Māori Relationship Board Meeting

Date:	**Wednesday, 12 September 2018**
Meeting:	**9.00am to Noon**
Venue:	**Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Board Members:

Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
George Mackey
Na Raihania
Kerri Nuku
Lynlee Aitcheson-Johnson
Trish Giddens
Ana Apatu
Hine Flood
Dr Fiona Cram
Beverly Te Huia

Apologies: Hine Flood

In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
General Manager Māori Health – *on leave*
Member of Hawke's Bay (HB) Consumer Council
Member of HB Clinical Council
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Primary Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public

Our vision

HEALTHY HAWKE'S BAY

TE HAUORA O TE MATAU-Ā-MĀUI

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

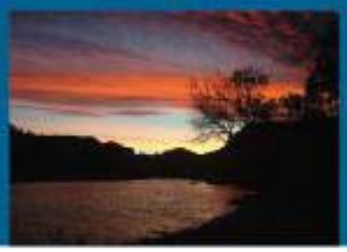
Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

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

Ākina – continuously improving everything we do



PUBLIC MEETING

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of the Previous Meetings	
6.	Matters Arising - Review of Actions	9:30
7.	Workplan	
8.	Māori Relationship Board Chair's Verbal Update	9:40
9.	General Manager's Monthly Māori Health Report	9:50
10.	Clinical Council Verbal Update – Ana Apatu	10:00
	Section 3: For Discussion / Information	
11.	Matariki Regional Development Strategy and Social Inclusion Update– Shari TIdswell	10:05
12.	After Hours Urgent Care update – Wayne Woolrich	10:25
13.	"He Ngakau Aotea" Update – George Mackey	10:55
14.	Clinical Services Plan Update – Ken Foote	11.20
	Section 4: Recommendation to Exclude the Public	
15.	Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 6: Routine	
16.	Minutes of the Previous Meetings (public excluded)	11.30
17.	Matters Arising - Review of Actions (public excluded)	-
	Karakia Whakamutunga (Closing)	
	Followed by a light lunch	

NEXT MEETING:

Wednesday, 10 October 2018, Boardroom, HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Māori Relationship Board Interest Register - 8 August 2018

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The HBDHB Chair	28.03.18
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited).	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	Treasurer for Ikaroa Rawhiti Maori Party Electorate		No conflict	The Chair	04.07.17
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairawhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Mother in law, Jenny McQueen, Chaplain at Te Matau a Maui		No conflict	The Chair	14.02.18
	Active	Niece, Albie Raihania attending on the NeSP program		No conflict	The Chair	14.02.18
	Active	Board member of Hauora Tairawhiti	Relationship with Tairawhiti may have contractural issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed / rebranded "Whararíki Trust" (advised 30-8-17)	Relationship and and may be contractural from time to time	No conflict	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust (ADHT)	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare an interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17
	Active	Adjunct Research Fellow, Women's Health Research Centre, University of Otago, Wellington	Health research involving data and/or participant recruitment from within HBDHB.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
	Active	Director and Shareholder of Katoa Limited	An indigenous research organisation that undertakes research and work for organisations by Maori for Maori.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	11.04.18
	Active	Contract being negotiated with the Ministry of Health for Research work in relation to WAI 2575	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service	The Chair	13.06.18
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Member Heatlh HB Priority Population Health	Health Advisors	Will declare intertest prior to any discussions relating to specific topics	The Chair	1.01.17
	Active	Committee Member, HB Foundation		No conflict	The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation		No conflict	The Chair	1.01.17
	Active	Trustee, Waipukurau Community Marae		No conflict	The Chair	1.01.17
Beverley TeHuia	Active	Trustee and employee of Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Pepi, Cervical and Breast screening, # Whanau and smokefree pregnant wahine.	Will not take part in discussions about current tenders that Kahungunu Health services are involved with and are currently contracted with.	The Chair	7.11.17
	Active	Employee of Totara Health	GP Practice providing heatlh services	Will declare intertest prior to any discussions relating to specific topics	The Chair	7.11.17
	Active	Member of the Priority Population Committee (PPC)	Health Advisors		The Chair	7.11.17
	Active	Nga Maia O Aotearoa Chair person	The current Chair of Maori Midwives organisation of New Zealand. Providing Cultural Competency to all Midwives and child birth organiser in New Zealand. DHB employed and independent.	Will not take part in discussions about cultural training required of maternity services	The Chair	7.11.17
	Active	Iwi Rep on Te Matua a Maui Health Trust		Will not discuss or take part of discussions where this trust is or interest.	The Chair	28.05.18
	Active	Claimant of Treaty Health Claim currently with the Tribunal; WAI #2575	Yet to be heard by the Waitangi Tribunal as of May 2018	Unlikely to be a conflict	The Chair	28.05.18

MINUTES OF THE MĀORI RELATIONSHIP BOARD
HELD ON WEDNESDAY 8 AUGUST 2018, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9.00AM

PUBLIC

Present:	Heather Skipworth (Chair) Ngahiwi Tomoana Ana Apatu Hine Flood George Mackey Na Raihania Trish Giddens Beverly Te Huia
Apologies	Apologies were received from Dr Fiona Cram and Kerri Nuku Lynlee Aitcheson-Johnson was not in attendance
In Attendance:	Kevin Atkinson (HBDHB Board Chair) Peter Dunkerley (HBDHB Board Member) Kevin Snee (CEO) *part* Patrick Le Geyt (General Manager, Māori Health HBDHB) Colin Hutchinson (ED, Provider Services) Chris Ash (ED, Primary Care) Wayne Woolrich (CEO Health Hawke's Bay) Andrew Phillips (Acting ED Equity & Health Improvement) *part* Tiwana Aranui (Kaumātua) Tanira Te Au (Kaumātua Kuia) JB Heperi Smith (Senior Advisor Cultural Competency) Ngaira Harker (Director of Nursing, Māori Health) Laura Gemmell (Administration Coordinator, Māori Health)
Minutes:	Brenda Crene

KARAKIA

Tiwana Aranui opened the meeting with a Karakia

APOLOGIES

MRB members who did not attend the meeting had been noted.

Chrissie Hape, (CEO of Ngati Kahungunu) had provided an apology.

INTRODUCTIONS - OPENING

Ways of working changing, look forward to settling down in a harmonious way. Mindful of tensions not only between Maori and non-Maori but also within Maori. The biggest challenges are often within ourselves! We need to listen to the voice of our community that we serve and work in partnership focusing on finding solutions for the underserved in HB. Relationships are at the forefront.

INTEREST REGISTER

An addition to the register, Ana Apatu advised that as the CEO of the Whaririki Trust, they had formed a Memorandum of Understanding with the HBDHB Child Health Team Community Women and Children's Directorate and had created a "HB Tamariki Health Housing fund" to ensure warm dry homes for HB whanau. **Actioned**

No members indicated any interest in items included on the day's agenda.

5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the MRB meeting held on 11 July 2018 were approved as a correct record of the meeting, noting a correction to the bottom of page 5, noting it would not be possible to see any changes within the current financial constraints, within the next 12 months.

Moved: **Hine Flood**
Seconded: **Ana Apatu**

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1 **Review Form and Function of MRB including the inclusion of a Youth Representative:** no update provided at the meeting. Ongoing.

Item 2 **Nuka System Wānanga:** Patrick LeGeyt advised a meeting had been held several weeks prior. The first part of the GM Maori Health's report was dedicated to the Southern Central Foundation visit. Ongoing.

Item 3 **He Ngakau Aotea:** George Mackey had emailed the presentation from the 11 July MRB meeting to members for their information. Refer to agenda item 13 on the day's agenda, for further information.

Item 4 **Ngātahi framework:** GM Maori Health to confirm the process, that the definition used was of te reo Māori terminology.

Action: Patrick advised changes had been made to the report prepared by Lauri TeHau and his would be issued to MRB members once complete.

7. MRB WORK PLAN

The Work Plan was noted.

Patrick advised that most items noted on the agenda for September would require discussion. Members were asked to provide their thoughts to Patrick on what topics would require "fuller" discussion.

An additional Item raised was **Health Care Homes** (HCH): Chris Ash and Wayne Woolrich were in attendance and advised they would be happy to bring this through Committees (in a coordinated way).

Chris felt that the South Central Foundation's Nuka System of Care was far broader and all encompassing, and what was being achieved within Nuka was significantly larger than "Health Care Homes". HCH would be seen as a component only, not the "Model of Care". He advised some General Practices within HB had already introduced a form of HCH's themselves.

Some background for information:

> *The Health Care Home (HCH) programme is primary care model for PHOs, practices and providers. General practices coordinate the patients care. The programme originated in the US (28 years ago). In NZ, the previous Labour Government had funded Midlands DHB to implement HCH around 12 years ago. The programme (in 2016) been taken up in Northland (as a partnership between Northland DHB, Manaia Health PHO and Te Tai Tokerau PHO). More recently HCH has been also implemented in the South.*

8. MRB CHAIR'S REPORT

No update was provided.

