Māori Relationship Board Meeting

Date:	**Wednesday, 9 March 2016**
Meeting:	**9.00am to 12.00pm**
Venue:	**Te Waiora Meeting Room, District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings.**

Board Members:

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

Apologies:

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)
Member 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.

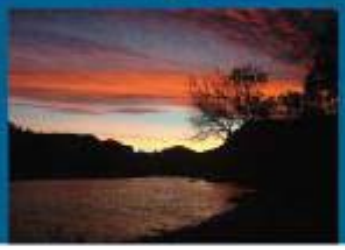
Our values

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.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Chair's Report	
8.	General Manager Māori Health Report	
9.	2016-17 MRB Workplan Draft	
	Section 2: Presentations	**9.20am**
10.	Te Matatini – Ngāti Kahungunu 2017 Presentation (NKII)	20-mins
11.	Obesity Prevention Strategy Presentation (Shari Tidswell)	20-mins
	Section 3: Strategic/Service Development	**10.00am**
12.	Draft Annual Plan and Statement of Intent (Carina Burgess)	30-mins
13.	Youth Health Strategy 2016-19 Consultation (Nicky Skerman)	30-mins
14.	Davanti Information System Review Presentation (Tim Evans)	30-mins
	Section 4: For Information Only (feedback via email)	**11.30am**
15.	Annual Māori Health Plan Quarter 2 Dashboard	
16.	Te Ara Whakawaiora: Breastfeeding Report	
	Section 5: General Business	**11.30am**
	Section 6: Recommendation to Exclude the Public	**11.40am**
17.	Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

Item	Section 7: Agenda	
18.	Māori Health Service Review Presentation (Tracee Te Huia)	

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

Māori Relationship Board Interest Register - 22 December 2015

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
Helen Francis	Active	Alzheimer's Napier previously a Committee member Patron and Lifetime Member	Alzheimer's Society holds a contract with the HBDHB to provide dementia specific daycare and community services.	Will not take part in any decisions or discussion in relation to HBDHB contract with Alzheimer's Society	The Chair	08.06.10 21.06.14
	Active	Employee of Hastings Health Centre	Actual Conflict of Interest. Pecuniary Interest.	Will not take part in any decisions or discussions in relation to Hastings Health Centre.	The Chair	18.02.09
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropirate mitigation action is decided on.	The Chair	20.08.14
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropirate mitigation action is decided on.	The Chair	16.01.14
	Active	Son, Chris Kirton, GP in Wairoa employed by HBDHB	Non-pecuniary interest: Will not take part in discussions around employment of GP's in Wairoa	All employment matters are the responsibility of the CEO.	The Chair	26.02.14
	Active	Daughter-in-law, Eve Fifield, Paediatric Registrar with HBDHB	Non-pecuniary interest: Will not take part in discussions regarding paediatric registrars	All employment matters are the responsibility of the CEO.	The Chair	26.02.14
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.14
Denise Eaglesome	Active	Deputy Mayor of Wairoa District Council	Advocate as Deputy Mayor for Wairoa District, whereas HBDHB covers whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	28.02.11
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	05.03.14
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust	The Trust has a lifestyle Contract with HBDHB Awarded Green Prescription Contract	Will not take part in any discussions or decisions relating to the Contract.	The Chair	04.02.14 25.03.15
Tatiana Cowan-Greenir	Active	Husband, Parris Greening, Service Manager of Te Kupenga Hauora (TKH)	Contracted health provider of HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14

Maori Relationship Board 9 March 2016 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	19.03.14
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Director of Hei Nursing	Actual Conflict of Interest. Pecuniary Interest.	Will not take part in any discussions relating to Hei Nursing	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust	Maori Health Focused organisation	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Trustee of Te Timatanga Ararau Trust	The Trust has a lifestyle Contract with HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Chair of Te Whare Whanau Purotu Women's Refuge		No conflict	The Chair	22.12.15
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairawhiti DHB Maori Relationship Board		No conflict	The Chair	19.03.14
	Active	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Manager, Taruna College		No conflict	The Chair	15.04.15
	Active	Assistant Director Governor, Rotary District 9930		No conflict	The Chair	15.04.15
	Active	Member of the Lotteries Board		No conflict	The Chair	15.04.15
Des Ratima	Active	Chair Takitumu Maori District Council	Maori Community Development Act 192	No conflict	The Chair	Dec 13
	Active	Chair Ahuriri District Heatlh Trust	Maori health post settlement equity group	Potential Conflict if contractural arrangements in place	The Chair	Dec 13
	Active	Chair Whakatu Kohanga Reo	Early Childhood	No conflict	The Chair	Dec 13
	Active	Chair Wanautahi Charitable Trust	Community Trust	No conflict	The Chair	Dec 13
	Active	Deputy Chair Maori Wardens NZ Maori Council	Maori Community issues	No conflict	The Chair	Dec 13
	Active	Chair of the kaupapa Maori Comittee	Maori Community Issues	No conflict	The Chair	Dec 13

MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING HELD ON WEDNESDAY, 10 FEBRUARY 2016 IN TE WAIORA MEETING ROOM, DISTRICT HEALTH BOARD (DHB) ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS COMMENCING AT 9.00AM

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

Apologies: Kerri Nuku, leaving at 11.00am

In Attendance: Kevin Atkinson (Chair HBDHB Board)
Peter Dunkerley (HBDHB Board member)
Kevin Snee (CEO HBDHB)
` Tim Evans (General Manager Finance, Informatics and Planning HBDHB)
Chris McKenna (Chief Nursing Officer HBDHB)
Matiu Eru (Pouahurea Māori Health Service HBDHB)
Patrick LeGeyt (Programme Manager Māori Health Service HBDHB)
Denal Meihana (Service Manager Māori Health Service HBDHB)
Liz Stockley (CEO Health Hawke's Bay PHO/ General Manager Primary Care)
Nicola Ehau (Head of Health Services Hawke's Bay PHO)
Peter Kennedy (Finance Manager Chief Financials HBDHB)
Mary Wills (Head of Strategic Services, Chief Financial HBDHB)
Te Pare Meihana (Service Manager Wairoa Health Centre HBDHB)
Jen Margaret (Quigley & Watts)
Kate March (Quigley and Watts)

Minute Taker: Lana Bartlett (MRB Administrator Māori Health Service HBDHB)

SECTION 1: AGENDA ITEMS

1. KARAKIA

Matiu Eru, Pouahurea opened the meeting with a karakia and mihimihi.

2. WHAKAWHĀNAUNGATANGA

The Chair welcomed everyone back and hoped everyone was well rested for a very busy year ahead.

3. APOLOGIES

K Nuku will be leaving at 11.00am, apology noted. Additional apologies had been received from Tracee Te Huia (General Manager Māori Health HBDHB) and Graeme Norton (Chair Consumer Council).

4. INTERESTS REGISTER

There were no conflict of interests declared regarding today's agenda items. Members were reminded to update any conflicts of interest with the Board Administrator.

5. MINUTES OF THE MEETING IN NOVEMBER

The minutes of the MRB meeting held 11 November 2015 were confirmed as a true and correct record pending the following amendments:

- Typo in the heading 'MINUTES OF THE MĀORI RELATIONSHIP BOARD ...'.
- Add Kate Coley (Director Quality Improvement Patient Safety) to the 'In Attendance' section. Kate presented the Consumer Story and provided a brief about the Quality Accounts.

- Add Anne Heast (Coach for the Executive Management Team) to the 'In Attendance' section.
- Page 10, bullet point two about Ngā Maia. K Nuku clarified they are actually Ngā Maia Māori Midwives Aotearoa, a national body that represents Māori birthing.
- Also on page 10, item 13 Health Literacy update regarding confusion in the Steering Group. The wording caused significant concern due to the language used. Should read "differing ideas". Reword **ACTION: MRB Administrator**.

Moved: D Ratima
Seconded: N Raihania
CARRIED

6. NOTES OF THE WORKSHOP

The notes of the workshop with the Māori Providers held 11 November 2015 were noted.

7. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB meeting held 11 December 2015 were confirmed as a true and correct record.

Moved: G Mackey
Seconded: L Aitcheson
CARRIED

N Raihania restated the feedback he emailed to members on 9 February 2016 about MRB discussing a smoother consultation process for papers and initiating the following policy "A requirement is for all consultation papers presented to MRB to have their HEAT and WOHIA assessment attached for MRBs consideration. The rationale is that a number of MRB questions relate to the above processes and if these are included then that will ensure a more timely response and quicker turn around. MRB would not consider papers without these attachments. All relevant managers should be advised of this process".

The Chair advised the action about Dr Fiona Cram training on all equity tools being held this month was the outcome of this discussion 11 December 2015.

8. MATTERS ARISING – REVIEW OF ACTONS

There were no matters arising.

REVIEW OF ACTIONS

11/12/15

2. Obesity and Alcohol & Other Drugs Strategies

Population Health is leading out and developing both strategies with the input of Māori Health and others. Mental Health were involved in the development of the Alcohol and Other Drugs (AOD) Strategy.

The Obesity Strategy has been modified. MRBs viewpoints about expanding to whānau instead of just targeting children have been considered. The outcome of earlier discussions about renaming or rebranding was unknown. MRB requested confirmation about the final draft being presented to MRB and added to the MRB workplan. **ACTION**

3. "Go Well" Travel Plan Issues

Board members were referred to Appendix 1 for responses to the issues raised by MRB at the December meeting.

4. Equity and Accountability Tool

There was a discussion about Dr Fiona Cram's training as follows:

- The expectation of the training is that it will start at a senior executive and clinical level then filter down to frontline managers and charge nurses so staff know what they are doing and what is expected.
- The tools will be useful to support the Treaty of Waitangi Responsiveness Framework and Cultural Assessments.
- A process of the Funding Management Group (FMG) is that all funding applications must undertake a HEAT assessment.
- A monitoring and auditing process is now in place to look at how the tool is being applied and if processes or programmes are achieving objectives.

- WOHIA tool is specifically designed to query policy change and looks at unintended consequences.
- Following the training by Dr Fiona Cram a process will be established by the funders to be embedded into Business as Usual (BAU). Utilisation will become part of the monitoring programme for equity.
- For MRB meetings, these tools would guide presenters to focus on identifying how proposals will reduce inequalities, benefit Māori and if they will achieve objectives.

Peter Kennedy (Finance Manager Chief Financials HBDHB) and Tim Evans (General Manager Finance, Informatics and Planning HBDHB) joined the meeting at 9.18am.

Tatiana Cowan-Greening joined the meeting at 919am via teleconference.

To get a better idea of what an application looks like once a HEAT assessment has been applied, it was asked that Dr Fiona Cram either attend the next meeting to give a demonstration or provide an example of an application. **ACTION**

9. MRB CHAIR'S REPORT

The amended Chair's report for the month of November 2015 was tabled and taken as read noting the correction to the 'Introduction' section, second sentence that reads "… the HBDHB Chair asked the General Manager Māori Health."

In addition, the list of MRB recommendations to the Board from June 2014 to June 2015 was also tabled as written in the Chair's Report. The Chair provided a brief explanation of the content of his report that generated lengthy discussions regarding the following matters:

Review of Māori Bachelor of Nursing Students

Initially, there were concerns about the failure of nursing graduates at EIT. There has been quite a bit of work happen with a tangible result of 40% intake of Māori nurses. The Head of Nursing EIT is now a member of the Tūruki Steering Group and the Chief Nursing Officer (CNO) meets consistently with the Head of Nursing EIT to resolve any identified issues.

MRBs concerns were clarified as follows:

- Nursing Entry to Practice (NEtP) and the quality of the programme, the lack of jobs available for graduates on completing the NEtP programme and whether students are made aware a job is not guaranteed even if they complete the programme. There is a concern DHB is giving out false hope.
- EIT retaining the funding of nursing students who do not complete the course. T Giddens advised that in her tertiary institution if students do not complete the training, funding is claimed back by the Tertiary Education Commission. Chris McKenna (CNO) offered to discuss MRBs concerns with EIT regarding the funding for students who do not complete the course and where it goes. **ACTION**

Chris McKenna (CNO) also advised that Health Workforce New Zealand (HWFNZ) contract allows for 14 NEtP graduates per year. Out of the central regional zone, HBDHB is the only DHB that fills the contract. HBDHB has a target to recruit 35-40% Māori. In addition, HBDHB are working closely with EIT to ensure transparency about expectations for Māori students. The national recruitment database ACE is an issue. When other DHBs do not recruit it makes the competition locally a lot more intense. But we are working on our recruitment process to recruit our own. In addition, keeping Kerri Nuku and Thomas Harding (Head of Nursing EIT) informed. So there is a lot of effort being put into resolving these issues.

K Nuku agreed stating part of her role as the Kaiwhakahaere of the New Zealand Nurses Organisation (NZNO) is looking at the nursing flow and workforce both nationally and internationally. MRB has been influential putting pressure on the DHB to look at what how our ageing population is managed as well as increasing the Māori workforce, primarily Māori nursing. A report in December from the CNO demonstrated that Hawke's Bay has always been punching above its weight in comparison to other DHBs and takes on a high number of new graduates in comparison to the much larger DHBs. The CNO and GM Māori Health are working on the infrastructure issues around supporting students through EIT by developing a mentoring programme within Tūruki. There are a number of initiatives available now that weren't available two years ago. We are responding to the needs of our community however there is always room for improvement. In terms of where we are ranked nationally, we should be proud of our achievements. Patrick LeGeyt (Programme Manager Māori Health Service HBDHB) added there is also a lot of activity happening in the DHB to move to a culturally competent health system. We are on the cusp of moving towards a whānau patient centred delivery system.

The Chair stated that these issues with the Bachelor of Nursing for Māori is a perfect example of where MRB has intervened and lobbied for change. This was a difficult case with complex barriers that was not confined solely to one sector. But MRB pushed repeatedly and now we are starting to see some fruition.

Due to a sense of despair that MRB were not making a difference and viewed themselves as a rubber stamping committee, Tracee Te Huia (GM Māori Health) was asked to trace MRBs recommendations to demonstrate progress and outcomes. MRBs concerns were more around the inadequate time allocated to discuss agenda items, measure recommendations and the lack of information has at times impacted on MRBs ability to add value and make informed decisions. Discussing the work plan for 2016 today, will assist MRB to better manage these issues.

List of Achievements and Recommendations to the Board
N Raihania recapped the feedback he emailed to members on 9 February 2016 about the list of achievements be the basis for an MRB – Ngāti Kahungunu Iwi Incorporated (NKII) Annual Hui. The Annual NKII Board meeting is on the 16 March 2016. It would be valuable to present both reports, List of Achievements and Recommendations, to the Board to demonstrate the achievements and our aims for 2016. The Chair invited the DHB to provide a presentation of the list **ACTION**

Tobacco Control Plan
The statement about smoking being a result of people needing their own space came from the International One Love Anti Violence symposium at EIT last year where it was demonstrated that smoking was a symptom of a whole lot of pressures put on namely indigenous women, Māori women in our case. The only 'free space' women could find for themselves was during smoking. The only freedom and space they owned. This was about equity and equality for Māori women so they don't need to use their space this way. The addiction is bad enough but the depression and suppression was even more of a point for examination. This is not restricted to smoking but also eating and obesity.

