

# TE PĪTAU Health Alliance (Hawke's Bay) AGREEMENT

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**BETWEEN**  
**HAWKE'S BAY DISTRICT HEALTH BOARD**  
**AND**  
**HEALTH HAWKE'S BAY LIMITED – TE ORANGA HAWKE'S BAY**

**DECEMBER 2018**

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## Our vision

**HEALTHY  
HAWKE'S BAY  
TE HAUORA O  
TE MATAU-Ā-MĀUI**

*Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.*

## Our values

**Tauwhiro** – delivering high quality care to patients and consumers

**Rāranga te tira** – working together in partnership across the community

**He kauanuanu** – showing respect for each other, our staff, patients and consumers

**Ākina** – continuously improving everything we do

# TE PĪTAU HEALTH ALLIANCE (HAWKE'S BAY) AGREEMENT

**DATE: 19 DECEMBER 2018**

## **1 THE PARTIES** (each a **Party**) are:

Hawke's Bay District Health Board (DHB)

Health Hawke's Bay Limited – Te Oranga Hawke's Bay (PHO)

## **2 KEY INFORMATION**

1. **Commencement Date: 1 July 2018**

2. **Te Pītau Governance Group Members:**

**Core members will be:**

- Three Directors of Health Hawke's Bay Ltd
  - Bayden Barber - Chair
  - Jeremy Harker
  - Jason Ward
- Three Members of Hawke's Bay District Health Board
  - Ana Apatu
  - Hine Flood
  - Helen Francis - Deputy Chair
- HBDHB Maori Relationship Board NKII representative
  - Beverly Te Huia
- Hawke's Bay Clinical Council representative
  - David Rodgers
- Hawke's Bay Health Consumer Council representative
  - Rachel Ritchie

**As the Scope of our alliance activities expands to cover them, representatives from other parts of the Hawke's Bay health sector may be added, eg:**

- Community Pharmacy
- Aged Care
- NGOs

## **3 OUR AGREEMENT**

In consideration of the mutual promises given and received by each of us in this Agreement, we agree that we will be bound by and perform this alliance Agreement.

We agree that our alliance shall be known as 'Te Pītau'

Our Agreement comprises the following parts:

**Part A: Our Commitment** - is a statement of our background, our commitment to a whole-of-system decision making process, our purpose, principles and commitment to success. We agree that the remainder of this Agreement will be interpreted in accordance with the statements made in Part A.

**Part B: How We Will Succeed** – is a statement of how we will work together, in particular, to achieve success by completing our alliance activities and meeting and exceeding our objectives.

**Part C: How We Will Work Together** - details the processes that we have agreed to apply to how we will work together.

**Part D: Term of Te Pītau** - details how long we expect to work together for and, if or when necessary, how we will wind up our alliance.

**Schedule 1** – includes the scope and annual activities of Te Pītau

## PART A: OUR COMMITMENT

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Part A of this Agreement is a statement of our background, our commitment to a whole-of-system decision making process, our purpose, principles, values and commitment to success.

### 1. Scope of Te Pītau

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- 1.1 **Who We Are:** We, the Parties to Te Pītau, are the DHB and PHO for the Hawke's Bay district.
- 1.2 **Our Leaders:** We are led by our Te Pītau Governance Group, made up of those governance, management and clinical leaders and other key stakeholders, who can successfully lead Te Pītau to complete our alliance activities and achieve our objectives.
- 1.3 **Our Purpose:** We have formed Te Pītau to improve health outcomes for our populations, through:
- 1.3.1 transforming, developing, evolving and integrating primary and community healthcare services, consistent with commitments made within the 2018 Clinical Services Plan, i.e.:
- **achieve equity with a particular focus on those with unmet needs**
  - **create a culture that is person and whanau centred**
  - **co-design and prioritise services to meet the needs of populations with the poorest health and social outcomes**
  - **make health easy to understand**
- 1.3.2 eliminating inequities in primary care access and health care delivery
- 1.3.3 making (and assisting the DHB to make) strategic health care decisions on a "whole-of-system" basis;
- 1.3.4 providing direction and building relationships within our primary and community health system;
- 1.3.5 assessing the primary and community health care needs of our populations;
- 1.3.6 planning health care delivery in our District that is amenable to primary and community settings, to make the best use of health resources;
- 1.3.7 balancing a focus on the highest priority needs areas in our communities, while ensuring appropriate care across all our populations;
- 1.3.8 determining models to be commissioned from delegated funding pools
- 1.3.9 establishing Service Level Alliances to advise on the development, delivery and monitoring of primary and community health services within the scope of our alliance;
- 1.3.10 monitoring the effectiveness and health outcomes of groups of services that fall within the scope of our alliance; and
- 1.3.11 informing our populations and other stakeholders of our performance in achieving our objectives.