9. GENERAL MANAGER MĀORI HEALTH REPORT

The report provided by Patrick LeGeyt was taken as read, and included an overview of the third iwi led delegation to Southern Central Foundation, Alaska, USA (to gain insights and attend the Core Concepts Training and 8th Annual Nuka System of Care); Te Ara Whakawaiora Review; the New Sudi Initiative; Kaupapa Māori Maternal Health Programme Update; Regional Sexual Health Plan Update; HBDHB Draft Sustainability Policy; Energy and Carbon Management; Sustainable Waste Management; Sustainable Water Management; Sustainable and Efficient Buildings and Site Design; Sustainable Transportation and Travel Management; Maori Workforce Development Action Plan; Māori Nursing Workforce; and the Ngātahi Workshop.

It was noted that the Clinical Services Plan feedback included a strong NUKA influence.

The South Central Foundation visit detail contained within his report was well received. It was highlighted that the core concepts training needed to be relatable to our culture "with open minds and open hearts'. Advised that a group would meeting, including Kaumatua and also Anne McLeod (from a trainer perspective) to discuss what core concepts mean and how they relate to Māori. The voice of the consumer needs to be paramount in the way services are designed, with functional integrated care teams. Well-being is a key feature of the system and includes traditional healing, holistic approaches and behavioural health, alongside medical.

Nursing Entry to Practice (NEtP) Programme: Due to the higher numbers of Maori participating in the accredited nursing programme, it is envisaged that higher levels of support would be required. Ngaira Harker

had reported the month prior, that four on the programme had resigned for varying reasons. It is not just Māori staff supporting Māori students, it goes further than that. A safety net with nurse managers needs to be put in place in-house.

10. CLINICAL COUNCIL VERBAL UPDATE

Ana Apatu provided a brief summary of the meeting held in July, noting: Positive feedback for the CSP had been advised by Council. Clinical Council are always keen to hear what is happening at MRB's table.

Ana was asked if she felt it was worthwhile attending Clinical Council and she again reiterated that there was a very dominant biomedical entrenched system in place and that with all the best intentions any culture change would definitely take time. Noted that biomedical care is successful and needed in "some situations" but there is a real need for other types of care for those who did not need urgent emergency care.

SECTION 2: PRESENTATION

11. HBDHB ANNUAL PLAN 2018/19

Paul Malan, Head of Planning and Strategic Services provided a presentation on the draft Plan which had been submitted to the Ministry on 27 July 2018. The Plan was to be finalised in September and the DHB were currently awaiting feedback from the MoH. He emphasised that the Annual Plan was essentially a MoH compliance document this financial year. By 2019/20 we hope to have established a more transparent process. Currently the Annual Plan will remain a feature of the planning process (complying with the "letter of expectations").

SECTION 3: FOR DISCUSSION

12. HBDHB PERFORMANCE FRAMEWORK EXCEPTIONS REPORT Q4 Apr-Jun 2018

Peter McKenzie, Business Analyst was in attendance providing a high level overview of the Areas of Focus being: Mental Health – Section 29 Orders, Long Term Conditions and Diabetes Management.

This report highlighted areas of inequity with comments provided on programs of work that are either underway or planned planned in order to positively address equity gaps.

Asked why "Did Not Attend" rates have slipped as the report shows little has changed? There is a need for a sound booking system that is whanau centred (ie, timing of appointment and ability for clients to travel/attend), and that the system works and is sustainable long term. This area needs to be better prioritised due to the high cost of DNAs.

Action: **Did Not Attend: Colin Hutchinson advised he would come back with a response and breakdowns for a solution to curb DNAs (which lies with a number of providers), including looking further into highly automated IT solutions – with the ability for clients to respond. He will confer with the Customer Focussed Booking Team. Include on workplan – with timeline to be advised.**

A brief discussion around the **Nurses pay settlement**, with concern expressed on behalf of GPs and NGOs who are finding it difficult to hold on to nurse practioners in primary care, especially now due to widening pay gaps with those working in DHBs. This is coupled with an ageing workforce.

13. HE NGĀKAU AOTEA UPDATE

George Mackey provided a verbal update on progress since the July MRB meeting. He and Trish Giddens had presented to the NKII Board, in Dannevirke, several weeks prior.

George and Trish Giddens had subsequently presented this to the NKII Board several weeks prior and advised they had received positive feedback. It was suggested this now be socialised within Māori, prior to presentations/plans being provided to the PHO (Health Hawke's Bay) and the HBDHB Board.

He Ngakau Aotea (meaning: "open hearts and minds to new opportunities"). This is uniquely ours and we want our people to have input so they have ownership and come along with us for the journey. This is Inspirational, Aspirational and uplifting for Māori!

It was suggested that He Ngakau Aotea could feed into the **Clinical Services Plan** which had been through extensive consultation within the health sector (including Māori), and the Plan had been well received by MRB when the first draft was issued for review at their 11 July meeting. OR do we use "He Ngakau Aotea**"** as a source document to inform the 5 year strategy, as much of what had been presented were "key drivers" and already included within the CSP?

Picture in our minds that we could well become the MODEL for the rest of Aotearoa. We need to lift our sights high as HBDHB could become an exemplar for the rest of NZ. It was suggested not to put the cart before the horse.

Kevin Snee advised the meeting that the South Central Foundation will be in visiting NZ in October. They wish to partner with HBDHB at a National Conference.

14. CLINICAL SERVICES PLAN UPDATE

Ken Foote provided a brief update on progress made since the first draft of the report was provided to MRB on 11 July.

Changes advised from the mid July meetings had been incorporated into the Draft provided to the HBDHB Board on 25 July.

Hawke's Bay Wide Consultation: The document was being finalised and will be available on the HBDHB website. MRB were advised a 'consultation plan' was being developed, brochures printed, PowerPoints prepared (for presentation to groups), and a video developed to ensure as many mediums/platforms as possible were used to ensure consultation with the public is far reaching.

The offer is to assist and or go out directly and present to groups, as we all now collectively own the Clinical Services Plan. We are not looking at town hall meetings – prefer smaller groups.

Subsequent to the meeting, the Final CSP document timeline was extended to be completed in November 2018.

15. TE ARA WHAKAWAIORA – ACCESS (AMBULATORY SENSITIVE HOSPITALISATION) RATES 0-4 / 45-64 YEARS

Jill Garrett, Strategic Services Manager supported by Marie Beattie (Portfolio Manager - Integration) provided commentary around this report.

The report was received which showed an improvement for 0-4 year olds but what wasn't discussed was the 45/65 year group where the results were not so good, noting there is still considerable work that needs to be done to reduce inequity.

There are limited formal systems in place that address equity, those in place include: Te Ara Whakawairoa (TAW); the HEAT assessment, and System Level Measures (SLMs) which are beginning to take a more targeted approach to equity. The TAW reports show there are some good things happening but in some cases progress is slow. It was emphasised that programmes that are in place, need time to embed. Those that are having the biggest impact are those where strong Māori Health and Population Health input sits alongside clinical leadership.

Marie Beattie discussed areas in the 0-4yrs area where there have been gains. Engagement early with ECE inclusive of Kohanga Reo was confirmed in regard to the use of a new tool, which supports whanau in managing skin conditions.

Queries raised included a drop back in results in this age group; the use of the wider workforce, nurse lead clinics; having a focus on equity, and the use of Kaupapa Māori models from the outset – from both a design and monitoring perspective.

The use of Whanau Ora type models, having a focus on the whanau and household versus just the care of individuals and the linking of programmes and how we contract services, so there is 'a joined up approach' to collectively address Ambulatory Sensitive Hospitalisations (ASH).

Nationally there is a shift to putting 'Equity' at the forefront of DHB operations and have clear deliverable outcomes documented for regions populations. There is a need to build understanding around the determinants of health and the determinants of inequitable health outcomes.

Also discussed we need to cease to focus on reducing equity and focus on "eliminating equity". Recognition of shifts towards achieving 'equity' as a means to getting more people on board was also discussed.

When 'equity' is the focus and tailoring programmes to support our most vulnerable, are in place, this results in gains for all! This needs to be more strongly advocated for as we continue to focus on programmes that are fit for purpose for mainstream.

The health awards were discussed; how they align to our values and behaviours, with a strong weighting on equity.

Due to time constraints, the 45-64 year group was not discussed, however any comments or queries could be emailed through to jill.garrett@hbdhb.govt.nz.

This paper is now on a quarterly rotation and will be in front of MRB again in November 2018.

The Maori Relationship Board

1. **Noted and discussed** the contents of the report
2. **Endorsed** the actions being taken
3. **Supported** the recommendations made by EMT, including future quarterly updates
4. **Noted** there are limited formal system in place that address "equity" with a need to focus more in this area.

SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

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

17. Minutes of Previous Meeting
18. Matters Arising – Review of Actions

There being no further business, the public section of this meeting closed at 12 noon.