Living Wage in Hawke's Bay
If the DHB is going to adopt and support all DHB staff being on the living wage this would send a strong positive statement as well as significant movement across other DHBs. Kevin Atkinson (Chair HBDHB Board) advised there are a number of aspects about employment that need to be reviewed. This issue needs to be dealt with at a national level before changes can be made regionally. The DHB Chairs could then drive MRBs recommendations through the national and regional channels for approval.

A key principle of MRBs is reducing inequalities. Moving DHBs to the living wage would improve equity and reduce poverty. K Nuku stated she felt this was a watershed moment demonstrating that we are truly buying into our statement. L Aitcheson added having all staff on a living wage is really achievable considering the ratio of those below the living wage is 265 hospital based staff. An ethnicity breakdown of those staff below the living wage was requested **ACTION.** A funding bid has been developed by Tracee Te Huia (GM Māori Health) for the 2016/17 process.

Mary Wills (Head of Strategic Services) joined the meeting at 9.35pm followed by Kevin Snee (CEO HBDHB) at 9.43pm

Denise Eaglesome left the meeting at 9.48am due to technical difficulties.

8. GENERAL MANAGER (GM) MĀORI HEALTH REPORT

The report from the GM Māori Health for November 2015 was taken as read. In the absence of the GM Māori Health, Patrick LeGeyt (Programme Manager Māori Health Service HBDHB) provided the following commentary:

Annual Māori Health Plan 2016-17, Whānau Ora
N Raihania referred to his feedback emailed to members on 9 February 2016 about his suggestion for MRB to develop a Whānau Ora statement and description for the DHB. Due to confusion and lack of understanding about the direction in the area of Whānau Ora it was considered that by having a DHB Whānau Ora Statement it will enhance the business of the health sector and will provide clearer direction for all, particularly in a Kahungunu context.

Child Obesity
D Ratima raised his concerns about the statement on page 41 regarding obese children being referred to a health professional. The answers are with the whānau who should be included as part of the solution. Also, that Kōhanga Reo should be included in this discussion. Furthermore, that funding for the development of an

evidence based child obesity programme will be coming from the disinvestment of Kahungunu Hīkoi Whenua (KHW). It seems that every time there is an initiative, KHW is the target.

Patrick LeGeyt (Programme Manager Māori Health Service HBDHB) explained the focus of KHW is nutrition and physical activity. We are re-orientating some of the KHW funding as well as other health promotion resources and potentially putting the funding into another program that is still within the KHW Kaupapa to be more effective with the resources and more focused with the health needs of the population. D Ratima commented this explanation would have been helpful if it was included in the report.

The end goal is fewer obese people in our population. Kevin Snee (CEO HBDHB) commented that the workshop in March will assist in us setting goals and how we will achieve these. Reviewing funding of programs is an ongoing exercise. Evidence is good but it's not the be all and end all because evidence it is about something that has been proven in the past and not the future. We should consider evidence based medicine and practice with what we know and believe to work in our communities. This is why KHW was established. This is where Population Health meets Māori community expectations.

D Ratima requested it be noted that Kōhanga Reo should *not* be excluded from the obesity strategy and that it seems whenever there is a new initiative needing funding KHW is the target. MRB fought hard to retain KHW and the associate of KHW. We need to ensure the new programme that we are re-investing funds to provides added value than the current programme. This is a conversation that should have been had.

K Nuku commented the report did not clearly demonstrate the urgent need in Hawke's Bay to address obesity. These reports are not a research report but more so, generic reports. Local data about obesity had been presented to MRB previously through the Equity Report. Kerri requested that better clarity be given around data provided.

Nicola Ehau (Head of Health Services Hawke's Bay PHO) confirmed that this particular discussion about referral numbers is proposed to be an IPIF target this year and responsible for gathering the baseline of children who have been identified as needing support for their families. It would be helpful if MRB provide feedback to leverage discussions about how to manage this for next year and contract negotiations with the Ministry of Health and a body called PSAAP.

Māori Oral Health Project

Concern was raised about the work being done to determine the numbers requiring follow-up for improved appointment scheduling. Patrick LeGeyt (Programme Manager Māori Health Service HBDHB) advised we have clear data going back numerous years about DNAs by ethnicity, by age, about appointments. We have requested from Business Intelligence this data by NHI, by actual individuals. Then we know what volumes we are working with and if we have the resources to improve the situation. We should have data by NHI individuals together with volumes across Hawke's Bay shortly. The Māori Oral Health Project is a classic example of a HEAT assessment conducted over an old health business case. There were clear recommendations from the community about attendance and community engagement. A copy of the summary of these recommendations and a progress report of where these are at was requested **ACTION**

Tūruki Māori Workforce Development

N Raihania received a copy of the Tūruki Annual Report and acknowledged how well the report was put together and presented, and the information provided was expansive. The report has provided clarity about the relationship between Programme Incubator and Tūruki. Na would like to thank whoever was responsible for a well written report and Shane Whitley for sending out the report.

SECTION 2: PRESENTATION

11. NEW INVESTMENT PORCESS

Peter Kennedy (Head of Finance) and Tim Evans (GM Planning, Informatics and Finance) was in attendance to talk to the prioritisation process the DHB runs around new investment.

In December the DHB received the 2016-17 funding envelope which was about $8.5 million. Services then identified costs that are driving unavoidable cost pressures impacting on new investment. The result is a gap between the unavoidable costs and the new income. For 2015-16, the gap was $7 million and it is anticipated that it will be at least the same amount for 2016-17. Once it has been determined how much appetite we have for savings and new investment available for the DHB we run a prioritisation process using the Triple Aim Scoring Tool that produces a mechanically scored investment list. That is the purpose of this presentation is how we determine what stays above the line (can do) and under the line (what we physically cannot do). Clinical Councils mandate about resource allocation and making the determinations will receive the full list and score it using the Triple Aim Scoring Tool to form their view on where the cut off line is. Clinical Council then

makes recommendation to the Board, and that recommendation comes through MRB for feedback. It was made clear that whatever is moved above the line, will move something else under the line.

The challenge is MRBs meeting on 11 May is the same day as Clinical Councils meeting. MRB decided to move the meeting to 12 May to provide the opportunity to advice on the Councils recommendations before going to the Board. **ACTION MRB Administrator.**

Peter Kennedy (Head of Finance) advised the full list will go to EMT, then Clinical Council and then MRB before going to the Board. All feedback and recommendations will be presented to the Board.

There was a discussion about MRBs representation on the Clinical Council. Discussion points included:

- There are no Māori representatives per se at present.
- Although Clinical Councils Terms of Reference is clear about equity and matters pertaining to Māori, having principles about health equity does not necessarily mean we are looking from that lens. MRBs conversations about the HEAT and WOHIA tools were that they are only as good as the person applying the tools.
- Some health professions state clinical competencies are given more weight than cultural competencies and yet the two competencies are equally part of a whole picture. You cannot be competent if you don't have the two competencies of clinical and cultural.
- There is a role for MRB to have representation on Clinical Council. It would make more sense for a member endorsed from this group sitting on the Clinical Council that would feed between two groups.
- Chris McKenna (Chief Nursing Officer) has had conversations with Mark Peterson (Chief Medical Officer), Tracee Te Huia (GM Māori Health HBDHB) and also Kevin Snee (CEO HBDHB) about this matter. All thought it a good idea that MRB have representation on the Clinical Council in the same mandate as Graeme Norton (Chair Consumer Council). Graeme is an observer, can participate in conversation which informs Clinical Council but cannot participate in decision making.
- The Chair had an issue about MRB dropping out of governance because Clinical Council is executive management. Representation onto this group is putting one of our members at an operational level. MRB are operational to a certain extent with membership on Tūruki. The role of MRB prior to going to the board is clearly a governance role and will remain.

A discussion will be held with relevant stakeholders about MRB representation on Clinical Council and the Chair of Clinical Council will present the outcome to MRB at the 9 March meeting **ACTION**

D Ratima commented that MRB should have been included earlier in the budget allocation process instead of when recommendations are made and MRB are asking for input earlier in the process. In terms of representation, as the MRB we identify who we want on the Council based on our own criteria.

SECTION 3: PERFORMANCE MONITORING – DISCUSSION PAPERS

12. TE ARA WHAKAWAIORA: ACCESS AMBULATORY SENSITIVE HOSPITALISATIONS

Mary Wills (Head of Strategic Services) was in attendance to speak to the paper on behalf of Mark Peterson (Chief Medical Officer).

Progress has been made with the under 4 year olds whereby the gap of inequity has closed. The DHB has a focus and an investment programme. Congestive heart failure is a concern where the disparities are getting worse rather than better. Recommendations to address the concerns was tabled.

The following matters were discussed:

- Page 47 and 51 targets read the same. Page 51 is a mistake. Page 47 statement is correct. The Ministry of Health changed the targets and they were not intending the DHB report on these targets. But the DHB will be continue to report on these targets and do some work with Health Hawke's Bay to achieve the targets.
- D Ratima asked for an explanation of the acronym ASH that is not in the glossary.
- Note that graphs are end on year, asked would it be more helpful using the Trendly data that rolls out every six weeks and using shorter timeframes? Some of the measures are quarterly or annually. Increasing the frequency may not alter the results. Mary to seek advice from Mark Peterson if it will be more effective or make an impact to report more frequently.
- Page 56, the paragraph about Kōhanga Reo has been truncated.

- It was asked how it has been developing the clinical pathways given that a lot of the emphasis when working with Māori is about including the cultural components or cultural advisors to support developing the pathways. There have been challenges developing clinical pathways. The focus has been getting specialists and GPs talking together to agree to consistent pathways. There is further work required to involve consumer feedback and look at what happens once the pathways are in place. Next development will be to change and develop services.
- It was asked about what is the plan to progress Nurse-Led Clinics. Nicola Ehau (Head of Health Services Hawke's Bay PHO) stated this is not about starting up Nurse-Led Clinics and explained this programme is a joint project delivered by a CNS employed by DHB and general practice teams. There are no standalone clinics in the sector. There are some Nurse-Led Clinics functioning in General Practice. There are some clinics who are not connected to a GP and these are exceptions. We are currently working with GPs to extend their reach.
- There is opportunity for Nurse-Led clinics to be run at marae and connected into the pathway of care through to primary rather than being isolated.
- Page 47 the graphs demonstrate nationally the rates have stayed the same however in HB the rates are going down. The gap between Māori and Non-Māori is reducing. Hawke's Bay is lower nationally and this is quite a significant achievement. This is positive.

As there was no further feedback the Chair moved that the contents of the report be noted.

Liz Stockley (CEO Health Hawke's Bay PHO/ General Manager Primary Care) joined the meeting at 10.25am.

SECTION 4: PERFORMANCE MONITORING – DISCUSSION PAPERS

13. HEALTH LITERACY

Jen Margaret and Kate Marsh from Quigley and Watts were in attendance to discuss the Health Literacy Strategy Review. Quigley and Watts is a Wellington based company commissioned to develop a health literacy framework for the DHB. MRB provided extensive feedback and a final draft of the report will be complete mid-March.

Any further comments need to be emailed to jen@quigleyandwatts.co.nz by Friday, 12 February 2016.

14. HEALTH AND SOCIAL CARE NETWORKS

RECOMMENDATION

That MRB:

1. Endorsed the content of this Programme Brief pending consideration for MRBs feedback and input the strategic direction.

Kevin Snee (CEO HBDHB) and Liz Stockley (CEO Health Hawke's Bay PHO/ General Manager Primary Care) were in attendance to speak to the paper. There is relevance with the number of issues discussed today that related to the Health and Social Care Networks and how we organise our resources in localities more effectively to better deliver services. The programme was discussed at the HB Health Leadership Forum where general support about the intentions was agreed. The paper presented should be viewed as an evolution process. What Kevin and Liz were looking for from MRB were their views on the paper. Is it the right thing to do?

Wairoa and CHB were obvious geographical areas. Wairoa is making progress at bringing organisations together and CHB who haven't made the same progress but are still bringing organisations together. Wairoa and CHB are small populations and ideally you want larger populations. What is important about these localities is they are primarily geographical. It is marrying up the resources in a sensible way by the population geographically. It's about finding an accommodation which works and the efficient aggregation of the resources and best use of clinical staff that bring those resources together in an effective way.

The following discussions took place:

- The programme is in line with what MRB have been talking about for the last 10 years. Finally we have a design and from a Chairs perspective it's about time
- Be mindful of the smaller geographical areas and look at how we can meet the needs of these smaller populations. Perhaps merging smaller populations for example Camberley and Flaxmere.
- Look at harnessing volunteers to ensure sustainability to look after our population therefore include how we manage volunteers, non-for profit charitable agencies and organisations into the programme

- The proposal has a lack of Māori concepts. It is difficult to see Pae Ora, Whānau Ora or tikanga based approaches to medicine. There needs to be more push for our Māori values and concepts in the design phase. For the Māori of the HBDHB patient population, it is critical for these Māori ideals to come through the programme. Liz Stockley (CEO Health Hawke's Bay PHO/ General Manager Primary Care) advised the Māori ideals will come through the design of the model of care that will be co-designed with the communities allowing each of those communities to support a design that suits them.
- Articulating how the model will reduce inequity and improve health profiles is not clearly described in the document and should be added as a guide or principle. There were issues with the language used within the report and perhaps it could have been a little more descriptive. It was suggested that perhaps it is worthwhile having a template for the front page of each paper that asks how the paper addresses inequality, efficiency and quality.
- Te Pare Meihana (Manager Waiora Health Centre) described the programme as having two processes; first phase is getting the concept over the line in terms of the DHB and its system. The real challenge is when communities get together and agree that they want to do things differently and then what framework does it need to apply to get the results that it needs. Wairoa, if given the green light are already planning what we might make of this opportunity. There are a number of applications that we would see at the forefront in terms of leading the development that includes a strong tikanga base.
- Being bold enough disinvesting in programmes that aren't effective. We may not have the evidence base but it feels right to disinvest to reinvest.
- Use of the Health Equity Assessment Tool (HEAT) and the Whānau Ora Health Impact Assessment (WOHIA) tool throughout the entire process including funding bids, what will be the impact of the decisions and how we are going to engage the community
- Look at how we manage the inconsistencies and unintended consequences. Are we creating poverty zones and if so what incentives are in place to prevent this. For example, we might set things up in Wairoa but because of the population we don't get either enough resource or qualified staff.
- Exploring other opportunities like the 'Pop Up' type models of approaches where you have a group of expertise in one place for a day or two instead of 24-hour services.
- The principle is good but the detail needs a 'Māoriness' strand interwoven throughout from the start to finish. Therefore we need to get the first principle right so this is carried throughout. While it is important to have a statement it is more important for people to understand the meaning of the statement and how it can be achieved
- The major premise of this programme is the devolution out to communities which is fantastic. But the difficulty is that communities are defined by size so already disadvantages Māori communities because they don't have a population of 30,000. We merge the smaller population's further disempowering communities. The criteria should be based on the community's readiness to participate as opposed to its population to be considered as the mechanism for devolving or engaging communities. There are a number of small Māori communities that are going to be affected.
- The report is not about only engaging communities at 30,000 and above. It's about how to bring services together to focus on smaller groups to provide better services to the smaller populations is the focus. A view has been formed that it should be primarily geographically and Kevin Snee recognises that D Ratima disagreed with this criteria and will re-look at the geographical criteria.
- This will be hugely beneficial to the community because of the efficiencies and quality of service delivery as a result of those services being more focused. If this is put in place, it is up to us as MRB members to ensure it happens to the advantage of our people so they have equity.

