

HB Clinical Council Meeting

Date: Wednesday, 5 December 2018

Meeting: 3.00 pm to 5:30 pm

Venue: Te Waiora Meeting Room (Boardroom), District Health Board

Corporate Office, Cnr Omahu Road & McLeod Street, Hastings

Council Members:

Dr John Gommans (Co-Chair)

Jules Arthur (Co-Chair)

Chris McKenna

Dr Russell Wills

Dr Mark Peterson

Debs Higgins

David Warrington

Dr Robin Whyman

Lee-Ora Lusis

Dr Andy Phillips

Dr David Rodgers

Dr Russell Wills

Debs Higgins

Anne McLeod

Dr Peter Culham

Dr Nicholas Jones

Dr Daniel Bernal

Apology: Jules Arthur

In Attendance:

Kate Coley, Executive Director - People and Quality (ED P&Q) Ken Foote, Company Secretary Tracy Fricker, Council Administrator / EA to ED P&Q Ana Apatu, Māori Relationship Board Representative

Item	Section 1 – Routine	Time (pm)
1.	Welcome and receive apologies	3:00
2.	Interests Register	
3.	Minutes of Previous Meeting 3.1 Clinical Council November Board Report (for information only)	
4.	Matters Arising – Review Actions 4.1 Pathways to guide clinicians (action item 2)	
5.	Workplan	
	Section 2 – Reporting Committees to Council	
6.	Clinical Advisory & Governance Group – Verbal Update	-
7.	Council Committees Reports – Nil	-
	Section 3 – For Information only	
8.	Mobility Action Plan Implementation Update	-
9.	Section 4 – Recommendation to Exclude the Public	
Public	Excluded	
Item	Section 5 – Routine	Time (pm)
10.	Minutes of Previous Meetings 10.1 Clinical Council (PExcl) November Board Report (for information only)	3:20
11.	Matters Arising – Review Actions 11.1 Clinical Portal Data Migration Decision (action item 4)	
	Section 6 – Presentation	
12.	Cost Containment – Andy Phillips	3:30
	Section 7 – For Information only	
13.	Serious Adverse Events 2017-18 (embargoed until 7 December 2018)	3:50
	Section 8 – Workshop	
	A 151 004040	
14.	Annual Plan 2018-19 – Ken Foote Strategic Plan - How do we make the CSP real? - What does this mean for the clinical workforce?	4:00

Next Meeting: Wednesday, 13 February 2018 3.00-5.30 pm in the Corporate Boardroom 4:45

- David Rodgers and John Gommans

Interests Register 9 November 2018

Hawke's Bay Clinical Council

		Date of the second of the seco	T		
Name Clinical Council Member	Interest e.g. Organisation / Close Family Member	Nature of Interest e.g. Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: Real, potential, perceived Pecuniary / Personal Describe relationship of Interest to
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
Nursing)	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the	Yes	Low
			population of HB.		
Dr Mark Peterson (Chief Medical Officer - Primary Care)	Taradale Medical Centre	Shareholder and Director	General Practice	Yes	Low
,,	Royal New Zealand College of General Practitioners	Board member	GP training and standards	Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	Family member employed by HBDHB since November 2015	Daughter, RMO	Will note interest if discussions occur around RMOs.	Yes	Low
	PHO Services Agreement Amendment Protocol (PSAAP)	"Contracted Provider" representative	The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that agrees the contract.	Yes	Representative on the negotiating group
	Health Hawke's Bay Limited (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
	Primary Health Alliance	Executive Member	Primary Care advocacy organisation	Yes	Low
	Council of Medical Colleges	Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive	May impact on some discussions around medical training and workforce, at such times interest would be declared.	Yes	Low
Dr John Gommans (Chief Medical Officer - Hospital)	Stroke Foundation Ltd	Chairman of the Board of Directors	Provides information and support to people with a stroke. Has some contracts to the MOH	Yes	Low
	Internal Medicine Society of Australia and New Zealand (IMSANZ)	Director of IMSANZ	The IMSANZ represents the interests of specialist General Internal Medicine physicians throughout Australia and New Zealand	Yes	Low
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity	No	
	Central Region Midwifery Leaders report to TAS	Member	issues Regional approach to services	No	
	National Maternal Wellbeing and Child Protection group	Co Chair	To strengthen families by facilitating a seamless transition between primary and secondary providers of support and care; working collaboratively to engage support agencies to work with the mother and her whanau in a culturally safe manner.	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
	Central Region Quality and Safety Alliance	Member	A network of professionals overseeing clinical governance of the central region for patient quality and safety.	No	
David Warrington (Nurse	The Works Wellness Centre	Wife is Practitioner and	Chiropractic care and treatment, primary,	Yes	Low
Director - Older Persons)	National Directors of Mental Health Nursing	owner Member	preventative and physiotherapy	No	Low
Dr Tae Richardson (GP and	Loco Ltd	Shareholding Director	Private business	No	
Chair of Clinical Advisory & Governance Committee)	Clinical Advisory & Governance Committee (CAG)	Member	Report on CAG meetings to Council	No	
	for Health HB (Tenure ends 27/06/18) HQSC / Ministry of Health's Patient Experience	Member as GP		No	
	Survey Governance Group Ministry of Health - First Specialist Assessment	representative Member		No	
	Oversight Group Locum General Practitioner			No	
Dr Andy Phillips (Chief Allied	Health Systems Performance Insights Programme	Chair	Improving Health System Performance	No	
Health Professions Officer)	The Health Foundation (UK)	Member of College of Assessors	Improving Health System Performance	No	
Dr David Rodgers (GP)	Tamatea Medical Centre	General Practitioner	Private business	Yes	Low. Provides services in primary care
- , ,	Tamatea Medical Centre	Wife Beth McElrea, also a	Private business	Yes	Low. Provides services in primary care
ĺ	City Medical	GP (we job share) Director and Shareholder	Medical Centre	Yes	Low. Provides services in primary care
	National Advisory Committee of the RNZCGPs	Member and CP Teacher	Health and Wellbeing	No	,
	Health Hawke's Bay (PHO)	Medical Advisor - Sector Development	Health and Wellbeing	Yes	Low. Ensure position declared when discussing issues in this area relating to the PHO.
Debs Higgins (Senior Nurse)	The NZ Nurses Society	Member of the Society	Provision of indemnity insurance and professional support.	No	

Name	Interest	Nature of Interest	Core Business	Conflict of	If Yes, Nature of Conflict:
Clinical Council Member	e.g. Organisation / Close Family Member	e.g. Role / Relationship	Key Activity of Interest	Interest	- Real, potential, perceived
				Yes / No	- Pecuniary / Personal
	Health HB	Employee	Role: Clinical Performance Support Lead	Yes	- Describe relationship of Interest to Low
	Healtitib	Lilipioyee	ixole. Clinical i enormance Support Leau	165	Low
Anne McLeod (Senior Allied	Aeotearoa NZ Association of Social Workers	Member		Yes	Low
Health Professional)					
	HB DHB Employee Heather Charteris	Sister-in-law	Registered Nurse Diabetic Educator	Yes	Low
	Directions Coaching	Coach and Trainer	Private Business	Yes	Low: Contracts in the past with HBDHB and Hauora Tairawhiti.
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors	Member	Continuing professional development for company directors	No	
	Australian - NZ Society of Paediatric Dentists	Member	Continuing professional development for dentists providing care to children and advocacy for child oral health.	No	
Dr Russell Wills (Community Paediatrition)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates	Employee	Employee	Yes	Potential, pecuniary
	Wife, Mary Wills employed as General Manager of Presbyterian Support East Coast	Employee	Presbyterian Support East Coast provide services within the HB and are a contractor to HBDHB	Yes	Potential, pecuniary
	Paediatric Society of New Zealand	Member	Professional network	No	
	Association of Salaried Medical Specialists	Member	Trade Union	Yes	Potential, pecuniary
	New Zealand Medical Association	Member	Professional network	No	
	Royal Australasian College of Physicians	Fellow	Continuing Medical Education	No	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	
	NZ Institute of Directors	Member	Professional network	No	
Lee-Ora Lusis (Clinical Nurse Manager, Totara Health)	Totara Health and Choices Kahungunu Health Services	Employee	Clinical Nurse Director	Yes	Potential, pecuniary
	Hawke's Bay Primary Health Nurse Practitioner Group	Member / Nurse Practitioner Intern	Professional network	No	
	Hawke's Bay Nurse Leadership Group	Member	Professional network	No	
	College of Nurses Aotearoa (NZ)	Member	i Torodoriai ilettierit	No	
	Fusion Group Committee	Representative		No	
	ED High Flyers	Representative		No	
	Totara Health / Youth Contract with Directions	Employee of Totara Health			
	Kidney Health Australia - Caring for Australasians with Renal Impairment	Member		No	Guidelines group - involved with the group "Management of chronic kidney disease among Aboriginal, Torres Strait Islander Peoples and Maori".
Dr Nicholas Jones (Clinical	NZ College of Public Health Medicine	Fellow	Professional network	No	·
Director - Population Health)	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with
	Te Mata Peak Practice	GP and Director	General Practice	Yes	healthcare providers Low, pecuniary, provides primary care services
	C&G Healthcare	Director	Private business	No	No further exposure beyond mentioned above
	Royal NZ College of General Practitioners	Fellow		No	
Daniel Bernal	New Zealand Hospital Pharmacists Association	Member	Discussion	No	
	Pharmaceutical Society of New Zealand	Member	Access their resources, record my CPD on their website.	No	

MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD CORPORATE OFFICE ON WEDNESDAY, 14 NOVEMBER 2018 3.00 PM

PUBLIC

Present: Dr John Gommans (Chair)

Dr Robin Whyman Dr David Rodgers Dr Peter Culham Debs Higgins

Chris McKenna (from 3.20 pm)

Jules Arthur Dr Daniel Bernal Dr Russell Wills

Lee-Ora Lusis (from 3.10 pm)

Anne McLeod

David Warrington (from 3.30 pm)

Dr Mark Peterson Dr Nicholas Jones

In Attendance: Ken Foote, Company Secretary

Kate Coley, Executive Director - People & Quality (ED P&Q) (from 4.30

pm)

Tracy Fricker, Council Administrator and EA to ED P&Q

Apologies: Andy Phillips

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Dr John Gommans (Chair) welcomed everyone to the meeting. Apologies were noted as above.

