



Hawke's Bay Clinical Council Meeting

Date: Wednesday, 8 November 2017

Meeting: 3.00 pm to 5.30 pm

Venue: Te Waiora Meeting Room, District Health Board Corporate Office,
Cnr Omaha Road & McLeod Street, Hastings

Council Members:

Dr John Gommans (Co-Chair)	Jules Arthur
Dr Andy Phillips (Co-Chair)	Maurice King
Chris McKenna	Dr Tae Richardson
Dr Mark Peterson	Dr David Rodgers
David Warrington	Dr Russell Wills
Dr Robin Whyman	Debs Higgins
Lee-Ora Lusi	Anne McLeod
Dr Nicholas Jones	

Apology:

In Attendance:

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

Ken Foote, Company Secretary

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

Kerri Nuku, Māori Relationship Board Representative

PUBLIC MEETING

Item	Section 1 – Routine	Time (pm)
1.	Welcome / Apologies	3.00
2.	Interests Register	
	Section 2 – Decision	
3.	Surgical Services Expansion Project – Increasing Surgical Capacity (Business Case and Presentation) – Rika Hentschel / Anna Harland / Phillip Manoy	3.01

	Section 3 – Discussion	
4.	Clinical Governance - Committees and Advisory Groups (verbal update) – John Gommans / Andy Phillips <ul style="list-style-type: none"> • Structure • Reporting • Support 	3.30
5.	Clinical Services Planning (verbal update) - Tracee Te Huia	4.00
6.	Matariki Regional Economic Development Strategy and Social Inclusion Strategy - Tracee TeHuia/Shari Tidswell	4.10
	Section 4 – Monitoring / Reporting Committees	
7.	Best Start Healthy Eating & Activity Plan – Healthy Weight Strategy - Tracee Te Huia/ Shari Tidswell	4.25-4.40
8.	Regional Tobacco Strategy for HB: 2015–2020 Update – Tracee TeHuia/Johanna Wilson	
9.	Te Ara Whakawaiaora - Smokefree (national indicator) – Tracee Te Huia/Johanna Wilson	
10.	HB Clinical Research Committee (late report / verbal update) – John Gommans	
11.	Clinical Advisory & Governance Committee (verbal report) – Tae Richardson	
	Section 5 – Workshop (facilitated by Ken Foote)	
12.	12.1 Clinical Council Terms of Reference – review 12.2 Clinical Council Annual Plan <ul style="list-style-type: none"> • Review Achievements 2016/15 • Objectives for 2017/18 	4.40
	Section 6 – General	
13.	Minutes of Previous Meeting	5.20
14.	Matters Arising – Review Actions	
15.	Clinical Council Workplan	
16.	Topics of Interest – Member Issues / Updates	
17.	Section 8 – Recommendation to Exclude the Public	

PUBLIC EXCLUDED

Item	Section 9 – General	
18.	Minutes of Previous Meeting	5.25
19.	Matters Arising - Review Actions (nil)	-

NEXT MEETING:
Combined with Consumer Council, Wednesday, 6 December 2017 at 2.30 pm
Lantern Room, Havelock North Function Centre, Te Mata Road, Havelock North



Interests Register
 9 August 2017

Hawke's Bay Clinical Council

Name Clinical Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg 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 - now 20% owned by Southern Cross Primary Care (a subsidiary GP training and standards	Yes	Low
	Royal New Zealand College of General Practitioners	Board member		Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	Daughter employed by HBDHB from November 2015	Post Graduate Year One	Will not participate in discussions regarding Post Graduates in Community Care	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	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
Dr John Gommans (Chief Medical Officer - Hospital)	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
	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)	Immediate Past President and a current 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)	Royal Australasian College of Physicians (RACP), Adult Medicine Division Committee (AMDC)	Member and Chair elect of NZ Committee	RACP represents Physicians in all Adult Medicine specialties across Australasia; the NZ AMD representing those based in NZ	Yes	Low
	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	
Dr Kiri Bird (General Practitioner)	Central Region Quality and Safety Alliance	Member	A network of professionals overseeing clinical governance of the central region for	No	
	Te Timatanga Ararau Trust (Iron Maori)	Partner (Lee Grace) is a Trustee	Health and Wellbeing	Yes	Low - Contract with HBDHB
	Gascoigne Medical Raureka	General Practitioner	General Practice	Yes	Low
	Royal NZ College of General Practitioners	Member	Health and Wellbeing	No	
	Royal NZ College of General Practitioners	Lead Medical Educator in HB	Health and Wellbeing	No	
	Te Ora Board (Maori Doctors)	Member	Health and Wellbeing	No	
David Warrington (Nurse Director - Older Persons)	Te Akoranga a Maui (Maori chapter for RNZCGP)	Member	Health and Wellbeing	No	
	Hawke's Bay Community Fitness Centre Trust	Trustee	Health and Wellbeing	Yes	Low - May potentially request funding from DHB
Dr Tae Richardson (GP and Chair of Clinical Advisory Committee)	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 Committee)	Loco Ltd	Shareholding Director	Private business	No	
	Dr Bryn Jones employee of MoH	Husband	Role with Ministry of Health as Chief Advisor in Sector Capability and Report on CQAC meetings to Council	Yes	Low
	Clinical Quality Advisory Committee (CQAC) for Health HB	Member		No	
	HQSC / Ministry of Health's Patient Experience Survey Governance Group	Member as GP representative		No	
	Dr Bryn Jones employee of MoH	Husband	Deputy Chief Strategy & Policy Officer (Acting)	No	
	Pacific Chapter of Royal NZ College of GPs	Secretary			
David Warrington (Nurse Director - Older Persons)	Ministry of Health - First Specialist Assessment Oversight Group	Member		No	

HB Clinical Council 8 November 2017 - Interest Register

Name Clinical Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg 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
Andrew Phillips (Director Allied Health HBDHB)	Nil	Not Applicable	Not Applicable	No	Nil
Dr David Rodgers (GP)	Tamatea Medical Centre Tamatea Medical Centre City Medical NZ Police Health Hawke's Bay (PHO) initially - from 1 July 2015 under HB District Health Board Advanced Care Planning Urgent Care Alliance National Advisory Committee of the RNZCGPs Health Hawke's Bay (PHO)	General Practitioner Wife Beth McElrea, also a GP (we job share) Director and Shareholder Medical Officer for Hawke's Bay Collaborative Clinical Pathways development Steering Group member Group member Member Medical Advisor - Sector Development	Private business Private business Medical Centre Provider of services for the NZ Police Was the Champion for the initial work, however on 1 July this moved under the HBDHB umbrella (with a community focus). Health and Wellbeing Health and Wellbeing Health and Wellbeing Health and Wellbeing	Yes Yes Yes No No No Yes No Yes	Low. Provides services in primary care Low. Provides services in primary care Low. Provides services in primary care Low. Ensure position declared when discussing issues around the development of urgent care services. Low. Ensure position declared when discussing issues in this area relating to the PHO.
Debs Higgins (Senior Nurse)	Eastern Institute of Technology (EIT) The NZ Nurses Society	Lecturer - Nursing Member of the Society	Education. Provision of indemnity insurance and professional support.	No No	
Anne McLeod (Senior Allied Health Professional)	Aotearoa NZ Association of Social Workers HB DHB Employee Heather Charteris Directions Coaching	Member Sister-in-law Coach and Trainer	 Registered Nurse Diabetic Educator Private Business	Yes Yes Yes	Low Low Low: Contracts in the past with HBDHB and Hauora Tairāwhiti.
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors Australian - NZ Society of Paediatric Dentists	Member Member	Continuing professional development for company directors Continuing professional development for dentists providing care to children and advocacy for child oral health.	No No	
Dr Russell Wills (Community Paediatrician)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates HBDHB employee Mary Wills Paediatric Society of New Zealand Association of Salaried Medical Specialists New Zealand Medical Association Royal Australasian College of Physicians Neurodevelopmental and Behavioural Society of Australia and New Zealand NZ Institute of Directors	Employee Spouse Member Member Member Fellow Member Member	Employee Employee Professional network Trade Union Professional network Continuing Medical Education Professional network Professional network	Yes Yes No Yes No No No No	Potential, pecuniary Potential, pecuniary Potential, pecuniary
Lee-Orla Lusis (Clinical Nurse Manager, Totara Health)	Totara Health and Choices Kahungunu Health Services Hawke's Bay Primary Health Nurse Practitioner Group Hawke's Bay Nurse Leadership Group College of Nurses Aotearoa (NZ) Fusion Group Committee ED High Flyers Totara Health / Youth Contract with Directions	Employee Member / Nurse Practitioner Intern Member Member Representative Representative Employee of Totara Health	Clinical Nurse Manager Professional network Professional network	Yes No No No No No No	Potential, pecuniary
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine Association of Salaried Medical Specialists HBDHB Strategy & Health Improvement Directorate National Information Clinical Leadership Group	Fellow Member Employee Member	Professional network Professional network Employee Professional network	No No No No	
Maurice King (Community Pharmacist)	Napier Balmoral Pharmacist Pharmacy Guild of NZ Pharmaceutical Society of NZ Clinical Quality Advisory Committee (CQAC) for Health HB	Shareholder and Director Member Member Member	Community Pharmacy Representative and negotiating organisation for Pharmacy Pharmacy advocacy, professional standards and training. Independent Advisor	Yes Yes Yes No	Has various contracts with HBDHB to provide pharmacy based services. Low. Ensure position declared when discussing issues in this area. Negotiations on behalf of Napier Pharmacy with HBDHB. Low. Ensure position declared when discussing issues in this area. Low

 HAWKE'S BAY District Health Board Whakawāteatia	Surgical Services Expansion Project Increasing Surgical Capacity Detailed Business Case Briefing Paper
	For the attention of: Hawke's Bay Clinical Council
Document Owner:	Sharon Mason, Executive Director – Provider Services
Document Author(s):	Project Working Group
Reviewed by:	The Project's Clinical Advisory Group and Steering Group
Month:	November, 2017
Consideration:	For Endorsement

RECOMMENDATIONS

That the Hawke's Bay Clinical Council:

1. **Note** that additional surgical capacity is required by 2020.
2. **Endorse** the expansion of in-house capacity by building and staffing an 8th operating theatre and wrap around services, and continued outsourcing (Option 5).
3. **Endorse** the investment of \$12 million for capital costs associated with expanding in-house capacity and to proceed to tender for these capital works.

OVERVIEW

The Surgical Expansion Project is seeking approval from the Board to invest in the Perioperative Unit and supporting wrap around services to enable more surgery to be performed by 2020. This includes:

- re-furbishing the Perioperative Unit
- building an 8th operating theatre
- investing in wrap around services
- recruiting staff to deliver an increased workload

The Detailed Business Case (DBC) expands on the preferred way forward outlined in the Indicative Business Case (IBC) which was approved by the Board in March 2017. It does not seek to completely resolve surgical capacity issues in the longer term or suggest ways in which un-met need within the community might be met. Instead it offers a solution for keeping abreast with growth in surgical demand whilst HBDHB awaits the outcome of The Clinical Service Plan on which long term planning will be based.

BACKGROUND

A concerted effort over the last four years has improved the output from the existing operating theatres where an additional 989 accumulative hours of elective surgery was achieved using existing resources, equating to an 11% improvement. This was gained through a combination of quality improvements geared at reducing late starts, improving turnaround times between patients, and ensuring vacant theatre sessions due to surgeon leave are regularly back filled by substitution. More recently opportunities for improvement have been less pronounced. This is evidenced by a levelling

off of in-house production and an increased reliance on outsourcing to achieve the annual production plan.

Modelling for this DBC suggests there will be continued growth in surgical demand across by acute and elective work underpinned by demographic changes. Acute activity stems from increasing requirements for surgery and the growing clinical complexity of these cases. For example, there have been an extra 337 hours of acute surgery provided over the last 3 years. This restricts the ability of the service to meet elective production which is driven by funding from the Ministry of Health based on their requirements and demographic changes. Combined, elective and acute demand will create a scenario where Hawke's Bay DHB (HBDHB) will have a shortfall of 2,721 funded theatre hours by 2019-20 (the Gap) which roughly equates to an additional 1,500 procedures over and above what is currently done in the existing 7 theatres.

Preferred Option

The IBC outlined a long list of 6 options for how HBDHB could respond to the Gap in a way that can be further built upon once the outcomes of The clinical Services Plan are known. These options were analysed, shortlisted, costed, and a preferred option identified (Option 5). The DBC revisited the same 6 options and re-evaluated them using revised population and scenario modelling and once again Option 5 came out as the preferred option.

The preferred option is made up of a combination of model of care changes, building internal capability and continued outsourcing with the majority of the Gap provided for through increasing internal capability. The foundation of the preferred option is investment in:

- The perioperative unit to enable it to cope with increasing volumes from an 8th theatre and giving consideration as to how these areas might work for up to 10 theatres. This includes pre and post-surgery areas, sterile services and theatre storage.
- Wrap-around services that support theatres also require investment to support increasing theatre production to enable them to cope with increasing volumes

These investments are a combination of additional staff and capital building works backed by model of care and business process changes. The 8th operating theatre is the final deliverable in this sequence of work to ensure the Perioperative Unit and wrap-around services are ready for the additional workload when the 8th theatre opens. These works will pave the way for future theatre expansion in the future at a later decision point.

Consumer Engagement

The driving intention of this project is to work with and for our Hawke's Bay community to increase the number of surgeries provided whilst we await the findings and subsequent long term planning from The Clinical Services Plan. Ensuring we do this in a way that is supportive of how consumer's experience their surgical journey is crucial, for example changing models of care to enhance the revised layout of the Perioperative Unit in a way that is supportive of the consumers experience.

In order to inform the planning for this project consumers have been involved through an online survey posted on the HBDHB Facebook page, paper versions of the survey given to surgical patients and a consumer workshop where the proposed floor plans for the Perioperative Unit and Pre Admissions Clinics were discussed.

A lot of the feedback we have had from consumers on this project to date has been around how well we do or don't communicate with them and their whānau support throughout their surgical journey and therefore changes made to models of care and business processes will focus on improving this. Other feedback has centred around the way in which whānau support are included on the day of surgery such as providing a waiting area for them whilst their loved one is in theatre and private spaces in which whānau can have discussions with surgeons and other staff involved in their loved ones care.

Once the DBC has been approved and the Project moves in to phase 3 implementation, these changes to models of care, business processes and the intended building works will be worked through jointly with consumers and staff to enable the final design to best meet the needs of our Hawke's Bay community in the year 2020 whilst we await the outcomes of The Clinical Services Plan.




CLINICAL GOVERNANCE COMMITTEES AND ADVISORY GROUPS

Verbal Updates



CLINICAL SERVICES PLANNING

Verbal Update

 HAWKE'S BAY District Health Board Whakawāteatia	Matariki Regional Economic Development Strategy and Social Inclusion Strategy
	For the attention of: Māori Relationship Board, HB Clinical Council & HB Health Consumer Council and HBDHB Board
Document Owner:	Tracee Te Huia, ED Strategy, Health & Improvement
Document Author(s):	Shari Tidswell, Intersector Development Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For information

RECOMMENDATION:

That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board

Notes development of the strategies and actions to be delivered.

OVERVIEW

Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 and Social Inclusion Strategy 2017 set out detailed strategies and pathways to action the Matariki goal of "every household and every whānau is actively engaged in contributing to, and benefitting from, a thriving Hawke's Bay economy".

It was clearly identified in 2016 by both Iwi and hapū that to achieve this economic goal, all whānau and communities need to be socially included. Work on an aligned strategy to address the barriers to social inclusion for whānau and communities commenced in August 2016.

Matariki is a truly collaborative effort between iwi and hapū, the business sector, central government agencies, local authorities, community sector and social services. It has been designed in partnership as aspired for in Te Tiriti o Waitangi.

The development of each strategy draws on extensive consultation with a broad range of stakeholders. The Regional Economic Development Strategy (REDS) sought input from representatives in the business and the public sector, which included three wānanga held in Wairoa, Hastings and Masterton. The Social Inclusion Strategy sought input from; community, public, iwi and social services to draft the strategy gaining additional input from whānau and community in the development of the action plan. This included wānanga in Wairoa, Central Hawke's Bay, Hastings and Napier.

Working groups supporting the development of each document – Matariki REDS (Appendix One) and Matariki Social Inclusion Strategy (Appendix Two) – draw on a range of skills contributed by key stakeholders. Both strategies sought and received feedback and endorsement from the Matariki Board.

STRATEGY DEVELOPMENT PROCESS

This is a Te Tiriti O Waitangi based process with clear steps to ensure partnership, protection and participation are reflected in the Strategies and the delivery. Final decision-making and endorsement is provided by the Governance Group for Matariki, which includes joint chairs (Māori and non-Māori) and representation from iwi and hapū. Māori have been an integral part of the development of both Strategies and have provided leadership in the Matariki REDS. As part of this process Iwi and hapū identified that social inclusion is integral for economic development.

The Governance Group endorsed the necessity for a Social Inclusion Strategy. The Intersectoral Leadership Group initiated a structured approach for the region's social wellbeing. Kevin Snee sponsored the Strategy with key DHB staff providing input and support in the Strategy's development. Hastings District Council provided the coordination for this work. Key to the Social Inclusion Strategy was the whānau and community voice. To achieve this, stakeholder and sector engagement was undertaken, followed by further community wānanga to provide opportunity for whānau and community input into the Strategy and action planning.

TIMELINE FOR MATARIKI REGIONAL ECONOMIC DEVELOPMENT AND SOCIAL INCLUSION

Matariki REDS was originally initiated in April 2014 as a refresh of the REDS 2011. The refresh was led by a project team consisting of Business Hawke's Bay and representatives from the five local authorities. A board was formed with members drawn from the CEOs of the five local authorities, business (three), Ngati Kahungunu Iwi Incorporated (NKII), Te Taiwhenua O Heretaunga, HBDHB and EIT.

In August 2015 after extensive consultation (including 80 in-depth interviews and two innovation cafes) a draft strategy was completed. Further work was identified, including engagement with Māori. Central Government representatives from the Regional Economic Growth Programme (MBIE and MPI) then became involved as Hawke's Bay was identified as a key region for government economic development support.

In December 2015 consultation was held with Ngati Kahungunu Iwi Inc., Te Kei o Takitimu and Te Kahui Ohanga (TKO). The outcome was that Maori would participate as equal partners in the development of the strategy and actions plan via; Ngati Kahungunu Iwi Inc, Te Kei o Takitimu and Te Kahui Ohanga. This involved representatives from Te Kahui Ohanga, Te Puni Kokiri, NKII and MSD joining the project team. Te Kahui Ohanga also joined the Matariki Board and currently hold a co-chair position.

After further consultation through wānanga in February and March 2016, a final strategy and action plan acceptable to all partners was completed and Central Government officially launched Matariki REDS in July 2016.

In August 2016 the Intersectoral Leadership Group established a planning group to develop a Social Inclusion Strategy. The planning group members were drawn from the organisations participating in the Intersectoral Leadership Group plus Te Kahui Ohanga.

In September 2016 Haggerty and Associates were appointed to develop the Social Inclusion Strategy conducting a number of interviews with key stakeholder organisations throughout the region.

A draft strategy was presented to and confirmed by the Intersectoral Leadership Group Board in April 2017 and authorised ongoing development of the action plan.

Informed by the findings of the strategy report (from May to July 2017), further consultation took place to gain wider community input into the development of the action plan. This work was led by the planning group.

The Action Plan was completed in October 2017 and presented to the Matariki Board where it was duly endorsed.

The Matariki Board have requested a refresh of the Regional Economic Development Strategy and directed that work to integrate the two strategies and actions plans. Focus is on the integration of the two action plans and the development of a communications plan to inform key stakeholders and the community on the integrated strategy.

Concurrently, proposals are being considered on the appropriate representation for the Matariki Board to ensure that there is equal partnership and that both economic and social sectors are represented.

CHALLENGES

Identifying and agreeing on an effective governance structure

The structure needs to reflect the Te Tiriti o Waitangi partnership aspirations, provide a voice for each of the diverse sectors involved and be able to deliver the guidance and decision-making needed to support and lead the strategies.

Finding the resource and potentially increased capacity needed to deliver each strategy's actions

Many of the actions require specialised skills, additional investment and/or staff resourcing to support implementation. Agencies involved in the project groups implementing actions are often stretching capacity to complete this work on top of business as usual.

Monitoring and delivering 46 REDS and 10 Social Inclusion actions and the associated project groups effectively

Ensuring that the Governance Group have a complete overview of all work being delivered, languishing actions need to be identified and supported ensuring the actions are resulting in change for people in Hawke's Bay with the greatest need.

Māori partners have identified the need to combine the strategies to form one Matariki Strategy

This has been supported by the Matariki Governance Group. This will require additional input to provide a framework which combines economic development and social inclusion; followed by integration of the REDS and Social Inclusion actions to ensure alignment and effective delivery.

The Social Inclusion Strategy includes a focus on socially responsible employers, part of this is the "living wage" concept

Concern has been raised by employers and some business leaders on employer's ability to cover this additional cost.

STRATEGY FRAMEWORK AND ACTIONS

Matariki Regional Economic Development

The following 'Regional Economic Development Pillars' are used to achieve the goal of "every household and every whānau is actively engaged in contributing to, and benefiting from, a thriving Hawke's Bay economy":

- Improve pathways to and through employment
- Identify and support enterprises that want to grow
- Promote greater innovation, productivity and agility
- Become a beacon for inward investment, new business and skilled migrants
- Lead in the provision of resilient physical, community and business infrastructure
- Enhance visitor satisfaction and increase visitor spend

These pillars stand on a foundation of celebrating the world class lifestyle and environment available in Hawke's Bay and champion sustainability socially, economically and environmentally.

There are a total of 56 actions developed to support the pillars; each has a detailed project descriptor, project lead and project group working toward the Matariki goal. (Appendix One and Two). Current projects include Project 1,000 – which is working towards 1,000 young people gaining employment, Driver Licensing – increasing access to full licences and reducing ‘not being licenced’ as a barrier to employment. Projects updates are reported to the Governance Group via a project reporting tool. This tool provides transparency for all Matariki partners to review and monitor progress.

To measure economic progress from REDS the following indicators are used:

- Increase the median household income above the national average
- Accelerate jobs growth, in particular to create 5,000 new jobs in five years
- Raise to the top quartile of New Zealand regions in regional economic performance

MATARIKI SOCIAL INCLUSION

The Social Inclusion Strategy has three themes which capture the consultation feedback, these are:

- Growing socially responsible employment and enterprise
- Preparing people for work
- Whānau, households and communities driving social inclusion

The messages received from whānau and community consultation were that; they must have a voice and be listened to when it comes to the delivery of social support services, there must be a fundamentally different approach taken to how social services are delivered and, participation and collaboration are fundamental to effect delivery of social services. Furthermore, the approach used must include co-design, collaboration and be whānau driven.

The ten actions will be developed into projects and detailed project briefs will provide guidance to project leads. Actions include

- review the way we deliver social services to include a whānau-lead approach
- establish a mechanism that supports a whānau/community voice in decisions that affect them
- plan for affordable and social housing
- support employers to be socially responsible and link career development through compulsory schooling to tertiary education and employment. (Appendix Two)

To move these actions forward, the action plan identifies interim leads who will identify project leads and stakeholders to support the project development and delivery.

Work is required to refresh the Matariki Regional Economic Development Strategy merging this with the Social Inclusion Strategy. This will reinforce the statement from Māori partners in Matariki – “there is no economic development without social inclusion”. The DHB will continue to provide leadership, contribute to the planning work and deliver actions.