15. WĀNANGA MRB WORKPLAN 2016-17

Last part of the meeting was to look at MRBs priorities for this year and the annual workplan.

Patrick LeGeyt (Programme Manager Māori Health Service HBDHB) listed the key considerations of MRB. There has been good discussion today and the feedback received has been more about discussion, less agenda items, more prioritisation but also taking into consideration our functioning roles of MRB to review the performance of the DHB against Māori health indicators, input into service design and projects and to ensure MRB priorities are making traction.

D Ratima has been consistent about Obesity as a priority and adding this to MRBs workplan. Des raised the need for a strategy around bariatric surgery. After much discussion MRB decided its emphasis has to be on prevention and younger people.

MRB requested the following as part of the workplan development:

- Increase from eight meetings to 10 per year not including the Hawke's Bay Health Leadership Forums. The reason being currently two of the 10 meetings are reserved for Hawke's Bay Health Leadership Forums and with MRBs busy schedule we cannot afford to lose two meetings
- Reduce agenda items to no more than six items
- Remove the Monthly Consumer Story as an agenda item
- Prioritise agenda items with topics pertaining to Māori health requiring in-depth discussion to be placed first on the agenda to allow sufficient time for discussion
- Increase discussion times per item to allow sufficient time for good input and avoid rushing through topics impertinent to Māori health
- Use time efficiently and remain within the allocated timeframe
- A reasonable sized workplan that is not too big
- Have a set amount of key strategies with a plan of how these will be addressed
- Restrict the number of goals
- Email feedback about papers to provoke thinking and discussion prior to the meeting
- Look at the possibility of presentations being presented to all of the committees at the one time
- Develop a feedback tool for presentations so that there is an outcome
- Consider doing something for the organisation in terms of developing a Whānau Ora Statement that is more of a vision statement for policies to hang off.

MRB members were asked to state their Māori health priorities. These were as follows:

- Addictions/Smoking especially for Māori women, Alcohol and Other Drugs
- Fluoride
- Obesity
- On top of the Māori health priorities to have an internal focus goal within the sector and an external goal (outside of the organisation). Plus an aspirational goal to keep us pushing forward and pushing the boundaries of innovation to do things differently. Whatever the MRBs priorities are, what would be our internal focus for that priority?
- DNAs
- Transport
- Maternal health - ante natal attendances for Māori, smoking and drinking during pregnancy, oral health, breastfeeding - best start to life is very important, empowering young Māori women and having community champions to motivate them for a better life, and teenage pregnancy
- Mental Health
- Physical activity and nutrition
- Employment and education

Patrick Le Geyt (Programme Manager Māori Health HBDHB) will collate an empirical list of the most quoted priorities and email them to MRB to adapt as priorities by email. **ACTION**

Further discussions included:

- It would be useful to access information on health priority costings. MRB could monitor where funds are being spent, the outcome of programmes and if the programmes are being run efficiently. Furthermore, provide the ability to view savings made through the programmes and by the strategies we have implemented. Perhaps quarter by quarter reports. Kevin Snee (CEO HBDHB) explained where each priority has clear funded programmes it is quite simple. However there are a number of contributing programmes to each priority that are not as easily defined for example child obesity. Obviously, MRB would have to state the reasons for wanting to receive the reports.
- Possibility of the space between Cashmore and Māori Health to be used as parking. The Travel Plan is currently working on reducing the parking issues.
- MRB should be thinking about prioritising for next year. Most of the priorities are about what happened in the last 3-6 months. How much emphasis do we get in a years' time.
- It was agreed that fruit would be provided throughout the meeting leading up to lunch as the break was too long between start and finish times for the meeting. MRB will set an example by only having fruit at morning tea and no muffins and scones at all. **ACTION**

Helen Francis excused herself from the meeting at 12.20pm.

SECTION 4: GENERAL BUSINESS

There were not matters for general business.

The MRB meeting was closed by a Karakia by Matiu Eru at 12.30pm.

Signed: _____

Chair

Date: _____

6

MĀORI RELATIONSHIP BOARD
Matters Arising – Review of Actions

February Board Meeting 2016

Date Issue Entered	Action to be Taken	By Whom	By When	Status
10/02/16	**1. Obesity Strategy** MRB requested confirmation about the final draft being presented to MRB. In addition, the final draft to be added to the MRB workplan.	DPH/ HE	Mar 2016	**Complete** Obesity Draft Plan scheduled April 2016. Final Plan scheduled May 2016. Refer to Draft 2016 MRB Workplan.
	2. Dr Fiona Cram Equity Tools Training MRB requested Dr Cram attend the next meeting to give a demonstration or provide an example of an application.	Programme Manager Māori Health	Mar 2016	**Complete** Training scheduled 14 March 2016. The HEAT User's Guide containing 4 examples of the use HEAT on page 22 was emailed to MRB 3 Mar 2016 along with an example from Dr Cram.
	3. Funding for Māori Bachelor of Nursing Students Raise concerns with EIT regarding funding for nursing students who do not complete the course and what happens to the funding.	CNO	Mar 2016	**In Progress** The CNO is speaking to the Head of Department Nursing at EIT**.**
	4. List of MRBs Achievements and Recommendations Present list of Achievements and Recommendations to the Ngāti Kahungunu Iwi Inc. Board to demonstrate the achievements and our aims for 2016.	GM MH	Mar 2016	**In Progress** 16 March 2016 is the NKII Annual Meeting
	5. Living Wage in Hawke's Bay Provide an ethnicity breakdown of the 12% (280) below the living wage.	GM HR	Mar 2016	**Complete** Breakdown as follows: Approximately 29% staff identified as Māori Approximately 3% staff identified as Pacific Island
	6. Obesity Workshop in March Provide MRB with the workshop content and the date.	DPH/ HE	Mar 2016	**Complete** Presentation 9 Mar 2016.
	7. Māori Oral Health Project HEAT Assessment Provide a copy of the summary of these recommendations and a progress report of the status of the recommendations.	Programme Manager Māori Health	Mar 2016	**Complete** Copy of the HIA Flaxmere Clinic Location Report was emailed to MRB 3 Mar 2016.
	8. New Investment Recommendations Reschedule May meeting so MRB has the opportunity to provide comment and advice on the New Investment recommendations from Clinical Council before going to the Board.	MRB Administrator	Mar 2016	**Complete** May meeting rescheduled from the 11 to 12 May 2016

Date Issue Entered	Action to be Taken	By Whom	By When	Status
10/02/16 Cont.	**9. MRB Representation on Clinical Council** Discuss MRBs representation on Clinical Council for every meeting and the level of representation that everyone will be comfortable with that works.	Clinical Council Chairs	Mar 2016	**In Progress** Outcome of discussion to be presented 9 Mar 2016.
	10. MRB Priorities Collate a list of the most quoted priorities then send to MRB to adapt as priorities by email.	Programme Manager Māori Health	Mar 2016	**Complete** Priorities were emailed to MRB 12 Feb 2016 to be adapted, refer to Appendix 1.

December Special Board Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status
11/12/15	**1. Obesity and Alcohol & Drugs Strategies** Population Health, Consumer Council and MRB asked that the plan be further developed so that it is an effective strategy.	DPH/ HE		**Complete** Obesity Prevention Strategy agenda item 9 Mar 2016. Refer to Draft 2016 MRB Workplan for scheduled times of both strategies.

November Board Meeting & Workshop with Māori Providers Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status
11/11/15	**1. Quality Accounts Communication Plan** Circulate Communication Plan of how to share the Quality Accounts with the community to MRB through MRB Adminstrator.	QIPS	Dec 2015	**Complete** Refer to the back of GM Māori Health Report for an update from Kate Coley (QIPS).

HAWKE'S BAY District Health Board Whakawāteatia	**Chair's Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Ngahiwi Tomoana, Chairman
Month:	March 2016
Consideration:	For Information

Recommendation

That MRB

Note the content of this report.

PURPOSE

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the first Board meeting of the year held in February 2016 pertaining to Māori health.

INTRODUCTION

In this month's report I provide a brief overview on the Transform and Sustain Projects, the Organisational Performance for Quarter Two, Māori Staff Representation, the Health and Social Care Networks, and an update on the Living Wage in Hawke's Bay.

TRANSFORM AND SUSTAIN PROJECTS

The new Strategic Dashboard was reported this month to the Board for the first time. The Strategic Dashboard is aimed at dealing with the impact of Transform & Sustain strategy rather than the process. Three 'vital sign' indicators for:

- Service Quality (what our consumers say about us)
- Population Health (the gap between Māori and European death rates under 50 years old) and;
- Use of Resources (PHO break even, DHB make target surplus)

These 'vital sign' indicators are each supported by seven representative indicators. The Executive Management Team and Health Services Leadership team have been working together to agree to those areas where the DHB need to drive further projects to deliver on the DHBs strategy. This work will be brought through the DHB Board and sub-committees to validate and enrich the DHBs planning of future projects.

PERFORMANCE FRAMEWORK EXCEPTIONS QUARTER TWO

- Elective Surgery is running just above 100%.
- Heart and diabetes checks are at 90.3%, which is above target for the fourth successive quarter.
- Faster Cancer Treatment progressed and increased a further 2% from the previous quarter. A programme of work is underway to increase the number of patients identified with a high suspicion of cancer at referral.
- Shorter stays in ED shows a small improvement but continues to be below target at 92.7%.
- The result for Acute Coronary Syndrome Services (high risk patients receiving an angiogram within three days) was 68.7%, which is an 18% improvement on the previous quarter.

- Greater focus is needed on achieving: immunisations at eight months; better help for smokers to quit in Primary Care; improving wait time for diagnostic service; and cervical screening.

MĀORI STAFF REPRESENTATION

There has been little movement the last quarter in Māori staff representation of the workforce with the gap to our 2015/16 target sitting at 59 as at 31 December 2015. To address this gap the DHB have developed a comprehensive action plan strongly focusing on Nursing and Allied Health staff. The focus now is to get to the hearts and minds of hiring managers. That's where the rubber meets the road on this target.

HEALTH AND SOCIAL CARE NETWORKS

Both Consumer and Clinical Councils supported the overarching principles of the paper and the long term strategic direction. The effectiveness of this programme relies on the involvement of the social services, therefore Clinical Council were very interested in how the programme would achieve this. Clinical Council emphasised the importance of community and consumer engagement as key to getting this right. Consumer Council also highlighted consumer engagement as essential in terms of the development of specific health and social care networks. I advised that MRB agreed with the strategy pending issues highlighted at our last meeting. All of these issues will be taken by the Steering Group and considered as part of the development.

LIVING WAGE IN HAWKE'S BAY

The living wage for DHB staff was discussed. It was good to hear Tracee Te Huia (GM Māori Health) has submitted a proposal as part of the Clinical Council and MRB process for endorsement for moving 265 staff in DHB to the living wage. This will need to be carefully considered against all other priorities however it's a great strategy to reduce poverty, increase equity and ensure our staff are well paid.

8

HAWKE'S BAY District Health Board Whakawāteatia	**General Manager Māori Health Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Tracee Te Huia, General Manager (GM) Māori Health
Month:	March 2016
Consideration:	For Information

Recommendation

That MRB

Note the content of this report.

PURPOSE

The purpose of this report is to update MRB on implementation progress of the Māori Annual Plan objectives for January and February 2016.

INTRODUCTION

This month's report provides an update on the following matters:

- Trendly Tool
- Whānau Ora
- Whānau Ora Outcomes Framework
- Whānau Ora Māori Health Indicators
- Te Ara Whakawaiora Programme
- Māori Providers Review by the Ministry of Health
- Policy Review
- Annual Māori Health Plan 2015 – 2016 Quarter 2 Report
- Annual Māori Health Plan 2016 – 2017
- Otago University Summer School Public Health Symposium
- Child Obesity
- Māori Oral Health Project
- HWNZ Hauora Māori Fund
- Bachelor of Nursing
- Te Matatini - Ngāti Kahungunu 2017

Trendly Tool

The Trendly tool developed by Dr George Gray and funded by the three DHBs Hawke's Bay, Capital and Coast and Bay of Plenty, has been further improved. The tool now allows stakeholders external to DHBs to register on to it. This allows for the whole sector to better understand its performance. In addition the tool now provides stronger evidence against the Annual Māori Health Plan indicators for DHBs to use when working to improve their performance. Finally absolute numbers are being included into DHB tables so that it is clearer exactly how many more interventions need to be undertaken to reach a target. MRB will be pleased to know that Hawkes Bay already reports this to you and the Board for 17 of the 23 targets. Congratulations on your forsight to request this

information. Dr George Gray has agreed to do a face to face presentation with MRB and or the Board on the tool improvements should this be requested.

Whānau Ora
The North Island Commissioning Agency *Te Pou Matakana* has reported good progress since its last meeting with GMs Māori Health nationally. We were advised that the 60 collectives are well under development with 13 Leader Organisations assisting the collectives with back office support. In addition it has been agreed by eighty percent of the collectives that they will move to the IT system Whānautahi. GMs Māori Health made a commitment to ensure they dont interrupt developments such as IT systems in our paths to contracting and monitoring of services by Māori Providers. Te Pou Matakana has commissioned a consultant to work with all of the collectives on strengthening their capacity and capability. Following this work collectives will workshop to develop the shaping of a practice model that better works for whānau.

Whānau Ora Outcomes Framework
The Whānau Ora Partnership Board approved the Whānau Ora Outcomes Framework at the end of 2015. The outcomes the framework are addressing are:

- Whānau are self-managing and empowered leaders
- Whānau are leading healthy lifestyles
- Whānau are participating fully in society
- Whānau and families are confidently participating in Te Ao Māori (the Māori World)
- Whānau and families are economically secure and successfully involved in wealth creation
- Whānau are cohesive, resilient and nurturing and
- Whānau and families are responsible stewards of their living and natural environments

The framework has been broken down into three categories of short, medium and long term goals. The intention of the framework is to provide the sector with advice from the Iwi Forum leaders to government agencies on how to improve health outcomes for Māori and eventually all New Zealanders. HBDHB is aligning its planning against a portion of the health outcomes however this requires an across the sector approach for best impact. Advice is requested by MRB on how we could better align with this framework if agreed. A copy of the framework is attached for your information.

