- Reviewing progress on specific strategic directions, including the 5 system-level shifts
- Reviewing the appropriateness of organisational performance targets
- Identifying areas for improvement

The key documented outputs from these activities will be:

- a refreshed and updated regional health and wellbeing plan
- a statement of agreed budget parameters
- a confirmed commissioning/decommissioning strategy
- advisory statements that inform national planning and priorities

- an approved RIT workplan for the year
- approved contributory workplans as required.

ii. WHEN

The suggested forum for this work is a workshop, convened over a number of days in the third or last quarter of a financial year so that a RIT is ready to deliver on its workplan for the next financial year. RITs can also look to work cross-regionally where it makes sense to do so, again using workshops as the forum for engagement.

The Office of the Regional Wayfinder will be responsible for providing secretariat support to the RIT. At least two months lead time will be required to ensure that all materials that feed into the workshop is ready. These will include agendas, performance reports, discussion papers and presentation material. A further month post the workshop will be required to capture and report on the outputs and agreed actions.

iii. EXPECTED OUTPUTS

4. OPERATIONAL PERFORMANCE

This functional responsibility sees the RIT interacting with contributory bodies at the sub-RIT level. The make-up and nature of these bodies is up to each RIT to determine, suffice to say that they will carry a degree of responsibility for helping the RIT acheive aspects of its multi- faceted purpose.

i. THE WHAT

RITs will receive and consider progress reports from each contributory body. It will hold those responsible to account for ensuring RIT directions associated with progressing RIT objectives are being met. RITs will take a collective view of achievement. This means that the potential exists for realignment or reprioritisation of individual efforts if it will lead to the wider realisation of regional strategic imperatives.

Resourcing the work required to achieve its purpose will be decided by each RIT at a global level. How that resource is then applied by the contributing bodies will be the responsibility of that Group to decide.

ii. WHEN

From a monitoring and performance perspective, RITs should engage no less than quarterly with those responsible for delivering on the system levels shifts. Other forms of engagement will be picked up no less than annually under the pillars

"Strategy, Planning and Review" and "Administration and Planning" when it comes to work-plan establishment and approval.

iii. EXPECTED OUTCOMES

- Documented meeting minutes
- Documented decisions and directions.
- Documented escalation of issues/options discussions outside of the RIT mandate.

5. COMMUNITY RELATIONSHIPS AND ENGAGEMENT

This is the Pillar through which delivery of the following RIT outputs will be managed.

- Managing key Te Tiriti relationships with IMPBs and whānau Māori
- Managing relationships with key partner organisations that may span multiple delivery services or enabling functions (e.g., Civil Defence, local government).

This is also the area where RITs can actively ensure there is **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region by being visible and intentional with their messaging.

i. THE WHAT

The activities and outputs proposed under this setting are associated with managing and maintaining policy, position statements and relationship settings according to an agreed RIT workplan. For example:

- Review and maintenance of RIT position statements
- Policy on the use of names and associated emblems
- Regular "health checks" on the status of strategic relationships
- Issuing of public statements
- Production of newsletters or web-based material
- Convening Grand Round" equivalents.

ii. THE WHEN

Policy settings should be agreed in advance of an upcoming financial year. Other activities can be scheduled throughout the year, bearing in mind the need to factor in timing considerations when it comes to scene-setting (early in the year) and the impact of the unforeseen (as required).

6.0 ADMINISTRATION AND PLANNING

This Pillar is about RITs maintaining match-readiness, not just in terms of preparedness, but also capacity, capability and being open to scrutiny.

i. THE WHAT

The majority of these activities are generally accepted practice for governance-level entities:

- Terms of reference review and confirmation
- Standard operating procedures review and confirmation
- Update and manage conflict of interests register
- Environmental scan of policy and legislation with resulting updates to policy and practice as required
- Assess and act on RIT training, development, and coaching needs
- Undertake a RIT performance evaluation survey and act on the findings and recommendations
- Review membership of collective bodies with system-level shift responsibility
- Review operating procedures of those collective bodies with system-level shift responsibility
- Set meeting and event dates across the system.

A more sector specific activity is issuing written instructions to responsible bodies. These would be akin to a "letter of expectation" from the Regional Integration Team that sets the scene for the year(s) ahead.

ii. WHEN

These activities should preface the start of a new annual business cycle. On occasion, some activities may be necessary during an annual business cycle to account for the unexpected. For example, unforeseen membership or policy changes may require RITs to act during the year.

Appendix 2: Standard Operating Procedure

Standards Operating Procedure – Office of the Regional Wayfinder

Approver	RIT Te Waipounamu
Implementation Date	1 February 2024
Name	**RIT Items Templates**
Next Review Date	January 2025
Owner	Group Manager Office of the Regional Wayfinder /Regional Integration Team Lead / TBC
Revision Number	00

Overview

Goal

Specific

This SOP has been developed to ensure that a robust process is followed when considering items that require escalation to the RIT.

Desired Outcome

The desired outcome is that the secretariat function for the RIT will be as operate as efficiently and effectively as possible to ensure the RIT are able to play their role in providing strategic direction and decision-making.

Procedure

The proposal must reach the threshold for intra- or-inter regional consideration.

Responsibilities

Te Whatu Ora Divisions that have responsibility must drive the process.

Proposal Development Checklist.

Length and quality:

Papers must be concise, with clear deliverables and milestones. Keeping paragraphs brief and to the point. RIT will not accept papers over 5 pages long. Appendices should be used discernibly and only contain critical information for decision-making (they are not for supplementary reading material). Extra material or backing evidence/data could still be submitted to the secretariat and be available upon request by RIT if required. Essentially the

template should hold enough information to make a decision. Examples can be provided from the RIT programme team to submitters if requested.

Need Regional Leadership voice and feedback:

RIT expects to see clearly the responsible regional business unit(s) views and how they are being actioned in the paper so it can inform RIT decision-making. Make this clear for the reader and be direct and action orientated.

All papers need Regional Directors or Group Managers to sign out:

Each paper submitted to the RIT must require endorsement and signature from the regional business unit lead. Papers will only be submitted to RIT if the regional lead has signed out the paper. Papers which have implications for other Divisions may require singing out from that Division.

Timeliness:

All papers to RIT need to be received by the RIT Secretariat one week before the RIT meeting. This ensures RIT secretarial team can go through a quality assurance process, including ensuring papers meet the threshold for RIT, are on the agenda, have endorsements, contain appropriate content and consistent language is used across the entire RIT pack.

Template

To:	**Regional Integration Team**
From:	
Subject:	
Date:	
For:	Approval / endorsement

Background

The proposal description may include (as appropriate):

*Allignment to **Pae Ora Healthy Futures Act, NZ Disability Strategy, Health Needs Assessment, Regional service plans, locality plans**.*

*How it meets the **6 priority actions of Te Pae Tata***

*Proposal **scale** – is it a change to an existing or new regional, or national service? Confirm the current service cover will not be diminished*

Why** the service change has been proposed **(rationale for change).

Collaboration Process

Consider and include the following as appropriate:

*How you will **demonstrate the effectiveness of the funding mechanisms** to achieve the aims of planning services (local, regional or national) collaboratively.*

*What **agreement on the proposed service change (where necessary) is to be reached with other regions** and associated Executive Leadership Team members with regard to:*

- *the proposed effect on service volumes/capacity*
- *funding arrangements*
- *changes to access and eligibility of recipients of the services (if any)*
- *the level of support from affected regions. Attach letters of support from affected regions if requested by the Executive Leadership Team.*

Impact on Community/Population

Including but not limited to:

- *Health outcomes/inequities*
- *Māori*
- *Pacific peoples*
- *disabled people, and their family and whānau*
- *other equity population groups*
- *access to services*
- *eligibility*
- *consumer choice*
- *quality of services*
- *costs (including opportunity costs faced by consumers)*
- *likely perspective of community/population and other stakeholders*
- *clinical appropriateness and clinical perspective.*

Impact on your region

Consider:

- *clinical impact analysis*
- *patient impact analysis*
- *revenue impact analysis, net present value, proposed financial impact*

- *workforce implications*
- *infrastructure (such as buildings, information systems).*

Changes required (*or similar*)

Next steps

Implementation ***Timeframe***

The ***consultation process*** *proposed*

Recommendation

To include financials in table below (if applicable)

Table Heading	
Table Heading	
Table Heading	

Appendices

To attach letters of support (where applicable)

Further evidence of findings

RIT Paper

Reporting Overview & Direction

Date:	29 January 2024	**Author:**	Melissa Macfarlane
For your:	Endorsement	**Approved by:**	Greg Hamilton
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

This paper proposes a direction of travel regarding regional reporting to support the Regional Integration Team to meet the expectations set out in its Terms of Reference.

Recommendations

The Regional Integration Team (RIT) is asked to:

Note the proposed direction of travel.

Endorse the development of a regional reporting suite consisting of a mix of narrative reports and performance dashboards and signal support for the recommendations.

Endorse the Office of the Regional Wayfinder engage with national and regional analytics leads, to support the development of the National Outcomes Framework and access to data sets for the development of regional reports and dashboards.

Agree to participate in a face-to-face workshop to develop the regional reporting suite and ensure this covers the major areas of focus for Te Waipounamu and supports each individual directorate in their own planning and reporting.

Contribution to strategic outcomes

This paper relates to development of regional performance reporting to support RIT to deliver on the expectations set out in its Terms of Reference. In doing so this work will contribute to improved system performance, service integration and collaborative decision making across Te Waipounamu and help our system deliver on the vision of Pae Ora.

Executive summary

Current regional reporting does not comply with the expectations of RIT as set out in the RIT Terms of Reference or enable RIT to deliver on its purpose and function.

Rather than a single quarterly report, the development of an integrated regional reporting suite is proposed to address this gap.

Individual divisions RIT leads will need to continue to own and manage their internal performance and issues reporting however the Office of the Regional Wayfinder will support delivery of integrated regional reporting.

Regional Reporting

Overview and Aim

All RIT members are responsible to their respective national directors but are also expected to operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations.

In setting out to consider and address reporting requirements for RIT we were cognisant that each RIT lead/division already has internal reporting requirements that their teams need to meet. Our desire was to limit any additional duplication or reporting load for divisional teams and to ensure that any proposal added value.

Reporting expectations are set out in the RIT Terms of Reference (TOR) stating that RIT will:

report quarterly to ELT on achievements, risks, opportunities, and challenges; and, as part of this report, include insights on performance and advice for enhancing the interface of national, regional, and local arrangements.

In understanding what would be needed to deliver this quarterly reporting, and ensure it added value, we have also looked to the wider expectations in terms of the purpose and function of RIT - notably that RIT will:

Maintain oversight of integrated performance across the region and identify inequitable variation in outcomes within and between regions.

Monitor delivery of Regional Health & Wellbeing Plans.

Promote collaborative decision-making for solutions implemented at a regional level, including to address emergent pressure points.

Partner with other RITs and national teams to ensure consistency in decision-making where appropriate, including through regular sharing of learnings and insights.

As well as delivering on Regional Health & Wellbeing Plans, RIT is also accountable for delivering on key priorities in national plans that require integration and success across multiple service delivery areas (i.e., Winter Plans, Immunisation). While this is less explicit in the TOR it would be reasonable to anticipate that RIT would be expected to monitor and/or report on progress against these key priorities as well.

Current State of Reporting

Each individual division currently has its own internal reporting streams with a mix of weekly, monthly, and quarterly reporting. A number of these individual divisional reports end up being combined into the same single reports at the national level.

A map of current reporting (based on input from RIT members) is attached (Appendix 1) and outlines at a base level the weekly, monthly, and quarterly reporting being provided and where this appears to be contributing into national reports for ELT and the Board.

The Public Health, Commissioning. and Strategic Planning & Performance Teams are in the process (through their national offices) of reviewing their current reporting with the aim of standardising and streamlining expectations and processes. Reporting will change.

The only RIT reporting currently being delivered is a single quarterly regional highlights report being submitted to the National Strategic Planning & Performance (SP&P) Team.

This regional highlights report presents four highlights from each delivery arm (Public Health, Commissioning and HSS) and four highlights from across Māori and Pacific services. Expectations are that each highlight is to be no more than 50 words and the report does not contain risks or data tables. The report is added as an appendix to the Quarterly Performance Report to the Te Whatu Ora Board, delivered by the National SP&P Team and published on the Te Whatu Ora website.

We are currently delivering this report by sending quarterly emails to each RIT lead and asking for four highlights to add to the report. The last report is attached (Appendix 2).

The current reporting does not comply with the expectations set out in the TOR.

Issues

Current divisional reporting is being elevated up within divisions but not being shared at the RIT table. This creates gaps in visibility around the RIT table of current achievements, risks, opportunities, and challenges across divisions. It also means we are duplicating reporting requests when asking for highlights every quarter.

Current reporting is aimed at addressing requirements within divisions, not supporting RIT to deliver on its purpose and function. We have no collective regional reporting on risks, opportunities, or challenges and no readily available collective insights on regional performance to identify where national, regional, or local arrangements might be enhanced to improve performance.

While the reporting in each division is at differing states of maturity, several consistent challenges have been highlighted. These include lack of clarity in terms of purpose and audience, poor access to reliable performance data, reports being reflective rather than predictive, and questions over value for teams.

Many previously available national and regional data sets are no longer available or centralised, making it difficult to access timely data for service planning or reporting. While several divisions are currently working on the development of performance metrics and national data sets, there is no current national outcomes or performance framework for Te Whatu Ora.

Much of our current reporting, is narrative heavy and backwards looking.

