

Ngā miniti a Poari o Te Whatu Ora | Hauora Aotearoa

Te Whatu Ora | Health New Zealand Board Minutes

Friday 25 November 2022. 9.00am-4.30pm.

Parliament Building, Meeting room 2.1, Executive Wing (the Beehive)

<p>Chair for the meeting Te Kaihautū mō te hui</p>	<p>R. Campbell</p>
<p>Board attendees Ngā mema o te Poari</p>	<p>Hon. A. Adams, N. Ferguson, J. Lowe, T. Mahuta, Dame Dr K. Poutasi, Dr C. Walker Online: V. Stoddart until agenda item</p>
<p>In Attendance Ngā manuhiri</p>	<p>Te Whatu Ora: M. Apa (Chief Executive), C. Foster (Board Secretary)</p> <p>In attendance for specific items:</p> <ul style="list-style-type: none"> • R. Percival (Finance Lead, Te Whatu Ora) • T. Maisey (Interim Director Strategy, Planning and Reporting) • D. Coward (Chief Operating Officer Hospital and Specialist Services) • R. Clements (Interim Lead, People & Capability) • C. Palmer (Lead - System Accountability & Performance) • D. Roche (Interim Lead, Government, Partnership and Risk) • C. Fleming (Principal Solicitor - Governance, Partnerships and Risk) • N. Chamberlain (National Director, National Public Health Service) • A. Little (Minister of Health)
<p>Apologies Ngā tamōnga</p>	

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1. Karakia and mihi mihi

The meeting began at 9.00am with Karakia, led by the Chair.

There were apologies from A. Adams and T. Mahuta for lateness.

There were no interests declared or changes to the Interest Register.

The Chair began the meeting by outlining his observations regarding the slow speed of change. The following actions were agreed:

- **Action:** Media to attend 1 hour of the Board meeting, including the CE's report. It will be a brief presentation from management to allow for Board discussion.
- **Action:** Board Secretary to schedule a deep dive of focus areas each Board meeting. Areas of deep dives include key shifts and priorities identified in Te Pae Ora Legislation.

T.Mahuta arrived at the meeting.

Change and Transformation Priorities

M. Apa introduced the Change and Transformation Priorities paper. A. Adams arrived during this item.

Key discussion points included:

- The Board discussed the importance of language and focus on outcomes and actions.

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- The Board needs to understand the enablers before determining actions as some prerequisites, such as resourcing and mix of resourcing, must be addressed before change can be realised.
- The Board discussed that Equity needs both a staff and patient lens.
- Obtaining accurate data is critical to driving decision-making.
- The board supported weighting more in tactical response to focus on outcomes. The Board discussed the need to keep it simple and focus on what Te Whatu Ora will do to drive change.
- The Board recognised workforce and Planned Care as areas that would benefit from the tactical response. Important to focus on both supply and demand of the workforce and track.
- Important to look at scalable systems and processes across the system. Care pathways are standardised and localised based on the resource.
- Focus on cost out and effectiveness in. Need the discipline of a benefits management system and visibility of resource redistribution. Board wants to track this to assess the efficacy.
- Communication is vital to change programmes. We must improve how we communicate achievements.
- The Board encouraged management to stay focused on Te Pae Tata as that sets out our plan for action for the next 24 months.
- The Board encouraged a focus on integration to overcome barriers of change and silos and the benefits of being one system.

- **Action:** Management agreed to run the tactical response plan through the Committees to test thinking with the Board and provide governance oversight.

The Board endorsed the following recommendation with consensus:

- a. receive this paper on Transformation Priorities;
- b. noted that the general strategic direction of Te Whatu Ora is set by Te Pae Tata.
- c. confirmed transition and change should focus on the delivery of Te Pae Tata and what barriers to achieving outcomes in Te Pae Tata.
- d. note that this paper is proceeding through Te Aka Whai Ora Executive Leadership Team at the same time on its way to Te Aka Whai Ora Board. There may be a time lag between both Boards seeing the paper.

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Update from the Chief Executive

The Chief Executive's report was noted.