Signed: _____

Chair

Date: _____

MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	12 May 16	**Review form and function of MRB including a Youth Representative:** NKII and MRB to review MRBs composition giving consideration to a Youth Representative.	CEO NKII	Sept 2017	
	11 July 18	**Consideration for Youth representative on MRB** ongoing.	CEO NKII	Sep 18	Verbal Update
		MRB Terms of Reference: ToR change to include Youth representation.	CEO NKII	Sep 18	Verbal Update
2	7 Sept 17	**Nuka Model Wānanga:** Wānanga at a later date to put forward input into the Nuka Model process.	Patrick LeGeyt		Ongoing
3	11 July 18	**"He Ngakau Aotea"** A plan of action, consultation process and timelines will be developed and provided to MRB.	George Mackey	Sep 18	Update
4	11 July 18	**Ngātahi framework:** GM Maori Health to confirm the process to determine that used in the definition of te reo Māori terminology in the key domains (pou) within the Ngātahi framework.			
	8 Aug 18	Verbal update provided 8 Aug, changes made to the report which would be issued to MRB members once complete	Patrick LeGeyt	Aug 18	Actioned
5	8 Aug 18	**Ref: HBDHB Performance Framework Exceptions Report Q4** **Did not Attend:** Colin Hutchinson advised he would come back with a response and breakdowns for a solution to curb DNAs (which lies with a number of providers), including looking further into highly automated IT solutions – with the ability for clients to respond. He will confer with the Customer Focussed Booking Team. Include on workplan. A month will be advised.	Colin Hutchinson	Aug 18	Verbal Update
6	8 Aug 18	**TAW Access rates 0-4 / 45-64 Years:** As there was little discussion around 45-64 years, Jill Garrett advised she would welcome comments via email to jill.garrett@hbdhb.govt.nz **Note** this report will be provided quarterly in future (next report due in November 2018 and has been scheduled on the workplan).	MRB members	Aug 18	

Maori Relationship Board Workplan as at 5 September 2018 - subject to change	Presentation	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**
Maternal Wellbeing Programme Update (Board update action 25/7) other committees TBC		Patrick LeGeyt	10-Oct-18	10-Oct-18	11-Oct-18
Primary Care Update Presentation		Chris Ash	10-Oct-18		11-Oct-18
"It's hard to ask" (Renal) (up to 30 minutes) - request		Patrick LeGeyt	10-Oct-18		
Using Consumer Stories Revised ... (not considered in July by governance groups)		Kate Coley / John Gommans	10-Oct-18	10-Oct-18	11-Oct-18
Annual Plan 2018/19 final - issued by email TBC		Chris Ash	10-Oct-18	10-Oct-18	11-Oct-18
National Mental Health Inquiry detail released TBC		Colin Hutchinson/Claire Caddie	10-Oct-18	10-Oct-18	11-Oct-18
Te Ara Whakawaiora - Alcohol and other Drugs (National and Local Indicators)		Colin Hutchinson / Claire Caddie	10-Oct-18	10-Oct-18	11-Oct-18
Te Ara Whakawaiora - Cardiovascular (National Indicator)		Colin Hutchinson/Claire Caddie	10-Oct-18	10-Oct-18	11-Oct-18
Te Ara Whakawaiora - Improving Access Indicator		Colin Hutchinson/Claire Caddie	10-Oct-18	10-Oct-18	11-Oct-18
Clinical Services Plan Monthly Update (aug, sep, oct)		Ken Foote	10-Oct-18	10-Oct-18	11-Oct-18
Alcohol Harm Reduction Strategy (6 monthly update) **Nov**-May-Nov-May		Andy Phillips	14-Nov-18	14-Nov-18	15-Nov-18
Clinical Services Plan **in final form**		Ken Foote	14-Nov-18	14-Nov-18	15-Nov-18
Health Equity Report		Andy Phillips	14-Nov-18	14-Nov-18	15-Nov-18
HBDHB Performance Framework Exceptions Q1 **Nov 18** Feb 19 /May/Aug 19 (jit)		TBC	14-Nov-18		
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-**Nov**-Feb-May		Chris Ash	14-Nov-18	14-Nov-18	15-Nov-18
Te Ara Whakawaiora "Smokefree update" (6 monthly May-**Nov**) each year Board action Nov 17		Andy Phillips	14-Nov-18	14-Nov-18	15-Nov-18
Mobility action plan implementation - progress update on the phases		Andy Phillips	5-Dec-18	5-Dec-18	6-Dec-18
People Plan (6 monthly - **Dec**, Jun)		Kate Coley	5-Dec-18	5-Dec-18	6-Dec-18
HBDHB Performance Framework Exceptions Q2 Nov 18 **Feb 19** /May/Aug 19 (jit)		TBC	13-Feb-19		
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19**		Colin Hutchinson/Claire Caddie	13-Feb-19	13-Feb-19	14-Feb-19
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-**Feb**-May		Chris Ash	13-Feb-19	13-Feb-19	14-Feb-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-**Mar**		Andy Phillips	13-Mar-19	13-Mar-19	14-Mar-19
Te Ara Whakawaiora - Breastfeeding (National Indicator)		Chris McKenna	13-Mar-19	13-Mar-19	14-Mar-19
Urgent Care (After Hours) Service Update 6mthly (Sept-Mar-Sept)		Wayne Woolrich	13-Mar-19	13-Mar-19	13-Mar-19
MRB observer on Clinical Council (review in April 2019)		Patrick LeGeyt	10-Apr-19		
Alcohol Harm Reduction Strategy (6 monthly update) Nov-**May**-Nov-May		Andy Phillips	8-May-19	8-May-19	9-May-19
HBDHB Performance Framework Exceptions Q3 Feb19 /**May**/Aug/Nov (jit)		TBC	8-May-19		
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-**May**		Chris Ash	8-May-19	8-May-19	9-May-19

BOARD Meeting date
31-Oct-18
31-Oct-18
31-Oct-18
31-Oct-18
31-Oct-18
31-Oct-18
31-Oct-18
31-Oct-18
28-Nov-18
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27-Mar-19
27-Mar-19
27-Mar-19
29-May-19
29-May-19
29-May-19

MĀORI RELATIONSHIP BOARD
CHAIR'S REPORT

Verbal Update

HAWKE'S BAY District Health Board Whakawāteatia	**General Manager Māori Health Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Patrick LeGeyt, General Manager Māori Health
Month:	August 2018
Consideration:	For your Information

RECOMMENDATION

That the Māori relationship Board:

1. **Note** the content of this report.

TE WAHĀNGA HAUORA MĀORI - CHANGES

Over the last 3 years, HBDHB has undergone a number of formal reviews and corporate restructures designed to improve structural alignment to achieve strategic priorities. Maori Health Services are now within Te Puni Tumatawhanui, the Health Improvement and Equity Directorate. The restructures related to Māori Health Services (MHS) were aimed at strengthening the focus of activity and resources to better address health system performance and social support services for whānau health needs in Hawkes Bay. Whilst these changes have helped MHS improve our capacity to 'respond' they have not enabled us to be more 'proactive' or strengthened our impact as much as we would have envisioned.

Developing a stronger structural partnerships and systems/processes between key functions of MHS and other DHB directorates is essential in order to realise improved Māori health gain. These changes will not require another restructure but more of a structural alignment of existing roles and functions from MHS. Therefore, the GM Māori Health plans to further align MHS into 'service leads' based on the 'grouping of core functions' within MHS - Equity System Development, Commissioning Support and Monitoring (Programme Manager); Workforce Development (Nursing Director); Cultural Support (Kahui Kaumatua); and Social Support Services (Team Leader – Operations).

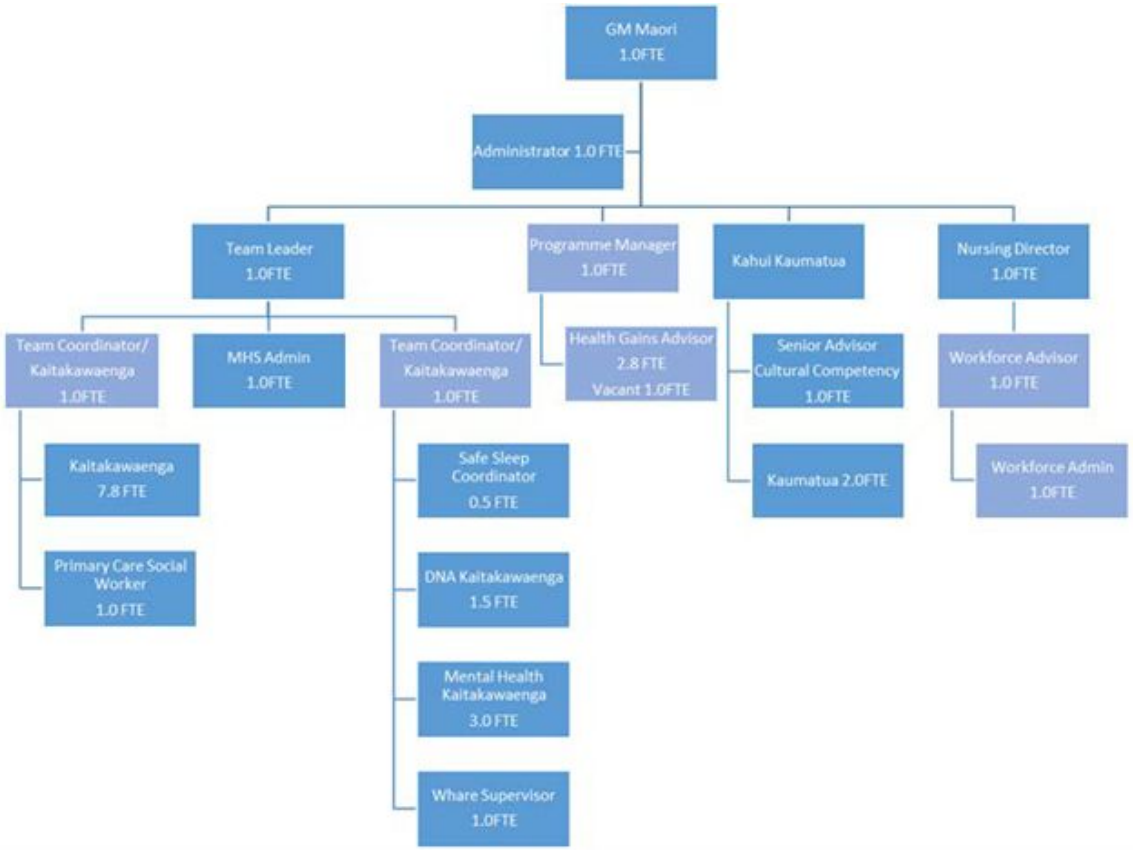
The plan is to implement the change with minimal impact on current permanent staff member's jobs and this will be achieved by recruiting to current vacancies, disestablishing and repurposing current vacancies to new roles and reorganising or strengthening leadership capacity.