Whānau Ora Māori Health Indicators
The Whānau Ora Partnership Group have also agreed to a set of Māori health indicators to support Whānau Ora. The Whānau Ora Partnership Group is a crown-iwi advisory body responsible for the strategic leadership of Whānau Ora. Chaired by the Minister for Whānau Ora, it consists of equal membership comprising six representatives from the Iwi Chairs Forum identified by the National Iwi Chairs Forum, and six Ministers representing the crown.

These indicators are part of the Whānau Ora Outcomes Framework and include:

1. Mental Health – reduced rate of Māori committed to compulsory treatment relative to non-Māori
2. Tobacco – better support for pregnant women to quit smoking
3. Asthma – reduced asthma admission rates for Māori children (ASH 0-4 yrs)

The other 2 indicators, oral health (caries-free at age five) and childhood obesity, are in the Annual Plan.

Te Ara Whakawaiora Programme
Hawke's Bay was asked to present their Te Ara Whakawaiora Programme to the National GMs Māori Group Tumu Whakarae in January. The results of the presentation was that the Hawke's Bay programme will be rolled out nationally to other DHBs. Key responses on the current programme were:

- Excellent leadership by the Executive Management Team
- Having key champions is a good model for ownership and traction against non performing parts of the system
- Hawke's Bay has made great improvement in Māori Health since the establishment of TAW
- Key initiatives established following the programme have been implemented i.e. Engaging Effectively with Māori
- DNA rates have dropped dramatically for some specialities and in the process has brought the total DNA rate down to 4.7%
- Its an effective way to better understanding the data and the problems that sit behind the indicator
- It would be a great presentation for the next APAC Conference in April.

Māori Providers Review by the Ministry of Health

A review completed by the Ministry supported by DHBs in 2015 on Māori providers is to be released in March. Preliminary findings have been provided to the GMs Māori nationally with positive results. This review is similar to the one completed in 2011 where Hawke's Bay was found to be one of the top funders of Māori provider services in the country. The total funding to Māori Providers accounts for an estimated 1.6% of Vote Health spend. There are currently around 222 Māori Providers nationally with an estimated total of 682 DHB contracts for the 2015/16 year. The following findings include:

- Overall DHBs report that expected outcomes are being acheived in 87% of contacts held by Māori providers
- DHBs identify that the majority of Māori providers are operating at high to very high capacity and capability (76% and 78% respectively)
- DHBs report that Māori providers have the coverage and reach sufficient enough to meet expected outcomes on 98% of their contracts. In addition when comparing other provider options for service delivery, 83% of contracts held by Māori providers are considered high or very high value for Māori
- When asked about Māori provider contribution to DHB performance objectives 94% of contracts deliverd by Māori providers were identified as critical to the DHB meeting its performance objectives
- In describing the added value of Māori providers, DHBs cited the leading attributes as providers that: are integral to their community, deliver services to high need clients and serve rural population groups.
- The Ministry identified five providers of the 222 providers that DHBs report as having capacity and capability issues, are not delivering on their contracts, and or do not represent value for money. DHBs cited inconsistent reporting, workforce recruitment and retention, workforce quality and low level funding for population outcomes as the key issues in these areas. These providers are currently being worked with by their respective DHBs.

On release of the report HBDHB will highlight further information pertaining our local district.

Policy Review

During January, the 'Leave Policy' came up for review***.*** MHS reviewed the policy and have put together a response based in two parts of the policy, being Bereavement and Cultural elements. The main objective was to highlight local cultural leave needs differing from the cultural element that focused on national and international leave. In the Bereavement policy, the document highlights the cultural requirements to ensure the Mana and Tapu of Whānau, Hapu and Iwi are acknowledged and maintained. Below is a sample from the review document put in by Māori Health.

> *Here in the Iwi landscape of Ngāti Kahungunu, Whānau (or individuals thereof) have vital cultural obligations and responsibilities that are fixed within the convolutions of varying cultural events that will require Staff to take Cultural leave (which fall outside of the*

current policy criteria). For example, staff who hold Whānau, Hapū and Iwi positions for Kaikorero or Kaikaranga, will be expected to uphold these institutions on behalf of their Whānau, Hapū and iwi for varying kaupapa. During Tangihanga, these positions can only be filled by non-immediate family members. Tikanga pertaining to Tangihanga renders the immediate family (Whānau Pani/ Kiri Mate) in a state of Tapu, therefore, they are forbidden from fulfilling any functional roles during the Tangihanga. These roles (along with many others) are performed by the extended whānau and contribute to upholding the Mana of the Whānau, Hapū and Iwi, while also demonstrating a sense of manaakitanga and aroha to the Whānau Pani and the deceased.

Of all Māori customary practices today, the rituals pertaining to the dead are probably the closest to the original form practised before the arrival of Pākehā. For this reason, of all Māori gatherings, the tangihanga is seen as the most significant.

*Elder Tīmoti Kāretu states, "**Ki te wareware i a tātau tēnei tikanga a tātau, arā te tangi ki ō tātau tūpāpaku, kātahi tō tātau Māoritanga ka ngaro atu i te mata o te whenua ki te Pō, oti atu".** Translation "If we forget our cultural practices, particularly those pertaining to the dead, then our very essence of our existence as Māori will be lost from the face of this earth, to the underworld forever".*

For Māori, the context of whānau extends to include the siblings of ones parents and grandparents, their descendants, along with Hapū and Iwi leaders. The latter increases the requirements of those connected to that Hapū or Iwi, as in these times, it is very likely that iwi groups from all over the country will arrive (to the marae) to pay their respects and uphold the connection and traditions between the respective Hapū and Iwi. Therefore there is great pressure on those expected to fulfil the aforementioned roles with respect to upholding the Mana of their Whānau, Hapū, Iwi, Marae and Waka.

Furthermore, the notion of whānau can extend beyond relation or relative and also encompasses the connection or relationship between the individual and the deceased. This may be seen as an extension to the following outlined in the bereavement part of the leave policy, however this Whānau/ Hapū/ Iwi responsibilities do extend out to more than funerals alone. It is only when one has a full understanding of individual roles and responsibilities within a Whānau, Hapu and Iwi context that this leave is accepted. Therefore the decision should sit with the General Manager Māori Health, who understands these processes and associated requirements for individual staff.

Annual Māori Health Plan 2015 – 2016 Quarter 2 Report

There has been some good progress against Annual Māori Health Plan (AMHP) indicators in the Quarter 2 Report as follows:

Achievements

1. HBDHB continues to have the highest percentage in New Zealand for Cervical Screening for 25-69 year old Māori women (71.4%) and the lowest disparity gap between Māori and European (2.4% gap).
2. Immunisation rates for Māori under 2 year olds continue to exceed expected targets of ≥ 95% with 96.1% of all Māori 2 year olds immunized in Quarter 2.
3. Immunised rates for Māori 4 year olds has increased from 93.3% in Q2 to 94.2% in Q2 above the expected target of ≥ 90%.
4. ASH Rates overall are declining for both 0-4 years and 45-64 years with a significant narrowing of disparity gap for 0-4 year old group.
5. Advice to pregnant smokers increased above the expected target of ≥90% up from 87.7% in Quarter 1 to 96.2% in Quarter 2.
6. The number of Māori enrolled in the PHO has risen from 95.9% in Quarter 1 to 97.2% in Quarter 2 above the expected performance target of 97%.

7. Cultural Training for HBDHB staff has increased from 64% in Quarter 1 to 66% in Quarter 2. Medical staff increased significantly from 14% in Quarter 1 to 19% in Quarter 2.

Areas of progress

1. Heart and Diabetes Checks are continuing to improve towards the expected target and have increased from 85.8% in Quarter 1 to 86.3% in Quarter 2.
2. Breast Screening has improved from 66.6% in Quarter 1 to 68.4% in Quarter 2.

Challenges

1. Breastfeeding rates for Māori at 6 weeks, 3 month and 6 months continues to decrease and remain below expected performance targets.
2. Māori women who are smoke free at 2 weeks post natal decreased by 9% from 62% in Quarter 1 to 53% in Quarter 2 well below the expected performance target of ≥ 86%.
3. Immunisation rates for 8 month old Māori dropped below the expected target of ≥ 95%; down from 96.7% in Quarter 1 to 93.3% in Quarter 2.
4. Māori under Mental Health Act compulsory treatment orders has risen 6.7 from 189.3 per 100,000 population in Quarter 1 to 196. There remains a significant inequality between Māori and non-Māori.
5. Māori Workforce remained static in Quarter 2 at 12.3% and is below the expected target of 14.3%

Annual Māori Health Plan 2016 – 2017

The MHS has been involved in the development of both the Annual Plan and Annual Māori Health Plan. Māori Health has attended all annual planning workshops related to Māori health gain to support the setting of objectives and related activities and to ensure new activities are not 'business as usual'. The draft plan is being discussed with you today for feedback and advice.

Otago University Summer School Public Health Symposium

The Public Health Summer School Symposium at Otago University in Wellington on 16-18 February 2016 was attended by Māori Health. The two programmes were 'DHB Māori Health Profiles: From Data to Action' and 'Ending Childhood Obesity'.

The 'DHB Māori Health Profiles' programme held the first two days focused on the Health Profiles Report conducted by the Eru Pomare Māori Health Research Centre at Otago University. Māori Health Profiles are demographic, social determinants and health data across a number of indicators reports of Māori compared to non-Māori within each DHB. The summer school programme included the profiles background, aims and purpose, reviewing demographic data, reading statistical tables, age standardisation methodologies, planning and evaluation and practical exercises in planning health interventions.

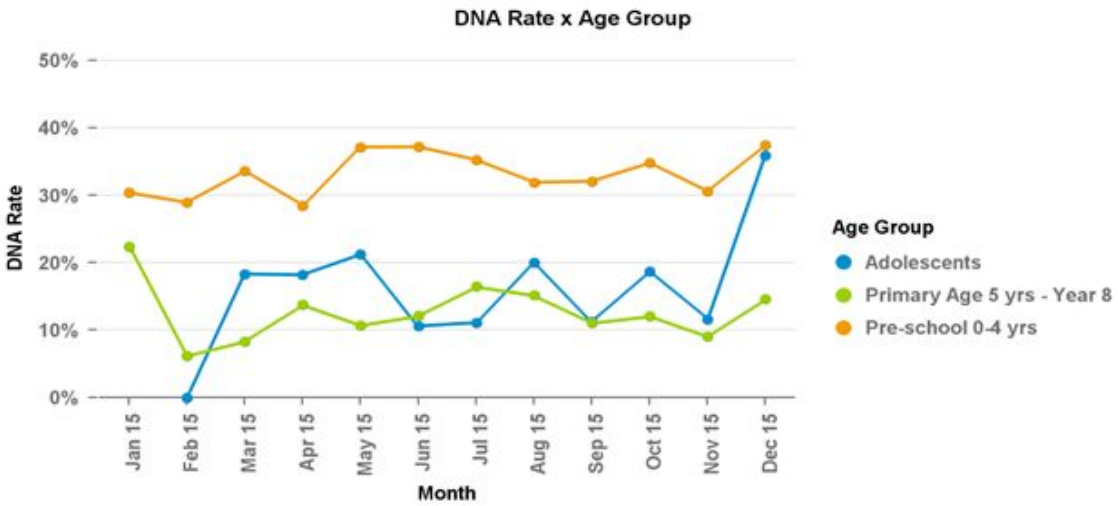
'Ending Childhood Obesity' was facilitated on the final day. Speakers included Professor Sir Peter Gluckman, Prime Minister's Chief Science Advisor and co-chair of WHO Commission on Ending Childhood Obesity. The presentations focused on the WHO Childhood Obesity Report, research on sugar in food and beverages and public health approaches to obesity such as government interventions (regulatory, legislative and taxation), environmental (access to food literacy, school settings etc.) and life course dimensions (maternal and behavioural approaches etc.).

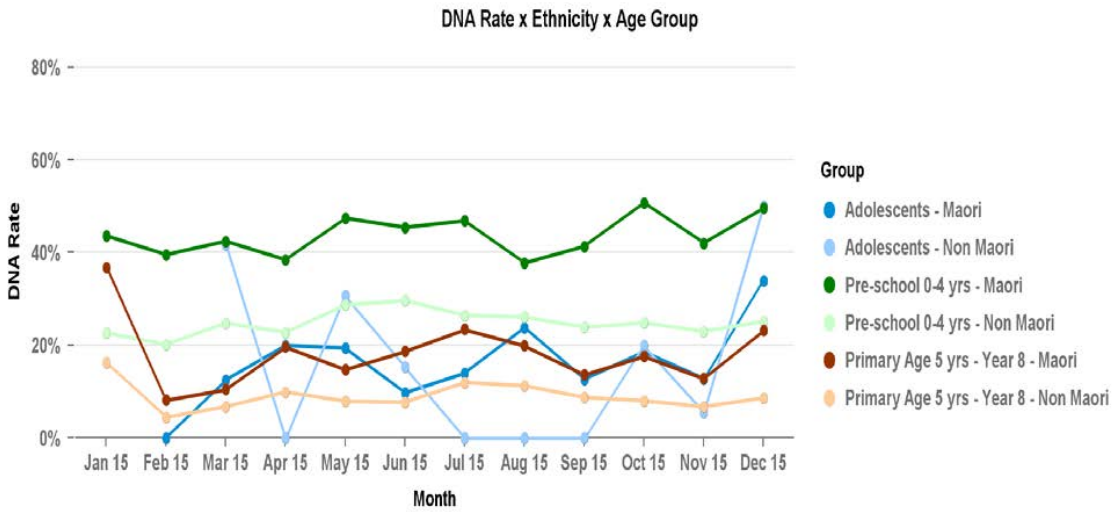
Child Obesity

The GM Māori Health sponsored key leaders to attend the above Summer School Symposium. Leaders identified were chosen because of their success in the areas of physical activity, good engagement with our whānau, and understanding of the issue of obesity and Māori. On attending the 'Ending Childhood Obesity' Public Health Summer School Symposium 18 February 2016 the group agreed to work with one another to develop an evidence based child obesity programme. The programme will be funded from disinvestment of Kahungunu Hīkoi Whenua and other health promotion resources within the Māori health portfolio and will be partnered by Population Health.

Māori Oral Health Project

The Māori Oral Health Educator contract review has been incorporated into a wider project entitled 'Improving Access to Community Dental Services for Tamariki Māori(0-5 years)'. MHS is working with Information Services and Community Oral Health Services to determine actual DNA patient numbers and recall processes. This will determine the numbers of children requiring follow-up and an improved appointment scheduling system for oral health appointments. Unfortunately the data has not yet been presented in an NHI number format yet. Therefore the graphs below demonstrate the DNA rates for HBDHB Community Oral Health Services for 2015 by age group and ethnicity.





