



Māori Relationship Board Meeting

Date: Wednesday, 11 April 2018

Meeting: 9.00am to Noon

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

Board Members:

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

In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
Member of Hawke's Bay (HB) Consumer Council
Member of HB Clinical Council
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Primary Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public



Our vision

**HEALTHY
HAWKE'S BAY**
TE HAUORA O
TE MATAU-Ā-MĀUI

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

Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

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

Ākina – continuously improving everything we do



PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	9.00am
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of the Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2018	
8.	MRB Chair's Report	
9.	General Manager Māori Health Report	
10.	Clinical Council Verbal Update – Ana Apatu	
	Section 2: For Information/Discussion	9:30am
11.	Clinical Services Plan Verbal Update – Ken Foote	5 mins
12.	Te Ara Whakapiri (Last Days of Life) – Leigh White & Laurie Te Nahu	25-mins
13.	Establishing Health & Social Care Localities in HB – Jill Garrett & Te Pare Meihana	20-mins
14.	Framework for developing the People Strategy – Kate Coley	20-mins
15.	Māori & Pasifika Workforce Action Plan – a component of Building a Diverse workforce Strategy – Kate Coley	20-mins
	Section 3: Monitoring - for Information	11:00am
16.	Te Ara Whakawaiaora – Culturally Competent Workforce – Kate Coley	10-mins
17.	Te Ara Whakawaiaora – Cardiovascular	5-mins
18.	Te Ara Whakawaiaora – Healthy Weight – Shari Tidswell	5-mins
19.	Te Ara Whakawaiaora – Breastfeeding – Chris McKenna	5-mins
	Section 4: General Business	11.25am
20.	Section 5: Recommendation to Exclude the Public	

PUBLIC EXCLUDED

Item	Section 6: Routine	Time
21.	Matters Arising	
	Karakia Whakamutunga (Closing Prayer)	
	Light Lunch	Noon

Māori Relationship Board Interest Register - 1 November 2017

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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 Iralea Tomoana	Iralea Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralea 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
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumtua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited.	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	Treasurer for Ikaoroa Rawhiti Maori Party Electorate		No conflict	The Chair	04.07.17
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairarwhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tararwhiti	The Chair	19.03.14
	Active	Employed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Board member of Hauora Tairarwhiti	Relationship with Tairarwhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tararwhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed /rebranded "Wharariki Trust" advised 30-8-17	Relationship and may be contractual 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
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare and interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17

Maori Relationship Board 11 April 2018 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
	Active	Adjunct Research Fellow, Women's Health Research Centre, University of Otago, Wellington	Health research involving data and/or participant recruitment from within HB DHB rohe.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Member Health HB Priority Population Health	TBC		The Chair	1.01.17
	Active	Committee Member, HB Foundation	TBC		The Chair	1.01.17
	Active	Committee Member, Children's Holding Foundation	TBC		The Chair	1.01.17
	Active	Trustee, Waipukurau Community Marae	TBC		The Chair	1.01.17
Beverley TeHuia			TBC		The Chair	
			TBC		The Chair	
			TBC		The Chair	

**MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING
HELD ON WEDNESDAY, 14 FEBRUARY 2018, IN TUKI TUKI MEETING ROOM,
NGĀTI KAHUNGUNU IWI INC, HASTINGS
COMMENCING AT 9.00AM**

- Members:** Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
Na Raihania
George Mackey
Trish Giddens
Lynlee Aitcheson-Johnson
Kerri Nuku
Ana Apatu
Dr Fiona Cram
Hine Flood
Beverly Te Huia
- Apologies:** Kerri Nuku
Sharon Mason (Executive Director Provider Services HBDHB)
- In Attendance:** Peter Dunkerley (Board Member HBDHB)
Chris Ash (Executive Director Primary Care HBDHB)
Chris McKenna (Chief Nursing and Midwifery Officer, HBDHB)
Patrick Le Geyt (Acting General Manager, Māori Health HBDHB)
Wayne Woolrich (General Manager of Te Oranga Hawke's Bay - Health Hawke's Bay (HHB))
Chrissy Hape (CEO Ngāti Kahungunu Iwi Inc.)
Lana Bartlett (EA to General Manager, Māori Health HBDHB)
A member of the Public
- Minute Taker:** Casey Duff (MRB Administrator/ Administration Coordinator Māori Health HBDHB)

SECTION 1: ROUTINE

1. KARAKIA

The Chair opened the meeting with the hīmene (hymn) 'He Honore' followed by a karakia given by N Raihania.

2. WHAKAWHANAUNGATANGA

The Chair welcomed everyone to the meeting today held at the Iwi office and acknowledged Casey Duff (MRB Administrator/ Administration Coordinator Māori Health HBDHB).

3. APOLOGIES

Apologies were received from K Nuku, and Sharon Mason (Executive Director Provider Services HBDHB). There were no further apologies received.

Moved: A Apatu

Seconded: L Aitcheson-Johnson

Carried

4. INTERESTS REGISTER

No MRB members declared any conflict of interest with any agenda items for today's meeting.

The following conflicts of interest had been received from N Raihania and Brenda Crene (Board Administrator) will add these to the Register for the next meeting:

1. Jenny McQueen, mother-in-law to N Raihania is the newly appointed Chaplin at Te Matau a Māui
2. Albie Raihania, niece to N Raihania, attending on the NeSP programme.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 8 November 2017 were taken as read and confirmed as a correct record.

Moved: A Apatu

Seconded: L Aitcheson-Johnson

Carried

6. MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no matters arising from the previous minutes.

REVIEW OF ACTIONS

The Action and Progress List as at February 2018 was taken as read. No actions were discussed.

7. MRB WORKPLAN 2018

The workplan as at February 2018 was taken as read.

8. MRB CHAIRS REPORT

The Deputy Chairs Report for February 2018 was taken as read.

9. GENERAL MANAGER (GM) MĀORI HEALTH REPORT

The GM Māori Health report for February 2018 was taken as read.

10. CLINICAL COUNCIL UPDATE

A Apatu attended the last Clinical Council Meeting on behalf of MRB as the stand in for K Nuku. The proposition of developing an Equity Committee was discussed. Ana requested MRB provide their view to feedback to the Clinical Council on a standalone committee or an equity lens across all committees, and if the committee should sit with the Clinical Council.

The following feedback was discussed:

- There needs to be an equity lens across all committees. Equity should be the foot plan for every committee
- The Strategy and Health Improvement Directorate was charged with the development of the Equity Framework. Strategic facets of the framework could include a Health Equity Committee that would sit at a high level, and training for key personnel with a whole approach across the system.
- There is some reservation about the Clinical Council being the Equity Champions for our whānau
- The Equity framework will hold everyone to a higher level of account. One committee would perpetuate what we have been trying to achieve
- Health Equity obliges people to look at what is happening in their own back yards, how we can address inequity and how we can do it better.

MRB were adamant that there is no need to create another committee but there is a need for a 'third eye'. Therefore, MRB agreed a decision could not be made today and that further discussion is required. MRB would endeavour to have a response to the Clinical Council by the next meeting in April regarding an Equity Committee and where it would best sit.

SECTION 2: FOR INFORMATION/DISCUSSION

11. NGĀTAHI VULNERABLE CHILDREN'S WORKFORCE DEVELOPMENT PROGRESS

RECOMMENDATION

That the Māori Relationship Board:

- **Note** the progress of the Ngātahi Project in the first year
- **Note** the approach endorsed for Years 2 and 3 of the Ngātahi Project and the forecast budget of \$232,500 for 2018 and \$212,500 for 2019

- **Note** that the Transform and Sustain Steering Group will be asked to contribute funding of \$80,000 in FY2017/2018 and FY2018/2019 for the evaluation component of the project.
- **Note** that the remaining funding has been sought from the Ministry for Children Oranga Tamariki and a philanthropic funder.

Moved:

Seconded:

Carried

Patrick Le Geyt (Acting General Manager, Māori Health HBDHB) provided a brief overview of the report which was taken as read. The following areas were highlighted:

- Māori Providers are on board
- Greater competency in three years
- Engaging with Māori
- Governance Group around tikanga Māori aspect finding Dual Competency needs to be included into all the competencies. Dr Russell has managed to get Dr Leland Ruwhiu, Child, Youth and Family to support for the RSP process as well as Maureen Mua, Roopu a Iwi Trust and Tawehi Munro, Ministry of Education. Ngaira Harker (Nursing Director Māori Health HBDHB) has also been asked to be on this group
- 400 staff and 20 organisations have gone through assessment phase against competencies.

The following feedback about the report was received:

- This report only talks about the high levels of vulnerability of our staff and system and fails to identify the vulnerable whānau
- The report contains a lot of information but not quality information. Who checks reports have had the HEAT applied? Patrick LeGeyt (Acting GM Māori Health) and N Raihania to screen reports and presentations for quality.

There was a lengthy discussion about the definition of 'vulnerable', whether there is a national and Kahungunu definition, and what the measures are that are in place. The following was discussed:

- 'Vulnerable' is viewed differently by each individual. There isn't a national or Kahungunu definition. The MOH have a definition but this is loosely applied from a MOH and DHB level. There is no standard definition. Well Child Tamariki Ora (WCTO) work from a set of definitions that they define as a Standard of Vulnerability
- The Māori definition for vulnerability is associated with whānau and disconnect. This is very different to the modern definition of vulnerable which focuses on abuse and neglect
- Vulnerable, from a Māori perspective has to be clearly illustrated
- 'Mauri' means the life source, vital essence, source of emotions – the quality and vitality of a being. If we look at what Mauri looks like to our whānau, we could use Mauri as a measuring tool.
- 'Rongoa' is a system of healing. The root of Rongoa is 'Rongoa' (listening). We haven't listened to our whānau, so how can we heal them?
- Establishing these definitions is significant for developing measures that are specific to Kahungunu and that will address the inequities
- A study by Whānau Ora on whānau living near their marae identified that these whānau were healthier than urban Māori because of the connectedness to their marae, their people and ancestors, their whenua (land), awa (rivers), language etc.
- Whānau Ora Plans identified that cultural connectedness, being healthy, education and employment was what mattered to whānau. We could use this information to conduct a systemic review of the information and what we are doing from a Māori perspective. Then investigate how we systematically apply this to an agency approach for our whānau. Ngātahi is the pilot that could implement this approach.
- Whānau should be consulted to get their definition of vulnerable and then look at developing some measures

- Drill down on the whakapapa of those professionals working with and providing support to our people. The challenge will be of how to achieve this with social services.
- Part of the issues are the set of measures that do not fit Māori e.g. health and social services
- Another issue is the 'normalisation' that is the by-product of accumulated trauma within our own whānau and communities
- Look at the social and cultural aspects of the theory of change.

MRB agreed that further work is needed on the definition of vulnerable that is required for the RFP of the training programme. MRB will be conducting this work to develop a Kahungunu definition of vulnerable.

Ken Foote (Company Secretary) joined the meeting at 9.30am.

12. CLINICAL SERVICE PLAN UPDATE

Ken Foote (Company Secretary) provided an update on the Clinical Services Plan (CSP) regarding the decision made before Christmas to extend the timelines. There were concerns about timelines not being met and some delays with base line documents. There was general concern that we were trying to do too much. In addition, if there was sufficient energy being applied to CSP with staff dedicated to The Big Listen. Ken met with Sapere a couple of weeks ago to discuss new timelines, and to make sure baseline documents and the current state are firmly established and signed off. EMT agreed with a few tweaks. The base documents will be published on the website in a few weeks. The next stage is to look at what the future state will look like.

First step of the process is a series of workshops to look at future option; four themes, 30 participants. Workshops will be held in April with dates to be agreed. Workshops will be clinically led but with key stakeholder representatives on each group. Groups will work to develop options for the future. Themes will be key to the two biggest challenges; frailty due to increased frailty coming through the system, vulnerable people and those with high needs, primary care and service delivery both primary care and hospital. The invite lists to be confirmed in the next week or so and documentation to be sent out.

In May, the intention is to bring all outcomes and information together for an integrated workshop to get some options of what future services will look like to meet demand. Sapere will develop a draft CSP and share with integral governance groups. Any majors issue to be tidied up from this point through to July.

Then in August and September publish a draft document to everyone and run a series of consultations and engagements. Ken, as the project lead will come back to MRB to engage with the Māori community. At this stage the draft will be owned by the HBDHB and going out for genuine consultation.

End of September, all feedback from consultation will go to Sapere to prepare a final draft will go to Board in October.

The following feedback was received:

- CSP is one of the key initiatives that will contribute to a plan for the hospital. Kōrero Mai and The Big Listen will feed into the development of a plan.
- Although the Clinical Services Plan (CSP) is a DHB Plan that reflects our interests, what assurance is there that Sapere will have the best interests of Māori?
- Is there a Māori organisation that could possibly be contracted to write a plan for Māori that would be specific to our region?
- The delays are a concern with the pressures building.

Ken to formulate the timelines for MRB to look at where engagement with Māori and community can occur
ACTION

HB Health Leadership Forum in March

MRB requested a one hour timeslot at the start of the forum to present the learnings from the Alaska trip to Southcentral Foundation by members who were part of the contingency. Presenting the learnings will help find resolutions to the issues discussed today and demonstrate how we feed into the CSP.

Concerns were raised about the use of the same facilitator following the last forum whose behaviour caused some dissatisfaction. MRB suggested a co-facilitator to prevent a reoccurrence of the previous experience.

Nuka Presentation Discussion

Chrissy Hape provided a short presentation of the Kahungunu Iwi Inc. Delegation Trip to the Southcentral Foundation in Alaska. The focal point was 'tribal to tribal', the cross pollination of ideas to leverage off each other's skills and knowledge to help our whānau, and to pick out the gems from the Nuka Model to implement into our framework whether it was existing or the development of a new system.

What's new? A new model of care that has been embedded throughout the entire service and to their whānau. This approach has tipped health equity hence the interest by other indigenous groups.

- 55 villages. 2000 staff including doctors. Provide high quality services to isolated whānau as well
- Integrated Case Management - six doctors, called 'Providers', connected with an entire case management team. Providers are trained in Rongoa and have teams of four
- Each case management team has a Case Manager to support the whānau through their journey
- A nutritionist and pharmacist connected to each division. Pharmacists and nurses have the ability to change a prescription
- No hierarchy
- Customer owned and driven. Everyone is respected and serviced. The customer's wellbeing is seen to before getting to the 'Provider'.
- All staff receive the same training. Everyone functions at the top of their position
- Empty waiting rooms, corridors and ED departments
- EMT lead well and are fully invested. This level of investment is the same throughout all off staff
- Carry extra FTEs to collect data to talk to whānau about the services
- Patients, although sick, are happy and comfortable about being in a hospital environment

What was critical to the development of Southcentral's services?

- Behind everyone there is a story and relationships, and this is reflected in their services provided
- Katherine and her team wanted to get it right so they had to listen to their people. They kept it simple by asking 'what is it that we're **not** doing well?'
- They were committed to make the change after consulting with the whānau
- Remained transparent with whānau about what they can do and couldn't do and followed through with their promises.

The following points were raised:

- The CSP and Health Leadership Forum need to be at the forefront because at the moment we are creating a system that doesn't work well. The intent is not to do away with the current system but identify the strengths and using them in a more effective way.
- We, both Māori and non-Māori, know the health system and there is a willingness to review our system. This is how it needs to be presented otherwise we will create an "us and them" effect.
- Some of the changes don't require money e.g. point of entry triage, staff training on the organisational objectives and services to ensure staff are at the top of their game. The dollar less changes can occur immediately.

There was further discussion about 'Vulnerable Whānau' and 'Mauri' using the whiteboard, refer to Appendix 1, page 8.

Penny Thompson (Suicide Prevention Coordinator) joined the meeting at 9.47am

13. SUICIDE PREVENTION UPDATE

RECOMMENDATION

That the Māori Relationship Board:

- Provide feedback

- **Approve** this report be submitted to the February HBDHB Board meeting

Moved:

Seconded:

Carried

Penny Thompson (Suicide Prevention Coordinator) provided an outline of the report and tabled the posters and wallets developed to reduce the demand on services, for all. Penny also spoke briefly about the following:

- LaVas training specifically for Māori whānau is being held at Ellwood Park Conference facility in Hastings
- GeoNet collects the statistics for Health Line, provided a snapshot of Hawke's Bay from the 20 December 2017 to 20 January 2018 during the period when services are closed. 7000 whānau accessed the link. 10% went on to further services
- Most liked video was the video on marae here in Hawke's Bay
- Resources will be available to Wairoa. Agencies will determine if they require a visit from Penny
- With the mental health services stretched we are looking at working better with MOE and Health HB on how to improve the services to be more efficient
- Flaxmere Planning Committee included the Age Care Services run over 12-weeks.

The resources and the community focus 'by community, for the community' were complimented. MRB provided the following feedback for consideration:

- Refer to the 2017 Suicide Mortality Review Committee Report (SMRC) to support the report statements about the complexity of suicide and the risks. The SMRC report also talks about the reformation of the Suicide Committee
- Include self-harm to elevate the issue of suicide. If we are thinking about prevention we need to also be thinking about the continuum.

A member of the public joined the meeting at 10.15am.

SECTION 3: MONITORING – FOR INFORMATION ONLY

14. TE ARA WHAKAWAIORA – ACCESS 0-4 45-65 YRS (LOCAL INDICATOR)

RECOMMENDATION:

That the Māori Relationship Board:

1. **Note** the content of the report
2. **Endorse** the recommendations.

Moved:

Seconded:

Carried

15. HBDHB PERFORMANCE FRAMEWORK EXPECTATIONS REPORT Q2 (OCT TO DEC 2017)

RECOMMENDATION:

That the Māori Relationship Board:

1. **Note** the contents of this report.

Moved:

Seconded:

Carried

SECTION 4: GENERAL BUSINESS

MRB REPRESENTATIVE FOR TE WHITI KI TE URU – N RAIHANIA APPOINTMENT

Confirm the date of the minutes where the appointment of N Raihania was discussed and motion passed.

ACTION MRB Administrator

16. SECTION 5: RECOMMENDATION TO EXCLUDE THE PUBLIC

The Chair accepted a motion to move into Public Excluded.

RESOLUTION

That MRB exclude the public from the following item:

- 17. Minutes of the previous meeting – Public Excluded
- 18. Matters Arising from the previous meeting – Public Excluded

Moved:
Seconded:
Carried

The public section of the MRB Meeting closed at 11.50am.

17. MINUTES OF THE PREVIOUS MEETING – PUBLIC EXCLUDED

The minutes of the MRB Board Public Excluded meeting held 8 November 2017 were taken as read and confirmed as a correct record.

Moved:
Second:
CARRIED

18. MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no matters arising.

REVIEW OF ACTIONS

The Action and Progress List as at February 2018 was taken as read. No actions were discussed.

The meeting closed at 12.03pm with a Karakia Whakamutunga (Closing Prayer) by N Raihania.

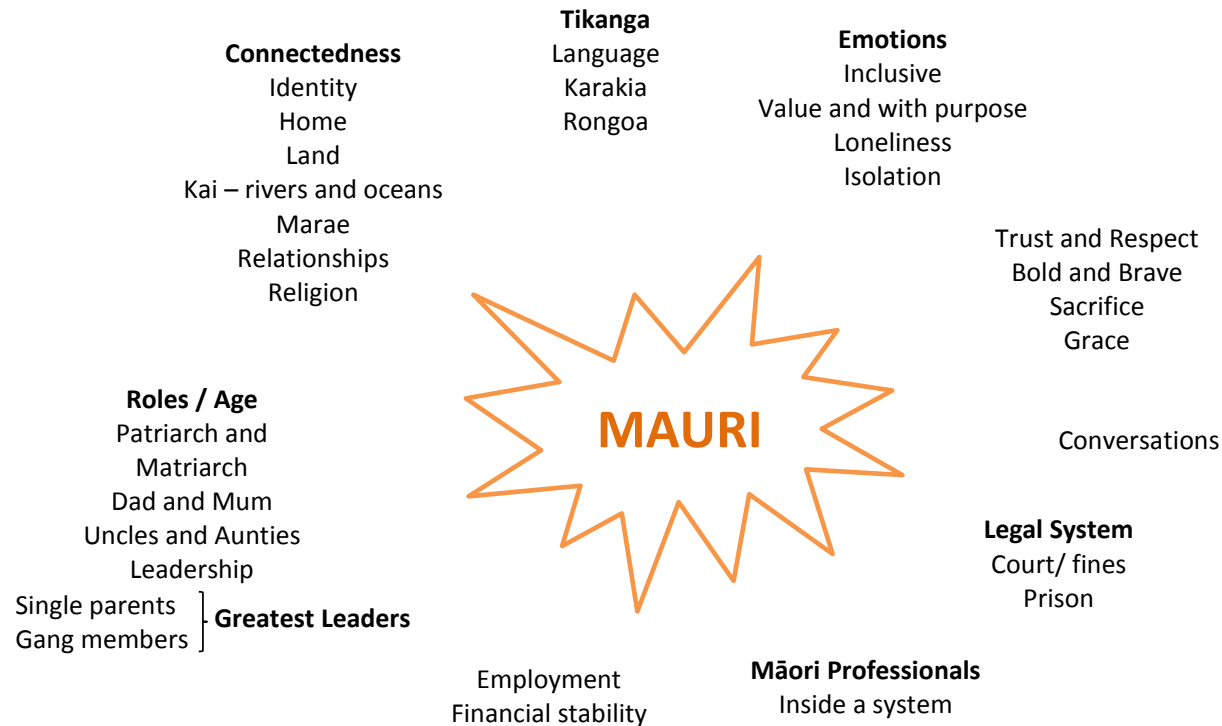
Signed: _____
Chair

Date: _____

Date of next meeting: 9.00am Wednesday, 14 February 2018
Te Waiora (Boardroom), HBDHB Corporate Administration Building

APPENDIX 1

5



- Sir Mason Durie has done some work on 'Mauri Ora'. Participating with your fellow community was a key component of Mauri. Look at the four concepts to draw on
- Identify the threats towards 'Mauri' or highlight the 'Mauri' in individuals, such as single mums or gang members, and empower them to enhance the less 'Mauri' areas
- Identify how we can help our whānau and communities to empower their own
- Implement one model and then adapt it to other areas.

6

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		4.3 Coordinate with Leigh to present the updated plan to Kaumatua in Wairoa for feedback.	Hine Flood	Nov 2017	IN PROGRESS Meeting being coordinated with Hine Flood in November.
5.	12 July 2017	Student Report Circulate research paper to MRB.	Kerri Nuku	TBA	IN PROGRESS 08/11/17 Report due November. 14/02/18 Awaiting report Kerri will circulate once the paper is available for public distribution.
6.	12 May 16	Review form and function of MRB and Youth Representative NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	CEO NKII	Sept 2017	NKII REVIEW ON HOLD 09/08/17 – Chrissie Hape and Ngahiwi Tomoana will bring a paper to MRB in September for the Toiora Board.
7.	14 Feb 18	Engagement with Māori and community. Ken to formulate the timelines for MRB to look at where engagement with Māori and community can occur.			IN PROGRESS
8.	14 Feb 18	Confirm appointment of TWktU rep: MRB Administrator to confirm dates of the minutes where the appointment of N Raihania was discussed and motion passed.	MRB Administrator		COMPLETED


Item 4: Te Ara Whakapiri Hawke's Bay (Last Days of Life)

- Small team of developers (Leigh White, Sarah Nicol, Laurie Te Nahu, Jo Loney, Sue-Mary Davis, Karen Franklin, Anne Gray, and Anita Rarere) met in November. Next meeting planned for 15 February 2018
- The work of the group is to "Focus the last days of life into a 1-2 pager to complement/symbolise tikanga best practice." This information will be used as a guidance document that will align to the Last Days of Life care plan template
- Draft 1 has been completed and this will be discussed at meeting on 15 February 2018
- Then further consultation will occur – Laurie leading this
- The intent is to present to MRB in April 2018.