2. INTEREST REGISTER

No conflicts of interests were noted for agenda items. Debs Higgins notified a change to her interests as she now works for Health Hawke's Bay.

Action: Interest register to be updated for Debs Higgins.

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 10 October 2018, were confirmed as a correct record of the meeting. Minor change noted the GP Registrar observer at the last meeting was Dr Jess Keepa not "Cooper".

Moved and carried.

4. MATTERS ARISING / REVIEW ACTIONS

Item #1 Investments Update (Outcomes of Budget Prioritisation)

Discussion deferred to December meeting.

Item #2 Violence Intervention Programme

Cheryl Newman to provide a pathway details for clinicians. The August meeting minutes to be checked for specifics of this action.

Item #3 Te Ara Whakawaiora - Access Rates 0-4 / 45-65 years

Quarterly report under item #17 on today's agenda. Item can now be closed.

Item #4 Quality Dashboard

Kate Coley has provided information to the Clinical Effectiveness & Audit Committee. *Item can now be closed.*

Item #5 Clinical Council Annual Workplan 2018/19

Feedback received from members included in draft. For discussion under item 6.1 on today's agenda. *Item can now be closed.*

Item #6 New Clinical Governance Structure / Terms of Reference

CAG TOR to be provided when signed off.

Item #7 Election of Chair / Co-Chairs for 2018/19

For discussion/vote under item #23 on today's agenda. Item can be closed.

5. CLINICAL COUNCIL BOARD REPORT FOR OCTOBER 2018

The Co-Chairs monthly report for the Board report was provided in the meeting papers for information. The report will be included in Council meeting papers for transparency.

6. WORKPLANS

Annual Plan 2018/19

The Chair advised that the draft document incorporates feedback received. Following discussion the following changes were confirmed:

- Accept additional words added to top row Up/Across/Out/In
- Functions correct
- Roles correct
- Strategies agree to include quadruple aim
- Objectives correct change second bullet point of third column from "lead the development..." to "ensure the development..."

Action: Annual Plan to be finalised with the agreed changes.

Monthly Workplan

The monthly workplan was included for information on what is coming through to the governance groups. Work is in progress to review what papers need to go to which governance bodies, which will help ensure that only papers that need clinical governance input from the highest level come through to Council.

The value of receiving papers which are for noting or information only was discussed. It was noted that circulating papers via email between meetings or including in papers for information was useful for members to provide a breadth of understanding of work across the sector.

SECTION 2: FOR DISCUSSION / DECISION

7. CLINICAL SERVICES PLAN (CSP) - SUMMARY OF CHANGES AND FEEDBACK

Ken Foote, Company Secretary provided a summary of the process of collating the feedback at the close of the engagement period. A document of the 55 submissions received will be available on the website. The overwhelming response was that the CSP was right although many responses were at a level of detail re the 'how' of implementation. This information would be useful for the next phase.

Council discussion confirmed its overall agreement with the vision and direction but acknowledged the challenge in the next steps re implementation; in particular the preparedness of the health sector to enable and support the change required.

Discussion also covered the key enabling role of future workforce, terminology relating to "behavioural practitioners" and need to keep ideas at a high level e.g. use of use more general and inclusive terms such as "non-medical prescribers" instead of practitioner specific terms such as "pharmacist prescribers"

Council **endorsed** the changes to the CSP and recommended that the Board approve the final CSP.

8. HEALTH EQUITY REPORT

This item was discussed in the public excluded section of the meeting.

9. COLLABORATIVE PATHWAYS

Dr Mark Peterson provided a verbal update on Collaborative Pathways. Discussions have been made with Streamliners (Canterbury Health Pathways) and learnings from other regions. All processes are expensive and still only produce in a pdf format (not dynamic pathways embedded in primary care systems). It is recommended that we wait for the technology to improve before looking at an electronic tool. It is important to make the current clinical pathways more accessible and to create a platform for current and new pathways. Currently there are 40 local pathways.

Discussion held regarding process of creating pathways; making them accessible; co-designing with consumers; collaboration, agreement and opportunity to change commissioning of services; upgrading eReferrals and being clear with the referral process and the criteria and customise for Hawke's Bay. Council expressed its disappointment regarding the challenges with furthering the intent of this project.

The Chair summaried that we should park the electronic tool for pathways but continue to look at better aligning the pathways and eReferrals. It was noted that there is no formal group looking at clinical pathways presently but the issue would remain on Council's workplan for future review.

Council endorsed the local direction for collaborative pathways.

10. ADVANCE CARE PLANNING (ACP)

The Chair advised that the ACP Group would like guidance on who they should report to for their governance. Should this group report directly to Council or committee level? Brief discussion held. ACP could be an advisory group reporting to one of the committees, either the Consumer Experience Committee or the Clinical Effectiveness and Audit Committee.

The Chair advised he will have a further discussion with Allison Stevenson and Rachel Ritchie, Consumer Council Chair and come back to Council with a way forward.

Action: Chair to discuss further with Allison Stevenson and Rachel Ritchie.

SECTION 3: REPORTS COMMITTEES TO COUNCIL

11. CLINICAL ADVISORY & GOVERNANCE GROUP

Chris McKenna, Chair of CAG left the Council meeting. No update provided.

12. COUNCIL COMMITTEE REPORTS

The Chair commented that it is positive that the Committees are up and running. A quarterly reporting schedule and reporting template will be developed for the Committees. The issue of administrative support is still being addressed.

Patient Safety & Risk Management Committee

Report provided for information. Council noted the role and membership of the Committee. No issues discussed.

• Consumer Experience Committee

Report provided for information. Council noted the role and membership of the Committee. No issues discussed.

SECTION 4: FOR INFORMATION

13. SCOPING REPORT - ADDICTIONS

Report provided for information. No issues discussed.

14. BEST START HEALTHY EATING & ACTIVITY PLAN UPDATE

Report provided for information but the Chair noted that Council were asked to endorse the next steps.

Council endorsed the three next steps recommendations in the report.

15. CLINICAL PORTAL PROJECT UPDATE

Report provided for information. No issues discussed.

16. TE ARA WHAKAWAIORA "SMOKEFREE UPDATE"

Report provided for information. No issues discussed.

17. TE ARA WHAKAWAIORA - ACCESS RATES 0-4 / 45-65 YRS (LOCAL INDICATOR)

Report provided for information. No issues discussed.

18. CLINICAL COUNCIL MEETING DATES FOR 2019

Meeting dates provided for information. No issues discussed.

19. SECTION 5: RECOMMENDATION TO EXCLUDE THE PUBLIC

The Chair moved that the public be excluded from the following parts of the meeting:

- 20. Minutes of Previous Meetings (public excluded)
- 21. Matters Arising Review Actions
- 22. Health Equity Report
- 23. Radiology Facility Development Business Case
- 24. Election of Chair / Co-Chair
- 25. Topics of Interest Member Issues/Updates

The meeting closed at 4.50 pm

Confirmed:			
	Chair	S	
Date:			

i	Hawke's Bay Clinical Council 16	3
OURHEALTH HAWKE'S BAY Whakawateatia	For the attention of: HBDHB Board	
Document Owner:	Dr John Gommans (Chair) & Jules Arthur (Co-Chair)	
Month:	November 2018	
Consideration:	For Information	

RECOMMENDATION

That the Board

Note the contents of this report; and that the HB Clinical Council:

- Endorsed the Clinical Services Plan and recommend that the Board approve the Final Draft.
- 2. **Endorsed** the local direction for Collaborative Pathways.
- 3. Discussed Advance Care Planning, with further discussions to be held.
- 4. Received reports from the Clinical Governance Committees
- 5. **Received** the following reports for information:
 - Scoping Report Addictions
 - Best Start Healthy Eating & Activity Plan Update
 - Clinical Portal Project Update
 - Te Ara Whakawaiora "Smokefree update"
 - Te Ara Whakawaiora Access 0-4 / 45/64 years; and
 - Clinical Council Meeting dates for 2019

Council met on 14 November 2018. An overview of matters discussed is provided below:

CLINICAL SERVICES PLAN

Council received a summary of the feedback received from the recent community engagement process on the Draft, and noted the changes made in response to the submissions. Apart from a couple of minor additional 'technical' changes, members believed that incorporating the changes from the submissions had added 'value' to the document. In discussion Council acknowledged the challenge in the next steps re implementation; in particular the preparedness of the health sector to enable and support the change required. Council agreed that the Final Draft be endorsed and recommended to the Board for approval.

