Māori Relationship Board Meeting

Date:	**Wednesday, 9 October 2019**
Meeting:	**9.00am to Noon**
Venue:	**Kahureremoana Room, Mihiroa Marae** **Omahu Road, Hastings**

Board Members:

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

Apology: Heather Skipworth

In Attendance:

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

PUBLIC MEETING

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Introductions/ Apologies	
3.	Whakawhanaungatanga	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising – Review of actions	
7.	MRB Workplan	
8.	Māori Relationship Board Chair's update with September report to Board	
9.	Te Pìtau Health Alliance Update	
	Section 2: For Information / Discussion	
10.	Te Ara Whakawaiora (Adult Health indicators) – Patrick Le Geyt	10.00
11.	Wairoa river water quality– Bernard Te Paa	10.20
12.	**Section 4: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 5: Routine	Time (am)
13.	Minutes of the Previous Meetings (public excluded)	10.40
14.	Matters Arising - Review of Actions - nil	
	Karakia Whakamutunga (Closing) – followed by light lunch	

NEXT MEETING:
Wednesday,13 November 2019
Kahureremoana Room
Mihiroa Marae
Omahu Road, Hastings

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

*Showing **respect** for each other, our staff, patients and consumers*

	✔	✘
Welcoming	Is polite, welcoming, friendly, smiles, introduce self Acknowledges people, makes eye contact, smiles	Is closed, cold, makes people feel a nuisance Ignore people, doesn't look up, rolls their eyes
Respectful	Values people as individuals; is culturally aware / safe Respects and protects privacy and dignity	Lacks respect or discriminates against people Lacks privacy, gossips, talks behind other people's backs
Kind	Shows kindness, empathy and compassion for others Enhances peoples mana	Is rude, aggressive, shouts, snaps, intimidates, bullies Is abrupt, belittling, or creates stress and anxiety
Helpful	Attentive to people's needs, will go the extra mile Reliable, keeps their promises; advocates for others	Unhelpful, begrudging, lazy, 'not my job' attitude Doesn't keep promises, unresponsive

ĀKINA IMPROVEMENT

*Continuous **improvement** in everything we do*

	✔	✘
Positive	Has a positive attitude, optimistic, happy Encourages and enables others; looks for solutions	Grumpy, moaning, moody, has a negative attitude Complains but doesn't act to change things
Learning	Always learning and developing themselves or others Seeks out training and development; 'growth mindset'	Not interested in learning or development; apathy "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	Always looking for better ways to do things Is curious and courageous, embracing change	Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	Shares and celebrates success and achievements Says 'thank you', recognises people's contributions	Nit picks, criticises, undermines or passes blame Makes people feel undervalued or inadequate

RARANGA TE TIRA PARTNERSHIP

*Working together in **partnership** across the community*

	✔	✘
Listens	Listens to people, hears and values their views Takes time to answer questions and to clarify	'Tells', dictates to others and dismisses their views Judgmental, assumes, ignores people's views
Communicates	Explains clearly in ways people can understand Shares information, is open, honest and transparent	Uses language / jargon people don't understand Leaves people in the dark
Involves	Involves colleagues, partners, patients and whanau Trusts people; helps people play an active part	Excludes people, withholds info, micromanages Makes people feel excluded or isolated
Connects	Pro-actively joins up services, teams, communities Builds understanding and teamwork	Promotes or maintains silo-working 'Us and them' attitude, shows favouritism

TAUWHIRO CARE

*Delivering high quality **care** to patients and consumers*

	✔	✘
Professional	Calm, patient, reassuring, makes people feel safe Has high standards, takes responsibility, is accountable	Rushes, 'too busy', looks / sounds unprofessional Unrealistic expectations, takes on too much
Safe	Consistently follows agreed safe practice Knows the safest care is supporting people to stay well	Inconsistent practice, slow to follow latest evidence Not thinking about health of our whole community
Efficient	Makes best use of resources and time Respects the value of other people's time, prompt	Not interested in effective user of resources Keeps people waiting unnecessarily, often late
Speaks up	Seeks out, welcomes and give feedback to others Speaks up whenever they have a concern	Rejects feedback from others, give a 'telling off' 'Walks past' safety concerns or poor behaviour

Māori Relationship Board Interest Register - August 2019

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	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The HBDHB Chair	28.03.18
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; 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
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 Ikaroa 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 Tairawhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Mother in law, Jenny McQueen, Chaplain at Te Matau a Maui		No conflict	The Chair	14.02.18
	Active	Board member of Hauora Tairawhiti	Relationship with Tairawhiti may have contractural issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
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 (ADHT)	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare an interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17

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 HBDHB.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
	Active	Director and Shareholder of Katoa Limited	An indigenous research organisation that undertakes research and work for organisations by Maori for Maori.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	11.04.18
	Active	Evaluator for Ministry of Health innovation projects	Implemntaion projects such as: TToH & Te Taitimu Trust	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	14.08.19
	Active	Contract being negotiated with the Ministry of Health for Research work in relation to WAI 2575. Contract with Ministry finalised for research work in relation to WAI2575.	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	13.06.18 13.09.18
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	Trustee, Te Matua a Maui Trust		Will declare intertest prior to any discussions relating to specific topics	The Chair	19.08.19
	Active	Member Heatlh HB Priority Population Health	Health Advisors	Will declare intertest prior to any discussions relating to specific topics	The Chair	1.01.17
	Active	Committee Member, HB Foundation		No conflict	The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation		No conflict	The Chair	1.01.17
Beverley TeHuia	Active	Trustee and employee of Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Pepi, Cervical and Breast screening, # Whanau and smokefree pregnant wahine.	Will not take part in discussions about current tenders that Kahungunu Health services are involved with and are currently contracted with.	The Chair	7.11.17
	Active	Employee of Totara Health	GP Practice providing heatlh services	Will declare intertest prior to any discussions relating to specific topics	The Chair	7.11.17
	Active	Member of the Priority Population Committee (PPC)	Health Advisors		The Chair	7.11.17
	Active	Nga Maia O Aotearoa Chair person	The current Chair of Maori Midwives organisation of New Zealand. Providing Cultural Competency to all Midwives and child birth organiser in New Zealand. DHB employed and independent.	Will not take part in discussions about cultural training required of maternity services	The Chair	7.11.17
	Active	Iwi Rep on Te Matua a Maui Health Trust		Will not discuss or take part of discussions where this trust is or interest.	The Chair	28.05.18
	Active	Te Pitau Board Member		Will not discuss or take part of discussions where this trust is or interest.	The Chair	15.07.19
	Active	NGO Council Chair		Will not discuss or take part of discussions where this trust is or interest.	The Chair	15.07.19
	Active	Claimant of Treaty Health Claim currently with the Tribunal; WAI #2575	Yet to be heard by the Waitangi Tribunal as of May 2018	Unlikely to be a conflict	The Chair	28.05.18

MINUTES OF THE MĀORI RELATIONSHIP BOARD HELD ON WEDNESDAY 11 SEPTEMBER 2019, IN THE TE WAIORA ROOM, DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS AT 9AM

PUBLIC

Present: Heather Skipworth (Chair)
Ngahiwi Tomoana
Ana Apatu
Hine Flood
Na Raihania
Trish Giddens
Dr Fiona Cram

Apologies Beverly Te Huia
Lynlee Aitcheson-Johnson
Kerri Nuku

In Attendance: Peter Dunkerley (HBDHB Board Member)
Bernard Te Paa (Executive Director Health Improvement & Equity)
Hawira Hape (Kaumatua)
Tiwana Aranui (Kaumātua)
Tanira Te Au (Kaumātua Kuia)

Minutes: Jacqui Sanders-Jones, Board Administrator

1. KARAKIA

Hawira Hape opened the meeting with a Karakia

2. APOLOGIES

Beverly Te Huia, Lynlee Aitcheson-Johnson and Kerri Nuku were noted as apologies.

Noted that Heather Skipworth will be an apology for the October MRB meeting.

3. WHAKAWHĀNAUNGATANGA

4. INTEREST REGISTER

No changes to the interest register were advised at the meeting. No members indicated any interest in items included on the day's agenda.

5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the MRB meeting held on 14 August 2019 were approved as a correct record of the meeting.

Moved: **Hine Flood**
Seconded: **Ana Apatu**
Carried

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1 Three Waters Quality: Query on *what's Going Down our Sinks?* addressed by Bernard Te Paa, Executive Director of Health Improvement & Equity, summarising a response received from Andrea Beattie, Facilities Manager. This is summarised below;

Facilities do not monitor any waste water flows from the hospital as storm water enters directly into the Council storm water system and waste water goes through the Council sewer system to the treatment plant. There is no onsite pre-treatment, and the hospital does not have a trade waste connection. There has been significant practice changes to reduce the hazardous waste chemicals entering waste water, with the following hazardous chemicals disposed of as hazardous waste through our hazardous waste contractor/s;

*One of the focus areas is **Sustainable Waste Management** in which "HBDHB seeks to minimise waste generated and therefore costs and environmental impacts." Waste management procedures will seek to improve efficiency, reduce waste, increase reuse and recycling, provide safe and appropriate management of waste for disposal and will not compromise the safety of any person or have an adverse effect on the environment".*

MRB asked when the organisation might move past standard practice towards *best* practise and a timeframe for that to occur. **Further detail on DHB move to best practice in management of 'What Goes Down our Sinks' required back to MRB. ACTION.**

Item 2 Matariki HB Regional Development Strategy & Social Inclusion Strategy update – agenda item. Complete

Item 3 Rangatahi member to MRB: Ongoing. Suggestion to approach the Rangatahi Working Group and to engage with them further to recruit to MRB. This approach was supported by Chair (noting this is a position appointed with Ngati Kahungunu (NKII)).

Item 4 After Hours Care Service: Moved to October Workplan

Item 5 Evaluation Summery for MAP initiative: Workplan for March 2020

Item 6 **Criteria for Surgery –** email attached to Matters Arising for information to members. Complete.

Item 7 **Wairoa Community -** Workplan November 2019

Item 8 **HB Health Strategy liaison with Kaumatua for final version** – Complete.

7. MRB WORK PLAN

The Work Plan was noted.

8. MRB CHAIR'S REPORT

A verbal update was provided by the Deputy Chair.

Following on from discussions last month in regard to retention of Māori staff, it was agreed that exit interviews of Māori staff should be conducted by Māori Health and/or NKII to encourage better conversation to understand the reason behind the resignation.

9. CLINICAL COUNCIL VERBAL UPDATE

MRB observer Ana Apatu, provided an update summarised as follows:

Last month's Clinical Council meeting focused on concern from Clinicians regarding clinical risk and the plan to structure clinical governance in a more workable and effective model.

10. Te Pìtau Health Alliance Governance Group update

Hine Flood, Deputy Chair of Te Pìtau Health Alliance Governance Group presented the report which went to board in August, and further explained that Te Pìtau are meeting today with a Māori focus to the meeting that includes presentation of the Rangatahi Services Redesign.

The Alliance has established application of a mauri compass to the agendas and intentions of the group. with Terms of Reference being reviewed too.

There was brief discussion regarding the Health HB Flexible Funding Pool which was recently reviewed by KPMG, and assurance sought as to recognition of equity for Māori being applied to the proposed establishment of best practice and investment logic.

SECTION 2: FOR DECISION

11. RANGATAHI REDESIGN - presentation

Charrissa Keenan, Programme Manager Māori Health and Rebecca Adams, Health Gains Advisor, Māori Health provided a presentation, supported by Beige Smith & Summahr Wainohu, Rangatahi Leaders HBDHB & Ngati Kahungunu on the redesign of Rangatahi Services, which is a piece of work requested through the Te Pìtau Health Alliance Governance Group.

