|  |  |
| --- | --- |
|  | **Chair’s Report** |
| For the attention of:  **Māori Relationship Board** |
| Document Owner: | Ngahiwi Tomoana, Chairman |
| Month: | February 2016 |
| Consideration: | For Information |

|  |
| --- |
| **Recommendation**  **That MRB**  Note the content of this report. |

**PURPOSE**

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the Board meetings held in November and December 2015 pertaining to Māori health.

**INTRODUCTION**

In this month’s report with assistance from operations, I comment about our performance over the past six months. Previous to the six months, the HBDHB Chair asked the General Manager Māori Health to list the previous 12 months recommendations of MRB to Board with the results. I will have this report to table on the day of the February hui as well. It is important that we understand the impact we make as a group to the District Health Board.

**ACCELERATING MĀORI HEALTH**

On reflection of last year, the voice of MRB has been influential in ensuring health equity is achieved by holding HBDHB to account and prompting the need for policies, strategies and plans to be reviewed to better accommodate the health gains of Māori. Whilst the campaigns may seem laborious, the results have meant that we are on the right path to improving health equity for the population within the Kahungunu rohe. These achievements are highlighted in the following tables dating from June through to December 2015. Of note, the gains achieved through the Te Ara Whakawaiora programme are not included:

|  |  |  |
| --- | --- | --- |
| **June** | **MRB** | **Impact** |
| Health Literacy – Framework Establishment | Endorsed Terms of Reference and provided the following advice:   * Too DHB focused and recommended wider representation from the community and primary care to the group. * In addition, the appointment of GM Māori Health over and above the MHS representative.   Requested the addition of a health literacy component to the DNA project. | Kaitakawaenga DNA made a member of the Health Literacy group.  GM Māori Health now a member on the Steering Group. |
| Māori Nursing Recruitment | Resolve issues for Māori nurse graduates. | Partnership between NZNO, EIT, NKII and HBDHB who are working on resolving issues.  40% of last intake into the NEtP programme were Māori.  EIT Head of School for Nursing is now on the Steering Group for the Tūruki programme.  Monthly meetings now occurring between EIT and Chief Nursing Officer.  Nurse Director Māori Health has been propped up to a full FTE through the Clinical Council process for new funding bids. First round of recruitment was unsuccessful. Second round begins in February 2016. |

|  |  |  |
| --- | --- | --- |
| **July** | **MRB** | **Impact** |
| Tobacco Control Plan | Agreed a Tobacco Control Plan is needed and provided feedback summarised below:   * Strategy description and how goals are achieved is Whānau Ora and should be promoted as a Whānau Ora initiative. * Add Matatini to Year 2 of the Planned Activities 2015/16 as an event to empower organisers to be tobacco free, conduct screening, deliver the educational packages targeting Māori women and rangatahi, and engage providers. * ‘Other Linkages’ - huge emphasis on the hospital per se. The greatest chance for change is in the community. This will require an increase in resources to the Provider network. More thought needs to be given to a Provider led strategy for greater coverage and better projected results. * Design is too top heavy. More evidence is needed for a co-create co-design process in the plan with the consumer. * Cessation practices conducive to Whānau quitting. With the high prevalence rate of smoking, encourages the efficacy of the cessation services that are commonly practiced with Whānau. This could be a joint action group with the Ngāti Kahungunu Iwi Inc. * Target the Chamber of Commerce to get support. * Smoking is a result of people needing their own space as they were disenfranchised out of health and employment. The only space to call their own was when they went for a smoke. Reason why the highest proportion of smokers are Māori women who are most deprived of all their statuses. | DHB Board endorsed the Tobacco Control 5 year strategy agreeing that innovative concepts to support whānau to be Smokefree is vital. In addition Providers engaged and participated in the development of the strategy and are working in partnership to realign smoking cessation services. This partnership is currently creating an RFP to table to MOH on the 10th February. The intention is that providers will collaborate more strongly as a result.  The HBDHB are working with Ngāti Kahungunu Iwi developing healthier messages for this 2016 Waitangi Day. This years Waitangi Day celebrations is preparing us for Matatini in 2017. There are strong Smokefree messages and interactive activities planned.  Consumer engagement is a function of the new Smokefree Māori Support Worker role within the Smokefree Team. We hope to utilise the feedback received to make changes to services and inform planning. |

|  |  |  |
| --- | --- | --- |
| **August** | **MRB** | **Impact** |
| Suicide Prevention Plan | MRB endorsed the plan and provided the following advice:   * DHB to provide more intervention training for communities * Plan to have more of a whānau engagement process and inclusion. * Include a cultural response as well as clinical. * Increase Rangatahi involvement and upskilling. * DHB to make drugs substance abuse a priority. * Build community resilience through building community leadership * With relationship breakdowns a key trigger, how can the DHB support his issue? | Three face to face QPR Gatekeeper Trainings have taken place in Flaxmere, Central Hawkes Bay and Wairoa. A total of 57 people attended (51 submitting evaluations). 44 stated that the overall programme was above average or outstanding.  The HBDHB have been involved in the coroner’s inquest and had the opportunity to sit with whānau to hear what they thought may help whānau engage with each other and minimise the risk for rangatahi.  The support model has a strong cultural and clinical approach. The membership reflects their cultural competency  There are various community driven suicide prevention activities. Examples of these are HOPE – Hold On Pain Ends, Fight for life running under Anahera o Te Rangi, Talk to Us – Flaxmere Community Group, MATES in Farming. All assisting with building resiliency in those communities. |
| Quarterly Reporting against the Annual Māori Health Plan | Align with Board quarterly reporting.  CEO write to the MoH to request quarterly Plunket data and any other indicator data where it is not provided in a timely fashion. | Board approved letter by the CEO sent to the Ministry.  Plunket data is inclusive of the breastfeeding indicator.  In addition the Business Intelligence Team and Māori Health are working on reporting timelines that synchronise with all other governance reporting. |

