



Māori Relationship Board Meeting

Date: Wednesday, 13 March 2019

Meeting: 9.00am to Noon

Venue: Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omaha Road & McLeod Street, Hastings

Board Members:

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

Apology: Ana Apatu

In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
General Manager Māori Health
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.	5.0 Minutes of Previous Meeting 5.1 MRB's February 2019 Report to the HBDHB Board (provided for information)	9:40
6.	Matters Arising – Review of actions	
7.	Workplan	
8.	Māori Relationship Board Chair's Verbal Update	
9.	Clinical Council Update (verbal)	
10.	Te Pītau Health Alliance Update (verbal)	
	Section 2: For Information / Discussion	
11.	Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) – Bernard Te Paa & Shari Tidswell	10.15
12.	People Plan progress – Kate Coley	10.30
13.	Values- Based Recruitment – JB Heperi Smith	10.40
14.	Pandora Pond water quality – Bernard Te Paa, /Nick Jones, Beverley TeHuia	10.50
15.	Making Prudent Prioritisation Decisions “Atawhai Matawhaiti” – Andy Phillips	11.30
16.	MRB Workshop April 2019 – Equity and Cultural Competency – Patrick Le Geyt	11.45
17.	Section 3: Recommendation to Exclude the Public Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 4: Routine	Time (am)
18.	Minutes of the Previous Meetings (public excluded)	12,00
19.	Matters Arising - Review of Actions	
	Karakia Whakamutunga (Closing) – followed by light lunch	

NEXT MEETING:

Wednesday, 10 April 2019, Boardroom, HBDHB Corporate Office
Cnr Omaha Road & McLeod Street, Hastings

Māori Relationship Board Interest Register - 13 February 2019

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	Kaumtua - 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 (including the Mobility Action Plan advised 13 Feb 2019)	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 Tairāwhiti 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	Employed 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 Tairāwhiti	Relationship with Tairāwhiti may have contractual 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 Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractual from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP 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

Maori Relationship Board 13 March 2019 - Interest Register

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. Contract with Ministry finalised for research work in relation to WAI2575.	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	13.06.18 13.09.18
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 Health HB Priority Population Health	Health Advisors	Will declare interest 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
Beverley TeHuia	Active	Trustee and employee of Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Papi, 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 health services	Will declare interest 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 13 FEBRUARY 2019, 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
Dr Fiona Cram
Kerri Nuku
Beverly Te Huia

Apologies Lynlee Aitcheson-Johnson and Kerri Nuku

In Attendance: Peter Dunkerley (HBDHB Board Member)
Helen Francis (Board Member) arrived at 10.35am
Chris Ash (Executive Director Primary Care)
Bernard Te Paa (Executive Director, Health Improvement and Equity)
Patrick Le Geyt (General Manager, Māori Health HBDHB)
Andy Phillips (Hospital Commissioning and Improvement)
Tiwana Aranui (Kaumatua)
Hawira Hape (Kaumatua)
Tanira Te Au (Kaumātua Kuia)
JB Heperi Smith (Senior Advisor Cultural Competency)
Lillian Ward, Project Manager Equity, Health Hawke's Bay
Graeme Norton (observer)
Jacqui Sanders-Jones (newly appointed Board Administrator)

Minutes: Brenda Crene

KARAKIA

Hawira Hape opened the meeting with a Karakia

INTRODUCTIONS

APOLOGIES

Non-member apologies were received from Wayne Woolrich, Kevin Snee and Kevin Atkinson

4. INTEREST REGISTER

Heather Skipworth advised that Iron Māori are part of the Mobility Action Plan programme (this had already been included on the Interest Register).

Beverley Te Huia to advise of a change to the Interest Register

5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the MRB meeting held on 5 December 2018 were approved as a correct record of the meeting after one correction following brief discussion regarding the Recommendation at the bottom of page 4. It was agreed to change the wording from "reduce Health Inequities" in HB to "achieve equity"

Moved: Hine Flood
Seconded: Ana Apatu

The general feeling of the meeting was to ask that the words "achieve equity" be used throughout plans and reports going forward.

Bernard Te Paa affirmed the Minister's letter of expectation comment which (provided by the Minister of Health) states "achieving equity within the NZ health system is a priority" for all DHBs. Specific focus and intention is essential for MRB to achieve its aims.

Referring to the Health Equity Report, Bernard advised there are around ten top health priorities for Māori and 3-4 actions against each priority will need to be developed, that will result in the health outcomes in those areas. Bernard will follow this up and report to MRB on progress. **Action**

5.1 MRB'S REPORT TO THE HBDHB BOARD

This report was provided to members for their information with no discussion.

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: Raised under the Framework Exceptions Report Q4: The Te Ara Whakawaiaora paper on those who did not attend specialist appointments would be provided in April 2019.

Item 2: Equity & Cultural Competency Recommendation to HBDHB 12 Sept: Working Group/Workshop to be set up in the New Year. A date will be advised.

Item 3: Bowel Screening: An MRB recommendation to the HBDHB Board to lower the Bowel Screening age for Maori to 50 years in HB resulted in the Board responding that they were not in a position to support the recommendation and requested management in conjunction with assistance from MoH bring together a paper for consideration.

