Te Whatu Ora
Health New Zealand

PARTNERS IN PRIMARY AND COMMUNITY PĀNUI

Tēnā koutou katoa

On Thursday 30 March, Te Whatu Ora entered its next stage of transformation, launching proposals to staff on structures within Commissioning, National Public Health Service, Finance, and Service Improvement and Innovation.

Of the six months that I have been in this role, this past week has been the most challenging. I have delivered the message to a large proportion of our Commissioning team that their roles are proposed to be impacted in some way.

I have not entered lightly into this period of potential disruption to important mahi. I am aware of the heightened uncertainty that these proposed changes cause to our staff and to you, our partners, as well. However, I am eager to see us establish the working arrangements and realignments needed to deliver on the promise and aspirations of the Pae Ora legislation.

I thank you for the respect and care I know you are showing to our teams during this time while they provide feedback on the proposals by Friday 5 May. The changes we are undertaking are significant. We are not just merging 29 entities but instead building a structure from the ground up that moves us toward a single health system.

- *Local: Community and whānau voice*
  In the proposal, I am looking to form local teams around the functions and structures that are needed to support localities and the place-based approach to planning. These local relationship holders and those who are working at the local level on contracts with you, are all critical to helping us achieve our vision. This part of our proposed structure is centred around amplifying the community and whānau voice.

- *National: System architects, doing once, for all*
  Then we have the proposal for national teams, which is not about being based in Wellington or Auckland, but about things that can be done once rather than replicated multiple times across the country. These proposed teams enable efficiency and consistency and include proposals for system architects who will engage in deliberate design of consistent, robust systems to deliver equitable healthcare. I propose to bring into Te Whatu Ora, to work alongside our system architects, sector experts such as yourself, those with lived experience and many diverse voices to lead the mahi from the inside out. I am confident that involving sector leaders in the design work will result in a much stronger health system.

- *Regional: The weaving of wellness*
  In the proposal, regional teams will weave the integration of the national system design planning with the aspirations identified at the local level. They will ensure the system supports you as a partner, regardless of whether you are located in hospitals or in the

community. Many of these regional roles complete the system design teams, ensuring local relevance in all of our plans.

There are some other key features within the proposal that I believe will be essential to our success going forward.

- *Multi-disciplinary clinical leadership*
  The proposal looks to increase clinical leadership with a multi-disciplinary team of clinical leaders throughout the Commissioning business unit. This includes the proposal for the position of National Clinical Director, Primary and Community Care. It is proposed that this role will also be a key member of Te Whatu Ora's overall Clinical Leadership Team, with a strong dotted reporting line back to the Chief Clinical Officer of Te Whatu Ora. Under the proposed structure, working with the National Clinical Director would be four regional Clinical Directors, Primary and Community Care. Clinical Advisors across professions would also be embedded in the work that the national and regional teams undertake.

- *Elevating rural health and addictions*
  In the structure I propose to establish a co-director of rural health and a clinical advisor, rural health to oversee the development of an integrated rural health delivery plan across New Zealand, working closely with Manatū Hauora, who are currently developing a rural health strategy. I also propose to elevate addictions within mental health with a similar co-director structure. These are important areas of our health system that are often not given the attention that they deserve and these features of the new proposed structure are intended to reverse that.

- *Focus on wellness not illness*
  The proposed structure follows a life course approach to focus our mahi on designing a health system that supports good health, not just treats illness. In addition to the main life course design team areas of "starting well", "living well", "mentally well" and "ageing well" I have proposed a team for "dying well" to also recognise the importance of this stage of life… for all of us.

We are one week into the consultation, and I am grateful for, and have been energised by, the feedback Commissioning staff from across the motu have provided. They have seen, challenged, questioned, and embraced all or parts of the proposal. I can guarantee that our future working arrangements will be better because of their engagement and feedback.

While this consultation period is rightly focussed on hearing the voice of those within our teams who are most impacted, we have not forgotten that you have a stake and interest in our future working arrangements. You are important to this work, and I want to reassure you that I understand the value and necessity of the relationships that you hold with key members of our team. Our new structure proposes a strengthening of relationships despite the fact that there will no doubt be a level of change in our teams.

If you missed it, in March, I gave a presentation that outlined some of my early thinking and rational as I introduced the Regional Wayfinders. Though I'm sure you have other things lined up this Easter long weekend, I'll share the recording, in case you want to revisit it: Introducing the Regional Wayfinders (vimeo.com)

Ngā mihi

Abbe Anderson (she/her)
National Director Commissioning

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Te Pae Tata:
Kahu Taurima: Whānau-centred B4 School Checks 'super clinic'

The Kahu Taurima team, currently redesigning maternity and early years services across the motu, want to acknowledge Henderson's super clinic as an example of working in a whānau-centred way that supports and improves outcomes for our pēpi, tamariki and whānau.

