



Māori Relationship Board Special Meeting

Date: Wednesday, 13 April 2016

Meeting: 9.00am to 12.00pm

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

Board Members:

Ngahiwi Tomoana (Chair)	Lynlee Aitcheson
Heather Skipworth (Deputy Chair)	Diana Kirton
George Mackey	Helen Francis
Na Raihania	Trish Giddens
Des Ratima	Denise Eaglesome
Kerri Nuku	Tatiana Cowan-Greening
Ana Apatu	

Apologies: Heather Skipworth

In Attendance:

Members of the Executive Management Team
 Member of the Hawke's Bay District Health Board (HBDHB) Board
 Member of Hawke's Bay (HB) Consumer Council
 Member of HB Clinical Council
 Members of the Māori Health Service
 Member of Health Hawke's Bay Public Health Organisation (HHB PHO)
 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 : Agenda Items	Time
1.	Karakia	9.00am
2.	Apologies	
	Section 2: Strategic/Service Development	9.10am
3.	Māori Health Service Proposal for Change	
	Section 3: For Information Only – no presenters <i>Any comments on the following please email to Lana.Bartlett@hbdhb.govt.nz</i>	
4.	Best Start Healthy Eating DRAFT	
5.	Transform and Sustain Refresh DRAFT	
	Section 4: General Business	11.35am

Date of next meeting: 9.00am Wednesday, 12 May 2016
Te Waioira (Boardroom), HBDHB Corporate Administration Building



Proposal for Change Māori Health Service

Author: Tracee Te Huia, General Manager Māori Health

5 April 2016

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Change Principles

The process used in carrying out this review has taken into consideration the Management of Change clauses in the relevant employment agreements and the recently agreed Management of Change Process.

The DHB works on the principle of no surprises and all staff who may be potentially affected as an outcome of this review will be informed prior to this document being made public.

The process of agreeing on the best option for employees on individual employment agreements occupying positions that have been identified as potentially surplus must comply with the principles of fairness, consistency, timeliness and respect for the dignity for the individual.

SECTION 1: BACKGROUND

An equity report completed in 2014 by Dr Caroline McElroy states that over a third of our children are growing up in poverty with nearly half of Maori children under five in Hawke's Bay living in households that depend on benefits. Latest information from the Women, Children and Youth Division Annual Report 2014-15 highlights, almost 60% of live births in Hawke's Bay are categorised as socially complex. This aligns with almost 60% of our population living in deprivation 8, 9 and 10. If the Hawke's Bay District Health Board is going to make a difference to the health of Hawke's Bay it must tackle the hard issues related to vulnerable populations. This review puts the issues of vulnerability and poverty at the forefront of its planning and response.

The Māori Health Service (MHS) is focused on improving the health and wellbeing of Māori in Hawke's Bay. Statistics New Zealand Census 2013 reported that in the HBDHB region there are 34,977 Maori residents, around 23% of the districts total population. Ngāti Kahungunu is 47.6% of the Hawke's Bay Māori residents. MHS partners with the health sector to accelerate the health outcomes of Maori where there is disparity or inequity.

This is achieved through the implementation of the five year Maori Health Strategy MAI and the DHBs overall five year strategy - Transform and Sustain. The elements of the Maori Health Strategy emphasise systems level improvements that aim at working more within community structures, better engaging Māori whānau and consumers, enhancing collaboration across government and non-government services and supporting provider capacity and capability development.

Currently MHS consists of 23.4 FTE¹ located at two main worksites with the Operations Team in Te Wāhanga Hauora Māori and the Leadership Team in both Te Wāhanga Hauora Maori and DHBs Corporate Office. The team is led by the Tumaki (General Manager) who with the Leadership Team provides the strategic direction and sets the work programme for Māori health across the health sector. The annual work-plan derives from the DHBs annual plan informed by MAI and Transform and Sustain.

MHS drives three critical functions within the HBDHB:

- Develops strategy and monitors implementation through mainstream for Māori health gain
- Commissions services and provides advice to accelerate Māori population health outcomes
- Works directly to support patients, whānau and Māori communities.

The three critical functions disseminate into portfolios of:

- Health and social policy advice and development
- Service planning, commissioning and monitoring
- Maori workforce development
- Māori population health initiatives
- Whānau Ora services to patients and whānau and
- Cultural competency training and advice and
- Strategies to reduce indigenous inequities in health and
- Tikanga and Kawa services

MHS has a particularly strong focus on lifting workforce capability through programmes such as Tūruki and the facilitation of training on various frameworks and cultural competency to enable the sector to improve its responsiveness to Māori.

Based on recent key stakeholder feedback, self-analysis and surveying of the service, we can confirm that the team is operating effectively and efficiently to enable the health sector, whānau and staff toward better health outcomes. In addition the agreed programme of action has led to evidenced improvement demonstrated within the performance dashboard which is monitored by the Maori Relationship Board and the DHBs Board quarterly.

However there continues to be areas in the health system that are still not effectively reaching whānau. Key priority areas such as Oral health of children and Ambulatory Sensitive Hospitalisations across all age groups are two examples where it is not effectively reaching whānau and there are other priority areas of focus as well. A stronger monitoring system has been established with the Board for monthly reporting. Executive Champions have been established to assist in agreed areas of focus.

¹ Fulltime Equivalents (FTE)

In a recent review, key findings of this included:

- Shifting the Operations Team away from project and training responsibilities enabling them to be more sector wide focused with a more intensive wrap around service for vulnerable whānau.
- Provide more patient and whānau support particularly for vulnerable whānau and high users of Emergency Department.
- Increase capacity in systems change levels particularly in the areas of cultural competency, project development and advice and, Maori frameworks and training.
- Have a consolidated team approach to planning, commissioning and monitoring of services and increase the capacity to respond to sector advice and leadership.
- Combine the team administration function particularly for the GM Maori and the new model of delivery for the Operations team. Increase administration function in the programme manager's area and provide cover for leave between administration functions.

This proposal seeks to enable the areas identified for improving by focusing on becoming more responsive to the wider sector, aligning with the transform and sustain and organisational changes, and better integration with mainstream service delivery.

SECTION 2: KEY DRIVERS AND RATIONALE FOR CHANGE

Under the leadership of the General Manager, the service has undergone a review which involved reviewing its systems and portfolios and how they are planned, delivered and monitored. As part of the review the service:

- Undertook a survey amongst internal and external key stakeholders
- Held a strategic planning wānanga with MHS staff, key stakeholders and providers
- Considered how MHS supports the changes from the AIM 24/7 project
- Reviewed the Hawke's Bay After Hours Project document June 2014 for synergies and
- A review was undertaken by an external consultant Haggerty Associates to look at how MHS could strengthen and better align its capacity and specialist services to the health system

The review has identified numerous areas where MHS is making a positive difference to Māori health outcomes. The role that MHS undertakes is challenging and is a small resource which is prioritised across the health sector. The review identified areas that require further attention by increasing or reallocating resources in order to make a greater positive impact on Māori health outcomes across the sector. The review process highlighted and made some recommendations which merit consideration for MHS going forward including:

- Significant Māori health outcomes cannot be achieved solely by the MHS team. An all of sector approach has been identified as a stronger way forward including cross sector agencies, Iwi, Population Health, primary and secondary health services and other NGO Providers working together in order to make significant health gains for Māori. This would require the GM Māori Health to focus on a more strategic programme of action and diversify where appropriate. As a consequence it is recommended to reduce the number of direct reports to the GM and also increase capacity in the Leadership Team to better respond to policy, advice, and planning and project levels across the sector.
- At present the Programme Manager and the General Manager divide project workload between them and require assistance from other members of the Leadership Team when required. This is unsustainable and often leads to the team needing to prioritise between projects and doesn't necessarily work for the other work areas as they have other priorities. By providing more Leadership capacity it frees up the GM Maori Health to undertake a wider and more strategic agenda and supports the Programme Manager to ensure good implementation of the Annual Maori Health Plan as intended.
- The Kaiwhakahaere Service Manager, Maori Health is currently responsible for the Operations Team, and manages the day to day operational matters. The Kaiwhakahaere Service Manager should be providing more senior advice and support to the business with a stronger focus on strategic issues therefore providing more capacity across the sector to respond to systems change developments. This has been highlighted as a priority need for the sector.
- As a result of good performance by the team, additional funding was gained through the new funding process in 2015 and other funding was identified through the reviewing of all services in the Maori health portfolio. This funding was approved to increase front line services particularly into community. Following a review it is recommended to utilise this funding for 3.0 FTE Kaitakawaenga roles rather than Whānau Manaaki roles.

- More FTE is required for front line services however the model of delivery should change so that all operational cultural positions be renamed Kaitakawaenga to eliminate any confusion and that their position profiles are standardised for general services across all services including Mental Health.
- It was recommended all Kaitakawaenga have a hospital and community focus to allow for better response to service referrals and supports the team to better respond to particular needs of consumers and their whānau in particular gender and clinical/social issues.
- Some existing FTE funding will need to be reoriented to respond to the areas of improvement identified.
- There is an ongoing tension between trying to balance the Operations Teams existing clinical workloads as well as participating in project work and training. Key stakeholders requested more time be spent with whānau to gain greater health outcomes. Stakeholders also asked for more time to be spent on engagement in project and senior advice areas that could improve the health of Maori. It was highlighted in the survey that up to 60% of births in Hawke's Bay are birthed into vulnerable whānau. To address these high areas of need, it requires a consolidation of the Operations Team to deliver more wrap around services to whānau based on increased vulnerability and ensuring they are effectively based back with community services in time.
- The Programme Manager needs more capacity to respond to projects and provide specialist senior advice.
- The Kahungunu Hikoi Whenua programme has been reviewed and recommended that the programme no longer needs a specific advisor to manage projects as the workload has shifted to providers who are now contracted to deliver services. The only requirement under this programme is planning, service design and monitoring of services. The planning, commissioning and monitoring of Maori health services needs a more consolidated team approach.
- Analysis that provides effective and evidenced information to portfolios and services is seen as a need for improvement. A role to provide analysis and information to the Programme Manager Maori Health is required to ensure value for money. This would support the decision making process of investing and disinvesting to accelerate the health outcomes for Maori.
- The GM Maori Health needs more time provided to respond to Maori Relationship Board (MRB) activity. Currently the GM Maori Health has 0.5 FTE Executive Assistant and 1.0 Administration Coordinator who undertakes the Maori Relationship Board responsibilities. By having two people, this doesn't effectively align the GM to the work plan with the MRB and splits responsibilities across two functions.
- Administration could potentially be centralised under the Executive Assistant to allow for a better coordinated response to the Operations and Leadership Teams. Administration cover has been an ongoing issue for both teams. By potentially centralising the service, cover could be achieved more effortlessly.
- It was identified there is a need to establish more FTE time into the implementation and monitoring of the Annual Maori Health Plan. The current workforce consultant administers and monitors the outcomes of the Tūruki Workforce Development programme and a re-focus is required to assist in performance monitoring across the Maori Portfolio which incorporates the Tūruki Workforce Programme.
- The Operations Team is effective and provides good results when engaging with patients and their whānau. In addition some projects and in-service training programmes have been effective, however, the review found that because Kaitakawaenga and Pou Arahi spent at least half of their time in projects, training and systems change work, this impacts on time with patients and whānau.
- Kaitakawaenga and Pou Arahi undertake the implementation of the Treaty Responsiveness Framework, however this means they have had less time to focus on vulnerable patients and their whānau.
- The on call after hour's service for MHS should be reviewed once the AIM 24/7 and Urgent After Hours projects have made recommendations for after hour's services.

