Māori Relationship Board Meeting

Date:	**Wednesday, 12 October 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-Johnson
Diana Kirton
Helen Francis
Trish Giddens
Denise Eaglesome
Tatiana Cowan-Greening

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
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Public Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public

Our vision

HEALTHY HAWKE'S BAY

TE HAUORA O TE MATAU-Ā-MĀUI

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

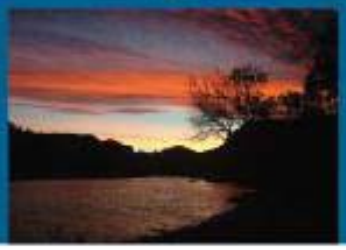
Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

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

Ākina – continuously improving everything we do



PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	**9.00am**
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2016	
8.	MRB Chair's Report	
9.	General Manager Māori Health Report	
	Section 2: Presentation	**9.20am**
10.	Mahi Tahi: Working together for Tamariki in Hawke's Bay (Dr Russell Wills)	30-mins
11.	Relationship Centred Practice Presentation (Dr Andy Phillips)	20-mins
12.	Te Matatini 2016 Presentation (Traci Tuimaseve)	20-mins
	Section 3: For Discussion	**10.30am**
13.	Complementary Therapies Policy (Dr Andy Phillips)	20-mins
	Section 4: General Business	**11.00am**
Item	**Section 5: Recommendation to Exclude the Public from item 20**	**11.30am**
14.	Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

Item	Section 6: For Discussion / Decision	11.40am
15.	Minutes of Previous Meeting (public excluded)	
	Light Lunch	**12.00pm**

Māori Relationship Board Interest Register - 4 August 2016

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	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
	Active	Coordinator for Health Contract for Rugby Academy in Wairoa	Health Contract with Wairoa Rugby Academy	Will not take part in any decisions or discussions in relation to this contract.	The Chair	25.05.15
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract	Will not take part in any discussions or decisions relating to the Contract with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15
Tatiana Cowan-Greening	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

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	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited).	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson [married 12 May 2016] now Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Chair of Te Whare Whanau Purotu Inc.	Maori Womens Refuge	No conflict	The Chair	22.12.15
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	wahine co-Chair for Ikaroa Rawhiti Electorate for the Maori Party	Political role	No conflict	The Chair	14.07.16
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
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective)	Relationship and and may be contractural from time to time	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15
	Active	Chair, Health Promotion Forum (previously Deputy Chair from 12.08.15)	Relationship	No conflict	The Chair	12.08.15 04.08.16

MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING HELD ON WEDNESDAY, 14 SEPTEMBER 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 Ana Apatu Tatiana Cowan-Greening (teleconference) Lynlee Aitcheson-Johnson Trish Giddens Diana Kirton Helen Francis Des Ratima George Mackey Na Raihania
Apologies:	Heather Skipworth Denise Eaglesome Des Ratima Peter Dunkerley (HBDHB Board Member) Patrick Le Geyt (Programme Manager, Māori Health HBDHB) Nicola Ehau (Acting CEO, Health Hawke's Bay PHO)
In Attendance:	Graeme Norton (Chair, HB Consumer Council HBDHB) Tracee Te Huia (General Manager, Māori Health Service HBDHB) Matiu Eru (Pouahurea, Māori Health Service HBDHB) Justin Nguma (Senior Health & Social Policy Advisor, Māori Health Service HBDHB) Laurie Te Nahu (Programme Administration Officer, Māori Health Services HBDHB) Dr Adele Whyte (CEO Ngāti Kahungunu Iwi Incorporated) Chrissy Hape (Iwi/CYF Partnership Advisor, Ngāti Kahungunu Iwi Incorporated) Jeanette Rendle (Consumer Engagement Manager HBDHB) Belinda Sleight (Project Manager, Strategic Services Planning, Funding and Performance)
Minute Taker:	Lana Bartlett (MRB Administrator and Executive Assistant GM Māori Health Service)

SECTION 1: ROUTINE

1. KARAKIA

Matiu Eru (Pouahurea, Māori Health Service HBDHB) opened the meeting with karakia.

2. WHAKAWHANAUNGATANGA

The MRB Chair welcomed everyone to the meeting.

3. APOLOGIES

Apologies were received from H Skipworth, D Eaglesome and D Ratima. Additional apologies were received from Peter Dunkerley (HBDHB Board Member).

Moved: L Aitcheson-Johnson
Seconded: N Raihaia

4. INTERESTS REGISTER

There were no amendments to the Interest Register.

No MRB Board members declared a conflict of interest with today's agenda items.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 10 August 2016 were taken as read and confirmed as a correct record, pending the following amendments:

T Giddens joined the meeting at 9.13am

Page 12, item 15. Te Ara Whakawaiora: Mental Health

Duplication of paragraph three, "An analysis of 50 people … More Māori diagnosed with Schizoaffective disorder than Māori".

Moved: A Apatu
Seconded: D Kirton
CARRIED

Jeanette Rendle (Consumer Engagement Manager, Quality Improvement Patient Safety) joined the meeting at 9.15am.

6. MATTERS ARISING FROM THE PREVIOUS MINUTES – REVIEW OF ACTIONS

The following matters from the August minutes were discussed:

Page 7, MRB Chair's Report, Hawke's Bay Clinical Council and Consumer Council Board Reports

Graeme Norton (Chair Consumer Council) clarified the statement 'working in silos' was not about committees working in silos. There are a number of consumers on steering groups who have observed the steering groups working in silo. The MRB Chair acknowledged Graeme for the clarification.

Page 12, 15. Te Ara Whakawaiora: Mental Health

There was a brief discussion about the Mental Health Services who require some work and reassurance that we are here to help and not hinder. A meeting is planned between the GM Māori Health, Allison Stevenson (Service Director) and Dr Simon Shaw (Clinical Director and DAMHS). Graeme Norton (Chair Consumer Council) talked about the Councils interest after attempts to discuss this matter have not been successful. K Nuku reiterated the issues of the current structure (discriminatory system) and the need for behaviours to change. The bigger question is how do we change the behaviours.

REVIEW OF ACTIONS

The Action and Progress List as at August 2016 was taken as read.

7. MRB WORKPLAN 2016

The MRB Workplan was taken as read and the following change noted:

Vulnerable Children and Families presentation - moved to October.

The workplan goes up to December 2016, therefore MRB will still be operative until December or as determined following the review.

8. MRB CHAIR'S REPORT

The Chair's Report for September 2016 was taken as read and the contents noted. The following topics were discussed:

Campylobacter Outbreak

N Tomoana observed a 'forced but effective behaviour' of the services coming together to respond and manage the outbreak. This is what MRB have been trying to drive for some time and should become the new norm. It was exciting to see this behaviour in action and that this behaviour is achievable. There is a need to identify the forced behaviours that could be sustained regardless, while maintaining a level of sustainability.

Justin Nguma (Senior Health and Social Policy Advisor, Māori Health Service) joined the meeting at 9.12am closely followed by Belinda Sleight (Project Manager, Strategic Services)

Te Ara Whakawaiora: Mental Health

The stories from the doctors and consumers of Ngā Rau Rakau are important and could assist the prevention of critical events. Also, we could compare whether the stories are different to the stories collected from patients in the general hospital. The Patient Advisory Group (PAG) for Mental Health have been working on these stories with the Quality Improvement Patient Safety team.

Te Ara Whakawaiora: Culturally Competent Workforce

Engaging Effectively with Māori training classes are now increasing in attendees with 56 staff registered for this month's training. The Senior Advisor Cultural Competency role will be responsible for developing the competency framework for the sector on which the Engaging Effectively with Māori training hangs from.

9. GENERAL MANAGER (GM) MĀORI HEALTH REPORT

The GM Māori Health report for September 2016 was taken as read and the contents noted. The following commentary was provided by Tracee Te Huia (GM Māori Health):

New Staff Appointments

Since this report was written the Māori Health Operations Team have had two new appointments; Numia Tomoana, Kaitakawaenga for night duty and Dr James Graham, Senior Advisor Cultural Competency.

Napier City Citizens Civic Award for Voluntary Service

MRB acknowledged Matiu for the voluntary services he provides in the Napier community and across Kahungunu.

Wairoa Health Needs Assessment Report

The report is in the final editing and formatting stage by the end of September.

Te Matatini 2017

The DHB has been asked to run the Hauora Village and Tracee encouraged MRB to provide any advice or suggestions. The Māori Health Service and Population Health will partner with the Iwi on this event. There have been discussions with Heather Skipworth and Les Hokianga of Hikoi 4 Life about what support could be provided.

The following matters were raised:

- Nationally, fire safety compliance is an issue for marae applying for a permit and as all marae will be used during the time of Matatini, this has been raised for response. The permit triggers a number of building permits, along with health and safety issues. This issue has been raised at a government level and is being managed by the Hastings District Council.
- How does Kahungunu surpass Matatini so that we can promote our region?