COLLABORATIVE PATHWAYS

Council received an update on collaborative pathways following the withdrawal of Map of Medicine. Although alternative tools are available these do not integrate well into primary care, therefore it was recommended that we wait for the technology to improve further. After discussion it was agreed that we should 'park' the electronic tool, continue to develop pathways and continue to look at better aligning the pathways and eReferrals.

ADVANCE CARE PLANNING (ACP)

The DHB has had an informal ACP Group for some time. The Group was now seeking guidance on how they could be better linked into governance. Options discussed included the ACP Group becoming an Advisory Group to one of Council's four Clinical Governance Committees the Consumer Experience Committee being preferred as it is made up of representatives of both Consumer and Clinical Council and this was likely to be an important issue for Consumer Council. Further discussions were deemed necessary before a decision was made.

COMMITTEE REPORTS TO COUNCIL

Reports were received from the following Committees, with no issues discussed.

- Patient Safety & Risk Management Committee and
- Consumer Experience Committee

REPORTS RECEIVED FOR INFORMATION INCLUDED

- Scoping Report Addictions
- Best Start Healthy Eating & Activity Plan Update
- Clinical Portal Project Update
- Te Ara Whakawaiora "Smokefree update"
- Te Ara Whakawaiora Access 0-4 / 45/64 years; and
- Clinical Council Meeting dates for 2019

HB CLINICAL COUNCIL - MATTERS ARISING (Public)

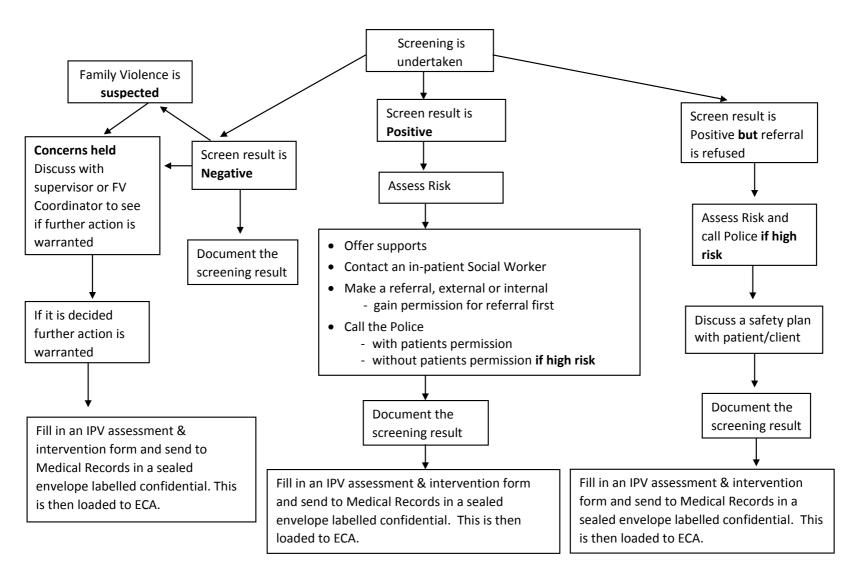
Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	11/04/18	Investments Update (Outcomes of Budget Prioritisation)			
		Paper and presentation to be provided.	A Phillips	Dec	Deferred
2	08/08/18	Violence Intervention Programme Pathway details to be provided to guide clinicians - check August meeting minutes. Pathways to Guide Clinicans on who to contact and pathway of inteventions when people disclose family harm is appended.	R Wills	Dec	Actioned
3	12/09/18	New Clinical Governance Structure / Terms of References CAG TOR to be provided Committee Co-Chairs to review/approve TOR for respective Advisory Groups	C McKenna Committee Co-Chairs	Dec Nov/Dec	Awaiting approval Ongoing
4	14/11/18	 Interest Register Interests for Debs Higgins to be updated as per email. 	Admin	Dec	Actioned
5	14/11/18	 Annual Plan 2018/19 plan to be finalised with agreed changes. 	Co-Chairs / Company Secretary	Dec	On Agenda item #14
6	Advance Care Planning (ACP) – Advisory Group • Further discussion to be had with Allison Stevenson and Rachel Ritchie to determine where group sits on governance structure - either the Consumer Experience Committee or the Clinical Effectiveness and Audit Committee.		J Gommans	Dec	



PATHWAYS TO GUIDE CLINICIANS

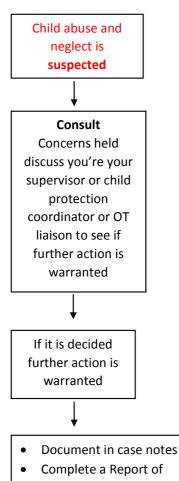
Action Item 2 (detail attached)

FVRQ (Family Violence Routine Question) Screening

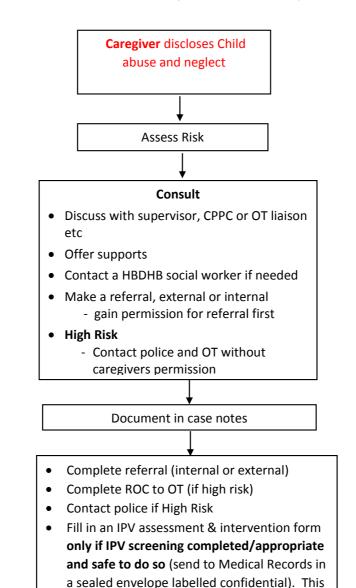


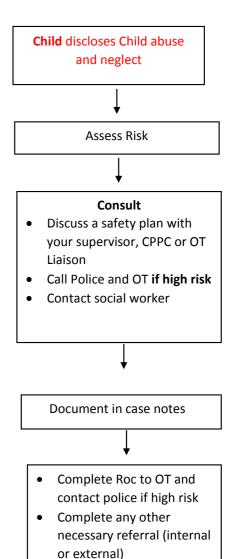
Pathway for Suspected or Disclosed Child Abuse/Neglect

OT refers to Oranga Tamariki (Formerly CYF)



- Document in case notes
- Concern to OT (depending on level of risk).
- Send ROC to OT & CPPC, this is then loaded to ECA.





Send ROC to OT & CPPC,

this is then loaded to ECA.

is then loaded to ECA along with ROC.

FVIP Support Services

Birthright HB Child and Family Care Services

Napier: 6B Taradale Road Hastings: 413 Railway Road Wairoa: 260 Marine Pde Ph: 8352162 or 0800457146 www.birthrighthb.org.nz

- Social work support
- Social workers in Schools
- Counselling
- Building Financial Capability
- Parenting through separation
- Supervised contact
- Parenting courses Incredible years and Triple P
- Early childhood centres
- Legal and Financial support

Dove Hawkes Bay

Napier and Hastings Ph: 8435307

www.dovehb.org.nz

- Creating communities free from violence
- Women's programmes information, support and skills for healthy and positive relationships
- Men's programme Support to form strong, well-functioning and non-violent relationships
- Family centred social work
- Support and Advocacy
- Services for Young people who have witnessed family violence
- Services for youth offenders in regards to violence, relationships and anger management.
- Check and Connect mentoring support for secondary school students
- Kainga Pasifika Services team of staff from various pacific cultures

Directions Youth Health Centre

Napier and Hastings Ph 8715307

www.directions.org.nz

- Health and Wellbeing service for 10-24 year olds
- Nurses clinics
- GP clinics
- Social worker
- Youth worker
- Counsellor
- Walk in nurses clinics Hastings on Wednesday and Napier on Tuesday
- Walk in social work clinics Tuesday and Thursday

draftFVIP support services 231018

Family Works East Coast

Heretaunga House, Cnr Lyndon Road & Warren Street

Ph: 8762156

www.psec.org.nz

- Social work services
- Whakamana Whanau family violence prevention programme
- Counselling services
- Social workers in Schools
- Incredible Year Parenting programme for parents of children 3-8
- Building Awesome Whanau Tweens & Teens parenting programme
- School based children's programmes
- Konohi Ki te Konohi family violence group programme
- Home interaction programme for parents and youngsters (HIPPY) – home-based school preparation programme for children 3-

Open Home Foundation

306 Nelson Street South, Hastings Ph: 8786682

www.ohf.org.nz

- Social work services
- Prevention of entry into care
- Family reunification
- Foster care
- Kin care
- Youth services strategy
- Home for life
- Intensive wraparound support
- Oasis respite care (for children under NASC)
- Teen parent unit in Rotorua

Heretaunga Womens Centre

Cnr Russell & Eastbourne Street Hastings Ph: 8785401

www.heretuangawomenscentre.nz

- A place to empower women and a place to develop new skills and make new friends
- Advocacy
- Counselling
- Group activities Mosaics, movie nights and guest speakers
- Legal advice
- Library
- Support and resources
- Wellbeing fitness classes, crafts etc.