HWNZ Hauora Māori Fund

20 students attended a pōwhiri for the Certificate in Hauora at Matahiwi marae. Tipu Ora continue to deliver this entry level qualification. A range of Māori and health providers identify students from their workplaces to attend the semester long programme. The programme has on average maintained a 95% retention and completion rate. The success of the programme is being promoted as a model for other DHBs throughout New Zealand to consider. The presentation will occur in April at the Ministry of Health to the other 19 DHBs.

Bachelor of Nursing

Thomas Harding (Head of Nursing EIT) provided the following figures from the Bachelor of Nursing (aggregated across all 3 years). The following table shows the successful completion rate gap is

closing between Māori and non-Māori. While the statistics are encouraging, Thomas acknowledged there is still more work to do.

	Māori	**Non-Māori**
Number enrolled	143	282
Students withdrawn	8	16
Course retention	97.75%	96.83%
Completion and passed	84.22%	89.10%

Te Matatini - Ngāti Kahungunu 2017

Te Matatini will be hosted in Ngāti Kahungunu 22-26 February 2017. This is the largest Kapa Haka festival in the world and will be held in Hastings at the Regional Sports Park Stadium. The festival is expected to draw a large number of people to Hawke's Bay including over 30,000 spectators. The Rūnanga Arts and Culture Board and Ngāti Kahungunu Iwi Incorporated (NKII) are partnering to host the festival. A marae upgrade project is underway led by the Hastings District Council in partnership with local marae who wish to embark on the project. This will assist in the accommodation of thousands of manuhiri (visitors) to the region. In 2014 a report was released by Te Matatini Board on the benefits of Kapa Haka with one of the strongest being the health and wellbeing of participants and their whānau. I have asked NKII to present at the March MRB meeting to assist us in the discussion around what role the DHB will play for Te Matatini and what contribution it will make to the overall strategy and lead up to the event. I therefore seek MRBs advice on these matters at the March meeting.

GENERAL MANAGER MĀORI HEALTH

Tracee Te Huia

Quality Accounts Communication Plan

The following update was received from Kate Coley (Director Quality Improvement Patient Safety):

Since 2012 the development, publication and subsequent distribution and communicating to our community around our Quality Accounts is an ever evolving process. In the past there has been limited communication with our community in terms of the Quality Accounts with us predominantly relying on people visiting our website to have a look.

This year we have taken a more targeted approach with trying to connect our community with the accounts. This has included a number of mechanisms which include the following:

- *Launch of Quality Accounts in CEO In Focus*
- *Half page adverts being placed in all of the local free papers – covering the whole of Hawke's Bay – linking them either to the website or to the Director QIPS to receive a hard copy*
- *Media Release in Hawke's Bay Today*
- *Distribution of a copy of the accounts to NGO's, community providers listed on our website directory; other inter-agencies; GP Practices, local councils; libraries etc and then internally to our outpatient areas, and to all our managers and leaders. The aim here is to have these very visible in areas where people congregate so we start to build awareness.*

This year we have also asked directly for feedback using a survey – asking whether this publication was informative, easy to read and understand and asking for ideas about what they want to hear about in the future.

As already stated this is an evolving piece of work and any ideas as to how we can continue to improve how we get better connected to our community around the accounts in the future would be very welcome.

APPENDIX TWO: WHĀNAU ORA OUTCOMES FRAMEWORK *EMPOWERING WHĀNAU INTO THE FUTURE*

Approved by Whānau Ora Partnership Group 26 August 2015

Whānau Ora Outcomes	Whānau are self-managing & empowered leaders	Whānau are leading healthy lifestyles	Whānau are participating fully in society	Whānau and families are confidently participating in Te Ao Māori (the Māori World).	Whānau and families are economically secure and successfully involved in wealth creation	Whānau are cohesive, resilient and nurturing	Whānau and families are responsible stewards of their living and natural environments
Long term outcomes 11-25 years	Whānau exercise rangatiratanga on a daily basis by being self-managing, independent,and making informed decisions. Whānau recognise they are repositories of knowledge about themselves and their communities, and they contribute to their communities' understanding of them. Whānau determine the nature of their own leadership according to their own traditions. They value and grow their leadership that represents their notions of a leader. Whānau are self-determining in the management, control and aims they determine for their collective assets and resources.	Whānau have a quality of life that meets their health needs and goals across their lifespan. Whānau members enjoy positive and functional relationships with others to meet their health needs and goals across their lifespan. Whānau are health literate and they have access to evidence-based information to make decisions about their health needs and goals. Whānau have timely access to exemplary and culturally adept health and disability services to meet their health needs and goals.	Whānau can demonstrate educational success by an increase in the number of Māori entering higher learning and professional careers. Whānau have opportunities for formal learning that equips them with the skills and knowledge to follow their chosen path to employment, advanced learning or self-fulfilment. Whānau are enjoying educational success across all ages. Whānau recognise, value and nurture leadership that supports and enables them. Whānau leaders actively engage with community leaders and institutions for collective good.	Whānau are secure in their cultural identity as Māori and actively participate in activities and events that celebrate their cultural make-up. Whānau are confident and proud that they are at least bi-lingual in Te Reo Māori and English/Te Reo Māori and NZ Sign, and able to transfer that knowledge to their members. Whānau access opportunities to be immersed in their culture and language in their communities. Whānau are major contributors to the cultural vibrancy and development of their own communities.	Whānau business leaders are innovative, entrepreneurial and successful. Whānau are active participants in research and development that advances their prosperity. Whānau are employed in occupations and positions that provide them with the income to achieve the standard of living they aspire to. Whānau have the knowledge and skills to manage their assets that enable them to achieve their life long aspirations.	Whānau relationships are positive, functional and uplifting of all members. Interpersonal skills between whānau members have improved and Whānau conduct positive relationships and demonstrate good parenting. Whānau experience and contribute to the development and maintenance of safe and nurturing environments for themselves and their communities. Whānau access communication technology to sustain engagement with each other. All members of a whānau are valued.	Whānau exercise mana whakahaere (authority and control) and mana-kaitiaki over their natural environment. Whānau lead sustainable management of their natural environment. Whānau cultural, physical and spiritual wellness is nurtured by their access to, and engagement with, their natural environment. Whānau have choices about their living arrangements and in all cases, their living environment is safe, secure, warm, dry.
Medium term outcomes 5-10 years	Whānau are supported and enabled to take responsibility for their own lives and wellbeing. Whānau are making informed choices about the support they require and who they access support from. Whānau are able to draw on the skills of their own members to advance their collective interests. Whānau are actively participating in the management and growth of assets held in common. Whānau with disabilities participate equally in society. Whānau use, and understand the point of using, data both quantitative and qualitative to inform their decisions making.	Whānau can model to other whānau members their ability to take personal responsibility for their own health and wellbeing by making choices about: • Living drug free and smoke free. • Maintaining a healthy weight for their age and height. • Achieving exercise and fitness regimes for heart health. • Monitoring regularly the efficacy of their prescribed medicines or medical devices in conjunction with health professionals. • Engaging in health screening programmes. • The quality of the interpersonal relationships they have.	Whānau identify the added value they bring to a school community. Whānau can articulate the importance of early childhood education to the preparation of their children's future. Whānau choose and access culturally adept schools for their children's learning. Whānau can articulate and implement healthy living habits in the home that will support their children's educational success. Rangatahi are achieving the knowledge, skills sets and qualifications to pursue training and employment that provides them with financial security and career options. More whānau members are trained and serving as public, community & cultural leaders. Whānau have access to quality and timely services that are fully responsive to whānau priorities and whānau values.	Whānau participate in their community using their language of choice. Whānau access cultural knowledge, engage in knowledge creation, and transfer that knowledge amongst themselves.	Increasing numbers of whānau are engaged in business, entrepreneurship, and innovation. Increasing numbers of whānau own their own businesses or benefit from the improved productivity and prosperity of their businesses. Whānau see improvements in the value of business they own. Whānau have increased financial literacy, improved access to capital and a practice of saving for key 'life' milestones. Whānau achieve at least a living wage.	Whānau live in homes that are free from abuse and violence. Whānau transform their lives through support from rehabilitation services (when needed). Whānau are confident to address crises and challenges. Whānau are stable, organised, and provide their tamariki with the best possible start in life. Whānau understand the importance of school attendance and support and encourage their tamariki and mokopuna to attend school. Rangatahi are supported and nurtured in their transition to adulthood.	Whānau are active participants and contributors to responsible and sustainable environmental management. Whānau access a range of housing options and the support required to pursue those options. Whānau are increasingly satisfied with their housing situation. Whānau increase the use of their land to provide housing, sustenance and food for themselves.
Short term outcomes 1-4 years	More whānau develop pathways to independence, including from government assistance and intervention in their whānau life. Whānau are knowledgeable about the capability that exists in their whānau network, and begin to tap into it. Whānau decision-making and planning is informed by timely access to personal information and data which is held about them by government or other agencies. Whānau are aware of their interests in assets held in common and knowledgeable about their rights and responsibilities in regards to those assets. Whānau are planning for emergencies, and taking appropriate action such as having insurance and plans for asset replacement.	Increased number of whānau are setting and achieving personal health goals for their physical, emotional, spiritual and mental wellbeing. Increased number of whānau are improving their knowledge and practice in healthy eating and physical activity. Whānau are managing chronic health conditions, including eczema, asthma and diabetes. And know when and how to access support to manage their conditions.	Rangatahi Māori are achieving NCEA level 2 as a minimum qualification. and increasing numbers are achieving level 3. Increased number of tamariki and mokopuna enrolled and attending early childhood education. Increased number of whānau entering tertiary education or other advanced areas of learning and leaving with qualifications. Increased number of whānau exercising their right to vote in national and local council elections. Increased number of whānau engaged in sport and/or clubs or other community groups including kapa haka and waka ama. Whānau are choosing the services they wish to access, on the basis of good information. Whānau are confident to access services and advocate in their own right. Successfully rehabilitate and reintegrate whānau who have had contact with the corrections system back into communities.	Increased numbers of whānau take up Te Reo Māori programmes. Increased number of whānau participating in Iwi or cultural events or activities. Increased number of whānau registered with their iwi are exercising their democratic right in tribal elections.	Increased uptake by whānau in business training, skills acquisition, education and professional development. Increased numbers of whānau are self-employed, and whānau businesses are growing. Increased number of whānau improving their financial literacy. Whānau are engaged in savings and investment.	Parents build skills and strategies to nurture and care and provide for their children. Where necessary, whānau address violence, addiction, substance abuse, and risk of self-harm through increased uptake of affordable and culturally appropriate support services. Increase the number of tamariki from vulnerable whānau who are attending school on a regular basis. Relationships between partners are strong and supportive. Whānau are developing nurturing environments that provide for their physical, emotional, spiritual and mental wellbeing.	Increased opportunity for Whānau to participate in environmental management practices. Increased number of whānau accessing services to improve the health of their homes.

Whānau Goals and Aspirations

MĀORI RELATIONSHIP BOARD
DRAFT WORK PLAN 2016

NOTE: This is a living document that is continually edited, therefore is subject to change.

Meeting Dates 2016	Papers and Topics	Lead(s)
10 Feb	Health Literacy - Strategic Review Health & Social Networks Terms of Reference **Monitoring – for information - no presenters:** Te Ara Whakawaiora: *Access* (local indicator) Ambulatory Sensitive Hospitalisations (ASH)	Ken Foote Liz Stockley Kevin Snee
9 Mar	Māori Health Service Review Presentation 2016-17 MRB Workplan DRAFT Davanti Information System Review Presentation Annual Plan and Statement of Intent DRAFT Regional Services Plan DRAFT Youth Strategy 2016-19 Presentation Obesity Prevention Strategy Presentation **Monitoring – for information - no presenters:** Annual Māori Health Plan Q2 Oct-Dec 2015 Te Ara Whakawaiora: *Breastfeeding* (national indicator)	Tracee Te Huia Tracee Te Huia Tim Evans Tim Evans Tim Evans Caroline McElnay Caroline McElnay
15 Mar	**Workshop** – TO BE CONFIRMED (tbc) Whānau Ora Statement/Description	Patrick LeGeyt
13 Apr	**SPECIAL MEETING** Incubator Programme 3-Monthly Student Uptake Apr Report Obesity Strategic Plan DRAFT Suicide Prevention Plan Update DRAFT Refresh Transform and Sustain DRAFT Orthopaedic Review National Patient Flow (Patient Focussed Bookings) **Monitoring – for information** Te Ara Whakawaiora: *Cardiovascular* (national indicator)	John McKeefry Caroline McElnay Caroline McElnay Tim Evans Andrew Phillips Sharon Mason
Meeting date TBC	**HB Health Sector Leadership Meeting** – venue and time TBA	
12 May	Wairoa Health Needs Assessment Report Te Ara Whakawaiora Priorities and Reporting Schedule 2016-2017 HB Intersectoral Group Priority Plan DRAFT Food Services Internal Review DRAFT Travel Plan Quarterly Update (Verbal/Presentation) Investment/ Disinvestment Prioritisation Refresh Transform & Sustain FINAL HB Integrated Palliative Care DISCUSSION DRAFT Annual Plan and Statement of Intent FINAL Obesity Strategic Plan FINAL Health Equity Update Youth Strategy 2016-19 DRAFT Health Literacy Framework **Monitoring – for information - no presenters:** Annual Māori Health Plan Q3 Jan-Mar 2016 tbc	Patrick LeGeyt Patrick LeGeyt Tracee Te Huia Sharon Mason Sharon Mason Tim Evans Tim Evans Tim Evans Tim Evans Caroline McElnay Caroline McElnay Caroline McElnay Kate Coley

8 Jun	Active Whānau Programme Free Primary Care for 13 – 18 year olds Food Services Internal Review FINAL Youth Strategy 2016-19 FINAL Suicide Prevention Plan Report Developing a Person Whānau Centred Culture DRAFT **Monitoring – for information - no presenters:** Te Ara Whakawaiora: *Oral Health* (national and local indicator) Annual Māori Health Plan Q3 Jan-Mar 2016 tbc	Patrick LeGeyt Patrick LeGeyt Sharon Mason Caroline McElnay Caroline McElnay Kate Coley
13 July	Incubator Programme 3-Monthly Student Uptake July Report Alcohol and Other Drugs DISCUSSION tbc Developing a Person Whānau Centered Culture FINAL WORKSHOP with Māori Providers tbc	John McKeefry Caroline McElnay Kate Coley Tracee Te Huia
10 Aug	Travel Plan Quarterly Update (Verbal/Presentation) Quality Accounts DRAFT **Monitoring – for information - no presenters:** Annual Māori Health Plan Q4 Apr-Jun 2016 tbc Te Ara Whakawaiora: *Culturally Competent Workforce* (local indicator) tbc Te Ara Whakawaiora: *Diabetes* (national indicator) tbc	Sharon Mason Kate Coley
7 Sept	**HB Health Sector Leadership Meeting** – venue and time TBA	
SEPT	**No Meeting in September** – email papers to MRB for feedback Family Violence Strategy Effectiveness (for noting) tbc Fetal Alcohol Spectrum Disorder - Service Development DRAFT tbc Alcohol and Other Drugs DRAFT tbc Orthopedic Review Phase 2 DRAFT tbc Quality Accounts FINAL **Monitoring – for information - no presenters:** Te Ara Whakawaiora: *Obesity* (local indicator) tbc Annual Māori Health Plan Q4 Apr-Jun 2016 tbc	 Caroline McElnay Caroline McElnay Caroline McElnay Andrew Phillips Kate Coley
12 Oct	Incubator Programme 3-Monthly Student Uptake Oct Report Alcohol and Other Drugs FINAL tbc Fetal Alcohol Spectrum Disorder - Service Development FINAL	John McKeefry Caroline McElnay Caroline McElnay
9 Nov	Tobacco - Annual Update FOR NOTING Travel Plan Quarterly Update (Verbal/Presentation) WORKSHOP with Māori Providers **Monitoring – for information - no presenters:** Annual Māori Health Plan Q1 Jul-Sept 2016 Te Ara Whakawaiora: *Cancer Screening Services* (national indicator)	Caroline McElnay Sharon Mason Tracee Te Huia
DEC	**No Meeting in December** – email papers to MRB for feedback HBDHB Workforce Plan **Monitoring – for information - no presenters:** Annual Māori Health Plan Q1 Jul-Sept 2016 Te Ara Whakawaiora: *Smoking* (national indicator)	 John McKeefry

9

MĀORI RELATIONSHIP BOARD
DRAFT WORK PLAN FEB-JUNE 2017

NOTE: This is a draft and subject to change.