SECTION 2: PRESENTATIONS

10. QUALITY ACCOUNTS 2016 REPORT

RECOMMENDATION

That Māori Relationship Board:

1. Provide final feedback and endorsement of the Quality Accounts prior to sign off by the Board at their 28 September meeting
2. Provide feedback and endorsement of the communications plan

Moved: A Apatu
Seconded: N Raihania

Jeanette Rendle (Consumer Engagement Manager, Quality Improvement Patient Safety) provided a brief overview of the purpose of today's presentation of the Quality Accounts 2016 Report.

MRB endorsed the Quality Accounts Communications Plan, and the 2016 Report pending the following advice to be considered:

- Strengthen the following statement "Ākina, one of our sector values means *that we continuously look for ways in which we can make improvements and learn when things don't go as well as we planned",* under 'What quality means to us?'. 'Akina' is more about a 'bold statement'. N Raihania offered to assist Jeanette to write a punchier statement **ACTION**
- Include a brief comment about the Campylobacter Outbreak describing how the whole of sector collaborated to manage the outbreak
- Instead of using 'We', name who is exactly pledging to the 'commitment to improve the safety and quality of care for all'. Otherwise, this could be perceived as being aloof (page 3).
- Correct translation for Working in Partnership for Quality is 'Mahi Ngā Tahi mo te Kounga' (page 5).

Jeanette Rendle (Consumer Engagement Manager) and Anna Kirk (Communications Manager) were acknowledged and commended for a job well done. MRB thanked Jeanette and Anna Kirk for their commitment to the translation of key parts of the document. It demonstrated our ongoing support for Te Reo in our organisation. Additionally, MRB liked the inclusion of the targets, especially the targets that had not been achieved. The layout was great and the graphics were highly effective clearly illustrating the data.

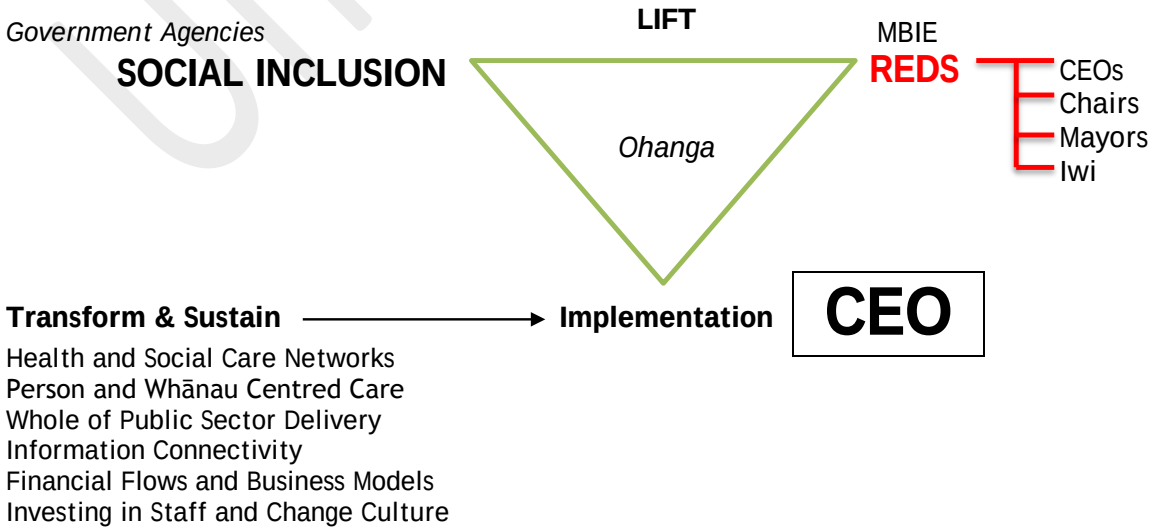
11. HEALTH AND SOCIAL CARE NETWORKS UPDATE

Belinda Sleight (Project Manager, Strategic Services) was in attendance to support Tracee Te Huia, the new Sponsor of the Health and Social Care Networks (HSCN), who provided a brief overview of the report.

MRB noted the contents of the report and provided the following feedback:

- To know what a network is, you have to understand the needs of that community. This will determine the blueprint of the network
- Whānau is the baseline. Ensure accountability is with the whānau. And ensure the right people are engaged
- Don't inhibit communities by not addressing the existing discriminatory structures and systems as we develop the networks
- Change the contracting and funding system to enhance communities and incentive outcomes
- Application of the Health Equity Assessment Tool (HEAT) needs to be across the DHB and health sector. We need to drive equity within our DHB services first before trying to change other services.
- Utilise the findings of the UK research on localities planning for guiding principles. Learn from their mistakes and successes.
- Change the name of Health and Social Care Networks to something more aligned to Hawke's Bay

Tracee Te Huia (HSCN Sponsor) drew the following diagram to help clarify where HSCNs fits within the wider developments in Hawke's Bay.



12. TE ARA WHAKAWAIORA: HEALTHY WEIGHT STRATEGY

MRB did not support the report because it still did not adequately address concerns previously raised by MRB including:

- Clearer identification on how the initiatives will remove inequity
- Application of the HEAT
- Mores substance and definition.

MRB recommended the Board makes the application of the HEAT compulsory to all reports and funding bids across DHB.

SECTION 3: FOR INFORMATION ONLY

13. HAVELOCK NORTH GASTRO REVIEW

MRB requested to be included in the Review Process.

SECTION 4: GENERAL BUSINESS

There were no items for General Business. Therefore, the MRB Chair closed the Public Meeting at 10.35am and moved into Public Excluded.

Signed: _____

Chair

Date: _____

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

MĀORI RELATIONSHIP BOARD
Matters Arising – Review of Actions

Sept MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at October 2016
14/09/16	**1. MRB hosting the next DHB Māori Caucus** a) Send dates to MRB Administrator. b) Develop the agenda and discussions c) Consider future MRB representation to the Māori Caucus.	T Cowan-Greening MRB	Nov 2016	Tatiana is confirming dates with the Chair.
	2. Future Direction of MRB Develop a draft for MRB to discuss at the October Meeting.	**GM Māori Health/ Company Secretary HBDHB/ CEO NKII**	Nov 2016	**IN PROGRESS** Meeting scheduled for 27 Oct 2016

Aug MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at October 2016
10/08/16	**1. Fluoridation Presentation in November** MRB requested the most up-to-date information about 'Neurotoxin and for this subject to be discussed. Also the possibility for a neurologist presenting this information in conjunction with Dr Whyman. Circulate Neurotoxin information to MRB members.	Clinical Director Oral Health L Aitcheson-Johnson	Nov 2016	**IN PROGRESS** Dr Whyman is waiting for confirmation from the neurologist about availability to co-present information about neurotoxicity.
	2. Wānanga between MRB and Mental Health Services Allison Stevenson and Dr Shaw to formulate a clear purpose, agenda, response(s) and outcomes for the wānanga.	Service Manager Mental Health and Addiction Services/ Clinical Director & DAMHS	Sept 2016	**IN PROGRESS** Wānanga scheduled for the 21 Nov 2016 from 9.30am-12.30pm in the Takarangi Meeting Room at Te Taiwhenua o Heretaunga.

June MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at October 2016
08/06/16	**1. Health Equity Update 2016** ***NZ Territorial Authorities Statistics Gap in Years between Māori and non-Māori Life Expectancy by Gender and Region 2012-14*** MRB were interested in the reasons for the longer life expectancy of Māori in the Canterbury region and requested that Dr McElnay conduct further research to provide an update on the findings	DPH/ HE	Oct 2016	Dr McElnay is providing a verbal update 12 Oct 2016.

May MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at October 2016
12/05/16	**1. Review form and function of MRB and Youth Representative** NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	GM Māori Health/ CEO NKII	Sept 2016	**IN PROGRESS** Review of MRB underway led by NKII
	2. Bariatric Surgery Investigation Request for an investigation of the evidence to rationalise the increase of surgeries per annum.	Head of Strategic Services	Oct 2016	**IN PROGRESS** Deferred to Nov meeting.