Opportunities

An opportunity exists for us to bring some common divisional reporting together quickly and simply, share it with each other at the RIT table, and collaborate on solutions, without duplicating work.

We recommend that RIT agree on which current divisional reports could be shared and use the first of these to complete the national SP&P report next quarter.

With no current regional service or performance reporting being generated we have an opportunity to create a multi-layered regional reporting suite that meets the TOR in terms of reporting, but also enables RIT to deliver on its full function and purpose.

We recommend we workshop the key elements of this reporting suite including a small targeted set of shared service performance metrics and system pressure trigger indicators for Te Waipounamu based on our current issues and challenges.

Recent Treasury and Office of the Auditor General reviews highlight that good reporting presents a mix of narrative, data and visuals allowing for the drawing together of insights to explain, enlighten and engage people in driving change. It also incorporates the voice of the service user to confirm and inspire performance.

We recommend that our regional reporting suite contains all three elements and incorporates a strong community voice.

A Regional Health Analytics team has now been confirmed for Te Waipounamu within SI&I and national work is getting underway on the development of a national outcomes framework within the national Strategic Planning & Performance Team. We have an opportunity to influence and build off this work.

We recommend the Office of the Regional Wayfinder engage in this work to provide a regional perspective and ensure data sets are made available to support planning, evaluation, and reporting at a regional level.

Understanding what is being reported to the Minister and Board give us an opportunity to ensure Te Waipounamu is ready to respond to requests for information and is providing updates that help to inform our leadership teams and support ELT.

We recommend that in considering what is covered by our regional reporting suite we ensure we address the key elements of the reports to the Minister and the Board.

Proposed Direction

Rather than a single quarterly regional report, we propose that the Office of the Regional Wayfinder work with RIT to develop an integrated and interactive reporting suite that will meet reporting requirements and enable RIT to deliver on its functions and purpose.

This suite would be a mixture of narrative, visual and data/dashboard reports – being both retrospective and predictive to support RIT to report on highlights but also identify and address service performance issues, inequities, and pressure points across our region.

We anticipate that this reporting suite would evolve to support the individual RIT leads to address some of their own divisional reporting requirements in a complimentary rather than duplicative approach.

We expect the reporting suite would incorporate reporting on the highest regional risks, delivery against the Regional Health & Wellbeing Plan and Te Pae Tata II and any national priorities that are introduced under the new coalition Government or key performance measures developed as part of the national outcomes framework.

As our whānau voice and localities work evolves we could expect that this would influence the content of our service performance and system pressures dashboards, as would input from our Iwi Māori Partnership Boards.

Te Aka Whai Ora contribution

We propose that the Office of the Regional Wayfinder would engage and work closely with the regional office of Te Aka Whai Ora to incorporate appropriate elements of the Te Aka Wahi Ora outcomes framework and key priorities into the regional reporting suite.

Next steps

As a first step in developing the regional reporting suite we propose a face-to-face workshop with RIT to narrow down and prioritise the focus and metrics set.

We also propose engagement with analytics leads across the divisions within Te Whatu Ora and Te Aka Wahi Ora to understand what data is currently available and accessible and to engage then in the development of our regional data sets.

Appendices

- Appendix 1: Current Regional Reporting Overview.
- Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Appendix 1: Current Regional Reporting Overview.

Report	From	To	Audience	Daily	Weekly	Fortnightly	Monthly	Quarterly
Regional Risks & Issues Update	HSS	National HSS Team	National Office – daily stand-ups					
Update to Minister – Significant Matters	All Directorates	Government Services Directorate	Weekly Report to Minister of Health		10am Wednesday			
Planned Care Update	HSS	National HSS Team	Weekly Report to Minister of Health					
System Pressures Update	HSS	National HSS Team	Weekly Report to Minister of Health					
Immunisation Update	Public Health	National Public Health Team	Weekly Report to Minister of Health					
Regional Update – Highlights & Risks	Public Health	National Public Health Team	Monthly Performance Review Meeting + CE report to the Board				2nd week of the month	
Regional Update – Highlights & Risks	Commissioning	National Commissioning Team	Monthly Performance Review Meeting + CE report to the Board					
Regional Update – Performance Review – Highlights & Risks	HSS	National HSS Team	Monthly Performance Review Meeting + CE report to the Board					

Risk Report – High and Extreme Risks	Regional Risk Lead	National Risk Team	Monthly Performance Review Meeting					
Regional Highlights Report	Regional Integration Team	National Strategic Planning & Performance Team	Quarterly Performance Report to Te Whatu Ora Board and Public					Q1: Oct 20 Q2: Jan 19 Q3: April 20 Q4: July 20
Risk Report – All Risks	Regional Risk Lead	National Risk Team	Quarterly Report to ELT and Board Committee					

Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Te Waipounamu Regional Performance Report
Quarter 2: October - December 2023

Tatau Whenua – Our Land

The provision of healthcare close to home is challenging in Te Waipounamu due to the high proportion of our population who live rurally - 28% compared with 19% nationally. Our rural hospital and provider network is an important element of service provision; however, rural services can be fragile in terms of both staffing and funding.

Redesigning Rural Health Services: A Waitaki Health Services Sustainability Project has been launched to respond to increasing service pressures in the Waitaki where providers are experiencing clinical and financial instability, resulting in intermittent service closures and reduced service access for people in the area. Representatives from Moeraki Rūnanga, Oāmaru Pacific Island Community Group, Stronger Waitaki, Waitaki District Health Services and WellSouth PHO have come together with Te Whatu Ora Commissioning and Hospital & Specialist Services, to support a re-design of services to improve service integration and sustainability and to better meet the needs of the local community. A project plan and key deliverables will be agreed in January.

Tātou Tāngata – Our People

Developing our Rural Workforce: The first Rural Hospital Medicine (RHM) registrar, trained 14 years ago, is now a member of the group overseeing training at the Lakes District Hospital in Southern, as part of a re-booted programme to support our rural hospitals through the Australasian College of Emergency Medicine. It is hoped six registrars will take up RHM and Rural & Remote Special Skills placements in 2024 on six-month rotations.

Te Tai o Poutini | West Coast are also supporting one of their largest cohorts of training doctors. Along with supporting the Interprofessional Education Program and Rural Medical Immersion Program (with the University of Otago) the West Coast will support a total of eight trainees in 2024: two RHM, three GPEP and three PGY1 & PGY2 trainees. The West Coast will also partner with Canterbury to support four community-based attachment positions. This is a crucial step in developing a rural training pipeline of Rural Generalists and Rural GPs.

Positive Anaesthetic Recruitments in Canterbury: Work to address Waitaha | Canterbury's shortage of Anaesthetic Technician is making headway. Three Registered Nurses are joining the team at the end of January, after completing the Registered Nurse Assistant to the Anaesthetist (RNAA) bridging programme. Six other external appointments will also join the team in 2024: five Anaesthetic Techs and one RNAA. This increase in staff will support access to surgery for our population and help to reduce our longest waiting lists.

Tātou Oranga – Our Wellbeing

Pae Ora

Improving Immunisation Rates: Our Coordinated Community Care Programme team is working alongside Te Aka Whai Ora, Pacific Health, and Commissioning to ensure we are reaching everyone eligible for immunisations across Te Waipounamu. The team are also embracing a community and whānau wellbeing centred approach to increase access to other preventative care alongside immunisations. We are actively removing

barriers to care provision, particularly for our Hauora Māori and Pacific providers by, increasing the number of immunisation co-ordinators, supporting providers to get immunisation accreditation, supporting data sharing agreements and providing additional funding for health promotion. While Te Waipounamu has some of the highest immunisation rates in Aotearoa, we expect to reduce the equity gap for Māori and Pacific People's over the coming year.

Starting Well

Making Oral Health a Priority for our region: Barriers to accessing oral health services was a key theme emerging through community engagement undertaken by the Takiwā Poutini and Hokonui locality prototypes in Te Waipounamu, it is also an area of significant inequity across our region. As part of our response, an Oral Health services stocktake was completed across Te Tai o Poutini | West Coast in December. This will provide valuable information to better understand available dental services and utilisation rates across the district and to target investment to support improved access to oral health services in 2024.

Improving Access to Transgender Readiness Assessments: Canterbury's Commissioning and HSS Child, Adolescent & Family (CAF) services have worked to significantly reduce waiting times for rangatahi requesting gender readiness assessments. Long waiting lists were impacting on people's health and wellbeing, and it was clear many of these young people could be seen in the community. Building on the new HealthPathway, Transgender Health in Children, we have been able to grow psychological and peer support capacity across community providers. Within four months (to December), community-based specialists have taken on 28 rangatahi transferred from CAFs (clearing the waitlist) and an additional 80 rangatahi referred through the HealthPathway by GPs. This is making a real difference for these individuals and their families.

Living Well

Increasing support for Primary Care: Delivery of the new Comprehensive Primary Care Team model is progressing well. Te Waipounamu now has contracts and associated facilitators in place as well as a growing number of team member positions across Te Waipounamu. Local tailoring of the programmes is still taking place in some areas, but strong integrated community-led approach is being supported and positive feedback is already being received regarding the partnership between Hauora Māori and Pacific providers and general practice.

Improving Pacific People's Health: In response to the community voice, Te Whatu Ora has supported Tangata Atumotu Trust to establish a presence in Ashburton, an area where longstanding service gaps have been identified for our Pacific community. In partnership with Waitaha PHO this work will improve access to health services for our Pacific community, focusing initially on general practice, immunisation, screening, and social work services.

Reducing Waits for Planned Care: A key goal for 2023 was reducing the number of patients waiting over 365 days for treatment. Despite the resource issues faced across Te Waipounamu, progress is evident. At the end of September (Q1) there were 1,736 patients that, if remained untreated, would have been waiting over 365 days by the end of December - at the end of December (Q2) this number was down to 343. A greater emphasis on regional collaboration has enabled patients to be transferred between districts for quicker access to care. The team have also focused on delivering additional theatre sessions and out-sourcing to private providers to reduce wait times. Regional planning and reporting processes continue to be strengthened to ensure the region is moving forward as one.

Equitable Access to Cataract Surgery: Te Waipounamu HSS are increasing referrals for cataract procedures, in anticipation of delivering 80-100 additional cataract procedures before 30 June (a 40% increase on current volumes). This work is being supported by national funding to deliver on our region plan to reduce current waiting lists and align Clinical Priority Assessment Criteria score thresholds for access to cataract surgery to 46. This work will improve access overall and eliminate differentials that existed across the South Island with threshold scores previously ranging from 48-61 depending on where you lived.

Ageing Well

Reducing ARC Nursing Gaps: As highlighted last quarter, the English exam is a barrier to Internationally Qualified Nurses in ARC, gaining access to the Competency Assessment Programme and subsequent NZ nursing registration. Our West Coast team trialled targeted English tuition to help address chronic registered nurse shortages, with two of the five ARC facilities on the West Coast closed to hospital-level admissions for 12 months+ due to RN shortages. Five nurses have since passed their exams and over the past quarter all five ARC facilities have re-opened to new admissions. This success means, Coasters who need hospital-level care can remain closer to home and whānau.

Other Items of Interest – Q2

Te Whatu Ora Southern and the University of Otago have co-designed a refreshed policy and consent form for student involvement in care. This includes capturing a patient's consent to have students involved, what elements of care a student can do under supervision or whether they simply observe, and a specific section regarding sensitive examinations. This mahi will help improve people's experience and safety in our health system.

Our Healthy Ageing Team is taking a leadership role working with Eldernet to provide live vacancy updates from ARC facilities. This vital information supports NASC teams and whānau to identify placement options and enables us to better understand how ARC capacity affects flow and where current pressures points are.

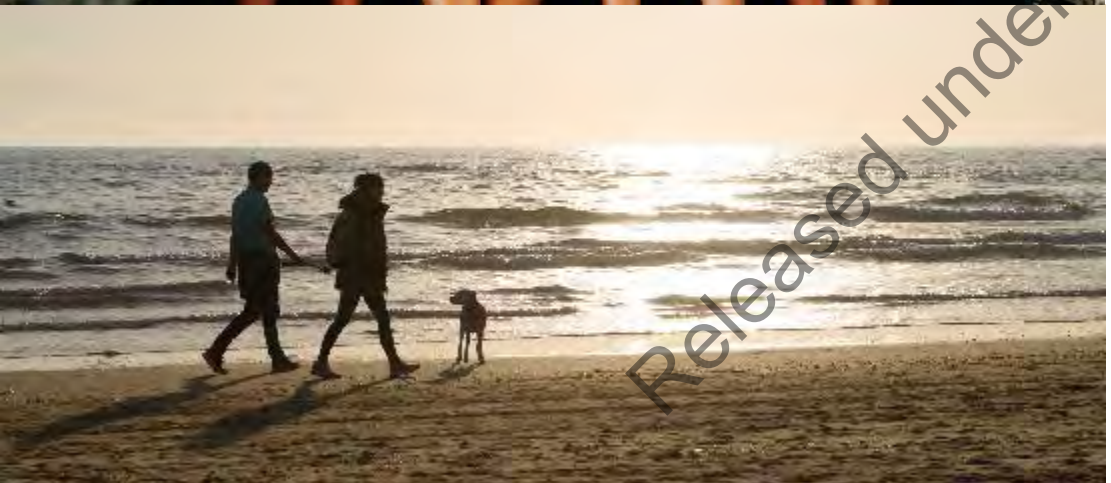
We have appointed our tier four Public Health positions across Te Waipounamu and making progress with tier five. We have promising candidates for most roles and a good mix of experienced and up-and-coming people which will help us drive change and balance stability, as we move to a truly regional system.

