

Hospitals Advisory Committee Agenda



Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	24 June 2020	Time:	10.30am

Committee Members:	Mr A Connolly, Deputy Commissioner (Chair) Dame K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Emeritus Professor M Wilson, Deputy Commissioner Ms TP Thompson-Evans, Chair Iwi Māori Council Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi
In Attendance:	Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Ms L Singh, Executive Director Hospital and Community Services; and other Executives as necessary

Next Meeting Date:	26 August 2020	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680

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Hospitals Advisory Committee Agenda



Item

1. [Apologies](#)
2. **INTERESTS**
 - 2.1 [Schedule of Interests](#)
 - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
 - 3.1 [Minutes 26 February 2020](#)
4. **EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES**
 - 4.1 [COVID-19 Response](#)
5. **DECISIONS**
6. **DISCUSSION**
 - 6.1 [COVID-19 Recovery Approach](#)
7. **INFORMATION**
8. **GENERAL BUSINESS**
9. **CLOSE MEETING (Next Meeting: 26 August 2020)**



Apologies



Interests

SCHEDULE OF INTERESTS FOR HOSPITALS ADVISORY COMMITTEE MEETINGS TO JUNE 2020

Dame Karen Poutasi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Network for Learning	Non-Pecuniary	None	
Daughter, Consultant Hardy Group	Non-Pecuniary	None	
Son, Health Manager, Worksafe	Non-Pecuniary	None	

Mr Andrew Connolly

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission	Non-Pecuniary	None	
Southern Partnership Group	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Member, Health Workforce Advisory Board	Non-Pecuniary	None	
Crown Monitor, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

Mr Chad Paraone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Hospitals Advisory Committee Meeting 24 June 2020 (Public) - Interests

Independent Chair, Bay of Plenty Alliance Leadership Team	Non-Pecuniary	None
Independent Chair, Team Rotorua Alliance Leadership Team	Non-Pecuniary	None
Independent Chair, Integrated Community Pharmacy Services Agreement National Review	Non-Pecuniary	None
Strategic Advisor (Maori) to CEO, Accident Compensation Corporation	Non-Pecuniary	None
Maori Health Director, Precision Driven Health	Non-Pecuniary	None
Board member, Sport Auckland	Non-Pecuniary	None
Committee of Management Member and Chair, Parengarenga A Incorporation	Non-Pecuniary	None
Director/Shareholder, Finora Management Services Ltd	Non-Pecuniary	None

Emeritus Professor Margaret Wilson

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB			Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB			
Member, Hospitals Advisory Committee, Waikato DHB			
Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB			
Member, Waikato Health Trust			
Co-Chair, Waikato Plan Leadership Group			

Ms Te Pora Thompson-Evans

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Attendee, Commissioner meetings, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Member, Te Whakakitenga o Waikato	Non-Pecuniary	None	
Co-Chair, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Te Manawa Taki Iwi Relationship Board	Non-Pecuniary	None	
Maangai Maaori, Hamilton City Council	Non-Pecuniary	None	
Community Committee	Non-Pecuniary	None	
Economic Development Committee	Non-Pecuniary	None	
Hearings & Engagement Committee	Non-Pecuniary	None	
Director, Whai Manawa Limited	Non-Pecuniary	None	

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Hospitals Advisory Committee Meeting 24 June 2020 (Public) - Interests

Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None
Member, Waikato-Tainui Koiora Strategy Panel	Non-Pecuniary	None
Maaori Coordination Lead - Waikato Group Emergency Coordination Centre	Non-Pecuniary	None

Dr Paul Malpass

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Trustee, CP and DB Malpass Family Trust	Non-Pecuniary	None	
Son employed by Bayer Pharmaceuticals	Non-Pecuniary	None	
Daughter registered nurse employed by Tuwharetoa Health	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	

Mr John McIntosh

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None	
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None	
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None	

Ms Rachel Karalus

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

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Ms Gerri Pomeroy

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	
Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

^aMr Fungai Mhlanga

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

^a The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic Communities/Department of Internal Affairs).