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HAWKE'S BAY District Health Board Whakawāteatia

MĀORI RELATIONSHIP BOARD WORKPLAN 2016

Meetings 2016	Papers and Topics	Lead(s)
8 Oct	*Election Day – voting closes at Noon*	
12 Oct	Relationship Centered Practice PRESENTATION	Andrew Phillips
	Complementary Therapies Policy	Andrew Phllips
	Mahi Tahi: Working Together for Tamariki in HB PPRESENTATION	Dr Russell Wills
	Te Matatini 2016 PRESENTATION	Ngāti Kahungunu Iwi Inc.
13 Oct	*Official Result Declaration*	
Meetings 2016	**Papers and Topics**	**Lead(s)**
9 Nov	Orthopaedic Review - closure of phase	Andrew Phillips
	Tobacco - Annual Update FOR NOTING	Caroline McElnay
	Family Violence Strategy Effectiveness	Caroline McElnay
	Reducing Alcohol Related Harm FINAL	Caroline McElnay
	Travel Plan Quarterly Update VERBAL PRESENTATION	Sharon Mason
	Event/Compaint/Hazard/Risk Management System	Kate Coley
	13-17 Year Old Primary Care Zero Rated Subsidy Project	Tim Evans
	Integrated Palliative Care DISCUSSION	Mary Wills
	Bariatric Surgery Investigation Paper	Mary Wills
	Fluoridation the Key Facts PPRESENTATION	Robin Whyman
	Transform & Sustain Refresh	Tracee TeHuia
	Monitoring – for information - no presenters:	
	Annual Māori Health Plan Q1 Jul-Sept 2016 Dashboard and Non-Financial Excpetions Report	
	Te Ara Whakawaiora: **Smoking** (national indicator)	
	Te Ara Whakawaiora: **Healthy Weight Strategy** (national indicator)	
	Long Term Conditions FOR INFORMATION	

Meetings 2016	Papers and Topics	Lead(s)
5 Dec	*New Board comes into office.*	
DEC	**No Meeting in December** The following papers will be emailed to MRB:	
	HBDHB Workforce Plan – DISCUSSION DOCUMENT	Acting GM HR
	Health and Social Care Networks Update	Tracee Te Huia
	Orthopedic Review Phase 2 DRAFT	Andrew Phillips

HAWKE'S BAY District Health Board Whakawāteatia	**Chair's Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Heather Skipworth, Deputy Chair
Month:	October 2016
Consideration:	For Information

8

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 Board meeting held in September 2016 pertaining to Māori health.

INTRODUCTION

For this month, I provide an overview of the Chief Executive Officers (CEO) report including the Quarter Four Health Target Results from the Hon Jonathan Coleman; and the Te Ara Whakawaiora: Breastfeeding report about what other DHBs were doing to meet the Ministry of Health targets for breastfeeding and understand how we are benchmarked in comparison.

This month's report also provides a brief outline of the Advisory Committee's Chair's Reports to the Board, and the Health and Social Care Networks, Matariki – Regional Economic Development Strategy (REDS), and Quality Accounts.

Chief Executive Officers (CEO) Report

Three weeks on from the Campylobacter outbreak in August and the DHB has already returned to business as usual keeping in mind there are still a number of people unwell as a result of the outbreak. Investigation into the cause of the outbreak is underway and the DHB continues to work closely with the Hastings District Council (HDC) and Hawke's Bay Regional Council (HBRC). A National Inquiry has been recently announced and the DHB welcomes this. There will be many lessons for us locally and as a nation for the coming future.

The cost of the Havelock North Gastro outbreak, along with high sick leave of staff and the costs associated with managing the outbreak impacted on this month's financial result of $322 thousand below plan leaving a year-to-date adverse variance to plan of $118 thousand.

Quarter Four Health Target Results

The finalised results were received from the Hon Dr Johnathan Coleman and the following feedback was received from the Target Champions nationally which highlights the areas in the Ministerial targets that we need to improve on particularly *Faster Cancer Treatment* which remains a concern due to the reduction for this quarter to 74%. The Ministry's national target is to achieve 85% from the next quarter therefore considerable improvement in performance continues to be required.

The following indicators were on target for this quarter:

- *Heart and Diabetes Checks* with a national result of 91% (90% target). This represents a notable increase from 46% since the target began in 2012
- *Improved Access to Elective Surgery*
- *Better Help for Smokers to Quit* for both the hospital and maternity
- *Shorter Stays in Emergency Departments* (94%)
- *Increased Immunisation* target (93%)
- *Better Help for Smoker to Quit Primary Care* white did not meet the target improved to 88%

As we move into 2016/17, the Ministry would like the DHB to ensure there is improvement in the areas where we have had no headway with target results.

There will be a significant increase in activity required in 2016/17 for the *Improved Access to Elective Surgery* target and Other Elective Priorities such as the Additional General Surgery and Orthopaedics Initiative.

The new *Raising Healthy Kids* health target commenced 1 July 2016. The baseline of 28% from the time the target was introduced shows there is much to improve as we support children and families to achieve better outcomes.

Te Ara Whakawaiora / Breastfeeding (National Indicator)

From the March meeting, the Board requested further detail about what other DHBs were doing to meet the Ministry of Health targets for breastfeeding and understand how we are benchmarked in comparison. The report provided a comparative analysis of data across three DHBs, comparison of breastfeeding services across three DHBs, a demographic comparison and recommendations.

In conclusion, Northland DHB's Māori breastfeeding rates demonstrate the DHB's commitment to breastfeeding through the investment in and delivery of comprehensive, accessible and timely breastfeeding support services. To address Māori breastfeeding rates at a local level, the Māori Health Programme Manager and Women, Child and Youth Portfolio Managers have worked together to jointly develop a draft Breastfeeding Support Service model based on learnings from Northland and with local consumer and stakeholder input.

This model would offer hospital-based lactation consultant support, community clinics and home visits. With focus on developing strong relationships and providing consistent messages, the HBDHB breastfeeding support service aims to provide appropriate effective, timely breastfeeding support. Key differences would include; the development of a breastfeeding peer support role which will sit alongside the lactation consultant coordinating the service and offer home visits thereby removing any barriers to access. Feedback on this draft will be sought through the local stakeholder breastfeeding forums with funding sought through the 2017/18 budget bid process.

Māori Relationship Board (MRB)

Tracee Te Huia (GM Māori Health) provided an overview of the discussions held with Ngāti Kahungunu Iwi Inc. around future structure(s) to best serve Hawke's Bay into the future. MRB discussed the need to move the status of the MRB to partner with DHB Board. This would mean moving the composition to one that is intersectoral and focuses on social determinants causing ill health to Māori. The question was asked would a new structure dilute the Māori voice coming back to the DHB table. This was highly unlikely as Māori representation at HBDHB Board level was very high compared with other Boards around NZ.

HB Health Consumer Council

The adoption of the 2016 Quality Accounts and its associated communications plan was **endorsed** by the Council**.** The Council acknowledged the excellent work by the health sector in responding to the Gastro outbreak. Furthermore, the Council **supported** the views expressed at Clinical Council

and MRB that Health & Social Care Networks (HSCN) needed to be bottom up and consumer "owned" if they are to be successful.

Health and Social Care Networks

The Board noted the report had been reviewed by Hawke's Bay Clinical and Hawke's Bay Health Consumer Council as well as MRB. A summary of the discussions is as follows:

- A work in progress. Definition of what constituted a network to be progressed as well as how the HSCN will be co-designed with the HB Community. This was due to EMT in several weeks and following that the definition would be provided to the Chief Operating Officers team.
- Applications would be in business case form defining what they would like to achieve in their community(s).
- Consumer Council advised the HSCN needs to be consumer owned to ensure the desired outcome. Two tier makes sense.
- Practices are already a bit sceptical with the DHB therefore we need to look at how we align and support General practice. There is work underway in Wairoa and Central HB already and learnings would be taken from these two developments which are very different from one another
- Investigate how we support the community to have ownership.
- This would require complete change in the way we engage being a process of absolute honesty and trust.
- The HSCN needs a "very honest and very simple" name something that a 12 year old would understand.
- We have not achieved what we need presently in Primary Care. Resources will be required.

Matariki - Regional Economic Development Strategy

The strategy had been developed in consultation with key stakeholders and was taken out to the wider community, iwi and various organisations inviting comment and feedback. The process has produced a truly regional economic development strategy that has been embraced by iwi, government, councils and the local community. The strategy was launched by Government Ministers' on 27 July 2016, following two years of work with full regional engagement.

The focus of the strategy was not just on jobs but on career opportunities and pathways. The strategy would be in tandem with the Strategy for Social Inclusion being drafted before Christmas 2016. There is some national funding earmarked for support the strategy.

The Board adopted the strategy and were encouraged by the dedication of Dr Kevin Snee (CEO HBDHB) to ensure the organisations worked together and to make sure Māori leaders continue to be properly involved.

The work being undertaken on Social Inclusions will be brought to the Board in 2017. Kevin Atkinson (Chair HBDHB Board) requested the consideration for sport and recreation included in REDS.

Quality Accounts 2016

It was noted the Quality Accounts had been endorsed by Consumer and Clinical Council, MRB and the PHO Clinical Advisory Group and HBDHB's Executive Management team. This publication, although not in final form as presented within the report, was very close to completion and was aligned with HBDHB's Annual Plan. The Board **endorsed** the Accounts.

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:	October 2016
Consideration:	For Information

RECOMMENDATION

That MRB

Note the content of this report.

PURPOSE

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

INTRODUCTION

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

- Mobility Action Programme Request for Proposal
- Wairoa Health Needs Assessment Report
- Under 18 Primary Care Co-Payment Subsidy Project
- Rapai Pohe Scholarship
- Registered Nurse Prescribing
- Māori Staff Representation

Mobility Action Programme (MAP) Request for Proposal (RFP)

Māori Health have been involved in the development of the MAP RFP that was submitted to Ministry of Health (MOH) on 7 July 2016 deadline.