A regional MH&AOD lived experience Hui was held in Christchurch in Q2. The Hui provided an opportunity for current and potential peer AOD workers to share experiences, build relationships and identify opportunities in terms of training and support. The Hui was well attended, and people are keen to support a regional approach.

A kanohi ki te kanohi hui for Smokefree kaimahi in November, was positively received, people felt re-inspired, and the hui helped to foster whanaungatanga, share knowledge and increase collaboration between kaimahi. Connections made have already resulted in a mobile camper being shared between organisations to run cessation clinics.

An Infant & Maternal Mental Health Environmental Scan has been completed. Highlighting current state, access barriers, and service and cultural gaps across Te Waipounamu. This work will help develop future service models and investment the region.

Note: Performance data in this report is subject to change, due to late coding/invoicing and is confirmed as at the data its was extracted.



Te Aka Whai Ora
Māori Health Authority

Te Whatu Ora
Health New Zealand

Te Waipounamu

Health and Wellbeing Plan 2024-27

RIT Update 1 February 2024

Population Quiz – 2018 Census Data

Ōtepoti

Waiharakeke

Whakatū

Ōtautahi

Te Tihi-o-Maru

Waihōpai

Māwhera

Timaru	?
Greymouth	6,630
Invercargill	?
Nelson + Richmond	54,204
Dunedin	369,006
Blenheim	32,997
Christchurch	?

27,498

126,255

65,307

	Territorial Authority / Statistical Area Name/s	Territorial Authority / Statistical Area Boundaries	2018 Census Population
Waihōpai	Invercargill City		54,204
Whakatū	Nelson City + (Richmond West, Richmond Central, Templemore, Easby Park, Wilkes Park, Fairose, Ben Cooper Park, Richmond South)		65,307
Ōtepoti	Dunedin City		126,255

	Territorial Authority / Statistical Area Name/s	Territorial Authority / Statistical Area Boundaries	2018 Census Population
Ōtautahi	Christchurch City		369,006
Waiharakeke	Blenheim Central, Whitney West, Whitney East, Riversdale-Islington, Mayfield, Springlands, Lower Wairua, Riverlands, Yleverton, Redwoodtown West, Redwoodtown East, Witherlea East, Witherlea West, Woodbourne, Renwick		32,997

	Territorial Authority / Statistical Area Name/s	Territorial Authority / Statistical Area Boundaries	2018 Census Population
Māwhera	Greymouth Central, Blaketown, Cobden, Karoro, Marsden, King Park		6,630
Te Tihi-o-Maru	Timaru Central, Timaru East, Kensington, Parkside, Watlington, Seaview, Fraser Park, Highfield South, Highfield North, Glenwood, Glenti South, Glenti North, Marchweil West,Marchweil East, Waimataitai- Māori Hill, Washdyke		27,498

2023

First draft distributed in November

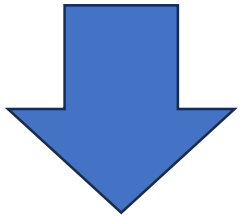
Eight online lunchtime engagement sessions – average of 100 attendees per session

Key feedback themes:

- Workforce
- Integration
- Whānau voice / lived experience at the start and throughout implementation
- Keep it regional

Jan - Feb 2024

- Working in partnership with IMPBs on revisions to the draft
- Getting prototype locality content fine tuned
- Completing engagement meetings with specific groups
- Meeting with the people who are responsible for the delivery of actions



- Getting draft #2 ready for release

March – April 2024

- Release draft #2 to 1000+ contact list
- Receive written feedback and respond to meeting requests

- National guidance
  - End of April submission - Te Aka Whai Ora ELT and Te Whatu Ora ELT
  - Start date 1 July 2024
  - Receive *The New Zealand Health Plan* and ensure alignment
    - Protection, prevention, early detection, waitlists
    - Growing Well, Living Well, Ageing Well, Dying Well, Cancer, Mental Health
  - Consistency between regions
    - Same graphic designer
    - Content similarities
    - Plain English Act

RIT sponsor and core implementation team

	IMPB priorities	Prototype locality priorities	Pacific Peoples	Tāngata whaikaha | Disabled People	Rural Health	Pae Ora
Commissioning						
HSS						
NPHS						
RIT Sponsor						
Te Aka Whai Ora						

RIT sponsor and core implementation team

	Growing Well	Living Well	Mentally Well	Ageing Well	Dying Well	System Pressures	Data & Digital	Infrastructure
Commissioning								
HSS								
NPHS								
RIT Sponsor								
Te Aka Whai Ora								

RIT Work Programme and Ways of Working

Office of the Regional Wayfinder, Te Waipounamu (Greg Hamilton, Alysse Lyon, Chelsea Martin, Jo Lilley, Melissa Macfarlane)

19/05/2024

1. Key Priorities and Processes (Alysse & Chelsea)

2. RIT Reporting (Melissa)

3. RIT Risks, Issues (Jo & Melissa)

RIT Purpose Priorities

- Regionally integrated planning and reporting
- Relationship management
- System performance oversight
- Emergent pressure response
- Maintain visibility and alignment of regional priority areas
- Request and issue resolution
- Advising upwards
- Maintaining stability

What's keeping you awake?

Risk Register? (September)

Domain	Extreme	High	HSS "owned"
Organisational, reputation, governance	1	3	2
Clinical and patient safety	15	91	90
People, culture, and capability	8	28	11
Health, safety, and wellbeing	3	18	6
Organisational sustainability	1	9	0
Infrastructure and asset management	3	12	3
Data and digital services	1	40	2
Business continuity	4	8	4
Legal and regulatory compliance	2	7	6
Programmes and projects	0	0	0
Equitable health outcomes	0	5	0

1. Key Processes

RIT Advisory Paper

- Operating Framework shared across four Regions
- Regional Operating Procedures

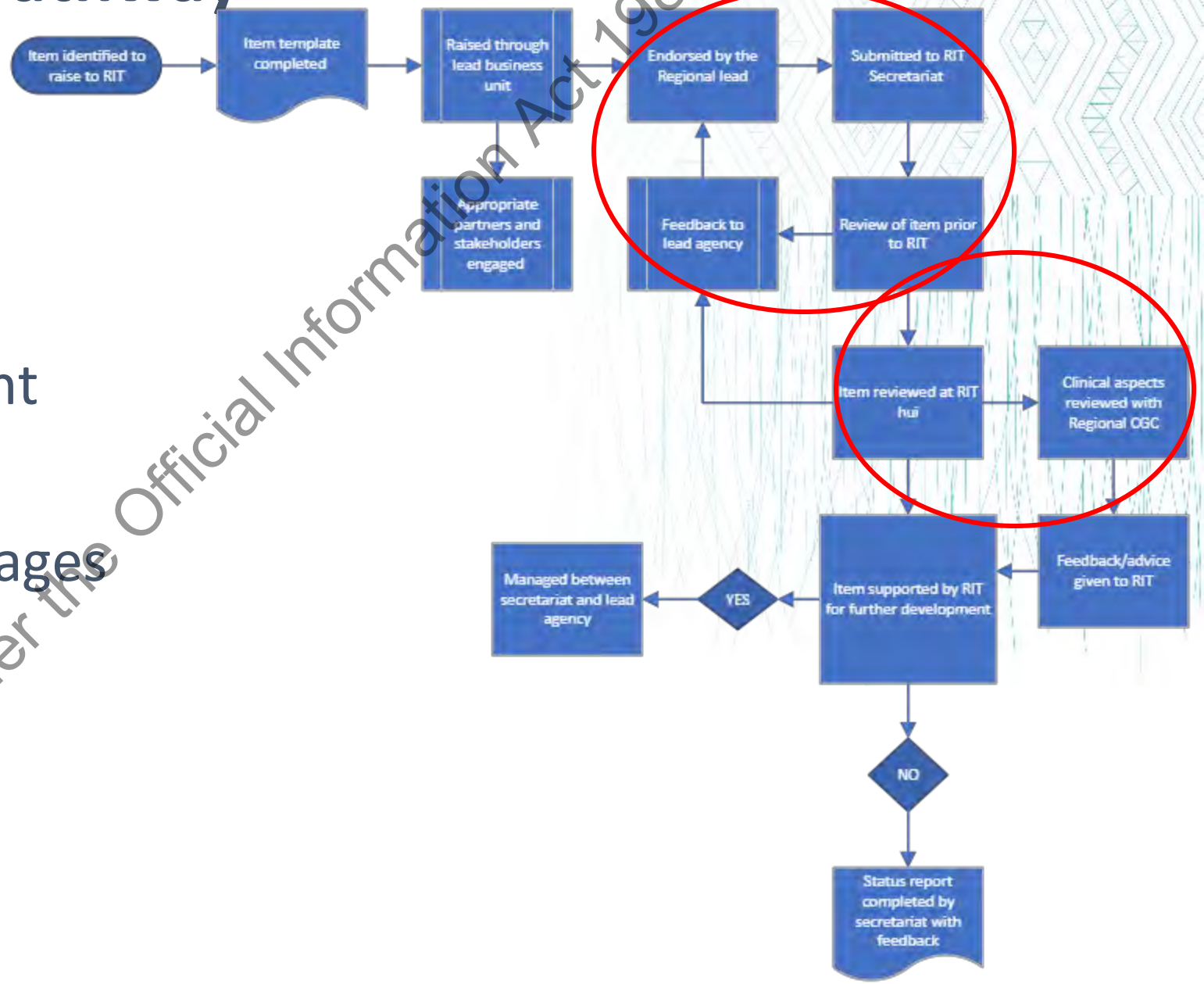
RIT Ways of Working

RIT Items for the Agenda

- What you can expect
- Agreed criteria for escalation to RIT
- Papers / Reports / Updates

Escalation Interface Pathway

- How items get to RIT
- Appropriate engagement
- Potential areas of blockages



Feedback Loop

- What you can expect
- Monitoring Progress
- Closing the loop

Summary and Next Steps

- Endorse procedures/processes
- Confirm workplans
- Share and socialise structures, templates and processes
- How this fits in with priorities?

Te Whatu Ora
Health New Zealand

Comments, Questions and Requests?

Regional Reporting

Office of the Regional Wayfinder, Te Waipounamu (Greg Hamilton, Alysse Lyon, Chelsea Martin, Jo Lilley, Melissa Macfarlane)

19/05/2024

Expectations – RIT Terms of Reference

- Report quarterly to ELT on **Achievements, Risks, Opportunities, and Challenges**
- Provide Insights on **Performance**
- Provide advice for **enhancing the interface** of national, regional, and local arrangements

RIT related Function and Purpose is to:

- Maintain oversight of **integrated performance** across the region and identify **inequitable variation in outcomes**
- Promote collaborative decision-making for solutions implemented at a regional level, including **addressing emergent pressure points**
- Monitor delivery of **Regional Health & Wellbeing Plans**
- Monitor delivery against **key national priorities** that require integration (i.e. Winter Plans, Immunisation)
- Partner with other RITs and national teams to ensure **consistency** in decision-making, through regular sharing of learnings and insights

Current State

- Individual Divisions producing internal reports
- Lots of duplication – very little sharing – inconsistent focus
- Several divisions currently reviewing their reporting
- Single RIT Report - Highlights Only - feeding to National Board Report

- Reports are (largely) narrative heavy – reflective rather than predictive
- No Single National or Regional Outcomes Framework
- No Shared Service Performance Data Set

- Doesn't enable RIT to deliver on purpose or function

Opportunities - Quick Wins

- Bring common divisional reporting to the RIT table, collaborate on solutions, without duplicating work
- Incorporate key elements of ELT/Board reporting – to reduce duplication, enable a regional response and raise regional profile
- Engage regionally and nationally on development of national outcomes framework and regional data sets

Fostering
Open
Conversations that
Unleash
Solutions

Proposed Direction of Travel

- A multi-layered regional reporting suite to meet TOR and (more importantly) enable RIT to deliver on its function and purpose
- A mixture of narrative, visuals and data – brought together to present insights and support change
- Small set of shared service performance + system pressure indicators
- Both retrospective and predictive – monitoring pressure points across our region
- Incorporating a strong community voice
- Incorporating regional risk registers, Regional Health & Wellbeing Plan, key national priorities and performance against Government performance measures

- Compliment and enhance divisional reporting rather than duplicate
- Be influenced by whānau voice, localities work and input from our Iwi Māori Partnership Boards

Next Steps

- Identify divisional reports we want to share – start sharing
- Face-to-face workshop with RIT to narrow down and prioritise the focus and metrics set
- Engage analytics leads across the divisions within Te Whatu Ora and Te Aka Wahi Ora to understand what data is currently available and accessible
- Inspire them to engage in the development of our regional data sets

Te Whatu Ora
Health New Zealand

Comments, Questions and Requests?

