



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Te Rapa Hou Meeting

Combined BOPHAC/CPHAC-DSAC

Agenda

Wednesday, 27 October 2021
1.30 pm

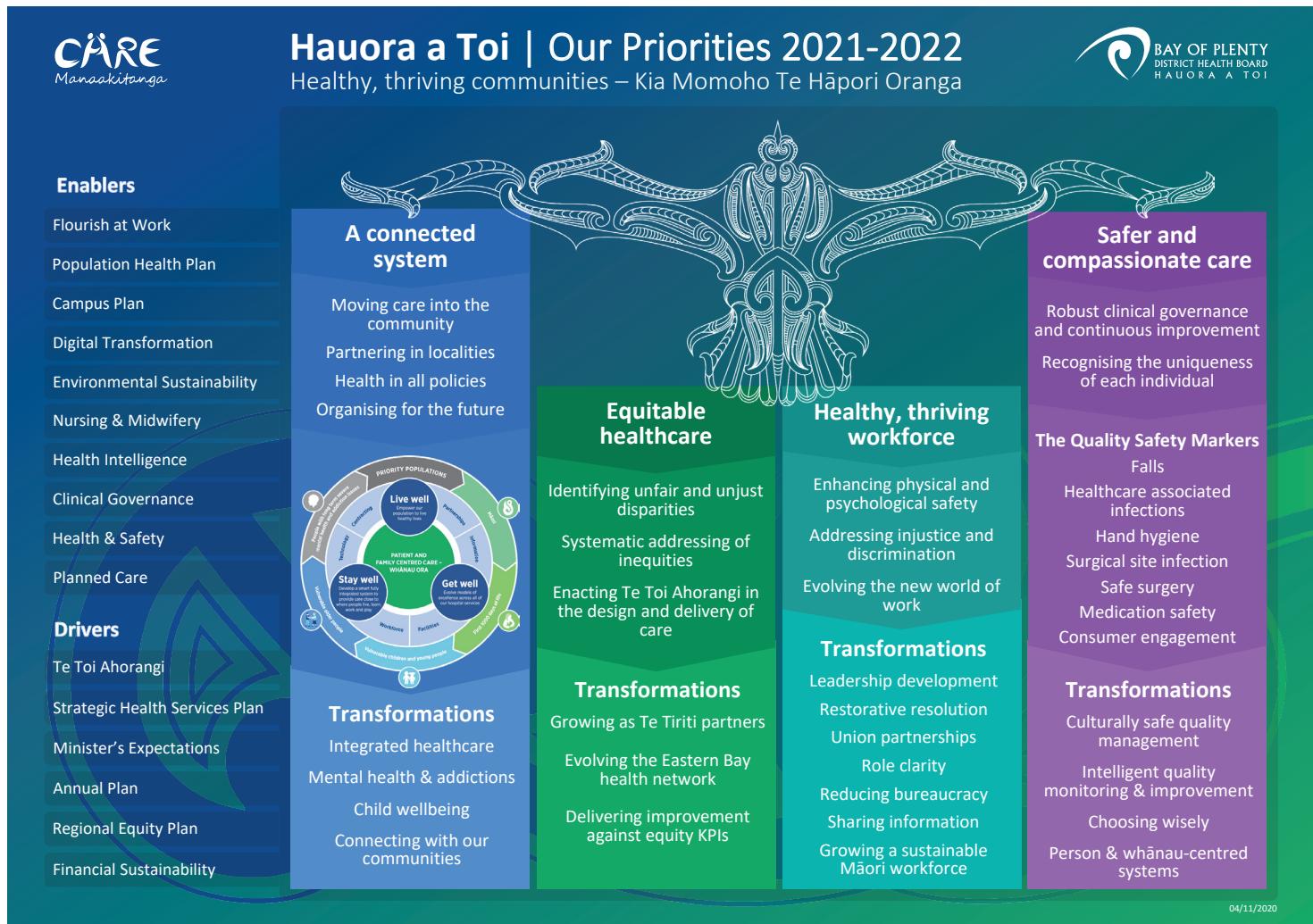
via ZOOM

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

Principles

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

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



Board Agreed Transformation Priorities

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

Top 12: Executive Spotlight

Increase the number of infants that have completed all age-related immunisations

Reduce avoidable hospital admissions among children 0-4

Increase number of patients enrolled and actively engaged in GP services

Reduce DNA rates for children between 0-17 years

Reduce avoidable hospital admissions among adults aged for 45 - 64 year olds

Reduce the time to appropriate management of acute presentations

Reduce LOS for Acute Admissions

Reduce the number patients who have been in hospital 7 days or more that do not require a hospital bed

Reduce the number of patients that remain untreated after 4 months after commitment to treatment

Improve inpatient Quality and Safety

Increase Maori in the workforce across occupational groups and across Western and Eastern BOP