Napier Family Centre

Cnr Morris Spence Ave & Wycliffe Street, Onekawa Napier

Ph: 8437280

www.napierfamilycentre.org.nz

- Counselling child, couples, depression, postnatal depression and sexual violence
- Budgeting
- Family services
- Social work
- Education courses for children
 - 1. Just for kids (7-10)
 - 2. Emerge (10-12)
- Parenting and indivdual courses
 - 1. Incrediable years
 - 2. Strengthening your step family -
 - 3. Women's wellbeing
 - 4. Positive Parenting
 - 5. Parenting teenagers
- Respite care children up to 8.
- Early childhood education both home based and centre
- Pleroma Social Services Otane counselling, social work and group programmes
- Community law clinic on Friday in Napier for free legal advice

Hastings Women's Refuge Ph: 0800 733843 (24/7) or 8706024 www.hastingswomensrefuge.org.nz

- Crisis and support line 24/7 phone service.
 Call anytime for information and support
- Advocacy and support support re legal rights, financial rights and you right to live free of violence and abuse.
- Support workers to help with appointments with lawyers, doctors, police, WINZ or any agency that meet client's needs
- Safe house Whether on their own or with children if they are in danger of harm due to family violence we can offer a place to stay. Links to 40 refuges around country to ensure safety
- Male victims Although no safe house they can offer information, advice and support.
- Whanau protect Service to upgrade home safety i.e. locks/alarms
- Courses for women, men and children

Te Whare Whanau Purotu (Maori Women's refuge) Ph: 0800 733843 (24/7) or 8782042 www.tewharewhanaupurotu.org.nz

- Crisis and support line 24/7 phone service.
 Call anytime for information and support
- Advocacy and support support re legal rights, financial rights and you right to live free of violence and abuse.
- Support workers to help with appointments with lawyers, doctors, police, WINZ or any agency that meet client's needs
- Safe house Whether on their own or with children if they are in danger of harm due to family violence we can offer a place to stay. Links to 40 refuges around country to ensure safety
- Male victims Although no safe house they can offer information, advice and support.
- Whanau protect Service to upgrade home safety i.e. locks/alarms
- Courses for women, men and children

Waiapu Anglican Centre

Cnr Bower & Raffles Street, Napier Ph: 8340376

www.anglicancarewaiapu.nz

- Aged care services groups and physical activities for older people
- Counselling
- Social work
- Youth development youth programme for youth at risk
- Budgeting
- Community education cooking, household management etc
- Parenting advice
- Social workers in schools
- Early childhood centre
- Grief services
 - 1. Growing through grief a programme for children/youth 6-18 years
 - 2. Programme for children affected by someone who is seriously ill
 - 3. Parents/caregivers programmes if their child who is attending the growing through grief programme

Te Tai Whenua ō Heretaunga

821 Orchard Road, Hastings Ph: 8715350 or 0800TAIWHENUA

www.ttoh.iwi.nz

HEALTH

- Aukati Kappaipa stop smoking programme
- Dental
- Mobile Primary care nursing
- Safe environments for whanau injury prevention service
- Kaumatua Ora
- GP service

MENTAL HEALTH

- Oranga Hinengaro o Te Matau a Maui Support services for mental health
- Nga Organa o Te Rae support services to move towards independence
- Ararau residential residential facilities for respite and wellbeing
- Ararau Day rehabilitation programme activities to assist with independence and overcoming isolation

Te Tai Whenua ō Heretaunga – continued

OTHER

- Te Whare Karamu supportive home for teen parents and their children
- Rangatahi Services
 - 1. Attendance service
 - 2. Not in employment or Education or training support
 - 3. Youth payment
 - 4. Youth parenting payment
- Family start support for parents/caregivers of with babies until primary school
- Teen parent support to ensure teen parents are supported, connected and empowered
- Heretaunga Tiaki Tamariki programme for youth to reduce reoffending

Te Kupenga Hauora

5 Sale Street, Napier Ph: 835 1840

www.tkh.org.nz

- Family start Child development parenting programme delivered in parents homes
- Health Services Nurse and support workers provide clinical services, health promotion and education
- Kia Piki Te Ora Suicide action group to support community action and coordination to positively impact suicide rates
- Kia Ora Programme heath management programme 7 week programme
- Social workers in Schools
- Stop smoking services
- Whanau Ora
- Youth services
 - 1. Youth navigators
 - 2. NEET (not in education, employment or training)
 - 3. YP/YPP (youth payment/ young parent payment)

Roopu A Iwi Trust

32 Bledisloe Road, Maraenui, Napier

Ph: 843 1590 www.rait.co.nz

- Social work
- Whanau support services
 - 1. Budgeting assistance
 - 2. Preventative and development support
 - 3. Information and advice service
 - 4. Advocacy and liaison between agencies
 - 5. Support whanau at whanau hui
 - 6. Strengthening families
- Care Services
 - 1. Emergency care (for OT children)
 - 2. Respite care (for OT children)
 - 3. Caregiver training
 - 4. Whakapapa Research
- Youth Development
 - 1. Intervention plans
 - 2. Life skills
 - 3. Self-esteem and motivation skills
- Caregiver/Caregiving how to become a caregiver, training and support

Te Ikaroa Rangatahi Social Services

Shop 1 & 2 Poole Street, Flaxmere Ph: 879 6080

- Working with Youth offenders
- Home based programmes
- Assistance around family violence
- Budgeting
- One on one mentoring
- Anger Management
- Counselling
- Life skills development programmes
- Parent support programme
- Social work support
- Whanau hui

Purena Koa Rehua Youth Services

1332 Omahu Road, Hastings

Ph: 879 6434

www.pkryouthservices.co.nz

- Support tamariki and rangatahi health wellbeing, education and holistic development.
- 4 ResiSTANCE community response action plan re bullying.
- Family violence and child abuse group
- After school and holiday programmes
- Bounce back move forward 10 week after school programme for pacific programme to build resilience
- Whakapiripiri mai mobile playgroup
- Prepare to succeed leadership mentoring 10 week programme for Year 8 students transitioning to next level education

Awhina Whanau Services Inc

191 Nikau Street, Stortford lodge, Hastings Ph: 878 4827

www.awhinawhanauservices.co.nz

- Child, family, individual and relationship counselling.
- Trauma and abuse support/counselling
- Te Rito o Te Whanau programme
 - 1. Family violence and conflict resolution around expressing feelings and dealing with anger
 - 2. Support around self-esteem bullying and respect
 - 3. Health relationships
 - 4. Cultural support
- Tamariki Kaha & Rangatahi Kaha programme
 - 1. 10 week programme
 - 2. Conflict resolution
 - 3. Building self-esteem
 - 4. Coping with bullying
 - 5. Feelings and self-expression
 - 6. Personal safety
 - 7. Building health relationships
 - 8. Setting goals
 - 9. Respect and honesty
 - 10. Cultural support

Age Concern

415 Heretaunga Street East, Hastings Ph: 870 9060

www.ageconcern.org.nz

- Support Services, information, advice and personal advocacy
- Information resource
- Visiting service visitors to make contact with socially isolated older people in their homes
- Education for the community on things like power of attorney, health promotion and safe seniors
- Social activities events like drop in centres, housie, card games and trips out and about
- Elder abuse and neglect prevention service
- Transport
- Total Mobility scheme
- In-home support
- Food services
- Foot care clinics
- Sale or loan of equipment
- Representation
- Lifetubes a small cylinder that has all vital contacts and health information

Beacon Aotearoa

298 Hastings Street, Napier

Ph: 027 241402

www.beaconaotearoa.org.nz

Baby early gains intervention BEGIN programme Boss of your bladder BOSS programme EMoTE emotional resilience programme FAMES financial management skills programme FASD Parenting and caregiver support programmes iDEPT independence programme Individualised strategies plans Key worker KEY programme Kia Kaha resilience programmes Mindfulness MAHARA programme Money for kids MONI programme PRoMPT bowel training programme Relax kids programme SAP substance abuse protection programme FASD SASSUE programme – education support SOS Social skills programme Sunrise – adult support programme Workshop training

Youth-adult life skills programme

Barnardos

Napier

Ph: 974 3145

www.barnardos.org.nz

- 0800 WHATSUP (0800 942 8787) a free counselling helpline for children and teenagers available 12-11pm Monday – Friday 3 -11pm Saturday - Sunday
- Early Education centres both centre based and home based
- Supervised Contact Family court fund barnardos to provide contact sessions

Autism NZ

88 McDonald Street, Napier Ph: 0800 288 476

www.autismnz.org.nz

- Support group of parents of people with autism spectrum disorder
- Holiday programme for children with ASD
- Community/home support for families
- Social skills programme for people with ASD, health and welfare
- Lending library with books and articles on autistic spectrum disorder

Big brother Big sister

135 Dalton Street, Napier

Ph: 022 581 2965

www.bigbrothersbigsisters.org.nz

Community based mentoring – mentor and young person spend one on one time together doing things they both enjoy for a few hours a couple of times a month.

School based mentoring – based a school the mentor and young person spends time together once a week. For children who need more routine and structure.

