HB Clinical Council Meeting

Date: **Wednesday, 13 February 2019**

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 Mark Peterson
David Warrington
Dr Robin Whyman
Lee-Ora Lusis
Dr Daniel Bernal
Dr Andy Phillips
Dr David Rodgers
Dr Russell Wills
Debs Higgins
Anne McLeod
Dr Peter Culham
Dr Nicholas Jones

Apology:

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

Public

Item	Section 1 – Routine	Time (pm)
1.	Welcome and receive apologies	3:00
2.	Interests Register	
3.	3.0 Minutes of Previous Meeting 3.1 Clinical Council December Board Report (for information only)	
4.	Matters Arising – Review Actions	

5.	Workplan	
6.	Clinical Council Annual Plan – Progress Review	3.05
	Section 2 – Reporting Committees to Council	
7.	Clinical Advisory & Governance Group – Verbal Update	3.20
8.	Council Committees Reports	-
	Section 2 – Presentations	
9.	Strategic Planning Update post Clinical Services Plan – Kate Rawstron *(Copy of CSP Summary attached for Information)*	3:30
10.	People Plan Progress Presentation – Kate Coley *(Copy of People Plan attached for Information)*	3:40
	Section 3 – Discussion	
11.	HBDHB Draft Disability Plan – Shari Tidswell	3:50
12.	Combined Workshop in March - "PWCC In Primary Care - Preparation"	4.10
	Section 3 – For Information (no presenters)	
13.	Ngātahi Briefing End of Year Two "Vulnerable Children's Workforce Development" Annual Update	4.20
14.	HBDHB Alcohol Harm Reduction Strategy 2017-22 (six month update)	
15.	**Section 4 – Recommendation to Exclude the Public**	

Public Excluded

Item	Section 5 – Routine	Time (pm)
16.	16.0 Minutes of Previous Meetings 16.1 Clinical Council (PExcl) December Board Report (for information only)	4.25
17.	Matters Arising – Review Actions	
	Section 3 – Discussion	
18.	Clinical Risk Management - Provider Services Risk Register (clincal p/exl action Nov) - Kate Coley	4.30
19.	Topics of Interest – Member Issues / Updates	

NEXT MEETING:

Wednesday, 13 March 2019
Havelock North Function Centre, Te Mata Road, Havelock North

Commences with lunch at 12.30pm

1-2 pm Separate Clinical Council Meeting
2-5 pm Joint Workshop with Consumer Council

Interests Register
9 November 2018

Hawke's Bay Clinical Council

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
	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 population of HB.	Yes	Low
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 issues	No	
	Central Region Midwifery Leaders report to TAS	Member	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 Director - Older Persons)	The Works Wellness Centre	Wife is Practitioner and owner	Chiropractic care and treatment, primary, preventative and physiotherapy	Yes	Low
	National Directors of Mental Health Nursing	Member		No	Low
Dr Tae Richardson (GP and Chair of Clinical Advisory & Governance Committee)	Loco Ltd	Shareholding Director	Private business	No	
	Clinical Advisory & Governance Committee (CAG) for Health HB (Tenure ends 27/06/18)	Member	Report on CAG meetings to Council	No	
	HQSC / Ministry of Health's Patient Experience Survey Governance Group	Member as GP representative		No	
	Ministry of Health - First Specialist Assessment Oversight Group	Member		No	
	Locum General Practitioner			No	
Dr Andy Phillips (Chief Allied Health Professions Officer)	Health Systems Performance Insights Programme	Chair	Improving Health System Performance	No	
	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 GP (we job share)	Private business	Yes	Low. Provides services in primary care
	City Medical	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 **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**
	Health HB	Employee	Role: Clinical Performance Support Lead	Yes	Low
Anne McLeod (Senior Allied Health Professional)	Aeotearoa NZ Association of Social Workers	Member		Yes	Low
	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		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 Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	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 healthcare providers
	Te Mata Peak Practice	GP and Director	General Practice	Yes	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, 5 DECEMBER 2018 3.00 PM

PUBLIC

Present:	Dr John Gommans (Chair) Jules Arthur (Co-Chair) Dr Robin Whyman Dr David Rodgers Dr Peter Culham Debs Higgins Chris McKenna Dr Daniel Bernal Dr Russell Wills David Warrington Dr Mark Peterson Dr Nicholas Jones
In Attendance:	Ken Foote, Company Secretary Tracy Fricker, Council Administrator and EA to ED P&Q
Apologies:	Lee-Ora Lusis

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 today's agenda items.

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 14 November 2018, were confirmed as a correct record of the meeting.

Moved and carried.

The Co-Chairs report to the Board for November 2018 was provided in the meeting papers for information. Feedback was provided regarding discussion at the Board on the Clinical Services Plan, collaborative pathways and the radiology business case – progress to the design phase was approved, the financial implications are still to be resolved.

A question was posed when the Information Service Governance Group last met? Council want to know when this group will be meeting, the membership and how to get items on the agenda. It was noted that Chris Ash has recently been appointed as the new Chair.

Action: ***Contact to be made with Chris Ash regarding re-establishment of this group.***

4. MATTERS ARISING / REVIEW ACTIONS

Item #1 Investments Update (Outcomes of Budget Prioritisation)
On agenda today under item #12.

Item #2 Violence Intervention Programme
Pathway guide information provided with the meeting papers. Debs Higgins noted some changes required - referral pathway for self harm should be included and in the directory Napier and Hastings Womens refuges have merged. *Item can be closed.*

Action: Debs Higgins to contact Cheryl Newman directly with changes.

Item #3 New Clinical Governance Structure / Terms of Reference
The updated CAG TOR will be provided when signed off at the February 2019 meeting.

Item #4 Interest Register
Interests updated for Debs Higgins. *Item can be closed.*

Item #5 Annual Plan
Changes for the 2018/19 plan agreed have been updated. *Item can be closed.*

Item #6 Advance Care Planning (ACP) Advisory Group
The Chair advised he has spoken with the Consumer Council Chair and Deputy Chair. They are keen for shared governance of the ACP Advisory Group via the Consumer Experience Committee and will discuss this at their Council meeting. Allison Stevenson has been kept informed.

5. WORKPLAN

The workplan was provided for information. It was noted that items on the workplan had reduced.

The Chair has also discussed with the Consumer Council Chair regarding having a joint meeting in March rather than February. The key item for discussion would be Person & Whanau Centred Care.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

6. CLINICAL ADVISORY & GOVERNANCE GROUP – VERBAL UPDATE

Chris McKenna advised that CAG have not had a meeting.

7. CLINICAL ADVISORY & GOVERNANCE GROUP

Nil reports due this month.

SECTION 3: FOR INFORMATION ONLY

8. MOBILITY ACTION PLAN IMPLEMENTATION UPDATE

A copy of Andy Phillips' presentation was provided in the meeting papers for information only. No issues discussed.

9. SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

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

10. Minutes of Previous Meetings (public excluded)
11. Matters Arising – Review Actions
12. Cost Containment Presentation
13. Serious Adverse Events Report 2017-18 *(embargoed until 7 December 2018)*
14. Workshop – Annual Plan 2018/19 and Strategic Plan
15. Topics of Interest – Member Issues/Updates

The meeting closed at 3.22 pm.

Confirmed: _____
Chair

Date: _____

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council** 185
	For the attention of: **HBDHB Board**
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	December 2018
Consideration:	For Information

RECOMMENDATION

That the Board

Note the contents of this report.

HB Clinical Council met on 5 December 2018. A summary of matters discussed is provided below:

ADVANCE CARE PLANNING (ACP)

Council discussed and generally supported a request from ACP Advisory Group to report into the new clinical governance structure. Subject to agreement with Consumer Council, it was proposed that the most appropriate group would be the Clinical Experience Committee.

WORKPLAN

It was agreed that Clinical and Consumer Council's would have a joint meeting/workshop in March 2019, with the key theme being Person & Whanau Centred Care

A MUSCULAR SKELETAL SERVICE TO REDUCE HEALTH INEQUITIES IN HB

Council received this update.

4

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)*** • Draft document – starter for 10 to discussed / co-design workshop	A Phillips	Feb	
2	08/08/18	***Violence Intervention Programme*** • Pathway guide provided at December Meeting. Minor changes required to document. Contact to be made with Cheryl Newman	D Higgins	Dec	Completed
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	Feb TBC	Awaiting approval Ongoing
4	14/11/18	***Advance Care Planning (ACP) – Advisory Group*** • Update Dec 18: Discussion with Allison Stevenson and Rachel Ritchie determines likely to report to the Consumer Experience Committee of both Councils.	J Gommans	Feb	
5	05/12/18	***Information Services Governance Group*** • Contact to be made with Chris Ash re: TOR, Membership, process for getting items on the agenda	J Gommans	Dec/Jan	

CLINICAL COUNCIL Workplan as at 7 February 2019 (subject to change)	**Destination Month**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
People Plan Progress **Presentation**	Mar-19	13-Mar-19	13-Feb-19	11-Apr-19		19-Dec-18
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19** (annual update)	Feb-19	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Alcohol Harm Reduction Strategy (6 monthly update) **Feb -** Aug	Feb-19	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
HBDHB Draft Disability Plan	Feb-19	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
DRAFT Clinical Risk Management - Provider Services Risk Register (clincal p/exl action Nov) - draft to Council in Feb19 bring back to EMT before 13 Mar Council meeting. Email 23/1	Feb-19		13-Feb-19			
Clinical Advisory & Governance Group Report (July Aug Sept Oct Nov Dec **Feb** Mar 19) WRITTEN OR VERBAL TBC	Feb-19		13-Feb-19			
Strategic Planning Update post CSP	Feb-19	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-**Mar**	Mar-19	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-**March**-May	Mar-19	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Clinical Advisory & Governance Group Report (July Aug Sept Oct Nov Dec Feb **Mar 19**) WRITTEN OR VERBAL TBC	Mar-19		13-Mar-19			
Joint Clinical/Consumer Workshop			13-Mar-19	13-Mar-19		
Person & Whanau Centred Care workshop	Mar-19		13-Mar-19	13-Mar-19		
Te Ara Whakawaiora - Improving First Specialist Appointment Access (previously did not attend) moved to April 19	Apr-19	10-Apr-19	10-Apr-19	11-Apr-19		27-Mar-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	Apr-19	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
Violence Intervention Programme Report Committees reviewed in July - EMT Nov - April19	Apr-19	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
Clinical Advisory & Governance Group Meeting Update	Apr-19		10-Apr-19			
IS updates/presentations 30 mins - Bi-monthly Feb **Apr** Jun Aug Oct Dec	Apr-19		10-Apr-19		24-Apr-19	
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-**May**	May-19	8-May-19	8-May-19	9-May-19		29-May-19
Collaborative Pathways update (Nov - **May**) 6mthly Clinical Council	May-19		8-May-19			
Clinical Advisory & Governance Group Meeting Update	May-19		8-May-19			
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	Jun-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, **Jun 19**)	Jun-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Clinical Advisory & Governance Group Meeting Update	Jun-19		12-Jun-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr **Jun** Aug Oct Dec	Jun-19		12-Jun-19		26-Jun-19	
Clinical Advisory & Governance Group Meeting Update	Jul-19		10-Jul-19			
Clinical Council Annual General Meeting			14-Aug-19			
HB Health Awards - preparation for judging **2019**-2020	Aug-19		14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20 draft to the Board	Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Alcohol Harm Reduction Strategy (6 monthly update) Feb **- Aug**	Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Clinical Advisory & Governance Group Meeting Update	Aug-19		14-Aug-19			
Clinical Council Annual Plan 2019/2020 discussion on the year ahead	Aug-19		14-Aug-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun **Aug** Oct Dec	Aug-19		14-Aug-19		28-Aug-19	
Health Certification Audit Findings (sept19)	Sep-19		11-Sep-19		25-Sep-19	
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	Sep-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	Sep-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Clinical Advisory & Governance Group Meeting Update	Sep-19		11-Sep-19			

HAWKE'S BAY CLINICAL COUNCIL – ANNUAL PLAN 2018/19

FUNCTIONS **What we are here for:**	**UP: Provide Clinical advice and assurance to the Hawke's Bay health system senior management and governance structures**	**ACROSS: Work in partnership with the Hawke's Bay Health Consmer Council to ensure that Hawke's Bay health services are organised around the needs of people.**	**OUT: Provide oversight of clinical quality and patient safety**	**IN: Provide clinical leadership to Hawke's Bay health system workforce**
ROLES **Our job is to:**	Provide advice and/or assurance on: • Clinical implications of proposed services changes. • Prioritisation of health resources. • Measures that will address health inequities. • Integration of health care provision across the sector. • The effective and efficient clinical use of resources.	• Develop and promote a "Person and Whanau Centred Care" approach to health care delivery. • Facilitate service integrations across / within the sector. • Ensure systems support the effective transition of consumers between/within services. • Promote and facilitate effective consumer engagement and patient feedback at all levels. • Ensure consumers are readily able to access and navigate through the health system.	• Focus strongly on reducing preventable errors or harm. • Monitor effectiveness of current practice. • Ensure effective clinical risk management processes are in place and systems are developed that minimise risk • Provide information, analysis and advice to clinical, management and consumer groups as appropriate. • Ensure everyone in the HB health sector are aware of their responsibility for quality improvement and patient safety.	• Communicate and engage with clinicians and other stakeholders within HB Health Sector, providing clinical leadership when/where appropriate. • Oversee clinical education, training and research. • Ensure clinical accountability is in place at all levels.
STRATEGIES **To do this we will generally:**	• Review and comment on all reports, papers, initiatives prior to completion and submission to the Board. • Proactively develop, promote and recommend changes to improve health outcomes, patient experience and value from health resources. • Develop, promote and advise on strategies and actions that could assist with the reduction in health inequities. • Develop and promote initiatives and communications that will enhance clinical integration of services.	• Work collaboratively with the Consumer Council to design and implement a Person and Whanau Centred Care approach. • Understand what consumers need. • Understand what constitutes effective consumer engagement. • Promote clinical workforce education and training and role model desired culture. • Promote and implement effective health literacy practice. • Promote the development and implementation of appropriate systems and shared clinical records to facilitate a 'smooth patient	• Develop and maintain relevant and effective Clinical Indicator reporting and performance management processes. • Establish and maintain effective clinical governance structures and reporting processes. • Ensure safety and quality risks are proactively identified and managed through effective systems, delegation of accountabilities and properly trained and credentialed staff. • Ensure the "quality and safety" message and culture is spread and applied in all areas of HB health sector.	• Ensure all HB clinicians and other stakeholders are aware of the role, membership and activities of the Clinical Council. • Oversee the development, maintenance and implementation of a HB Clinical Workforce Sustainability Plan. • Promote clinical governance at all levels within the HB heatlh system. • Ensure appropriate attendance/input into National/Regional/ Local

FUNCTIONS **What we are here for:**	**UP: Provide Clinical advice and assurance to the Hawke's Bay health system senior management and governance structures**	**ACROSS: Work in partnership with the Hawke's Bay Health Consmer Council to ensure that Hawke's Bay health services are organised around the needs of people.**	**OUT: Provide oversight of clinical quality and patient safety**	**IN: Provide clinical leadership to Hawke's Bay health system workforce**
	• Provide input through representation on EMT, Alliance Leadership Team and through attendance at HB Health Sector Leadership Forum.	experience' through the health system.	• Promote "value-based decision-making" at all levels. This involves improving the processes by which decisions are made, so they take into consideration all QuadrupleAim objectives: o Enhanced patient experience o Improved health outcomes o Better value for money o Improved experience of providing care • Ensure attendance at appropriate meetings/forums to provide appropriate assurance and confidence.	meetings/events to reflect HB clinical perspective. • Promote ongoing clinical professional development including leadership and "business" training for clinical leaders. • Facilitate co-ordination of clinical education, training and research. • Role model and promote clinical accountability at all levels.
OBJECTIVES 2018/19 **Specifically this year we will:**	• Provide a proactive and prioritised clinical perspective on issues and strategies to be addressed in the new 5 Year Strategic Plan for the HB health sector by 28 Feb 19	• Co-design with Consumer Council and initiate the implementation of a detailed plan for the implementation of PWCC in HB by 30 Jun 19	• Ensure the Clinical Governance Structure is fully implemented and integrated, with appropriate reporting, management and administration processes in place, by 30 Jun 19 • Ensure the development and implemention of a sector wide process for monitoring, managing and reporting clinical risk, by 30 Jun 19	• Facilitate the development of a HB Clinical Workforce Plan to support the new 5 Year Strategic Plan, by 30 Jun 19 • Promote and support the development and delivery of education and training of all clinicians on the Quadruple Aim and PWCC, and what these mean for clinicians, by 30 Jun 19

CLINICAL ADVISORY & GOVERNANCE GROUP UPDATE

Verbal

CLINICAL COMMITTEE REPORTS

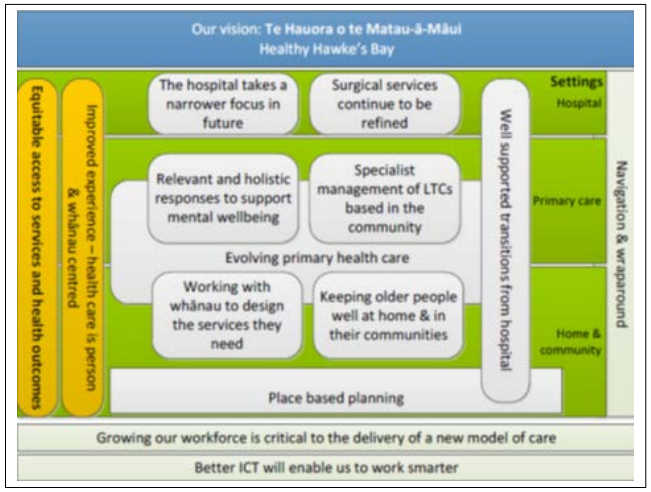
STRATEGIC PLANNING UPDATE POST CSP

Presentation

CLINICAL SERVICES PLAN

- We cannot continue with the status quo
- The CSP does not explicitly address every areas of the health system
- We will keep doing many of the things we do currently
- Vision and values guide our approach.