M. Apa provided a verbal update on several matters. Key discussion points included:

- Covid: Hospitals have seen a plateau; however, modelling predicts another covid surge. Management assured that there are appropriate plans across hospitals to respond and ensure planned care can continue.
- CME for nurses: In principle, Te Whatu Ora supports it but needs the information on the investment size.
- Decommissioning shared services: There is talent in these agencies that we don't want to lose, which management is assessing.
- Brackenridge Disability Services: **Action:** Management will bring back more information on this issue, including the contract model.
- Suicide rates of the medical workforce: New Zealand does not capture suicide rates by occupation. **Action:** Identify medical suicide rates as an area of focus for the People and Culture Committee to start collecting this data and identifying trends or segments of the workforce at risk.
- GPs Service and funding model: Data currently needs to be available to quantify or understand the demand for change for different operating models. GP model needs consideration and to explore other ownership models in the context of the Primary Health model. **Action:** Pick it up in the Public Health, Community and Primary Care committee work programme.
- Te Pae Tata 2024: Board discussed the need for better involvement in the subsequent Te Pae Tata development and assurance that the plan and alignment with the budget process.
- Cost savings tracking: **Action:** The Board requested management implement a process to capture the back end saving as the Board does not have visibility of savings generated. In addition, the Board is looking for transparency and a link from savings to improved outcomes.
- Contingent workforce: Te Whatu Ora needs a programme to focus on the contractor workforce and focus on how many we are using. The workforce mix is a focus of the People and Culture Committee.

Function Transfers

BD049– 25 November 2022 The Board endorsed the following recommendation with consensus:

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- a. noted the paper Functions transfers: summary of October transfers – and proposed approach to December transfers.
- b. noted the summary of October transfers.
- c. noted the approach proposed for December transfers, including the proposed timeline set out at Annex 1, and that December transfers are proposed to include:
 - i. staff transfers from Te Whatu Ora to Te Aka Whai Ora.
 - ii. a small number of staff transfers from Manatū Hauora to Te Whatu Ora.
 - iii. a small number of contract transfers between Manatū Hauora and Te Whatu Ora.
- d. noted that we have identified an error in how July transfers were given effect; but that we do not consider this has significant risks for Te Whatu Ora, and that we propose to work with the small number of affected providers to correct this error in our Sector Operations system through December transfers.
- e. agreed to delegate to the Chief Executive all actions required to give effect to December transfers, including:
 - i. entering into agreements between Te Whatu Ora and Te Aka Whai Ora and / or Manatū Hauora for the purposes of effecting these transfers.
 - ii. 9(2)(f)(iv)
 - iv. any ancillary actions required to give effect to the proposed transfers.

Health and Safety Reporting

V. Stoddart provided a verbal update on Health and Safety.

Key discussion points included:

- Developing a national approach for speaking up for safety is a priority for Health and Safety Committee.
- Committee has a close relationship with Clinical Quality Assurance Committee due to both having focus on the safety of patients and the workforce

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- Vaccination policy: The Board noted the importance of communication regarding development and consultation with the workforce. The process for developing process needs both technical and staff input.

Monthly Financial Reporting

R. Percival and T. Maisey entered the meeting.

R. Percival provided a verbal update on monthly finance reporting Key discussion points included:

- The Board recognises the need to deal with workforce pressures to find cost-savings as per FTE cost higher due to workforce pressures, highlighting the need to consolidate payroll information to provide accurate wage information.
- The Board is looking for Management to provide a forward view of long-term cost-savings and how this can drive investment decision-making.
- Management reported that the transfer of staff from the Ministry of Health remains unsatisfactory. Roles were transferred on 1 July, but Te Whatu Ora did not receive all funding. The October baseline was expected to resolve these issues, but there is still a funding shortfall. Management is working with the Ministry of Health to resolve these issues by January 2023.
- **Action:** Management to undertake a reconciliation of the roles and funding received of the 1 July transfers.
- **Action:** The Board asked Management to advise the Director General of Health, Treasury and Minister of Health that the numbers in the Board's financial reports are wrong because we do not have accurate data on what we have inherited.
- 9(2)(g)(i)
- The Board noted that financial risks are reported to the Minister of Health; the Board requested that Management raise awareness of the accurate financial position and inaccurate data.