Increase access rates to Mental Health and Addiction services

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

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

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

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

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

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

Link to Actions and Evidence



Item No.	Item	Page
	<p>Karakia</p> <p>Pou hihiri Pou rarama Pou o te hakaaro Pou o te tāngata Pou o te aroha Te pou e here nei i a tātou Mauri ora ki a tātou Haumi ē. Hui ē. Tāiki ē</p> <p>May clarity be yours May understanding be yours Through reflections Through personal endeavour Through respect The virtues which bind us as one May we be filled with wellbeing Haumi ē. Hui ē. Tāiki ē</p>	
1	Apologies	
2	Interests Register	5
3	Minutes 3.1 <u>Te Rapa Hou - Combined Committee 25.8.21</u>	13
4	Matters Arising	16
PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES		
PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY		
5	Items for Discussion 5.1 <u>Provider Arm / Planning & Funding Report</u> 5.2 <u>General Business</u>	17
6	Resolution to move into Confidential	

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated October 2021)



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



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



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

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

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



Bay of Plenty District Health Board
Committee Members Interests Register

(last updated July 2021)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST	DATE INTEREST EXPIRED
CURRY, Paul: CPHAC/DSAC Community Rep					
Journey Together	Director	Disability Support Service	Low – Was Imagine Better provides local area coordination service which may interface with DHB	November 2013	
AccessAbility	Director	Disability Support Service	Low – AccessAbility provides needs assessment service in Taranaki and Southland	November 2013	
Imagine Better	Director	Disability Support Service	Low – Imagine Better provides local area coordination service which may interface with DHB	November 2013	
Wellington Paraplegic and Physically Disabled Trust Board	Chairperson	Grant making trust board	Low – Scholarships for people with disabilities	25 years	
Child Development service Advisory Group	Member	Advisory body to BOPDHB	Low – no apparent conflict	September 2020	
Momenta (Avalon) (BOP) Incorporated	Deputy Chair	Disability support service	Low – hold Ministry of Health contracts	December 2014	
Western Bay of Plenty Disabled Persons Assembly	Vice President	Disability advocacy service	Low	June 2014	
Institute of Directors	Member	Leadership and Governance Organisation	Nil	October 2013	
Panamac Enterprises Ltd	Director	Private, social, community development, health and disability consulting company	Nil	February 2013	

THURSTON, Lyall , Lakes DHB CPHAC/DSAC Rep - 1992-1998 Director, Midland RHA. 1997 Director, Transitional Health Authority (THA), 1998-2001 Member, National Advisory Committee on Health and Disability Services Committee (NHC), 2001-present Elected Member Lakes District Health Board. Justice of the Peace.				
Bay of Plenty Regional Council	Councillor			
Bay of Plenty Regional Council – Regional Transport	Chairman			
Bay of Plenty regional Council – Public Transport	Deputy Chairman			
Bay of Plenty Regional Council – Clean Air Working Party	Chairman			
Bay of Plenty Regional Council – Geothermal Liaison Group	Chairman			
Lakes District Health Board	Board Member			
Lakes DHB Disability Support Advisory Committee	Chair			
Lakes DHB Community & Public Health Advisory Committee	Member			2016
Lakes DHB Air Ambulance Advisory Committee	Chair			
BOPDHB Hospital Advisory Committee	Member			2016
Taupo Health Forum	Member			
NZ Institute of Directors	Member			
CCS Disability Action	Past National President			
CCS Disability Action	Life Member			
CCS Disability Action Bay of Plenty	Life Member			
Rotorua Museum Centennial Trust	Chair			
New Zealand Aria	Trustee / Convenor			
GP Searancke Family Trust	Independent Trustee			
Son, Simon - Rotorua Lakes Council	Senior Policy Planner			
Son, Oliver, Sport & Recreation , Office of Hon Grant Robertson	Private Secretary			

MP					
PUKEKURA-MARSDEN, Kipouaka – Runanga Rep					
Umuhapuku no 4 Trust	Trustee/Chair	Matahaka Island whenua/papa kāinga	Nil	2021	
Ministry of Justice	Justice of the Peace	Public servant, community ministerial duties	Nil	2020	
Ministry of Justice	Justice Liaison ki Tauranga	Kaiwhakawa Mana Nui o Aotearoa	Nil	2020	
Ranginui 6b	Trustee/Chair	Whenua development, papa kāinga	Nil	2020	
Quality, Health & Safety Commission BOPDHB	Member	Child & Youth Mortality Review committee	Low	2019	
Ngāti Pūkenga Iwi / Whetū Marae	Strategic Planning Committee	Ngāti Pūkenga progression of new Ngāti Pūkenga Iwi ki Tauranga entity	Nil	2019	
Maungatapu Marae Trustees	Secretariat/Treasurer	Maungatapu Marae tribal authority	Nil	2019	
MSD Tauranga	Ngāti Pūkenga Iwi	Iwi recruitment for senior Māori staff	Nil	2019	
Mana Moana	Ngā Ringa Raupa o Mana Moana	Tauranga Moana/Hauraki Collective overlapping Waitangi Claims	High, only if HC win their claim	2018	
Kaitimako B & C Trust	Trustee/Chair	Crown/Māori land owner relationships	Nil	2013	
Tauranga Moana Kuia & Koroua	Kaiwhakarite	Kahui Kaumātua o Tauranga Moana	Nil	2010	
Welcome Bay Community Centre	Board	Providing all types of aid and support to the communities in its catchment area	Nil	2007	
Ngātai Whānau Trust	Trustee/Chair	Tūpuna whenua and assets	Nil	2001	