In summary reshaping the way in which MHS delivers its services is important to the health outcomes for Maori and for the mainstream sector which relies on its specialist advice and training.

SECTION 3: CURRENT STATE

As of February 2016 Maori Health Services consists of 23.4 FTE and has three core functions. These are:

- Develops strategy and monitors implementation through mainstream for Māori health gain
- Commissions services and provides advice to accelerate Māori population health outcomes
- Works directly to support patients, whānau and Māori communities

The development and implementation of strategy and projects to improve health gains for Māori is undertaken by 7.5 FTE in the Leadership Team, population health advisory 1.0 FTE and workforce development 0.6 FTE. The majority of the MHS staff are situated in the Operations team (12.5 FTE) supporting patients and whānau, staff cultural competency, training and the remaining 1.0 FTE providing administration support to the team. In addition a 0.8 FTE works evenings and weekends to assist whānau of patients in hospital with accommodation, social and other cultural needs. Below is a list of key roles and responsibilities. The Kaitakawaenga and Pou Arahi are currently rostered after hours call outs for cultural and Maori health support. Times for this service are: Monday to Friday 16:30 to 23:00 and Saturday and Sunday 08:00 to 23:00. This service is initiated through the duty manager to the on call staff or through the Whare Kaiarahi after hour's service.

CURRENT KEY ROLES AND RESPONSIBILITIES

Operations Team

Role	Responsibilities
Kaiwhakahaere (1.0 FTE) Service Manager Māori Health	<p>Assists the General Manager Māori Health and the Māori Leadership Team to develop and implement Māori strategy</p> <p>Manages Pouahurea to uphold the mana of Te Awa Hauora marae and Mihiroa whare.</p> <p>Monitors the implementation of the Treaty of Waitangi Responsiveness Framework through service assessments and sign off on service plans.</p> <p>Provides the health sector with research ethics approval on behalf of Maori.</p> <p>Collaborates and supports stakeholders to develop and implement innovations, programmes and services targeted at accelerating Māori health gains in secondary care.</p> <p>Ensures delivery systems are effective in improving Māori health and social outcomes, and that Māori consumers and whānau experience culturally appropriate services of relevance in the hospital.</p> <p>Manages the operational day to day activities of the Māori Health Service.</p>
Pouahurea (0.5 FTE) Cultural Consultant	<p>Ensures tikanga best practice is upheld across all levels of the HBDHB and the health sector.</p> <p>Provides cultural specialist advice across staff of DHB.</p> <p>Provides cultural services to patients and their whānau as requested.</p> <p>Maintains the reputation of HBDHB as a leading, innovative and credible health service to Māori.</p> <p>Assists in the delivery of Springhill's cultural programme.</p> <p>Partners in the delivery of the HBDHBs Kahui Kaumatua programme.</p>
Pou Arahi (3.0 FTE) CAFs, Community and Mental Health Inpatient Unit	<p>Provides integrated care through cultural assessment, advice and coordination in collaboration with multi-disciplinary teams.</p> <p>Ensures culturally safe and responsive service to Māori by driving systems change through leadership, education and supervision.</p> <p>Arranges and supports cultural related activities for clients and their whānau on a weekly basis, in conjunction with allied and nursing staff.</p> <p>Participates in rostered after hours call outs.</p>

Kaitakawaenga (3.0 FTE) Cultural Liaison/Navigator	<p>Provides high quality professional liaison and navigation services to Māori patients and their whānau within hospital settings</p> <p>Advocate for patients and their whānau to ensure better access to services and quality care</p> <p>Provides in-service and organisational training to staff when required</p> <p>Assist services to implement the Treaty of Waitangi Responsiveness framework assessments and development of plans</p> <p>Supports to improve health literacy of patients and their whānau</p> <p>Support staff understanding on how to better engage with Māori</p> <p>Provides Project support and advice</p> <p>Monitors the Treaty Responsiveness Framework implementation across hospital and corporate services</p> <p>Participates in rostered after hours call outs.</p>
Kaitakawaenga (2.0 FTE) DNA navigators	<p>Improving access to health services by assisting in the re-design of pathways to reduce the Did Not Attend (DNA) rates. The approach involves a collective collaborative way of working, through:</p> <ul style="list-style-type: none"> • Referral management and access protocols. • Patient support and follow-up management. • Fosters communication between secondary care services and clinicians to enhance referral management by increasing two-way communication. • Providing solutions to systems improvement of patient and whānau pathways. <p>Drives positive health outcomes for whānau by introducing a systematic process for following up DNA referrals in a timely manner that helps to reduce DNA rates for Māori clients/patients and their whānau.</p> <p>Provides advice into projects such as the Customer Focused Booking and Health Literacy projects to assist in reducing DNAs</p> <p>Participates in rostered after hours call outs.</p>
Whare Kaiarahi (0.8 FTE) Accommodation Supervisor	<p>Responsible for the operation and coordination of the Mihiroa Whare whānau accommodation after office hours.</p> <p>Ensures the smooth running of Māori Health Services and assists in the delivery of quality services to users and whānau/families who utilise the accommodation facility.</p> <p>Provides after hours engagement with whānau in Mihiroa Whare accommodation, to support, navigate and care for them and assist toward greater understanding of health literacy and the health system.</p> <p>To undertake administrative responsibilities as the manager sees appropriate.</p> <p>To monitor the inside and around the MHS building after hours for safety purposes for the whānau. To escort whānau members to and from hospital when required for safety purposes.</p>

<p>Social Worker (1.0 FTE) Very Low Cost Access Practices (VLCAs)</p>	<p>Identifies and addresses health and social determinates that are negatively impacting on the wellbeing of patients.</p> <p>Maintains key relationships with Very Low Cost Access (VLCA) Practices and invested stakeholders to achieve optimal care and outcomes including Health Hawke's Bay PHO, external contractors and evaluators.</p> <p>Improves patient engagement with healthcare, particularly Primary Care and other providers of relevant services.</p> <p>Provides a wide range of support in primary care settings responsive to the need of patients.</p> <p>Empowers decision making through health literacy, education and navigation.</p>
<p>Kaiwhakarite (1.0 FTE) Operations Team Administrator</p>	<p>Delivers organisational KPIs including relevant targets, reconciliation reports and referrals.</p> <p>Provides administrative support as required for the Māori Health Service Operations Team including typing, filing, communication, minutes and data entry.</p> <p>Manages the booking coordination for the Whare, meeting rooms and staff meetings.</p> <p>Completes team audits and reconciliation on monies received and banking.</p> <p>Orders supplies and ensures all procurement for the Operations Team is submitted and is up to date.</p>
<p>Kaumataua (Casual) Elder</p>	<p>Fulfil on cultural responsibilities of the HBDHB when required.</p> <p>Assists in powhiri processes to uphold tikanga and kawa on the marae.</p> <p>Provides cultural support for staff and services when requested.</p> <p>This resource is only used for orientation days for new staff on Te Awa Hauora marae</p>
<p>Whanau Manaaki (3.0 FTE - vacant) Community Services</p>	<p>To work with vulnerable Māori consumers assisting in their transition between secondary care and primary services.</p> <p>Advocate and navigate consumers to put in home supports, primary care engagement and consumer health literacy levels.</p> <p>Ensure improved care planning and a smoother transition of the consumer back to their primary care home</p> <p>Improve the maintenance of consumer wellbeing and prevent unnecessary readmissions to hospital by ensure care plans and relevant information is understood and beneficial to the consumer and their whānau.</p>