The HBDHB was notified on 19 August 2016 by the MOH regarding the recommendations of the MOH panel that HBDHB have been short-listed as a preferred supplier for the MAP and have initiated negotiations with a view to establishing a contract.

MOH stated that HBDHB's proposal was the best they had received but the funding requested was outside the funding parameters. Negotiations continue.

Wairoa Health Needs Assessment Report

A final report has been completed following feedback from MRB, Strategic Services, HHB PHO and Wairoa Centre Manager. The report will now be used as a key planning document for the Wairoa Health and Social Care Network.

Under 18 Primary Care Co-Payment Subsidy Project

The Under 18s Primary Care Zero Fees Project proposition paper was submitted and discussed at EMT meeting on 30 August 2016. There were differing views expressed concerning the programme objectives and preferred implementation method. EMT asked that the project steering group meet to clarify and gain agreement on the key principles and goals to be achieved.

The project steering group met 6 September 2016 and agreed that cost needed to be removed as a barrier, but that other significant barriers and the model of primary care for youth also required equal attention. Therefore, the group agreed that the under 18s proposition should be a contributor and enabler for changes to the model of primary care. The group agreed that there needs to both overarching programme measures as well individual tailored measures for each participating general practice.

Programme measures could include ASH rates, ED admissions, GP Practice Utilisation, and Other Youth Health specific indicators (mental health etc.). These would require breakdown of HBDHB and PHO data to determine specific health indicators directly attributable to access to primary care.

Individual tailored measures would be general practice specific. The tailored measures would be negotiated with each practice and the scope of the plans would be based on the level of funding they are likely to receive. However there would be baseline expectations that include changes to model of care and zero fees.

The project steering group asked that the project manager and Health Hawke's Bay PHO Head of Health Services meet and develop the programme measures and baseline individual tailored measures to be included into the final paper to be approved by the Clinical Council.

Rapai Pohe Scholarship

This scholarship is given in honour of the significant contribution made by Rapai Pohe to Māori health at Te Wahanga Hauora Māori, Hawke's Bay District Health Board and to the Komiti Kawa Whakaruruhau in the Faculty of Health & Sport Science at the Eastern Institute of Technology from 1992 to 2008. With the support of Rapai's whānau, the School of Nursing and the Tūruki Māori Workforce Development fund offer the Māori Nursing Student Scholarship for BN Year 1.

Jamie Waenga and Shannon O'Neill, both from Ngāti Kahungungu received the Rapai Pohe Scholarship for year one fees within the Bachelor of Nursing at EIT.

Registered Nurse Prescribing

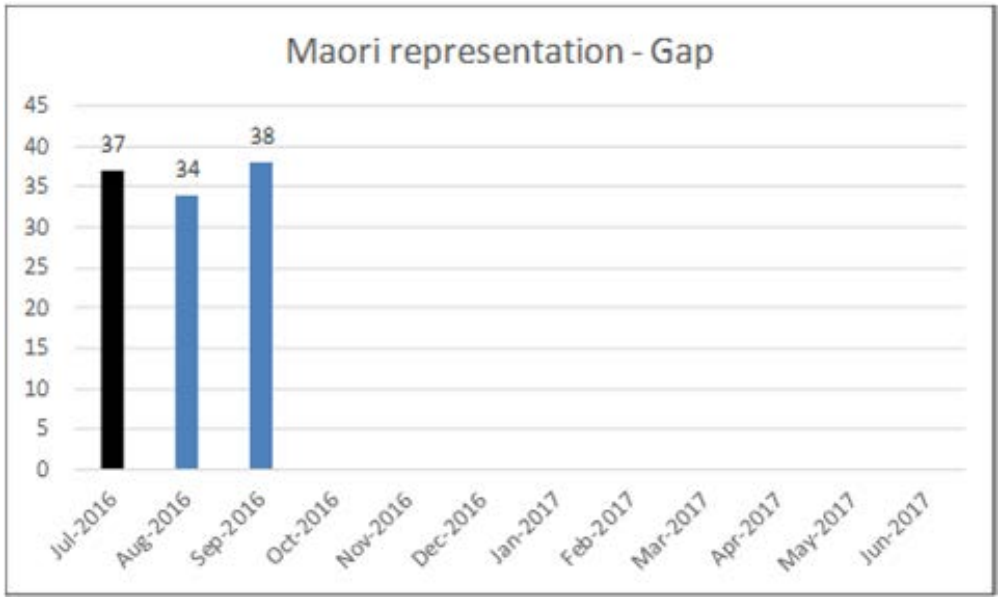
Registered Nurse Prescribing has been approved by the Government and Nursing Council of New Zealand (NCNZ). EIT has submitted an application for an EIT Postgraduate Diploma in Health Science (RN Prescribing) to the academic committee, and a Nursing Council audit is scheduled for the 2-3 November, to review the proposed educational pathway for RN prescribing. Upon receipt of confirmation, the programme will be offered in February 2017. There is an opportunity for Maori Registered Nurses to become prescribers particularly in primary care. Māori that are completing the Nurse Entry to Practice Programme (NetP) will be supported by Tūruki to apply for this opportunity. Refer to Appendix 1 for the Fact Sheet and Education Pathway.

Māori Staff Representation

The 2016/17 year target is 13.75% while the actual at 30 September 2016 is 12.5%. The gap to our target is now sitting at 38. Last month the gap was 34 with the increased gap explained by:

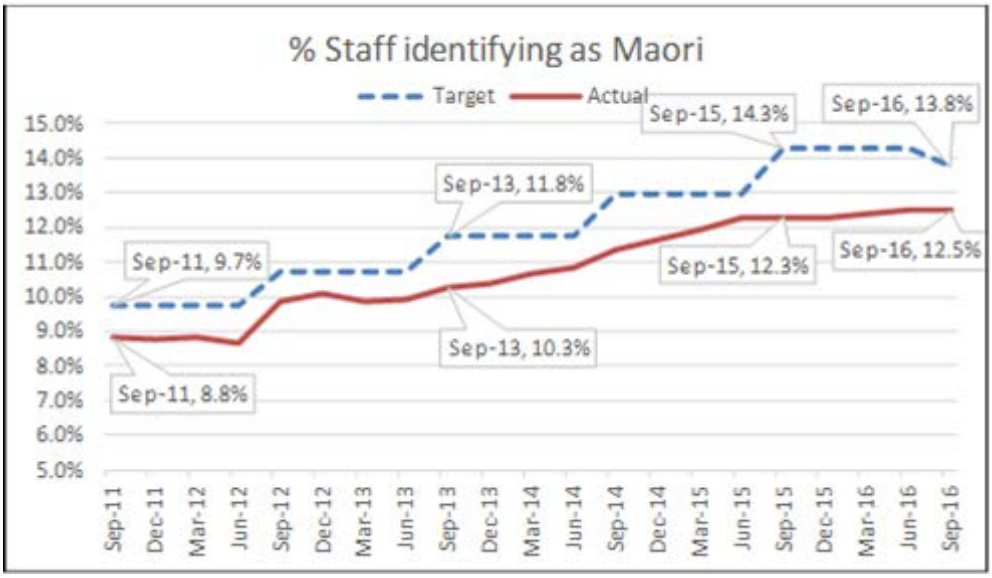
1. An expectation of increased Māori staffing numbers of 3 due to an increase in total staff
2. But the actual figures showing a decrease of 1.

	Permanent	Casual	Fixed Term	Total
New Staff	3	1	4	8
Staff who left	-3	-4	-2	-9
Net change	**0**	**-3**	**2**	**-1**



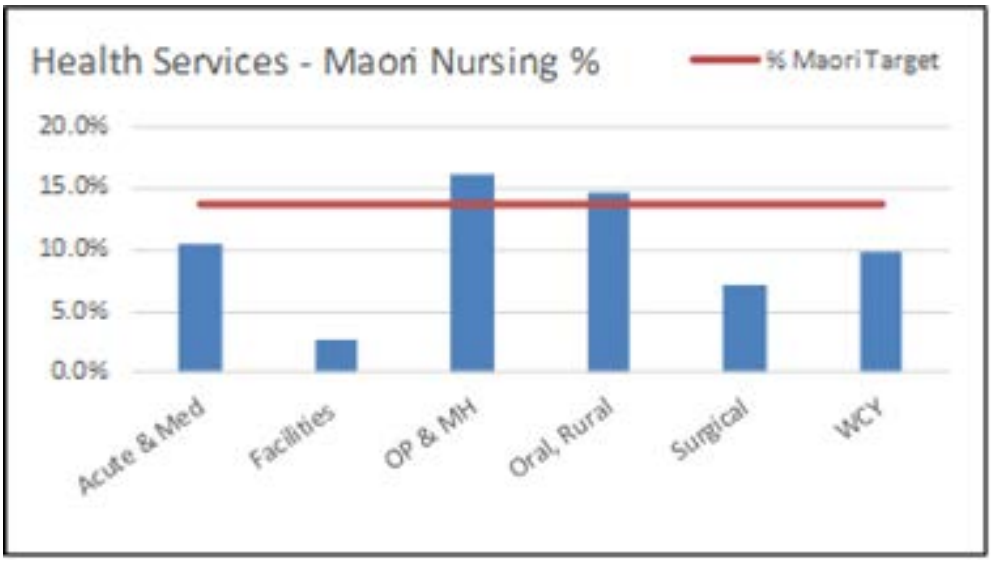
This gap of 38 is made up of:

30	Medical staff
44	Nursing staff
3	Allied Health Staff
(26)	Support staff
(13)	Management & Admin staff



Nursing

The following graph represents Māori staff percentages in Health Services Nursing and the gap to the DHB target.