Minutes

Te Rapa Hou Committee

Bay of Plenty Combined

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

Via ZOOM

Date and Time: 25 August 2021 at 10.30 am

Board: Arihia Tuoro (Chair), Geoff Esterman (Deputy Chair) Sharon Shea, Ron Scott, Mark Arundel, Bev Edlin, Ian Finch, Marion Guy, Lindsey Webber (PHO Rep), Lyall Thurston (Lakes DHB Rep), Kipouaka Pukekura-Marsden (Runanga Rep), Natu Vaeluaga

Present: Linda Steel

Attendees: Pete Chandler (Chief Executive), Mike Agnew (Acting GM Planning & Funding and Population Health), Bronwyn Anstis (Acting Chief Operating Officer), Kate Grimwade (Chief Medical Officer), Debbie Brown (Senior Advisor, Governance & Quality), Sarah Mitchell (Director, Allied Health, Technical and Scientific), Marama Tauranga (Manukura, Te Pare o Toi)

Item No.	Item	Action
	Karakia The meeting opened with a karakia. Acknowledgment was made of the passing of Sir Michael Cullen, Kihi Ngatai of Ngaiterangi, Ngati Ranginui, uncle Bill Maxwell from Torere, Pairama Ranapia and Joe Mason from Ngati Awa	
1	Apologies An apology was received from Paul Curry Resolved that the apology from P Curry be received. Moved: H Ahomiro Seconded: B Edlin	
2	Interests Register Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts or changes were advised.	
3	Minutes 3.1 <u>Minutes of the Previous Te Rapa Hou Meeting - 28.7.21</u> Resolved that the minutes of the meeting held on 28 July 2021 be confirmed as a true and correct record. Moved: M Guy Seconded: A Tuoro	
4	Matters Arising Matters Arising were in progress or completed as indicated.	

Part A; Future Focus and Key Strategic Issues	
<p>5 Items for Discussion</p> <p>5.1 <u>Equity Activities</u> The paper specifically considers measures and processes relative to BOPDHB systems, particularly breast screening and immunisation. The questions raised are pertinent.</p> <p>Breastscreening: There has not been a mobile service in Opotiki for 10 years. This has started up again within the last 2 months. The Mayor of Opotiki has been a strong advocate for that. It is expected to continue.</p> <p>Waikato holds the contract for the Midland region until December and has discussed with Bay Radiology, who wish to contract directly with the Bay of Plenty. Waikato DHB will be providing more detailed information on this in September.</p> <p>Query was raised regarding an equity matrix on MOH website which details performance on breast and cervical screening which would be helpful. As of December 2020 Pacific women breast screening rates had achieved equity. For Maori it was not as good so there is work to do. There are lessons to be learnt regarding a better end to end service.</p> <p>Query was raised as to the methodology behind enrolments and there being one provider across the BOP. People who enrol may not go on to use the service. There have been no analytics undertaken as yet. Te Pare o Toi has discussed and it will be a consideration for post December. There are local champions for the equity issues. Work is required on how the success factors for Pacific women can be applied to Maori.</p> <p>Influenza: Comment was made that the basic premise that those closest and trusted with whoever needs something done need to be renumerated as encouragement. This could also work well with other areas. There are a number of places to go to receive flu vaccinations, however encouragement to obtain the flu vaccination needs to take place and there are a number of local agencies who could do this. Query was raised as to capitation funding. Capitation funding is insufficient at a community level.</p> <p>Kaiawhina working with people works well and can cover a raft of health issues at one time. Funded roles are required for this purpose.</p> <p>Comment was made regarding workforce and the untapped potential in the unregulated workforce to carry out immunisation, HPV, screening etc, creating a legacy workforce. The Committee requested that this be followed up in earnest as an opportunity. It is a responsibility of the whole health system.</p> <p>5.2 <u>Community In-Reach and Reablement</u> Sarah Mitchell, Executive Director AHST, in attendance The paper was taken as read.</p>	EDP&C / GMCS

	<p>Query was raised as to whether an evaluation has been undertaken on Reablement and whether there is a cost to benefit analysis as it appears a small number.</p> <p>There is an evaluation being undertaken and this will include a cost benefit analysis. The In-reach has only started in the last month and the team have been diverted onto other duties because of the level change. The numbers will go up significantly going forward.</p> <p>Queries were raised regarding:</p> <ul style="list-style-type: none"> • <i>The recruitment process.</i> The Community team is based in the community and come into the wards to discuss eligible patients, with appropriate people. • <i>The assumption that Maori do not fulfil prescriptions and how referrals are made.</i> Some pilots do not address what is known, particularly regarding racism within the system. There is cultural assurance indicated in this paper. Te Pare o Toi has worked in partnership for the initiative, part of which is monitoring the Te Ora model of care. • <i>How the programme works.</i> Example – A frail person is admitted to the ward. Rehabilitation takes place in the ward. Ongoing rehabilitation needs would typically be within the ward, however the community team advise that this would be better placed at home. The patient is taken home, given the rehabilitation and maintained at home. <p>The programme is part of a 2018 initiative which saw the employment of more rehabilitation assistants. There is modelling taking place together with skill mix considerations which may include unregulated roles.</p>	
<i>Part B; Monitoring, Compliance and Business as Usual Delivery</i>		
6	<p>6.1 <u>General Business</u></p> <p>There was no general business</p>	
7	<p>Resolved that the Committee move into Confidential</p> <p>Moved: A Tuoro Seconded: G Esterman</p>	
8	<p>Next Meeting – Wednesday 27 October2021</p>	