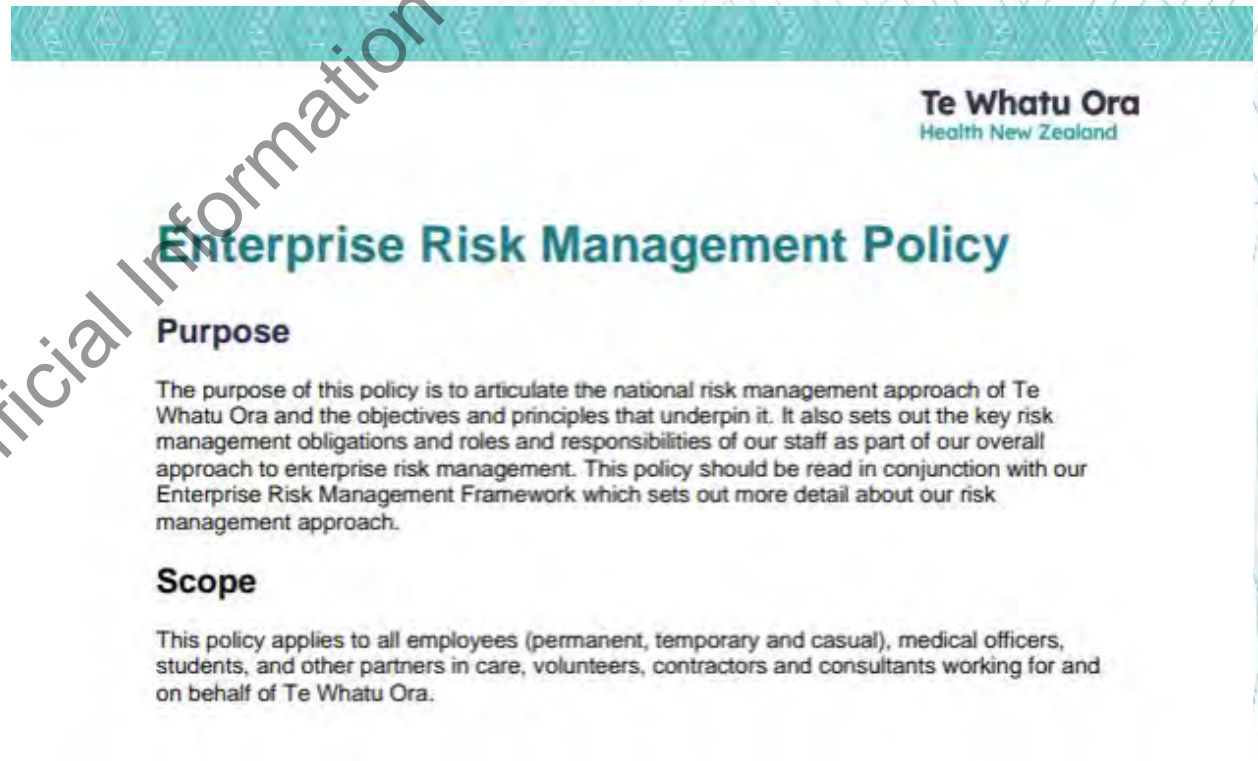
Risk Management: the RIT

Office of the Regional Wayfinder, Te Waipounamu (Greg Hamilton, Alysse Lyon, Chelsea Martin, Jo Lilley, Melissa Macfarlane)

19/05/2024

Policy

- National Policy and Framework was established in December 2022
- Backed by Three Lines Model to support implementation, approved September 2023
    - Risk management approach, objectives and principles
    - Risk definitions and tolerances
    - Risk 'ecosystem'
    - Alignment to international risk management guidelines
    - Improved risk maturity and competencies



Te Whatu Ora
Health New Zealand

Enterprise Risk Management Policy

Purpose

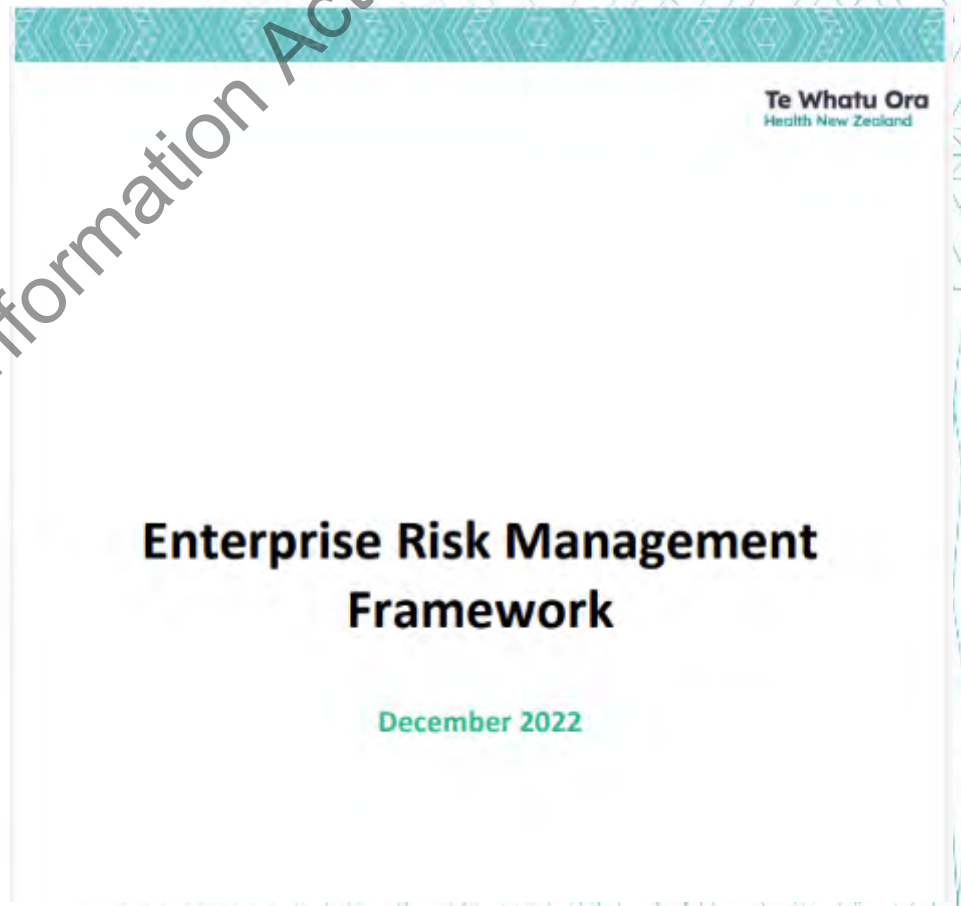
The purpose of this policy is to articulate the national risk management approach of Te Whatu Ora and the objectives and principles that underpin it. It also sets out the key risk management obligations and roles and responsibilities of our staff as part of our overall approach to enterprise risk management. This policy should be read in conjunction with our Enterprise Risk Management Framework which sets out more detail about our risk management approach.

Scope

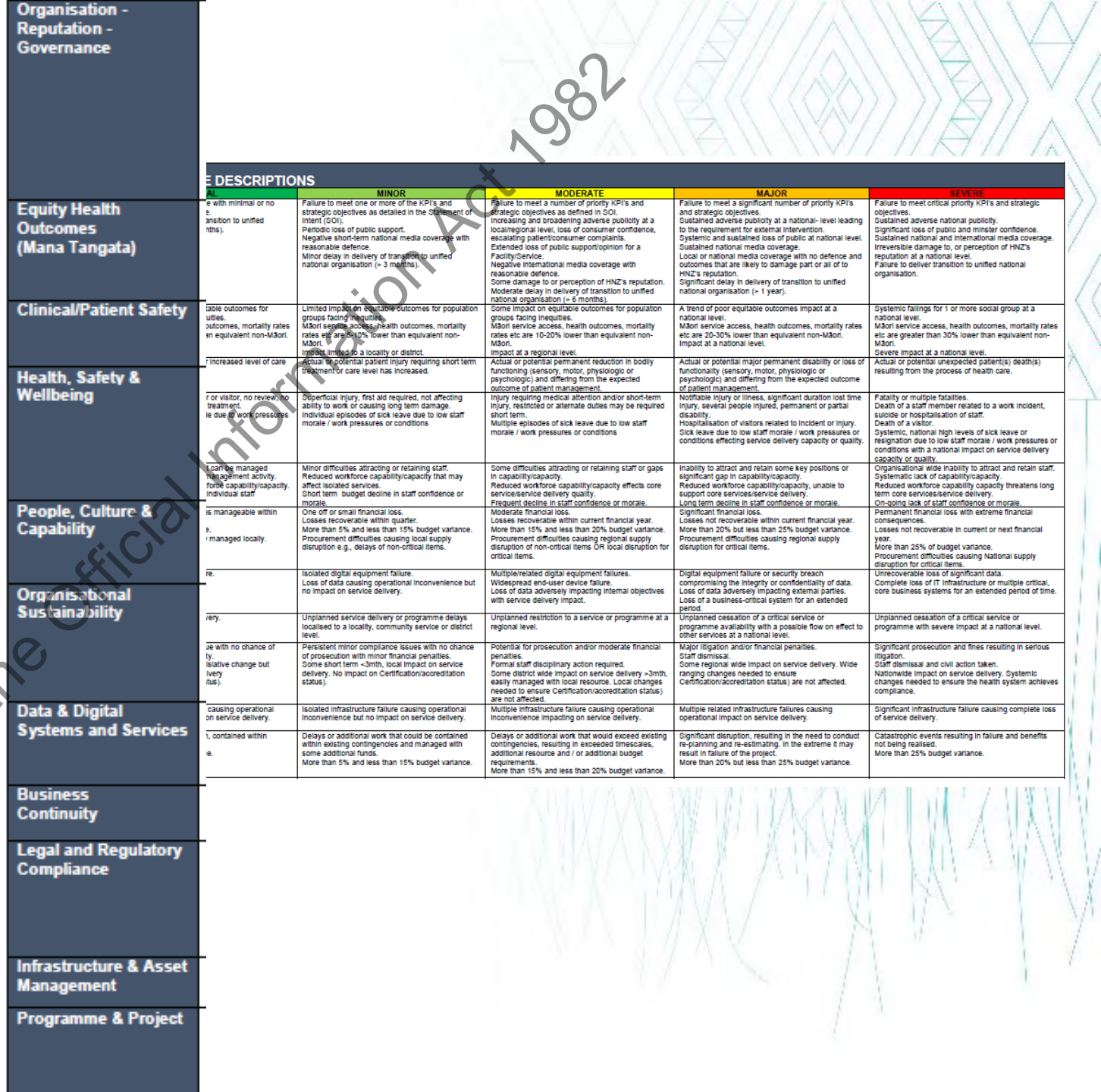
This policy applies to all employees (permanent, temporary and casual), medical officers, students, and other partners in care, volunteers, contractors and consultants working for and on behalf of Te Whatu Ora.

Approach

- Support Te Whatu Ora to achieve its purpose, goals and objectives
- Commitment to enterprise risk management
- Clear risk ownership and adequate management
- Support divisions to identify, investigate, manage, and escalate risk within area of responsibility
- Provide oversight – National, Regional and Local
- Monitor change or transformation risks arising from business led changes regionally or nationally – and support divisions to mitigate
- OR escalate operational risks from district level change programmes and projects