- Consumer engagement – work with consumers rather than do to or for them
- Prioritise and design services to meet the needs of the populations with the poorest health and social outcomes
- Invest more in preventative strategies.
- Shift the drivers of health of a population level – Intersectoral collaboration.



- Clinical support services are at the core of health service delivery
- Strong governance and leadership
- Monitor progress over time – system level measures and related performance indicators.

- Sustainable and fit for purpose assets and infrastructure
- Health and business intelligence drives better decisions
- Create a learning and innovative culture
- Incorporate the guiding principles and our learning from NUKA, whilst giving primacy to Māori indigenous thinking, values and solutions
- Change the way we commission services
- Make health easy to understand.

9 Themes

- Include: High level description of model of care, headline goals and specific elements of service development
- Need to determine the priority of each theme, its place in the 5 year plan, and the elements to be adopted and developed collaboratively with stakeholders.

PEOPLE PLAN PROGRESS

Presentation

(Copy of the People Plan follows for information)

He Mana Tangata

Growing Our People by Living Our Values

OUR PEOPLE
He Mana Tangata

WHAKATAUKĪ
A WAY OF THINKING

OUR PEOPLE
He Mana Tangata

Harakeke [flax] is often compared with the whanau unit. This is because the structure of harakeke can be organised in to three generations. The outer leaves are the tūpuna (grandparents), the inner leaves are the mātua (parents), and the innermost leaves are the tamariki (children).

In this whakataukī the author uses flax as a metaphor for people. When Māori go to cut harakeke, after their karakia, they only cut the outer leaves or the tūpuna for use. If you were to cut the inner flax or the tamariki for use, then the harakeke would not grow and the future of the plant would be in jeopardy.

This whakataukī depicts the importance of looking after our young for they are our future, and are responsible for the continuance of whakapapa [lineage], and the preservation of Mātauranga Māori (Māori understanding).

For HBDHB this symbolises the need for us to look after our staff to preserve our future.

Hūtia te rito o te harakeke, kei whea to korimako e kō?
Ka rere ki uta, ka rere ki tai
Kī mai koe ki au, he aha te mea nui o te ao?
Māku e kī atu,
He tangata, he tangata, he tangata!

If you pluck out the centre shoot of the flax, where will the bellbird sing?
It will fly inland, it will fly seawards
If you ask me, what if the most important thing in the world?
I will reply,
It is people, it is people, it is people!

10.1

3

"The people who work for us are our greatest asset. To make sure we meet our people's expectations of what it means to feel supported and engaged, we are committed to working together so we can provide high quality care to our community.

We undertook The Big Listen, a series of staff engagement workshops to understand what it was like to work here, and what mattered the most to you. This plan responds to your feedback.

We know a well-skilled, supported and engaged workforce supports high quality care. Therefore our endeavours must be person and whānau centred through a values-based culture where behaviours and values are at the heart and centre of everything we do.

However for this to have any meaning, our actions must deliver on our words – that is our commitment to you."

He aha te mea nui o te ao?

What is the most important thing in the world?

He tangata, he tangata, he tangata.

It is the people, it is the people, it is the people

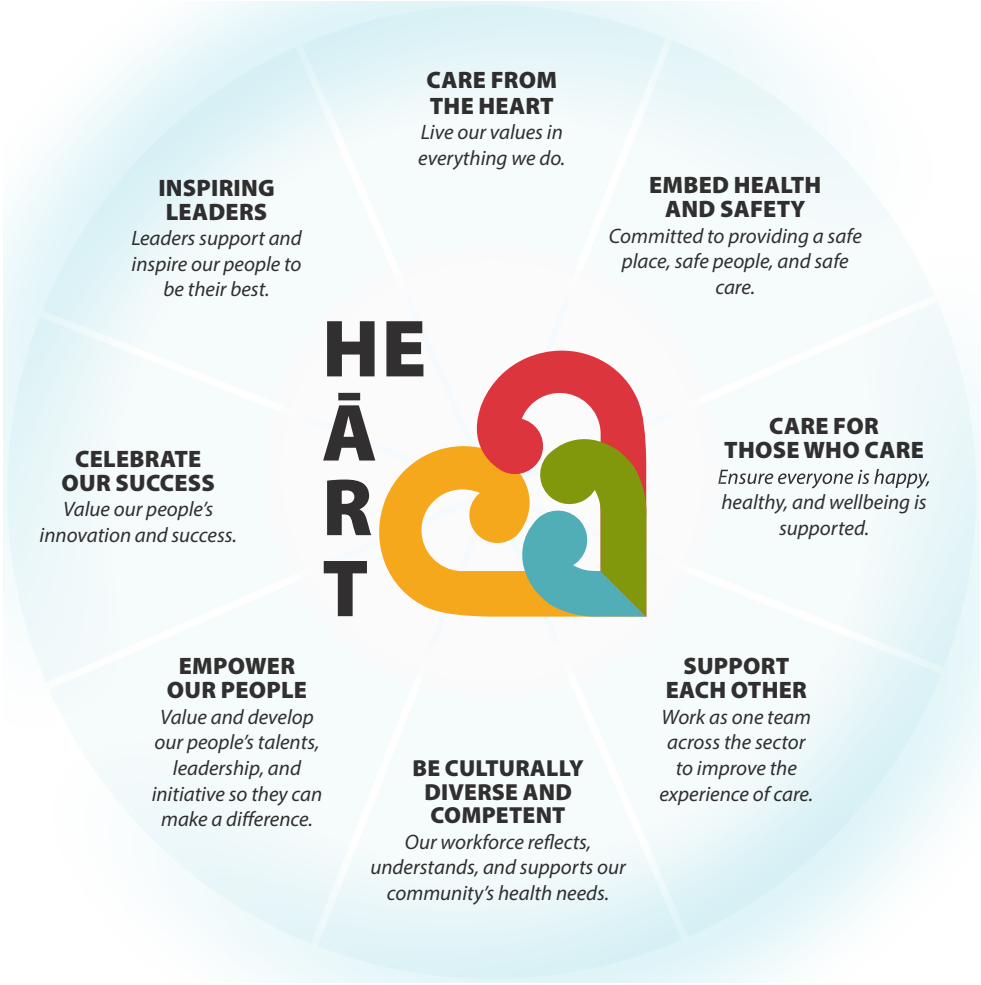
DR KEVIN SNEE
CEO

KEVIN ATKINSON
CHAIRMAN

NGAHIWI TOMOANA
HBDHB BOARD

Growing Our People by Living Our Values

OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He Mana Tangata



HE KAUANUANU
RESPECT

Show ***respect*** for each other, our staff, patients and consumers.

ĀKINA
IMPROVEMENT

Continually ***improve*** everything we do.

RARANGA TE TIRA
PARTNERSHIP

Work together in ***partnership*** across the community.

TAUWHIRO
CARE

Deliver high quality ***care*** to patients and consumers.

10.1

5


6

OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He Mana Tangata

HE KAUANUANU
RESPECT

KEY INTENTIONS

Live our values and speak up without fear when they are not being demonstrated.

Work together to build and develop our cultural competence and responsiveness.

Ensure our leaders engage and listen to our staff, they recognise, appreciate and celebrate success.

Recruit highly capable individuals who share and commit to our values.

Empower you to challenge unacceptable behaviours

Our values and behaviours are at the core of everything we do. However, there are times when these values are not demonstrated and we need to challenge those unacceptable behaviours. Key to this will be to grow the skills and capabilities of our staff to use B.U.I.L.D (Behaviour, Understand, Impact, Listen, Differently) and other tools to feel confident and safe to challenge those behaviours.

The impact of bullying on our staff, whether as a manager, a victim, a witness or as an individual who is bullying can be destructive. The DHB is committed to ensuring there are supports, with both an informal and formal approach to dealing with bullying behaviour in an effective and sustainable way.

Embed behaviours

As an organisation we need to make sure our current staff are living our values, but we also need to attract and recruit highly skilled individuals who share and commit to our values. This will require us to change some of our recruitment processes to ensure they are based around our values, and are culturally appropriate.

Leadership

Our leaders play a key role in delivering our successes. We need to adequately invest in building their capabilities so they are able to grow the skills of their teams, engage consumers in their care and promote professional cultures that support teamwork. Most importantly we must role model values and behaviours. We will also need to identify leaders of the future from across our workforce, so effective career pathways can be developed.

ĀKINA
IMPROVEMENT

KEY INTENTIONS

Clearly communicate both the big picture and the things that matter to our staff.

Encourage everyone to develop skills and have a great career in Hawke's Bay.

Continue to provide opportunities for everyone to get involved in co-designing our services and our workplace.

Ensure our processes are lean. We utilise technology and we do the basics brilliantly.

Professional development

Growing skills and capabilities is key to ensuring our staff feel valued and well supported in delivering high quality care to our consumers. By establishing a sector-wide workforce development plan and delivering a wide variety of both clinical and non-clinical education programmes we will ensure everyone has the skills they need right now and for the future.

Career pathways

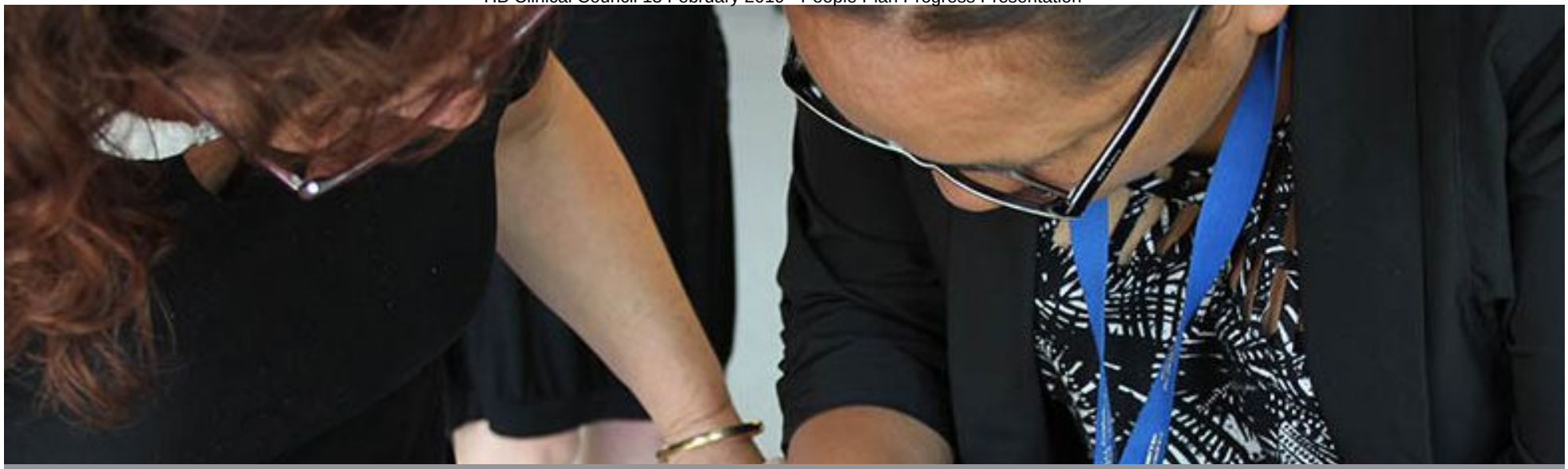
Each individual should have regular conversations with their manager to ensure they have all the support they need to deliver the key aspects of their role. This will include the development of a simple personal development plan and performance review process that doesn't get in the way of everyone growing in their role, developing career pathways and achieving both their personal and professional goals, whilst contributing to the organisation's vision.

Systems and processes

Sometimes the systems and processes in place within the DHB create waste and increase frustrations for our staff. We need to make sure we review our processes across the organisation so we reduce barriers, and bureaucracy. We need to make the best use of everyone's time and prioritise improvements and innovations in the way we do things every day.

Empower

Our staff need to be empowered to design service improvement changes and have the necessary skills to implement these changes as quickly as possible. We will need to invest in building the capabilities of our teams in relation to improvement methods, consumer engagement, co-design and project management, ensuring any improvements positively impact on staff and consumer experience, and they are sustained and embedded.



OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He Mana Tangata

RARANGA TE TIRA
PARTNERSHIP

KEY INTENTIONS

Ensure our workforce reflects, understands and supports the health needs of our communities.

Use workforce planning to ensure we have the right level of resources giving our staff the time to do their job well.

Continuously and actively engage with our consumers to ensure we make health easy to understand, and we deliver on what they need.

Work together to develop effective and strength-based teams across the organisation and the wider sector.

Diversity

We value and acknowledge the ethnic diversity of our community and our workforce. We aim to ensure our staff and organisation reflect the community which we serve, in particular the growing Māori and Pacific populations. Our Māori and Pacific Workforce Action Plans aim to improve the ethnic diversity of our workforce and the cultural competency of our staff and organisation. A key component of a broader diversity plan will also consider gender, disability and age.

Capacity

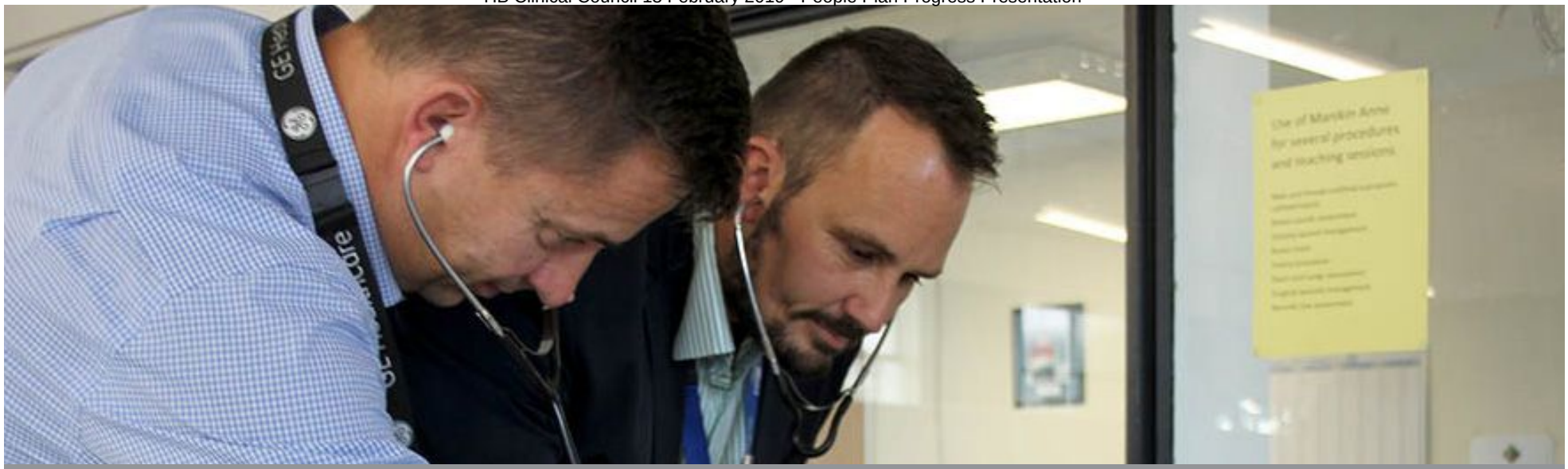
Our staff have told us they feel under too much pressure, their working life is impacting on their wellbeing and they are concerned about safety of care. It is our responsibility to resolve issues, not purely around numbers of staff, but around models of care, the aging workforce and the increasing needs for flexibility. We need to ensure we look after the health and wellbeing of our staff. We also need to look at how we can match the skills of our staff to the current and future demands of our community.

Consumer centric

Our consumers are a key part of the team. We need to work more closely with them, building positive relationships when they access our services, making health easy for them to understand, and we engage with them as partners when considering any changes to services. We need to make sure the consumer voice is heard across the sector and we respond by using their feedback to make improvements to the way we deliver services.

One team

Our organisation's success relies heavily on us all having the skills and capabilities to do our job, and working together across the sector as one team. We need to ensure our teams have the leadership, skills and attributes to breakdown silos and barriers to improve consumers care.



OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He Mana Tangata

TAUWHIRO
CARE

KEY INTENTIONS

Create environments that are safe for our staff and consumers so this is a great place to work in and be cared for.

Provide support and opportunities for our staff to improve their health and wellbeing.

Make sure everyone feels connected and everyone is appreciated for their contribution.

Strive to develop and maintain kind, caring relationships with our colleagues and consumers.

Health and safety

We are in the business of 'supporting people to be well'. We need to treat the health and safety of our staff as a priority. The health and safety plan's philosophy of 'safe place, safe people, safe care' means we will manage risks fully and ensure as far as is reasonably practicable the workplace is safe; our staff are given the support and education to understand their role in health and safety; and as leaders we are committed to the health and safety of our staff. This, in turn, protects our consumers and the care they receive.

Wellbeing

The quality of care consumers receive depends first and foremost on the care that we provide to our staff. Working in the DHB should actively contribute to health and wellbeing (both physical and psychological) so that we feel less drained and more energised. We need to ensure we develop a well-being programme so our staff are happy, healthy and supported within a kind and caring environment.

Celebrate success

Key to making sure everyone has more good days is to find ways to appreciate and value the contribution everyone makes in their jobs. This will mean that leaders, colleagues and staff celebrate both individual and teams successes, use the ABC of appreciation and as an organisation we look at multiple ways of valuing and recognising everyone.

Our Five Year Programme of Work

(High level)

HE KAUANUANU
RESPECT

Show ***respect*** for each other,
our staff, patients and consumers.

Programmes/initiatives for the next 5 years:

- *Implementation of approach to dealing with Unacceptable and Bullying Behaviours*
- *Use of B.U.I.L.D (Behaviour, Understand, Impact, Listen, Differently)*
- *Implementation of Speaking up for Safety and Promoting Professional Accountabilities programme*
- *Refresh current recruitment processes to be both Values Based and culturally appropriate*
- *Refining current Transformational Leadership Programme*
- *Development of a Frontline Leaders programme*
- *Development of an Emerging/Aspiring leaders programme*
- *Continue to provide coaching to leaders*
- *Ongoing Annual Engagement Surveys and Pulse surveys*
- *360 and Employee Value Proposition assessments*

ĀKINA
IMPROVEMENT

Continually ***improve***
in everything we do.