The meeting closed at 11.15 am

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



Te Rapa Hou

Combined BOPHAC/CPHAC-DSAC Meeting

Matters Arising (open) – October 2021

Meeting Date	Item	Action required	Action Taken
25.5.21	6.1	Planning & Funding/Provider Arm Report Governance and Quality Query was raised with regard to the intended paper for a single cohesive structure. The paper will be all encompassing of governance, quality, innovation etc and builds on a paper compiled in December. The paper will be presented to the Committee next month. - CMOs	In progress Update below
The new role of Executive Director HQSS has been advertised and shortlisting is underway. While the Executive Management Team was supportive of the proposed single cohesive structure it was agreed that the New Executive Director HQSS will lead the development of the structure and the subsequent Management of Change consultation process. Once this consultation paper is drafted it will be brought to the Committee			
25.8.21	5.1	Equity Paper – Unregulated Workforce Comment was made regarding workforce and the untapped potential in the unregulated workforce to carry out immunisation, HPV, screening etc, creating a legacy workforce. The Committee requested that this be followed up in earnest as an opportunity. It is a responsibility of the whole health system – EDP&C - GMCS	In Progress

Provider Arm / Planning & Funding Report

This report covers the period to October 16, 2021

COVID

Preparing for the “Living with Covid environment” has been a significant focus this month. Ongoing vaccination rollout included a successful big day out on Saturday 16th October. Pandemic plans are currently being updated locally with work being undertaken to ensure regional and national alignment.

Despite high occupancy levels continuing at both sites 24 beds in an inpatient ward in Tauranga hospital have been decanted and the Coronary Care Unit (CCU) planned to move (October 21) to a temporary location for CCU inpatients to enable the Ministry of Health Pandemic Response and Oxygen Infrastructure Upgrade to commence.

Promoting COVID vaccination in Workplaces

Toi Te Ora led a vaccination “myth busting” session delivered at Accessible Properties, a Silver accredited WorkWell workplace as a trial. Following the success of this session, a webinar is being developed and will be made available to all WorkWell workplaces and stakeholders.

Palliative Care Services Review

Prue McCallum and Kim Blair are finalizing the Programme Charter and stage report which highlights the work that has been done, the work in progress, and the work still to be done. Priority has been given over the past few months to Coordination of Palliative Care Services across Primary services and testing a single point of request for assistance, particularly for clients/whānau who are not receiving support from Hospice.

Two palliative care clinical networks (PCCN) have been set up (WBOP and EBOP) however:

Challenges in WBOP: no Māori representation, no representation from NMO, limited hospice participation.

Challenges in EBOP: main hospice participant (NP) is leaving post with no replacement, different GP representation at each meeting because main GP liaison has been seconded to COVID work. Governance structures for consumers and managers are yet to be set up.

Initial work has started on quality measures, out-of-hours arrangements and the feasibility of night nursing in EBOP. A Researcher has been appointed to carry out research into the needs of Māori whānau.

Two Palliative Care Coordinators work alongside Community Care Co-ordination (CCC) to explore and collate the palliative care needs of our population and to help facilitate equitable and timely access to services that are whānau- centred. This fits with requests from primary practice and the palliative care network meetings, for involvement from the CCC to assist with coordination of palliative care in the community.

These coordination roles will link in with the current work being facilitated by Te Pare ō Toi to explore and co-design a kaupapa Māori approach/model to palliative care.

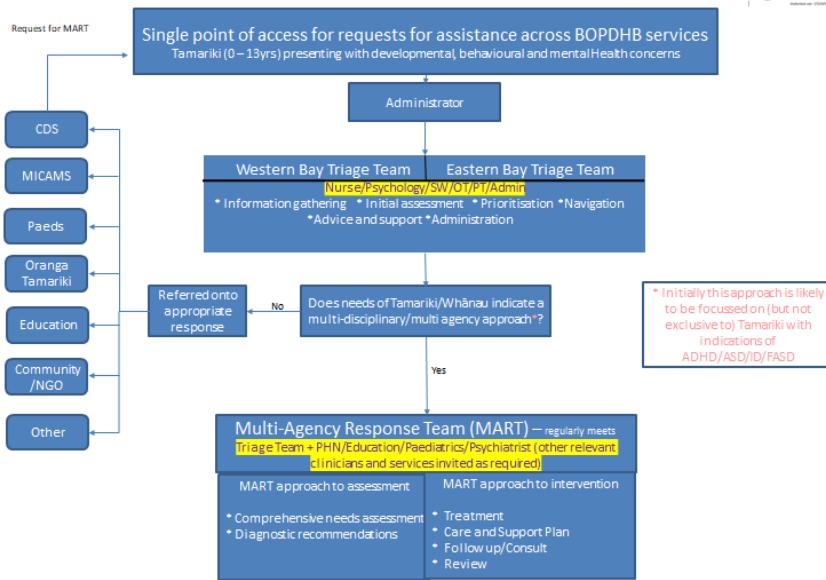
CHIRP – Child Health Integrated Response Pathways – the DHB’s answer to children bouncing between services and falling between gaps.