Defined Enterprise Risk Management Matrix



	E DESCRIPTIONS				
	AL	MINOR	MODERATE	MAJOR	SEVERE
Organisation - Reputation - Governance					
Equity Health Outcomes (Mana Tangata)	e with minimal or no ansition to unified nths).	Failure to meet one or more of the KPI's and strategic objectives as detailed in the Statement of Intent (SOI). Periodic loss of public support. Negative short-term national media coverage with reasonable defence. Minor delay in delivery of transition to unified national organisation (> 3 months).	Failure to meet a number of priority KPI's and strategic objectives as defined in SOI. Increasing and broadening adverse publicity at a local/regional level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service. Negative international media coverage with reasonable defence. Some damage to or perception of HNZ's reputation. Moderate delay in delivery of transition to unified national organisation (> 6 months).	Failure to meet a significant number of priority KPI's and strategic objectives. Sustained adverse publicity at a national- level leading to the requirement for external intervention. Systemic and sustained loss of public at national level. Sustained national media coverage. Local or national media coverage with no defence and outcomes that are likely to damage part or all of to HNZ's reputation. Significant delay in delivery of transition to unified national organisation (> 1 year).	Failure to meet critical priority KPI's and strategic objectives. Sustained adverse national publicity. Significant loss of public and minster confidence. Sustained national and international media coverage. Irreversible damage to, or perception of HNZ's reputation at a national level. Failure to deliver transition to unified national organisation.
Clinical/Patient Safety	itable outcomes for ulties. outcomes, mortality rates an equivalent non-Māori.	Limited impact on equitable outcomes for population groups facing inequities. Māori service access, health outcomes, mortality rates etc are 5-10% lower than equivalent non-Māori. Impact limited to a locality or district.	Some impact on equitable outcomes for population groups facing inequities. Māori service access, health outcomes, mortality rates etc are 10-20% lower than equivalent non-Māori. Impact at a regional level.	A trend of poor equitable outcomes impact at a national level. Māori service access, health outcomes, mortality rates etc are 20-30% lower than equivalent non-Māori. Impact at a national level.	Systemic failings for 1 or more social group at a national level. Māori service access, health outcomes, mortality rates etc are greater than 30% lower than equivalent non-Māori. Severe impact at a national level.
Health, Safety & Wellbeing	r increased level of care	Actual or potential patient injury requiring short term treatment or care level has increased.	Actual or potential permanent reduction in bodily functioning (sensory, motor, physiologic or psychologic) and differing from the expected outcome of patient management.	Actual or potential major permanent disability or loss of functionality (sensory, motor, physiologic or psychologic) and differing from the expected outcome of patient management.	Actual or potential unexpected patient(s) death(s) resulting from the process of health care.
	r or visitor, no review, no treatment. e due to work pressures	Superficial injury, first aid required, not affecting ability to work or causing long term damage. Individual episodes of sick leave due to low staff morale / work pressures or conditions	Injury requiring medical attention and/or short-term injury, restricted or alternate duties may be required short term. Multiple episodes of sick leave due to low staff morale / work pressures or conditions	Notifiable injury or illness, significant duration lost time injury, several people injured, permanent or partial disability. Hospitalisation of visitors related to incident or injury. Sick leave due to low staff morale / work pressures or conditions effecting service delivery capacity or quality.	Fatality or multiple fatalities. Death of a staff member related to a work incident, suicide or hospitalisation of staff. Death of a visitor. Systemic, national high levels of sick leave or resignation due to low staff morale / work pressures or conditions with a national impact on service delivery capacity or quality.
People, Culture & Capability	t can be managed nagement activity. orce capability/capacity. individual staff	Minor difficulties attracting or retaining staff. Reduced workforce capability/capacity that may affect isolated services. Short term budget decline in staff confidence or morale.	Some difficulties attracting or retaining staff or gaps in capability/capacity. Reduced workforce capability/capacity effects core service/service delivery quality. Frequent decline in staff confidence or morale.	Inability to attract and retain some key positions or significant gap in capability/capacity. Reduced workforce capability/capacity, unable to support core services/service delivery. Long term decline in staff confidence or morale.	Organisational wide inability to attract and retain staff. Systematic lack of capability/capacity. Reduced workforce capability capacity threatens long term core services/service delivery. On-going lack of staff confidence or morale.
	is manageable within e. managed locally.	One off or small financial loss. Losses recoverable within quarter. More than 5% and less than 15% budget variance. Procurement difficulties causing local supply disruption e.g., delays of non-critical items.	Moderate financial loss. Losses recoverable within current financial year. More than 15% and less than 20% budget variance. Procurement difficulties causing regional supply disruption of non-critical items OR local disruption for critical items.	Significant financial loss. Losses not recoverable within current financial year. More than 20% but less than 25% budget variance. Procurement difficulties causing regional supply disruption for critical items.	Permanent financial loss with extreme financial consequences. Losses not recoverable in current or next financial year. More than 25% of budget variance. Procurement difficulties causing National supply disruption for critical items.
Organisational Sustainability	re.	Isolated digital equipment failure. Loss of data causing operational inconvenience but no impact on service delivery.	Multiple/related digital equipment failures. Widespread end-user device failure. Loss of data adversely impacting internal objectives with service delivery impact.	Digital equipment failure or security breach compromising the integrity or confidentiality of data. Loss of data adversely impacting external parties. Loss of a business-critical system for an extended period.	Unrecoverable loss of significant data. Complete loss of IT infrastructure or multiple critical, core business systems for an extended period of time.
	very.	Unplanned service delivery or programme delays localised to a locality, community service or district level.	Unplanned restriction to a service or programme at a regional level.	Unplanned cessation of a critical service or programme availability with a possible flow on effect to other services at a national level.	Unplanned cessation of a critical service or programme with severe impact at a national level.
	ue with no chance of ty. islative change but very tus).	Persistent minor compliance issues with no chance of prosecution with minor financial penalties. Some short term <3mth, local impact on service delivery. No impact on Certification/accreditation status).	Potential for prosecution and/or moderate financial penalties. Formal staff disciplinary action required. Some district wide impact on service delivery >3mth, easily managed with local resource. Local changes needed to ensure Certification/accreditation status) are not affected.	Major litigation and/or financial penalties. Staff dismissal. Some regional wide impact on service delivery. Wide ranging changes needed to ensure Certification/accreditation status) are not affected.	Significant prosecution and fines resulting in serious litigation. Staff dismissal and civil action taken. Nationwide impact on service delivery. Systemic changes needed to ensure the health system achieves compliance.
Data & Digital Systems and Services	causing operational on service delivery.	Isolated infrastructure failure causing operational inconvenience but no impact on service delivery.	Multiple infrastructure failure causing operational inconvenience impacting on service delivery.	Multiple related infrastructure failures causing operational impact on service delivery.	Significant infrastructure failure causing complete loss of service delivery.
	, contained within e.	Delays or additional work that could be contained within existing contingencies and managed with some additional funds. More than 5% and less than 15% budget variance.	Delays or additional work that would exceed existing contingencies, resulting in exceeded timescales, additional resource and / or additional budget requirements. More than 15% and less than 20% budget variance.	Significant disruption, resulting in the need to conduct re-planning and re-estimating. In the extreme it may result in failure of the project. More than 20% but less than 25% budget variance.	Catastrophic events resulting in failure and benefits not being realised. More than 25% budget variance.
Business Continuity					
Legal and Regulatory Compliance					
Infrastructure & Asset Management					
Programme & Project					

Three Lines Model

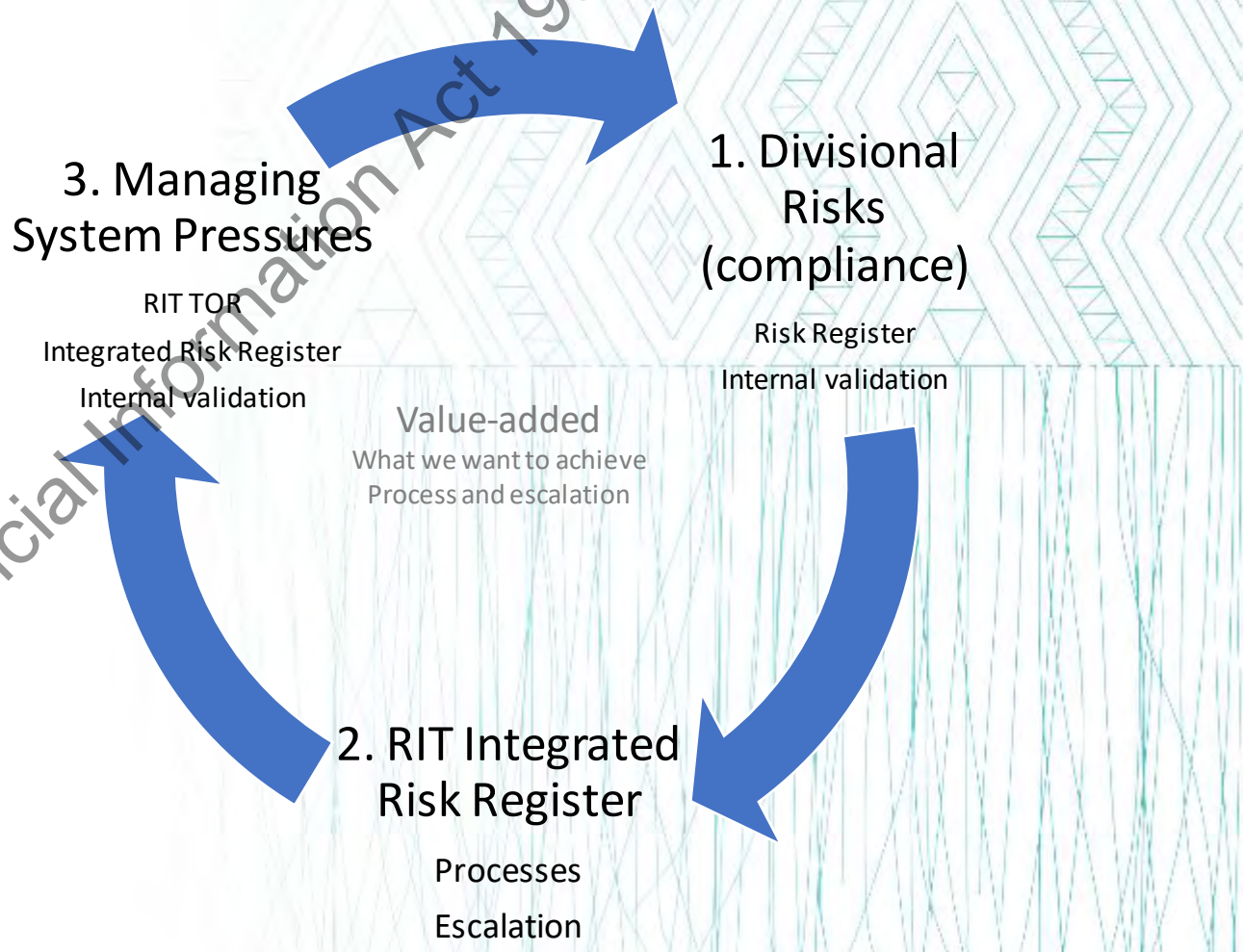
Roles	Responsibility
First line – refers to everyone in Te Whatu Ora. Senior Management own the risks that impact their business objectives. Risk specialists are embedded with certain functions to provide support to Senior Management and execute the Risk Management Policy.	• Identify, discuss and help manage risks in their area of responsibility. • Manage and regularly oversee and review the key risks within their teams and provide assurance to their leaders and managers that they are being identified and managed in accordance with the risk management framework and appetite of Te Whatu Ora. • Facilitate and embed regular risk management conversations and considerations within their groups, teams and business processes. • Ensure consistent and effective records of the key risks to achieving their objectives and how they are being managed. • Escalate risks as and when appropriate. • Lead and promote a consistent risk aware culture through the use of Te Whatu Ora risk management processes, guidance and tools.

- Regional Integration Team role is 'First Line'
- Reporting is within each Division
- Integration of Risk Register occurs at national level
- Regional integration?
- Supported by national team

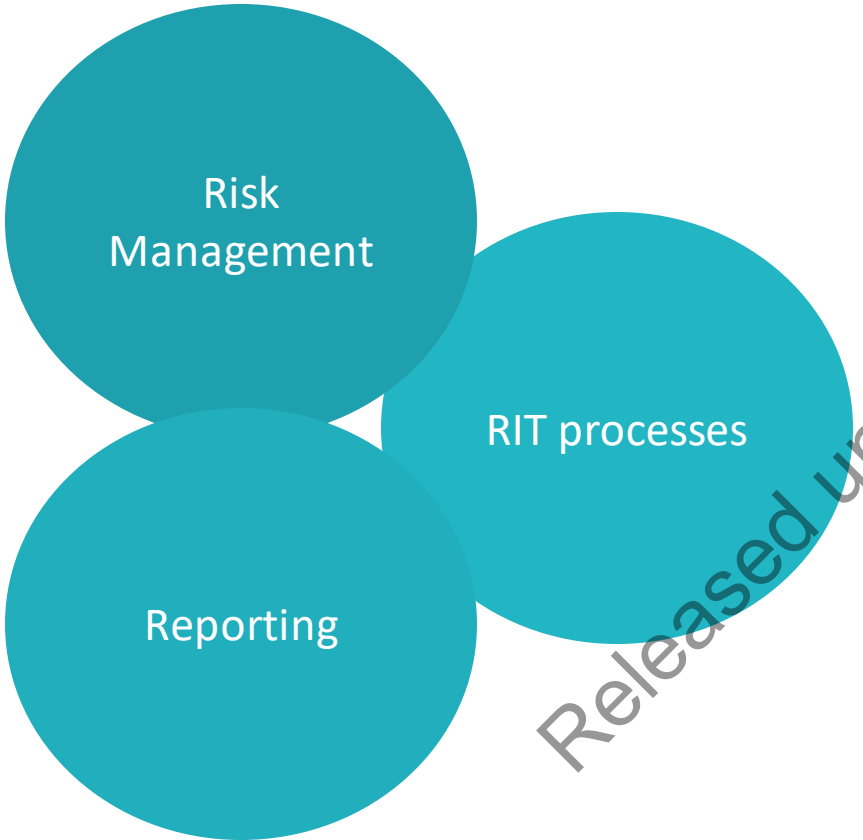
Opportunities

Regional Integration Team - Integrated Risk Management Approach

- Terms of reference – ways of working
- Articulate regional view including risk appetite and risk tolerance and escalation pathway
- Grow risk maturity - risk consideration and mitigations are embedded
- Monitor and mitigate extreme or new regional/national change / transformation risks
- AND escalate operational risks from district level change programmes and projects
- Incorporate system pressures view to anticipate, respond and address pressures/issues at a regional & local level – support forward planning
- Influence next iteration of the national Framework – participate in National/Regional workgroups



To what extent will these processes support management of ‘what’s keeping you awake?’



RIT Purpose

Regionally integrated planning and reporting
Relationship management
System performance oversight
Emergent pressure response
Maintain visibility and alignment of regional priority areas
Request and issue resolution
Advising upwards
Maintaining stability

Te Whatu Ora
Health New Zealand

Ngā mihi nui

RIT Paper

Regional Integration Team Operating Framework and Standard Operating Procedures

Date:	29 January 2024	**Author:** Alysse Lyon (Programme Manager RIT, Commissioning) Chelsea Skinner (Principal Advisor RIT, Commissioning)	
For your:	Endorsement	**Approved by:** Greg Hamilton	
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

1. This paper seeks support for the release of an Integrated Operating Framework to support the Te Wai Pounamu Regional Integration Team (RIT), along with the Terms of Reference and Standard Operating Procedures for the Office of the Regional Wayfinder who provide the secretariat function for the RIT.

Recommendations

2. **REQUIRED** The RIT is asked to:

   a) **Note** the strategic nature of the Framework, Terms of Reference (ToR) and Standard Operating Procedures (SOPs).

   b) **Note** the framework has been endorsed by the National Co-chairs of the Regional Integration Teams (6 September 2023).

   c) Provide **guidance** on the RIT Operating Framework and the RIT Items SOP.

   d) **Support the proactive release** of the Framework advisory document and SOPs (the ToR is already completed).

Contribution to strategic outcomes

3. Adoption of a nationally consistent framework and associated operating procedures will limit unwarranted variation and result in a stronger, more resilient, and connected healthcare system. Health sector principles (s7, Pae Ora Act), promoting engagement with Māori and other population groups by making "relationship management and community engagement" are a key pillar of the Operating Framework. Māori involvement in decision making is explicit and a recurring facet of RIT activity.