Budget Settings for 2023/24

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R. Percival provided a verbal update on Budget Settings. Key discussion points included:

- The Board needs to feel appropriately sighted on what the risks are.
- The Board requested more impetus on Primary and Community funding.
- Board wants to see Management taking a disciplined approach to budget and planning.
- The Board wants to understand the practical implications of the principles the Board agrees. **Action:** Management agreed to bring back business unit costs to provide greater visibility of the change and differentiates assumptions by business unit
- Management confirmed that end of Q3, the Board will see the detail of the budgeting approach, and Board can then decide on the budget.
- Management noted the process will be iterative and developed through the Committees.
- People assumptions: workforce and the mix are complex and can't be simplified easily. **Action:** The Board requested that the rate, FTE, and mix is captured in our planning and budgeting
- The Board emphasised the importance of focusing on outcomes, not outputs
- Important to work closely with Te Aka Whai Ora and ensure there isn't duplication. Equity is a key outcome for both, and we need to demonstrate we are pushing in the right direction. Both boards will share assumptions, which will require discussion and agreement.
- The Board discussed the importance of reducing costs in all that we do.
- The Board noted it is the start of the process.

V. Stoddart left the meeting.

BD050 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. **noted** the proposed approach to delivering a strategically aligned budget and operating plan for 2023/2024 and advised management on amendments;
- b. **endorsed** the strategic objectives to underpin budget setting for business units being to ensure iGovernment Policy Statement, Te Pae Tata, the reform system shifts, and financial/clinical risks are funded;
- c. **approved** the proposed budget setting approach to business units that differentiates assumptions by unit (outlined in paragraph 34):
 - i. growth in **commissioning** to increase funding in primary and community based care, Pacific health, improve access for vulnerable communities including disabilities (system shift to deliver more locally closer to home);

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- ii. hospital and specialist delivery is managed within budget with changes based on business cases based on transparency in regional equity of specialist service coverage, production plans, clinical risk and extraordinary growth that cannot be met within base across regions/nationally (system shift to ensure access to emergency and specialist services when needed);
 - iii. costed improvement and innovation work plan to include equity initiatives and transformation projects;
 - iv. some business units will have access to B22 or contingency drawdowns that will fund operating costs, projects and/or service changes (e.g. Pacific, National Public Health Service, Data & Digital);
 - v. enabling services are delivered at lower cost base to achieve back office savings on approved operating models; and
 - vi. a fund is held for Board endorsed equity enabling and/or transformation projects that is funded by those savings achieved from other services.
- d. **noted** the indicative low and high cost scenarios for each of the significant expenditure categories and indicative revenue uplift figures.
 - e. **noted** that it is proposed that planning is based on a mid-range of the cost increase scenarios and a recommendation will be brought back on these and on risk and savings assumptions for final endorsement at December Board meeting matched to available funding once advice is received from Ministry of Health of the share of the vote health contingency uplift for Te Whatu Ora.
 - f. **noted** the timeline for development and the presentation of the operational plan and budget at the February (detailed assumptions and business unit work programmes) and April (final budget setting) 2023 Committee and Board meetings.
 - g. **noted** the risks that a shift away from Population Based Funding Formulae as a way of allocating funding within the system that has informed perceptions of 'equity' can be mitigated by a rapid emphasis on public reporting of activity and equity of access to care within regions.
 - h. **noted** that the December Audit and Finance Committee will receive advice on the outcome of the peer review process by Te Aka Whai Ora.
 - i. **noted** that advice is pending from Manatu Hauora and Treasury on their requirements for Budget 2023/2024.
 - j. **noted** that parallel to this process the Te Pae Tata 2024/25 – 26/27 Plan and budget setting for outyears is initiated.