Currently, use of services by Rangatahi is low, and it is recognised that there is a strong need for engagement with this demographic so as to ensure healthy futures for whānau. The project team are working closely with kaumatua for cultural guidance and to ensure that their work is kaupapa Māori, Rangatahi centric, wellbeing focused and wrapped in the four values of the HBDHB. Three project groups have been developed:

- Rangatahi roopu – with representatives/experience of mental health, disability, young Parenting, LGBT
- Internal HBDHB/HHB Working group – a partnership of Health HB & HBDHB, PHO, Māori & Public Health and clinical representation; to provide support and advice to the other groups.
- Stakeholder Group

A Workshop for these groups is being held in September to identify challenges and barriers, and to result in a recommendation to Te Pìtau which ensures a trusted future service which truly serves Rangatahi needs.

Bernard Te Paa, Executive Director for Health Improvement & Equity advised that when configuration for this redesign is identified there needs to be a budget appropriation within the paper.

Going forward, it was recommended to approach the Rangatahi working group to gauge what equity looks like to young people, as it's important to keep asking questions of our Rangatahi and understand how problems arise and continue, identifying the symptoms rather than just the problem.

It was recognised that it takes a skilled facilitator to build trust with Rangatahi to open up and give cause to their problems. Rangatahi need to be feel safe in order to keep open communication. MRB members were pleased that such a connection with consumers has been made.

The team was sincerely thanked and commended for their kōrero.

RESOLUTION

It is recommended that Māori Relationship Board:

1. Endorse the kaupapa plan
2. Agree with the purpose, values and approach; the Rangatahi, working and stakeholder groups; and the timeline of the project

Move: **Na Raihania** Seconded: **Hine Flood** **Carried**

12. MAHI A ATUA

Via videoconference, Deputy Chair introduced Diana Kopua, the clinical lead for a new service to create significant shifts in the way mental health needs are addressed with Māori, especially in regards to child & adolescent mental health.
https://www.curiousminds.nz/profiles/diana-kopua/

Diana explained that a need was identified to determine the stress of behavioural issues, which are currently referred through GPs to the local mental health services, with indicators that this current model is not working for whānau. It is the responsibility of community to step in, as the feeling of being in a safe space will be the enabler to open discussion; this is the key important aspect of this wananga.

Mahi a Atua is an approach used which draws from Māori creation stories known as pūrakau to explore culturally relevant ways of assessing and treating mental health problems. Mahi a Atua intention of reinstating Māori psychology into the work carried out in indigenous services. These pūrakau provide a space to explore culturally relevant meaning to the patient's experiences that have brought them to the service. Those well versed in traditional knowledge (both patients and staff) can feel more connected to the approach being used, while those who are disconnected from their indigenous identity can develop a stronger sense of cultural connection.

This programme is for professionals to understand the 'story' of the patient, which is the foundation to treat the problem, made up of 5 days of training.

Discussion followed amongst the group, resulting in a request for Diana to come and facilitate Mahi a Atua here at HDBHB. Agreed to be taken forward as an action through the Māori Health team, who will work to identify a cross section of appropriate groups to attend and to organise logistics/funding etc. ACTION.

SECTION 3: FOR INFORMATION

13. Matariki HB Regional Economic Development and Social Inclusion Strategy update

Bernard Te Paa, Executive Director of Health Improvement & Equity provided a summary update on this work, supported by Shari Tidswell, Intersectoral Development Manager.

- Working with Chrissie Hape in regards to NKII engagement and other intersectoral/government departments.
- Provincial growth fund allocation made, mainly business and employment related, so some funding has been released to Hawke's Bay.

Addressed Rangatahi question which was an outstanding Matter Arising:
Who are the employers and what are the numbers going from work experience to sustained employment?

Over 12 month period, 44 Rangatahi went into placement, with 28 completing. 6 are still with placement agencies.
45% (22 persons) went into employment. Those who did not are still connected with and continue to be supported for re-engagement if required.

Ministry of Social Development have extended this funding again for another 25 placements, which means they are on target for creating 1000 new jobs specifically for Rangatahi (defined as 18 – 24 year olds).
Noted that this scheme is led by Hastings District Council, so doesn't cover Central Hawke's Bay and Wairoa.

Members requested % split of Māori and Pasifika (Currently listed as 34% combined Māori & Pasifika).
ACTION.

RECOMMENDATION

That the Màori Relationship Board:

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

Adopted

GENERAL BUSINESS

Ngahiwi as Chair of NKII gave a verbal update on the Iwi Chair's Hui recently attended.

SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

There being no further business for public and public excluded parts of the meeting, the meeting closed at 11.33am

Signed: _____

Chair

Date: _____

MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	13 March 19	**Three Waters Quality (known as Pandora Pond water quality)** a) Nick Jones to provide quarterly **updates** to MRB in regard to the water quality, specifically at Wairoa River b) Further detail on 'Whats Going Down our Sinks'- focus on best practice in management report back to MRB c) Review Cultrual impact and invite iwi to next quarterly meeting for wider collaborative discussion	Nick Jones & Wairoa Council rep Bernard Te Paa/Nick Jones Bernard Te Paa	October 2019 Nov 2019 October 2019	Verbal update – agenda item Workplan Nov 19
2	8 May 19	**Following resignation of G Mackey, new MRB member is to be appointed –** recommendation to be a rangatahi (young person)	Company Secretary	June 19	In progress – awaiting response from iwi. There is a focus on recruitment of Rangatahi into this role.
3	8 May 19	**After Hours Care Service update** Presentation and paper to be brought back to MRB for a more in depth collaborative discussion with better clarity provided on what is exactly required from committee.	Chris Ash/Jill Garrett/Peter Satthersthwaite		Workplan for Oct MRB
4	14.08.19	**Wairoa Community** Quarterly report on Wairoa and their community health	Chris Ash	Nov 19 and quarterly	Workplan Nov 19
5	11.09.19	**Mahi A Atua** Diana Kopua invited to HBDHB to facilitate Mahi A Atua. Maori Health team to identify a cross section of approporaite groups to attend and to organise the logistics/funding etc.	Patrick le Geyt	ASAP	In progress

GOVERNANCE WORKPLAN PAPERS

Updated: 25 Sept 2019

MRB MEETING 10 OCTOBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Water quality quarterly update Oct) (MRB only) - Wairoa focus		Bernard Te Paa	Nick Jones		10-Oct-19				
Te Ara Whakawaiora - Access Rates 45 -64 years (local indicators) ADULT HEALTH		Chris Ash	Kate Rawstron	1-Oct-19	10-Oct-19				30-Oct-19

MRB MEETING 13 NOVEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Wairoa Community Health report to MRB only (quarterly Nov 19/March 20/June 20/Sept 20		Chris Ash	Emma Foster		13-Nov-19				

MRB MEETING 11 DECEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
VIP/Family Harm report		Bernard Te Paa	Patrick le Geyt	3-Dec-19	11-Dec-19				18-Dec-19

MRB MEETINGS 2020	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) **Feb -** Aug		Bernard TePaa	Rachel Eyre	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
MAP initiative evaluation summary		Patrick LeGeyt			11-Mar-20				
Wairoa Community Health report to MRB only (quarterly Nov 19/March 20/June 20/Sept 20		Chris Ash	Emma Foster		11-Mar-20				
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 20** (annual update)		John Burns	Russell / Bernice Gabriel	24-Mar-20	8-Apr-20	8-Apr-20	9-Apr-20		26-Feb-20

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**
	For the attention of: **HBDHB Board**
Document Owner:	Heather Skipworth (Chair)
Month:	September 2019
Consideration:	For Information

8

MRB met on 11 September 2019. An overview of issues discussed and recommendations at the meeting are provided below.

RANGATAHI REDESIGN

The Resdesign of Rangatahi Services, is a piece of work requested through the Te Pìtau Health Alliance Governance Group, which is looking at how services to rangatahi (young people) are best delivered, and the team came to MRB to update on the progress of this project.

Currently, use of services by Rangatahi is low, and it is recognised that there is a strong need for engagement with this demographic so as to ensure healthy futures for whānau. The project team are working closely with kaumatua for cultural guidance and to ensure that their work in alignment with the principles of being kaupapa Māori, Rangatahi centric, wellbeing focused and wrapped in the four values of the HBDHB. Three project groups have been developed:

- Rangatahi roopu – with representatives/experience of mental health, disability, young Parenting, LGBT
- Internal HBDHB/HHB Working group – a partnership of Health HB & HBDHB, PHO, Māori & Public Health and clinical representation; to provide support and advice to the other groups.
- Stakeholder Group

A Workshop for these groups is being held in September to identify challenges and barriers, and to result in a recommendation to Te Pìtau which ensures a trusted future service which truly serves Rangatahi needs.

Going forward, it was recommended to approach the Rangatahi working group to gauge what equity looks like to young people, as it's important to keep asking questions of our Rangatahi and understand how problems arise and continue, identifying solutions rather than just the problems.
MRB members were pleased that such a connection with consumers has been made.

RESOLUTION
It is recommended that Māori Relationship Board:

1. Endorse the Rangatahi plan
2. Agree with the purpose, values and approach; the three project groups; and the timeline of the project

Move: **Na Raihania**
Seconded: **Hine Flood**
Carried

MAHI A ATUA

Diana Kopua, the clinical lead for a new service to create significant shifts in the way mental health needs are addressed with Māori, especially in regards to child & adolescent mental health joined MRB via videoconference

Mahi a Atua is an approach used which draws from Māori creation stories known as pūrakau to explore culturally relevant ways of assessing and treating mental health problems. Mahi a Atua intention of reinstating Māori psychology into the work carried out in indigenous services. These pūrakau provide a space to explore culturally relevant meaning to the patient's experiences that have brought them to the service.
Those well versed in traditional knowledge (both patients and staff) can feel more connected to the approach being used, while those who are disconnected from their indigenous identity can develop a stronger sense of cultural connection.

This programme is for professionals to understand the 'story' of the patient, which is the foundation to treat the problem, made up of 5 days of training.

MRB agreed that Diana be invited to facilitate a Mahi a Atua session here at HDBHB, being taken forward as an action through the Māori Health team.

MATARIKI HB REGIONAL ECONOMIC DEVELOPMENT AND SOCIAL INCLUSION STRATEGY UPDATE

A summary update on this work was provided and continues with NKII engagement and other intersectoral/government departments.

Over 12 month period, 44 Rangatahi went into work placement, with 28 completing their placements. 6 are still with placement agencies.
45% went into paid employment outside the scheme. Those who did not are still connected with and continue to be supported for re-engagement if required.
Ministry of Social Development have extended this funding again for another 25 placements, which means they are on target for creating 1000 new jobs specifically for Rangatahi (defined as 18 – 24 year olds).
Noted that this scheme is led by Hastings District Council, so doesn't cover Central Hawke's Bay and Wairoa.

	Te Pītau Health Alliance (Hawke's Bay) Governance Group
	For the attention of: **HBDHB and Health Hawke's Bay Ltd Boards**
Document Owner:	Bayden Barber, Chair
Author:	Janine Jensen, Senior Commissioning Manager (Te Pītau Health Alliance (Hawke's Bay) Governance Group delegate for Chris Ash, Executive Director of Primary Care
Month:	September, 2019
Consideration:	For Information

Recommendation

That the Boards:

1. **Note** the contents of this report
2. **Review** HBDHB's Remuneration Policy in relation to current non-financial recognition of time and valuable contributions and expertise being received from Rangatahi stakeholder groups.

The Te Pītau Health Alliance (Hawke's Bay) Governance Group met on Wednesday 11 September 2019.

Significant issues discussed and agreed included:

Communications Plan
Deferred until October 2019 Te Pītau Governance Group meeting due to upcoming Elections, and new Comms staff commencing employment week commencing 16/09/10.