- 1.4 **Te Pītau Activities:**
- 1.4.1 Our alliance activities are defined in the scope of Te Pītau. It is anticipated that this scope will be initially restricted to specific service areas, but will expand over time. Te Pītau, in carrying out its activities, may not be involved in all healthcare services in our District.
- 1.4.2 The scope and activities of Te Pītau (including objectives) are set out in Schedule 1.
- 1.5 **Our Conduct:** We will conduct our activities and achieve our objectives, by acting consistently with our Te Pītau Principles.
- 1.6 **What We Are Not:**
- 1.6.1 Te Pītau does not directly provide healthcare services although we will make decisions and recommendations on what services should be funded by the Parties.
- 1.6.2 Te Pītau does not have any authority over, nor responsibility for, any services provided directly by any employees of the Parties.
- 1.6.3 We work collaboratively but are not collectively established as a legal entity.

## 2. **Overview of Decision Making**

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- 2.1 **Allocation of Decision Making:** At the core of this Agreement is a decision-making process that makes clear which decisions remain with the DHB, the PHO and the Government, and which decisions are devolved to us, the Parties.
- 2.2 **Clinician Input into Decision Making:** We recognise that clinical input is essential in all levels of decision making. At the alliance level, this will be achieved by ensuring all major Te Pītau activity decisions will involve input and support from the Hawke's Bay Clinical Council. At all other levels, this input will be provided through proactive involvement of appropriate clinicians.
- 2.3 **Māori Contribution to Decision Making:** We acknowledge our responsibilities under Te Tiriti o Waitangi and our desire to work with local Māori to enable them to contribute to Te Pītau decision making. Given the Memorandum of Understanding between HBDHB and Ngati Kahungunu Iwi Incorporated, this will be achieved through active engagement with HBDHB Māori Relationship Board (MRB) on all major Te Pītau decisions. At all other levels, we will ensure that a Māori perspective is present and/or represented in all decision making processes.
- 2.4 **Consumer Input into Decision Making:** We recognise that consumer input is essential in all levels of decision making. At the alliance level, this will be achieved by ensuring all major Te Pītau activity decisions will involve input and support from the Hawke's Bay Health Consumer Council. Consumer representatives will be involved in all co-design and decision making processes at all other levels.
- 2.5 **Other Input into Decision Making:** Where appropriate, we will work together with a wide range of different cultures, disadvantaged groups and communities to design the health services they need and engage them in our decision making processes.
- 2.6 **Decisions Made by Government:** The balancing side of the decision-making process is that it remains the role of the Government to determine the gross allocation of public funding, so as to achieve the best balance of outcomes for the population. Wherever possible this will involve discussion with clinicians, providers and/or the community through Te Pītau but we recognise that in some cases these decisions may be taken centrally.
- 2.7 **Decisions Made by the DHB:** We recognise that the DHB has two roles:
- 2.7.1 as a Party within Te Pītau, and
- 2.7.2 as the Government's agent, as the funder of health services in the District.

- 2.8 Te Pītau is intended, in part, to assist the DHB to fulfil its statutory objectives and functions as a funder of health services. The DHB will work within Te Pītau to fulfil those obligations where it is appropriate and practicable to do so.
- 2.9 However, we acknowledge that the DHB's statutory and other obligations will require it to make some decisions, which may affect Te Pītau, outside of this Agreement. Without limiting its ability to make those decisions, the DHB undertakes to make those decisions, insofar as is reasonably practicable, in good faith and having regard to Te Pītau's Principles. We agree that nothing in this Agreement limits the DHB's rights, powers, obligations or liabilities under any Law or other agreement.
- 2.10 **Decisions Made by the PHO:** Equally, we recognise that the PHO is subject to its own governance obligations. We also agree that nothing in this Agreement limits the PHO's rights or obligations, necessary to comply with its governance obligations under any Law or other agreement.