Performance Reporting

R. Clements, C. Palmer, and D. Coward joined the meeting.

Key discussion points included:

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- The Board requested that the number of contractor are included in the next Report
- Te Aka Whai Ora wants to see equity coming forward in our performance reporting
- Capital underspend: Management need to develop a process to capture and report underspend.
- Data Quality: Board noted the continued lack of visibility of Primary Care data. The Board expects Management to identify the primary care system data points that can be collected and reported and develop a timeline for when the Board will receive the data.
- The Board feedback that the Report did not present the risks, issues and hotspots for Te Whatu Ora's performance and requested these elements are developed in future reports.
- The Board noted the importance of this information for them as decision-makers but also for public information.
- Need to be sophisticated about the metrics. Metrics were inherited from the old system, and we need to ascertain which ones are valuable.
- The Board agreed on public reporting 12 metrics at their October meeting. The Report containing these metrics will be publicly released before Christmas.


R. Percival, T. Maisey, R. Clements, C. Palmer, and D. Coward left the meeting.

Legal Update

C. Fleming and D. Roache joined the meeting.

Key discussion points included:

- 9(2)(h)



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C. Fleming and D. Roche left the meeting.

Quarterly Risk Report

The Board noted the report.

Key discussion points included:

- Finance, workforce and improving health outcomes are significant strategic risks that were not adequately represented in the paper.
- Board noted that Enterprise data risk is broader than not being able to respond and should capture how we will manage our information, not only react to a threat.
- Localities need to be on there as a risk to be monitored.

Capital Projects

The Board noted the paper.

Mason Clinic Tender

Key discussion points included:

BD051 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. noted that a funding requirement imposed by the Minister of Health was for the project to submit, to the Ministry of Health's satisfaction, an Implementation Business Case

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b. 9(2)(b)(ii) [Redacted]

c. approved delegating the signing of the contract at the completion of the negotiations to the Chief Executive, or delegate

9(2)(f)(iv) [Redacted]

[Redacted]

Paying Family Carers

Key discussion points included:

- The Board requested the paper make clear whether this funding is within baseline or funds yet to be allocated.

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- The Board expressed concern about the affordability risk due to the lack of visibility of how many people will opt-in.
- The Board felt comfortable supporting the recommendation if a funding cap was implemented and regularly assessed to understand the demand
- The Board noted that the policy must be picked up in our baseline to ensure transparency and visibility of actual costs.

BD053 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- noted** the policy has been endorsed by the Executive Leadership Teams of both Te Whatu Ora and Te Aka Whai Ora and by the Public Health, Community and Primary Care Committee.
- noted** there is an expectation from the Government that the changes will be implemented as soon as possible following the approval of Budget 22 funding.
- 9(2)(h)**
- noted** this initiative was listed within the paper 'Achieving Pae Ora for Older People and Kaumātua' which was endorsed by the Board in September.
- noted** there is a risk that demand will exceed the available funding, and accordingly directed management to monitor and report back quarterly on utilisation and budget.
- approved** the implementation of this new initiative funded from Budget 22 at the maximum of \$72 million over four years.

Public Health

N. Chamberlain joined the meeting at 2.35pm.

COVID-19 Funding Initiatives

Key discussion points included:

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- Discussions with Treasury remain ongoing; Treasury has suggested reducing equity funding lines. Management will be building into the paper how a reduction will impact pro-equity outcomes.
- The Board noted the importance of community providers in the Covid response and that other agencies also funded community providers, and did not all come out of Vote Health. Important to communicate these points as it was a cross-government agency response.
- The board is concerned about the reduction in testing, as it is challenging to monitor surges and new variants.
- The board noted that Covid funding will become BAU; however, budgets and operating costs are not what they were pre-covid.
- The Board noted a financial exposure risk between December and February.

Board acknowledges that discussions are ongoing and can receive an update and make decisions on this matter out of the cycle.