Chris Ash (ED Primary Care) brought MRB members, population health and primary care members together to openly discuss bowel screening on 23 January 2019

Uptake of the screening programme nationally had yet to be analysed. In Hawke's Bay uptake had been significantly lower than expected and screening to date inconclusive.

Members were advised that bringing in earlier screening to an overall healthy population was not ideal from a clinical and psychological perspective.

The ideal focus should be on raising Māori participation rates within to provide samples. We need Māori to be part of the solution and encourage participation.

This new bowel screening programme needs to take its course and be given time to settle and evolve locally and nationally. Overtime NZ evidence can be analysed alongside international evidence.

Members who attended found the workshop very informative and valuable

Item 4: Values Based Recruitment: to be received in March 2019

Item 6: Te Pitau Alliance Updates: Actioned, included on the February MRB agenda with updates received monthly.

Item 7: Atawhai Matawhai: to be received in March 2019 due to number of items in February.

Item 8: Clinical Services Plan: Actioned as included in strategic update as item 12 on the February agenda.

Item 9 View criteria for surgery: received detail – strict criteria – lifelong surveillance if over 55 BMI. Criteria to be issued.

Item 10: Muscular Skeletal Service to reduce Health Inequities – Management analysis requested by Board. Board advised that this will require significant work due to the number of cases to review. Funding for this work needs to be linked to our funding prioritisation processes

The Board understands that there is current momentum to support the on-going provision of this service.

A current Physio vacancy advertised in the Hospital was noted and that position could be placed within the community.

7. MRB WORK PLAN

The Work Plan was noted.

8. MRB CHAIR'S REPORT

A verbal update was provided by the Chair noting continuing struggles with finances. The Board at their January 2019 meeting felt the need to sit outside of mandate and focus on being innovative and creative.

9. CLINICAL COUNCIL VERBAL UPDATE

MRB observer Ana Apatu, explained the rationale for an MRB observer on Clinical Council (initiated by Kerri Nuku). Ana had not attended the past two meetings but noted the DHB were sitting on a number of clinical risks, which Dr Russell Wills was now focusing on, on their behalf. Ana advised that it appears Clinical Council enjoy receiving feedback from MRB.

10. TE PĪTAU HEALTH ALLIANCE UPDATE

An update was provided around the two areas currently the focus of Te Pītau:

- Mental Health and Addictions: noting there is ring fenced funding focussed on 19-65 age group with very little provided to the lower ages for early intervention. Young mums referred by GPs do not often get seen. 50-60% with severe and enduring Mental illness had signs early on. Those who have testified are very often traumatised – we need to hold them safe after speaking their truth.
- Another area under the Te Pītau umbrella is Community End of Life

How do we re-programme our Maori workforce, and have them as part of the re-design process?

SECTION 2: FOR INFORMATION / DISCUSSION

11. HE NGĀKAU AOTEA

He Ngakau Aotea (HNA) was raised by several members as having the potential to be the vision.

Asked the status of HNA from a DHB perspective. Have embraced this as a strategic document within MRB but there has been no process to formally adopt HNA. Advised that to date the HBDHB Board have not seen the HNA document or received a presentation.

The Board led discussions as to the position of He Ngakau Aotea within the DHB, either as a foundational document or as the tāhuhu (ridge pole) upon which DHB strategy and priorities are developed. The DHB continues to balance Maori health needs against the population demands of HB.

Advised that there is enough data and reporting to support HNA becoming part of the DHB's vision. EMT and clinicians will need to be part of the solution. We need to work this through together (both The MRB and the DHB Board) for a mutually beneficial outcome.

12. STRATEGIC PLANNING UPDATE POST CSP AND PRE-LEADERSHIP FORUM

Bernard Te Paa provided feedback, supported by Chris Ash Kate Rawstron. An overview of the process undertaken to develop the detail with the first draft to be provided to the HB Health Sector Leadership Forum on 6 March 2019.

Fiona Cram feels the need for a shift and change of world view. Come and partner with us to ensure equity for Māori and good health for all.

It was understood that the strategic planning overview, was shared to prompt discussion at the meeting where it would be discussed and challenged. It was clear that a blank canvas approach was not the preferred way to start this conversation, but that commitment was also made to engage meaningfully and to take onboard feedback.

Since the CSP had been signed off in November the following had occurred

- Drafted Vision and Mission with EMT
- First cut of Strategy produced and reviewed
- Implementation activity kicked off

The HB Health Sector Leadership Forum on 6 March

- Will receive the first draft of the Strategy
- Approach for completing the Implementation Plan
- 'Kuaka' indigenous Framework.

How we are developing our Strategy - key design principles;

- Strategy and Implementation split two parts; the Strategy spanning 10 years and Implementation Plan for 5 years

- Don't reinvent the wheel; this is a consolidation of key input documents that have been developed with wide engagement and input
- Vision and Mission require updating to reflect what we heard through CSP, Big Listen/ Kōrero Mai and He Ngākau Aotearoa

13. LEPTOSPIROSIS SUPPORT

Ngaira Harker (Nurse Director) conveyed that a number of the Pop Health team had been involved.

Leptospirosis remains an unacceptable burden on New Zealanders particularly those living in rural communities and on Māori. Our research, across a diverse network of New Zealand stakeholders, is highlighting changes in leptospirosis epidemiology that suggests alternative and emerging pathways to infection are becoming important. In Hawke's Bay leptospirosis notification data from 2007 to 2017, young Māori males predominated and they were largely infected with vaccine preventable strains.