### 3. Te Pītau Principles

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- 3.1 We will conduct ourselves and undertake our alliance activities in a manner consistent with the Hawke's Bay Health Sector Vision and Values, and our Te Pītau Principles and will take all reasonable steps to ensure that our employees, contractors and agents do likewise.
- 3.2 We agree that every part of this Agreement must be read in such a way as to be consistent with, and ensure the integrity of, our commitments to Te Pītau Principles.
- 3.3 **Te Pītau Principles:** Te Pītau is founded on the following principles:
- 3.3.1 we will adopt a person and whanau centred, integrated, whole-of-system approach, and make decisions on a 'Best for System' basis;
  - 3.3.2 we will seek to make the best use of finite resources in planning and delivering health services to achieve improved health outcomes and equity for our populations;
  - 3.3.3 we will apply the principles of Te Tiriti o Waitangi and incorporate kaupapa Māori practice and whanau ora approaches within our alliance activities;
  - 3.3.4 we will conduct ourselves with honesty and integrity, and develop a high degree of trust;
  - 3.3.5 we will support clinical leadership and, in particular, clinically informed service development;
  - 3.3.6 we will promote an environment of high quality, performance and accountability, and low bureaucracy;
  - 3.3.7 we will strive to resolve disagreements co-operatively and, wherever possible, achieve consensus;
  - 3.3.8 we will adopt and foster an open and transparent approach to sharing information, subject only to statutory privacy principles;
  - 3.3.9 we will monitor and report on our achievements, including public reporting;
  - 3.3.10 we will be collectively responsible for all decisions and outcomes;
  - 3.3.11 we will operate as a unified team providing mutual support, appreciation and encouragement;
  - 3.3.12 we will conduct ourselves in accordance with best practice;
  - 3.3.13 we will support professional behaviour and leadership;



- 3.3.14 we will remain flexible and responsive to support an evolving health environment;
- 3.3.15 we will develop, encourage and reward innovation and challenge our status quo;
- 3.3.16 we will actively support and build on our successes; and
- 3.3.17 we commit to fully exploring the collective sharing and management of the risks and benefits arising from our alliance activities. Where we cannot manage risk collectively, our principle is to allocate responsibility for each risk to those of us who can best manage it.
- 3.3.18 we will each accept our own costs of all participation in Te Pītau activities, and we agree that any third party costs directly incurred by Te Pītau, shall be shared equally.

## PART B: HOW WE WILL SUCCEED

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Part B of this Agreement is a statement of how we will work together, in particular, to achieve success by completing our alliance activities and meeting and exceeding our objectives.

### 4. Commitments

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#### 4.1 Shared Decision Making:

4.1.1 Each of us is fully committed to Te Pītau and carrying out our alliance activities to achieve our objectives. We acknowledge that this commitment is fundamental to Te Pītau's success.

4.1.2 We will work as one team, in a transparent, innovative and collaborative manner, to produce outstanding results.

#### 4.2 Shared Responsibility:

4.2.1 We both take responsibility for Te Pītau's success and our failures.

4.2.2 We both take responsibility for achieving consensus decisions within Te Pītau.

4.2.3 We both take responsibility for addressing all potential disputes within Te Pītau.

4.2.4 We will establish and maintain an environment within Te Pītau that encourages open, honest and timely sharing of information.

#### 4.3 Shared Accountability: We are both responsible collectively for identifying, managing and mitigating all risks associated with our alliance activities.

#### 4.4 Commitment to Good Faith: We will, at all times:

4.4.1 act in good faith and be fair, honest and ethical in our dealings with each other;

4.4.2 make all decisions on a Best for System basis and when making such decisions, will give predominate weight to the interests of Te Pītau over our own self-interest;

4.4.3 do everything that is reasonably necessary to enable each of us to undertake our alliance activities and perform our obligations under this Agreement;

4.4.4 not act in a manner that impedes or restricts each other's performance of our alliance activities and the performance of our obligations under this Agreement; and

4.4.5 do all things that are, or may reasonably be, expected of us so as to give effect to the spirit and intent of this Agreement and Te Pītau.

