Hawke's Bay Health
Consumer Council Meeting

Date: **Thursday, 14 April 2016**

Meeting: **4.00pm to 6.00pm**

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

Council Members:

Graeme Norton (Chair)
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
Leona Karauria
Jim Morunga
Nicki Lishman
Jenny Peters
Olive Tanielu
Jim Henry
Malcolm Dixon
Rachel Ritchie
Sarah de la Haye

Apology:

In attendance:

Kate Coley, Director Quality Improvement & Patient Safety (DQIPS)
Tracy Fricker, Council Administrator and PA to DQIPS
Jeanette Rendle, Consumer Engagement Manager
Ken Foote, Company Secretary
Nicola Ehau, Head of Health Services for Health Hawke's Bay Ltd
Debs Higgins, Clinical Council Representative

HB Health Consumer Council
Agenda

PUBLIC

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	**4.00**
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising - Review Actions	
6.	Workplan	
7.	Chair's Update	
8.	Consumer Engagement Manager's Update	
	Section 2 – For Discussion	
9.	Best Start Healthy Eating (draft) – Caroline McElnay and Shari Tidswell	**4.25**
10.	Transform and Sustain Refresh (draft)	**4.45**
11.	Consumer Engagement principles and framework – Kate Coley / Jeanette Rendle	**5.05**
	Section 3 – General	
12.	Topics of Interest - Member Issues / Updates	
13.	**Section 4 – Recommendation to Exclude the Public**	

PUBLIC EXCLUDED

Item	Section 5 – Routine	
14.	Minutes of Previous Meeting (public excluded)	
15.	Matters Arising – Review Actions (nil)	
16.	Karakia Whakamutunga (Closing)	**6.00**

NEXT MEETING: Wednesday 11 May commencing at 4.00pm
(to join with Clinical Council)

VENUE: Te Taiwhenua o Heretaunga, 821 Orchard Road, Hastings
In the Takarangi Conference Room

Tauwhiro Rāranga te tira He kauanuanu Ākina

Interest Register

Hawke's Bay Health Consumer Council

Feb-16

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Graeme Norton	3R Group Limited	Director/Shareholder	Product Stewardship	No	
	NZ Sustainable Business Council	Deputy Chair	Sustainable Development	No	
	HB Diabetes Leadership Team	Chair	Leadership group working to improve outcomes for people in HB with diabetes	No	Group is sponsored by HBDHB
	NZ Life Cycle Management Centre	Chair, Advisory Group	Advancing life cycle management thinking across NZ	No	
Rosemary Marriott	YMCA of Hawke's Bay	President	Youth Including health issues	No	
Heather Robertson	Restraints Committee of DHB	Committee Member	Representing Consumers on this Committee	No	
Terry Kingston	Central Hawke's Bay District Council	Elected Member	Local body	No	Will declare any perceived interests as they arise.
	Interest in all health matters, in particular - Mental Health, Youth, Rural and Transport.				
Tessa Robin	Te Kupenga Hauora - Ahuriri	Finance and Quality Manager	Responsible for overseeing QMS for organisation and financial accountability	No	Potential - Employer holds contracts with HBDHB
Leonna Karauria	NZ Maori Internet Society	Chairperson	Advocacy on Maori Communities	No	
	Computers in Homes HB Steering Committee	Member and Regional Co-ordinator	ICT Project Management through schools and communities	No	
	Computers in Homes, Wairoa Steering Committee	Member and Regional Co-ordinator	ICT Project Management through homes and communities	No	
	Maori Party Wairoa Branch	Chairperson	Supporting Policies at a local level	No	
	Simplistic Advanced Solutions Ltd	Director/Owner	Information Communications Technology services.	Yes	If contracted for service, there could be a perceived conflict of interest.
	Hastings District Council Digital Enablement Focus Group	Member	Advisory for digital literacy and internet access initiatives for communities	No	
	Wairoa Wireless Communications Ltd	Director/Owner	Wireless Internet Service Provider	Yes	Approached in early 2014 by HBDHB and contracted for service to provide wireless internet service to Wairoa Rural Health Learning Centre and Hallwright House. Could be a perceived conflict of interest.
Nicki Lishman	Employee of Ministry of Social Development	Regional Health Advisor	Liaising with health community and supporting Work and Income Staff.	Yes	Could be perceived/potential eg., situation where gaps identified regarding funding.
	Registered Social Worker, member of ANZASW	Professional body	Social work	No	
Jenny Peters	Nil				
Olive Tanielu	HB District Health Board	Employee	Work with Pacific Island children and families in hospital and in the community	Yes	Perceived/potential conflict between employee HBDHB and roles of Consumer
Jim Morunga	Nil				
Malcolm Dixon	Hastings District Councillor	Elected Councillor		No	
	Sport Hawke's Bay	Board of Trustees	Non paid role	No	
	Scott Foundation	Allocation Committee		No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Rachel Ritchie	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Sarah de la Haye	Nil				

MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL MEETING HELD IN THE TE WAIORA MEETING ROOM, HBDHB CORPORATE OFFICE ON 10 MARCH 2016 AT 4.00PM

PUBLIC

Present: Graeme Norton (Chair)
Heather Robertson
James Henry
Nicki Lishman
Rosemary Marriott
Tessa Robin
Olive Tanielu
Sarah de la Haye
Jim Morunga
Terry Kingston
Leona Karauria

In Attendance: Ken Foote, Company Secretary
Jeanette Rendle, Consumer Engagement Manager
Tracy Fricker, PA to Director QIPS and Consumer Council Secretary

SECTION 1: ROUTINE

1. WELCOME

The Chair welcomed everyone to the meeting. Nicki Lishman opened the meeting with a Karakia/Prayer.

