

Te rārangi take mō te hui kotahi a ngā Poari Mana Hauora o Aotearoa

Joint Board Meeting Minutes
Thursday 18 August 2022. 9.00am- 2.00pm.

Meeting held:

G4 - Ground Floor Boardroom
Venue: Health Alliance Penrose,
581-585 Great South Road, Penrose, Auckland 1061

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| Chairs for the meeting Te Kaihautū mō te hui | Rob Campbell / Tipa Mahuta |
| Board attendees Ngā mema o te Poari | Hon. Amy Adams, Dr Sue Crengle, Dr Mataroria Lyndon, Dame Dr Karen Poutasi, Sharon Shea, Vanessa Stoddart, Dr Curtis Walker |
| In Attendance Ngā manuhiri | Te Whatu Ora: Margie Apa, Catherine Foster (Board Secretary) Te Aka Whai Ora: Riana Manuel, Craig Owen (Board Secretary) In attendance for specific items: Nigel Chee attending via Zoom (Interim Deputy Chief Executive, Te Aka Whakamua Systems Strategy and Transformation), Philip Grady (Interim Director Mental Health), Arona Metcalf (Interim Director Oranga Hinengaro) |
| Apologies / Ngā tamōnga | Mataroria Lyndon (from 11.45am), Fiona Pimm, Awerangi Tamihere |

| Te wā | Te Take (Item) |
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| 9.00am | <p>Mihimihi: Karakia</p> <p>Meeting began at 9.15am with karakia.</p> <p>Both Boards acknowledged the passing of Ta Toby Curtis.</p> <p>Apologies were received of C. Walker, M. Apa and T. Mahuta for lateness.</p> <ul style="list-style-type: none"> Chairs and CEs: Purpose of joint board meetings <p>Discussion points included:</p> <ul style="list-style-type: none"> - Reflect on what we are jointly required to do under the Te Pae Ora Legislation. - Observed that CEs are working collaboratively, and that Boards want to see this collaboration happening at the governance level too. - We are operating under a Political spotlight, and there is a genuine desire to work in partnership. |

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| | <ul style="list-style-type: none"> - Reflecting that meeting quarterly may not be regular enough to foster the collaboration both Boards aspire to have. - Important for the Boards to clarify the purpose of the joint meetings, including whether they are for collaborative decision-making or forums for testing ideas and resolving points of difference that may exist. - The Boards recognise the quality of papers needing improvements. However working for a Board is new territory for many staff, and education is required for people to understand the role of the Board and how Te Aka Whai Ora and Te Whatu Ora work together. - Papers require a joint level of scrutiny and clear reporting back to Executive teams regarding the Board's viewpoints and what was agreed. Cascading the partnership down through all levels of the business is important. - All papers presented to the Boards require the CEs' endorsement. <p>Board appointment Process:</p> <p>The Chairs provided a verbal update on the Board appointment process. Key discussion points included.</p> <ul style="list-style-type: none"> - Shortlisting is taking place for both Boards. - Anticipating new Board members joining the end of September <p>Update from the Chairs and Chief Executives</p> <p>The CE for Te Whatu Ora reported:</p> <ul style="list-style-type: none"> - Recruitment continues for Tier 2 positions. - Change and transformation continue to be a focus across Te Whatu Ora. - The demand for our hospital system plateaued from the recent Covid and Flu surges. - Primary care numbers are increasing regarding volume. Planned Care work is still a challenge due to pressures on systems - Te Pae Tata continues to be revised. Minister has provided feedback which is being incorporated and will be brought back to the Board in due course. - Reporting taking place – interest in data from across government. <p>The CE from Te Aka Whai Ora reported:</p> <ul style="list-style-type: none"> - Focus is building an organisation. Key highlights included recently appointing a permanent CFO. The rest of the interim appointments are in place until December to provide stability as functions are standing up. - Staff transfers from Te Whatu Ora and Te Aka Whai Ora remain ongoing. Some staff are unsettled, and we support them through the change. - WPQs are an issue; the volume received is high, and staff are working hard to respond. - Covid funding: Focus on maintaining momentum in the Covid workforce. Te Aka Whai Ora is still awaiting data on these workforce numbers to assess the next steps and options for keeping people training and working in the system. - Different models of care will drive different workforce requirements. Te Aka Whai Ora Board will receive an options paper that enables the Board to make workforce choices, including alignment with localities and IMPBs. Te Whatu Ora |