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Mr David Slone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

Ms Judy Small

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

Mr Glen Tupuhi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Board member, Hauraki PHO	Non-Pecuniary	None	
Board member, Te Korowai Hauora o Hauraki	Non-Pecuniary	None	
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster	Non-Pecuniary	None	

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Minutes and Matters Arising

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Hospitals Advisory Committee Meeting held on 26 February 2020 commencing at 10.55 am

Present: Dr A Connolly (Chair)
Ms R Karalus
Dr P Malpass
Mr J McIntosh
Mr F Mhlanga
Mr C Paraone
Ms G Pomeroy
Dr K Poutasi
Mr D Slone
Ms J Small
Ms TP Thompson-Evans
Mr G Tupuhi
Professor M Wilson

In Attendance: Dr K Snee - CEO
Ms L Singh - Executive Director Hospital and Community Services
Mr K Whelan - Crown Monitor

ITEM 1: APOLOGIES

There were no apologies for this meeting.

ITEM 2: INTERESTS

- 2.1. Register of Interests**
There were no changes made to the Interests register
- 2.2. Conflicts relating to items on the Agenda**
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

3.1. Waikato DHB Hospital Advisory Committee; 23 October 2019

**Resolved
THAT**

The minutes of the Waikato DHB Hospital Advisory Committee held on 23 October 2019 are confirmed as a true and correct record.

3.2. Additional Committee Member

It was noted that Dr Peter Jansen who had been identified as a possible committee member with a particular expertise in quality, had not been able to take up a position. He had taken a job in Australia.

The Commissioner and deputies would discuss whether an additional member was still required.

3.3. Matters Arising – introduction of Ms L Singh –Executive Director Hospital and Community Services

The Executive Director Hospital and Community Services Ms L Singh was introduced by the Chair and advised the Committee of how she sees her role and what her priorities are going forward:

- There is a greater demand than ever and growth needs to be better managed;
- The organisation needs to understand what it can control;
- People need to move through the system seamlessly with co-morbidities addressed simultaneously.
- Quality is the first area to look at, as safe and effective services translate to savings.
- Early intervention with younger people in regard to mental health is crucial particularly in regards to drug use.
- The organisation needs to be more engaged with providers of housing and employment as health benefits may follow.
- Being pro-active is essential.

**Resolved
THAT**

The members noted the information.

ITEM 4: EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES

4.1. Presentation Access Improvements

A presentation was given on access improvements to hospital services – Rural, Oncology, Women and Children’s Services and Cardiology.

It was recognised that:

- Technology has a key part to play in improving access.
- As mentioned by the Executive Director Hospital and Community Services patients with comorbidities need to be seen in one day to avoid coming back for appointments.
- Navigators can be useful.
- DNAs can be driven by perceptions the system will “judge” users.
- Ethnicity data needs to be correct and needs to be asked for at appointments.
- Refugees often require mental health support and counselling as they have experienced some form of trauma in their previous country of residence.
- Equity in access needs to extend to all relevant groups.

**Resolved
THAT**

The initiatives to improve access are supported.

ITEM 5: DECISIONS

5.1. There were no papers for decisions

ITEM 6: DISCUSSION

6.1. There were no items for discussion

ITEM 7: INFORMATION

7.1. There were no items for information

ITEM 8: GENERAL BUSINESS

8.1.

ITEM 9: DATE OF NEXT MEETING

9.1. 22 April 2020

Chairperson: Dr Andrew Connolly

Date: 26 February 2020

Meeting Closed: 11.35 am



Executive Director Hospital and Community Services

REPORT TO HOSPITALS ADVISORY COMMITTEE 24 JUNE 2020

AGENDA ITEM 4.1

COVID-19 RESPONSE

Purpose

The purpose of this presentation is to inform the Committee of the Waikato DHB Emergency Management of COVID-19 pandemic. This presentation covers the CIMs structure, achievements in Maaori equity in 5 of 7 regions, organisation wide challenges and key learnings.

Recommendations

It is recommended that the Committee:

- 1) Note the content of this presentation.