The following are a mix of recruiting to current vacancies, disestablishing and repurposing current vacancies to new roles and reorganising or strengthening leadership.

1. Programme Manager (vacant)
    a. Recruit to this position
    b. This role will manage the Health Gains Advisors (3.0 FTE) and 1.0 FTE Senior Policy Advisor and no longer manage the Senior Clinical Workforce Coordinator.

2. Senior Clinical Workforce Coordinator (vacant)
    a. Disestablishing the Senior Clinical Workforce Coordinator role
    b. Resizing this role to *Māori Workforce Development Advisor*
    c. Move this position and the *Māori Workforce Development Administrator* to report to Nurse Director Māori Health
3. Administrator – Turuki Workforce Development (fixed term to 31.12.18)
    a. Implement and recruit to permanent position
    b. Rename position *Māori Workforce Development Administrator*
4. Nurse Director Māori Health
    a. Assume responsibilities for Māori workforce development
    b. Assumes management of Māori Workforce Development Advisor and Māori Workforce Development Administrator
5. Kahui Kaumatua
    a. Formulate a new grouping of cultural leadership – *Kahui Kaumatua*
    b. Kaumatua no longer report to Team Leader - Māori Health Operations but report directly to General Manager Māori Health
    c. Cultural Competency Advisor remains a direct report to General Manager Māori Health
6. Service Manager – Māori Health Operations (vacant)
    a. Disestablish the Service Manager MHOT position (currently vacant)
    b. Repurposing funding from the vacant Team Manager position to new *Health Gains Advisor* position 1.0 FTE
7. Team Leader – Māori Health Operations
    a. Extend management responsibilities of Team Leader role
    b. Improve management support for staff and Team Leader by developing two new roles - *Team Coordinator/Kaitakawaenga*
8. Team Coordinator/Kaitakawaenga – Māori Health Operations
    a. Develop two new roles - *Team Coordinator/Kaitakawaenga* – to support staff and Team Leader
    b. Team Coordinator/Kaitakawaenga are to be 0.25FTE Team Coordinator whilst remaining 0.75 Kaitakawaenga
    c. Recruit internally following a call for expressions of interest
9. DNA Kaitakawaenga – Māori Health Operations (0.5FTE vacant)
    a. Not to recruit to this position
    b. Recruit 0.5FTE Kaitakawaenga to make up backfill requirements for *Team Coordinator/Kaitakawaenga*

Proposed organisational structure:



Key:

Permanent Roles	Vacant or non permanent roles

The process and timeline from here is:

20 August – 7 September 2018
Develop and Finalise Job Descriptions

10 September – 29 September 2018
Job sizing and pay grading new job descriptions

1 October – 5 October 2018
Gaining Finance Approval to advertise

8 October – 9 November 2018
Expressions of Interest - Māori Health Operations Team only

- Team Coordinator/Kaitakawaenga

8 October – 9 November 2018
Recruitment - Advertising and Interviewing

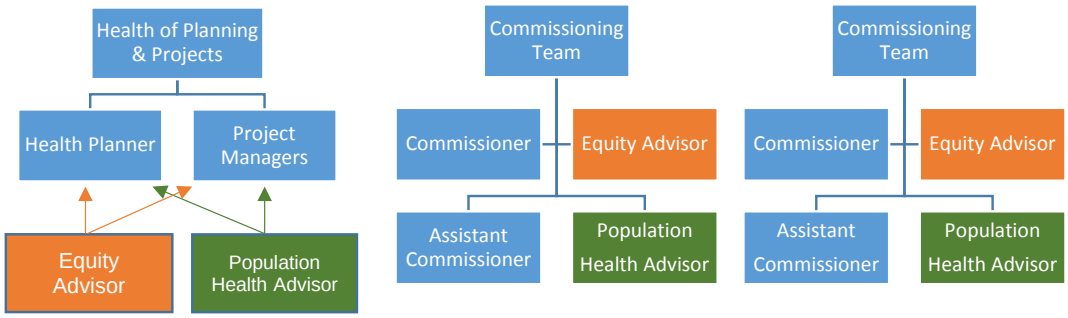
- Programme Manager
- Workforce Development Advisor

- Workforce Development Administrator
- Health Gains Advisor
- Kaitakawaenga

Developing a stronger structural partnership and systems/processes between key functions of the HIE directorate (Māori /Pacific engagement, health needs assessments, planning and projects) and the Primary Care Directorate (health commissioners) is essential.

The GM Māori Health, proposes an alignment of Māori Health Gains Advisors (Equity Advisors) from MHS and Population Health Advisors with the commissioning functions of the Primary Care Directorate to form 'commissioning teams'. These changes will not require another restructure but more of a structural alignment of existing roles and functions from MHS and Population Health.

Integrated Commissioning Teams - Primary Care and Health Improvement & Equity Directorates



Key:

NZ NUKA SYSTEM OF CARE CONFERENCE – HE NGĀKAU AOTEA

South Central Foundation, HBDHB, Health HB and Ngati Kahungunu Iwi Inc will host the inaugral NZ Nuka System of Care Conference – He Ngākau Aotea in Napier at the Napier Conference Centre on 23rd and 24th October 2018.

The conference will cater for up to 350 attendees and preferential spaces (60%) will be held for HB health, social sector and iwi leaders. There is interest from Australiasia and other DHB regions but preference will be held for our closest neighbouring iwi regions and the central DHB region.

HBDHB has contracted Traci Tuimaseve of Trailmedia to project manage the conference. A small project team of the GM Maori Health, Executive Director Primary Care, CEO NKII and Business Manager of South Central Foundation have been holding regular project meetings.

Katherine Gottlieb, CEO of South Central Foundation, and Kevin Snee, CEO HBDHB, have had direct input into developing the conference programme. The conference programme will consist of:

Tuesday 23 October 2018

- Welcoming Ceremony
- Key Note Speaker – Katherine Gottlieb – Nuka System of Care

Morning Concurrent Workshops (2 hours)

- Engaging community (to own and design the health system and using voice of consumer to drive improvement)
- Integrated Care Delivery (From Theory to Practice: Integrated Care Teams in Action)

Mid-Afternoon Concurrent Workshops (2 hours)

- Behavioral Health (Introduction and Advanced Implementations and Applications)
- Quality Improvement (Improvement Culture; Tools and Processes; Using Data for Improvement)

Tuesday 23 October 2018 6pm – 9pm

Pukemokimoki Marae, Napier

- Powhiri
- Conference Dinner
- Cultural Exchange and Performances

Wednesday 24 October 2018

- Welcome
- Key Note Speaker – Katherine Gottlieb – Family Wellness Warriors: Addressing Domestic Violence, Child Abuse and Child Neglect

Core Concepts

- Learning Circles
- Introduction to Sharing a Story and Responding to a Story
- Mental Models and Ladder of Inference
- Flow of Conversations and Four Practices

Thursday 25 October 2018 Afternoon

Intensive leadership session with Katherine and her team (closed session for up to 30 HB leaders) on ‘Leading transformation’.

All attempts have been made to keep the conference costs affordable and the registration fee is going to be around $600 excluding GST for the two day conference including conference dinner.

A registration website will be developed by 10 September 2018.

CHILD HEALTH

Within a partnership model, Māori Health, Population Health, Maternity Services, and Primary Care are developing a governance approach to Child Health. The intention is to build a more cohesive and strategic approach to child health that will strengthen our ability to identify,

respond to, monitor, and embed equity across child health priorities across HBDHB. A paper to EMT is currently being prepared with information about this work.