Meeting Dates 2017	Papers and Topics	Lead(s)
JAN	**No Meeting in January**	
8 Feb	Orthopedic Review Phase 3 DRAFT Travel Plan Quarterly Update (Verbal/Presentation) **Monitoring – for information - no presenters:** Annual Māori Health Plan Q2 Oct-Dec 2016 TO BE CONFIRMED (tbc) Te Ara Whakawaiora: *Access* (local indicator) Ambulatory Sensitive Hospitalisations (ASH) tbc	Andrew Phillips Sharon Mason
8 Mar	Annual Plan and Statement of Intent DRAFT tbc **Monitoring – for information - no presenters:** Annual Māori Health Plan Q2 Oct-Dec 2016 tbc Te Ara Whakawaiora: *Breastfeeding* (national indicator) tbc	Tim Evans
APR	**No Meeting in April** – email papers to MRB for feedback Incubator Programme 3-Monthly Student Uptake Apr Report **Monitoring – for information - no presenters:** Te Ara Whakawaiora: *Cardiovascular* (national indicator) tbc	 John McKeefry
	HB Health Sector Leadership Meeting – venue and time TBA	
10 May	Te Ara Whakawaiora Priorities and Reporting Schedule 2017-2018 **Monitoring – for information - no presenters:** Annual Māori Health Plan Q3 Jan-Mar 2017 tbc	Patrick LeGeyt
14 Jun	**Monitoring – for information - no presenters:** Te Ara Whakawaiora: *Oral Health* (national indicator) tbc	

10

HAWKE'S BAY
District Health Board
Whakawāteatia

MĀORI RELATIONSHIP BOARD

PRESENTATION
TE MATATINI - NGĀTI KAHUNGUNU 2017
BY TE RANGI HUATA AND RUTH WONG
OF NGĀTI KAHUNGUNU IWI INCORPORATED

HAWKE'S BAY District Health Board Whakawāteatia	**Obesity Prevention Strategy: Healthy Weight for our Children**
	For the attention of: **HB Health Consumer Council and Māori Relationship Board (MRB)**
Document Owner: Document Author(s):	Caroline McElnay, Director Population Health Shari Tidswell, Population Health Advisor Team Leader
Reviewed by:	N/A
Month:	March 2016
Consideration:	For discussion

11

RECOMMENDATION

That Consumer Council and Māori Relationship Board

Discuss and make recommendations for the implementation of the Obesity Prevention Strategy (the Strategy), including processes for ongoing engagement for these committees.

OVERVIEW

This is an opportunity for committees to discuss, provide feedback and make recommendations on the implementation of the Strategy and to recommend process for ongoing engagement in the implementation. The focus for this discussion is the child obesity prevention and intervention, looking at environmental, prevention and intervention approaches.

BACKGROUND

One-third of our population are obese, 48% and 68% for Māori and Pacific populations respectively. Obesity is the second leading risk to health in New Zealand and the Hawke's Bay. Medium and long term costs of not addressing obesity are very high, as obesity leads to a range of disease including heart disease, diabetes.

The leading factor in increasing obesity is our lifestyle; we consume more calorie-rich nutrient-poor food which is easily available and cheap, and spend more time being sedentary. This is despite living in a region renown for being the fruit bowl of New Zealand and most people having access to land for a garden. While the cause is simple enough, 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 what we choose to eat and the amount a physical activity we do.

We have a lifespan based strategy to help provide focus and coordination for what will be varied activities delivered across sectors. The Population Health Service is working operationally in the environmental and prevention areas by targeting early intervention. This includes aligning existing work in maternal nutrition, work places and events with the Strategy, reviewing the evidence and engaging with the community. The presentation will share what we have discovered and seeks discussion, feedback and a process for ongoing involvement with the committee.

We look forward to your input.

HAWKE'S BAY District Health Board Whakawāteatia	**DRAFT Hawke's Bay District Health Board Annual Plan 2016/17**
	Māori Relationship Board
Document Owner: Document Author(s):	Tim Evans, GM Planning Informatics and Finance Carina Burgess, Acting Head of Planning
Reviewed by:	Executive Management Team
Month:	March, 2016
Consideration:	For Information

12

RECOMMENDATION

That the Māori Relationship Board note:

- The process, timeline and DRAFT contents for the Hawke's Bay DHB Annual Plan 2016/17 and provide any feedback to Carina Burgess

OVERVIEW

The first draft of the Hawke's Bay DHB Annual Plan is currently under development and is due to the Ministry of Health by 31st March.

It is important to note that the draft that is under development and the final guidance was only received from the Ministry of Health (MoH) on 26th Februray. We are also awaiting the final NZ health strategy's release as this will have an impact on the content of the plan.

The draft is being shared at this stage to gather any feedback as it develops.

Our Māori Health Annual Plan is fully integrated into one plan – the HBDHB Annual Plan. However, in order to comply with the requirements of the Operational Policy Framework, a stand alone Māori Health Annual Plan has also been developed which is an extraction of the Māori Health priorities from the Annual Plan.

Timeline

EMT	23rd February
MoH Planning Guidance & NZ Health Strategy finalised	26th February
MRB	9th March
Clinical Council	9th March
Consumer Council	10th March
Board	30th March
Ministry of Health	31st March

Process

The Minister has asked for a refreshed Statement of Intent (SOI) in this year's Annual Plan. The SOI was refreshed last year to incorporate Transform and Sustain. The refresh will focus on incorporating

the NZ Health Strategy themes and how we measure the implementation and impact of Transform and Sustain.

Strategic Services, the PHO, Māori Health, Population Health and Health Services are working closely to develop this plan. Each section in Module 2B: Delivering on Priorities and Targets, has a small working group who are responsible for agreeing actions, leads and timeframes which will lead to better ownership of reporting going forward. Due to conflicting priorities and the late release of guidance from the MoH, not all of these groups have been able to meet but they are all scheduled to occur within the next two weeks. Activities are still being reviewed by management so are subject to change before submission to the MoH.

Changes to the Annual Plan since 2015/16

All priorities in the plan have been reviewed in the working groups and are being sent out for agreement by wider stakeholders.

New or increased focus areas:

- Reducing childhood obesity has been introduced as a National Health Target
- Reducing Unintended Teenage Pregnancy is a National Priority
- The focus for Stroke has extended to cover timely transfer to inpatient rehabilitation
- Increased emphasis on plans to shift services into the community e.g. Health and Social Care networks, District nursing, engAGE, Pharmacy Facilitators etc.

Less focus:

- More Heart and Diabetes checks is no longer a health target but remains a priority
- Nationally there is less focus on child and maternal health activity such as antenatal education and LMC enrolment. However, these remain as activities relating to outcomes such as increasing breastfeeding rates and reducing SUDI in our Annual Plan.

Local Māori Health Priorities:

- Māori Workforce
- Obesity
- Alcohol and other drugs – NEW

ATTACHMENTS – to be placed on the website when available include:

Hawke's Bay District Health Board Annual Plan 2016/17 Draft v1.1
Hawke's Bay District Health Board Māori Health Annual Plan 2016/17 Draft v1.0

HAWKE'S BAY District Health Board Whakawāteatia	**Youth Health Strategy 2016-19 Consultation**
	For the attention of: **HB Clinical, HB Health Consumer Councils and Māori Relationship Board (MRB)**
Document Owner: Document Author(s):	Caroline McElnay, Director Population Health Nicky Skerman, Population Health Strategist Women, Children and Youth
Reviewed by:	N/A
Month:	March 2016
Consideration:	For discussion

13

RECOMMENDATION

That HB Clinical Council, HB Health Consumer Council and MRB:

Discuss and make recommendations in the development and writing of the Youth Health Strategy.

OVERVIEW

This is an opportunity for committees to provide feedback and make recommendation on how we can best support young people in Hawke's Bay to be a healthy and vibrant youth population. Youth health is an area that is being prioritised as we develop a Youth Health Strategy for 2016-2019.

BACKGROUND

In 2014 Hawke's Bay DHB invested in a research project titiled "Improving Hawke's Bay Health Services for Youth". This project completed a youth service stocktake, identified gaps in access and service provision for youth which also identified concrete and targeted actions. A range of priority action areas were identified to improve health services for youth.

The Hawke's Bay DHB is the most significant funder of youth health services in the Hawke's Bay region and it is recognised that a strategy is an important document that will lead the youth health sector going forward.

We welcome your feedback.

HAWKE'S BAY District Health Board Whakawāteatia	**Information Service Function review**
	For the attention of: **HB Clinical Council, HB Health Consumer Council, Maori Relationship Board (MRB)**
Document Owner: Document Author(s):	Tim Evans Tim Evans
Reviewed by:	Executive Management Team
Month:	March, 2016
Consideration:	For Information and discussion.

14

RECOMMENDATION

Clinical Council, Consumer Council and MRB

- Note the contents of the attached report.
- Agree the proposed management action in response set out below.

OVERVIEW

The attached report from Davanti Consulting sets out an assessment of the maturity of our Information Services function and recommends a structured approach to improvement.

BACKGROUND

We appointed Davanti Consulting in October 2015 to review the District Health Board's Information Systems function (that is our I.S. department, not our hardware and software).

We asked Davanti to assess and document:

- The challenges and tasks facing the department now, and those likely to arise
- The capability of the department in terms of skills, experience, and expertise
- The capacity of the department in terms of manpower, functions, and scale
- The resilience of the department in terms of business process and practice
- Any gaps (and consequent business risks) between challenge and capability/ capacity/ resilience

We asked them to express a clear opinion as to the fit between challenge and resources and make recommendations on short, medium, and long term actions required to mitigate immediate risks and to maintain or build "fit for purpose" Information Systems function going forward.

The attached report is Davanti's response to this brief.

THE DAVANTI REPORT

The report identifies **3 challenges** facing the I.S. Department:

- Lack of documentation, appropriate team structure, and formal process;
- Focus on managing current state not building the future;
- Lack of formal governance and engagement with stakeholders

The report proposes **5 changes** to the I.S operating model:

- Set up formal governance structures to include IS and business stakeholders to keep IS accountable to their users;
- Create an “Enterprise Architect” function to plan the future and make sure we are moving toward it;
- Separate innovative “build” and routine “operate” functions to improve focus and delivery of both;
- Formalise project delivery capability to standardise and ensure appropriate use of project management methods;
- Reorganise IS resources along the technology layer domains of application and infrastructure, to reduce risk of undocumented knowledge and increase flexibility.

The report sets out in detail 11 project plans to achieve the required change over a 26 month timeline, and recommends the creation of at least three new roles.

PROPOSED MANAGEMENT ACTION IN RESPONSE

The report is a reasoned and balanced assessment of the current state of maturity of our I.S function.

The three challenges and 5 changes set out need to be addressed and implemented respectively.

A steering group for change will be set up immediately to include the GM Planning and Funding (as senior Responsible Owner), Chief Operating Officer (as representative business partner), Head of I.S, and Head of Business Intelligence.

The project approach to implementation needs to be localised to follow DHB documentation and project process.

The restructuring to split the proposed needs to be enacted with two caveats:

- We need to follow our open transparent and consultative approach in designing the necessary organisational restructure.
- We need to balance additional cost with anticipated benefit, this will involve minimising the additionality required (in cost and FTE) to achieve the key outcomes proposed in the report.

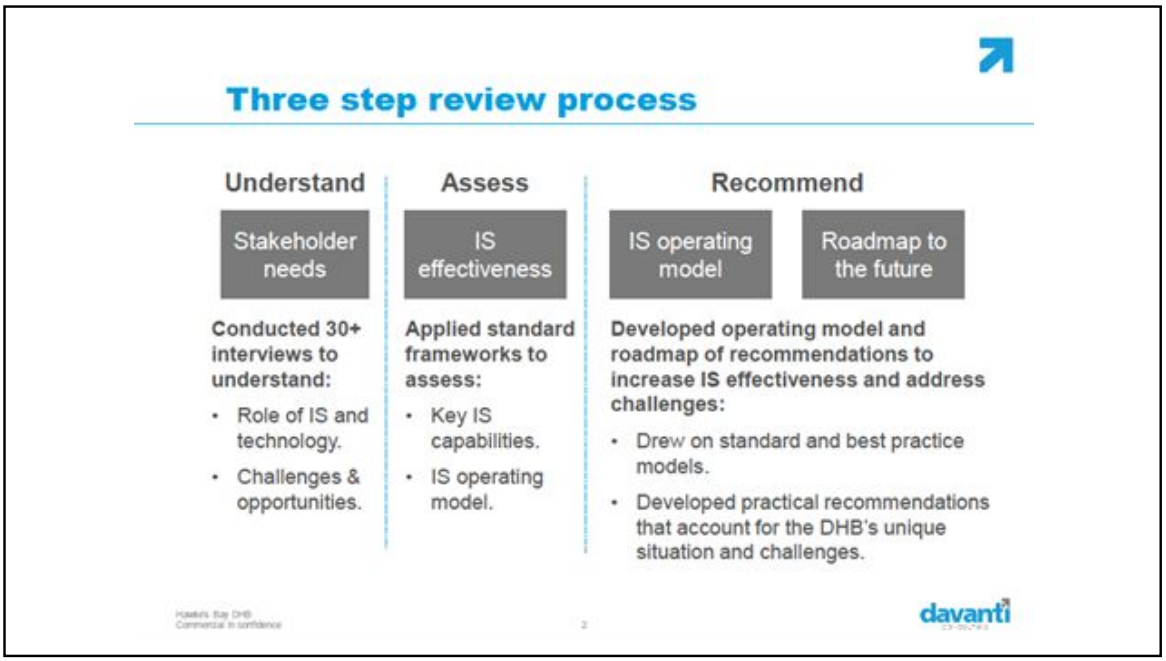
The Board need to be keep abreast of progress, and will need to approve any significant additional spend proposed as a result of the report’s implementation.