#### 4.5 Commitment to Consultation: We recognise that both of us may, in the course of undertaking our alliance activities and otherwise meeting our commitments under this Agreement, be required to consult with others who do not form part of Te Pītau. We will provide a reasonable opportunity to do so in a prudent and timely manner.

## 5. **Service Level Alliances & Working Groups**

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- 5.1 **Service Development:** Where Te Pītau identifies a service within its scope that requires transformational change, we may establish a Service Level Alliance (SLA) to:
  - 5.1.1 Collaboratively co-design and recommend how the service should be delivered within the scope of Te Pītau;
  - 5.1.2 Monitor and report on the performance of a service within the scope of Te Pītau.
- 5.2 **Working Groups:** Clause 5.1 does not limit Te Pītau's ability to establish any other Working Groups that it considers necessary to advise it on any aspect of our alliance activities.
- 5.3 **Scope and Conditions:** A SLA or other Working Group will operate according to any directions, conditions or restrictions established by us. This will include the lines of accountability to the appropriate body within Te Pītau structures, and may include a direction to work collaboratively with others.

## 6. **Services Planning**

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- 6.1 We will work together to decide how Te Pītau will carry out service planning for those services within its scope, which may include delegating decision making authority to our Te Pītau Governance Group.
- 6.2 Our Te Pītau Governance Group may, as a result of service model decisions or recommendations made, recommend to the DHB and/or PHO the method and form of contracting for the delivery of the service on a Best Practice basis.
- 6.3 The DHB and/or PHO will implement our Te Pītau Governance Group's decisions and recommendations, subject only to the provisions of clauses 2.9 and 2.10 respectively
- 6.4 In implementing our Te Pītau Governance Group's decisions or recommendation, the DHB and/or PHO (as appropriate) may:
  - 6.4.1 undertake a procurement process based on the specification for the activity, work or service recommended by Te Pītau;
  - 6.4.2 enter into agreements/contracts with relevant providers, which may include Parties and/or others; and/or
  - 6.4.3 select from the Parties and other service providers those capable of providing the activity, work or service in accordance with the specification for the activity, work or service recommended by Te Pītau.

## PART C: HOW WE WILL WORK TOGETHER

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Part C of this Agreement details the structures and processes that apply to how we will work together.

### 7. Leadership Structure

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#### 7.1 General Structure:

7.1.1 Te Pītau will be directed and lead by our Te Pītau Governance Group.

7.1.2 The day-to-day affairs of Te Pītau will be co-ordinated by our Te Pītau Support Team (made up of relevant members of the management and clinical leadership teams of the DHB and PHO) and supported by the Clinical and Consumer Councils, and the MRB.

7.1.3 Our Te Pītau Support Team will be led by the HBDHB Executive Director Primary Care

7.2 **Service Developments:** Our SLAs will be led and directed by a Service Level Alliance Leadership Team, acting within a scope of authority, agreed by the Parties.

### 8. Te Pītau Governance Group Terms of Reference

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8.1 **Te Pītau Governance Group:** We agree that we will have a Te Pītau Governance Group whose primary function will be to lead us with respect to our alliance activities and Te Pītau, in accordance with this Agreement.

8.2 **Duties of our Te Pītau Governance Group:** The duties of our Te Pītau Governance Group include:

8.2.1 promoting and supporting the vision, values and direction of Te Pītau;

8.2.2 facilitating development and implementation of commitments and service changes set out in the 2018 Clinical Services Plan, as they apply to primary and community care

8.2.3 role modelling Te Pītau Principles and setting challenging objectives;

8.2.4 facilitating, empowering and enabling the achievement of Te Pītau objectives/outcomes;

8.2.5 maintaining a coherent set of policies and procedures as necessary to undertake its duties;

8.2.6 agreeing with the DHB and PHO, in accordance with clause 6:

(a) our alliance activities and objectives, including the systems and key performance indicators for assessing achievement of these;