2. APOLOGIES

Apology noted from Malcolm Dixon, Jenny Peters and Rachel Ritchie.

3. INTERESTS REGISTER

No conflicts of interest for items on the agenda today. No new interests registered.

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held 11 February 2016 were confirmed as a correct record of the meeting.

5. MATTERS ARISING AND ACTIONS

Item 1: Kate Coley to bring back at April meeting

Item 2: The interest for Malcolm Dixon has been added to the register. ***Item can now be closed.***

Item 3: Older Persons Panel on agenda for discussion today.

6. DRAFT WORK PLAN / ANNUAL PLAN

The Annual Plan is difficult to read, font size is too small. We need to discuss in conjunction with item #12. The Consumer Council need to discuss what our priorities are and what is coming next and reflect on who is going to lead what. For discussion at the April meeting.

The combined meeting with the Clinical Council will be held on 11 May at Te Taiwhenua o Heretaunga.

Heather Robertson queried whether the length of tenure will make a difference on what projects they will be involved in. Graeme Norton advised that there are a number of members whose term on the consumer council comes up in June 2016;those who were rolled over after one year and those who were appointed two years ago (7 people involved). We need to find out from those people if they wish to continue, which they can. In the terms of reference members are appointed for two years, with a potential for three terms (six years).

There are still two vacancies on the Consumer Council (leads for women's and youth health). There will be a formal expression of interest process for this. A paper needs to go to the HBDHB CEO and PHO CEO, then to the Board for endorsement.

7. CHAIR'S UPDATE

No update provided.

SECTION 2: FOR DISCUSSION

8. DAVANTI IS REVIEW PRESENTATION

Recommendation by the Chair to move discussion on this this item under public excluded. Approved.

The public meeting was adjourned whist this took place.

When the public meeting resumed the outcome of the in-committee discussions were tabled:

RESOLUTION:
That the Consumer Council:

- Notes that Council feedback has been reflected in the review.
- Notes and supports the findings and recommendations of the Davanti IS Review.
- Reinforces the view that consumer needs and expectations of HBDHB IS systems and information are currently not being met.
- Strongly recommends that consumers be adequately represented on any governance / steering groups being established to oversee implementation of the recommendations from the review.

Moved: Terry Kingston
Seconded: Rosemary Marriott

Carried.

9. OBESITY STRATEGIC PLAN CONSULTATION

The Chair welcomed Shari Tidswell (Team Leader / Population Health Advisor), Kim Williams (Population Health Advisor) and Tracy Ashworth (Population Health Advisor) to the meeting.

Shari Tidswell advised that she would like the Consumer Council's feedback for the implementation of the strategy and where to next. Kim Williams has been doing a stocktake of children 5-10 and Tracy Ashworth has been leading a programme on maternal nutrition (pre-existing to this work), this started 3-4 years ago when we got a contract from the MoH. We have a lot of information in that field and now going out to talk with people working with children from 5-12 and get feedback from them.

General discussion regarding change of diet from 30-40 years ago to now and how environmental factors that have impacted on this:

- Home environment / whanau
- Journey to and from school - bombarded by marketing / branding
- School selling items, availability and access
- Sugary drinks to/from school and at home
- Food insecurity
- Not eating is a problem – low energy and can't engage at school or exercise
- Sleep deprivation
- Poor education on healthy food, how to prepare food in a healthy way

Shari commented that there are lots of good programmes happening in the community. Kim Williams has been out talking to providers, stakeholders and community groups about the things they are offering, but it is not consistent and is being undermined by the availability the unhealthy options. Kim will provide a summary of the stocktake to be attached to the minutes. She will also be starting to talk with schools and is happy to report back and share her findings with the Consumer Council.

Key messages:

- Change the environment and make the healthy choice easier
- Settings based programmes have shown results in New Zealand e.g. schools and workplaces
- Take a whole of community approach
- Focus on prevention in the early years, Maori, Pasifika and high deprivation communities
- Support whānau to achieve sustainable behaviour change
- Establish a leadership group to influence positive changes in the community
- Establish a pathway to support over-weight people to reduce risks

All feedback gathered will be put into the strategy document.

In the before school check data and talking with parents, 12% of children at 4 years old in Hawke's Bay are in the obese category. When the parents were asked, who came in willingly to do these checks, none of them thought their child was over-weight. There is a perception that we are tackling what has become the new norm, what is acceptable as to size and consuming food etc. Some children are eating healthy, but quite a lot which is another piece in the puzzle around environment.