Allied Health

The table shows the percentages of Māori staff in Allied Health positions. The gap at 30 September 2016 is sitting at 3 Allied Health positions short of the DHB Target. This is made up as follows:

	Gap
Health Services	16
Māori Health Service	-11
Planning Informatics & Finance	3
Population Health	-5
Total	**3**

Te Ara Whakawaiora: Cultural Competent Workforce KPI

Māori Health is working with the new Champion for Māori Workforce Recruitment, Sharon Mason, to understand the KPI and its importance. The current plan of activity to improve recruitment will be workshopped with an expectation that the plan for implementation will be driven out of Health Services.

GENERAL MANAGER MĀORI HEALTH
Tracee Te Huia

APPENDIX 1

EIT
Te Aho a Māui

Postgraduate Diploma (RN Prescribing)
Fact Sheet and Education Pathway
In accordance with Nursing Council of New Zealand

The Eastern Institute of Technology (EIT) is pleased to advise that our Nursing Council of New Zealand (NCNZ) accreditation for the RN prescribing postgraduate diploma will be undertaken in November this year. We are hopeful of a successful outcome for this accreditation process, based upon which, we anticipate offering the PG Diploma for RN Prescribing from Semester 1 2017.

Here is some information on RN Prescribing, based on the information we have received from NCNZ, following which we have provided our anticipated pathway to completion of the programme at EIT.

For any queries on the programme, please contact:

Ass Prof Clare Harvey (Postgraduate Programmes Co-ordinator) – Email charvey@eit.ac.nz ; Tel 06 9748000 ext.5714

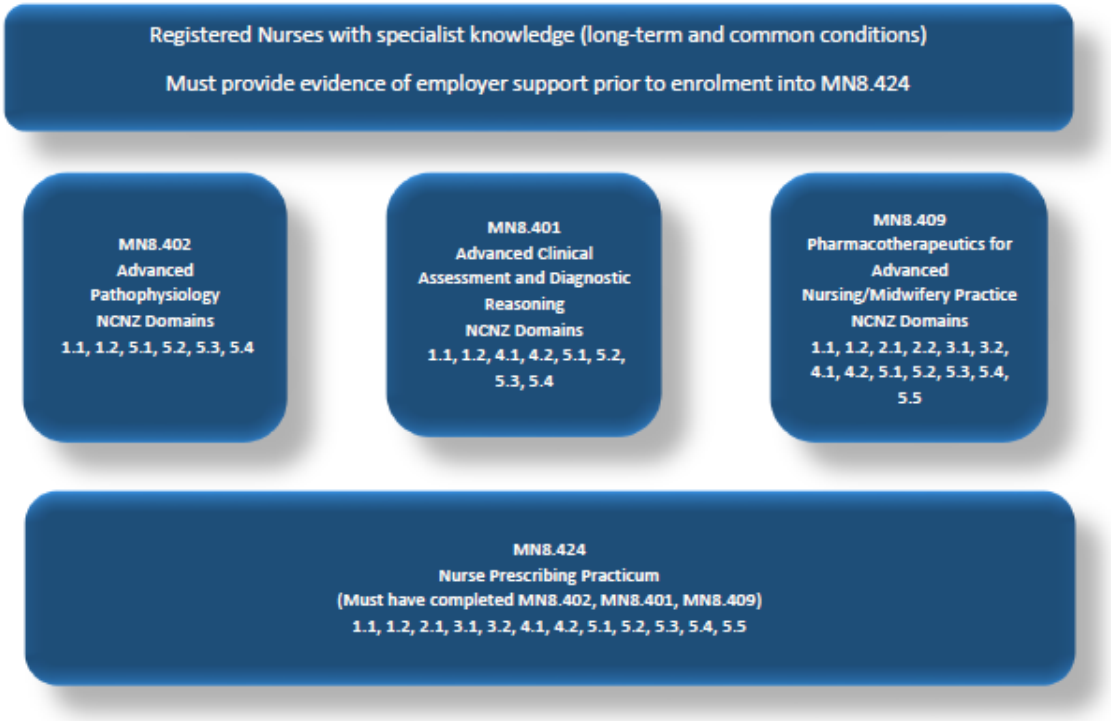
Ms Jennifer Roberts (Head of School) – Email jroberts@eit.ac.nz ; Tel 06 9748000 ext. 5480

Frequently Asked Questions

Questions	Answers
What is nurse prescribing?	Nurse prescribing is a prescribed postgraduate qualification for registered nurses (RN), registered with the Nursing Council of New Zealand (NCNZ). RNs who are awarded a postgraduate diploma in registered nurse prescribing will enable them to prescribe within primary health and specialty teams. Provision for this qualification falls under Section 12 of the Health Practitioners Competence Assurance (HPCA) Act 2003.
What competency standards are required?	The NCNZ states that, "*nurses working under the registered scope of practice, will be qualified as a nurse prescriber, working within the competencies and criteria developed specifically for the additional qualification*". The competencies can be found at: http://www.nursingcouncil.org.nz/News/Application-for-prescribing-rights-for-registered-nurses
What are the pre-requisites for nurse prescribing?	Requirements for nurse prescribing can be found at: http://www.nursingcouncil.org.nz/News/Application-for-prescribing-rights-for-registered-nurses • A minimum of three years' experience in the area of prescribing practice. • Employer support to undertake the programme • Completion of a postgraduate diploma in registered nurse prescribing for long term and common conditions. • Completed a prescribing practicum of 150 hours with a designated authorised prescriber (medical or nurse practitioner) as part of the postgraduate diploma. • A limited list of medications from which the nurse can prescribe within their competence and area of practice.

Questions	Answers
	• A condition included in their scope of practice to complete a further 12 months of supervised prescribing practice when they are authorised by the NCNZ to prescribe. • Ongoing competence requirements for prescribing. *(List adapted from NCNZ website)*
What subjects are included the postgraduate diploma?	The NCNZ have directed the content of the postgraduate diploma. The programme requires students to study: • Advanced pathophysiology; • Advanced clinical assessment; • Advanced pharmacology; • Complete a minimum of 150 hours in a prescribing practicum *(under the supervision of an authorised prescriber i.e. medical or nurse practitioner).*
What employment opportunities are there?	The NCNZ requires that a RN wanting to enrol in a prescribing qualification **must have an agreement by an employer to undertake the study, and have an identified position as an RN prescriber in long terms conditions and common conditions.** This agreement includes the identification of an authorised prescriber mentor within the area that the RN is intending to prescribe.
Is there a panel interview with NCNZ?	No, however, the NCNZ requires notification from the tertiary education institution that all requirements have been met. RNs must provide a portfolio of evidence to the NCNZ on application for recognition of the award.
If the practicum requirements for the NP pathway has been completed, can RN Prescribing (without registration as a NP) be undertaken?	Yes, if a RN has completed the practicum requirements for registration as a NP, but has decided to change pathways to prescribing practice, recognition of prior learning can be considered, based on the requirement that the RN has been in the area of practice where prescribing will be undertaken, for a minimum of three years.
Will diabetes prescribers be able to awarded RN prescribing rights?	The NCNZ will manage this process directly and will contact all diabetes prescribers. Awards will be made on an individual basis.

Education Pathway for RN Prescribing at EIT



Learning Plan for completion of the PG Diploma (RN Prescribing)

Part Time Study

Year	Semester 1	Semester 2
1	MN8.402 Advanced Pathophysiology	MN8.401 Advanced Clinical Assessment and Diagnostic
2	MN8.409 Pharmacotherapeutics for Advanced Nursing/Midwifery Practice	MN8.424 Nurse Prescribing Practicum

Full Time Study

Year	Semester 1	Semester 2
1	MN8.402 Advanced Pathophysiology MN8.401 Advanced Clinical Assessment and Diagnostic	MN8.409 Pharmacotherapeutics for Advanced Nursing/Midwifery Practice
2	MN8.424 Nurse Prescribing Practicum	

MĀORI RELATIONSHIP BOARD

Mahi Tahi: Working Together for Tamariki in Hawke's Bay
Presentation by Dr Russell Wills

HAWKE'S BAY District Health Board Whakawāteatia	**Co-Designing Relationship Centred Practice**
	For the attention of: **Māori Relationship Board**
Document Owner: Document Author:	Dr Andy Phillips Anne McLeod
Reviewed by:	Not applicable
Month:	October, 2016
Consideration:	For Discussion

RECOMMENDATION

That MRB

Discusses the presentation and contributes to the development of the RCP framework

OVERVIEW

Relationship Centred Practice is being developed to support health professionals to build partnerships and increase resilience of patients/whaiora with long term conditions and disability. The RCP framework is based on Māori models of care including the Meihana model and co-creating health and person centred care models. There is increasing recognition and evidence that changing practice of clinicians and behaviours of patients in this way is a transformative approach to delivering health care.