(b) the work, activity and services to be provided to meet our Te Pītau objectives;

8.2.7 establishing and/or supporting Service Level Alliances and other Working Groups as necessary to oversee the development and delivery of services that fall within the scope of Te Pītau;

8.2.8 providing high level support and stakeholder interface;

8.2.9 monitoring and encouraging inter-Party relationships and stakeholder engagement;

8.2.10 agreeing and adopting transparent governance and accountability structures for Te Pītau; and

- 8.2.11 mentoring and championing Te Pītau and its Parties as reasonably required.
  - 8.2.12 approving the allocation of delegated/devolved funding pools
  - 8.2.13 approving system and district level measures and related allocation of incentives, in conjunction with the Clinical Council.
- 8.3 Membership of Te Pītau Governance Group:**
- 8.3.1 At the date of this Agreement the appointed core members of our Te Pītau Governance Group are set out in the Key Information on page 5 of our Agreement.
  - 8.3.2 Alternates for appointed core members from the Māori Relationship Board, Clinical Council and Health Consumer Council shall also be appointed
  - 8.3.3 Membership of our Te Pītau Governance Group shall be reviewed annually by an Appointments Panel made up of the Chair's and CEO's of the DHB and PHO, who shall consider the level of interest in membership, the benefits of some rotation balanced with retaining some experience, and the need to maintain a good mix of perspectives, skills and experience.
  - 8.3.4 The Appointments Panel shall make recommendations to the DHB and PHO Boards.
  - 8.3.5 The appointment of all core members (and alternates) requires the formal approval of both the DHB and PHO Boards.
  - 8.3.6 Our Te Pītau Governance Group may, by agreement, add representatives from other parts of the Hawke's Bay health sector as members at any time, and may remove such members as necessary.
- 8.4 Involvement:**
- 8.4.1 We agree that the members' regular involvement in and attendance at our Te Pītau Governance Group meetings is critical to Te Pītau's success.
  - 8.4.2 Should any core member from either the DHB or PHO be unable to attend a Te Pītau Governance Group meeting, they may nominate another member to act by proxy in relation to any decision to be made by the Governance Group.
  - 8.4.3 Should any core member from the Māori Relationship Board, Clinical Council or Health Consumer Council be unable to attend a Te Pītau Governance Group meeting, they may request that their appointed alternate attend in their place.
- 8.5 Chair:** The Chair of our Te Pītau Governance Group shall be the Chair of the PHO.
- 8.6 Deputy Chair:** The DHB shall appoint one of the three DHB Board members to be the Deputy Chair
- 8.7 Decision Making:** When making a decision, determination or resolution, our Te Pītau Governance Group (together and individually) must:
- 8.7.1 have regard to its duties, specified at clause 8.2 of this Agreement;
  - 8.7.2 have regard to the intent of Agreement;
  - 8.7.3 consider the matter before them in good faith and use their best endeavours to facilitate a consensus decision;
  - 8.7.4 not prevent a consensus decision being made for trivial or frivolous reasons;
  - 8.7.5 use all relevant information in a timely fashion;
  - 8.7.6 actively seek and facilitate a consensus decision, determination or resolution; and

8.7.7 where consensus cannot be reached, any decision, determination or resolution will require the support of at least 75% of those present and/or otherwise able to vote on the issue.

8.8 **Reporting:** Our Te Pītau Governance Group will provide a report to the Parties following each Te Pītau Governance Group meeting, and an Annual Report about its performance.

8.9 **Implementing Decisions:** We will implement all decisions and directions of our Te Pītau Governance Group concerning our alliance and this Agreement.

## 9. **Service Level Alliance (SLA) Leadership Team**

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9.1 **SLA Leadership Team:** We agree that our Te Pītau Support Team may appoint a leadership team (**SLA Leadership Team**), whose primary function will be to direct and lead a SLA and provide guidance and leadership to us with respect to those of our alliance activities that are within the scope of that SLA

9.2 **Duties of a SLA Leadership Team:** The duties of a SLA Leadership Team may include:

9.2.1 providing a vision, strategic leadership and direction;

9.2.2 providing operational/project leadership and relationship management;

9.2.3 recommending the model via which services should be delivered in the District; and

9.2.4 monitoring and reporting on the performance of the service against its agreed outcomes;

9.3 **Consensus Decision-Making:** When making a decision, determination or resolution, a SLA Leadership Team (together and individually) must:

9.3.1 actively seek and facilitate a consensus decision, determination or resolution; and

9.3.2 where consensus cannot be reached, any decision, determination or resolution will require the support of at least 75% of those present and/or otherwise able to vote on the issue.