The next piece of work will be around 5-10 year olds. There is a lot of potential in that age group in terms of support. Over the next month or two Kim Williams will start speaking to schools and working on a business case to release some funding to support the process. Shari is happy to come back to Consumer Council in terms of development and output e.g. information sharing process, paper reports, coming to meetings etc.

Action: Copy of stakeholder stocktake to be sent to Consumer Council members.

10. YOUTH HEALTH STRATEGY CONSULTATION

The Chair welcomed Nicky Skerman, Population Health Strategist, Women Children and Youth to the meeting. Feedback is sought from the Consumer Council on how we can best support young people in Hawke's Bay. Youth health is an area that is being prioritised as we develop a Youth Health Strategy for 2016-2019.

There have been two stakeholder meetings, there is another being held next week.

Feedback from Consumer Council members:

- Nicki Lishman had extensive feedback around the inadequate alcohol and drug services available in the community for youth: We need properly funded alcohol and drug services in Hawke's Bay.
  - Inadequate mainstream AOD counselling services for youth with 2 FTEs who are unable to keep up with demand.
  - No funded AOD kaupapa Maori AOD service in the community for youth with Maori youth and whanau reporting they would rather access no service than go through mainstream. Previously Te Poutama Tautoko would see youth even though only funded for adults. Over past 2 years have not been seeing young people due to not being contracted to see youth in the community.

    The Chair suggested that Nicki and Nicky Skerman liaise outside of the meeting.
- The DHB has a contract where they fund Directions. Directions advise that there is a small number who have alcohol and drug issues, it is mainly mild to moderate mental health issues
- Concern raised that there seems to be a total lack of diagnostic issues for youth including fetal alcohol, autism etc.

The Chair summarised by stating there are clear specific demand issues that are not being met and that Consumer Council members who have feedback on specific issues/examples can provide this information directly to Nicky Skerman.

This is an important issue and the Chair advised he will bring this forward for discussion at the Board meeting at the end of the month.

Further feedback can be sent to Nicky at Nicky.Skerman@hawkesbaydhb.govt.nz.

Action: Copy of presentation to be sent to Consumer Council members.

11. OLDER PERSONS PANEL

The Chair advised that with the assistance of Jeanette Rendle (Consumer Engagement Manager), he will be asking members of the Council to assist with forming the older persons panel in conjunction with Allison Stevenson, Service Director, Mental Health, Older Persons. Allison is keen to help with the development. Rosemary Marriott, Heather Robertson, Sarah de la Haye, Terry Kingston, Olive Tanielu and Jim Morunga expressed an interest to be part of this work.

12. REFINE CONSUMER COUNCIL MEMBER PORTFOLIOS

This item has been deferred to the April meeting.

SECTION 3: FOR INFORMATION

13. DRAFT ANNUAL PLAN STATEMENT OF INTENT

Report taken as read. No issues discussed.

14. ANNUAL MĀORI HEALTH PLAN Q2 DASHBOARD

Report taken as read. No issues discussed.

15. TE ARA WHAKAWAIORA / BREASTFEEDING

Report taken as read. No issues discussed.

SECTION 4: GENERAL BUSINESS

16. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

Issued raised / discussed included:

- Co-ordination of outpatient clinic bookings at hospital still difficult to achieve.
- Telemedicine / teleconferencing – equipment installed in Wairoa but clinical processes still being established to enable remote consultations.
- Follow up to non-attendance (DNA) at outpatient clinic – good follow up to discuss and rebook and a further text reminder. Fantastic service.
- Concern at additional costs involved when accessing an Acute and Medical Centre when own GP fully booked.
- Seeking assurance that appropriate HBDHB staff are reviewing / making submissions on the new Vulnerable Children's Bill – concern that there are a number of deficiencies in the current Bill.

The Chair reminded members of the Consumer Council Quality / Consumer Experience forms available to raise issues and get responses.

17. KARAKIA WHAKAMUTUNGA (CLOSING)

The Chair closed the meeting.

Meeting closed at 6.00 pm.

Confirmed: _____
Chair

Date: _____

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HAWKE'S BAY HEALTH CONSUMER COUNCIL

Matters Arising
Reviews of Actions

Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	10/12/15 11/2/16	Consumer Engagement principles and framework - Consumer Council members invited to feedback prior to February 2016 meeting. Principles will be signed off for further discussion at other governance committees. Feedback provided. Plan/strategy to be placed on agenda for discussion at April/May meeting.	K Coley	 Apr	 Included on Agenda
2	10/03/16	Obesity Strategic Plan Consultation Copy of stocktake to be sent to Consumer Council Members.	T Fricker	Apr	Actioned. Sent with minutes
3	10/03/16	Youth Health Strategy Consultation Copy of presentation to be sent to Consumer Council Members.	T Fricker	Apr	Actioned. Sent with minutes
4	10/3/16	Refine Consumer Portfolios 2016/17 This has been deferred until after Transform and Sustain Refresh June/July			