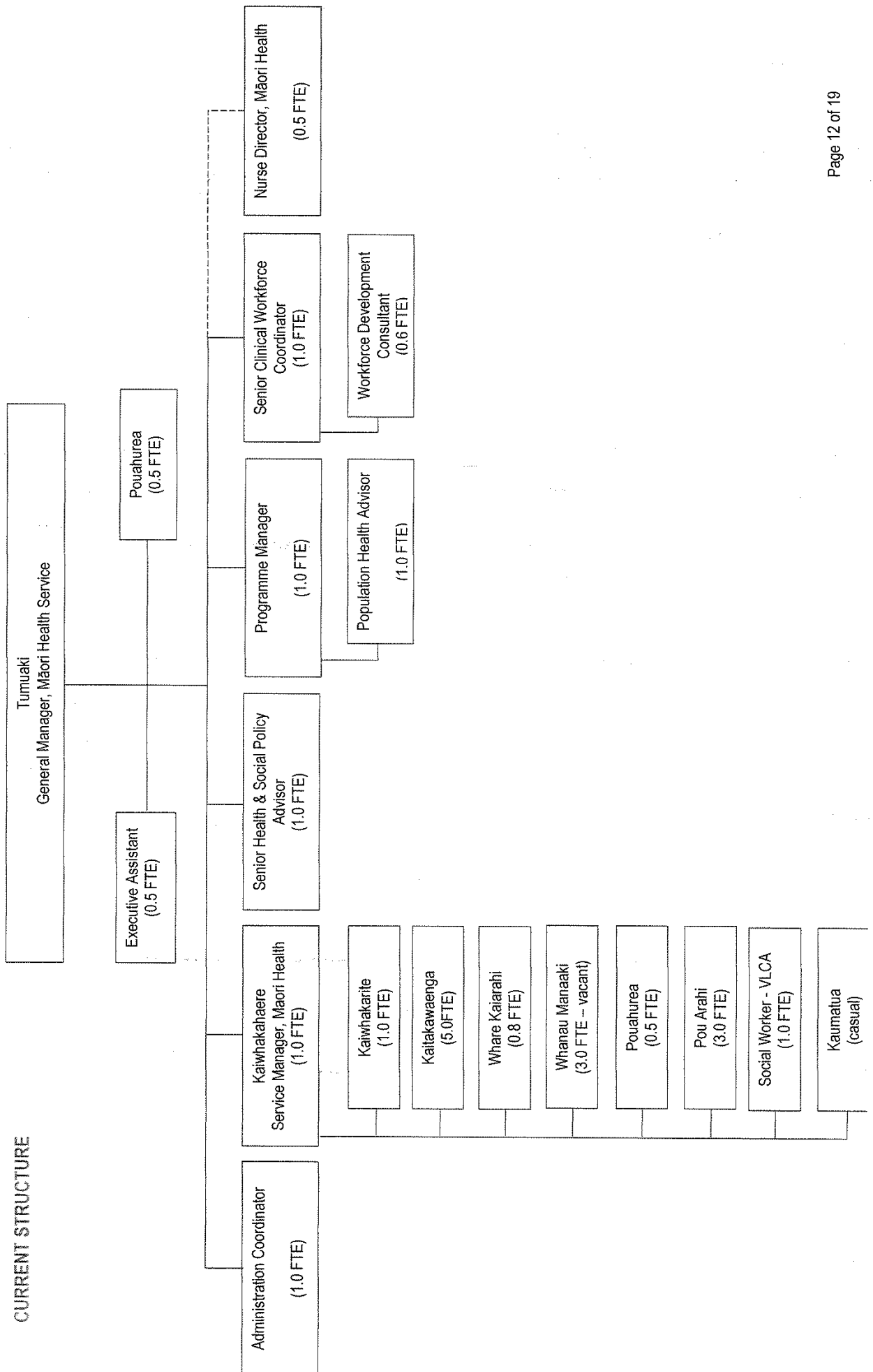
Leadership Team

The Leadership Team includes the Kaiwhakahaere Service Manager, Maori Health

Role	Responsibilities
Tumuaki (1.0 FTE) General Manager, Maori Health	<p>Manages the development, implementation and monitoring of the Mai Māori Health Strategy for the HBDHB that encompasses all of Hawke's Bay.</p> <p>The General Manager is the key overall lead for the programme Whānau Ora in Health in Hawke's Bay.</p> <p>Provides leadership and advice in the collaborative development of health strategies and programmes that will enhance the provision of health services to Māori.</p> <p>Manages the partnership between the HBDHB and Ngāti Kahungunu Iwi Incorporated and its subsidiary hapū, communities and marae.</p> <p>Manages the Māori Relationship Board governance group, its agenda, and priority setting.</p> <p>Provides leadership and advice in the collaborative development of health strategies and programmes that improves the provision of health services to Māori.</p> <p>The General Manager oversees the relationship with Treaty Post Settlement Groups engaged with DHB</p> <p>The General Manager leads the team which provides strategic advice and assistance to the DHB and PHO and interacts with all health service areas and providers in the community to build capacity and capability to deliver effective services to increase Māori health gain.</p> <p>The General Manager Māori Health strategises, plans and guides managers to build the organisations capability to achieve breakthroughs and major advances in Māori Health.</p> <p>The General Manager oversees the management of the Māori Health portfolio budget and implementation.</p>
Pouahurea (0.5 FTE) Senior Cultural Consultant	<p>Ensures tikanga best practice is upheld across all levels of the HBDHB and the health sector.</p> <p>Provides cultural specialist advice across staff of DHB.</p> <p>Maintains the reputation of HBDHB as a leading, innovative and credible health service to Māori.</p> <p>Provides Pouahurea services within Maori Relationship Board hui and Board meetings when requested.</p> <p>Provides advice on Hapū and Iwi groups and Maori communities.</p> <p>Provides Te Reo translation when requested.</p> <p>Trains staff in tikanga and kawa protocols.</p>
Executive Assistant to General Manager (0.5 FTE) Maori Health	<p>Provides Executive Administration to GM Maori Health.</p> <p>Provides administration assistance when Administration Coordinator requires back up support.</p> <p>Manages all flights and accommodation for the MHS Team.</p>

<p>Programme Manager (1.0 FTE) Maori Health</p>	<p>Leads consultation and design of the Māori Health Strategy and Annual Māori Health Plan.</p> <p>Works to accelerate the performance of Māori Health Indicators across the Health Sector by implementing the Te Ara Whakawaiora programme and monitoring Māori health plan indicators including relevant MOH targets and Maori Relationship Board priorities.</p> <p>Manages the Māori Health Portfolio and budget efficiently and effectively.</p> <p>Supports the implementation of the Whānau Ora policy.</p> <p>Leads and manages the Kahungunu Hikoi Whenua programme.</p> <p>Designs and implements innovative projects and approaches to accelerate Maori Health gains and provides advice where required to service design and implementation to accelerate the health outcomes for Māori.</p>
<p>Nurse Director Maori Health (0.5 FTE)</p>	<p>The Nurse Director provides professional nursing advice and strategic direction to support and inform the Hawke's Bay Health sector in its clinical and management decision making and to assist to integrate services that address Maori and Population Health disparities across the HBDHB region.</p> <p>Builds the Maori capability and capacity of the nursing workforce within secondary and primary care, promoting evidence based practice and standards to improve.</p> <p>Advises the Hawke's Bay health sectors clinical and management structures on how to address Maori and Population Health disparities for better outcomes.</p> <p>Is an active participant within the Integrated Health Services Nursing Directorate and the Māori Health Leadership Team.</p>
<p>Administration Coordinator (1.0 FTE) Māori Health</p>	<p>Assists the General Manager Māori Health and the Māori Leadership Team to develop and implement Māori strategy.</p> <p>Manages the Pouahurea schedule, assists to uphold the mana of Te Awa Hauora marae and Mihiroa whare.</p> <p>Administers for the implementation of the Treaty of Waitangi Responsiveness Framework through service assessments and sign off on service plans.</p> <p>Provides full administration for the Māori Relationship Board ten months in the year.</p> <p>Ensures the provision of efficient secretarial and administrative support to the leadership team and the MRB in accordance with team and organisational policies, objectives, code of ethics and legislative requirements.</p>

<p>Senior Clinical Workforce Coordinator (1.0 FTE)</p>	<p>Develops, implements and monitors the Tūruki Maori Workforce Development Strategy and Annual Tūruki plans.</p> <p>Implements and monitors the annual Turuki plans.</p> <p>Reports progress against the Tūruki workforce development plan to the Steering Group, Maori Relationship Board and Board.</p> <p>Manages the Maori Provider Development Scheme funding via MoH.</p> <p>Maintains relationships across tertiary training and education institutions that benefit the health sector.</p> <p>Manages the advice on CASP cultural assessments of mainstream staff in the health sector.</p>
<p>Workforce Development Consultant (0.6 FTE)</p>	<p>Administers the Tūruki Workforce Development Programme.</p> <p>Develops and monitors the system for scholarships.</p> <p>Develops the tracking system and monitors students into careers</p> <p>Provides the quarterly reporting on Maori workforce development programmes.</p> <p>Develops the quarterly Maori health service newsletter for better communication with the sector and communities.</p> <p>Ensures the connection with other health sector workforce initiatives i.e. Kia Ora Hauora.</p> <p>Develops the quarterly Maori Health newsletter</p>
<p>Senior Health and Social Policy Advisor (1.0 FTE)</p>	<p>Provides senior comprehensive research and analysis using data to sustain, advance and drive the Hawke's Bay DHBs vision for accelerated Maori health gains across Hawke's Bay.</p> <p>To undertake research and analysis to better inform service planning and design on how to accelerate the health outcomes of Maori.</p> <p>To apply a microscopic evaluation lens at an operational level to test, monitor, and measure improvements at the service delivery levels to improve achievement against reported KPI's.</p> <p>To develop a broad range of relevant networks, locally, nationally and internationally in order to validate and substantiate evidence base and best practice the results in improved Maori health outcomes.</p>
<p>Population Health Advisor (1.0 FTE)</p>	<p>Plans, delivers and monitors the effectiveness of the Kahungunu Hikoi Whenua Maori population health programme across Hawke's Bay.</p> <p>Provides training and coordinates initiatives in the community to improve population health.</p> <p>Works across agencies to assist in community development to improve physical activity and nutrition programs.</p>



SECTION 4: PROPOSED CHANGES

As a result of the review and its findings, potential changes would be required in both Leadership and Operations Teams to achieve a greater positive impact on Māori health outcomes. Proposed new roles and responsibilities are outlined in the table below:

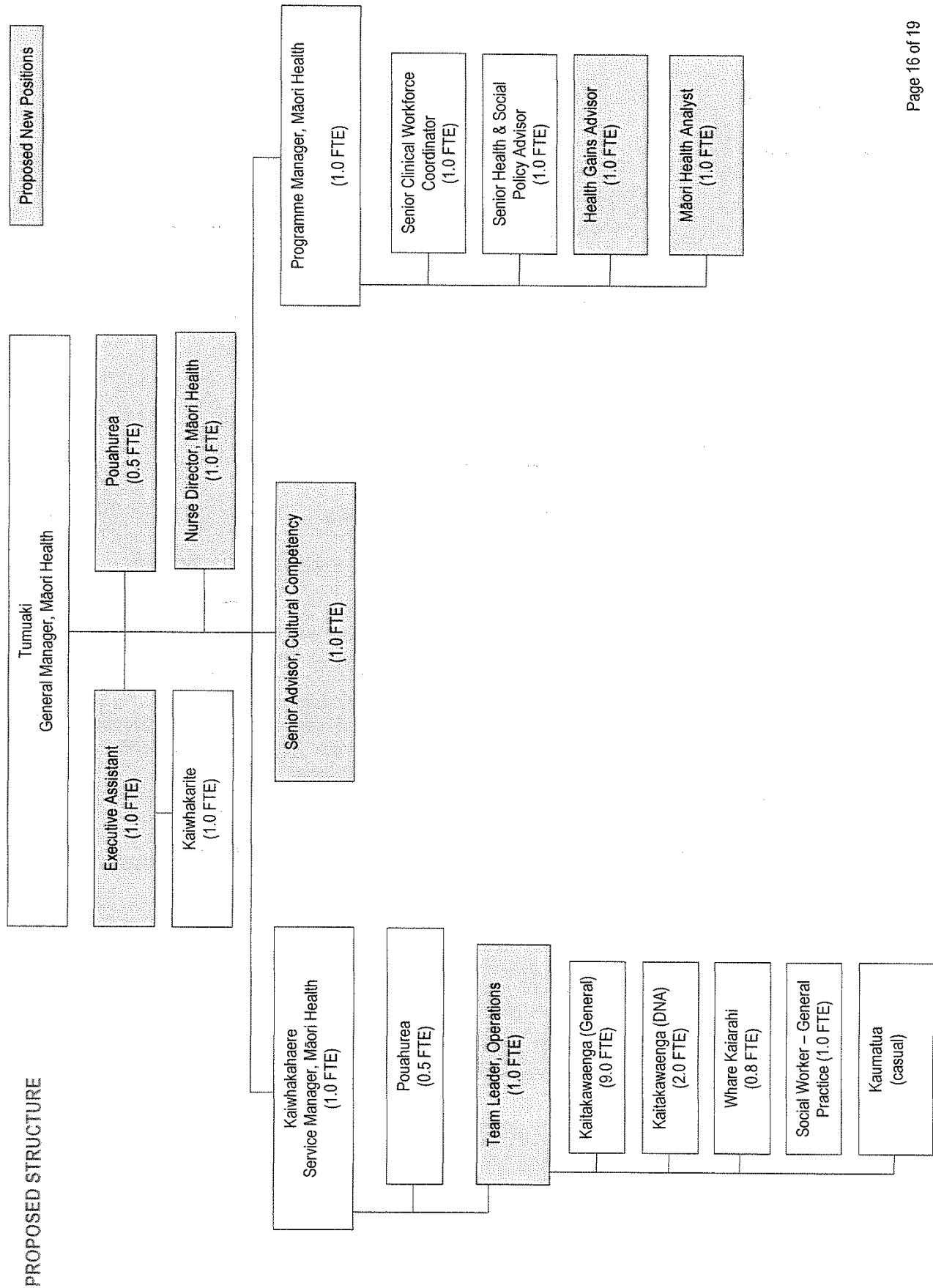
It is proposed to:

- Reduce the number of direct reports of the General Manager, Maori Health
- Disestablish 0.5 FTE Executive Assistant and establish a 1.0 FTE Executive Assistant, Population Health.
- Establish a new 1.0 FTE Executive Assistant, Maori Health.
- Increase the capacity under the Programme Manager to support the delivery of the Maori Health annual plan and better respond to policy, advice, and planning and project levels across the sector.
- Establish a new 1.0 FTE Senior Advisor Cultural Competency role reporting to the General Manager, Maori Health that focuses on training the sector on cultural competency.
- Establish a new 1.0 FTE Health Gains Advisor role reporting to the Programme Manager to assist with the implementation of the Annual Maori Health Plan.
- Change the reporting line of the Senior Clinical Workforce Coordinator to the Programme Manager.
- Change the reporting line of the Senior Health & Social Policy Advisor to the Programme Manager.
- Establish a new 1.0 FTE Maori Health Analyst role to assist the Programme Manager to better analyse and monitor the impact and influence of programmes and their outcomes.
- Disestablish 1.0 FTE Population Health Advisor.
- Disestablish 0.6 FTE Workforce Development Consultant.
- Establish a new 1.0 FTE Team Leader reporting to Kaiwhakahaere Service Manager, Maori Health to manage the Operations Team and its day to day duties
- Align the Kaiwhakahaere Service Managers focus to provide more capacity at senior levels of the business and support the services at an implementation level of the Treaty Responsiveness Framework.
- Change the Operations Team model of care to move to an intensive wrap around service that focuses more holistically on whānau outcomes for vulnerable whānau in Hawke's Bay. Patients would benefit more by Kaitakawaenga providing a strengthened wrap around service to vulnerable and high needs patients and their whānau. Kaitakawaenga will develop whānau plans with patients and their whānau describing the outcomes they agree. These plans will then be integrated into current planning for patients. As systems develop, a whānau approach that is transparent and communicated well with all professionals, will enable the clinician to assist whānau more effectively.
- Disestablish 3.0 FTE Pou Arahī and establish 3.0 FTE Kaitakawaenga - General to be added to the existing team of 5.0 FTE Kaitakawaenga. These roles are potential redeployment options. These positions will all report to the new Team Leader, Operations and;
- Rename 3.0 FTE Whanau Manaaki vacant positions to Kaitakawaenga - General. This team would have a total of 9.0 FTE Kaitakawaenga - General.
- Change the focus of the Operations Team outwards across the whole sector both hospital and primary care. This better supports whānau to achieve holistic improvement in all areas of health and social need.
- Change the reporting line of the Kaiwhakarite to report to the Executive Assistant ensuring the administrators work across to the whole team on a day to day basis providing cover when required.
- Disestablish 1.0 FTE Administration Coordinator and disperse the functions to the Executive Assistant, Kaiwhakarite and Maori Health Analyst roles.
- Change of reporting line of Whare Kaiarahi.
- Change of reporting line of Social Worker - VLCA.
- No changes are being proposed to Pouahurea or Kaumatua roles.
- Recruit to Nurse Director role (1.0 FTE) as sign off to increase FTE has occurred.

PROPOSED NEW ROLES AND NEW RESPONSIBILITIES

Role	Responsibility – New Position Description
Programme Manager, Maori Health (1.0 FTE)	<ul style="list-style-type: none"> The role is part of the Leadership Team Māori Health and manages: <ul style="list-style-type: none"> 1.0 FTE Senior Health and Social Policy Advisor 1.0 FTE Senior Clinical Workforce Coordinator 1.0 FTE Health Gains Advisor, Maori Health 1.0 FTE Maori Health Analyst Supports the delivery of the Maori Health Annual Plan and better responds to policy, advice, and planning and project levels across the sector.
Service Manager, Maori Health (1.0 FTE)	<ul style="list-style-type: none"> The role is part of the Leadership Team Māori Health who provides more capacity at the senior level of the business and supports the services at an implementation level of the Treaty Responsiveness Framework. Currently 64 plans being monitored by the Maori Health Service. The Treaty Responsiveness process is expected that assessments and plans will no longer be developed at a unit level and would be moved to a service level. These plans would be embedded into health service plans as recommended by the Chief Operating Officer. This role will play a key role in this. The role remains responsible for the outcomes of the Operations Team and has less direct reports.
Executive Assistant to General Manager, Maori Health (1.0 FTE)	<ul style="list-style-type: none"> The role works to the General Manager, Maori Health and the Leadership Team Māori Health and has responsibility for the Administration team (Kaiwhakarite) to connect to the Maori Relationship Board and its work plan. The EA would be responsible for the administration of the Māori Relationship Board meeting 10 times per year. Moving to a full time equivalent EA position provides a more seamless approach to planning through to implementation.
Senior Advisor Cultural Competency (1.0 FTE)	<ul style="list-style-type: none"> The role reports to the General Manager Maori Health and manages Cultural and Maori Health training across the sector. This is an extensive programme that could be incorporated into current organisational and professional development training curricula. Cultural Competency pathway development. Treaty Responsiveness Framework oversight across the health sector. Partners HR on strategies for recruitment and retention of Maori. Oversee the implementation of the Treaty Responsiveness Framework across the health sector and free up Kaitakawaenga and Pou Arahi to focus on vulnerable patients and their whanau spending more quality time with patients.
Nurse Director, Maori Health (1.0 FTE)	<ul style="list-style-type: none"> The role reports to the General Manager, Maori Health and provides professional nursing advice and strategic direction to support and inform the HB health sector in its clinical and management decision making and to assist to integrate services that address Maori and Population Health disparities across the HBDHB region. The FTE has been increased through the Clinical Council and MRB by 0.5 FTE to a full time equivalent 1.0 FTE
Health Gains Advisor (1.0 FTE)	<ul style="list-style-type: none"> The role reports to the Programme Manager Maori Health to assist the Programme Manager in the implementation of the Annual Maori Health Plan. Manages priority projects and service development aligned to the Annual Maori Health Plan. Assists in the planning and funding functions related to the Maori Health Annual and Strategic plans.

<p>Maori Health Analyst (1.0 FTE)</p>	<ul style="list-style-type: none"> • The role reports to the Programme Manager Maori Health and manages reporting and monitoring against services delivered in the health sector to Maori. • Provides analysis and information to the Programme Manager Maori Health to assist in prioritising and planning. • Provides value for money analysis to assist in investing and disinvesting of services and assists the funder to better understand whether value add is being achieved and whether funded programmes are making a difference. • Provides administration support to the Programme Manager and works with the wider administration team to ensure administration is delivered to the whole of Maori Health Services.
<p>Team Leader, Operations Team (1.0 FTE)</p>	<ul style="list-style-type: none"> • This role reports to the Kaiwhakahaere Service Manager, Maori Health and manages the day to day management of the operations team including; <ul style="list-style-type: none"> - 9.0 FTE Kaitakawaenga – General - 2.0 FTE Kaitakawaenga – DNA - 0.8 FTE Whare Kaiarahi night staff - 1.0 FTE Social Worker - General Practice - 0.5 FTE Pouahurea, Operations Team - Casual, Kaumatua • Delivery model developed. • Referrals to and from the service. • Whānau plan development. • Reporting and monitoring of services system developed and implemented. • Team Competencies upheld.
<p>Kaitakawaenga - General (9.0 FTE)</p>	<ul style="list-style-type: none"> • Manages a case load and works more intensively with vulnerable whānau for better health and social outcomes. • Provides wrap around services to consumers and their whanau. • Works across both primary and secondary services. • Works on a model of referral and allocation utilising skill base and sharing of work load across Mental Health and General Services • Assists in follow up DNAs of patients. • Partners with multi sector agencies to ensure a referral process that works and to coordinate and advocate for necessary services for whanau and patients. • Assists with health literacy messages to improve communication and information for patients and their whanau. • Participates in rostered after hours call outs.



SECTION 5: KEY POSITIONS POTENTIALLY AFFECTED

Role	Potential Impact
POTENTIAL DISESTABLISHED POSITIONS	
Administration Coordinator (Leadership Team) (1.0 FTE)	Position disestablished
Population Health Advisor, KHW (1.0 FTE)	Position disestablished
Pou Arahi – CAFs (1.0 FTE)	Position disestablished Potential redeployment to Kaitakawaenga
Pou Arahi – Community (1.0 FTE)	Position disestablished Potential redeployment to Kaitakawaenga
Pou Arahi – Mental Health Inpatient Unit (1.0 FTE)	Position disestablished Potential redeployment to Kaitakawaenga
Workforce Development Consultant (0.6 FTE)	Position disestablished
Executive Assistant to General Manager Maori Health (0.5 FTE)	Position disestablished and redeployed to 1.0 FTE Executive Assistant, Population Health Service
Whanau Manaaki (3.0 FTE vacant)	Positions disestablished
POTENTIAL NEW POSITIONS	
Executive Assistant to General Manager Maori Health (1.0 FTE)	NEW position
Maori Health Analyst (1.0 FTE)	NEW position
Maori Health Gains Advisor (1.0 FTE)	NEW position
Nurse Director, Maori Health (1.0 FTE)	NEW position
Senior Advisor Cultural Competency (1.0 FTE)	NEW position
Team Leader, Operations (1.0 FTE)	NEW position
Kaitakawaenga – General (6.0FTE)	NEW positions
POTENTIAL CHANGE TO CURRENT POSITION	
Tumuaki – General Manager, Maori Health (1.0 FTE)	Reduction in the number of direct reports
Kaitakawaenga – DNA (2.0 FTE includes 1.0 current vacancy)	Change of reporting line
Kaitakawaenga - General (3.0 FTE)	Change of reporting line
Kaiwhakarite (1.0 FTE)	Change of reporting line

Senior Clinical Workforce Coordinator (1.0 FTE)	Change of reporting line
Senior Health and Social Policy Advisor (1.0 FTE)	Change of reporting line
Social Worker - VLCAs (1.0 FTE)	Change of reporting line
Whare Kaiarahi (0.8 FTE + casual)	Change of reporting line
Kaiwhakahaere - Service Manager, Māori Health (1.0 FTE)	Change to direct reports
Programme Manager, Maori Health (1.0 FTE)	Increased number of direct reports
POTENTIALLY NO CHANGE	
Pouahurea (0.5 FTE)	No change
Pouahurea, Operations Team (0.5 FTE)	No change
Kaumatua (casual)	No change

SECTION 6: TIMELINE

Date	Action	Responsibility
18 February 2016	Document draft completed & signed off	GM, Maori Health
23 February 2016	EMT Signoff	GM, Maori Health
24 February – 18 March 2016	Document circulated to Union for pre-consultation/feedback	Human Resources
21 March 2016	Feedback considered and incorporated	GM, Maori Health
22 March 2016	Unions formally notified	Human Resources
23 March 2016	Potentially affected individuals informed	GM, Maori Health
24 March 2016	Document circulated to the wider organisation for consultation	Human Resources
23 March – 14 April 2016	Consultation period	All
15 April – 29 April 2016	Consultation reviewed and incorporated	GM, Maori Health, Human Resources
11 May 2016	Document agreed & finalised	GM, Maori Health

16 May 2016	Unions notified	Human Resources
17 May 2016	Meetings with individuals affected and formally notification advised	GM, Maori Health
18 May 2016	Document circulated	Human Resources
15 July 2016	Implementation of any changes	GM, Maori Health

SECTION 7: FEEDBACK

I am now seeking your feedback on this proposal. The level of detail has been provided so that people have as much information as possible about how the proposed changes might affect them and to help them make submissions on the proposals.

This document does not contain final decisions but sets out proposals that I would like to see fully canvassed and considered. For your feedback to be most effective, the emphasis should be on suggesting alternatives and what benefits those alternatives would bring. Please note that submissions/feedback will be collated and acknowledged throughout the process.


I welcome your feedback on this proposal which is required to be with me by 5.00 pm, **14 April 2016**. Your feedback can be provided in writing to the Maori Health Service, Corporate Office, by email tracee.tehuia@hbdhb.govt.nz, individually or with others.