## PART D: TERM OF TE PĪTAU

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Part D of this Agreement details how long we expect to work together for and, if or when necessary, how we will wind up Te Pītau.

### 10. Term

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This Agreement commences upon the Commencement Date specified in the Key Information and continues in effect until:

10.1 30 June 2028

10.2 The Parties may agree to renew this Agreement from this date, after following an agreed process having been initiated at least twelve months before this date.

### 11. Suspending Te Pītau Activities

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11.1 **Suspension by our Te Pītau Governance Group:** Our Te Pītau Governance Group may suspend some or all of our alliance activities at any time.

11.2 **Suspension by the DHB or PHO:** The DHB or PHO may suspend some or all of our alliance activities, if it determines that it is necessary to do so to prevent a breach of a statutory, regulatory or contractual requirement (as acknowledged in clauses 2.9 and 2.10).

11.3 **Recommencement:** We will recommence the performance of our alliance activities only when directed to do so by our Te Pītau Governance Group.

### 12. Terminating Te Pītau

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12.1 **Termination by the DHB or PHO:** We agree that the DHB or PHO may, in exceptional circumstances, terminate this Agreement if it determines that it is necessary to do so to prevent a breach of a statutory, regulatory or contractual requirement (as acknowledged in clauses 2.9 and 2.10).

12.2 **Termination by either Party:** We agree that either Party may terminate this Agreement due to ongoing Wilful Default by the other Party.

12.3 **Termination by Agreement:** We agree that this Agreement may be terminated by mutual agreement between the Parties.

**Executed as an Agreement**

**Executed** for Health Hawke's Bay Limited by:

in the presence of



Director/Authorised Signatory



Director/Authorised Signatory



Witness signature

Wayne Woolrich

Full name

CEO

Occupation

Havelock North

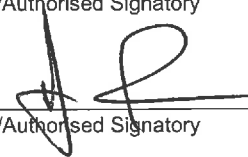
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**Executed** for Hawke's Bay District Health Board by:

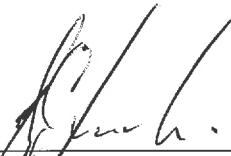
in the presence of



Director/Authorised Signatory



Director/Authorised Signatory



Witness signature

John Footen

Full name

COMPANY SECRETARY

Occupation

Havelock North

Address



## Schedule 1 - Scope of Te Pītau

- 1 The ultimate scope of Te Pītau may include any/all those publically funded primary and community healthcare services and activities, within the Hawke's Bay Health Sector that are amenable to delivery in a primary and community healthcare setting.
- 2 On an ongoing basis, the scope of Te Pītau will generally be determined by agreement to establish specific Service Level Alliances or Working Groups. General issues may be included within the scope as agreed from time to time.
- 3 The initial scope of Te Pītau and our alliance activities for 2018/19 shall include the following:

Area of Focus	SLA	Whole Model Redesign	Description	Delegation Notes	Te Pītau Involvement 2018/19
Community Mental Health & Addictions	Yes	Yes	Multi-stage redesign and re-procurement of community based mental health and addictions services ahead of July 2020 go-live	<ul style="list-style-type: none"> <li>• Total indicative operating envelope &lt;\$20m per annum (including DHB contracts and Primary Care directorate PVS transfers into provider arm)</li> <li>• PHO Mental Health packages of care (c\$1m) in-scope</li> <li>• Will be informed by national Mental Health &amp; Addictions Inquiry</li> </ul>	<p>Receive regular SLA updates on progress of service design and provide governance oversight of the process in line with Te Pītau Principles.</p> <p>Approve the work of the SLA as design authority, in order to progress proposed model of care into the procurement phase.</p>