The CHIRP vision is to move from criteria and service defined model to create a child at the centre and bring about efficient, coordinated, and collaborative care. The aim is for all Tamariki and their whānau, who are experiencing behavioural, neuro-development or mental health concerns to experience timely, responsive, and integrated care that matters to them. The figure below outlines the pathway approach.



Child Health Integrated Response Pathway

 BOP DHB Child Health Services that are Delivered in the Community



A project working party has now been formed with representation from Mental Health, Child development Services and Paediatrics. All clinical disciplines are represented and an equal representation from the East and West BOP. This group design, test and then implement the model over the course of the next six months, guided in their actions by a Steering Group with strong consumer and equity representation and assurance.

The timeline for the project is below:

Implementation of CHIRP - Road Map																																
TIMELINE																																
Sep - 21	Oct-21	Nov-21	Dec-21	Jan-21	Feb-21	Mar-21	Apr-22	May-22	June-22	July-22	Aug-22																					
Target Operating Model – Future Way of operating on completion of Project										Go Live																						
Planning and consultation with stakeholders to develop model				Implement and Test model																												
Complete Project Charter																																
Communication Plan																																
Identify Key Stakeholders	Workshops/roadshow/Drop In's/Q & A	Communication updates/flash reports/Drop In's/Q & A				Ongoing BAU communications																										
Data/Monitoring																																
Confirm measures – What will success look like			Shared reporting Dashboard																													
Establish baseline Data set			Capture qualitative feedback from consumers/providers/Workforce																													
Workforce Planning																																
Commerce Union consultation		Embedding the Culture of Collaboration																														
Cultural Assurance																																
Consultation and Planning with Maori providers/partners			Equity lens applied applied to all data measures																													
Co-location Child Team/Micams/CDS																																
Consultation and Planning Child development Services/Child Team(Micams) Western Bay						MOVE to new co location																										
Consultation and Planning Child Development Services/Voyagers Eastern Bay						MOVE to new co location																										

Education and Training

Toi Te Ora Building Blocks for Hauroa

Toi Te Ora delivered two Building Blocks professional development sessions for Early Learning Services staff and whānau. The first was on skin infections and was held at Te Kohanga Reo O Ruatahuna. The second was on Healthy Kai and Healthy Smiles (Oral Health) and was held in Omokoroa, and included participants from Katikati. Both workshops were well received by the participants.

Digital Enablement

Medications and prescriptions for rural communities

NZePS (Electronic prescribing) has been largely rolled out into primary care. An electronic prescription solution for secondary delivery will need to be identified. Closed loop reporting for medications will need to be established.

Electronic Lab test ordering

Initiative is currently in establishment phase. Initial team has been identified. Scope is yet to be fully defined. Rollout is likely to be a hybrid model along-side paper form.

Island Telehealth

Funding from the MoH has been awarded via WBOPPHO. Radio mast has been installed on Matakana Island now delivering broadband speed internet to the clinic. Radio mast has been installed on Motiti Island.

Telehealth models of care will be established for primary care video consultations and Secondary care Outpatient clinics. Appropriate equipment will be investigated for self-testing of vital signs.

COVID19 Hosted PMS and Vaccination Data Management

Local booking system has been in production since March and is still being used to support vaccination initiatives not targeted at the public.

Bay Park, Quay Street and First Avenue have been migrated onto the national booking system (NIBS).

Forecast reporting from the national system has been restored. 10 Pharmacies and 2GP practices are now live on bookmyvaccine (NIBS).

Telehealth

The key drivers are: Promoting Telehealth as an accepted mode of delivery by clinicians to deliver patient consultations has been a priority especially during COVID lockdowns. Appointing a Telehealth Sustainability Team. Digitizing the Telehealth scheduling workflow for clinical and non-clinical users to encourage a higher uptake of Telehealth as an accepted normal mode of delivery to face to face patient consultations. And Identifying and developing Telehealth dedicated clinic rooms and community hubs.

Centralized diagnostic repository to avoid unnecessary testing

Currently many diagnostics are repeated due to a lack of visibility across the sector. This workstream aims to reduce duplicate tests while improving visibility for clinicians.

Diagnostic results identified for collection and subsequent central are:

- Retinal screening
- Hospice patient status
- Private radiology
- Interrai summary dashboard
- Asthma society spirometry
- Audiology results
- Optometrist information
- Community INRs
- Plunket
- Midwives
- Podiatry

Mental Health and Addictions Services

Integrated Primary Mental Health & Addiction (IPMHA) services

Discussions continue around a mixed model involving GP as well as PHO led employment arrangements. Tranche one rollout will involve GP employment of IPMHA staff with negotiations being finalized.

PHOs have concluded interviews for Health Improvement Practitioners and Health Coaches with all PHOs making appointments. Health Improvement Practitioners - four out of six full-time equivalent positions were appointed. Health Coach - five out of seven-and-a half full-time equivalent positions were appointed. A recruitment plan is being developed which will focus on the recruitment of the remaining vacancies.

Training for new staff will now be delivered online (due to COVID-19 alert level 2 requirements). The project remains on track with slight delays due to training changes and further recruitment activity required to fill vacancies.