Following development of the model a training package will be developed that is relevant to the New Zealand context. Development of the training package has been aligned with the HBDHB Māori Health Annual Plan, New Zealand Triple Aim, the Health Strategy, the Regional Services Plan and He Korowai Oranga. It is a strand of Person and Whanau centred care within the Transform and Sustain Stratgy.

BACKGROUND

In April 2016, an Allied Health Educator was seconded 0.4 Fte. to develop a training package for Health Professionals within the Central Region to work with people with long term conditions and disabilities. Some funding was obtained from the Central Region Quality Alliance to support this.

Relationship Centred practice has increasing recognition and evidence base as a transformative approach to delivering health care. It is acknowledged that changing health outcomes requires a transformational change in the relationship between clients and health professionals. The RCP framework builds on Māori models of care, international knowledge of relationship centred practice and the co-creating health framework.

Relationship Centred Practice is a self management support approach in which the patient/whanau is empowered and has ownership over the management of their life and conditions. Crucially it means the health professional and patient/whaiora working together as active collaborative partners, building on people's strengths and supporting them to achieve the goals that are important to them in the full context of their lives.

The Health equity framework,.and the Health Equity Assessment Tool are being applied at the preparation and intervention development stages. On consultation with the General Manager Māori Health, the Indigenous Health Framework involving the Hui Process and application of the Meihana Model, were aligned and integrated into the Relationship Centred Practice framework

ASSESSMENT

Members of MRB are requested to discuss and participate in the development of the Relationship Centred Practice framework.

MĀORI RELATIONSHIP BOARD

Te Matatini 2016
Presentation by Traci Tuimaseve
Ngāti Kahungunu Iwi Inc.

HAWKE'S BAY District Health Board Whakawāteatia	**Complementary Therapies Policy**
	For the attention of: **Māori Relationship Board**
Document Owner:	Andy Phillips, Chief Allied Health Professions Officer
Reviewed by:	Clinical and Consumer Council, & Executive Management Team
Month:	October, 2016
Consideration:	For Discussion

RECOMMENDATION

That MRB

Discuss and provide feedback on the attached policy on complementary therapies

SITUATION

Concern was raised by Clinical Council that it might appear to consumers that complementary therapy practitioners who are not DHB staff but are operating on or adjacent to DHB owned premises.

BACKGROUND

In developing a policy covering complementary therapies it was necessary to strike a balance between supporting consumers' choice of using such services whilst establishing good governance where Hawkes Bay DHB has a responsibility to consumers.

ASSESSMENT

Hawkes Bay DHB recognises that there is increasing interest in the practice of complementary therapies in health care. The purpose of this policy is not to limit either practice or consumer choice, but to ensure professional standards and high quality service.

This policy promotes good practice when a consumer decides to contract with a non-DHB employee for complementary therapy services.

The DHB is not yet persuaded that the evidence base of these therapies is sufficiently strong to support the use of public funding to support these therapies.

NOTE:
Consumer Council felt they had reviewed this fully at their August Meeting.
Clinical Council suggested a number suggestions at their September meeting and these have not been taken in to consideration in the paper presented to MRB in October. … see over.

EXTRACT FROM CLINICAL COUNCIL MEETING HELD 14 SEPTEMBER 2016

COMPLEMENTARY THERAPIES POLICY

The Chair advised the policy has been to Clinical Council before, as well as the Consumer Council and Maori Relationship Board. It was acknowledged and this has been a complex piece of work and Dr Andy Phillips has done well to get it to this stage.

Feedback:

- Remove list under the scope
- Policy is still quite directive
- Opportunity for co-design, need to involve complementary therapists
- The list includes people who are regulated under the Health Practitioners Competency Assurance Act
- Register of complementary therapists, don't agree with the column on the form "review meeting" - what are we asking them for, we are not governing their practice
- We need to ask some complementary therapists what does access to your consumers on DHB premises look like for you; and also what are our consumers thinking and wanting.

We need to revisit the original intent of the policy which was the valid concern to protect people from quackery on DHB property. We are not trying to tell people that they don't have personal choice we are saying that we don't necessarily endorse it, and that we expect some safety measures put in place.

Following discussion, decision made to manage the development of this policy outside of Clinical Council in between meetings. The policy is not approved in its current form.

HAWKE'S BAY DISTRICT HEALTH BOARD	**Manual:**	Clinical Policy Guidelines
	Doc No:	
Complementary Therapies Policy	**Issue Date:**	July 2016
	Date Reviewed:	July 2019
	Approved:	Clinical Council
	Signature:	Andy Phillips, CAHPO
	Page:	1 of 17

PURPOSE

- To ensure that complementary therapies are practiced safely on DHB premises
- To ensure that patients and Whanau access complementary therapies in an informed and appropriate way.
- To provide a robust framework to support practitioners to provide complementary therapies safely and appropriately.

PRINCIPLES

1. The policy applies to all complementary therapists practicing on Hawkes Bay DHB premises and to all patients receiving complementary therapies within Hawkes Bay DHB premises.

2. All complementary therapists are bound by the Health and Disability Act and Code (2014)

3. The therapist must have written evidence of a qualification in their area of practice recognised by the sector regulator - or the relevant professional association

4. The Manager /deputy of the Hawkes Bay DHB premises will be responsible for ensuring therapists are current members of their relevant professional body and have up to date personal liability insurance.

5. Hawkes Bay DHB will maintain a register of Complementary Therapy practitioners who meet the agreed criteria to practice on Hawkes Bay DHB premises.

6. All therapists must have the necessary knowledge or skills to treat individuals.

7. Individual therapists are responsible for - ensuring confidentiality of client information; maintaining adequate up to date indemnity insurance; ensuring a current knowledge base of treatments and their own area of therapy.

8. Documentation of consent **must** be recorded by the practitioners in the client's records and stored in accordance with Information Governance requirements.

9. Written information on the complementary therapies must be provided to clients to help inform their decision.

10. Consumers have the right to access any complementary therapists they wish.

11. Hawkes Bay DHB does not accept any liability for any patient harm occurring to consumers accessing complementary therapies that are not provided by a Hawkes Bay DHB employee.

INTRODUCTION

Hawkes Bay DHB recognises that there is increasing interest in the practice of complementary therapies in health care. The purpose of these guidelines and protocols for specific therapies is not to limit either practice or patient choice, but to ensure professional standards and high quality service. They also define the safe parameters within each complementary therapy will be practised.

These guidelines offer areas of good practice when a consumer decides to contract with a non-DHB employee for complementary therapy services.

In developing these guidelines the DHB is not making any claims on the validity or evidence base of these procedures. It is the responsibility of each individual practitioner to ensure they discuss fully with the service user the evidence base of the proposed treatment and any potential risks.

The DHB is not yet persuaded that the evidence base of these therapies is sufficiently strong to support the use of public funding to support these therapies.

In accordance with the above guidelines the complementary therapy:

- Must work alongside existing medical treatment without compromising existing care.
- Must be based on current evidence and best practice.
- Must be based on consultation, planning, education and demonstrable competence.
- Must comply with local policies.

The main purpose in the use of these therapies is to help:

- Promote relaxation.
- Reduce anxiety.
- Ease symptoms such as pain, nausea, poor sleep patterns.
- Help the patient find coping mechanisms and strategies.

SCOPE

This policy covers the following complementary therapies:

Massage
Aromatherapy
Reflexology
Indian head massage
Hand & Foot Massage
Relaxation
Reiki
Yoga
Hypnotherapy
Meditation
Mindfulness

DEFINITIONS

Complementary and Alternative Medicines (CAM)

CAM is an 'umbrella' term used to describe a range of health systems, modalities and practices that may have little in common other than that they are practised alongside or as an alternative to mainstream medicine. There may however be similarities in philosophy and approach – for example, the need to take a holistic approach to health care, including the interactions between physical, spiritual, social and psychological aspects.

CAMs are considered to be any non-medically prescribed substances that a person uses with the belief that they will improve health or wellbeing. The term includes but is not limited to:

- Herbal medicines; herbalism
- Nutritional therapy (vitamins and minerals)
- Health food supplements (e.g. royal jelly)
- Colloids / cell salts
- Chinese medicine
- Rongoa Māori

The use of Complementary and Alternative Medicines is covered by a separate HBDH policy - HBDHB/IVTG/144

Complementary therapies

Complementary therapies are used alongside orthodox treatments with the aim of providing psychological and emotional support through the relief of symptoms'

NICE Supportive and Palliative Care Improving Outcomes Guidance (2004)

The following therapies may be practiced :

Massage – Massage therapy is a system of treatment of the soft tissue of the body. It involves stroking, kneading or applying pressure to various parts of the body, with the aim of alleviating aches, pains and musculoskeletal problems.