MĀORI RELATIONSHIP BOARD WORKPLAN 2018

Meeting Dates	Papers and Topics	Lead(s)
11 Apr 18	<p><i>For Discussion and/or Decision</i></p> <p>Clinical Services Plan Sector Update – Verbal</p> <p>Te Ara Whakapiri – Next Steps</p> <p>Establishing Health & Social Care Localities in HB</p> <p>Framework to develop the People Strategy</p> <p>Māori & Pacific Workforce Action Plan – <i>a component of Building a diverse Workforce Strategy</i></p> <p><i>Monitoring and for Information</i></p> <p>Te Ara Whakawaiaora – Culturally Competent Workforce (local indicator)</p> <p>Te Ara Whakawaiaora – Healthy Weight (National Indicator)</p> <p>Te Ara Whakawaiaora – Breastfeeding (National Indicator)</p> <p>Te Ara Whakawaiaora – Cardiovascular (National Indicator)</p> <p>Clinical Services Plan Update</p>	<p>Ken Foote</p> <p>Leigh White & Laurie Te Nahu</p> <p>Jill Garrett & Te Pare Meihana</p> <p>Kate Coley</p> <p>Kate Coley</p> <p>Kate Coley</p> <p>Sharon Mason / Shari</p> <p>Chris McKenna</p> <p>John Gommans</p> <p>Ken Foote</p>
9 May	<p><i>For Discussion and/or Decision</i></p> <p>Mobility Action Plan update</p> <p>Model of Care for Haematology and Oncology</p> <p>Maternal Wellbeing Model of Health Presesntation</p> <p>Maternity – <i>in response to Jacoby Poulain's request 28 Feb re: Model of Care</i></p> <p><i>Monitoring and for Information</i></p> <p>Clinical Services Plan Update</p> <p>Best Start Healthy Eating & Activity Plan update</p> <p>HBDHB Performance Framework Exception Dashboard Q3</p> <p>Te Ara Whakawaiaora / Did not Attend (local indicator)</p> <p>Te Ara Whakawaiaora / Smoke Free</p>	<p>Andy and Tae</p> <p>Sharon Mason</p> <p>Jules Arthur</p> <p>Jules Arthur</p> <p>Ken Foote</p> <p>Sharon Mason</p> <p>Sharon Mason</p> <p>Sharon Mason / Carleine</p> <p>Sharon Mason/ Johanna</p>

Meeting Dates	Papers and Topics	Lead(s)
13 Jun	<p><i>For Discussion and/or Decision</i> Youth Health Strategy (board action June 2017)</p> <p>People Strategy Final</p> <p>Policy on Consumer Stories</p> <p>Alcohol statement</p> <p>Annual Plan 2018/19 2nd draft</p> <p><i>Monitoring and for Information</i> Unders 16 GP Free Service Update</p> <p>Clinical Services Plan Update</p> <p>Te Ara Whakawaiaora – Oral Health (National Indicators)</p>	<p>Chris Ash</p> <p>Kate Coley</p> <p>Kate Coley</p> <p>Sharon Mason</p> <p>Chris Ash</p> <p>Chris Ash</p> <p>Ken Foote</p> <p>John Gommans / Robin</p>
11 July	<p><i>For Discussion and/or Decision</i></p> <p><i>Monitoring and for Information</i> Clinical Services Plan Update</p>	<p>Ken Foote</p>
8 Aug	<p><i>For Discussion and/or Decision</i> Annual Plan 2018/2019</p> <p><i>Monitoring and for Information</i> Clinical Services Plan Update</p> <p>HBDHB Performance Framework Exception Dashboard Q4</p> <p>Matariki Regional Development Strategy and Social Inclusion Strategy update from Feb 2018</p> <p>Te Ara Whakawaiaora - Access 0-4 / 45-65 yrs (local indicator)</p>	<p>Robyn Richardson</p> <p>Ken Foote</p> <p>Sharon Mason</p> <p>Shari Tidswell</p> <p>Jill Garrett</p>
5 Sept 12 Sept	<p>HB Health Sector Leadership Forum</p> <p><i>For Discussion and/or Decision</i> Annual Plan 2018/2019 – second draft</p> <p><i>Monitoring and for Information</i> Clinical Services Plan Update</p> <p>Establishing Health & social Care Localities in HB</p> <p>Te Ara Whakawaiaora – Breastfeeding</p>	<p>Robyn Richardson</p> <p>Ken Foote</p> <p>Jill Garret & Te Paire Meihana</p> <p>Jules Arthur & Shari Tidswell</p>

	Chair's Report
	For the attention of: Māori Relationship Board (MRB)
Document Owner:	Ngahiwi Tomoana, Chair
Month:	April 2018
Consideration:	For Information

RECOMMENDATION**That the Māori Relationship Board**

Note the content of this report providing an extended overview as no MRB meeting was held in March.

PURPOSE

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the Board meetings held in February and March 2018 pertaining to Māori health.

INTRODUCTION

This month's report provides a brief overview of the CEOs Report regarding the performance of HBDHB health system during the month of February and March. An update of The Clinical Governance – Value Assessment structure, values and workload of proposed clinical committees and advisory groups.

HAWKE'S BAY HEALTH SYSTEM PERFORMANCE

The Hawke's Bay health system has been under significant pressure throughout December-March. This has led to a deterioration in some of the hospital performance targets and finances. It is likely to be multifactorial, but some facts and figures are illustrative – comparing December and January with the previous year: In order to reduce the pressure within the Health System in general, and the hospital in particular, a demand reduction task force has been set up. Led by Kevin Snee, the team is meeting daily with key managerial and clinical partners from the whole system. These meetings have been occurring since 20 March with the clear goal of addressing demand in the health system and improving flow through the hospital. This will improve care, reduce stress on staff and put the HBDHB in a better place to address the likely demand of winter and any flu pandemic.

In February the key issues of concern identified were:

- Attendances at ED have increased from 127 to 132 per day a 4.0 percent increase
- Admissions to hospital via ED increased from 35.1 to 41.0 per day, a 16.8 percent increase
- Acute surgical discharges increased from 895 to 1,040, a 16.2 percent increase
- Average daily occupancy rate for adult inpatient areas increased from 88.2 percent to 90.2 percent, an increase of 2.4 percent

A presentation to FRAC was held in February, outlining some long term trends and analysis to help understand why the system is under pressure and some steps have been put in place in the short and medium term to ensure greater resilience is in place for winter.

The key issues of concern are the shorter stays in emergency department (ED6) performance and the elective services patient flow (ESPI) targets. Because the acute activity has displaced the elective activity, it is proving problematic. This is requiring increased spend in the private sector to meet targets, which is in turn undermining the financial performance. The key issues of concern remain the same for March 2018 in regards to Shorter stays in emergency department (ED6) performance and Elective services patient flow (ESPI) targets

The year-to-date result to the end of January is \$1.436 million unfavourable to plan, with January \$374 thousand unfavourable. A recovery plan is being put in place, also being mindful that clinical quality and the welfare of staff will need to be maintained. The year-to-date result to the end of February is \$1.688 million unfavourable to plan, with February \$252 thousand unfavourable.

Kevin Snee attended a meeting in March of the DHB Chairs and CEOs nationally with the new Minister, Hon Dr David Clark, Associate Minister, Julie Anne Genter and the Acting Director-General, Stephen McKernan, identifying key priorities for the government namely:

- Mental Health and Addictions
- Primary Care
- Inequalities
- Public Health

There was also a discussion, led by the Associate Minister, on the carbon footprint of the health system. The conversation about the Minister's priorities was productive the HBDHB await the Minister's Letter of Expectations which is imminent. In the conversation it became clear that any major system restructure was very unlikely before the next government election in 2020.

Acute activity has displaced HBDHB elective activity which has required increased spend in the private sector to meet targets, this is in turn undermining the HBDHB financial performance. HBDHB have notified the Ministry of Health (MoH) that HBDHB could only achieve there elective plan by spending significant additional resource in the private sector, which would increase HBDHB deficit. They have agreed that this is undesirable.

CLINICAL GOVERNANCE STRUCTURE – VALUE ASSESSMENT

Clinical Council has reviewed the structure, value and workloads of proposed clinical committees and advisory groups. An updated governance structure has been proposed with four clinical committees reporting to Council, which align with the pillars of clinical governance. The existing Information Services Governance committee will have revised terms of reference to include clinical governance and strengthened clinical representation. A range of advisory groups already exist within the DHB and these will expand their scope over time to fulfil sector wide clinical governance needs and obligations. Primary and community care representation will be strengthened, initially within the clinical committee structure. To help achieve equity, achieving the triple aim will be part of the terms of reference for each committee and advisory group. Clinical Council agreed the requirement for equity in the health sector's governance structure(s) but that this requires further discussion with other governance bodies. The intention is that there will be a phased implementation of the new clinical governance structure with appropriate supports from 1 July 2018.

CLINICAL SERVICES PLAN

An update on the Clinical Services Plan was provided, outlining the recently plan agreement, and progress and planning completed to date, looking at having a plan for consultation available in September.

PRODUCING BEST OUTCOMES AND EXPERIENCE FOR PEOPLE WITH CANCER

A multidisciplinary team has worked in partnership across primary, secondary and tertiary care, with corporate departments and with the Cancer Society, to improve outcomes and experience for people referred with high suspicion of cancer. The team has significantly reduced waiting times for diagnosis and treatment, introduced one-stop clinics, improved access, delivered treatments in outpatient settings previously performed in theatre. Over recent months the focus has been on increasing the number of people on the 31 and 62 day pathways. This work has included redesigning triage. For January 2018, 29 cases were submitted to the Ministry of Health (MoH). Of these, 26 met the MoH definitions for the 62 day FCT pathway and 20 were submitted as compliant – this is a significant improvement. This brings the six month rolling compliance to 90.8 percent against the 90 percent target.

ESTABLISHING HEALTH AND SOCIAL CARE LOCALITIES IN HAWKE'S BAY

A commitment has been made to reinvigorate the Alliance Agreement for Hawke's Bay by means of a Primary Care Development Partnership ('PCDP'). This development has a number of crucial intersects with the Localities programme as the PCDP will rely on a strong and more coordinated local voice to drive service improvement. At the same time, there are a number of common themes (such as the development of sustainable service delivery models for rural communities) that will benefit from a more centrally-sponsored approach.

At present, the programme has focused solely on the establishment of a 'localities approach' in the rural areas of Wairoa and Central Hawke's Bay. In two relatively self-defining rural communities, this approach has generated significant early benefits. Both areas are working to a 'collective impact' model. As local arrangements mature it is anticipated that more rapid progress will follow in the areas of service integration, locally-led planning, and progression towards intersectoral enabled and whānau-led approaches. Work on the initially proposed 'Hastings' and 'Napier' localities has not, to date, been initiated - the approach will be reviewed with stakeholders, and in line with the establishment of the PCDP.

This report was reviewed by Clinical and Consumer Council's and the Board in March.

MATARIKI REGIONAL STRATEGY, SOCIAL INCLUSION AND ECONOMIC DEVELOPMENT – FEEDBACK TO MATARIKI EXECUTIVE GROUP FOR INFORMATION

Following on from the presentation at the last Board meeting the Matariki Governance Group and Social Inclusion Working Group have responded to the Board's feedback by reducing the number of actions in the Regional Economic Development Strategy (REDS). In addition, Social Inclusion actions have been aligned with the REDS actions. There will be a single Matariki strategy by the end of 2018. Actions are being delivered with community and business partners, i.e. employment programmes, driver licensing and business development. Engagement is planned over the next month for the Social Inclusion actions and an outcomes framework to show the progress at a whānau land regional level will be the next piece of work completed. A Summary is included as an appendix to this report.

SUICIDE PREVENTION UPDATE

Suicide Prevention provides an update on current initiatives such as the Flaxmere Planning Committee, the cross sector approach to youth suicide prevention and postvention management. Included are two noted barriers and limitations of working in suicide prevention space across sectors, services and communities. Lastly, the update provides an intended focus for the future of suicide prevention such as researching zero suicides quality framework, a by community for community approach, resources and education, post/prevention and strategy development.

NGĀTAHI VULNERABLE CHILDREN'S WORKFORCE DEVELOPMENT PROGRESS

The Ngātahi Project is a partnership of 24 health, education and social service agencies, led by Bernice Gabriel, CAFS psychologist, and Dr Russell Wills, community paediatrician. Using a bottom-up approach, the project has engaged 441 practitioners in the vulnerable children's workforce, who have mapped their development needs against an agreed framework. From this mapping exercise three priorities for developing new competencies were identified: engaging effectively with Māori,

mental health and addictions, and trauma-informed practice. This workforce has high levels of fatigue, burnout and vicarious trauma, so improving systems to support the workforce is a high priority of the third work stream. An independent evaluation demonstrated high engagement of the participating agencies and practitioners.

Funding has been secured from the Ministry for Children Oranga Tamariki and Transform and Sustain to design, deliver and evaluate the workforce development programme in 2018 and 2019.

TE ARA WHAKAWAIORA – ACCESS (0-4 YEARS AND 45-65 YEARS)

For ASH rates (Ambulatory Sensitive Hospitalisations - which are a proxy for potentially avoidable admissions if there was some appropriate intervention at some point in the past) in the 0-4 age group, HBDHB is doing well against the national average. The equity gap between the rates of Māori and non-Māori is relatively small and has been closing over the last few years. Some of the reasons for this are outlined.

For the 45-64 age group we are not doing nearly as well. While our ASH rates for this age group are around the national average, the difference in the rate between Māori and non-Māori is substantial and stubbornly resistant to improvement. In the paper there are quite a number of initiatives outlined that are designed to reduce overall ASH rates and to move towards equity. Key among these are the increased utilisation of Care Pathways, which should lead to more standardised care for everyone, and for the greater use of Nurse Practitioners and Clinical Nurse Specialists in outreach models to ensure patients are receiving the most appropriate care.

HBDHB PERFORMANCE FRAMEWORK EXCEPTIONS QUARTER TWO AND MINISTRY OF HEALTH QUARTERLY PERFORMANCE MONITORING DASHBOARD QUARTER ONE


Our Raising Healthy Kids performance continues to be above target. Good progress has been made this quarter with the Faster Cancer Treatment (FCT) health target where we are favourable against target. Better help to quit smoking in primary care has continued to improve and we have achieved target for our total result. The overall Did not Attend (DNA) rates to ESPI specialist appointments have remained favourable and there has been progress in DNA for both Māori and Pacific rates of DNA. However, we continue to fall short in the health target shorter stays in emergency department where 92.2 percent of patients are admitted, transferred or discharged within six hours against a target of 95 percent. The health target improved access to elective surgery is below target this quarter.

HUMAN RESOURCES KEY PERFORMANCE INDICATORS (KPIs) QUARTER TWO

Slow progress is being made on the Māori representation target for 2017/18 of 15.68 percent, with 14.61 percent of employees identifying as Māori at 31 December 2017. The gap to our target sits at 34 positions compared to 37 at the end of September 2017. Work is underway with both the Māori and Pasifika teams to ensure we have a detailed plan to achieve and sustain these workforce KPIs. Comparisons to 20 DHBs, mid-sized DHBs and Central Region DHBs are favourable. Staff turnover is within the 10.0 percent annual target, with 9.17 percent in the last 12 months. Annual leave balances 2+ years are higher than last year's level, but we rank well against other DHBs. Sick leave is slightly higher than last year but we are working on new reports to assist managers to monitor and manage as appropriate.

INTEGRATED COMMUNICATIONS ENVIRONMENT

The current traditional telephony environment is at its end of life and a risk to the organisation. We have completed the negotiations with Spark New Zealand Limited as preferred supplier. The negotiated position includes; a significant reduction off the original RFP price, a reduced operational cost and a regional commercial construct for Central Region DHB's to leverage. The solution delivers a key step towards an integrated care platform which is scalable, resilient and supports mobility, increasing staff productivity and flexible work practices.

	Acting General Manager Māori Health Report
	For the attention of: Māori Relationship Board (MRB)
Document Owner:	Patrick Le Geyt, Acting General Manager Māori Health
Month:	April 2018
Consideration:	For Information

RECOMMENDATION

That the Māori Relationship Board

1. **Note** the content of this report.

INTRODUCTION

This month's report provides a summary of updates on key pieces of work such as The Sexual Health Clinical Governance Group whom are preparing a paper for the Executive Management Team to develop a Hawkes Bay regional sexual and reproductive health and well-being plan. The ASH Respiratory Working Group update and also the possibility of implementing a Māori maternal health programme.

In addition this month's report also provides progress updates on the Tūruki coordinating Māori participation in the recruitment process due to the demands on the Māori Health Service Key Performance Indicator to increase Māori in the workforce.

WHAKAWHANUNGATANNGA/POWHIRI ORIENTATION EIT YEAR 1 TAUIRA



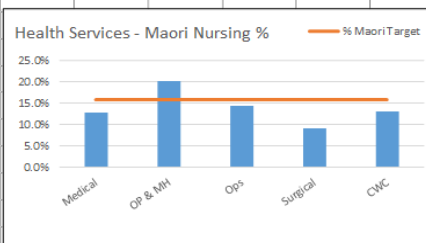
A Powhiri for Year 1 tauira attending 1st placement within EIT by Māori Health team was held this month. It was important for Year 1 to powhiri within Mihiaro to support tikanga and to ensure whanaungatanga with each tauira and to provide base to support values within DHB. Important for future workforce to be exposed early to Māori Health. This will now be a regular occurrence.

NGA RINGA MANAAKI

Nga Ringa Manaaki a Māori nursing support group unique to HBDHB is currently in place for the purpose providing a consultative forum for Māori Nurses to participate in a safe discussion that relate to nursing, to be a voice for Māori nurses across the health sector, and to share and communicate effectively to meet the needs of whānau and the communities served. Providing patient/client centred care.

NURSING WORKFORCE STATISTICS MARCH 2018

March-2018	Maori Representation in the Workforce									
Nursing										
	Maori	Total	% Maori	% Maori Target	Gap					
Health Services - Maori Nursing %										
Medical Directorate	57	449	12.7%	15.68%	13					
Facilities	0	0	0.0%	15.68%	0					
Old Person, MH, AH & Options	31	154	20.1%	15.68%	-7					
Operations Directorate	42	293	14.3%	15.68%	4					
Surgical Directorate	29	319	9.1%	15.68%	21					
Communities, Women & Children	49	378	13.0%	15.68%	10					
Health Services - Maori Nursing % Total	208	1593	13.1%	15.68%	41					



ASH 0 – 4 YEARS RESPIRATORY CARE PATHWAYS

The ASH Respiratory Working Group has three main activities underway:

- A co-design approach with Māori Health, Strategic Services, Health Hawkes Bay, and Breathe HB is underway to align respiratory activities. Stakeholders are meeting on 4 April 2018 to discuss appropriate models of care, and funding arrangements that will contribute to HBDHB's goal to improve ASH respiratory rates for tamariki < 5 years.
- While the above activities are finalised, there is some urgency to put in place appropriate care and support for the coming winter. Māori Health plan to fund Well Child Tamariki Ora services to identify and refer tamariki with a respiratory illness to a respiratory clinic where they will receive necessary education, care, and support. The ASH respiratory working group have had input into the proposed activities, as well as the Well Child Tamariki Ora Quality Improvement Group who are very supportive. The service will be in place by 1 June 2018. The 2017 ASH respiratory review found that 66% of respiratory presentations to the Emergency Department were tamariki that resided in the Hastings area, and of those, 79% resided in the Flaxmere area. This short term contract is intended to reduce the burden of respiratory illness in the community, and avoid the need for secondary care.
- The development of a secondary-primary care pathway to ensure the care and support tamariki and their whānau receive post presentation to hospital is responsive, appropriate, and timely. The pathway is due to be in place by 30 June 2018.

'WHANAKE TE KURA' PREGNANCY AND PARENTING INFORMATION AND EDUCATION PROGRAMME

HBDHB has contracted Te Taiwhenua o Heretaunga to deliver a new Pregnancy and Parenting Education and Information programme. The name of the new programme is 'Whanake te Kura'. Classes have already started in Hastings, and details are being finalised for Napier and Wairoa. Communication activities are in development to promote Whanake te Kura to the maternal and primary health care sectors, communities, and whānau. Whanake te Kura is a free programme and is for all pregnant women and their whānau/families. A launch of Whanake te Kura is planned for April 2018.

SEXUAL HEALTH AND WELL BEING

The Sexual Health Clinical Governance Group is preparing a paper for the Executive Management Team to develop a Hawkes Bay regional sexual and reproductive health and well-being plan. Māori health have lead the development of the paper which emphasises a responsive, well-coordinated, and planned approach to address inequities in access to sexual health care, and to improve rangatahi sexual health outcomes.

MĀORI MATERNAL HEALTH PROGRAMME

Māori Health is looking to develop a Māori maternal health programme. The intent of the programme is to eliminate inequities in access to maternal and child health care, and improve maternal and child health outcomes. A paper is being prepared for the HBDHB Board outlining the proposed approach to develop the programme, key actions, and timeframes to deliver the programme.

TŪRUKI MĀORI WORKFORCE DEVELOPMENT

COORDINATION OF MĀORI PARTICIPATION IN RECRUITMENT PROCESS:

The demands on the Māori Health Service have increased due to the Key Performance Indicator to increase the Māori workforce. To this end, Tūruki and the Recruitment team have partnered with managers who have nominated Māori staff to participate in training and increase the pool available to assist with this process. The initial workshop focused on values-based recruiting, in particular HBDHB's values and gaining an understanding of the skills and attributes that an employer is seeking in a candidate. Whānau-based interviewing encompassed the practice of karakia and mihi as well as the inclusion of kaumatua and kuia support.

In conjunction with this initiative, Tūruki will coordinate all future requests for Māori staff representation and allocate accordingly. A revised training programme including equity is being prepared for launch in April. This new programme will enhance the two HBDHB core programmes 1) Cultural Competency and 2) Engaging Effectively with Maori.

HEALTH WORKFORCE NEW ZEALAND (HWNZ) FUNDING ROUND

Applications for scholarships to support tertiary study for Certificate and Diploma programmes continue for Health Workforce New Zealand funding. Semester 2 round opens May 1st to June 20th, Semester 2 from November 20th to January 31st. To date, 53 applications have been received and processed. Applicants will be supported to develop career pathways and cultural support advisors with a view to completing higher level qualifications.

MĀORI HEALTH WORKFORCE CENTRAL REGION COORDINATION

Kia Ora Hauora is a Māori health workforce development programme aimed at students and current workforce sector workers to promote health careers and career choice. The programme was developed in response to the national and international shortage of health sector workers and the demand for more Māori Health professionals in the sector.

New lead, Wairarapa District health Board (DHB) for Central Region Coordination centre (CRCC) links to four regional DHB hubs (Northern, Midland Central and Southern) who actively deliver Kia Ora Hauora programme within their regions. Tūruki as part of the DHB Central cluster will attend the Annual planning meeting in Wairarapa.