ATTACHMENTS

Summary slides Davanti report.

(Full report on Diligent Books, paper copies available on request)


davanti
CONSULTING
IS FUNCTION REVIEW
Summary of findings and recommendations
HAWKE'S BAY
District Health Board
Whakawatea


Three step review process
Understand
Stakeholder needs
Conducted 30+ interviews to understand:
Role of IS and technology.
Challenges & opportunities.
Assess
IS effectiveness
Applied standard frameworks to assess:
Key IS capabilities.
IS operating model.
Recommend
IS operating model
Roadmap to the future
Developed operating model and roadmap of recommendations to increase IS effectiveness and address challenges:
Drew on standard and best practice models.
Developed practical recommendations that account for the DHB's unique situation and challenges.
davanti

14

Three groups of challenges facing IS

Undocumented knowledge, an inappropriate team structure and lack of formal processes	A focus on managing the current state and not on building to the future	Lack of formal governance and engagement with stakeholders

Business impacts

Unsustainable IS workload and poor customer service	Inconsistent delivery of services	Poorly defined technology roadmap & risk of poor investment decisions	Limited leadership on the use of innovative technology	A reactive technology partner

Hawke's Bay DHB
Commercial in confidence

3

davanti

Five changes to the IS operating model

1. Establish a formal governance and stakeholder engagement structure that includes IS and business stakeholders.
2. Establish a formal Enterprise and Solution Architecture function to plan, optimise design and enforce the technology roadmap.
3. Formally separate the technology Build and Operate functions, each separately led, measured and governed.
4. Formalise IS' project delivery capability – formal project management and business analysis resource pools & methods.
5. Reorganise IS' resources along technology layer domains: Application and Infrastructure.

Hawke's Bay DHB
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4

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Delivering business benefits to the DHB

1. Formal governance structure
2. Architecture leadership
3. Formal Build and Operate functions
4. Formal project delivery capability
5. Restructure of resources

- **An engaged technology partner** that understands stakeholder objectives and has a portfolio of work that is aligned to their priorities.
- **Clear technology leadership**, with a technology roadmap that is optimised for the DHB and its stakeholders, and reduced risk of poor technology investment decisions.
- **A responsive technology partner** that is able to meet changing stakeholder needs.
- **Consistent delivery** and development of technology services, in a manner that meets stakeholder expectations.

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14

A four phase implementation approach

1. Mobilise	2. Stabilise	3. Increase sophistication	4. Embed
(~6 months) Lay the foundations for moving to the recommended target state.	(~6 months) Address current operational challenges.	(~9 months) Develop target architecture. Standardise approaches. Facilitate innovation opportunities.	(~5 months) Develop and maintain a project portfolio plan and process for continuous improvement.

~26 months timeline, 11 critical projects, three new roles.

Hawke's Bay DHB
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HAWKE'S BAY District Health Board Whakawāteatia	**Annual Māori Health Plan Dashboard** **Q2 (Oct – Dec 2015)**
	For the attention of: **HB Clinical Council, HB Health Consumer Council and Māori Relationship Board (MRB)**
Document Owner: Document Author(s):	Tracee Te Huia, General Manager Māori Health Patrick Le Geyt, Programme Manager Māori Health Justin Nguma, Senior Health & Social Policy Advisor Peter Mackenzie, Operational Performance Analyst
Reviewed by:	Executive Management Team (EMT)
Month:	March 2016
Consideration:	For Monitoring

15

RECOMMENDATION
That the HB Clinical Council, HB Health Consumer Council and MRB:
Note the contents of this report.

CONTENTS OF THE REPORT
This is a report on:

- The Māori health indicators agreed as part of the development of 2015 /16 Annual Māori Health Plan.

A quick reference summary dashboard is included and shows our position as at the end of this quarter for all indicators. The dashboard uses traffic light methodology (as described in the key on page 4) to represent this.

As this report is for the period ending December 2015, some results may vary to those presented in other reports.

KEY FOR DETAILED REPORT AND DASHBOARD

Baseline	Latest available data for planning purpose
Target 15-16	Target 2015/16
Actual to date	Actual to date
F (Favourable)	Actual to date is favourable to target
U (Unfavourable)	Actual to date is unfavourable to target
Trend direction ▲	Performance is improving against the previous reporting period or baseline
Trend direction ▼	Performance is declining
Trend direction -	Performance is unchanged

PERFORMANCE HIGHLIGHTS

Achievements

1. HBDHB continues to have the highest percentage in New Zealand for Cervical Screening for 25-69 year old Māori women (71.4%) and the lowest disparity gap between Māori and European (2.4% gap).
2. Immunisation rates for Māori under 2 year olds continue to exceed expected targets of ≥ 95% with 96.1% of all Māori 2 year olds immunized in Quarter 2.
3. Immunised rates for Māori 4 year olds has increased from 93.3% in Q2 to 94.2% in Q2 above the expected target of ≥ 90%.
4. ASH Rates overall are declining for both 0-4 years and 45-64 years with a significant narrowing of disparity gap for 0-4 year old group.
5. Advice to pregnant smokers increased above the expected target of ≥90% up from 87.7% in Quarter 1 to 96.2% in Quarter 2.
6. The number of Māori enrolled in the PHO has risen from 95.9% in Quarter 1 to 97.2% in Quarter 2 above the expected performance target of 97%.
7. Cultural Training for HBDHB staff has increased from 64% in Quarter 1 to 66% in Quarter 2. Medical staff increased significantly from 14% in Quarter 1 to 19% in Quarter 2.

Areas of progress

1. Heart and Diabetes Checks are continuing to improve towards the expected target and have increased from 85.8% in Quarter 1 to 86.3% in Quarter 2.
2. Breast Screening has improved from 66.6% in Quarter 1 to 68.4% in Quarter 2.

Challenges

1. Breastfeeding rates for Māori at 6 weeks, 3 month and 6 months continues to decrease and remain below expected performance targets.
2. Māori women who are smoke free at 2 weeks post natal decreased by 9% from 62% in Quarter 1 to 53% in Quarter 2 well below the expected performance target of ≥ 86%.
3. Immunisation rates for 8 month old Māori dropped below the expected target of ≥ 95%; down from 96.7% in Quarter 1 to 93.3% in Quarter 2.
4. Māori under Mental Health Act compulsory treatment orders has risen 6.7 from 189.3 per 100,000 population in Quarter 1 to 196. There remains a significant inequality between Māori and non-Māori.
5. Māori Workforce remained static in Quarter 2 at 12.3% and is below the expected target of 14.3%

Please note:

- Unless otherwise stated the results presented in this dashboard are for Māori.
- The approximated gap to achieving target numbers stated may only be one of a range of possible values that could deliver the targeted level/result.

ANNUAL MĀORI HEALTH PLAN, QUARTER 2 OCTOBER - DECEMBER 2015 DASHBOARD REPORT

Access to Care
PHO Enrolment and ASH rates

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
PHO Enrolment	94.7%	95.9%	97.2%	96.5%	≥ 97%	65		↑
0-4 years (6m)	82.0%	95.0%	82.0%	73.0%	≤ -	-		↓
45-64 years (6m)	100.0%	100.0%	98.0%	66.0%	≤ -	-		↓

Child Health
Breastfeeding rates (3m)

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
QIF Data								
At 6 Weeks	68.0%	69.0%	62.0%	66.0%	≥ 75%	-		↑
At 3 months	54.0%	45.0%	45.0%	55.0%	≥ 60%	-		↑
At 6 months	59.0%	55.0%	54.0%	66.0%	≥ 65%	-		↑

Immunisation

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
Immunisation (8 Months)	95.9%	96.7%	92.6%	93.3%	≥ 95%	-6		↑
Immunisation (2 years)	95.0%	95.9%	95.1%	92.9%	≥ 95%	0		↑
Immunisation (4 years)	-	93.3%	94.2%	91.1%	≥ 90%	11		↑
65+ Influenza (3m)	68.0%	52.4%	56.5%	65.1%	≥ 75%	0		

Rheumatic Fever

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
Hospitalisation rate (6m)	-	-	-	0.6	≤ 2.6	0		

Oral Health

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Pre-school enrolment rate	65.3%	65.3%	Yearly Data, Update in Q3		≥ 82%	-		↑

SUDI

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Rate per 100,000	4.6	2.9	Update not available		≤ 0.5	-		

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

Time Series Key:
- Target
- Actual

Cardiovascular Disease

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Heart & diabetes checks	83.9%	85.8%	86.3%	91.7%	≥ 90%	-416		↑
Quick access to angiograms	66.7%	38.5%	60.0%	68.7%	≥ 70%	-2		↑
Completion of registry data	12.5%	91.7%	71.4%	84.1%	≥ 95%	-5.0		↑

Cancer

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Cervical screening (25-69 yrs)	73.8%	74.4%	74.1%	76.5%	≥ 80%	-520		↑
Breast screening (50-69 yrs)	67.2%	66.6%	68.4%	75.8%	≥ 70%	-55.5		↑

Smokefree

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Smokefree 2 weeks postnatal	58.0%	62.0%	53.0%	73.0%	≥ 86.0%	0		↑
Pregnant smokers Brief Advice to Quit	100.0%	87.7%	95.2%	96.5%	≥ 90.0%	0		↑

Mental Health & Addictions

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Mental Health Act community treatment orders (per 100,000)	-	189.3	196.0	93.4	≤ 81.5	46		↓

Maori Workforce

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Medical	2.7%	2.7%	2.6%	2.9%	≥ -			
Management & Administration	15.7%	16.8%	16.5%	-	≥ -			
Nursing	10.1%	10.5%	10.6%	-	≥ -			
Allied Health	11.9%	12.6%	12.6%	-	≥ -			
Support Staff	26.7%	28.1%	28.2%	-	≥ -			
Māori staff - HBDHB	11.6%	12.3%	12.3%	-	≥ 14.3%			↑

Cultural Responsiveness

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Medical	9%	14%	19%	-	≥ -			
Management & Administration	43%	78%	79%	-	≥ -			
Nursing	41%	68%	70%	-	≥ -			
Allied Health	59%	74%	77%	-	≥ -			
Support Staff	12%	38%	36%	-	≥ -			
Māori staff - HBDHB	40%	64%	66%	-	≥ 100%			↑

Te Ara Whakawaiora Priorities

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Obesity (B4SC Healthy Weight for 4yrs)	-	26%	52%	56%	≥ 50%	-		↑
DNA's		11.70%	14.90%	5.30%	≤ 7.50%			↓
Oral Health (% Caries Free at 5yrs)	38.70%	38.70%	-	-	≥ 65%	-		↑

15

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Breastfeeding (National Indicator)** For the attention of: **HB Clinical Council, HB Health Consumer Council and Māori Relationship Board (MRB)**
Document Owner: Document Author(s):	Caroline McElnay, Director Population Health Nicky Skerman, Population Health Strategist
Reviewed by:	Executive Management Team
Month:	March 2016
Consideration:	For Information

RECOMMENDATION

That HB Clinical Council, HB Health Consumer Council and MRB:

Note the contents of this report.

16

OVERVIEW

The national GMs Māori (Tumu Whakarae) raised concerns about the slow pace of progress on some of the Māori health indicators in 2013. As a result, individual EMT members agreed to providing a championship role for the Māori Health Plan areas of key concern. Part of that role is to provide the Board with a report each month from one of the champions. This report is from Caroline McElnay, Champion for the Breastfeeding National Indicator.

UPCOMING REPORTS

The following are the indicators of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Breastfeeding *National Indicator*	Improve breastfeeding rate for children at: 6 weeks, 3 months; 6 months of age	 >75% >60% >65%	Caroline McElnay	Nicky Skerman	**Mar 2016**
Cardiovascular *National Indicator*	Total number (%) of all ACS patients where door to cath time is between -2 to 3 days of admission. Total number (%) with complete data on ACS forms	70% of high risk >95% of ACS patients	John Gommans	Paula Jones	**Apr 2016**
Oral Health *National Indicator*	The total number (%) of children are caries free at first examination after the child has turned five years, but before their sixth birthday	>66%	Sharon Mason	Patrick LeGeyt	**Jun 2016**
Smoking *National Indicator*	Percentage of pregnant Māori women that are	>90%	Caroline McElnay	Shari Tidswell	**Dec 2016**

	smokefree at 2-weeks postnatal				

MĀORI PLAN INDICATOR:

Full and exclusive breastfeeding of infants at 6 weeks (≥ 75%), 3 months (≥ 60%) and full, exclusive and partial at 6 months (≥ 65%).

WHY IS THIS INDICATOR IMPORTANT?

The HBDHB is committed to non-differential targets and significant inequality is seen in this indicator. This indicator is seen to best indicate the health systems performance in the early years of a child's life.

Hawke's Bay DHB acknowledges breastfeeding as a key priority for Hawke's Bay women and their babies. The breastfeeding indicator is reported to the Ministry of Health through the District Annual Plan and Annual Māori Health Plan and is a key component in the HBDHB Maternal Child Youth Strategic Framework 2015-18.

For the 12 month period from 1 June 2014 to 31 May 2015, 36% of babies born in Hawke's Bay were identified as Māori. The Hawke's Bay birthing population has a significantly higher proportion of Māori women compared to the national average. The rate of live births to women under 18 years in Hawke's Bay is consistently higher than the New Zealand average, the teenage pregnancy rate in Hawke's Bay is three-times higher for Māori than for non-Māori.

Breastfeeding

Breastfeeding has a range of advantages for both mother and child. These include; health, nutrition, immunological, developmental, psychological, social and economic benefits. The recognised benefits for mothers who breastfeed include a decreased risk of; breast cancer, ovarian cancer, postpartum bleeding and possibly a decreased risk of hip fractures and osteoporosis in the post-menopausal period.

Despite the health benefits for both mother and child, breastfeeding rates in New Zealand remain low compared to those in the early 20th century. The most common reasons given for not breastfeeding include insufficient milk supply and the need to return to work.

We acknowledge that in Hawke's Bay we struggle to meet the Ministry's targets for breastfeeding across the age bands and ethnicities with breastfeeding rates for Māori being consistently lower than other ethnicities.