CONCLUSION

These strategies are effective tools to support collaboration across government services, social services, hapū, iwi, local government, education, employers and business which is required to shift the Hawke’s Bay to deliver a strong economic development and become a social inclusive region where all whānau can experience

NEXT STEPS

1. HBDHB Board to endorse with feedback provided by MRB, Clinical Council and Consumer Council
2. Integrate relevant components of both strategies into the HBDHB Annual Plan
3. Socialise the strategies with HBDHB and Health Hawke's Bay PHO
4. Use the strategies to inform the new five year strategy for HBDHB
5. Assist the process to merge both strategies to one Strategy as agreed by the Regional CEO Group
6. Agree an intersector outcomes framework regionally

Appendix One

MATARIKI

Hawke's Bay Regional Economic Development Strategy and Action Plan 2016

*'Every household and every whānau is actively
engaged in, contributing to and benefiting from
a thriving Hawke's Bay economy.'*



KO TE KAINGA, KO TE
WHĀNAU TE PŪTAKE; HE
TAU-UTUUTU TE HONONGA
KO TE ŌHANGA O TE MATAU
A MĀUI E PAKARI NEI.





MATARIKI – TE WHETU HERI KAI

The appearance of Matariki is the sign for future prosperity

The rise of Matariki in mid-June marks the Māori new year: a time for celebration, reflection and planning. If it rises clear and bold, then 'He kaihaukai te tau' we expect prosperity in that upcoming year. If it is dim and forgettable, 'He tau nihoroa', a lacklustre year with difficult conditions is in store.

Matariki means three things to this regional economic development strategy. It is its name, its conceptual framework, and the commitment by all partners for robust annual review and refinement. As Matariki has seven stars, the Matariki framework has seven points, each pivotal to maintaining the direction and integrity of the strategy for all the partners and stakeholders. Matariki is also key to ensuring that as a region we orientate ourselves towards the vision: 'Every household and every whānau is actively engaged in, contributing to and benefiting from, a thriving Hawke's Bay economy.'

Matariki Framework for Hawke's Bay Regional Economic Development

Partnership by co-design	Values and worldview underpinning the strategy and its actions are an expression of co-design, and the implementation and monitoring are an inclusive collaboration. A treaty principle.
Outcomes for every household and every whānau	All actions, initiatives and projects in the Action Plan must provide outcomes in line with the vision.
Build our people's capability	There must be an emphasis on developing our people alongside infrastructure, assets and businesses.
Equality	A treaty principle, this requires reflection on who the intended audience and beneficiaries are, and a commitment to that being inclusive and equitable.
Business Growth Agenda 2015 He kai kei aku ringa	Our regional actions are designed to be as consistent as possible with both national economic strategies.
Whai rawa	Optimising assets in a full, holistic and sustainable way.
Pōtikitanga	Developing an enterprise mindset. Driving the thinking that goes behind business growth.

Ā-ROHE, Ā-KĀNOHI

A regional strategy making the most of Hawke's Bay and its people

This document sets out the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 (REDS). We want this strategy to play a real part in economic growth in our region by offering practical guidance to councils, businesses, iwi, hapū, and other organisations and agencies.

Some of the strategy is about practical things that we can – or must – do to help growth. We have a lot of things going for us, and we have to make the most of them. Other parts of it are about the things we have to stop doing, whether it's conflicting interpretation of regulations or needless negativity, because they are getting in the way of growth. We have to be honest about the areas where we're holding people back, and deal to them. Both bits are important.

He toa takitini – A strategy developed in partnership

We're very proud that this strategy is, for the first time, a truly regional strategy, and that it has been designed in partnership, as aspired for in the principles of Te Tiriti o Waitangi. The strategy recognises the overarching frameworks of the Business Growth Agenda (2015) and its six growth areas and the Māori Economic Development Advisory Board's He Kai Kei Aku Ringa (2012) with its six goals.

This strategy involves the public sector at all levels and the private sector of all sizes. Māori partners were represented by Te Kāhui Ōhanga o Takitimu - a collective of Ngāti Kahungunu Iwi and Hapū post treaty settlement groups committed to driving economic development in Hawke's Bay. The strategy is focused on building from the whānau level to generate a healthier, wealthier, more inclusive and fulfilled population. It will only work if we all commit to supporting it and holding accountable the people who agree to deliver their parts of the process.

We need to acknowledge that numerous private, non-governmental and public organisations are already involved with economic development delivery in Hawke's Bay. If we are to achieve higher levels of economic performance and whānau success, their continued involvement in a way that recognises the role of each contributor is vital. So progressive networking between the different contributing organisations will be crucial.

He aronga whānui: he whakamana i te tangata – A strategy that diversifies and empowers

With this strategy, we want to make the most of Hawke's Bay's competitive advantages. We're looking to diversify the economic base of the region. We want to create lasting jobs for our people and to use our resources in a sustainable way.

To do these things, the strategy needs to be clear and succinct, and describe an approach that is workable and collaborative. That way we hope it will encourage buy-in from stakeholders and be something that our region's councils, businesses, iwi, hapū, and other organisations and agencies will use and embrace.

Nā wai, mā wai? – Who worked on the strategy?

A project management team worked on the strategy. They were guided by a governance group that included the Chief Executives of the local and regional councils and representatives from leading private sector, iwi, hapū, educational and health organisations in the region.

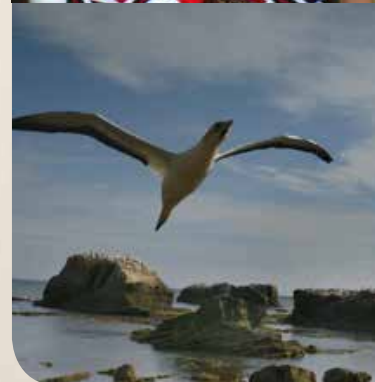
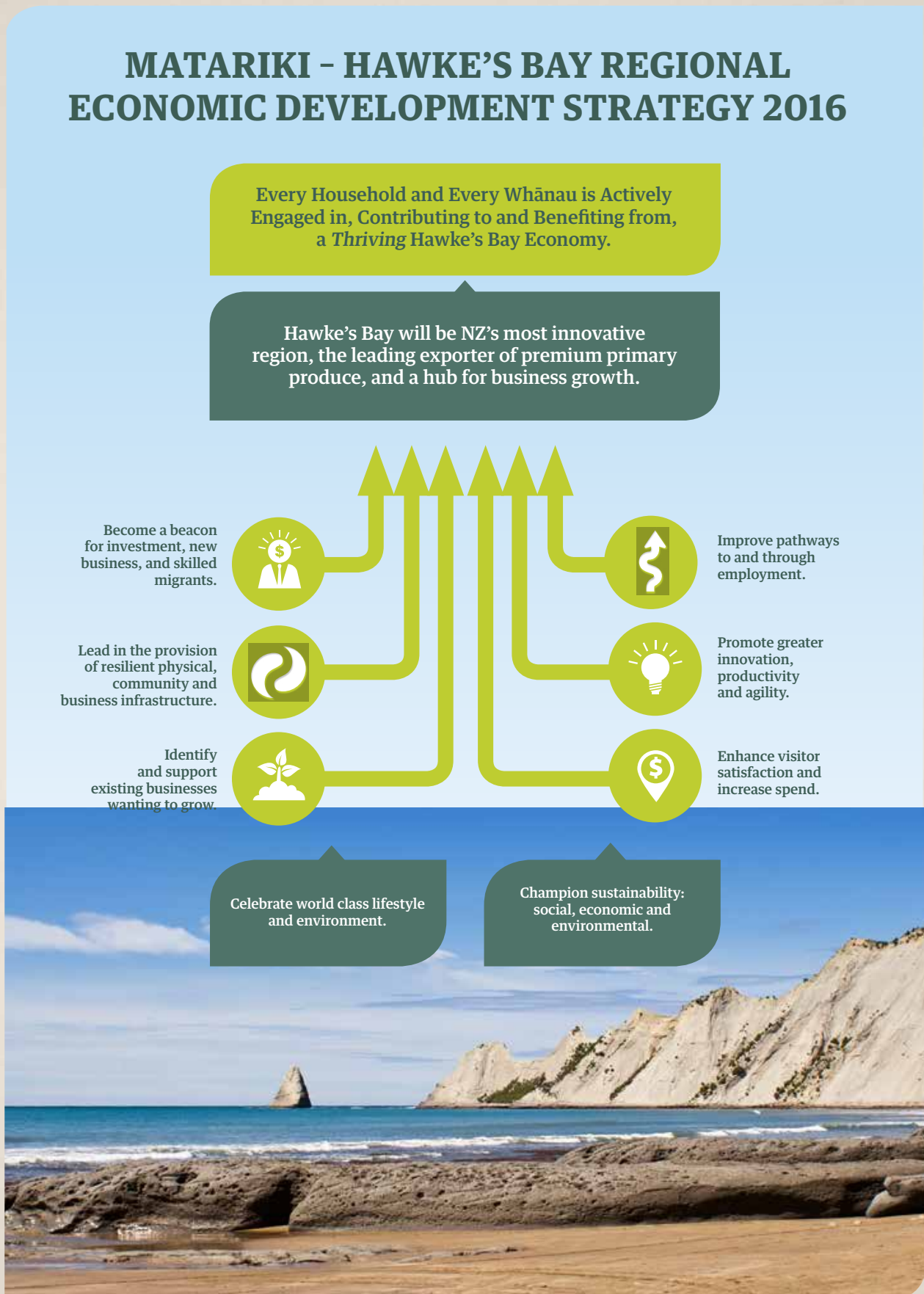


Figure 1: Hawke's Bay Economic Development Framework





OUR VISION:

Every household and every whānau is actively engaged in, contributing to and benefiting from, a thriving Hawke's Bay economy.

We will do this by making Hawke's Bay NZ's most innovative region, the leading exporter of premium primary produce, and a hub for business growth.

Strategic directions

- Improve pathways to and through employment
- Identify and support existing businesses wanting to grow
- Promote greater innovation, productivity and agility
- Become a beacon for investment, new business, and skilled migrants
- Lead in the provision of resilient physical, community, and business infrastructure
- Enhance visitor satisfaction and increase spend

The above strategic directions will be viewed through the lens of 'enabling whānau success' and will collectively require coordinated execution at a regional level.

Goals

- To increase the median household income above the national median, for equitable growth
- To accelerate job growth, in particular to create 5000 net jobs in five years
- To raise to the top quartile of New Zealand regions in regional economic growth and sustain that position long-term

Objectives

- To have a Hawke's Bay-led, government-supported, investment in infrastructure
- To deliver consistent interpretation and communication of rules and regulations to improve the efficiency of regulatory processes across local government within the region
- To establish an enduring private/public economic development delivery model
- To leverage the region's natural advantages to optimise the export value of agribusiness and food and beverage manufacturing, further enhancing the premium positioning and value-add of Hawke's Bay produce
- To build upon and sustainably manage visitor growth
- To foster and support entrepreneurship
- To grow Māori participation in, and benefit from, economic development





THE CONTEXT: THE HAWKE'S BAY ECONOMIC DEVELOPMENT FRAMEWORK

Figure 1 (page 6) shows the strategic economic development framework. The goal of building a more valuable and sustainable export-led economy through diversification is underpinned by six cross-cutting themes that are designed to enhance the economic prosperity of the region. The framework also recognises the region's world-class lifestyle, its environment and the importance of sustainability.

THE CONTEXT: OVERVIEW OF OUR REGION

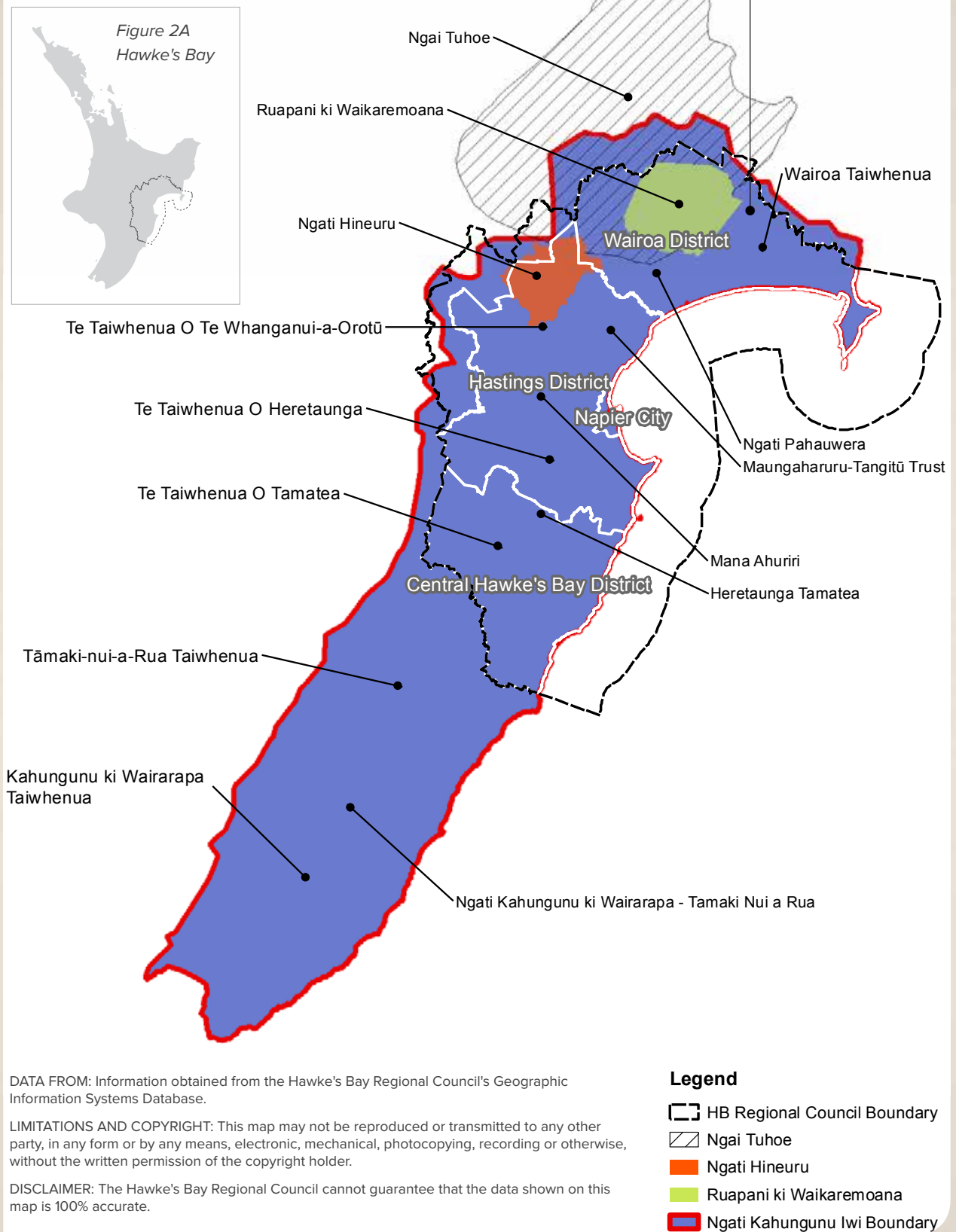
Hawke's Bay is a relatively specialised regional economy with a small, but stable, population. Economic growth is gathering pace – we have a lot of things happening. We still have much to do particularly for our high-needs communities and our children: a third of our children are growing up in poverty and nearly half of Māori under five are living in households that depend on benefits. It is critical that opportunities and benefits of a thriving Hawke's Bay economy be accessed equitably.

Our consultation process for preparing this strategy revealed a regional economy that is expanding and poised to expand further. But we also observed growing constraints and pressures that need urgent attention. The region has a good foundation. As well, potential developments are on the way that, if carried out, are likely to lead to major new opportunities. We also found evidence of rapidly emerging new business activity in a range of service sectors.

The Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 applies to the geographical areas of Central Hawke's Bay District, Hastings District, Napier City, Wairoa District and small parts of Rangitikei District and Taupō District. The boundary coincides with the Hawke's Bay Regional Council (see Figure 2A). The area of focus for Te Kāhui Ōhanga o Takitimu includes Hawke's Bay, but goes beyond its boundaries, spanning the full length of the Ngāti Kahungunu rohe Mai Paritū ki Turakirae, from North of Te Mahia to Southern Wairarapa and linking to other Takitimu waka iwi and into the Pacific. The map provides locations of the different Kahungunu entities, including post treaty settlement groups and taiwhenua (Figure 2).



Figure 2 Geographical Context for the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016





OUR STRATEGIC DIRECTIONS

In the rest of this document we enlarge on each of the strategic directions for the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016:

- Improve pathways to and through employment
- Identify and support existing businesses wanting to grow
- Promote greater innovation, productivity and agility
- Become a beacon for investment, new business, and skilled migrants
- Lead in the provision of resilient physical, community, and business infrastructure
- Enhance visitor satisfaction and increase spend

ACTION PLAN DEFINITIONS:

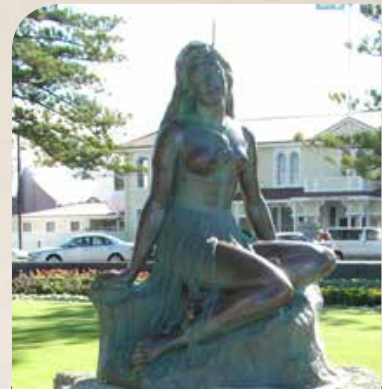
'Lead' The agency held accountable for, and the delivery of, the action.

'Partner' Enabler through co-design, participation in, and support of, the implementation of the action.

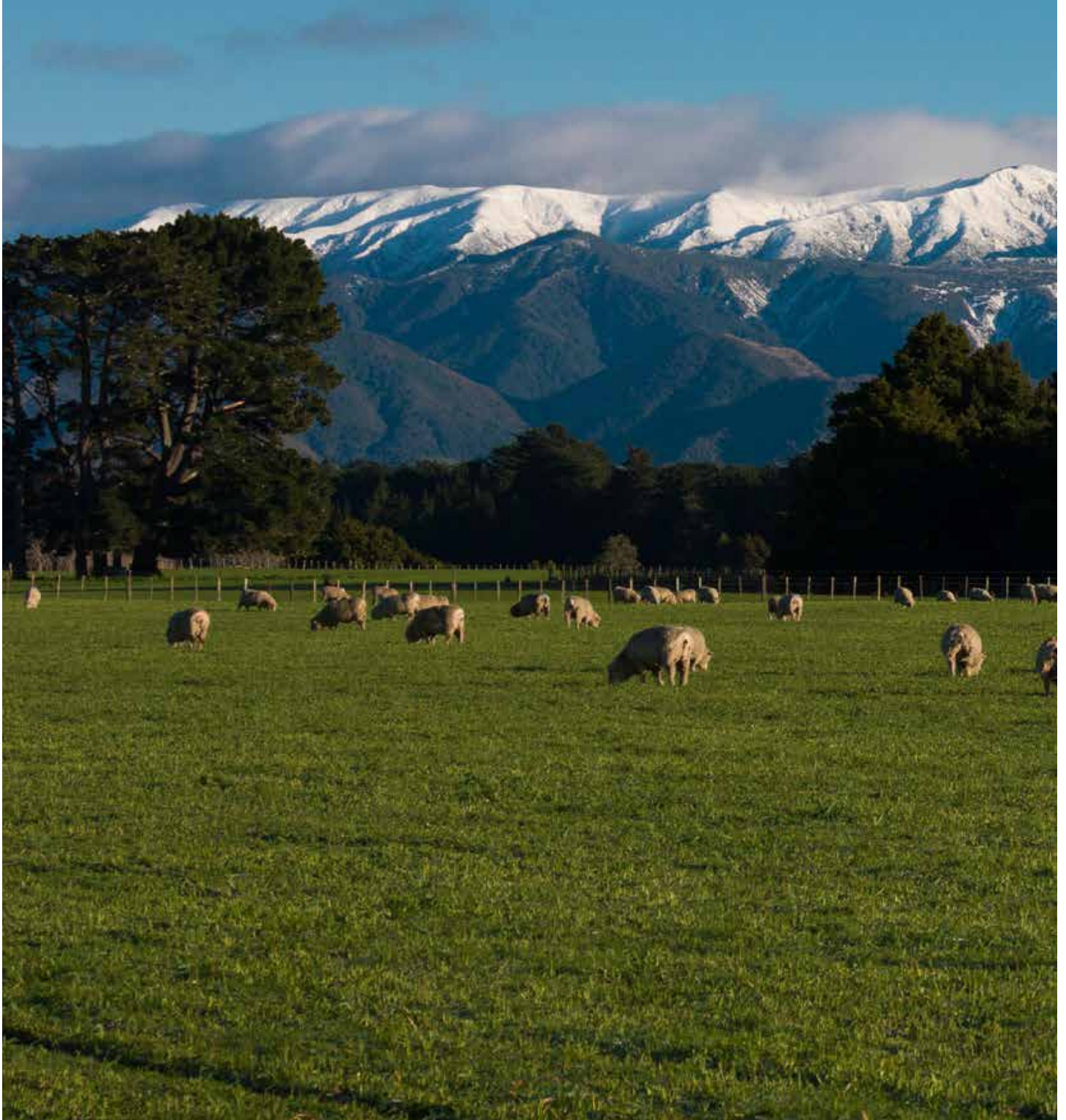
Abbreviation	Full Title
BHB	Business Hawke's Bay
Callaghan	Callaghan Innovation
CHBDC	Central Hawke's Bay District Council
Councils	Local Territorial Authorities for Central Hawke's Bay, Hastings, Napier and Wairoa together with Hawke's Bay Regional Council
EIT	Eastern Institute of Technology
HBDHB	Hawke's Bay District Health Board
HBRC	Hawke's Bay Regional Council
HBT	Hawke's Bay Tourism
HDC	Hastings District Council
MBIE	Ministry of Business, Innovation and Employment
MPI	Ministry for Primary Industries
MSD	Ministry of Social Development
NCC	Napier City Council
NGO	Non-governmental organisation
NZTA	New Zealand Transport Agency