PRIORITISATION OF TE ARA WHAKAWAIORA (TAW) REPORTS FOR 2018/19.

The Māori Health Service finalised 4 initial papers on priority Indicators (i.e. Smoke free, breastfeeding, oral health and mental health) for 2018/19 Te Ara Whakawaiora (TAW) Champion Reports. The objectives of these papers include:

- i) Reviewing the indicator performance over the past 2 years highlighting areas of progress towards the annual targets, reducing disparities, and improving Māori health outcomes
- ii) Using these papers as part of the resources for the Indicator Leads and teams, as well as the Indicator Champions in the preparation of the 2018/19 district health annual plans
- iii) Challenging Indicator Leads and teams, as well as the Indicator Champions to use the information in these papers in reviewing and prioritizing the strategies and activities where appropriate in their 2018/19 Annual Plan preparations for better traction towards the annual target, reducing health disparities, and improving Māori health outcomes.

Papers for the remaining priority indicators are under preparation and will be added on the list.

EXECUTIVE ASSISTANT REIGNATION

It is with some sadness that I announce Lana Bartlett has resigned from her position as Executive Assistant for the Strategic Health Improvement Directorate effective as of Friday 30 March 2018 with her last day of employment being Thursday 29 March 2018.

Lana has been employed at HBDHB for over 20 years; starting in the Hospital kitchen and working her way up to an Executive Assistant level. She is a great example of our core values, especially '*Tauwhiro*' and '*Akina*'; where she has worked hard, taking advantage of the opportunities presented to her and has always delivered quality. She will be missed and leaves a big hole to fill.



HB CLINICAL COUNCIL

Verbal Update


10



CLINICAL SERVICES PLAN

Verbal Update

11

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Te Ara Whakapiri (Last Days of Life)</p>
	<p>For the attention of:</p> <p>Māori Relationship Board</p>
<p>Document Owner</p>	<p>Patrick LeGeyte, Acting General Manager Maori Health</p>
<p>Document Author(s)</p>	<p>Leigh White, Long Term Conditions Portfolio Manager (paper presented before leaving DHB to work at Hastings Health Centre)</p>
<p>Reviewed by</p>	<p>Laurie TeNahu (Māori Health); Sarah Nicol/Jo Loney/Karen Franklin/Anita Rarere/Sue-Mary Davis (Cranford); Talalelei Taufale (Pacific Health). Not yet reviewed by Executive Management Team</p>
<p>Month/Year</p>	<p>April 2018</p>
<p>Purpose</p>	<p>Discussion and input to continue with the work that will be presented in power point presentation</p>
<p>Previous Consideration Discussions</p>	<p>Historical Papers Outcome from last presentation to MRB</p> <ul style="list-style-type: none"> • MRB noted the content of the report and was supportive of the work being undertaken pending further consultation as stated there was omission of cultural responsiveness in the evaluation and were surprised this project was not piloted with more Māori. • The request was to make amendments to the care plan with reflection of Māori and bring back to MRB
<p>Summary</p>	<p>Te Ara Whakapiri HB Care Plan and toolkit has been developed locally using the MoH Te Ara Whakapiri Principles and Guidance Tool.</p> <p>During the establishment phases of the MoH Te Ara Whakapiri Principles and Guidance Tool, the tool went through a robust evaluation of independent reviews of models/stocktake of services, literature reviews based on evident practice/summaries of finding from family/whānau survey. The tool has been designed reflective of the Te Whare Tapa Wha.</p> <p>Feedback from MRB on HBDHB Te Ara Whakapiri HB Care Plan and toolkit</p> <ul style="list-style-type: none"> • omission of cultural responsiveness in the local evaluation of trial in 5 Aged Residential Care Facilities. • the pilot had not been piloted with Māori • a request to make amendments. <p>The small working group was reconvened to work on the approach of the above request. Robust discussion was held and it was clear that when we are talking about the different dimensions that we cannot attempt to put a symptom under one dimension of Te Whare Tapa Wha, for example pain is just not physical and therefore not just under the dimension of Te Taha Tinana.</p>

	<p>The group wanted to ensure there was guidance for nurses/other health professionals. The purpose of the guidance is to align to the Care Plan tool (refer to documents enclosed). This piece of work has not been circulated and/or trialled until MRB has input.</p> <p>The intent would be:</p> <ul style="list-style-type: none"> • This matrix would be pictorial to look like a Harakeke (flax plant) context, setting the scene with the principles and references • Will be part of education as this Care Plan and toolkit continues to be rolled out into ARC and Secondary Care
Contribution to Goals and Strategic Implications	Improved equity, communication, co-ordination and integration of services are a major health goal of the New Zealand Government as a means to driving improvements in quality, efficiency and cost control.
Impact on Reducing Inequities/Disparities	Māori whānau advise that discussing future healthcare needs and, in particular end of life care can be a tapu (sacred) subject. Therefore, consideration is needed whether patients feel comfortable talking about this subject.
Consumer Engagement	Consultation with team of developers and others Further consultation will occur once been presented to MRB
Other Consultation /Involvement	Further consultation will occur once been presented to MRB
Financial/Budget Impact	N/A
Timing Issues	Ongoing
Announcements/ Communications	N/A
<p>RECOMMENDATION:</p> <p>It is recommended that the Māori Relationship Board</p> <ol style="list-style-type: none"> 1. Note the work completed to date 2. Approve and support the work. 3. Support for implementation and include into the HBDHB Last Days Care Plan and Toolkit 	

Traditional Origins¹

e aku Rangatira e whakanui nei i a au, tēnā koutou, tēnā koutou, tēnā koutou – You, my superiors, bidding me welcome, I salute you, Greetings

Traditional Māori origins track back through genealogies from the present, through human generations to the demigod Māui, and further back to guardians, deities, gods and goddesses, and finally to the Skyfather (Ranginui) and Earthmother (Papatūānuku). There is the belief of a single ancestor who became earth and sky from whom all things descend biologically and genealogically;

*“Kotahi anō te tupuna o te tangata Māori,
Ko Rangi-nui e tū nei, Ko Papa-tū-ā-nuku
E takoto nei, ki ēnei korero. Ki ta te
Pākehā ki tāna tikanga, na Te Atua anake
Te tangata, me Rangi, me Papa, me ngā mea katoa”*

*“There is but one ancestor of the ordinary human,
Great Sky Standing above here, and Earth spread surface lying here,
To the Pākehā or European, according to their belief, it is God alone,
Who created people, Sky, Earth, and all things”*

Papatūānuku, Earth Mother, or Planet Earth (Gaia) is the ancestress of all things. She and her children are the guardians or the progenitors of everything on and under the earth, sea and skies. The two grandchildren of Papatūānuku, Hineahuone and Hinerāwhārangii were the first to receive human form and were empowered by the guardians and gods to be the receptacles of all knowledge which they then transferred genealogically and genetically through demigods and demigoddesses to Māori. All this encapsulates the holistic connection between whenua (land), humans, gods, guardians and everything in the universe. It underlies the relationship between Māori people and all things.

All this also gives deeper meanings to the word ‘Whenua’. For Māori, whenua has an added meaning, being the human placenta or afterbirth. Through various birth ceremonies the placenta is returned to the land, and that results in each Māori person having personal, spiritual, symbolic and sacred links to the land where their whenua (placenta) is part of the whenua (land). The words “nōku tēnei whenua” (this is my land) is given a much stronger meaning because of the above extensions. Having ancestral and birth connections, the above is also translated as “I belong to this land, so do my ancestors, and when I die, I join them so I too, will be totally part of this land”.

Assessment:

For Māori, there is sentiment attached to the voice and face-to-face communication (*kanohi ki kanohi*); hence the emphasis is on conversation (1). Whānaungatanga (relationship) is a relationship that develops as a result of sharing whakapapa (kinship links), commonalities and shared experiences which provides people with a sense of connection, belonging and comfort but most importantly, it opens the door to open communication (2). Māori whānau advise that discussing future healthcare needs and, in particular end of life care can be a tapu (sacred) subject. Therefore, consideration is needed whether patients feel comfortable talking about this subject in the presence of kai (food).

Caution should be taken not to make assumptions about whether Maori speak te reo (language), know their whakapapa (heritage, ancestors) or practice tikanga and kawa (cultural practices) (1).

¹ Hohepa, P, 1995, *The Taking into Account of Te Ao Māori in Relation to Reform of the Law of Succession*, Law Commission, Wellington, New Zealand

Most, if not all of the information you need for your assessment can come from a conversation and listening for cues and insights into the person, who they are, where they come from and what matters to them. Direct questions may not illicit the answers you are looking for.

Care Planning:

The table below is intended to illustrate that no careplan issue can be considered from one single dimension of health or wellbeing. Physical well-being is intertwined with spiritual, emotional and family well-being (1). During your assessment and care planning processes, an understanding and consideration of Māori world views and the ways in which tikanga can be incorporated can enhance the relationship with the person and whanau, and the efficacy of the care plan interventions. The following principles provide a foundation for this:

End of Life – Collective Principles

Tikanga (custom lore)

Custom lore provides the basis of all important decisions for tribal groups as well as individuals. It remains valuable as a guiding principle and a source of wisdom.

Mana (authority, status, prestige)

A person gains authority through displaying the qualities of integrity, generosity, bravery, humility, respect, commitment to the community, using history, stories and legends to explain things, facilitating rather than commanding.

Whakapapa (genealogy)

A common ancestry provides a platform for identity, common histories, and similar understandings of the material world.

Wairuatanga (spirituality)

The spiritual world is important part of reality which is integral to day to day activities and necessary for successful endeavours.

Kaumatuatanga (respect for elders)

Elders play a crucial role in keeping families and the community together and offer both guidance and advice.

Utu (reciprocity and restoring balance)

Maintaining balance and harmony through “give and take”, reciprocal obligations, honesty in all things and the exchange of gifts are still essential practices which increase the welfare of the community

Kaitakitanga (the duty of care, for people and the environment)

People should acknowledge their spiritual responsibility to the resources they work with, ensuring health and safety in any endeavour, and pursuing quality and excellence.

Whakawhanaungatanga (family responsibilities)

Family bonds should take priority over all other considerations in deciding what actions we will take.

Manakitanga (generosity and hospitality)

Manaaki is derived from the power of the word as in mana-a-ki and means to express love and hospitality towards people – your contribution, my contribution will provide sufficient for all.

Whakarite Mana (Agreements – contracts)

An agreement is a statement of intention to form a lasting relationship, and the elements of the agreement should be open to review as circumstances change. The objective is to provide long-term satisfaction for both parties, rather than relying on “the letter of the law”.

Hui (tribal meetings)

Full and active participation in decision-making is important

Care-Plan Pathways				
Focus from Care Plan v	Te Taha Tinana (Bodily well-being)	Te Taha Hinengaro (emotional well-being)	Te Taha Wairua (spiritual well-being)	Te Taha Whanau (family well-being)
Pain <i>Mamae/pouri/tangi</i>	Mirimiri (massage) Visual pain measure Karakia can help a person through painful procedures	Sometimes a reluctance to disclose (private experience to outsiders) (whakama) (3). Pāmamae - be hurt, in pain, feel sad, upset, traumatic, upsetting, distressing.	Pain can be caused by a spiritual unrest and will not be resolved with medication. For some, pain or disease relates to punishment from God or a higher power	May advocate for the patient and tell staff what they see. May need/want to stay with their loved one to protect them and observe treatments or procedures
Agitation <i>takawairore</i>	The treatment of physical causes of agitation/ restlessness may impact the person's ability to process spiritual causes	Place of care may impact the person's ability to be at peace	May involve working through/communicating with those that have already passed on – Tohu or symbolic occurrences	Whanau may understand what is happening for their loved one
Respiratory Tract Secretions				
Nausea and Vomiting	The desire to be part of pleasurable whanau dining experience may override nausea or vomiting that occurs as a result			Can affect the person's ability/ desire to eat affecting social relations
Dyspnoea				
Food/Fluids	Food is not passed over the head.		Keeping separate from food anything that comes into contact with the body or body fluids	Often preferred to be a group experience – shared.
Mouthcare				
Bowel Care	The storage of bedpans or urinals should be in designated area	Position of commode may influence if the person uses it. E.g. near to dining area	Tapu	Not always appropriate to ask in front of family/whanau/visitors
Micturition <i>mimi</i>		Urinal bags to be kept covered at all times	Tapu	
Medication	Rongoa (treatment, solution, tonics) may be preferred/used alongside			
Mobility/Pressure Area Care		Consult with the tūroto on all aspects of care in relation to his/her body	Consult with tūroto if there is a need to use separate pillows or towels for the lower body and head support	May be preference for a whanau member to wash or care for the person
Psychological Support	Eating, sleeping and carrying out ablutions in the same bed can be a source of distress. The use of te reo is valuable. Correct pronunciation is important – ask if unsure	A Kaumatua or Kuia may be needed as support. Waiata	Taonga (treasure) are extremely important to Māori and have much more significance than just sentimental value. Understanding whakapapa and	Identify a key spokesperson from the whanau and confirm this with the patient. Check in with that person on their well-being regularly. The patient may want someone with them during doctor/nurse visits. Maori express love and respect through visiting in large numbers. Be inclusive in your interactions with tūroto and whānau
Religious/spiritual support	The head is sacred. Privacy of the body is sacred (2)	The person may prefer to keep beliefs private from anyone outside of the whanau, hapu, iwi	May be spiritual and/or religious practices e.g. karakia. Hahi (church). Allow time for the karakia process to occur. Do not rush or interrupt. Waiata	After death, whanau and visitors may use water to cleanse

Tikanga Principles


The major principle is 'tika'. Tika can cover a range of meaning, right and proper, true, honest, just personally and culturally correct or proper to upright. From tika comes the term tikanga – customary, traditional and cultural aspects which are true and honest and just. Tikanga Māori goes beyond Māori culture, or Māori custom, to mean also the true, honest and proper cultural ways. Tikanga Māori encapsulates all accepted Māori principles.

When a person is born, creation binds the two parts of the body and spirit of his/her being together. Only the mauri can join them together. When a person dies, the mauri is no longer able to bind those parts together and thereby give life – and the physical and spiritual parts of a person's being are separated. This is expressed in the following saying:

The heart provides the breath of life, but the mauri has the power to bind or join. Those who die have been released from this bond and the spirit ascends the pinnacle of death. The mauri enters and leaves at the veil which separates the human world from the spirit realm.

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 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	Update on Establishing Health and Social Care Localities in Hawke's Bay
	<p>For the attention of: Māori Relationship Board (April), Pasifika Health Leadership Group (May)</p>
Document Owner	Chris Ash – Executive Director Primary Care
Document Author(s)	Jill Garrett – Strategic Services Manager – Primary Care Te Pare Meihana - Manager, Wairoa Hospital and Health Centre
Reviewed by	Executive Management Team; Clinical and Consumer Council, and HBDHB Board in March.
Month/Year	April, 2018
Purpose	For Information
Previous Consideration Discussions	Regular update for monitoring
Summary	<p>This paper outlines:</p> <ul style="list-style-type: none"> • Progress in the two existing localities over the last 6 months • Planned activities over the coming 6 month period • Commentary on how the Health & Social Care Localities programme is being aligned with broader work relating to Primary Care Development
Contribution to Goals and Strategic Implications	<p>Improving Health and Equity for all populations Improving value from public health system resources</p>
Impact on Reducing Inequities/Disparities	Focus of the work in localities is on eliminating and preventing the inequity gap within health outcomes – whole of population
Consumer Engagement	Consumer representation within both locality groups
Other Consultation /Involvement	Not applicable
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable
RECOMMENDATION It is recommended that the Māori Relationship Board & Pasifika Health Leadership Group (in May): 1. Note the content of this report.	



Update on Establishing Health and Social Care Localities in Hawke's Bay

Author(s):	Jill Garrett – Strategic Services Manager – Primary Care Te Pare Meihana - Manager, Wairoa Hospital and Health Centre
Date:	March, 2018

1.0 Locality Development in the Context of Primary Healthcare Development

- 1.1 A commitment has been made to reinvigorate the Alliance Agreement for Hawke's Bay by means of a Primary Care Development Partnership ('PCDP'). The need for this development has been identified on the back of longstanding and widely-held frustrations about the inability to secure care integration and modernisation at pace in primary healthcare.
- 1.2 As the draft working plan for the PCDP has become clearer, it is increasingly evident that there are a number of crucial intersects with the Localities programme. The PCDP will rely on a strong, and increasingly stronger and more coordinated local voice to drive prioritisation, community leadership, and the adoption and spread of best practice. At the same time, there are a number of themes common to development in a number of localities (such as the development of sustainable service delivery models for rural communities) that will benefit from a more centrally-sponsored approach.
- 1.3 At present, the programme has focused solely on the establishment of a 'localities approach' in the rural areas of Wairoa and Central Hawke's Bay. In two relatively self-defining rural communities, this approach has generated significant benefits. Work on the proposed 'Hastings' and 'Napier' localities has not, to date, been initiated. The approach will be reviewed in consultation with stakeholders, and in line with the establishment of the PCDP.
- 1.4 In both existing locality areas, however, the breadth and depth of the work undertaken has been markedly different. This has largely fallen into the domain of three core activities, those being:
 - Integration of local provider management arrangements, supported by devolved decision rights for DHB services, with the goal of transformation in the delivery of clinical services
 - Progressing and supporting local innovation in support of community health and wellbeing priorities, particularly in the intersectoral sphere
 - Promoting an enhanced local dimension to health planning, funding and market development
- 1.5 Collective impact modelling has been used in both localities, Wairoa and Central Hawke's Bay (CHB) to build form and function into the task of preparing localities to drive local developments, and as a framework to evaluate progress to date. Implementing collective impact focuses on four key areas, namely, governance and infrastructure, strategic planning, community involvement and evaluation and improvement. However, in the context of 1.4 (above), collective impact does not define the breadth of the endeavor to which it is applied.
- 1.6 Under the framework, there are five stages on the road to achieving full collaboration.

The Five Levels of Collaboration

	1	2	3	4	5
	Networking	Cooperation	Coordination	Coalition	Collaboration
Relationship Characteristics	<ul style="list-style-type: none"> • Aware of organisation loosely defined roles. • Little communication. • All decisions are made independently. 	<ul style="list-style-type: none"> • Provide information to each other. • Somewhat defined roles. • Formal communication. • All decisions are made independently. 	<ul style="list-style-type: none"> • Share information and resources. • Defined roles. • Frequent communication. • Shared decision making. 	<ul style="list-style-type: none"> • Share ideas. • Share resources. • Frequent and prioritised communication. • All members have a vote in decision making. 	<ul style="list-style-type: none"> • Members belong to one system. • Frequent communication is characterised by mutual trust. • Consensus is reached on all decisions.

Source: Frey, B.B., Lohmeier, J.H., Lee, S.W., & Tollefson, N. (2006). Measuring collaboration among grant partners. American Journal of Evaluation, 27, 3, 383-392

- 1.7 In Wairoa, the emergence of the Community Partnerships Committee (He Reo Ngātahi: One Voice, Our Voice) pushes the overall assessment of progress towards Level 3 of the model, with some evidence of function at Level 4. Particularly important has been the definition of the community vision that 'All whānau in Wairoa are thriving', and the solid commitment of leadership from iwi, government agencies, and local community organisations to the work of the committee. In the primary healthcare service integration space, intensive activity is taking place to secure rapid progression from Level 2.
- 1.8 In CHB, assessment across all four areas of the model places overall progress at Level 2 of the model, with some aspects of Level 3 exhibited. CHB is growing its governance function, using strategic planning to create direction and vision, has strong community involvement, and now with greater emphasis on data sharing will be better positioned to plan health improvement initiatives.

2.0 Wairoa

2.1 Activity Completed (Last 6 months)

- Established senior nursing roles – The Rural Nurse Specialist and Clinical Nurse Specialist (Long Term Conditions) roles will support innovation in primary healthcare model development.
- Health of Older Persons stakeholder meetings – These support identification of local service gaps and guide development and resourcing of the care pathway.
- Case management and governance – Work is progressing with sector partners to join up approaches to supporting local whānau who are most in need of services and support.
- Integrated renal service model – Planning is underway to relocate the existing renal chairs.
- General Practice alliance agreements – These continue to evolve, and have supported project work to deliver free under 18 care, diabetes support and Cornerstone accreditation.

2.2 Activity in Progress (Next 6 months)

- Progress towards a single integrated general practice model for Wairoa
- Continued focus on more integrated primary and secondary care patient pathway
- Extension of EngAGE to include Wairoa, as part of strategy for rural provision of this service
- Further develop senior nursing opportunities, including establishment of a shared care model across providers, and a nursing workforce development approach for Wairoa.

- Achieve a “go live” date for Oranga Whānau single case management and governance within services for vulnerable tamariki and whānau
- Join up health projects and strengthen rangatahi leadership, in support of the wellbeing of young people in Wairoa
- Project to reduce the incidence of diabetes through a collaborative initiative between general practice and Kahungunu Executive.

3.0 Central Hawke’s Bay

3.1 Activity Completed (Last 6 months)

- Choose Well
 - Signage and local materials now developed and in use in Waipawa and Waipukurau
 - Flyers and fridge magnets advertising Health Services have been developed by the Health Liaison Group and distributed to households, schools and services within CHB
- Whānau Wellness – The first programme in CHB is now in place with 58 individuals signed up in December 2017. Of those registered, 15% live in Porangahau, 15% in Waipawa, and the remaining 70% in Waipukurau.
- Workplace Wellness – A population health-based programme of support has been developed and provided to the largest employer in CHB (Silver Fern Farms).
- Shared electronic health record – This is now available to support collaborative patient management across general practice, pharmacy and the hospital services


3.2 Activity in Progress (Next 6 months)

- In-depth analysis of the CHB Health Status review to inform priorities for 2018-19 and potential operational partnerships to achieve improved health outcomes.
- VMR network enabling virtual health clinics to be provided in outreach settings.
- Extension of EngAGE to include CHB, as part of strategy for rural provision of this service
- Creation of an Lead Maternity Carer (LMC) Hub in CHB.
- Extending workplace wellness programme to support five major local employers.
- Supporting the Ministry of Education Communities of Learning (COLs) with their local achievement of health and wellbeing-related objectives (linked to readiness for learning).