Requirements – be between 6-112 years old, would benefit from having a supportive consistent role model, can make weekly outings with their mentor, can commit to mentoring for 12 months and lives in a supportive environment with a support parent/caregiver

Budget First

111 Warren street north, Hastings

Ph: 878 0530

Email: info@budgetfirst.co.nz

- Free budgeting courses within community
- Building financial capability plus service for people with complex life challenges i.e. addictions, refugee etc.
- Financial mentors support to families to build financial action plans; work together to deal with immediate pressures, manage cash flow, explore ways to generate extra incomes and connect people to their communities
- Money Mates peer-led support group sessions where people can openly talk about money and finances and learn from others.

CCS Disability Action

124 Station Street, Napier Ph: 834 0499 or 0800 227 2255 www.ccsdisabilityaction.org.nz

- Support for people with disabilities and their families
- Support navigating and access to support options
- Providing information of services
- Creating community connections
- Working as an advocate
- Supported lifestyles services created around the person needs
- Education
- Wraparound service
- Transition service for people aged 16-21 things about leaving school
- Employment and vocational services
- Supported living services
- Very high needs service
- Mobility parking permits
- Total Mobility taxi scheme
- Contract board
- Shared care and foster care

Central Connect Whare manaaki social service
125 Ruataniwha Street Waipukurau
DL 00 0F0 0001

Ph: 06 858 9891

http://www.centralconnect.co.nz

Based in Waipukurau
Free social work and counselling service
Post crisis counselling for family, youth and children
Drug and alcohol counselling

Drug and alcohol counselling Support around parenting Support around Family violence General social work support

Central Hawkes Bay budgeting advice

43 Ruataniwha Street, Waipukurau Ph: 06 858 8196

Email: carmel.chbbudget@xtra.co.nz

- Financial mentors support with immediate pressures, manage cash flow, explore ways to generate extra income and connect people with their communities
- Money mates peer-led support group sessions where people can talk openly about money and finances and learn from others

Central Hawkes Bay Family Service

6 McCarthy Terrace, Waipukurau Ph: 857 8965

www.anglicancarewaiapu.nz

- Whanau Aroha centre for Central Hawkes Bay children, youth and their family
- OSCAR programme
- Youth after school programme
- Growing through grief programme
- Practical support for families
- Advocacy
- Information
- Family violence support

Central Health

Cnr Herbert Street and Ruataniwha Street, Waipukurau

Ph: 06 858 9559

http://www.centralhealth.co.nz

Te Poutama Tautoko – Adult mental health and addiction services

Te Waireka – residential alcohol and drug service for youth

Te Whatuiapiti trust – A&D counselling, nursing services, counselling and support, Health education for schools, home support services, supported living and residential service

Te Whatuiapiti Trust Youth – A&D counselling, residential for youth, Multisystemic therapy, mobile primary nursing and health promotion, youth counselling, mental health support, disability home support service

Emerge Aotearoa

57 Bill Hercock Street, Pirimai, Napier Ph: 843 5118

Email: Nikki.johnson@emergeaotearoa.org.nz

- Support for family of people with mental health issues
- Advocacy
- Education
- Recovery support for adults and youth with mental health issues
- One on one sessions
- Group Therapy

FOOD BANKS

- Hastings food bank 9am to 12pm for interview then pick up between 3-4pm Monday to Friday. 111 Warren Street North, Hastings. Ph 878 0530
- Central Hawkes Bay 9am to 1pm Monday to Friday – Pick up at 3pm. Ph 06 858 9891
- Napier Food bank Agency referrals only, 2 per year, pick up only by agency. Ph: 835 9664
- Salvation Army Tuesdays 12.30 2pm, ID required, short interview and referral letter. Ph 8765771
- St Vincent de Paul Monday and Thursday 9.30 -11.30, ID and letter needed. Ph 8767511
- Flaxmere Baptist Thursday 9-10am, Ph 8798108
- Nourished for Nil- 4.30-5.30 week days at 1004 Karamu Road north Hastings
- Christian love link Monday,
 Wednesday and Friday call before 11am
 Ph 843 9803

Fruit and Vegetable rescue – Living waters church Cnr Durham Ave and Norfolk Street. Monday to Friday 12.30pm

Bay Community Law Centre

Level 3, 215 Railway road, Hastings

Ph: 878 4868

http://www.communitylaw.org.nz/

Free legal advice

Free assistance

Free representation

For people on low incomes and don't qualify for legal advice and who cannot afford a lawyer Able to help with law issues in relation to debt, neighbour disputes, employment, tenancy, consumer contracts, ACC, dog control, fines, benefit reviews, welfare lay, Coroner's inquires and medical law.

Hastings Monday to Friday 9am - 4pm Napier Friday 9am - 3.30pm Waipukurau 2nd Tuesday 9am - 3.30pm

Kahungungu Executive Ki Te Wairoa Charitable Trust

65 Queen Street, Wairoa Phone: 06 868 6835

Email: kahu-exec@xtra.co.nz

- Wairoa service
- Community support
 - 1. Parenting programmes
 - 2. Family violence intervention service
 - 3. Home based support
 - 4. Whanau days
 - 5. Mental health
- Family start
- Social workers in schools
- Strengthening families
- Tangata Whaiora mental health day programme. Activities include
 - 1. Te Reo Maori me ona tikanga
 - 2. Participation in community activities
 - 3. Education & life skills
 - 4. Socialisation
 - 5. Prevocational skills
 - 6. Health and education and wellbeing

Held in Wairoa 4 days a week

Kidz need Dadz Hawkes Bay

8 Dartmoor Road Puketapu

Ph: 022 182 6144

http://www.knd.org.nz/

- Service to encourage Dads
- Weekly meetings to help with
 - 1. Relationship issues
 - 2. Custody
 - 3. Family court
 - 4. Parenting education
- Community events
- Supporting families to connect
- Open to anyone
- 2 hour sessions weekly

Napier/Hastings Christian Lovelink

Phone 843 9803

Email: Christianlovelink@xtra.co.nz http://www.christianlovelink.org.nz

Support for all people who find themselves in need

Provide basic household needs for example; beds, linen, lounge, dinning and kitchen essentials

Food parcels

Delivering furniture

Visiting families

Plunket

Plunket community Hub, 62 Flanders Ave, Onekawa, Napier Ph: 878 7126

Pn: 8/8 /126

http://www.plunket.org.nz

- Well child provider from birth to five
- Support around information, parenting, family issues, health and development.
- Plunket nurses provide support through home and clinic visits, mobile clinics and Plunket line (0800 933922)
- Parenting groups
- Parenting education
- Toy library
- Drop in centres
- Play groups

Pregnancy Counselling Service

Ph: 878 7379 or 0800 773 462

http://www.pregnancycounselling.org.nz

- Free confidential 24 hour service for anyone involved in a worrying pregnancy or distressed after an abortion 0800 773 462
- Free post-abortion counselling
- Friendly, positive emotional and practical support
- Advice for evaluation alternatives when facing an unintended pregnancy

Solutions to problems of accommodation, education, legal aid, medical care and maternity requirements

STAROS affected by suicide support group

24 Guthrie Road, Havelock North

Ph: 027 286 4071 www.staros.org.nz

Group sessions for people who have been affected by suicide

Discussions around

- 1. Understanding of individual experiences of grief
- 2. Expectations of others
- 3. Remembering your loved ones
- 4. Grieving in your own way
- 5. Ways of managing traumatic responses
- 6. Subjects relevant to losing someone to suicide

Sessions are run through the year on Tuesdays from 5.30 to 7pm

Strengthening Families

13 Railway Road, Hastings

h: 974 4088

/ww.strengtheningfamilies.govt.nz

- Coordinated support for families with children under 17 who are working with two or more government or community agencies
- Facilitating group sessions with all involved with families to ensure that families are getting all support/services they require
- Facilitate a plan to ensure that tasks are meet
- Aim to improve family health, education attainments and reduce the incidence of persistent offending or abuse and neglect

Victim Support

Ph: 0800 842 846

http://www.victimsupport.org.nz/

- Information, support and assistance to victims, witnesses, their families and friends
- 24 hour emotional support
- Support through the judicial and coronial process
- Specialist assistance through parole hearings
- Advocacy
- Victim assistance funding schemes
- Specialist homicide, suicide and sexual assault services
- Crime prevention services

Wellstop

40 Niven Street, Onekawa, Napier Ph: 842 2430

http://www.wellstop.org.nz/

Provision of assessment and therapy for adolescents and pre-adolescents who sexually offend or display inappropriate sexual behaviour.

Support for family, youth and children Assessments

Treatment

Family services

This includes therapy, education and tailor made safety plans

Whatever It Takes Trust (WITT)

34 West Quay, Ahuriri, Napier

Ph: 835 2154

http://www.witservices.co.nz

- Community based peer support service for mental health consumers living in the community
- Walk alongside service
- Support around housing, health, benefits, social activities and community support
- Emergency housing
- Mental health support service to assist with all aspects of daily life

Police

Emergency: 111 Child Protection Team: Hastings 831 0366 or 021 171 3265

Napier 831 0373 or 021 191 3400

Family Harm Team: 021 191 3267

- 111 Emergency response to any immediate threat to yourself, families and children
- Children protection team deal with any concerns in regards to serious physical, sexual and serious neglect. Also there in regards to Non Accidental Injuries
- Family harm team deal with all Family violence incidences within Hawkes Bay. They are able to come in and talk to victim of family violence and support them with statements, protection orders etc.