Fiona Cram encouraged Ngaira to document how the engagement process has been undertaken. How to do culturally responsive engagement with Maori.

ACC have been challenging those with Leptospirosis who have sought support (as they cannot function and have lost jobs as a result). It is becoming increasingly difficult and very costly for those affected to prove to ACC where the virus was picked up from (including work places like Freezing works).

With no financial implication for HBDHB, MRB agreed to support the recommendations:

RECOMMENDATION

That the Māori Relationship Board

1. **Provide** support for current study within the rohe in relation to Leptospirosis
2. **Provide** guidance around long term engagement with Māori health and communities who are connecting with whānau to inform the importance and benefits of participating in the study;
3. **Identify** people and groups within the Māori community to support dissemination of information.
4. **Identify** speaker options for the Leptospirosis Forum at Massey University in mid 2019

Moved: Na Raihania

Seconded: Trish Giddens

14. HBDHB DRAFT DISABILITY PLAN

Shari Tidswell and Diane Mara (from Consumer Council) supported the paper presented.

Shari Tidswell acknowledged Diane for keeping the work on the Disability Strategy on track. This has been a large piece of work which was driven at the outset by Consumer Council. Diane commended Shari for her consultation throughout the process and acknowledged the considerable amount of community and consumer input. This strategy aligns with the CSP and is all encompassing (from the young to old).

The HBDHB Draft Disability Plan enacts HBDHB responsibilities to implement the National Strategy. All government agencies are required to have a disability plan and it also supports the achievement of the HBDHB vision and work toward equity. The Plan provides a systematic approach through the delivery of actions. These actions are currently delivered through being incorporated in the DHB's existing work programme. For future activity, this is actioned via the Clinical Services Plan and Person and Whānau Centered Care and the People Strategy, as well as all other strategic documents.

The Working Group included consumer representatives. The draft Plan was presented to the disability reference groups in Napier, Hastings, Central Hawke's Bay Wellbeing reference group and Wairoa IDEAL Services (based in Gisborne)

Graeme Norton advised that a number of past Consumer Council members made it their mission to also push this work forward to where it is today.

MRB were delighted with the work undertaken and congratulated those involved and were happy to support the recommendation.

RECOMMENDATION:

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

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

Moved Trish Giddens
Seconded Hine Flood

15. HBDHB ALCOHOL HARM REDUCTION STRATEGY 2017-2022 (6 MONTHLY UPDATE)

In Rachel Eyre's absence, Rebecca Peterson was in attendance to speak to this paper and the work undertaken around the alcohol harm reduction strategy.

This was the first progress update and a number of successes had been achieved, including the fact that schools are writing their own alcohol free policies. The HBRC have been challenged to remove alcohol advertising and a number of relicensing applications within HB are being challenged. There has also been discussions at an intersectoral level to work together to implement local legislation and includes joint alcohol strategies. A future activity includes discussions with Maori wardens who do have influence in specific locations across the duration of their work. This includes, but is not limited to whanau events, Rangatahi focussed activities, where support for mental wellbeing for addictions is required.

MRB noted the Treaty of Waitangi WAI 2575 Health Services Outcomes Kaupapa Inquiry claim is currently progressing through the Waitangi Tribunal.

MRB were pleased with progress and supported the recommendations put forward.

RECOMMENDATION

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

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

Moved Na Raihaia
Secondary Trish Giddens

16. NGĀTAHI PROJECT PROGRESS REPORT END OF YEAR TWO – ANNUAL UPDATE

Russell Wills, Medical Director and Paediatrician, supported by Bernice Gabrielle, Programme Manager and Psychologist.

The report provided background and progress since year one (2017)

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

In summary:

- There are three work streams – online learning for this workforce to achieve the knowledge; a component of face to face; and participants continue to meet in learning circles to embed into practice.
- First work stream was Mental Health and Addictions (delivered 4–18 participants) multiagency group. Really positive. approximately 60 people attended. 60% of client group were Maori.
- Writing self-care module. Out with practitioners and leaders currently. First module in April.
- Engaging effectively with Maori providers.
- There have been 400 staff through training program which equates to half of the demand
- This training is having a ripple out effect on other DHBs – competency and skills and developing relationships have been the main effects. Feedback is definitely working. Questionnaires have been forwarded out to multiagency groups.

- Evaluations – partnered with EIT and David Tipene Leach. Talking about the difference it has made to practice. Want to improve.
- Can be transferred. Jointly funded Royston Trust funding. Keen on this approach and want to see it rolled out but need to see difference made first.
- Laurie Te Nahu (from Maori Health) had been instrumental in developing our pou and was involved in the co-delivery.

Tiwana Aranui (Kaumatua) was also part of the process and advised that a values driven system is now being embedded into the DHB and into the Ngātahi program. We are striving for balance and quality of life, no matter where we live. Ngātahi project is one of many.

SECTION 5: RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

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

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

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


18. Minutes of Previous Meeting
- 18.1 MRB's Board Report November 2018
19. Matters Arising – Review of Actions

There being no further business, the public section of the meeting closed at 12.30pm

Signed:

Chair

Date:

	Māori Relationship Board
	5
	For the attention of: HBDHB Board
Document Owner:	Heather Skipworth (Chair)
Document Author:	Brenda Crene
Month:	February 2019
Consideration:	For Information
RECOMMENDATION That the HBDHB Board Note the contents of this report.	