OURHEALTH HAWKE'S BAY Whakawateatia

HB CONSUMER COUNCIL WORKPLAN 2016-2017

Title of the Paper	Council meeting date	EMT Member
Combined Consumer / Clinical Council Meeting	**Venue: TTOH Takarangi Room 4-6pm**	
Orthopaedic Review - closure of phase 1 (from April to May)	11-May-16	Andy
Best Start Healthy Eating (FINAL)	11-May-16	Caroline
Health Equity Update late paper to EMT and presentation	11-May-16	Caroline
Youth Health Strategy (DRAFT)	11-May-16	Caroline
Customer Focussed Booking	11-May-16	Sharon
PRELIM Quality Accounts regarding content (2 pager)	11-May-16	Kate
New Patient Safety & Experience Report FOR May	11-May-16	Kate
HB Intersectoral Group (Priority Plan) DRAFT	11-May-16	Kevin Snee
Food Services Internal Review - DRAFT	11-May-16	Sharon
Travel Plan (Quarterly updates from May 16 - May/Aug/Nov/Mar17)	11-May-16	Sharon
Endoscopy Service Transition / Unit Development Update	11-May-16	Sharon
Integrated Shared Patient Care Record - moved to May per Tim variation 18/2	11-May-16	Tim
Refresh Transform and Sustain (FINAL)	11-May-16	Tim
HB Integrated Palliative Care (Discussion Draft)	11-May-16	Tim
Annual Maori Plan Q3 Jan-Mar 16 EMT version goes into committee papers	11-May-16	Tim
FINAL Annual Plan and Statement of Intent	11-May-16	Tim
HB Health Sector Leadership Forum	**17 MAY Venue: Waipatu Marae, 8.30am-3pm**	**Hastings**
Youth Health Strategy (FINAL)	9-Jun-16	Caroline
Suicide Prevention Plan Update prior to MOH CFA website	9-Jun-16	Caroline
NEW Patient Safety and Experience Dashboard Q3 Jan-Mar 16)	9-Jun-16	Kate
Health Literacy FRAMEWORK	9-Jun-16	Kate / Ken
Health and Social Care Networks Update (Mar-Jun-Sept-Dec-Mar 17)	9-Jun-16	Liz
Te Ara Whakawaiora / Oral Health	9-Jun-16	Sharon
Food Services Internal Review - FINAL	9-Jun-16	Sharon
IS Review/Restructure Update Qtly Update - June + Sept + Dec 16	9-Jun-16	Tim
Alcohol (DISCUSSION)	14-Jul-16	Caroline
DRAFT Developing a Person Whanau Centred Culture	14-Jul-16	Kate

DRAFT Quality Accounts (annual)	11-Aug-16	Kate
Travel Plan (Quarterly updates from May 16 - May/Aug/Nov/Mar17)	11-Aug-16	Sharon
Annual Maori Plan Q4 Apr-Jun 16 EMT version goes into committee papers	11-Aug-16	Tim
Urgent Care Monthly Project Report (provided to PMO)	11-Aug-16	
Clinical Pathways Committee (4 monthly Apr-Aug-Dec-Apr 17)	11-Aug-16	Mark
CAG report (meeting on 26th July 2016) – no report this month - combined aug/sept	11-Aug-16	Mark / Chris
Operation Productivity Update	11-Aug-16	Sharon
Orthopaedic Review - phase 2 DRAFT	15-Sep-16	Andy
Family Violence - Strategy Effectiveness - for noting	15-Sep-16	Caroline
Alcohol (DRAFT)	15-Sep-16	Caroline
FINAL Developing a Person Whanau Centred Culture	15-Sep-16	Kate
FINAL Quality Accounts (annual)	15-Sep-16	Kate
NEW Patient Safety and Experience Dashboard Q4 (Apr-Jun 16)	15-Sep-16	Kate
Health and Social Care Networks Update (Mar-Jun-Sept-Dec-Mar 17) Board6monthly	15-Sep-16	Liz
HB Integrated Palliative Care (Final)	15-Sep-16	Tim
IS Review/Restructure Update Qtly Update - June + Sept + Dec 16	15-Sep-16	Tim
Alcohol (FINAL)	13-Oct-16	Caroline
Te Ara Whakawaiora / Smoking (national indicator) - same dates as Tobacco Plan	10-Nov-16	Caroline
Tobacco - Annual Update on Progress against the Plan (for noting) - same as TAW	10-Nov-16	Caroline
Travel Plan (Quarterly updates from May 16 - May/Aug/Nov/Mar17)	10-Nov-16	Sharon
Annual Maori Plan Q1 Jul-Sept 16 EMT version goes into committee papers	10-Nov-16	Tim
HBDHB Workforce Plan - Discussion Document (Dec 16 - final in March 17)	8-Dec-16	John McK
NEW Patient Safety and Experience Dashboard Q1 (July-Sept 16)	8-Dec-16	Kate
Health and Social Care Networks Update (Mar-Jun-Sept-Dec-Mar 17)	8-Dec-16	Liz
IS Review/Restructure Update Qtly Update - June + Sept + Dec 16	8-Dec-16	Tim
Orthopaedic Review - phase 3 DRAFT	9-Feb-17	Andy
Annual Maori Plan Q2 Oct-Dec 16 EMT version goes into committee papers	9-Feb-17	Tim
NEW Patient Safety and Experience Dashboard Q2 (Sept-Dec 16)	9-Mar-17	Kate
Health and Social Care Networks Update (Mar-Jun-Sept-Dec-Mar 17) Board6monthly	9-Mar-17	Liz
Travel Plan (Quarterly updates from May 16 - May/Aug/Nov/Mar17) 9	9-Mar-17	Sharon