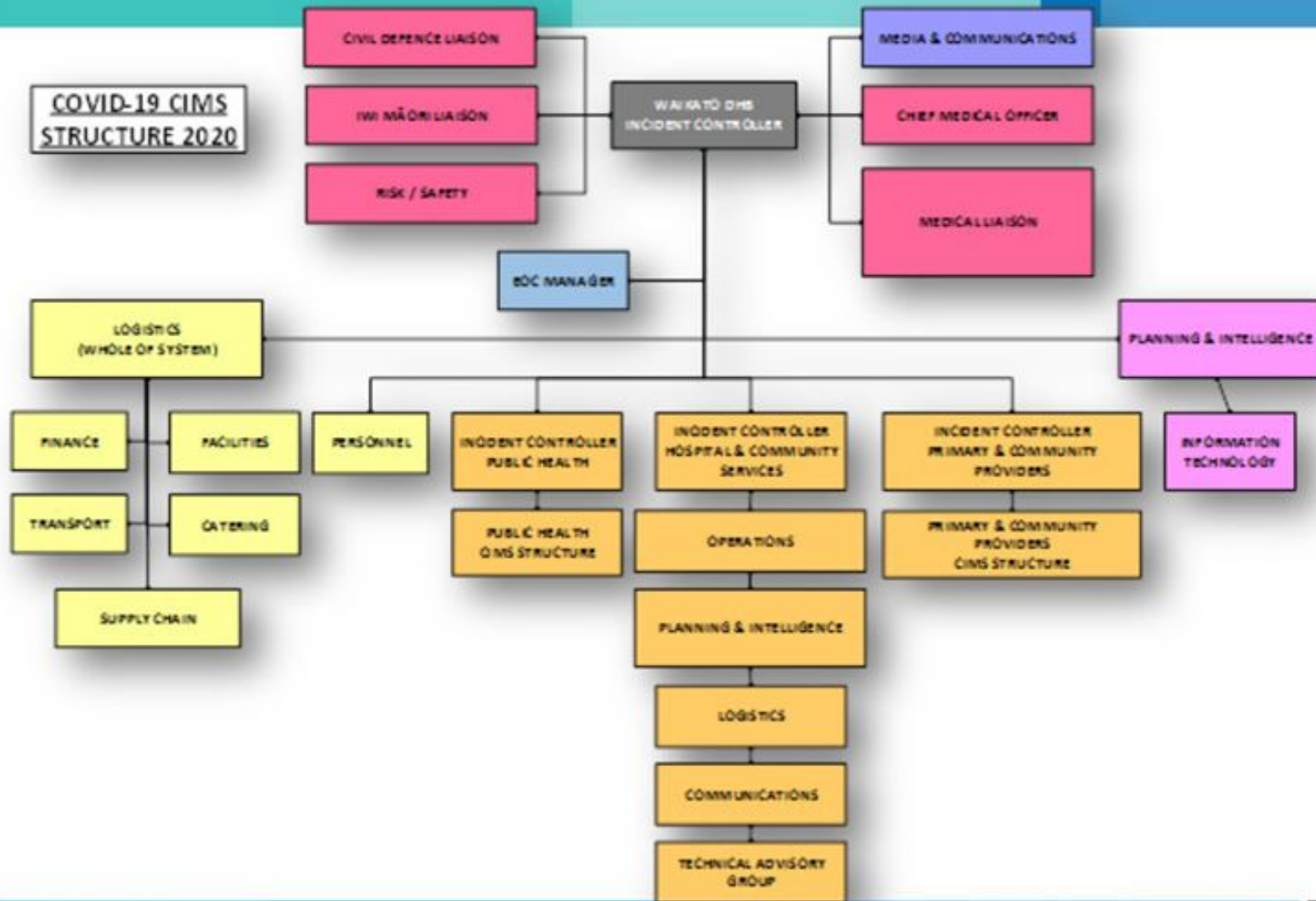
LEENA SINGH
EXECUTIVE DIRECTOR HOSPITAL AND COMMUNICATION SERVICES

APPENDICES

COVID-19 Response presentation.