The Māori Relationship Board met on 13 February 2019. An overview of matters discussed is provided below:

HE NGĀKAU AOTEA

He Ngakau Aotea (HNA), the paper had been issued by Patrick prior to the meeting. It was noted by several members as having the potential to be the Vision.

It was realised the HNA had not yet been presented or discussed with the HBDHB Board.

Bernard advised that He Ngakau Aotea will be seen as one of the documents that informs the foundations to build upon. The challenge for the DHB is to balance the Maori side against the population we serve here in HB. This needs to be whole of community. It was noted that the Leadership Forum Agenda (for 6 March 2019) will include He Ngakau Aotea on the mornings agenda and Strategic Planning in the afternoon. Venue TToH, Orchard Road.

STRATEGIC PLANNING UPDATE POST CSP AND PRE-LEADERSHIP FORUM

Supported by Chris Ash Kate Rawstron; Bernard Te Paa (Executive Director Health Improvement & Equity) provided an overview of the process undertaken to develop the detail with the first draft to be provided to the HB Health Sector Leadership Forum on 6 March 2019

It was understood that the strategic planning overview shared with those present would be discussed and challenged. This was to prompt discussion and ensure we did not go out with a blank canvas.

LEPTOSPIROSIS SUPPORT

Ngaira Harker (Nurse Director) conveyed that a number of the Population Health team had been involved and that Leptospirosis remains an unacceptable burden on New Zealanders particularly those living in rural communities and on Māori. Research, across a diverse network of New Zealand stakeholders, highlights changes in leptospirosis epidemiology that suggest alternative and emerging pathways to infection are becoming important. In Hawke's Bay leptospirosis notification data from 2007 to 2017, young Māori males predominated and they were largely infected with vaccine preventable strains.

ACC have been challenging those with Leptospirosis who have sought support (as they cannot function and have lost jobs as a result). Having Lepto feels like having a bad flu 24/7/365 and can easily be mis-diagnosed by GPs. It is becoming increasingly difficult and very costly for those affected, to prove to ACC where the virus was picked up from (including work places like Freezing works).

With no financial implications for the HBDHB, MRB supported the following recommendations:

1. **Provide** support for current study within the rohe in relation to Leptospirosis
2. **Provide** guidance around long term engagement with Māori health and communities who are connecting with whānau to inform the importance and benefits of participating in the study;
3. **Identify** people and groups within the Māori community to support dissemination of information.
4. **Identify** speaker options for the Lepto Forum at Massey University in mid 2019

HBDHB DRAFT DISABILITY PLAN

Shari Tidswell and Diane Mara (from Consumer Council) supported the paper presented.

Shari Tidswell acknowledged Diane for keeping the work on the Disability Strategy on track. This has been a large piece of work which was driven at the outset by Consumer Council. Diane commended Shari for her consultation throughout the process and acknowledged the considerable amount of community and consumer input. This strategy aligns with the CSP and is all encompassing (from the young to old).

The Working Group included consumer representatives. The draft Plan was presented to the disability reference groups in Napier, Hastings, Central Hawke's Bay Wellbeing reference group and Wairoa IDEAL Services (based in Gisborne).

MRB were delighted with the work undertaken and congratulated those involved and were happy to support the recommendation.

HBDHB ALCOHOL HARM REDUCTION STRATEGY 2017-2022 (6 MONTHLY UPDATE)

In Rachel Eyre's absence, Rebecca Peterson was in attendance to speak to this paper and the work undertaken around the alcohol harm reduction strategy.

This was the first progress update and a number of successes had been achieved, including the fact that schools are writing their own alcohol free policies. The HBRC have been challenged to remove alcohol advertising and a number of relicensing applications within Hawke's Bay are being challenged. There has also been discussions at an intersector level to work together to implement local legislation and includes Joint Alcohol strategies. A future activity includes discussions with Maori wardens who do have influenced in specific areas during the course of their work. There have been whanau events, Rangatahi, mental emotional wellbeing for addictions.

Alcohol affects every area of health and it is a choice people make as to whether they drink alcohol or not. MRB noted the Treaty of Waitangi WAI 2575 Health Services Outcomes Kaupapa Inquiry claim is currently progressing through the Waitangi Tribunal.

MRB were pleased with progress and supported the recommendations put forward.

NGĀTAHI PROJECT PROGRESS REPORT END OF YEAR TWO – ANNUAL UPDATE

Russell Wills, Medical Director and Paediatrician, supported by Bernice Gabrielle, Programme Manager and Phycologist provided an extensive overview of progress today.

The report provided background and progress since year one (2017)

Very impressive progress with this valuable and transferable piece of work. Noted the assistance, in particular provided by Lauri Te Nahu and Kaumatua, Tiwana Aranui and others.

Tiwana Aranui advised that a values driven system is now being embedded into the DHB and into the Ngātahi program. We are striving for balance and quality of life, no matter where we live. Ngātahi project is one of many.

MRB were very pleased with the update and congratulated Russell and Bernice for their dedication.