HAWKE'S BAY District Health Board Whakawāteatia	**DRAFT Best Start: Healthy Eating** A plan for Improving healthy eating and activity for children in Hawke's Bay
	For the attention of: **HB Clinical Council and HB Health Consumer Council**
Document Owner: Document Author(s):	Dr Caroline McElnay, Director Population Health Shari Tidswell, Team Leader/Health Promotion Advisor, Kim Williams and Tracy Ashworth, Population Health Advisors
Reviewed by:	Executive Management Team (EMT)
Month:	April 2016
Consideration:	For discussion and feedback

Recommendation

That the HB Clinical Council and HB Health Consumer Council:

1. Note request for detail on the community and stakeholder engagement is followed up
2. Review and provide feedback on the Plan.

OVERVIEW

The purpose of this report is to respond to request for further detail on how the HBDHB has engaged with stakeholder and community to identify how to address childhood obesity and improve health equity. This detail is summarised in the draft 'Best Start: Healthy Eating, A plan for improving healthy eating and activity for children in Hawke's Bay' attached. This Plan brings together a summary of the sources informing it's development, a clear goal – "improving healthy eating and active lives for Hawke's Bay children" and the activities needed to achieve this goal. We are seeking discussion and feedback on our engagement.

BACKGROUND

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

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

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

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

What does the evidence show as effective?

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

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

What did the stakeholder and community input say?

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

What are the planned objectives?

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

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

Best Start: Healthy Eating

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

2016-2020

Prepared March 2016

Table of Contents

Executive Summary

Best Start: Healthy Eating Plan

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

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

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

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

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

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

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

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

What is the situation we aim to change?

Increase the number of health weight children

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

Equity Report[1]). We can change this trend by focusing on increasing the number of healthy weight children.

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

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

What has been shown to work?

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

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

Context

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

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

International

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

National

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

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

Local

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

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

[2] **World Health Organization 2016 "Ending Childhood Obesity" http://www.who.int/end-childhood-obesity/en/**
[3] Ministry of Health, New Zealand, "Childhood Obesity Plan" http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan

Evidence

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

Current data

Obesity is the second leading risk factor to health in New Zealand (after tobacco-use). It is linked to a range of diseases with high health and non-health costs. One third of New Zealand's population is obese compared to an average OECD obesity rate of 17%; in fact only three OECD countries rate higher (United States, Mexico and Hungary) and our closest neighbour Australia, has a 25% rate[4].

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

Obesity impacts

At a societal level there is also an impact for our health system, it has been estimated that medical costs attributed to excess weight and obesity in 2006, were NZ$686 million[7]. There are other costs including infrastructure costs required by organisations to adjust for obese clients and staff. The impact of obesity goes beyond poor health outcomes, reduced quality of life and reduced life expectancy, the New Zealand Institute of Economic Research report identified obesity impacted on a wide range of areas including lower wages, increased sick leave, lower school education achievement, poorer mental health and barriers to public infrastructure i.e. plane seat being too small[8]. These impacts effect whānau and the community economically and socially.

Addressing childhood obesity

Addressing childhood obesity is particularly important as overweight children are more likely to develop adult obesity that continues throughout their lifetime[9] because pre-conditions for obesity are set very early in life[10]. The familial influence is the biggest influence on dietary intake and level of physical activity for children, therefore any approach needs to be cognisant with whānau

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

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

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

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

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

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

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

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

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

The food environment forms part of the largest and most significant impact on increases in obesity - the "obesogenic environment". This is the complex influences in the environment which influence our lifestyle and eating behavior. There is strong evidence to show that advertising high calorie low nutrition food to children increase consumption by children. Auckland University conducted a review of supermarkets in 2015 to assess their food content. 60% of food did not meet Ministry of Health Healthy Eating Guidelines[11] (low in sugar, salt and fat). If our main food source i.e. the supermarket, has mostly unhealthy food it is likely you will be eating unhealthy food.

Healthy public policy is one of society's most powerful mechanisms for environmental change. Parallels for obesity prevention efforts can be drawn to tobacco control. For example, limiting marketing on television, creating smokefree spaces and increasing taxes on tobacco products, changed the environment, influenced people's decisions, and consequently smoking rates dropped. Sustained advocacy for similar interventions could provide the catalyst for change in the obesity epidemic[12].

There is evidence that brief interventions can support at least short-term improvements in behavioral change and body weight if they combine: both physical activity and nutrition components, are delivered by appropriately trained practitioners, encourage self-monitoring, foster support networks, and are flexible enough to respond to individual circumstances[13].

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

[11] Ministry of Health, "Healthy Eating Guidelines"
[12] http://www.hsph.harvard.edu/obesity-prevention-source/policy-and-environmental-change/
[13] Cavill N et al. Brief interventions for weight management. Oxford: National Obesity Observatory, 2011.