Nākū noa, nā

Tracee Te Huia
GENERAL MANAGER, MĀORI HEALTH

Revised Timeframes for the Maori Health Service Proposal for Change 5 April 2016

Date	Action	Responsibility
18 February 2016	Document draft completed & signed off	GM, Maori Health
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 HAWKE'S BAY District Health Board Whakawāteatia	DRAFT Best Start: Healthy Eating A plan for Improving healthy eating and activity for children in Hawke's Bay
	For the attention of: Māori Relationship Board (MRB)
Document Owner: Document Author(s):	Dr Caroline McElroy, Director Population Health Shari Tidswell, Team Leader/Health Promotion Advisor, Kim Williams and Tracy Ashworth, Population Health Advisors
Reviewed by:	Executive Management Team (EMT)
Month:	April 2016
Consideration:	For discussion and feedback

Recommendation

That the Māori Relationship Board (MRB):

1. Note request for further detail has been followed up.
2. Review and provide feedback on the Plan.

OVERVIEW

The purpose of this report is to respond to request for further detail on how the HBDHB will address childhood obesity and improve Maori health. The draft 'Best Start: Healthy Eating, A plan for improving healthy eating and activity for children in Hawke's Bay' to EMT and DHB committees, provides this further detail. This Plan brings together a summary of the sources informing its development, a clear goal – "improving healthy eating and active lives for Hawke's Bay children" and the activities needed to achieve this goal. We are seeking discussion and feedback to further develop this Plan for final approval at a later date.

BACKGROUND

Evidence supports a focus on early years for the greatest opportunity to achieve healthy weights across the lifespan. This early intervention needs to include, changing the obesogenic environment to a healthy eating one through; leadership, role modelling, consistent messaging, supporting healthy eating settings i.e. schools, workplaces and events, and working with retailers, to make healthy choices easy. We will make the greatest gains by having an equity approach targeting Pasifika, Māori and high deprivation communities. Stakeholder and community input noted that prevention and intervention activities need to be part of a healthy lifestyle changes which support whānau to achieve their health goals and uses a whole community approach.

Currently, a third of our population are obese, with higher rates for Māori (48%) and Pacific (64%) populations. Obesity is the second leading risk to health in the Hawke's Bay. Rates have been increasing. Obesity leads to a range of disease including; heart disease, diabetes and cancer and these incur high, medium and long term costs to individuals, whānau, communities, the health sector and wider social services.

Increasing rates of obesity are contributed to our lifestyle - we are consuming more of the calorie rich nutrient poor food which is easily available and cheap. The cause is simple, the

solution is complex. Culture, economics, access, knowledge, family structure, working patterns, government policy and genetics all have a part to play in the choices we make in what and the amount we eat. We need strong leadership, community engagement and to support whānau with lifestyle changes to reverse the obesity trend.

What does the evidence show as effective?

- Healthy weight gain for pregnant women – this supports healthy birth weights for babies.
- Healthy first foods - early behaviours are influential on our long term health, children who are breastfed maintain healthy weight over their lifetime. Toddlers who eat healthy develop healthy eating habits over their lifetime.
- School based programmes which support healthy eating and activity - children who are physically active and eat a healthy diet continue to be active and less likely to be obese.
- Children influence the whānau and community – e.g. the results of Waikato's Project Energise.
- Environments which support healthy eating choices and activity – settings (schools, churches) where the healthy choice is easy are effective in changing behaviours.

The benefit of healthy eating and activity are far reaching including positively impacting on oral health, mental health and injury prevention. It can also reduce risk of cancers and other disease later in life.

What did the stakeholder and community input say?

The input from these groups and people reinforced the evidence, with following overarching themes. Focus needs to be wider than the individual and include whānau and the environmental influences. Equity issues need to be addressed. Community and whānau engagement in programme design and delivery is critical in achieving sustainable outcomes. Finally build on existing effective initiatives to gain the benefit of existing networks, skill and community linkages.

What are the planned objectives?

Objective	Description
1. Increase healthy eating environments	Addressing the environment by increasing healthy food choices in settings that children engage with including education, marae, events and communities. Also advocating for changes in marketing, retail and councils.
2. Develop and deliver prevention programmes – via food literacy, maternal nutrition, physical activity and implementing policy	Implementing programmes which support healthy eating and physical activity for pregnant women, support breastfeeding, encourage healthy first foods, support whānau with healthy lifestyle changes and school programmes which reinforces healthy eating messages and engage whānau.
3. Intervention – support people to have healthy weight	Screening programmes identifying weight issues early and address weight gain via education, increased food literacy and whānau programmes. Screening during pregnancy, and under five confer the greatest benefits over a lifetime.
4. Provide leadership in healthy eating	A population wide improvement in healthy eating requires a cross sector approach, the HBDHB is ideally placed to provide leadership and support key stakeholders in promoting healthy food environments, prevention programmes and early intervention.

This Plan provides an evidenced-based approach to increasing healthy weights for children in Hawke's Bay and will be delivered with community partners in order to support whānau engagement. Finally, the HBDHB has a role in leadership and will need to advocate for changes nationally and locally to develop an environment which supports healthy lifestyle changes. The Plan is attached.



Best Start: Healthy Eating

A Plan for Improving healthy eating and active lives for children in Hawke's Bay (DRAFT)

2016-2020

Prepared March 2016

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Executive Summary

Best Start: Healthy Eating Plan

The purpose of this Plan is to bring together a summary of the sources informing the development, the goal - “improving healthy eating and active lives for Hawke’s Bay children” and the activities needed to achieve this goal. The informing sources include summaries of the:

- reports, plans and strategies which inform the context for childhood obesity
- key evidence and input from key stakeholders, including community

The activities fall into four objectives developed from the informing sources.

- Increasing healthy eating environments, by increasing healthy eating choices and physical activity opportunities.
- Developing and delivering prevention programmes which include food literacy, maternal nutrition, implementing policy and physical activity.
- Interventions which support children to have healthy weight.
- Providing leadership in Hawke’s Bay for health eating.

These objectives have indicators which will help us measure progress toward our goal and this progress will be reported annually. The Plan is informed by the principles of reducing inequity, engaging with whānau and Pasifika communities, health leadership and sustainable change.

How can we achieve healthy weight children in Hawke’s Bay?

- Evidence supports a focus on early years to achieve the greatest opportunity for healthy weights across the lifespan
- Promoting healthy food environments, through leadership, role modelling, consistent messaging, supporting healthy eating settings i.e. workplaces and events, and working with retailers, to make healthy choices the easy choice.
- We will make the greatest gains by having an equity approach targeting Pasifika, Māori and high deprivation communities.
- Stakeholder and community input noted that prevention and intervention activities need to be part of healthy lifestyle changes which support whānau to achieve their health goals and use a whole of community approach.
- We need a greater focus on healthy eating behaviour change while supporting existing physical activity initiatives. We noted a wide range of activity based programmes in HB and only a few healthy eating programmes, so the Plan’s emphasis is on nutrition to address this gap.

This Plan outlines activities that will support whānau and communities to engage with programmes and interventions which support health weight.

What is the situation we aim to change?

Increase the number of health weight children

Over a third of our Hawke’s Bay population is obese with higher rates for Māori (48%) and Pasifika (64%) populations. Obesity is the second leading risk to health in the Hawke’s Bay. Rates continuing to increase over the past decade. Obesity leads to a range of diseases including heart disease, diabetes and cancer and these incur high medium and long term costs to individuals, whānau, communities, the health sector and wider social services. (Detailed data has been presented in the

Equity Report¹). We can change this trend by focusing on increasing the number of healthy weight children.

Create a healthy eating environment

Children are consuming more calorie rich, nutrient poor food which is easily available and cheap. While the cause may seem simple the systems we need to change to reduce obesity are complex: culture, economics, access, knowledge, family structure, working patterns, government policy and genetics all have a part to play in the choices we make in what and how much we eat and what we feed our children.

Make the healthy choice the easy choice

Unlike tobacco, where the message is simple, “don’t start smoking or quit”, food, exercise and healthy weight messages are dependent on a range of factors i.e. age, gender, type of activity. Therefore the key is to make changes to our wider community which means influencing our employers, retailers, food manufacturers, education sector, government departments, whānau and iwi, to provide environments which support healthy eating and activity in a daily lives.

What has been shown to work?

- Healthy weight gain in pregnancy supports healthy birth weights for babies.
- Introduction of appropriate ‘first foods’ develops healthy eating behaviours and supports life time healthy eating Healthy first foods – Breastfeeding strong evidence in supporting healthy weights for both mother and baby. Toddlers who eat healthy food and appropriate portions develop healthy eating habits over their lifetime.
- School based programmes which support healthy eating and activity - School aged children who are physically active and eat a healthy diet continue to be active and maintain healthy weights.
- Children influencing the health behaviours of whānau and community - the best example in New Zealand are the outcomes of Waikato’s Project Energise and safety belts.
- Making the healthy choice the easy choice is effective in changing behaviours. Where children only have water they drink water i.e. water only events and schools
- The benefits of healthy eating and physical activity are far reaching including positively impacting on oral health, mental health and injury prevention and reducing chronic diseases

¹ HB DHB Equity Report. <http://www.ourhealthhb.nz/assets/Strategy-Documents/13676-HealthEquity-Report-PRINTlr.pdf>

Context

The greatest health benefit comes from prevention and early intervention so a focus on the childhood years provides the most resiliency across the lifespan.

There are a number of contextual plans, documents and strategies which inform this plan.

International

The World Health Organisation's "Ending Childhood Obesity Report"², developed comprehensive recommendations to address childhood obesity. It calls for governments to take leadership and for all stakeholders to recognise their moral responsibility in acting on behalf of the child to reduce the risk of obesity.

National

Since the retraction of the Healthy Eating Healthy Action Strategy in 2009, there has been no overarching strategy for obesity prevention or maintaining healthy weight available to support DHB planning. In 2015 the Ministry of Health released the "Childhood Obesity Plan"³ which includes broad population approaches, increased support and targeted initiatives. This will be implemented at a local level via DHB's, schools, sports trusts and community organisations. The six action areas identified are:

1. Increasing awareness and making healthy choices easier i.e. health star rating
2. Supporting healthy weight gain in pregnancy and childhood
3. Reducing the risk of progression to obesity in adulthood
4. Slowing the progression of obesity related complications, such as diabetes and heart disease
5. Maximizing the effectiveness and efficiency of obesity treatment
6. Monitoring trends in obesity and its complications and evaluating prevention intervention programmes

Local

Locally we have plans and organisations supporting healthy eating lifestyles and delivering activities. They include active transport plans which promote walking and cycling, and community-led healthy lifestyle programmes, such as, Iron Māori and Patu Aotearoa, and community gardens including those based in schools and marae. The HBDHB supports a range of these initiatives via funding, resources and expertise. Healthy eating practices have also been implemented in, workplaces such as the HBDHB, schools with sugar free drinks policies and events promoting healthy food. These plans and activities help make the healthy choice easier, however Hawke's Bay rates of obesity are increasing. Further action is needed including building on the effective programmes/ activities currently delivered, extending the environmental influences, having a greater focus on nutrition, increasing the leadership supporting healthy eating and coordinating activity strategically.

To support strategic coordination and alignment across these contexts, a HB Obesity Prevention Strategy (Appendix A) using a lifespan approach was adopted in 2015. This Plan has been developed to respond to the childhood part of the lifespan. The Plan outlines the evidence, stakeholder and community views, alignment and framework used to achieve the goal of "improving healthy eating and activity for children in Hawke's Bay".