Programmes/initiatives for the next 5 years:

- *Development of a sector-wide workforce development programme*
- *Complete review of current Performance Appraisal System*
- *Implementation of strength-based personal development conversations*
- *Rolling programme of building capability in improvement methods and techniques*
- *Agreement and implementation of organisation-wide mandatory training programme*
- *Development of a rolling annual education programme*
- *Review all systems and processes to reduce bureaucracy and barriers*
- *Redesign of business processes (HR, Quality, Finance, IT)*
- *Innovation funding established to support teams*
- *"Frustration/Solution Box" for follow-up*
- *Review of orientation and implementation of mentoring/buddy programme for new staff*

RARANGA TE TIRA
PARTNERSHIP

Work together in ***partnership*** across the community.

Programmes/initiatives for the next 5 years:

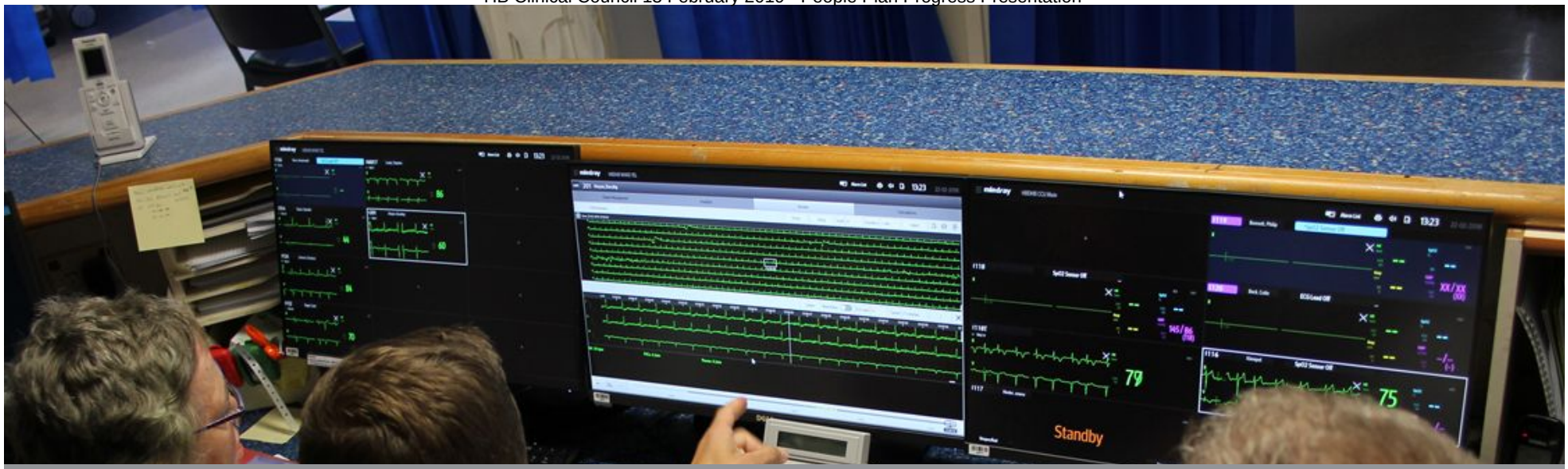
- *Implementation and embedding of the 'Making Health Easy to Understand' (Health Literacy) programme and initiatives*
- *Implementation of the Consumer Engagement Strategy*
- *Utilisation of Consumer Experience Feedback to deliver service and quality improvements*
- *Development of strength-based team training*
- *Establishment of a working group to assess resource requirements across the DHB (including CCDM)*
- *Development of an overarching Diversity plan*
- *Implementation of the Māori and Pacific Workforce Development Action plans*
- *Talent mapping , career development and succession planning for critical roles*
- *Coaching, mentoring and clinical/cultural supervision programmes*
- *Establishing effective and collaborative partnerships with all unions*

TAUWHIRO
CARE

Deliver high quality ***care*** to patients and consumers.

Programmes/initiatives for the next 5 years:

- *Wellbeing programme and support initiatives developed*
- *Health and Safety plan implemented*
- *Increase use of ABC to recognise individuals and teams*
- *Appreciation and recognition programme designed*
- *Continue with Long Service Awards*
- *Staff benefits programme*
- *Build on-site gym accessible for staff*
- *Development of staff volunteer programmes giving back to our community*
- *Annual leave planning ensuring staff can take breaks and annual leave regularly*
- *Domestic Violence Support programme for staff*



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DID YOU KNOW THAT EVERY DAY...

3 children will receive one of their vaccinations

6 babies will be born

10 fragile babies will be cared for in the special care baby unit

15 km an orderly can walk on average of 15km

16 people will get their free annual diabetes check

22 women will have a mammogram and a further 29 a cervical smear test

35 operations will be completed in one of Hawke's Bay Hospital's theatres

85 people will be admitted to Hawke's Bay Hospital

200 visits/appointments will be made to support people with mental health issues

209 visits will be made by district nurses and home service nurses

245 children will be seen for their free dental health check

350 meals on wheels will be delivered

DID YOU KNOW OUR WORKFORCE IS MADE UP OF...

2,920 people

As at 30 April 2018

84.2% of our workforce are women

15% of our workforce are Māori

51% Nursing
18% Allied Health
15% Management & Admin
6% Support
5% SMO
5% RMO

17

10.1

Our Shared Values and Behaviours

HE KAUANUANU
RESPECT

Show ***respect*** for each other,
our staff, patients and consumers.

	✔ Does	✖ Doesn't
Welcoming	*Is polite, welcoming, friendly, smiles, introduce themself* *Acknowledges people, makes eye contact, smiles*	*Is closed, cold, makes people feel a nuisance* *Ignores people, doesn't look up, rolls their eyes*
Respectful	*Values people as individuals; is culturally aware / safe* *Respects and protects privacy and dignity*	*Lacks respect or discriminates against people* *Lacks privacy, gossips, talks behind other people's backs*
Kind	*Shows kindness, empathy and compassion for others* *Enhances people's mana*	*Is rude, aggressive, shouts, snaps, intimidates, bullies* *Is abrupt, belittling, or creates stress and anxiety*
Helpful	*Attentive to people's needs, will go the extra mile* *Reliable, keeps their promises; advocates for others*	*Unhelpful, begrudging, lazy, 'not my job' attitude* *Doesn't keep promises, unresponsive*

ĀKINA
IMPROVEMENT

Continually ***improve***
in everything we do.

	✔ Does	✖ Doesn't
Positive	*Has a positive attitude, optimistic, happy* *Encourages and enables others; looks for solutions*	*Grumpy, moaning, moody, has a negative attitude* *Complains but doesn't act to change things*
Learning	*Always learning and developing themselves or others* *Seeks out training and development; 'growth mindset'*	*Not interested in learning or development; apathy* *Fixed mindset, 'that's just how I am', OK with just OK*
Innovating	*Always looking for better ways to do things* *Is curious and courageous, embracing change*	*Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done*
Appreciative	*Shares and celebrates success and achievements* *Says 'thank you', recognises people's contributions*	*Nit picks, criticises, undermines or passes blame* *Makes people feel undervalued or inadequate*

RARANGA TE TIRA
PARTNERSHIP

Work together in ***partnership*** across the community.

	✔ Does	✖ Doesn't
Listens	*Listens to people, hears and values their views* *Takes time to answer questions and to clarify*	*'Tells', dictates to others and dismisses their views* *Judgmental, assumes, ignores people's views*
Communicates	*Explains clearly in ways people can understand* *Shares information, is open, honest and transparent*	*Uses language / jargon people don't understand* *Leaves people in the dark*
Involves	*Involves colleagues, partners, patients and whānau* *Trusts people; helps people play an active part*	*Excludes people, withholds info, micromanages* *Makes people feel excluded or isolated*
Connects	*Pro-actively joins up services, teams, communities* *Builds understanding and teamwork*	*Promotes or maintains silo-working* *'Us and them' attitude, shows favouritism*

TAUWHIRO
CARE

Deliver high quality ***care*** to patients and consumers.

	✔ Does	✖ Doesn't
Professional	*Calm, patient, reassuring, makes people feel safe* *Has high standards, takes responsibility, is accountable*	*Rushes, 'too busy', looks / sounds unprofessional* *Unrealistic expectations, takes on too much*
Safe	*Consistently follows agreed safe practice* *Knows the safest care is supporting people to stay well*	*Inconsistent practice, slow to follow latest evidence* *Not thinking about health of our whole community*
Efficient	*Makes best use of resources and time* *Respects the value of other people's time, prompt*	*Not interested in effective user of resources* *Keeps people waiting unnecessarily, often late*
Speaks up	*Seeks out, welcomes and gives feedback to others* *Speaks up whenever they have a concern*	*Rejects feedback from others, give a 'telling off'* *'Walks past' safety concerns or poor behaviour*

Our commitment to you

To live our values by making sure our working culture is supportive, kind and caring.

We commit to:

- *Care from the heart,*
- *Embed health and safety in all the work we do*
- *Care for those who care*
- *Support each other*
- *Be culturally diverse and competent,*
- *Empower our people*
- *Celebrate success*
- *Inspire our leaders*

What we all need to do

- *Show respect and kindness for each other and our consumers, valuing everyone's contribution, going the extra mile to help others to have a good day*
- *Have a positive and appreciative attitude, always looking for better ways to do things*
- *Listen and work together with your colleagues and consumers and involve them as part of one team*
- *Being professional, looking out for yourself and your colleagues, supporting each other to continue delivering high quality care to our community*

OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He Mana Tangata

HAWKE'S BAY District Health Board Whakawāteatia	**HBDHB Draft Disability Plan**
	For the attention of: **Māori Relationship Board, HB Clinical Council; HB Health Consumer Council and HBDHB Board**
Document Owner	Chris Ash, Executive Director Primary Care Bernard Te Paa, Executive Director, Health Improvement & Equity
Document Author(s)	Shari Tidswell
Reviewed by	Executive Management Team Working Group members
Month/Year	February 2019
Purpose	Presenting the co-designed Disability Plan to HBDHB governance groups.
Previous Consideration Discussions	Responds to a paper presented by Consumer Council requesting a disability response for the Hawke's Bay DHB
Summary	The HBDHB Draft Disability Plan supports the HBDHB to implement the National Strategy. All government agencies are required to do this. It also supports the achievement of the HBDHB vision and work toward equity. People with disabilities experience barriers when accessing health services in a range of ways. Having a systematic approach to addressing and reducing these barriers is vital to achieving equity and improving health outcomes. The Plan provides a systematic approach through the delivery of actions. This Plan's actions are delivered via a key piece of HBDHB developing and existing work. This includes the; Clinical Services Plan, Person and Whānau Centered Care and the People Strategy. For this reason the Plan is aligned and integrated with the National Strategy and other plans, and HBDHB strategies and plans.
Contribution to Goals and Strategic Implications	Improving health and equity for all populations National Disability Strategy
Impact on Reducing Inequities/Disparities	People with disabilities experience considerable inequity. Disabled Pasifika people have low utilisation rates of disability services and Māori (Tangata Whaikahu) also experience a double set of barriers to accessing services. There is a need to ensure we are monitoring equity for people with a disability. This Plan will guide our investment to ensure equitable outcomes for people with disabilities.
Consumer Engagement	The Working Group included consumer representatives. The draft Plan was presented to the disability reference groups in Napier, Hastings, Central Hawke's Bay Wellbeing reference group and Wairoa IDEAL Services (based in Gisborne).

Other Consultation /Involvement	Representatives from Clinical and Consumer Councils have been involved in the Working Group. The Working Group also sought input from Taranaki Disability Resource Centre.
Financial/Budget Impact	Potential cost for training and establishing a monitoring system. This should be business as usual work and will reduce cost associated with consumer complaints and late access to services.
Timing Issues	None
Announcements/ Communications	The Plan will be made available on the HBDHB website and shared with stakeholders.

RECOMMENDATION:

It is recommended that the Māori Relationship Board, HB Clinical Council; HB Health Consumer Council and HBDHB Board:

1. **Note** the contents of the Plan and Paper.
2. **Endorse** the Key Recommendations.

Hawke's Bay District Health Board
Draft Disability Plan

Author(s):	Shari Tidswell
Designations:	Intersector Development Manager
Date:	February 2019

BACKGROUND

To deliver effective services and achieve our Vision it is vital to ensure people with disabilities and their whānau are able to access and engage with services and do not experience inequities in health outcomes. The HBDHB is a lead provider and contractor of disability services in Hawke's Bay and has a vision of "Excellent health services working in partnership to improve the health and wellbeing of our people and the reduction of health inequities within our community".

Consumer Council championed the development of a Disability Plan in 2018. They identified a need:

- To have people with disabilities taken into account in our health system
- To have a Person and Whānau-Centred Care approach inclusive of people with disabilities
- For integration in the Clinical Services Plan implementation
- To be integral in achieving equity in health outcomes

For these reasons, this Plan does not sit in isolation and is linked to the National Disability Strategy, is aligned to key HBDHB Strategies and Plans (People and Capability Strategy and Clinical Services Plan) and is informed by Whaia Te Mārama and Faiva Ora Disability Plans.

The Plan's actions will support HBDHB in delivering effective services and our vision for people with disabilities and their whānau. According to census data, 23% of the population have a disability with the highest rates in older populations – making people with disabilities a significant population engaging with health services. National data identifies that people with a disability experience significant unmet need, much of which is the result of access and attitude issues experienced in health services. People with disabilities also experience inequity in education, employment and justice outcomes.

Like other marginalised populations, people with disabilities and their whānau benefit from increased awareness of issues and a focused response to achieving equity. A plan increases awareness and provides the actions to be responsive and ultimately reduce inequity.

Plan Development Process

The following process was followed to develop this Plan:

- A paper was presented by Consumer Council requesting the development of a Disability Plan, endorsed by HBDHB Board
- A Working Group established with the first workshop held in March 2018
- A series of workshops and meetings to design and draft a plan held between April–November 2018
- A draft Plan was presented to community stakeholders (including people with disabilities) and feedback from HBDHB managers November–December 2018
- Response to feedback and re-drafting of the Plan – December 2018
- A Final Draft Plan was written and reviewed by the Working Group - January 2019

Co-design

The Working Group included people with disabilities, whānau of people with disabilities, local Council leads for disability plans and HBDHB staff (Planning and Commissioning Manager – Integration, NASC Manager, Consumer Experience Facilitators and Intersector Relationship Manager). This group processed the responses,, information and feedback to draft the Plan's content.

Disability consumer groups were engaged across the region via the Central Hawke's Bay Disability Reference Group, Hastings Disability Reference Group, Napier Disability Advisory Group and Ideal Services – Wairoa to provide feedback on the drafts of the Plan. Through feedback processes and representation, consumers and key stakeholders developed the Plan.

Plan Structure and Content (see Appendix One for the full Plan)
This Plan covers services and the work of HBDHB. The Working Group discussed a regional disability plan approach, however each local authority has its own plan and the Working Group determined that developing a HBDHB plan would place us in a better position to develop a regional plan in the future. The Working Group chose to use the definition for 'disability' provided by the Office for Disability Issues, as it informs the National Strategy and provides consistency with other disability plans. Whānau and caregivers have been included in the Plan due to the critical role they undertake in supporting people with a disability. This also aligns with the Person and Whānau Centered Model of Care.

Disability is defined as "something that happens when people with impairments face barriers in society; it is society that disables us not our impairments…" The Plan's vision was developed by the Working Group and aligns to the HBDHB's visions and the National Strategy's vision.

"People with a disability and their whānau engaging with HBDHB, experience no barriers, are involved in the decision making, and engaged in services design and development." The Plan's principles link to HBDHB Values and include:

People with disabilities in Hawke's Bay:
- Experience respectful, mana enhancing engagement with HBDHB services
- Have a clear voice for people with disabilities in planning, service development and the care they receive. "No decision about me without me"
- Clear process for feedback and responding to feedback

HBDHB has a commitment to:
- Addressing barriers; to be inclusive and responsive to people with disabilities, including Tanagata Whaikaha and disabled Pasifika people
- Changing attitudes by being consistently inclusive and responsive to people with disabilities and their whānau, including Tangata Whaikaha and disabled Pasifika people

The Plan's coverage includes; services and work of the HBDHB, people with disabilities and their whānau engaging with HBDHB services and whānau and caregivers supporting people with a disability.
The Plan describes key outcomes directly linked to the National Strategy and detailed actions. These actions support the delivery of the outcomes and includes monitoring steps. To commence monitoring, the HBDHB will be required to record 'impairment' in consumer/patient records. It is currently not possible to identify how many of our patients have a disability, nor do we systematically identify their needs to support effective access to HBDHB services.

Linkages to Other Strategies and Plan *(see diagram on page 3 of the Plan)*
As outlined above, this Plan is developed to align, deliver and link with a range of national and local documents that relate to supporting people with disabilities to access health services and achieve equity.

Monitoring and ongoing delivery
Critical to this Plan's effectiveness in achieving equity is monitoring engagement of people with disabilities. This will require recording impairment on a patient's record and where applicable, notes to support access. This can then be used to measure access, refine training and support HBDHB staff to ensure needs can be met and to measure equity in health outcomes.

Priority Actions for 2019/2020 Annual Plan
To commence the implementation, the Working Group have identified 10 actions from the Plan (noted below) to be delivered over the 2019/20 financial year. The remaining actions will be roll-out over the following five years. Reference the "Outcomes and Actions" section of the Plan.

Education and Employment and Economic Security – implemented under Matariki actions

Health and Wellbeing
1) Establish practice that ensures the rights of people with disabilities to have whānau/support people when engaging with HBDHB services.

Accessibility
1) Service design and improvement will include people with disability and their whānau.
2) Services will have feedback mechanisms that enable people with disabilities to provide feedback and this is responded to.
4) Ensure barriers that could result in people with disabilities not being able to engage, participate or utilise HBDHB services are removed or addressed.

Attitudes
1) HBDHB Core Values are evident in all interactions with people with disabilities and their whānau.
3) Develop a training programme in partnership with the disability community and HBDHB.