Aromatherapy – is the use of pure essential oils generally applied in the form of massage, but can also be used in special aromatherapy diffusers. Their main use in this situation is to calm and relax the individual, but they can also ease some of the side effects of the cancer treatment. Blends, usually of three different oils are chosen in conjunction with the client, which take account of their preferences and medical history.

Reflexology- Reflexology is based on the principle that certain points on the feet and hands, called reflex points, correspond to various parts of the body and that by applying pressure to these points in a systematic way, a practitioner can help to release tensions and encourage the body's natural healing processes.

Indian Head Massage - has been practiced for over a thousand years, easing tension and promoting a sense of relaxation and wellbeing. Other parts of the body may respond to

this relaxed state. A head massage takes 30-40 minutes and covers the upper back, shoulders, neck, face, scalp, arms and hands.

Hand and Foot Massage- see massage

Relaxation – is offered to individuals, or small groups; to help cope with treatments and to promote a feeling of relaxation and general wellbeing.

Reiki - Reiki (pronounced ray-key) is a simple energy balancing technique developed in Japan in the early 1900's. Reiki can produce a feeling of deep relaxation, a boost in energy levels and a reduction in tension and anxiety. During a treatment a reiki practitioner lays their hands on a recipient in a series of positions over head, torso and legs, gently drawing energy through the practitioner to the recipient helping to produce a state of balance.

There are different levels of reiki practitioners; level one is for people who have learnt reiki to treat themselves, or use informally with friends; level two is practitioner level, to give reiki treatments to patients; level 3 is reiki master or teacher. Practitioners should have attained level 2 as the minimum to practice in the centre.

Yoga – Is an ancient tradition of mental and physical exercises, which started in India over 5,000 years ago and is now widely practiced in the UK. There are many different styles of yoga. It includes physical exercises, breathing techniques and relaxation.

Hypnotherapy - Hypnosis describes an interaction between a therapist and client. The therapist attempts to influence perceptions, feelings, thinking and behaviour by asking the client to concentrate on ideas and images that may evoke the intended effect. Hypnotherapy can help reduce stress and anxiety, improve quality of sleep and help prepare for investigations and treatments.

Meditation **-** is a practice where an individual trains the mind or induces a mode of consciousness, either to realize some benefit or for the mind to simply acknowledge its content without becoming identified with that content or as an end in itself. The term *meditation* refers to a broad variety of practices that includes techniques designed to promote relaxation, build internal energy or life force (*qi*, *ki*, *prana*, etc.) and develop compassion, love, patience, generosity, and forgiveness. A particularly ambitious form of meditation aims at effortlessly sustained single-pointed concentration meant to enable its practitioner to enjoy an indestructible sense of well-being while engaging in any life activity.

Mindfulness - is the psychological process of bringing one's attention to the internal and external experiences occurring in the present moment, which can be developed through the practice of meditation and other training. The term "mindfulness" is a translation of the Pali-term sati, which is a significant element of some Buddhist traditions. Large population-based research studies have indicated that the practice of mindfulness is strongly correlated with well-being and perceived health. Studies have also shown that rumination and worry contribute to mental illnesses such as depression and anxiety,and that mindfulness-based interventions are effective in the reduction of both rumination and worry.

ROLES AND RESPONSIBILITIES

Hawkes Bay DHB Management Responsibilities

The DHB recognises that local management has a responsibility to implement and monitor/audit the use of the Complementary Therapies protocols within their area of management. These responsibilities include:

- Where appropriate, negotiating and agreeing with local therapists the place of a complementary therapy as outlined in the protocols to support normal clinical activities, and ensuring where appropriate this is reflected in a written care plan.

13.1

- Final agreement prior to therapies being commenced on DHB premises. The management team will be responsible for the monitoring of any therapies practised.

- Ensuring that details held on the DHB register are up-to-date and correct. They will also maintain a list of practising complementary therapists.

- Auditing practitioners compliance with this policy

Complementary Therapy Practitioners Responsibilities

Assessment

- The patient or carer will be assessed by individual therapists at the first visit to ensure the referral is appropriate and any preferred choice of therapy is suitable
- Specific therapies may have contraindications relevant to them – these are covered in treatment guidelines (appendix i).
- Any concerns about contraindications including those arising from conventional treatment must be discussed with a Hawkes Bay DHB health professional closely involved in the patients care

Safe Practice

- The practitioner should provide written evidence of a qualification in their area of practice recognised by the sector regulator - or the relevant professional association

- Therapists will be required to practice using guidelines based on the current evidence of best practice. Any concerns that arise during treatment should be referred to the appropriate Hawkes Bay DHB health profession.

- All therapists will be required to have indemnity insurance and be a member of an appropriate professional body.

- Any essential oils used are required to be genuine, pure essential oils, of therapeutic origin and preferable of organic origin. No perfume or oils of chemical mix or origin are to be used.

  Carrier oils are to be cold pressed and unrefined, preferably of organic origin.

  Any complementary therapist using products and oils on patients must ensure that they have the up to date information as to whether the patients' condition would be harmed or worsened as a result of their use. (For example this could be in the form of contra indicators to patients and their disease. There are many information sources available to obtain this advice.)

  Each patient must have an individual blend made for them, and the strength is to be in accordance with national guidelines.

Consent

- Complementary therapy practitioners must obtain appropriate consent.
- Consent for the therapy must be obtained before the complementary therapy practitioner carries out the complementary therapy.
- Documentation of consent **must** be recorded in the client's records and stored safely in accordance with Information Governance requirements.
- Written information on the complementary therapies must be provided to clients to help inform their decision.

Written Information

Written information must be provided including the following;

- A description of the therapy and what that entails for the patient.
- A statement to the effect that the therapy is not an alternative to conventional therapies.
- A statement explaining that all therapists have completed relevant qualifications appropriate to their practice.

Record keeping

Therapists will keep all records of treatments/interventions provided and these will be kept in secured storage according to information governance requirements. As part of the records information on age, sex, ethnicity and address of patient will be documented.

Training Requirements

All professionals who wish to practice complementary therapies must hold a qualification in their area of practice recognised by the sector regulator - or the relevant professional association.

They must also:

- Be able to show how they keep themselves updated.
- Be able to demonstrate they have personal liability insurance that would cover them for practice within the DHB Premises.
- Understand and acknowledge the boundaries they have with accountability for their own practice.
- Adhere to these guidelines.

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RELATED DOCUMENTS

Hawkes Bay DHB Complementary and Alternative Medicines Policy

KEYWORDS

Complementary Therapy, Massage, Aromatherapy, Reflexology, Indian head massage Hand & Foot Massage, Relaxation, Reiki, Yoga, Hypnotherapy, Meditation, Mindfulness

For further information please contact Dr Andy Phillips, Chief Allied Health Professions Officer

APPENDIX 1 : TREATMENT GUIDELINES FOR COMPLEMENTARY THERAPIES

1.0 AROMATHERAPY

Topical application with appropriate massage will be the normal method of treatment,

Essential oils are required to be genuine, pure essential oils, of therapeutic quality and preferably of organic origin. No perfume oils or oils of chemical mix or origin are to be used.

Carrier oils are to be cold pressed and unrefined, preferably of organic origin. Use 0.5-1% dilution of essential oils maximum.

Each patient must have an individual blend made for them, and the strength is to be in accordance with professional guidelines.

1.1 Special Precautions for patients undergoing/just completed radiotherapy

- Be aware of appropriate oil choice. Use gentle oils following radiotherapy as skin remains vulnerable. Citrus oils are not recommended.
- Avoid entry and exit site of radiation beam for six weeks or until skin is healed.
- Be aware of possible side effects of radiotherapy such as fatigue, soreness of skin, digestive disturbance.

1.2 Special precautions for patients undergoing chemotherapy

- Be aware of the side effects of chemotherapy such as fatigue, lowered immune function, increased risk of infection and bruising, dry or peeling skin, digestive disturbance, nausea, altered smell preferences, hair loss and skin sensitivity.
- Consider using plain carrier oil and choose oils appropriately.

1.3 Permitted Essential Oils

There is no definitive list available of oils that are suitable for use with condition specific patient groups, and opinion differs amongst aromatherapists themselves on this issue. It is the aromatherapist's responsibility to assess each client for contraindication before choosing appropriate oil.

Please note the following contra-indications for using some of the above oils.

In brain tumours avoid the use of Rosemary.

In the case of hypersensitive or damaged skin avoid the use of: Eucalyptus (all varieties), and citrus oils.

2.0 MASSAGE

Generally, gentle, non-invasive massage techniques should be employed so as not to over-stimulate the patient's system. Kneading, pummeling and deep massage are not recommended.