² World Health Organization 2016 "Ending Childhood Obesity" <http://www.who.int/end-childhood-obesity/en/>

³ Ministry of Health, New Zealand, "Childhood Obesity Plan" <http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan>

Evidence

Obesity is an equity issue, with 25% of Pasifika and 19% of Māori children being obese at 4 years compared to 12% for other ethnicities, inequity starts early. (HB Data)

Current data

Obesity is the second leading risk factor to health in New Zealand (after tobacco-use). It is linked to a range of diseases with high health and non-health costs. One third of New Zealand's population is obese

compared to an average OECD obesity rate of 17%; in fact only three OECD countries rate higher (United States, Mexico and Hungary) and our closest neighbour Australia, has a 25% rate⁴.

Obesity is unfairly distributed in New Zealand with rates for Māori children twice and Pasifika three times the total populations rate, and children living in our most deprived areas are more likely to be obese than those living in our least deprived areas (one and a half times and three times respectively)⁵. This inequity profile is reflected in Hawke's Bay with 19% of Māori and 25% of Pasifika children aged 2 – 14 years are obese compared to 12% for non-Māori⁶. B4 School Check data also shows total four year old obesity prevalence is 4.2%, while Māori rates are 6% and Pasifika nearly 14%, and 6% of four year olds in quintile 5 were obese compared to 1.8% for quintile 1.

Obesity impacts

At a societal level there is also an impact for our health system, it has been estimated that medical costs attributed to excess weight and obesity in 2006, were NZ\$686 million⁷. There are other costs including infrastructure costs required by organisations to adjust for obese clients and staff. The impact of obesity goes beyond poor health outcomes, reduced quality of life and reduced life expectancy, the New Zealand Institute of Economic Research report identified obesity impacted on a wide range of areas including lower wages, increased sick leave, lower school education achievement, poorer mental health and barriers to public infrastructure i.e. plane seat being too small⁸. These impacts effect whānau and the community economically and socially.

Addressing childhood obesity

Addressing childhood obesity is particularly important as overweight children are more likely to develop adult obesity that continues throughout their lifetime⁹ because pre-conditions for obesity are set very early in life¹⁰. The familial influence is the biggest influence on dietary intake and level of physical activity for children, therefore any approach needs to be cognisant with whānau

⁴ OECD. (2013). "Overweight and obesity", in OECD Factbook 2013: Economic, Environmental and Social Statistics, OECD Publishing.

⁵ Ministry of Health. (2015). *Tatau Kahukura: Maori Health Chart Book 2015*. (3rd edition). Wellington: Ministry of Health

⁶ Ministry of Health. (2015). *Annual update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health.

⁷ La A, et al. (2012). Health care and lost productivity costs of overweight and obesity in New Zealand. *Aut NZ J Public Health* 2012;36(6):550-6.

⁸ New Zealand of Economic Research, The Wider Economic and Social Cost of Obesity, January 2015

⁹ Sundborn, G., Mwerriman, T.R., Thornley, S., Metcalf, P., Jackson, R. (2014). An 'End-Game' for sugar sweetened beverages? *Pacific Health Dialog*. Vol 20 (1).

¹⁰ Morton, S.M.B., Maternal nutrition and fetal growth and development, in *Developmental Origins of Health and Disease*, P.D. Gluckman, Hanson, M.A., Editor. 2006, Cambridge University Press: Cambridge. P. 98-130.

acceptance and involvement. Furthermore, education provides a logical setting for approaches to enable healthy eating and activity environments for children.

Children spend approximately one third of their waking hours during the school term in a structured school environment that has close links with whānau. Evidence shows that early intervention programmes delivered in this setting are particularly effective because behaviour change is reinforced across the wider school and home environment. The food environment has changed over time, access to fast foods and sugary drinks has increased, while the availability of fresh foods has decreased. Exposing children to food marketing on the journey to and from school, at school and during screen time impacts on whānau ability to make healthy food choices.

The food environment forms part of the largest and most significant impact on increases in obesity - the “obesogenic environment”. This is the complex influences in the environment which influence our lifestyle and eating behavior. There is strong evidence to show that advertising high calorie low nutrition food to children increase consumption by children. Auckland University conducted a review of supermarkets in 2015 to assess their food content. 60% of food did not meet Ministry of Health Healthy Eating Guidelines¹¹ (low in sugar, salt and fat). If our main food source i.e. the supermarket, has mostly unhealthy food it is likely you will be eating unhealthy food.

Healthy public policy is one of society’s most powerful mechanisms for environmental change. Parallels for obesity prevention efforts can be drawn to tobacco control. For example, limiting marketing on television, creating smokefree spaces and increasing taxes on tobacco products, changed the environment, influenced people’s decisions, and consequently smoking rates dropped. Sustained advocacy for similar interventions could provide the catalyst for change in the obesity epidemic¹².

There is evidence that brief interventions can support at least short-term improvements in behavioral change and body weight if they combine: both physical activity and nutrition components, are delivered by appropriately trained practitioners, encourage self-monitoring, foster support networks, and are flexible enough to respond to individual circumstances¹³.

The health sector needs to develop and deliver evidence based information and education campaigns to raise awareness of the health problems related to poor nutrition, overweight and obesity in a format that is appropriate for the groups and settings most vulnerable. This can only be achieved through appropriate and meaningful engagement with priority groups and settings group engage with to determine the current levels of health literacy and appropriate way to communicate key messages. Only a well-informed consumer is able to make rational decision.

¹¹ Ministry of Health, “Healthy Eating Guidelines”

¹² <http://www.hsph.harvard.edu/obesity-prevention-source/policy-and-environmental-change/>

¹³ Cavill N et al. Brief interventions for weight management. Oxford: National Obesity Observatory, 2011.

Stakeholder and Community Input

Engagement with community, whānau and settings children engage with is vital

To gain further local knowledge and engagement we sought input from stakeholders and community to help us understand the issues from their perspective and how they feel these issues can best be addressed.

Overall this input aligned with the evidence and reinforced the need to continue to engage whānau in development and delivery, use consistent messages, build on existing effective programmes and support settings children engage in to provide healthy eating environments. We have noted that physical activity is supported in a wide range of ways including schools, sports clubs, dance groups, community facilities and out of school programmes, but there needs to be more support for healthy eating. (Appendix B notes the source documents for the summaries below)

The **Maternal Nutrition programme** has ensured feedback and consultation occurs throughout development and delivery. Providing an opportunity for participants to inform the programme's development. Key themes identified were:

- A supportive and trusting relationship between advisors (program supports) and participants is a key facilitator of programme success. This relationship is about the needs and priorities of participants being listened to and embedded within a plan that will work for their lifestyle.
- Program design needs to reflect a wellbeing approach by promoting a holistic view that is about participants investing in their own health and the things (food, exercise, etc.) that will benefit their wellbeing. This decentralises nutrition and exercise, and prioritises the women and their babies in a way that is well placed to ensure the sustainability of any changes women make.
- The majority of responses indicated significant flow-on effects to the whānau with respect to increased physical activity and healthy dietary changes.

Stocktake of healthy eating and activity initiatives offered to Hawke's Bay primary schools, used consultation to provide, an overview of healthy eating and activity initiatives offered and explored the views of stakeholders. Key theme identified were:

- Healthy eating and beverage policies must be better understood by their users and consistently implemented across settings
- All food and beverages provided in schools must meet New Zealand Food Nutrition Guidelines
- Access to sugary food and beverages and high fat, processed foods on the journey to/from school and within the environment undermines school healthy eating ethos
- Food security is a contributing factor
- Sustainable healthy eating behaviour change is transferrable across the wider school community and the home environment
- Whānau should feel empowered to participate in programme development, activities and desired outcomes
- A school-based physical activity programme that encourages whānau participation is needed for **all** children
- Programme components must have the capacity to be tailored to local needs

Consumer Council input comes from a workshop session with Council representatives in January 2016. Identified key enablers for change:

- Using belief structures, key groups/stakeholders including Government
- Strengthening connections
- Culturally appropriate modes

Initiatives, approaches and key messages identified:

- Well-being literacy, coordinated pathways
- Using points of influence i.e. pregnancy, parenting, education curriculum
- Promoting incidental exercise, hooks to engage
- Doing our best for our children, translate healthy into everyday life
- Work with whānau and make the healthy choice the easy choice

The overall view was to work at a range of levels from individuals to whānau, settings, communities and politically to create the greatest gains.

Maori Relationship Board Feedback

During 2015 support was given for the Strategy i.e. “the strategy is a very comprehensive plan that exhibits a number of activities” and “supportive of the current strategy in term of its focus”. There were further recommendations including engaging whānau, HBDHB showing leadership, engaging with the community, speaking to the right people and work more closely with Maori. These have been picked up in the development of this Plan. Further feedback was sought to develop this Plan in March 2016 and members provided to following direction (meeting minutes March 2016).

- We need an equity lens on this strategy, how are we watching for any unintended consequences.
- The strategy is a starting point but there is a need to have teenage youth involved who are our future parents and leaders, nutrition advice to Maori homes and communities needs to be included.
- Investigate the cultural aspect of food because part of ‘Manaaki’ (a Māori custom) is to feed the people.
- It would have been useful to see the local information, the geographical spread and if we are improving or not. It would also be valuable to see where we align with other DHB initiatives, what they are doing and how do we measure against them.
- This is not just a DHB issue it is a community issue so we need to involve hapū and iwi.
- The issue is that sugary and takeaway foods are more affordable so obesity ties into the living wage discussion. Addiction ties into obesity.
- We need to stop siloing the issues that are bad; addiction, sexual health, oral health, obesity, smokefree, and suicide etc. It’s about employing the whānau into good lifestyles. When we change the whānau environment we change the way they look at themselves and opt for good decisions as a by-product.

Overall the stakeholder and community input reinforced the evidence, with following overarching themes:

- Focus needs to be wider than the individual and include whānau and the environmental influences.
- Equity issues need to be addressed.
- Community and whānau engagement in programme design and delivery is critical in achieving sustainable outcomes.
- Build on existing effective initiatives to gain the benefit of existing networks, skill and community linkages.

Alignment

Leadership is critical and all stakeholders needs to use their influence

sector, government bodies and community organisations, to deliver the complex and multi-factorial solutions required for obesity reductions. Recognizing and acting on obesity is crucial – particularly in childhood so we can slow progression of a greater burden of disease.

Hawke's Bay DHB is well placed to lead healthy eating. To lead we need to engage across a wide range of stakeholders including private

To be responsive to whānau and our communities healthy eating will be incorporated with wider healthy lifestyle programmes and be supported in an environment which makes the healthy choice the easy choice. The Plan works with providers who have existing whānau relationships, uses settings which influence wider community and whānau, and aligns with national resources, programmes and messages.

The Obesity Prevention Strategy (Appendix A) provides a lifespan approach to support coordination and alignment, for services, messages, initiatives and monitoring. The table below uses the Strategy age groups and this Plans key outcome areas to show where this coordination and alignment occurs for health services supporting child healthy weights.