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| | <p>Board expressed an interest in receiving this report as it is having similar conversations.</p> <p>Actions: The Boards requested a paper on Covid workforce is developed and shared with both Boards.</p> |
| Items for discussion | |
| 9.30am | <p>Monitoring</p> <p>In attendance: Nigel Chee</p> <p>T. Mahuta provided an update. Key discussion points included.</p> <ul style="list-style-type: none"> - Focus on monitoring for performance uplift and adding value. - Te Aka Whai Ora at an early stage of thinking. Some monitoring processes are inherited from DHB, and the Ministry of Health and Te Aka Whai Ora need to determine what is best for them. Opportunity to establish a positive monitoring relationship - Recognising the dual role of Te Aka Whai Ora as partner and monitor of Te Whatu Ora. - Clarity of roles and formalising monitoring roles and cadence is essential. - Monitoring needs to be targeted – need clear outcomes - Use one data set for all monitors; encourage Te Aka Whai Ora to collaborate with monitors to avoid duplication. - Ensuring true alignment with Board/Management on plan and prioritising activities being monitored. - IMPB and national benchmarks are essential to ensure consistency across the system. - Reduce the number of measures and focus on outcomes. - Need to create Te Ao Māori datasets and design measures that add value and new thinking. - There must be accountability in the system to ensure better outcomes. - Communications strategy is vital to communicate to stakeholders how we collaborate and develop a monitoring framework, not to undermine other partners to respond to community expectations. |
| 10.00am | <p>Kawenata & Waka Hourua model:</p> <p>T Mahuta introduced the paper. Key discussion points included:</p> <ul style="list-style-type: none"> - Changing the document's name to 'Te Tikanga o nga waka' to emphasise it is agile and will change and reflect ways of working as the relationship evolves. - Purpose of the document; our expression of how we intend to work together. Defines it as a Board-to-Board relationship and document - Operationalisation of the document is essential, as well as providing the context in which it sits. Action: Board Secretariats to review the document and consider its operationalisation across the Boards processes and practices. |

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| | <ul style="list-style-type: none"> - Principles in Pae Ora Legislation should be captured as they are relevant to both entities. Te Tikanga o nga Waka brings the principles to life. - The document has been developed by Te Aka Whai Ora, now appropriate to socialise more broadly and engage Te Whatu Ora Board and its leadership. - Discussion regarding what benefits Māori benefits all and that it is not limiting its scope by focusing on Māori outcomes. It is essential that there continues to be an explicit focus on Māori as Tangata Whenua and honouring Te Tiriti. - Discuss how Te Tikanga o Nga Waka can relate to other stakeholders such as IMPBs. At this moment, the document relates Board to Board but should cascade to other parts of the system once principles and practices are embedded. - Other feedback included reviewing the diagram to remove interwoven sails since we are separate entities within a fleet. - Relook at the language; for example, Mana Orite does not fit in this context - Documents state Board papers will be shared. We need to consider protocols for sharing information as we are legally separate entities. Action: Board Secretariats to ensure both Boards have access to Board papers and develop protocols for information sharing - The document highlights the values to be brought into meetings and how the Boards will work together. - It is a modelling document to set the tone from the top. - We will realise this publicly on our websites once finalised. <p>Charter:</p> <p>Key discussion points included:</p> <ul style="list-style-type: none"> - The Charter is still underdeveloped, and the context is essential to consider. The workforce is undergoing a time of pressure and change, which needs to be acknowledged. - The Charter needs a joint discussion with Unions in which both Boards are represented - The Board supported the Charter's relationship with Te Tikanga o Nga waka but emphasised it is a workforce-focused document. <p>Next Steps:</p> <ul style="list-style-type: none"> - Board Secretariats to work together to develop and operationalise Te Tikanga o Nga Waka and bring back to Boards. |
| 10.30am | <p>Co-commissioning</p> <p>K. Brooking and M. Andrews spoke to the item. Key discussion points included</p> |