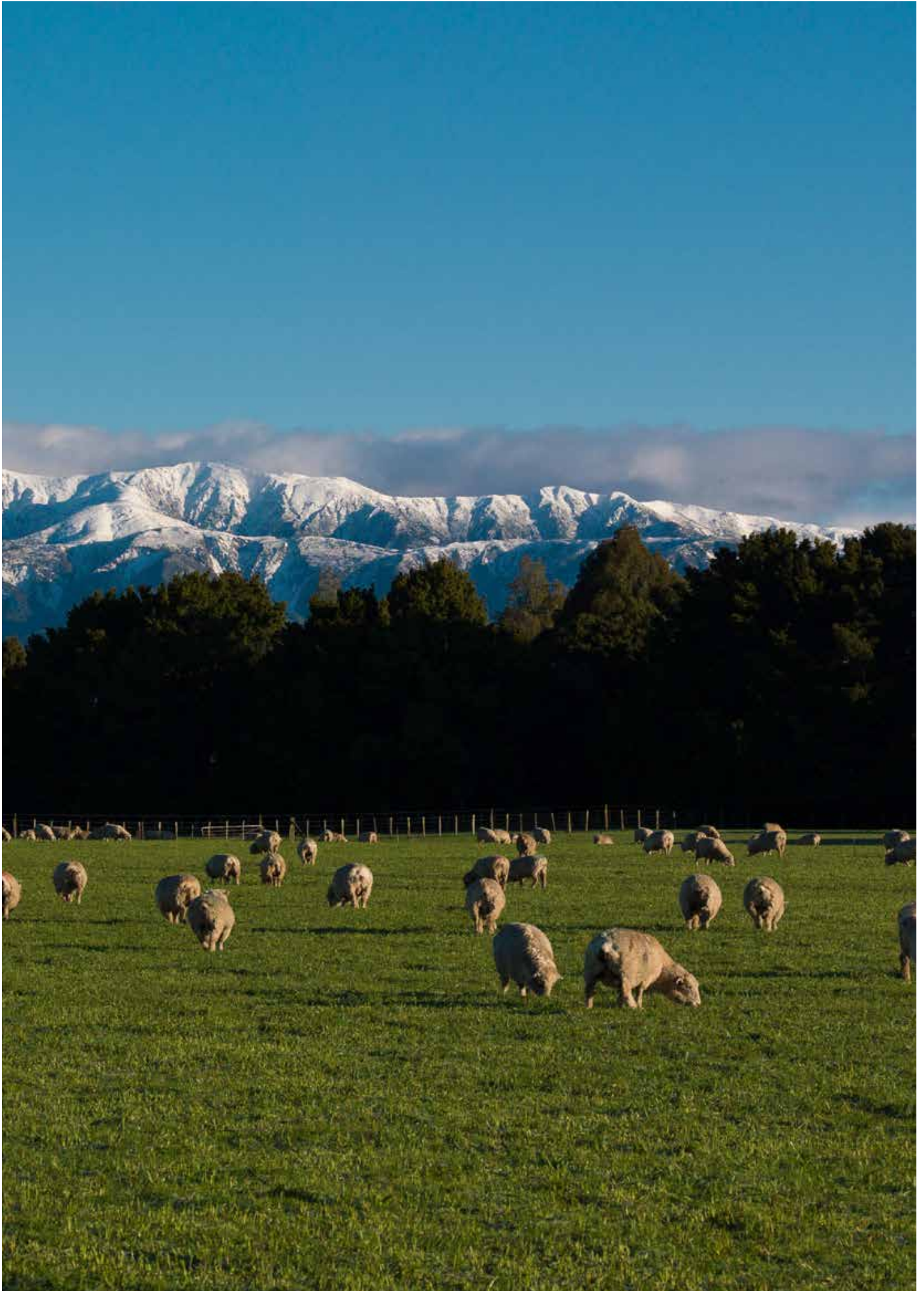
NZTE	New Zealand Trade and Enterprise
TEOs	Tertiary Education Organisations
TKO	Te Kāhui Ōhanga
TPK	Te Puni Kōkiri
WDC	Wairoa District Council

1. Strategic Framework			
Work Area	Actions	Lead Agency	Key Partners
1. Areas of Strategic Focus	1.1 Undertake a stocktake of the organisations involved in economic development in the region and recommend the regional economic development delivery model to give effect to this strategy.	REDS Governance Group	Councils, HBT, BHB, Iwi, Hapū, Government Agencies
	1.2 Investigate a business case to Government for Hawke's Bay to leverage a sustainable competitive differentiation for long-term advantage	HDC	Councils, BHB, Iwi, Hapū, Government Agencies, Private sector
	1.3 Develop research capability to support the work and provide the evidence base for REDS implementation	NCC	Councils, Waikato University
	1.4 Develop measures for monitoring the potential impact and ultimate success of the strategy against the vision, and the principles of the Treaty of Waitangi	REDS Project Team	Councils, BHB, Iwi, Hapū, Government Agencies, Private sector



WE WILL ACHIEVE OUR VISION BY MAKING HAWKE'S BAY THE MOST INNOVATIVE REGION IN NEW ZEALAND, THE LEADING EXPORTER OF PREMIUM PRIMARY PRODUCE, AND A HUB FOR BUSINESS GROWTH.







ARA-RAU, HAUKŪ-NUI, HĀRO-O-TE-KĀHU

Improve pathways to and through employment

We know that access to ongoing, regular paid employment is a significant driver of improved health and wellbeing for households and whānau, and that it reduces crime and violence. Creating and enhancing pathways into employment is not a 'nice to have' for Hawke's Bay – it's a 'must have'. Regionally we must take action to minimise any potentially negative effects of external economic changes.

'Pathways to and through employment' is a strategy that can contribute to developing local resilience. By creating an empowered, more highly skilled and option-rich Hawke's Bay population, we will be better equipped to deal with both future employment needs and changing market dynamics. To do this, we need to build clear pathways into, and subsequently through, employment.

We know that employment opportunities exist across all sectors currently and we need to be more creative to ensure that they are captured by local people. Globally and nationally we've had a history of shifting markets and changing economic policies that are outside our direct control but have had a significant impact on households and on whānau. Forestry, freezing works, and farming in particular have gone through fluctuations that have affected local people's ability to be self-determining and financially stable.

The lower-skilled and unskilled workers are the most vulnerable through such market upheavals, which emphasises the importance of education and training as a critical part of the pathway to sustainable employment. We also have a local dependency on seasonal labour – 30% of which is currently filled by imported labour – because we struggle to match available labour supply with work opportunities.

On top of this, the world is continuing to change at an increasing pace, driven by advances in technology and global connectedness, and we need to give our people the skills and knowledge to help them navigate this uncertainty.

NGĀ HUARAHI WHAI RAWA – PATHWAYS TO EMPLOYMENT

When we refer to 'pathways to employment', we mean the need to train people to be work-ready, who can then be matched with 'employee-ready employers'. We're also talking about creating a skilled and resilient population that is equipped to thrive in an uncertain future.

Training, the first of these pathways, will require industry to lead and government agencies, schools, Eastern Institute of Technology (EIT) and other tertiary providers to respond in a coordinated way. A coordinated response to training will lead to an effective 'supply chain' that has benefits for all involved – but most importantly, for the person seeking employment.

How we incentivise and appropriately align these pathways will require changes in practice and government policy. We need to be prepared to build a defensible case for policy change and lobby to achieve it. We need to make sure that all pathways are supported by a youth-targeted programme to lift aspirations and help young people to see training as something normal. We also recognise the critical role of the household in making this programme successful.



By doing this, we will capture a greater proportion of the student cohort and reduce attrition. Furthermore, by fostering a 'business creation' mindset in the region's classrooms, homes and workplaces, we will encourage greater productivity and utilisation and further support business growth. Bridging the equality divide in the region must be central to all attempts to drive economic development.

Much is already happening in this space, particularly in tackling those youth 'Not in Education, Employment or Training' (NEET). Programmes supported by the Ministry of Social Development (MSD) are delivered by Wairoa College (The Wairoa Young Achievers Trust), Te Kupenga Hauora – Ahuriri, Te Taiwhenua o Heretaunga and Central Health Limited. Youth Futures, which is supported by the Local Authorities and MSD, is also active. Project 1000 is a new initiative that will link local people on benefits to 1000 new jobs over 3 years. Government agencies will work closely with employers and training providers to support those people into employment opportunities in key growth areas such as horticulture, viticulture, manufacturing and improved alignment of local infrastructure projects. This is a significant step towards achievement of the strategy's aspirational goal to create 5000 net jobs in five years.



We need to focus on greater regional coordination of activities by the different agencies involved. We need to focus on all people, including younger and older age groups. A region-wide assessment of all NEET providers is planned; this should be expanded to include all who should benefit from such support.

NGĀ HUARAHI WHAI RAWA – PATHWAYS THROUGH EMPLOYMENT

When we talk about 'pathways through employment' we are talking about the need to foster a spirit of lifelong learning across our collective workforce, and to lift the capability of local businesses to support such an approach. To do this, we need to work closely with local businesses to understand the current issues that block local people from progressing through their careers. We also need to work with EIT and others to clarify the options available for improvement.

The Hawke's Bay District Health Board (HBDHB) is the region's largest single employer and a leader in using employment to address inequity. Their Turuki programme is about improving the capacity and capability of Māori in the workforce and improving the cultural competence of the whole organisation. Their target is to increase Māori in the HBDHB workforce by 10 percent a year. The focus is not only on recruitment – it's also about developing and retaining staff.

Employees must also play their part, bringing a positive attitude to work and a great work ethic. Employers are looking for the basics: turning up for work each working day on time and having pride in your work.





2. Improve pathways to and through employment

Work Area	Actions	Lead Agency	Key Partners
2. Improve pathways to and through employment	2.1 Project 1000: This project will link local people on benefits to 1000 new jobs over 3 years. The jobs would come from across all industries but would be mainly in the horticulture, viticulture, and manufacturing sectors, and through improved alignment of local infrastructure projects. The jobs will be a mix of casual, permanent full-time and part-time positions.	MSD	Councils, Iwi, Hapū, BHB, Government Agencies, Napier Port, HBDHB
	2.2 Ensure that all major infrastructure development projects (ref action 3.0) are required to consult with and optimise employment opportunities for local people - contributes to Project 1000	MSD	Councils, Iwi, Hapū, Government Agencies, Napier Port, HBDHB
	2.3 Build on existing and create new school - industry - tertiary partnerships to develop vocational pathways for all Hawke's Bay students - contributes to Project 1000	MoE	Councils, Iwi, Hapū, EIT, TEOs, Private sector
Enablers	2.4 Increase the number of youth with drivers licenses (especially in areas outside of the main urban centres where access is restricted) to ensure more youth are eligible for employment - contributes to Project 1000	MSD	Councils, Iwi, Hapū, NZTA
	2.5 Engage rangatahi in regional economic development (including Māori and regional economic development forums) so they increase their participation to the regional economy - contributes to Project 1000	REDS project team	Councils, Iwi, Hapū
	2.6 Conduct a regional mapping project to identify what is happening in the provision of education and employment opportunities for youth	Youth Futures Trust	Iwi, Hapū, Government Agencies, NGOs

Enablers	2.7 Extend the regional mapping project to other age groups	Councils	Iwi, Hapū, NGOs
	2.8 Investigate the feasibility of a joint venture agricultural training hub in Hawke's Bay to maximise opportunities for the local workforce to access employment in agriculture - contributes to Project 1000	MPI	Iwi, Hapū, EIT, TEOs, Private sector
	2.9 Explore, design and deliver a future-focussed programme, including digital enablement and internet-based technologies to develop a resilient population who can thrive in an uncertain future - contributes to Project 1000	MBIE	Iwi, Hapū
	2.10 Undertake Agriculture and Horticulture feasibility studies to invest in Māori business growth, job creation and workforce development - contributes to Project 1000	Iwi, Hapū	Councils, BHB, MPI, TPK, Private Partnerships



TO BUILD HOUSEHOLD AND
WHĀNAU JOBS AND PROSPERITY,
IT'S CRITICAL THAT WE FIND MORE
GROWTH ENTERPRISES, SUPPORT
THEM BETTER, ENCOURAGE THEM
TO GROW FASTER AND HELP THEM
TO SUSTAIN THEIR GROWTH.



WHAIRAWA

Identify and support existing businesses wanting to grow

'High growth' businesses represent by far the greatest source of opportunity for regional jobs growth and higher median incomes. High growth businesses sustain their investment through innovation and continuous improvement. These businesses maintain steady growth over some years, either continuously or in stages. They have both the capability and the commitment to grow.

Identifying and supporting growing businesses is the so-called 'sweet spot' of economic development and the approach that is most likely able to deliver the employment outcomes we all desire.

We got the very clear message from participants engaged in the REDS process that the region needs to give priority to 'growing our own'. It's already happening across the region. Here's what we found through the interview process:

- Hawke's Bay has many high-growth firms
- They are located in all sectors
- They are growing especially in the 'business to business' (B2B) or outsourcing economy, which typically uses digital platforms to achieve new growth and scale quickly
- The normal path to growth is by acquiring customers all over New Zealand.

To build household and whānau jobs and prosperity, it's critical that we find more growth enterprises, support them better, encourage them to grow faster and help them to sustain their growth. Encouraging growth among Hawke's Bay enterprises is so important because of the realities of the present economy:

- Many young people are leaving and not returning, contributing to Hawke's Bay's ageing demographic profile
- Large and old firms worldwide are shedding jobs and Hawke's Bay shows the same trends
- Larger cities will continue to dominate, and dominate in new ways while competition between regions will increase
- Disruption of existing businesses and business models is now a fact of life, and is accelerating. Competition is global.

No region is immune from these trends; and these trends are not reversible. The good news is that start-ups and high growth firms can be created anywhere, and in any sector.

Research on high-growth firms has established the following:

- While being a small proportion of all firms, high-growth firms create the greatest number of jobs



- High-growth enterprises are often under the radar, invisible to economic development agencies
- Key problems for high growth firms are: finding the right talent that can grow with the firm, securing non-debt capital to fund expansion, managing and growing capacity, implementing effective cost accounting practices, replicating successful geographic expansion
- Almost all high-growth firms face these same basic challenges, regardless of the firm's industry or location
- CEOs think they are alone in their struggles and have very few places to turn for peer advice or assistance
- Their biggest problem is the lack of supervisory and management talent.

This and other research will guide our new regional approaches. We are sure that encouraging more high growth businesses will give Hawke's Bay the greatest return on investments in regional development, and will lead to the greatest chance of creating more good jobs for household and whānau prosperity. We have got to do what we can to encourage growth.

WHANAKETANGA – BUILDING ON WHAT WE ALREADY DO

Hawke's Bay has numerous existing programmes and activities that encourage enterprise growth. However, we can do more to support local businesses that employ local staff.

One pioneering proposal is to get the key funders of significant capital projects (the councils, the District Health Board, Napier Port, and central government) to coordinate their projects over the next decade, and share the proposed programme with the local construction industry, EIT, ITOs and schools. This will mean that local companies can have the best chance to bid for the work, and employment opportunities are optimised for our people. Given that up to an estimated one billion dollars of capital spend is forecast for the next ten years, this exciting initiative will have a significant impact on employment prospects and career-development opportunities for the Hawke's Bay.

We will also work to foster a favourable local environment for business. We will especially find new ways of supporting those 'solopreneurs', who operate innovatively but at small scale, by encouraging networks and the outsourcing of core functions where these can be shown to make room for innovation.

The development of Business Hawke's Bay, and in particular the Hawke's Bay Business Hub, has created better access to services for businesses through a one-stop-shop model. The Hawke's Bay Business Hub has exceeded expectations with the co-location of multiple agencies involved in 'unleashing business potential' with client numbers increasing. It provides a shared space for collaboration. Just as with any venture, it is a process of continuous improvement and one of the opportunities lies in strengthening connections with Māori-led businesses that are also seeking to grow.

Other successful programmes and business advisory services have achieved considerable success, growing firm profits, increasing employment, and improvement in the capacity of management to drive growth. These include, for example:





- High Performance Work Initiative & Better by Lean (Callaghan Innovation)
- Regional Business Partners
- Private collaborative partners
- New Zealand Trade and Enterprise
- Te Puni Kōkiri
- The cluster of expertise located at Hawke's Bay Business Hub to support the growth of food and beverage businesses
- Business Mentors
- Institute of Directors
- Business Awards

MAHI TAHI – HARMONISING THE WAY LOCAL AUTHORITIES APPROACH REGULATION

We need to find ways to standardise the approach taken to regulation across all the Councils in Hawke's Bay where practical and allowed by legislation. The way applicants and councils approach regulation has a big effect on the quality of experience for users in areas such as consenting and compliance monitoring.

Businesses consulted have told us that the requirement to make multiple applications for regulatory approvals to different local authorities can be time consuming, lead to project delays and add to the cost of doing business. Concerns have also been raised about the differing interpretations of legislation or approaches to regulating the same activity in different planning documents between the various councils.

Any new business setting up or expanding is likely to come across the requirements to comply with one or more pieces of legislation. For example, this could be through altering an existing building or building something new, in which case they need to comply with the Building Act (BA). Other laws also need to be complied with, such as the Sale and Supply of Alcohol Act, the Food Act for food preparation, Regional and District Plans formed under the Resource Management Act or the Hazardous Substances and New Organisms Act. Not all these pieces of legislation are administered by local councils, but the majority of them are.

Councils need to ensure that adequate industrial, commercial and residential land, as well as resilient network infrastructure, is provided for future generations. Councils are engaged in regional initiatives such as the Heretaunga Plains Urban Development Strategy and other Regional and District planning processes.

We need to foster a regulatory culture in our local authorities that is pragmatic and proportionate, and focused on outcomes, not process. We aspire to have user-friendly planning and consenting processes by applying and interpreting legal requirements consistently.

3. Identify and support existing businesses wanting to grow			
Work Area	Actions	Lead Agency	Key Partners
3. Identify and support existing businesses wanting to grow	3.1 Establish a coordinated approach to major infrastructure development projects over the next decade, and partner with industry and education sector to optimise local business growth	NCC	Councils, HBDHB, Napier Port, Construction Industry, Education Sector, MSD, Te Kāhui Ōhanga
	3.2 Explore the establishment of an incubator for small businesses incorporating a business accelerator programme linked to existing and potential new co-working spaces	BHB, NCC	Councils, Iwi, Hapū, Private Sector, Callaghan
	3.3 Establish accessible business growth services to firms across the Region	TPK, BHB	Councils, Iwi, Hapū, TPK
Enablers	3.4 Identify start-ups and high growth firms and identify barriers to growth and local capability	BHB	Regional Business Partners
	3.5 Explore an annual Hawke's Bay Investor Summit to target investor markets to attract embeddable investment in Hawke's Bay	BHB, NZTE	Iwi, Hapū, Councils
	3.6 Support the coordinated development of existing and emerging Māori business leadership to maintain and grow participation in the regional economy	Iwi, Hapū	Councils, TPK, Private Sector





TĀNE-WHAKAPIRIPIRI

Lead in the provision of resilient physical, community, and business infrastructure

Significant investment lies ahead for the region. We need to deal with the consequences of historic patterns of development. Some of these have degraded environmental values and made us vulnerable to a changing climate and sea-level rise. We need some new infrastructure too, with opportunities to improve resilience and create new businesses and employment. At the same time it will make the region more attractive to visitors by both enhancing the visitor experience and supporting our region's export brand.

LAND TRANSPORT

The Governance Group has assisted, in collaboration with the Regional Transport Committee and the Gisborne Governance Group, in identifying key road transport infrastructure priorities for the region, and has been liaising with the Government on this critical matter. Given our significant reliance on primary production, efficient transport of goods from the field to production facilities, and then to Napier Port and the wider North Island is seen as key to growing and maintaining the prosperity of Hawke's Bay business, and therefore the region as a whole.

We are working with central Government to develop an action plan for the Gisborne and Hawke's Bay regions. Both the Hawke's Bay and Gisborne Governance Groups agree that the first priority for the region is State Highway 2 between Opotiki and Napier and related access routes to Napier Port. The road link, in its current form, is a major impediment to economic development in the region. The East Coast Regional Economic Potential Study (2014) identifies this road as a key priority.

There is also an opportunity to improve the connections between Wairoa and Napier/Hastings and Gisborne. Forestry forecasts show that tonnages from the Wairoa area alone would result in an almost fourfold increase to the current tonnage. Increased tonnage would further stretch and expose the existing route vulnerabilities, which are in the Napier Port catchment. The route is important because of the range of products that are being transported in and out of Wairoa and the northern part of Hastings District. It will improve access to vital services and any upgrades will improve the safety of the route as well as access to smaller rural communities.

Aside from the SH2 improvements, other improvement initiatives are the Napier Port Access project and improvements to State Highway 38. The Napier Port Access project is a key regional initiative and this work is recognised in part by the programme business case being funded directly from Crown Funds. The programme business case provides a number of projects designed to ensure safe and strong freight connections exist to service current and future needs of traffic moving to and from Napier Port. The delivery of the initiatives coming from this plan will be critical to the future movement of freight and the surrounding communities.



Sealing State Highway 38 through to Lake Waikaremoana will open up this key natural asset and improve the safety of tourists travelling to the lake. It is noted that the Bay of Plenty is proposing the sealing of their end of SH38. An increased project to seal the full route between Wairoa and Rotorua would further enhance the tourism potential along this full route and provide some increased resilience between the East Coast and the Central North Island.

As outlined in the Hawke's Bay Transport Investment Priorities document completed and forwarded to ministers earlier this year, weight restrictions on bridges and increasing truck sizes (particularly HPMV) will restrict access to some pivotal routes. Without focus, monitoring, and funding applied to improving the bridges those restrictions will impact on economic development.

TE HONONGA MATIHIKO – DIGITAL CONNECTIVITY

The digital economy is a critical component of the regional economic development strategy. We aim to create a safe, smart and connected region and to be a 'digital corridor' for our residents, businesses and visitors.

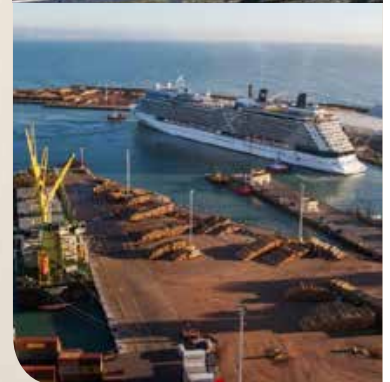
We'll be considering five initiatives:

- Broadband infrastructure enhancement across the region – in particular wi-fi nodes for all key community and tourism assets, including freedom camping areas, main road rest areas, community centres and halls, marae, council premises and tourism attractions such as cycle ways, using fixed radio broadband solutions
- Research into emerging digital technologies, new business models and opportunities for new collaborations in the region
- Community Connect – a programme to build digital skills and capacity across disparate regional communities, so as to open up digital possibilities to those currently denied reasonable access to fast and reliable broadband and 4G coverage
- Community resilience – a communications network designed to withstand adverse conditions and natural disasters that will serve the community and regional civil defence in times of emergency
- Employment Connect – a programme to connect our young people to jobs and to skills enhancement opportunities, using mobile applications and networks

Through these projects we want not just to enable access but to grow demand for broadband in the community. We also want to cultivate our growing digital skills base to create a platform for new start-ups and high-growth companies.

Broadband access issues are complex and vary considerably across the region. We need infrastructure and programs that will enable all our communities, localities and businesses to access the opportunities provided by connectivity.

Better broadband is already coming to Hawke's Bay through existing programmes and technologies. But not all areas are getting the benefits. And not all groups, businesses and communities realise just how transformative broadband is. We want to accelerate the process and in doing so to transform Hawke's Bay into a connected and networked twenty-first century economy and community.





OUR COMPETITIVE
ADVANTAGE IS BUILT
ON THE FOUNDATION
OF FERTILE LAND, A
QUALITY WATER SUPPLY,
A FAVOURABLE CLIMATE
AND THE ABILITY TO
PRODUCE AND EXPORT
WORLD LEADING
QUALITY PRODUCTS.





WAI ORA – WATER STORAGE AND ENVIRONMENTAL ENHANCEMENT

The Ruataniwha Water Storage Scheme (RWSS) is proposed to be operational in 2019 and full irrigation uptake of 26,000-27,000ha is currently considered achievable. The initial impacts of the project occur during construction and will continue over the entire period of farm conversion. It is estimated this phase will generate 5,400 job-years of work and increase GDP by \$490m. These impacts are anticipated to be spread over 12 years, but three quarters of the effects are estimated to occur in the first three years. Once the scheme is operating at full capacity, an annual GDP increase is estimated at \$380 million with potentially an extra 3,580 ongoing jobs for the region.

In addition to the RWSS, further opportunities exist for water storage in other catchments including Wairoa and Ngaruroro. These possibilities can help build on the momentum, skills, jobs and associated industries of RWSS to maximise the value the region derives from its freshwater resources.