Choice and Control
2) Connect with a wide range of disability communities.

Leadership
1) Include actions in annual planning
2) Implement actions from this Plan
3) Report to disability communities and their whānau on the Plan's progress, health outcomes and engagement.

RECOMMENDATIONS

Key Recommendations	Description	Responsible	Timeframe
Appoint a lead from EMT	An EMT lead is identified who is able to champion the Plan's actions, provide reporting on implementation and equity	EMT	April 2019
Priority actions included in the 2019/20 annual planning	Key actions are incorporated into HBDHB Annual Plan at the HBDHB level and service level	HBDHB Planner	May 2019
Establish formal links with consumer representative groups	Ensure HBDHB membership on existing disability groups and develop a feedback loop	Consumer Experience Facilities	March 2019
Establish a reporting framework	Framework to measure plan delivery and impact for people with disabilities	HIED	June 2019
HBDHB Disability Plan endorsed by HBDHB governance groups	Plan endorsed by all HBDHB governance groups	HIED	March 2019

RECOMMENDATION:

It is recommended that the Māori Relationship Board, HB Clinical Council; HB Health Consumer Council and HBDHB Board:

1. **Note** the contents of the Plan and Paper.
2. **Endorse** the key recommendations.

HAWKE'S BAY DISTRICT HEALTH BOARD – DRAFT DISABILITY PLAN

BACKGROUND

Consumer Council have championed this Disability Plan and the development was endorsed by the HBDHB Board in 2018. The HBDHB are a lead provider and funder of disability services and deliver health services for the whole population – including those with a disability. Supporting equitable outcomes for people with disabilities will contribute to the HBDHB's overall vision "Excellent health services working in partnership to improve the health and wellbeing of our people and the reduce health inequities within our community".

The development process was led by a working group made up of HBDHB Consumer Council representatives, HBDHB staff, local authority staff and community stakeholders to develop a disability plan for Hawkes' Bay DHB consumers, staff and services. To gain further input from the community, particularly people with disabilities and their whānau, a draft document was presented to community groups, HBDHB service managers and consumers to seek further input and feedback. This feedback has been incorporated into this Plan.

This Plan sits within the context of a national strategy and plans, local plans delivered by local authorities and HBDHB strategic documents. The Plan ensures actions are complementary, aligned or deliver the visions and outcomes of these documents. There is a focus on equity including by ethnicity and people with a disability - it is noted that people can experience inequity via both. To inform this plan, the working group used:

- National Disability Strategy
- HBDHB Core Values
- Draft Clinical Services Plan
- Whaia Te Mārama and Faiva Ora disability plans

The Plan aims to reduce the barriers experienced by people with disabilities when engaging with HBDHB services and staff. The Plan will focus the HBDHB on meeting the needs of people with disabilities by providing tangible actions and measures to monitor progress. The Plan uses principles informed by the HBDHB values, outcomes from the National Strategy and actions to enable the HBDHB to respond to the needs, reduce barriers for and engage effectively with people with a disability. The actions are also informed by the Clinical Services Plan, Health Equity Report (2018) Whaia Te Mārama and Faiva Ora Disability Plan – ensuring an equity approach and alignment with HBDHB's service delivery direction.

INTRODUCTION

The Plan is set out as follows:

- Background information including definitions, population and supporting documents
- Vision, principles and coverage. The principles align with the HBDHB Core Values and other key documents which will support equity. This provides a clear process to integrate the actions into HBDHB practice.
- Outcomes to deliver each action.

As a key service provider and employer in the Hawke's Bay, HBDHB supports social inclusion, equity in health outcomes, access to services and wellbeing of the Hawke's Bay community. HBDHB has a role in reducing the barriers and attitudes that contribute to those with an impairment being disabled. Having a planned systematic approach is vital in delivering these aspirations. To know what we are doing is making a difference for people with disabilities, we need to measure health outcomes for people with disabilities and monitor feedback.

We acknowledge the role whānau and caregivers have in supporting the wellbeing of people with disabilities and the Plan seeks to ensure their engagement by reducing barriers they may encounter, whilst maintaining the person with a disabilities right to privacy and safety.

BACKGROUND INFORMATION

Defining Disability

The National Strategy defines "disability" as "something that happens when people with impairments faces barriers in society; it is society that disables us not our impairments…" This has a similar meaning to "disability" as the International Convention – "…those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others…" (Article one)

Disability is defined by the Office for Disability Issues as:

> *"Disability is the outcome of the interaction between a person with impairment and the environment and attitudinal barrier he/she may face. Individuals have impairment; they may be physical, sensory, neurological, psychiatric, intellectual or other impairments." (Minister for Disability Issues, 2001).*

These definitions are consistent and are applied to this Plan. People with physical, mental, intellectual and sensory impairments make up the population target of the Plan. Their whānau and caregivers supporting them to achieve "normal lives" and their potential are also covered in the actions.

Population with Disabilities

Nationally 24 percent of the population identify as having a disability, a total of 1.1 million people (2013 data).

- The increase from the 2001 rate (20 percent) is partly explained by our ageing population.
- People aged 65 or over were much more likely to be disabled (59 percent) than adults under 65 years (21 percent) or children under 15 years (11 percent).
- Māori and Pacific people have higher-than-average disability rates, after adjusting for differences in ethnic population age profiles.
- For adults, physical limitations were the most common type of impairment. Eighteen percent of people aged 15 or over, 64 percent of disabled adults, were physically impaired.
- For children, learning difficulties were the most common impairment type. Six percent of all children, 52 percent of disabled children had difficulty learning.
- Just over half of all disabled people (53 percent) had more than one type of impairment.
- The most common cause of disability for adults was disease or illness (42 percent). For children, the most common cause was a condition that existed at birth (49 percent).[1]

Hawke's Bay data

Data was collated for Gisborne/ Hawke's Bay – people identifying with a disability is 23 percent of the population. The 23 percent breaksdown into the following types of impairment. The highest is mobility (13 percent), followed by hearing (9 percent), agility (7 percent) and psychological and learning (6 and 5 percent respectively).

[1] 2013 Disability Survey, June 2014, produced by the Government Statistician

Fifty-eight percent of people with a disability have multiple impairments. Disease and illness (42 percent) and then accidents (37 percent) are the highest causes. Using the 23 percent, the estimate for people with a disability in Hawke's Bay would mean approximately 34,770 people with disabilities (based on 151,179 total Hawke's Bay population 2013).

DOCUMENTS THAT INFORM THIS PLAN

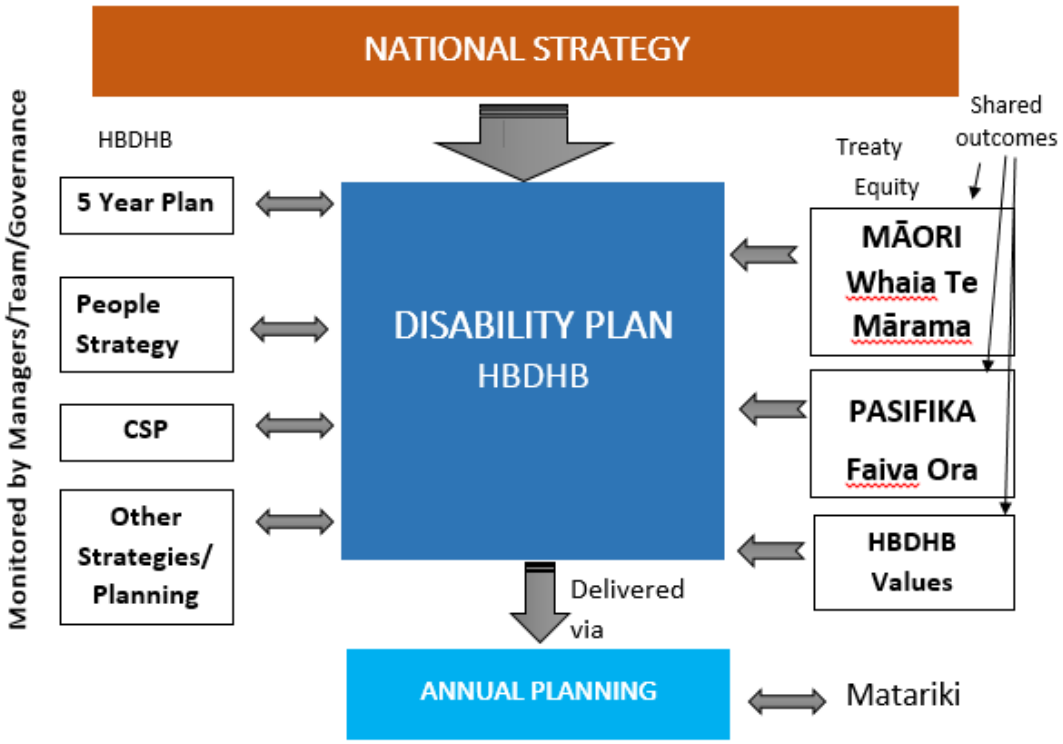
The Clinical Services Plan (CSP)[i] themes, Core Values and National Strategy are based on similar principles -Te Tiriti o Waitangi, ensuring whānau are involved in decision making, social investment and addressing unmet need. The Health Equity report illustrates the inherent differences in health outcomes for specific groups within our Hawkes Bay population.

This Plan uses the outcomes from National Strategy[ii]:

- Education
- Employment and economic security
- Health and wellbeing
- Right protection and justice
- Accessibility
- Attitudes
- Choice and control
- Leadership

Each of these actions have been developed to deliver an outcome. These actions have clear links to the CSP and HBDHB core values[iii]. In the table below the Actions are colour-coded to note the 'HBDHB value' being delivered via each action. Actions are also aligned to the Māori Disability Plan (Whaia Te Māraama)[iv] and Pasifika Disability Plan (Faiva Ora)[v] (Ministry of Health). This alignment supports an equity approach for the actions.

The diagram below illustrates how the informing documents, Plan and delivery of mechanisms relate to each other.



HAWKE'S BAY DISTRICT HEALTH BOARD – DISABILITY PLAN

VISION

People with a disability and their whānau engaging with Hawke's Bay District Health Board, experience no barriers, are involved in decision-making, and engaged in service design and development

PRINCIPALS

People with disabilities in Hawke's Bay:

- Experience respectful, mana enhancing engagement with HBDHB services
- Have a clear voice in planning, service development and the care they receive.
- Have a clear process for feedback and their feedback is responded to

Hawke's Bay District Health Board:

- Has a commitment to address barriers; being inclusive and responsive, including Tangata Whaikaha and disabled Pasifika people and their whānau
- Is committed to changing attitudes by being consistently inclusive and responsive to people with disabilities and their whānau, including Tangata Whaikaha and disabled Pasifika people
- Involves people with disability and their whānau in decision –making, development and design of services. "No decision about me without me".

COVERAGE

- Services and work of the Hawke's Bay District Health Board. This is wider than clinical services and includes, contracted services, service design, planning and governance functions.
- People with disabilities engaging with these services and work of the HBDHB and staff employed by HBDHB.
- Whānau and caregivers, where their engagement supports and maintains the safety of the person with a disability.

OUTCOMES:

EDUCATION

HBDHB supports education outcomes that ensure people with a disability are engaged in education, achieving and transitioning to further education and employment equitably with non-disabled people.
Linked to Matariki

EMPLOYMENT & ECONOMIC

HBDHB leads by example as a socially responsible employer and supports people with disabilities to engage in employment leading to financial security for all people with disabilities including Tangata. Whaikaha and Pasifika
Linked to People Plan and Matariki

HEALTH & WELLBEING

Delivering person and whānau-centered care that is responsive to the diversities of people with disabilities including Tangata Whaikaha and Pasifika.
Linked to Clinical Services Plan

RIGHTS PROTECTION & JUSTICE

Deliver equitable outcomes for all people with disabilities engaging with HBDHB services. Establish monitoring

ACCESSIBILITY

Services design and continuous improvement will meet the diverse needs of disabled people.

ATTITUDES

We have a workforce that demonstrates our core values in every encounter they have with a person with a disability and their whānau.

CHOICE & CONTROL

Support people with disabilities to make choices and have control over their health care and outcomes.
Linked to Clinical Services Plan

LEADERSHIP

Ensure that people with disabilities experience equitable health outcomes and are consistently engaged in decision-making.

OUTCOMES AND ACTIONS

Outcomes	Actions	Measures	Linked Documents	Reporting
EDUCATION HBDHB supports education outcomes that ensure people with a disability are engaged in education, achieving and transitioning to further education and employment equitably with non-disabled people.	1. Work with education providers including Kahui Ako (Communities of Learning) to review and co-create career development and career pathways that are localised, responsive and future-facing for all learners in Hawke's Bay including those requiring additional support to achieve sustainable employment	Measured via the Matariki outcomes and project tool	Matariki- Social Inclusion Strategy HBDHB Annual Plan	Board 6 monthly
EMPLOYMENT & ECONOMIC SECURITY HBDHB leads by example as a socially responsible employer and supports people with disabilities to engage in employment leading to financial security for all people with disabilities including Tangata. Whaikaha and Pasifika	1. Support the employment of people with challenges that may impact on their capacity to obtain or retain employment. (Social Inclusion) 2. Project 1,000: link local people on benefits to 1,000 new jobs (Regional Economic Development) 3. Ensure major infrastructure development projects consult with and optimize employment. (Regional Economic Development)	Measured via the Matariki outcomes and project tool	Matariki - Social Inclusion Strategy HBDHB Annual Plan	Board 6 monthly
HEALTH & WELLBEING Delivering person and whānau-centered care that is responsive to the diversities of people with disabilities	1. Establish practice that ensures the rights of all people with disabilities to bring whānau or support person when engaging with services. 2. Ensure the disability sector is provided with opportunities to participate in service and policy development.	Establish a baseline for the quality of service delivered to people with disabilities. Measure services on the level of delivery (using baseline measure), with Board monitoring via annual reporting.	Clinical Services Plan People and Capability Strategy HBDHB Annual Plan	

Outcomes	Actions	Measures	Linked Documents	Reporting
including Tangata Whaikaha and Pasifika. Additional activity will be delivered under the Clinical Services Plan and subsequent operational plans. There is also a link to the workforce training under the "Attitudes" outcome in this Plan	3. Increasing control for tangata whaikaha to choose the support they need and when, where and how this support occurs (self-determined). 4. Ensuring whānau are supported so that they are in the best position to support their whānau member with a disability. Including having their expectations met and achieving and maintaining mana and wellness. 5. In any service, the person is not only defined by their disability but also their other cultural, familial, linguistic and gender identities. 6. Transitions between services and to the community are easy and understood by people with a disability and their whānau.			
 RIGHTS PROTECTION & JUSTICE Deliver equitable outcomes for all people with disabilities engaging with HBDHB services. Establish monitoring	1. Develop monitoring and measurement approaches that include outcomes for people with disabilities by ethnicity. 2. Implement "Accessibility" outcome and actions. 3. Contracted providers are supported to develop policy and practice that delivers equity outcomes for people with disabilities. 4. Monitor the implementation of the plan through management KPIs and reporting to governance	Measurement frameworks include measures for people with disabilities Manager performance plans have KPIs to improve or maintain equitable outcomes for people with disabilities. Contract review process includes support for providers i.e. to develop disability plans, policy and audits All reporting frameworks including outcomes for people with disabilities	HBDHB Annual Plan, including the IS work plan and	

Outcomes	Actions	Measures	Linked Documents	Reporting
 **ACCESSIBILITY** Services design and continuous improvement will meet the diverse needs of disabled people.	1. Service design and improvement will engage people with disabilities and their whānau from the beginning. 2. Services will have feedback mechanisms that enable disabled people to provide feedback and this is responded to. 3. Services ensure that disabled people and their whānau get a fair deal. 4. Ensure barriers that could result in disabled people not being able to engage, participate or utilise HBDHB services are removed or addressed. This could include; environment audits being part of standard practice, and/or national guidelines.	People with disabilities and their whānau are involved in service design and improvement. Feedback processes reviewed to ensure people with disabilities and their whānau are able to and are providing feedback. Audits are completed to monitor compliance.	Policies – Building/Facilities, Consumer Feedback, Disability Audit (to be developed)	
 **ATTITUDES** We have a workforce that demonstrates our core values in every encounter they have with a person with a disability and their whānau.	1. HBDHB Core Values are evident in all interactions with disabled people and their whānau. 2. Establish mandatory disability training – linked to Values and Behaviour in context of disability. 3. Develop and deliver training programme in partnership with disability community. 4. Measures how embedded Values and Behaviours are via DHB systems (e.g. PDR, peer review). 5. Deliver feedback loops at every level using multiple systems (e.g. surveys, real time feedback) to inform training and staff practice.	Training agreed and set up in PAL$ annual performance plan. Training programme developed and feedback collated. Number and percentage of staff have completed training. Demonstrates evidence at application of training in PDR.	People and Capability Strategy	
 **CHOICE & CONTROL** Support people with disabilities to make choices and have control over their health care and outcomes.	1. Support accessible services by: • Developing peer support for people with a disability and their whānau to navigate services • Make information available and accessible – health literacy for every person with a disability.	Design and deliver a peer support navigation programme, in partnership with people with disabilities. Measure impact and effect of the programme.	Clinical Services Plan HBDHB Annual Plan	

Outcomes	Actions	Measures	Linked Documents	Reporting
	2. Connect with a wide range of disabled communities: • Via existing disability representative groups Hawke's Bay-wide • Clarifying and establish representative roles and their link with people with disabilities 3. All services actively seek feedback from people with a disability engaging with services. 4. People with a disability are consulted and actively involved in policy, planning, governance, service development and implementation via Intentional represented on forums.	Document connections made and the outcome of these connection with disabled community based groups. Audit feedback process to evaluate effect. Audit consultation and engagement with people with disabilities. Set targets for improvement		
LEADERSHIP Ensure that people with disabilities experience equitable health outcomes and are consistently engaged in decision-making.	1. Include actions in the annual plan. 2. Implement the actions for this Plan. 3. Report to disabled communities and their whānau on the Plan progress, health outcomes and engagement.	1. Reporting to communities and their whānau 2. Reporting to governance groups	Board work programme Annual Planning	

Key for Hawke's Bay District Health Board – core values (actions are coded by the Core Values colour below to indicate how this Plan delivers Core Values).