BOWEL SCREENING

An MRB recommendation to the HBDHB Board to lower the Bowel Screening age for Maori to 50 Years in HB resulted in the Board responding that they were not in a position to support the recommendation and requested management in conjunction with assistance from MoH bring together a paper for consideration. Chris Ash (ED Primary Care) brought MRB members, population health and primary care members together to openly discuss bowel screening on 23 January 2019

The MRB members who attended found the Seminar very informative and valuable. A report on the observations from the Seminar is contained in the Bowel Screening Report included within the February Board papers item 15.0 section 6.

MAORI RELATIONSHIP BOARD MEETING MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	8 Aug 18	Ref: HBDHB Performance Framework Exceptions Report Q4 TAW 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 . Was to be provided Nov 2018	Colin Hutchison	Apr 19	Included on April 2019 workplan for all committees
2	10 Oct 18	Equity and Cultural Competency Recommendation to HBDHB Board 12 September. Board response follows - around process: 1 A Working Group will come together to study and focus on next year's planning; and 2 The DHB will set up a Workshop in the New Year (including MRB members and other representatives as required), the result of which will be clear actions and targets we can aim for.	Kevin Snee		
3	14 Nov 18 5 Dec 18 5 Dec 18 19 Dec 18 27 Feb 19	Bowel Screening: Hold a wānanga with a few members of MRB and experts in this area, to discuss the current position regarding equity . The meeting invitation will be extended to include ALL MRB members with questions to be submitted prior to chris.ash@hbdhb.govt.nz Bowel Screening recommendation to Board to lower age for Maori to 50 Years. HBDHB Board response to Recommendation from MRB HBDHB Board requested Management response Management's response to the Board following 23 January Seminar (with MRB members) was provided the HBDHB Board meeting 27 Feb meeting for consideration.	Chris Ash and Patrick LeGeyt	TBA	Response to Board provided to the 27 February Board meeting.

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
4	14 Nov 18	Overview of Philosophies in the development of recruitment of Māori "Values Based Recruitment" Was on workplan for Feb 19.	JB Heperi-Smith	Mar 19	Now March 19, due to size of the Feb agenda.
5	5 Dec 18	Schedule "Atawhai Matawhai" on to MRB's workplan.	Andy Phillips	Mar 19	On agenda as item #
6	5 Dec 18 19 Dec 18	Muscular Skeletal Service to reduce Health Inequities in HB: Ask the PCDP (now Te Pītau) to consider what role a Muscular Skeletal Service may have in primary care delivery as a preventative measure with an aim to reduce surgical procedures? Subsequently considered at 19 December HBDHB Board Meeting, following receipt of MRB's report to the Board. At this stage this has not been passed to Te Pītau for a view.	Chris Ash / Carriann Hall		HBDHB Board supported however first requested analysis to be undertaken by Chris Ash and Carriann Hall in the first instance.
7	13 Mar 19	There are ten top health priorities for Māori and 3-4 actions against each priority will be developed, that will result in the health outcomes in those areas. Bernard to follow this up and report to MRB on progress.	Bernard TePaa		

Maori Relationship Board 13 March 2019 - Workplan

Maori Relationship Workplan as at 6 March 2019 (subject to change)	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	BOARD Meeting date
Te Ara Whakawaiaora - Improving First Specialist Appointment Access (previously did not attend) moved to April 19	10-Apr-19	10-Apr-19	11-Apr-19	27-Mar-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov- March -May (on hold)	10-Apr-19	10-Apr-19	11-Apr-19	24-Apr-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	10-Apr-19	10-Apr-19	11-Apr-19	24-Apr-19
Violence Intervention Programme Report Committees reviewed in July - EMT Nov - April19	10-Apr-19	10-Apr-19	11-Apr-19	24-Apr-19
Key Learnings from the Nuka System of Care for Implementation in HBDHB	10-Apr-19	10-Apr-19	11-Apr-19	27-Mar-19
MRB observer on Clinical Council (review in April 2019)	10-Apr-19			
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb- May	8-May-19	8-May-19	9-May-19	29-May-19
HBDHB Performance Framework Exceptions Q3 Feb19 / May /Aug/Nov (Just in time for MRB Mtg then to EMT)	8-May-19			29-May-19
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	12-Jun-19	12-Jun-19	13-Jun-19	26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, Jun 19)	12-Jun-19	12-Jun-19	13-Jun-19	26-Jun-19
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug	14-Aug-19	14-Aug-19	15-Aug-19	28-Aug-19
Annual Plan 2019/20 draft to the Board	14-Aug-19	14-Aug-19	15-Aug-19	28-Aug-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/ Aug /Nov (Just in time for MRB Mtg then to EMT)	14-Aug-19			28-Aug-19
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept -Mar	11-Sep-19	11-Sep-19	12-Sep-19	25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	11-Sep-19	11-Sep-19	12-Sep-19	25-Sep-19
HBDHB Performance Framework Exceptions Q1 Feb19 /May/Aug/ Nov (Just in time for MRB Mtg then to EMT)	13-Nov-19			27-Nov-19
People Plan Progress Update Report (6 monthly - Dec 19 , Jun)	11-Dec-19	11-Dec-19	12-Dec-19	18-Dec-19



Māori Relationship Board

Chair's Update
(Verbal)



Clinical Council Update


(Verbal)



Te Pītau Health Alliance Update

(Verbal)