Wetland enhancement projects, such as at Waitangi and Peka Peka, and cycle ways on flood control infrastructure, are examples of new visitor experiences arising from environmental management. By carefully managing the environmental effects of increased use of our land and water resources, we can have win–wins for both the economy and the environment.



4. Lead in the provision of resilient physical, community and business infrastructure			
Work Area	Actions	Lead Agency	Key Partners
4. Lead in the provision of resilient physical, community and business infrastructure	4.1 Improve access to the Port of Napier to increase regional economic performance	Regional Transport Committee	HBRC, Napier Port, NZTA
	4.2 Support the timely implementation of the key strategic initiatives in the Regional Land Transport Plan.	Regional Transport Committee	Councils, Iwi, Hapū, NZTA
	4.2.1 Support the combined approach with Tairāwhiti to achieve significant upgrades to SH2 between Napier and Opoitiki	Regional Transport Committee	Councils, Iwi, Hapū, NZTA
	4.3 Accelerate the deployment of Ultra Fast Broadband throughout the Region, in particular to rural communities and marae	Councils	Iwi, Hapū, MBIE
	4.4 Ensure regional and district plans take a coherent and consistent approach to regulating common activities	Councils	Private Sector
	4.5 Investigate a common approach to consenting and regulatory approval	Councils	Private Sector
	4.6 Identify land available to support new business growth by liaising with councils	Councils	Iwi, Hapū, Private Sector
Enablers	4.7 Explore opportunities arising from water storage schemes should they proceed, in order to promote increased regional productivity	HBRC	Councils, Iwi, Hapū, Private Sector, EIT, MPI





PŌTIKITANGA

Promote greater innovation, productivity and agility

We want to create more higher-value jobs through innovation, as good jobs will provide prosperity to our households and whānau. Innovation, agility and productivity are three key drivers of business success that we can influence in a globally connected and technology-enabled world. These success factors along with a commitment and drive to improving social determinant factors in the region will allow for a sustainable and exciting economy.

Pōtikitanga is the inherent value that comes from Māui Tikitiki a Taranga and his risk-embracing and adventurous exploits. Māori business growth in the Hawke's Bay has a growing number of success stories and is an area of immense potential with the right support. Preliminary consultation with whānau across the region highlighted this opportunity and its commercial potential.

We'll see more jobs created if our existing enterprises grow and new enterprises start up. This strategy reviews how we currently help our enterprises to prosper, and in particular whether we can do things better, differently or with greater resources.

To prosper, businesses must continue to meet market demand. They must drive value into their products and services, optimise their pricing, establish good relationships with customers and their supply chain partners, and make sure they focus on continuous improvement. A common saying is that business leaders need to work 'on' their businesses as well as 'in' their businesses. Support services are available to help.

Innovation will also be critical for many of our businesses to meet community and market expectations for their environmental performance. We need to ensure we are using our precious natural resources most productively and in doing so getting 'more from less'. The agility of our businesses to adapt in the face of global change is critical to long-term economic and social resilience.

INNOVATION

Innovation is central to regional economic performance. It drives start-ups and high-growth firms and is critical for business to thrive. That is why nurturing innovation is so important to this strategy and why many of our planned actions will support innovation in Hawke's Bay.

Innovation is about 'marketable ideas' and about doing things better than anyone else. The sources of innovation are wide and varied. Innovation is not just the creation of patents, and is not just research and development, but includes the development of new products, processes, services, markets and business models. Our traditional strengths in premium primary production have been driven by innovation. Local firms right across the economy are now innovating in such diverse areas as robotics, new varieties of produce, business to business services, high tech and design.

Our task is to support the process of validating, developing and commercialising innovation.



PRODUCTIVITY

Productivity means improvement. It means working smarter, increasing output, and getting the best out of our people and natural resources. Productivity is not just profitability, but increasing productivity will help drive returns to the business.

We see significant potential to lift the productivity of Hawke's Bay businesses and other institutions. Encouraging businesses to do things smarter is central to this strategy and to the prosperity of the region. A good local example is pipfruit. New Zealand produces on average 64 tonnes per hectare with a goal to increase this production to 160 tonnes per hectare. Our nearest competitor is Chile on 42 tonnes. This productivity gain has been achieved while maintaining world-leading quality standards.

The New Zealand apple industry is the leading apple industry in the world, a position achieved through innovation in new varieties, in on-orchard growing practices, in post-harvest technologies, and in sophisticated international marketing practices.

However, as we grow the local economy, we need to make sure that we do nothing that increases the biosecurity risk to the local primary sector.

AGILITY

Agility is the capacity of firms to change course in response to changing market conditions. Agility requires a keen knowledge of markets, strategic sense, the capacity to work 'on' the business as well as 'in' the business and the courage to pivot towards new opportunities.

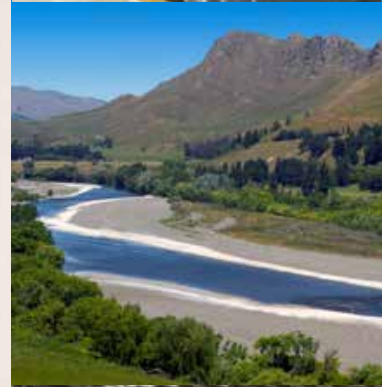
We aspire to support the development of 'agile' firms capable of operating in new or expanded markets, of adopting new technologies and changing their business as markets fail, prices collapse, customer preferences change, new competitors emerge, their businesses are disrupted, and so on.

IMPROVING WHAT WE DO ALREADY

The region is well served with programmes that aim to enhance productivity. Examples of current initiatives include:

- High Performance Work Initiative (HPWI)
- Callaghan Innovation – the Better by Lean/Innovation Readiness approach
- Regional Business Partners Programme
- Chamber of Commerce
- Private sector-driven business services.

Our challenge is to do more and better, to eliminate duplication, to close gaps, to meet market demand and to do so cost-effectively. Our strategic intent as a region must be to help firms drive business improvements through:





- The wider marketing of our existing resources and programs
- Increased resources in areas where this is needed, to match the greater demand that will grow as a result of our greater marketing efforts
- Greater linking and leveraging of existing tools
- Introducing new programmes where needed
- Embedding a technology focus in our programmes
- Using existing tools in new ways or in new areas
- Stretching eligibility and making programs generally more flexible
- Making sure the cost to businesses of productivity, innovation readiness and other enhancement programmes is something they can afford, especially for start-ups.

We could do more to further drive innovation, productivity and agility. For example, the start-up ecosystem needs much more effort and resourcing. We lack a business incubation system and business accelerator programmes for start-ups, and we plan to develop these for the region.

Government itself has an opportunity to be more innovative in how it supports industries and businesses. For example, in the trade policy area, such as opening market opportunities for NZ goods and services, much more could be gained by agencies such as MFAT, MPI and NZTE working more collaboratively and strategically with each other and with industries.

5. Promote greater innovation, productivity and agility

Work Area	Actions	Lead Agency	Key Partners
5. Promote greater innovation, productivity and agility	5.1 Work in partnership with Iwi and Hapū to identify and support commercial opportunities and to support the innovative and entrepreneurial capacity of Māori	TKO	Councils, Iwi, Hapū, BHB, TPK, MBIE, MPI, Private Sector
	5.2 Establish a Regional Research Facility to provide an evidence-base and support decision-making to optimise regional assets through innovation-led productivity growth	BHB	Councils, Iwi, Hapū, Private Sector
	5.3 Support the expansion of the National Aquarium, including the development of marine research, to create high-skilled science-based employment	NCC	Councils, Universities, Private Sector

	5.4 Work with primary producers to ensure productivity gains deliver the improved environmental performance required for freshwater reform	HBRC	MPI, Private Sector
	5.5 Support natural resource users to identify and proactively manage business risks and opportunities arising from a changing climate	HBRC	MPI, Private Sector
Enablers	5.6 Ensure sustained funding for productivity and innovation development programmes to meet the needs of businesses in Hawke's Bay	Callaghan	Iwi, Hapū, BHB, MBIE, Private Sector
	5.7 Promote greater business agility and connectivity through better use of digital technology	BHB	Councils, Iwi, Hapū, NZTE, Private Sector
	5.8 Research the Hawke's Bay productivity gap so that causes can be identified and enable better targeting of support services	MBIE	Iwi, Hapū, BHB, EIT, Productivity Commission, Private Sector
	5.9 Conduct a regional natural-capital stocktake of primary sectoral productivity potential.	HBRC	Iwi, Hapū, MPI, Private Sector





MATANGI RAU

Become a beacon for investment, new business, and skilled migrants

Attracting new resources to Hawke's Bay will be an important stimulant of economic growth in the region.

The benefits of attracting firms, investment and migrants to Hawke's Bay are:

- new jobs
- new links and expanded networks
- ideas for new market/product development
- new skills
- new capital investment
- enhancement of supply chains
- diversification of the productive base adding to sustainability.

Resources invested will range from financial capital from external investors looking for opportunities, to businesses seeking to capitalise on the natural and competitive advantages the region has to offer, through to people attracted by the lifestyle and opportunities offered to their families.

The region excels in, and is world-renowned for, its quality food production. Our exports account for 52.5% of the region's GDP compared to 30.7% for total New Zealand – tangible evidence of the value of Hawke's Bay to the nation's export-driven economy. Our competitive advantage is built on the foundation of fertile land, a quality water supply, a favourable climate and the ability to produce and export world leading quality products. Maintaining the quality of the natural resource base on which the region depends will be essential to attracting investment and securing the social license for businesses to grow value from the resource base.

Opportunities already exist for external investors to forge partnerships with local businesses looking to grow or by creating standalone new business ventures. As a region, we are looking to attract entrepreneurs who will maximise production throughout the value chain from primary production to the final packaged product, and then to further capitalise through their global value chains.

In addition to primary production, Hawke's Bay also has a thriving knowledge economy. The primary sector is a natural conduit for furthering applied agri-science research from the laboratory to practical application throughout the primary industry value chain. Our region is also the home for niche technology businesses, with high tech an expanding sector attracting entrepreneurs with the quality lifestyle and the work life balance offered.



Our economic diversity is aided by a strong business services sector. Low operating costs relative to the large cities and a quality labour supply are proving attractive for businesses establishing or relocating to Hawke's Bay to conduct business services. Well-connected communications, transport links, and low property costs add to the reasons for establishing business in Hawke's Bay.

The Hawke's Bay economy is on the upturn and the region is currently one of New Zealand's strongest performing economies. New Zealand and overseas investors are recognising the business opportunities this momentum is creating.

Recent examples of investment from outside investors include: Rocket Lab; Rockit Apples, and Kiwibank.

6. Become a beacon for investment, new business and migrants			
Work Area	Actions	Lead Agency	Key Partners
6. Become a beacon for investment, new business and migrants	6.1 Work with Rocket Lab to develop opportunities to leverage business attraction off their Te Mahia initiative	WDC	Iwi, Hapū, HBT, MBIE
Enablers	6.2 Develop a targeted regional strategy for the attraction of businesses, investment and migrants	Councils, BHB	Iwi, Hapū, NZTE, Private sector
	6.3 Undertake specific Food & Beverage global opportunity assessments in order to identify new market-led opportunities for Hawke's Bay businesses	BHB	Councils, Iwi, Hapū, MBIE, NZTE, Private sector
	6.4 Support the establishment of the food and beverage supply chain network based on goat and sheep dairy	BHB	Councils, Iwi, Hapū, MBIE, MPI, Private sector
	6.5 Develop an agribusiness programme to identify specific sector issues and opportunities for business development and growth	BHB	Councils, Iwi, Hapū, Private Sector





KAHUNGUNU RINGA HORA

Enhance visitor satisfaction and increase spend

We live in a region with great food, world-class wine, an incredible climate, warm community and a lush landscape with history and beauty. Our region is accessed by road and plane, and increasingly by ship. The number of cruise ship visits to the Port has more than doubled since the mid-2000s and is projected to bring 91,500 passengers directly into Hawke's Bay next year. An increase in air traffic by Air New Zealand and the arrival of Jetstar will make it even easier to arrive and enjoy Hawke's Bay.

Add to this picture Hawke's Bay's impressive and growing list of events, which includes Te Matatini 2017, Iron Māori, Art Deco, Horse of the Year, F.A.W.C.I, The Big Easy, Mission and Black Barn concerts, Air NZ Hawke's Bay Marathon and Tough Guy & Tough Girl.

During the research we came across the theme "One more night, one more coffee" to highlight the importance of every visitor's experience and contribution. When we do this well, Hawke's Bay will continue to grow as a premier visitor destination. The region has many of the things it needs to be a tourist mecca, but it still requires its people and its visitors to share this truth with the world. The work of Hawke's Bay Tourism as a key driver and delivery partner will help ensure our strong position in the visitor market, domestically and internationally.

Our visitors are organised into two groups, international and domestic (New Zealand-based) travellers, who bring different preferences and patterns. For the year ending March 2016 and based on conservative estimates, domestic travellers spent \$405m and international travellers spent \$135m. International visitors staying in commercial accommodation grew by 19.3% at year end March 2016.

The opportunity for international tourism to Hawke's Bay is in growing the important longer staying international markets of Australia, UK and USA but also providing tourism product that meets the need of the fast growing Chinese market. Domestic tourism provides the opportunity to build the visitor economy year-round therefore evening out the year so the industry can be sustainable. Attracting and hosting events and conferences play an important role in helping to balance visitor arrivals across the year. The biggest risk Hawke's Bay faces is that we do not have the infrastructure and tourism products to meet the needs of a growing visitor economy.

We can encourage sustainable visitor growth in number and spend by developing infrastructure with a focus on improving the visitor experience. Improved roading, greater digital connectivity, better facilities and other general development are all factors that will help.

We can see room for visitor-focused product development especially in diversifying our offerings. We can develop products and services that use our people's skills and talents and display our character. A significant opportunity here is developing Māori-centred tourism, with ventures that engage whānau and tell our story. The arrival of Rocket Lab at Te Mahia Peninsula provides a unique opportunity to build tourism products centred on 'space-launch tourism' while also allowing the natural beauty and the extensive history of the area to be showcased.

To further combine visitor attraction and our drive for a sustainable future, we are seeking government support to create a world-class aquarium that is research-based

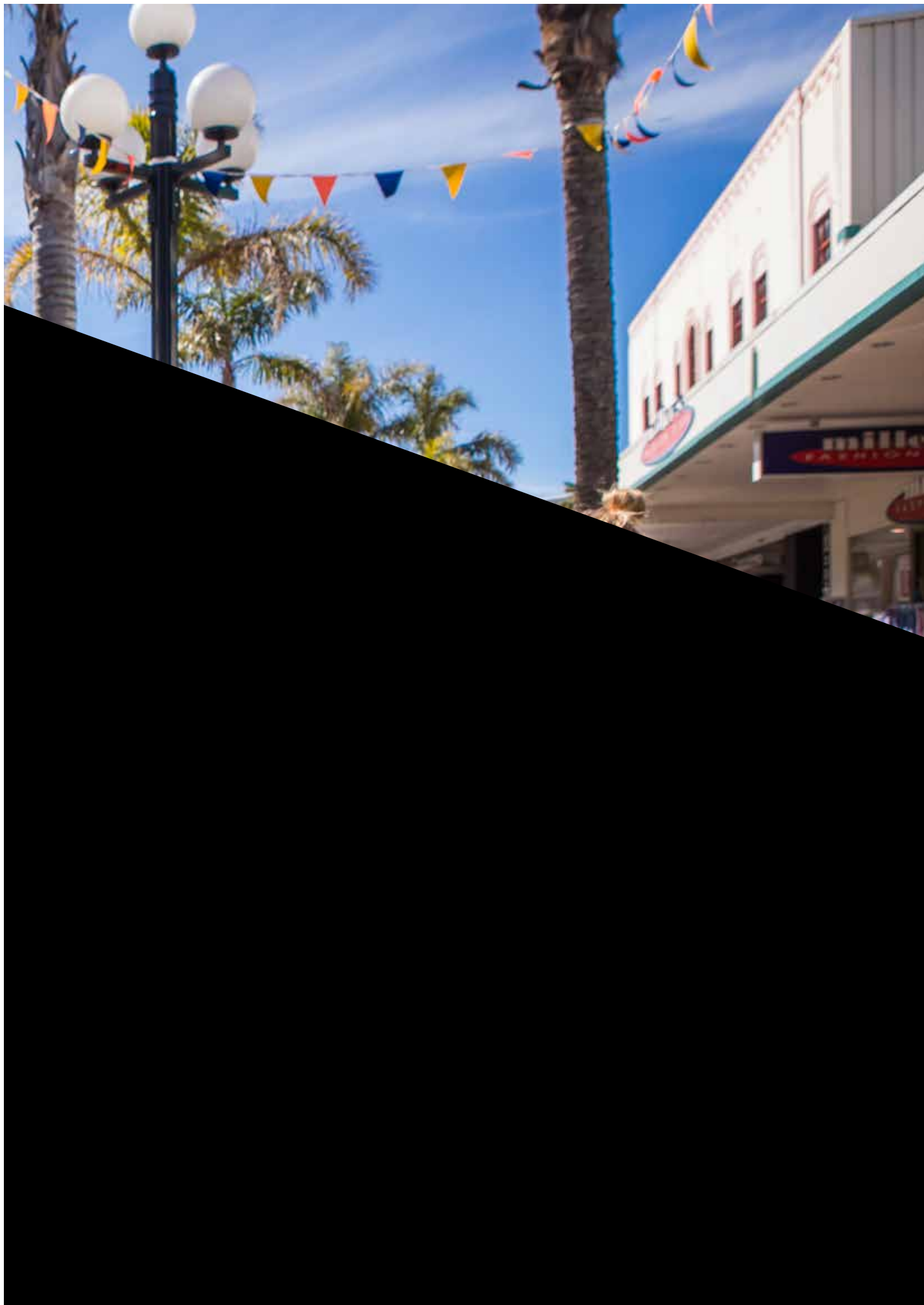


and conservation-focused. The project will be led by Napier City Council (NCC) who will work alongside Hawke's Bay Regional Council and Waikato University, with important roles played by the Department of Conservation, National Institute of Water and Atmospheric Research (NIWA), the Earthquake Commission (EQC), Massey University, GNS Science and the Zoo and Aquaria Association of Australasia. It is proposed that the new facility will be operational within two years of receiving funding support.

Enhance visitor satisfaction and increase spend			
Work Area	Actions	Lead Agency	Key Partners
7. Enhance visitor satisfaction and increase spend	7.1 Improve collaboration between organisations tasked with tourism product development and infrastructure spend and establish a coordinated approach to developing tourism products and a programme of initiatives in order to optimise visitor spend in Hawke's Bay	HBRC	Councils, Iwi, Hapū, BHB, HBT, MBIE
	7.2 Develop a Māori-centred tourism group to increase the experience, the spend and employment opportunities e.g. space launch tourism at Mahia Peninsula	Iwi, Hapū	Councils, HBT, MBIE, Private Sector
Enablers	7.3 Improve collaboration between the tourism industry and educational institutes to improve staff training	EIT	TEOs, Private Sector, HBT
	7.4 Support and resource continued collaboration between organisations responsible for events	HBT	Councils, Iwi, Hapū, MBIE
	7.5 Undertake a feasibility study for a Napier to Gisborne cycleway	HBT	Councils, MBIE



THE WORLD IS CONTINUING TO CHANGE AT AN INCREASING PACE, DRIVEN BY ADVANCES IN TECHNOLOGY AND GLOBAL CONNECTEDNESS. WE NEED TO GIVE OUR PEOPLE THE SKILLS AND KNOWLEDGE TO HELP THEM NAVIGATE THIS UNCERTAINTY.





New Zealand Government

APPENDIX TWO



Matariki

Hawke's Bay Regional Social Inclusion Strategy

'Hawke's Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has opportunities that result in equity of outcomes'

This strategy was commissioned by 'LIFT Hawke's Bay: Making it Happen - Kia Tapa Tahī'¹ to support their vision:

'Hawke's Bay is a vibrant, cohesive and diverse community, where every household and every whānau is actively engaged in, contributing to, and benefiting from, a thriving Hawke's Bay'

¹ LIFT Hawke's Bay are a group of local leaders from Councils, Agencies and Community in the Hawke's Bay.

MATARIKI - HAWKE'S BAY REGIONAL SOCIAL INCLUSION STRATEGY

'Matariki - Hawke's Bay Regional Social Inclusion Strategy is the partner strategy to *Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016*. It sets out a conscious and practical approach to social inclusion that benefits every household, whānau and community in Hawke's Bay.

Social inclusion is the ability of all individuals, households, whānau and communities to participate in the economic, social, cultural and political life of the community in which they live. This means people have access to some very basic but important things, including; enough income to sustain an ordinary life; a safe place to live; an education; the opportunity to develop skills that are valued; and services that support their health. Collectively these form the basis of the resources and opportunities to progress through life in a way that creates wellbeing for individuals, whānau, families, households and communities.

Matariki - Hawke's Bay Regional Social Inclusion Strategy supports the *Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016* Framework by focusing on achieving improved outcomes for every whānau and household through economic inclusion. Economic growth is fundamental to social inclusion, and social inclusion is a key contributor to economic growth. Economic inclusion will benefit everyone in the Hawke's Bay, including local business by increasing the number of households participating in the economy.

OUR VISION

Hawke's Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has opportunities that result in equitable outcomes.

Strategic Directions

1. Growing Socially Responsible Employment and Enterprise
2. Preparing People for Work
3. Whānau, Households and Communities Driving Social Inclusion

Goals

- All employers in Hawke's Bay implement policies for socially responsible employment.
- Hawke's Bay has more people in skilled employment, education or training.
- Hawke's Bay has proportionally fewer people in the more deprived sections of the population than the national average

Outcomes

- To have more households with at least one person on a living wage
- To raise the percentage of employees in high skilled jobs to above that of total New Zealand
- To increase the number of youth in employment, education or training
- To reduce the number of children living in households dependent on a main benefit
- To remove barriers to and through education for at risk young people
- To increase the connection of learning pathways from early learning to school to tertiary options to work
- To grow community participation in decisions that impact their communities
- To reduce the negative impact of drug use on individuals and their whānau
- To reduce the rate of violence experienced by individuals and whānau
- To improve access for individuals and whānau to healthy, affordable and sustainable housing
- To reduce the rate of obesity
- To increase life expectancy for all and eliminate the gap between Māori and non-Māori

Principles

Partnership by co-design - Values and worldview underpinning the strategy and its actions are an expression of co-design, and the implementation and monitoring are an inclusive collaboration. A treaty principle.

Outcomes for every household and every whānau - All actions, initiatives and projects in the Action Plan must provide outcomes in line with the vision.

Build our people's capability - There must be an emphasis on developing our people alongside infrastructure, assets and businesses.

Equity - A treaty principle, this requires reflection on who the intended audience and beneficiaries are and a commitment to that being inclusive and equitable.

Whai rawa - Optimising assets in a full, holistic and sustainable way.

Pōtikitanga - Developing an enterprise mind-set. Driving the thinking that goes behind business growth.

1. SOCIAL INCLUSION

Social inclusion is the ability of individuals, households and whānau to participate in their communities. Participation spans people's engagement in learning, working, social and cultural life, and having a voice in their community as described in Figure 1 below.



Figure 1: The four elements of Social inclusion

In order to participate, people need access to the resources, opportunities and capabilities that enable them to achieve the aspirations that matter to them, their households and whānau.