COVID-19 response



Achieving Maaori health equity

- Equity gap closed and equity achieved in 5 of the 7 localities
- Across WDHB region Maaori tested higher than Maaori % of population

Locality	Population % Māori	Tests % Māori	Tests Per 1000 Population Māori	Tests Per 1000 Population Non Māori
Totals	23.3%	24.7%	67.88	
Greater Hamilton	21.6%	21.9%	61.33	
Matamata-Piako	16.7%	17.0%	73.51	
North Ruapehu	42.6%	39.2%	65.38	
North Waikato	31.7%	40.0%	63.54	
Others	-	23.9%	-	-
South Waikato	33.6%	43.0%	96.11	
Thames-Coromandel-Hauraki	20.0%	17.5%	43.29	
Waitomo-Otorohanga	35.7%	42.4%	83.04	

Challenges & Learnings

- Innovation, Collaboration, Access
- Emergency Management Escalation Pathways
- Rapidly changing environment
 - Communication was fundamental
 - right information, right time to the right people
 - Use of different media for messages, including regular staff v updates
- Supply Chain
- Key community connections



Decisions



Discussion

REPORT TO HEALTH ADVISORY COMMITTEE 24 JUNE 2020

AGENDA ITEM 6.1

COVID-19 RECOVERY APPROACH

Purpose

The purpose of this paper is to describe the recovery approach for the Commissioner's review and feedback.

This paper provides an overview of how 'Recovery' will be led and operationalised in conjunction with our usual management structure. A Recovery programme of work will be developed and incorporated into the DHBs Three Year Delivery Plan.

Recommendations

It is recommended that the Committee:

1. Note the approach to recovery;
2. Note the work streams included in the recovery work programme; and
3. Provide feedback on the approach.

**TANYA MALONEY
EXECUTIVE DIRECTOR – STRATEGY, INVESTMENT & TRANSFORMATION**

The Waikato DHB Coordinated Incident Management System (CIMS) structure was initiated on 2 March 2020 in response to the COVID-19 pandemic.

Under the CIMS structure, the Incident Controller has the responsibility for coordinating the response to the emergency situation. This includes the establishment of the CIMS structure and Incident Management Team, and the overall direction and leadership for the response to an emergency.

As at 22 May 2020, the DHB had been in intensive CIMS mode for twelve weeks. The CIMS has now been wound back, but is ready to resume operations if needed.

Whilst the pandemic is being well managed both locally and nationally, we expect to live with the presence and threat of COVID-19 for at least 12 months. Thus, we need to evolve from responding to COVID-19 as an emergency situation requiring a 'crisis response', to a more sustainable response that addresses our ongoing health service delivery in the face of an ongoing global pandemic. Furthermore, we need to address the unmet health need that has resulted from the suspension of many services over the four and a half weeks of national 'lock down'.

RECOVERY OVERVIEW

The Civil Defence Emergency Management Act (2002) outlines the 4 'R's of emergency management as Reduction, Readiness, Response and Recovery.

What is 'Recovery'?

Recovery refers to the coordinated efforts and processes to bring about the immediate, medium and long term holistic regeneration and enhancement of a community following an emergency (from the CDEM Act 2002). It is not a return to pre-incident status.

Recovery should:

- Support cultural and physical well-being of individuals and communities.
- Minimise the escalation of the consequences of the disaster.
- Reduce future exposure to hazards and their associated risks – ie build resilience.
- Take opportunities to regenerate and enhance communities in ways that will meet future needs (across the social, economic, natural and built environments).

Recovery is not necessarily about returning to the status quo before the emergency; it is about supporting individuals and communities in the aftermath of an event, reducing the ongoing impact of the event, reducing future hazards (through review and building resilience) and regeneration and enhancement. The purpose of the recovery approach is to 'Build Back Better'.

Coordination with other agencies

The Civil Defence Emergency Management plan points out that coordination between agencies, organisations, and communities is as important during recovery as it is during response. Thus, a part of the DHB's approach to Recovery will include strong liaison with civil defence, other agencies, iwi, provider organisations and the Ministry of Health. Indeed, there is a requirement that the DHB Recovery Manager works with the Civil Defence (Regional and Local groups) and the NHCC through the Recovery period.

WAIKATO DHB RECOVERY APPROACH

This section outlines a proposed *approach* to Recovery; a programme of work is currently under development and will be incorporated into the DHBs Three Year Delivery Plan.

Waikato DHB Recovery will be focused on both remediation *and* reconfiguration of our system, including setting key priorities for service provision and restoration, addressing financial implications, addressing social and psychological impacts, and consolidating innovative practice that was developed in response to the 'incident'. In the context of the pandemic, recovery will also inevitably have a focus on the ongoing management, containment and response to the virus.