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 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Matariki HB Regional Economic Development and Social Inclusion Strategy</p> <p>For the attention of: Māori Relationship Board, Pasifika Health Leadership Group, HBDHB Board HB Clinical Council, HB Health Consumer Council will receive in April 19</p>
Document Owner	Bernard Te Paa, Executive Director Equity and Health Improvement
Document Author(s)	Shari Tidswell, Intersector Development Manager
Reviewed by	Executive Management Team
Month/Year	March 2019
Purpose	This report provides and update on progress for the Matariki Strategies and the HBDHB's contribution to these.
Previous Consideration Discussions	This is reported six monthly.
Summary	<p>The emphasis has shifted for the Matariki forum with partner agencies working on and sharing proposals for the Provincial Growth Fund (PGF). The Executive Leadership and Governance Groups are discussing alignment and their role in the PGF process. Business Hawke's Bay continues to work on establishing the supporting structure for the forum, with all staff support in place. HBDHB continues to support current projects and there has been particular success for the Rangatahi Ma Kia Eke project.</p>
Contribution to Goals and Strategic Implications	<p>Improving Health and Equity. Contributing to an intersectoral approach</p>
Impact on Reducing Inequities/Disparities	Matariki as a cross-sector initiative focusses on the impacts of economic development in reducing equity amongst our communities.
Consumer Engagement	Completed in the development of both Strategies and the ongoing development of projects.
Other Consultation /Involvement	Not applicable for this report.
Financial/Budget Impact	Not applicable for this report.
Timing Issues	Not applicable
Announcements/ Communications	Link to the Matariki website on the Hawke's Bay DHB website
<p>RECOMMENDATION:</p> <p>It is recommended that the Māori Relationship Board, Pasifika Health Leadership Group and HBDHB Board:</p> <ol style="list-style-type: none"> 1. Note the content of the report. 2. Endorse the key recommendations. 	



Board Six Month Update Matariki – Regional Economic Development and Social Inclusion Strategies.

Author(s):	Shari Tidswell, Intersector Development Manager
Designations:	As above
Date:	March, 2019

OVERVIEW

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

“Every household and every whānau has activity 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 supporting equitable opportunities for individuals, whānau and community go hand in hand.

An intersectoral approach is being used to deliver actions to support the strategies, including; community, Iwi, hapū, business and Government partners. The leadership structure reflects this approach with a two tiered leadership structure – Governance and Executive Leadership Groups, with membership including Iwi and Hapū governance and executive representatives.

Governance Group membership includes; five council (Mayors and Chair), five Māori leadership representatives and five business leaders providing leadership and overall direction for Matariki.

The Executive Leadership Group consists of senior officials and managers from all stakeholder groups including Government agencies. This group provides operational direction, project support and monitors progress on the strategy’s actions. Administrative support is provided via Business Hawke’s Bay.

HBDHB is the lead and/or contributing agency for the following actions:

Regional Economic Development

- Contributor - Project 1,000 (placing 1,000 youth into work)
- Contributor - coordinating infrastructure

Social Inclusion

- Lead agency – Social Responsible Employers
- Co-lead agency – Housing
- Contributor – Whānau centric places connected to the community
- Contribute – Develop a new sustainable operating system

PROGRESS ON ACTIONS LED OR CONTRIBUTED TO BY HBDHB

The Regional Growth Fund is stepping up with scheduling of Ministerial announcements in 'surge regions' including Hawke's Bay. Matariki partners have been working on proposals including a joint proposal from the local territorial authorities. The Executive Leadership Group is providing a process for reviewing funding applications – this will require proposals to demonstrate how they contribute to Matariki actions. The process for reviewing youth employment programmes has received positive feedback from central government.

The HBDHB continues to provide 'in kind' support for the Social Inclusion Working Group and via this support, has completed:

- Updates to the Executive Leadership Group
- Integrated the actions table from both strategies
- Updating of the Matariki website to reflect the aligned strategies <https://www.hbredts.nz/>
- Presented the Clinical Services Plan to the Governance and Executive Leadership Groups

The HBDHB is contributing to actions as noted below:

Theme	Action	Update
Social Inclusion		
Growing social responsible employers and enterprise	Support the employment of people with challenges that may impact on their capacity to obtain and retain employment.	<ul style="list-style-type: none"> • HBDHB and MSD lead this action • Rangatahi Ma Kia Eke project has placed 25 youth and has secured another year of funding • Evaluation is underway • HBDHB has completed a Disability Plan which will reduce barriers for people with disabilities
Whānau, households and communities driving social inclusion	Develop a new sustainable operating system to deliver social support services.	<ul style="list-style-type: none"> • HBDHB and Oranga Tamariki lead this action • Clinical Services Plan – co-design process is an example of moving to a sustainable operating system for health • HBDHB are members of the Wairoa Community Partnership Group, this is supporting an integrated/community-based response for funding services in Wairoa
	Review Housing Coalition's Terms of Reference	<ul style="list-style-type: none"> • HBDHB and TToH lead this action • Completed
	Undertake an analysis of social housing	<ul style="list-style-type: none"> • HBDHB and TToH lead this action • This is now part of a Government activity - HBDHB will contribute
	Develop a plan to address issues affecting housing supply and consider innovative approaches	<ul style="list-style-type: none"> • HBDHB and TToH lead this action • Currently working with Government policy and housing programme