Integrated Healthcare

Breast Screening BOP

Progress is being made to ensure that there is a continued source of routine breast screening, assessment, and treatment options for cancer service pathway beyond Dec 2021 when the Lead Provider (Bay Radiology) prepares to end their contract with Breast Screen Midland / Waikato DHB.

The information that Waikato DHB shared this month with BOPDHB did not provide sufficient detail and raised concerns around the proposed funding and model proposed by Waikato DHB. Waikato DHB have been requested to put in place contingency planning beyond December 2021.

Breastfeeding Performance

In order to improve exclusive breastfeeding of 3 month old infants, , the earlier inequities need to be addressed. Two community kaupapa Māori breastfeeding support services have seen a steady increase in volumes over the past year, which will impact future breastfeeding prevalence. Western Bay is provided by Poutiri Trust and the Eastern Bay service is provided by the East Bay iwi alliance (Ngati Awa lead) and Plunket as partners.

In the past 12 months the combined two services have supported 693 mama and pepi and their whānau - 356 in the Eastern Bay and 337 in the Western Bay (last year the service supported 556 mama and their pepi).

BOPDHB breastfeeding key performance indicators:

- 80% of non-Māori and 79% of Māori infants are exclusively breastfed at 2 weeks of age (inequity of 1%) This result has seen a 5% improvement in the equity gap from last year.
- 74% of non-Māori and 67% Māori infants are still exclusively breastfed at discharge from LMC at 4-6 weeks post-natal (inequity of 7%) This result has seen a 4% improvement in the equity gap from last year.
- 66% of non-Māori and 52% of Māori infants continue to be exclusively breastfed at 3 months old (inequity of 14%). This result has seen a 5% improvement in the equity gap from last year.

Social and Cultural Support for Homeless People

Takitimu House is a transitional housing facility situated in Elizabeth Street, Tauranga.

BOPDHB fund Takitimu house to provide social and cultural support through a Kaiwhakatere role for Western Bay homeless male population who access Takitimu house shelter and support. Between 1 July 2020 and 30 June 2021 there were 83 presentations were made to the kaiwhakatere. 100% of guests completed a goal / housing assessment and consent forms.

"Maori are overrepresented within the homeless and displaced community therefore a culturally specific service is required to walk alongside Maori men to re-connect with whanau Iwi and Hapu. We envisage that by walking alongside Maori men who access our service and through the process of manaakitanga and whanaungatanga, we can establish respectful relationships with the client, their whanau support (as identified by them) and the community to ensure positive experiences and outcomes towards a space of Mauri Ora, Waiora and Whanau Ora." – Jewel Tipene, Kaiwhakatere at Takitimu House.

The 'live in' environment provides the greatest opportunity to assess many aspects of the client's wellbeing, health, addiction, motivation, behavioural concerns, ability, or willingness to progress their stated goals. Often Takitimu House clients are unable to access their own registered GP due to debt, this is addressed whilst the clients are residing there. Clients are required to undergo a full housing and goal assessment. Each individual is expected to proactively seek tenancy in private, community and social sectors with support, depending on the individual needs.

Opening in 2014, the Takitimu Trust focuses on ending the cycle of homelessness for hard-to-reach men living on the streets, subject to police stand-down orders, evicted from tenancies, exiting prisons and hospital wards. In the eight years since opening 1290 men with high and complex needs have registered and received assistance through Takitimu House, twenty men live on site at any given time.

Support Net

The Teams have managed well during the latest lockdown period and associated changes in alert levels and restrictions with many staff working from home during this time. There have been some changes and adaptions to how some work is carried out with phone and zoom assessments when appropriate.

Planning has started regarding the move to a Case Mix model (as required by the MOH) of community support funding and the impact of this for Support Net. There will need to be a significant increase in staff resourcing to transition to this new model and a business case will be developed.

The move and co-location with other community services in Te Whare Whakamana is working very well and there has been a positive impact on how teams are working together.

Supporting hospital discharges remains a risk particularly in Tauranga, due to reduced provider capacity. Providers are continuing to be impacted by having difficulty in recruiting staff across the Support Net / CCC area and particularly in rural areas such as Waihi beach, Katikati, Murupara and Te Kaha.

Suicide Prevention and Postvention Plan Programme

The SPPC has been actively involved in identifying and coordinating postvention support for those affected by suicides including whānau, friends and service staff.

There has been close liaison with DHB MH&AS, local postvention response teams, Victim Support, Grief Support Services, Ministry of Education and CASA.

Opportunistic Covid vaccination of Māori inpatients and their whānau,

Tauranga Hospital is being provided to Māori inpatients at Tauranga Hospital (initially focusing on the Kaupapa Ward (2A).

Keeping Me Well – Community In-Reach and Reablement (CIR)

Progress impeded this month due to Covid-19 lock down restrictions. The project team joined Community Allied Health to support an acute response only, and non-essential rehab visits were put on hold to reduce risk of exposure.

Worked with Te Pare ō Toi to ensure a strong focus on engaging with Māori and addressing equity within the project.

A bespoke training session ‘engaging effectively with Māori in the acute setting’ was delivered to the project team by Te Pare ō Toi Health Navigator and Toi Ora & Equity Project Manager.