Rangatahi Services Redesign

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

1. Endorsed the Kaupapa Plan
2. Agreed with the purpose, values, approach, rangatahi, working and stakeholder groups, and timeline of the project
3. Agreed to receive a proposed model in November 2019 (previously scheduled for December 2019)
4. Agreed to recommend to HBDHB Board that, in relation to current non-financial recognition of valuable contributions, advice and expertise being received from rangatahi stakeholder groups, that a review of HBDHB's remuneration policy be undertaken.

Three projects groups have been established, and stakeholder meetings held in August and September 2019, with Kaumatua involvement. The proposed model will be presented to the Te Pītau Governance Group by rangatahi roopu in November 2019.

Mental Health & Addiction (MH&A) Redesign
P&B workshops with representation from all stakeholders have been undertaken.

The purchase of professional services from Davanti Consulting Ltd to assist with facilitation and the design process.

Additional MH&A portfolio workload, i.e: Addictions, RFP (for mild to moderate clients), and a Crisis pilot with Counties Manukau, to be raised with the Executive Leadership Team (ELT) on 17/09/19.

Workforce development video-conference at MRB on 11/09/19 with Dr Diana Kopua (from Hauora Tairawhiti) – Director, Te Kurahuna Ltd was discussed, and the possibility of co-investment.

Health Care Home
On track with projected programme timelines with three GP practices, namely: Te Mata Peak Practice; TToH; and, Totara Health.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Adult Health** For the attention of: **Māori Relationships Board**
Document Owner	Patrick Le Geyt, General Manager, Maori Health, Te Puni Matawhānui
Champions	Access – Chris Ash Cardiovascular – Andy Phillips Smoking – Bernard Te Paa
Document Author(s)	Jill Garrett Andy Phillips Johanna Wilson
Reviewed by	Charrissa Keenan, Programme Manager, Māori Health
Month/Year	October 2019
Purpose	To provide the Executive Management Team (EMT) and governance groups with highlights on the implementation progress of the following Adult Health indicators in the past 6 months: i) Access to services for 45-64 year olds - heart disease, skin infections, respiratory infections and diabetes checks ii) Cardiovascular services i) 90% of eligible 35-55 year olds that have received a heart and diabetes check. ii) 70% of all ACS patients that will have an angiogram within 3 days of admission. iii) 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS AND Cath/PCI registry data collection within 30 days iii) Smokefree - Percentage of pregnant Māori women that are smokefree at 2-weeks postnatal
Previous Consideration Discussions	Reported annual.
Summary	*Access* *i)* There has been no significant shift in these indicators for Māori that would indicate that current activity is having a direct impact on equitable health outcomes. The national picture looks very similar as does results for DHBs with comparable demographic. *ii)* We can continue to do what we have been doing – with no significant result, or we can decide to change our approach. *iii)* It is encouraging to note that our approach for Pasifika is showing impact. *iv)* It is recommended that in the next 6 months, a working group made up of population health, primary care, leads within the

HAWKE'S BAY District Health Board Whakawāteatia

medical directorate, and lead by Māori health get together to inform the activities and measures that will inform activities and indicators within the Annual Plans of both Primary and Secondary Services, the SLM and TAW plan for the 2020-21 cycle

Cardiovascular

i) Avoidable hospital stays for Māori and Pacific adults aged 45-64 years are increasing due to heart attacks, chronic lung disease and skin infection.

ii) HBDHBs performance for angiogram within three days was 46% - 49% Maori and 48% European/other which fell below the 70%

iii) DHB continues not to meet this target due to limited dedicated cardiac catheter laboratory sessions (angiograms) and cardiologist availability to perform the tests at the HBDHB.

iv) Compared to Pasifika (100%) and Other (98%) only 93% of Māori patients presenting with ACS who had coronary angiography were able to complete their ANZACS data within 30 days. This was below the 95% target.

v) HBDHB has the longest wait times for coronary angiography and PCI in the Central Region.

vi) DHB continue failing to meet minimum standards for echocardiography, including surveillance scanning for known disease conditions.

Smokefree

i) In June 2018 the HBDHB and Te Haa Matea (HB Stop Smoking Services) in consultations with pregnant women, new mums as well as wider whānau members, key stakeholders and practitioners reviewed the Increasing Smokefree Pregnancies Programme (ISPP) with recommendations to accelerate stop smoking behavior among Wahine Hapu and their whānau.

ii) The changes made to ISPP led to an increase in referrals, enrolments and quit rates for both Wahine Hapu and Whānau.

iii) Following a successful pilot project on the use of midwives in screening for Carbon Monoxide (CO) on home visits with Wahine Hapu and Whānau the HBDHB Smokefree Service:

a) Purchased and distributed fifteen carbon monoxide monitors to Independent Midwives (LMCs) working predominately with Māori and Pacific Wahine in the Hastings, CHB and Napier areas

b) Provided Smokefree education and training to the midwives to encourage them to have the Smokefree conversations, explain the benefits of being smokefree and to demonstrate how much carbon monoxide the mum and her baby are exposed to from smoking during pregnancy.

iv) The use of midwives contributed to an increase in referrals to ISPP in Wairoa as the midwives routinely screen for CO at each home visit.

v) The HBDHB Smokefree Service team established a 0.6FTE Maternal & Child Health Coordinator role for a practicing midwife with Te Atarangi Maternity services which has been instrumental in working closely with community and hospital based midwives to support Wahine Hapu and whānau become smokefree

Author/s:	Jill Garrett – Senior Commissioning Manager – Primary Care

Contribution to Goals and Strategic Implications	i) Use of Whānau voices in improving intervention strategies and programmes to enhance equity ii) Use of continuous programme monitoring data to highlight areas of health inequities to inform better programming and service delivery.
Impact on Reducing Inequities/Disparities	The core objective of the Hawke's Bay Health Strategy 2019-2029 is to increase healthy life expectancy for all and halve the life expectancy gap between Maori and non-Maori as a step towards health equity. This can happen by raising awareness among the whanau in recognizing health risky behaviours and supporting them in adopting preventive behaviours including seeking prompt treatment. Successful implementation of activities under the 3 adult indicators in this paper are envisioned to make this happen consequently impacting on reducing inequalities between Māori and Other and enhancing health equity.
Consumer Engagement	Included where appropriate in responsive planning and development of relevant activities under each indicator
Other Consultation /Involvement	Not applicable
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

It is recommended that the Màori Relationship Board:

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

	Portfolio: Long Term Conditions
Contributors	Andrea Rooderkerk – Clinical Nurse Manager Diabetes - DHB Ian Elson – Deputy Service Director Medical – DHB Trish Freer – Program Delivery Lead – PHO
Date:	Sept 2019

MĀORI HEALTH PLAN INDICATOR: ADULT HEALTH

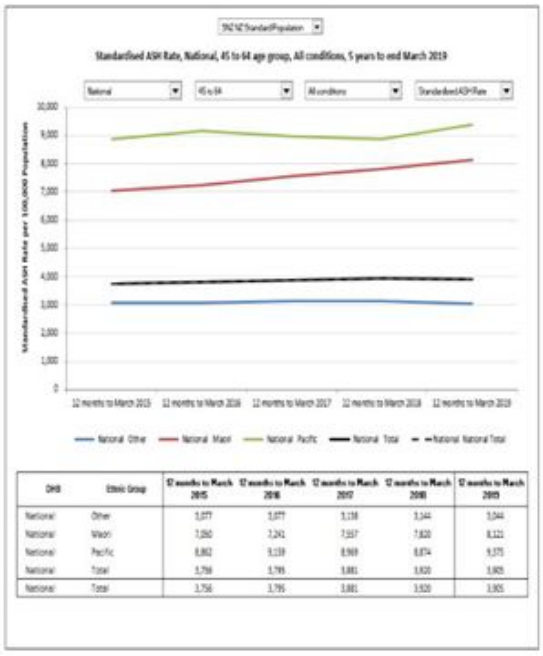
This report provides an update the following indicators for Adult Health:

Access *Local Indicator*	45-64 year olds - heart disease, skin infections, respiratory conditions and diabetes	Chris Ash	Jill Garrett	**OCT 2019**
Baseline -138%	March 2018 March 2019	115% 125%	2,935 3,175	
Note: The Standardised rates are now represented in numbers, so as to show local improvement versus previous comparisons in relation to the national rates. (BI Analyst – Peter McKenzie)				

OVERVIEW

In summary there has been no significant shift in these indicators for Māori that would indicate that current activity is having a direct impact on equitable health outcomes. The national picture looks very similar as does results for DHBs with comparable demographic. We can continue to do what we have been doing – with no significant result, or we can decide to change our approach. What is encouraging is our approach for Pasifika is showing impact. That approach includes targeting specific conditions and specific target groups.

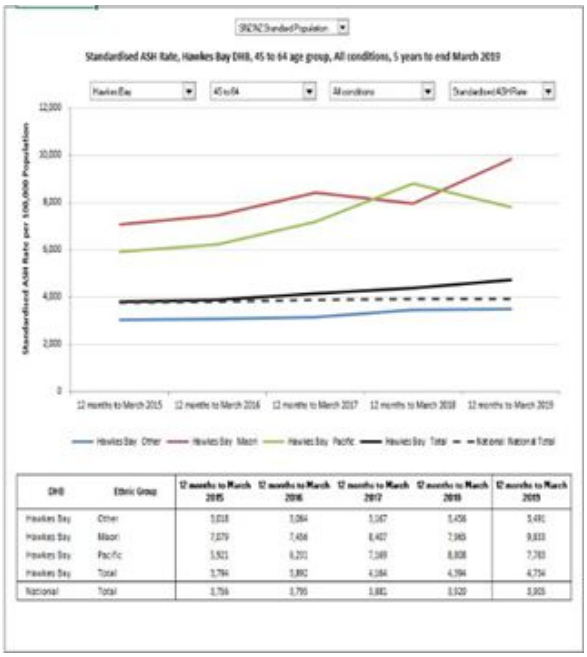
National table* – 5 years to March 2019



DHB	Ethnic Group	12 months to March 2015	12 months to March 2016	12 months to March 2017	12 months to March 2018	12 months to March 2019
National	Other	5,077	5,077	5,138	5,144	5,044
National	Maori	7,050	7,241	7,557	7,820	8,121
National	Pacific	8,862	9,159	8,969	8,874	9,375
National	Total	3,756	3,795	3,881	3,920	3,905
National	Total	3,756	3,795	3,881	3,920	3,905

*All ASH Conditions

Hawke's Bay table* – 5 years to March 2019`



DHB	Ethnic Group	12 months to March 2015	12 months to March 2016	12 months to March 2017	12 months to March 2018	12 months to March 2019
Hawkes Bay	Other	5,018	5,064	5,167	5,456	5,491
Hawkes Bay	Maori	7,079	7,456	8,407	7,965	8,833
Hawkes Bay	Pacific	3,921	4,201	7,169	8,808	7,783
Hawkes Bay	Total	3,794	3,892	4,164	4,394	4,754
National	Total	3,756	3,795	3,881	3,920	3,905

* All ASH Conditions

SUMMARY COMMENTS:

It is timely that the TAW access indicators be reviewed. Cardiac and Respiratory Conditions remain within the top 3 ranked conditions as does Cellulitis. While diabetes is of priority it is not ranked within the top 10 conditions contributing to ASH in HB.

Cardiac and respiratory disease and cellulitis for Māori adults are significant and should be monitored, more effectively for equity. We have proven through a lack in change of results over time that focusing on multiple areas at one time has not worked. We need to narrow and concentrate our focus primarily in the detection prevention and early intervention areas with specific emphasis on Maori and Pacific population groups.

The DHB within our annual plan, System Level Measures Improvement Plan and Organisational priorities where our focus and resources need to be. To date, however the coming together of all these planning and reporting mechanisms with the Te Ara Whakawaiora reporting framework has not been well connected or synchronised.