Tauwhiro (Care) Rāranga te tira (Partnership) He kauanuanu (Respect) Ākina (Improvement)

[i]

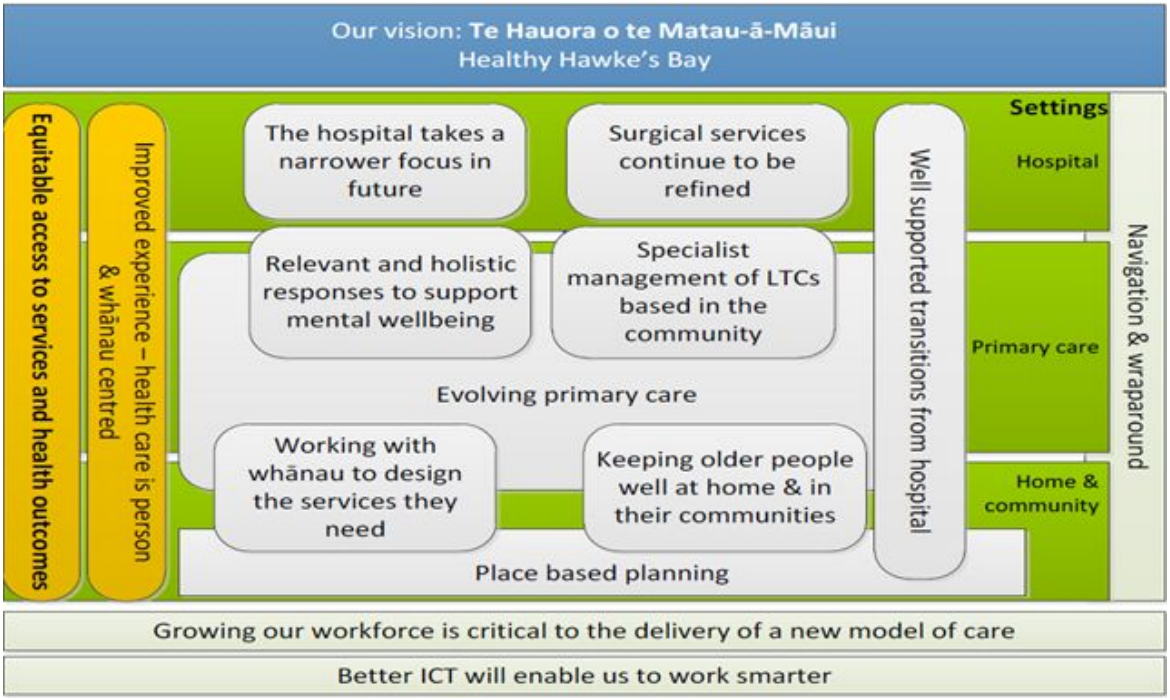
HBDHB Clinical Services Plan (Draft)
This Plan provides the direction for clinical services delivered by HBDHB for the next 10 years.

The key themes from the Clinical Services Plan are designed to address the overarching commitment to achieving equity. This included addressing the inequities and unmet need experienced by Māori, Pasifika peoples, **people with disabilities**, experiencing mental illness and those living in socio-economic deprivation. A new approach including "person and whānau centered system and building on pockets of excellence.

The CSP establishes a firm commitment to **prioritising and designing services to meet the needs of populations with the poorest health and social outcomes.** This means:

- Up-skilling of health professionals, with particular regard to cultural competence, mental health and addictions, wellness focus, family violence and poverty. The workforce reflects the population it serves
- Commissioning for equitable outcomes
- Multi-disciplinary and team-based approaches which more holistically consider and address health and social needs and aspirations for whānau
- Re-framing our approach to focus on wellness, preserving mana and building on existing strengths of whānau, communities, and population groups
- Whānau wellness models in addition to an expectation that core services will meet the needs of those with poorer outcomes
- A rights-based approach to health meeting our responsibilities under Te Tiriti o Waitangi
- Incorporating the guiding principles of the Nuka System of Carewhilst giving primacy to Māori indigenous thinking, values and solutions.

http://www.ourhealthhb.nz/news-and-events/clinical-services-plan-transforming-our-health-services/



[ii] **National Disability Strategy 2016 - 2026[ii]**

The Strategy includes principles used to guide this Plan – Te Tiriti o Waitangi, Convention on Rights of the Person with Disabilities, and ensures disabled people are involved in decision-making that impacts them. With the following approaches - whole of life (long term approach) to social investment and specific and mainstream supports and services (twin-track approach).

The National Strategy is designed to guide the work of government agencies on disability issues. The Working Group were clear that this document provides the strategic direction for the HBDHB. This Plan is designed to implement this Strategy.

[iii]

HBDHB Values

The HBDHB has a commitment to living our values in the workplace and in the community. The best outcomes for patients and staff can be achieved if we all work together with the same values. These valueswe show commitment to and demonstrate the behaviours of the health sector are:

- Tauwhiro (delivering high quality care to patients and consumers)
- Raranga 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)

These values are at the core of ensuring people with disabilities are experiencing effective engagement with our health services. Including having equitable health outcomes, experience no barriers to accessing services and are participating in the development and design of our health services.
https://ourhub.hawkesbay.health.nz/our-place/our-values/

[iv]

Whāia Te Ao Mārama (Māori Disability Action Plan)[iv]

Introduces the term tangata whaikaha to describe a Māori person with a disability – whaikaha meaning to have ability and be enabled. This Plan also aligns with the vision and outcomes from the New Zealand Disability Strategy. There are six goals:

1) Participate in the development of health and disability services
2) Have control over their disability support
3) Participate in Te Ao Māori
4) Participate in their community
5) Receive disability support services that are responsive to Te Ao Māori
6) Have informed and responsive communities.

These also align with our HBDHB Values. Our Plan acknowledges the need to have equity outcomes and that currently tangata whaikaha experience barriers in health services in HB both as a person with disability and as Māori. Finally this Plan acknowledges our commitment as a DHB to the Treaty of Waitangi.

[v]

Faiva Ora, National Pasifika Disability Plan[v]

This notes a clear under representation of Pasifika disabled people engaging with disability services and the plan is focused on the services delivered by the healthy sector for people with disabilities. The vision is "Pasifika disabled people and their families are supported to live the lives they choose." This plan is informed by New Zealand Disability Strategy, New Zealand Health Strategy and Pacific Health Strategy and the United Nations Convention on the Rights of Persons with Disabilities.

Faiva Ora has the following principals which guide the planned actions:

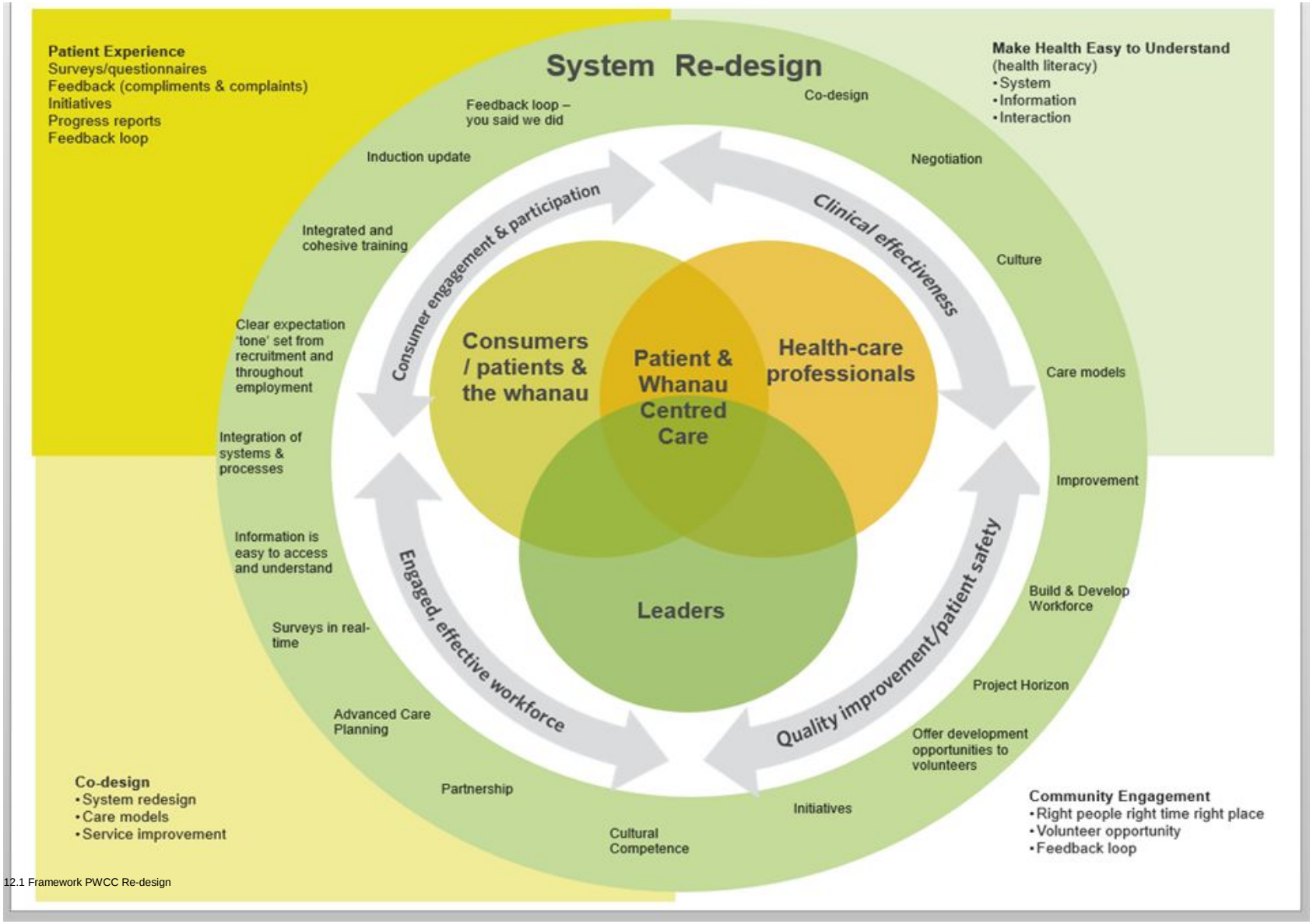
- Self-determination
- Beginning early
- Person and family centred
- Ordinary life outcomes
- Equity
- Enhancing Pasifika cultural identity
- Easy to use
- Building relationships

Faiva Ora focuses on services delivered in the health sector, for this Pland that is further refined to services delivered by HBDHB. Both Plans share outcomes relating to equity, access (easy use) and person and family centered.

12

COMBINED WORKSHOP IN MARCH 2019 “PERSON & WHANAU CENTRED CARE” IN PRIMARY CARE

Discussion



12.1 Framework PWCC Re-design

12.1

HAWKE'S BAY District Health Board Whakawāteatia	**Ngātahi Project – progress report, end of year two**
	For the attention of: **Māori Relationship Board, HB Clinical Council, HB Health Consumer Council and the HBDHB Board**
Document Owner	Kate Coley, Executive Director People and Quality
Document Author	Dr Russell Wills, Paediatrician, Medical Director, Quality Improvement and Patient Safety, Project Sponsor
Reviewed by	Executive Management Team; & Bernice Gabriel, Project Manager
Month/Year	January/ February 2019
Purpose	For information/ noting only
Previous Consideration Discussions	Previously discussed at EMT, MRB, Clinical and Consumer Councils and Board, who supported the project.
Summary	The Ngātahi Project has met nearly all milestones for year two and we are on track to deliver all remaining requirements by May. <u>How we will change practice</u> The three work streams (Mental Health and Addictions (MH&A), Trauma-Informed Practice (TIP) and Engaging Effectively with Maori (EEWM)), have agreed on the same approach to upskilling practitioners, namely: • Online learning for core knowledge, followed by • One-day wānanga to model and practice new skills, followed by • Wānanga Ita – peer coaching groups meeting regularly to embed the new skills into practice. <u>Mental Health and Addictions</u> • Partnered with Werry Whāraurau to develop online learning for MH&A and TIP. • Finalised, delivered and evaluated first three one-day wānanga in Mental Health and Addictions (MH&A) to 40 practitioners. • Evaluation demonstrates strong support for the kaupapa Māori (pōwhiri poutama) approach to assessment and formulation, and that the six Ngātahi pou were effectively integrated into teaching. • Formed six wānanga ita, who continue to meet regularly to embed the new MH&A skills into practice <u>Trauma-informed practice (self-care)</u> • TIP (self-care) online module is written and will be reviewed by local leaders in January. • Russell and Bernice will write the one-day wānanga for leaders and for practitioners.

13

	<u>Engaging Effectively with Māori</u> • Agreed that the Mauri Ora online learning is appropriate for our needs for EEWM core knowledge content • Agreed to contract out writing/ co-constructing the one-day wānanga. One tender received, met contractor Thursday 17th January. Due diligence in progress at time of writing. <u>CAFS</u> • Continued peer coaching at CAFS to embed new competencies learnt in 2017, included practitioners from other services in 2018. • Agreed to not begin new training until current competencies are embedded. • Mechanisms are in place to ensure newly appointed staff obtain core skills through the Auckland University postgrad paper and in-house training. o Turnover has affected many vulnerable children's services in the past two years, of which CAFS is one. Most staff move within HB to other services, in particular to private practice and other community mental health teams (CAFS) and to Oranga Tamariki (NGOs), so their skills are not lost to the sector. This reinforces the value of skills that are transportable between services, which is a Ngātahi goal. <u>Evaluation</u> • EIT (Professors Kay Morris-Matthews and David Tipene-Leach) appointed as evaluators. First report received. The evaluators recommend the evaluation focuses on the immediate outcomes of the programme (staff wellbeing and practice change). We will not report on population-level outcomes as it will not be possible to demonstrate cause-and-effect relationship between the programme and outcomes, because population-level outcomes (referrals to Oranga Tamariki, substantiations, children in care, % receiving NCEA L2, etc) vary from year to year due to multiple, constantly changing, inter-related influences on outcomes and we do not have a comparison group. Report available on request. • First paper for publication accepted by *Policy Quarterly*, for publication February 2019. <u>Funding</u> • Project costs secured until completion end of 2019. <u>Objectives for 2019</u> • Write, deliver and evaluate 24 more one-day wānanga o Trauma-Informed Practice (self-care) ▪ 4 to leaders ▪ 7 to practitioners o Engaging Effectively with Maori – 8 o Mental Health and Addictions 4 more

	• Launch website and online registration system • Assess likely ongoing running costs for Ngātahi to become business as usual • Final report assessing impact of programme due early 2020. • Further papers, publications and presentations.
Contribution to Goals and Strategic Implications	Contributes to HBDHB Statement of Intent 2015-19 (p8, Fig 3): Working with Others; People better protected from harm; Health issues and risks detected early; Longer, healthier and independent lives; High quality, timely and accessible services; Sustainability. Contributes to NZ Health Strategy 2016 goals: Closer to Home; Value and High Performance; One Team; Smart System.
Impact on Reducing Inequities/Disparities	70% of vulnerable children are Māori so this project has been created with tamariki and whānau Māori at the fore: early and regular consultation with Māori providers and leaders, specific domain on Working Effectively with Māori (WEWM), co-constructed with Māori service leaders; cultural *and* clinical competency in teaching and learning; EEWM work stream to have oversight of other work streams.
Consumer Engagement	Early consultation with caregivers of children and young people in care and with care-experienced young people, facilitated by MVCOT. Strong support for the competencies and process, no additional competencies identified.
Other Consultation /Involvement	MRB, Māori providers, facilitated by HBDHB Māori Health Unit. Support for project, helpful advice regarding tikanga, added several additional competencies to the EEWM domain, EEWM work stream has oversight of other domains to ensure cultural competency.
Financial/Budget Impact	Y1 $250,000 Y2 $232,500 Y3 $212,500
Timing Issues	Wānanga: • TIP (self-care) will be written in time for first wānanga April 11th. • EEWM will be co-constructed by contractor, Ngāti Kahungunu iwi representatives and Ngātahi team. Due date dependent on negotiations. Final evaluation report due early 2020
Announcements/ Communications	Outcomes from evaluation will be shared: Internally — Project Sponsor Dr Wills Key Stakeholders — Meetings, conferences, papers Community — Through HBDHB communications team
RECOMMENDATION: It is recommended that MRB, Clinical Council, Consumer Council and the HBDHB Board: 1. **Note** the progress of the Ngātahi Project in the second year.	

HAWKE'S BAY
District Health Board
Whakawāteatia

Ngātahi Project
Progress report - end of year two

Author:	**Dr Russell Wills**
Designation:	**Paediatrician, Medical Director, Quality Improvement and Patient Safety, Project Sponsor**
Date:	**26 January 2019**

SUMMARY
The Ngātahi Project is about Hawke's Bay health, education and social services (the "vulnerable children's workforce") working together as one to deliver excellent care and interventions to vulnerable children and their families.

In the first year of the project (2017) we:

- partnered with iwi and kaupapa Māori providers, and established the tikanga for the programme
- engaged with, and mapped the skills and learning needs of 441 professionals from the vulnerable children's workforce
- agreed the three priority training areas for 2018 and 2019
- established three work streams to develop, implement and monitor training and development programmes in these three priority areas to improve the confidence and competence of the vulnerable children's workforce, and improve collaboration
- completed an independent research programme of interviews with a representative group of managers and practitioners, which provides assurance on the current direction, lessons learnt and important pointers for the following two years of the programme.

In the second year of the project (2018):

- The three work streams (Mental Health and Addictions (MH&A), Trauma-Informed Practice (TIP) and Engaging Effectively with Maori (EEWM)), have agreed on the same approach to upskilling practitioners, namely:
    - Online learning for core knowledge
    - One-day wānanga to model and practice new skills
    - Wānanga Ita/ Learning Circles – peer coaching groups meeting regularly to embed the new skills into practice.
- We finalised, delivered and evaluated first three one-day wānanga in Mental Health and Addictions (MH&A) to 40 practitioners.
- We formed six wānanga ita, who continue to meet regularly to embed the new MH&A skills into practice.