Executive summary

i. RIT Operating Framework

4. Regional Integration Teams (RITs) are a feature of the new regional operating model.

5. The proposed RIT operating framework involves 4 specific Pillars of Activity:

    i) Strategy, Planning and Review

    ii) Performance Oversight

    iii) Relationship and Engagement

    iv) Management and Administration.

6. These pillars have been mapped to the RIT's key deliverables (*Appendix 1, RIT Operating Framework*).

ii. Standard Operating Procedures

7. The RIT will be supported by the development of Standard Operating Procedures (SOPs) to guide the Office of the Regional Wayfinder. The RIT Items SOP has been developed (*Refer Appendix 2*).

RIT Operating Framework

8. Regional Integration Teams (RITs) are comprised of leaders.

9. Each member who sits on the RIT holds a functional responsibility, however the mandate of the RIT and its members sits at the 'system' rather than 'functional' level.

10. According to the latest terms of reference, RIT will not have delegated financial or non-financial authority over its members, but it is expected that the forum will enrich and enhance decisions to be enacted by its constituents in a synergistic way.

11. The purpose of RITs is multi-faceted and consists of the following 8 dimensions.
    - **Regionally integrated Planning and Reporting**, including a Regional Health and Wellbeing Plan and associated feeder plans such as Clinical Services and Capital Investment Plans
    - **Relationship management**, including Te Tiriti relationships with Iwi and IMPB. Cross-sector relationships are also within scope. The relationships are assumed to be aimed at the strategic, executive level and to also extend to relationship management within the Crown Entities, the Ministry and the Minister's office
    - **System performance oversight** with a focus on identifying inequitable variations in terms of health outcomes
    - **Managing emergent pressure response** by making decisions and allocating resources where required. Again, this effort is assumed to be focused at the regional and strategic level. A decision that can be managed at the local level should not reach the RIT table
    - **Maintain visibility and alignment of regional priority areas** for the wider system and its key stakeholders
    - **Request and issue resolution** that cannot be resolved at the local level
    - **Advising upwards** to inform National strategies and priorities

- **Maintaining stability** during the transition and laying the foundation for future success.

Strategic Value of a Common RIT Operating Framework

12. The strategic value of the framework exists both regionally and nationally. By ensuring there is consistency of approach across the four regions, unwarranted process and timing variation will be avoided. A degree of commonality across regions will also result in a shared vision and enhance opportunities to develop synergy across all regions.

Functional Responsibilities making up the Framework

13. A review of institutional best practice suggests that a strategic framework for an Executive-level entity with a quasi-governance role should consist of the following functional responsibilities.

Pillar 1. Strategy Planning and Review

14. The purpose of this functional responsibility is to review performance at a strategic level with the aim of informing and advancing the system over the remaining work period. A typical work program under this pillar would include:
    - Understanding and charting progress on specific strategic directions
    - Reviewing organisational targets and either adjusting or reconfirming them
    - Charting high-level commissioning and decommissioning strategy for the remaining work period
    - Revising the Regional Health and Wellbeing Plan
    - Informing national planning and priorities
    - Confirming the RIT annual workplan.

15. Regionally integrated planning and performance is the primary focus. This may include charting a high-level commissioning decommissioning strategy. The aim here is to break the current practice of unchecked, reactive investment decisions occurring.

16. Regional specific and then cross-regional strategy, planning and review has been allowed for in the framework. The idea is that while there will be regional specific focus, there will also be strategic priorities in common to all regions that may benefit from a collective approach.

Pillar 2. Organisational Performance

17. This function involves interaction with focused groups working to implement the Regional Health and Wellbeing Plan. The nature of the interaction would cover:
    - Maintaining system performance oversight
    - Supporting the parties to implement their part of the Regional Health and Wellbeing Plan
    - Ensuring all key stakeholders remain connected and their collective effort is strategically aligned and adjusted if it is not aligned
    - Decision-making in relation to emergent pressures
    - System stability in relation to transition management.

18. Links between RITs and enabler functions such as Finance and Audit or Quality and Risk will need to be clarified as given the expressed purpose of RITs, these areas fall outside of their responsibility.

19. Based on feedback from RITs nationally, the thinking is that each region will determine what the substructure below the RIT level will look like.

Pillar 3. Community relationships and engagement

20. This sphere of activity can and should extend the activities of the RIT beyond a focus on meeting-based activity only. Actions could include:
    - Review and approval of RIT position statements
    - Review and maintenance of key strategic relationships, including cross-sector.
    - Involvement of Iwi Māori Partnership Boards at all key decision-making junctures, not just at the end of a planning process
    - Engagement with consumers and whanau according to the Health and Quality Safety Commission Code of Expectations, across the continuum of RIT activity
    - Maintaining advisory links to Te Whatu Ora and Te Aka Whai Ora.

21. It is under this functional responsibility area that RITs can keep strategic priorities both visible and aligned for the 'team of teams' making up Te Whatu Ora and Te Aka Whai Ora.

Pillar 4. Administration and Planning

22. At regular intervals but no less than annually, RITs will need to:
    - Review and update terms of reference and conflict of interest records
    - Carry out an environmental legislative and policy scan for changes that impact the RIT
    - Set meeting and event dates for the upcoming work period
    - Undertake an evaluation survey and if necessary, act on its findings
    - Review RIT training and education needs.

Next steps

23. Management to consider how to deliver Line 1 responsibilities as part of the Three Lines Model.

Appendices

Appendix 1: Operating Framework

Te Whatu Ora

Te Waipounamu

Regional Integration Team

Operating Framework

1. INTRODUCTION

This Document outlines the operating framework for a Health New Zealand Regional Integration Team (RIT).

It outlines key strategic functions an executive-level entity such as a RIT with quasi-governance responsibility would be expected to undertake over a typical annual

business cycle. It also seeks to advance the way executive teams in Health work together in an integrated manner.

The framework as outlined in this document and associated activities are considered to be the minimum requirement expected of RITs. In the event that a RIT believes that in order to advance or progress it needs to vary from this framework the proposed changes must be explained and discussed with other RITs before they are enacted or socialised. In this way, a process of consultative, continuous improvement facilitated by shared learning across RITs will be initiated.

2. INTEGRATED FUNCTIONAL RESPONSIBILITY FRAMEWORK

The framework that underpins the RIT work-plan is made up of 4 pillars:

- Strategy Planning and Review
- Operational Performance
- Community Relationships and Engagement
- Administration and Planning

Each of these pillars represents an area of responsibility under which key activities have been identified for RITs to carry out during annual business planning, typically characterised as a financial year.

Regional Integration Teams are responsible for nine outputs which collectively make up the purpose of RITs. To ensure the responsibility framework *enables* the delivery of these outputs, they have been mapped to one or more of the functional responsibility pillars as shown in the following table:

TABLE 1: FUNCTIONAL RESPONSIBILITY FRAMEWORK MAPPING

RIT Output (Collective Purpose)	Functional Pillar
Deliver **regionally integrated planning and reporting** across all delivery services and enabling functions.	Strategy Planning and Review
Maintain appropriate **oversight of system-wide performance** across a region, and identifying inequitable variation in outcomes within and between regions	Operational Performance
Make decisions and implement solutions (including moving resources) as needed, within nationally determined frameworks and delegations, to **address emergent pressure points**.	Operational Performance

Ensure **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region.	Strategy Planning and Review Community Relationships and Engagement
Resolve requests or issues arising between local delivery services or enabling functions.	Operational Performance
Manage **relationships with key partner organisations** that may span multiple delivery services or enabling functions (e.g. Civil Defence, local government).	Community Relationships and Engagement
Manage key **Te Tiriti relationships** with IMPBs and whānau Māori.	Community Relationships and Engagement
Provide regional advice to **help inform national strategy and priority areas** for delivery services and enabling functions.	Strategy Planning and Review
Ensure **stability through the transition period**, and lay foundations for future success across the region	Operational Performance

3. STRATEGY PLANNING AND REVIEW

RIT activity under this Pillar is geared towards performance review and consideration of actual results, which then leads to scene-setting, course-correction or enhancement, and agreement on resource commitments going into a new annual business cycle.

i. THE WHAT

Specific activities will include:

- Reviewing progress on specific strategic directions, including the 5 system-level shifts
- Reviewing the appropriateness of organisational performance targets
- Identifying areas for improvement

The key documented outputs from these activities will be:

- a refreshed and updated regional health and wellbeing plan
- a statement of agreed budget parameters
- a confirmed commissioning/decommissioning strategy
- advisory statements that inform national planning and priorities
- an approved RIT workplan for the year
- approved contributory workplans as required.

ii. WHEN

The suggested forum for this work is a workshop, convened over a number of days in the third or last quarter of a financial year so that a RIT is ready to deliver on its workplan for the next financial year. RITs can also look to work cross-regionally where it makes sense to do so, again using workshops as the forum for engagement.

The Office of the Regional Wayfinder will be responsible for providing secretariat support to the RIT. At least two months lead time will be required to ensure that all materials that feed into the workshop is ready. These will include agendas, performance reports, discussion papers and presentation material. A further month post the workshop will be required to capture and report on the outputs and agreed actions.

iii. EXPECTED OUTPUTS

4. OPERATIONAL PERFORMANCE

This functional responsibility sees the RIT interacting with contributory bodies at the sub-RIT level. The make-up and nature of these bodies is up to each RIT to determine, suffice to say that they will carry a degree of responsibility for helping the RIT acheive aspects of its multi- faceted purpose.

i. THE WHAT

RITs will receive and consider progress reports from each contributory body. It will hold those responsible to account for ensuring RIT directions associated with progressing RIT objectives are being met. RITs will take a collective view of achievement. This means that the potential exists for realignment or reprioritisation of individual efforts if it will lead to the wider realisation of regional strategic imperatives.

Resourcing the work required to achieve its purpose will be decided by each RIT at a global level. How that resource is then applied by the contributing bodies will be the responsibility of that Group to decide.

ii. WHEN

From a monitoring and performance perspective, RITs should engage no less than quarterly with those responsible for delivering on the system levels shifts. Other forms of engagement will be picked up no less than annually under the pillars "Strategy, Planning and Review" and "Administration and Planning" when it comes to work-plan establishment and approval.

iii. EXPECTED OUTCOMES

- Documented meeting minutes
- Documented decisions and directions.
- Documented escalation of issues/options discussions outside of the RIT mandate.

5. COMMUNITY RELATIONSHIPS AND ENGAGEMENT

This is the Pillar through which delivery of the following RIT outputs will be managed.

- Managing key Te Tiriti relationships with IMPBs and whānau Māori
- Managing relationships with key partner organisations that may span multiple delivery services or enabling functions (e.g., Civil Defence, local government).

This is also the area where RITs can actively ensure there is **common visibility and alignment of regional priority areas** across all delivery services, enabling functions, and Te Aka Whai Ora leadership teams within a region by being visible and intentional with their messaging.

i. THE WHAT

The activities and outputs proposed under this setting are associated with managing and maintaining policy, position statements and relationship settings according to an agreed RIT workplan. For example:

- Review and maintenance of RIT position statements
- Policy on the use of names and associated emblems
- Regular "health checks" on the status of strategic relationships
- Issuing of public statements
- Production of newsletters or web-based material
- Convening Grand Round" equivalents.

ii. THE WHEN

Policy settings should be agreed in advance of an upcoming financial year. Other activities can be scheduled throughout the year, bearing in mind the need to factor in timing considerations when it comes to scene-setting (early in the year) and the impact of the unforeseen (as required).

6.0 ADMINISTRATION AND PLANNING

This Pillar is about RITs maintaining match-readiness, not just in terms of preparedness, but also capacity, capability and being open to scrutiny.

i. THE WHAT

The majority of these activities are generally accepted practice for governance-level entities:

- Terms of reference review and confirmation
- Standard operating procedures review and confirmation
- Update and manage conflict of interests register
- Environmental scan of policy and legislation with resulting updates to policy and practice as required
- Assess and act on RIT training, development, and coaching needs
- Undertake a RIT performance evaluation survey and act on the findings and recommendations

- Review membership of collective bodies with system-level shift responsibility
- Review operating procedures of those collective bodies with system-level shift responsibility
- Set meeting and event dates across the system.

A more sector specific activity is issuing written instructions to responsible bodies. These would be akin to a "letter of expectation" from the Regional Integration Team that sets the scene for the year(s) ahead.

ii. WHEN

These activities should preface the start of a new annual business cycle. On occasion, some activities may be necessary during an annual business cycle to account for the unexpected. For example, unforeseen membership or policy changes may require RITs to act during the year.

Appendix 2: Standard Operating Procedure

Standards Operating Procedure – Office of the Regional Wayfinder

Approver	RIT Te Waipounamu
Implementation Date	1 February 2024
Name	**RIT Items Templates**
Next Review Date	January 2025
Owner	Group Manager Office of the Regional Wayfinder /Regional Integration Team Lead / TBC
Revision Number	00

Overview

Goal

Specific

This SOP has been developed to ensure that a robust process is followed when considering items that require escalation to the RIT.

Desired Outcome

The desired outcome is that the secretariat function for the RIT will be as operate as efficiently

and effectively as possible to ensure the RIT are able to play their role in providing strategic direction and decision-making.

Procedure

The proposal must reach the threshold for intra- or-inter regional consideration.

Responsibilities

Te Whatu Ora Divisions that have responsibility must drive the process.