Pictured right: Henderson Super Clinic Team (B4SC, OIT, Dental, VHT)

Whānau are delighted to be receiving "one stop shop" care at a Henderson Intermediate Dental Clinic. That's what they've been telling the Waitemata B4 School Checks (B4SC) team, who grew their services to provide a wraparound care for tamariki about to begin school.

The team were seeing terrible dental caries during their checks. They asked Auckland Regional Dental Service about making a space where tamariki could get dental care at the same time. The B4SC team also invited the Hearing and Vision team (VHT) who invited the Outreach Immunisation Team (OIT) to provide their services at the clinic.

Anita Quensell, Waitemata's Clinical Leader B4SC says "the main feedback we've had from clients is that it is so good to have everything done at one centre, instead of four separate appointments.

"It is vital for staff to be adaptable and flexible as the day is never what it is scheduled to be. All the services involved have said that this is the right thing to do, and this keeps the child at the centre of everything we do!"

A clinic in October provided 35 contacts, 11 for Māori whānau, 8 Pasifika whānau and 13 Quintile 5 whānau.

- **Watch**: A webinar introducing Kahu Taurima in December 2022

Workforce:
Thousands of community-based nurses get pay rates increased

Thousands of community-based nurses and kaiāwhina are getting pay rises this month after Te Whatu Ora and Te Aka Whai Ora paid $21.78 million on 698 contracts to healthcare providers around the motu to lift pay rates.

To celebrate the significant milestone, Minister Verrall attended a morning tea with nurses at Te Omanga Hospice in Lower Hutt on 31 March, the day the first payments were made to providers as part of the Government's $200 million annual pay disparities initiative.

Aged residential care, hospices, home and community support services, and Māori and Pacific healthcare were the first priority sectors to receive interim payments to enable them to lift eligible workers' pay rates from 1 April to 30 June. From 1 July 2023, the additional funding will be incorporated into their contract prices.

Further payments will be made next week to providers in these five sectors who have returned signed contracts for additional funding since the 24 March deadline.

The pay disparities teams at Te Whatu Ora and Te Aka Whai Ora are continuing to reach out to providers with outstanding offers under this initiative to ensure all eligible nurses and kaiāwhina receive increased pay rates.

Meanwhile, engagement with general practice representatives about pay disparities of practice nurses compared to Te Whatu Ora-employed nurses is ongoing. We expect to provide advice to the Minister of Health this month on the impact of the recent increase in Te Whatu Ora nurse pay rates on practice nurses.

For all other sectors with eligible workforces, Te Whatu Ora is working with districts on contract variations for additional funding to be included from 1 July 2023, pending approval decisions.

These other sectors expected to be included into the next group include Plunket, primary care, Family Planning, school nursing services, mental health and addiction, rural hospitals and telehealth.

This initiative aims to alleviate some workforce pressures and service impacts by reducing the flow of community-employed nurses and kaiāwhina to higher-paid roles with Te Whatu Ora.

- **READ:** Pay disparities web content

Mental Health and Addictions:
Addiction symposium strengthens sector

Picture: Health Minister Dr Ayesha Verrall says the health reforms are underpinned by legislation that compels partnership and collaboration - strengthening our ability to respond to addiction. NCAT co-chair Deb Fraser (left) with Health Minister Dr Ayesha Verrall.

Growing our addictions workforce, focusing on harm reduction, and supporting people to live healthier lives.

These were just some of the actions discussed at this year's the latest Addiction Leadership Day – Aotearoa's triannual addiction workforce symposium – held in Wellington on 30 March.

"Undeniably, the detrimental effects of addiction are wide and varied," said Peter Carter, interim director of addiction. "So, our approach to reducing harm needs to be responsive, comprehensive, and tailored to meet the needs of individuals and their whānau."

Addiction Leadership Day, now in its 18th year, provides an opportunity for more than 100 people who work in addictions to share experiences as well as hear from academics and sector experts on issues and opportunities.

Among the speakers were Health Minister Dr Ayesha Verrall, Deb Fraser (co-chair, National Committee for Addiction Treatment, NCAT), Sheridan Pooley and Rhona Robertson (Addiction Consumer Leadership Group), Lucina Cassin (Clinical Director, Te Aka Whai Ora), and Peter Carter (Interim Director Addictions, Te Whatu Ora).

Peter said attendees were encouraged by the government's ongoing focus on developing clinical, cultural, and lived experience roles, strengthening the core of addiction services, widening harm reduction and prevention options, as well as destigmatising receiving support from and working within the addiction sector.

He added, Te Whatu Ora alongside Te Aka Whai Ora are working closely together on a new co-commissioning approach for addiction services.

"We've also spent the past six months meeting with the addictions sector to hear their thoughts first-hand on the service and workforce needs in our communities. And from these conversations we're now developing an addictions services framework.