Safe Sleep

Hawke's Bay District Health Board recently submitted its SUDI Prevention Plan for 2018/19 to the Ministry of Health. The Action Plan includes three main activities:

1. Provision of Safe Sleep programme including wahakura and pēpi pods.
2. Kaupapa Māori Maternal Health and Well-being initiative
3. Cot Bank

There has been a number of unconfirmed SUDI cases over the past year. These are still being investigated by the Coroner, and once findings are released, they will be reviewed by the Child and Youth Mortality Review Group. In the meantime, a cross DHB group has met, as well as the SUDI community action group to discuss current activities, areas for improvement, and gaps in activities.

Action 2 above is still in development and is due to be implemented in quarters 3 and 4 of 2019. Action 3 has been approved and the establishment of the programme underway. The Cot Bank is due to begin in September 2019.

Kaupapa Māori Maternal Health Programme Update

HBDHB is in the process of exploring the development of a kaupapa Māori Maternal Health Programme ('the Programme'). The intent of the programme is to support the health and well-being of whānau so they and their tamariki can thrive, and achieve their full potential.

Interviews with māmā and their whanau are underway. The plan is to interview up to 62 māmā from across Central Hawkes Bay (10), Hastings (15), Napier (15), and Wairoa (10), and up to 20 whānau interviews. The interviews explore māmā experiences during pregnancy, any care or support whānau needed but didn't receive, and what went well (what didn't). The interviews also explore their thoughts about a Kaupapa Māori pregnancy programme and what would be important to māmā and whanau in the delivery of the programme.

A summary of the draft findings is due to be presented to the Steering Group in September.

Regional Sexual Health Plan update

A regional sexual health plan is being developed via a partnership approach between Population Health, Māori Health, and Strategic Services, with strategic direction and oversight from the Sexual Health Clinical Governance Group (SHCGG). A draft intervention logic has been developed, and has been presented to the Kaumatua Kahui for feedback and input. The kaumatua shared valuable korero about the challenges they see today, areas of importance, and possible areas for consideration. For example, kaumatua discussed concerns about drugs and the impact this is having on the decision making of young and older people, the role (and effectiveness) of sex education in schools and the importance of a culturally responsive workforce, access to appropriate information, and thoughts about how to bridge the sexual health knowledge gap between rangatahi, matua, and kuia and koroua.

The draft intervention logic and community engagement plan will be presented to the SHCGG in September.

MĀORI HEALTH WORKFORCE ACTION PLAN

The Māori Health Workforce Governance group (MHWF) has been established to support and advise the Māori workforce action plan.

The Cultural Competency Advisor has been providing cultural input and support to help HR develop a values based recruitment. This aligns with one of the objectives outlined in the *Māori Work Force Action Plan* - To increase the Māori representation in our workforce. One action is to develop Cultural Training package for all DHB Interview Panellists.

HBDHB RESEARCH COMMITTEE

Māori Health has established new protocols for reviewing and approving research related to Māori and these were tabled to HBDHB research committee.

Māori Health reviewed 4 research projects within Māori Health research group looking at the cultural and ethical processes based on '*Te Aka Tika Guidelines for Māori research'.*

MĀORI NURSING

NZNO Māori Nurses Indigenous Conference

Māori Nursing Director attended the NZNO Indigenous Nurse's Conference. A large contingent from HBDHB attended this valuable nursing conference. Kerri Nuku led the conference by providing a range of thought provoking speakers delivering a kaupapa Māori theme throughout all presentations. Leading Māori Health and mātauranga Māori experts identified the need for an increased Māori and cultural effective workforce. A valuable hui for all Māori nurses to attend and to whanaungatanga at a national level.

A regular monthly meeting re-established with Kerri Nuku, Chris McKenna and Ngaira Harker to further support indigenous nursing development within HBDHB.

NETP Graduation/ Follow up NETP Māori retention

Ceremony to celebrate completion of NETP graduates held this month. Total of 17 nurses achieved NETP.

Follow up from the 4 Māori who did not achieve:

- Reviewing NETP support currently and aim to access data to support baseline and to set up targets.
- Donna Foxall now back in the NETP position - currently NETP Māori numbers have increased without the additional support potentially required to manage and retain this group.

Recommendations:

- Reviewing the funding and input that is put into Māori workforce growth at NETP level. Consider a full time Māori nurse that provides both cultural and clinical support for Māori nurse – Business case
- Regular monthly meetings set up with Nursing Workforce Development manager to follow up supporting the Māori NETP recommendations.

The Māori Nursing Director attended the CNM (clinical nurse manager) and SNE (senior nurse educators meeting)

- Informed groups of Māori workforce strategy
- Informed of the need to work collaboratively to build as a nursing workforce the cultural and clinical capability of our workforce.
- Currently booking times with each ward to support contact and whanaungatanga with the Nurse Director Māori and the Poutikanga Senior advisor tikanga.

National Māori Nursing workforce projection

Date	Māori	Total	%Māori	National % Māori	%Māori Target	Gap
June	210	1622	12.9 %	7%	15.68	45
July	208	1625	12.8	7%	16.02	52

Rapai Pohe Scholarship recipients (Turuki).

Congratulations to Carena Andrews and Roma Del Finn who both received the Rapai Pohe scholarship for Māori nursing students. Ceremony held at EIT. Sheyne presented awards to students.

TU KAHA CONFERENCE 2018

HBDHB Māori staff attended the Tukaha Conference with a group from the Māori Health team HBDHB. The Tu Kaha conference is a collaboration of all the central Region District Health Boards (DHB) designed to:

- Promote health as a career
- Share and celebrate Māori health innovation and achievement
- Demonstrate the strengths of indigenous intelligence as a catalyst for positive change within our whānau; and
- Accelerate the improvement of the status of Māori Health

WAI 2575 TREATY CLAIM TARGETS ALCOHOL AMONGST MĀORI

The Māori Health Improvement team are involved in several programmes across the health sector, one in particular, is the hazardous alcohol consumption in Hawkes Bay. The following information is provided to raise the issue for attention and consideration with respect to the 140 or so claims that make up the WAI 2575, Health Services and Outcomes Kaupapa enquiry. One such claim is calling on the Government to raise the price of alcohol in an effort to curb the impact on drinking on the health of Māori. Māori Warden, David Ratu works for the Turehou Māori Wardens ki Otara Charitable Trust, claims the Government has failed to ensure the Sale and Supply of Alcohol Act was consistent with the Treaty of Waitangi.

The Executive Director of Alcohol Health Watch, Nikki Jackson supports and endorses the claim. High level of alcohol-related harm is unjust and is often related to living in communities saturated with liquor outlets. It is apparent that health and social provider groups trying to reduce the availability of alcohol in our communities are severely limited in their ability to have an effect. Coincidently, a visiting economist and policy expert, Dr John Marsden agrees with the claimant, with respect to imposing a double the excise tax on alcohol.

Hawkes Bay DHB is one of the highest ranking DHB's for hazardous drinking in New Zealand (after Taranaki and Te Tairawhiti. In Hawkes Bay, the average days stay in hospital for a wholly attributable alcohol related hospitalisation is 4.2 days. In 2014/15, the total bed days

for wholly attributable alcohol related hospitalisation was 2,441 bed days, or, 7 hospital beds every day. This total direct and direct hospital cost for these admissions in 2014/15 was $3, 107, 049 (not including ongoing outpatient and rehabilitation costs.

With respect to deprivation; the higher the deprivation of an area, the fewer drinkers (quintile 1/least deprived, 91 percent past year drinkers, 91 percent past year drinkers, quintile 5/most deprived (-83 percent drinkers 2016/17 data), but more hazardous drinking has been reported to occur in higher deprivation areas.

What are we doing about it?

- DHB Alcohol Harm Reduction Strategy approved by Board in 2017.
- Priority groups: Young people, unborn babies, health services SBI orientation
- Strategies: (began 2018).
- Raise community awareness – FASD, Media (see below), how community can have more say on licensing workshops targeting Māori & high deprivation communities.
- De-normalise drinking – Alcohol & Schools Don't Mix report.
- Advocacy for macro changes that will make a difference (price, marketing, availability).
- Strengthen impact on licensing decisions – working on a MOU across Councils and Police, supporting councils (NCC, HDC) to defend PLAP, supporting NCC and HDC Joint Alcohol Strategy, supporting Wairoa on draft LAP development.
- Implement SBI – Not yet underway in health services; no commitment from maternity to include in Annual Plan without additional resources, primary care response yet, ED not able to commit due to workloads
- Provide appropriate and accessible health services – MH&A Inquiry & MH Review – gaps identified locally

FSA DNA Reduction Support.

The Monthly FSA DNA (ESPI Specialities) rate was **11.0%**.
The following is a breakdown of DNA support provided for the month:

Pre-emptive Calls – **222**
Confirmed Appointments – **154**
Re-scheduled Appointments – **17**
Home Visits – **38**
Messages Left – **43**
Not Contacted – **24**

Safe Sleep Programme.