Proposal Development Checklist.

Length and quality:

Papers must be concise, with clear deliverables and milestones. Keeping paragraphs brief and to the point. RIT will not accept papers over 5 pages long. Appendices should be used discernibly and only contain critical information for decision-making (they are not for supplementary reading material). Extra material or backing evidence/data could still be submitted to the secretariat and be available upon request by RIT if required. Essentially the template should hold enough information to make a decision. Examples can be provided from the RIT programme team to submitters if requested.

Need Regional Leadership voice and feedback:

RIT expects to see clearly the responsible regional business unit(s) views and how they are being actioned in the paper so it can inform RIT decision-making. Make this clear for the reader and be direct and action orientated.

All papers need Regional Directors or Group Managers to sign out:

Each paper submitted to the RIT must require endorsement and signature from the regional business unit lead. Papers will only be submitted to RIT if the regional lead has signed out the paper. Papers which have implications for other Divisions may require singing out from that Division.

Timeliness:

All papers to RIT need to be received by the RIT Secretariat one week before the RIT meeting. This ensures RIT secretarial team can go through a quality assurance process, including ensuring papers meet the threshold for RIT, are on the agenda, have endorsements, contain appropriate content and consistent language is used across the entire RIT pack.

Template

To:	**Regional Integration Team**
From:	
Subject:	
Date:	
For:	Approval / endorsement

Background

The proposal description may include (as appropriate):

*Allignment to **Pae Ora Healthy Futures Act, NZ Disability Strategy, Health Needs Assessment, Regional service plans, locality plans**.*

*How it meets the **6 priority actions of Te Pae Tata***

*Proposal **scale** – is it a change to an existing or new regional, or national service? Confirm the current service cover will not be diminished*

Why** the service change has been proposed **(rationale for change).

Collaboration Process

Consider and include the following as appropriate:

*How you will **demonstrate the effectiveness of the funding mechanisms** to achieve the aims of planning services (local, regional or national) collaboratively.*

*What **agreement on the proposed service change (where necessary) is to be reached with other regions** and associated Executive Leadership Team members with regard to:*

- *the proposed effect on service volumes/capacity*
- *funding arrangements*
- *changes to access and eligibility of recipients of the services (if any)*
- *the level of support from affected regions. Attach letters of support from affected regions if requested by the Executive Leadership Team.*

Impact on Community/Population

Including but not limited to:

- *Health outcomes/inequities*
- *Māori*
- *Pacific peoples*
- *disabled people, and their family and whānau*
- *other equity population groups*
- *access to services*
- *eligibility*
- *consumer choice*
- *quality of services*
- *costs (including opportunity costs faced by consumers)*
- *likely perspective of community/population and other stakeholders*
- *clinical appropriateness and clinical perspective.*

Impact on your region

Consider:

- *clinical impact analysis*
- *patient impact analysis*
- *revenue impact analysis, net present value, proposed financial impact*
- *workforce implications*
- *infrastructure (such as buildings, information systems).*

Changes required (*or similar*)

Next steps

*Implementation **Timeframe***

*The **consultation process** proposed*

Recommendation

To include financials in table below (if applicable)

Table Heading	
Table Heading	
Table Heading	

Appendices

To attach letters of support (where applicable)

Further evidence of findings

RIT Paper

Reporting Overview & Direction

Date:	29 January 2024	**Author:**	Melissa Macfarlane
For your:	Endorsement	**Approved by:**	Greg Hamilton
Seeking funding:	No	**Funding implications:**	No
To:	Regional Integration Team, Te Waipounamu		

Purpose

1. This paper proposes a direction of travel regarding regional reporting to support the Regional Integration Team to meet the expectations set out in its Terms of Reference.

Recommendations

2. The Regional Integration Team (RIT) is asked to:

   a) **Note** the proposed direction of travel.

   b) **Endorse** the development of a regional reporting suite consisting of a mix of narrative reports and performance dashboards and signal support for the recommendations.

   c) **Endorse** the Office of the Regional Wayfinder engage with national and regional analytics leads, to support the development of the National Outcomes Framework and access to data sets for the development of regional reports and dashboards.

   d) **Agree** to participate in a face-to-face workshop to develop the regional reporting suite and ensure this covers the major areas of focus for Te Waipounamu and supports each individual directorate in their own planning and reporting.

Contribution to strategic outcomes

3. This paper relates to development of regional performance reporting to support RIT to deliver on the expectations set out in its Terms of Reference. In doing so this work will contribute to improved system performance, service integration and collaborative decision making across Te Waipounamu and help our system deliver on the vision of Pae Ora.

Executive summary

4. Current regional reporting does not comply with the expectations of RIT as set out in the RIT Terms of Reference or enable RIT to deliver on its purpose and function.

5. Rather than a single quarterly report, the development of an integrated regional reporting suite is proposed to address this gap.

6. Individual divisions RIT leads will need to continue to own and manage their internal performance and issues reporting however the Office of the Regional Wayfinder will support delivery of integrated regional reporting.

Regional Reporting

Overview and Aim

7. All RIT members are responsible to their respective national directors but are also expected to operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations.

8. In setting out to consider and address reporting requirements for RIT we were cognisant that each RIT lead/division already has internal reporting requirements that their teams need to meet. Our desire was to limit any additional duplication or reporting load for divisional teams and to ensure that any proposal added value.

9. Reporting expectations are set out in the RIT Terms of Reference (TOR) stating that RIT will:

    a) report quarterly to ELT on achievements, risks, opportunities, and challenges; and, as part of this report, include insights on performance and advice for enhancing the interface of national, regional, and local arrangements.

10. In understanding what would be needed to deliver this quarterly reporting, and ensure it added value, we have also looked to the wider expectations in terms of the purpose and function of RIT - notably that RIT will:

    a) Maintain oversight of integrated performance across the region and identify inequitable variation in outcomes within and between regions.

    b) Monitor delivery of Regional Health & Wellbeing Plans.

    c) Promote collaborative decision-making for solutions implemented at a regional level, including to address emergent pressure points.

    d) Partner with other RITs and national teams to ensure consistency in decision-making where appropriate, including through regular sharing of learnings and insights.

11. As well as delivering on Regional Health & Wellbeing Plans, RIT is also accountable for delivering on key priorities in national plans that require integration and success across multiple service delivery areas (i.e., Winter Plans, Immunisation). While this is less explicit in the TOR it would be reasonable to anticipate that RIT would be expected to monitor and/or report on progress against these key priorities as well.

Current State of Reporting

12. Each individual division currently has its own internal reporting streams with a mix of weekly, monthly, and quarterly reporting. A number of these individual divisional reports end up being combined into the same single reports at the national level.

13. A map of current reporting (based on input from RIT members) is attached (Appendix 1) and outlines at a base level the weekly, monthly, and quarterly reporting being provided and where this appears to be contributing into national reports for ELT and the Board.

14. The Public Health, Commissioning. and Strategic Planning & Performance Teams are in the process (through their national offices) of reviewing their current reporting with the aim of standardising and streamlining expectations and processes. Reporting will change.

15. The only RIT reporting currently being delivered is a single quarterly regional highlights report being submitted to the National Strategic Planning & Performance (SP&P) Team.

16. This regional highlights report presents four highlights from each delivery arm (Public Health, Commissioning and HSS) and four highlights from across Māori and Pacific services. Expectations are that each highlight is to be no more than 50 words and the report does not contain risks or data tables. The report is added as an appendix to the Quarterly Performance Report to the Te Whatu Ora Board, delivered by the National SP&P Team and published on the Te Whatu Ora website.

17. We are currently delivering this report by sending quarterly emails to each RIT lead and asking for four highlights to add to the report. The last report is attached (Appendix 2).

18. The current reporting does not comply with the expectations set out in the TOR.

Issues

19. Current divisional reporting is being elevated up within divisions but not being shared at the RIT table. This creates gaps in visibility around the RIT table of current achievements, risks, opportunities, and challenges across divisions. It also means we are duplicating reporting requests when asking for highlights every quarter.

20. Current reporting is aimed at addressing requirements within divisions, not supporting RIT to deliver on its purpose and function. We have no collective regional reporting on risks, opportunities, or challenges and no readily available collective insights on regional performance to identify where national, regional, or local arrangements might be enhanced to improve performance.

21. While the reporting in each division is at differing states of maturity, several consistent challenges have been highlighted. These include lack of clarity in terms of purpose and audience, poor access to reliable performance data, reports being reflective rather than predictive, and questions over value for teams.

22. Many previously available national and regional data sets are no longer available or centralised, making it difficult to access timely data for service planning or reporting. While several divisions are currently working on the development of performance metrics and national data sets, there is no current national outcomes or performance framework for Te Whatu Ora.

23. Much of our current reporting, is narrative heavy and backwards looking.

Opportunities

24. An opportunity exists for us to bring some common divisional reporting together quickly and simply, share it with each other at the RIT table, and collaborate on solutions, without duplicating work.

We recommend that RIT agree on which current divisional reports could be shared and use the first of these to complete the national SP&P report next quarter.

25. With no current regional service or performance reporting being generated we have an opportunity to create a multi-layered regional reporting suite that meets the TOR in terms of reporting, but also enables RIT to deliver on its full function and purpose.

    We recommend we workshop the key elements of this reporting suite including a small targeted set of shared service performance metrics and system pressure trigger indicators for Te Waipounamu based on our current issues and challenges.

26. Recent Treasury and Office of the Auditor General reviews highlight that good reporting presents a mix of narrative, data and visuals allowing for the drawing together of insights to explain, enlighten and engage people in driving change. It also incorporates the voice of the service user to confirm and inspire performance.

    We recommend that our regional reporting suite contains all three elements and incorporates a strong community voice.

27. A Regional Health Analytics team has now been confirmed for Te Waipounamu within SI&I and national work is getting underway on the development of a national outcomes framework within the national Strategic Planning & Performance Team. We have an opportunity to influence and build off this work.

    We recommend the Office of the Regional Wayfinder engage in this work to provide a regional perspective and ensure data sets are made available to support planning, evaluation, and reporting at a regional level.

28. Understanding what is being reported to the Minister and Board give us an opportunity to ensure Te Waipounamu is ready to respond to requests for information and is providing updates that help to inform our leadership teams and support ELT.

    We recommend that in considering what is covered by our regional reporting suite we ensure we address the key elements of the reports to the Minister and the Board.

Proposed Direction

29. Rather than a single quarterly regional report, we propose that the Office of the Regional Wayfinder work with RIT to develop an integrated and interactive reporting suite that will meet reporting requirements and enable RIT to deliver on its functions and purpose.

30. This suite would be a mixture of narrative, visual and data/dashboard reports – being both retrospective and predictive to support RIT to report on highlights but also identify and address service performance issues, inequities, and pressure points across our region.

31. We anticipate that this reporting suite would evolve to support the individual RIT leads to address some of their own divisional reporting requirements in a complimentary rather than duplicative approach.

32. We expect the reporting suite would incorporate reporting on the highest regional risks, delivery against the Regional Health & Wellbeing Plan and Te Pae Tata II and any national

priorities that are introduced under the new coalition Government or key performance measures developed as part of the national outcomes framework.

33. As our whānau voice and localities work evolves we could expect that this would influence the content of our service performance and system pressures dashboards, as would input from our Iwi Māori Partnership Boards.

Te Aka Whai Ora contribution

34. We propose that the Office of the Regional Wayfinder would engage and work closely with the regional office of Te Aka Whai Ora to incorporate appropriate elements of the Te Aka Wahi Ora outcomes framework and key priorities into the regional reporting suite.

Next steps

35. As a first step in developing the regional reporting suite we propose a face-to-face workshop with RIT to narrow down and prioritise the focus and metrics set.

36. We also propose engagement with analytics leads across the divisions within Te Whatu Ora and Te Aka Wahi Ora to understand what data is currently available and accessible and to engage then in the development of our regional data sets.

Appendices

- Appendix 1: Current Regional Reporting Overview.
- Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Appendix 1: Current Regional Reporting Overview.

Report	From	To	Audience	Daily	Weekly	Fortnightly	Monthly	Quarterly
Regional Risks & Issues Update	HSS	National HSS Team	National Office – daily stand-ups					
Update to Minister – Significant Matters	All Directorates	Government Services Directorate	Weekly Report to Minister of Health		10am Wednesday			
Planned Care Update	HSS	National HSS Team	Weekly Report to Minister of Health					
System Pressures Update	HSS	National HSS Team	Weekly Report to Minister of Health					
Immunisation Update	Public Health	National Public Health Team	Weekly Report to Minister of Health					
Regional Update – Highlights & Risks	Public Health	National Public Health Team	Monthly Performance Review Meeting + CE report to the Board				2nd week of the month	
Regional Update – Highlights & Risks	Commissioning	National Commissioning Team	Monthly Performance Review Meeting + CE report to the Board					
Regional Update – Performance Review – Highlights & Risks	HSS	National HSS Team	Monthly Performance Review Meeting + CE report to the Board					
Risk Report – High and Extreme Risks	Regional Risk Lead	National Risk Team	Monthly Performance Review Meeting					
Regional Highlights Report	Regional Integration Team	National Strategic Planning & Performance Team	Quarterly Performance Report to Te Whatu Ora Board and Public					Q1: Oct 20 Q2: Jan 19 Q3: April 20 Q4: July 20
Risk Report – All Risks	Regional Risk Lead	National Risk Team	Quarterly Report to ELT and Board Committee					

Appendix 2: Te Waipounamu Regional Highlights Report for Q2 2023-2024

Te Waipounamu Regional Performance Report
Quarter 2: October - December 2023

Tatau Whenua – Our Land

The provision of healthcare close to home is challenging in Te Waipounamu due to the high proportion of our population who live rurally - 28% compared with 19% nationally. Our rural hospital and provider network is an important element of service provision; however, rural services can be fragile in terms of both staffing and funding.