Strategy Groups	Environment	Prevention	Intervention	Leadership
0-4 years	Advocacy to change marketing practices Policy support for ECEs-MoH Licensing Criteria	Resources to support breastfeeding, first foods – maternity services, Well Child/Tamariki Ora Early engagement with LMC and oral health services Messages- media community	Workforce development/screening tools/resources- midwives, Well Child/Tamariki Ora, and B4 School Check. Clinical pathway- pediatric dietetic services	Breastfeeding Strategy National Obesity Plan Primary care- general practice and LMCs NCTD Well Child/Tamariki Ora network Maori Health Plan TAW targets
5-12	Policy support for schools Advocacy-Health Promoting Schools programme	Consistent messaging –Health Promoting Schools, nutrition programmes, Fruit in School, PHNs	Supporting whānau based programmes- Sport HB, Iron Maori, community providers General practice Secondary services	MoE, principals, school boards National Obesity Plan
13-18	Policy support for schools- MoE	Food literacy workforce development- PHNs, teachers, community workers	School clinics General practice	HB Youth Health Strategy National Obesity Plan

Plan Framework

As outlined earlier, this Plan was informed by:

- Evidence, which clearly shows nutrition is the key in healthy weight, change needs to be lifestyle and must have a whānau and community approach and best outcomes are achieved when focusing on early intervention and early years.
- Stakeholder and consumer input, supports the evidence with issues such as food literacy, environmental and economic influences being and, whānau engagement and a cross sector approach all being required to support lifestyle changes.
- Our local Strategy provides a structure to align the wide range of national and local activity needed for sustainable change.

Goal: Improving healthy eating and active lives for children in Hawke's Bay

Guiding values

- Reducing health inequity in our Hawke's Bay communities, use an equity lens to review and deliver this plan
- Improving Māori health outcomes
- Engaging the Pasifika communities
- Enable cross sector leadership
- Approaches and activities support and engage whānau and communities
- A sustainable population health approach

As illustrated by the values, this Plan has a strong commitment to reducing the social and health inequities associated with poor nutrition and weight gain.

Objectives

Objective	Description
1. Increase healthy eating environments	Addressing the environment by increasing healthy food choices in settings that children engage with including education, marae, events and communities. Also advocating for changes in marketing, retail and councils.
2. Develop and deliver prevention programmes – via food literacy, maternal nutrition, physical activity and implementing policy	Implementing programmes which support healthy eating and physical activity for pregnant women, support breastfeeding, encourage healthy first foods, support whānau with healthy lifestyle changes and school programmes which reinforces healthy eating messages and engage whānau are shown to prevent the health risks associated with weight gain by maintaining healthy weight.
3. Intervention – support people to have healthy weight	Screening programmes identify weight issues early and address weight gain via education, increases food literacy and whānau programmes. Screening during pregnancy, and under five confer the greatest benefits over a lifetime.
4. Provide leadership in healthy eating	A population wide improvement in healthy eating requires a cross sector approach, the HBDHB is ideally placed to provide leadership and support key stakeholders in promoting healthy food environments, prevention programmes and early intervention.

Objectives, Indicators and Actions

Objective 1: Increase healthy eating environments

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

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

What the data shows

There is limited data for the region, monitoring this objects will require the collection of baseline data for each indicator using the schools data in HealthScape and surveying other settings.

Activity to deliver objective one			
	What	How	When
Current activity	<ul style="list-style-type: none"> Work with setting to increase healthy eating including education, school, workplaces, events, Pasifika churches, marae Support national messaging Advocate for changes in marketing and council planning 	<ul style="list-style-type: none"> Healthy eating policies in 5 ECE centres, key events increase healthy food choices, 4 Pasifika churches have a healthy eating approaches and guidelines for marae of reviewed with NKI Inc. Communication plan implemented for national messages Submissions made 	July 2017
New actions	<ul style="list-style-type: none"> Support education settings to implement healthy eating- early childhood, primary schools secondary schools, including establishing a base measure for monitoring Engage cross sector groups to gain support and influence to increase healthy eating environments Investigate food security for children and their whānau identifying issue for Hawke's Bay 	<ul style="list-style-type: none"> 50% increase in schools with water only policy annually Deprivation 9/10 communities have a whānau co-designed programme delivered in primary schools, - trialled 2016, 5 new schools annually Establish a group to influences changes in the environment across HB. Partner with Auckland University to establish a baseline for the HB food environment and monitor annually 	Reported annually to 2020
Key partners	Ministry of Education, School Boards, Principals, School communities (including whānau), Iwi, Employers, Councils, Event organisers		

Objective 2: Develop and deliver prevention programmes**Indicator 2a: Rates of breastfeeding at 6 weeks increase****Indicator 2b: Number of healthy weight children at 4 years remain stable or improves****What the data shows**

- Child fully or exclusively breastfeeding at 6 weeks rates as 68% for total population, 58% Māori and 74% Pasifika (December 2015 Ministry of Health)
- 76.5% of Hawke's Bay four year olds are healthy weight, 65.2% Māori and 66.9% Pasifika (2014 Before School Check data, Health Hawke's Bay)

Actions and Stakeholders			
	What	How	When
Current activity	<ul style="list-style-type: none"> • Implementing Maternal Nutrition Programme activities- breastfeeding support, healthy first foods • Supporting settings to implement healthy eating programmes/policies • Supporting health promoting schools 	<ul style="list-style-type: none"> • Breastfeeding support resources provided via Hauora • All Well Child/ Tamariki Ora providers trained in Healthy First Foods • All schools, ECE, Well Child/ Tamariki Ora Providers with health eating policies are provided with information resources and advice • Health Promoting Schools healthy promoters are up-skilled to implement healthy eating approaches 	July 2017
Next actions	<ul style="list-style-type: none"> • Extend the Maternal Nutrition programme developing programmes in ECE and resources to support B4 School Check providers • Supporting healthy pregnancies, via education and activity opportunities • Support the development of whānau programme (building on existing successful programme) • Develop food literacy resources and deliver across a range of programme and settings • Support healthy eating programmes and approaches in schools 	<ul style="list-style-type: none"> • Deliver training to LMCs, Well Child Providers and B4 School Check nurses to increase skills to promote healthy eating- Healthy Conversation, Healthy First Foods, B4 School Check resources • Contract and support local provider/s to deliver the Maternal healthy eating a activity programme • Contact and support local provider/s to deliver whānau based programmes i.e. Active Families • Deliver key messages for whānau with 2 – 3 year olds • Develop food literacy resources for B4 School Check provider, promote Healthy First Food and heart foundation school resources. • Support the co-designed programme for deprivation 9/10 communities 	Reported annually until 2020
Key partners	Hauora providers, Early childhood education providers, schools, principals, Boards, Ministry of education, workplaces, Iwi, Councils, LMCs, Maternity Services, Heart Foundation, Sport HB, Iron Maori		

Objective 3: Intervention to support children to have healthy weight

Indicator 3a: Increase referral to programmes which support healthy lifestyles and whānau engagement for 4 year olds with a BMI over 21

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

What the data shows

- 55 HB children were identified with BMI over 21, of these, 47 were referred to interventions including Pre-school Active Families and the remaining 8 were given advice. Of the referrals 55% were Māori, 29% other and 19% Pasifika. (2015 B4 School Check Clinical Data- Health HB)
- 57 participants attended breastfeeding support training, 23 Well Child staff attended First Foods Trainer Workshops and 83 health professionals attended Gestational Diabetes updates (2015 HBDHB Maternal Nutrition Report to MoH)

Activities and Stakeholders			
	What	How	When
Current activity	<ul style="list-style-type: none"> • Screening including gestational diabetes, Well Child/Tamariki Ora and B4 School Checks • Whānau activity based programmes for under 5's • Paediatric dietetic referrals 	<ul style="list-style-type: none"> • Monitor the screening and responding referrals • Fund Active Families Under Five and monitor implementation. Investigate extending to further providers. • Monitor referrals and outcomes 	<p>July 2017</p> <p>Maori Health Targets - 6 monthly to the Board</p>
New actions	<ul style="list-style-type: none"> • Support screening in maternal programme, Well Child/ Tamariki Ora and B4 School Checks • Provide whānau based programmes to support lifestyle changes which support healthy weight i.e. Active Families • Support referrals to programmes via a range of pathways. • Develop a clinical pathway from well child /primary care to secondary services • Support child health workforce, to deliver healthy conversations 	<ul style="list-style-type: none"> • Support training for health profession completing screening an annual opportunity maternal, Well Child/ Tamariki Ora and B4 School Checks • Contract community providers to take referrals for whānau with an overweight child (3-12 years) • Clinical pathway developed with key stakeholders- whānau, parents, children and health professionals. • Healthy Conversation training delivered. 	<p>Annually until 2020</p>
Key partners	Well Child/Tamariki Ora, Primary care, GPs, LMCs, Strategic Services, Oral Health Services, Paediatric Services, LMC's, Maternity Services.		

Objective 4: Provide leadership in healthy eating

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

Indicator 4b: Engage support from key partners

What the data shows

Hawke's Bay District Health Board policy is compliant with MoH requirements Dec 2015. Obesity responses have been workshoped with cross sector leaders and presented at the Intersectorial Forum in 2015.

Activities and Stakeholders			
	What	How	When
Current activity	<ul style="list-style-type: none"> Share information, evidence and best practise and healthy weight data with key community partners Show leadership by establish the HBDHB healthy eating policy and implementing the Healthy @ Work workplan 	<ul style="list-style-type: none"> Regular updates provided via Maternal, Well Child/ Tamariki Ora and B4 School Check forums. Regular meetings with community providers Review and monitor the HB DHB Health Eating Policy and support the implementation of the Health @ Work work plan 	July 2017
New actions	<ul style="list-style-type: none"> Lead an equity focus by applying an equity lens to review this plan and delivered activity Align DHB Healthy Eating policy with national food and beverage guidelines for DHBs Developing a process for a cross sector approach to support healthy eating environments in Hawke's Influence key service delivery stakeholders to maintain best practise and consistent messaging for healthy eating Continue engagement with community particularly key influencers for Maori and Pasifika i.e. marae and church leaders 	<ul style="list-style-type: none"> Equity report written and finding used to refine this plan to improve response to equity Reviewed policy reflects the guidelines Framework/ process implemented for cross sector approach and inter-agency activity reported Hauora, general practise, LMC's, contracted community providers provide national messages consistently to whānau, community and their workplace Key activities with NKI Inc. including Waitangi Day celebrations and policy/ guidance document development and engagement with Pasifika church leaders 	Ongoing until 2020
Key partners	Iwi leaders, NKI Inc. staff, community leaders, governments department leaders, local authorities leaders, non-government organisations leader, private sector leaders, Pasifika community leaders, Ministry of Health		

Monitoring process

It is proposed that implementation of this Plan will be informally monitored via the Population Health Advisors Team and formally monitor via reporting on the HBDHB Annual Plan and to governance committees via key target measures and an annual report on activities.

There are also a number of aligned monitoring and reporting pathways for healthy weight:

- Nationals targets- including B4 School Check, breastfeeding rates (quarterly reporting)
- Population Health Core Plan six month and annual reporting
- Reporting on alignment with national guidelines for DHB Healthy Eating policy
- HB DHB Māori Health Target- healthy weights at 4 years
- Maternal Nutrition Programme outcomes frame work (evaluations) reporting to MoH 6 monthly
- Schools Programme outcomes (evaluation), Population Health Plan
- Health Promoting Schools reporting framework

Data limitations:

- Data for over 5s is limited and not consistent
- Engaging with schools data is yet to be explored
- There is no baseline data for the healthy eating environment including food security
- There are time lags in data from the Ministry of Health so impact of current activity cannot be show for 12 month for breastfeeding and B4 School Checks

Delivery mechanism

The annual plans detail the activities, outcome measures and who is responsible for activities being achieved. We deliver these activities with community partners i.e. Well Child/Tamariki Ora providers. Each of the activities is included in annual planning for HBDHB, particularly in the Population Health Service Annual Plan where the (Appendix C):

- advocating for healthy eating environment and policy is part of the health promotion section
- develop and delivery of whānau based programmes is included in the maternal nutrition and health promotion sections
- support tools and workforce development for screening and referrals for interventions appear in the maternal nutrition section and health promotion sections
- information sharing and policy leadership is in the health promotion section
- consistent messaging and alignment national messages is in the health promotion sections
- developing a cross sector model is in the health promotion section

While we, HBDHB, have a leadership role we need to partner with local government, schools, workplaces, community providers and Ngāti Kahungunu Iwi Incorporated to support healthy eating environments. As such delivery detail will be outlined in these organisations plans and contracts.