- We partnered with Werry Whāraurau to develop online learning form MH&A and TIP.
    - MH&A reviewed by local leaders, is appropriate for use and completed by most practitioners who attended the M&A wānanga
    - TIP (self-care) module written and will be reviewed by local leaders in January
- The EEWM work stream agreed that the Mauri Ora online learning is appropriate for our needs for EEWM core knowledge content
- We agreed to contract out writing the EEWM wānanga, ran an EOI process and met a prospective provider. At the time of writing due diligence is underway before appointing the provider.
- Our evaluation of the three wānanga demonstrates strong support for the kaupapa Māori (pōwhiri poutama) approach to assessment and formulation, and that the six Ngātahi pou were effectively integrated into teaching.
- We have scheduled 24 wānanga across all three work streams for 2019
- We continued peer coaching at CAFS to embed new competencies learnt in 2017, included practitioners from other services this year
- EIT (Professors Kay Morris-Matthews and David Tipene-Leach) were appointed as evaluators for the second phase and their first report was received in January.
- Project costs secured for years 2-3
- Our first paper for publication accepted by *Policy Quarterly*, for publication February 2019.

Our Objectives for 2019 are:

- Complete and deliver a further 24 one-day wānanga
    - Trauma-Informed Practice (self-care) wānanga
        - 4 to leaders
        - 7 to practitioners
    - Engaging Effectively with Maori – 8
    - Mental Health and Addictions 4 more
- Form 48 more wānanga ita – we believe these will become the "engine room" for practice change
- Launch the Ngātahi website and online registration system
- Assess likely ongoing running costs for Ngātahi to become business as usual and formulate a business case to funders for that
- Final report assessing impact of programme is due early 2020.

We are a step nearer to our vision of better collaboration between disciplines and sectors, sharing of effective practices, development of a common language and improved workforce capacity.

This briefing paper describes the context and progress to date.

BACKGROUND

In 2015 an expert panel reviewed Child, Youth and Family. There were a number of reasons that the care and protection system failed vulnerable children and their families[1] and recommendations were made to address these issues. Children of parents with mental illness, addictions and in violent relationships ("vulnerable children") are at high risk of poor health, education and social outcomes. Māori are highly over-represented among these families/ whānau and both the previous and current Governments accepted all of the Panel's recommendations.

A new programme was created to reform the way these families are supported, including:

- changes to legislation and accountabilities of Ministry Chief Executives
- dissolution of Child, Youth and Family and creation of the Ministry for Vulnerable Children Oranga Tamariki
- implementation of multi-agency Children's Teams in ten sites
- additional funding and changes to expectations and monitoring of all agencies with a part to play in supporting such families. See Appendix Two for a roadmap of these changes.

There are now many reports[2],[3],[4],[5] that recommend a focus on additional knowledge and skills ("competencies") for practitioners working with vulnerable families. These competencies include the ability to identify vulnerable whānau and families, assess both strengths and risks, formulate an assessment, design and implement a plan with families, and work collaboratively with the agencies involved.

The Ministry of Social Development Children's Action Plan Directorate therefore began a programme of work to develop a *Vulnerable Children's Core Competency Framework*, in partnership with sector leaders from education, health and social services. Hawkes Bay is piloting the Ngātahi Project, leveraging the draft Vulnerable Children's Core Competency Framework.

PURPOSE

The Ngātahi Project aims to assess the skills and development needs of health, education and social service professionals in Hawke's Bay who are working predominantly or exclusively with vulnerable children and families. Over a three year period Ngātahi and its partners will design, implement and evaluate a workforce development plan to support practitioners. By improving practitioners' competencies, including their ability to practice collaboratively and share information, in conjunction with the structural changes above, outcomes for vulnerable children and their families should improve.

PROGRESS in 2017 (year one)

Funding was obtained in 2016 from the Hawke's Bay District Health Board (HBDHB), Ministry of Social Development and Lloyd Morrison Foundation to progress the project. Dr Bernice Gabriel, a senior psychologist at the HBDHB Child, Adolescent and Family Service (CAFS) was appointed as project manager in March 2017. Additional funding was secured from the Royston Health Trust in 2017. The funding is sufficient to see the project through to completion at the end of 2019, when, depending on the findings of the current evaluation, a business case will be prepared to take the project to a business-as-usual programme.

HBDHB CAFS

CAFS' staff completed their competency assessment against the Ngātahi framework and the Real Skills Plus CAMHS competency framework early in 2017[6]. Five training sessions have been completed to date:

- Assessment & Formulation
- Attachment & Trauma
- Emotional Regulation/Dialectical Behaviour Therapy*
- Acceptance & Commitment Therapy†
- Family Therapy supervision.

Trainers were asked to give particular thought to integrating clinical and cultural competence, prioritise examples of practice with Māori tamariki and whānau and advise on subsequent activities to support CAFS' staff to integrate the new competencies into everyday practice.

Peer review groups continue to meet regularly to review cases and are the primary mechanism to integrate the new competencies into everyday practice.

At this point we have agreed to defer further training until we are confident that the new competencies are embedded into practice. CAFS is also working through how to provide the previous training to several new staff before progressing to further training.

Wider vulnerable children's workforce

In 2017 leaders from health, education and social services, kaupapa Māori, mainstream, Government and NGO services met and agreed the competencies each sector required of its staff. Four hundred and forty one staff from 27 agencies were surveyed and asked to identify the competencies they did not need (N/A), already had (Y), needed and partially had (P) or needed and did not yet have (N).

Three priorities for development were agreed:

- Engaging effectively with Māori (EEWM)
- Mental health and addictions (MH&A)
- Trauma-informed care (TIP) – initially focusing on developing resilience skills in the workforce (see research findings below).

Professors Kay Morris-Matthews and David Tipene-Leach (Eastern Institute of Technology) are contracted to provide the evaluation. Key themes from staff interviews included:

- High levels of engagement of managers and staff:
- The value of clinical leadership
- High levels of practitioner stress: High levels of stress, burnout and fatigue were noted in many interviews. Self-care competencies were identified as a high need by many staff, which was a gap in the competency framework.

A detailed research report was completed in January 2018 and is available on request.

PROGRESS IN 2018 (year two)

Sector leaders joined or nominated staff to join one or more of the three work streams (EEWM, MH&S and TIP). Work streams were empowered to recommend what will be taught, how and by whom, follow-up activities to embed the new competencies into practice and how each competency should be assessed. The EEWM work stream has supported the other two work streams to advise on the cultural competency aspects of the training.

* Designed as a treatment for people experiencing chronic suicidal thoughts as a symptom of borderline personality, DBT is used to treat people who experience a range of chronic or severe mental health issues, including self-harm, eating and food issues, addiction, and posttraumatic stress, and borderline personality.

† ACT is an evidence-based approach for young people experiencing anxiety, depression and/or addiction.

We estimate 800 registrations (40 one-day wānanga) to meet the current demand for these three areas of competency. We delivered three pilot wānanga in 2018 and have scheduled 24 more for 2019. This is 50% of the target.

Mental Health and Addictions

- Partnered with Werry Whāraurau to develop online learning for MH&A and TIP.
- Finalised, delivered and evaluated first three one-day wānanga in Mental Health and Addictions (MH&A) to 40 practitioners.
- Evaluation demonstrates strong support for the kaupapa Māori (pōwhiri poutama) approach to assessment and formulation, and that the six Ngātahi pou were effectively integrated into teaching.
- Formed six wānanga ita, who continue to meet regularly to embed the new MH&A skills into practice.

Trauma-informed practice (self-care)

- TIP (self-care) module written and will be reviewed by local leaders in January
- Russell and Bernice will write the one-day wānanga for leaders and for practitioners
- First wānanga scheduled for April.

Engaging Effectively with Māori

- Agreed that the Mauri Ora online learning is appropriate for our needs for EEWM core knowledge content
- Agreed to contract out writing/ co-constructing the one-day wānanga. One tender received, met contractor Thursday 17th January. Due diligence is underway.

CAFS

- Continued peer coaching at CAFS to embed new competencies learnt in 2017, included practitioners from other services this year
- Agreed to not begin new training until current competencies are embedded
- Working through how to ensure newly-appointed staff also receive the above core training.

Evaluation

- EIT (Professors Kay Morris-Matthews and David Tipene-Leach) appointed as evaluators. First report received.
- Project costs secured for years 2-3
- First paper for publication accepted by *Policy Quarterly*, for publication February 2019.

Objectives for 2019

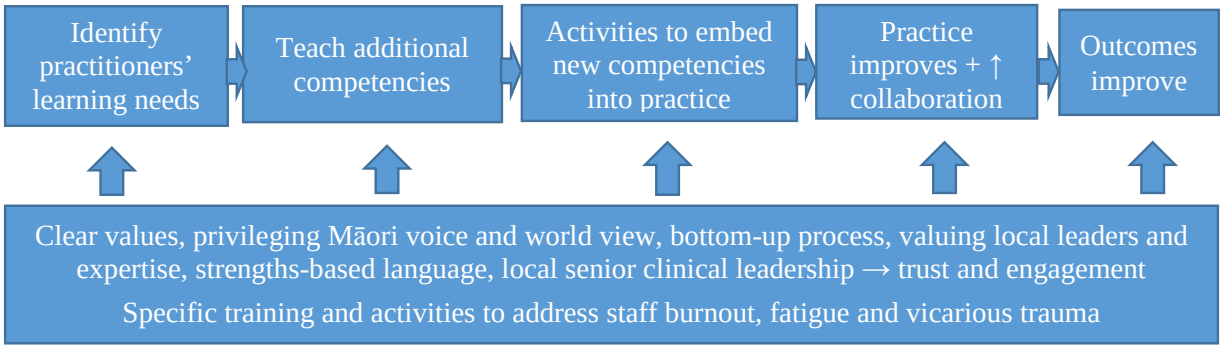
- Complete and deliver 24 more one-day wānanga
    - Trauma-Informed Practice (self-care) wānanga
        - 4 to leaders
        - 7 to practitioners
    - Engaging Effectively with Maori – 8
    - Mental Health and Addictions 4 more
- Launch website and online registration system
- Assess likely ongoing running costs for Ngātahi to become business as usual
- Final report assessing impact of programme due early 2020.
- Further papers, publications and presentations.

Why does this matter?

Hawke's Bay is the first region to undertake workforce development across the vulnerable children's workforce at this scale so we have agreed to undertake the programme in partnership

with the Ministry for Children Oranga Tamariki and share the lessons we learn with all relevant ministries and other regions. The original proposal has been discussed with and is supported by leaders in MCOT, MSD, HBDHB, Special Education and NGO social services in HB working with vulnerable children, who have a well-established history of collaborative working. We believe that this project could become a template for development of the vulnerable children's workforce nationally.

Our theory of change is essentially:



Measures and indicators

Outcome sought	**Demonstrated by**
Engagement	Research interviews year one with practitioners and managers
Practitioners' learning needs identified	Survey Monkey results Research interviews year one with practitioners and managers
Competencies taught	Number of attendees at training, number of trainings provided Evidence of programme delivery with fidelity Pre-post self-report of competence and confidence
New competencies embedded into practice	Description of activities and attendance at these Manager report of initial practice change with examples
Practice improved	Manager report of practice change with examples Practitioner self-report of competence and confidence New evidence-based programmes delivered, description, attendance Direct observation by evaluators
Collaboration improved	Manager report of improved collaboration with examples Practitioner self-report of improved collaboration with examples Direct observation by evaluators Reports from collaborative bodies (e.g., FVIARS, Strengthening Families, High and Complex Needs Interagency Management Group, Maternal Wellbeing Programme, Intensive Wraparound Service)
Reduced staff burnout, fatigue & vicarious trauma	Practitioner self-report HR indicators, e.g. recruitment, retention, turnover Direct observation by and feedback to evaluators
Improved outcomes for children and families	Client direct feedback within services Direct observation by and client feedback to evaluators

All outcomes to be assessed by independent researchers contracted to Ngātahi Programme.
All outcomes dis-aggregated by ethnicity.

ASSUMPTIONS

- Children will continue to be a Government priority, Ministers will commit resource and require ongoing collaboration of agencies for children.
- Relationships and buy-in will continue from:
  - Ministries
  - Local executives
  - Practice leaders and agency managers
  - Practitioners
  - Families, whānau, rangatahi and tamariki
  - Other stakeholders, e.g., trades unions, registration and disciplinary bodies.

RISKS and MITIGATIONS

Risk	Mitigation
If agency leaders do not contribute their agency's time and skills to work streams this risks losing the mandate for that training.	At the hui on 6th November a clear message was given that it is important to engage or will not be able to influence the training. It was also made clear that all contributions are welcome
If work stream members do not agree on the content and implementation approach by the deadline this will impact negatively on the project timeline.	The work stream chairs will be supported to facilitate work stream well, value all contributions and look at best practice evidence. If no agreement in work stream this will be escalated to the governance group.
If non-Maori organisations and practitioners use kaupapa Maori approaches or methodology inappropriately, this could mean culturally inappropriate engagement with Maori whanau	Raise the issues with one, more or all of the following as required: HBDHB Maori Health and kaumatua; iwi mandated representatives on the work streams and steering group; kaupapa Maori evaluators. Co-construct workshops with tuakana from kaupapa Maori agencies.
If we do not manage, train and support the facilitator pool, the fidelity and continuity of the training programmes may be compromised	Facilitators to attend training programme prior to facilitating, new facilitators are paired with expert facilitators, project manager spends time with facilitators to discuss the training if needed, facilitators have handbook they can refer to, and facilitators debrief after each training. It is planned that facilitators will meet at least twice a year to discuss the training and any revisions.
If we do not implement processes around practitioner turnover in participating agencies, the competency mapping and training aspects of the project are not sustainable	Develop excel-based competency framework mapping for new staff to complete and managers to identify their learning needs, ensure new staff are given the opportunity to attend training programmes that are available to meet their learning needs.
If we do not implement processes around manager turnover in participating agencies, the continuity of the project is compromised.	Liaise with new managers to socialise them to the project as soon as possible.

BUDGET HBDHB Ngātahi Project Financials				
Activity	**FTE**	**Amount 2018**	**Amount 2019**	**Why this is important**
Senior clinical leadership	0.5 FTE	$55,000	$55,000	Clinical leadership is required to engage managers and staff in the learning programme, identify, recruit and brief the trainer, support managers and staff to arrange peer review groups, and support the evaluation.
Event management	0.5 FTE	$27,500 ($55k pro rata)	$27,500 ($55k pro rata)	Experience in the first year suggested that we needed event management capacity for the following: website design; online registration, tracking and reporting attendance and feedback; venue hire, IT, catering and certificates. The HBDHB EDC team is a multidisciplinary team with considerable experience in the above tasks.
External trainers		$50,000	$50,000	We would take a train-the-trainers approach with external trainers but a small budget will be required to bring in external trainers initially and for follow-up peer review.
Evaluation To be sought from HBDHB Transform and Sustain Fund		$80,000	$80,000	Ngātahi is a pilot project that, if successful, is likely to be taken up nationally. There is therefore a strong obligation to ensure the programme is evaluated independently and thoroughly, so clear documentation of lessons learnt and areas to improve are essential. Measures and indicators for 2018 and 2019 are noted above. The budget for 2017 was $80,000. We estimate that a credible evaluation could be expected for $80,000/year in 2018 and 2019.
Training costs		$20,000	$0	See table below re training costs
TOTAL COST		**$232,500**	**$212,500**	

Costs to participating services				
Activity	**FTE**	**Amount 2018**	**Amount 2019**	**Why this is important**
Training costs		$0	Contribution per agency to be determined	There will be costs for venue hire, IT, photocopying, catering and certificates. We will ask services, whenever possible, to donate venues for training and staff to bring their own lunch. Work streams will be asked, wherever possible, to identify local leaders to deliver training and support ongoing activities such as peer review. While this a cost to services (time spent training is time not spent in practice), reciprocity occurs because these services also gain from their staff attending training provided by others, and improving their practice.