The following is a breakdown of what supports the acting Safe Sleep Programme Co-ordinator provided for mums:

Wahakura Issued – **15**
Pēpi-pods Issued – **1**
Training Sessions – **2**

HB CLINICAL COUNCIL

Verbal Update

HAWKE'S BAY District Health Board Whakawāteatia	**Matariki Hawke's Bay Regional Economic Development and Social Inclusion Strategy Six Monthly Update**
	For the attention of: **Māori Relationship Board, Pasifika Health, HB Clinical Council,HB Health Consumer Council and HBDHB Board**
Document Owner	Andy Phillips, Te Tumuaki O Te Puni Tūmatawhānui
Document Author(s)	Shari Tidswell, Equity and Intersector Development Manager
Reviewed by	Kevin Snee, Chief Executive Officer
Month/Year	August 2018
Purpose	This report provides and update on progress for the Matariki Strategies and HBDHB's contribution to these.
Previous Consideration Discussions	This is reported six monthly: - Initial presentation 29 November 2017
Summary	Matariki has established a new two tiered leadership structure – Governance and an Executive Leadership Group, this has supported greater sharing of information. National funding is now coordinated via Matariki including Provincial Development Fund. Projects have been integrated which starts the process to combining both strategic documents by the end of the year.
Contribution to Goals and Strategic Implications	Improving health and equity Contributing to an intersectoral approach
Impact on Reducing Inequities/Disparities	Matariki is a Treaty based strategy and the vision for both Strategies is increased equity.
Consumer Engagement	Completed in the development of both Strategies, including community consulation hui in each local authority.
Other Consultation /Involvement	Not applicable for this report
Financial/Budget Impact	Not applicable for this report
Timing Issues	Not applicable
Announcements/ Communications	Provided via Matariki website.

RECOMMENDATION:

That Māori Relationship Board, HB Clinical Council, HB Health Consumer Council & Pasifika Health:

1. **Note** the content of this report.

HAWKE'S BAY
District Health Board
Whakawāteatia

Board Six Monthly Update: Matariki Hawke's Bay Regional Economic Development and Social Inclusion Strategy

Author(s):	Shari Tidswell, Equity and Intersector Development Manager
Date:	**August 2018**

OVERVIEW

Matariki includes two regional strategies designed to achieve regional development via economic development and social inclusion. Through the delivery of actions, these complementary strategies will support the Regional Economic vision:

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

and Social Inclusion 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 the opportunities that result in equity of outcomes."*

Underpinning this is the understanding that regional economic growth and equitable opportunities for individuals, whānau and community go hand in hand.

An intersectoral approach is being used to deliver actions and support the strategies. Intersectoral partners include community, Iwi, hapū, business, local government and government partners.

PROGRESS ON ACTIONS LED OR CONTRIBUTED TO BY HBDHB

Progress on the governance structure has been achieved with the adoption of a two tiered model. This group includes; five Councils (Mayors and a Chair), five Maori leadership representatives and five business leaders. The Governance Group provides leadership and overall direction for Matariki.

The Executive Leadership Group comprises of CEOs (senior officials and managers) from all stakeholder groups including government agencies, this includes the HBDHB CEO Kevin Snee and/or his delegate. This group provides operational and direct project support including monitoring the progress of the Strategy's actions. Administrative support is to be provided via the Business Hawke's Bay.

The Regional Growth Fund now has criteria and a process for applications. The Executive Leadership Group will review funding applications for endorsement – this will require proposals to illustrate how they will contribute to Matariki actions. Most funding to date is focused on youth employment.

The HBDHB continues to provide in-kind support for the Social Inclusion Working Group with the following recently completed:

- A communications plan for Social Inclusion
- An integrated actions table for both Strategies
- A joining statement to link the Strategies
- Supporting documents for the activity leads to deliver their roles

The HBDHB's current activity has potential to link with Matariki in the following actions:

- "Investigating whānau centric places, connected to local communities, where people access a wide range of support services…" HBDHB localities, community hubs and whānau centric programmes link to this work.
- The HBDHB's Clinical Services Plan being a good example of "Develop a new sustainable operating system for government agencies and NGOs delivering social support services".
- Supporting the development of community investment panels in Wairoa and Central Hawke's Bay. These "Establish representative groups in locations across Hawke's Bay to enable community and whānau voice and leadership in social and economic development".

HBDHB are contributing to Matariki actions as follows:

- Partnering with MSD, TPK and EIT to deliver "Project 1,000 linking 1,000 local people on benefits with new jobs". Our role includes membership on the Rangatahi Kia Eke advisory group. This project has placed 25 youth previously on health and disability benefits, into work experience placements. Have also contributed to design of the evaluation which is a collaboration with EIT.
- "Support the employment of people with challenges that may impact on their capacity to obtain or retain employment" - the DHB Annual Plan has included this work under "Work Ready" action. This is a Transform and Sustain project and a full project plan is under development. Initial activity will address barriers to employment including supporting youth to pass employer drug tests and access to support for driver licensing.

CHALLENGES

Some challenges had earlier hindered progress, notably:

- Changes in key staff, the project support role changed twice in eight months
- Delay in establishing the Governance and Executive Leadership structures which impacted the monitoring of projects to deliver actions
- Resourcing uncertainties via the change in Government and establishment of a new fund

These issues have been addressed over the previous two months. The project is now back on track with actions being accelerated and funding opportunities available to support new projects.

CONCLUSION

The work linked to Matariki is included in the HBDHB's Annual Plan, primarily under the actions in "Ready for Work". As stated above, there are also links with other key areas of work.

HBDHB benefits from cross-sector relationships developed via the membership of Matariki and these relationships will continue to offer opportunities. An example of this was the opportunity to use the Executive Leadership Group meeting to engage these key stakeholders in the Clinical Service Plan process.

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
HBDHB continues to contribute to Executive Leadership Group	• Attend monthly meetings and contribute to actions	Kevin Snee/ Andrew Phillips	Ongoing
Continue to support actions areas with in-kind support	• Support the ready for work actions • Contribute to the work delivering whānau centric approaches • Complete the housing actions via Housing Coalition	Shari Tidswell	1 July 2019

RECOMMENDATION:

That Māori Relationship Board, HB Clinical Council, HB Health Consumer Council & Pasifika Health:

1. **Note** the content of this report.

HAWKE'S BAY District Health Board Whakawāteatia	**After Hours Urgent Care**
	For the attention of: **Māori Relationship Board, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner	Wayne Woolrich, CEO Health Hawke's Bay
Document Author(s)	Dr David Rodgers (Health Hawke's Bay, Medical Advisor)
Reviewed by	Wayne Woolrich, CEO Health Hawke's Bay; Dr Mark Peterson, CMO Primary HBDHB, and the Executive Management Team
Month/Year	August 2018
Purpose	For Information
Previous Consideration Discussions	Following the District Health Board (DHB) notice to Health Hawke's Bay (HHB) to cease the Emergency Department's (ED) contracted after hours provision for Hastings practices, a new model to deliver after hours urgent care in Hawke's Bay was initiated (effective 1 December 2017). HHB the Primary Health Organisation (PHO) led this significant work in collaboration with General Practice providers to secure an agreement and to operationalise this model, within a short space of time.
Summary	This review provides a high level update on the first six months of operations of the new model and highlights areas of focus. The intent is to make comment on areas of focus acknowledging it is too early to make significant change. A comprehensive 12-month review will be completed where recommendations will be made to improve how care is provided to our community.
Contribution to Goals and Strategic Implications	The redesign and implementation has resulted in a new model that: • Consistency of service for patients in Hastings and Napier • Minimises primary care provision by ED • Meets the PHO's contractual requirements with the DHB
Impact on Reducing Inequities/Disparities	We have no baseline data for the equity gaps in the previous model for after hours' care. This six-month review highlights aspects of the service model that could improve equity, that being the mobile in home care and the next day appointments. The twelve-month review will focus on equity and recommendations for improvement.
Consumer Engagement	No engagement as this was a desk top review. Consumer engagement will be undertaken for the comprehensive twelve-month review.
Other Consultation /Involvement	N/A

Financial/Budget Impact	The business case provided for an operating deficit of $76k in year one, to be underwritten equally by the DHB and HHB. At the time of the review the model is forecasted to operate in line with the business case projection. A major financial concern was the low utilisation rates of the overnight paramedic. This service was projected to make a budget contribution of up to $70K p.a. but has to date only realised less than $1K in revenue (identified early on as a significant risk). HHB worked with St John with both parties agreeing (in good faith) to a renegotiated and rationalised service level agreement, with similar service specifications now being delivered to a smaller number of clients for a lower cost than originally agreed. This variation has significantly reduced the financial risk to the model.
Timing Issues	N/A
Announcements/ Communications	N/A

RECOMMENDATION:

That HB Clinical Council, HB Health Consumer Council, Māori Relationship Board and HBDHB Board:

1. **Note** the six month review of the Urgent Care After Hours service.

To	Health Hawke's Bay Board of Directors	From	Dr David Rodgers
Title	After Hours Urgent Care	Date	August 2018

FOR INFORMATION

Purpose

To provide Health Hawke's Bay Board of Directors and Hawke's Bay District Health Board with a six-month review of the Urgent Care After Hours service.