Oranga Tamariki 0800 326 459

- Care and Protection concerns for children/youth up to 18 years
- Calls are taken by call centre social worker in Auckland
- Decision is made to either close, partner response or transfer information to site and time frames
- Site can then decide to close, partner response or to open it with timeframe
- A Child Focused Assessment is done to ascertain safety and what is happening for this child
- From this is can either be Closed, Whanau Hui, Family Group Conference or Court.
- There is also a child protection process that is different for all serious physical, sexual or serious neglect cases.
- There is a youth justice part which deals with youth offenders
- They deal with all NZ adoptions
- They have their own caregivers

Work and Income

0800 559 009

- Offer financial support for those in need
- Benefits for people who are;
 - 1. Not working
 - 2. Have a health or disability issues
 - 3. Caring for children or someone with a health condition
 - 4. Seniors
- 5. Youth
- Also help when on benefit with things like living expenses, child care costs, urgent or unexpected costs and emergencies
- Provide courses to help you get back into work
- Provide information on employment opportunities

Housing New Zealand

0800 801 601

- Support around housing
- Provide state housing
- Support around owning own home
- Support around Tenancy tribunal matters

ACC

0800 101 999

- Support if you have an accident
- Payments for treatment costs
- Payments for if you can't work
- Support around transport, home help and other areas if needed

NASC HBDHB

0800 339 449

- Assessment and service coordination agency that assists people with a disability and their family to maintain independence in their home/community/residential setting
- A NEEDS assessment is done to determine a person's abilities, resources, goals and needs and in what priority
- Service coordination to ensure that all the options are looked at
- Referrals done either by self-referral, GP or DHB
- Services provided
 - 1. Home management i.e. home care
 - 2. Rehabilitation
 - 3. Day programmes
 - 4. Carer support
 - 5. Residential care
 - 6. Supported independent living
 - 7. Short term home help after hospital discharge
 - 8. Meal on wheels

MENTAL HEALTH AND ADDICTION SERVICES HBDHB

0800 112 334

- Mental health and addiction support
- Multidisciplinary team providing assessment and treatment services at home and in clinic setting
- Maternal Mental health for mothers and pregnant women who have mental health issues through the perinatal period
- Home based treatment to support clients to remain at home when experiencing an acute episode of mental illness
- Opioid treatment service
- Spring Hill treatment centre residential addiction centre that offers 8 week programme
- Day activity based recovery programmes
- Respite care
- Intensive Mental health Inpatient Unit
- CAF's support for children/youth aged to 19 who are having difficulties with their mental health/addiction

MAORI HEALTH

0800 333 671

- Improving the health of Maori people throughout Hawke's Bay
- Specific service for Maori while access HBDHB services
- Open Business hours
- Wide range of services including:
 - 1. Mihiroa whanau accommodation service
 - 2. Cultural navigations manaaki whanau, advocacy and health literacy support
 - 3. Cultural ceremonies
- If in need of support or advice drop in service for all
- Education for staff on engaging effectively with Maori

PACIFIC HEALTH

EXTN: 2412 OR 4637

- Improving Pacific health across the HBDHB and the community
- Ensuring that the health system and services have actions to improve pacific health
- Connecting with Pacific community groups and identify and prioritise their health needs
- Navigators work closely with Pacific families to ensure their health needs are meet
- Support for staff to ensure they are working effectively with Pacific families
- Education on health services for families and on engaging with Pacifica for staff

TE ARA MANAPOU – PREGNANCY AND PARENTING SUPPORT

0800 234 556

- Service for parents who are:
 - 1. Pregnant and/or have children under three years of age
 - 2. Experiencing difficulties with alcohol or other drugs
 - 3. Poorly connected to services
- Intensive support service
- Support around client regaining control of their lives
- They will
 - 1. Meet clients where they feel safe
 - 2. Help them reach recovery and parenting goals to improve outcomes for clients children
 - 3. Advocate for clients to reduce stigma they experience from other services
 - 4. Provide education on the effects of alcohol and drug use during pregnancy and on parenting

CHILD HEALTH TEAM

EXTN: 4255 PR 4317

- Multidiscipline team that works in partnership with individuals, families, schools, early childhood centres and communities to provide population-centred health care
- Based in Napier, Flaxmere, Wairoa and CHB
- Strive for equity in health outcomes for Child, Youth and their whanau using early intervention, prevention and public health strategies
- Services include:
 - 1. School Immunisation programme
 - 2. Management and control of communicable diseases
 - 3. Health promoting schools
 - 4. Interagency collaborative work
 - 5. Health promotion
 - 6. School health
 - 7. Adolescent health
 - 8. Ear nurse clinics
 - 9. Vision & hearing screening
 - 10. Healthy Housing imitative
 - 11. Say Ahh throat swabbing and rheumatic fever prevention work

HAUMARU WHĀNAU – VIOLENCE INTERVENTION PROGRAMME (VIP)

EXTN: 5863 OR 2456 OR 6063

- Team consists of:
 - Cheryl Newman Team leader and Family
 Violence Intervention coordinator
 - Yvette MacDonald Child Protection coordinator
 - Liz Banks Maternal Wellbeing child protection coordinator
 - o Tash Head Oranga Tamariki/HBDHB liaison
 - o Carolyn and Glenda Administrative support
- Primary role is to implement the Violence Intervention Guidelines within the HBDHB
- This is achieved by:
 - 1. Building healthy public policy
 - 2. Strengthening community action
 - 3. Creating a supportive environment
 - 4. Developing personal skills to reorient health service
 - 5. Monitoring and evaluation
- This is done by:
 - 1. Education
 - 2. Supporting staff
 - 3. Leadership

EAP

0800 327 669

- Workplace assistance services to support the HBDHB and staff to lift wellbeing, development and performance of employees
- EAP for support around any issue that is impacting your work
- Critical Incident support
- Debriefing
- Ethics and compliance hotline

CLINICAL COUNCIL Workplan as at 26 November 2018 (subject to change)	EMT Member	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	FRAC Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb-Aug-Feb-Aug	Andy Phillips	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Clinical Advisory & Governance Group Report (July Aug Sept Oct Nov Dec Feb Mar 19)	Chris McKenna		13-Feb-19			
IS updates/presentation on "Business Intelligence" 30 mins - Bi-monthly	Anne Speden		13-Feb-19		27-Feb-19	
Ngatahi Vulnerable Children's Workforce Development - annual progress Feb 19 (annual update)	Colin Hutchison	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Quality Dashboard Quarterly Report (July, Oct, jan for Feb19 mtg, Apr, July)	Kate Coley		13-Feb-19		27-Feb-19	
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-May	Chris Ash	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Clinical Risk Management - Provider Services Risk Register (clincal p/exl action Nov)	K Coley		13-Feb-19			
Clinical Advisory & Governance Group Report (July Aug Sept Oct Nov Dec Feb Mar 19)	Chris McKenna		13-Mar-19			
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-Mar	Andy Phillips	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
People Plan Progress Presentation (6 monthly - Dec, Jun)	Kate Coley	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
After Hours Urgent Care Service Update 6minity (Sept-Mar-Sept)	Wayne Woolrich	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Violence Intervention Programme Presentation Committees reviewed in July - EMT Nov - TBC for March 19	Colin Hutchison	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec	Anne Speden		10-Apr-19		24-Apr-19	
Quality Dashboard Quarterly Report (July, Oct, jan for Feb19 mtg, Ap r, July)	Kate Coley		10-Apr-19		24-Apr-19	
			0.14			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council	Mark Peterson		8-May-19			
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-May	Chris Ash	8-May-19	8-May-19	9-May-19		29-May-19
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	Chris Ash	12-Jun-19	12-Jun-19	13-Jun-19	00 1 40	26-Jun-19
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec	Anne Speden	10 1 10	12-Jun-19	10 1 10	26-Jun-19	00 1 46
People Plan Progress Update Report (6 monthly - Dec, Jun 19)	Kate Coley	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Quality Dashboard Quarterly Report (July, Oct, jan for Feb19 mtg, Apr, July)	Kate Coley		10-Jul-19		31-Jul-19	



CLINICAL ADVISORY & GOVERNANCE GROUP UPDATE Verbal



CLINICAL COMMITTEE REPORTS



MOBILITY ACTION PLAN IMPLEMENTATION

Provided for Information Only

A Musculoskeletal Service to Reduce Health Inequities in Hawkes Bay

Health Inequity

In Hawke's Bay, our people experience pervasive and enduring differences in health that are not only avoidable or preventable, but they are also unfair and unjust.

Equity is defined as the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

To achieve health equity we need to acknowledge that different people with different levels of advantage will require different approaches and resources to get the same health outcomes

We also need to acknowledge the inter-generational, traumatic and long term impact that colonisation has had on Māori health, wellbeing and culture

Addressing Inequity

- Almost half of inequities could be eliminated by addressing disparities in socio-economic conditions.
- We all know that this is not as simple, nor is it something that we can address quickly.
- But we must work together as a whole community to find ways to increase the pace of change.
- To achieve our commitment to equal outcomes, we will all need to work
 across sectors to overcome the barriers to equity poverty, discrimination,
 powerlessness, lack of access to good jobs with fair pay, quality education
 and housing, safe environments, and healthcare.
- We also know that health care is responsible for around 10% of health inequities.
- This is something that is within our control as a sector and we can make immediate progress on this.
- Barriers to high quality health care include difficulties in navigating our complex systems, limited cultural competence of providers, limited knowledge of how and when to use services, lack of transport, out-ofpocket costs and co-payments for GP services.