Theme	Action	Update
Regional Economic Development		
Improve pathways to and through employment	Project 1,000	<ul style="list-style-type: none"> HBDHB are key partners Supporting the delivery of Rangatahi Ma Kia Eke with partner agencies; TPK, MSD, EIT, HDC, and OT Establishing a support pathway for youth "failing drug test" Working with TToH and Work and Income to provide referrals and support
	Ensure all major infrastructure development projects are optimising local employment	<ul style="list-style-type: none"> HBDHB are key partners Employment in building projects – working with Contracts Team and Facilities to support this process
	Increase the number of youth with driver licences	<ul style="list-style-type: none"> Completed a map of driver licensing and provides support to develop the project plan

COMMENTS

Progress has been gradual due to the focus on the Provincial Growth Fund and the time required for Business Hawke's Bay to establish the supporting structure. The Governance and Executive Leadership Groups are operational and meeting regularly.

The Minister's expectations include intersectoral work. Matariki provides a framework for intersectoral work. Work on the Annual Plan for 2019/2020 includes links to Matariki actions and projects, which will support the Social Inclusion Strategy to be delivered and continues to deliver projects in the Regional Economic Development Strategy.

Through our membership on Matariki, we continue to grow our cross-sector opportunities and relationships.

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
HBDHB continues to contribute to Governance and ELG	<ul style="list-style-type: none"> Attend monthly meetings and contribute to actions 	Kevin Snee Kevin Atkinson	Ongoing
Continue to support actions areas with 'in kind' support	<ul style="list-style-type: none"> Support the ready for work actions. Contribute to the work delivering whānau centric approaches Complete the Housing Actions 	Shari Tidswell	1 July 2019

RECOMMENDATION:

It is recommended that the Māori Relationship Board, Pasifika Health Leadership Group and HBDHB Board:

- Note** the content of the report.
- Endorse** the key recommendations.



People Plan Progress

Presentation attached

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People Plan

6 Month Update

The Big Listen

Good days at work at HB DHB, undermined by bad days



Appreciation Role is valued. Skills & expertise recognised. Thanks from staff & patients. Ideas & input welcomed. <i>Acknowledged.</i> Being told you've done a 'good job'	Positive attitude impacts attitudes of others. It builds rapport. Having fun, a joke and a laugh together. Smile, welcoming. People being happy and cheerful.	Able to do a good job , deliver good patient care. Time to be thorough, talk to patients and meet their needs. Patient engages and cooperates with care.	Heavy, unplanned workload. appointments spill over, allocated more work when at full capacity, unrealistic expectations, unable to prioritise, backlog of tests.	Aggressive, inappropriate behaviour, swearing and shouting, rudeness (insults, condescension and patronage) abusive or violent patients	Lack of support from colleagues, tensions between colleagues, no teamwork unwilling to help out, not pulling their weight.
Working as a team Help & support each other. Collaboration. Solve problems together. Shared goals. Camaraderie & collegiality. Clear communication, and knowledge sharing.	Getting the job done. Productivity, satisfaction. Not overworked but enough to do. Ticking off the list. Meetings and appointments on time. Flow runs smoothly, no interruptions. Achieving something.	Safe staffing levels, enough cover. Everyone who should be there is. Right skills mix, senior / junior staff ratio.	Unsafe staffing levels. too often for sick or personal leave, not the right skill mix, too few juniors or seniors, extra responsibilities.	Negative attitudes, moaning, complaining brings the rest of the team down, resistance to change, creates hostile atmosphere, bitterness.	Bullying, intimidation. Makes you feel isolated, small, belittled.
	Making a difference for patients. Doing something to help a colleague. Seeing improvements. Giving good news. Positive outcomes. Mentoring jr staff, seeing them grow.	Enough resources. Right tools for the job. Working equipment.	Too much pressure, overwhelmed. feeling out of control, anxiety and panic. Exhausted, overworked, stressed.	Disrespect, patronising, feeling undervalued, not appreciated, unfair feedback, undermined, ideas not welcome, hard work not recognised.	Poor management, poor feedback process, seeing judgement.
		Managed workload, able to see patients and do the admin.	Unable to do good work or deliver quality patient care. hands not next, mistakes made, patient complaints.	Tired, working late, no breaks, called in when I'm sick.	Lack of resources, IT not working, no back up, no redundancy, understaffed office.
		Leave on time, taking my breaks, sleep well, family time, mental wellbeing.	Progress, develop, train, time to reflect, and improve practice.		