"It's about better delivering services and ensuring better health outcomes for whaiora and whānau affected by alcohol or other drugs, and gambling harm. Meanwhile for practitioners, clinicians, support workers, and countless others working in the addiction system, it's about ensuring they're part of a supported, sustainable workforce," said Peter.

"Our addiction system already has strong foundations: a highly skilled and dedicated workforce, engaged and passionate communities, and an ability to work together to get things done when we need to. The work our addictions kaimahi do is quite literally life changing. It's not easy, yet they show incredible commitment and care.

"By focusing on these priorities, the addiction services available in Aotearoa can be better joined and strengthened, laying the groundwork for a more comprehensive and effective addiction treatment system in the future," said Peter.

Addiction Leadership Day is organised by NCAT, who have been providing systems-level perspectives and leadership to the sector since 2005.

Localities:

Empowering Communities through Whānau Voice: A Ground-Up Approach to Health and Wellbeing Priorities

The Ōtara-Papatoetoe Locality have facilitated many community engagement opportunities in their rohe. Using a partnership approach to information sharing, this Ōtara based hui saw the community, mana whenua, local providers and primary health organisations come together to deliberate the health reforms.

Localities are centred on the unique needs and aspirations of each community, and the involvement of these communities in decision-making. We are calling this "whānau voice" and engaging that voice is pivotal to enabling local solutions to local hauora (health and wellbeing) needs and aspirations.

Meaningful engagement is the key to localities. Whānau voice ensures that the people who live in a community have a strong voice in identifying what is needed in their area to live full and rich lives. This includes representation from iwi, mana whenua, hapori Māori, the disabled community, Pasifika, Rainbow communities, rural communities, and other minority groups.

Localities are designed and delivered with whānau, not just for them. It involves genuinely meeting with people from across the country, listening to them, and ensuring that their voice is captured in service planning. Localities gather whānau voice by engaging with different groups in their local area. Localities Co-Director, Kylie Ormrod, admired the range of engagement tools and methods used by Locality Partnership Groups.

"The first localities have demonstrated innovative and authentic ways to engage with their communities, including hosting web platforms, podcasts, creative events for people who experience intellectual disabilities, interactive workshops for rangatahi, and wananga in spaces where their communities feel comfortable and safe including café, churches, A&P shows, sports clubs and even supermarkets,"

Kylie notes that the engagement and feedback from people living in localities has already made a difference through hearing new voices and elevating community needs.

“This genuine engagement makes a palpable difference by ensuring that the priorities of the Locality Partnership Groups are a meaningful and a true reflection of the needs of their community. It also makes the communities feel heard, seen, and valued”.

Whānau and community voice inform locality plans. The locality plan describes the needs and aspirations of communities and is used to measure how health and social services meet those needs. Each locality plan is developed by Locality Partnership Groups and agreed upon by Iwi Māori Partnership Boards, Te Aka Whai Ora, Te Whatu Ora, and the Ministry of Health. The first Localities will share their community's priorities by the end of April.

“When we looked across the draft plans we have received, we have noticed similar themes across the localities, such as the need for primary care, mental health services, and support for young people's wellbeing. Identifying common issues across the country can inform national service development. Additionally, we have noticed unique social needs in each area, such as strong social and cultural connection. By identifying both local and national priorities, we can work across sectors to influence social determinants of health and wellbeing” said Ormrod.

Localities and whānau voice are significant steps toward achieving better and more equitable health and wellbeing outcomes for all. The ground-up approach ensures that communities are involved in decision-making, and their unique needs and aspirations are considered. By supporting the Locality Partnership Groups to engage meaningfully in their rohe, we can ensure a range of voices are heard, valued, and reflected in service planning.

- **WATCH:** Localities featured in last month’s Stakeholder Hui 30 March

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Heads-up:
Using death documents to report a death to the coroner

The Ministry of Justice, in collaboration with Te Whatu Ora and the Department of Internal Affairs, has developed functionality within Death Documents that will enable both hospital and community doctors and nurse practitioners to report a death to the coroner online.

Death Documents currently allows doctors and nurse practitioners to complete a Medical Certificate Cause of Death (MCCD) online, with over 90 percent of MCCDs now completed this way. It is a secure digital tool developed in partnership between the Ministry of Health and the Department of Internal Affairs.

At present, doctors and nurse practitioners report about 300 deaths to the coroner each month by:

- faxing or emailing a paper-based or PDF version of a Hospital Record of Death (HROD) form,when a death occurs in a hospital setting; or
- telephoning the coroner or police when in a community practice setting.

From 20 April 2023, doctors and nurse practitioners will be able to report a death to the coroner using Death Documents. The new feature gives doctors and nurse practitioners the option to complete a series of logic-based screening questions resulting in a recommendation to either report the death to the coroner or issue an MCCD. If a report to the coroner is made but is later

deemed unnecessary following advice from the coroner, the report can be converted to an MCCD with a few extra details.