Background

- Musculoskeletal health conditions such as osteoarthritis, rheumatoid arthritis and lower back pain are the leading cause of disability in Hawke's Bay and have a significant influence on health and quality of life.
- They affect one in four adults in our community and Māori & Pacific adults are 1.3 times more likely to have arthritis than NM/NP (New Zealand Health Survey 2013/14)
- Comprise at least 25% of total annual health spend

Drivers for Change

- Historical and current service pathway inequitable
- Evidence of unmet need and unresponsiveness to goals of early intervention
 - 17% Māori (cf total HB population of 26% Māori),
 - 32% lived in quintile 5 (cf total HB population 35% at 2013 census),
 - Subjective and objective scoring at clinic shows that Māori and those from areas of high deprivation have a higher severity of disease at first presentation (greater pain and poorer function)

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Leadership Knowledge Championing the provision of high-quality health care that Developing knowledge about ways to effectively deliver and delivers equity of health outcomes for Māori monitor high-quality health care for Maori Health system leadership is about setting an expectation that all The health system requires knowledge to monitor progress in achieving New Zealanders will have equity of health outcomes. health equity for Māori. In order to achieve equity of health outcomes, disparities in health care must be Knowledge encompasses high-quality health information that includes: research eliminated. Government legislative and strategic approaches are important in - quantitative and qualitative and/or informed by Māori methodologies; highsetting the scene for committing to the elimination of health disparities and quality population health data with complete and consistent ethnicity data; achieving health equity. cultural competency and health literacy; Maori models of health and wellbeing; clinical care pathways, guidelines and tools; and health innovation. Health system leadership is expressed in: health policies and strategies; setting the expectation that equity is an integral component of quality; setting health Knowledge of what improves health equity for Maori should be developed and targets; developing funding formulas for service procurement; and building and built upon to inform health policy and strategy. The use of high-quality health maintaining a health workforce that is responsive to the health care needs and information, and the use of equity parameters to measure and monitor progress toward achieving health equity, is integral to this process. Services must be organised around the needs of individuals and whanau. To Further to this, the health system performance improvement and monitoring achieve this, Government must focus on removing infrastructural, financial, frameworks should include specific health equity measures. physical and other barriers to delivering high-quality health care for Māori that exist between health and other sectors. Health organisation leadership is about making an explicit organisational Health organisations must establish environments that encourage commitment to delivering high-quality health care that ensures health learning and the sharing of high-quality health information. Organisations equity for Māori. To inform decision-making, health organisations should focus on developing and Organisational leadership is expressed in well aligned policies, strategies and plans building their knowledge of evidence-based initiatives that have: that are responsive to the health care needs and aspirations of Māori. 1. undergone equity analyses before they are implemented The organisation sets and monitors equity and other quality improvement targets; 2. been monitored for their effectiveness in achieving health equity for Māori. ensures that structural arrangements do not prevent individuals and their whanau accessing health services and actively invests in building and maintaining Māori Health organisations should also endorse the use of health equity and quality improvement tools that support the delivery of high-quality health care that is health workforce capacity and capability. responsive to the needs and aspirations of Māori. Health The organisation actively partners with providers beyond the health sector to allow for better service integration, planning and support for Māori.

Health practitioner leaders hip is pivotal in ensuring that health care is focused on achieving health equity for Māori.

Leadership requires health practitioners to: review their own clinical practice and those of their peers, through a health equity and quality lens; ensure that their organisation collects high-quality ethnicity data; audit, monitor and evaluate health impact and outcome data to improve the delivery of high-quality health care for Máori; and provide critical analysis of those organisational practices that maintain disparities in health care.

Leadership involves active partnership with providers beyond the health sector to allow for better service integration, planning and support for Māori individuals and whānau.

Health practitioners strengthen their capacity and capability to deliver high-quality health care for Māori by learning and sharing high-quality health information.

Routine use of clinical guidelines and tools is important in high-quality health care decision-making, as is building knowledge in the use of quality health equity improvement tools.

Health practitioners should develop their skills in routinely examining data collected by their organisations to monitor the impact of their own work and the work of their colleagues on achieving health equity for Māori.

Health practitioners must build their own knowledge of how they can provide health information effectively to ensure Māori individuals and whānau understand them.

Commitment

Being committed to providing high-quality health care that meets the health care needs and aspirations of Māori

The health system is committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.

Health system commitment is expressed in: incentivising and rewarding the delivery of equitable health outcomes for Māori; requiring performance data to be analysed by ethnicity, deprivation, age, gender, disability and location; measuring and monitoring progress toward achieving health equity for Māori; developing frameworks that focus on protecting the health rights of Māori; and investing in the development of organisational health equity expertise.

Health system commitment requires regulatory authorities to ensure that all vocational training and continuing professional development activities have a robust health equity, cultural competency and health literacy focus.

Health organisations are committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.

Health organisations are committed to building relationships with Māori to collaboratively design, implement and evaluate initiatives that ensure delivery of high-quality health care that meets their needs and aspirations.

Investment in initiatives that are successful in achieving health equity for Māori should be matched by divesting from initiatives that are unable to progress this goal. To make good decisions on which initiatives to support, health organisations must use high-quality health information, for example, complete and consistent ethnicity datasets, to monitor services against agreed indicators.

Health organisations are also committed to supporting community initiatives that meet the health needs and aspirations of Māori.

Health practitioners must be committed to continuous quality improvement processes that focus on achieving health equity.

Health practitioners express their commitment by: routinely using and an alysing administrative data to inform their practice; using evidencebased innovations that achieve health equity for Māori; and tailoring continuing professional development to build their capacity/capability in delivering equitable health care.

Health practitioners should also understand their role in supporting Māori individuals and whā nau to develop their health literacy.

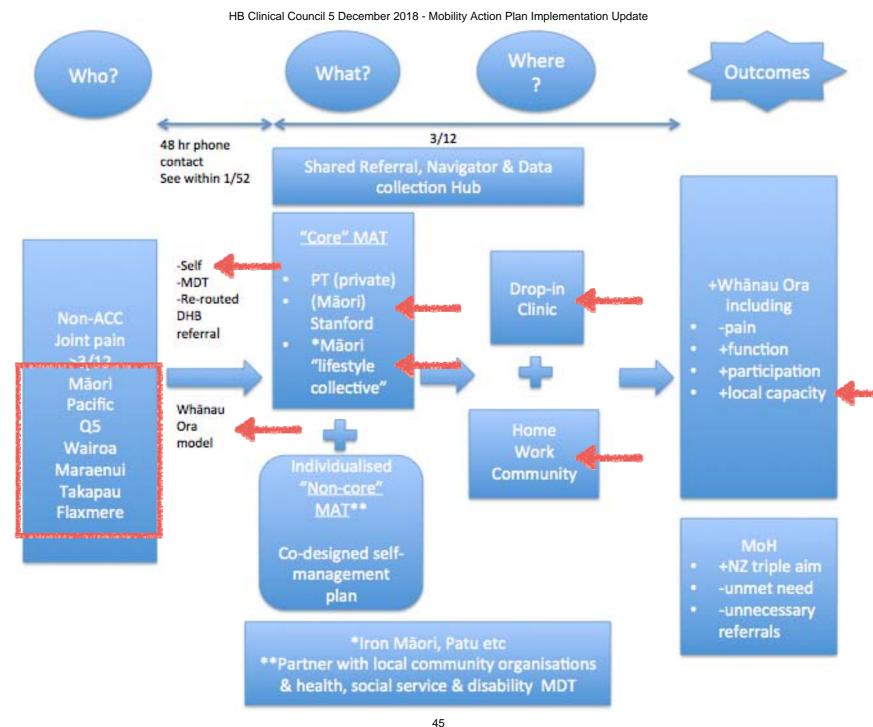
Health practitioners are committed to supporting community initiatives that meet the health needs and aspirations of Māorī individuals and whānau.