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| | <ul style="list-style-type: none"> - Process for developing the paper highlighted the importance of management reviewing documents and getting alignment and support before presenting to the Board. Further emphasised the need for CES to sign out all Board papers. - Co- commissioning framework is still being developed and will be presented to Te Whatu Ora Public Health, Community and Primary Care Committee in October. - Need clarity of the scope; the paper is unclear if co-commissioning includes hospital and specialist services. In addition, we need consistent and clear language and terminology to ensure everyone understands what is in/out. - Te Whatu Ora's Operating model will clarify the scope. Te Aka Whai Ora is involved in the operating model work. In addition, the operating model will consider new ways of doing it. - Planned Care Taskforce is underway and will have recommendations regarding co- commissioning, which will need to be considered alongside this work. - Need clarity on partnership and monitoring and how we operationalise this - Need to consider operationalisation of co- commissioning framework. Be practical and clear about the systems we establish so they can be scaled. Be clear on what will be delivered so Boards can monitor effectiveness. - Te Whatu Ora Board has not yet confirmed its position on commissioning and has not had the engagement that Te Aka Whai Ora Board has. - Do not want to narrow our thinking; we want to see principles across everything we procure to provide consistency. - Must have a National, regional, and local focus and consider what core, common and unique across these segments is. Must actively reduce duplication in the system and not establish silos. - Embed and foster equity in all that we do, especially commissioning, which we have dual responsibility for. - Be agile, open to evolving how we work and pragmatic to achieve the outcomes we need to. <p>The Boards jointly agreed the next steps:</p> <ul style="list-style-type: none"> - Management to clarify the scope of commissioning and co-commissioning, including what it includes and excludes. - Management to complete Operating model work to assist with the clarity and operationalisation of co-commissioning. - Develop a practical framework that can capture continuous improvements and learnings - Bring back the co-commissioning framework to both Boards for further discussion. |
| <p>11.15am</p> | <p>Workforce Development</p> <p>R. Campbell left the meeting for this item.</p> <p>V. Stoddart led the discussion. Key discussion points included</p> |

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| | <ul style="list-style-type: none"> - Te Whatu Ora is positioning change within the People and Culture Committee. There are likely to be crossovers with other committees as it is a vital area of focus for the Board. - Referencing the 'Plan on a page' document, the Boards discussed what workstreams required our Boards to come together. - Culture transformation and workforce development are essential for both boards - The Boards did not want to be limited in their thinking and ensure we are thinking broadly and collaboratively in all areas of work. - Te Aka Whai Ora will also be establishing a People Committee, and there will be more opportunities to collaborate and test thinking on these matters of joint interest and focus. - Developing a New Zealand-trained workforce is important. Board would like to see targets specifically tracking progress in this area. Colloquially there are stories of people going to train in Australia because they cannot get into New Zealand medical school. We must ensure these people return to practice medicine in New Zealand and that we have enough training space available to train people locally, stopping them from going overseas. - We must communicate our requirements to the training providers to ensure there is space available to train the local workforce - Both Board wants to see KPIs developed to track all elements of our workforce, including ethnicity and gender. - As a nationalised system, we cannot have other parts of the system outbidding another; for example, urban hospitals paying more the local services can afford. <p>Next Steps:</p> <ul style="list-style-type: none"> - Workforce development is a key focus for both Board, and therefore requested to be kept updated. |
| 12.00pm | Kai o te Rangi - Lunch |
| | Items for discussion |
| 12.45pm | <p>Mental health paper</p> <p>P. Grady and A. Metcalf introduced the paper. Key discussion points included:</p> <ul style="list-style-type: none"> - Mental Health facilities – there is a requirement for both buildings and community services. More needs to be done on implementing models of care and looking at funding models as well as advice to Ministers who are committing to building these facilities - Different communities require a different response. The nationalised system will result in national and regional discussions on what communities need. - Mental Health Workforce: The Boards support investigating alternative workforces such as kaiawhina and peer support. Alternate models of care will result in the need for alternate workforces. - Cross agency collaboration: The Boards discussed the multifaceted nature of mental health prevention; this includes health homes and lifting people out of |

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| | <p>poverty. Recognition that there needs to be improved coordination across agencies, community, and government.</p> <ul style="list-style-type: none"> - The Boards discussed suicide prevention; the suicide prevention strategy has stayed with the Ministry of Health. Te Aka Whai Ora and Te Whatu Ora also have contracts to deliver. There is a need to understand the separate agencies and responsibilities to ensure alignment and robust delivery of services. There is a significant opportunity to combine Public Health services and maintain wellness across populations. - The Boards encouraged a focus on Rangatahi/Youth mental health. <p>Next Steps:</p> <ul style="list-style-type: none"> - The Board supported continuing work in this area and requested to be updated on progress. - The Boards wanted to see the removal of Roadblocks and ensure that mental health services reach all New Zealanders that need them. |
| 1.15pm | <p>Koroneihana T. Mahuta provided an overview of the Kingitanga and koroneihana.</p> |
| Administration | |
| 1.45pm | <p>Minutes and Actions – 17 November 2022 Minutes and approved as a true and accurate reflection of the discussion.</p> <p>General Business: The Boards discussed their desire to meet more regularly to execute their joint responsibilities for the health reforms. Action: Board Secretariat to explore establishing a joint forum every other month.</p> |
| Whakamutunga | |
| 1.50pm | <p>The meeting closed at 2.00pm with Karakia.</p> |