Resources: are the skills and assets necessary to participate including access to the 'essentials of life', including sufficient healthy food, safe and healthy housing, support for our children, physical health, social connection and safe communities to live in.²

Opportunities: mean that people are in an environment or have the social structures that enable them to make use of their capabilities and resources they have.

Capability: means people are able to utilise their resources and take up the available opportunities.³

The presence of resources, opportunities and capability can grow and support social inclusion. Conversely their absence will contribute to the accumulation of disadvantage and increasing exclusion.

² Wong, M., Saunders, P. 2012. Promoting Inclusion and Combating Deprivation: Recent Changes in Social Disadvantage in Australia. Social Policy Research Centre, University of New South Wales. Sydney.

³ Based on the definition in a 2012 paper produced by the Australian Social Inclusion Board, "Social Inclusion in Australia: How is Australia Faring?"

2. WHY DO WE NEED A SOCIAL INCLUSION STRATEGY?

Societies and economies thrive when all individuals, whānau, households and communities have the resources to participate in their communities, buying goods and services and creating businesses. Increasing participation and improving income will have direct and indirect returns such as reduced crime, demand on the health service and reliance on benefits.

Participation is harder for some than others

Social exclusion is often caused by a number of persistent, inter-generational factors that accumulate to exacerbate disadvantage. It can be the result of the actions of other people, organisations, institutions or geographic communities. Social exclusion does not simply reflect a person's history and current circumstances, but also impacts on their future.

In Hawke's Bay, as in communities across New Zealand, disadvantage is unevenly distributed amongst our communities. There are some major groups of people in Hawke's Bay who are excluded, for example Māori, the disabled, mentally ill, and those whose patterns have been set for generations.

Māori experience adverse health, social and economic outcomes:

Māori experience inequity in health, justice, education, employment and housing outcomes. Māori social exclusion is based in colonization and has resulted in poverty and the loss of te ao Māori -culture, language and identity, the key building blocks for social inclusion. "Institutional racism can take place in policy making, funding decisions and service delivery. The results can be seen in the 7.3 year life expectancy gap between Māori and non-Māori."⁴⁵

Households and whānau with low education outcomes and low income:

These whānau and households are likely to have lower quality homes, poor health, low educational attainment, have a benefit as their main source of income, participate in and experience greater levels of crime; have greater levels of family violence and greater levels of mental illness and addiction.

People experiencing inter-generational social exclusion:

People who experience inter-generational exclusion require the greatest levels of support and have the lowest levels of access to whānau and household resources to enter pathways into employment or enterprise.

Communities dominated by low incomes and fewer assets:

Where communities have high concentrations of low-income and fewer assets they are more likely to have poorer outcomes for their population than other communities.

People with poor health, disability or mental illness:

People who experience poor health, especially long term conditions or mental health, and those with a permanent disability are often excluded from society and experience significant levels of economic deprivation and poorer health.

Engaging people experiencing these challenges and barriers to participate socially and economically will lead them to have better quality lives and wellbeing

The economic and social exclusion experienced by these groups (mentioned above), can and will be addressed through the implementation of this Strategy and its actions.

⁴ Aotearoa Public Health Association, *Position Statement on Institutional Racism*, 2013

⁵ Note Hawke's Bay life expectancy gap is 8.2 years for Māori males and 7.7 years for Māori females (Health Equity in HB Update 2016)

The opportunity in Hawke's Bay

In Hawke's Bay, economically, the picture is positive and for the first time, a truly regional strategy has been developed which involves the public sector at all levels and the private sector of all sizes to grow the Hawke's Bay Economy. *Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016* has a vision of every whānau and household actively engaged in, contributing to and benefiting from a thriving Hawke's Bay. The organisations and entities involved in developing *Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016* have recognised that economic growth alone is insufficient to fully realise the benefits. Hawke's Bay needs to engage those whānau and households who are socially excluded for a more sustainable economy. This is known as inclusive economic growth.

Populations in the Hawke's Bay experience inequity in outcomes from education, health, justice and social services. Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Equity is a critically important aspect of creating social inclusion as it creates the sustainable environment in which people have the resources to participate in learning, working, local social and cultural life, and having a voice in their community.

A thriving society is where everyone is able to participate and make a significant contribution to achieving greater economic growth and productivity. Focusing on growing the skills of the local workforce will help ensure the future workforce and entrepreneurs have opportunities and the necessary skills to be successful. This will assist people to both contribute to, and experience the economic benefits for themselves, their whānau, their communities and the wider region.

Hawke's Bay Population Statistics

- At birth, non-Māori males are expected to live 8.2 years longer than Māori males
- One in seven people in quintile 5 die before the age of 50 compared to one in 25 people in quintile 1
- 42% of Māori children aged 0-4 years are living in household's dependent on benefit income (compared to 15% of Pakeha children)
- 250 Hawke's Bay children are in the care of Oranga Tamariki (Vulnerable Children's Agency)
- 25.9% of young Māori are not currently in employment, education or training (compared to 9.1% of young Pakeha New Zealanders)
- 67% of Māori students and 72% of other students are at their expected reading levels meaning that 33% of Māori children who are below their expected reading levels when they leave school
- Hawke's Bay rates of violent crime continues to be higher than the New Zealand average and is twice the rate for New Zealand as a whole

"BUSINESS CANNOT PROSPER IN SOCIETIES THAT FAIL"

Kofi Annan (Previous UN Secretary General)

3. WORKING TOGETHER FOR SOCIAL INCLUSION

Social inclusion will be achieved through positive engagement with organisations and entities across Hawke's Bay.

"Social inclusion is everybody's responsibility. Only where governments, communities and businesses work together can social inclusion be achieved."

Key partners across the Hawke's Bay include:

- Iwi, Hapū, whānau and marae
- Clubs, and community organisations including churches
- Schools, ECE, tertiary institutions and workplaces
- NGOs and charities providing social services
- Local employers and business
- National or international employers and businesses
- District Health Board and primary care organisation
- Local councils, regional council
- Local offices of government agencies

Targeting excluded populations

Using the evidence of social and economic exclusion we have identified three approaches to considering populations:

ACTIVELY INCLUDE As groups they are less likely to experience social inclusion and economic participation due to discrimination, racism, prejudice and disability factors.	TARGET These are the whānau and households who are economically and/or socially excluded who need to be the focus of these strategies. These households and whānau will have the greatest levels of poor wellbeing and social exclusion.	FOCUS EFFORT Those communities where economic exclusion is clustered due to lower incomes, fewer assets and lower levels of support from agencies and councils.
Communities and whānau that may be excluded: <ul style="list-style-type: none"> • Māori • Pacific people • Those with mental illness and/or addiction • Those with disability • LGBTQ! – Rainbow communities • Pacific communities, refugees and immigrants 	Whānau and households that are excluded : <ul style="list-style-type: none"> • Economically dependent on crime • Low income families • Those on main benefits • Low education levels • Parenting alone on low income • Youth who are NEET • Homeless and rough sleepers • Low income and engaged in justice or corrections • Older people without family and/or assets • Those experiencing violence at home 	Places, for example: <ul style="list-style-type: none"> • Flaxmere • Wairoa • Raureka • Maraenui • Camberley • Isolated rural communities

Māori Partnership and Te Tiriti o Waitangi

The Crown and its agencies are obliged and committed to addressing issues of inequity for Māori as Treaty partners. This requires agencies to focus on delivering equity of outcomes for Māori individuals and whānau.

Māori social exclusion is rooted in colonisation and subsequent policy and service delivery which did not address colonisation or social exclusion. Māori will have the greatest impact on uplifting Māori wellbeing through leadership, design and implementation of initiatives, with enabling support from government and non-government agencies. Government agencies will work in partnership with, and enable Post Settlement Governance Entities (PSGEs) to identify the most effective ways to restore culture and identity, grow the Māori economy and eliminate the long standing, historical exclusion of Māori in Hawke's Bay.

As a Treaty partner, government agencies have responsibility and accountability for effective service delivery, for Māori and need to be transparent in this accountability to their Treaty partner. As such, government agencies need to measure and report on services effectiveness for Maori and ensure their activities are improving equity.

Inclusive economic growth

As key partners, we will be targeting the excluded populations and striving for inclusive economic growth in Hawke's Bay. To achieve inclusive economic growth three things matter:

1. Level of Income

Evidence tells us that engagement in employment or enterprise that generates at least a 'Living Wage', even if it is by just one member of a household, can create wider improvements in wellbeing and opportunities for the whole whānau and household. A 'Living Wage' is the income necessary to provide workers and their families with the necessities of life. A 'Living Wage' will enable workers to live with dignity and to participate as active citizens in society. This is especially true for educational, health and future employment outcomes for children.

Households and whānau with a 'Living Wage' from quality employment or enterprise are more likely to experience:

- Better quality and more stable housing
- Safer children who experience less disadvantage
- Safe families and communities without violence
- Better physical health
- Better mental wellbeing
- Greater ability to leverage education, health and social service investment
- A life without the experience of the effects of crime or economically dependent on crime

Low income whānau and households are less likely to have the adequate resources, opportunities and capabilities for participation. The impact of low income is especially damaging as it flows on to future employment opportunities. This negatively effects health, social and employment outcomes perpetuating exclusion and inequality across generations. Low income can be addressed through education/training, greater access to employment and socially responsible employers.

2. The quality of participation

Whānau and households will not be assisted to thrive with tenuous employment, poor working conditions and lack of fulfilment. Education, social or healthcare services that consistently deliver poorer outcomes for some groups are not necessarily building the resources necessary to participate.

Ensuring the quality of employment and working to deliver equitable educational and health outcomes is central to the success of this Strategy. A focus on equity across the identified groups means attention can be focused on lifting the opportunities and outcomes for those groups of people who experience exclusion.

4. Education and skills

Success in education is a critical contributor to social outcomes and economic engagement across the life course. 'If we are serious about reducing inequalities, we must maintain our focus on improving educational outcomes across the socio-economic gradient.'⁶

⁶ Marmot, M., 2010. Fair Society, Healthy Lives: The Marmot Review

4. DELIVERING THE VISION

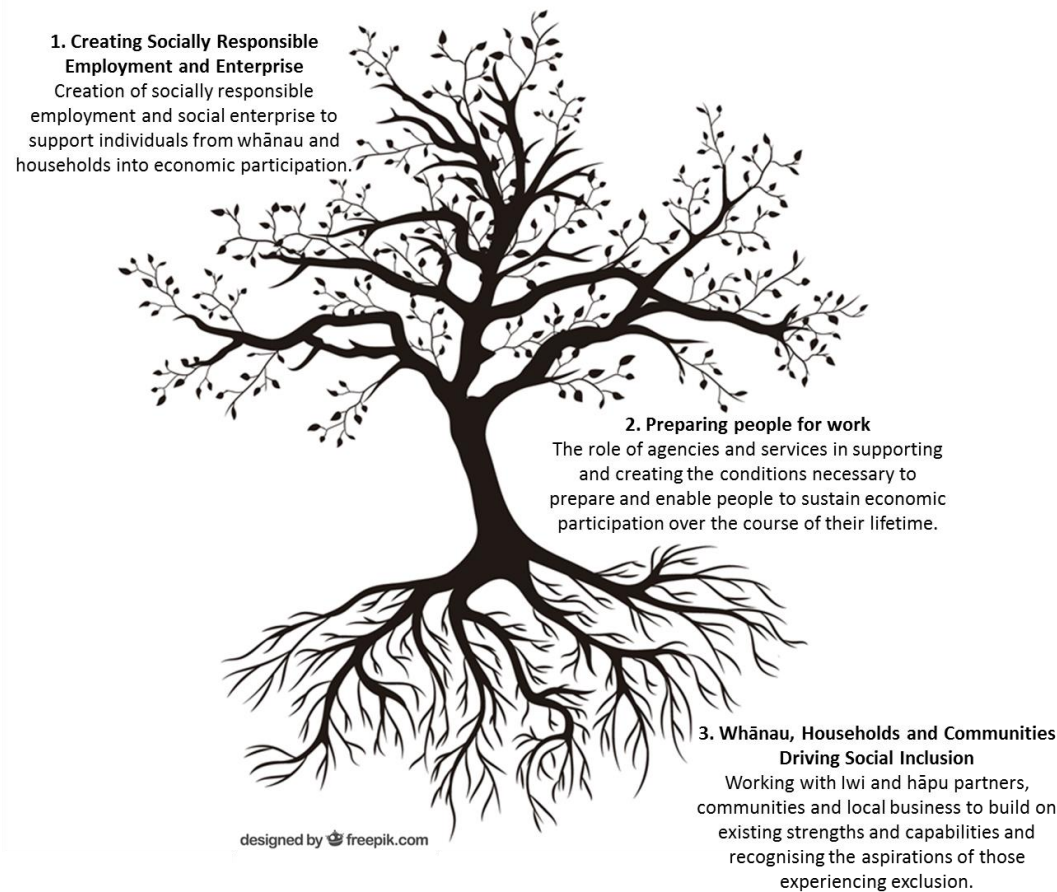
Matariki - Hawke’s Bay Regional Social Inclusion Strategy proposes not just “more of the same”, but a fundamentally different approach to addressing some of the most difficult issues that we face as a region. Tackling the hardest issues in our communities demands solutions not tried before; a far more collaborative approach; new partnerships across the community, and between the community and our Government and non-government agencies; structural change in our funding models; fresh prioritising; and the breaking down of silos and barriers to effect action.

Funders and service providers need to be accountable for effective and efficient services so this is not just about allocating new money or agencies running new programmes in traditional ways. Complex issues require co-created and co-funded solutions. Many agencies already do fine work in Hawke’s Bay and we do not want to lose momentum on things that are already working. But we can do better and we must do better if we are to come anywhere near achieving this Strategy’s ambitious goals and objectives.

We recognise that changing organisational behaviour and systems will be challenging, but doing more of the same will not help us achieve the social inclusion. We want Hawke’s Bay to be known as the region for standout, innovative, joined-up thinking about how better to achieve engaged, inclusive, thriving communities.

The strategic directions outlined in this section are designed to outline areas where focussed new ways of working are most likely to improve everyone’s ability to LEARN, WORK, ENGAGE and HAVE A VOICE.

Figure 2: Matariki - Hawke’s Bay Regional Social Inclusion Strategy Strategic Directions



4.1. GROWING SOCIALLY RESPONSIBLE EMPLOYMENT AND ENTERPRISE

An economy that creates greater household and whānau wealth will enable a greater array of opportunities to lead a flourishing life and support a thriving local economy.

There are two mechanisms to create quality employment that focuses on the economic inclusion of those people who are more likely to be excluded; they are socially responsible employment and social enterprise.

Socially responsible employment

Socially conscious employment is where a commercial business makes a conscious choice to employ people with the greatest need and who will benefit socially and economically from the opportunity to work. They often consider this as their corporate social responsibility. For many it is linked to the sustainability of their business and the community and economy in which they operate. They offer quality employment and ensure employees move beyond minimum wage entitlements. This may be through active support for skill development or a 'Living Wage' choice.

Social enterprise

Social enterprises are businesses created to further a social purpose in a financially sustainable way. They are usually small businesses that:

- Provide income generation opportunities for people who need support
- Are sustainable - where income from sales is reinvested in their mission. They do not depend on philanthropy and can sustain themselves over the long-term
- Are scalable and their models can be expanded or replicated to other communities to generate greater impact

The impact of social enterprise are increases in household income and assets and providing greater stability for families, prioritising the use of locally provided goods and services, improving health and education outcomes and reducing welfare dependence.

There is potential for social enterprise to be developed to contribute to social inclusion and economic participation as part of overall economic development and socially responsible employment.

4.2. PREPARING PEOPLE FOR WORK

Government agencies and services have a role in supporting and creating the conditions necessary to prepare and enable people to sustain economic participation over the course of their lifetime.

Ara-rau, haukū-nui, hāro-o-te-kāhu in Matariki is focused on improving pathways to and through employment and getting people work ready and employers, employee ready. Preparing People for Work builds on this and places more emphasis on those that experience social exclusion. We need to equip people with the necessary skills for economic inclusion to avoid the poverty trap of welfare dependence, vulnerability to risk factors for social inclusions and improve their quality of life. Activity needs to target people who are out of work for reasons such as long term unemployment, poor skills, health problems or disabilities. Incorporating older people into economic activity will help address the challenges of our ageing population.

In this Strategy, work does not just encompass paid employment as many people who are socially excluded would benefit from being engaged in either employment, business, unpaid or voluntary work.

Education and skills

Education and skills are critical to people's ability to participate socially and economically. The Ministry of Education has a key role to play in this area and *Matariki - Hawke's Bay Regional Social Inclusion Strategy* is aligned with their long term plan to strengthen inclusion.

The graded relationship between socio-economic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health. If education (school and tertiary) significantly improves its performance for excluded populations, there will be an increased flow of skilled people entering our workplaces. Skills development should continue throughout the life course to ensure continued participation and development.

Better health and social services

The process of supporting employment is critical to success. Health and social services must support individuals, household and whānau to develop and maintain participation by rethinking how they deliver services. Turning up for work each day, on time, seems like a simple concept but for many it is not. Individuals, households and whānau need varying levels of support to ensure that:

- They are mentally and physically well
- They have adequate drug and alcohol addiction support
- Their specific disability needs are supported
- Their chronic conditions are being managed
- They are free from violence and dependence on crime
- They have access to adequate healthy food
- They have transport to and from their place of work
- Their dependents are cared for
- They have a healthy home to return to

Transitioning to work

For many people, entering or returning to the workforce can be difficult. Even with the relevant skills and health and social care services, some people do not have the knowledge of how to transition into the workforce. We need to ensure that young people, graduates, people returning from long term leave due to illness, trauma, parental leave, and imprisonment receive services to help in areas such as job applications, interviews, personal presentation, awareness of opportunities and self-confidence.

4.3. WHĀNAU, HOUSEHOLDS AND COMMUNITIES DRIVING SOCIAL INCLUSION

To achieve sustainable social inclusion, we need to focus on the development of the communities where people live, work and play. Identifying communities where social exclusion is clustered is key to this Strategy as it is within these communities the solutions and opportunities can be found and implemented.

Wairoa is a community with significant potential as it invests in its local resources. Understanding the opportunities must be specific to the places where people live.

Communities need to be enabled to recognise the aspirations of those experiencing exclusion and bring together peoples' goals, skills and resources with the relevant social services and other supports to achieve meaningful and enduring independence. There is a strong discourse that says that working with people, households and whānau strengths is not only useful, it is essential if we are going to support families to independence. This focus on resilience and capability over a lifetime is the focus of *Matariki - Hawke's Bay Regional Social Inclusion Strategy*.

For this to happen, a strong culture of autonomy and self-governance needs to be fostered within communities. All members of society must be given a voice and the ability to have input into decisions that affect them and their community. *Matariki - Hawke's Bay Regional Social Inclusion Strategy* seeks to actively engage education, health and social services to support individual communities to create healthy, safe, nurturing and sustainable environments for the greater well-being of their people.

'When families and communities are working well they are places and spaces that generate healthy lifestyles, safety, creativity, innovation, trust and belonging. Families and communities that are caring, confident and resilient are the best buffer against exclusion''

What does whānau, households and communities driving social inclusion look like?

⁷ Adams, D. (Social Inclusion Commissioner). September 2009. A Social Inclusion Strategy for Tasmania.

5. ACTIONS DELIVERING THE SOCIAL INCLUSION THEMES

The actions for Matariki Hawke's Bay Regional Social Inclusion Strategy (2017) have been developed in consultation with key stakeholder groups, entities, agencies and individuals. The ten actions identified complement the Matariki Hawke's Bay Regional Economic Development Strategy 2016 Action Plan.

Three key messages from the consultation underpinning the ten actions.

- 1) Whānau, families and communities must have a voice and be listened to when it comes to the delivery of social support services.
- 2) There must be a fundamentally different approach taken to the delivery of social support and service delivery must be co-created, collaborative and whānau driven.
- 3) Participation and collaboration are fundamental to delivery.

There will be further opportunity for whānau and communities to participate as each action is developed into a project and delivered. Participation needs to be wide reaching and not limited to service providers and government agencies; whānau, communities, employer groups and employers need to be involved. This participation will develop the actions and potentially build on these.

The key themes of:

- growing social responsible employment and enterprise
- preparing people for work
- whānau, households and communities driving social inclusion


Are delivered via the actions below using a collaborative approach. These address the barriers to social inclusion and support those social excluded.

Each theme has actions, a lead agency and key partners detailed in the table below.

Actions to enable whānau, households and communities to drive social inclusion

Theme	Action	Lead Agency	Key Partners
Growing social responsible employment and enterprise	Support the employment of people with challenges that may impact on their capacity to obtain or retain employment. Support will include, a tool-kit and guidance documents for socially responsible employment practises, and establishing community whānau-centric social support centres.	HBDHB	Iwi, Hapū, advocacy agencies, social service providers, employer groups, BHB, HBCoC, Corrections, MSD, HBDHB, MBIE human resources expertise, disability services.
	Engage with employers and employer groups to design, develop and advocate for socially responsible and innovative employment practises that support sustainable employment and retention of local labour.	Employer Group	MBIE, MSD, MPI, BHB, HBCoC, employer groups, employers, Iwi, Hapū, Corrections, Councils, youth services
Preparing people for work	Develop a framework for employers and training providers that identifies the future skills needs of employers and supports training providers to develop programmes to meet these needs. The framework will be informed by the MBEI/EIT research into future skills requirements for employment/industry.	EIT/MBEI	MSD, MPI, MoE, TEC, Schools, Principal Association, BHB, HBCoC, employers, employer groups, Iwi, Hapū, other tertiary education providers, youth services, Corrections, Councils.

Theme	Action	Lead Agency	Key Partners
Preparing people for work (cont'd)	Work with schools and Kahui Ako (Communities of Learning) to review and co-create career development and career pathways that are localised, responsive and future-facing for the needs of years 7 to 15 learners that need additional support.	Ministry of Education	Councils, government agencies, Iwi, Hapū, MSD, Kāhui Ako lead principals, Tertiary Education Commission, tertiary education providers, employer/industry groups.
Whānau, households and communities driving social inclusion	Develop a new sustainable operating system for government agencies and NGOs delivering of social support services. The operating system will be co-created, collaborative and whānau driven and; consider - funding, community need, delivery of services, and monitoring and evaluation measures.	Councils, Hāpu	Iwi, Hapū, HBDHB, Police, Te Puni Kōkiri, Corrections, Social Services Providers, Councils and Community Organisations
	Establish representative groups in locations across Hawke's Bay to enable the local community and whānau to have a voice and leadership in social and economic development. The groups will represent key local stakeholders, who may not be directly connected to Matariki REDS/ILG and; have the capacity and authority to represent their community in communication with Matariki REDS/ILG.	To be locally determined	Iwi, HBDHB, MSD, MoE, Oranga Tamariki, Police, Te Puni Kōkiri, Corrections, social services providers and community organisations
	Investigate and establish whānau-centric places connected to local communities, where people access a wide range of social support services for assisting preparation for and retention of employment. Places could include, digital, physical and mobile.	Oranga Tamariki, MSD, NGO	Iwi, Hapū, social service providers, community organisations, Councils, Corrections, Ministry of Education, Housing NZ, HBDHB, Health HB
	Review the Housing Coalition's membership and Terms of Reference to ensure that a strategic and comprehensive approach is taken to housing needs in the region. The approach will include: governance; quality and quantity; social, transitional and affordable housing.	Coalition Chairs	Housing Coalition members
	Undertake an analysis of social housing in the region, to inform a plan for the provision of sustainable, quality social housing, which meets demand. The analysis will include a quantitative study of current supply and projected demand, and an analysis of housing stock condition.	Coalition Chairs	Housing Coalition members
	Develop a plan that addresses issues affecting future supply and demand and considers innovative approaches to the provision of affordable housing. The plan will be informed by a review of the current supply and demand situation for affordable housing (owner occupied) in the region.	Coalition Chairs	Housing Coalition members

	Best Start: Healthy Eating and Activity Plan - Healthy Weight Strategy
	For the attention of: HBDHB Board, Clinical Council, Māori Relationship Board and Consumer Council
Document Owner:	Tracee Te Huia, ED Strategy, Health & Improvement
Document Author(s):	Shari Tidswell, Intersector Development Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For information

RECOMMENDATION:**Boards and Committees**

- **Note** progress in the implementation of this Plan.