People display a positive attitude



Praised when I do a good job



My team works well together



Different teams / services work well together



Have enough time for my work



Health and wellbeing suffered



Experienced bullying or harassment in past 6m



Experienced discrimination in past 6m

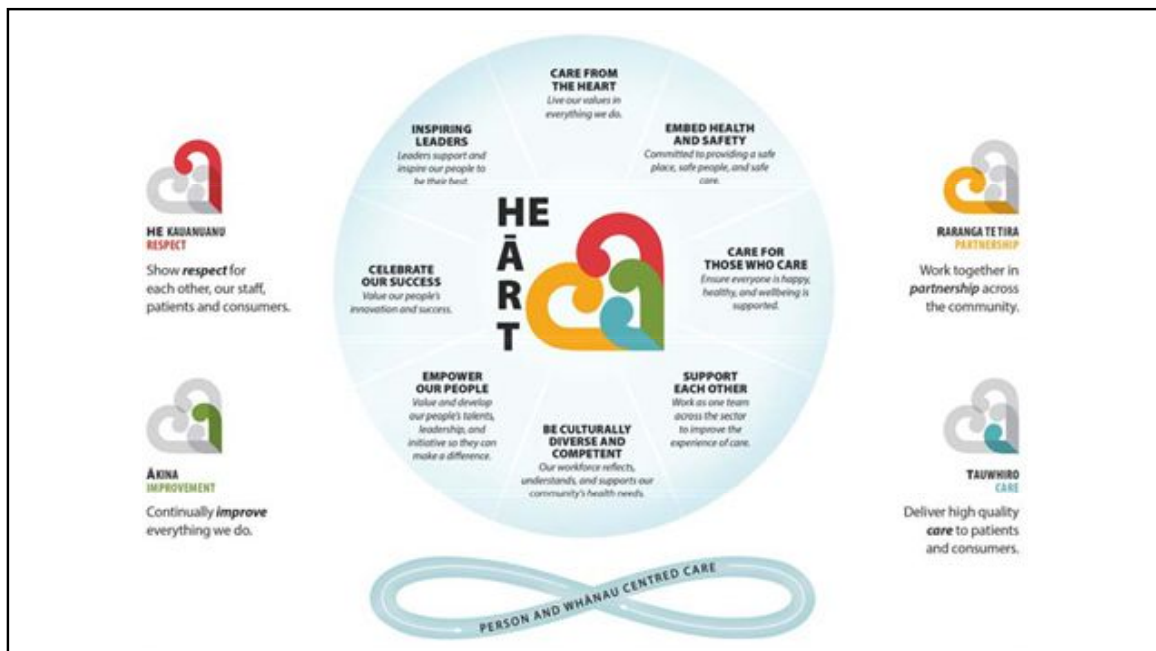


Current Context & Challenges

- Significant demand and pressure on frontline staff
- Leaders & managers capacity to support
- Capacity of the People team
- Industrial relations
- Financial constraints
- Communication



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The agreed priorities for 2018-19





- Frontline leaders programme developed
- Behaviours framework endorsed
- BUILD – train the trainer sessions completed
- BUILD training – rolling out to organisation
- Executive / Senior leaders coaching
- Values based recruitment developed (aligned to Kawa – recruitment framework & Tikanga – practice framework)
- Engaging effectively with Maori - refreshed
- Values based recruitment – train the trainer, new materials co-designed, ongoing training

KEY INTENTIONS

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

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

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

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



KEY INTENTIONS


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

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

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

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

- Health & Strategy endorsed
- Board Champion role embedding and valued by staff
- Hazardous substances project nearing completion
- Health & Safety training rolling out to all leaders & managers
- Wellbeing activities – wellness hampers, Body Balance, boot camps, Self Care in Health Care, September, flu vaccinations, Access to EAP
- IT – business intelligence, mobility, clinical portal, other key programmes
- Co-design sessions – individual team activities, bullying approach, performance appraisals, orientation/on-boarding
- Internal Communications strategy agreed and being implemented

KEY INTENTIONS


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

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

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

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

- Maori & Pacific workforce development action plans endorsed
- Partnership approach with People & Quality team and Maori Health services
- Clinical and Consumer councils joint work on person & whanau centre care
- Team development and strength based conversation incorporated into leadership training
- Co-design training with consumers being developed
- CCDM significant investment in nursing resources
- Investigating similar approach for allied health professionals





KEY INTENTIONS

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

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

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

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

- Health & Strategy endorsed
- Board Champion role embedding and valued by staff
- Hazardous substances project nearing completion
- Health & Safety training rolling out to all leaders & managers
- Wellbeing activities – Body Balance, boot camps, Self Care in Health Care, Steptember, flu vaccinations, access to EAP
- Appreciation – Hawkes Bay Health Awards, Allied Health values awards, wellness packages, Staff BBQ, InFocus



Next six months

- Launch BUILD e-learning module
- Launch new Leading from the HeART orientation programme (new and current staff)
- Annual wellbeing programme and framework for 2019
- Launch new approach to dealing with bullying and unacceptable behaviour
- Leadership/frontline managers training programme
- Coaching philosophy and training rolled out to all leaders
- Begin the development of a sector wide workforce development programme
- Review current performance appraisal process
- Development of organisational capability framework & mandatory training
- Domestic violence support programme for affected staff
- Workplace violence support programme, policy & support



Measures of Success

- Increasing representation of Maori & Pacific in workforce
- Increase completion rates for Engaging Effectively with Maori
- Increase completion rates for Relationship Centred Practice
- Increase completion rates for Health & Safety training for managers
- Reduction in Annual leave liability
- Pulse survey
 - Improvement in results relating to behaviours, wellbeing, health & safety
- Feedback from staff & leaders





VALUES BASED RECRUITMENT

Presentation

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Pandora Pond Water Quality

Cover page



Making Prudent Prioritisation Decisions ‘Atawhai Matawhaiti’

Late Paper



MRB Workshop April 2019 Equity and Cultural Competency

Discussion



Section 3: Recommendation to Exclude the Public

Under clause 32, New Zealand Health & Disability Act 2000

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:

- 18. Minutes of Previous Meeting**
- 19. 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).