RECOMMENDATION

It is recommended that the Māori Relationship Board & Pasifika Health Leadership Group (in May):

- **Note** the content of this report.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>A Framework for developing the People Strategy</p> <p>For the attention of:</p> <p>Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board</p>
<p>Document Owner</p>	<p>Kate Coley, Executive Director of People & Quality</p>
<p>Document Author</p>	<p>Kate Coley, Executive Director of People & Quality</p>
<p>Reviewed by</p>	<p>Executive Management Team</p>
<p>Month/Year</p>	<p>April, 2018</p>
	<p>For feedback and input</p>
<p>Purpose</p>	<p>This report describes the draft framework for discussion and feedback to support the development of the full People Strategy.</p> <p>The People Strategy is about sharing and demonstrating our ongoing commitment and aspirations for all of those who work in the DHB and creating and building a culture that meets the needs of staff and consumers – person whanau centred. The People Strategy, for endorsement in June, will describe the core work streams, intentions and an overarching five year programme of work.</p>
<p>Previous Consideration Discussions</p>	<p>A number of presentations of the findings from The Big Listen have been provided to EMT, Board, Consumer Council and the Health Sector Leadership Forum. These identified the core themes from the feedback from The Big Listen and Clinical Services plan. In turn these will set the subsequent priorities and work streams for the People Strategy. The framework will be further adapted with the release of the results of Korero Mai.</p>
<p>Summary</p>	<p>In 2016 the Transform & Sustain refresh identified two core enabler programmes to support the sector achieve its strategy – Investing in Staff and Building our culture. The People Strategy is directly related to investing in our staff which will alongside other components enable building the culture.</p> <p>It is clear that for the HB health system to continue to deliver the best outcomes for the community we serve we need to look after our people well. We need to ensure that our workforce is well supported, capable, appropriately resources, engaged and motivated to provide the best possible service to our community.</p> <p>This People Strategy framework has been developed from staff and consumer feedback from the Big Listen, Clinical Services plan and will incorporate further information from Korero Mai. In addition to this information we have also considered consumer feedback from</p>

	<p>complaints, compliments, comments and the National Patient Experience Feedback survey.</p> <p>At the same time that this framework is being discussed and considered by the governance groups it will also be shared with a variety of staff from all professional groups to ensure that it is easy to understand and staff can begin to connect and see how this will positively impact them.</p> <p>The <i>aim</i> of our strategy is to create</p> <p><i>“A workforce that is engaged, positive, highly skilled and well supported providing the highest quality service to the community”</i></p> <p>There is compelling evidence that staff who are happy and well engaged ensure better patient experience and outcomes. Once developed, the People Strategy will contain measures of success incorporating both workforce and consumer indicators.</p> <p><i>Please note</i> that the People Strategy is primarily for DHB staff, however all activities, programmes and initiatives within the action plan e.g. training, wellbeing, health & safety support/advice, quality, HR support will be fully available and accessible for all staff across the HB health system.</p>
Contribution to Goals and Strategic Implications	<p>Improving safety, wellbeing, and quality of working lives of all HBDHB's staff</p> <p>Improving the safety, quality and experience for patients</p> <p>Value for money</p> <p>Key enabler for Transform & Sustain strategy and new 5 year strategy for the health sector</p> <p>Support the reduction of inequities in our community.</p>
Impact on Reducing Inequities/Disparities	<p>There are a number of examples in the final People Strategy to support the reduction of inequities:</p> <ul style="list-style-type: none"> • The Māori and Pacific Workforce Action Plan – by addressing a social determinant of health by improving both employment opportunities and by improving education opportunities and outcomes for Māori and Pacific populations, and ensuring the workforce is reflective of the community it serves • Improving cultural competency of staff and quality of care for underserved population groups • Actively engaging with our consumers and community, listening and acting on their feedback to improve services so they better meet their needs • Prioritising the assessment of our services against the agreed health literacy framework ensuring that we are making health easy to understand and access.
Financial/Budget Impact	<p>A separate business case is under development to support the effective implementation of the strategy</p>
Announcements/ Communications	<p>The People Strategy will be developed by June 2018. Following this, a full communications plan will be implemented to ensure that our workforce are aware of the organisations ongoing commitment to</p>

	them and the programmes of work that will be rolled out primarily in the first year and beyond. This will require significant support from the Communications team on an ongoing basis.
RECOMMENDATION: <p>That all governance and advisory groups consider, discuss and provide feedback and input into the following:</p> <ol style="list-style-type: none"> 1. The proposed aim statement 2. The draft guiding principles 3. Draft Culture descriptors 4. Work stream aim and intentions 5. Potential Measures of success 	



A Framework for developing the People Strategy

Authors:	Kate Coley
Designation:	Executive Director of People & Quality
Date:	April 2018

PURPOSE

The purpose of this paper is to introduce a discussion and seek feedback and input on the draft framework to inform the development of a detailed People Strategy.

EXECUTIVE SUMMARY

Over the past few years the DHB has performed well against financial and MOH Health targets, has been able to invest in new technology and infrastructure alongside implementing a series of innovative models of care changes which are having positive impacts for our community. It is clear that to ensure we continue to sustain this performance that we need to look after, invest and develop our people. The aim is to ensure that we have a workforce that is engaged, motivated, highly skilled and supported to provide the best possible services that meet the needs of our community.

In 2016 the DHB undertook a review of the Transform & Sustain programme of work and identified two core enabler programme relating to investing in our people and the building of a new culture. The start of that journey saw the sector participate in the Big Listen. The priority was to understand what it was like to work in the Hawkes Bay health system. At the same time we asked our consumers for their experiences of being cared for in HB. Further feedback was also gathered through the Clinical Services Plan patient journey workshops. Korero Mai is gathering further information from our Māori community in regards to their experiences of health care.

The work done locally is in alignment with the NZ Health Strategy. One of the key areas relates to "One Team" (Kotahi te tima) which prioritises the investment in the capability and capacity of the workforce.

The DHB has previously had an organisational development programme which has had a number of key successes relating to increasing Māori representation in the workforce, implementation of talent mapping, leadership development programmes and improving a number of our systems. The Big Listen tells us that it is now the right time to refresh and build on that work.

The framework supports the development of the People Strategy which is about sharing and demonstrating our commitment and aspirations for all of those who work in the DHB and creating and building the 'right' culture. One developed, a People Strategy will set out a five year plan for the investment and development in our people. The framework has been developed from feedback gathered in the Big Listen, Clinical Service plan and through other consumer experience feedback. The framework will be further adapted with the release of the results of Korero Mai.

The framework, which includes guiding principles, workstreams and intentions has been developed by listening to both staff and consumer perspectives. Co-create sessions have been undertaken with

staff to utilise their ideas for initiatives and programmes which will be incorporated in more detail in each of the workstreams in the final People Strategy action plan.

There are a number of core pieces of work that are currently being co-created with staff and working groups and these will be priorities for year 1. These relate to resolving unacceptable behaviour, embedding of our values in recruitment, valuing of staff, ensuring appropriate resources are available, performance appraisals and orientation, leadership and capability development and the implementation of a wellbeing programme.

Once developed, the People Strategy will not in itself build the culture of the organisation. Of crucial importance will be that all our leaders live the values in each and every interaction with each other and staff. This will need strong, positive and consistent leadership from the top and throughout the organisation, always role-modelling and demonstrating the values in every interaction that we have with our workforce for this to have a sustaining impact.

Appendix 1 sets out the framework for the development of the final People Strategy. It includes the draft guiding principles, the attributes, skills and behaviours of our future workforce and a number of aspects to begin to describe the culture that we aspire to. This in turn enables us to articulate the proposed work stream aims and shared intentions.

BACKGROUND

Within the current Transform & Sustain strategy an organisational development programme was developed in 2013. This focussed on a number of key priorities including the implementation of a clinical leadership structure, a supporting transformational leadership programme and executive coaching for senior leaders in the DHB and wider health system. Other successful activities included increasing the Māori representation in the workforce, talent mapping processes, including succession planning and improvements to our recruitment and performance appraisal processes.

Following the Big Listen a number of co-design sessions have been undertaken with our teams in November and February. These were designed for us to work together to agree approaches to dealing with bullying behaviour, improving the way in which we orientate our new starters to the sector and how we should change our recruitment processes to ensure that they are more values based. To ensure we maintain the momentum and connection of the workforce to the Big Listen we have implemented a number “quick wins” focusing on wellbeing, which include free 15 minute massages, the reintroduction of the Self-care in Healthcare programme, to support our staff with managing stress and their resiliency and the development of a behaviours framework. We were able to respond to some of the capacity challenges, with the work that was underway with the CCDM project and we have also responded to care for our staff including providing free ice blocks to help staff cope with the heat during the summer months. All of these activities have been very well received by staff.

Overarching themes from the Feedback

- **Appreciating our staff** – key driver of staff having a good day was the feeling of being valued and appreciated. The challenge is to ensure that we have the right systems and communication tree so front-line staff can continue to have a “say” and there is evidence of them being heard and understood. This value concept supports the challenges around workloads, values, leadership development and access to education.
- **Lack of Capacity - Workload and resourcing challenges** exist across the system. Many staff are telling us that they feel under too much pressure, their working life is impacting their wellbeing and they are concerned about safety of care. These relate to a number of dimensions, not purely around numbers of staff, but around models of care, bureaucracy, recruitment challenges, ageing workforce, increased need for flexibility, workload etc. There is a need to ensure that our staff have the time to deliver high quality services. To do this we need to review workload across teams both quantitatively against established norms and qualitatively by listening to people at the frontline. Workload is a factor of both staffing levels and of systems and processes that support efficient use of staff time; and each should be taken into account
- **Bullying – Issues with behaviours at all levels and people not always demonstrating and living our values** – feedback shows that 31% of workforce feel that they have been bullied in the previous 6 months. Negativity, rudeness, inappropriate behaviours and abusive or violent consumers are also negatively impacting our staff.
- **Behaviours impacting consumers** – in addition to the challenges internally between staff there are also challenges with behaviours that are negatively impacting on consumers. Our consumers do not feel like partners in their care, staff exhibit a negative attitude, are rude, not listening to them. Consumers are wanting friendly and polite interactions, they want us to smile, introduce ourselves, be happy and positive and provide even clearer communication; consumers want us to listen to and respect their individual views and desired outcomes. To value their own experience, and to be responsive to their cultural needs
- **Leadership and capability development** – the need to develop managers and clinical leaders who are appreciative role models of our values, who build values-led teams, involve people in change, support their people’s wellbeing. As important is the need to develop an overarching workforce development plan to support the building of capability across all professional groups and across the sector
- **Wellbeing** - Working in Hawke’s Bay should actively contribute to health and wellbeing – both physical and psychological – for all employees, so people feel less drained and more energized. The Big Listen identified that over 40% of our workforce’s health and wellbeing had been negatively affected.
- **Removing and reducing barriers** - system, process issues and outdated models of care that create additional burden and frustration on the workforce.
- **Health & Safety** - Since the new legislation was put in place, the DHB has implemented a number of systems, processes and activities to ensure that we were “doing the right things” to meet our obligations. The Big Listen, has also provided us with the opportunity to review these current systems and processes and develop a new strategy which will take the DHB to the next level in regards to health & safety. In effect this ensures that we “are doing even more of the right things”. This strategy which identifies what good looks like in terms of everyone understanding and working safely, having robust systems and health and safety being the driver not compliance, will be a key work stream embedded within the People Strategy.

FRAMEWORK FOR DEVELOPMENT OF THE PEOPLE STRATEGY

The framework for development of the people strategy (Appendix 1) provides an overview of our guiding principles and the impact that we want for our future workforce.

This following section is draft and requires discussion, input and feedback before the People Strategy is developed.

The **aim** of our strategy is to create

“A workforce that is engaged, positive, highly skilled and well supported providing the highest quality service to the community”

The draft **guiding principles** ensure that everything that we do with the programme of work links to one of those guiding principles; they are easy to understand and will resonate with our workforce.

1 OUR GUIDING PRINCIPLES

- Caring from the HeART**
we live our values in everything we do
- Embedding Health & Safety**
we are committed to having a safe place, safe people and providing safe care
- Caring for those who care**
we ensure that everyone is happy, healthy and that their wellbeing is supported
- Supporting each other**
we work as one team across the sector to improve our consumers experience of care
- Culturally diverse & competent**
our workforce reflects, understands and supports the health needs of our community
- Developing and empowering our people**
we value and develop our peoples diverse talents, leadership and initiative so they can make a difference everyday
- Celebrating success**
we value and appreciate our peoples innovation and success
- Inspiring leaders**
our leaders inspire and support our people to be the best they can be



In addition feedback from our staff and consumers describes the skills, attributes and behaviours for our future workforce. The framework also begins to describe the **culture** that we want to build together. These concepts have also been drawn from the most recent Health Sector Leadership forums and incorporate learnings from the delegations who have visited South Central Foundation.



Based on the feedback received and the themes identified the following identifies the core work streams within the People Strategy:

- Values & Behaviours
- Wellbeing
- Capability and Capacity
- Health & Safety
- Foundations

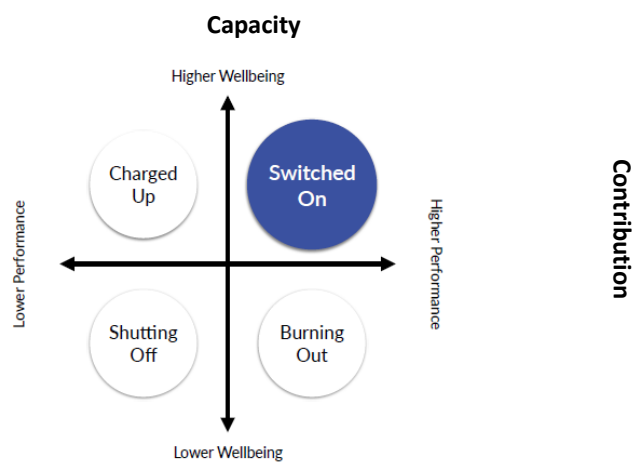
Values & Behaviours

We know that our people working together have a direct positive impact on patient safety, the quality of care provided and ultimately patient outcomes. Our values set the behavioural expectations for every person working in the sector and are key to transforming our culture. Our expectation is that we all display the highest standards of conduct and behaviour and that this is evident with every interaction we have with each other/consumers & their whānau. However, it is clear from the feedback from the Big Listen that this isn't always the case between staff and also in interactions with our consumers. The Big Listen showed that 31% of staff have felt bullied and that 55% of staff did not feel safe to challenge unacceptable behaviour.

Staff identified that not only were there challenges of negative, rude and unacceptable behaviours and bullying, but also the view that people did not feel valued or appreciated for the work that they do. The Big Listen feedback clearly identified that what makes a good day is for staff to feel appreciated, thanked and appreciated for doing a good job and for leaders to acknowledge peoples contribution. As an organisation we need to focus on recognising and "rewarding" our people and celebrating their successes.

Wellbeing

The Big Listen results showed that 45% of staff said that their health and wellbeing had been negatively affected because of their work. Working in health can be challenging and we need to improve our commitment to the safety and wellbeing of our people. There is compelling evidence that investing in people's wellbeing that you reduce the level of risk within an organisation. Improving wellbeing is the biggest driver of engagement, which means the individual's capacity and subsequently their contribution and productivity also increases. Research suggests that for every \$1 invested in wellbeing programmes, the average return is 4 – 1¹; that the difference in productivity between high and low wellbeing employees can be as much as 30%² and increasing employee wellbeing can reduce the cost of sick leave by 19%³. The below summarises the impact that high wellbeing has on both the individual and ultimately the organisation.



This work stream will be a key priority. We will together develop a wellbeing programme and initiatives to support mental health, physical health, creating meaning and connectedness to the organisation, positive relationships and enabling everyone to thrive within the environment. This work stream will be linked with and aligned to the new Health & Safety strategy ensuring that we have a safe place, safe people and safe care.

Capability & Capacity

Development opportunities for the workforce and increasing the leadership skills were also identified through the Big Listen and Clinical Services plan as areas where further investment and development was needed. Additionally the Clinical Services plan identified challenges in specific work groups and the need to understand and model the workforce of the future which will look different to the current state. We want all our teams to have the right skills, time and knowledge to deliver safe and high quality service that meets our patients and their whānau's needs. Our people are highly skilled and we must ensure that we continue to support them to enhance and grow those skills to realise their full potential. Clinical leadership, consumer engagement and partnerships at all levels are necessary to develop new ways of working and break down professional boundaries and silo thinking. A key component will be the development of a workforce development plan to support our workforce gain skills, and knowledge and develop attributes and a culture that supports them to cope with changes in the sector. This new way of working also requires new leadership models with leaders, where visible leadership, focusing on people's strengths and actively coaching staff are the norm. As part of this plan we will also need to ensure that there is a more systemised mechanism for ensuring staff are released to attend training, that training is accessible to all across the sector and that the training

¹ PwC, 2014.

² Page & Vella-Brodrick, 2009

³ Bertera, 1990

itself is high quality. We will develop a measurement framework to assess the correlation between the building of knowledge and skills and the application back into the workplace.

Health & Safety

The health and safety component links and overlaps in a number of other work streams around capability building, foundations and the key focus on wellbeing. The feedback from the Big Listen has provided us opportunities to reassess our systems and processes, our reporting and capability building so that compliance is not the driver for change. Our aim of creating a safe place, safe people and safe care supports and provides a further lever for building our culture.

Foundations

Both the Big Listen and the Clinical Services plan identified that there were challenges in terms of resources, not just necessarily about people, but equipment, systems and processes that prevent people making a difference. Having systems and processes in place that support effective and timely decision making are key to empowering our people, minimising variation, reducing harm and waste, removing bureaucracy and focussing on learning by our mistakes and continuously improving. We aspire to be a health system that is recognised for its innovative practice and our people encouraged to continually look for opportunities to improve. We want our people to be enabled to do things differently, ensuring that we consistently engage and work in partnership with our consumers and community to deliver healthcare services that meet their needs. Breaking down barriers, reducing bureaucracy and doing the basics brilliantly whilst continuing to truly engage and work in partnership with our teams, unions and consumers to focus on continually making improvements so that people can just get on and do their job and continue to deliver high quality services.

Each of the core work streams will each have an aim and a number of key intentions which are described below. The initiatives that are being developed with our teams will then link to these intentions and guiding principles.

Work Stream	Aim	Intentions/Aspirations
Values & Behaviours	“living and demonstrating our values in everything we do”	<ul style="list-style-type: none"> • We all live our values in everything we do • All of us can speak up without fear when our values are not being demonstrated • We work together to build and develop our cultural competence and responsiveness to meet the needs of our community • Leaders recognise, appreciate and celebrate successes • We focus and build on our successes • Leaders engage and listen to our people • We ensure that decision making puts people at the centre • We recruit individuals who demonstrate our core values
Wellbeing	“creating a safe and healthy environment for our people to thrive and grow”	<ul style="list-style-type: none"> • We create an environment that makes working in the HB health sector a great place to work • Our leaders enable and encourage our people's wellbeing • We provide opportunities for all our staff to improve their health and wellbeing • We make sure that everyone feels connected • We strive to develop and maintain positive and sustainable relationships
Capability & Capacity	“growing our peoples capacity, talents and capability, releasing their potential to achieve high quality and safe care	<ul style="list-style-type: none"> • We give our people time to “do the job well” ensuring that they have what they need • We are committed to the continuous development of our people • We build the capability of our people and leaders providing equitable development opportunities that are appropriate • We ensure our workforce reflects, understands and supports the health needs of our community • We promote multi-disciplinary teams working across boundaries
Health & Safety	Safe Place, Safe People, Safe Care	<ul style="list-style-type: none"> • We make safety of our staff and patients our number one consideration

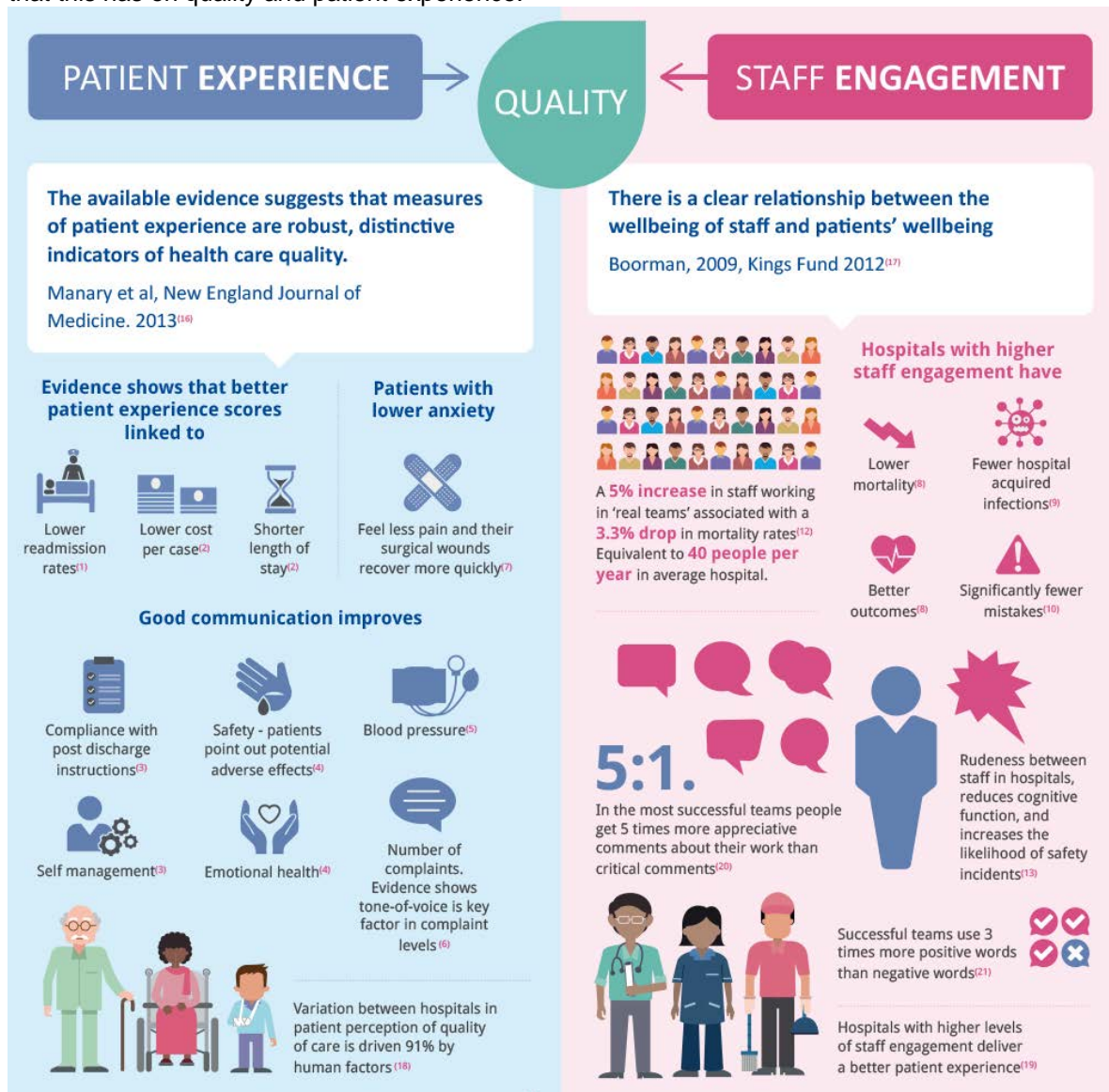
		<ul style="list-style-type: none"> • Everyone understands and works safely because 'it's the way we do things around here' • There are robust, intuitive systems that make doing the right thing easy and accessible • For our business of caring for people to remind us every day , that people matter... including us • That compliance is not the driver; our health and safety and our colleagues and patients wellbeing is
Foundations	"doing the basics brilliantly"	<ul style="list-style-type: none"> • We clearly communicate not only the big picture but also the things that are relevant to our staff • We encourage learning, innovation and doing things differently • We ensure our processes are lean to enable people to get on with their jobs • We look to utilise technology to improve what we do • We actively engage with our consumers to ensure we are delivering what they need • We will be "health literate" making health easy to understand and access • We develop mutual trust and respect across all parts of the sector • We reduce waste and implement empowering process improvements • We encourage our staff to do the right thing for our consumers and each other

BENEFITS

There are a number of significant benefits which we want to see from the People Strategy which include:

- Sending a clear signal to the organisation of the DHBs commitment to investing and developing the workforce
- Follow-through of the results of The Big Listen, Clinical Services and Korero Mai
- Increased wellbeing, which in turn increases engagement, productivity and leads to ongoing success
- Engaging with consumers/whanau to ensure we are delivering what they need
- Increased motivation where staff feel more positive around the organisation due to the investment in their wellbeing, skills development and feel more supported
- Reduction in patient harm, improvement in patient experience and ultimately patient outcomes
- Reduction in bureaucracy which enables managers to have more time to support their teams, and staff members to be able to focus on providing high quality service

The below also highlights further benefits of improving staff engagement and the positive impact that this has on quality and patient experience.