RECOMMENDATION

That the MRB, Clinical Council, Consumer Council and the HBDHB Board:

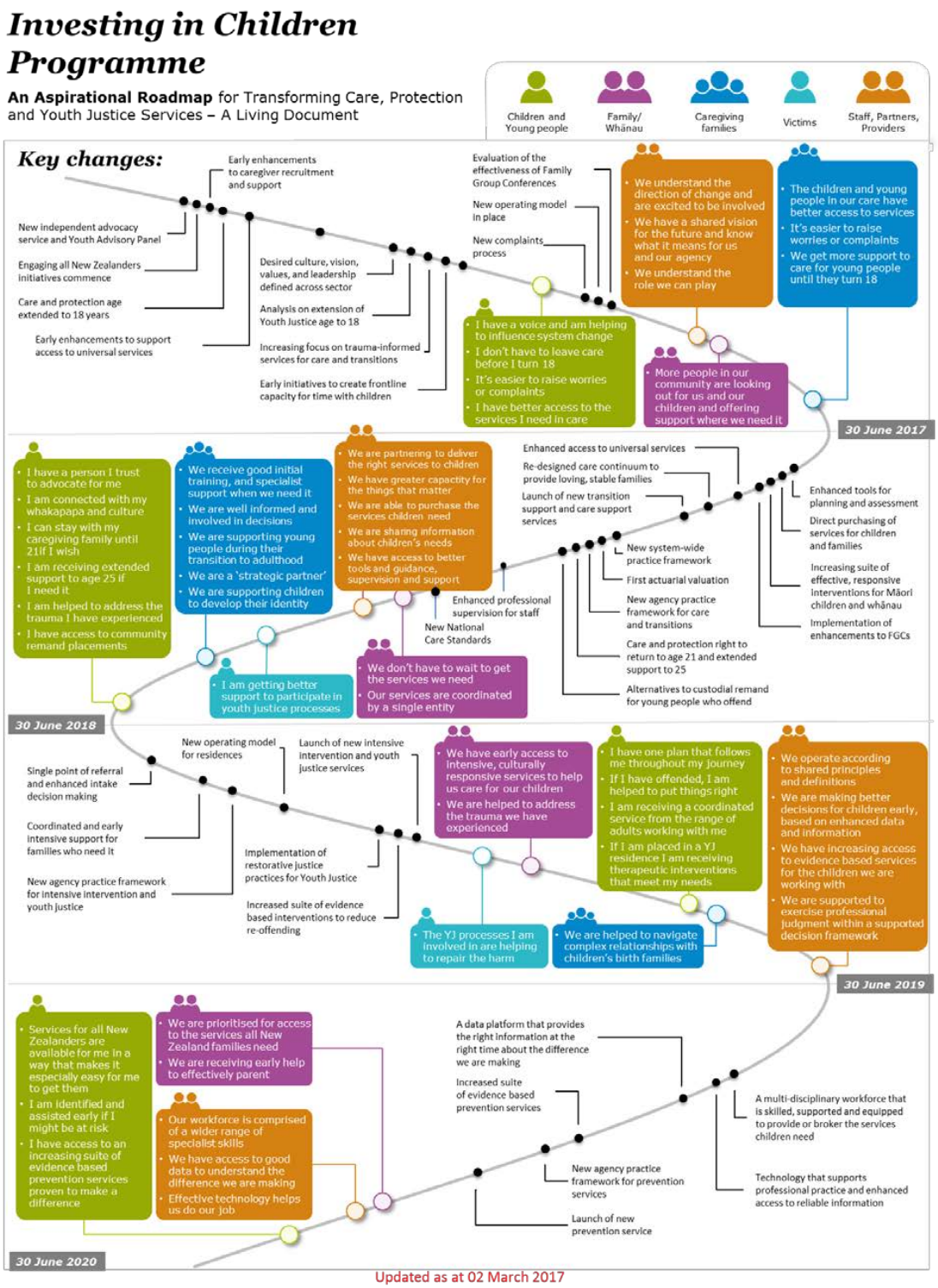
- **Note** the progress of the Ngātahi Project in the second year.

Appendix 1: Agencies/Services Participating in the Ngātahi Project

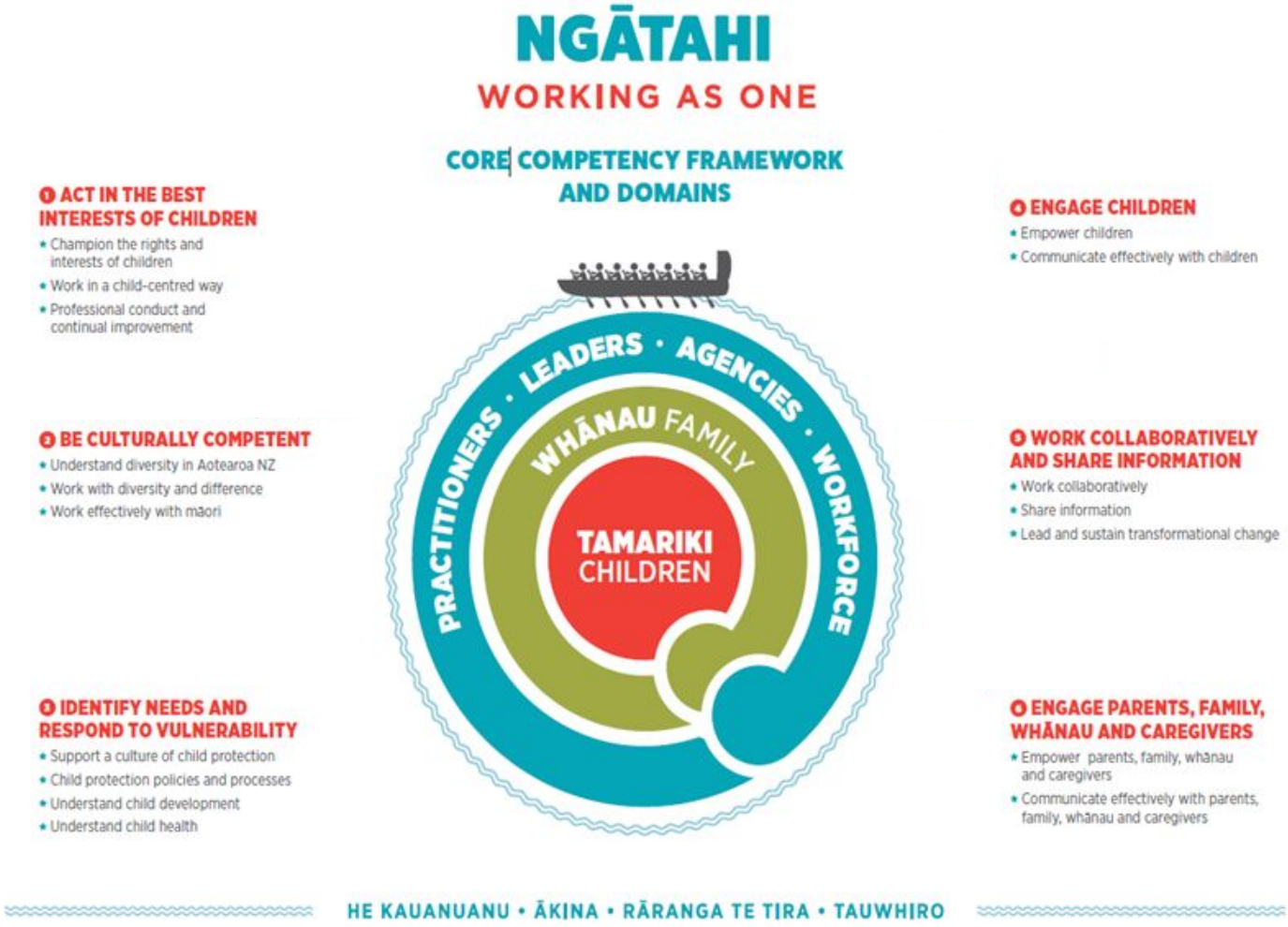
1 HBDHB – Child Development Service (CDS)
2 HBDHB - Child, Adolescent & Family Service (CAFS)
3 HBDHB – Family Violence & Child Protection Programme
4 HBDHB – NASC
5 HBDHB - Public Health Nurses
6 HBDHB – Te Ara Manapou (Parenting & Pregnancy Service)
7 Te Kupenga Hauora
8 Roopu a Iwi
9 NZ Police
10 Youth Horizons
11 Ministry of Education
12 Birthright HB Child & Family Care
13 Napier Family Centre
14 Ikaroa Rangatahi
15 Ministry for Vulnerable Children Oranga Tamariki (Napier)
16 Awhina Whanau Services
17 Open Home Foundation
18 Resource Teachers- Learning & Behaviour (RTLB)
19 Ministry for Vulnerable Children Oranga Tamariki (Hastings)
20 Directions Youth Health Service
21 Dove Hawkes Bay
22 Family Works
23 Te Taiwhenua o Heretaunga (Mental Health, Tamariki Ora, Family Start)
24 Plunket
25 Wellstop
26 Explore
27 Women’s Refuge

Appendix 2: Investing in Children Aspirational Roadmap

http://www.msd.govt.nz/about-msd-and-our-work/



Appendix 3: Core Competency Framework Summary



[1] https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-children/investing-in-children-report.pdf
[2] Office of the Children’s Commissioner. Final report on the investigation into the death of Riri-o-te-Rangi (James) Whakaruru. Wellington, Office of the Children’s Commissioner, 2000
[3] Office of the Children’s Commissioner. Report of the Investigation Into the Deaths of Saliel Jalessa Aplin and Olympia Maria Aplin. Wellington, Office of the Children’s Commissioner, 2003
[4] Laming Lord. The Victoria Climbie Enquiry. London, HMSO, 2003. http://vcf-uk.org/wp-content/uploads/2010/07/laming-report.pdf
[5] Smith Mel. Report to the Hon. Paula Bennett Minister for Social Development and Employment. Following an Enquiry Into the Serious Abuse of a Nine Year Old Girl and Other Matters Relating to Welfare, Safety and Protection of Children in New Zealand. Wellington, Ministry of Social Development, 2011.
http://www.beehive.govt.nz/sites/all/files/Smith_report.pdf
[6] http://www.werryworkforce.org/real-skills-plus-camhs

HAWKE'S BAY District Health Board Whakawāteatia	**HBDHB Alcohol Harm Reduction Strategy 2017-22 Progress Report**
	For the attention of: **Māori Relationship Board, HB Clinical Council, HB Health Consumer Council and the HBDHB Board**
Document Owner	Bernard Te Paa, Executive Director Health Improvement & Equity
Document Author(s)	Rachel Eyre, Medical Officer of Health Rebecca Peterson, Acting Team Leader/Population Health Advisor
Reviewed by	Chris Ash, Chair Alcohol Harm Reduction Steering Group; Alcohol Harm Reduction Steering Group; Laurie Te Nahu, Health Gains Advisor ; Rowan Manhire-Heath, Population Health Advisor and the Executive Management Team
Month/Year	February 2019
Purpose	The Board requested six monthly progress reports to Clinical Council. This report provides an overview of progress and changes impacting on the HBDHB Alcohol Harm Reduction Strategy.
Previous Consideration Discussions	Alcohol harm reduction position statement (Nov 2016), steering group establishment and strategic framework and priorities were endorsed in September 2017.
Summary	*Work delivered under the Alcohol Harm Reduction Strategy involves a range of activities (Refer to Appendix One) :* • *addressing the drivers of alcohol use* • *shifting attitudes towards alcohol* • *limiting availability and exposure* • *providing appropriate and accessible health service response to alcohol harms* *Whilst health services response to alcohol harm, particularly alcohol screening and brief intervention (SBI) was identified as a priority, progress has been slow. Population Health have achieved a number of successes in relation to intersectoral action and community engagement detailed in this report.*
Contribution to Goals and Strategic Implications	This work contributes to the following: Hawke's Bay DHB Alcohol Harm Reduction Strategy 2017-2022 Joint Alcohol Strategy (2017) across Napier City and Hastings District Councils – HBDHB is a key stakeholder Improving health equity – note: Māori experience more harm from alcohol overall than non-Māori. Evidenced by higher hospitalisations wholly attributable to alcohol. System Level Measure/HBDHB Annual Plan (2018-19) - Youth are healthy, safe and supported; ED alcohol presentations for 10-24 year olds. Clinical Services Plan - primary and community care future vision encompasses relevant and holistic approaches to mental wellbeing including addiction issues.

	Social inclusion /REDS/ Matariki – to reduce the negative impact of drug use on individuals and their whanau /reduce the rate of violence experienced by individuals and whānau.
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity for Māori and Pasifika using targeted (e.g. social supply to youth project in Wairoa) and universal approaches with greater proportional impact on the most vulnerable (e.g. reducing availability / 'alcohol and schools don't mix' initiative, monitoring licence applications, supporting community to oppose licences in high deprivation areas). Equity measures / tools will be applied to individual initiatives and programmes as they are planned and implemented.
Consumer Engagement	Steering Group membership includes Consumer Council and Youth Council members.
Other Consultation /Involvement	Steering Group membership includes provider services – Medical, Community Women and Children, Maternity, Mental Health, Primary Care Directorate, Health Improvement & Equity Directorate including Public Health, Māori and Pacific health leadership and youth representation. Hawke's Bay DHB and Health Hawke's Bay designed an Alcohol Screening & Brief Intervention Survey disseminated widely to health services and general practice. Results were shared with the Steering Group and will inform next steps. Community mobilisation project (see "shift attitudes to alcohol" section).
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

It is recommended that MRB, Clinical Council, Consumer Council and the HBDHB Board:

1. **Note** the substantial activity led by population health.
2. **Note** the new landscape to obtain buy-in from Clinical Services using a broad based social harm reduction approach, especially for screening and brief intervention.
3. **Approve** the next steps.

HBDHB Alcohol Harm Reduction Strategy 2017-22 | Progress Report

Author(s): **Designation:**	Rachel Eyre, Medical Officer of Health Rebecca Peterson, Acting Team Leader/Population Health Advisor
Date:	**February 2019**

OVERVIEW

A Position Statement on reducing alcohol-related harm was adopted by the HBDHB Board in November 2016. In September 2017 the Board endorsed the alcohol harm strategic framework (refer to Appendix One) and priorities and supported the establishment of a steering group reporting to Clinical Council. The strategy informs a broad programme of work including public health regulatory functions under the Sale and Supply of Alcohol Act 2012, intersector activities, work in key settings e.g. schools, sports clubs and community led initiatives e.g. social supply. The Steering Group agreed to focus initially on reviewing and improving the health service response to alcohol-related harm in the form of screening and brief advice (SBI)[1]. Due to competing pressures, limited resourcing and capacity for clinical leadership this component of the programme of work has not progressed.

System-wide solutions are currently being sought to resolve how alcohol harms can best be addressed by our DHB, alongside a number of other 'social harm' issues, which may have more political traction and community/stakeholder resonance. This should be balanced against the need to maintain focus on alcohol related impacts on the community.

REPORTING ON PROGRESS

Below is a summary of the highlights for each of the Plan's four objectives on the activities to date. Refer to Appendix Two for a summary on the progress on implementation of the Alcohol Harm Reduction Strategy.

1) Address underlying drivers of alcohol use

Population Health and Māori Health (Health Improvement & Equity Directorate) advocate for strong policy levers to reduce alcohol-related harm through the writing of submissions that target Central and Local Government. The following submissions have been completed over the past year

- Joint Alcohol Strategy (Napier City and Hastings District Councils)
- Energy Labelling of Alcohol Beverages
- Sale & Supply of Alcohol (Renewal of Licences Amendment Bill (No 2)
- Tax Working Group on 'The future of tax'
- Mental Health & Addictions Inquiry

The interim outcome for the Tax Working Group is yet to be confirmed, with recommendations made to include reviewing the rate structure of alcohol excise with the intention of rationalising and simplifying it. This will continue to require public health input.

[1] SBI has proven to be an effective prevention intervention, particularly in primary care. It is demonstrated to be effective for young people, men, pregnant women and general populations. It has also shown to be cost effective in the ED. (full references available on request)

The Mental Health & Addictions Inquiry report has delivered strong recommendations regarding alcohol reform; most importantly for Government to take a bolder approach to the sale and supply of alcohol. Reference has been made to the recommendations laid out in the New Zealand Law Commission's report in 2010, including to:

- Increase the price of alcohol through excise tax increase
- Regulate promotions that encourage increased consumption or purchase of alcohol
- Regulate alcohol advertising and sponsorship
- Increase the purchase age of alcohol to 20 years
- Reduce availability, such as the hours that licenced premised are open or the proliferation of outlets.

Internally, Population Health have made recommendations to the current HBDHB's Drug and Alcohol Free Policy (2014) including provision of alcohol at the Hawke's Bay Health Awards. Additional to this, the DHB Communications team were also provided with feedback on the proposed questions within the HB Health Awards survey. The outcome was to allow alcohol to be sold at the event but no longer provided free.

2) Shift attitudes towards alcohol

Community mobilisation workshops have been delivered to a range of community leaders with the aim of increasing knowledge and understanding of the Sale and Supply of Alcohol Act 2012, targeting Māori and high deprivation communities, informing them on how they can have more say. Following this, the HBDHB population and public health staff designed an Alcohol Networks e-newsletter that has an extensive distribution list, keeping the audience abreast of opportunities, hot topics and research findings.

Public Health staff have requested Hastings District Council to make licence applications more visible to communities by asking for placement of these on their website and further work of this nature is planned e.g. designing an alcohol harm reduction advocacy toolkit for community. This is in response to a Hawke's Bay community survey data gathered in 2015, indicating people wanted fewer bottle stores, more alcohol free events and entertainment and shorter alcohol outlet hours. Another joint activity across Population Health, Māori Health and the Child Development Services included a presentation to Kahui Kaumatua on alcohol licensing and availability.

3) Limit availability and everyday exposure

Alcohol and schools don't mix: Young people and under age exposure literature review was presented and endorsed by HBDHB Board in May 2018. The intent was to provide evidence on exposure to alcohol and harms to young people and share data around special licence applications made by schools over the past few years. The proposed outcome of the project was to work more closely with the education sector to advance a whole of school approach to alcohol. The target is to have no schools applying for alcohol special licences for fundraising events where minors are present.

Subsequently, the Population Health alcohol team has developed and publicised widely the *Healthy Events and Fundraising Guide* and planned and delivered a comprehensive 'Alcohol and Schools Don't Mix' Communication and Risk Management Plan. The success of the latter piece of work was strong clinical leadership, an evidence base, tools to support schools and encourage effective communication.

The 'Alcohol and Schools Don't Mix' report and a subsequent school special licence opposition (Port Ahuriri School Food and Music Festival) received significant media attention and provided an opportunity for our DHB to show leadership nationally. We received national support from the Health Promotion Agency, Ministry of Health and the current Children's Commissioner. Dr Russell Wills was our front-line champion who was interviewed extensively in the media. The DHB continues to work with the Child Health Team, Ministry of Education and Ministry of Health to support alcohol-free schools. A presentation on alcohol and young people was made to the Secondary Schools Principals Association. Preliminary data suggests a high proportion of schools in Hawke's Bay have now developed an alcohol policy.

Reducing the availability of, and exposure to alcohol in our highest needs communities, is a core activity for the Population Health alcohol team. A recent example of this work is the Medical Officer of Health's opposition to a new off-licence store in a high deprivation suburb of Hastings (Akina, Parkvale). Opposing such a licence application requires comprehensive research and data analysis and working with the community to ensure their views are heard. The decision has been to allow this particular off-licence with an expectation of closer monitoring by Police. This decision is now being appealed by the Medical Officer of Health to the Alcohol Regulatory Licensing Authority.