|  |  |  |
| --- | --- | --- |
| **September** | **MRB** | **Impact** |
| Rheumatic Fever Prevention Plan | MRB accepted the plan under the proviso engagement with the Māori community section be enhanced.  Highlighted concerns about the changes to the Healthy Homes criteria impacting on a number of whānau who sit outside this criteria in particular the Bridge Pa community. | Agreed changes made and returned to MRB for endorsement. |
| Implementation of Obesity Strategy | Supportive of strategy but raised concern that the strategy was more of a health and nutrition strategy rather than an obesity strategy. | Paper deferred. Key leaders are attending a Summer School in Wellington on the 14th Feb with the intention of returning and workshopping with other key stakeholders on how to strengthen the strategy. In addition the WHO report on Obesity has just been released in January. The results of these findings need to be included into the plan. |

|  |  |  |
| --- | --- | --- |
| **October** | **MRB** | **Impact** |
| Rheumatic Fever Prevention Plan | Plan was amended and disseminated to MRB to demonstrate agreed changes discussed at the previous meeting. The plan received further feedback. In light of this, MRB endorsed the refreshed plan with a letter of support from the MRB Chair. | Board approved the refreshed Rheumatic Fever Prevention Plan that was submitted to the Ministry of Health on 20 October 2015. |

|  |  |  |
| --- | --- | --- |
| **November** | **MRB** | **Impact** |
| Alcohol and Other Drugs (AOD) | Add as a priority to the Annual Māori Health Plan 2016-17 | Board approved AOD to be added as a priority to the 2016-17 Annual Plan. This is to be led by Population Health |
| Fetal Alcohol Spectrum Disorder (FASD) | Include FASD as a priority under AOD. | Board also approved FASD as a priority. Population Health will include FASD into the Alcohol and Drug strategy |
| Regional Tobacco Strategy for Hawke’s Bay 2015-20 | MRB endorsed the strategy because they felt there had been ample discussion regarding the strategy and that it was time for some action. | Board endorsed the draft strategy.  It was agreed the strategy would be reviewed yearly. First update in November 2016. |
| Bilingual Signage Policy | MRB recommended Te Reo Māori first followed by English and for this format to apply to both internal and external signage. In addition, MRB requested and the format to be reflected in the organisational policies; Signage and Display and Te Reo Māori Translation. | Consumer and Clinical councils agreed with MRB followed by the approval of the Board to have Te Reo Māori first on all signage. The policies are now aligned with MRBs recommendations and signage display is now being considered. |
| Locality Networks Planning | Called a special meeting in December to get clarity around how Locality Network Planning will affect the community and Māori Providers. | The model was pulled back for further discussion. A Terms of Reference developed for Health and Social Networks development for feedback and advice by MRB today. |

|  |  |  |
| --- | --- | --- |
| **December** | **MRB** | **Impact** |
| Bilingual Signage Principles | Endorsed principles and requested inclusion of MRBs additional principles. | Board noted MRBs principles. Executive Team has taken these principles and applied them to the policy for implementation |
| Obesity Strategy | Recommendation for further consultation with key stakeholders on co-design. | Paper deferred. Consumer Council, Population Health and Māori Health to work on making the strategy more effective before returning to MRB for endorsement. |
| Travel Plan | Noted several considerations to be reflected in finalisation of the paper.  Issues were fed back and a response from the COO was requested. | Board noted MRBs considerations and approved the plan and requested the COOs feedback to issues highlighted.  Refer to Appendix 1, Travel Plan Feedback to MRB by Sharon Mason (Chief Operating Officer). |
| Living Wage in HBDHB | Concerns about some staff who are on less than the living wage (This was included in the Travel Plan feedback). | Discussions commenced to address this matter.  A funding bid has been prepared by the GM Māori Health and Director Allied Health for consideration in the new funding bid round. This will need to be considered against all other demand driven costs.  After its request, MRB is now included into the process for new funding bids |

**PREPARATIONS FOR THE NEXT BOARD**

In my report to the Board in December, I mentioned our discussion about 2016 being our final year for this term and the importance of ensuring the pathway for improvement of Māori health be set-up for the next MRB Board. Listed was what we considered valuable to assist in preparing the next MRB Board:

* MRB having ownership of its own agenda co designing it with DHB.
* Papers passing through MRB to clearly identify how it will reduce inequity and improve outcomes for Māori.
* MRB to consider how we will work more collaboratively with leaders in the intersectoral field at an MRB level to progress Whānau Ora
* MRB to work from both a Kahungunu Plan and the DHB Plan for better health outcomes for the entire Hawke’s Bay population.

Whilst there is still a lot to do, we should celebrate what we have achieved and what effect we are having on services. The health system is a big one spending over $1 million dollars a day. Our changes may be slow but they are significant. Your leadership and determination to ensure our people get the best services in health in my mind, is making a difference.