Principles

The following principles will inform the DHB's approach to recovery activity:

- Recovery will be guided by the DHB's strategic imperatives and values.
- The approach to Recovery will be owned by the Executive Leadership Team and will be inclusive of all ELT members.
- Recovery will commence during the pandemic response, ensuring a timely transition.
- Response and Recovery may coexist for some time before the transition from Response to Recovery is formalised.
- Our partnership with iwi and commitment to Te Tiriti o Waitangi is integral to recovery.

- Recovery management will focus on the leadership and *coordination* of key activities; it will *support* managers, providers, employees and communities to drive recovery in their respective areas.

Recovery phases

1. Review – this phase will include:
 - The assessment of health need in relation to the deferral of services; and
 - Evaluation (where data is available) of the effectiveness of service changes made during the response.
2. Restoration and Reset – this includes the restoration of health services that have not been fully available during the alert levels 4 and 3. The restoration of services will involve the adaptation of service delivery in light of the ongoing pandemic.
3. Reconfiguration – this will involve:
 - Embedding new service delivery models developed during the COVID-19 response phase;
 - Enhancing and expanding the ‘response’ models for future use (eg expansion of mobile CBACs to provide targeted assessment and treatment for high need populations); and
 - Developing other new models of service delivery.

Recovery Programme Management

An executive will be nominated as the Recovery manager (“Executive Lead – Recovery”) and will coordinate the efforts and activity on behalf of, and in collaboration with, ELT colleagues. A Recovery Programme Manager will be appointed to coordinate the Recovery Programme and report to the Executive Lead – Recovery. It is anticipated that all DHB managers and leaders will take responsibility for the implementation of ‘recovery’ required in their respective parts of the system.

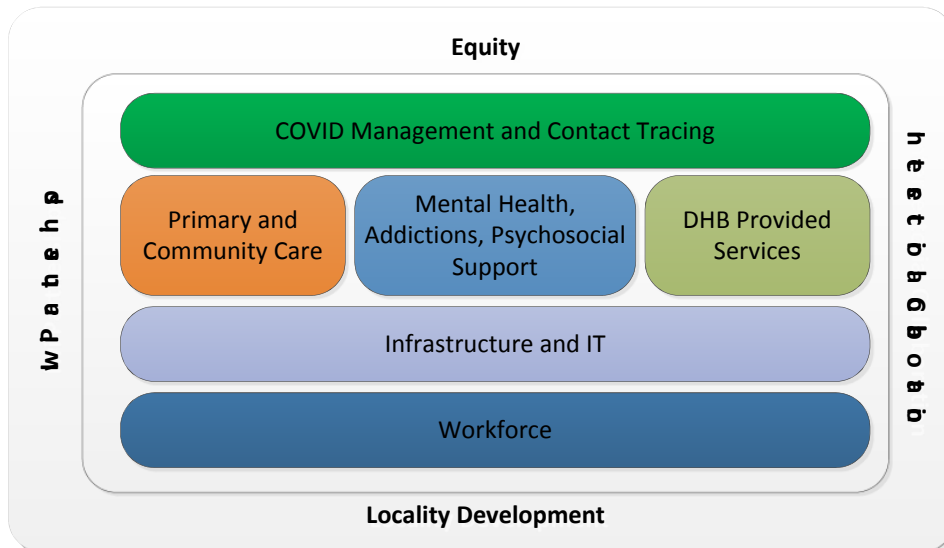
Progress on the recovery activity will be coordinated by the programme manager and reported to the ELT on a fortnightly basis. The frequency of reporting may be reduced as the work progresses.

The programme manager will also take a lead with the following:

- Assess the impact of the pandemic and response on the district.
- Coordinate and assist in implementation of recovery activities.
- Assist the executive leads on developing recovery policy where required.
- Facilitate coordination with other agencies.
- Report on recovery activity and expenditure.
- Liaison with the communications team.

A Lead Executive will be nominated for each work stream in line with the priority work in that area.

WORK PROGRAMME



Whilst a specific funding/financial stream has not been depicted below, it is expected that financial recovery will be incorporated into BAU for the Funding and Finance teams.