2.1 Clinical checklist/contraindications

1) **Body Temperature**
Do not treat patients with a high temperature.

2) **Fluid Retention/Swelling/Lymphoedema**
Avoid the area. Never massage a swollen limb/trunk,

3) **Undiagnosed Lumps or Areas of Inflammation**
AVOID THE AREA – report this finding.
Very hot areas can indicate an infection, inflammation or intense cellular activity. Therapists should check with DHB staff first to establish appropriateness of treatment.

13.1

4) **Skin Problems/Rashes**
These could be circulatory problems or reaction to medication/diet. AVOID THE AREA OF ANY RASHES. Report this finding.

5) **Pinprick Bruising**
These are indicators of a very low blood count. Check with nursing staff or medical staff before treating.
Massage very gently with careful light strokes. It may be suitable to massage hands and feet only in order to avoid affected areas.

6) **Radiotherapy**
Radiotherapy treatment entry and exit sites should be avoided for up to six weeks following treatment or while skin still sore.
Use very gentle strokes following radiotherapy as the skin remains vulnerable to damage.

7) **Stoma Sites, Cannulas, Dressings and Catheters**
AVOID THESE. Massage elsewhere, i.e.: hands and feet.

8) **Scar Tissue/Broken Skin/Lesions/Recent operation sites or wounds**
Avoid areas of recent scar tissue/broken skin or lesions.

9) **Tumour Site**
Do not massage over the tumour site, near the tumour site or adjacent or affected lymph glands.

10) **Deep Vein Thrombosis (DVT)**
Do not massage feet or legs if the patient has a diagnosed or suspected deep vein thrombosis in the legs, or arm/hand if a thrombosis is suspected in the arm.

11) **Areas of Infection**
Avoid all areas of external infection. Employ appropriate infection control techniques

12) **Injury and Bone Metastases (secondaries)**
Avoid areas of injury or bone metastases.

13) **Phlebitis (hot/inflamed veins)**
Avoid areas of phlebitis. Work above the area affected.

14) **Hot or inflamed Joints**
Avoid hot or inflamed joints, except to apply cooling oils where appropriate.

15) **Angina, Hypertension, Hypotension**
Exercise caution with patients with these conditions, using gentle massage strokes and appropriate oils.

16) **Jaundice**
Exercise caution with patients with these conditions. Check with the nursing or medical staff before proceeding.

17) **Low platelet counts**
This will contra-indicate the use of massage using pressure techniques as there is a greater likelihood of bruising.

3. 0 REFLEXOLOGY

- Avoid a limb or foot with suspected deep vein thrombosis and avoid varicose veins.
- Be aware of any tender areas on the foot or hand that relate to new surgical wounds.
- Avoid limbs affected by lymphedema and cellulitis
- Avoid areas corresponding to colonic stimulation if there are any symptoms or risk of intestinal obstruction due to causes other than constipation.
- Adjust pressure for patients with a low platelet count, taking note of any existing bruising and skin viability.
- Be aware that peripheral sensation may be affected by a person's psychological state, or medication, such as steroids, opioids or chemotherapy.
- Be aware that peripheral neuropathy may be a symptom of diseases such as multiple sclerosis, certain tumours and a side effect of chemotherapy.

General precautions

- Palpate gently and sensitively over the reflexes relating to tumour site(s).
- Assess the condition of the reflexes and adapt treatment accordingly so that the feet are not over stimulated in any way, especially in patients with altered peripheral sensation or peripheral neuropathy.
- Establish a working pressure that is comfortable for the patient at all times, and tailor treatment to avoid strong reactions.
- Use grape seed oil if the skin is very dry.

4.0 ACUPUNCTURE

The following contra indications, precautions, risks and benefits should be managed by the therapist as part of the assessment, patient education and documentation processes.

Where precautions are highlighted the therapist will inform the patient of the potential risks and the patient will decide whether to proceed or not with the treatment.

CONTRAINDICATIONS	PRECAUTIONS
Uncontrolled epilepsy Inability to cooperate Needle phobia Oedema at needle site Infection at needle site Metal Allergy Haemophilia Unstable angina or cardiac arrhythmias Under 16 years of age	Fatigued or hungry patients Diabetes Immune-Deficiency e.g. HIV Anticoagulants Pregnancy Controlled epilepsy Poor circulation or damaged skin. Decreased sensation Increased or decreased or labile blood pressure
Confused patient	Controlled cardiac conditions
Unstable Diabetes	
Patient with PE/DVT	
Pacemaker (electro-acupuncture)	

13.1

Possible Risks

Bruising: This can often occur, especially if the patient is on anti-coagulants

Sickness: This can be mild either during or after treatment. If severe the treatment will be stopped. The cause of sickness can be due to the body producing its own analgesic hormones. Further treatments may be continued with fewer needles and for a reduced time.

Dizziness/Fainting: This is very rare, happening usually during the treatment. Stopping the treatment reverses the symptoms and future treatments are commenced with fewer needles over less time.

Drowsiness/Fatigue: The patient may feel sleepy or tired during or after treatment. This should not affect their ability to drive or operate machinery. If this is a problem they may need a few hours rest in the department. The need for further treatments would be reassessed.

Increased Pain: It is not unusual for patients to experience an increase in their pain either during or subsequently after treatment. This can be a positive sign but if levels continue to increase the treatment will be discontinued. A review appointment with the doctor will be given.

Pneumothorax: All treatments to the thoracic area will be given with caution.

Allergies/Infections: Rare occurrences.

Broken/bent/stick needle

Allergy to swab

Possible Benefits

- Decrease in the pain
- Decrease in analgesia taken
- Relaxation
- Increased sense of well-being
- Improved sleep
- Increased energy

5.0 HYPNOTHERAPY

Research suggests that hypnosis can be a useful adjunct to other treatments in a number of areas such as:-

- Neurotic Disorders
- Addictive behaviours e.g. smoking, drug and alcohol use, eating disorders and cravings
- Reactive depression
- Post traumatic stress disorder
- Problems with a psychosomatic element e.g. irritable bowel syndrome, psychogenic pain, immune functioning, allergies, infertility
- Psychological issues e.g. self-confidence, self-esteem, ego strengthening, performance anxiety, accelerated learning
- Stress management

Contra-indications (although in some instances hypnosis may be used under close supervision of a consultant psychiatrist) are:-

- Psychotic disorders
- Personality disorders
- Severe clinical depression

Any work must be in accordance with the patient's care plan.

It is acknowledged that some components of hypnotherapy may be used to complement other therapies and treatments. In such cases practitioners must be able to demonstrate a sound knowledge of the skill being used and have undergone a reputable and recommended training course. They should also be in receipt of regular supervision regarding this skill.

6.0 GENERAL GUIDANCE WHEN GIVING A SESSION

- Therapists must adhere to any guidance on toxicity of substances contra indicated for patients with cancer and other medical conditions advised by their code of professional conduct and professional indemnity insurance.

13.1

- Hands must be washed immediately before and after treatments are given, and alcohol gel should be used in accordance with policy.
- When treating patients with MRSA or similar infectious illness, full protective precautions should be used: wear disposable gloves and apron and treat as last patient(s) of the day.
- No jewelry or watches should be worn on hands or lower arms.
- Adherence to a professional dress code should be carefully observed.
- Aprons and gloves should always be worn when working with any immune compromised patient.
- All therapists should establish a working pressure that is comfortable for the patient at all times.
- All therapists are expected to participate in client evaluation.

Appendix 2 : Hawkes Bay DHB Register of Complementary Therapists offering therapy and consulting with patients on HBDHB premises

NAME	QUALIFICATIONS	THERAPIES OFFERED	PROFESSIONAL BODY	INDEMINITY INSURANCE	REVIEW MEETING

Appendix 3 : Complementary Therapist Agreement to comply with the Policy

I have received, read and understood the policy and will adhere to it.

Complementary therapist …….. Dated: ……..

13.1

Centre Manager…….. Dated: …

Appendix 4 : Consent Form for Complementary Therapy

Patient Name ……

Date of Birth ……

Leaflet/Literature
Provided to the Patient …… (YES / NO)

I sign to confirm that:-

- **I have received the information provided by the therapist YES NO**
- **I have understood this information YES NO**
- **I consent to the therapy YES NO**
- **I have an existing medical problem and my GP consents to the therapy YES NO N/A**

1. Signed …… Date …… Therapy Offered ……..
(Patient)

Signed …….. Date ……..
(Complementary Therapist)

2. Signed …… Date …… Therapy Offered ……..
(Patient)

Signed …….. Date ……..
(Complementary Therapist)

3. Signed …… Date ……Therapy Offered ……..

(Patient)

Signed …….. Date ……..
(Complementary Therapist)

4. Signed …… Date …… Therapy Offered ……..
(Patient)

Signed …….. Date ……..
(Complementary Therapist)

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:

15. Minutes of Previous Meeting
- public excluded

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

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