MEASURES OF SUCCESS

This framework sets out the principles for development of the People Strategy, investment and development in our workforce and building our culture. To ensure that we know we are making an impact positively for both our staff and our consumers there will be a number of indicators that we will use as follows:

- Positive changes in responses from staff engagement survey - we will undertake a sector wide survey in 18 months, with further 'pulse surveys' in between to track changes. The next full engagement survey will give us greater ability to break the data down into directorates and services, enabling a more targeted approach to some of the initiatives in years 2-3.
- Feedback from people and their whānau using our services through a variety of mechanisms including the national patient experience survey, the local survey once implemented and through further face to face sessions/survey (learning from The Big Listen and Korero Mai processes) which will be undertaken on a quarterly basis.
- Wellbeing indicators of our people – we will gather baseline data which will be measured on an annual basis identifying the impact of the wellbeing programme
- Matching staff capacity with demand e.g. CCDM, Trendcare
- Increased diversity of our workforce that reflects our community profile –
- Quarterly HR KPIs – these will include turnover, sickness levels, annual leave liability, reduction in staff injuries, training completed etc
- Quarterly Patient Safety Indicators – falls assessments, infection rates, length of stay, adverse events

NEXT STEPS

Following feedback from all governance groups and other key stakeholders (senior leaders, professional leads, unions and a cross section of staff), the framework will be used to develop a People Strategy. The strategy will include a high level five year action plan, a detailed action plan for year one with timeframes and responsibilities, and a finalised simple one page document that can be utilised to build awareness and understanding across all teams. The strategy is due to be endorsed in June.

Once the People Strategy has been developed, a communications plan will be implemented and will be ongoing to ensure that our staff understand what is happening and that it closely links and connects back to the feedback that has been provided – simply a You Said, We Did concept.

ATTACHMENT

Appendix 1 – Draft One Page Framework Summary



DRAFT

Growing Our People

He aha te mea nui o te ao?
He tāngata, he tāngata, he tāngata

1 OUR GUIDING PRINCIPLES


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- Celebrating success**
we value and appreciate our peoples innovation and success
- Inspiring leaders**
our leaders inspire and support our people to be the best they can be



OUR CULTURE

- Values based
- Relationship led
- Person and whānau centred
- Whakarongo - listen and responsive
- Manaakitanga
- Atawhai - Care and compassion
- Kotahitanga - unity and collective action



 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Māori & Pacific Workforce Action Plan A component of Building a Diverse Workforce</p>
	<p>For the attention of: Māori Relationship Board, HB Clinical Council; HB Health Consumer Council; Pasifika Health Leadership Group and HBDHB Board</p>
Document Owner	Kate Coley, Executive Director of People and Quality
Document Author(s)	Patrick Le Geyt, Acting GM Māori Health; Ngaira Harker, Nursing Director, Māori Health; Talalelei Taufale, Pacific Health, Development Manager; Paul Davies, Recruitment Team Leader; Donna Foxall, Māori Clinical Workforce Coordinator
Reviewed by	Executive Management Team
Month/Year	April, 2018
Purpose	For Information & Endorsement of Action Plan
Previous Consideration Discussions	The development of this action plan has been discussed with key operational leaders responsible for workforce development including the Chief Allied Health Professions Officer and Chief Nursing & Midwifery Officer.
Summary	<p>HBDHB value and acknowledge the ethnic diversity of our community and the ethnic diversity of our workforce. We aim to ensure our staff and organisation reflect the community which we serve, in particular the growing Māori and Pacific populations.</p> <p>The Māori and Pacific Workforce Action Plan aims to improve the ethnic diversity of our workforce and improve the cultural competency of our staff and organization. This plan supports the development of a diverse and culturally competent workforce that aims to effectively deliver health care services that meets our community's social, cultural, and linguistic needs and contributes to improved health outcomes and quality of care, and the reduction/elimination of health disparities.</p> <p>The below identifies the key benefits of the implementation of this action plan:</p> <ul style="list-style-type: none"> • To reduce inequities in health outcomes for HB community • To improve engagement with Māori and Pacific consumers • Mana enhancement through culturally competent care • To improve cultural competency of staff • To support the growth of the Māori and Pacific workforce • To support leadership and sustainability of the Māori and Pacific workforce • Targeted approaches to services with greatest need • Will enhance patient centred care within a Māori and Pacific Health world- view.

Contribution to Goals and Strategic Implications	<p>The Māori and Pacific Workforce Action Plan aims to contribute to the organisations goals by:</p> <ul style="list-style-type: none"> • Reducing health inequities that exist between Non-Māori /Pacific populations and Māori and Pacific populations • Meeting organisational KPI of increasing the Māori and Pacific composition of the workforce • Meeting organisational KPI of improving the cultural competency of the DHB workforce • Triple Aim – Improving the quality, safety and patient experience of care
Impact on Reducing Inequities/Disparities	<p>The Māori and Pacific Workforce Action Plan aims to reduce inequities for Māori and Pacific populations by:</p> <ul style="list-style-type: none"> • Addressing a social determinant of health by improving employment opportunities for Māori and Pacific populations • Addressing a social determinant of health by improving education opportunities and outcomes for Māori and Pacific populations • Ensuring the workforce is reflective of the community it serves • Improving cultural competency of staff and quality of care for underserved population groups
Consumer Engagement	None at this time – paper will be presented to Consumer Council
Other Consultation /Involvement	A series of stakeholder workshops and subsequent planning and discussion forums have been undertaken.
Financial/Budget Impact	N/A
Timing Issues	Ongoing
Announcements/ Communications	N/A
<p>RECOMMENDATION:</p> <p>That the Māori Relationship Board; HB Clinical Council, HB Health Consumer Council, Pasifika Health Leadership Group and the HBDHB Board,</p> <ol style="list-style-type: none"> 1. Note the contents of this report. 2. Endorse the proposed action plan (Appendix 1) 3. Note the reporting framework and KPI's 	



Māori and Pacific Workforce Action Plan

A component of Building a Diverse Workforce

Authors:	Patrick Le Geyt, Acting GM Māori Health; Ngaira Harker, Director of Nursing, Māori Health; Talalelei Taufale, Pacific Health Development Manager; Paul Davies, Recruitment Team Leader; Donna Foxall, Māori Clinical Workforce Coordinator
Date:	26 March 2018

PURPOSE

The purpose of this paper is to provide EMT with a Māori and Pacific Workforce Action Plan. The intent of this action plan is to sustain the successes and effective strategies that have been in place for a number of years, and refresh and identify new actions and activities to ensure that we build a vibrant, collaborative and culturally competent Māori and Pacific workforce that reflects, understands and supports the health needs of tangata whenua and our Pacific communities.

EXECUTIVE SUMMARY

HBDHB value and acknowledge the ethnic diversity of our community and the ethnic diversity of our workforce. We aim to ensure our staff and organization reflect the community which we serve, in particular the growing Māori and Pacific populations. Over the past few years a significant number of actions have been undertaken in regards to increasing the supply of individuals being interested in a health career, and increasing the representation of Māori in our workforce, with the DHB exceeding the target in the last financial year. It should also be noted that nationally the work that has been undertaken by the DHB is being recognised as an exemplar and many DHB's are wishing to discuss our approach.

This plan supports the development of a diverse and culturally competent workforce that aims to effectively deliver health care services that meets our community's social, cultural, and linguistic needs and contributes to improved health outcomes and quality of care, and the elimination of health disparities. The Maori and Pacific Workforce action plan aims to build on these current successful actions, by employing, retaining, sustaining and supporting opportunities within professional development and leadership for Māori and Pacifica. This will improve the diversity of our workforce and support increased opportunity for Māori and Pacific voices at all levels within HBDHB.

Having reached the target for Māori representation in July 2017 it was agreed that this was an opportune time to review the work that had been completed in the previous few years, and identify those strategies and actions which had a positive impact translate that into business as usual and consider how we rollout a diversity action plan to include our Pacific workforce. Over the last few month a number of workshops with stakeholders across the sector, and numerous discussions with a small group have developed both the proposed objectives, actions and performance indicators. The intention of the plan is to sustain the work previously implemented and develop actions to ensure that we continue to grow the diversity of our workforce.

The aim of this action plan is to create "a vibrant, collaborative and culturally competent workforce that reflects and supports the health needs of our community" who demonstrate the values of the sector.

Objectives:

- Increase both the Māori and Pacific representation in our workforce
- Increase the number of Māori and Pacific leaders in our workforce
- Build the Capability and capacity of our Māori & Pacific workforce
- Improve the cultural capability of existing workforce

RECOMMENDATION:

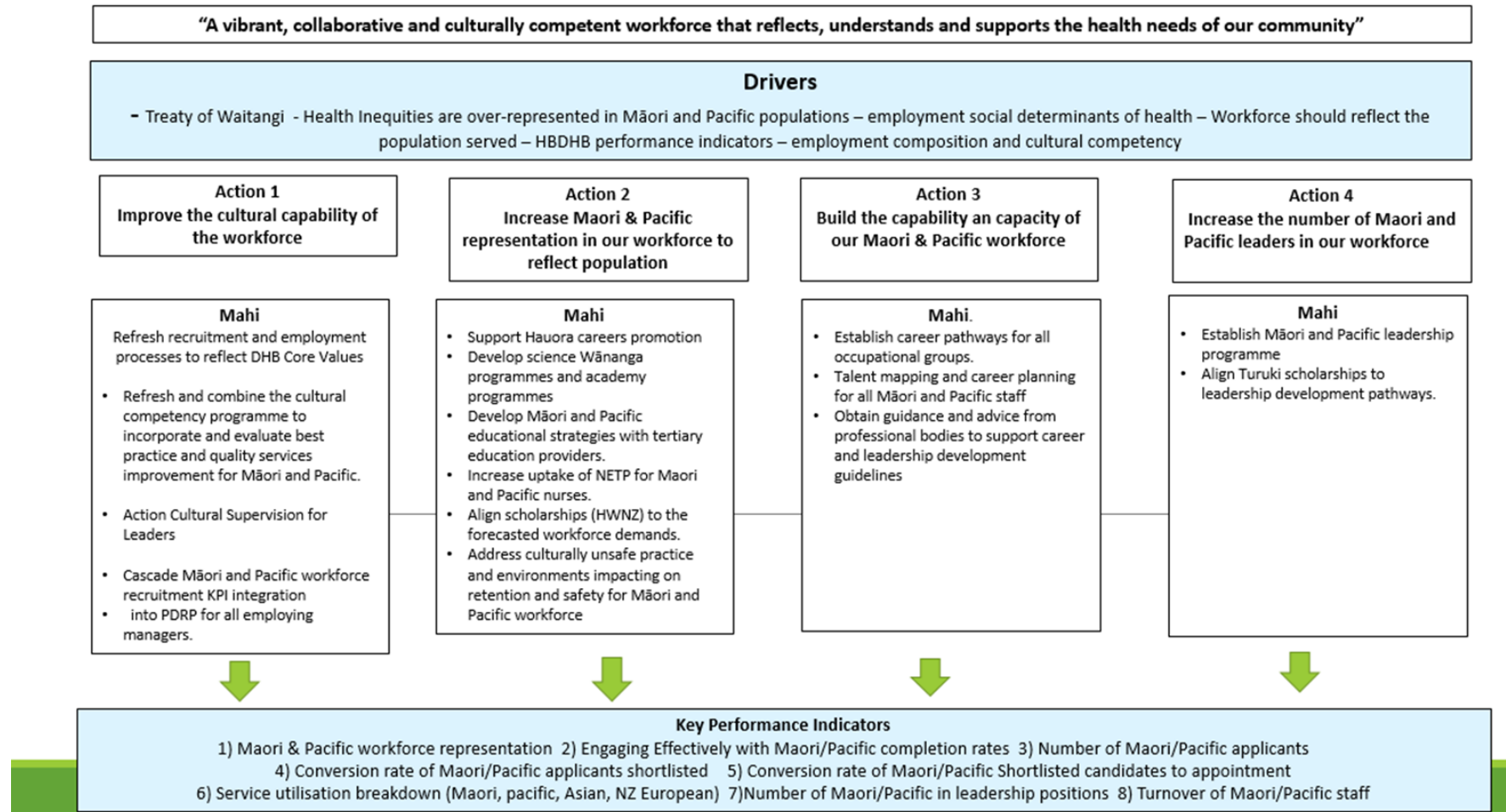
That the Māori Relationship Board; HB Clinical Council, HB Health Consumer Council, Pasifika Health Leadership Group and the HBDHB Board,

1. **Note** the contents of this report.
2. **Endorse** the proposed action plan (Appendix 1)

ATTACHMENTS

- Appendix 1:** provides an overview of the Māori and Pacific key action plan flow chart
- Appendix 2:** provides further detail on the activities that will be undertaken under each of the objectives.
- Appendix 3:** identifies the plan detailed in August 2016. It shows the work completed and identifies that outstanding work which has been incorporated into the next five year plan.
- Appendix 4:** Identifies baseline data currently utilized to measure Maori and Pacifica Workforce.
- Appendix 5:** identifies the risks and opportunities in delivery of the Māori and Pacific Workforce Strategy.

Appendix 1 Key proposed Actions (5 year plan)



Appendix 2 Further actions to support (5 year plan)

1. Improve the cultural capability of the workforce	Action 1	Action 2	Action 3
Refresh the recruitment and employment processes to reflect DHB core values e.g. cultural competency training, cultural bias, and equity Interview process / Māori and Pacific reps on panels, orientation,	Develop HR processes within appropriate Māori model of engagement (? Meihana) (note evaluation included)	Apply an equity lens to enhance recruitment pathway: <ul style="list-style-type: none">• Job specifications• Job Advertising-target to Maori and Pacific communities• Interviewing: Panellists are Pacific and Maori• Interview: Record and review interview for best practice. All areas and those in demand	Implement and monitor refreshed and improved employment processes.
Refresh and combine the cultural competency programme (CCP) to incorporate and evaluate best practice and quality service improvement for Māori and Pacific.	Coordinate a team to: <ul style="list-style-type: none">• Review evaluations, moderate current cultural responsiveness• Refresh and establish a curriculum package for Engaging with Maori and Pacific• Identify risks	Work with services to: <ul style="list-style-type: none">• Establish a 2 year timeframe and commitment to receive and implement learnings from training packages Develop robust evaluation tools to measure application of cultural responsiveness	Monitor and measure short, medium and long term outcomes/benefits
Action Cultural Supervision for Leaders.	Identify appropriate training to support leaders in applying and facilitating culturally responsive approaches.	Provide forums for leaders to grow and develop ongoing application.	Evaluation of cultural supervision to support quality and improvement.
Māori and Pacific workforce recruitment KPI's are integrated into PDRP for all employing managers.	Recruitment data Employment data reflects Māori and Pacific employment increase.	Equity processes are embedded in recruitment and are a management focus.	

2. Increase Māori and pacific representation in our workforce to reflect population	Action 1	Action 2	Action 3
Develop science Wānanga programmes & academy programmes.	Evaluation and review current academy provision	Stakeholder consultation and needs analysis to support delivery.	Identify and implement science Wānanga and academy programmes that are successful in achieving science and employment pathway within health
Support Hauora careers promotion e.g. incubator and Kia Hauora.	Evaluation and review current success of incubator and Kia Ora Hauora. Stakeholder consultation and needs analysis	Stakeholder consultation and needs analysis Refresh of Programmes and dashboards Refresh the current Maori recruitment plan to include Pacific perspectives and stakeholders input Refresh recruitment promotion plan for community stakeholders, Primary and Secondary Schools and tertiary providers.	Promotion is inclusive of community stakeholders, schools and tertiary providers Improve data in supporting appropriate tracking indicators for career pathways
Develop Māori and Pacific educational strategies with tertiary education providers.	Ensure representation Māori and Pacific at advisory and governance level to effect educational focus within tertiary education providers.	Develop an MOU to support the partnership in Māori and Pacific workforce growth in-line with DHB	Primary, Secondary and tertiary providers monitor and track Maori and Pacific achievement in targeted curriculum areas science, maths , English
Increase uptake on NETP for Māori and Pacific	80% employment all NETP applications Māori and Pacific	Evaluation of culturally responsive practice within NETP provision.	Increasing visibility of Tuakana /Teina into NETP (and recognition of this as a PDRP action)
Align scholarships (HWNZ) to the forecasted workforce demands.	Dedicate and refocus scholarships into leadership development.	Identify appropriate decision making tool to support fair and balanced decisions for scholarship.	Appropriate roopu to support scholarship decision making process.
Address culturally unsafe practice and environments impacting on retention and safety for Māori and Pacific workforce	Identify culturally safe working environments and champion and promote.	Provide monthly updates on KPI to support cultural safe responsiveness. Share findings and open up to other services	Develop a cultural environment assessment tool
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Database to measure and reflect increasing Māori and Pacifica workforce	KPI to measure culturally responsive working environments for Māori and Pacifica	

3. Build the capability an capacity of our Māori and Pacific workforces	Action 1	Action 2	Action 3
Talent mapping and career planning for all Māori and Pacific Staff. (Guidelines for managers to lead process)	Develop a self-evaluation tool to support mapping and career planning	Managers to Identify in partnership actions required to support career planning within appraisal processes.	
Establish career pathways for all occupational groups.			
Obtain guidance and advice from professional bodies to support career and leadership development guidelines.	Representation on national bodies to incorporate capability and capacity at national level.	Identify best practice models supporting improved capability i.e. Nursing Maori workforce/Turuki	
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Monitor and evaluation of Māori and Pacific work satisfaction within work environment.	Tool to measure KPIs in retention and sustainability.	

4. Increase the number of Māori and Pacific leaders in our workforce	Action 1	Action 2	Action 3
Align Turuki scholarships to leadership development pathways.	Create pathways from teina to tuakana in creating leadership and sustainability.	Create pilot group to measure and develop indicators in leadership development and progress.	Stakeholder engagement to identify profile of leadership styles and models
Establish Māori and Pacific leadership programme. (Tuakana / teina and other indigenous models).	Needs analysis re; content and delivery within programme that is supportive of Māori and Pacific leadership growth.	Promote leadership opportunities for Māori and Pacific within DHB's. Identify priority areas.	
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Managers to identify Māori and Pacific leadership potential within their sector.	Identify leadership pathway to support aspirations within career.	Promote and ensure Māori and Pacific leaders are employed.

Appendix 3 2016 Action Plan

Intermediate School & secondary School Students				
	Community engagement campaign to be developed including targeting Māori through social media and community events (local and national) held in Hawke's Bay).		Some activities undertaken.	Incorporated
	KPI targets for Māori staff representation into hiring managers' performance plans.			Incorporated
	Promote new and innovative models of care that better meet community need /achieve equity E.g. EngAGE.		Activities undertaken to promote	Completed
	Campaign to promote HBDHB at Tertiary institutions Kanohi ki te Kanohi and on-line		Yet to be done	Incorporated
Recruitment Activities & Actions				
	Focus on nursing with initial focus on Nurse Entry to Practice (NEtP) nursing and valuing locally trained and Māori applicants by weighting of two.		Key KPI for CNMs & NDs Position profiles updated (key competencies and essential criteria) to include EEM.	Completed BAU
	Using assessment centres to assess candidates demonstrate relationship management, EEM skills.		Successfully used each twice a year for NEtP recruitment & selection	Completed BAU
	Broadened focus to Allied Health and other roles systematically reviewing recruitment processes to audit where Māori applicants aren't recruited.		Key KPI for AH Hiring Managers Refining reports from Taleo to provide accurate information on progress and success of Māori candidates in the recruitment process – see below	Completed – BAU In progress
	Job adverts include statements in Te Reo for some roles e.g. Community Health. Extend for all roles.		All adverts contain DHB Values in Te Reo and headlined with a Whakatauki	Ongoing - BAU
	Work with Kia Ora Hauora to identify Māori candidates who are keen to work in the Hawke's Bay and develop ongoing relationships through their course of study.		Kai Ora Hauora students captured in new Database developed and managed by MHS To build into a Talent pool	Ongoing - BAU
	Ensure all members of an interview panel have completed EEM and for this eventually to be a mandatory requirement before they can be involved in selection and assessment and complete Values and behaviours online training currently being developed.		Pilot completed with 10 Māori staff members Nov17 Next course in April 2018 To extend to all Hiring Managers and staff that may be on an Interview panel To develop on-line course on Ko Awatea	Ongoing - BAU
	Include a Māori consumer or Iwi representative on interview panel in the interim utilise Māori staff members. For targeted areas re-balance the membership of interview panels to include the hiring manager, professional lead, a		Mandatory requirement that all panels must contain a Māori Staff member or Pacific Managers requested to identify panel member in the Request to Recruit / Requisition in Taleo	In place for Māori staff - BAU

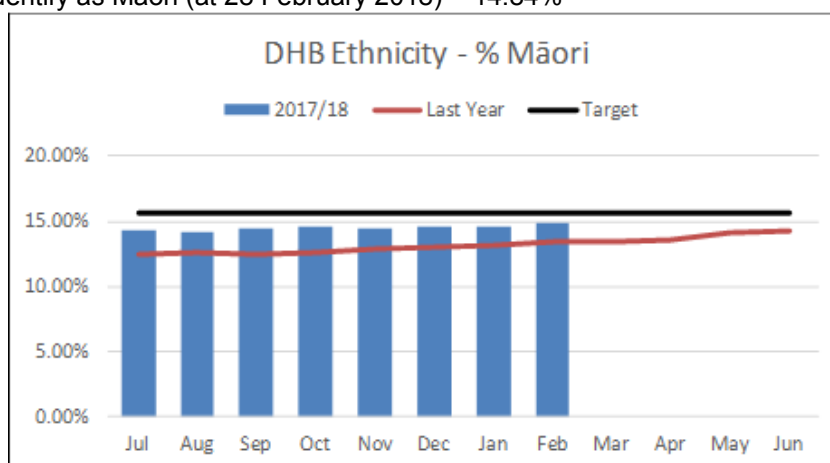
	Māori staff member/consumer AND a community representative.		List of Māori staff available for Interview Panels managed by Dianne Wepa/Donna Foxall - MHS Additional panel members identified and will be trained in April	
	Develop "Day in the Life" video of current Māori staff.		First video developed, more to come	Budget to be confirmed
	Briefing of CNMs, nurse leaders, allied health leaders, other hiring managers and Union bipartite forum to confirm focus on recruiting Māori staff.		All briefings Held	Completed
	Understand what MHS are doing well to attract Māori staff to work for their teams, "bottle" it" and extend to other DHB hiring managers and teams. Then work with these teams to develop initiatives to improve Māori staff representation in their areas.		Working with MHS to add to the Interview Techniques course, in particular tools to ensure Cultural Competency in an interview and manage Unconscious Bias	In progress
	Provide monthly reports to hiring managers (in addition to the Māori staff representation and advise KPI performance to date) In addition - Total no. of Māori applicants / total applicants - Total no. of Māori shortlisted / total shortlisted - Total no. of Māori appointed / total shortlisted EMT to receive monthly report.		Reports on Māori and Pacific Recruitment & retention performance provided to all Managers on a Monthly basis Requires system development to improve accuracy - almost complete to allow for distribution	BAU In Progress
	Include question in proposal to appoint to ask "Have you appointed a Māori applicant and if not why not."		Implemented in Taleo – part of Offer grid and Approval process	BAU
	Identify unsuccessful Māori applicants and refer to other hiring managers and MHS for other potential opportunities.		Requires system development	To progress
	Systematic debriefing of unsuccessful Māori candidates		Exit Surveys updated and Acceptance of resignation letter template now includes invitation for staff member to meet with EDPS or GM Māori Health	BAU
	Revise the Request to Recruit form to ask hiring managers to confirm that there is a Māori staff member or consumer on interview panels		Implemented in Taleo Managers request appropriate staff member from within their Service of ask for panel member from list MHS now hold	BAU
	Develop a recruitment campaign to attract Māori staff to the Hawke's Bay Health Sector. Focussed on: - Mapping the talent pool of Māori Health talent in New Zealand and Australia		One campaign completed using Facebook To develop additional campaigns to meet needs of organisation as and when required	Incorporated