The 'One for One' host responsibility campaign (encouraging one non-alcoholic drink/preferably water for every alcoholic beverage) has been successfully transitioned to a more sustainable model. The Hawke's Bay Hawks Basketball Club and Church Road Winery have both shown leadership by using promotional material (flags, bar mats, poster, and hand sanitisers) during season events. The Hawks also instituted an 'alcohol-free family zone'. In addition, the Napier City and Hastings District Councils' Joint Alcohol Strategy Reference Group (of which the DHB are a key member) are currently progressing a project to create branding to promote an increase in 'alcohol-free events' and 'alcohol-free family zones' at events. This project is funded by the Health Promotion Agency's 'Community Action on Alcohol Partnership Fund'.

Discussions have occurred at CEO level across local government and with local MPs, Police, HBDHB executives and Medical Officer of Health raising concerns around the ineffectiveness of the current legislation, especially in regards to the Local Alcohol Policy process at minimising alcohol-related harm. All four of our territorial authorities have Local Alcohol Policies with variable status. Concerns have also been raised identifying mechanisms to increase quality data collection and community voice and to influence legislative change e.g. increasing excise tax and reducing marketing (especially via digital media targeting young people). A Private Members Bill is currently being drafted that would dispense with the LAP appeal process.

The tri-agencies (Police, Councils, Health) are holding discussions on how the licensing process is working and how we engage more effectively to reduce alcohol related harm through our joint agency working. A Joint Agency Protocol / Memorandum of Understanding is being considered.

4) Providing appropriate and accessible health services

To raise awareness, engage health services and identify workforce needs regarding alcohol screening and brief intervention, the Steering Group requested we administer a health sector wide screening and brief intervention survey. We partnered with Health Hawke's Bay to design a survey and disseminated this via Survey Monkey across health services and general practices (maternity and the child development service were excluded as they were surveyed in 2017). Findings endorsed the level of concern regarding alcohol harm from health services, with over 72.5% either very or extremely concerned about alcohol related harm. Refer to appendix three for detailed findings.

General practice (Health Hawke's Bay) screening & brief intervention

Health Hawke's Bay are working to review and update alcohol screening and brief intervention patient dashboard. Discussions are underway on adapting the Whanganui PHO's dashboard, revising resources, tools and referral pathways. Testing with initial practices will occur before wider rollout.

Workforce development

The Health Promotion Agency (HPA) are in discussion with the Ministry of Health and Matua Rāki to review how best to provide screening and brief intervention information and training to the health sector. This work will involve a review of what is currently available, what is missing and what could be better packaged for delivery at a local or national level. There will be an opportunity for HBDHB to act as a pilot site, informing and testing the design of this information including content and format. An integrated approach that achieves consistent messaging about alcohol and other drug harms and how to minimise these harms for whānau is essential.

Integration
It has been proposed that we facilitate alcohol screening and brief intervention across clinical services. The context is that we are facing competing health service and resource pressures, with strategic perspectives to take an integrated "social harm reduction" approach to address a range of harms such as alcohol and other drugs, family violence, suicide prevention and smoke free. The conversation was raised at the Steering Group in November 2018 and there was general support for an integrated approach. Further discussions will be required to understand the implications of an integrated approach, in particular, the impact this may have on implementation of the HBDHB Alcohol Harm Reduction Strategy.

To explore integration as well as continue to implement the strategy, we propose to take opportunities at both the management and operational level to join across other harm prevention initiatives, with a view to develop an integrated, whānau centred approach. This will result in regular meetings between coordinators to explore through joint planning, agreed shared measures/outcomes and initiatives, linking key messages and workforce opportunities. This will require discussion as to which groups are best brought together and what the synergies might be and how the various interest groups will be represented. We will need to understand what mix of topic-specialist and strategic expertise will be required, what level of mandate and decision making around use of resource/commissioning. Clarity will be required to understand how any changes to structure will enable more effective and efficient use of resources at all levels to optimise health gain. Overall management of this work will continue to be overseen by the Executive Director, Heath Improvement and Equity.

The opportunity to connect with local place based initiatives will allow more community development approaches that are positive and asset based and which are meaningful to the communities who are most affected. At the same time there may be merit in forming an overarching group to consider an integrated approach to screening (e.g. for domestic violence, depression, alcohol and tobacco use).

In addition, the need for our collective leadership, advocacy for policy change and systems change are essential to make real progress, aside from identifying service solutions. The wider political context is important across a number of commercial determinants of health through the marketisation of alcohol, tobacco and unhealthy food, driving our current increase in long term conditions.

Leadership
At a local level, there are two key areas for our DHB to lead and influence. Firstly, there is evidence based public health/population preventive initiatives that in essence support the policy changes advocated by the Law Commission. Secondly, there is the more bio-medical early intervention and treatment related aspects, such as improving access to screening, brief intervention and treatment options to cater from mild through moderate to serious addiction issues.

Health professionals need to have an increased awareness of alcohol harms as a health issue so that they can support both areas. For the second, health professionals need to be comfortable to have the conversation about alcohol as a normal part of patient and whānau interaction, akin to the smoking question and brief advice introduced over 20 years ago. Professional development, screening tools and referral pathways need to be developed to support a better co-ordinated early intervention approach, resource for which will need to be sourced. It is noted that smoking cessation has had significant funding attached, while alcohol SBI is still under-resourced.

By investing in both population prevention strategies and early intervention for individuals there is the opportunity to reduce the costs to our DHB (conservative estimate of $3 million in 2016 due to bed days only from wholly attributable conditions and not injuries). This allows us to prevent hospitalisations due to the 200+ acute and chronic conditions related to alcohol. A significant benefit from reducing alcohol harms is to reduce the social costs and misery to families and whānau caused by inappropriate alcohol consumption, enabling safer communities for all.

(Note: Harms from alcohol outweigh all other drugs and harms to others outweighs harm to self[2] and Berl economist Ganesh Nana has estimated that alcohol harm costs the country $7.85 billion a year, including factors such as unemployment, the labour market, the costs on the court and health systems and road crashes[3]). Working more closely with Police in particular will strengthen what we do for community gain and currently we are exploring how we can improve our sharing of data.

WIDER CONTEXT

Consideration is now being given by EMT members to consolidate work across a number of areas within the wider context of social harm, whilst ensuring that the work on alcohol harm is not side-lined. Recent results have identified alcohol as the leading cause of health loss (from death and disability) in New Zealand adults, age 15-49 years. It is estimated that approximately half of serious violent crimes are related to alcohol and it is well known that alcohol is a risk factor for suicide through either acute intoxication or through the effects of heavy chronic use, especially among young men. Recent results from the NZ Health Survey demonstrate that Hawke's Bay hazardous drinking levels are still significantly higher than nationally (one in four adults, compared to one in five in New Zealand as a whole) and amongst the highest in the country.

It is also highly important to note the Treaty of Waitangi WAI 2575 Health Services Outcomes Kaupapa Inquiry[4] claim is currently progressing through the Waitangi Tribunal. Stage two will address alcohol or *waipiro* (alcohol was referred to as 'stink water' by Māori) as a key factor driving social, health and economic inequities between Māori and non-Māori. The claim cites a breach of the Treaty of Waitangi as a result of the Crown's failure to enact the recommendations made by the Law Commission report in 2010. In particular, increasing the price of alcohol, raising the drinking age to 20 and restricting alcohol advertising and sponsorship. The claimants objected to the Government failing to ensure the Sale and Supply of Alcohol Act was consistent with the Treaty of Waitangi. This hearing is expected to begin from mid-2019.

NEXT STEPS

1. The Steering Group and programme manager to continue to maintain focus on reducing alcohol harms, while discussing and developing a perspective to broaden its focus to include a range of harms.
2. Continue to progress with Health Hawke's Bay screening and brief intervention programme.
3. DHB leadership to support the continuation of the Alcohol Harms Steering Group (or its equivalent) to oversee progress on Alcohol Harm Reduction Strategy implementation including its structural position within the organisation.
4. Seek input from the Clinical Council and governance groups on how best to implement SBI and achieve health services engagement.
5. Continue to prioritise the target populations as identified within the Strategy (children and young people, pregnant women, Māori, Pacific, high deprivation populations).

[2] King, L., Nutt, D., & Phillips, L. (2010) *Drug Harms in the UK: a multicriteria decision analysis.* The Lancet, Volume 376, 1558-65.
[3] https://www.radionz.co.nz/news/national/364192/higher-alcohol-tax-needed-to-reduce-harm-economist
[4] https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/

RECOMMENDATION

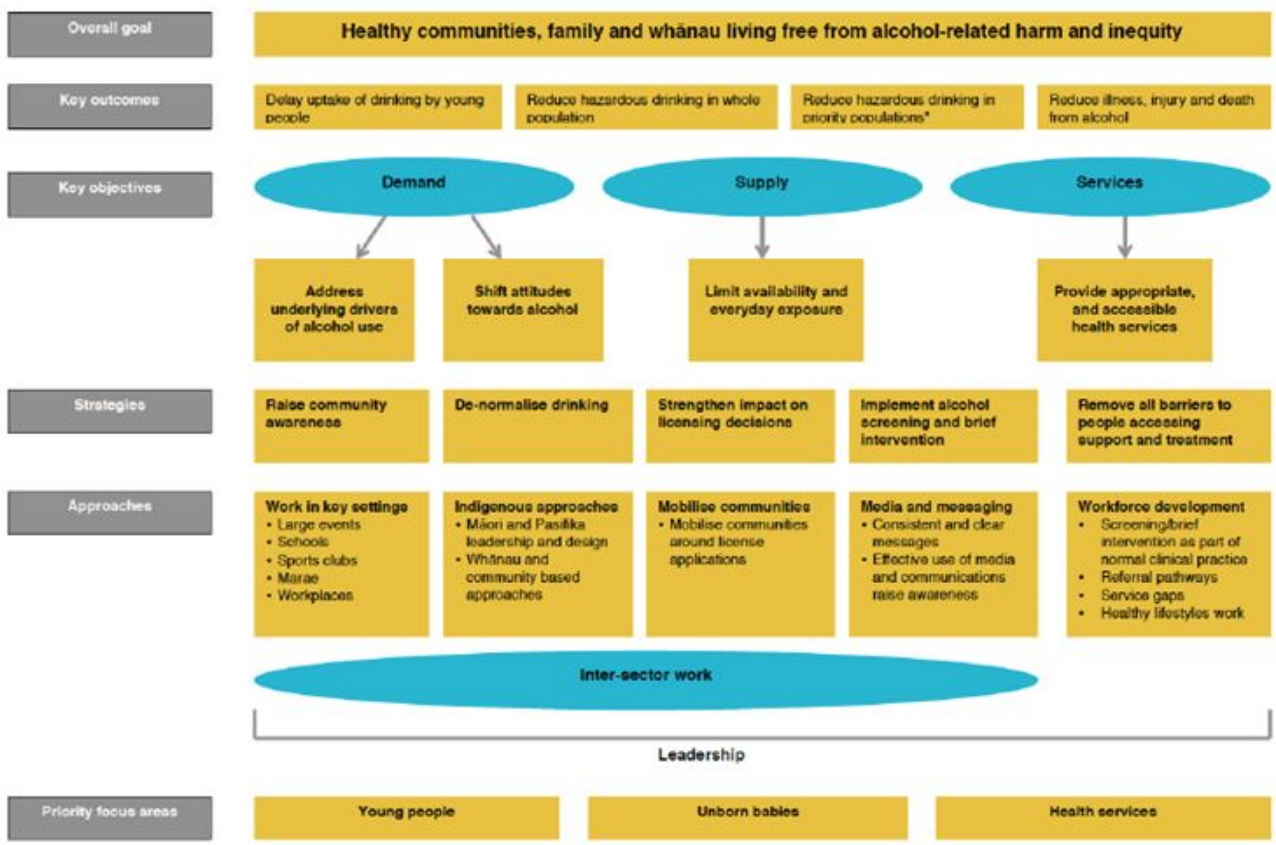
It is recommended that MRB, Clinical Council, Consumer Council and the HBDHB Board:

1. **Note** the substantial activity led by population health.
2. **Note** the new landscape to obtain buy-in from Clinical Services using a broad based social harm reduction approach, especially for screening and brief intervention.
3. **Approve** the next steps.

ATTACHMENTS

- Appendix One: Hawke's Bay District Health Board Alcohol Harm Reduction Strategy 2017-2022
- Appendix Two: Alcohol Harm Reduction Strategy Progress Report Summary Table
- Appendix Three: The place of Alcohol in Schools: Alcohol & Young People Report and Communications Plan (available on request)
- Appendix Four: Hawke's Bay Alcohol Screening & Brief Intervention Survey 2018 Findings (available on request)

Appendix One: HBDHB Alcohol Harm Reduction Strategic Framework and Timeline



* Priority populations: Young people, Māori, Pasifika, Pregnant women

HBDHB Alcohol Harm Reduction Timeline 2016- 2019

Activity	**Date**
"First" DHB alcohol strategy planning workshop with key DHB alcohol stakeholders (subsequently referred to as 'Alcohol Advisory Group')	4 Feb 2016
Second meeting of Alcohol Advisory Group	21 March 2016
Production of video clip to support Position Statement https://vimeo.com/174437689	April-June 2016
Dr Paul Quigley presented to HBDHB Grand Round on screening and brief intervention in the Wellington Emergency Department	May 2016
Professor Jennie Connor and Doug Selman visit to Hawke's Bay on causal relationship between alcohol and cancer	Aug 2016
Presentations to DHB committees (two rounds) including Issues/Discussion paper followed by a draft Position Paper	June-Sept 2016
Fetal Alcohol Awareness Day - awareness raising by HBDHB	Sept 2016
DHB Board adopts Position Statement	Nov 2016
Alcohol Advisory Group reconvened to oversee stakeholder engagement process and strategy development	2 May 2017
Stakeholder engagement process	May/June 2017
Alcohol Advisory Group meeting to review results of stakeholder engagement process	7 June 2017
Stakeholder workshop – stakeholder engagement results and draft strategic framework presented	5 July 2017
Strategy to DHB Committees and Board for approval	July/Sept-2017
Steering Group formed	December 2017

Appendix Two: Alcohol Harm Reduction Strategy Progress Report Summary Table

OBJECTIVE 1: ADDRESS UNDERLYING DRIVERS OF ALCOHOL USE (POLICY, LEGISLATION)		
Progress	**Activity**	**Progress**
	• Submissions focused on policy reform e.g. alcohol advertising, sponsorship and taxation • HBDHB Alcohol & Drug Policy review • HDC alcohol licence applications notification on website	• 5 alcohol specific submissions completed • Policy control group received feedback *Led by Health Improvement & Equity Directorate*
Planned	• HBRC removal of alcohol advertising from public buses and support positive messaging • Ethics of association policy for the DHB to demonstrate leadership • Submit on private Members Bill removing LAP appeal rights (if drawn)	*To be led by Health Improvement & Equity Directorate (primarily Population Health)*

OBJECTIVE 2: SHIFT ATTITUDES TOWARDS ALCOHOL (COMMUNITY INITIATIVES)		
	Activity	**Progress**
Progress	• Mobilising communities project – workshops for communities to learn about the licensing process • Alcohol networks e-newsletter • Social supply community action project *Te Wairoa He Hāpori Haumaru*	• 12 workshops held with range of agencies and/or groups • 4 newsletters, distribution list • Rangatahi programme, whānau hui, alcohol free events e.g. Wairoa Sports awards, Wairoa A& P show *Led by Health Improvement & Equity Directorate (primarily Population Health)*
Planned	• Community Advocacy Guidelines • Māori wardens project • Samoan Rugby Club initiative • *Te Wairoa He Hāpori Haumaru* Whānau champions project planning • *Pre-testie bestie* localisation campaign	*To be led by Health Improvement & Equity Directorate*

Objective 3: Limit availability and everyday exposure (Settings e.g. schools, events…)		
	Activity	**Progress**
Progress	• Alcohol and schools don't' mix: young people and under age exposure report and presentations including to Secondary School Principals • Port Ahuriri School special licence opposition • Bottle-O new licence opposition • One for One host responsibility campaign at large and small events • Data and public health expertise provided for all territorial authorities developing and negotiating Local Alcohol Policies (LAP) • CEO discussions across territorial authorities, police, MP's, HBDHB executives and Medical Officer of Health regarding the ineffectiveness of the LAP process in limiting harms of alcohol	• Endorsed by Board; Communication & Risk Management Plan • Schools fundraiser guide • National support from Health Promotion Agency, Ministry of Education, Ministry of Health, Children's commissioner, Primary Principals Association (HB) Chair • One for One collateral accessible and promoted as part of the host responsibility licensing process • Wairoa District Council LAP in draft; Central HB LAP approved; Hastings and Napier LAP appealed, negotiations underway *Led by Health Improvement & Equity Directorate (primarily Population Health)*
Planned	• Alcohol free events project (Joint Alcohol Strategy Project-NCC / HDC)	*To be led by Health Improvement & Equity Directorate (primarily Population Health)*

Objective 4: Providing appropriate and accessible health services		
	Activity	**Progress**
Progress	• Steering Group formed, Terms of Reference agreed priority to focus on health services response to alcohol harm reduction • Screening & brief intervention survey • Health Hawke's Bay refreshing dashboard for general practice screening and brief advice • Working with Maternity services to review the Alcohol & pregnancy "*top 5 for my baby to thrive'* messaging to include zero alcohol	• 5 meetings since Dec 2017. Inconsistent chair / leadership during this time • Survey findings shared with Steering Group, inform future activity • Updated messaging, to be socialized *Led by Health Improvement & Equity Directorate (primarily Population Health)*
Planned	• Primary care screening & brief intervention workforce development plan – delivered in the community • Communication plan to ensure consistent messaging across health services • Alcohol Activation Wall 'ease up on the drink' campaign • Potential for health practitioner awareness raising campaign such as Dry July, Sober October	*To be led by Health Hawke's Bay* *To be led by Health Improvement & Equity Directorate (primarily Population Health)* *To be led in partnership between Health Improvement & Equity Directorate (primarily Population Health) & Emergency Department* *To be led by People and Quality with Health Improvement & Equity Directorate support*

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:

16. Minutes of Previous Meeting (Public Excluded)

16.1 Clinical Council November Board Report

17. Matters Arising – Review of Actions

18. Clinical Risk Management – Provider Services Risk Register

19. Topics of Interest – Member Issues / Updates

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).