Stakeholder and Community Input

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

To gain further local knowledge and engagement we sought input from stakeholders and community to help us understand the issues from their perspective and how they feel these issues can best be addressed. Overall this input aligned with the evidence and reinforced the need to continue to engage whānau in development and delivery, use consistent messages, build on existing effective programmes and support settings children engage in to provide healthy eating environments. We have noted that physical activity is supported in a wide range of ways including schools, sports clubs, dance groups, community facilities and out of school programmes, but there needs to be more support for healthy eating. (Appendix B notes the source documents for the summaries below)

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

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

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

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

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

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

Initiatives, approaches and key messages identified:

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

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

Maori Relationship Board Feedback

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

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

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

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

Alignment

Leadership is critical and all stakeholders needs to use their influence

Hawke's Bay DHB is well placed to lead healthy eating. To lead we need to engage across a wide range of stakeholders including private sector, government bodies and community organisations, to deliver the complex and multi-factorial solutions required for obesity reductions. Recognizing and acting on obesity is crucial – particularly in childhood so we can slow progression of a greater burden of disease.

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

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

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

Plan Framework

As outlined earlier, this Plan was informed by:

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

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

Guiding values

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

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

Objectives

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

Objectives, Indicators and Actions

Objective 1: Increase healthy eating environments

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

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

What the data shows

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

Activity to deliver objective one			
	What	**How**	**When**
Current activity	• Work with setting to increase healthy eating including education, school, workplaces, events, Pasifika churches, marae • Support national messaging • Advocate for changes in marketing and council planning	• Healthy eating policies in 5 ECE centres, key events increase healthy food choices, 4 Pasifika churches have a healthy eating approaches and guidelines for marae of reviewed with NKI Inc. • Communication plan implemented for national messages • Submissions made	July 2017
New actions	• Support education settings to implement healthy eating- early childhood, primary schools secondary schools, including establishing a base measure for monitoring • Engage cross sector groups to gain support and influence to increase healthy eating environments • Investigate food security for children and their whānau identifying issue for Hawke's Bay	• 50% increase in schools with water only policy annually • Deprivation 9/10 communities have a whānau co-designed programme delivered in primary schools, - trialled 2016, 5 new schools annually • Establish a group to influences changes in the environment across HB. • Partner with Auckland University to establish a baseline for the HB food environment and monitor annually	Reported annually to 2020
Key partners	Ministry of Education, School Boards, Principals, School communities (including whānau), Iwi, Employers, Councils, Event organisers		

Objective 2: Develop and deliver prevention programmes

Indicator 2a: Rates of breastfeeding at 6 weeks increase

Indicator 2b: Number of healthy weight children at 4 years remain stable or improves

What the data shows

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

Actions and Stakeholders			
	What	**How**	**When**
Current activity	• Implementing Maternal Nutrition Programme activities- breastfeeding support, healthy first foods • Supporting settings to implement healthy eating programmes/policies • Supporting health promoting schools	• Breastfeeding support resources provided via Hauora • All Well Child/ Tamariki Ora providers trained in Healthy First Foods • All schools, ECE, Well Child/ Tamariki Ora Providers with health eating policies are provided with information resources and advice • Health Promoting Schools healthy promoters are up-skilled to implement healthy eating approaches	July 2017
Next actions	• Extend the Maternal Nutrition programme developing programmes in ECE and resources to support B4 School Check providers • Supporting healthy pregnancies, via education and activity opportunities • Support the development of whānau programme (building on existing successful programme) • Develop food literacy resources and deliver across a range of programme and settings • Support healthy eating programmes and approaches in schools	• Deliver training to LMCs, Well Child Providers and B4 School Check nurses to increase skills to promote healthy eating- Healthy Conversation, Healthy First Foods, B4 School Check resources • Contract and support local provider/s to deliver the Maternal healthy eating a activity programme • Contact and support local provider/s to deliver whānau based programmes i.e. Active Families • Deliver key messages for whānau with 2 – 3 year olds • Develop food literacy resources for B4 School Check provider, promote Healthy First Food and heart foundation school resources. • Support the co-designed programme for deprivation 9/10 communities	Reported annually until 2020
Key partners	Hauora providers, Early childhood education providers, schools, principals, Boards, Ministry of education, workplaces, Iwi, Councils, LMCs, Maternity Services, Heart Foundation, Sport HB, Iron Maori		

Objective 3: Intervention to support children to have healthy weight

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

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

What the data shows

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

Activities and Stakeholders			
	What	**How**	**When**
Current activity	• Screening including gestational diabetes, Well Child/Tamariki Ora and B4 School Checks • Whānau activity based programmes for under 5's • Paediatric dietetic referrals	• Monitor the screening and responding referrals • Fund Active Families Under Five and monitor implementation. Investigate extending to further providers. • Monitor referrals and outcomes	July 2017 Maori Health Targets - 6 monthly to the Board
New actions	• Support screening in maternal programme, Well Child/ Tamariki Ora and B4 School Checks • Provide whānau based programmes to support lifestyle changes which support healthy weight i.e. Active Families • Support referrals to programmes via a range of pathways. • Develop a clinical pathway from well child /primary care to secondary services • Support child health workforce, to deliver healthy conversations	• Support training for health profession completing screening an annual opportunity maternal, Well Child/ Tamariki Ora and B4 School Checks • Contract community providers to take referrals for whānau with an overweight child (3-12 years) • Clinical pathway developed with key stakeholders- whānau, parents, children and health professionals. • Healthy Conversation training delivered.	Annually until 2020
Key partners	Well Child/Tamariki Ora, Primary care, GPs, LMCs, Strategic Services, Oral Health Services, Paediatric Services, LMC's, Maternity Services.		