It is recommended that;

- In the next 6 months, a working group made up of population health, primary care, leads within the medical directorate, and lead by Māori health get together to inform the activities and measures that will inform activities and indicators within the Annual Plans of both Primary and Secondary Services, the SLM and TAW plan for the 2020-21 cycle. These will be based on agreed organisational priorities that are currently being finalised.

- Accept the recommendations as per table below as the areas that will be actively worked on to address equity in the next 12 months. They are areas of activity already identified within various plans as being a

priority. The areas listed under detection and prevention are activities that are currently resourced. The areas listed under early intervention have been identified for potential resourcing. All areas have a specific focus on address equity for Māori.

NEXT STEPS AND RECOMMENDATIONS

	Description	Responsible	Timeframe
Detection	LTC Flag: **Measure**: Readmission rates LTC Flag developed through BI to identify patients with ≤ 1 LTCs. Improved coordination of care	DHB Jill Garrett Lisa Jones Nurse Directors	Quarter 2
	Screening: CVDRA **Measure:** Māori Male 35-44	PHO Mark Peterson	Quarterly monitoring and revision
Prevention	**Access to primary care:** **Measure:** Referral and engagement of priority population groups into programs that improve access to primary care - SIA funded MDT clinics within general practice - High need enrolment program - Whanau wellness program - Kia ora self-management program - Pipi program (pre diabetes) - Respiratory Program	PHO Peter Satterthwaite	Quarterly monitoring and revision
Early Intervention*	**Clinical Pathways** **Measure:** Update on pathways status COPD and CHF Community based clinical pathways re-established	PHO Karyn Bousfield	Quarter 3 end
	Targeted support on discharge *(at risk of readmission):* **Measure:** Readmission rates Gen Medicine / Diabetes	DHB Kate McCrea / Ian Elson/ Andrea Rooderkerk	Quarterly monitoring and revision

*Note – Tentative work programs not yet with confirmed resource

SUMMARY OF CURRENT ACTIVITY

The following information provides a summary of activity undertaken specific to the four indicators listed for this report under ASH (Adult) 45-65. All data represented as Standardised Rates taken from MoH March Reporting (latest available report)

1. **Heart Disease:**
   Standardised ASH rate, 45-64 Age group

	Angina and Chest Pain			
Ash ranking*	1:10			
Year	2016	2017	2018	2019
Māori - HB	1515	1619	1710	1833
Other - HB	927	1064	1008	999
Māori –National	1476	1505	1511	1618
	Myocardial Infarction			
Ash ranking*	2:10			
Year	2016	2017	2018	2019
Māori HB	828	788	671	815
Other HB	432	368	401	436

Actions:
Targeted approaches to areas with high admission rates – cardiac (Māori)
A Nurse Practitioner intern was appointed to the CNS cardiac workforce with a primary care focus. Analysis of data showed areas of high readmission rates specifically related to Congestive Heart Failure. Practice with high readmission rates have been supported by this specialist workforce in the management of these patients.

Limitations: The project team working on developing the PCI initiative for HB has identified significant areas for improvement in relation to screening, management and follow up that need to be addressed before the

Māori –National	497	522	499	558
	Congestive Heart Failure			
Ash ranking*	7:10			
Year	2016	2017	2018	2019
Māori HB	626	685	508	661
Other HB	51	90	144	99
Māori –National	467	535	560	577

*HB ranking as per March 2019 MoH Data

Note: CVDRA screening is reported against under an alternative report heading. Current rates for Māori Male in the 34-44 age band is 61% with a 5% decline rate. The PHO has employed additional resource and different approaches to screening in order to improve this result (the target is 90%)

2. **Skin Infections – Cellulitis**

	Skin – Cellulitis			
Ash ranking*	3:10			
Year	2016	2017	2018	2019
Māori - HB	680	679	857	1020
Other - HB	230	241	273	292
Māori –National	697	749	813	762

Actions: Cellulitis management inclusive of IV therapy in primary care is still supported by clinical pathways and the coordinated primary options program. No additional work has been undertaken for this age band (45-65).

3. Respiratory

	COPD			
Ash ranking*	4:10			
Year	2016	2017	2018	2019
Māori - HB	775	1106	894	1010
Other - HB	188	149	213	260
Māori –National	941	922	995	944
	Pneumonia			
Ash ranking*	5:10			
Year	2016	2017	2018	2019
Māori - HB	433	503	650	743
Other - HB	166	194	195	173
Māori –National	560	546	625	579

Actions: The CNS workforce in coordination with primary care continue to provide ongoing specialist support to targeted populations (Māori and high needs) They work in primary care building capacity and capability within this workforce to manage from early diagnosis to management focusing on high need population groups.

To better provide an across the lifespan approach the respiratory program now includes direct work with an NGO who works directly with whanau post discharge. *(The focus is on whanau of 0-4 yr olds)*

In the year to date 613 people were seen through this service, 26% were Māori. This programme delivers across age bandings and has a key focus to confirm diagnosis, and provide patient education and early intervention. Contracts for these services now include greater emphasis on equity in the access and utilisation of services and in the health outcomes expected as a result.

4. Diabetes

Actions:
Coordination of Care and Transitions of Care are the two focus areas chosen for the period 2018-20 as part of the implementation of the HBDHB LTC Framework. Quality

	Diabetes			
Ash ranking*	Not within Top 10 conditions			
Year	2016	2017	2018	2019
Māori - HB	433	503	650	743
Other - HB	166	194	195	173
Māori –National	560	546	625	579

Secondary Services

- Improve identification of patients needing specialist diabetes services on initiation of an admission: the referral and entry criteria to the diabetes service was reviewed as part of a quality improvement activity. What has resulted is a standardised entry criteria, service activity mapping and then onward referral processes. Improvements in this process will ensure no one gets left behind.

- Improve discharge planning: A workforce development programme has been delivered for inpatient staff with the objective to improve discharge planning.

- Development of a shared care model of care is being developed between renal and diabetes working with a cohort of patients from an identified high need practice. This is at its preliminary stage. The objective is improved coordination of care and the efficient utilisation of specialist workforce – supporting general practice and reducing demand on secondary services.

Primary Care

- Work continues in establishing a diabetes repository that will monitor all screening and management activity with the view to ensuring; risk is managed with appropriate and timely service, equity of services for Māori particularly those living in rural areas has been the driver.

- Contracting and reporting of renal and podiatry services has been reviewed to better reflect equity of access to services and aligned to risk management. This is being trialled by providers currently in preparation of procurement process for 2020.

5. Generic approaches to addressing ASH as part of the LTC Framework implementation

A LTC Flag identifier is being developed for the purpose of identifying the full clinical team (and potentially lead) who should be involved in a patients care; on admission and throughout an inpatient stay. Context: 15% of the adult population have one or more LTC over 40% are Māori. It is important that their care is managed holistically. Currently there is no system approach to identifying the LTCs of any one individual. Work has been completed in mapping ICD10 codes relating to; Diabetes, Mental Health, Renal, Cardiac and Respiratory Disease.

HAWKE'S BAY
District Health Board
Whakawāteatia

ADULT HEALTH – CARDIOVASCULAR SERVICES

10

Author/s:	Andy Phillips – Hospital Commissioner
Contributors	Andy Phillips, Chris Ash
Date:	Sept 2019

MĀORI HEALTH PLAN INDICATOR: ADULT HEALTH

This report provides an update the following indicators for Adult Health:

Cardiovascular *National Indicator*	1. 90% of eligible 35-55 year olds that have received a heart and diabetes check. 2. 70% of all ACS patients that will have an angiogram within 3 days of admission. 3. 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS AND Cath/PCI registry data collection within 30 days	≥90% ≥70% ≥95%	Mark Peterson	Andy Phillips	**OCT 2019**

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO IMPROVE ACCESS FOR 45 – 64 YEAR OLDS

CONTEXT

A headline objective set out within the Hawke's Bay Health Strategy 2019-2029 is to increase healthy life expectancy for all and halve the life expectancy gap between Maori and non-Maori. In our Annual Plan we commit to early detection and trearment to maximise wellbeing. We have said that for people at risk of illness or injury we will undertake activities that raise awareness and recognition of risky behaiours. We have noted the importance of supporting our whanau to identify risk early and make behavioural changes and provide prompt treatment.

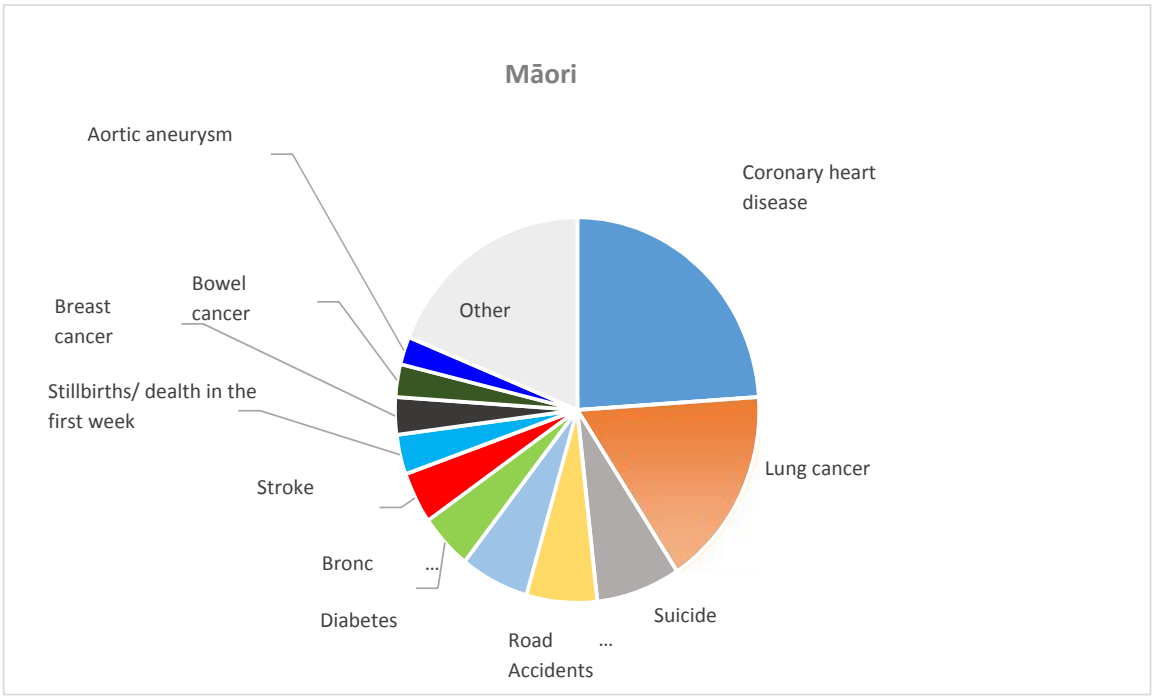
Maori get heart disease 10-15 years earlier than non- Māori, are 72% more likely to be hospitalised with cardiovascular disease and are 87% more likely to have an acute cardiac event. Maori are 330% more likely to be admitted with heart failure and 85% more likely to be re-admitted with heart failure in 30 days. Of the patients seen in the heart function (failure) clinic, 52% are Māori men of working age and three quarters of Māori seen in this clinic are between 20 and 65 years old.