This change will provide greater assurance to doctors and nurse practitioners on whether to report a death to the coroner and features helpful definitions of legal terms alongside certain questions.

In addition, the Ministry of Justice's coronial webpages will now include information for doctors and nurse practitioners about when, and how, to report deaths to the coroner. There will also be links to this information within Health Pathways.

What you need to know:

- If you already use Death Documents, you will automatically be able to access the new feature. If not, all you need to get started is a RealMe login (just a username and password) and your council number or Common Person Number (CPN). If you don't already have a RealMe login, you can createone as you register for Death Documents in less than 5 minutes.
- Practitioners with a verified RealMe (where you've had your photo taken online or at a post shop toconfirm your RealMe identity) can also draw upon patient information from the NHI database topre-populate certain fields which will make future processing much faster.
- Doctors and nurse practitioners, as well as appropriate practice managers and administrators based on system credentials, will be able to download or print a copy of the form for their own records.
- HRODs will continue to be accepted over a period of at least 6 months from this date as practitioners transition to adopting the new best practice.

Missed it?

MEDIA RELEASE: Immunisation Taskforce Report

The independent Immunisation Taskforce's report*: Initial Priorities for the National Immunisation Programme in Aotearoa*, makes 54 recommendations covering funding, delivery, technology, communications, and governance across the programme.

The Taskforce was commissioned by Te Whatu Ora to provide advice to the organisation and to Te Aka Whai Ora – Māori Health Authority on actions to rapidly improve immunisation rates for tamariki and achieve equity across all population groups.

Work is underway to implement the recommendations, including in partnership with Te Aka Whai Ora. Dr Nick Chamberlain, Director of the National Public Health Service, Te Whatu Ora, said all the Taskforce's recommendations had been accepted, with 26 already being actioned.

"We thank the Immunisation Taskforce for their care and diligence in preparing the report, which outlines important actions that are needed to help improve childhood immunisation rates. We welcome their recommendations, which are the very highest priority for the Te Whatu Ora Board.

"As the report acknowledges, there is a real and urgent need to continue to lift child vaccination rates and build a more equitable immunisation system, particularly for tamariki Māori who are most at risk, and that we need to do better in this regard.

"That's why we are committed to delivering on the Taskforce's priorities and will be continuing to work closely with our counterparts at Te Aka Whai Ora and with our providers and communities across the motu to make sure this happens," Dr Chamberlain said.

"The report underscores that immunisation is of critical importance for a healthy Aotearoa, as it protects people from a range of preventable diseases that can cause serious illness and death. This is at the very heart of why we all need to play our part to get as many of our tamariki and whānau immunised and make sure we all keep up to date with our vaccinations."

- **READ:** Taskforce Immunisation Report Welcomed – Te Whatu Ora - Health New Zealand

Pertussis reminder to public health sector and community

This week we renewed our call for people to be aware of pertussis symptoms and the importance of vaccination. This followed the sad death of another infant from pertussis. Three infants, all aged under one year, have died from whooping cough in 2023. This third tragic death is not related to the two earlier deaths reported by Te Whatu Ora on 9 March.

With school holidays and the long Easter weekend approaching, public health services are calling on people who are unwell with a new or worsening cough, sneezing and runny nose, or a fever to avoid visiting young babies. Anyone with these symptoms who lives with a baby (e.g. grandparent or sibling) should self-isolate if they can or stay away from the baby as much as possible. Caregivers of young babies too young to be vaccinated should consider not taking babies to places with large numbers of people indoors.

The best protection against whooping cough is to be immunised. Babies and young children should get their vaccine doses on-time at six weeks, three months and five months. Booster doses are then available at four and 11 years old. However, if pēpē and tamariki have fallen behind in their childhood vaccination schedule, it's never too late to catch them up. It is particularly important for tamariki to be up to date with their vaccinations if there is a new baby in the house.

- **READ:** Renewed calls for people to know the symptoms of whooping cough and be immunised following third death – Te Whatu Ora - Health New Zealand
- **FIND OUT MORE:** When to immunise | NZ immunisations | Te Whatu Ora – Health NZ
- **PROMOTION:** Dropbox - NIP – Vaccine promotional material - Simplify your life

Missed it - Quick links

- Stakeholder Hui 30 March
- Ruruku Stakeholder Update 27 March
- Ngā Karere Te Aka Whai Ora update 6 April

This newsletter has been produced by the Communications and Engagement team at Te Whatu Ora. If you would like to recommend content, topics or have any questions about the newsletter, please reach out to Natasha Hoskins, Strategic Lead – Commissioning, Communications and Engagement: Natasha.Hoskins@health.govt.nz