The proposed activity under each work stream is outlined in the following section.

1. *Iwi Partnerships*

This stream will be focussed on further strengthening and consolidating our relationships with Iwi. Iwi partnerships will also inform the shape of recovery across all work streams. Te Tiriti principles of Mana Whakahaere, Mana Motuhake, Mana Tāngata and Mana Māori will be integrated into the recovery programme.

2. *Service Delivery Work Streams and Activities*

The following provides a preliminary list of activities to be undertaken during Recovery; this list requires further discussion with ELT to confirm priority actions.

The restoration and 'reset' of services across the system will need to focus on achieving equity for Maori, rural populations and other vulnerable or disadvantaged groups.

All services across the health system will need to:

- Address the ongoing response to the COVID threat in health service planning.
- Review the financial impact of service interruption and restoration.
- Develop and/or embed new models of service delivery to cope with the above.
- Evaluate the impact and ROI of innovations implemented during the response.
- Embed changes that are effective and sustainable.
- Maintain and build on the relationships with partner organisations and Iwi.
- Assess the impact of services that were halted during the lock down. This includes assessing whether there are services that may not be reinstated.

Primary and community services

- Manage the response to deferred primary care services.
- Review new models of service delivery and embed changes where appropriate.
- Changing funding models to support the above (noting that some funding models may have been a barrier to health innovations).
- Implement the future model for the delivery of CBAC functions

Hospital services

- Review of all deferred services.
- Develop a plan for addressing the backlog of deferred planned care/elective services:
 - Ensure planning achieves equity.
 - Assess risks to patient outcomes with delayed assessments and interventions
 - How much of the lost activity can be delivered and in what time frame?
 - What are the alternatives? For example, can we make better use of allied health?
- Confirm arrangements with private sector.
- Determine cost of delivery.

Mental Health & Addiction services

- Enhance psychosocial support in anticipation of the impact of the economic downturn, high unemployment and impact of poverty.
- Manage potential increase in demand for primary mental health and addiction services (eg. expedite the implementation of primary mental health Access & Choice services).
- Manage demand for secondary services through additional specialist community response.

3. Workforce

- Ensure that we have a robust and broad health and safety management system to support the workforce during pandemic and beyond.
- Redeployment and support of vulnerable employees.
- Develop wellbeing strategies to support the workforce on an ongoing basis.
- Support operational teams, working alongside union partners to embed successful new workforce models (eg Digital workplace, new ways of working, workspace planning and rotations for at-risk workforce).
- Review all systems and processes to ensure that these enable effective and supportive leadership of all staff.

4. Infrastructure

Property/buildings

- Review the need to retain building changes made during the response.
- Address building code and consent requirements for enduring changes.
- Restore buildings to previous state as required.
- Reconfigure buildings to support new service delivery approaches.

Information technology

- Review IT innovations implemented during Response.
- Expand and embed changes as appropriate.

5. COVID Management and Contact Tracing

The ongoing form of designated practices, CBACs and contact tracing will be developed and implemented.

Equity

Mana Whakahaere (Article 1)

Maori will have input into the development of the recovery programme and in the oversight of the programme via the Executive Director Maori, Equity and Health Improvement. The programme will be submitted to IMC for input in due course.

Mana Motuhake (Article 2)

We plan to consolidate the relationships developed with Iwi partners and to continuing working in partnership with Iwi during the recovery programme.

Mana Tāngata (Article 3)

Equitable access for Māori will be a priority as we restore services and address the backlog of unmet health need. Furthermore, we aim to embed and enhance the targeted approaches to Maori health and wellbeing developed through the COVID response.

Mana Māori (Declaration/Article 4)

We plan to strengthen and build on Mātauranga Māori models of care developed through the response phase including the Whanau Hauora Assessment and Whanau Hauora Rapid Access programmes.

Efficiency

Financial recovery will be a priority focus as we restore and reset services.

Quality and Risk

N/A

Strategy

The recovery programme of work will align with Te Korowai Waiora and will incorporate our strategic work to improve access and care for Māori, achieve equity and develop our rural locality service provision.



Information



General Business



Next Meeting: 26 August 2020