	<ul style="list-style-type: none"> - Developing a talent and recruitment strategy to attract Māori Health talent to work in Hawke's Bay. - DHB recruitment team to provide proactive support for NEtP candidates 		<p>Talent pool to be developed in conjunction with Database managed by MHS</p> <p>Recruitment Seminar run twice a year for each NEtP in-take focusing on CV writing and Interview Techniques – very well received to-date</p>	BAU
	Improve EIT support for training and for application for nursing roles (tie into contract).		As above Regular meetings DHB (Nurse Educator) and EIT	BAU
	Use assessment centres for other roles other than NEtP.		Not used to-date – but Recruitment advise Hiring Managers it is an option, in particular for Bulk Recruitment (not often done other than NEtP)	To be considered
	Recruitment on Marae?		To be discussed and progressed with assistance of MHS	Incorporated
	Values based Recruitment		Recruitment process and in particular interview and selection to be reviewed and ideas and tools from Big Listen to be incorporated into the process	Incorporated
	Investigate Māori Champions in area where an increase in Māori staff is a high priority e.g.; Surgical Nursing District Nursing Orderly Security		To discuss with Service Directorates	Incorporated
	Orientation/On-Boarding check-ins with new staff to be conducted, after start date; 3 months, 6 months and 12 months		Develop process to complete these follow-ups with new staff, and capture of information and actions to be taken.	Incorporated
	Identify new Māori staff for MHS to enable follow-up after Sector Orientation		To develop Taleo report that will provide names for MHS	Incorporated

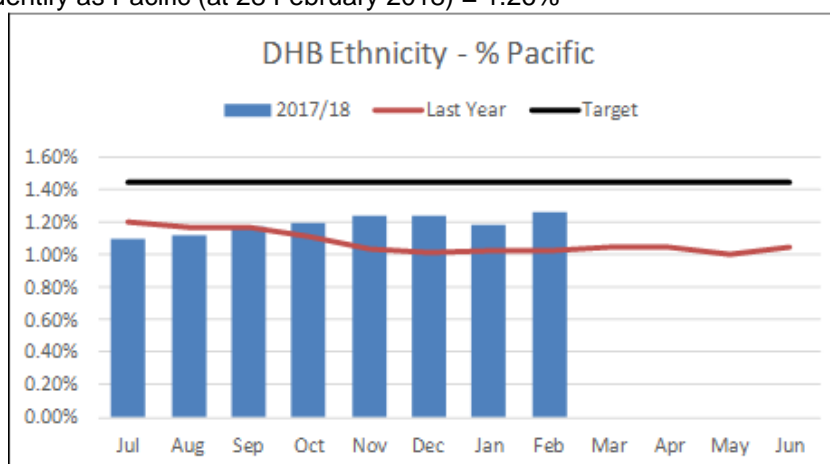
Appendix 4 Current Reporting frameworks Māori and Pacific

Currently the DHB reports against a number of KPIs. The most recent data is shown below.

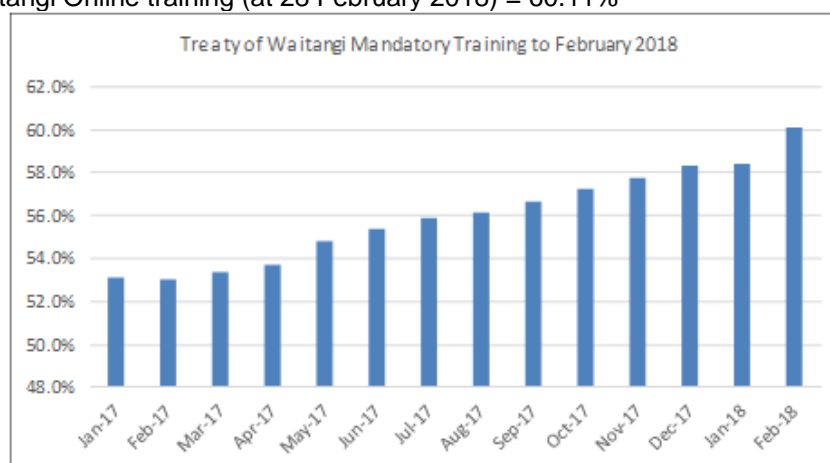
% staff who identify as Māori (at 28 February 2018) = 14.84%



% staff who identify as Pacific (at 28 February 2018) = 1.26%

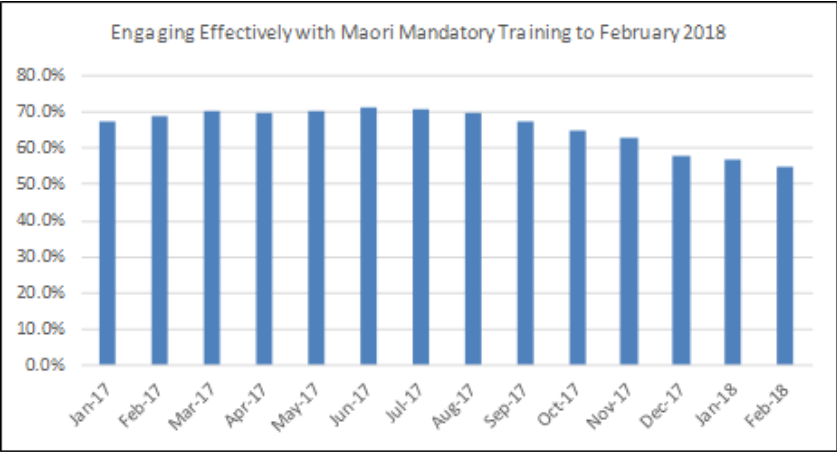


Treaty of Waitangi Online training (at 28 February 2018) = 60.11%



Engaging Effectively with Māori (at 28 February 2018) = 55.04% note that this is a 3 yearly requirement and we are now seeing a drop off in training numbers as some employees did their

training more than 3 years ago. We are working on setting up automated reminders to staff when their 3 years is up (or about to be up).



As already identified at present there is a challenge with understanding the workforce dynamics within Primary Care and a key deliverable will be the development and gathering of information around ethnicity of the workforce across both primary and community care setting and the subsequent roll out of this action plan across the wider cross sector.

A quarterly report will be shared with relevant governance groups through the HR KPIs in regards to the Diversity KPIs and a six monthly progress report will also be provided on the actions detailed in Appendix 1.

Appendix 4 - Current Baseline Data - Key Performance Indicators Table and Forecast

KPI	Indicator definition	Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
Māori representation	% of workforce who identify as Māori	472 = 14.84% (gap = 27)	15.68% Population 26.20%	16.33% based on 10% increase on 14.84% (gap = 47) Population 26.45%	17.96% based on 10% increase on 16.33% (gap = 99) Population 26.71%	19.76% based on 10% increase on 17.96% (gap = 156) Population 26.96%	21.73% based on 10% increase on 19.76% (gap = 219) Population 27.27%
Pacific Representation	% of workforce who identify as Pacific	40 = 1.26% (gap = 6)	1.44% Population 3.88%	1.85% (gap = 19) Population 3.91%	2.30% (gap = 33) Population 4.00%	2.85% (gap = 51) Population 4.06%	3.50% based (gap = 71) Population 4.13%
Engaging Effectively with Māori	80% of all staff have completed training (3 yearly requirement) 80% of all professional groups have completed training (3 yearly requirement)	55.00% Med 27.85% Nur 58.94% All 62.17% Sup 35.86% M&A 59.59%	80.00%	85.00%	90.00%	90.00%	90.00%
Engaging effectively with Pacific	80% of all staff have completed training 80% of all professional groups have completed training						


KPI	Indicator definition	Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
Māori & Pacific in leadership position	Number of Māori/Pacific holding permanent leadership positions	17 (11.72%) of permanent managers identify as Māori Nursing 4 Allied Health 2 M&A 11 2 (1.38%) of permanent managers identify a Pacific. Nursing 1 Allied Health 1	15.68% representation target above	16.33% representation target above	17.96% representation target above	19.76% representation target above	21.73% representation target above
Improving capability of Māori & Pacific workforce	Number of career planning conversations undertaken with agreed development plans	To be collected					
Voluntary turnover rates of Māori/Pacific	% of staff members (identifying as Māori or Pacific) voluntarily leaving the DHB against overall voluntary turnover.	12 months end Feb '18 Māori = 39 (13.04%) Pacific = 3 (11.54%) DHB = 216 (9.4%)	10.00%	10.00%	10.00%	10.00%	10.00%
Number of applications from Māori/Pacific candidates	Number of applications received from Māori or Pacific Candidates/total number of applicants (%)	YTD to Feb '18 Māori = 10.61% Pacific = 1.78%	TBD				
Conversion rate of applications to being shortlisted	Number of shortlisted candidate (Māori or Pacific)/total number of candidate's shortlisted (%)	YTD to Feb '18 Māori = 14.83% Pacific = 1.95%	TBD				
Conversion rate of shortlisted candidates to appointments	Number of appointed candidate (Māori or Pacific)/total number of candidates appointed (%)	YTD to Feb '18 Māori = 14.14% Pacific = 2.22%	TBD				

KPI	Indicator definition	Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
Māori progress through recruitment process.	Applicants to Interview stage to Hired	YTD to Feb '18 465 Applied 129 Interviewed (27.74%) 70 Hired (54.26%)	TBD				
Pacific progress through recruitment process.	Applicants to Interview stage to Hired	YTD to Feb '18 78 Applied 17 Interviewed (21.79%) 11 Hired (64.71%)	TBD				
Utilisation rates of Consumers across services	% of Māori, Pacific, Asian and NZ European utilising services	To be provided	TBD				

Appendix 5: Risks and Opportunities implementation Māori and Pacific Workforce Action Plan

With any plan there will be a number of challenges, risks and opportunities: The following relate to areas identified within the Māori and Pacific Workforce Action Plan.

Challenges	Risks	Opportunities
Will require commitment of Board & EMT	Cross sector challenges - communication and collective delivery	Input of consumers and users of services to shape training packages
Will require an understanding of equity and understanding of the value of the Māori and Pacific workforce development in improving health outcomes.	May not be seen as a priority due to long term gains and other needs within DHB.	Integrating quality by incorporating Māori and Pacific training sessions into existing work, training and time commitments of services and staff
Managers seeing this as a must do to improve health outcomes and just not meeting a target	Limited resources within Māori workforce development – recruitment – leadership.	Collaborative opportunities to train with other services and community based services to enhance Māori and Pacific models of Care.
Available resources to implement initiatives and programmes		No specific role specifically for Pacific Workforce development
Developing clear KPI's and realistic timeframes to achieve them		Developing further data and models to analyse and evaluate performance.

	Te Ara Whakawaiaora / Culturally Competent Workforce
	For the attention of: Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board
Document Owner:	Kate Coley, Executive Director of People & Quality
Document Author(s):	Kate Coley, Executive Director of People & Quality; Patrick Le Geyt, Acting GM Māori Health; Ngaira Harker, Director of Nursing, Māori Health; Paul Davies, Recruitment Team Leader; Donna Foxall, Māori Clinical Workforce Coordinator
Reviewed by:	Executive Management Team
Month:	April 2018
Consideration:	For Information

RECOMMENDATION:

That the Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

1. **Note** the contents of this report.

OVERVIEW

The national General Managers Māori (Tumu Whakarae) raised concerns about the slow pace of progress on some of the Māori health indicators. In September 2013, the executive management team (EMT) considered a paper from Tumu Whakarae about an approach to accelerating Māori health plan indicator performance. As a result, individual EMT members agreed to provide a championship role for the Māori Health Plan across areas of key concern.

THIS REPORT COVERS

Priority	Indicator	Reporting Period
Culturally Competent Workforce	<ul style="list-style-type: none"> ▪ Increase % of HBDHB staff who are Māori ▪ 100% of HBDHB staff have completed Treaty on line training ▪ 100% of HBDHB staff have completed "Effective Engagement with Māori" (EEWM) training ▪ 100% of HBDHB staff have KPI's to accelerate the improvement of Māori health 	July 2017 – February 2018

HBDHB value and acknowledge the ethnic diversity of our community and the ethnic diversity of our workforce. We aim to ensure our staff and organization reflect the community which we serve, in particular the growing Māori and Pacific populations. Over the past few years a significant number of actions have been undertaken in regards to increasing the supply of individuals being interested in a health career, and increasing the representation of Māori in our workforce, with the DHB

exceeding the target in the last financial year. It should also be noted that nationally the work that has been undertaken by the DHB is being recognised as an exemplar and many DHB's are wishing to discuss our approach.

Having reached the target for Māori representation in July 2017 it was agreed that this was an opportune time to review the work that had been completed in the previous few years, and identify those strategies and actions which had a positive impact translate that into business as usual and consider how we continue to evolve an action plan.

Work has continued during the period and we have continued to see positive growth in Maori representation in the workforce. At the same time a number of workshops with stakeholders across the sector, and numerous discussions with a small diverse working group have developed both the proposed objectives, actions and performance indicators. The intention of the plan is to sustain the work previously implemented and develop actions to ensure that we continue to grow the diversity of our workforce.

The aim of this action plan (Appendix 1) is to create “a vibrant, collaborative and culturally competent workforce that reflects and supports the health needs of our community” who demonstrate the values of the sector.

Objectives:

- Increase both the Māori and Pacific representation in our workforce
- Increase the number of Māori and Pacific leaders in our workforce
- Build the Capability and capacity of our Māori & Pacific workforce
- Improve the cultural capability of existing workforce

Appendix 2: provides further detail on the activities that will be undertaken under each of the objectives.

MĀORI HEALTH PLAN INDICATOR: Culturally Competent Workforce

% staff who identify as Māori (at 28 February 2018) = 14.84%

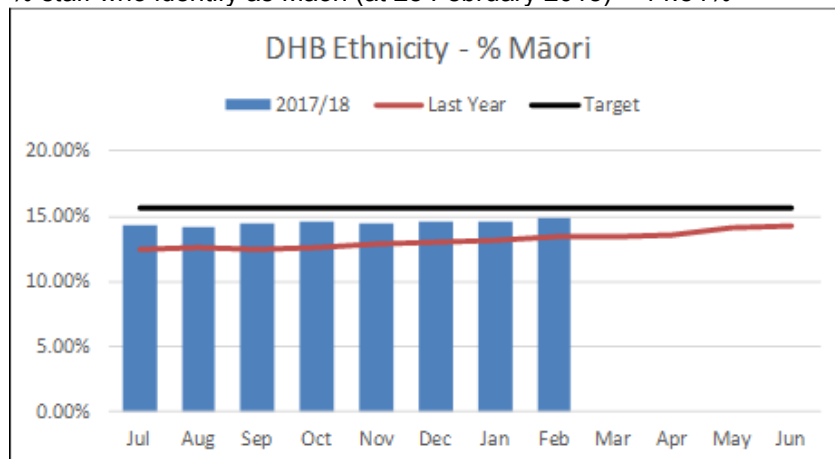


Table A

Report as at February-2018															
	Feb-2018					Feb-2017					Feb-2016				
	Staff	Target	Actual	Actual %	Gap	Staff	Target	Actual	Actual %	Gap	Staff	Target	Actual	Actual %	Gap
Medical - SMO	153	24	4	2.6%	20	142	20	4	2.8%	16	140	20	2	1.4%	18
Medical - RMO	163	26	11	6.7%	15	153	21	10	6.5%	11	138	20	7	5.1%	13
Nursing	1,596	250	216	13.5%	34	1,522	209	177	11.6%	32	1,500	215	157	10.5%	58
Allied Health	580	91	86	14.8%	5	564	78	76	13.5%	2	544	78	67	12.3%	11
Support	202	32	72	35.6%	-40	190	26	55	28.9%	-29	189	27	56	29.6%	-29
Management & Admin	486	76	83	17.1%	-7	468	64	85	18.2%	-21	444	63	73	16.4%	-10
Total	3,180	499	472	14.8%	27	3,039	418	407	13.4%	11	2,955	423	362	12.3%	61

	Feb-2015					Feb-2014				
	Staff	Target	Actual	Actual %	Gap	Staff	Target	Actual	Actual %	Gap
Medical - SMO	137	18	3	2.2%	15	131	15	2	1.5%	13
Medical - RMO	130	17	5	3.8%	12	127	15	3	2.4%	12
Nursing	1,419	184	144	10.1%	40	1,457	172	130	8.9%	42
Allied Health	531	69	64	12.1%	5	531	63	55	10.4%	8
Support	176	23	47	26.7%	-24	174	20	48	27.6%	-28
Management & Admin	434	56	71	16.4%	-15	429	51	64	14.9%	-13
Total	2,827	367	334	11.8%	33	2,849	336	302	10.6%	34

Table B – at 28 February 2018

Gap by Service	Nursing	Allied Health
Medical Directorate	13	11
Surgical Directorate	21	3
Older Persons & Mental Health	(8)	0
Operations Directorate	1	14
Community Women & Children	9	(8)
Subtotal Health Services	36	20

Proposed Targets as detailed in Maori & Pacific Workforce Action Plan

A 10% increase for each year would see gaps for each year through to 2021 also set out in Table C.

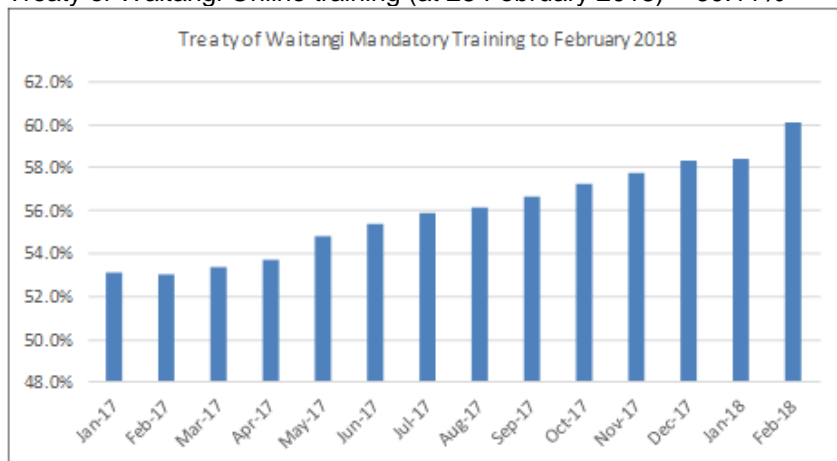
Table C

Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
472 = 14.84% (gap = 27)	15.68%	16.33% based on 10% increase on 14.84% (gap = 47)	17.96% based on 10% increase on 16.33% (gap = 99)	19.76% based on 10% increase on 17.96% (gap = 156)	21.73% based on 10% increase on 19.76% (gap = 219)
	Population 26.20%	Population 26.45%	Population 26.71%	Population 26.96%	Population 27.27%

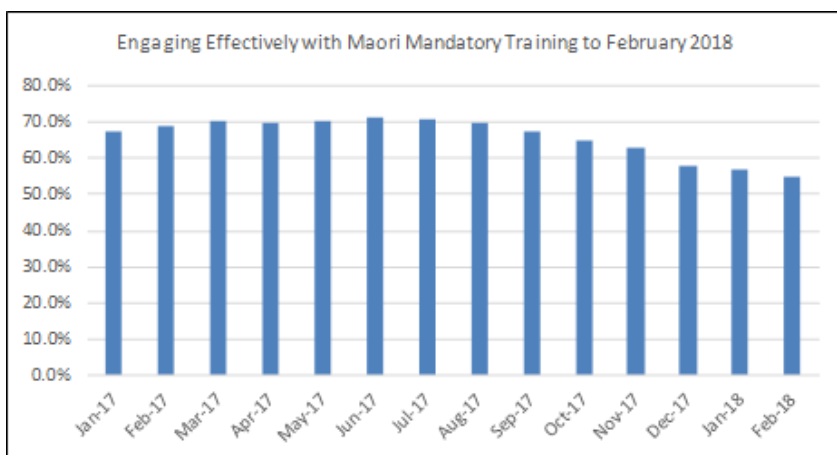
100% of HBDHB staff has completed Treaty on line training & 100% of HBDHB staff has completed the “Engaging Effectively with Māori” (EWM) training.

Current Performance

Treaty of Waitangi Online training (at 28 February 2018) = 60.11%

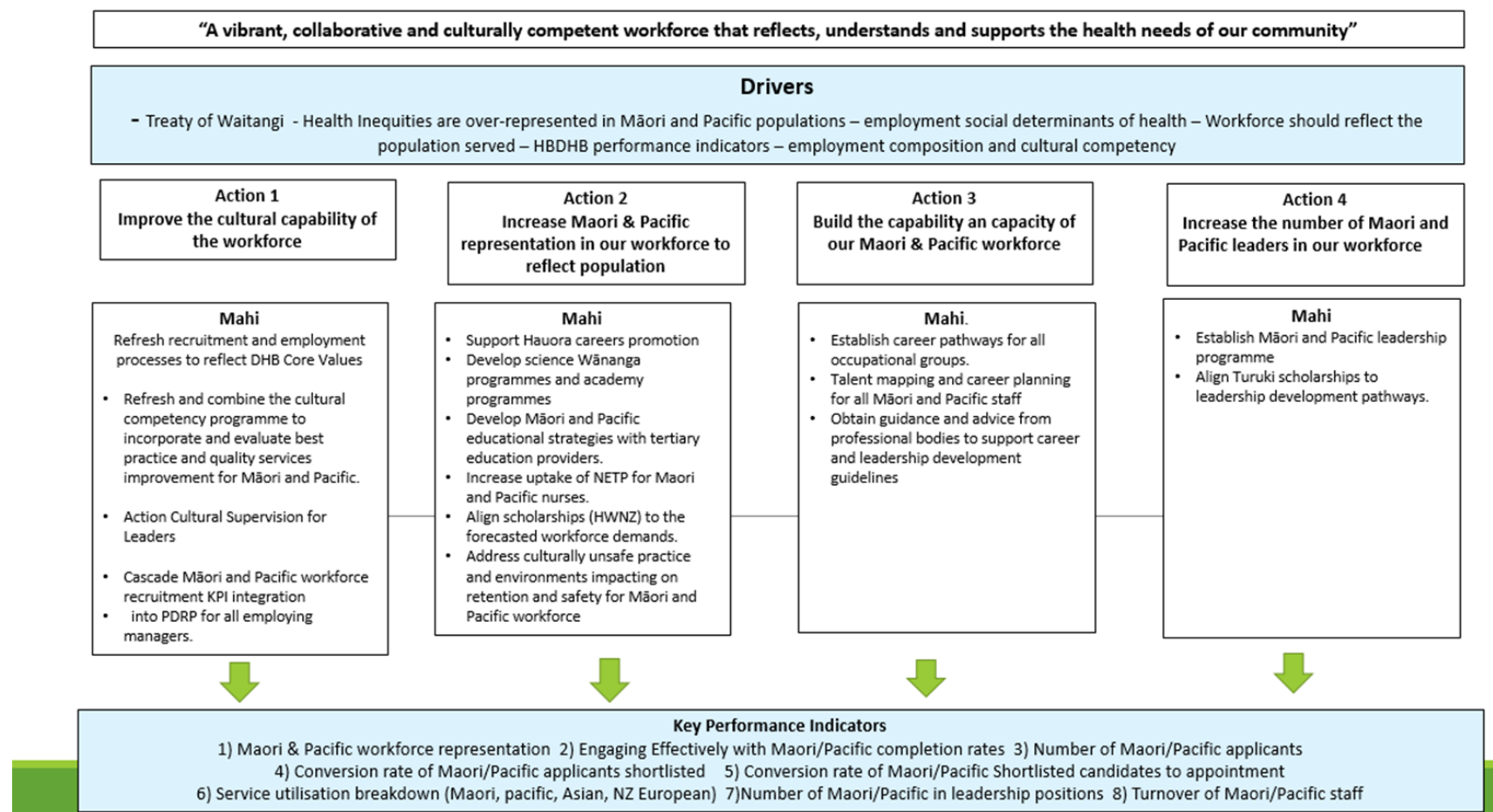


Engaging Effectively with Māori (at 28 February 2018) = 55.04% note that this is a 3 yearly requirement and we are now seeing a drop off in training numbers as some employees did their training more than 3 years ago. We are working on setting up automated reminders to staff when their 3 years is up (or about to be up).