BD054 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. 9(2)(f)(iv) [REDACTED]
- b. noted the Ministers of Health and COVID-19 Response approved the urgent COVID-19 initiative underspend movement request on 15 November 2022.
- c. 9(2)(f)(iv) [REDACTED]
- d. noted this will secure designated provider and operational resources across the COVID-19 Public Health Response and National Immunisation Programme up to 28 February 2023. We are working to prioritise services specific contracts where needed and based on current modelling projections of case numbers and regional service requirements at pace and under urgency with Regional Leadership teams.
- e. noted Te Whatu Ora has worked with Te Aka Whai Ora and Regions to develop equity focused options for continued COVID-19 services and funding from 1 January to 31 December 2023 based on 19 September 2022 COVID-19 Modelling Aotearoa (CMA) modelling of case number trajectory with new variants in the community.
- f. noted Manatū Hauora, with support from Te Whatu Ora and Te Aka Whai Ora are preparing a paper for consideration at Cabinet on 12 December 2022.

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- g. 9(2)(f)(iv) [REDACTED]
- h. noted Te Whatu Ora's Executive Leadership Team (ELT) endorsed the options for submission to the Public Health, Community and Primary Care Committee (the Committee) on 1 November 2022. The Committee further supported the options on 11 November 2022 for submission to the Te Whatu Ora Board, with a preference for Option 1.
- i. noted if the initiative transfer request is successful, costing across options will be adjusted accordingly.
- j. noted the COVID-19 funding required for the preparedness model represents circa 30% of COVID-19 actual expenditure for financial year 2021/2022.
- k. noted the intent to ensure Māori and Pacific services are prioritised and equity specific funding is maintained at current levels to ensure we can support more equitable health outcomes for these communities and meet our obligations as a Te Tiriti o Waitangi partner.
- l. noted three key risks:
- i. Significant challenges in securing funding for Care in the Community and hub services, based on feedback from Te Tai Ōhanga, and the risk this presents for equity and capacity.
 - ii. An increase in system capacity pressures, specifically demand for urgent care and emergency services, if COVID-19 support services are broadly unfunded, particularly given forecast surge in the December 2022/January 2023 period.
 - iii. Te Whatu Ora's ability to ensure continuity of services, manage provider relations, and implement the new models from 1 January 2023 given the late timing of decision making in December 2022.
- m. noted all options result in a scaling down of Care in the Community effective 1 January 2022 and commencement of consideration to primary capitation. Work needs to be done at pace and prior to Cabinet decisions.
- n. 9(2)(f)(iv) [REDACTED]

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- [REDACTED]
- o. noted the utilisation of baseline funding across Te Whatu Ora and Te Aka Whai Ora may be required as an in contingency fund for areas that were not funded as part of the initiative transfer request, such as COVID-19 National Telehealth Services.
 - p. noted we are actively reviewing all areas of underspend in an effort to ensure critical services can be retained as part of our COVID-19 health system response.
 - q. 9(2)(f)(iv) [REDACTED]
 - r. noted that whilst the initiative transfer will provide a stop gap between 1 January – 28 February 2023 there remains potential cost pressure/risk to services beyond February 2023, inclusive of those that were not considered as part of the initiative transfer.
 - s. noted that this paper has been shared with the Te Aka Whai Ora Board.

National Cervical Screening Programme Business case

Key discussion points included:

- The Board requested visibility of tracking funding approvals over multi-years.
- Benefit realisation must be built into this process for the Board to understand how it will be operationalised.

BD055 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. endorsed the HPV implementation business case submission to the Minister of Health and Minister of Finance for joint approval.
- b. requested regular report backs which captures drawdown of funding over multiple years and benefits realisation.

National Cervical Screening Laboratory Services Agreements

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key discussion points included:

- The Board requested visibility of the metrics that will measure the effectiveness of the investment. The Board wants them to include increase in number of woman tested, increase in early detections to ensure a difference is being made as a result of investment. **Action:** The Board requested that summary of expected outcomes is reported to the Board.
- The Board requested more information on whether self-testing was universal or targeted. Management confirmed that it is targeted to begin with.
- The Board noted the window for screening has increased to five years, from three. It was confirmed this is an acceptable window for screening.
- The screening programme has been modelled on bowel which has had a high uptake.
- The Board requested a Comms plan is developed to promote the programme.
- The Board noted this is another multi-year funding arrangement and requested Finance and Audit Committee consider how best to track multi-year spend. **Action:** Board Secretary to add to Finance and Audit work plan.