Context

Following the District Health Board (DHB) notice to Health Hawke's Bay (HHB) to cease the Emergency Department's (ED) contracted after hours provision for Hastings practices, a new model to deliver after hours urgent care in Hawke's Bay was initiated (effective 1 December 2017). HHB the Primary Health Organisation (PHO) led this significant work in collaboration with General Practice providers to secure an agreement and to operationalise this model, within a short space of time. The redesign represents a step forward in consistency of service, and is understood by all parties to be an early step in a wider process that will see further collaboration to improve and enhance the urgent care model (in partnership with patients, consumers and their whānau).

The redesign and implementation has resulted in a new model that:

- Provides an appropriate level of care for all patients
- Greater use of multidisciplinary skills
- Consistency of service for patients in Hastings and Napier
- Minimises primary care provision by ED
- Sustainability within available financial resources
- Meets the PHO's contractual requirements with the DHB
- Provides a firm foundation for the further development of integrated primary care solutions to ensure that the patient remains connected with their own GP

PRIOR TO THE NEW MODEL

In Hastings, general practice provided primary care from 8.00am to 8.00pm seven days a week (as agreed with the DHB) utilising the health line phone triage service and ED for those patients who needed be seen.

In Napier, general practice had an after hours roster, whereby most GPs serviced their afterhours via City Medical.

This model was problematic due to:

- Recruitment challenges as Napier practices required GP's to work on the afterhours roster
- Widespread concern that servicing the onerous afterhours roster was impacting on quality of care in hours
- Accessing care overnight was expensive for some patients
- Perception that the Hastings model was encouraging inappropriate use of ED

REVIEW OF MODEL

Aspects of the Napier model (noted below) were extended in the redesign, to provide benefits to all within Napier and Hastings.

- Accident and Medical centres and co located pharmacies in both Napier and Hastings to remain open until 9.00pm
- Nurse triage and treatment (free of charge) from 9.00pm to 8.00am at City Medical (Napier)
- The Urgent Care nurse service (based in Napier) extended its scope to provide phone support and walk-in triage for all Napier and Hastings patients (between the hours of 9.00pm and 8.00am), with the ability to utilise the provider portal enabling direct access to GP notes
- Professional development support provided for the overnight nurses who work in City Medical
- Service model includes access to telephone support from an on-call GP until 3.00am
- Mobile paramedic offering an advanced face to face service at patients' own homes (available across Napier and Hastings 9.00pm to 3.00am
- Ability for GPs to ring fence next-day urgent care appointments with the patient's own GP
- ED contracted to provide face-to-face support for a small number of patients requiring urgent primary care need between the hours of 3.00am and 8.00am

Challenges

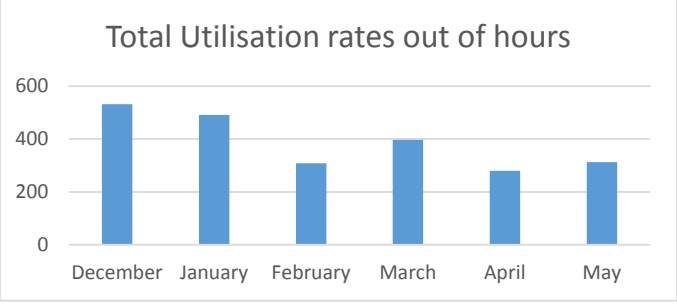
The redesigned service was a new contractual arrangement between multiple providers and required a significant investment of time to contract and establish the service. This resulted in a lack of focus on the need to communicate the changes to consumers. To remedy this, a fairly generic (and expensive) PR campaign shared the message that 'calling your usual GP number out of hours would connect you to an urgent care service' but communicating the detail of the plan remained challenging. A social media campaign communicating the service and personalising the urgent care paramedic helped to clarify the services available, but it is still unclear how well consumers understand the changes.

In the first few months it became evident that the utilisation rates for the urgent care paramedic were below those that were expected (and despite PR activities) the urgent care paramedic service remained underutilised. This presented an immediate financial and workforce concern. The PHO and St John worked together to review and agree a new model, whereby the urgent care paramedic skill set would be deployed across the ambulance fleet overnight rather than one paramedic dedicated to the service being on call.

The Shared Electronic Health Record has been difficult and utilisation has been slow, due to operational issues with the software vendor and logistical issues training staff to use the software (this has now been remedied).

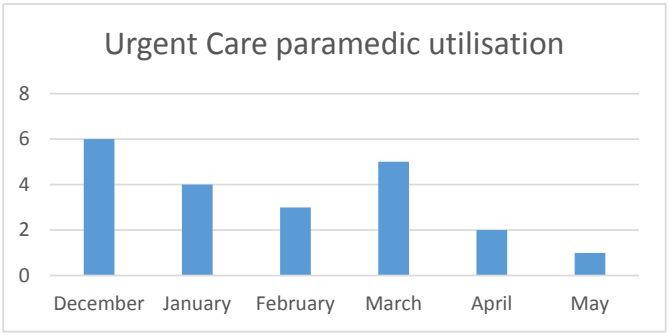
Utilisation rates and audit of subset of cases

Total utilisation rates across the new service (all components):



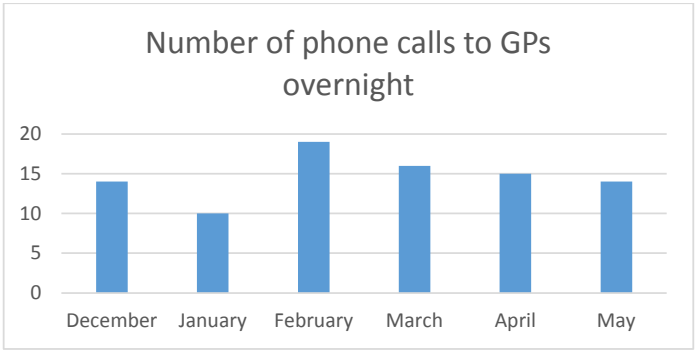
Total service utilisation across Hastings and Napier which includes presentations at City Medical (Napier), phone calls out of hours and paramedic call outs. December and January were months of high utilisation across the health sector in the province as our local economy is heavily tourist dependent. The drop in February is also likely related to the fact it's a shorter month. Overall though there is a definite decline in overall utilisation, this is also apparent at an individual service level.

Paramedic utilisation rates:



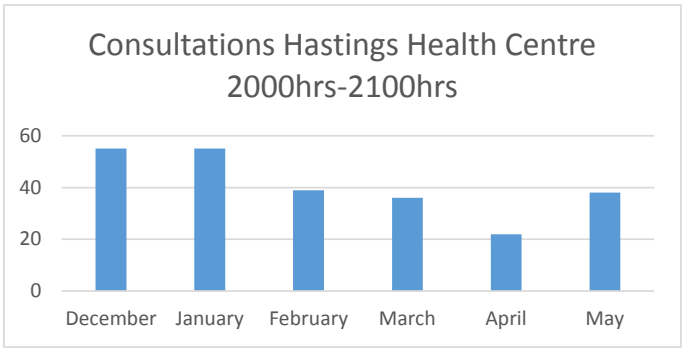
Urgent care paramedic visit rates per month started at a low point, which has continued to decline. The redesigned service allowed for three urgent care paramedic visits per night not being realised. The Paramedic utilisation rate is an area that requires additional focus.

GP phone support utilisation rates



The number of phone calls to GPs overnight has remained fairly static. A positive contributor to a manageable call level has been implementing more effective standing orders at the start of the redesign and available to the nurses who work overnight at City Medical.

Hastings Health Centre utilisation rates



Utilisation rates for Hastings Health centre have remained low with an average of 1.35 presentations per hour between 2000hrs and 2100hrs. With no change over the past six months this is an area that requires additional focus.

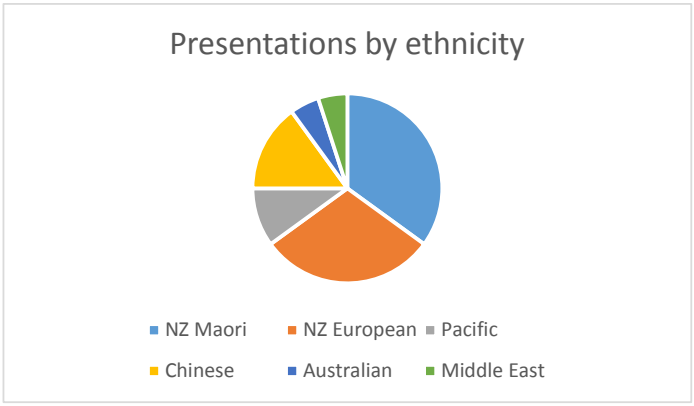
Next day GP appointments

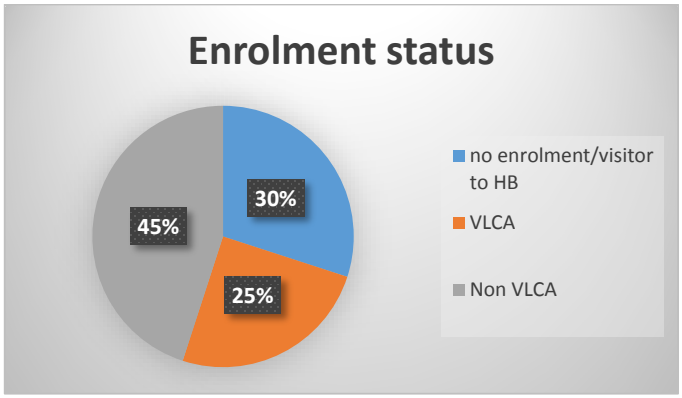
The next day GP appointments were only formally (recorded from April) ash resulted in thirty seven next day requests made in eighty four nights of on call duty. As some of these nights are weekends, this equates to thirty seven next day appointments across seventy working days, representing one appointment per workday across Napier and Hastings. At this point in time there is no way to determine whether these next day GP review appointments actually took place. This is an area to focus on to understand whether barriers such as cost or transport were relevant to non-attendance.