OVERVIEW

In 2015 the Healthy Weight Strategy and in 2016 the Best Start: Healthy Eating and Activity Plan were endorsed by the HBDHB Board. These documents guide the HBDHB's work in increasing the number of healthy weight people, with a focus on children. Work is delivered across HBDHB and other sectors including primary care, councils, education, workplaces and Ngati Kahungunu Iwi Inc.

Childhood healthy weight is also being reported to the HBDHB Board via Te Ara Whakawaiaora performance programme and through the Raising Healthy Kids target. These reports share information and the Best Start Plan provides the direction and overview for all this work.

The Board requested six monthly progress reports. This report provides an overview of the progress and changes impacting the Plan's delivery.

REPORTING ON PROGRESS

Below is a summary of the highlights for each of the Plan's four objectives. Appendix One provides further detail of the progress on the Plan's activities to date.

1) Increasing healthy eating and activity environment

Information on the healthy weight environments survey has been shared with schools – children in urban areas are exposed to significant levels of advertising and access to unhealthy food in the vicinity of schools. Schools responding to our information requested all have “water only policies” and other healthy weight activities (including physical activity, lunch box policies, school vege gardens).

HBDHB have worked with Ngati Kahungunu Iwi Inc to deliver healthy weight environments at events, including Waitangi Day and Te Matatini, where vendors provided healthy food options and removed fizzy. The DHB provided water trucks to promote drinking water. Staff provided input into the development of healthy event resources now available on the DHB website.

2) Develop and deliver prevention programmes

The Healthy Conversation Tool has completed its trial and been evaluated. Overall, B4 School Check nurses and whānau really liked the resource and are benefiting from its use. There is a working group completing a refresh (including Oral Health, Health HB and Child Health staff), ready for distribution early in 2018. The evaluation identified the need for further resource and work has commenced on a portion size plate for children. This resource will support whānau engaging with a range of service including Hauora, primary care, community services and oral health.

The Maternal Green prescription is now operational in Wairoa and has an excellent referral rate, attendance and engagement. Hapū wāhine are feeding back positive impacts and how much they enjoy attending.

Work continues with early childhood services to identify and develop resources to support healthy weight environments and inform whānau. The early childhood services' feedback includes; increasing the link between health and early childhood education, more effective access to a range of health resources and resources that are designed for the setting i.e. notice boards, newsletter content, website content and that we have consistent messages.

3) Intervention to support children to have healthy weight

HBDHB has reached the Raising Healthy Kids target six months earlier than the target date, with 95% of children identified at a B4 School Check in the 98th percentile weight being referred to primary care assessment.

As a DHB with a comprehensive approach to childhood healthy weight we are able to increase support for referrals for lifestyle programmes from the B4 School Check programme. This enables us to support more whānau with overweight 2 and 3 year olds, providing earlier intervention.

4) Provide leadership in healthy eating

An intersector group has been established to provide leadership across key organisations influencing healthy weight environment and activity including; Ngati Kahungunu Iwi Inc, councils, Ministry of Education and EIT.

The DHB Healthy Eating Policy has been assessed by Auckland University against other DHBs and HBDHB are ranked third behind Waitemata and Auckland.

CHANGING CONTEXT FOR CHILDHOOD HEALTHY WEIGHT

Since the HBDHB endorsed the Plan in November 2015, MoH have:

- Released a "Childhood Obesity Plan"
- Required HBDHB to review the recently approved Healthy Eating Policy to comply with the national guidelines
- Set a Raising Healthy Kids target (1 July 2016)

This MoH direction aligns with or was planned for in the Best Start Plan. HBDHB has adapted to respond to priorities and to take advantage of opportunities.

HBDHB entered into a Memorandum of Understanding with the Hawke's Bay Community Fitness Centre Trust that was established in November 2016. The Trust sets out to establish a two stage development for a facility at the Regional Sports Park to provide community and elite athlete programmes. Alongside this will be research projects that look at early childhood and school programmes, as well as a longitudinal study.

Once again, this aligns with the Best Start Plan and requires ongoing coordination of activities in the schools programme. To achieve this, the DHB coordinated the team that are working closely with Sir Graeme Avery and others engaged with the Hawke's Bay Community Fitness Trust to come

together to ensure good coordination of effort and resource. This is well received by all organisations and well attended. Additional work has dropped out of this engagement for DHB however this is seen as positive because it enhances coordination. DHB is also engaged in the pre-pilot for Kimi Ora School.

CONCLUSION

Overall, the team are on track with some adjustments made to respond to Ministry changes. There has been significant work completed and/or embedded as business as usual, i.e. Healthy First Food and breastfeeding support. New work has focused on MoH lead areas including; supporting the new Raising Healthy Kids target, water only policies in schools and the HBDHB Healthy Eating Policy.

New developments offer opportunities including new partnerships and potentially increased investment in healthy weight projects. MoH-led initiatives have increased the impact of this Plan's activities i.e. more schools with water only policies and a HBDHB policy with wider coverage.

NEXT STEPS

1. Investigate steps to have greater levels of nutrition/dietician support/knowledge in the community.
2. Address the identified need for a nutrition and physical activity advice/resource for early childhood education. This will reinforce key messages whānau receive via maternity services, primary care, hauora, WellChild/Plunket and B4 School Checks.
3. Continue the work to develop a primary schools programme – Public Health Nurses, Health Promoting Schools and Population Health Advisor working with community partners, MoE East Coast, Hawke's Bay Community Fitness Centre Trust and schools.
4. Continue work with councils to support healthy weight environments, investigate engagement with supermarkets to promote healthy eating choices, using the findings from the Auckland University healthy environment survey to support changes.

Appendix One

Objective 1: Increase healthy eating and activity environments

Indicator 1a: Increase the number of schools with healthy eating policies

Indicator 1b: Increase the number of settings including workplaces, churches and marae with healthy eating policy

What the data shows

The data we have is improving, there is now policy information recorded in HealthScape showing an increase in school policies and data for the school environments has been collected with Auckland University (Informas).

Activity to deliver objective one				
	What	How	Progress	When
Current activity	<ul style="list-style-type: none"> Work with settings to increase healthy eating including education, schools, workplaces, events, Pasifika churches, marae Support national messaging including sugar reduction i.e. Water Only Advocate for changes in marketing and council planning 	<ul style="list-style-type: none"> Healthy eating policies which reduce sugar intake in 5 ECE centres, key community events increase healthy food choices, 4 Pasifika churches have a healthy eating approaches and guidelines for marae reviewed with Ngāti Kahungunu Iwi Incorporated Communication plan implemented for national and regional messages Supporting the implementation of programmes and plans i.e. i Way, Active Transport, Sport HB and Ngāti Kahungunu Iwi Incorporated plans 	<ul style="list-style-type: none"> School water only policies reviewed by PHNs, all primary schools have policies and two secondary schools. Support is being developed for ECEs with MoH licensing staff. Four churches engaged, two are working toward reducing sugar. Hasting District Council is going water only. Water only messaging promoting in schools, under 5 Healthy Food messages DHB rep on Active Transport group, supporting Ngāti Kahungunu Iwi Inc. event to provide health messages. 	July 2017
New actions	<ul style="list-style-type: none"> Support education settings to implement healthy eating and food literacy-early childhood, primary schools secondary schools, 	<ul style="list-style-type: none"> 50% increase in schools with “water only” policy annually Decile 9/10 communities have a whānau co-designed programme delivered in primary schools, - trialled 2016, 5 new schools annually 	<ul style="list-style-type: none"> Exceeded with all primary schools having a water only policy Schools project lead has established a working group including PHNs, Health Promoting Schools, Māori Health, Pasifika Health 	Reported annually to 2020

Activity to deliver objective one				
	<ul style="list-style-type: none"> Establishing a base measure for monitoring Engage cross-sector groups to gain support and influence to increase healthy eating environments Investigate food security for children and their whānau identifying issues 	<ul style="list-style-type: none"> All schools surveyed for status in healthy eating/water only policies Establish a group to influence changes in the environment across Hawke's Bay Partner with Auckland University to establish a baseline for the Hawke's Bay food environment and monitor annually 	<ul style="list-style-type: none"> Presented Healthy Weight Strategy to Hastings and Napier Council. Food Environment data collection complete Best Start Advisory Group has been established to support coordination and the development of resources/programmes/project. Includes: Health HB, Child Health, Oral Health, Maori Health, Population Health, Pasifika Health, Pediatrics, Primary Care Directorate. 	

Objective 2: Develop and deliver prevention programmes

Indicator 2a: Rates of breastfeeding at 6 weeks increase

Indicator 2b: Number of healthy weight children at 4 years remain stable or improves

What the data shows

- Child fully or exclusively breastfeeding at 6 weeks rates as 72% (Dec 2015) for total population, 66% Māori and 78% Pasifka (December 2015 Ministry of Health), these show slight increases
- 67.8% of Hawke's Bay four year olds are healthy weight, 62.7% Māori and 55.7% Pasifika (2016 Before School Check data, Health Hawke's Bay), this is 2016 data.

Actions and Stakeholders				
	What	How	Progress	When
Current activity	<ul style="list-style-type: none"> • Implementing Maternal Nutrition Programme activities- breastfeeding support, healthy first foods • Supporting settings to implement healthy eating/sugar reduction programmes/policies • Supporting health promoting schools 	<ul style="list-style-type: none"> • Breastfeeding support resources provided via Hauora • All Well Child/Tamariki Ora providers trained in Healthy First Foods • All schools, ECE, Well Child/Tamariki Ora Providers with health eating policies are provided with information resources and advice • Health Promoting Schools health promoters are up-skilled to implement healthy eating approaches 	<ul style="list-style-type: none"> • Complete • Complete • Information and resources shared • Meeting HPS coordinators, attended workshop with other providers 	July 2017
Next actions	<ul style="list-style-type: none"> • Extend the Maternal Nutrition programme developing programmes in ECE and resources to support B4 School Check providers 	<ul style="list-style-type: none"> • Deliver training to LMCs, Well Child providers and B4 School Check nurses to increase skills to promote healthy eating- Healthy Conversation, Healthy First Foods, B4 School Check resources 	<ul style="list-style-type: none"> • Maternal Nutrition and Physical Activity programme being delivered in Wairoa – great response • Healthy Conversation workshops delivered for B4 School Check nurses and GPs. 	Reported annually until 2020

Actions and Stakeholders			
	<ul style="list-style-type: none"> Supporting healthy pregnancies, via education and activity opportunities Support the development of whānau programme (building on existing successful programme) Develop food literacy resources including sugar reduction messages -deliver via programme and settings Support healthy eating programmes and approaches in schools 	<ul style="list-style-type: none"> Contract and support local provider/s to deliver the maternal healthy eating activity programme Contract and support local provider/s to deliver whānau based programmes i.e. Active Families Deliver key messages for whānau with 2–3 year olds Develop food literacy resources for B4 School Check provider, promote Healthy First Food and heart foundation school resources Support the co-designed programme for deprivation 9/10 communities 	<ul style="list-style-type: none"> Healthy conversation tool implemented and evaluated – this includes BE SMARTER whānau plan, B4 Schools Check nurses Active Families contracts in place and delivered by Iron Māori and Sport HB. Project manager appointed for school programme and working with Kimi Ora School. Working with early childhood to identify resources to support healthy weight messages for whānau and children – expert group set up and reviewed current resources.

Objective 3: Intervention to support children to have healthy weight

Indicator 3a: Increase referrals to programmes which support healthy lifestyles and whānau engagement for 4 year olds with a BMI in the 98th percentile

Indicator 3b: Increase food literacy training to targeted workforce including midwives, Well Child/Tamariki Ora, education workforces, social services and Before School Check practitioners.

What the data shows

- 115 Hawke's Bay children were identified with BMI in the 98th percentile, of these, 77 were referred to a primary care follow and the remaining 32 delined. 92% were Māori, 93% other and 96% Pasifika received a referral to primary care. (2017 B4 School Check Clinical Data- Health Hawke's Bay)
- XX participants attended breastfeeding support training, 23 Well Child staff attended First Foods Trainer Workshops, 83 health professionals attended Gestational Diabetes updates (2015 HBDHB Maternal Nutrition Report to MoH) and 45 practice nurses attended CNE session on Raising Healthy Kids Target and whānau conversation tool/plan. XX early childhood teaching attended an information session

Activities and Stakeholders				
	What	How	Progress	When
Current activity	<ul style="list-style-type: none"> • Screening including gestational diabetes, Well Child/Tamariki Ora and B4 School Checks • Whānau activity based programmes for under 5s • Paediatric dietetic referrals 	<ul style="list-style-type: none"> • Monitor the screening and responding referrals • Fund Active Families under five and monitor implementation. Investigate extending to further providers • Monitor referrals and outcomes 	<ul style="list-style-type: none"> • Monitoring provided via HBDHB Board and MoH. Raising Health Kids target has been met. • Active Families under 5 is funded and DHB has received additional funding from MoH • Majority of referrals are to Active Families which has 80% of children increasing healthy eating and activity. 	July 2017 Māori Health Targets - 6 monthly to the Board
New actions	<ul style="list-style-type: none"> • Support screening in maternal programme, Well Child/Tamariki Ora and B4 School Checks 	<ul style="list-style-type: none"> • Support training for health professionals completing screening - maternal, Well Child/Tamariki Ora and B4 School Checks. 	<ul style="list-style-type: none"> • Completed WellChild/Plunket Health First Foods training, B4 School Check Conversation Tool training • Active Families – delivered by Iron Māori and Sport HB 	Annually until 2020

Activities and Stakeholders				
	<ul style="list-style-type: none"> • Provide whānau based programmes to support lifestyle changes which support healthy weight i.e. Active Families • Support referrals to programmes via a range of pathways • Develop a clinical pathway from well child/primary care to secondary services • Support child health workforce, to deliver healthy conversations 	<ul style="list-style-type: none"> • Contract community providers to take referrals for whānau with an overweight child (3-12 years) • Clinical pathway developed with key stakeholders- whānau, parents, children and health professionals • Healthy Conversation training delivered 	<ul style="list-style-type: none"> • Clinical pathway for B4 School Check complete. Working with diabetes pathway • Delivered the Health Food conversation tool. Complete. 	

Objective 4: Provide leadership in healthy eating

Indicator 4a: Monitor the implementation of the HB DHB Healthy Eating policy


Indicator 4b: Engage support from key partners

What the data shows

Hawke's Bay District Health Board policy has been updated and aligns with MoH guidelines and an implementation plan is in place, endorsed by EMT June 2016. Auckland University review of the policy has HBDHB ranked 3rd most effective policy for DHBs. Healthy Weight Strategy have been presented to the Intersectoral Forum, Napier and Hastings Councils, MoE East Coast, Priority Population Committee (Health HB) and internally across the DHB. Intersector Group has been established

Activities and Stakeholders				
	What	How	Progress	When
Current activity	<ul style="list-style-type: none"> Share information, evidence and best practice and healthy weight data with key community partners Show leadership by establish the HBDHB Healthy Eating Policy and implementing the Healthy @ Work work plan 	<ul style="list-style-type: none"> Regular updates provided via Maternal, Well Child/Tamariki Ora and B4 School Check forums. Regular meetings with community providers Review and monitor the HBDHB Healthy Eating Policy and support the implementation of the Health @ Work work plan 	<ul style="list-style-type: none"> Strategy and Best Start Plan shared with - Sport HB, Mananui, Napier and Hastings Councils, HB Community Fitness Centre Trust, DHB staff and placed on DHB website. Communication Plan developed to increase awareness Policy complete 	July 2017
New actions	<ul style="list-style-type: none"> Lead an equity focus by applying an equity lens to review this plan and delivered activity Lead messaging and delivery to reduce sugar intake Align HBDHB Healthy Eating Policy with national food and beverage guidelines 	<ul style="list-style-type: none"> Equity assessment written and finding used to refine this plan to improve response to equity Cross-sector activity includes a sugar reduction focus Framework/process implemented for cross-sector approach and inter-agency activity reported 	<ul style="list-style-type: none"> All contracts have targets for Māori and Pasifika, resources are tested with Māori and Pasifika whānau and equity lens was applied to funding. Water only and healthy food has been delivered in event planning, Pasifika churches, workplaces and education. Shared Healthy Eating Strategy with Intersectoral Forum – Inrsector Group 	Ongoing until 2020

Activities and Stakeholders				
	<ul style="list-style-type: none"> Develop a process for a cross-sector approach to support healthy eating environments Influence key service delivery stakeholders to maintain best practise and consistent messaging Continue engagement with community particularly key influencers for Māori and Pasifika i.e. marae and church leaders 	<ul style="list-style-type: none"> Hauora, general practice, LMCs, contracted community providers provide national messages consistently to whānau, community and their workplace Key activities Waitangi Day celebrations - policy/guidance document development Ngāti Kahungunu Iwi Incorporated and engagement with Pasifika church leaders 	<p>establish and setting out leadership activities</p> <ul style="list-style-type: none"> Messaging is “water only” and promoting the MoH Nutrition Guidelines We have worked with the Te Matatini steering group and delivered promoting water and healthy food choices (with a reduction in high fat, sugar and salt foods). The Healthy Events – Food guide material has been reviewed by Ngāti Kahungunu Iwi (events and comms staff), available on DHB website. 	

 HAWKE'S BAY District Health Board Whakawāteatia	Regional Tobacco Strategy for Hawke's Bay, 2015–2020 update
	For the attention of: Māori Relationship Board, HB Clinical Council & HB Health Consumer Council and HBDHB Board
Document Owner:	Tracee Te Huia, ED Strategy and Health Improvement
Document Author(s):	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For information

RECOMMENDATION:

That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board

Note the contents of this report.

OVERVIEW

In November 2015 the Regional Tobacco Strategy for Hawke's Bay, 2015–2020 was endorsed by the HBDHB Board with a yearly report to be provided to the Board and Committees. This is the second annual update of the Strategy, providing highlights from the three objective in the Strategy.

BACKGROUND

The Health Equity Report 2014/16 identified tobacco use as the single biggest underlying cause of inequity of death rates and ill-health in Hawke's Bay¹. Smoking is still more prevalent for Māori than any other ethnic group in New Zealand² and is more common in areas with a significant Māori population and in areas of deprivation. Pregnant women who are Māori or who live in a Quintile 5 area are five more times more likely to be smokers than non-Māori or women living in a Quintile 1 area³.

The Regional Tobacco Strategy for Hawke's Bay 2015-2020 goal is for communities in Hawke's Bay to be smokefree/auahi kore – with Hawke's Bay whānau enjoying a tobacco free life. The Strategy has a strong commitment to reducing the social and health inequities associated with tobacco use and has three objectives:

- Cessation – help people stop smoking
- Prevention – preventing smoking uptake by creating an environment where young people choose not to smoke
- Protection - creating smokefree environments

¹ McElnay C 2014. Health inEquity in Hawke's Bay. Hawke's Bay District Health Board.

² Ministry of Health. 2011. Māori Smoking and Tobacco Use 2011. Wellington. Ministry of Health.

³ McElnay C 2016. Health Equity in Hawke's Bay. Hawke's Bay District Health Board

The main source of information on smoking rates comes from the NZ Census but this will not be updated until 2018. The Ministry of Health funded ASH (Action on Smoking and Health) year 10 tobacco use survey and we have preliminary results for 2015.

This survey is an annual questionnaire of approximately 30,000 students from across New Zealand. HBDHB also collect smoking data on pregnant women engaging with our services, this included over 90% of women giving birth. These sources provides valuable and robust insight into rates of smoking.

WHAT'S HAPPENED IN ONE YEAR?

OBJECTIVE 1: HELPING PEOPLE TO STOP SMOKING

Te Haa Matea (Stop Smoking Services, Hawke's Bay)

At the same time HBDHB adopted the Tobacco Strategy, the Ministry of Health formed 16 regional Stop Smoking Services and one national smokefree advocacy group (1 July 2016). Hawke's Bay established Te Haa Matea - Te Taiwhenua o Heretaunga (Lead), Te Kupenga Hauora o Ahuriri, Choices Kahungunu Health Services and HBDHB. Te Haa Matea's mission is to help whānau stop smoking and 'breathe easy'.

HBDHB are contributing significantly to Te Haa Matea outcomes by providing project management, cessation services in Wairoa and Central Hawke's Bay, providing cessation programmes for pregnant women, developing cessation programmes and providing support for workplaces. HBDHB also provides leadership for the Smokefree Coalition which coordinates and delivers health promotion activity.

HBDHB developed a simple referral process to Te Haa Matea. Based on a business card theme, the card offers an 0800 number for anyone wanting help to stop smoking. The 0800 number is transferred to the HBDHB Smokefree Service, who phone, complete an initial assessment and offer a face-to-face service with a stop smoking practitioner in their region. The flip side of the card offers behavioural support. The Te Haa Matea cards were widely distributed to Stop Smoking Practitioners, general practices, workplaces and health services.

HBDHB are leading the way in cessation initiatives:

- Tag your Taniwha - a card designed to engage with health services at Te Matatini Kapa Haka Festival held in February.
- Tame your Taniwha - an eight week, teams of 3 stop smoking challenge. 22 teams have registered in the first competition which kicked off on 2 October and will finish on 30 November. A second competition will take place in April finishing on 31 May (World Smokefree Day). This will be followed by an evaluation in June 2018.
- Te Haa Matea Facebook page administered by the Smokefree Service. To date, the Facebook page has 441 likes, 445 regular followers, 60 video views with 928 post reaches. The Facebook page has opened the door to self-referrals to both the Wāhine Hapū – Increasing Smokefree Pregnancy Programme and Tame your Taniwha.

HBDHB provided funding to general practices to focus on contacting patients to update their smoking status, offer smoking brief advice and cessation support. Te Haa Matea are able to provide clients Smoking Brief Advice and Cessation Support status to Health Hawke's Bay to update their patient records and Health Hawke's Bay are able to refer patients to Te Haa Matea for behavioural and motivation support.

Rates of Smoking for Māori Women Remain High

Assisting women to stop smoking remains a priority. For Māori women giving birth this year, 44.2% were smokers (2017 data for women giving birth in HBDHB services). HBDHB have received the evaluation with a new range of resources to support Wāhine Hapū programme and we have added an incentive step to support greater engagement.

Smokefree are investigating programmes to support young Māori wāhine to remain smokefree – this will focus on 15 to 18 years. We will prioritise kura kaupapa Māori schools and schools with high numbers of Māori wāhine.