Finally timing of deliver is dependent on funding sources, as they become available new action can be initiated. For example the HB DHB are will negotiate with MoH in 2017 for funding associated with the National Childhood Obesity Plan, Population Health has secured another year of Maternal Nutrition funding from the MoH and are completing a business case for EMT to funding a school aged programme.

Appendices

Appendix A: Obesity Prevention Strategy

Summary document previously presented to HBDHB Board


Appendix B: Stakeholder Feedback

Full report are available on request for:

- Schools Stocktake Feedback
- Maternal Nutrition and Active Families Evaluation (client and stakeholder feedback)
- Minutes from Consumer Council workshop
- Maori Relationship Board meeting minutes (June 2015, September 2015 and March 2016)

Appendix C: Population Health Annual Plan

Available on request and has been presented to the HBDHB Board as part of the Annual Plan approval process.

	Transform & Sustain Refresh (draft)
	For the attention of: Clinical Council, Consumer Council and Maori Relationship Board (MRB)
Document Owner:	Tim Evans
Reviewed by:	Executive Management Team
Month:	April, 2016
Consideration:	For Information and decision.

RECOMMENDATION

That Clinical, Consumer Council and MRB:

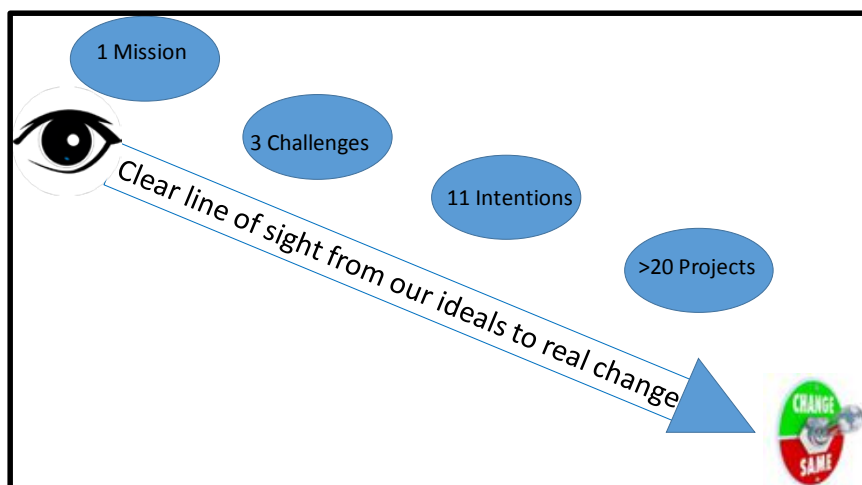
- Note the reasoning and process thus far in refreshing the implementation programme underpinning the Strategy
- Agree the proposed approach and timetable for widening the discussion and project design.

OVERVIEW

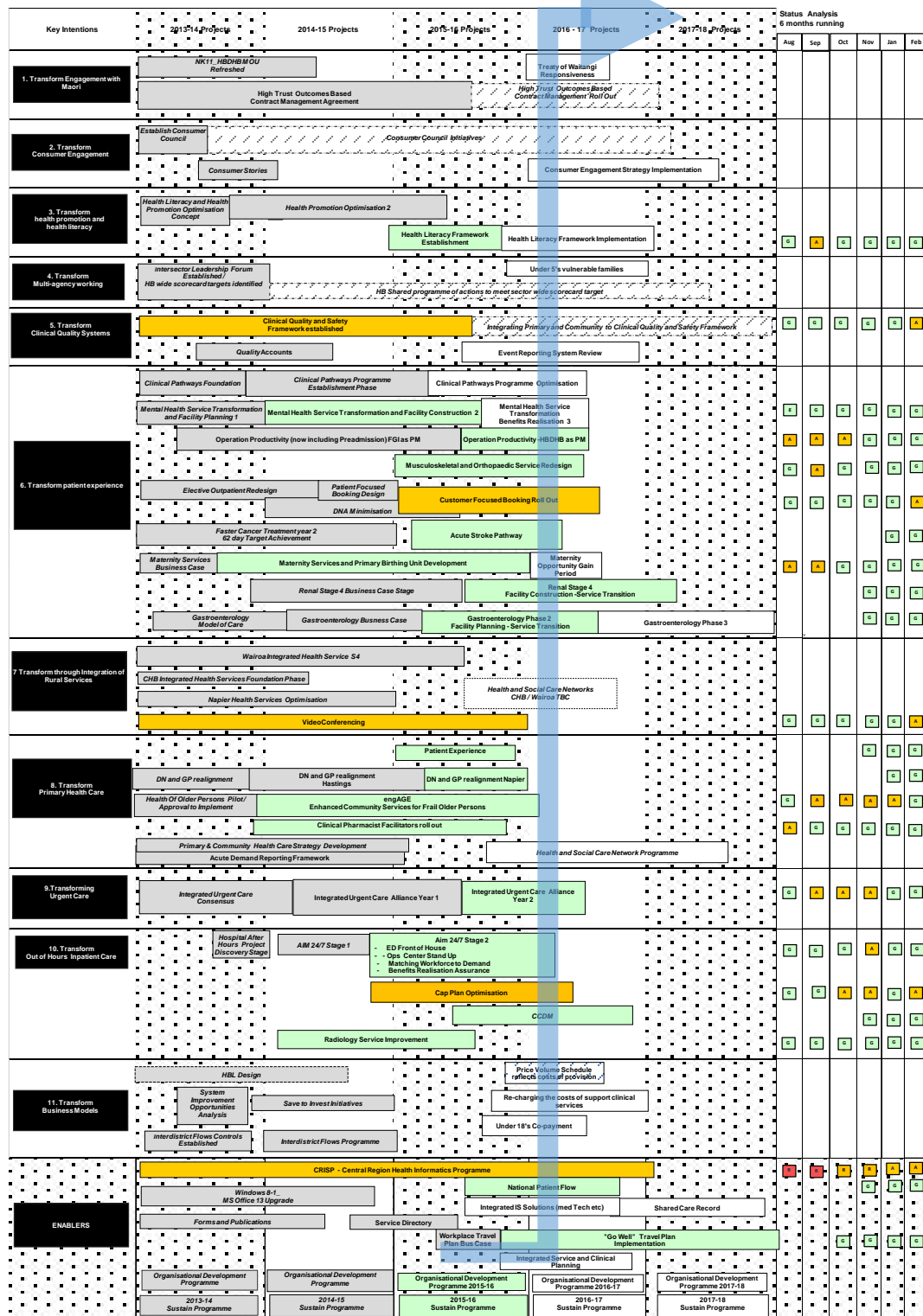
The Transform & Sustain Strategy, a 5 year strategy published in December 2013, is now half way through its planning horizon. The Strategy is not therefore due for replacement, but the underpinning programme projects which achieve the intentions of the Strategy are due a refresh. This paper updates the District Health Board on out how that refresh has begun, and seeks agreement to the proposed milestone timetable to complete.

BACKGROUND

The Transform and Sustain Strategy was designed to ensure that we moved from a clear statement our strategic mission in a clear and direct line to projects which make real change happen:



In developing the Strategy we agreed that it would be “emergent”. That is to say that the high level Mission and Challenges would not change, (at least in our 5 year timescale), but the translation into action through intentions and projects would need to be adaptive. While there has been a healthy programme of live projects with over 20 live in the programme at any given time over the past two and a half years, we have a diminishing number of projects planned in future years:



The aim of the refresh is therefore to:

- check if we have been achieving the outcomes set out in Transform & Sustain;
- to generate new Projects and (if necessary) Intentions to progress those outcomes;
- to engage stakeholders in the refresh and new project specification

PROCESS TO DATE

The Project management Office made a list of all of the 24 “outcome” descriptions given in the Transform & Sustain document. Executive Management Team scored these for achievement to date separately and individually.

In a Team day on 15 November 2015 the aggregated and individual scores were played back in to an EMT. These were discussed and moderated to get an EMT consensus idea of where we were not yet achieving desired outcomes.

In the afternoon of that team day the Health Services Leadership made their assessment in syndicate groups of the 8 areas of best progress and 8 areas of least progress. This was then played back and compared against the EMT aggregate scoring. The degree of match remarkable. There was then some generation of ideas to progress in the areas that we need to improve.

The agreed areas for further work were distilled from the November workshop and presented to EMT on 1 March. EMT amended these further to arrive at 6 agreed areas for future focus:

- ⇒ Person and Whanau Centred Care (people as equal partners in their healthcare)
- ⇒ Health and Social Care Networks (creating strong primary and community care clusters)
- ⇒ Whole of Public Sector delivery (delivering effectively with public sector partners)
- ⇒ Information System connectivity (and improved outpatient process)
- ⇒ Financial Flows and models (incentivising and funding the right behaviours)
- ⇒ Investing in Staff and changing culture (equipping our staff for a changing world)

The need to address health inequity was a repeated theme to be woven into all of these focus areas. The team day then concentrated on identifying what work streams and projects we have in progress, or about to begin to deliver benefit in these focus areas.

The Executive Team members finally generated proposed new projects and work streams to deliver outcomes in the 6 focus areas.

It was generally agreed that each of the focus areas and consequent work would fit comfortably into our current framework of 11 intentions.

FUTURE DEVELOPMENT

The work thus far has been generated by the DHB and Health Services executive leadership. That does involve a lot of clinical input, managerial expertise, health sector, and some cultural perspective, but lacks consumer, wider sector, and broader cultural input. These areas of focus need to be discussed with and endorsed and/or amended by wider stakeholder groups.

We also need to brain storm our whole community of interest to generate ideas, work streams and projects to progress in the future focus areas (if indeed they are endorsed or more if added).

Finally we need to find ways to engage widely in co-designing the precise nature of our future crop of projects so they deliver the right change effectively and efficiently.

A draft timetable follows:

Key Steps	Proposed Timeframes
1. Pre-discussion re how we optimally use the Leadership Meeting scheduled for the 17 th May 2016. <ul style="list-style-type: none"> Graeme Norton; Chris McKenna; Kevin Atkinson; Mark Peterson; Ken Foote 	March / April
2. Run sessions to discuss "have we got it right / what have we missed", information sharing etc. <ul style="list-style-type: none"> Finance Quality and Safety IS and Business Intelligence Human Resources Strategic Services and Planning HS Leadership and Service Directorships T&S Union Engagement Forum Clinical Council and Primary Care (possibly CAG) 	April and early May
3. Run various workshops to ask "What would we be doing (how would we be working) with your people if we are doing it right? (Vulnerable Families; Co-Design and Engagement etc.) <ul style="list-style-type: none"> Consumer Council MRB Leadership Forum 	Early to mid-May April to mid-May 17 May 2016
4. Final Presentation Process <ul style="list-style-type: none"> EMT Clinical Council Consumer Council DHB Board (FRAC)/ PHO Board 	31 May 8 June 9 June 29 June/tba
5. Business As Usual protocol for project co-design documented and agreed	30 June