Patient Case Audit

Twenty random cases (across the six months from the contact records kept by the overnight City Medical nursing team) were used as a sample for the audit.

Ethnicity and Enrolment status





Points to highlight:

- The majority were NZ Māori (35%), followed by NZ European (30%)
- A significant minority were not enrolled in a practice locally, although this may be confounded by overseas visitors

- There was poor correlation between VLCA enrolment and ethnicity – less than half of NZ Māori consumers and none of the Pasifika consumers (identified in the audit) were enrolled at a VLCA practice

Clinical disposition:

- No one utilised the urgent care paramedic service. This isn't surprising as the total number of paramedic visits across six months was twenty one. While the total number of consumer contacts with the after hours model was two thousand, three hundred and twenty, twenty one urgent care paramedic patient contacts represents less than 1% of total patient contacts. The audit identified one clinical case appropriate for the paramedic service as it fit within their scope of practice and it was for a patient for whom transport was an issue. In this case the patient couldn't afford the paramedic service ($65 fee), so the paramedic was not dispatched.
- One of the twenty contacts resulted in transfer to ED. On review of the clinical notes this appears entirely appropriate, and a case that would almost certainly have been transferred to ED under the previous model
- Nine of the twenty contacts were treated using standing orders by the City Medical based nurse
- Ten of the twenty contacts were referred to next day GP services
- Seventeen of the twenty contacts were attendances onsite to the nurse at City Medical

<u>Intangible benefits not captured in audit/utilisation analysis</u>

The working relationship between HHB and St John (both regionally and nationally) has been immeasurably strengthened through the development of this new service model. This was highlighted by being able to negotiate an entire new service level agreement and renegotiate the contract quickly as the model developed throughout the months of implementation. This changed the service from one dedicated paramedic on shift waiting for calls for six hours per night, to using the paramedics that were already on duty in ambulances to deliver the same scope of practice as the dedicated urgent care paramedic. This significantly reduced the financial risk to those parties funding the model.

One of the benefits of training a larger cohort of paramedics (in the urgent care skill set) is that these skills are then deployed across their rosters and the St John network in Hawke's Bay. As one paramedic put it, "Once you've learnt this stuff you can't really unlearn it." This means patients are being treated in their homes by St John using the urgent care skill set and equipment which then prevents hospitalisation or GP review. Anecdotally this is happening several times per day, and is apparent in Central Hawke's Bay (CHB). CHB was outside the remit of this model, so it's great that some benefit is being felt in what remains a difficult to service part of Hawke's Bay.

General Practice has benefited from the alignment and consistency of Napier and Hastings resulting in reduced recruitment barriers. As one GP stated "you are fresher in your day job because you haven't been up the night before. Even if you're not called out, when you're on call you don't really sleep well."

While the shared health electronic record is still not being fully utilised, we have been able to hit a major milestone and significant step forward whereby GPs are comfortable with sharing information by engaging in a Hawke's Bay wide model. It has been identified that approaching general practice early on to ask for better information sharing was a key to success. General practice had a good understanding of what the information would be used for and how it would be accessed. The ability to have all general practice agree to this demonstrates the continued strength of the growing relationship of trust between general practice and Health Hawke's Bay.

Financial Analysis

The business case provided for an operating deficit of $76k in year one, to be underwritten equally by the DHB and HHB. At the time of the review the model is forecasted to operate in line with the business case projection.

A major financial concern was the low utilisation rates of the overnight paramedic. This service was projected to make a budget contribution of up to $70K p.a. but has to date only realised less than $1K in revenue (identified early on as a significant risk). HHB worked with St John with both parties agreeing (in good faith) to a renegotiated and rationalised service level agreement, with similar service specifications now being delivered to a smaller number of clients for a lower cost than originally agreed. This variation has significantly reduced the financial risk to the model.

There are other parts of the model which also have significant costs, with very low utilisation rates. While it was reasonable to underwrite these costs during the initial phase of the model, given that there has been no increase in utilisation across six (6) months it is timely to look at these costs.

Other areas of focus is the provision of the extra hour of care at Hastings Health Centre. The total cost for this service is $144K p.a. comprising of $93K p.a. for GP services and $51K p.a. for Community Pharmacy services. The utilisation rates for the extra hour of Community Pharmacy are not available, but it reasonable to infer it will be similar to the GP utilisation rate. The investment equates to $395 per hour to keep the Hastings GP and pharmacy service open. At the current utilisation rates this equates to approximately $294 per consumer which is difficult to justify long term if utilisation does not increase.

ED is contracted for $30k p.a. to see consumers between 0300 and 0800. This is an area of focus to explore as to whether this investment could be better used elsewhere to improve consumer care options.

Equity Assessment

We have no baseline data for the equity gaps in the previous model for after hours care. Anecdotally, utilisation of the after hours service overnight at City Medical has tended to include significant numbers of high needs consumers. This has been supported in the results shown in this audit.

The numbers utilising the new elements of the service (the urgent care paramedic and the Hastings Health Centre 8.00pm – 9.00pm) have been so low that there is limited scope for an adequate equity assessment of utilisation.

It is worth noting (that in the audit of a small subset of clinical cases) the one case that would have been really appropriate for the urgent care paramedic could not afford the service.

Two aspects of this model have significant potential to have an impact on equity. These are mobile treatment in a consumer's own home and next day general practice review. Each of these has potential to improve consumer's ability to access care, but each have cost implications which has likely impacted their use for those who most need them. This will be an area of focus for the twelve month review.

Potential Changes to the Model

There is scope to make several changes to the model, either individually or as a suite of changes to try to make it more cost efficient and have impact on the equity gap in provision of primary and urgent care in Hawke's Bay.

Areas identified:

Efficiencies

- Pulling back from the extended service in Hastings, this the between 8.00pm and 9.00pm. This would represent considerable financial savings with little impact in terms of clinical risk. The service is underutilised and is a poor use of both financial resource, and more importantly, of clinical resources (GP, practice nurse and pharmacist).
- Reduce the level of contracted support from ED services for the care of patients between 0300hrs and 0800 hrs.
- Reduce the level of GP phone support service. Whilst not used very often, the City Medical overnight nurses feel it is a valuable support service for their clinical safety and their confidence. The nurses have expressed a preference for this service to be extended throughout the night i.e. extending past the 0300hrs current cut off time.
- Professional development fund for the overnight nurses is currently under-utilised. However, it is an area that is important to ensure the nurses providing overnight care feel supported and have access further education or professional development. This not an area we would consider reducing.

Investments from efficiencies

- Used to offset the current projected service deficit
- Extend the GP phone support service to cover 0300hrs to 0800hrs. There is appetite from the City Medical nurses who work overnight to extend the GP call support.
- Extend the hours of urgent care paramedic service. The model has moved from one dedicated paramedic, to using the network of paramedics. This service could be extended to cover 0300hrs to 0800hrs.
- Reduce / remove the co-payment for the St John's service. The utilisation rates are low and there is capacity to increase consumer care utilisation. On review, it seems that there aren't many clinically relevant cases, and where there are, cost can be a barrier. Reducing the co-payment to the consumer would address one of these problems
- Reduce / remove the co-payment for next day GP review that impacts consumers not being able to see their GP the next day because they cannot afford to. The recommended next day appointment is not only good for the consumer, it provides the overnight nurse a degree of safety in discharging someone overnight.

With the service being operational for six months, there has not been the operational time to justify making recommendations for material change. The twelve-month review will present an opportunity to consider redesigning the service model to improve its equity impact and to address its current deficit. If certain aspects of the current model were to be withdrawn from, funding could be repurposed to improve access for those who most need.

A future focus identified during the review is whether Central Hawkes Bay (CHB) could join this service model. This would require engagement with local model stakeholders, CHB stakeholders and St John. This would require a further piece of work from HHB to investigate the practicalities and appetite for this in CHB.

Conclusion and Next Steps

This review provides a high level update on the first six months of operations of the new model and highlights areas of focus. The intent is to make comment on areas of focus acknowledging it is too early to make significant change. A comprehensive 12-month review will be completed where recommendations will be made to improve how care is provided to our community.

HE NGAKAU AOTEA

Verbal update

13

CLINICAL SERVICES PLAN

Verbal Update

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

16. Minutes of Previous Meeting
17. Matters Arising – Review Actions

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).