Equity of Healthcare for Māori: A Framework NZ Ministry of Health (June 2014)

http://www.health.govt.nz/system/files/documents/publications/equity-of-health-care-for-maori-a-framework-jun14.pdf

The Mobility Action Programme for Hawke's Bay

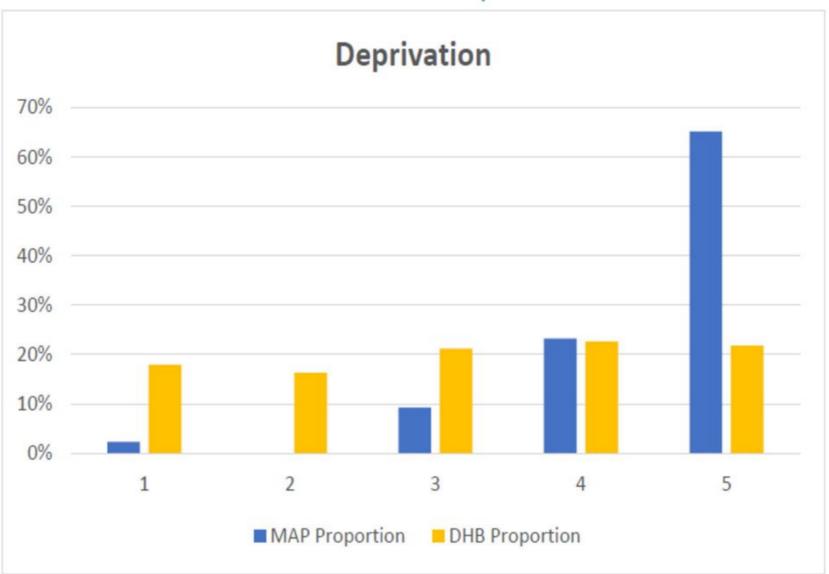
- Intentionally delivered to quintile 5 populations in urban centres of Flaxmere and Maraenui and rural centres of Wairoa and Takapau
- Partnerships with WINZ and major employers of disadvantaged workers
- Care is relationship centred. Consumers have access to the education and support needed to make decisions and participate in their own care, including self-care
- Provides access close to home of early, multidisciplinary, evidence informed care by appropriately qualified practitioners with appropriate values and behaviours.
- Models of care that are relevant, customised to the local environment and develop capacity and capability of communities.
- Care is well coordinated.
- Disparities in access to care and health outcomes identified and reduced.
- Information collected and analysed by Iron Maori to enable assessment of patient experience, clinical outcomes and value for money of the services that have been delivered.

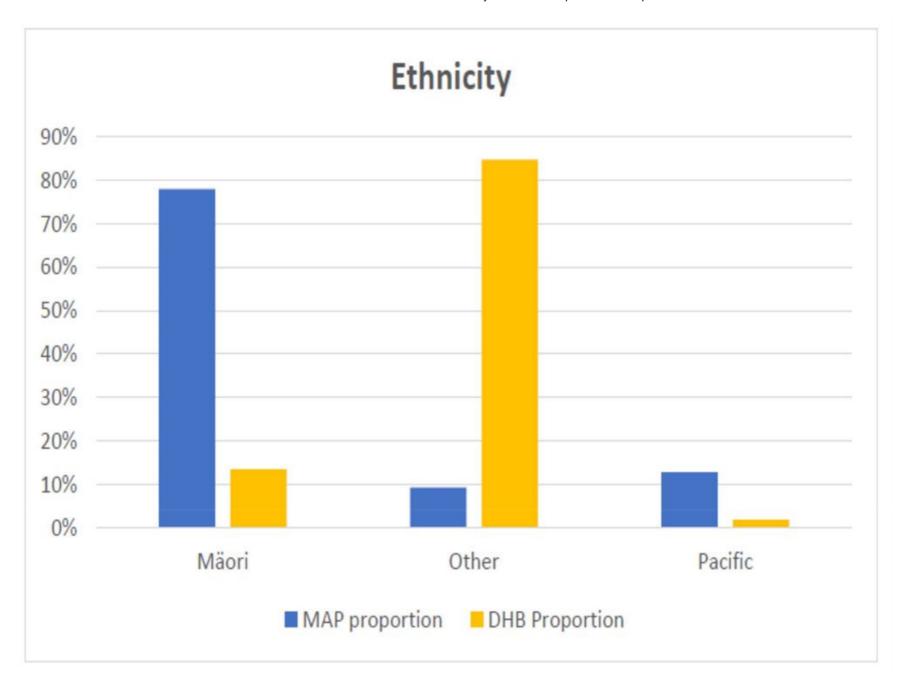


Opportunities to Inform System Change

- Intentional service design to abolish inequity
- Self management support programmes
- Use of patient outcome and experience knowledge
- Shared record Whānau Tahi
- "Virtual" GP consult
- Relationship Centred Practice

Hawke's Bay DHB





Deprivation by ethnicity						
DHB proportion	Maori Pacific			Other		
Deprivation quintile	DHB proportion	MAP proportion	DHB proportion	MAP proportion	DHB proportion	Map proportion
1 (least deprived)	5%	3%	2%	0%	20%	0%
2	7%	0%	4%	0%	18%	0%
3	15%	4%	10%	27%	22%	25%
4	25%	27%	18%	0%	22%	25%
5 (most deprived)	47%	66%	66%	73%	17%	50%
Total:		67		11		8

What was life like for you prior to the Mobility Action Plan?

- I was in a lot of pain, couldn't raise my arm.
- I was up and down, trying to keep moving, trying to go to the gym, but it was difficult and painful.
- When I broke my ankle, I found I couldn't do all things I loved to do, like running and playing golf. I got a bit down but was then told about the MAP programme.
- I had a bit of arthritis in my knee and wanted to learn more about what I could do to help myself and reduce the pain and increase movement.
- I was going through a bad time.
- I used to be able to run every day but the pain got so bad I could hardly even walk.
- I stayed in bed a lot.
- I was relying on family to bring meals to me in bed.
- I didn't hold out much hope to have anything done or getting any help.

How have you found the experience?

- I really appreciate being able to take part, the support, care and advice of knowledgeable people was fantastic.
- It was a really good experience.
- The physio and massage therapy was really helpful.
- Aqua aerobics was awesome, I had considered trying it before but could not believe how beneficial it was when I got to try it.
- I loved it, I got to go to the gym and had a personal trainer.
- Excellent, I learnt a lot about other people.
- I could see there were a lot of people that are worse off than me.
- It gave me the motivation to help others in need, instead of getting down about my own injury and health conditions.
- It was very interesting, I have learnt lots of bits and pieces, lots of conversations with other people in similar situations or with worse conditions than mine.
- I wondered if I was actually bad enough to be on the programme when I saw how bad some people were, I really appreciated that I was able to take part t
- I was so pleased that the woman at WINZ said I could go on the Mobility Action Plan. It has been a big positive for me and given me hope.

What were the positive aspects?

- Having the support of co-ordinators and others participating in the programme.
- Knowing that I was not the only one in pain I didn't feel alone.
- The 7 week "Living with pain" course was hugely beneficial, it taught me about mind body and soul and how to look after my needs- not just my physical pain.
- It made me realise how grumpy I had been.
- It gave me good strategies to deal with my emotions.
- The breathing techniques have helped to control my pain which has increased with the cold weather.
- I did a course about how to manage clinical pain and conditions- that was really good.
- Everyone shared their experiences.
- We all got 1-1 time and time to talk in a group, I felt listened to.
- I got to exercise again, at the gym and at the pool. I find the pool is really good exercise and it doesn't hurt my ankle, which has been fused.
- The people that ran the dealing with chronic pain at the Heretaunga Hotel were great.
- Going to the gym is very beneficial.
- The personal trainer gets us to do the things we can manage and also makes us think about things we can do for ourselves to keep us well.
- One chappie was using a stick to walk when he started but now I see him walking without a stick- it's just great!
- The tutors on the pain management workshop were fantastic and very supportive.
- Getting assessments and help at last.
- When I saw the physio for the first time, she said I should be in hospital already. She understood the pain I was
 in.
- I saw another physio and have been referred to see a specialist.
- The support from the people from MAP was great. They were always calling me to see how I was going.

What is life like now?

- Not too bad, winter has been a bit of a struggle but I feel I have had more tools to deal
 with my pain having had all of this help. I feel more able to cope with pain.
- It makes me realise how pain can impact your life and make it feel really stressful. I am now able to use the skills I have learnt and not be grumpy with my whanau.
- I don't know if there is a solution other than dealing with the pain.
- I am not allowed to work and I still have to use crutches, but I am happier and always like to keep busy. I do things around the house to help out and it helps keep me feeling useful.
- I am still in a lot of pain and have been going for massage with a lady through a guy at the gym. She is also putting me in touch with a naturopath to see if they can help with my pain.
- I try to manage my pain by taking herbal products rather than pain medications from the pharmacy.
- I am still going to the gym and find this a positive way of keeping active but also enjoy that I am always learning different things from the people that go with me.
- I am so grateful that I am getting help, I won't be in extreme pain for a change. There is a light in front of me.

Conclusion

We must not tolerate inequities in health outcomes. They are unfair and they are unjust. It is time to challenge traditional views and "ways of doing things" and begin to overhaul the system that is clearly working for some better than others.

To address health inequities we need to:

- Ensure that decisions about the allocation of resources are increasingly taken by communities
- Increase investment in prevention and screening programmes that reduce the burden of disease and ill health on our community
- Partner with communities, funders and providers to design quality health services and funding policies with the express purpose of achieving equity, holding ourselves accountable through public monitoring and evaluation
- Work across sectors to address determinants of health for individuals and communities with coordinated approaches, integrated funding streams, and shared accountability across agencies
- Use person and whānau centred care to share power authentically and champion self-determination.

Tē tōia, tē haumatia

Nothing can be achieved without a plan, a workforce and a way of doing things



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

- 10. Minutes of Previous Meeting (Public Excluded)
 - 10.1 Clinical Council November Board Report
- 11. Matters Arising Review of Actions
 - 11.1 Clinical Portal Data Migration Decision
- 12. Cost Containment
- 13. Serious Adverse Events
- 14. Annual Plan 2018-19 / Strategic Plan
- 15. Topics of Interest Member Issues / Updates
 - 15.1 Quality of hospital discharge letters and prescribing

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).