	Total Employees	Engaging Effectively with Maori	Treaty of Waitangi	Engaging Effectively with Maori %	Treaty of Waitangi %
Frequency					
Medical - SMO	152	65	20	42.8%	13.2%
Medical – RMO	164	23	46	14.0%	28.0%
Nursing	1,566	923	1,005	58.9%	64.2%
Allied Health	571	355	371	62.2%	65.0%
Support	198	71	103	35.9%	52.0%
Management & Admin	485	289	340	59.6%	70.1%
Total – February 2018	3,136	1,726	1,885	55.0%	60.1%

Appendix 1 – Overview of Action Plan




Appendix 2 - Detail on the activities that will be undertaken under each of the objectives.

1. Improve the cultural capability of the workforce	Action 1	Action 2	Action 3
Refresh the recruitment and employment processes to reflect DHB core values e.g. cultural competency training, cultural bias, and equity Interview process / Māori and Pacific reps on panels, orientation,	Develop HR processes within appropriate Māori model of engagement (? Meihana) (note evaluation included)	Apply an equity lens to enhance recruitment pathway: <ul style="list-style-type: none"> Job specifications Job Advertising-target to Maori and Pacific communities Interviewing: Panellists are Pacific and Maori Interview: Record and review interview for best practice. All areas and those in demand	Implement and monitor refreshed and improved employment processes.
Refresh and combine the cultural competency programme (CCP) to incorporate and evaluate best practice and quality service improvement for Māori and Pacific.	Coordinate a team to: <ul style="list-style-type: none"> Review evaluations, moderate current cultural responsiveness Refresh and establish a curriculum package for Engaging with Maori and Pacific Identify risks 	Work with services to: <ul style="list-style-type: none"> Establish a 2 year timeframe and commitment to receive and implement learnings from training packages Develop robust evaluation tools to measure application of cultural responsiveness	Monitor and measure short, medium and long term outcomes/benefits
Action Cultural Supervision for Leaders.	Identify appropriate training to support leaders in applying and facilitating culturally responsive approaches.	Provide forums for leaders to grow and develop ongoing application.	Evaluation of cultural supervision to support quality and improvement.
Māori and Pacific workforce recruitment KPI's are integrated into PDRP for all employing managers.	Recruitment data Employment data reflects Māori and Pacific employment increase.	Equity processes are embedded in recruitment and are a management focus.	

2. Increase Māori and pacific representation in our workforce to reflect population	Action 1	Action 2	Action 3
Develop science Wānanga programmes & academy programmes.	Evaluation and review current academy provision	Stakeholder consultation and needs analysis to support delivery.	Identify and implement science Wānanga and academy programmes that are successful in achieving science and employment pathway within health
Support Hauora careers promotion e.g. incubator and Kia Hauora.	Evaluation and review current success of incubator and Kia Ora Hauora. Stakeholder consultation and needs analysis	Stakeholder consultation and needs analysis Refresh of Programmes and dashboards Refresh the current Maori recruitment plan to include Pacific perspectives and stakeholders input Refresh recruitment promotion plan for community stakeholders, Primary and Secondary Schools and tertiary providers.	Promotion is inclusive of community stakeholders, schools and tertiary providers Improve data in supporting appropriate tracking indicators for career pathways
Develop Māori and Pacific educational strategies with tertiary education providers.	Ensure representation Māori and Pacific at advisory and governance level to effect educational focus within tertiary education providers.	Develop an MOU to support the partnership in Māori and Pacific workforce growth in-line with DHB	Primary, Secondary and tertiary providers monitor and track Maori and Pacific achievement in targeted curriculum areas science, maths , English
Increase uptake on NETP for Māori and Pacific	80% employment all NETP applications Māori and Pacific	Evaluation of culturally responsive practice within NETP provision.	Increasing visibility of Tuakana /Teina into NETP (and recognition of this as a PDRP action)
Align scholarships (HWNZ) to the forecasted workforce demands.	Dedicate and refocus scholarships into leadership development.	Identify appropriate decision making tool to support fair and balanced decisions for scholarship.	Appropriate roopu to support scholarship decision making process.
Address culturally unsafe practice and environments impacting on retention and safety for Māori and Pacific workforce	Identify culturally safe working environments and champion and promote.	Provide monthly updates on KPI to support cultural safe responsiveness. Share findings and open up to other services	Develop a cultural environment assessment tool
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Database to measure and reflect increasing Māori and Pacifica workforce	KPI to measure culturally responsive working environments for Māori and Pacifica	

3. Build the capability and capacity of our Māori and Pacific workforces	Action 1	Action 2	Action 3
Talent mapping and career planning for all Māori and Pacific Staff. (Guidelines for managers to lead process)	Develop a self-evaluation tool to support mapping and career planning	Managers to identify in partnership actions required to support career planning within appraisal processes.	
Establish career pathways for all occupational groups.			
Obtain guidance and advice from professional bodies to support career and leadership development guidelines.	Representation on national bodies to incorporate capability and capacity at national level.	Identify best practice models supporting improved capability i.e. Nursing Maori workforce/Turuki	
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Monitor and evaluation of Māori and Pacific work satisfaction within work environment.	Tool to measure KPIs in retention and sustainability.	

4. Increase the number of Māori and Pacific leaders in our workforce	Action 1	Action 2	Action 3
Align Turuki scholarships to leadership development pathways.	Create pathways from teina to tuakana in creating leadership and sustainability.	Create pilot group to measure and develop indicators in leadership development and progress.	Stakeholder engagement to identify profile of leadership styles and models
Establish Māori and Pacific leadership programme. (Tuakana / teina and other indigenous models).	Needs analysis re; content and delivery within programme that is supportive of Māori and Pacific leadership growth.	Promote leadership opportunities for Māori and Pacific within DHB's. Identify priority areas.	
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Managers to identify Māori and Pacific leadership potential within their sector.	Identify leadership pathway to support aspirations within career.	Promote and ensure Māori and Pacific leaders are employed.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Te Ara Whakawaiaora - Cardiovascular</p> <p>For the attention of: Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board</p>
Document Owner	John Gommans, Chief Medical Officer
Document Author(s)	Paula Jones, Service Director
Reviewed by	Executive Management Team
Month/Year	April 2018
Purpose	For Information
Previous Consideration Discussions	Regular reporting according to the TAW Schedule.
Summary	Update
Contribution to Goals and Strategic Implications	Improving Health and Equity for all populations.
Impact on Reducing Inequities/Disparities	Improving Health and Equity for all populations.
Consumer Engagement	Not applicable.
Other Consultation /Involvement	Not applicable.
Financial/Budget Impact	Within operational budget.
Timing Issues	Not applicable.
Announcements/ Communications	Not applicable
<p>RECOMMENDATION:</p> <p>That the Maori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:</p> <p>1. Note the contents of this report.</p>	



Te Ara Whakawaiaora: Report from the Target Champion for Cardiovascular Disease

Author:	Paula Jones
Designation:	Service Director
Date:	March 2018

RECOMMENDATION:

That EMT, The MRB, Clinical and Consumer Councils:

Note the contents of this report

OVERVIEW

This report is from Dr John Gommans CMDO-Hospital and champion for the cardiovascular indicators. The report focuses on the two acute coronary syndrome (ACS) indicators, which were introduced as indicators of District Health Board (DHB) performance by the Ministry of Health in 2013/14 - high risk ACS patients accepted for angiogram within three days of admission and ACS patients who have completed data collection.

Priority	Indicator	Measure	Champion	Reporting Month
Cardiovascular	<ul style="list-style-type: none"> Total number (%) of all ACS patients where door to cath time is between -2 to 3 days of admission. Total number (%) with complete data on ACS forms 	70% of high risk >95% of ACS patients	John Gommans	April 2016

There continues to be positive result with the HBDHB and all DHBs within the central region meeting these target indicators.

WHY IS THIS INDICATOR IMPORTANT?

To provide a national consistent reporting framework, all regions are required to report measures of ACS risk stratification and time to appropriate intervention using ANZACS-QI. HBDHB commenced using the ANZACS-QI system in September 2013. The DHBs actively monitor these two indicators of concern (figures 1 and 2). HBDHB actively monitors the ethnicity breakdown for these two indicators.

FIGURE 1

% of all patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI and Cath/PCI registry data collection within 30 days (data up to Quarter 2 2017/18).

Quarterly ANZACS-QI KPI Detailed Report

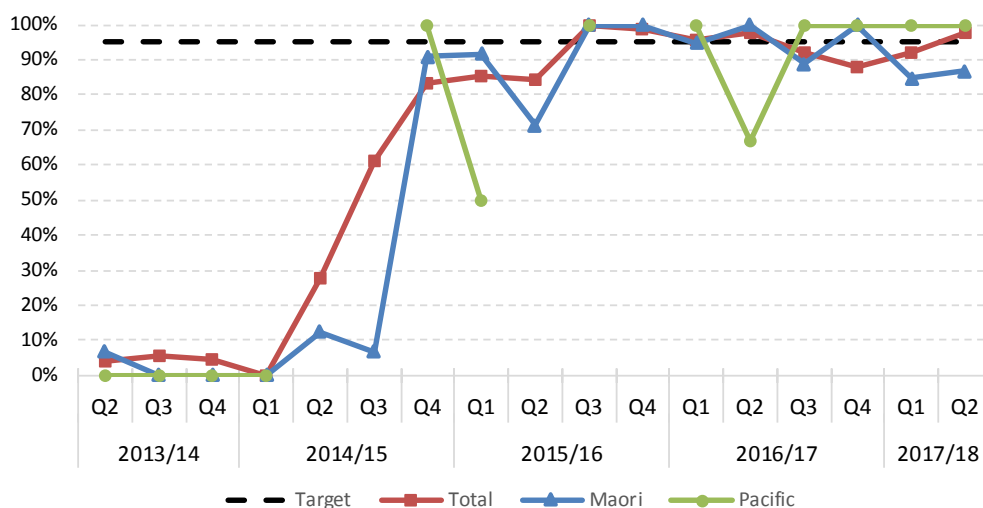
Registry Completion Quarterly Report - Jan 2018

Central Region DHBs

Period *	Central Region DHB Performance					Regional Performance					National Performance	
	CAPITAL AND COAST	HAWKES BAY	HUTT VALLEY	MID CENTRAL	NELSON MARLBOROUGH	WAIKARAPAPA	WHANGANUI	Northern	Midland	Central		Southern
2016/2017 Q1 (Jun 2016 - Aug 2016)	82/82 (100.0%)	84/88 (95.5%)	52/53 (98.1%)	71/72 (98.6%)	60/66 (90.9%)	15/15 (100.0%)	32/33 (97.0%)	750/777 (96.5%)	480/492 (97.6%)	396/409 (96.8%)	480/485 (99.0%)	2106/2163 (97.4%)
2016/2017 Q2 (Sep 2016 - Nov 2016)	103/103 (100.0%)	86/88 (97.7%)	46/46 (100.0%)	78/78 (100.0%)	43/54 (79.6%)	22/22 (100.0%)	29/30 (96.7%)	671/721 (93.1%)	522/536 (97.4%)	407/421 (96.7%)	559/563 (99.3%)	2159/2241 (96.3%)
2016/2017 Q3 (Dec 2016 - Feb 2017)	110/111 (99.1%)	83/90 (92.2%)	52/52 (100.0%)	85/86 (98.8%)	51/61 (83.6%)	31/32 (96.9%)	28/28 (100.0%)	710/723 (98.2%)	459/480 (95.6%)	440/460 (95.7%)	472/474 (99.6%)	2081/2137 (97.4%)
2016/2017 Q4 (Mar 2017 - May 2017)	114/115 (99.1%)	73/83 (88.0%)	61/62 (98.4%)	81/81 (100.0%)	62/68 (91.2%)	21/21 (100.0%)	23/24 (95.8%)	742/752 (98.7%)	509/512 (99.4%)	435/454 (95.8%)	497/508 (97.8%)	2183/2226 (98.1%)
2017/2018 Q1 (Jun 2017 - Aug 2017)	98/99 (99.0%)	80/87 (92.0%)	62/62 (100.0%)	72/72 (100.0%)	52/55 (94.5%)	33/33 (100.0%)	31/31 (100.0%)	807/809 (99.8%)	487/506 (96.2%)	428/439 (97.5%)	485/492 (98.6%)	2207/2246 (98.3%)
2017/2018 Q2 (Sep 2017 - Nov 2017)	103/104 (99.0%)	79/81 (97.5%)	63/63 (100.0%)	89/89 (100.0%)	49/60 (81.7%)	28/28 (100.0%)	35/35 (100.0%)	755/814 (92.8%)	381/499 (76.4%)	446/460 (97.0%)	388/492 (78.9%)	1970/2265 (87.0%)

Quarter containing the date of admission signifying the start of each episode of care; Number (N) with both complete Cath Lab and ACS forms (Target is >95%); Denominator: Cath Lab patients with "STEMI<12h" or "other suspected/confirmed ACS" who have coronary angiogram.

% of Patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI and Cath/PCI registry data collection within 30 days.



		Target	Total	Maori	Pacific	Other
2013/14	Q2	95%	4.1%	6.7%	0.0%	0.0%
	Q3	95%	5.4%	0.0%	0.0%	0.0%
	Q4	95%	4.8%	0.0%	0.0%	0.0%
2014/15	Q1	95%	0.0%	0.0%	0.0%	0.0%
	Q2	95%	27.8%	12.5%		0.0%
	Q3	95%	61.1%	6.7%		0.0%
	Q4	95%	83.1%	90.9%	100.0%	81.0%
2015/16	Q1	95%	85.1%	91.7%	50.0%	85.0%
	Q2	95%	84.1%	71.4%		88.5%
	Q3	95%	100.0%	100.0%	100.0%	100.0%
	Q4	95%	98.9%	100.0%		96.1%
2016/17	Q1	95%	95.5%	94.7%	100.0%	95.3%
	Q2	95%	97.7%	100.0%	66.7%	96.8%
	Q3	95%	92.2%	88.9%	100.0%	91.2%
	Q4	95%	88.0%	100.0%	100.0%	80.0%
2017/18	Q1	95%	92.0%	84.6%	100.0%	92.8%
	Q2	95%	97.5%	86.7%	100.0%	100.0%
	Q3	95%				
	Q4	95%				

We have met the 95% target for five out of the last eight quarters, including for Maori patients. The achievement of this indicator is based on local resource capacity and is not ethnicity related. There is larger variation in percentage rating for Maori patients and even more for Pacific patients, which is primarily due to statistical issues with lower volume of patients. The recommendations of the external review of HBDHB Cardiology services carried out in December 2017 will ensure resources for this important data capture for all patients are addressed in the medium to long term and will improve compliance to meet the 95% target.

FIGURE 2

% of all patients with high risk ACS Who Receive an Angiogram within 3 days of Admission (data up to Quarter 2 2017/18).

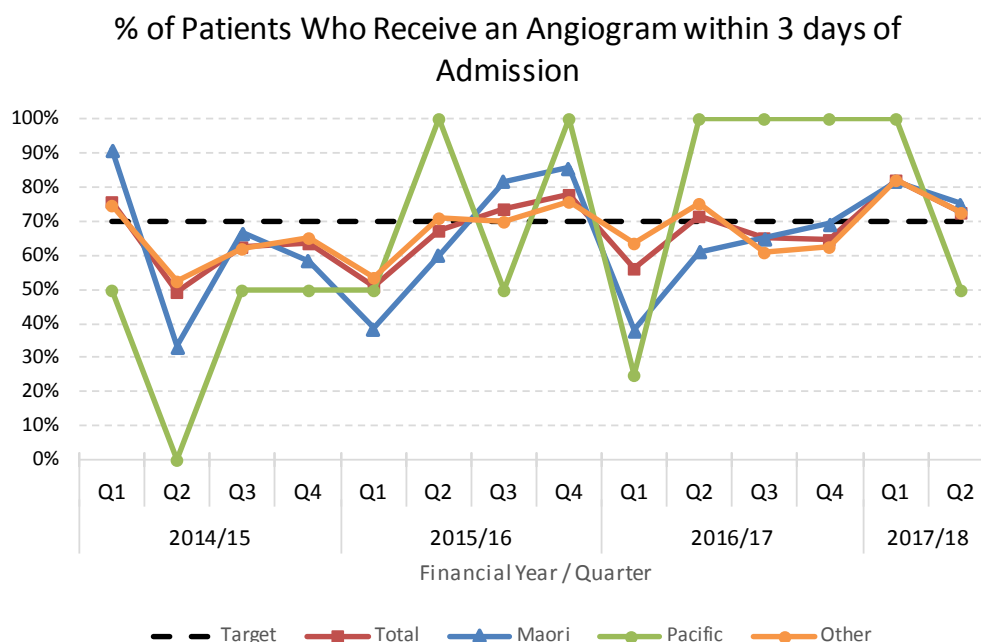
Quarterly ANZACS-QI KPI Detailed Report

Door to Cath < 3-Days Quarterly KPI Report by DHB - Jan 2018

Central Region DHBs

Period	Central Region DHB Performance						Regional Performance					National Performance
	CAPITAL AND COAST	HAWKES BAY	HUTT VALLEY	MID CENTRAL	NELSON MARLBOROUGH	WAIKARARAPA	WHANGANUI	Northern	Midland	Central	Southern	
2016/2017 Q1 (Jul 2016 - Sep 2016)	82/87 (94.3%)	53/94 (56.4%)	33/46 (71.7%)	56/78 (71.8%)	72/73 (98.6%)	13/17 (76.5%)	16/28 (57.1%)	601/800 (75.1%)	384/497 (77.3%)	325/423 (76.8%)	455/526 (86.5%)	1765/2246 (78.6%)
2016/2017 Q2 (Oct 2016 - Dec 2016)	97/111 (87.4%)	68/95 (71.6%)	38/45 (84.4%)	60/85 (70.6%)	54/56 (96.4%)	19/25 (76.0%)	15/27 (55.6%)	554/717 (77.3%)	401/546 (73.4%)	351/444 (79.1%)	438/511 (85.7%)	1744/2218 (78.6%)
2016/2017 Q3 (Jan 2017 - Mar 2017)	96/102 (94.1%)	50/77 (64.9%)	35/56 (62.5%)	56/76 (73.7%)	57/64 (89.1%)	18/25 (72.0%)	17/24 (70.8%)	560/714 (78.4%)	365/486 (75.1%)	329/424 (77.6%)	461/526 (87.6%)	1715/2150 (79.8%)
2016/2017 Q4 (Apr 2017 - Jun 2017)	101/113 (89.4%)	55/85 (64.7%)	48/70 (68.6%)	70/87 (80.5%)	65/65 (100.0%)	13/22 (59.1%)	20/28 (71.4%)	564/784 (71.9%)	387/517 (74.9%)	372/470 (79.1%)	414/471 (87.9%)	1737/2242 (77.5%)
2017/2018 Q1 (Jul 2017 - Sep 2017)	100/103 (97.1%)	69/84 (82.1%)	45/60 (75.0%)	58/71 (81.7%)	52/55 (94.5%)	27/34 (79.4%)	23/33 (69.7%)	606/808 (75.0%)	386/512 (75.4%)	374/440 (85.0%)	438/492 (89.0%)	1804/2252 (80.1%)
2017/2018 Q2 (Oct 2017 - Dec 2017)	91/95 (95.8%)	55/76 (72.4%)	47/53 (88.7%)	56/83 (67.5%)	54/58 (93.1%)	17/25 (68.0%)	25/30 (83.3%)	591/761 (77.7%)	384/471 (81.5%)	345/420 (82.1%)	413/476 (86.8%)	1733/2128 (81.4%)

The dates are based on the dates of admission. Number (%) of all ACS patients where door to cath time is between < 2 to 3 days. Target is 70%. Those with < 2 days are excluded from numerator but included in denominator.



		Target	Total	Maori	Pacific	Other
2013/14	Q2	70.0%	68.9%	81.8%	100.0%	#DIV/0!
	Q3	70.0%	64.1%	45.5%	33.3%	70%
	Q4	70.0%	53.7%	72.7%	-	49%
2014/15	Q1	70.0%	75.7%	90.9%	50.0%	75%
	Q2	70.0%	49.3%	33.3%	-	52%
	Q3	70.0%	62.3%	66.7%	50.0%	62%
	Q4	70.0%	63.4%	58.3%	50.0%	65%
2015/16	Q1	70.0%	50.7%	38.5%	50.0%	53%
	Q2	70.0%	67.1%	60.0%	100.0%	71%
	Q3	70.0%	73.7%	81.8%	50.0%	70%
	Q4	70.0%	78.0%	85.7%	100.0%	76.0%
2016/17	Q1	70.0%	56.4%	38.1%	25.0%	63.8%
	Q2	70.0%	71.6%	61.1%	100.0%	75.3%
	Q3	70.0%	64.9%	65.0%	100.0%	60.8%
	Q4	70.0%	64.7%	69.2%	100.0%	62.5%
2017/18	Q1	70.0%	82.1%	81.8%	100.0%	81.9%
	Q2	70.0%	72.4%	75.0%	50.0%	72.4%
	Q3	70.0%				
	Q4	70.0%				

We have met the 70% target for five of the last eight quarters for the total population. Target for Maori patients has only been met for four of the last eight quarters but this includes the two most recent quarters. There is larger variation in percentage rating for Maori patients and even more for Pacific patients, which is primarily due to statistical issues with lower volume of patients. Ethnicity is not a barrier to access to angiography once the patient has presented to secondary care.

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR?