Objective 4: Provide leadership in healthy eating

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

Indicator 4b: Engage support from key partners

What the data shows

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

Activities and Stakeholders			
	What	**How**	**When**
Current activity	• Share information, evidence and best practise and healthy weight data with key community partners • Show leadership by establish the HBDHB healthy eating policy and implementing the Healthy @ Work workplan	• Regular updates provided via Maternal, Well Child/ Tamariki Ora and B4 School Check forums. Regular meetings with community providers • Review and monitor the HB DHB Health Eating Policy and support the implementation of the Health @ Work work plan	July 2017
New actions	• Lead an equity focus by applying an equity lens to review this plan and delivered activity • Align DHB Healthy Eating policy with national food and beverage guidelines for DHBs • Developing a process for a cross sector approach to support healthy eating environments in Hawke's • Influence key service delivery stakeholders to maintain best practise and consistent messaging for healthy eating • Continue engagement with community particularly key influencers for Maori and Pasifika i.e. marae and church leaders	• Equity report written and finding used to refine this plan to improve response to equity • Reviewed policy reflects the guidelines • Framework/ process implemented for cross sector approach and inter-agency activity reported • Hauora, general practise, LMC's, contracted community providers provide national messages consistently to whānau, community and their workplace • Key activities with NKI Inc. including Waitangi Day celebrations and policy/ guidance document development and engagement with Pasifika church leaders	Ongoing until 2020
Key partners	Iwi leaders, NKI Inc. staff, community leaders, governments department leaders, local authorities leaders, non-government organisations leader, private sector leaders, Pasifika community leaders, Ministry of Health		

Monitoring process

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

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

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

Data limitations:

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

Delivery mechanism

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

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

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

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

Appendices

Appendix A: Obesity Prevention Strategy

Summary document previously presented to HBDHB Board

Appendix B: Stakeholder Feedback

Full report are available on request for:

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

Appendix C: Population Health Annual Plan

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

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

RECOMMENDATION

That Clinical, Consumer Council and MRB:

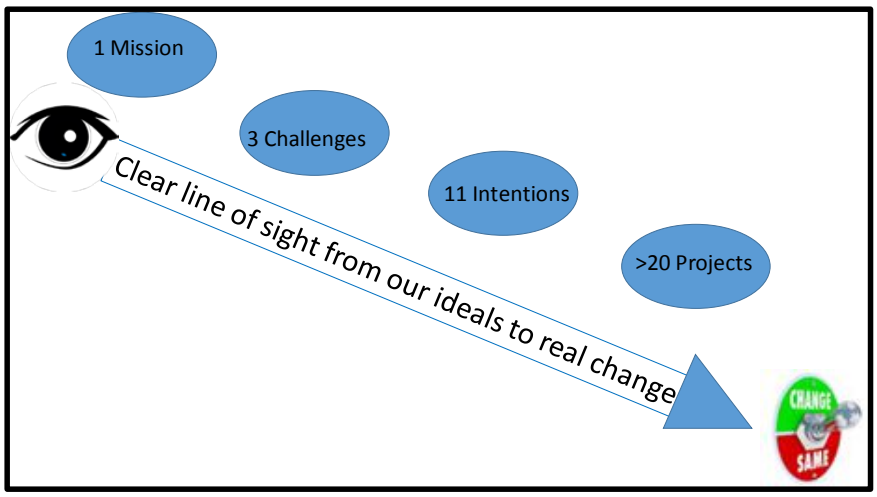
- Note the reasoning and process thus far in refreshing the implementation programme underpinning the Strategy
- Agree the proposed approach and timetable for widening the discussion and project design.