BD056 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- noted** Appendix 1. Population Health and Prevention Business Board Memo: National Screening Unit Laboratory Services Procurement and Contracting Approach.
- noted** laboratory funding agreements are a procurement subset of the National Cervical Screening Programme Sustainability implementation business case, that is also being presented to the Committee at this meeting.
- 9(2)(b)(ii)**
- approved** the delegation of financial authority to the Chief Executive Te Whatu Ora for the agreement term inclusive of renewal periods.
- approved** the signing of the Agreements by the Chief Executive Te Whatu Ora.
- noted** the laboratory contracts are a critical deliverable and delays may impact on timeframes of key deliverables as part of the human papillomavirus primary screening in July 2023.

BreastScreen Aotearoa critical infrastructure replacement

Key discussion points included:

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- The Board requested more information on the age criteria of wāhine Māori. The Board is focused on getting the coverage-up and recognises an equity gap needs to close.
- **Action:** The Board requested a report on the age adjustment for all screening incorporating equity is brought back to the Board.

BD057 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. **noted** Budget 21 included up to \$55.6 million over four years to invest in replacement of national breast screening ICT infrastructure. The funding was made available to the Ministry of Health in July 2021 and subsequently to the interim Health New Zealand then Te Whatu Ora. Work on this project is currently underway.
- b. **noted** the attached Business Case and Cabinet Paper are part of the procedural requirements for the investment which was approved in Budget 21.
- c. **noted** that ELT have endorsed the BreastScreen Aotearoa Programme Sustainability: Critical Infrastructure Replacement Business Case and Cabinet Paper for submission to the Associate Minister of Health.
- d. **noted** that this paper has been shared with Te Aka Whai Ora - Māori Health Authority.
- e. **noted** that there is a separate BSA implementation business case being prepared which will be presented to the Board for endorsement, via the Committee, and then the Minister of Finance and Minister of Health for joint approval before the end of the year.
- f. **approved** the attached the Business Case and Cabinet Paper.

Draw-down of tagged contingency NPHS and PHA

Key discussion points included:

- Board requested insight into quantifying the benefits identified in the paper, noting the need to realise efficiency by doing things differently
 - Board wants to see what this drawdown will realise regarding actual health outcomes. The Board is unsighted on how much extra capacity and output this funding will realise.
 - The Board sought assurance that Management has thoroughly assessed BAU budgets.
- **Action:** Management to provide a narrative of the main advantages of the drawdown for the Board information and assurance.

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BD058 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. noted that the Public Health, Community and Primary Committee considered the attached briefing and appendices at its meeting on 11 November and recommended that it be forwarded to the Board for its consideration
- b. noted to support the establishment of the NPHS and PHA, Budget 2022 provided funding in tagged operating contingency of \$61.242 million over four years to 2025/26, including an ongoing component of \$11.902 million per annum in outyears. Cabinet agreed to an indicative split in the funding between PHA and NPHS and this has been confirmed in the attached joint briefing
- c. noted a further tagged operating contingency of \$10.8 million over three years to 2023/24 (time-limited) was also provided to establish the necessary digital and data capabilities to enable the NPHS to operate as a single national service
- d. noted that we are seeking to fully draw down the contingencies. This is needed to provide certainty around funding to be able to maintain the pace of change (implementation), whilst ensuring core business-as-usual functions continue uninterrupted
- e. noted that the period of the contingency includes this financial year and on a 'no regrets' basis both PHA and NPHS have begun recruitment to a number of roles identified in the paper
- f. noted the joint briefing is progressing through a parallel Manatū Haoura sign-out process and there may be some changes to the paper through that process
- g. noted that this paper will be shared with shared with Te Aka Whai Ora | Māori Health Authority Board
- h. approved the attached briefing *Supporting the establishment of the National Public Health Service and Public Health Agency: Draw down of tagged contingency* to be submitted by Te Whatu Ora and Manatū Haoura to the Minister of Finance and Minister of Health for their consideration.