Redesigning Rural Health Services: A Waitaki Health Services Sustainability Project has been launched to respond to increasing service pressures in the Waitaki where providers are experiencing clinical and financial instability, resulting in intermittent service closures and reduced service access for people in the area. Representatives from Moeraki Rūnanga, Oāmaru Pacific Island Community Group, Stronger Waitaki, Waitaki District Health Services and WellSouth PHO have come together with Te Whatu Ora Commissioning and Hospital & Specialist Services, to support a re-design of services to improve service integration and sustainability and to better meet the needs of the local community. A project plan and key deliverables will be agreed in January.

Tātou Tāngata – Our People

Developing our Rural Workforce: The first Rural Hospital Medicine (RHM) registrar, trained 14 years ago, is now a member of the group overseeing training at the Lakes District Hospital in Southern, as part of a re-booted programme to support our rural hospitals through the Australasian College of Emergency Medicine. It is hoped six registrars will take up RHM and Rural & Remote Special Skills placements in 2024 on six-month rotations.

Te Tai o Poutini | West Coast are also supporting one of their largest cohorts of training doctors. Along with supporting the Interprofessional Education Program and Rural Medical Immersion Program (with the University of Otago) the West Coast will support a total of eight trainees in 2024: two RHM, three GPEP and three PGY1 & PGY2 trainees. The West Coast will also partner with Canterbury to support four community-based attachment positions. This is a crucial step in developing a rural training pipeline of Rural Generalists and Rural GPs.

Positive Anaesthetic Recruitments in Canterbury: Work to address Waitaha | Canterbury's shortage of Anaesthetic Technician is making headway. Three Registered Nurses are joining the team at the end of January, after completing the Registered Nurse Assistant to the Anaesthetist (RNAA) bridging programme. Six other external appointments will also join the team in 2024: five Anaesthetic Techs and one RNAA. This increase in staff will support access to surgery for our population and help to reduce our longest waiting lists.

Tātou Oranga – Our Wellbeing

Pae Ora

Improving Immunisation Rates: Our Coordinated Community Care Programme team is working alongside Te Aka Whai Ora, Pacific Health, and Commissioning to ensure we are reaching everyone eligible for immunisations across Te Waipounamu. The team are also embracing a community and whānau wellbeing centred approach to increase access to other preventative care alongside immunisations. We are actively removing

barriers to care provision, particularly for our Hauora Māori and Pacific providers by, increasing the number of immunisation co-ordinators, supporting providers to get immunisation accreditation, supporting data sharing agreements and providing additional funding for health promotion. While Te Waipounamu has some of the highest immunisation rates in Aotearoa, we expect to reduce the equity gap for Māori and Pacific People's over the coming year.

Starting Well

Making Oral Health a Priority for our region: Barriers to accessing oral health services was a key theme emerging through community engagement undertaken by the Takiwā Poutini and Hokonui locality prototypes in Te Waipounamu, it is also an area of significant inequity across our region. As part of our response, an Oral Health services stocktake was completed across Te Tai o Poutini | West Coast in December. This will provide valuable information to better understand available dental services and utilisation rates across the district and to target investment to support improved access to oral health services in 2024.

Improving Access to Transgender Readiness Assessments: Canterbury's Commissioning and HSS Child, Adolescent & Family (CAF) services have worked to significantly reduce waiting times for rangatahi requesting gender readiness assessments. Long waiting lists were impacting on people's health and wellbeing, and it was clear many of these young people could be seen in the community. Building on the new HealthPathway, Transgender Health in Children, we have been able to grow psychological and peer support capacity across community providers. Within four months (to December), community-based specialists have taken on 28 rangatahi transferred from CAFs (clearing the waitlist) and an additional 80 rangatahi referred through the HealthPathway by GPs. This is making a real difference for these individuals and their families.

Living Well

Increasing support for Primary Care: Delivery of the new Comprehensive Primary Care Team model is progressing well. Te Waipounamu now has contracts and associated facilitators in place as well as a growing number of team member positions across Te Waipounamu. Local tailoring of the programmes is still taking place in some areas, but strong integrated community-led approach is being supported and positive feedback is already being received regarding the partnership between Hauora Māori and Pacific providers and general practice.

Improving Pacific People's Health: In response to the community voice, Te Whatu Ora has supported Tangata Atumotu Trust to establish a presence in Ashburton, an area where longstanding service gaps have been identified for our Pacific community. In partnership with Waitaha PHO this work will improve access to health services for our Pacific community, focusing initially on general practice, immunisation, screening, and social work services.

Reducing Waits for Planned Care: A key goal for 2023 was reducing the number of patients waiting over 365 days for treatment. Despite the resource issues faced across Te Waipounamu, progress is evident. At the end of September (Q1) there were 1,736 patients that, if remained untreated, would have been waiting over 365 days by the end of December - at the end of December (Q2) this number was down to 343. A greater emphasis on regional collaboration has enabled patients to be transferred between districts for quicker access to care. The team have also focused on delivering additional theatre sessions and out-sourcing to private providers to reduce wait times. Regional planning and reporting processes continue to be strengthened to ensure the region is moving forward as one.

Equitable Access to Cataract Surgery: Te Waipounamu HSS are increasing referrals for cataract procedures, in anticipation of delivering 80-100 additional cataract procedures before 30 June (a 40% increase on current volumes). This work is being supported by national funding to deliver on our region plan to reduce current waiting lists and align Clinical Priority Assessment Criteria score thresholds for access to cataract surgery to 46. This work will improve access overall and eliminate differentials that existed across the South Island with threshold scores previously ranging from 48-61 depending on where you lived.

Ageing Well

Reducing ARC Nursing Gaps: As highlighted last quarter, the English exam is a barrier to Internationally Qualified Nurses in ARC, gaining access to the Competency Assessment Programme and subsequent NZ nursing registration. Our West Coast team trialled targeted English tuition to help address chronic registered nurse shortages, with two of the five ARC facilities on the West Coast closed to hospital-level admissions for 12 months+ due to RN shortages. Five nurses have since passed their exams and over the past quarter all five ARC facilities have re-opened to new admissions. This success means, Coasters who need hospital-level care can remain closer to home and whānau.

Other Items of Interest – Q2

Te Whatu Ora Southern and the University of Otago have co-designed a refreshed policy and consent form for student involvement in care. This includes capturing a patient's consent to have students involved, what elements of care a student can do under supervision or whether they simply observe, and a specific section regarding sensitive examinations. This mahi will help improve people's experience and safety in our health system.

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1 February Immunisation Update

Cameron Bradley (Public Health Development Manager)

Paul Rowe (Co-Chair Te Waipounamu Immunisation Leadership Group)

Sophie Glover (Coordinated Community Care Programme Lead, Prevention Development and Delivery Lead)

Current Immunisation Rates

Quarter 2 2023/24 – Oct to Dec 2023

Fully = received all scheduled vaccinations up to the selected milestone

- 1 July 2024 target = 90%
- 1 July 2025 target = 95%

Opportunity = still a window to vaccinate in this quarter

Missed = did not receive all scheduled vaccinations in a timely manner

Declined = refused one or more vaccinations

Opted off = opted off communications about vaccinations

District	Status	8months				2 years			
		Total	Māori	Pacific	Asian	Total	Māori	Pacific	Asian
National	Fully	81.4%	65.5%	76.4%	94.8%	82.3%	66.7%	81.8%	92.3%
	Opportunity Number	597	309	99	48	547	265	69	61
	Opportunity	4.4%	8.6%	6.5%	1.7%	3.4%	6.4%	4.5%	1.9%
	Missed	7.9%	15.4%	12.1%	2.6%	6.8%	13.4%	8.3%	4.0%
	Declined	5.7%	9.8%	4.5%	0.8%	6.9%	12.5%	5.1%	1.5%
	Opted Off	0.6%	0.8%	0.5%	0.1%	0.6%	0.5%	0.3%	0.3%
Te Waipounamu	Fully	88.9%	80.9%	82.1%	96.1%	89.2%	82.5%	91.1%	93.9%
	Opportunity Number	51	16	5	5	29	9	2	2
	Opportunity	1.8%	2.8%	3.3%	1.1%	0.9%	1.4%	1.5%	0.4%
	Missed	3.2%	6.6%	6.0%	1.4%	2.6%	5.0%	2.2%	3.5%
	Declined	5.6%	8.3%	6.0%	1.4%	5.9%	9.9%	3.7%	2.0%
	Opted Off	1.3%	1.4%	2.0%	0.0%	1.4%	1.1%	1.5%	0.4%
Nelson Marlborough	Fully	80.8%	75.8%	90.9%	92.9%	84.6%	75.0%	90.9%	91.4%
	Opportunity Number	10	3	1	1	6	2	1	0
	Opportunity	3.1%	4.8%	9.1%	3.6%	1.6%	2.5%	9.1%	0.0%
	Missed	2.8%	1.6%	0.0%	0.0%	3.5%	6.3%	0.0%	8.6%
	Declined	11.3%	17.7%	0.0%	3.6%	10.5%	16.3%	0.0%	0.0%
	Opted Off	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Te Tai O Poutini	Fully	68.7%	71.4%	50.0%	100.0%	69.0%	65.2%	0.0%	50.0%
	Opportunity Number	1	0	0	0	0	0	0	0
	Opportunity	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Missed	4.5%	9.5%	25.0%	0.0%	3.4%	8.7%	0.0%	25.0%
	Declined	9.0%	4.8%	0.0%	0.0%	11.5%	21.7%	0.0%	25.0%
	Opted Off	16.4%	14.3%	25.0%	0.0%	16.1%	4.3%	100.0%	0.0%
Waitaha	Fully	90.4%	83.6%	80.8%	96.0%	90.5%	83.8%	90.9%	95.8%
	Opportunity Number	26	9	4	4	15	5	1	1
	Opportunity	1.7%	2.8%	3.8%	1.3%	0.8%	2.4%	1.3%	0.3%
	Missed	2.7%	5.2%	6.7%	1.3%	2.4%	4.1%	2.6%	2.0%
	Declined	4.2%	7.1%	6.7%	1.3%	5.1%	8.8%	3.9%	1.7%
	Opted Off	1.0%	1.2%	1.9%	0.0%	1.2%	1.2%	1.3%	0.3%
South Canterbury	Fully	89.3%	82.4%	85.7%	100.0%	88.9%	84.0%	100.0%	77.3%
	Opportunity Number	0	0	0	0	2	0	0	1
	Opportunity	0.0%	5.9%	0.0%	0.0%	1.2%	0.0%	0.0%	4.5%
	Missed	2.0%	5.9%	0.0%	0.0%	3.1%	8.0%	0.0%	9.1%
	Declined	8.7%	11.8%	14.3%	0.0%	4.3%	4.0%	0.0%	9.1%
	Opted Off	0.0%	0.0%	0.0%	0.0%	2.5%	4.0%	0.0%	0.0%
Southern	Fully	87.7%	77.9%	88.0%	96.6%	90.4%	85.6%	91.9%	93.6%
	Opportunity Number	14	4	0	0	6	2	0	0
	Opportunity	1.9%	2.9%	0.0%	0.0%	0.6%	1.2%	0.0%	0.0%
	Missed	4.6%	11.4%	8.0%	2.2%	2.7%	4.2%	2.7%	4.3%
	Declined	5.2%	7.1%	4.0%	1.1%	5.4%	8.4%	5.4%	1.1%
	Opted Off	0.6%	0.7%	0.0%	0.0%	0.8%	0.6%	0.0%	1.1%

Immunisation Landscape

- Accountability – Public Health
- Responsibility – Spread across Te Whatu Ora, including Public Health, Commissioning, and Pacific Health, and Te Aka Whai Ora

- Te Waipounamu Immunisation Leadership Group has been operational for ~ 9 months now
- Operational arms and activities for districts still differ slightly
- Coordinated Community Care team, Prevention Development and Delivery Lead role, and Commissioning system design roles now in place
- Review of the above currently being undertaken to recommend options for a more coordinated regional model

Coordinated Community Care Programme

- The CCC Programme is a partnership programme between Te Aka Whai Ora, and Te Whatu Ora Public Health, Commissioning, and Pacific Health directorates.

- The CCC Programme is administering seven funds contributed by the above four partners in a coordinated manner.

- Following the development of a partnering agreement approach the CCC programme has commissioned $2.7m to 18 Hauora Māori Partners and Pacific Providers, with an additional 18 partnering agreements expected over the next few months (total budget for this is $4.2m).

- The CCC Programme has:
  - Disestablished Te Whatu Ora operated Covid19 vaccination programmes and Care in the Community Hubs, transitioning these functions into the community.
  - Increased Immunisation Coordinator resource by 6FTE across Te Waipounamu to support the onboarding of new immunisation providers and childhood vaccinators.
  - Increased NIR/AIR resource by 3.6FTE to support with the transition to AIR.

- The CCC Programme is currently:
  - Undertaking a piece of work researching the barriers to immunisation for Midwives, LMCs and Well Child Tamariki Ora Providers in Te Waipounamu and addressing these barriers as we go.
  - Establishing Community Connectors, organisations which will coordinate care for whānau across multiple providers, accept referrals from other orgs to provide holistic healthcare for whānau, and administer a manaaki fund for communicable diseases.