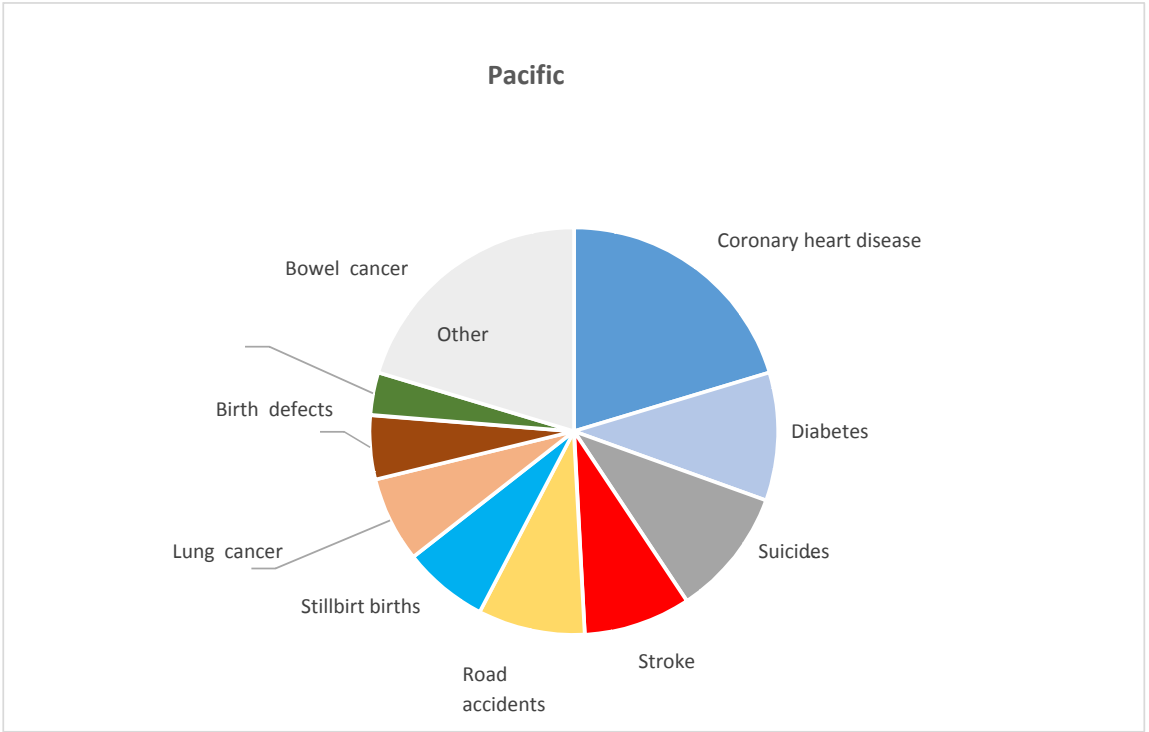
Coronary heart disease is the biggest cause of avoidable death across all ethnic groups. For Māori nearly a quarter of all avoidable deaths can be prevented if we can improve heart health. For Māori, lung cancer is the

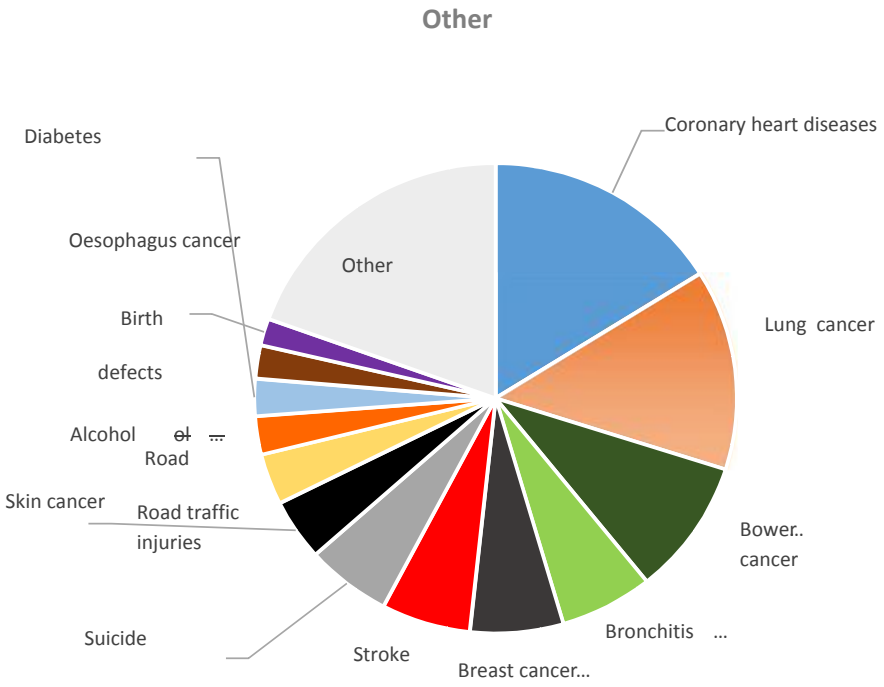
second biggest, followed by suicide and road crashes. For Pacific people, coronary heart disease is followed by diabetes, suicide and stroke. For NZ European/Other, coronary heart and lung cancer are also top causes, alongside bowel and breast cancer. More likely to live rurally

.

Figure 1: Major causes of Avoidable Deaths in New Zealand

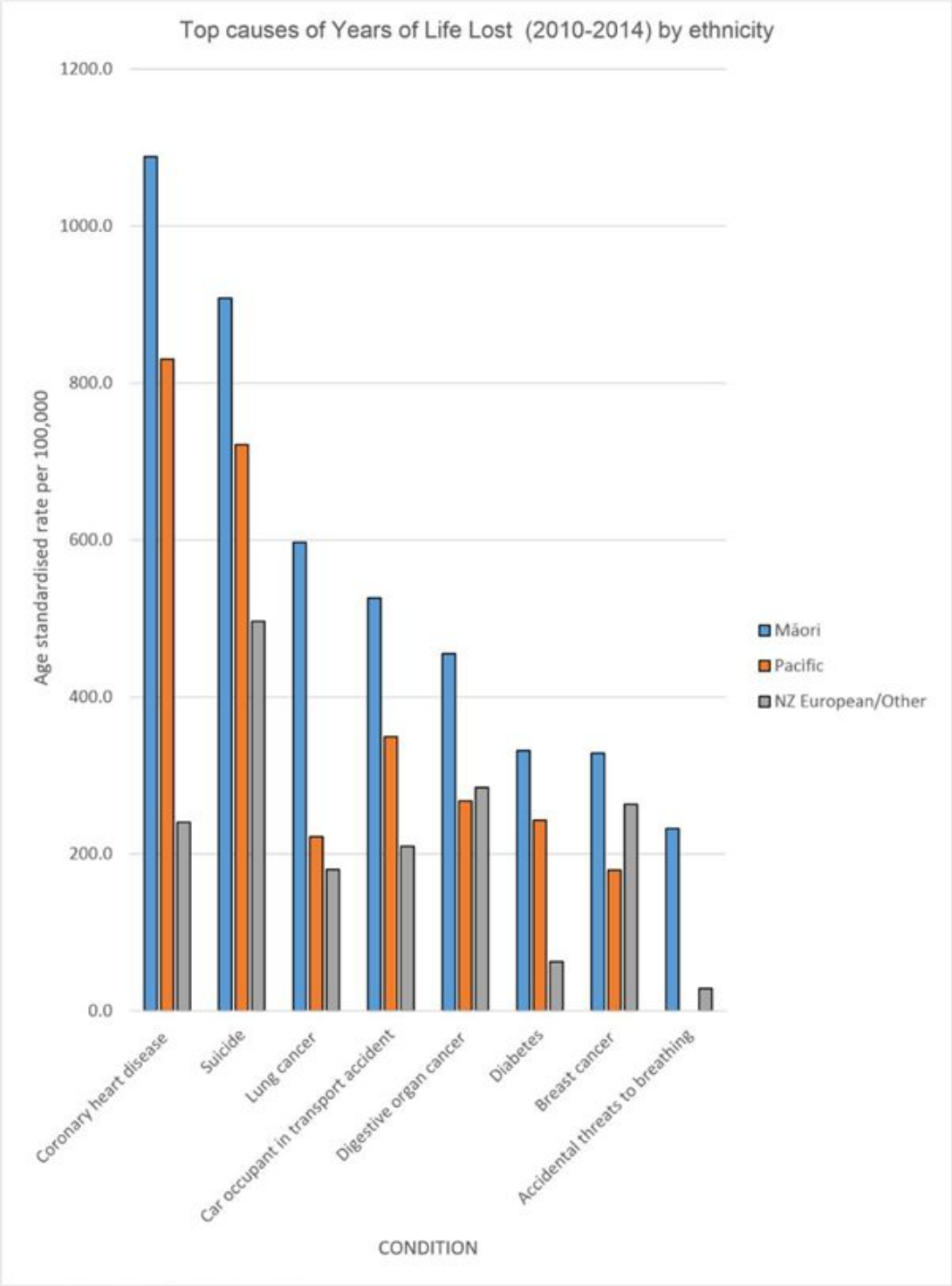






Another way of looking at premature deaths as shown in Figure 2 is to calculate the average years a person would have lived if they had not died early. This method, known as Years of Life Lost (YLL), emphasises the importance of deaths which occur at earlier ages because there are more years of life lost. Top causes of Years of Life Lost for Māori are coronary heart disease, suicide, lung cancer and road traffic crashes.

Figure 2: TOP causes of Years of Life Lost (2010-2014) by Ethnicity



Source: National Mortality Collection 2018

Actions to avoid these early deaths of our whanau

Prevention

We need to support our whanau to stop smoking, eat more nutritious kai, engage in more physical activity and reduce alcohol intake. Methamphetamine and other drugs are known to harm heart health. Health behaviours are linked to underlying social conditions, emotional trauma early in life, inter-generational disadvantage and the effects of colonisation, feelings of empowerment (which are lower in more deprived communities) and the ease of healthy choices in the surrounding environment. An example of this is the higher density of fast food and alcohol outlets in low income communities, making the healthy choice much harder to make.

We know that socioeconomic factors are responsible for 42-46 percent of inequities so improving the income, housing, education and employment of our whanau would greatly reduce the equity gap in deaths over the long term.

Providing equitable and timely health care services
Māori are more likely to die early from a condition which was potentially avoidable through the effective and timely use of health services. Coronary heart disease is by far the largest of these causes of death.

Patient Story 1 : Mr T presented to his GP Friday morning and a blood test showed evidence of a heart attack. He was admitted to the coronary care unit and discussed with CCDHB, for transfer next day. On Saturday he was made ready for transfer to CCDHB but the helicopter flight was cancelled due to wellingtonn weather. He was transferred Sunday, and received procedure Monday, 3 days after presentation. He was eventually discharged from HBDHB, but his heart attack was debilitating.He was 54 years old.

Māori and Pacific people not using the health services that will help them to live longer. We need to clearly understand what is preventing them from entering the system at the right time, and what is happening on their journey through the system. We need to redesign the health system to improve opening hours, resolve transport and cost, make the health system less complex and easier to navigate, improve cultural responsiveness of our services and eradicate subjective/ethnic bias within the system.

Patient Story 2 : 70% of the patients we send to CCDHB are discharged from that hospital and have to find/arrange their own way back home from Wellington. Mrs B was told she was for discharge early afternoon. She had no family or support in town, and her husband did not drive. She was able to get a friend to come and get her. She was discharged late afternoon, her ride still on its way. She waited in the train station from 5pm until she was picked up. She was 76 years old

Some common themes in Hawke's Bay are :

- Rates of early and avoidable deaths for Māori and Pacific people have stopped declining while decline has continued for NZ European/Other. Reducing inequity will require focusing on heart disease, lung cancer, suicide and vehicle crashes for Māori and heart disease, diabetes, suicide and stroke for Pacific people.