First test of change focussed on a proactive series of steps to identify and engage Māori. This was completed in partnership with Toi Ora & Equity Project Manager. Interestingly of the 7 Māori patients on the medical floors, none were identified as appropriate for a CIR approach. Test to be repeated on medical and surgical floors. Good learnings were obtained, and CIR now receive a daily report which identifies Māori patients on the ward, and they will continue to directly engage with these patients and introduce the concept of an in-reach and reablement approach to these patients where appropriate.

Respiratory

Working alongside the Asthma Society to provide clear pathways for patients requiring ongoing education and support within the community is improving equity of access and ensuring that all participants in patient care (GP, Asthma Society, and respiratory specialist services) are linked to avoid duplication and confusion for patients.

An example of this is access to spirometry which can be via Asthma Society or Respiratory Physiology service. This can result in duplication of testing and confusion around where to refer patients. Two training days have been set up for Asthma Society staff to ensure that they are fully trained in spirometry. This will increase the quality of service and diagnostic value (and reduce the requirement for patients to be repeat tested for specialist appointments).

Orthopaedic Transformation Programme

Community Orthopaedic Triage Service (COTS)

The introduction to Toi Ora training has taken place with the COTS clinical team. All staff have completed their cultural safety training and are scheduled to attend the Toi Ora training sessions. The MRI pathway is in draft format & has been sent to Orthopaedic Spinal team for comment. This workstream has been identified as a priority by COTS project team, EDAH & Head of surgical services, given current FSA wait-times. The current roadblocks in access to imaging investigations is limiting the true impact of COTS clinics on patient care and onward referral numbers.

A COTS patient satisfaction survey has been developed in both Te Reo Māori and English and will be available to patients to complete during clinic when we move to Covid Level 1.

Lifecurve

LifeCurve uptake has increased to approximately 730 registered users on the app and website. Of these registrations, approximately 7.1% identify as Māori, 81% identify as NZ Euro and 12% identify as other or did not answer. The number of people over 60 years old in the Bay of Plenty that identify as Māori is approximately 12% of the population. The target for LifeCurve™ registrations is to reach a minimum of 12% that identify as Māori.

The LifeCurve™ app will be updated with a new aspiration-based version in New Zealand in 2022. The main focus over the next 12 months is to work in partnership with Te Pare ō Toi and ADL Smartcare to ensure that Māori aspirations for health and ageing are a priority within the new app. Feedback will be received in December from the stand-alone research process being led by Manawaora / The Centre for Health to guide adaptations to the app in line with a Māori world view. Dillon Te Kani, Toi Oranga Whānau, will be providing support to focus on equity for Māori with the LifeCurve™ project over the next several months.

A paper, endorsed by the Manukura, and submitted to Te Tumu Whakarae seeking advice and partnership with the New Zealand National LifeCurve™ Research Group and regarding the distribution of LifeCurve™ to other areas in Aotearoa New Zealand.

Child Wellbeing

The Child Development Service has secured further innovation funding to support a Community Educator role for a one year to work closely with Eastern Bay community improving resources, information, education, and access to timely responses which will improve equity across the region. Western Bay will benefit from the availability of new resources and information.

Autism Pathway

The MOH has provided additional funding which will allow targeted support for the Eastern Bay area and increased support for older children in the Western Bay area.

Childhood Immunisation

Following acceptance by MoH of the BOPDHB Action Plan a new stakeholders forum has been formed to reinvigorate improvements for population coverage, reduced inequality for Maori & Pacific and strengthen system accountability.

First 2000 Days /Toi Oranga Mokopuna

Well child, Tamariki Ora (WCTO) funded project focuses on quality improvement and development on an enhanced delivery model, (informed from '*social complexities*' service development work undertaken by F2000 Days and planned within Te Toi Ahorangi) providing 'an unbroken chain of care` from LMC ante-natal period (pregnancy) through to 5 yrs.

This project will test earlier intervention for some women, children, and whānau to WCTO; that improves transition between LMC and WCTO services at 4-6 weeks and activates additional support as required by whānau.

Te Teo Herenga Waka and Toi Te Ora

Reducing Alcohol Harm

Section 78 (4) of the Sale and Supply of Alcohol Act requires a Territorial Authority to consult with the Medical Officer of Health before producing a draft Local Alcohol Policy for public consultation. Tauranga City Council and Western Bay of Plenty District Council are reviewing their current Local Alcohol Policy and by request, Toi Te Ora sent a letter outlining public health feedback and recommendations in accordance with latest evidence.

Smokefree Aotearoa

The Western Bay of Plenty Smokefree Coalition is working alongside Waipu Hauora to coordinate a smokefree and vape free cars campaign funded through a grant from Te Hiringa Hauora/Health Promotion Agency. This has occurred because of the recent change in legislation which prohibits smoking or vaping in a vehicle with children under the age of 18.

Strengthening community resiliency – food security

Toi Te Ora attended a consultation session on the draft Western Bay of Plenty food security plan 'Mana Kai Mana Ora' to provide feedback and input with a public health lens. Kirsty Maxwell-Crawford from Poutiri Trust has requested Toi Te Ora be involved in the final peer review process.

Toi Te Ora supported an application to the Ministry for Social Development Food Secure Communities Fund on behalf of Te Ika Whenua Hauora for the evaluation component of the Murupara Mara Kai project. Kai Rotorua, Toi Ohomai, Whakatāne District Council, Massey University and Te Ika Whenua Hauora met to work through the details of the community lead research component of the project.