Smokefree Education, Training, Cessation Support

The Smokefree Team continues to support, primary and secondary care clinicians by:

- Understanding Nicotine Replacement Therapy (NRT) medicines
- How to chart NRT for patients
- Confidence in NRT conversations and
- Completing the “Helping People Stop Smoking” Ministry of Health training

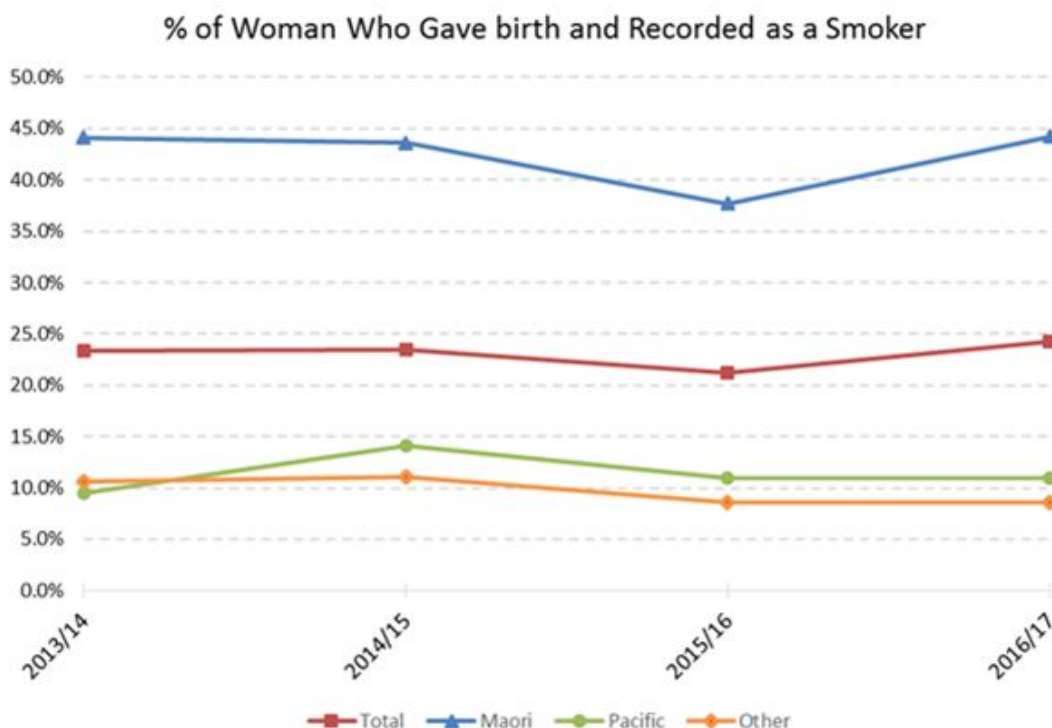
We have extended this to include presentations to Dental Association and pharmacists. We have had our first dentist complete cessation training.

Indicator 1a: Smoking prevalence (particularly Maori)

No update on prevalence until 2018 NZ Census. Current data has smoking rates at 18% for non-Māori and 47.4% for Māori in Hawke's Bay. Please refer to the HB Tobacco Strategy for details.

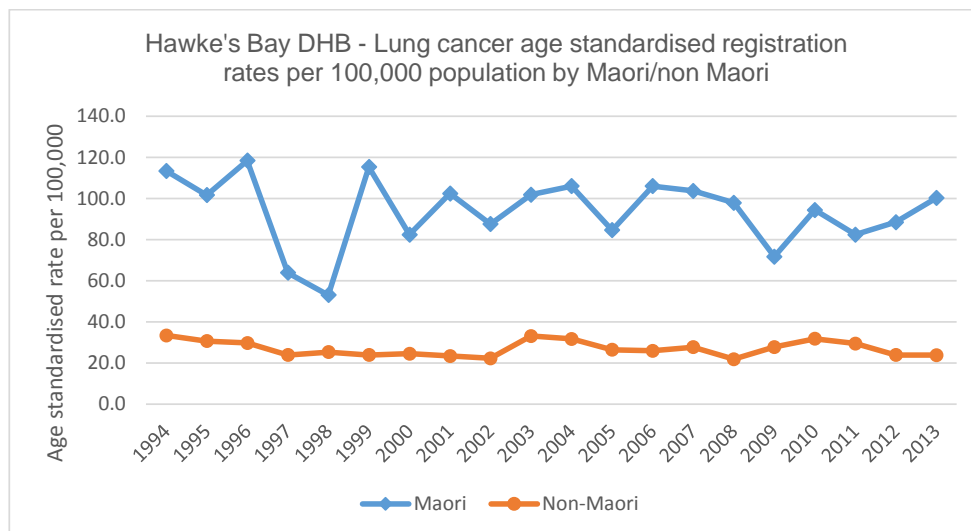
Indicator 1b: Smoking prevalence in pregnant women (particularly Maori women)

The data below provides a time series from 2007 to June 2017. Smoking rates for pregnant women have decreased from 2011 to 2016 with a significant reduction between 2015 to 2016 from 23.7% to 21%. There has been a rise in Māori women from 37.6% to 44.2% as births in Hawke's Bay have declined but the rates of births of Māori women have increased. Changes to ISPP, “Top 5 for my Baby to Thrive” promotion in general practice, greater engagement in healthy lifestyles programme (i.e. Maternal Nutrition), increases in the price of cigarettes again on 1 January 2018 and increased education/awareness will contribute to improving these rates.



Indicator 1c: Lung Cancer Incidence

This information is not available at this time and will report on it at a later date.



OBJECTIVE 2: PREVENTING SMOKING UPTAKE

Young people who smoke may acquire the habit and become addicted before reaching adulthood, making them less able to quit smoking and more likely to have a tobacco-related health problem.

Te Haa Matea provides smokefree clinics and education in workplace settings, trade training establishments and teen parent units to target young people. These include Tumu Timbers, Silver Fern Farms (CHB), Wit/Lighthouse, EIT Hawke's Bay, Trade and Commerce and both Teen Parent Schools. The Smokefree Team's Māori Support Worker is working with rangitahi as outlined above.

Indicator 2a: Prevalence of Year 10 students who have never smoked (particularly Maori students)

The annual ASH survey is not available until 2018. The percentage of all Māori year 10 students across New Zealand who never smoked was 16.2% in 2000 increasing to 59.2% in 2015. In 2015, Hawke's Bay noted 73% of year 10s, 54.33% of Māori year 10s and 50.95% of Māori wāhine year 10s have never smoked.

This is a significant improvement. Anecdotally we are told that price increases were a major contributor with "family and friends not supplying young people due to the cost". This social supply remains the leading source of tobacco for this age group.

Indicator 2b: Prevalence of Year 10 students living with one or more parent who smokes

This information is sourced from the NZ Census so will not be available until 2018.

OBJECTIVE 3: CREATING SMOKEFREE ENVIRONMENTS

Hawke's Bay DHB continues to visit all retailers at least once a year to deliver reminders on the legislative requirements, encourage a smokefree policy and check compliance. Successive outbreaks have meant limited resource to complete this work, we hope to re-establish visits and compliance work over the next 12 months.

We have prosecuted a retailer in Central Hawkes Bay as a result of controlled purchase operations - this is the third such prosecution and has been referred to the Ministry of Health.

Support Legislation and Policy Change for Smokefree Environment

As a member of the HB Smokefree Coalition, HBDHB supported a coordinated submission to support pharmacists to dispense NRT and e-cigarettes – the aim is to influence law change to further discourage smoking and support cessation.


Indicator 3a: Number of Tobacco Free Retailers

Number of smokefree retailers remains static.

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CONCLUSION

- Cessation services (Te Haa Matea) is embedded.
- Programmes led by and contributed to by HBDHB, are seeing successes in supporting the reduction in smoking especially for Māori wāhine, workplace and high level of engagement in Wairoa.
- New rules for pharmacists have offered an opportunity to work with another primary care setting, which has the potential to access more smokers and increase cessation referral.

	Te Ara Whakawaiaora – Smokefree
	For the attention of: HBDHB Board, Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Document Owner:	Tracee Te Huia, ED Strategy and Health Improvement
Document Author(s):	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by:	Shari Tidswell, Acting Service Manager Population Health
Month:	November 2017
Consideration:	Monitoring

RECOMMENDATION**That the Boards and Councils:**

Note the contents of this report.

OVERVIEW

Te Ara Whakawaiaora (TAW) is an exception based report, drawn from AMHP quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from Tracee Te Huia, Champion for the Smokefree Indicators.

MĀORI HEALTH PLAN INDICATOR: Smokefree

- 95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking
- 90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months
- 90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking
- 90% of young pregnant Māori women are referred to cessation support
- 95% of pregnant Māori women who are smokefree at 2 weeks postnatal

WHY ARE THESE INDICATORS IMPORTANT?

Most smokers want to quit, and there are immediate and long-term health benefits for those who do. The risk of premature death from smoking decreases soon after someone quits smoking and continues to do so for at least 10 to 15 years. There are valuable interventions that can be routinely provided in both primary and secondary care.

These targets are designed to prompt doctors, nurses and other health professionals to routinely ask the people they see, whether they smoke. The health professional is then able to provide brief advice and to offer quit support to smokers. There is strong evidence that brief advice from a health professional is highly effective at encouraging people to try to quit smoking, and to stay smokefree. Research shows that one in every forty smokers will make a quit attempt simply as a result of receiving brief advice. In the Health Equity Report 2014/16, tobacco use was highlighted as the single biggest underlying cause of inequity of death rates and ill health in Hawke's Bay.

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THESE INDICATORS?

95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking

During the last year, health practitioners in the secondary care settings have continued to achieve the 95% target of all patients who smoke aged 15 years and over, are offered brief advice and help to stop smoking.

The Smokefree team provide ABC, Helping People Stop Smoking, Nicotine Replacement Therapy (NRT) educational support to clinical staff. It is important that patients who smoke within the hospital setting are:

- Charted NRT to manage their addiction; and
- Offered a referral for cessation and behavioural support on discharge

DHB coding staff monitor patient records for accuracy in smoking brief advice and cessation support documentation. The Smokefree team contact clinicians in breach of ABC & D (documentation). The number of breaches have decreased significantly during the last year as confidence in discussing ABC & D has increased.

The Smokefree Team are currently recruiting for a Smokefree Nurse Liaison, this position became vacant in August. This role is vital in supporting health professionals in hospital, general practices and community settings i.e. Royston Hospital. The role also provides behavioural and motivation support to patients in hospital and triage to Te Haa Matea (HB Stop Smoking Service including Te Taiwhenua o Heretaunga, Te Kupenga Hauora – Ahuriri and HBDHB).

90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months

		Target	Total	Māori	Pacific	Other	Non Maori
2016/17	Q1	90%	80.9%	79.8%	76.4%	82.6%	80.9%
	Q2	90%	87.4%	85.1%	82.2%	89.8%	87.4%
	Q3	90%	86.4%	83.9%	81.4%	89.1%	86.4%
	Q4	90%	91.0%	88.4%	87.1%	93.7%	91.0%

Health Hawke's Bay achieved 91% Smoking Brief Advice in the fourth quarter by:

- Working with the smokefree clinical champions in each practice.
- HBDHB provide funding to General Practices to focus on contacting patients to update their smoking status, offer smoking brief advice and cessation support
- Two Independent Registered Nurses (one funded by HBDHB and one contracted by the PHO) contact patients in the evenings and on the weekends on behalf of the practice
- Health Hawke's Bay have contracted Vensa Health (an independent health support company based in Auckland) to carry out text reminders for patients which will update patient smoking status.

Health Hawke's Bay had two practices that used "My Practice" as their patient management system. One practice was exceeding the 90% health target and the other one was struggling. Health Hawke's Bay worked with the latter to check how they were recording the information. It transpired that with "My Practice" you have to complete the cessation support section of the form for it to be counted. After sharing this with all practice staff, this practice also met and exceeded the 90% target.

Barriers to maintaining the 90% target over the next year are linked ability to contact patients:

- Disconnected numbers or wrong number or no phone
- Phone goes straight to voicemail
- Patient has moved overseas or transferred out to another practice

90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking

	Month (3 months to)	Target	Total	Māori
2013/14	Q1	90.0%	93.2%	0.0%
	Q2	90.0%	96.3%	94.3%
	Q3	90.0%	87.9%	85.4%
	Q4	90.0%	94.5%	95.2%
2014/15	Q1	90.0%	100.0%	100.0%
	Q2	90.0%	98.1%	100.0%
	Q3	90.0%	98.6%	97.9%
	Q4	90.0%	96.9%	95.2%
2015/16	Q1	90.0%	90.3%	87.7%
	Q2	90.0%	96.5%	95.2%
	Q3	90.0%	88.6%	86.2%
	Q4	90.0%	89.0%	81.1%
2016/17	Q1	90.0%	91.2%	88.4%
	Q2	90.0%	88.5%	78.8%
	Q3	90.0%	92.8%	95.2%
	Q4	90.0%	85.7%	81.6%

Many of the antenatal women we encounter, started smoking at a young age and are surrounded in their homes by family members who are not smokefree (generational dependence). The antenatal women are often experiencing a lot of stress and are reluctant to receive support to quit because for them, it helps them to cope. Many have tried in the past and have found it too hard and others are reluctant to use Nicotine Replacement Therapy (NRT) as they have either tried it and not liked it or heard of others experiences and are unwilling to try.

The Maternal and Child Health Smokefree Coordinator has met with the antenatal clinic midwives to discuss the Wāhine Hapū – Increasing Smokefree Pregnancy Programme, outlining the reasons why they should refer their pregnant women who smoke. Posters for the programme are now in the waiting and clinic rooms at the antenatal clinic.

The Maternal and Child Health Smokefree Coordinator has met with the maternity coders to discuss difficulty in capturing up-to-date statistics when they are playing catch-up with file coding and Midwives not completing the smokefree pathway form in its entirety. These two issues reflect the outcomes as shown in the data. Projects for the next six months include:

- Reviewing the maternity smokefree pathway and smokefree referral forms
- Surveying midwives
- Surveying pregnant women who smoke and decline the Increasing Smokefree Pregnancy Programme

90% of young pregnant Māori women are referred to cessation support

Total referrals 339	Other	NZ Māori	NZ European	Pacific Island
AN 244	1	183	57	3
PN 36	1	24	9	2
Whānau 59	2	37	16	4

Referrals are sent in from many sources including LMC, Doctors, antenatal clinic midwives, postnatal ward midwives, nurses, Te Haa Matea stop smoking practitioners and self-referrals via Te Haa Matea Facebook page. Choices Heretaunga is the main provider for maternal cessation support, followed by Te Haa Matea stop smoking practitioners and in the case of Wairoa, the DHB Smokefree Service Coordinator.

Of the 339 referrals received, 160 consented to be on the Wāhine Hapū – Increasing Smokefree Pregnancy Programme (49%). 69% identified as Māori and 29% as European. Many decline from the referral to the programme as there are numerous struggles with other issues e.g. alcohol, drug use, financial and relationship issues.

The Smokefree team are currently trialling two initiatives to increase the number of referral consenting to be on the Programme.

- Referral process change - the Smokefree Māori Support Worker makes the initial face-to-face contact with the hapū wāhine in her home, providing initial support and a 'warm' hand over to Choices Heretaunga. Previously a flax was sent to Choices- Heretaunga.
- At this first meeting the pregnant woman is given two packets of new-born nappies for engaging in the Wāhine Hapū, providing instant reward for their positive choice.

Once the pregnant woman has consented to joining the Wāhine Hapū programme, a referral is sent to the stop smoking practitioner to continue the motivational and behavioural support for the next twelve weeks.

The Maternal and Child Health Smokefree Coordinator met with general practice staff with the "Top Five for my Baby to Thrive" resource, to encourage general practices to help pregnant women find a midwife, check their smoking status and refer to the Wāhine Hapū programme.

The successes of the Wāhine Hapū – Increasing Smokefree Pregnancy Programme include:

- Reaching the target population
- Engaging women with smoking cessation and behavioural support
- 96% smokefree at 4 weeks
- 73% smokefree at 12 weeks
- Approximately 30 women and 20 whānau members per year becoming smokefree

95% of Māori women who are smokefree at 2 weeks post-natal

	Target	Total	Maori	Pacific	High Deprivation
Jul - Dec 14	86%	79.0%	58.0%	94.0%	68.0%
Jan - Jun 15	86%	79.0%	62.0%	96.0%	70.0%
Jul - Dec 15	86%	73.0%	53.0%	81.0%	64.0%
Jan - Jun 16	86%	79.9%	65.6%	97.7%	72.6%
Jul - Dec 16	86%	80.0%	65.6%	93.5%	70.4%

Of those pregnant women referred to cessation support and who are successful at becoming smokefree during their pregnancy, many will return to smoking after the birth of their baby. Smoking is often a coping mechanism for stress and many women are reluctant to stop. Smoking is seen as "a breather" that assists coping with family social complexities and it gives them time-out from their baby/children and partners and it creates a break from boredom. It offers comfort, it facilitates socialising with their friends and for those who are isolated, it is their friend¹.

¹ Exploring why young Māori women smoke. Taking a new approach to understanding the experiences of people in our communities. 2017. Ministry of Health in collaboration with ThinkPlace.

CHAMPION'S REPORT OF ACTIVITY THAT WILL OCCUR TO INCREASE PERFORMANCE OF THESE INDICATORS?

Te Haa Mātea (HB Stop Smoking Services) is a partnership between Te Taiwhenua o Heretaunga, Te Kupenga Hauora o Ahuriri, Choices Kahungunu Health Services and HBDHB. Te Haa Mātea's mission is to help whānau stop smoking and 'breathe easy'. HBDHB are contributing significantly to Te Haa Mātea outcomes by providing project management, cessation services in Wairoa and Central Hawke's Bay, providing cessation programmes for pregnant women, developing cessation programmes and providing support for workplaces.

HBDHB are leading the way in cessation initiatives:

- Te Haa Mātea Facebook page administered by the Smokefree Service. To date, the Facebook page has 441 likes, 445 regular followers, 60 video views with 928 post reaches. The Facebook page has opened the door to self-referrals to both the Wāhine Hapū and connected people to Smokefree Pregnancy Programme and Tame your Taniwha challenge.
- Tag the Taniwha – a card designed to engage with health services at Te Matatini Kapa Haka Festival held in February.
- Tame your Taniwha – an eight week, team of three stop smoking challenge. 22 teams are registered in the first competition 2nd October to 30th November. A second competition is scheduled for April / May 2018.

These events and activities have supported partnerships between the HBDHB Smokefree Service and; other DHB services, Te Haa Mātea, Kahungunu Executive, Hawke's Bay Smokefree Coalition, workplaces and our wider community to increase whānau quit attempts and smokefree status.

HBDHB provides leadership for the Hawke's Bay Smokefree Coalition which coordinates and delivers health promotion activity.

There has been an increase of interest in smokefree environments within workplaces. One initiative is - Quitline providing telephone support and the HBDHB providing face-to-face cessation support during work hours in workplaces. Workplace settings engaged include:

- Tumu Timbers
- Waipak Ltd
- Bostocks
- Heinz / Kraft
- Silver Fern Farms, CHB

RECOMMENDATIONS FROM THE TARGET CHAMPION

We can achieve targets and the ultimate goal "Smokefree 2025" by working collaboratively and the programmes – Tame your Taniwha, Hapū Wāhine and joint events like Te Matatini, have provided an excellent pathway to strengthen the collaboration. We will continue to enhance existing collaboration and identify new opportunities.

Most of the indicators for this area are process indicators (measuring transactions or activity i.e. patients offered brief cessation advice) – the exception being the percentage of Māori women postnatal who are smokefree. The process indicators assume - inquiring about smokefree status and making referrals to cessation services will result in reductions in smoking rates. We must ensure that these process indicators are met and that a wide population health approach is being taken to reduce smoking rates in our priority groups.

There is good rationale for people to use e-cigarettes to help them stop smoking. E-cigarettes can provide nicotine, which is what people desire from smoking. Many of our whānau are making the switch from tobacco to 'vaping' and we need to support their nicotine replacement of choice. While the Ministry of Health are planning to change the law regulating e-cigarettes, this is not likely to happen until late 2018 for implementation in 2019. HBDHB need to be knowledgeable in the use of e-cigarettes to be effective stop smoking practitioners to our whānau who choose to 'vape'.

Smokefree service are investigating programmes to support young Māori wāhine to remain smokefree – this will focus on 15 to 18 years. We will prioritise Kura Kaupapa Māori schools and schools with high numbers of Māori wāhine.

Smokefree service are recruiting a Smokefree Stop Smoking Practitioner to deliver cessation support in workplaces, young Māori wāhine and cover Central Hawke's Bay. To increase coverage and support for whānau and communities.

CONCLUSION

Achieving these targets continue to be challenging. Working collaboratively in all settings will help us achieve the Aotearoa Smokefree 2025 goal.