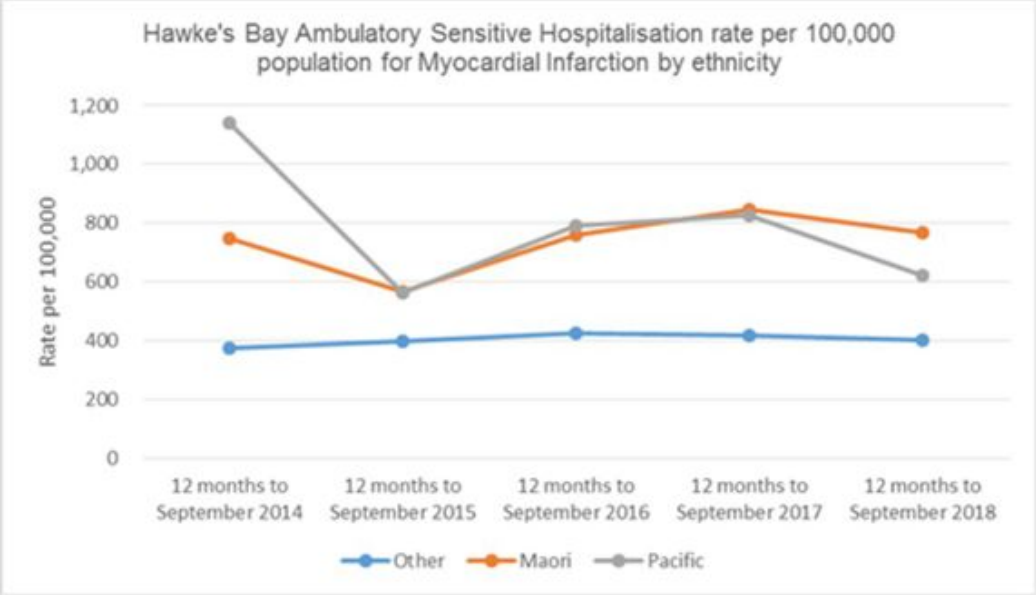
- Similar patterns of inequity are also evident in hospital stays that can be avoided through better community care. For adults aged 45-64 years, inequity for Māori and Pacific people is increasing and the biggest inequities are in avoidable hospital stays for heart attacks, chronic lung disease and skin infections.

- There is more to health than hospital stays and dying and other measures of health service performance such as those linked to sexual health show persisting inequities reflecting the need for an increased focus on youth health services. This report also highlights the importance of mental health and family violence as key issues.

We noted current performance of cardiovasular risk assessment :

	Maori	Pasifika	Other	Total	2019/20	Target
Five years to December 2018	84%	80%	87%	86%		> 90%
31/08/2019	78.3%	75.7%	83%	81.4%		> 90%

Avoidable hospital stays for Māori and Pacific adults aged 45-64 years are increasing. This is driven by increases in hospital stays for heart attacks, chronic lung disease and skin infection.

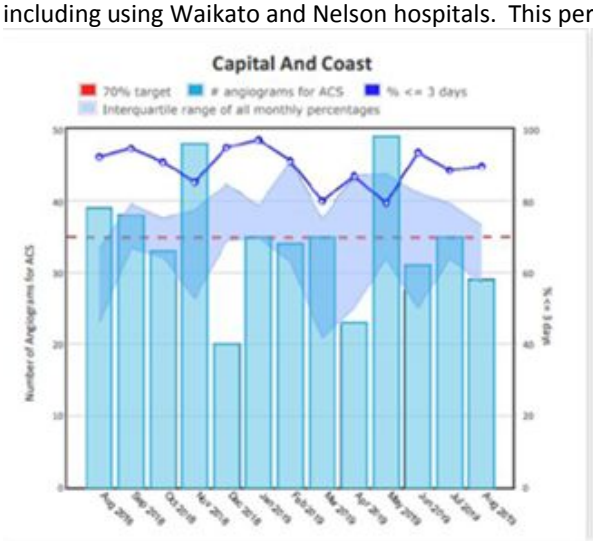


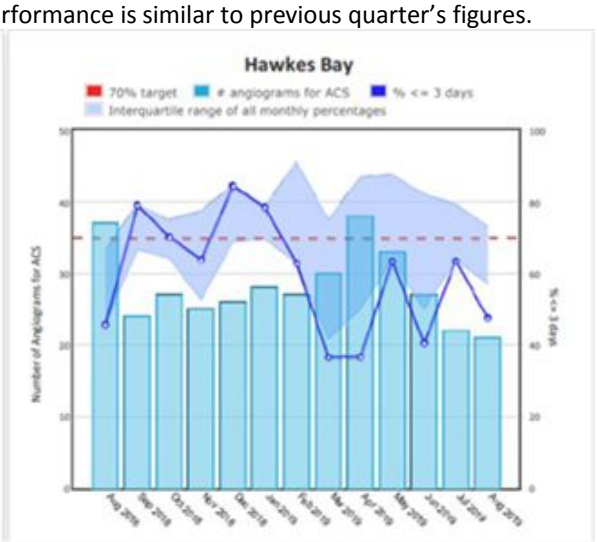
A further objective is to minimise complications of health conditions and slow down disease progression. Our commitment is to diagnose accurately and offer our whanau the most effective treatment as early as possible. We further commit to coordinating activities that support people to reduce the complications of disease so that they have better health and longer survival, are better able to participate in society and be more independent.

Angiogram within three days

Last quarter the HBDHBs performance for angiogram within three days was 46% - 49% Maori and 48% European/other. We continue not to meet this target due to limited dedicated cardiac catheter laboratory sessions (angiograms) at the HBDHB for diagnostic purposes only.

We relying heavily on other DHB's (mainly CCDHB), for cardiac angiography procedures including intervention, and continue to have delayed transfer times due limited bed availability and angiogram capacity at these hospitals. We have seen patients outsourced to other DHB's trying to manage this target including using Waikato and Nelson hospitals. This performance is similar to previous quarter's figures.





Current performance in terms of access to diagnostics :

	Maori	Pasifika	Other	Total 2019/20	Target
Accepted for Coronary angiography					

Completed <90 days	66%	50%	61%	60%	> 70%

We noted current performance for people with acute coronary syndrome for January to December 2018 as :

	Maori	Pasifika	Other	Total	2019/20	Target
Coronary Angiogram DoorTo Cath within 3 Days	57%	50%		64%	61%	> 70%
Coronary Angiogram Pre-discharge LVEF	64%	75%		66%	66%	>85%
Secondary Prevention Medication	67%	80%		51%	55%	>85%
ANZACS data within 30 days	93%	100%		98%	97%	>95%
ANZACS data within 3/12	100%	100%		100%	100%	>99%

Treatment

HBDHB has the longest wait times for coronary angiography and PCI in the Central Region. We are failing to meet minimum standards for Heart Failure disease management. We are failing to meet minimum standards for echocardiography, including surveillance scanning for known disease conditions. Patients should be seen in the heart function (failure) clinic within 14 days and currently are 80-120 days. The backlog for echocardiography is 13 months overdue for routine echo tests, with at least 800 people on the list. We know that known valve disease patients must be scanned regularly as a lead up to surgery but there are multiple events where this has not happened.

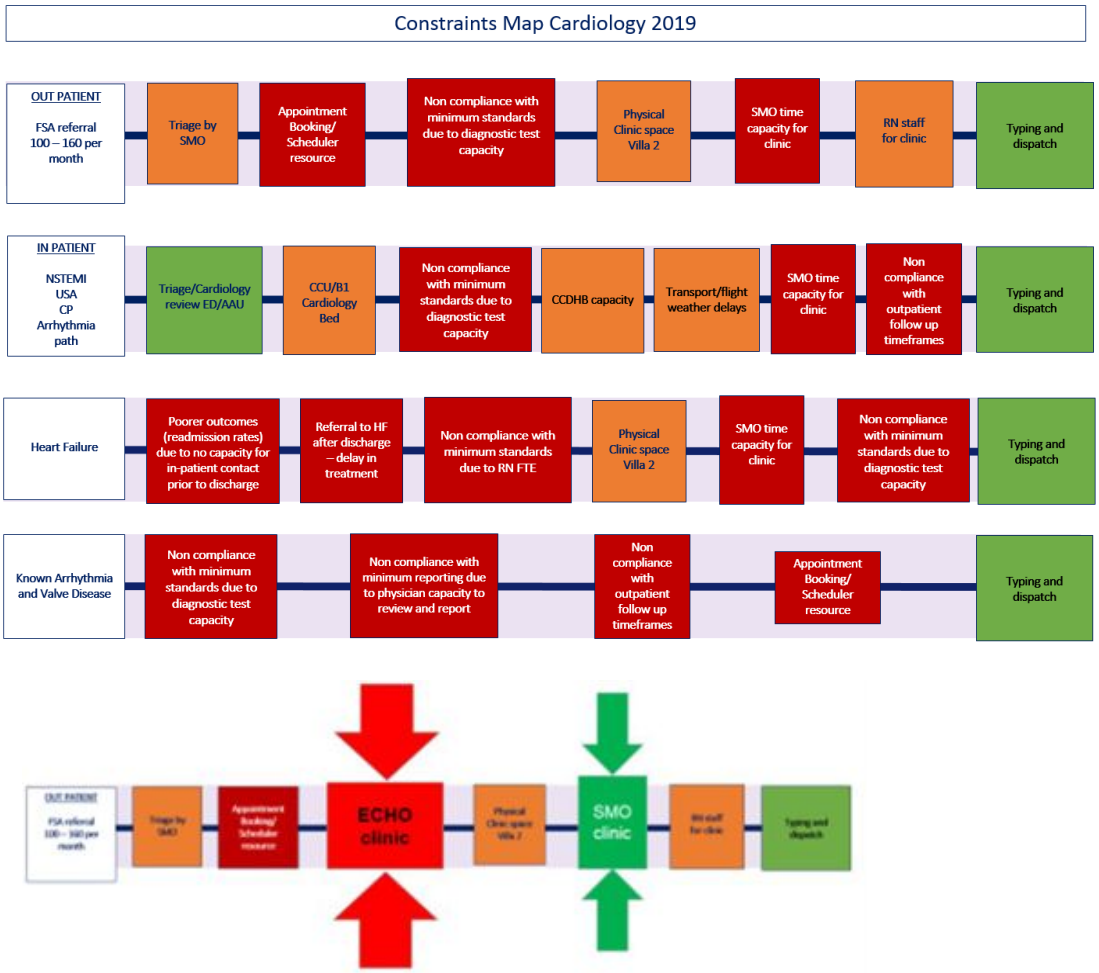
We are currently actively seeking to improve our non-interventional cardiology service where a number of patients have come to harm due to lack of capacity within the cardiology service. We need to increase the number of echocardiography technicians, Cardiologist FTE and clinical nurse specialists.

In terms of the quality of our interventional services in meeting National standards, zero patients within HB receive primary percutaneous coronary intervention (PCI) within 120 mins due to a need for these procedures to be performed in Wellington. Whilst the non-interventional cardiology service is being stabilised we will carry out a full business case analysis to investigate. We currently spend 1400 bed days per year for cardiology waiting with average over 4 days specifically for angio/PCI. Over three quarters of patients that were waiting for procedures we could do in Hawke's Bay. Of the beds in the cardiology unit, over half are occupied by patients waiting for procedures that could be carried out in Hawke's Bay

In terms of intervention including heart surgery, our intervention rates are very low as shown below :

	HB SIR	National Average	Ratio	Group
Cardiology	3.79	5.60	0.68	Significantly below
Cardiothoracic	3.67	4.38	0.84	No significant difference

There are workforce and facilities constraints for Cardiology that are shown below :



CHAMPION'S REPORT: ACTIVITY THAT WILL OCCUR TO INCREASE ACCESS FOR ADULTS AGED 45 – 64 YEARS IN THE NEXT 12 MONTHS

NEXT STEPS AND RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Cardiology Review	1. Complete Implementation of Action Plan	EDPS	1 July 2020
Stabilise Cardiology Service	2. Increase Echocardiographer FTE from 2 to 3 3. Increase Cardiologist FTE by 1 FTE 4. Increase CNS FTE by 1 FTE	EDPS	1 July 2020
PCI Service	1. Investigate Case for Primary PCI in HB	EDPS	1 July 2020

Smokefree: % of pregnant Māori women that are smoke free at 2 weeks postnatal

Author:	Johanna Wilson
Designation:	Smokefree Programme Manager
Date:	September 2019

MĀORI HEALTH PLAN INDICATOR: ADULT HEALTH

This report provides an update the following indicators for Adult Health:

Smoking *National Indicator*	Percentage of pregnant Māori women that are smokefree at 2-weeks postnatal	≥90%	Bernard Te Paa	Johanna WIlson	**OCT 2019**

PURPOSE

This is a sub-report of the inaugural Te Ara Whakawaiora joint report covering Adult Health Access for 45-64 year olds; Cardiovascular Health Services; and smokefree services for Pregnant Māori women (Table 1). The report highlights the implementation status of the smokefree activities delivered in the past six months to improve health outcomes for Māori women; the Champion's report of activities which will be implemented in the next six months to improve equity in health outcomes for Māori women who smoke; and key recommendations.