Area of Focus	SLA	Whole Model Redesign	Description	Delegation Notes	Te Pītau Involvement 2018/19
End of Life	Yes	Yes	Review of existing services supporting patients at the end of life, and redesign within existing resource envelope	<ul style="list-style-type: none"> <li>Operating envelope to be confirmed, but will include DHB contracts (most notably hospice services) and PHO discretionary funding</li> <li>Likely to also include internal DHB provider PVS relating to hospital palliative care services</li> </ul>	<p>Receive regular SLA updates on progress of service design and provide governance oversight of the process in line with Te Pītau Principles</p> <p>Approve the work of the SLA as design authority, in order to progress proposed model of care into the procurement phase</p>
Community Pharmacy	Yes	No	Development, review and prioritisation of developmental schemes within Schedule 3b of the new Integrated Community Pharmacy agreement	N/A	Receive regular SLA updates for discussion and incorporation into the wider strategic approach
Integrated Care Teams (ICT)	Yes	No	Phased programme of work to test, refine and implement the model for extended integrated care teams operating seamlessly around the enrolled patient list	<ul style="list-style-type: none"> <li>Year one activity likely to include District Nursing services (Primary Care directorate PVS transfers into provider arm)</li> </ul>	<p>Receive regular SLA updates on progress of service design pilots and provide governance oversight of the process in line with Te Pītau Principles</p> <p>Review recommendations and guide the prioritisation of work to further iterate ICT design</p>

Area of Focus	SLA	Whole Model Redesign	Description	Delegation Notes	Te Pitau Involvement 2018/19
Youth Services	TBC	Yes	Potential fast-follower SLA, reviewing design and effectiveness of primary health and wellbeing services targeted at young people	TBC	Receive proposal around potential scope and configuration of this work stream.  Endorse establishment of SLA
Urgent and On-Day Primary Care Access	TBC	Yes	Potential fast-follower SLA, reviewing design and effectiveness of primary care services meeting urgent and on-day healthcare needs	TBC	Receive proposal around potential scope and configuration of this work stream.  Endorse establishment of SLA
Health of Older People	TBC	Yes	Potential fast-follower SLA, reviewing design and effectiveness of services to keep older people well and independent. Will build on internal strategic programme within HBDHB	TBC	Receive proposal around potential scope and configuration of this work stream.  Endorse establishment of SLA
Rural Localities Model	No	No	Develop a framework for the development of sustainable rural services	N/A	Review intelligence relating to the development of rural services in line with the stated priorities of rural communities  Commission focus work on underlying themes relating to sustainability (e.g. workforce, technology, clinical governance)  Oversee development of a framework approach to the development of sustainable rural services

Area of Focus	SLA	Whole Model Redesign	Description	Delegation Notes	Te Pītau Involvement 2018/19
Primary Care Innovation & Development	No	No	Develop the framework for the evolution of primary healthcare in line with the Hawke's Bay CSP	N/A	<p>Review intelligence relating to existing innovation and development of enrolment-based primary care, including structural considerations that impact the pace of change</p> <p>Review recommendations and guide the prioritisation of work to further iterate primary care innovation and development</p>
System Level Measures	No	No	Ownership of the Hawke's Bay System Level Measures framework	N/A	<p>Review and critically evaluate progress against the System Level Measures for Hawke's Bay</p> <p>Provide commentary to the Boards of HBDHB and HHB concerning delivery against these priorities</p> <p>Review recommendations and prioritise the development of measures within future iterations of the framework</p>

Area of Focus	SLA	Whole Model Redesign	Description	Delegation Notes	Te Pitau Involvement 2018/19
Primary Healthcare KPI framework	No	No	Development and ownership of a set of key performance indicators by which to assess the quality of primary healthcare in Hawke's Bay	N/A	Review recommendations and prioritise the selection of measures for the framework  Critically evaluate reported progress and plans to mitigate adverse variances against the agreed KPIs
Information Systems	TBC	No	Primary healthcare governance input to the development of the Information Systems strategy for Hawke's Bay	N/A	Receive regular updates on progress against the IS Strategy.  Review recommendations and prioritise the development of primary healthcare priorities within the Strategy