Alcohol sponsorship of sport

Key discussion points included:

- The Board members shared differing views on this matter, and some questioned whether Vote Health should buy out alcohol sponsorship.
- Management confirmed that advice received that it was appropriate for Health funding could be used for the buy-out.
- The Board noted a buy-out is a form of health prevention, however it noted there are many ways to fund prevention.
- The Board is in a constrained financial position, and it must trade off initiatives to determine the best investment for the people of New Zealand.
- The Board noted that Te Aka Whai Ora was supported but did not want to include Vote health in buy-out alcohol sponsorship.

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- The Public Health, Community and Primary Care Committee supported the buy-out but requested more information on how it would be funded, including working with other agencies such as ACC and Waka Kotahi.
- The Board supported clause f of the drafted recommendation. The Board requested more information on [REDACTED] in context and trade-off with other prevention opportunities.

BD059 – 25 November 2022 The Board endorsed the following recommendation with consensus:

- a. agreed that Te Whatu Ora will continue to work with the Ministry of Health to identify options for funding that replaces alcohol sport sponsorship. Noting the preferred choice of the committee and direction to work with other agencies.

N. Chamberlain left the meeting.

Localities Guidebook

Key discussion points included:

- Board decided to defer the discussion and pick up in Public Health, Community and Primary Care Committee.
- The Board directed management to keep it simple and local and compress the timeframe to ensure progress becomes visible to the Board and communities.

Action: CE, Board Chair, Te Aka Whai Ora and National Director Commissioner to meet to workshop together to ensure alignment and set direction.

Update from Te Aka Whai Ora (verbal update)

T. Mahuta provided a verbal update from Te Aka Whai Ora. Key discussion points included:

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- The Board of Te Aka Whai Ora is cognisant of the need to profile its work, including IMPBs.
- The Board wants to see improved communications internally and externally.
- Te Aka Whai Ora Commissioning framework has been set but unclear if achievable this financial year.
- Te Aka Whai Ora did not view Te Whatu Ora's Pro Tiriti and Equity action statements in Board papers as adequate. Te Aka Whai Ora expects equity statements to use data and evidence to provide visibility of improved outcomes.
- There is a need to measure and hold ourselves accountable for Equity so it can meet everyone's needs. Action: Management to develop an equity framework to guide staff on identifying and reporting on Equity.

Select Committee Hearings & Processes

Key discussion points included:

- Due to the Volume, it was agreed Management would scan the questions and identify risks and issues, including public perception.
- The Board reinforced it wants to be kept abreast of risks and issues.

Updates from Board Committees

Committee membership

BD060 – 25 November 2022 The Board endorsed the following recommendation with consensus:

The Board appointed Naomi Ferguson as Chair of the Capital and Infrastructure Committee.

Capital and Infrastructure Committee

Verbal update received with no discussion.

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Finance and Audit Committee

Verbal update received with no discussion.

Data, Digital and Innovation Committee

BD061 – 25 November 2022

The Board appointed Marcus Porter to the Board's Data, Digital and Innovation Committee for 6 months.

Public Health, Community and Primary Care Committee

BD062 – 25 November 2022 The Board appointed Michal Noonan to the Board's Public Health, Community and Primary Care Committee.

People and Culture Committee

Verbal update received with no discussion.

Health, Safety and Wellbeing Committee

The Board noted the Health and Safety monthly report which was discussed earlier in the meeting.

Clinical Quality Assurance

Key discussion points included:

Board noted the RIS paper but due to time will carry over to another meeting.

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Administration

Register of interests: Noted.

Minutes and actions of the 28 October 2022 meeting were accepted as a true and accurate record of that meeting.

Actions register: Noted.

Meeting and engagements schedules: Noted.

General Business: There was no general business.

The meeting closed at 4.50pm with Karakia.