CONTEXT

According to the 2017/18 census data smoking trends in New Zealand appear to be going down. A growing proportion of young people in Hawke's Bay are choosing not to smoke. Smoking trends among 15– 17year-olds, for example, appear to have dropped from 16% in 2006/07 to 3.6% in 2017/18. Māori have the highest smoking rates and Māori women are three times more likely to smoke than non-Māori women. Thirty-three percent of Māori adults are reported as current smokers in the 2017/18 census data down from 42% in 2006/07 while data on their female counterpart appear to have dropped from 45% in 2006/07 to 37%. However, despite these encouraging trends, the smoking trends are not reflected across all populations, with Māori and Pacific peoples still smoking at high rates.[1] In Hawke's Bay, for example, five adults still smoke daily compared with one in six nationally.

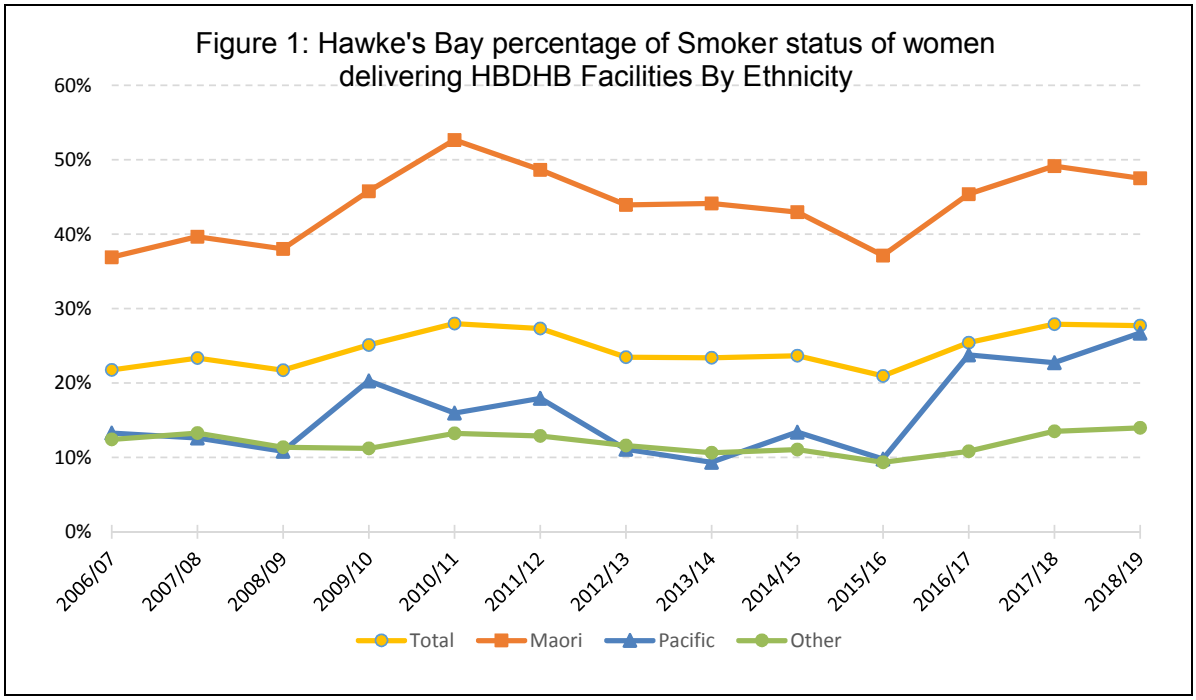
WHY IS THIS INDICATOR IMPORTANT?

Smoking during pregnancy is the leading cause of Sudden Unexpected Death in Infancy (SUDI) and accounts for 86% of SUDI cases between 2006 and 2010 (in comparison, if the mother is a non-smoker the rates of accounted SUDI is 14%)[2]. Based on the Ministry of Health reports, about 13% of pregnant women are reported to be smokers.[3] This is down from 16% in 2008. Pregnant women under 20 years-old (31%) and Māori (35%)

[1] Ministry of Health. (2018). *Annual Update of Key Results 2017/18: New Zealand Health Survey*. Wellington: Ministry of Health.
[2] *Ministry of Health (2013). SUDI Statistics 2006-2010. Wellington: Ministry of Health*
[3] Ministry of Health. (2019). *Report on maternity, 2017*. Wellington: Ministry of Health

are more likely to be smokers. Pregnant women living in the poorer communities (24%) are more likely to be smokers than those living in the wealthiest communities (4%).

The 2018 Hawkes Bay District Health Equity Report expresses concerns on the slow trends in cutting down the number of maternal smoking rates since 2007. As shown in Figure 1 below, while smoking rates may have appered to be going down from 56.6% in 2010/11 to about 37.1% in 2015/16, the rates suddenly took an upward turn to 49.1% in 2017/18 and 47.5% in 2018/19 showing no sign of coming down as fast. This trend shows a continued growth in the levels of inequalities between Māori and Other from 27.1% in 2015/16 to 33.5% in 2018/19. Apparently maternal smoking among the the Pacific people appears to have also taken an upward trend from less than 10% in 2015/16 26.7% in 2018/19 widening the inequity level between Pacific and other by 12.8%. These statistics call for more comprehensive approaches to lower the smoking rates for both Māori and Pacifca women and their whanau.



Sources: HBDHB

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO IMPROVE HEALTH OUTCOMES FOR MĀORI WOMEN WHO SMOKE

Increasing Smokefree Pregnancies Programme (ISPP)

In June 2018, HBDHB and Te Haa Matea (HB Stop Smoking Services) reviewed the ISPP and made several recommendations to accelerate stop smoking behavior among Wahine Hapu and their whānau. These included the following:

- Marketing the ISPP as a whānau opportunity to quit smoking for the new baby. By targeting smoking behaviours and norms within the wider whānau, the Wahine Hapu prospects of attempting to quit attempt and staying smokefree were increased

- Promoting the ISPP directly to Wahine Hapu and her whānau to increase self-referrals through the establishment of face-book page and the 0800 number to enhance access to Smokefree Service and support to Wahine Hapu and her whānau.

- Promoting ISPP more widely in the health and social sector through production and distribution of promotional materials among GPs, Tamariki Ora and Well Child providers, Te Haa Matea services, LMCs and Midwives, and workplaces including health promotion events in collaboration with other Hauora providers

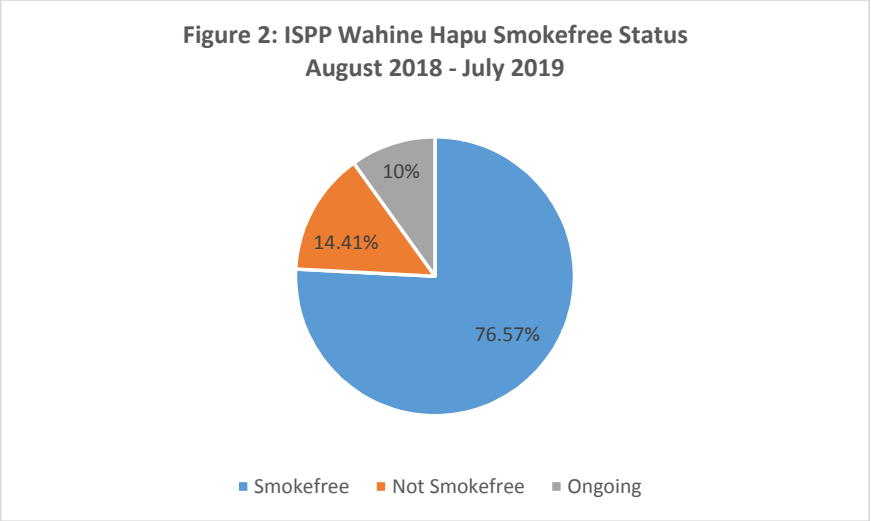
- Enhancing incentive packages to include whānau members. Huggies Nappies which one of the core incentives in the programme appear to be cost-effective, appropriate and acceptable to our health professionals, key stakeholders, pregnant women and their whānau. Since July 2018 Huggies has been providing nappies to HBDHB towards ISPP programme at a cost of $100 which are given free to Wahine Hapu per quit. These come in five sizes (Newborn, Infants, Crawlers, Toddlers and Walkers) of which, two sizes (Newborn and Infants). Other incentives packages now include grocery vouchers for both Wahine Hapu and whānau members who quit smoking.

- Improving the ease and speed of the referral process by modifying and reducing the amount of information required for referrals and enabling self-referrals via Te Haa Matea facebook page, text or email. The time lag between referral and follow up has also been reduced significantly.

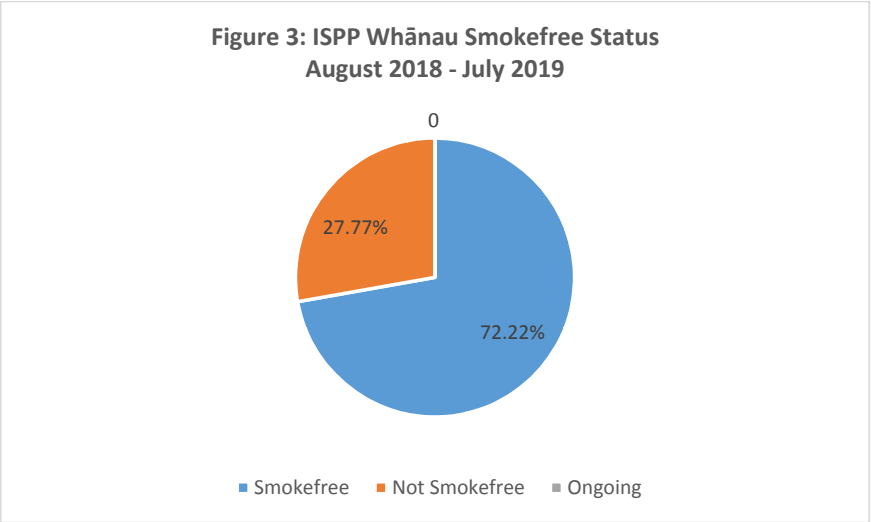
- Increasing cessation support capacity in the communities. Te Haa Matea and the HBDHB Smokefree Service have been identifying and providing financial resources and capability training to other Stop Smoking Practitioners in the community including Kahungunu Executive, Plunket, Whatever It Takes Trust.

- Improving the quality if ISPP data and outcome analysis. ISPP spreadsheet was developed and shared with all Stop Smoking Practitioners to follow the pregnant women and their whānau on their smokefree journey, track CO monitor readings, track incentive distribution and quit rates. This data is collected monthly by all practitioners and sent to the HBDHB Smokefree Service for analysis.