OVERVIEW

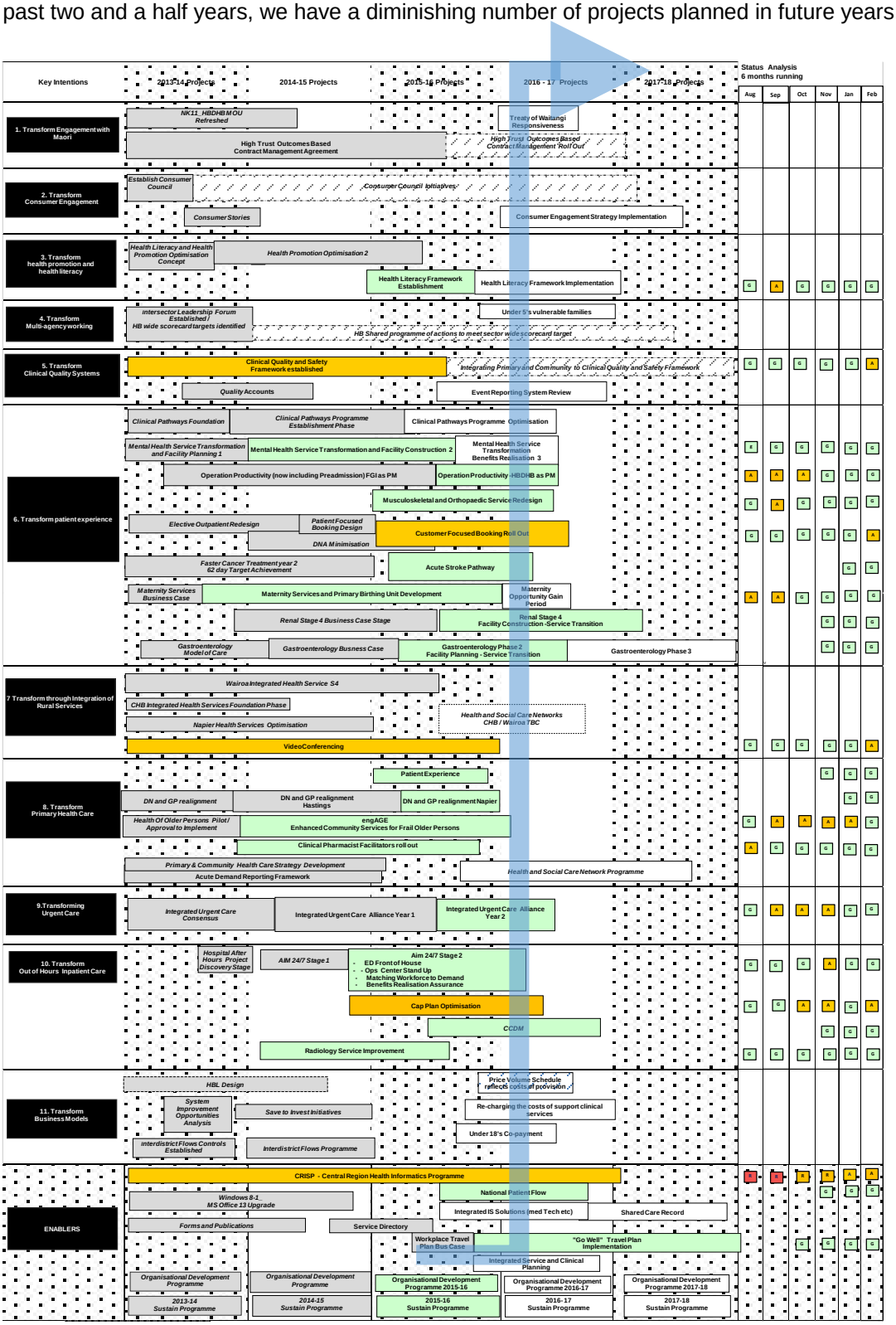
The Transform & Sustain Strategy, a 5 year strategy published in December 2013, is now half way through its planning horizon. The Strategy is not therefore due for replacement, but the underpinning programme projects which achieve the intentions of the Strategy are due a refresh. This paper updates the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

BACKGROUND

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



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



The aim of the refresh is therefore to:

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

PROCESS TO DATE

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

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

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

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

⇒ Person and Whanau Centred Care (people as equal partners in their healthcare)

⇒ Health and Social Care Networks (creating strong primary and community care clusters)

⇒ Whole of Public Sector delivery (delivering effectively with public sector partners)

⇒ Information System connectivity (and improved outpatient process)

⇒ Financial Flows and models (incentivising and funding the right behaviours)

⇒ Investing in Staff and changing culture (equipping our staff for a changing world)

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

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

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

FUTURE DEVELOPMENT

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

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

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

A draft timetable follows:

Key Steps	**Proposed Timeframes**
1. Pre-discussion re how we optimally use the Leadership Meeting scheduled for the 17th May 2016. • Graeme Norton; Chris McKenna; Kevin Atkinson; Mark Peterson; Ken Foote	March / April
2. Run sessions to discuss "have we got it right / what have we missed", information sharing etc.	
• Finance	April and early May
• Quality and Safety	
• IS and Business Intelligence	
• Human Resources	
• Strategic Services and Planning	
• HS Leadership and Service Directorships	
• T&S Union Engagement Forum	
• Clinical Council and Primary Care (possibly CAG)	
3. Run various workshops to ask "What would we be doing (how would we be working) with your people if we are doing it right? (Vulnerable Families; Co-Design and Engagement etc.)	
• Consumer Council	Early to mid-May
• MRB	April to mid-May
• Leadership Forum	17 May 2016
4. Final Presentation Process	
• EMT	31 May
• Clinical Council	8 June
• Consumer Council	9 June
• DHB Board (FRAC)/ PHO Board	29 June/tba
5. Business As Usual protocol for project co-design documented and agreed	30 June

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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:

14. Minutes of Previous Meeting
- Public Excluded

15. Matters Arising (nil)
- 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).