HBDHB met both indicators in quarter three of 2017/18. This was achieved by close monitoring by the directorate leadership team in conjunction with the cardiology service.

Strategies to improve compliance to the data registry indicator included:

- In late 2017 an External review of HBDHB cardiology services was undertaken. A subsequent strategy is being developed to implement the recommendations from this review.
- Nursing staff, checking all incomplete forms and finalising or updating as required.
- All multiple Episodes of Care (EoC) checked and corrections made as required.
- Retraining on database process for staff using the system.
- Month and quarter reports discussed with cardiology staff using database.
- Patients transferred out from HBDHB before ACS EoC completed are followed up for database completion by CCDHB.

Maintaining compliance with the door to catheter within three days indicator is challenging as many of these interventions are delivered in Wellington and there is limited access to local angiography. Strategies to improve compliance included:

- Increased access to angio suite confirmed each week (an additional list).
- Potential angio patients admitted on Thursday are made priority to be seen first.
- Communication between CCDHB and HBDHB to support timely transfers of patients improved.

Since 2016, HBDHB Service Director representation has occurred in partnership with Cardiology leadership team at TAS Cardiology Network meetings.

Strategies continue to ensure sustained compliance for these indicators:

- Progression with a comprehensive action plan and an initiation of formal project for the development of cardiology services in Hawke's Bay following the 2017 cardiology external review.
- Cardiologists rosters designed to ensure availability for increased angio access.
- Locum Cardiologists support is provided when required. Registered nurse oversees and monitors the database in conjunction with the cardiology CNM to ensure adherence to the indicators.

RECOMMENDATIONS FROM TARGET CHAMPION

The Medical Directorate leadership team in conjunction with the cardiology service will continue to monitor and review it's strategies to ensure sustained compliance with both cardiovascular indicators. The service will continue to participate in TAS cardiac network activities to align with regional and national strategies.


CONCLUSION

There has been a sustained improvement within the central region in meeting both indicators.

RECOMMENDATION:

That the Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

1. **Note** the contents of this report.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Te Ara Whakawaiaora: Healthy Weight (national indicator)</p> <p>For the attention of: Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board</p>
Document Owner	Sharon Mason, Executive Director Provider Services
Document Author(s)	Shari Tidswell, Intersector Development Manager
Reviewed by	Patrick Le Geyt, Acting GM Maori Health and Executive Management Team
Month/Year	April 2018
Purpose	Provide an update on the Te Ara Whakawaiaora priority areas relating to Healthy Weight (national indicator)
Previous Consideration Discussions	This is reported annually
Summary	<p>Healthy Weight national target Raising Healthy Kids has been achieved since September 2017 for all ethnic groups.</p> <p><i>Work delivered as part of the Best Start Plan supports the achievement of this target and reduction of obesity at four years. There are two percentage points between Maori and 'other' and this child has been followed up.</i></p>
Contribution to Goals and Strategic Implications	Focus is on Improving Health and Equity for Māori
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity between Māori and Other
Consumer Engagement	Delivered by the Best Start: healthy eating and activity Plan.
Other Consultation /Involvement	Not applicable for this report
Financial/Budget Impact	Not applicable for this report
Timing Issues	Not applicable
Announcements/ Communications	None
<p>RECOMMENDATION:</p> <p>That the Maori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:</p> <ol style="list-style-type: none"> Note the contents of this report. Endorse the next step recommendations. 	



Te Ara Whakawaiaora: Healthy Weight (national indicator)

Author(s):	Shari Tidswell, Intersector Development Manager
Designations:	As above
Date:	March, 2018

OVERVIEW

Te Ara Whakawaiaora (TAW) is an exception based report, drawn from Annual Maori Health Plan (AMHP) quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from Sharon Mason, Champion for the Healthy Weight (national indicator).

UPCOMING REPORTS

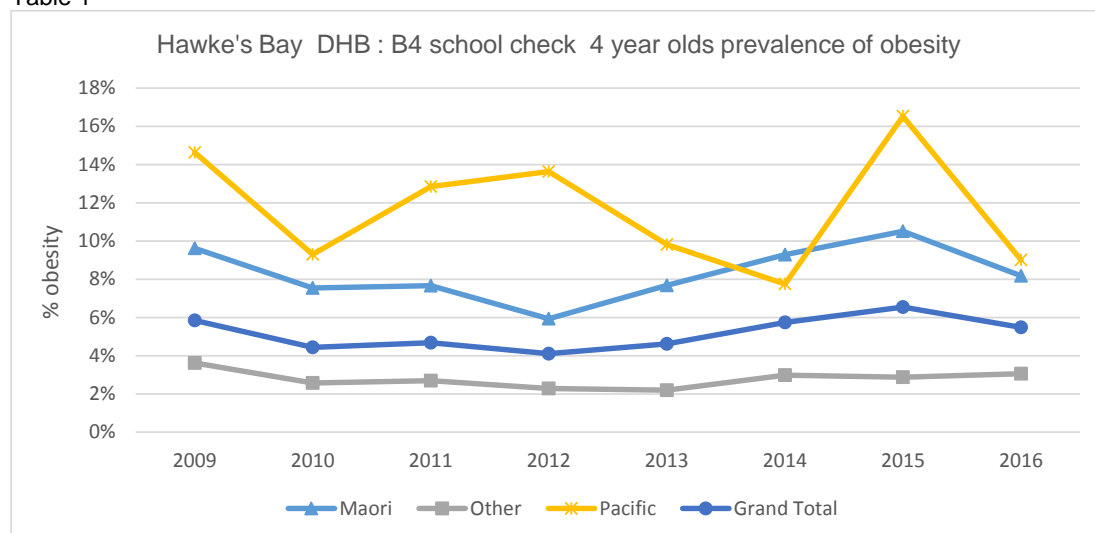
The following is the indicator of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity <i>National Target</i>	B4SC 4 year olds identified as obese are referred for clinical support and provided with whānau lifestyle change support	95 %	Sharon Mason	Shari Tidswell	April 2018

MĀORI HEALTH PLAN INDICATOR

The tables detailed in this report illustrate tracking of obesity rates and the national target data. From 2014 to 2016, rates for Māori dropped from 9.3% to 8.2% in 2017 and 'other' have remained static around 3%. The gap is reducing slowly (Table 1).

Table 1



The national target “Raising Healthy Kids” - 95% of children attending a B4 School Check and identified as obese (BMI 98th percentile) are referred to a health professional and provided with whānau-based lifestyle support. Table 2 shows the tracking for this target (note the new target did not start until July 2016).

Table 2

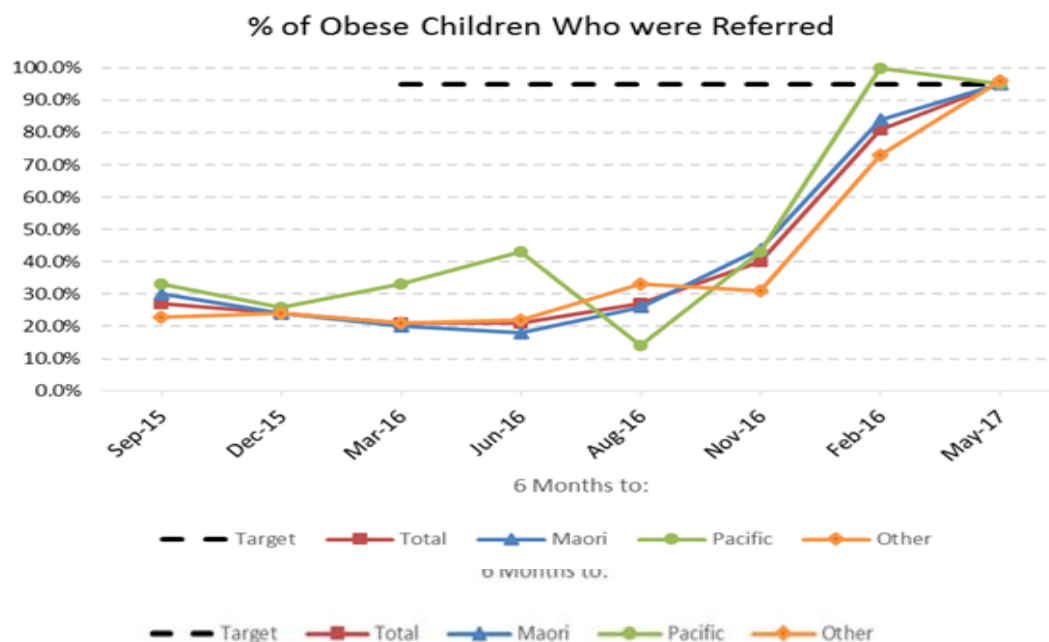


Table 3

Key Performance Measures	Baseline ¹	Previous result ²	Actual to Date ³	Target 15-16	Trend direction
Māori	30.0%	92% (U)	97% (F)	≥95%	▲
Other	23.0%	97% (F)	100% (F)	≥95%	▲
Total	27.0%	95% (F)	98% (F)	≥95%	▲

The Raising Healthy Kids target continues to be “achieved” for Hawke's Bay and is now at 98%, a 3% improvement⁴. This includes equitable referral rates for ‘other’ and Pasifika at 100%, Māori rate is 97% (this difference equates to one child) referral acknowledgement rate. All whānau were provided with a healthy weight plan. The child not referred has been followed up – this was a data timing issue with the referral not processed during this quarter.

WHY IS THIS INDICATOR IMPORTANT?

Obesity is the second leading risk to population health outcomes in Hawke's Bay. Medium and long-term costs of not addressing obesity are very high, as obesity leads to a range of diseases with high health sector costs. A third of our adult population are obese; 48% and 68% for Māori and Pacific adult populations respectively. Childhood weight is a significant influence for adult weight and changing behaviours to increase healthy weight are more effective during childhood years. Measuring BMI at 4-years should provide an indicator for future obesity and health outcomes.

We are seeing the start of a slow decrease in 4 year old obesity rates and the response for whānau of obese children is equitable with 97% of Māori whānau being referred to a general practitioner for clinical assessment and 100% developing a whānau healthy eating plan with their B4 School Check nurse.

Early intervention is critical to achieving healthy weight at 4-years and beyond, the lifespan approach delivered via the Hawke's Bay District Health Board's Health Weight Strategy and Best Start Plan, supports early intervention. Programmes start from pregnancy and continue with messaging, healthy weight environments and whānau support up to 5-years and beyond.

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR?

Delivered activity to support healthy weight under-fives

Activity	Outcomes
Mama Aroha training and resource provided to key community workers to support and all wāhine delivering pepe.	Mama Aroha programme delivered and resources are being utilised by providers and wāhine. This aligns messages for whānau re healthy pregnancy.
Maternal Green Prescription (GRx) delivered-target of 160 referrals with 50% of these being Māori or Pasifika.	Referrals met targets. Comprehensive programme established in Wairoa, with very positive feedback from hāpu mama.
Gestation Diabetes management- 100% of pregnant women with gestational diabetes are screened and 75% engaged with support.	Screening targets have been met and the support exceeded 94%.

¹ 6 months to September 2015

² 6 months to February 2017

³ 6 months to May 2017

⁴ The table above is the reported data to the Ministry of Health for quarter 2, 2017

Activity	Outcomes
Breastfeeding – review of current services and the development of a new approach for 0-6 weeks and 6 weeks to 6 months	Services tendered (6wks to 6mths) and business case presented to EMT (0 to 6wks).
“Health First Foods” programme delivered via Well child and Tamariki Ora providers.	Continues to be delivered – targeting Māori and Pasifika whānau.
Active Families Programme, new approach with an under 5's programme and Before School Check referral pathway. Target of 118 referrals and 50% of these being Māori or Pasifika.	On track to reach target, there has been a significant increase available places on the programme.
Early Childhood services engaged to identify key resources needed to support healthy weight environments	Engagement report has identified the following gaps – healthy conversation skills/tool, access to resources, professional development opportunities and resources to engage with whānau around healthy kai/‘Water is the Best Drink’.
Primary care screening and follow up – Before School Check Screening, referrals and ongoing follow up in primary care	Training for primary care with supporting tools complete, forms and clinical pathway set up and monitoring and feedback being provided.
Healthy Conversation Tool trialled and evaluated in B4 School Checks. Reviewed tool distributed	The tool received very positive feedback from clinicians and whānau. Changes made included providing a smaller format option, information about teeth brushing, clear labelling re healthy options (low sugar/salt, oven baked and homemade). Primary care training session is complete. Updated resource is distributed.
Best Start Group – has been working on identifying a second measurement point for children, to support monitoring	Report agrees 8 years is the ideal measurement point, the only current routine contact for health is ‘oral health check’. There is an opportunity in the School Nursing Programme to screen in Decile 1-3 schools. There is a health screen in Decile 1-3 secondary schools year 9 (13 year olds).
Evaluation report and recommended action to be presented to the Best Start Advisory Group	Report and recommendations are completed and will be presented at the next Best Start Advisory Group meeting in April.
Intersector forum established to support healthy weight leadership and activity across sectors/settings	Councils are picking up the “Water is the Best Drink” messaging in their venues. Sport Club are also picking up “Water is the Best Drink” and healthy food – this includes ‘healthy sausage sizzle’, water only policies and reducing ‘treats’ at games/practice. Internally the Paediatric Ward has adopted a water only policy and is promoting “Water is the Best Drink”.

The above programmes have been either newly developed or have been further developed over the last 12 months. As part of their design, Māori consumers have been involved in this process and there are clear targets for engaging Māori consumers and these are monitored.

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

Next steps

- Find further opportunities to support healthy weight messages via services with existing relationships with whānau
- Continue to monitor contract targets and national target
- Trial a measurement point for children over 5-years to support monitoring and measure the impact of programmes i.e. school, sport clubs and environmental changes
- Implement resources and support for early childhood providers so they can implement healthy weight practises.
- Establish a pilot for in-home breastfeeding support delivered via lead maternity caregivers. This is in response to whānau and clinician feedback requesting more in-home support to establish and maintaining breastfeeding
- Continue to develop intersector relationships to increase healthy weight environments

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Develop a pilot programme for in-home support for breastfeeding	Take the recommendations to the Best Start Advisory Group to develop actions for improvement	Jules Arthur/ Shari Tidswell	July 2018
Develop a pilot for monitoring and measuring children at 8-years	Work with the national evaluation group to determine a process/tool to track children identified at B4SC and measure change.	Child Health Team/ Shari Tidswell	November 2018


Comments from the Champion for Healthy Weight – Sharon Mason, Executive Director - Provider Services

Work continues to ensure the target is met. The ongoing implementation of the Best Start Plan should support further gains in childhood healthy weight; particularly implementing recommendations from the recently completed evaluations. This will include; increasing data for monitoring, increasing the linkages between services/programmes for under-fives and implementing work in the early childhood sector.

RECOMMENDATION:

That the Maori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

1. **Note** the contents of this report.
2. **Endorse** the next step recommendations.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Te Ara Whakawaiaora: Breastfeeding (national indicator)</p> <p>For the attention of: Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board</p>
Document Owner	Chris McKenna, Chief Nursing and Midwifery Officer
Document Author(s)	Jules Arthur, Director of Midwifery; and Shari Tidswell, Intersector Relationship Manager
Reviewed by	Patrick Le Geyt, Acting GM Maori Health and Executive Management Team
Month/Year	April 2018
Purpose	Provide an update on the Te Ara Whakawaiaora priority areas relating to Breastfeeding Rate (national indicator)
Previous Consideration Discussions	Reported annually
Summary	<p>Breastfeeding (Not meeting target)</p> <ul style="list-style-type: none"> Breastfeeding rates in Hawke's Bay at six weeks and three months are persistently below the national average rate and show inequity for Māori. Despite the efforts of a range of providers we have not been able to shift the persistently low rate for Māori. To respond to the inequity, DHB staff have been reviewing services over the last 12 months. Identifying a new focus for investment in services from six weeks and a service re-design to support breastfeeding from birth to six weeks. To be rolled out over the next 12 months.
Contribution to Goals and Strategy	Focus is on Improving Health and Equity for Māori
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity between Māori and Other
Consumer Engagement	Delivered via various work streams
Other Consultation /Involvement	Not applicable for this report
Financial/Budget Impact	Not applicable for this report
Timing Issues	Not applicable
Announcements/ Communications	None
<p>RECOMMENDATION:</p> <p>It is recommended that the Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:</p> <ol style="list-style-type: none"> Note the content of the report. Endorse the key recommendations. 	



Te Ara Whakawaiaora: Breastfeeding (national indicator)

Author(s):	Jules Arthur and Shari Tidswell
Designations:	Director of Midwifery Intersector Relationship Manager
Date:	March 2018

OVERVIEW

Te Ara Whakawaiaora (TAW) is an exception based report, drawn from Annual Maori Health Plan (AMHP) quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from Chris McKenna, Champion for the Breastfeeding (national indicator).

UPCOMING REPORTS

The following is the indicator of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Breastfeeding <i>National Indicator</i>	Improve breastfeeding rates for children at 6 weeks, 3 months and 6 months: 1. % of infants that are exclusively or fully breastfed at 6 weeks of age; 2. % of infants that are exclusively or fully breastfed at 3 months of age; 3. % of infants that are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed)	75% 60% 65%	Chris McKenna	Marie Beattie Patrick LeGeyt Jules Arthur	February 2018

MĀORI HEALTH PLAN INDICATOR

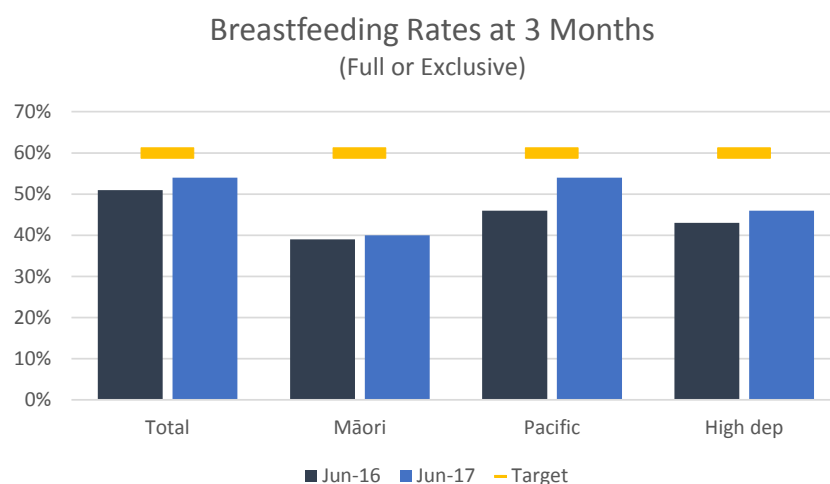
Please note that the data is taken from Well Child Tamariki Ora data reported to Ministry of Health – this means that there is no data reported for six months and we only have time series data for breastfeeding at three months. We have problems accessing current data for breastfeeding, particularly when broken down by ethnicity.

Most recent breastfeeding data:

Breastfeeding rates, come from data collected by Well Child Tamariki Ora providers and reported to Ministry of Health quarterly. The table below is quarter one 2017/18.

	6 weeks	3 months	6 months
Hawkes's Bay	70%	54%	NA
National	73%	59%	NA

Breastfeeding by ethnicity and deprivation six month comparison:



We are seeing improvements across the board for breastfeeding, however Māori remain the lowest rate and have the greatest disparity with the total rate. No group is meeting the national target of 60% for tamariki at three months. In the latest data for all children is closer to the national target but still 10% under for six weeks and 6% under for three months.

WHY IS THIS INDICATOR IMPORTANT?

Breastfeeding as a key priority for improved infant and maternal health outcomes. Breastfeeding provides the optimum nutrition from birth and is a foundation for later health and well-being. Breastfeeding has a range of advantages for both mother/māmā and pēpi/baby. These benefits include; mental health, nutrition, immunological, development, psychological, social and economic. Research shows that children who are exclusively breastfed for around six months are less likely to suffer from childhood illnesses such as respiratory tract infections, gastroenteritis and otitis media as well as reducing the risk of SUDI and asthma. Breastfeeding is also linked to children maintaining healthy weight across their lifetime and reduced risk of obesity.

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR?***Delivered activity to support breastfeeding in Hawke's Bay***

Activity	Outcomes
Māmā Aroha training and resource provided to key community workers to support and all wāhine delivering pēpe.	Mama Aroha programme delivered and resources are being utilised by providers and wāhine. This aligns messages for whānau re healthy pregnancy.
Breastfeeding – review of current services and the development of a new approach for 0-6 weeks and 6 weeks to 6 months	Services tendered (6weeks to 6months) and business case presented to EMT (0 to 6weeks).
"Healthy First Foods" programme delivered via Well child and Tamariki Ora providers.	Continues to be delivered – targeting Māori and Pasifika whānau. Promotes breastfeeding for first 6 months
Best Start Group – has been providing oversight for breastfeeding	There has been work started on an integrated approach for maternity support/education and the first 1,000 days. Funding has been identified in the next financial year to support an in-home programme pilot and evaluation for breastfeeding support.
Evaluation report for Maternal Nutrition Programme and recommended action to be presented to the Best Start Advisory Group	Report and recommendations are completed and will be presented at the next Best Start Advisory Group meeting in April.
Well Child promotions for World Breastfeeding week	Promotional activities delivered including Facebook campaign, breastfeeding stories and extending breastfeeding friendly cafes.

The above programmes have been either newly developed or have been further developed over the last 12 months. As part of their design, Māori consumers have been involved in this process and there are clear targets for engaging Māori consumers and these are monitored. Maternity Services have an ongoing consumer survey process which provides input into quality improvement for the service and design of new activities. As part of the service and contract reviews, in the last 12 months Māori consumers were targeted to provide input.

Significant work has been undertaken in the past 12 months to identify effective approaches to increase breastfeeding rates in Hawke's Bay and then applying this information to a redesign of services from 0 to 6-months. The Women Child and Youth Portfolio Manager completed a report on breastfeeding which included looking at national programmes and international evidence. To action these findings, Māori Health reviewed contracts providing breastfeeding support from six weeks to six months and have invested in a programme with well child providers. Maternity Services have completed a breastfeeding service review and written a service redesign proposal and business case.

These changes will provide opportunities to increase breastfeeding rates and are specifically designed for Māori whānau through their design, choice of provider and targeted approach.

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

Next steps

- Find further opportunities to support breastfeeding messages via services with existing relationships with whānau, community support and social marketing
- Continue to monitor breastfeeding rates at birth, six weeks and three months. Discuss changing the target for this report to reflect the national target and data recorded by Well Child Tamariki Ora providers.
- Deliver the integrated programme via well child providers to support breastfeeding from six weeks.
- Establish a pilot for in-home breastfeeding support delivered via lead maternity caregivers. This is in response to whānau and clinician feedback requesting more in-home support to establish breastfeeding.

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Implement and embed contract and service changes	Support the delivery of the new contracted service 6-weeks to 6-months. Deliver the business case as approved for the DHB breastfeeding service,	Charrissa Keenan and Jules Arthur	July 2019
Update the target to reflect the current national target	We have not been able to secure six month data for some time. Aligning with the national target will allow us to use WCTO data.	Patrick LeGeyt	May 2018
Integrated approached to healthy pregnancy and the first 1,000 days	Ensure that breastfeeding is integrated into any programme development for pregnancy and first 1,000 days.	Marie Beattie	July 2019

RECOMMENDATION:

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

1. **Note** the content of the report
2. **Endorse** the key recommendations.



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:

21. Matters Arising (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).