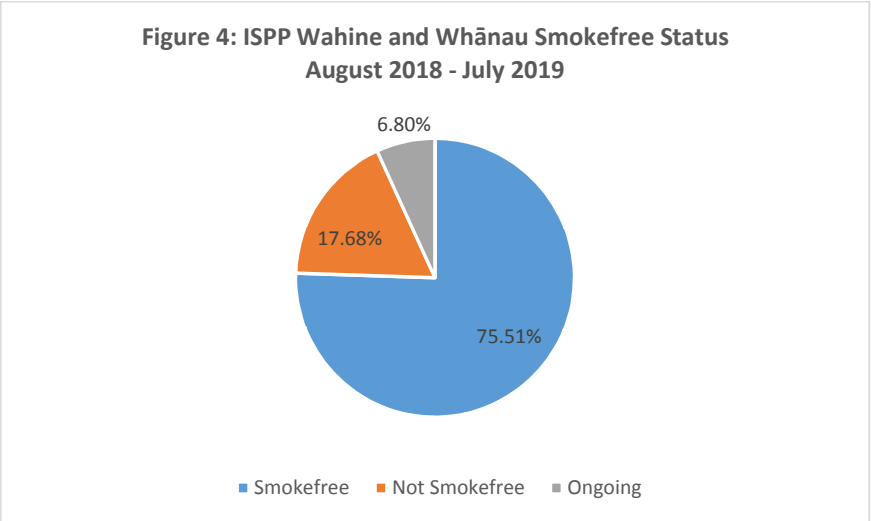
Following the changes made to ISPP we have seen an increase in referrals, enrolments and quit rates for both Wahine Hapu and Whānau. As shown in Figure 2, for example, of the 111 Wahine Hapu enrolled between August 2018 – July 2019, 76.6% were reported to be smokefree by the end of the 8 week programme while 10% are still on the programme. The rest (14.4%) are still not smokefree.



Similarly, of the group of 36 whanau enrolled during the same period (August 2018 - July 2019)(Figure 3), 72.2% were smokefree at the end of 8 weeks while 27.8% were reported not to be smokefree.



Apparently, of the 147 wahine hapu and whānau enrolled during the period, 75.5% were reported to be smokefree compared with 17.7% who continued to smoke during the 8 weeks programme. About 6.8% were still in the programme (Figure 4).



The changes made in the ISPP were a product of whanau voices in action. Through consultations with our pregnant women, new mums as well as wider whānau members, key stakeholders and practitioners we were able not only to learn the best ways to engage wahine hap and their whānau butalso on the importance of having more practitioners on the ground to carter for increasing demand for services. The quit rates observed here appear to be quite encouraging. The rates are likely to improve as more people in the communities become familiar with the new initiatives in the programme. We have developed a survey form which will enable us to make contact with all women and whānau at three months after completing the programme. We are also contacting those who did not complete the programme to re-engage with the programme as well as understanding how best we can attract new clients and supporting them to be smokefree.

> *"I am so happy to be smokefree. This programme was awesome. I chose this programme because of the incentives. My smoking practitioner was very supportive and had a lot of info to share with me ☺." (Smokefree client).*

The CO-free Homes project – Carbon Monoxide Screening in Pregnancy

Carbon Monoxide (CO) is a poisonous, invisible, tasteless gas that can kill people. It is present in exhaust fumes, faulty gas appliances, coal/wood fires and tobacco smoke. Exposure to CO during pregnancy causes serious harm to the health of the developing foetus.

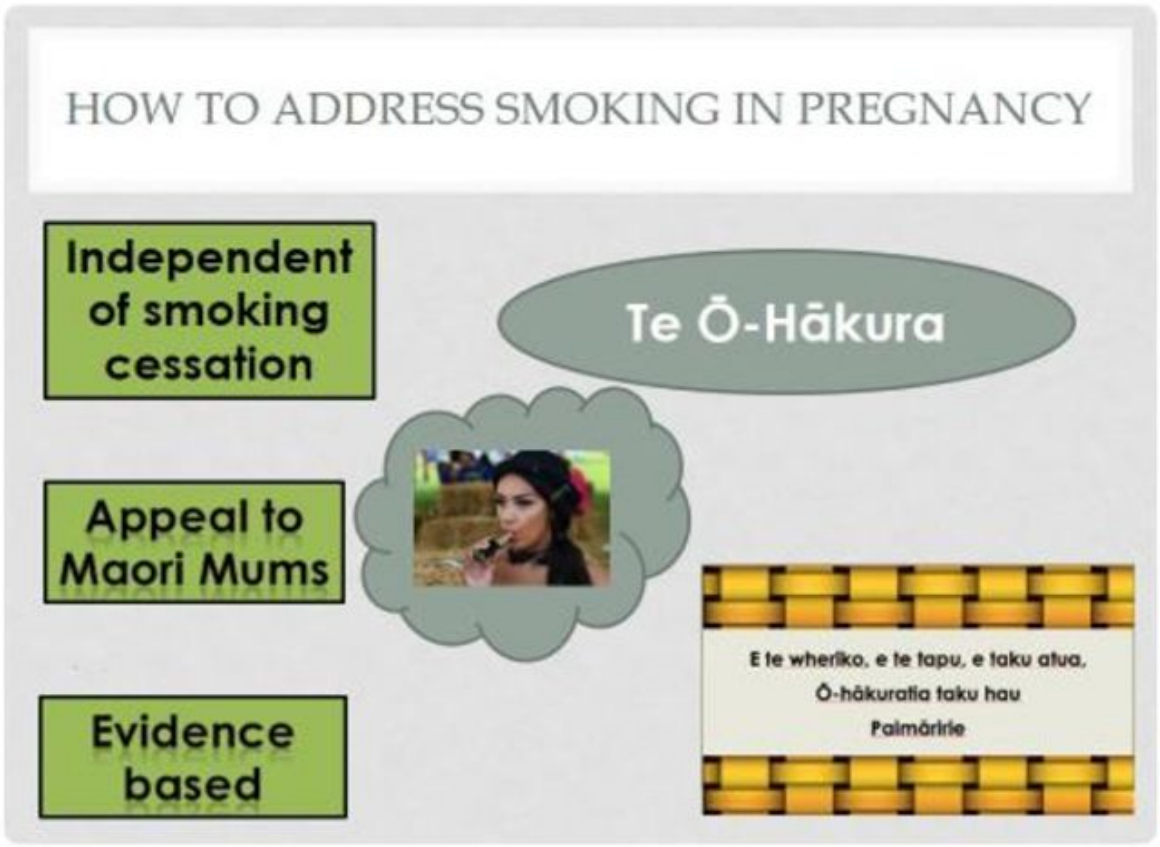
In light of this knowledge, HBDHB and Te Haa Matea (HB Stop Smoking Services) launched a pilot project which provided midwives based at the Maternity Services and Wairoa Hospital with a CO Monitors (similar to breathalyser monitors) with the objective of enhancing smokefree conversations between the midwife and the Wahine hapu and her whānau under Wahine Hapu ISPP. The pilot project ran from 1 September to 30 November 2018 with evaluation findings shared with the midwife team in December 2018. While the pilot did not increase the number of referrals to ISPP the midwives valued the smokefree resources, cessation support and the CO monitor as it helped to build their confidence in having this difficult conversation with wahine hapu and Whānau

In June 2019, the HBDHB Smokefree Service purchased and distributed fifteen carbon monoxide monitors to Independent Midwives (LMCs) working predominately with Māori and Pacific Wahine in the Hastings, CHB and Napier areas. They received Smokefree education and training to encourage them to have the Smokefree conversations, explain the benefits of being smokefree and to demonstrate how much carbon monoxide the mum and her baby are exposed to from smoking during pregnancy. This has contributed to the increase in referrals to ISPP in Wairoa as the midwives routinely screen for CO at each home visit. The programme is now using LMCs to distribute the ISPP incentives rather than the Stop Smoking Practitioners. We are confident that, over time, this will happen in the rest of the Hawke's Bay region.

The HBDHB Smokefree Service team includes a 0.6FTE Maternal & Child Health Coordinator who is a practicing midwife with Te Atarangi, Maternity services. This role is instrumental in working closely with community and hospital based midwives to support Wahine Hapu and whānau become smokefree. Engagement with community and hospital-based midwives, while slow, is positive and ongoing. Gift packs of smokefree car sunscreen shades, lip balm, pens, toothbrush and toothpaste are given to LMC's to share with their clients and whānau. A smokefree education day is in the planning process for March 2020 to bring together LMC's, midwives and stop smoking practitioners to hear about Vaping as a cessation aid and to brainstorm on how to work more effectively together with our clients. Our internal relationships are just as important as our external stakeholders if we are to make a difference to our Māori women and her whānau.

CHAMPION'S REPORT: ACTIVITY THAT WILL OCCUR TO INCREASE EQUITY IN HEALTH OUTCOMES FOR MĀORI WOMEN WHO SMOKE

Te Ō-Hākura a Vaping Pilot for Wahine Hapu



HBDHB and Te Haa Matea have been working with Dr David Tipene-Leach exploring smoking in pregnancy through the Wahakura Lens. Te Ō-Hākura is encouraging pregnant women and their partner who chooses to Vape to learn how to use the device as a cessation tool and say a karakia to give them strength to be smokefree during and after pregnancy -

E te wheriko, e te tapu, e taku atua,
Ō-hākuratia taku hau
Paimārirei

The purpose of Te Ō-Hākura is to empower women and her partner to provide a smokefree environment to the unborn pepi and whanau. This pilot will be implemented in November 2019, involves Vape training for all Hawke's Bay Stop Smoking Practitioners with access to 200 devices in the first year. The project will be evalutated within the 2019 / 2020 year.

HBDHB and Te Haa Matea strive to reach the Smokefree Aotearoa 2025 goal. Ongoing monitoring of this programme and witnessing the success of smokefree women and their whānau provides the rationale for continuing to invest in supporting our Māori whānau lead smokefree lives.

Tuai Kōpu programme
HBDHB propose to investigate a service redesign for Hawke's Bay wahine hapu to actively "reduce the number of cars up the driveway" and facilitate commitment to relationship centered practice. The redesign proposes to achieve the following outcomes: -

- Establishment of a coordinator role within the HBDHB Smokefree Service to design the **Tuai Kōpu programme**, coordinate delivery and engage partners
- Investigate establishing a centralized referral form / web accessible tool to increase visibility and access to Tuai Kopu supports, including help to find a midwife as early as possible in pregnancy and access to ISPP

- Align with other DHB non-clinical services.

The development of this programme will improve maternal health outcomes for Māori and Pacifica women, their pepi and wider whanau. Remove barriers to access to care for Māori and Pacifica women, and empower them to make informed decisions about their health and well-being. It is envisaged that the Tuai Kopu programme will also start in November 2019.

NEXT STEPS AND RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Wahine Hapu programme	1. Continue to review programme 2. Update survey form to include vaping	Johanna Wilson / Smokefree Service	Q2, Q3 2019
Te Ō-Hākura	1. Development of Te Ō-Hākura project plan and reporting template with Te Haa Matea Governance and Operational groups 2. Organise Vape training for Stop Smoking Practitioners 3. Roll out Te Ō-Hākura with Wahine Hapu and her partner. 4. Evaluate Te Ō-Hākura	Johanna Wilson	Commence Q2 2019
Tuai Kōpu programme	1. Development of Tuai Kōpu service alignment pilot, reporting template and job description 2. Commence recruitment drive and interview 3. Commence pilot	Johanna Wilson / Tracy Ashworth / Rawinia Edwards	Q2 2019
CO-free Homes project	1. Continue to support Midwives with Smokefree resources and education 2. Investigate purchasing CO monitors for all LMC's based in the Hawke's Bay region	Johanna Wilson / Smokefree Service	Q4 2020

RECOMMENDATION:

It is recommended that the Màori Relationship Board:

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

WAIROA RIVER WATER QUALITY UPDATE

11

Verbal report

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

12

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

13. Minutes of Previous Meeting (public excluded) - nil

14. Matters Arising – Review Actions (public excluded) - nil

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).