The Māori Health Service and the Women, Child and Youth Portfolio are exploring different ways to support breastfeeding, as clearly the current systems and supports are not improving the breastfeeding rates at either six weeks or three months. Several targeted strategies are being considered, an example being the incentivising of Lead Maternity Carers (LMC)/midwives to improve the breastfeeding rates for women engaged in their care. The involvement of LMC midwives in the development of any new actions is essential, and challenging, due to the nature of contracting directly with the Ministry and at a local level engagement with the LMC group.

A concerted effort has been made in the last six months to engage LMC/midwives in both governance and operational forums to ensure the messages we convey are taken back to their operational meetings.

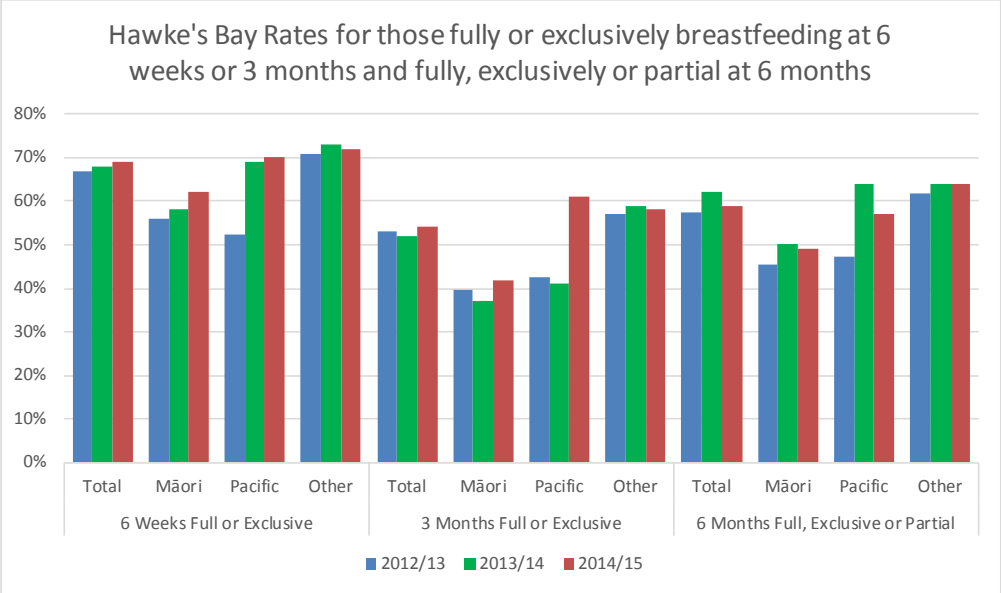
Monitoring progress in breastfeeding rates is hampered by the lack of a central collection point of data in New Zealand. Breastfeeding data at discharge post-delivery is collected by each DHB, breastfeeding rates at two weeks are collected by LMCs and are reported directly to the Ministry of Health under section 88 and is only provided to DHBs bi-annually with a 12 month delay in data.

Breastfeeding data as reported for the annual Māori Health Plan

The most recent data provided for the Māori Health Plan by the Ministry is shown below as Table 1. As per Table 1, breastfeeding rates for Māori at six weeks, three months and six months show minimal variability over the three year time period shown. There is however, no significant improvement and an obvious drop off between six weeks and three months.

Data outlined in Table 1 is Plunket only data. Prior to September 2015 this was the only source of Ministry level breastfeeding data available excluding all DHB contracted Well Child/Tamariki Ora (WC/TO) provider data. From September 2015 all Ministry level breastfeeding data includes both Plunket and WC/TO data. Tables 2 below provides a baseline for future comparison.

Table 1



*Plunket Data

Table 2

		Target	Dec-15
Breastfeeding at 6 weeks	Total	75%	68%
	Māori		58%
	Pacific		74%
Breastfeeding at 3 months	Total	60%	54%
	Māori		46%
	Pacific		62%
Breastfeeding at 6 months	Total	65%	56%
	Māori		46%
	Pacific		57%

*QIF data (Quality Improvement Framework).
Breastfeeding at 6 weeks: Source: National Maternity Collection
Breastfeeding at 3 months and 6 months: Source: WCTO NHI dataset

CHAMPION'S REPORT OF ACTIVITY THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR?

Breastfeeding

1. **Mama Aroha Talk Cards Training and Resource Development**
   One of the overwhelming themes identified in a breastfeeding stakeholder workshop held in August 2014 was ensuring "consistent messaging around breastfeeding resources and advice". The Mama Aroha talk cards have been developed by a Tairawhiti Māori midwife and lactation consultant and supported by the Ministry of Health to ensure all health professionals such as LMC/midwives and WC/TO providers working with new mothers are giving consistent and appropriate advice the same.

   A workshop on the Mama Aroha Breastfeeding support talk cards was held in 2015 and saw 56 local health professionals attend that included' LMC, WC/TO staff, midwifery students, peer support counsellors, antenatal educators and hauroa providers. Excellent feedback was gained with the highly visual and evidence based talk card sets presented to each attendee to use in health care, home, education and community settings.

   A recent follow on from the training has been local collaboration with Amy Wray of Mama Aroha to develop a user-friendly and motivating resource based on the talk cards to be handed out to all mothers delivering in Hawke's Bay as a take home breastfeeding support.

   Based on the Mama Aroha Talk Card, the Hawke's Bay Breastfeeding Group and the Breastfeeding Governance Group developed a resource combining key messages that support the establishment and continuation of; breastfeeding, safe sleep and smokefree. This resource will be used as an educational tool by the community safe sleep coordinator, and will also be handed out to all parents birthing in the HBDHB maternity unit and in the community.

2. Hawke's Bay Breastfeeding Governance Group

The Breastfeeding Governance Group meets quarterly. Their role is to provide a collaborative approach to improving breastfeeding rates in Hawke's Bay. A review of membership is underway to include strategic level representation from stakeholders outside of health (e.g. MSD, Early Childhood Education).

3. Hawke's Bay Breastfeeding Group

An operational group, contributing to the support of breastfeeding in the community, providing resourcing and updates to health professionals and ensuring that the World Health Organisation Breastfeeding Code is upheld and responding to breaches.

4. Workforce Development and Capacity Building Activities

La Leche League NZ (LLLNZ) peer counsellor training delivered by Choices Kahungunu Health Services to community providers across Hawke's Bay. Mama Aroha Talk Card training will be offered to local health professionals over the next year.

5. Well Child/Tamariki Ora Community Breastfeeding Supports

There are loan schemes in place at Kahungunu Executive and Te Taiwhenua o Heretaunga for breastfeeding equipment. These loan schemes ensure all women can access breastfeeding pumps and equipment regardless of cost (e.g. 70 loans were registered over 2015). Central Hawke's Bay Plunket also have six sets of breast pumps they hire out regularly.

Plunket's breastfeeding support in Central Hawke's Bay includes seven breastfeeding peer counsellors that are La Leche League trained. The service receives referrals from the Central Hawke's Bay lactation consultant as well as self-referrals.

To increase early engagement, a Breast Buddy programme has been initiated. Couples who attend antenatal classes are provided the opportunity to sign up to have a "Breast Buddy" contact them before the baby is born which then establishes a relationship, encourages parents to be able to ask for help after the birth. Since the programme was initiated, 100% of couples have signed-up, which is very encouraging. Furthermore, the peer support counsellors are advocates in the community for breastfeeding, providing advice, promoting breastfeeding at local events/social gatherings and playgroups. They also organised the Big Latch On in Central Hawke's Bay in 2015.

6. Breastfeeding Baby Cafes

Baby cafés or support services are run weekly in Napier, Hastings and Wairoa supported by lactation consultants and peer support trainers. Central Hawke's Bay has access to an 'on call' lactation consultant and a strong peer support network. The cafés are run from community locations and work in collaboration with midwives and well child providers.

7. Celebration of World Breastfeeding Week 1-7 August 2015

Big Latch On events organised and supported by Hawke's Bay Breastfeeding Group at local cafés (Hastings and Napier) for the first time.

8. Healthy First Food Promotion

The Healthy First Foods Workshop package (train the trainer) has been provided to two local WC/TO providers. Phase Two is now in progress with all Hawke's Bay WC/TO providers to receive training. The Healthy First Foods programme promotes the optimum timing for solids initiation to infants, including healthy first food preparation, whilst maintaining breastfeeding.

FINANCIAL IMPLICATIONS OR OTHER KEY ISSUES AS REQUIRED

- Ongoing training and resourcing of Mama Aroha Talk Cards and Parent resource
- Possible incentivisation programme for midwives

RECOMMENDATIONS FROM TARGET CHAMPION

The first six weeks after a baby is born is critical to establishing successful breastfeeding. There are multiple factors that impact whether this occurs, for example; consistent messaging, health professional engagement and enrolment processes. It is essential that for any sustainable change to occur in the rates of breastfeeding, efforts must be focussed in the antenatal and early postnatal periods (in addition to other activities already established).

A Ministry of Health funded investigation will take place in Quarter 4 with a focus on barriers to referral to WC/TO by LMC, and subsequently timely engagement with whānau by WC/TO. Additionally, discussions around incentivising LMC and growing LMC involvement in breastfeeding leadership should be seriously considered.

Many women return to work shortly after the birth of their baby and this creates extra challenges to continue breastfeeding. More work is needed to identify practical steps to help support women continue with breastfeeding when back at work.

CONCLUSION

Increasing breastfeeding rates remains a significant ongoing challenge. Whilst rates at six weeks have increased for Maori there is still a significant drop at three months.

Caroline McElnay
Director, Population Health

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

18. Māori Health Service Review Presentation

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).

HAWKE'S BAY
District Health Board
Whakawāteatia

MĀORI RELATIONSHIP BOARD

18

PRESENTATION
MĀORI HEALTH SERVICE REVIEW
BY TRACEE TE HUIA (GM MĀORI HEALTH)

GLOSSARY OF COMMONLY USED ACRONYMS

A&D	Alcohol and Drug
AAU	Acute Assessment Unit
AIM	Acute Inpatient Management
ACC	Accident Compensation Corporation
ACP	Advanced Care Planning
ALOS	Average Length of Stay
ALT	Alliance Leadership Team
ACP	Advanced Care Planning
AP	Annual Plan
ASH	Ambulatory Sensitive Hospitalisation
AT & R	Assessment, Treatment & Rehabilitation
B4SC	Before School Check
BSI	Blood Stream Infection
CBF	Capitation Based Funding
CCDHB	Capital & Coast District Health Board
CCN	Clinical Charge Nurse
CCP	Contribution to cost pressure
CCU	Coronary Care Unit
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHB	Central Hawke's Bay
CHS	Community Health Services
CMA	Chief Medical Advisor
CME / CNE	Continuing Medical / Nursing Education
CMO	Chief Medical Officer
CMS	Contract Management System
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CPHAC	Community & Public Health Advisory Committee
CPI	Consumer Price Index
CPO	Co-ordinated Primary Options
CQAC	Clinical and Quality Audit Committee (PHO)
CRISP	Central Region Information System Plan
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CWDs	Case Weighted Discharges
CVD	Cardiovascular Disease
DHB	District Health Board
DHBSS	District Health Boards Shared Services
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSAC	Disability Support Advisory Committee
DSS	Disability Support Services
DSU	Day Surgery Unit
ED	Emergency Department
ECA	Electronic Clinical Application

ECG	Electrocardiograph
EDS	Electronic Discharge Summary
EMT	Executive Management Team
EoIs	Expressions of Interest
ER	Employment Relations
ESU	Enrolled Service User
ESPIs	Elective Service Patient Flow Indicator
FACEM	Fellow of Australasian College of Emergency Medicine
FAR	Finance, Audit and Risk Committee (PHO)
FRAC	Finance, Risk and Audit Committee (HBDHB)
FMIS	Financial Management Information System
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GIS	Geographical Information System
GL	General Ledger
GM	General Manager
GMS	General Medicine Subsidy
GP	General Practitioner
GP	General Practice Leadership Forum (PHO)
GPSI	General Practitioners with Special Interests
GPSS	General Practice Support Services
HAC	Hospital Advisory Committee
H&DC	Health and Disability Commissioner
HBDHB	Hawke's Bay District Health Board
HBL	Health Benefits Limited
HHB	Health Hawke's Bay
HQSC	Health Quality & Safety Commission
HOPSI	Health Older Persons Service Improvement
HP	Health Promotion
HR	Human Resources
HS	Health Services
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
ICS	Integrated Care Services
IDFs	Inter District Flows
IR	Industrial Relations
IS	Information Systems
IT	Information Technology
IUC	Integrated Urgent Care
K10	Kessler 10 questionnaire (MHI assessment tool)
KHW	Kahungunu Hikoi Whenua
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LTC	Long Term Conditions
MDO	Maori Development Organisation
MECA	Multi Employment Collective Agreement
MHI	Mental Health Initiative (PHO)
MHS	Maori Health Service
MOPS	Maintenance of Professional Standards
MOH	Ministry of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding

MRI	Magnetic Resonance Imaging
MRB	Māori Relationship Board
MSD	Ministry of Social Development
NASC	Needs Assessment Service Coordination
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHB	National Health Board
NHC	Napier Health Centre
NHI	National Health Index
NKII	Ngati Kahungunu Iwi Inc
NMDS	National Minimum Dataset
NRT	Nicotine Replacement Therapy
NZHIS	NZ Health Information Services
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health and Disability Act 2000
OPF	Operational Policy Framework
OPTIONS	Options Hawke's Bay
ORBS	Operating Results By Service
ORL	Otorhinolaryngology (Ear, Nose and Throat)
OSH	Occupational Safety and Health
PAS	Performance Appraisal System
PBFF	Population Based Funding Formula
PCI	Palliative Care Initiative (PCI)
PDR	Performance Development Review
PHLG	Pacific Health Leadership Group
PHO	Primary Health Organisation
PIB	Proposal for Inclusion in Budget
P&P	Planning and Performance
PMS	Patient Management System
POAC	Primary Options to Acute Care
POC	Package of Care
PPC	Priority Population Committee (PHO)
PPP	PHO Performance Programme
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol Group
QHNZ	Quality Health NZ
QRT	Quality Review Team
Q&R	Quality and Risk
RFP	Request for Proposal
RIS/PACS	Radiology Information System Picture Archiving and Communication System
RMO	Resident Medical Officer
RSP	Regional Service Plan
RTS	Regional Tertiary Services
SCBU	Special Care Baby Unit
SLAT	Service Level Alliance Team
SFIP	Service and Financial Improvement Programme
SIA	Services to Improve Access
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SSP	Statement of Service Performance
SOI	Statement of Intent

SUR	Service Utilisation Report
TAS	Technical Advisory Service
TOR	Terms of Reference
UCA	Urgent Care Alliance
WBS	Work Breakdown Structure
YTD	Year to Date