HAWKE'S BAY CLINICAL RESEARCH COMMITTEE

Late Paper / Verbal Report



Agenda

Health Hawke's Bay Clinical Advisory and Governance Committee

Date:	7 November 2017	Time:	5.30 – 7.30pm
Venue:	Te Waiora Boardroom, Second Floor, GJ Gardner Building		
Present:	Chris McKenna (Chair), Bayden Barber, Julia Ebbett, Maurice King, Mark Peterson, Andrew Phillips, Tae Richardson, Catrina Riley		
In Attendance:	HHB: Linda Dubbeldam, Manager Innovation & Development; Sara Salman, Clinical Advisory Pharmacist; Stephanie Maggin (minutes)		
Guests:	Charrissa Keenan, HBDHB; Val Guay, Improvement Advisory People & Quality, HBDHB		

	Paper	Action	Lead
1. Administration			
1.1 Apologies	Verbal	Acknowledge	Chair
1.2 Interest Register	Paper	Noting	Chair
1.3 Draft Minutes 12 September 2017	Paper	Confirm	Chair
1.4 Action Items	Paper	Noting	Chair
1.5 Committee Work Plan	Paper	Acknowledge	Linda Dubbeldam
1.7 Items approved since last meeting	Verbal	Verbal	Chair
2. Strategic Discussion (one hour)			
Equity presentation	Presentation		Charrissa Keenan, HBDHB
CAG responsibility for equity	Discussion		All
3. Items for Discussion			
3.1 Clinical Governance Strategy	Paper	Approval	Linda Dubbeldam
3.2 PCED Project Update	Paper	Acknowledge	Linda Dubbeldam
3.3 Cardiovascular Improvement Plan	Paper	Acknowledge	Victoria Speers
3.4 Laboratory Request Form	Paper	Approval	Sara Salman
4. Other Items for Information			
4.1 Workforce Development Update	Verbal	Acknowledge	Linda Dubbeldam
4.2 High Needs Enrolment Programme	Paper	Acknowledge	Linda Dubbeldam
4.3 Enrolment Dashboard	Paper	Acknowledge	Linda Dubbeldam
4.4 Better Help for Smokers to Quit Improvement Plan	Paper	Acknowledge	Linda Dubbeldam
4.5 Clinical Risk Report: Misdirection of Patient Information	Paper	Acknowledge	Linda Dubbeldam
4.6 2016/17 Quarter Four SLM Report	Paper	Acknowledge	Linda Dubbeldam
4.7 Primary Care Patient Experience Survey Update	Paper	Acknowledge	Linda Dubbeldam
4.8 CPO Update	Paper	Acknowledge	Linda Dubbeldam
4.9 Adverse Event Reporting Update	Paper	Acknowledge	Linda Dubbeldam
4.10 HHB Annual Plan Q1	Paper	Acknowledge	Linda Dubbeldam
Any other business			
Next Meeting	5 Dec. 2017	5.30pm	



WORKSHOP

(Facilitated by Ken Foote)

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TERMS OF REFERENCE
Hawke's Bay Clinical Council
September 2015

Purpose	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system.
Functions	<p>The Hawke's Bay Clinical Council (Council)</p> <ul style="list-style-type: none"> • Provides clinical advice and assurance to the Hawke's Bay health system management and governance structures. • Works in partnership with the Hawke's Bay Health Consumer Council to ensure Hawke's Bay health services are organised around the needs of people. • Provides oversight of clinical quality and patient safety. • Provides clinical leadership to the Hawke's Bay health system workforce.
Level of Authority	<p>The Council has the authority to make decisions and/or provide advice and recommendations, to the Boards of HBDHB and Health Hawke's Bay Limited (as appropriate).</p> <p>To assist it in this function the Council may:</p> <ul style="list-style-type: none"> • Request reports and presentations from particular groups • Establish sub-groups to investigate and report back on particular matters • Commission audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose. <p>The Council's role is one of governance, not operational or line management.</p> <p>Delegated Authority</p> <p>The Council has delegated authority from the CEOs and Boards to:</p> <ul style="list-style-type: none"> • Make decisions within the mandate and scope set out in the Hawke's Bay Health Alliance – Alliance Agreement • Make decisions and issue directives on quality clinical practice and patient safety issues that: <ul style="list-style-type: none"> ▪ Relate directly to the function and aims of the Council as set out in the Terms of Reference; and ▪ Relate directly to the provision of, or access to, HBDHB publicly funded health services; and ▪ Are clinically and financially sustainable; and ▪ Are affordable within HBDHB's current budgets. <p>All such decisions and/or directives will be binding on all clinicians who provide and/or refer to public health services funded (in whole or part) by the HBDHB.</p>

Membership	<p>Members appointed by tenure shall normally be appointed for three years whilst ensuring that approximately one third of such members 'retire by rotation' each year. Such members may be reappointed but for no more than three terms. Members appointed by role/position do not have a finite term.</p> <p><i>By role/position:</i></p> <ul style="list-style-type: none"> • CMO Primary Health Care • CMO Hospital • Chief Nursing Officer • Midwifery Director • Director of Allied Health • Chief Pharmacist • Director Population Health • Clinical Lead PHO Clinical Advisory and Governance Committee <p><i>By Appointment (tenure):</i></p> <ul style="list-style-type: none"> • General Practitioner x 2 • Senior Medical / Dental Officer x 2 • Senior Nurse x 3 • Senior Allied Health Professional <p>When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Māori health and rural health interests and expertise are reflected.</p>
Chair	The Council will annually elect a chair and deputy, or co-chairs.
Quorum	A quorum will be half the members if the number of members is even, and a majority if the number of members is odd.
Meetings	<p>Meetings will be held monthly at least ten times per year, or more frequently at the request of the chair/co-chairs.</p> <p>Meetings will generally be open to the public, but may move into "public excluded" where appropriate and shall be conducted in accordance with HBDHB Board Standing Orders as if the Council was a Board Committee.</p> <p>A standing reciprocal invitation has been extended to the Hawke's Bay Health Consumer Council for a representative to be in attendance at all meetings.</p> <p>Matters may be dealt with between meetings through discussion with the chair/co-chairs and other relevant members of the Council.</p>
Reporting	<p>The Council will report through HBDHB and Health Hawke's Bay Limited Chief Executives to the respective Boards.</p> <p>A monthly report of Council activities/decisions will be placed on the DHB website when approved.</p>
Minutes	Minutes will be circulated to all members of the council within one week of the meeting taking place.

HAWKE'S BAY CLINICAL COUNCIL - ANNUAL PLAN 2016/17

FUNCTIONS	Provide Clinical advice and assurance to the Hawke's Bay health system senior management and governance structures	Work in partnership with the Hawke's Bay Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people.	Provide oversight of clinical quality and patient safety	Provide clinical leadership to Hawke's Bay health system workforce
ROLES	<p>Provide advice and/or assurance on:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. Provide input through representation on EMT, Alliance Leadership Team and through attendance at HB Health Sector Leadership Forum. 	<ul style="list-style-type: none"> 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 experience' through the health system. 	<ul style="list-style-type: none"> 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. Promote "value-based decision-making" at all levels. This involves improving the processes by which decisions are made, so they take into consideration all three Triple Aim objectives: <ul style="list-style-type: none"> Enhanced patient experience Improved health outcomes Better value for money Ensure attendance at appropriate meetings/forums to provide appropriate assurance and confidence. 	<ul style="list-style-type: none"> 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 health system. Ensure appropriate attendance/input into National/Regional/ Local 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 2016/17	<ul style="list-style-type: none"> Prioritise meeting time to focus on papers with significant clinical issues. Encourage proactive presentations / discussions on innovative issues / ideas. Ensure risk management processes provide for early Clinical Council visibility (and input) of all significant clinical issues. Align portfolio areas of responsibility to clinical governance structure memberships (once confirmed). 	<ul style="list-style-type: none"> Work in partnership with Consumer Council to develop an appropriate "Person & Whanau Centred Care" approach and culture. Monitor "Quality Dashboard" and support performance improvement initiatives as appropriate. Promote and support ongoing enhancements to information systems relating to clinical process and consumer records. Support a review of the "Primary Health Care" model of care. Support and champion the development of a health literacy framework, policies, procedures, practices and action plan. 	<ul style="list-style-type: none"> Implement and progressively develop the proposed new Clinical Governance Committee / Advisory Group structures. Monitor and report on the implementation of the action plan for "Governing for Quality." Oversee and monitor the achievement of objectives within the QIPS Annual Plan. 	<ul style="list-style-type: none"> Enhance the profile and perceived value of Clinical Council within the sector, through improved effective two way communications. Facilitate the development of a HB Clinical Workforce Sustainability Plan Promote Strategies to enable the HB Clinical Workforce to adapt to meet the challenges of the future. Support and promote the ongoing implementation of clinical leadership training and developments.

**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, 11 OCTOBER 2017 AT 3.00 PM**

PUBLIC

Present: Dr John Gommans (Chair)
Dr Andy Phillips (Co-Chair)
Chris McKenna
Dr Mark Peterson
Dr David Rodgers
Dr Nicholas Jones
Dr Tae Richardson
Debs Higgins
David Warrington (from 3.20 pm)
Maurice King
Jules Arthur

In Attendance: Ken Foote, Company Secretary
Dr Kevin Snee, Chief Executive Officer (from 4.25 pm)
Kate Coley, Executive Director – People & Quality (ED P&Q) (from 4.25 pm)
Sharon Mason, Executive Director, Provider Services
Chris Ash, Executive Director – Primary Care
Tracy Fricker, Council Administrator and EA to EDP&Q

Apologies: Dr Robin Whyman, Dr Russell Wills, Anne McLeod and Lee-Ora Lusi

SECTION 1: ROUTINE

1. APOLOGIES / WELCOME / MEETING RULES

John Gommans (Chair) welcomed everyone to the meeting.

Apologies were noted as above and from attendee member Kerri Nuku.

2. INTEREST REGISTER

No conflicts were noted for items on the agenda. There were no additions or amendments to the Interest Register.

3. MINUTES OF PREVIOUS MEETING

The minutes of the Clinical Council meeting held on 13 September 2017, were confirmed as a correct record of the meeting

Moved and carried.

4. MATTERS ARISING – REVIEW OF ACTIONS

Item #1 Laboratory Guidelines

The Co-Chair advised that the guidelines are still being refined by Dr Ross Boswell. They will be circulated electronically to the Laboratory Committee for approval and will be tabled at Clinical Council when completed.

Item #2 Clinical Advisory and Governance Group (CAG) Report

Dr Tae Richardson advised that the draft framework is being revised and is going back to CAG next month, once feedback has been received the framework will be sent out to Clinical Council Members.

SECTION 2: WORKSHOP 1

5. WHOLE OF SYSTEM FLOW DATA

A presentation was provided by Dr Andy Phillips (Co-Chair). The Health Roundtable (HRT) data presented was from secondary care referred from primary care on acute hospital bed days, long-term conditions, ED attendances and admissions, ratio of triage categories and by ethnicity (it did not include Maternity or Mental Health data). The Co-chair advised that the purpose of this data collection is not for judgement but to start conversations and reflect on the levels of variation across practices.

A discussion took place regarding the data presented.

The Chair summarised the discussion that primary care-based data was useful but that we need to segment data by deprivation and ethnicity; separate ED attendances by referred in vs self-presentation. It was agreed that triage 4-5 is not an accurate marker for inappropriate attendance. We must provide a localised context alongside data per head of population; have a vision/simple message on what we are trying to achieve with this data i.e. equitable use of resources and that we should include mental health data. We need to work better together and use this data wisely to inform service and practice changes and development.

Reflection on Patient Flow Presentations (from today and last month's meeting on acute flow)

The Chair advised that he and Andy Phillips have been working to ensure that Clinical Council is more engaged with clinical issues driving quality, efficiency, equity and clinical practice rather than just approving papers. It was also noted that the Clinical Council has an important role as the key clinical governance body for the Board.

Council members were asked for their reflections from last month's meeting and today on having a focus on a clinical area for assurance on quality and safety and setting direction on how we manage information and data

Discussion confirmed that it was good to focus on clinical issues, the content was right but that there was too much information presented on the agenda and that there was not enough time for robust discussion. The size of the agenda needs to be appropriate to give a better balance between secondary and primary care issues. It was agreed that issues discussed needed an action point and owner for resolution. When Clinical Council are presented with this information it needs to be on a table of tasks.

The Company Secretary commented that Clinical Council is a governance group (with specific terms of reference and an annual work plan) and it is not the group to sort out operational concerns, particularly where there are services in the hospital (and/or community) that are dealing with the issues. The Clinical Council are here for advice if needed, not to solve problems, but to review how problems are being solved and to look at the connectedness. The governance role is to monitor, provide assurance, advise and 'hold to account', and it is important to not blur the lines with operational matters.

Sharon Mason, Executive Director, Provider Services commented that services need to work in partnership and the Clinical Council can be supportive in driving change in key areas. Issues need to come to Clinical Council more promptly than they have in the past and it is important to consider a whole of health system approach and opportunities to join the dots.

SECTION 3: WORKSHOP

6. CLINICAL GOVERNANCE STRUCTURE UPDATE

The Chair reminded Clinical Council that it endorsed the committee structure with supporting advisory groups in April. He noted that several issues remain unresolved. It has taken some time to embed these committees and some advisory groups are not yet functioning. It was acknowledged that structurally the hospital governance is strong and there is a need to augment primary care governance, as well as ensuring consumer engagement on these committees and advisory groups.

A further issue raised related to those who hold leadership positions as part of their job e.g. Chief Medical Officers, Chief Allied Health Professions Officer who also chair some of the advisory groups. It was agreed that for good governance there needed to be delegations or relinquishing some of the chair roles. This is an opportunity for leadership development for other staff and succession planning.

Further discussion took place on frequency of committee reporting. It was acknowledged that the committees are required to provide a six-monthly report. There may be a need to stagger reports throughout the year. Reporting from the committees will determine how we shape our work plan going forward.

Feedback:

- There is an issue around professional release time and remuneration for some advisory group members and committee chairs from primary care or private practice. There is a need to make these duties equitable for non-DHB employees.
- Some of the committees on the structure were pre-existing, primary care/community does not have the same governance structure
- We need to authentically engage with consumers and give support and training to facilitate this happening
- The structure is functional at DHB level but not across the sector, this will need to be led by the top committees filtering down
- The value of the structure will be determined by how the meetings are chaired, how the meetings are run and the outcomes recorded and connecting this up to Clinical Council
- There is currently lack of administrative and/or secretarial support for some of the advisory groups Getting the committees up and running will also inform the structure of the Clinical Council agenda
- This is also an opportunity to do a stocktake, there may be other clinical governance groups existing that have not been brought into the agreed structure. We need to know what they are they doing, is it meaningful, who do they report to, do they need support and are they working across sector etc. There may be similar groups in different areas that could merge.

A recommendation was made that as a good governance principle, the chairs of the committees who are Clinical Council members, should not also chair an advisory group. This recommendation was **endorsed** by those present.

Committee chairs agreed to consider the points raised above and work to ensure functioning committees prior to the next Clinical Council meeting.

6.1 CLINICAL COUNCIL WORKPLAN

The work plan was included in the meeting papers for information.

The surgical expansion project will be a briefing paper and business case with a high level presentation.

It was proposed, and agreed to by the Clinical Council Co-Chairs and the Consumer Council Chair that the November meetings would be general meetings for both Councils and that the combined meeting would instead occur in December. The focus of this meeting will be on feedback from The Big Listen and the Clinical Services Plan and to collectively discuss and provide feedback on these items. There will also be a combined Christmas function at the end of the meeting.

The Co-chair requested feedback on the structure of the agenda. In some other meetings decision papers are dealt with first and more bureaucratic items like approval of minutes and actions have been moved to the end of the meeting.

Feedback:

- Would like to see member issues earlier in the agenda
- Members can discuss or email issues they want to be discussed to Co-Chairs prior to the meeting to assist with agenda planning
- Updates on actions can be sent to the Co-Chairs and Council Administrator prior to the meeting
- Minutes and confirming actions only takes a few minutes, there hasn't been an issue with this in the past
- Need to ensure there is a quorum to approve minutes, sometimes people have to leave meetings early
- Significant items should be at the beginning of the meeting
- Minutes and actions should be signed off at the start of the meeting, they sometimes flow on to items on the agenda of the day
- Do not want to spend time looking at what has happened in the past

The Company Secretary commented that it is good governance practice to have the agenda the way it is, so you can reflect on what happened last time and look at the actions that are ongoing and/or which may provide background or flow on to items that are coming up on the agenda. The minutes are sent out to members prior to the meeting and they have a chance to comment on them, if there are no comments the actions can take less than a minute, it is not an issue of time and it is good practice to get the flow from one to the other.

In conclusion:

- Members are reminded of need to notify Co-Chairs of potential amendments to minutes, any actions taken re matters arising and potential new agenda items prior to the meeting.
- A decision made to move the routine business items, approval of the minutes etc to the end of the meeting and review this after the next meeting.

6.2 CLINICAL COUNCIL ANNUAL PLAN 2016/17 – for review

Included in the meeting papers. Not discussed. The Co-Chairs and Company Secretary will discuss off-line and bring back to next meeting.

6.3 HB CLINICAL COUNCIL TERMS OF REFERENCE – FOR REVIEW

Included in the meeting papers. Not discussed. The Co-Chairs and Company Secretary will discuss and bring back to next meeting.

SECTION 4: DECISION

7. KA ARONUI KI TE KOUNGA / FOCUSED ON QUALITY "QUALITY ACCOUNTS" (FINAL)

Kate Coley, Executive Director, People & Quality advised that the final version of the Quality Accounts was provided in the meeting papers for information.

At the Maori Relationship Board this morning there was positive feedback about the document and also a challenge to profile our HBDHB values more and intertwine the values in the stories.

There was discussion at the Executive Management Team meeting about providing a shortened version of the Quality Accounts next year. This would contain quarterly updates to our community on the significant issues from a health and wellbeing perspective and the initiatives progressed as a sector.

There will be some minor changes to the flow of the document, but not the content. The document will be published at the end of November.

A brief discussion took place. It was acknowledged that the document reads well and does what it is intended to do, informing our community on activities. It was suggested that under the Gastro Outbreak section the work done by the Population Health Team should be acknowledged and under the Go Well Travel Plan section to include the bus timetable or a website link to it.

The Clinical Council **endorsed** the Quality Accounts in principle, noting that there will be some minor changes made.

SECTION 5: PRESENTATION

8. WAIOHA PRIMARY BIRTHING UNIT – BENEFITS REALISATION

Jules Arthur provided an updated presentation with a more clinical context on "Great Expectations – Waioha Turning 1". Key points included:

- Comparative outcomes
- KPIs – year 1 (Waioha and Ata Rangi)
- Clinical Indicator comparison 2015/16 (internal data) - overall it shows Waioha is providing improved outcomes for our community
- Clinical indicator overview – 2015 (MoH data)
- Equity and Health
- Where to next (your birth, your power project; what matters to you most feedback; continued improvement of partnerships with primary care; introduction of new Maori Midwifery Consultant; CHB maternity resource centre).

Waioha is doing well in its first year. Another report will be provided in July 2018, after two years.

Action: *Send a copy of the Annual Report to Clinical Council members.*

SECTION 6: REPORTING COMMITTEE UPDATES

9. HB RADIOLOGY SERVICES COMMITTEE

A report was provided in the meeting papers from Dr Mark Peterson, Chair. Dr Peterson commented in regard to image sharing across the sector, there will be a discussion with

Tim Evans, Executive Director – Corporate Services and Ashton Kirk, Head of Contracts re: adding into contracts negotiated with radiology providers that they share images.

On a positive note, as of yesterday the MRI target which was at 78% is now on target. This is the first time the radiology service have met all its waiting time targets which is something for the team to celebrate. There has been a big investment in radiology services and we are now starting to see the impact of this, even though they are still short staffed of Radiologists.

Action: *Congratulations to be sent to the Radiology Service from the Clinical Council.*

10. HB LABORATORY SERVICES COMMITTEE

A report was provided in the meeting papers from Priyanka Sharma, Laboratory Systems Co-ordinator. Andy Phillips advised that a focus of discussion has been on the cessation of paper reports to primary care.

The Chair advised that he has been leading some work on reviewing clinical governance of results. There has been good engagement with information services on what we want out of the new patient portal which is coming to the DHB next year. Paper reports for radiology and histology are being used as a back-up to ensure results get to the right person. This is a fail-safe for a system which needs review. There is significant work going on behind the scenes that will be completed when we get the new patient portal.

Jules Arthur advised they are still looking for a solution for LMCs receiving information. At the moment the GP is the default unless the LCM is specifically selected.

Action: *Invitation to Anne Speden, IS Manager to present to Clinical Council re: IS Roadmap.*

11. HB NURSING MIDWIFERY LEADERSHIP COUNCIL UPDATE (including Nursing & Midwifery Dashboard)

A report was provided in the meeting papers from David Warrington, Chair. Recently there has been an internal focus on membership and they are going through an expression of interest process at the moment. Another focus has been reviewing the terms of reference and working in partnership with Maori. There has been good engagement with Nga Ringa Manaaki the Maori nurses collective on how the group is structured with dedicated seats on the council for Maori with 25% membership. They are also supporting an increase in Maori representation in leadership at all levels in the organisation.

The Chair congratulated the council on their direction of travel.

12. INFECTION PREVENTION & CONTROL COMMITTEE

A report was provided in the meeting papers from Chris McKenna who is a member on the committee. All of the National Quality and Safety markers (Hand Hygiene, SSI and SAB) have been met and HBDHB is still at the top nationally with Hand Hygiene.

ICNet (infection control information system) has been discussed and the committee is supportive of it, but wishes to ensure that it is implemented in a consistent way. A business case will be progressed. Canterbury DHB are kindly allowing access to ICNet which is assisting our clinicians tracking infections in the hospital.

SECTION 7: INFORMATION ONLY (NO PRESENTERS)

13. HAVELOCK NORTH GASTRO REVIEW – 6 MONTHLY UPDATE

The 6-monthly update report was provided in the meeting papers by Kate Coley, ED P&Q.

No issues discussed.

14. UPDATE ON ESTABLISHING HEALTH AND SOCIAL CARE LOCALITIES IN HAWKE'S BAY

The report prepared by Chris Ash, Executive Director – Primary Care and Jill Garrett, Change Leader (CHB) and Te Pare Meihana (Change Leader Wairoa) was included in the meeting papers for information.

Chris Ash commented that there has been good progress on building relationships and trust. The next stage will be to undertake a stocktake.

15. IMPLEMENTING THE NATIONAL BOWEL SCREENING PROGRAMME IN HAWKE'S BAY

The report prepared by Chris Ash, Executive Director – Primary Care and Paul Malan, Strategic Service Manager was included in the meeting papers for information.

No issues were discussed.

16. RECOMMENDATION TO EXCLUDE THE PUBLIC

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

- 17. Minutes from Previous Meeting (public excluded)
- 18. Matters Arising - Review Actions (public excluded)
- 19. Serious Adverse Events – Annual Report to HQSC
- 20. Topics of Interest – Member Issues / Updates

The meeting closed at 5.10 pm.

Confirmed: _____
Chair

Date: _____

HAWKE'S BAY CLINICAL COUNCIL
Matters Arising – Review of Actions
(PUBLIC)



Action No	Date issue raised	Action to be Taken	By Whom	By When	Status
1	12/07/17	Laboratory Guidelines Approved in principle at July meeting. Guidelines document to be tabled for information at Clinical Council when finalised.	A Phillips	Nov	
2	13/09/17	Clinical Advisory and Governance Group Report Copy of framework document by Linda Dubbeldam to be provided to Clinical Council Members	T Richardson	Dec	
3	11/10/17	Waioha Primary Birthing Unit Presentation Provide a copy of the annual report to Clinical Council Members	J Arthur	Nov	
4	11/10/17	HB Radiology Services Committee Send congratulations to Radiology Service on good work re: meeting all targets.	Co-Chairs	Nov	
5	11/10/17	Laboratory Services Committee Invitation for Anne Speden to present "IS Roadmap"	Co-Chairs	Nov	



HB CLINICAL COUNCIL WORKPLAN 2017-2018

Meeting Dates	Papers and Topics	Lead(s)
6 Dec 17	Joint Meeting Consumer and Clinical Council Venue – Havelock North Community Centre, Lantern Room The Big Listen to date (Presentation) Clinical Services Plan – First Draft (Presentation) Acute Flow Update Ngatahi Vulnerable Children's Workforce Development - progress since August Report	Kate Coley Tracee TeHuia/C Burgess John Gommans Russell Wills
2018 14 Feb 18	Quality Annual Plan 2017/18 – 6 month review Quality Dashboard Quarterly (commences Feb 18, previously Nov 17) Implementing the Consumer Engagement Strategy People Strategy (final draft) Policy on Consumer Stories Clinical Services Plan (final draft) Collaborative Pathways Update (4 monthly) Annual Maori Plan Q2 Dashboard Monitoring Te Ara Whakawaiaora / Access 0-4 / 45-65 year (local indicator) Te Ara Whakawaiaora - Culturally Competent Workforce (local indicator) Building a Diverse Workforce and Engaging Effectively with Maori Committee Reports HB Laboratory Services Committee (4 monthly) HB Radiology Services Committee (4 monthly)	Kate Coley Kate Coley Kate Coley Kate Coley Kate Coley Tracee TeHuia Mark Peterson/ L White Tracee TeHuia / Patrick Mark Peterson Kate Coley Kate Coley Andy Phillips / Lab Chair Mark Peterson
14 Mar 18	Oncology Model of Care Establishing Health and Social Care Localities in HB (6 monthly) Consumer Experience Business Case Acute Flow Update Monitoring Te Ara Whakawaiaora / Breastfeeding (national indicator) Committee Report Falls Minimisation Committee Update (6 monthly)	Sharon Mason Tracee TeHuia Kate Coley Sharon Mason Chris McKenna Chris McKenna
11 Apr 18	Havelock North Gastroenteritis Outbreak – Progress Report on Review Recommendations Legislative Compliance (6 monthly) Monitoring Te Ara Whakawaiaora / Did not Attend (local indicator) Committee Report HB Nursing Midwifery Leadership Council Update incl. Dashboard	Kate Coley Kate Coley / K Lafferty Sharon Mason / Carleine Chris McKenna



**TOPICS OF INTEREST
MEMBER ISSUES / UPDATES**



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:

17. Minutes of Previous Meeting (Public Excluded)

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).