Healthy Active Learning (HAL)

Toi Te Ora is engaging with the national HAL advisor and the Community Wellbeing team in the MOH on Mana Ake - Stronger for Tomorrow. This government funded, schools-based mental health and wellbeing initiative began in 2018 and currently provides support to year 1-8 school children in Canterbury and Kaikoura, promoting wellbeing and positive mental health. Mana Ake also provides advice, guidance, and workshops for parents, whānau and teachers. The whānau component is outlined on the Mana Ake website (<https://manaake.health.nz/supporting-your-child/>) complements other services in schools including those with a wellbeing focus that address drivers of mental health issues such as racism. In April 2021, the government announced the intention to co-design local Mana Ake services in five additional DHB areas including the Bay of Plenty and Lakes region.

Oral Health Promotion

Sharon Herbst, the Toi Te Ora Building Blocks for Hauora Lead met with Simon Everitt who has been contracted by Lakes District Health Board to develop an Oral Health Strategy. Various Toi Te Ora health improvement initiatives in the oral health promotion space were shared including Tap into water, Healthy Active Learning, Building Blocks for Hauora, early learning services professional development workshops, Ka Ora Ka Ako (Lunch in Schools support), He Pi Ka Rere Kohanga Reo model, 5210, WorkWell, BOPDHB Workplace Food and Nutrition Policy and Breastfeeding Friendly Spaces.

Transport policy engagement and advocacy

BOP Regional Council decided in their Long Term Plan to extend free bus travel for school students to and from school across the entire region. This is an improvement on the status quo, but not the full decision sought, which included fare free bus travel for school students at all times. Tertiary students will receive fare free travel at all times, however Community Services Card holders will not. The proposal to introduce flat fee bus fares for all other users will not be introduced. The latter two decisions however, will be revisited in an upcoming comprehensive bus fare review.

BOPDHB Provider Services

National Immunisation Register (NIR) and BOP Childhood Immunisation Collective

A support role has commenced with childhood immunisation to cope with the increase in referrals.

Work is underway implementing the childhood immunisation action plan across the DHB and PHO's.

Post lockdown schools, Early Education Centres, Kohanga and Kura have varying approaches to allowing the team access to sites. The Public Health Nurse (PHN) team are catching up on previous cases and planning for term 4.

The Before 4 School Check (B4SC) programme

Overall performance is pleasing given the disruption of the PHN's being required for COVID vaccination, which has now ceased, and nurses redeployed back to the B4SC programme post COVID lockdown.

Colposcopy

The National Policy & Quality Standards (NPQS) Verification Audit report for Bay of Plenty Colposcopy Services was received September 2021 and noted:

- Managers and staff demonstrated a commitment to ensuring the benefits of screening outweigh the harm, the staff put the women at the centre of all their work, and there is a strong culture that works to give access to all. A particular strength of this service is the experienced team allowing for services to be provided in a planned, timely, professional, and efficient manner.
- Services are being delivered by skilled competent staff following a well understood service delivery model that promotes and prioritizes the needs of women through all stages of service provision.

There were 2 commendations regarding the triage process for woman referred and for the support and information given to each woman about the procedures.

Six recommendations concerning aspects of documentation and reporting were made which the service will work on and there was one recommendation regarding gynecology nurse leadership role.

There were no corrective actions.

E3 Flow (Eastbay, Everyone, Excellent) Whakatāne

The three strands of work in the Acute Flow Programme: Integrated Care, Safe Care and Sustainable Workforce continue. Each of these strands use the lens of Ngā Pou Mana ō Io. Ngā Pou Mana ō Io is an integral part of the BOPDHB He Pou Oranga Tangata Whenua framework within the Toi Ora System of Care.

- **Cellulitis Pathway**

Cellulitis admissions to Whakatāne Hospital have been an area of focus, to reduce demand on acute inpatient beds with specific funded pathway for treatment of cellulitis for a 12 month pilot. The pathway includes two free visits, initial and follow up, and a one stop shop medication pack given at the first visit. The pilot, a collaborative across Whakatāne Hospital and EBPHA has been successful in delivering on the project deliverables when comparing data from 2020/21 with 2019/20. This pathway is now BAU.

Key Results include (Data was based on Whakatane Hospital admissions coded J64 Cellulitis and General Practice claims made to EBPHA):

- Average Length of Stay has reduced from 3.9 days in 2020 to 2.91 days in 2021;
- Occupied Bed days reduced by 32% overall and 34% for Māori;
- 283 reduction in number of total bed days;
- 8% reduction in overall number of patients admitted;
- 17% reduction in admission of Maori for cellulitis
- The claims match the distribution of funding across deprivation quintiles;
- Ethnicity of patients accessing the pathway matches the EBoP population.

- **Rural Hospital Generalist programme**

The BOPDHB has taken the first steps in implementing the Rural Hospital Medicine training programme at Whakatāne Hospital with the establishment of runs for Medicine, Anaesthetic and Emergency trainee positions. Aiming to strengthen the medical workforce in the Eastern Bay, for the beginning stage has commenced of what is hoped to be a 4-year rotational Rural Hospital Medicine.